



CHILD SAFEGUARDING POLICY

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1. INTRODUCTION

It is everyone's responsibility to protect children and young people and to do our best to keep them safe. It is important that families, communities and professionals can recognise when a child or young person is being harmed and that they know what action to take in response. The Children First Act 2015 and the *Children First: National Guidance for the Protection and Welfare of Children 2017* set out how child protection must be placed at the core of any organisation working with children. Guidelines are provided to assist people in identifying and reporting child abuse and dealing effectively with concerns. Children First highlights the roles and responsibilities of Tusla – Child and Family Agency and An Garda Síochána, which are the two agencies with statutory responsibility for child protection. It also offers guidance to agencies and community and voluntary organisations (e.g. Huntington's Disease Association of Ireland) that have contact with or provide services to children.

Society has a duty of care towards children and everyone should be alert to the possibility that children with whom they are in contact may be being abused or at risk of being abused.

Key principles of child protection and welfare include:

- The safety and welfare of children is everyone's responsibility
- The best interests of the child should be paramount
- The overall aim in all dealings with children and their families is to intervene proportionately to support families to keep children safe from harm
- Early intervention is key to getting better outcomes.
- Children have a right to be heard, listened to and taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions that may affect their lives
- Parents/guardians have a right to respect, and should be consulted and involved in matters that concern their family
- A proper balance must be struck between protecting children and respecting the rights and needs of parents/guardians and families.
- Where there is conflict, the child's welfare must come first
- Child protection is a multiagency, multidisciplinary activity. Agencies and professionals must work together in the interests of children.

2. POLICY STATEMENT

The Huntington's Disease Association of Ireland (HDAI) is fully committed to safeguarding the well-being of children and young people with whom we work. Our policy on child protection is in accordance with *Children First*. HDAI is committed to promoting the rights of the child including the participation of children and young people in matters that affect them.

The Children First Act 2015 obliges organisations who work with children and young people to keep them safe from harm while availing of their service. Huntington's Disease Association of Ireland is fully committed to prevent, as far as practicable, deliberate harm or abuse to the children availing of our services. While it is not possible to remove all risk, HDAI have put in place policies and procedures to manage and reduce risk to the greatest possible extent.

It is HDAI's responsibility to:

- Keep children safe from harm while they are using our service
- Carry out a risk assessment to identify whether a child or young person could be harmed while receiving our services
- Maintain a Child Safeguarding Statement that outlines the policies and procedures which are in place to manage the risks that have been identified
- Appoint a relevant person to be the first point of contact in respect of Child Safeguarding issues

A set of guidelines have been introduced by HDAI and all staff, volunteers and individuals working on HDAI's behalf who are involved in any event with young participants must agree to adhere to these guidelines.

3. PURPOSE

Everybody who works with children has a duty of care to them and this is a responsibility, which HDAI takes seriously. The purpose of the document is to:

1. Ensure a consistent approach to protecting children from abuse and neglect.
2. Maintain a 'No Tolerance' approach to any form of abuse.
3. Outline good practice that will protect children, minimise the risk to children, employees, volunteers and board members.
4. Provide reporting procedures for dealing with child protection allegations, suspicions or disclosures.

Huntington's Disease Association of Ireland's policy aim is to:

- ensure best practice in the recruitment of employees/volunteers, which includes Garda vetting, good HR practices in interviewing, seeking references, induction training, probation and on-going supervision and management;
- ensure that employees/volunteers are aware of how to recognise signs of child abuse or neglect;
- provide guidance and procedures for employees/volunteers who may have reasonable grounds for concern about the safety and welfare of children involved with the organisation.
- appoint a Designated Liaison Person (DLP) and Deputy DLP to act as a liaison with outside agencies and a resource person to any staff member or volunteer who has child protection concerns. The DLPs are responsible for reporting allegations or suspicions of child abuse to Tusla - Child and Family Agency or to An Garda Síochána.

4. DEFINITION AND RECOGNITION OF CHILD ABUSE

4.1 Categories of abuse

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

you should consider it a child welfare and protection issue for both children and you should follow child protection procedures for both the victim and the alleged abuser. The important factor in deciding whether the behaviour is abuse or neglect is the impact of that behaviour on the child rather than the intention of the parent/carer. The definitions of neglect and abuse presented in this section are not legal definitions. They are intended to describe ways in which a child might experience abuse and how this abuse may be recognised. It is important that all staff and volunteers at HDAl understand the types of child abuse so that it can help them in recognising the signs and symptoms of abuse.

Neglect

Child neglect is the most frequently reported category of abuse, both in Ireland and internationally. Ongoing chronic neglect is recognised as being extremely harmful to the development and well-being of the child and may have serious long-term negative consequences.

Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and safety. Emotional neglect may also lead to the child having attachment difficulties. The extent of the damage to the child's health, development or welfare is influenced by a range of factors. These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect.

Neglect is associated with poverty but not necessarily caused by it. It is strongly linked to parental substance misuse, domestic violence, and parental mental illness and disability.

A reasonable concern for the child's welfare would exist when neglect becomes typical of the relationship between the child and the parent or carer. This may become apparent where you see the child over a period of time, or the effects of neglect may be obvious based on having seen the child once.

The following are features of child neglect:

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

Emotional Abuse

Emotional abuse is the systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Once-off and occasional difficulties between a parent/carer and child are not considered emotional abuse. Abuse occurs when a child's basic need for attention, affection, approval, consistency and security are not met, due to incapacity or indifference from their parent or caregiver. Emotional abuse can also occur 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 abuse is not easy to recognise because the effects are not easily seen.

A reasonable concern for the child's welfare would exist when the behaviour becomes typical of the relationship between the child and the parent or carer.

Emotional abuse may be seen in some of the following ways:

- Rejection Lack of comfort and love
- Lack of attachment
- Lack of proper stimulation (e.g. fun and play)
- Lack of continuity of care (e.g. frequent moves, particularly unplanned)
- Continuous lack of praise and encouragement
- Persistent criticism, sarcasm, hostility or blaming of the child
- Bullying
- Conditional parenting in which care or affection of a child depends on his or her behaviours or actions
- Extreme overprotectiveness
- Inappropriate non-physical punishment (e.g. locking child in bedroom)
- Ongoing family conflicts and family violence
- Seriously inappropriate expectations of a child relative to his/her age and stage of development

There may be no physical signs of emotional abuse unless it occurs with another type of abuse. A child may show signs of emotional abuse through their actions or emotions in several ways. These include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, risk taking and aggressive behaviour.

It should be noted that no one indicator is conclusive evidence of emotional abuse. Emotional abuse is more likely to impact negatively on a child where it is persistent over time and where there is a lack of other protective factors.

Physical Abuse

Physical abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents. A reasonable concern exists where the child's health and/ or development is, may be, or has been damaged as a result of suspected physical abuse.

Physical abuse can include the following:

- Physical punishment

- Beating, slapping, hitting or kicking
- Pushing, shaking or throwing
- Pinching, biting, choking or hair-pulling
- Use of excessive force in handling
- Deliberate poisoning
- Suffocation
- Fabricated/induced illness
- Female genital mutilation

The Children First Act 2015 includes a provision that abolishes the common law defence of reasonable chastisement in court proceedings. This defence could previously be invoked by a parent or other person in authority who physically disciplined a child. The change in the legislation now means that in prosecutions relating to assault or physical cruelty, a person who administers such punishment to a child cannot rely on the defence of reasonable chastisement in the legal proceedings. The result of this is that the protections in law relating to assault now apply to a child in the same way as they do to an adult.

Sexual abuse

Sexual abuse occurs when a child is used by another person for his or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or penetrative sex) or exposing the child to sexual activity directly or through pornography.

Child sexual abuse may cover a wide spectrum of abusive activities. It rarely involves just a single incident and in some instances occurs over a number of years. Child sexual abuse most commonly happens within the family, including older siblings and extended family members.

Cases of sexual abuse mainly come to light through disclosure by the child or his or her siblings/friends, from the suspicions of an adult, and/or by physical symptoms.

It should be remembered that sexual activity involving a young person may be sexual abuse even if the young person concerned does not themselves recognise it as abusive.

Examples of child sexual abuse include the following:

- Any sexual act intentionally performed in the presence of a child
- An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification
- Masturbation in the presence of a child or the involvement of a child in an act of masturbation
- Sexual intercourse with a child, whether oral, vaginal or anal
- Sexual exploitation of a child, which includes:
- Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography [for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means]
- Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act

- Showing sexually explicit material to children, which is often a feature of the ‘grooming’ process by perpetrators of abuse
- Exposing a child to inappropriate or abusive material through information and communication technology
- Consensual sexual activity involving an adult and an underage person

An Garda Síochána will deal with any criminal aspects of a sexual abuse case under the relevant criminal justice legislation. The prosecution of a sexual offence against a child will be considered within the wider objective of child welfare and protection. The safety of the child is paramount and at no stage should a child’s safety be compromised because of concern for the integrity of a criminal investigation. In relation to child sexual abuse, it should be noted that in criminal law the age of consent to sexual intercourse is 17 years for both boys and girls. Any sexual relationship where one or both parties are under the age of 17 is illegal. However, it may not necessarily be regarded as child sexual abuse. Details on exemptions for mandated reporting of certain cases of underage consensual sexual activity can be found in Chapter 3 of Children’s First Guidance at www.tusla.ie.

4.2 Circumstances which may make children more vulnerable to harm

When dealing with children, HDAI staff and volunteers need to be alert to the possibility that a welfare or protection concern may arise in relation to children you come in contact with. A child needs to have someone they can trust in order to feel able to disclose abuse they may be experiencing. They need to know that they will be believed and will get the help they need. Without these things, they may be vulnerable to continuing abuse.

Some children may be more vulnerable to abuse than others. Also, there may be particular times or circumstances when a child may be more vulnerable to abuse in their lives. In particular, children with disabilities, children with communication difficulties, children in care or living away from home, or children with a parent or parents with problems in their own lives may be more susceptible to harm.

The following list is intended to help you identify the range of issues in a child’s life that may place them at greater risk of abuse or neglect. It is important for you to remember that the presence of any of these factors does not necessarily mean that a child in those circumstances or settings is being abused.

Parent or carer factors:

- | | |
|---|-----------------------------|
| ○ Drug and alcohol misuse | ○ Conflictual relationships |
| ○ Addiction, including gambling | ○ Domestic violence |
| ○ Mental health issues | ○ Adolescent parents |
| ○ Parental disability issues, including learning or intellectual disability | |

Child factors:

- | | |
|-------------|---|
| ○ Age | ○ Disability |
| ○ Gender | ○ Mental health issues, including self-harm and suicide |
| ○ Sexuality | |

- Communication difficulties
- Trafficked/Exploited
- Previous abuse
- Young carer

Community factors:

- Cultural, ethnic, religious or faith-based norms in the family or community which may not meet the standards of child welfare or protection required in this jurisdiction
- Culture-specific practices, including:
 - Female genital mutilation
 - Forced marriage
 - Honour-based violence
 - Radicalisation

Environmental factors:

- Housing issues
- Children who are out of home and not living with their parents, whether temporarily or permanently
- Poverty/Begging
- Bullying
- Internet and social media-related concerns

Poor motivation or willingness of parents/guardians to engage:

- Non-attendance at appointments
- Lack of insight or understanding of how the child is being affected
- Lack of understanding about what needs to happen to bring about change
- Avoidance of contact and reluctance to work with services
- Inability or unwillingness to comply with agreed plans.

You should consider these factors as part of being alert to the possibility that a child may be at risk of suffering abuse and in bringing reasonable concerns to the attention of Tusla.

4.3 Bullying

It is recognised that bullying affects the lives of an increasing number of children and can be the cause of genuine concerns about a child's welfare.

Bullying can be defined as repeated aggression – whether it is verbal, psychological or physical – that is conducted by an individual or group against others. It is behaviour that is intentionally aggravating and intimidating, and occurs mainly among children in social environments such as schools. It includes behaviours such as physical aggression, cyberbullying, damage to property, intimidation, isolation/exclusion, name calling, malicious gossip and extortion. Bullying can also take the form of abuse based on gender identity, sexual preference, race, ethnicity and religious factors. With developments in modern technology, children can also be the victims of non-contact bullying, via mobile phones, the internet and other personal devices.

While bullying can happen to any child, some may be more vulnerable. These include: children with disabilities or special educational needs; those from ethnic minority and migrant groups; from the Traveller community; lesbian, gay, bisexual or transgender (LGBT) children and those perceived to be LGBT; and children of minority religious faiths.

There can be an increased vulnerability to bullying among children with special educational needs. This is particularly so among those who do not understand social cues and/or have difficulty communicating. Some children with complex needs may lack understanding of social situations and therefore trust everyone implicitly. Such children may be more vulnerable because they do not have the same social skills or capacity as others to recognise and defend themselves against bullying behaviour. Bullying in schools is a particular problem due to the fact that children spend a significant portion of their time there and are in large social groups. In the first instance, the school authorities are responsible for dealing with such bullying. If you suspect a child is being bullied you should discuss this with a parent or the school authorities. In cases of serious instances of bullying where the behaviour is regarded as possibly abusive, you may need to make a referral to Tusla and/or An Garda Síochána.

4.4 Peer Abuse

In some cases of child abuse, the alleged perpetrator will be another child. In a situation where child abuse is alleged to have been carried out by another child, the child protection procedures should be adhered to for both the victim and the alleged abuser i.e. it should be considered a childcare and protection issue for both children.

Peer Abuse can be defined as the physical, mental, emotional or sexual mistreatment of a person by somebody else of the same peer and/or age group. Quite often, whether in a team or individual context, a key concern would be where a child/young person is mistreating another child/young person of a similar age.

Abusive behaviour perpetrated by children must be taken seriously and acted upon. Early referral and intervention is essential in all such instances as future abuse can be prevented if intervention takes place early. If there is a conflict of interest between the welfare of the alleged abuser and the victim, the victim's welfare is of paramount importance.

Research shows that teenagers perpetrate a considerable proportion of child abuse. Four categories of behaviour warrant attention, three of which will usually require action: normal sexual exploration; abuse reactive behaviour; sexually obsessive behaviour; and abusive behaviour by adolescence and young people. Where action is required, such cases should be referred to Tusla (the Child and Family Agency). It is important that the different types of behaviour are clearly identified and that no young person is wrongly labelled 'a child abuser' without a clear analysis of the particular behaviour.

4.5 e-Bullying / Cyber Bullying

Action that results in the deliberate tormenting, threatening, harassing, humiliating, embarrassing, or otherwise targeting of a child or young person by another person using the Internet, interactive and digital technologies or mobile phones would constitute E-Bullying or Cyber bullying.

4.6 Recognising Abuse

Child abuse can be difficult to identify and may present in many forms. All signs and symptoms should be examined in the context of an individual child's situation and family circumstances, and reported appropriately. The ability to recognise child abuse can depend as much on a person's willingness to accept the possibility of its existence as it does on their knowledge and information. The following three stages are involved in the identification of child abuse:

1. Considering the possibility
2. Looking out for signs of neglect or abuse, i.e. identifying and recognising
3. Recording of information

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 be considered if the child displays unusual or fearful responses to parents/carers or other children. A pattern of ongoing neglect should also be considered, even when there are short periods of improvement.

Stage 2. Looking out for signs of neglect or abuse

Signs of abuse can be physical, behavioural or developmental. They can exist in the relationship between children and parents/carers or between children and other family members/other persons. A cluster of pattern of signs is more likely to be indicative of 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 HDAl's Designated Liaison Person or Tusla (the Child and Family Agency). A child should not be interviewed in detail about alleged abuse without Tusla being contacted and interviews may be more appropriately undertaken by a social worker or An Garda Síochána.

Some signs are more indicative of abuse than others. These include:

- Disclosure of abuse by a child or young person;
- Age-inappropriate or abnormal sexual play or knowledge;
- Specific injuries or patterns of injuries;
- Absconding from home or a care situation;
- Attempted suicide;
- Self-harm;
- Underage pregnancy or sexually transmitted disease;
- Insecure attachment, unhappiness, low self-esteem;
- Educational and developmental underachievement;
- Oppositional or confrontational behaviour;
- Regularly missing school;
- Neglect generally becomes apparent in different ways over a period of time, rather than at one specific point;
- A child whose height or weight is significantly below average may be being deprived of adequate nutrition;
- 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 need to be considered in the context of an individual child's social and family context. It is important to be open to alternative explanations for physical or behavioural signs of abuse.

Stage3. Recording of information

If neglect or abuse is suspected and acted upon, 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 regarding how such information is stored and to whom it is made available. See appendices for a standard reporting form.

Reasonable grounds for concern that a child or young person is being abused

Reasonable grounds for a child protection or welfare concern include:

- Evidence, for example an injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way
- Any concern about possible sexual abuse
- Consistent signs that a child is suffering from emotional or physical neglect
- A child saying or indicating by other means that he or she has been abused
- Admission or indication by an adult or a child of an alleged abuse they committed
- An account from a person who saw the child being abused

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 inappropriate use of medication or physical restraints.

5. BASIS FOR REPORTING CONCERNS AND STANDARD REPORTING PROCEDURE

5.1 Responsibility to Report Child Abuse

The welfare of the child is paramount at all times. The primary responsibility of the person who first suspects or is told of abuse is to ensure the safety of the child. The child's welfare and safety must be the overriding and paramount concern. Employees /volunteers and those working with children on HDAl's behalf also have responsibilities under Child Protection Legislation and Guidance.

5.2 How to Respond to a Disclosure Of Abuse from a Child

It is important that a child who discloses abuse feels supported and facilitated in what, for him or her, may be a frightening and traumatic process. He or she may feel perplexed, afraid, angry, despondent and guilty. A child who divulges abuse makes a profound act of trust and should be treated with respect, listened to and have their views taken into consideration sensitively and with care.

Disclosures should always be treated in a sensitive and discreet manner. It is important to adhere to the following:

- (a) Take what the child or young person says seriously.
- (b) React calmly, as over-reaction may intimidate the child or young person and compound feelings of guilt.
- (c) Reassure the child or young person that they have taken the correct action in telling
- (d) Do not make false promises. Do not commit to keeping it a secret.
- (e) Listen carefully and attentively.
- (f) Never ask leading questions.
- (g) Ask questions only for the purpose of clarity. Be supportive but avoid seeking intimate details beyond those volunteered by the child. Tusla and/ or An Garda Síochana are responsible for carrying out an investigation, if necessary.
- (h) Check with the child that what has been heard and understood by you is accurate.
- (i) Do not express any opinions about the alleged abuser.
- (j) Do not confront the alleged abuser.
- (k) Advise that you will offer support but that you must pass on the information.
- (l) Record the conversation using the child's own words as soon as possible, in as much detail as possible.
- (m) The disclosure should be reported immediately to the DLP. If the DLP is not available the Deputy DLP should be informed or the Child and Family Agency. In the case of an emergency, or the Duty Social Worker cannot be contacted, the employee/volunteer should contact An Garda Síochána. The DLP should be informed as soon as possible that this has been reported to the authorities.
- (n) The DLP will liaise with the Child and Family Agency on behalf of the organisation to ascertain if a report needs to be made and to discuss the process of informing parents or guardians. If a report is being made it must use the child's own words.
- (o) Treat the information confidentially, sharing it only with persons who have a right to hear it.

5.3 How to respond to Suspicions or Allegations of Child Abuse

Try to ensure in so far as is possible that no situation arises that could cause any further risk to a child.

- (a) Record the facts as you know them. Include the child's name, address, nature of the concern, allegation or disclosure and, where possible, information about a parent or guardian. Employees/volunteers should pass that report to HDAl's Designated Liaison Person or Deputy.

The following examples from the Child Protection and Welfare Practice Handbook (HSE) would constitute reasonable grounds for concern:

- (a) An injury or behaviour that is consistent both with abuse and an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse.
- (b) Consistent indication over a period of time that a child or young person is suffering from emotional or physical neglect.
- (c) Admission or indication by someone of an alleged abuse.
- (d) A specific indication from a child or young person that they were abused.

- (e) An account from a person who saw the child or young person being abused.
- (f) Evidence, such as injury or behaviour, that is consistent with abuse and unlikely to have been caused in any other way.

Where any report is being made to Tusla (the Child and Family Agency) or An Garda Síochána in respect of a person under 18 years of age parents or guardians should be informed unless doing so would put the child or young person at further risk.

5.4 Retrospective Disclosures By Adults

An increasing number of adults are disclosing abuse that took place during their childhoods. It is essential to establish whether there is any current risk to any child who may be in contact with the alleged abuser. If any risk is deemed to exist to a child the employee/volunteer should follow the reporting procedure.

The HSE National Counselling Service is in place to listen to, value and understand those who have been abused in childhood. The service is a professional, confidential counselling and psychotherapy service and is available free of charge in all regions of the country (see National Counselling Service at <https://www.hse.ie/eng/> . The service can be accessed either through healthcare professionals or by way of self-referral.

5.5 Reporting a Concern

Who to contact

if you have **reasonable grounds for concern** that a child may have been, is being, or is at risk of being abused or neglected you should contact HDAI's DLP or DDLP who will inform Tusla. In the event of the DLP or Deputy DLP being unavailable you can contact Tusla directly. You can find contact details for the Tusla social work teams on the Tusla website (www.tusla.ie).

If you are concerned about a child but unsure whether you should report it to Tusla, you may find it useful to contact Tusla to informally discuss your concern. This provides an opportunity to discuss the query in general and to decide whether a formal report of the concern to Tusla is appropriate at this stage. If the concern is below the threshold for reporting, Tusla may be able to provide advice in terms of keeping an eye on the child and other services that may be more suitable to meeting the needs of the child and/or family.

What information to include

The ability of Tusla (the Child and Family Agency) or An Garda Síochána to assess and investigate suspicions or allegations of child abuse or neglect will depend on the amount and quality of information conveyed to them by people reporting concerns. As much detail as possible should be provided. Write down immediately after the conversation what was said, including:

- The child's name, address and age
- Names and addresses of parents or guardians
- Names, if known, of who is allegedly harming the child or not caring for them appropriately
- Names of any witnesses
- A detailed account of what happened (e.g. details of the allegation, when and where it occurred, and any other significant factors)

- Note any visible marks on the individual making the report or any signs you observed
- Names of other children in the household
- Name of school the child attends
- Your name, contact details and relationship to the child

Reporting Procedures

Following a disclosure of abuse, employees/volunteers should:

- Record the event, sign and date all reports and indicate the time the notes were made.
- Ensure that the information is treated with the utmost confidence.
- Allegations should not be investigated by employees/volunteers.
- Employees/volunteers should pass that report to HDAI's Designated Liaison Person or Deputy Designated Liaison Person without delay.
- If any risk is deemed to exist the DLP will report it to Tusla (the Child and Family Agency) or An Garda Síochána without delay.

Under no circumstances should a child be left in a situation that exposes him or her to harm or to risk of harm. In the event of an emergency where you think a child is in immediate danger and the DLP or DDLP is unavailable an employee/volunteer should contact Tusla (the Child and Family Agency) or An Garda Síochána.

5.6 Cases Not Reported to Tusla or An Garda Síochána

In those cases where HDAI's DLP decides not to report concerns to Tusla or An Garda Síochána, the individual employee or volunteer who raised the concern will be given a clear written statement of the reasons why no report is being made. The employee or volunteer should be advised that if they remain concerned about the situation, they are free as individuals to consult with, or report to, Tusla or An Garda Síochána directly.

5.7 Legal Protection

Protections for Persons Reporting Child Abuse Act 1998 makes provision for the protection from civil liability of persons who have communicated child abuse 'reasonably and in good faith' to designated officers of Tusla (the Child and Family Agency) or to any member of An Garda Síochána. [See Appendix 1 for more information.](#)

5.8 Confidentiality

All information regarding concern or assessment of child abuse or neglect should be shared on 'a need to know' basis in the interests of the child. The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection. Employees/volunteers should not give any undertakings regarding secrecy. [See](#)

5.9 Record Keeping

HDAI Refereeing and Vetting documents will be stored in accordance with HDAI's Data Protection Policy

6. DESIGNATED LIAISON PERSONS (DLPS)

Huntington's Disease Association of Ireland's Designated Liaison Person (DLP) has responsibility for dealing with any child protection concerns that arise and will ensure that HDAI's child protection and welfare policy is promoted and implemented. Duties include:

- Be familiar with Child Protection legislation, Tusla's *Children First National Guidance 2017 Guide for the Reporting of Child Protection and Welfare Concerns, Our Duty to Care: The principles of good practice for the protection of children and young people* and HDAI's Child protection policies and procedures
- Have responsibility for the implementation and monitoring of HDAI's policy;
- Receive reports of alleged/suspected or actual child abuse and act on these in accordance with the guidelines;
- Ensure that an individual case record is maintained of the action taken by HDAI, the liaison with other agencies and/or involvement of any HDAI employee/volunteer and record the outcome;
- Store all related files in a safe and secure place in accordance with the relevant legislation;
- Ensure that systems are in place for recording and retaining all relevant documentation in relation to child protection issues;
- Liaise with and support parents/carers, children and HDAI employees/volunteers ensuring safety for the children accessing our services;
- Liaise with the Health Service Executive (HSE), Community Services and An Garda Síochána or other statutory agencies, as appropriate;
- Ensure that supports are put in place for the young person, employees or volunteers in cases of allegations being made;
- Ensure that training is provided on the child protection policy where appropriate;
- Keep up to date and undertake relevant training on child protection policy and practice, in order to ensure the relevance and appropriateness of HDAI's policy and procedures;

Designated Liaison Person

Elizabeth O Sullivan,

Huntington's Disease Association of Ireland

Carmichael Centre, North Brunswick Street, Dublin 7, D07 RHA8

Tel: (01) 872 1303, Email: Liz@huntingtons.ie,

Designated Liaison Person Deputy

Patricia Towey

Huntington's Disease Association of Ireland

Carmichael Centre, North Brunswick Street, Dublin 7, D07 RHA8

Tel: (01) 872 1303, Email: Patricia@huntingtons.ie,

7. STAFF RECRUITMENT AND VETTING PROCESS

Huntington's Disease Association of Ireland's staff recruitment process involves seeking references and Garda Vetting checks prior to an offer of employment. All counsellors contracted in to provide counselling to HDAI service users are vetted prior to a referral. HDAI's volunteers currently do not have unsupervised access to children. Garda Vetting must be sought in advance of any volunteer having access to children in the course of their duties with HDAI.

Statutory obligations on employers in relation to Garda vetting requirements for persons working with children and vulnerable adults are set out in the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012–2016.

Under these Acts, it is compulsory for employers to obtain vetting disclosures in relation to anyone who is carrying out relevant work with children or vulnerable adults. The Acts create offences and penalties for persons who fail to comply with its provisions.

HDAI's Garda Vetting Policy and Procedure outlines HDAI's vetting practice.

8. TRAINING IN CHILD PROTECTION AND WELFARE

Huntington's Disease Association of Ireland has a responsibility to ensure that staff and volunteers are aware of relevant legislation, national guidelines and child protection procedures and protocols. HDAI will ensure that employees/volunteers are equipped with appropriate information and knowledge to deliver any HDAI service in a way which ensures that the welfare and safety of children is paramount.

HDAI ensures that all staff, volunteers and third party service providers are familiar with the contents of the policy document and its requirements of them.

HDAI staff have completed the Tusla e-learning training programme 'Introduction to Children First'.

9. HDAI AS AN EMPLOYER DEALING WITH AN ALLEGATION OF ABUSE

If an allegation is made against an employee/volunteer, HDAI has a dual responsibility in respect of both the child and the employee/volunteer. HDAI will as a matter of urgency, take necessary measures to ensure that the child is not exposed to unnecessary risk. HDAI will ensure everyone involved gets a proper response. This involves making sure that two separate procedures are followed:

- the reporting procedure in respect of the child;
- the procedure for dealing with the employee/volunteer

The same person will not deal with both of the above.

When an allegation of abuse is received against employees/volunteers it will be assessed promptly and carefully by HDAI. Action taken in reporting an allegation of child abuse against an employee/volunteer should be based on an opinion formed 'reasonably and in good faith'. It will be necessary to decide whether a formal report should be made to Tusla (the Child and Family Agency). This decision should be based on reasonable grounds for concern.

The first priority is to ensure that no child or young person is exposed to unnecessary risk. HDAI, as an employer, will as a matter of urgency take any necessary protective measures. These measures will be proportionate to the level of risk and will not unreasonably penalise the employee/volunteer financially or otherwise, unless necessary to protect children. Where protective measures penalise the employee/volunteer it is important that early consideration be given to the case.

Any action taken should be guided by agreed procedures, the applicable employment contract and the rules of natural justice.

The Chairperson of HDAI and the DLP or Deputy DLP (as appropriate), should be informed about the allegation as soon as possible. When HDAI becomes aware of an allegation of abuse of a child or children by an employee/volunteer during the execution of that person's duties, The Chairperson of HDAI will inform the employee/volunteer of the following:

- (i) the fact that an allegation has been made against him or her;
- (ii) the nature of the allegation.

The employee/volunteer will be afforded an opportunity to respond. The Chairperson of HDAI will note the response and pass on this information if making a formal report to Tusla (the Child and Family Agency).

Everyone in HDAI will take care to ensure that actions taken by them do not undermine or frustrate any investigations/assessments conducted by Tusla or An Garda Síochána. The Chairperson of HDAI and the DLP or Deputy DLP (as appropriate), will maintain a close liaison with the statutory authorities to achieve this.

HDAI should be notified of the outcome of an investigation and/or assessment. This will assist them in reaching a decision about the action to be taken in the longer term concerning the employee.

Note: The reporting procedure in respect of the child will be dealt with by HDAI's Designated Liaison Person unless there is any reason why this is not possible.

In the event that it is not appropriate for the DLP to carry out the responsibilities above, the Deputy DLP of HDAI will do so.

10. HDAI'S DECLARATION OF GUIDING PRINCIPLES

Huntington's Disease Association of Ireland provides information and support to individuals and families impacted by Huntington's Disease. HDAI's service mostly works with adults however in the course of our work HDAI staff also come into contact with children and young adults from families impacted by Huntington's disease. Huntington's disease symptoms may include physical, cognitive and emotional changes. Children of a parent with HD may require emotional support from HDAI's Family Support Officer. HDAI also refers children and young people from HD families to accredited counsellors when required.

Huntington's Disease Association of Ireland is committed to the safety and wellbeing of children and young people with whom we come in contact as part of our service. It is our responsibility to ensure they are safeguarded from harm.

We believe that:

1. Our priority to ensure the welfare and safety of every child and young person who accesses our service is paramount.
2. Our guiding principles and procedures to safeguard children and young people reflect national policy and legislation and we will review our guiding principles and child safeguarding procedures every two years.
3. All children and young people have an equal right to attend a service that respects them as individuals and encourages them to reach their potential, regardless of their background.
4. We are committed to upholding the rights of every child and young person who accesses our service, including the rights to be kept safe and protected from harm, listened to and heard.
5. Our guiding principles apply to everyone in our organisation.
6. Workers/volunteers must conduct themselves in a way that reflects the principles of our organisation.

11. CODE OF PRACTICE

- Employees/Volunteers should be sensitive to the implications of becoming too involved with or spending a lot of time with any one young person.
- Where Employees/Volunteers have a concern about the nature of a particular relationship involving themselves or another staff member or young person, they should discuss it with a supervisor or experienced colleague. It should be remembered that professional boundaries should be maintained at all times by employees/volunteers.
- Meeting with Children - Children may seek to confide with a person outside of their family supports and this can be a regular part of working with children in informal/social settings. Employees/volunteers should be aware of the potential risks which may arise from meetings with individual children or a small group of children. Where possible:

- Avoid being alone with one participant, if you need to talk separately do so in an open environment, in view of others;
 - Such meetings should be conducted in a room with visual access, or with the door open, or in a room/area where other people are nearby;
 - Employees/volunteers should advise another adult that such a meeting is taking place, and the reason for it. A record should be kept of participants present, dates, times and content of such meetings. Others in the building could be encouraged to drop in occasionally if necessary;
 - Employees/volunteers are strongly advised to avoid meetings with individual children where they are on their own in a building;
 - Private meetings should take place at an appropriate time e.g. not late at night.
- Physical Contact - Any physical contact between Employees/Volunteers and a child should be in response to the needs of the child and not the needs of the adult. If used to comfort, reassure or assist a child the following should be factors in assessing its appropriateness:
 - it is acceptable to the child concerned,
 - it should always take place in an open or public environment and not take place in secret or out of sight of others.
 - it is appropriate to the age and developmental stage of the child.

When physical contact is required, the adult should seek to explain the nature and reason for the physical contact to the child or young person. Unless the situation is an emergency, the adult should ask the child for permission.

Inappropriate physical contact with children must be avoided at all times including instances that may occur from one child to another. Any discomfort or resistance on the part of the child should be respected. Employees/volunteers need to be aware that even the most informal physical gestures e.g. putting a hand on a shoulder or arm, could be misconstrued by a child or an observer, especially if they are continually repeated with the same child. Discretion and good judgement must be used at all times with regard to necessary physical contact in some activities including:

- First Aid and / or Personal Care Tasks,
 - Comforting a distressed child
 - Intervening in a physical fight between children
 - When a child greets with a hug/hand shake
- Any form of physical punishment of children is unlawful, as is any form of physical response to misbehavior, unless in exceptional circumstances where it is by way of restraint.
 - Employees/Volunteers should be sensitive to the fact that jokes of a sexual nature may be offensive to others and should never be told in the presence of children/young people.

- Travelling with Children - It is recommended that if Employees/Volunteers provide transport for children/young people in the course of their work with HDAI (in an emergency for example) there should in so far as is possible be at least one other employee/volunteer in the car and that such transport should only be provided with the full knowledge and consent of the young person(s)' parents or guardian(s).
- Use of Imagery - When choosing images for the website, or publications HDAI will not include images which are in any way inappropriate. HDAI follows a policy of seeking parents' permission before using images of children in any publications or media.
 - No private information is ever published such as name or other details.
 - Prior permission must be sought in advance of taking or reproducing any images of children.
- Accidents - It is the responsibility of all employees/volunteers to carry out their work safely, not to take unnecessary risks, and be constantly vigilant to the possibility of accidents to themselves or others, and to be aware of any hazards that may exist. There are added responsibilities when working with children that employees/volunteers need to be aware of when dealing with an accident. These responsibilities are as follows:
 - Parents/guardians must be notified of any accident/incident that occurs regardless of how small it may seem;
 - Record every incident/accident that occurs regardless of how small it may seem;
 - Emergency numbers for parents/guardians and emergency services must be kept close to hand;
 - Follow the formal complaints procedure for children and parents;
 - All employees/volunteers know what information will be needed to process a report of an accident.

Appendix 1 – Child Safeguarding: Relevant Legislation

There are a number of pieces of legislation relevant to the safeguarding of children including:

Child and Family Agency Act 2013

<http://www.oireachtas.ie/documents/bills28/acts/2013/a4013.pdf>

Child Care Act 1991

<http://www.irishstatutebook.ie/eli/1991/act/17/enacted/en/print.html>

Children Act 2001

<http://www.irishstatutebook.ie/eli/2001/act/24/enacted/en/pdf>

Children First Act 2015

<http://www.irishstatutebook.ie/eli/2015/act/36/enacted/en/pdf>

Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012

<http://www.irishstatutebook.ie/eli/2012/act/24/enacted/en/pdf>

Criminal Justice Act 2006, Section 176: Reckless Endangerment of Children

<http://www.irishstatutebook.ie/eli/2006/act/26/enacted/en/pdf>

Data Protection Acts 1988 and 2003

<http://www.irishstatutebook.ie/eli/1988/act/25/enacted/en/html>

<http://www.irishstatutebook.ie/eli/2003/act/6/enacted/en/pdf>

Domestic Violence Act 1996

<http://www.irishstatutebook.ie/eli/1996/act/1/enacted/en/pdf>

Education (Welfare) Act 2000

<https://www.oireachtas.ie/documents/bills28/acts/2000/a2200.pdf>

Education Act 1998

<http://www.irishstatutebook.ie/eli/1998/act/51/enacted/en/pdf>

Freedom of Information Act 2014

<http://www.irishstatutebook.ie/eli/2014/act/30/enacted/en/pdf>

National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2106

<http://www.irishstatutebook.ie/eli/2012/act/47/enacted/en/pdf>

Non-Fatal Offences against the Person Act 1997

<http://www.irishstatutebook.ie/eli/1997/act/26/enacted/en/pdf>

Protected Disclosures Act 2014

<http://www.irishstatutebook.ie/eli/2014/act/14/enacted/en/pdf>

Protections for Persons Reporting Child Abuse Act 1998

<http://www.irishstatutebook.ie/eli/1998/act/49/enacted/en/pdf>

Standard Report Form - CONFIDENTIAL

(For reporting allegation / concern to DLP)

Please provide as much information as possible

DLP (Name): _____

Report Date: _____

Details of child / young person

Name: _____

Address: _____

Male Female Age Date of Birth

Details of person completing this Report

Name: _____

Address: _____

Telephone No: _____

Occupation: _____

Organisation: _____

Relationship to child / young person _____

Parent(s) / Guardian(s) Informed Y/N:

Child / Young Person's Family

Mother's Name: _____

Address: _____

*If different from child /
young person's.* _____

Telephone No: _____

Father's Name: _____

Address: _____

If different from child / young person's.

Telephone No: _____

Who else is at home?

Name	Relationship	Age	Additional Information

Name & Address of other personnel or agencies involved with child / young person

	Name	Address
Social Worker		
PHN		
GP		
Hospital		
School		
Gardaí		
Other		

Details of person(s) allegedly causing concern in relation to child / young person

Name: _____

Address: _____

Age: _____

Telephone No: _____

Occupation: _____

Organisation: _____

Relationship to child / young person _____

Details of Report

As much detail as is known of concern(s), allegation(s) or incident(s), date(s), time(s), description of any injuries or marks to child / young person, parent's view(s), child / young person's view(s)

Signed:

Date:
