Child Safeguarding Statement and Policy

Lead Approver: Deputy CEO, Catherine Kelly and Eamonn Teague, Director of Services – Supported Living				
Cross referenced with these policies: Risk management policy, Safeguarding Vulnerable Adults, Safe Management of Medication, Volunteer and Natural Support Networks Policy, Incident reporting policy, Record Management and Data Protection, Positive Behaviour Support Policy, Health and Safety Policy and Statement.				
Previous policy name: Child Protection Policy				
Version	*Approved by Lead Approver*	*Approved by WALK Board (if pplicable)*	*Launched Staff members*	*Operational Period*
Rev 1	07/03/14	07/03/14	08/03/14	08/03/14 – 08/06/16
Rev 1	08/06/16	n/a	08/06/16	08/06/16 – 11/03/18
Rev. 2	10/03/18	n/a	11/03/18	11/03/18 – 23/10/18
Rev. 3	26/09/18	n/a	22/10/18	23/10/18 – 13/12/2020
Rev 4.	07/12/2020	n/a	14/12/2020	14/12/2020 – review in December 2022.

Contents

1.0 WALK Child Protection Policy Statement and Aim of Policy

The policy of WALK is to promote the safety, protection and wellbeing of children, to ensure that they are treated with dignity and respect, are protected from any form of abuse or neglect and that their rights are safeguarded at all times.

The aim of this policy is to promote the welfare of children by having systems and procedures whereby children are protected from the experience of abuse and neglect and information concerning abuse or alleged abuse and neglect can be disclosed and reported by the child or third party and such reports or concerns are acted upon consistently and appropriately by the receiver.

WALK aims to be fully compliant with legislation. The Children First Act 2015 requires organisations that are providers of 'relevant services' to prepare a Child Safeguarding Statement. This is a written statement that specifies the service being provided and the principles and procedures to be observed to ensure, as far as practicable, that a child availing of the service is safe from 'harm'. It also includes an assessment of risk of harm 'to a child while availing of your service and specifies the procedures in place to manage any identified risks. Your service should ensure that your Child Safeguarding Statement has due regard to the Children First: National Guidance and any other child protection guidelines issued by the Minister for Children and Youth Affairs, or any guidelines issued by Tusla concerning Child Safeguarding Statements under section1 1(4) of the Children First Act 2015.

2.0 Definitions:

Child: Is a person who is under 18 years of age unless married or has been married.

Child Abuse: It is difficult to give a comprehensive formulation of what constitutes abuse. For the purpose of this Policy, abuse can be defined as harm or potential harm caused to a child by physical abuse, emotional abuse, sexual abuse or neglect. Please see section 4.5 for an expansion of this definition.

Child Safeguarding Statement: As defined in the Children First Act 2015, means a written statement specifying the service being provided and the principles and procedures to be observed to ensure as far as practicable that a child, while availing of the service, is safe from harm.

Harm: As defined in the Children First Act 2015, means in relation to a child' - (a) assault, ill-treatment or neglect of the child in a manner that seriously affects or is likely to seriously affect the child's health, development or welfare, or (b)sexual abuse of the child, whether caused by a single act, omission or circumstance or a series or combination of acts, omissions or circumstances, or otherwise'.

Mandated person: As defined in the Children First Act 2015, mandated persons have a statutory obligation to report concerns which are a particular threshold to Tusla and to cooperate with Tusla in the assessment of mandated reports (there is more information on mandated person's below in section 4.3). If you are a mandated person, you should read Chapter 3 of the Children First National Guidance (2017) for details about your responsibilities under the Children First Act 2015 for reporting mandated concerns and how to make the report.
If you have a concern about a child, you should make a decision as to whether the concern meets the threshold for a mandated report under the Act or not. If you are satisfied that this threshold has been reached, you should clearly identify on the report that it is a mandated report made under the Children First Act 2015. Concerns that do not reach the threshold for mandated reporting should still be reported under this Guidance, if a reasonable concern about the welfare or protection of a child exists.

Provider: As defined in the Children's First Act 2015, means 'a person— (a)who provides a relevant service, and (b)who, in respect of the provision of such relevant service— (i)employs(whether under contract of employment or otherwise)one or more than one other person to undertake any work or activity that constitutes a relevant service, (ii)enters in to a contract for services with one or more than one other person for the provision by the person of a relevant service, or iii)permits one or more than one other person (whether or not for commercial or other consideration and whether or not as part of a course of education or training, including an internship scheme) to undertake any work or activity, on behalf of the person, that constitutes a relevant service'.

Relevant service: As defined in the Children First Act 2015,'means any work or activity specified in Schedule1 [of that Act]'.

Relevant person: Defined in the Children First Act 2015 as a person who is appointed by a provider of a relevant service to be the first point of contact in respect of the provider's Child Safeguarding Statement.

Risk assessment: As used in the Children First Act 2015, means 'an assessment of any potential for harm to a child while availing of the service'.

3.0 Roles and Responsibilities:

All staff, including **Mandated persons**, have a responsibility to keep all children safe and to report any concerns. Any person in the organisation who knows or suspects that a child is subject to any type of abuse is obliged to report this immediately in accordance with the procedure set out below.

Designated Liaison Person (DLP): The Designated Liaison Person is responsible for ensuring that the standard reporting procedure is followed, so that suspected cases of child neglect or abuse are referred promptly to the designated person in Tusla or in the event of an emergency and the unavailability of Tusla, to An Garda Síochána. The Designated Liaison Person should ensure that they are knowledgeable about child protection and undertake any training considered necessary to keep themselves updated on new developments. (There are further specifics on the functions of the DLP below in section 4.6 below).

4.0 Procedures

4.1 About children being in contact with WALK's support services

WALK provides services to adults with intellectual disability. The PEER programme may mean that WALK directly supports children with disabilities (16-18) and/or support young adults or teenagers with disabilities through peer supporters who may also be aged 16-18.

Children may on occasions be present in WALK Day Services or in Residential Houses during official functions or as part of visiting arrangements.

Children attend WALK-hosted events. These are ticketed events and are run by the people WALK supports and our Staff/volunteer teams. These events include but are not limited to WALK's annual Halloween Fright Night (held at the end of October) and WALK's Winter Wonderland (held in December) WALK's Santa Sleigh at various events across Dublin and WALK's family bbq (usually held in Summer months for friends and family of all WALK members).

Children also may attend events hosted on behalf of WALK, for example, the annual Walk for WALK and other fundraising events.

While on WALK premises or in the course of events which WALK are responsible for WALK take the following actions;

- Managers and/or the Event Coordinator ensures there is an adequate adult-child ratio. This will depend on the nature of the activity and the individual needs of children.
- Children are supervised according to their needs. This may involve agreement with parents/guardians on their role and responsibilities during the event/activity/visit.
- Adequate numbers of employees are available to supervise the activities and/or the role of parents / guardians
- The assigned responsible adults know at all times where children are and what they are doing
- Any activity using potentially dangerous equipment has constant adult supervision
- Appropriate levels of risk must be considered and activities should not be available that carry too much risk or that are considered inappropriate to the age and ability of the child.
- Adverse incidents which may occur are appropriately reported and recorded

The policy of WALK is to promote the safety, protection and wellbeing of children to ensure that they are treated with dignity and respect, are protected from any form of abuse and neglect and that their rights are safeguarded at all times. The welfare and safety of the child is of paramount importance.

Vision & Mission of WALK: WALK's vision is of an inclusive society where communities value and treat all people as equal citizens. This definition includes all people, both adult and child.
The mission of WALK is to support people who use our services to lead self-determined lives within socially inclusive communities.

WALK strives to:

- Promote and protect the rights of children availing of our services in a manner that respects their dignity and has their views taken into consideration.
- Promote the culture of an organisation which strives to maximise each child's quality of life.

- Provide quality child-centred services in partnership with all stakeholders to verifiable standards of best practice.
- Develop each child's full potential and ensure his or her long-term wellbeing within a positive environment.
- Support families in their commitment to the child with an intellectual disability
- Lead and manage services through efficient, effective and accountable use of available resources.

4.2 Principles of Good practice

WALK is committed to providing an environment where children are listened to, are treated with dignity and respect and kept safe, where parents are supported and consulted and where employees and volunteers are trained, supported and protected. WALK acknowledges the Children First Principles.

The key principles that inform best practice in child protection and welfare are:

I. The safety and welfare of children is everyone's responsibility.

II. The best interests of the child should be paramount.

III. The overall aim in all dealings with children and their families is to intervene proportionately to support families to keep children safe from harm.

IV. Interventions by the State should build on existing strengths and protective factors in the family.

V. Early intervention is key to obtaining better outcomes. Where it is necessary for the State to intervene to keep children safe the minimum intervention necessary should be used.

VI. Children should only be separated from parents/guardians when alternative means of protecting them have been exhausted.

VII. 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.

VIII. Parents/guardians have a right to respect and should be consulted and involved in matters that concern their family.

IX. 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.

X. Child protection is a multi-agency, multi-disciplinary activity. Agencies and professionals

must work together in the interests of children [Principles extracted directly from Children First National Guidance, 2017].

To this end WALK:

- Acknowledges the rights of children to be protected, treated with respect, listened to and have their own views taken into consideration;
- Recognises that the welfare of children must always come first, regardless of all other considerations;
- Adopts this Child Safeguarding Statement and Policy which raises awareness about the possibility of child abuse occurring and outlines the steps to be taken if it is suspected;
- Adopts safe practices to minimise the possibility of harm or accidents happening to children and protect workers from the necessity to take risks and leave themselves open to accusations of abuse or neglect;
- Follows clearly defined methods of recruiting employees and volunteers;
- Implements clear procedures for responding to accidents and complaints;
- Believes that early intervention with children who are vulnerable or at risk may prevent serious harm from happening to them at a later stage;
- Believes that a child's age, gender and background affect the way they experience and understand what is happening to them;
- Provides child protection training for workers which clarifies the responsibility of WALK and individuals, and shows the procedures to be followed if child abuse is suspected. Training includes Prevention, detection and reporting of abuse, the nature of abuse in institutional settings, practices designed to protect and promote the welfare of children, understanding their particular vulnerability to abuse, in particular those with communication difficulties, Child Protection Policy of WALK, Safe care practices, Promoting a culture and ethos of rights, openness and accountability.
- Has a policy of openness with parents/guardians that involves consulting them about everything that concerns their children, and encouraging them to get involved with WALK wherever possible;
- Co-operates with any other child care and protection agencies and professionals by sharing information when necessary and working together towards the best possible outcome for the children concerned;
- Makes links with other relevant organisations to promote child protection and

welfare policies and practices.

- The Designated Person will ensure an annual audit is conducted of all allegations/concerns reported. This will be undertaken as part of an overall review of the incident reporting system of WALK and a section specifically related to children will be reported on.
- The Human Resources Department conducts an annual training audit in relation to protection training matters and report the findings to the Designated Person for discussion and review
- Has a complaints procedure for which the scope for complaints from the people we support and Third Parties of WALK relates to any complaints that can be made under the Health Act 2004 and regulations made thereunder.
- Has a Code of Behaviour which all employees and volunteers are expected to adhere.
- Has procedures and protocols for the use of photography of children.
- We adhere to the Children First Safeguarding Statement Guide.

[Adapted from Our Duty to Care p.4 HSE 2002]

4.3 Mandated Persons

From 11th December 2017 certain people have legal responsibilities under Children First Act 2015. These people are known as 'Mandated People'. There is an extensive list of 'mandated persons' in Schedule 2 of the Act. They include:

- Registered Nurses within the meaning of section 2(1) of the Nurses and Midwives Act 2011.
- Social Care Worker who practises as such and who is eligible for registration in accordance with part 4 of the Health and Social Care Professionals Act 2005 in the register of that profession.

Mandated persons have two main legal obligations under the Act:

- To report the harm of children above a defined threshold to Tusla.
- To assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report.

The full list of mandated persons as taken from the Act is available in appendix D or you can view the appropriate section of the Act online here.

4.3.1 Mandated Person Sharing Information

If you are required to share information with Tusla when assisting in the assessment of risk to a child, you are protected from civil liability under Section 16 (3) of the Children First Act 2015.

Section 17 of the Children First Act 2015 provides that information shared by Tusla must not be disclosed to a third party unless authorised by Tusla in writing.

4.4 Legal and Policy Frameworks

This Child Safeguarding Statement and Policy has given due consideration to the following **legislation:**

- Children First Act 2015
- The Child Care Act 1991
- Children Act 2001
- Protection of Persons Reporting Child Abuse Act 1998
- Domestic Violence Acts 1996 and 2002
- Non-fatal Offences Against the Person Act 1997
- Education Act 1998
- Education (Welfare) Act 2000
- Education for Persons with Special Educational needs Act 2004
- The Data Protection Acts 1988 and 2003
- Freedom of Information Acts 1997 and 2003
- Health Acts 1947 to 2008
- Ombudsman for Children Act (2002)
- Criminal Justice Act 2006

This list is not exhaustive

This Child Safeguarding Statement and Policy has been written with due consideration given to the following **national policies**:

- Children First: National Guidance 2017 (Tusla).
- 'Children First: National Guidance for the Protection and Welfare of Children' 2011
- Child Protection and Welfare Practice Handbook, 2011, Health Service Executive
- 'Our Duty to Care' The Principles of good practice for the protection of children and young people – Department of Health and Children 2002
- Trust in Care – Policy for Health Service Employers on Upholding the Dignity and Welfare of Clients and the Procedure for Managing Allegations of Abuse against Staff Members (2005)
- Dignity at Work Policy for Health Services (Health Services National Partnership Forum

2004)

- National Standards for Children's Residential Centres - Department of Health & Children (2001)

This list is not exhaustive

This document has been written with due consideration given to the following **United Nation Conventions**

- U.N. Convention on the Rights of the Child 1992
- U.N. Convention on the Rights of People with Disabilities 2007

This Child Safeguarding Statement and Policy does not stand alone from any other WALK policy or procedure except for when this policy is explicit in relation to children. This policy has been therefore written with due consideration given to all WALK Policies, Procedures, Guidelines and Codes of Practice, and the following WALK guidelines, policies and procedures are most immediately pertinent to this policy:

- Complaints Procedures
- Intimate Care Procedures
- Risk Management Procedures
- Health & Safety Statement and procedures
- Recruitment Policy and Procedures
- The Charter of Rights
- Guidelines for the Management of Behaviour that Challenges
- Guidelines on Performance Management and Development System
- Transport

These policies and legislation are binding upon all employees, volunteers and students of WALK who have a duty to be familiar with and abide by them and any amendments thereto.

4.5 About Child Abuse (defining)

It is well recognised that it is very difficult to give a comprehensive formulation of what constitutes abuse. For the purpose of this Policy, abuse can be defined as harm or potential harm caused to a child by physical abuse, emotional abuse, sexual abuse or neglect.

The definitions above and those elaborated below are not intended as all encompassing or comprehensive in nature. They are given as a guide only of the type of situations, and/or

conduct which is to be covered by the procedures set out in this Policy.

Children can be abused in a number of ways. Children First National Guidelines outlines four areas within the definition of abuse. They are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

The definitions outlined below are not exhaustive.

Physical abuse

Threshold for reporting for mandated persons:

Physical abuse is covered in the references to assault in the Children First Act 2015. The threshold of harm, at which you must report to Tusla under the Children First Act 2015, is reached when you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being assaulted and that as a result the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.

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 involve:

(i) physical punishment;

(ii) beating, slapping, hitting or kicking;

(iii) pushing, shaking or throwing;

(iv) pinching, biting, choking or hair-pulling;

(v) terrorising with threats;

(vi) observing violence;

(vii) use of excessive force in handling;

(viii) deliberate poisoning;

(ix) suffocation;

(x) fabricated/induced illness*

(xi) female genital mutilation

allowing or creating a substantial risk of significant harm to a child.

The Children First Act 2015 includes a provision that abolishes the common law refence 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. (Children First National Guidelines, page 9, 2017)

Emotional abuse

Threshold for reporting by mandated persons:

Ill-treatment is defined as 'to abandon or cruelly treat the child, or to cause or procure or allow the child to be abandoned or cruelly treated'. Emotional abuse is covered in the definition of ill-treatment used in the Children First Act 2015. The threshold of harm, at which you must report to Tusla under the Children First Act 2015, is reached when you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being ill-treated to the point where the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.

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.

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

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. (Children's First National Guidance, 2017, p. 9)

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.

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 First National Guidelines 2017.

Neglect

The threshold for reporting by mandated persons:

Neglect is defined as 'to deprive a child of adequate food, warmth, clothing, hygiene, supervision, safety or medical care'. The threshold of harm, at which you must report to Tusla under the Children First Act 2015, is reached when you know, believe or have reasonable grounds to suspect that a child's needs have been neglected, are being neglected, or are at risk of being neglected to the point where the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.

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

(Children's First National Guidelines, 2017, p. 8).

Circumstances that can make children more vulnerable to harm

If you are dealing with children, you 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:	**Child factors:**

• Drug and alcohol misuse Addiction, including gambling • Mental health issues • Parental disability issues, including learning or intellectual disabilities • Conflictual relationships • Domestic Violence • Adolescent parents	• Age • Gender • Sexuality • Disability • Mental health issues, including self harm and suicide. • 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	

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. Each school has its own code of behaviour and anti-bullying policy in place.

4.6 Designated Liaison Person

WALK has nominated the Director of Services, the Director or Residential Services and the Day Service Manager to be the Designated Person for Adult protection concerns and Designated Liaison Person for Child Protection concerns.

In addition to these persons, due to the nature of the supports provided through our Louth offices, WALK has nominated a specific individual there as a Designated Liaison Person.

Director of Services – Supported Living	**Deputy CEO**
Eamonn Teague 1 Longmile Road Walkinstown Dublin12 (01) 4650388	Catherine Kelly 1 Longmile Road Walkinstown Dublin 12 (0 1) 4650388
	PEER Project Administrator Karen Harrison WALK Louth Unit 4 Ardee Business Park Louth (041) 686 5823

4.6.1 The role of the Designated Liaison Person is:

"This person will be the resource person for any staff member or volunteer who has child protection concerns and will liaise with outside agencies. The designated liaison person should be knowledgeable about child protection and should be provided with any training considered necessary to fulfil this role. The designated liaison person is responsible for ensuring that reporting procedures within your organisation are followed, so that child welfare and protection concerns are referred promptly to Tusla" (extracted from Tusla website, 20.11.2020).

WALK's DLP are nominated:

- To ensure all the procedures contained in this document are carried out.
- To receive reports of all allegations or suspicions of abuse or neglect.
- To organise that the factual basis of the allegation/suspicions/concerns is established.
- To organise the support of an internal team to establish a factual basis in situations where the presenting allegation/concern/suspicion requires clarification.
- To ensure proper reporting to the Chief Executive Officer and keeping relevant people informed within the organisation.
- To ensure that confidential individual case records are maintained of the decisions reached, interviews undertaken, any action taken by the organisation, liaison with families in relation to the allegation /concern and informing them of the report to

Tusla, the liaison with other agencies, and documenting the overall outcome as advised both verbally and in writing by Tusla.

- To play a central role within the organisation in advising on the training needs of employees/volunteers in the area of child protection, and child's protection procedures.
- To establish contact with the senior member of Community Services responsible for child protection in the child's catchment area i.e. Duty Social Worker and/or Duty Social Work Team Leader.
- To provide information and advice on child protection within the organization.
- To liaise with Community Services/An Garda Siochana and other agencies as appropriate.
- To conduct an annual audit of all concerns/allegations reported.

4.6.2 The Designated Liaison Person is responsible for:

The Designated Liaison Person is responsible for ensuring that the standard reporting procedure is followed, so that suspected cases of child neglect or abuse are referred promptly to the designated person in Tusla or in the event of an emergency and the unavailability of Tusla, to An Garda Síochána.

The Designated Liaison Person should ensure that they are knowledgeable about child protection and undertake any training considered necessary to keep themselves updated on new developments.

- Being a source of advice on child protection matters
- Coordinating action within the organization, and liaising with Health Service Executive and other agencies about suspected or actual cases of child abuse.
- Liaising with an Garda Siochana in relation to an emergency out of hours referral to them and supporting any investigation they are conducting.

The Designated Liaison Person will ensure that he/she will remain up to date in matters relating to legislation, policies and good practice in the area of child protection. He/she must have a thorough knowledge of the issues around child abuse and neglect, and be supported by the agency in this regard.

A person(s) will be nominated to act as Deputy Designated Liaison Person when the Designated Liaison Person is on any type of leave covered by the policies of WALK, for example, sick leave, annual leave, carer's leave, maternity leave. The names of the Designated Liaison Person and or

the Deputy Designated Liaison Person will be made known to all at induction, they will also be available in this policy through WALK's website.

The Designated Liaison Person may consult with the Tusla social worker in a confidential manner, as to the appropriateness of completing a Child Protection & Welfare Reports (CPWRFs) through the Tusla online portal.

The Designated Liaison Person will ensure that, in the event of finding an objective basis, or reasonable grounds for concerns, that Tusla will be informed.

The Designated Liaison Person will be the person responsible for liaising with the parents of the child in relation to concerns related to child protection issues. The Designated Liaison Person is obliged to liaise with the parents if any report is being made to Tusla (unless to do so is likely to endanger the child).

Deciding not to report a concern to Tusla

The designated liaison person should record all concerns or allegations of child abuse brought to his or her attention, and the actions taken in relation to a concern or allegation of child abuse. If the designated liaison person, does not report a concern to Tusla, they must document and store safely:

- The reasons for not reporting should be recorded
- Any actions taken as a result of the concern should be recorded
- The employee or volunteer who raised the concern should be given a clear written explanation of the reasons why the concern is not being reported to Tusla
- The employee or volunteer should be advised that if they remain concerned about the situation, they are free to make a report to Tusla or An Garda Síochána

4.7 Reasonable Grounds for Concern

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 First National Guidance, 2017, p. 6)

Where there are reasonable grounds for concern, there is an obligation to report. (Read the section 4.5 of this policy on 'About Child Abuse?' and also read appendix A of this policy 'Signs and Symptoms of Abuse'). Employees should, without delay, talk to their manager or the Designated Liaison Person if they have concerns about a child's safety or welfare.

The guiding principles in regard to reporting child abuse or neglect may be summarised as follows:

1. The safety and well being of the child or the young person must take priority.
2. Reports should be made without delay to Tusla.

If you think a child is in immediate danger and you cannot contact WALK's Designated Liaison Person or Tusla, you should contact the Gardaí without delay.

In some situations, it can be difficult for an employee to know whether or not their suspicions about child abuse are real. There may be other explanations for what they observed. If there is any suspicion by a staff member, however unfounded it may appear, they should discuss this with a relevant line manager and/or the Designated Liaison Person.

4.7.1 Protection for Persons Reporting Child Abuse Act 1998

Under the law nobody will be penalised for making a report of child abuse which turns out to be mistaken, as long as the report is not malicious and was made in good faith.

The provisions of the Protections for Persons Reporting Child Abuse Act 1998 apply once they communicate 'reasonably and in good faith'

The Act came into operation on 23rd January 1999. The main provisions of the Act are:

1. The provision of immunity from civil liability to any person who reports child abuse "reasonably and in good faith" to designated officers or any member of an Garda Siochana.
2. The provisions of significant protections for employees who report child abuse. These protections cover all employees and all forms of discrimination up to and including dismissal.
3. The creation of a new offence of false reporting of child abuse where a person makes a report to the appropriate authorities "knowing the statement to be false". This is a new criminal offence designed to protect innocent persons from malicious reports.

(Children First 2011, Appendix 7)

4.8 Risk Assessment

WALK has a Risk Management policy and procedure that enables the organisation to proactively risk assess across all areas, this includes Child Protection areas. A child safeguarding risk assessment is available on WALK's risk management system. This covers General risk assessments pertaining to children while in contact with WALK and specific risk assessments are conducted and entered on to the register ahead of any of WALK's events where children may be present. The events coordinator and a designated liaison officer do this together at least one month ahead of any event.

It is through this process that risks are identified and a procedure is put in place to manage the risks. See appendix F for information that may be contained in WALK's risk assessments.

4.9 Confidentiality

Confidentiality is a very important aspect of WALK Services. Parents and people we support trust that information concerning them is treated with respect and in a confidential manner.

All WALK employees/students/volunteers sign a Confidentiality Statement. Employees must not disclose or appropriate for their own use, or for the use of any third party, any sensitive or confidential information of WALK. The purpose of the policy is to ensure non-disclosure of sensitive information.

However, in a situation where abuse or neglect is suspected or alleged in relation to a child, WALK is obliged to inform Tusla and cooperate with an Garda Siochana and provide them with the relevant information, as per guidelines set out in this policy.

- The effective protection of a child often depends on the willingness of the staff in statutory and voluntary organisations involved with children to share and exchange relevant information. It is therefore critical that there is a clear understanding of professional and legal responsibilities with regard to confidentiality and the exchange of information.
- 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 with the relevant statutory authorities.
- No undertakings regarding secrecy can be given. Those working with a child and family should make this clear to all parties involved, although they can be assured that all information will be handled taking full account of legal requirements.

- Ethical and statutory codes concerned with confidentiality and data protection provide general guidance. They are not intended to limit or prevent the exchange of information between different professional staff with a responsibility for ensuring the protection and welfare of children. The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection.
- It must be clearly understood that information gathered for one purpose must not be used for another without consulting the person who provided that information.
- The issue of confidentiality should be part of the training necessary for staff who work in the area of child protection and welfare and the general training of staff in organisations that work with children. Each organisation should have a written policy in this regard.

(Children's First, page 17, 2011)

4.10 Failure to report

Failure to report suspicions could lead to endangerment of a child and therefore a person who fails to report suspicions may be considered to be complicit in abuse that may occur. This will be a legal matter and WALK will comply with any questioning of legal proceedings. Failure to report will be considered a serious disciplinary matter which may, depending on the facts of the case, lead to dismissal. Failure to report suspicions contradicts the value system and ethical conduct expected of staff/volunteers/students who work/volunteer in any WALK service.

Note: Any information provided to Tusla and An Garda Siochana will remain confidential. The official policy of Tusla is that those receiving such information will only disclose it where the welfare of the child requires it, and then only to those with a legitimate "need to know". (Our Duty to Care. P22)

4.11 Reporting protocol

Designated persons and Mandated Persons.
The statutory obligation of mandated persons to report under the Children First Act 2015 must be discharged by the mandated person and cannot be discharged by the designated liaison person on their behalf.

Mandated person who have the role of designated liaison person must fulfil the statutory obligations of a mandated person if, as a designated liaison person, you are made aware of a

concern about a child that meets or exceeds the thresholds of harm for mandated reporting.

While mandated persons have statutory obligations to report mandated concerns, they may make a report jointly with another person, whether the other person is a mandated person or not. In effect, this means that a mandated person can make a joint report with a designated liaison person.

Will full regards to this, the following outlines the reporting protocol that is in place for both Mandated and Non-mandated persons. In the case of mandated persons, the expectation is that the following steps will apply and that the reports made to Tusla will be done jointly by the mandated person and WALK's DLP. See pg. 36 of children's first national guidance)

Mandated persons should refer to Chapter 3 of the Children's First National Guidance, 2017, for information pertaining to the thresholds for reporting.

4.11.1 Anonymous Complaints:

If an employee/volunteer/student receives an anonymous telephone call or letter alleging abuse the employee should:

- Request the caller to identify himself/herself.
- As soon as possible submit an immediate verbal and written report to a relevant Line Manager (regardless of whether or not the caller identified himself/herself)
- As soon as possible forward any anonymous letter(s) complaining of abuse to a relevant Line Manager.
- Follow the advice of the relevant line manager or the Designated Liaison Person.
- The relevant line manager must ensure a WACP form; see appendix 3 is completed by the employee/volunteer/student and forwarded to the Designated Liaison Person and that the Designated Liaison Person is informed. In an urgent situation, the line manager may accept the verbal report and inform the Designated Liaison Person.

4.11.2 What to do if an employee/volunteer/student is present and witnesses abuse:

The employee/volunteer/student must immediately inform a relevant line manager who will then inform the Designated Liaison Person in WALK. Where a relevant line manager is not easily accessible the employee/volunteer/student may directly contact the Designated Liaison Person. Please note that where appropriate before discussion with a relevant line manager or the Designated Liaison Person, the employee/volunteer/student may need to STOP OR SEEK TO STOP THE BEHAVIOUR (where appropriate and will not pose further risk to the child or employee it

may involve moving the child from the situation), apply first aid (if appropriate and only by certified persons), and contact the emergency services, if required.

The line manager to whom the concern/disclosure is made must report this to the Designated Liaison Person. This is regardless of whether they consider the matter to fall under any definition of abuse/'reasonable grounds for concern' as defined above.

The WACP form must be completed as soon as is practicable but in any case within a 12 hour period, signed by the employee and counter signed by a relevant line manager (or the designated contact person if there is no relevant line manager readily available). The line manager then forwards the form to the Designated Liaison Person without delay. In an emergency situation a verbal report will initially suffice.

Employees must note carefully what they have witnessed and when the incident occurred. Obvious Signs of injury must be described in detail; **note,** this does not entail examining the child. Any comments about how the injury occurred should be recorded quoting words actually and exactly used. This must be completed at the earliest possible time but in any case within 12 hours. When speaking with the child/person with the concern, ascertain the basic facts, using open questions. Do not use closed questions. Do not question in depth, as this will be done through investigation.

The Designated Liaison Person will promptly verbally inform and forward the appropriate standard reporting form to the Tusla Duty Social Worker.

The Designated Liaison Person, or a person requested to do so by the Designated Liaison Person, will contact the parents to inform the parents that the matter will be, or has been, reported to Tusla (unless it is in the best interests of the child not to do so at that time).

If the Designated Liaison Person does not maintain that there are reasonable grounds for concern, he/she will decide if the matter needs to be discussed with parents. In any case the Designated Liaison Person will also ensure that the incident is recorded and appropriately filed.

The following table outlines the procedures to be followed if there is an immediate or serious risk to a child identified by the Designated Liaison Person or the person deputising in this role.

Days and Times	Who will report	Who will report be made to:
Monday – Friday 09:00am – 17:00pm	Designated Liaison Person or person deputising	Tusla Duty Social Worker in child's catchment area – Dublin Louth
Monday – Friday 17:00pm – 09:00am following morning.	Designated Liaison Person or person deputising	An Garda Síochána in any Garda Station.
Friday from 17:00pm to Monday morning at	Designated Liaison Person or person deputising	An Garda Síochána in any Garda Station.
Bank holiday Mondays to 09:00 following	Designated Liaison Person or person deputising	An Garda Síochána in any Garda Station.

Under no circumstances should a child be left in a situation that exposes him or her to harm or to risk of harm pending Tusla intervention. In the event of an emergency where you think a child is in immediate danger and you cannot get in contact with Tusla, you should contact the Gardaí. This may be done through any Garda station.

The Designated Liaison Person will contact the Garda Siochana directly at any Garda station. Should there be an immediate danger to a child, employees are advised to contact the Gardaí directly if there is likely to be any delay in making contact with the Designated Liaison Person or the Deputy Designated Liaison Person.

Under no circumstances should a child be left in a dangerous situation pending a Tusla investigation.

Tusla will be informed of the situation when their offices reopen by the Designated Liaison Person.

The child protection concern will be assessed by the Duty Social Worker appointed by Tusla Duty Social Work Team. When the allegation/concern has been fully investigated, the Designated Liaison Person will receive written communication on the status of the investigation by the Tusla Child Protection Services, with parental consent.

Following a referral to Tusla Duty Social Work Team, WALK through the Designated Liaison Person will fully cooperate with and follow the directions of Tusla/Gardai assessment/investigation. The Designated Liaison Person will work in consultation with them to:

(i) Gather more information
(ii) Agree a support plan for the child,
(iii) Plan the review date,
(iv) Agree a support plan for the family,
(v) Agree a support plan for employees,
(vi) Identify any service resource needs, and address them immediately with WALK management and Tusla
(vii) Where recommended, to facilitate arrangements for medical or specialist examination of the child, with the consent of parents.
(viii) Agree an action plan in relation to an allegation against an employee.
(ix) The Human Resources Director is responsible for this in relation to employees, volunteers, and students.

Child Protection meetings are managed by Tusla management and are requested by Tusla Social Work Department. WALK is committed to engaging in this process.

4.11.3 What to do if an employee/volunteer/student suspects abuse or neglect of a child:

The employee/volunteer/student must immediately inform a relevant line manager who will then inform the Designated Liaison Person in WALK. Where a relevant line manager is not easily accessible the employee/volunteer/student may directly contact the Designated Liaison Person.

In the case of suspected abuse when the Designated Liaison Person receives the information he/she will not decide whether abuse or neglect has occurred but will ascertain if there is an objective indication or 'reasonable grounds for concern' that abuse or neglect may have occurred. If it is found that there is a basis for the concern in relation to a child, the Designated Liaison Person or person nominated by him /her will verbally inform and forward a WACP reporting form to Tusla Duty Social worker.

At that point the latter steps in the process as they apply to witnessed abuse also apply to suspected abuse.

4.11.4 What to do if the situation relates to a child/children against whom an allegation of abuse has been made & their families

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 child care and protection issue for *both* children. (Children First, Page 60, 2011)

If a complaint of sexual abuse and/or physical or emotional abuse is made concerning a child against another child, the child against whom the allegation is made, and their family, shall be informed that the Designated Liaison Person will refer the concern/allegation to Tusla, the nature of the complaint and of any evidence to support the said allegation. The same will apply to the families of the alleged victim.

The Designated Liaison Person shall attempt to ensure that the person/next of kin is given all necessary assistance during the course of the assessment.

The Designated Liaison Person will work in cooperation with Tusla in implementing any areas of an action plan, relevant to WALK's role in providing care for both the child victim and the child abuser, to support, assist and counsel the child and, if appropriate, their family.

Following the outcome of Tusla assessment and any recommendations therein, the Designated Liaison Person shall carry out appropriate recommendations as it considers advisable and with the cooperation and support of Tusla which could include relocation; increased supervision; sex education or counselling; treatment; increased staff management or observation; and medical treatment for specific problems. These recommendations will be discussed with the relevant parents.

4.11.5 Actions to be taken when an allegation is made against an employee/volunteer/student:

When an allegation of abuse is made against an employee or volunteer or student the following two procedures need to be followed:

1. The reporting procedure in respect of the child, as outlined above. The Designated Liaison Person is responsible for this.

2. The procedure for dealing with the employee/volunteer/student. The Human Resources Director is responsible for this.

Where an allegation is made against an employee/volunteer/student

Where the Designated Liaison Person has reasonable grounds for concerns about the alleged abuse then the Designated Liaison Person will make a report to the Duty Social Worker Tusla.

The Designated Liaison Person is responsible for advising the parents of the child, and also the child depending on the age and level of understanding of the child, of concerns related to any allegations of abuse and that Tusla have been informed.

The Human Resources Director will arrange a meeting with the staff member/volunteer/student advising them of their right to representation prior to the meeting. This meeting is not an investigation.

The Human Resources Director will inform the staff member/volunteer/student that an allegation has been made against them, and the nature of that allegation. The employee/volunteer/student will be afforded an opportunity to respond and may chose to be accompanied by a colleague or the employee representative at that meeting. At this meeting, Employees/volunteers/students will be informed that the matter will be/has been referred to Tusla and/or an Garda Siochana. The staff member will be informed that it is the role of Tusla to notify An Garda Siochana in cases where the Designated Liaison Person in WALK has not already done so. Employees will be informed that the matter will be assessed by the DSW, HSE Children and Family Services. WALK employees and volunteers and Students are expected to fully cooperate with Tusla investigation.

The organisation may put the following protective measures, that are proportionate to the level of risk, in place for dealing with an employee/volunteer/student to ensure that no child or employee is exposed to unacceptable risk:

These protective measures, which will be proportionate to the level of risk, are not disciplinary measures and may include:

- Providing an appropriate level of supervision
- Putting the employee off duty with pay pending the outcome of the investigation. In the case of volunteers/students to put them off service pending the outcome of the investigation.
- Moving the employee to a different service location and/or to work with a different cohort of people.

The views of the employee will be taken into consideration when determining the appropriate protective measures but the final decision rests with Human Resources Director.

Putting the employee off duty pending the outcome of an investigation will be reserved for only the most exceptional of circumstances. It will be explained to the employee concerned that the decision to put him/her off duty is a precautionary measure and not a disciplinary sanction.

The Chief Executive Officer should be informed of the allegation and the implementation of any protection measures immediately. He/She will then inform the Chairperson of the Board of the matter.

Tusla are responsible for how they conduct an assessment and/or investigation alongside an Garda Siochana. Close liaison will be maintained between WALK and Tusla/Gardaí to ensure actions taken by WALK do not undermine or frustrate any investigations.

A meeting will be arranged by Tusla Children and Family Services between Tusla, WALK and the Gardai following an allegation of abuse against an employee/volunteer/Student.

> 'Tusla Children and Family Services should provide feedback to the employer or person-in-charge on the progress of a child abuse assessment/investigation involving an employee. Tusla should seek to complete its assessment as quickly as possible, bearing in mind the serious implications for innocent employees. Employers or persons-in-charge should be notified of the outcome of Tusla assessment and/or the Garda investigation. This will assist them in reaching a decision about the action to be taken in the longer term concerning the employee.' (Children First, page 43, 2011)

WALK will be notified of the outcome of an investigation. Tusla will pass on reports and records to the employer and the employee in question, where appropriate.

The reports and records of Tusla may assist WALK in reaching a decision as to action to be taken in the longer term concerning the employee.

The Human Resources Director may organise an internal investigation, in addition to information provided to them from Tusla/an Garda Siochana. This internal enquiry, alongside reports and records submitted by Tusla/An Garda Siochana, will be presented to the Chief Executive Officer who shall take such action as he/she considers appropriate which may be to reinstate, discipline or dismiss the employee, volunteer or student. Any question of discipline or dismissal of an employee will be dealt with under the WALK Staff Disciplinary Procedures.

Any information that is pertinent to any An Garda Síochána investigation that is presented during a WALK internal investigation will be promptly passed on to An Garda Síochána by the Human

Resources Director or the Designated Liaison Person.

1.1.1.1 **When abuse has not occurred**:

When the allegation/concern is not upheld, the management will ensure to the greatest extent practicable that the reputation and career prospects of the employee/volunteer/student concerned are not adversely affected by reason of the complaint being brought against him/her. Employee/Volunteers/students will be informed of the outcome of the investigation. They will be provided with support and invited to act as a volunteer again or continue their student placement.

The employee/volunteer/student will be offered counselling and any other reasonable supports necessary to restore his/her confidence or morale by their manager and/or by the Human Resource Director.

Where it is found that the allegation is bona fide and made in good faith the employee/student/volunteer who made the allegation/expressed the concern will be reassured by their manager that management appreciates that the allegation/expression of concern was made in good faith.

Where it is found that a report was made maliciously, the employee/volunteer/student who made the allegation will be dealt with under disciplinary procedures. They may be guilty of an offence of false reporting under the Protection of Persons Reporting Abuse Act 1998 and under Health Act 2004.

A review of systems will be carried out where deficiencies have been identified and corrective measures put in place at the earliest possible time.

5.0 Audit and Review

WALK may audit any aspect on the effective implementation of this policy. Various different methods may be employed to conduct any such audit including but not limited to observation, discussion with the people we support, discussion with staff and/or volunteers, review of paperwork. Any audit of this policy or part thereunder may be undertaken at any time and may be announced or unannounced. Any audit is sanctioned by a member of the Senior Management Team.

Appendix A - Signs and symptoms of abuse

There are many signs and symptoms, which can indicate that a child is being abused.

Children First (2011) Appendix 1 describes these in the following way:

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.

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 – anti social behaviour.

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.

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.

Appendix 1: Signs and symptoms of child abuse

Children First: National Guidance for the Protection and Welfare of Children

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 pediatricians 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.

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.

Children First: National Guidance for the Protection and Welfare of Children

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.

WACP REPORT FORM

1.	Child's Name:			
2.	Address:			
3.	Date of Birth:		Case Ref No:	
4.	Centre Attended/ and residence if applicable			
5.	Details of Reported Incident [1]			
7.	Date of Incident:		Time of Incident:	
8.	Place of Incident:			
9.	Person Reporting Incident (name, designation, address [if known]:			
	Are parents aware of the concern		Yes No I do not know	
10	Method of Report (phone, letter,			
11	Person Noting Report:			
	Designation:			
	Date:		Time:	

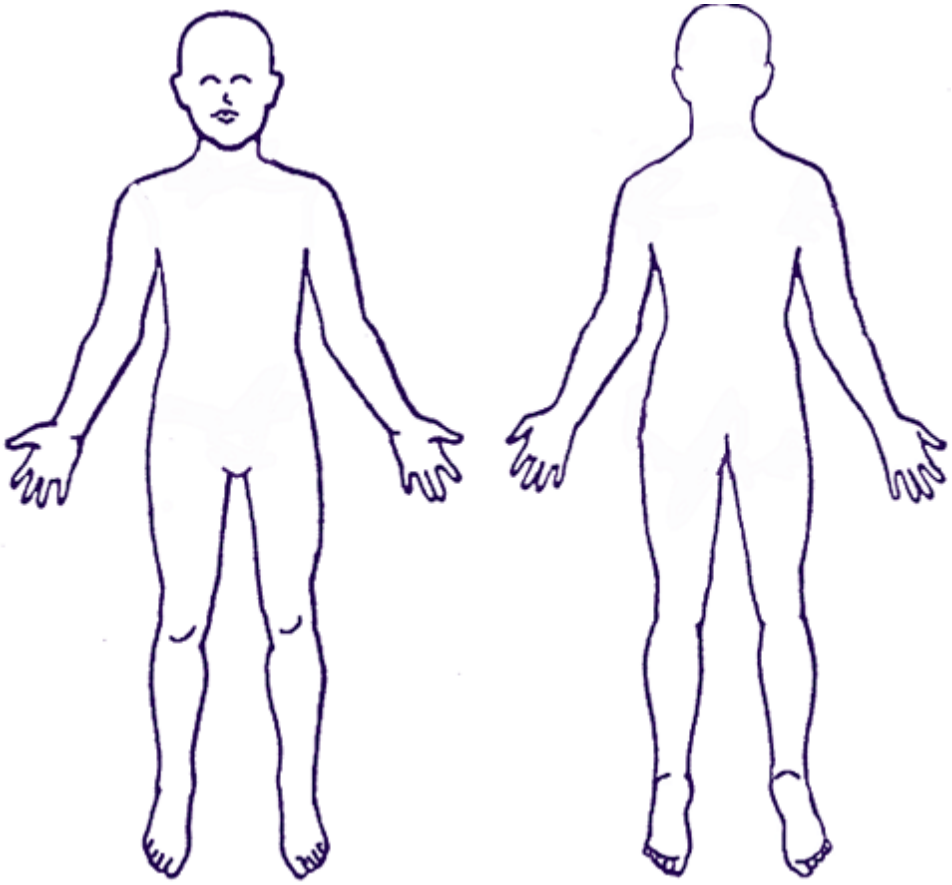
[1] Any marking/injuries should also be noted on the Body Diagram overleaf

BODY DIAGRAM

NOTE: Medical examination should only be completed by a medical practitioner and with the full consent of the parents and child (depending on their age and understanding of such an examination)

Child's Name:			
Address:			
Date of Birth:		Case Ref No:	
Centre/Residence:			

Please complete this form only if there has been a physical injury.



Signature: _____

Date: _____

Appendix C: Taking photographs of children

Definitions:

Child means any person under the age of 18 unless has been or is married.
Parent means parent or legal guardian of the child or person acting in *loco parentis*
Photographic imagery includes anything that can be produced using a camera, whether that be a filming camera or a still camera, including digital or otherwise.
Publicity materials include showing imagery on any WALK website, including social media websites, or in any WALK publications or in a public place.
Public place means areas where visitors to WALK have access.

Procedures for using or taking photographic imagery of children.

Photographs and other photographic/film imagery may only be taken of the child if there is express consent of the parent and child in the first instance. Even with a completed consent form by the parents/guardians, the procedures set out below must be followed by staff in relation to the taking, storage and use of photographic imagery.

Procedure:

Photographic imagery may only be used for publicity materials or in public places of WALK where it is agreed by both the parents and the child. Photographic imagery may be used otherwise only for home purposes for the child, that is, that photographs and other materials may be used by the child or the parents of the child. Photographs of the child are not to be kept by any staff member, either on WALK premises or off the premises. The Director of Services may, with consent of the parents, arrange for a suitable file to be set up with photographic imagery of the child by a designated member of staff. This file will be in a secure location(s) and may consist of both hard and soft copy.

Following permission by the parent and the child, photographic imagery may only be taken or used in places where there are more people present, ie a child must never be the subject of photography when only they and the staff member are present.

Photographic imagery may never be taken or used at any sporting event. Please note that schools and sporting clubs may have their own policies in place around the taking and recording of photographic imagery.

Photographic imagery may never be taken or used during any recreational activity where the child's clothing may appear more negligible than usual. For example, while at the beach or when the child's arms and legs are exposed.

In the event that photographic imagery is to be used for publicity information it is important that the child's name is not printed in the same publication, nor that other identifiers of the child are printed. In cases where there is promotional work being undertaken by WALK, the person producing the promotional material should aim to use other imagery, such as artwork belonging to the child as a means to represent the child.

Concerns:
If a staff member has concerns about the taking of photographic imagery or use of same by another member of staff they must immediately discuss their concerns with a line manager or the Designated Liaison Person as outlined in the Child Protection Policy.

Freedom of Information and Data Protection Acts:
Please note that WALK complies with Data Protection Acts, Freedom of Information Acts and regulations thereunder and as such recognise that any photographic imagery may be requested under these Acts.

Consent form for use of photographic imagery:

I agree to allow_____to be the subject of photographic imagery taken by staff of WALK in line with the procedures outlined in their 'Child Protection Policy'.

The procedures related to the taking and using of photographic imagery have been explained to me. In addition to these procedures I would like to outline the following further instruction if and when photographic imagery of the child may be taken or used:

_____
_____
_____
_____
_____

I understand that the proceedings may be photographed/videoed and used for promotional purposes with further consent by a parent/guardian of the child. I understand that photographic imagery will only be used for home purposes of the child.

I understand that I can at any stage revoke the consent provided in this form through submitting a written note to the Director of Services.

Signed (Guardian):	Guardian Name (block letters):	Date:
Signed (Child/Young Person):		Date:
Signed (Director of Services):		Date:

Relationship of Guardian to Child/Young Person:

_____

Appendix D – Mandated Persons

The following classes of persons are specified as mandated persons for the purposes of this Act:

Registered medical practitioner within the meaning of section 2 of the Medical Practitioners Act 2007.

2. Registered nurse or registered midwife within the meaning of section 2(1) of the Nurses and Midwives Act 2011.

3. Physiotherapist registered in the register of members of that profession.

4. Speech and language therapist registered in the register of members of that profession.

5. Occupational therapist registered in the register of members of that profession.

6. Registered dentist within the meaning of section 2 of the Dentists Act 1985.

7. Psychologist who practises as such and who is eligible for registration in the register (if any) of members of that profession.

8. Social care worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register of that profession.

9. Social worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register (if any) of that profession.

10. Emergency medical technician, paramedic and advanced paramedic registered with the Pre-Hospital Emergency Care Council under the Pre-Hospital Emergency Care Council (Establishment) Order 2000 (S.I. No. 109 of 2000).

11. Probation officer within the meaning of section 1 of the Criminal Justice (Community Service) Act 1983.

12. Teacher registered with the Teaching Council.

13. Member of An Garda Síochána.

14. Guardian ad litem appointed in accordance with section 26 of the Child Care Act 1991.

15. Person employed in any of the following capacities:

(a) manager of domestic violence shelter;

(b) manager of homeless provision or emergency accommodation facility;

(c) manager of asylum seeker accommodation (direct provision) centre;

(d) addiction counsellor employed by a body funded, wholly or partly, out of moneys provided by the Oireachtas;

(e) psychotherapist or a person providing counselling who is registered with one of the voluntary professional bodies;

(f) manager of a language school or other recreational school where children reside away from home;

(g) member of the clergy (howsoever described) or pastoral care worker (howsoever described) of a church or other religious community;

(h) director of any institution where a child is detained by an order of a court;

(i) safeguarding officer, child protection officer or other person (howsoever described) who is employed for the purpose of performing the child welfare and protection function of religious, sporting, recreational, cultural, educational and other bodies and organisations offering services to children;

(j) child care staff member employed in a pre-school service within the meaning of Part VIIA of the Child Care Act 1991;

(k) person responsible for the care or management of a youth work service within the meaning of section 2 of the Youth Work Act 2001.

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

17. Foster carer registered with the Agency.

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

1. Registered medical practitioner within the meaning of section 2 of the Medical Practitioners Act 2007 .

2. Registered nurse or registered midwife within the meaning of section 2 (1) of the Nurses and Midwives Act 2011 .

3. Physiotherapist registered in the register of members of that profession.

4. Speech and language therapist registered in the register of members of that profession.

5. Occupational therapist registered in the register of members of that profession.

6. Registered dentist within the meaning of section 2 of the Dentists Act 1985 .

7. Psychologist who practises as such and who is eligible for registration in the register (if any) of members of that profession.

8. Social care worker who practises as such and who is eligible for registration in accordance with Part 4 of the

Health and Social Care Professionals Act 2005 in the register of that profession.

9. Social worker who practises as such and who is eligible for registration in accordance with Part 4 of the

Health and Social Care Professionals Act 2005 in the register (if any) of that profession.

10. Emergency medical technician, paramedic and advanced paramedic registered with the Pre-Hospital Emergency Care Council under the Pre-Hospital Emergency Care Council (Establishment) Order 2000 (S.I. No. 109 of 2000).

11. Probation officer within the meaning of section 1 of the Criminal Justice (Community Service) Act 1983 .

12. Teacher registered with the Teaching Council.

13. Member of An Garda Síochána.

14. Guardian ad litem appointed in accordance with section 26 of the Child Care Act 1991 .

15. Person employed in any of the following capacities:

(a) manager of domestic violence shelter;

(b) manager of homeless provision or emergency accommodation facility;

(c) manager of asylum seeker accommodation (direct provision) centre;

(d) addiction counsellor employed by a body funded, wholly or partly, out of moneys provided by the Oireachtas;

(e) psychotherapist or a person providing counselling who is registered with one of the voluntary professional bodies;

(f) manager of a language school or other recreational school where children reside away from home;

(g) member of the clergy (howsoever described) or pastoral care worker (howsoever described) of a church or other religious community;

(h) director of any institution where a child is detained by an order of a court;

(i) safeguarding officer, child protection officer or other person (howsoever described) who is employed for the purpose of performing the child welfare and protection function of religious, sporting, recreational, cultural, educational and other bodies and organisations offering services to children;

(j) child care staff member employed in a pre-school service within the meaning of Part VIIA of the Child Care Act 1991 ;

(k) person responsible for the care or management of a youth work service within the meaning of section 2 of the Youth Work Act 2001 .

16. Youth worker who—

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

(b) is employed in a youth work service within the meaning of section 2 of the Youth Work Act 2001 .

17. Foster carer registered with the Agency.

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

Appendix E - Risk assessments:

As part of the risk assessment process, WALK reflects on what specific risks arise as a result of the services we provide and how these risks can be managed. The table below guides WALK to consider the potential for risk lies and how these risks can be managed.

Step 1 **Identify Potential Risks**	Think about who or what might cause harm to children or young people using your service. Make sure all persons in the service, including children, are involved in this process. Different people will have different perceptions of what is a risk
Step 2 **Rank each risk**	Rank each risk in terms of low, medium and high risks. To help rank each risk, consider the likelihood of the risk occurring and how serious the consequences could be.
Step 3 **Control and manage the risks**	Who owns the risk? Assign risk owners. What current controls are in place to reduce the risk? What future actions must be done to reduce the risk? What else do you need to do about the risk?
Step 4 **Monitor and review**	Are the controls effective? Are the actions effective?

(table adapted from Children First National Guidance, 2017, p. 33)

CHILD SAFEGUARDING RISK ASSESSMENT

	Risk identified	Procedure in place to manage risk identified
1.	Risk of harm to a child from a member of staff	• Pre-employment checks • Professional standards for healthcare staff • Professional registration for healthcare professionals • Code of Behaviour for staff • Trust in Care Policy • HSE Child Protection and Welfare Policy • Policies, protocols, procedures and guidelines regarding safe practice and service delivery • National Consent Policy
2.	Risk of harm to a child from a service user (adult or child), visitor or member of the public	• Supervision/accompaniment/admission/public access policies as relevant to service provision • Staff supervision and training • Reporting procedure
3.	Risk of non-compliance with Children First Act and National Guidance	• Children First Governance structure • HSE Controls assurance process • Children First compliance checklist for Section 38 and 39 funded and contracted services • Compliance monitoring and audit of HSE and funded and contracted services
4.	Risk of harm or concern not being recognised or reported	• Staff information, supervision and training • Reporting procedure • Legal and administrative consequences for non-reporting • "An Introduction to Children First" mandatory eLearning training for all HSE and HSE funded staff. Further training and support e.g. briefings for mandated persons available as necessary from the HSE Children First National Office • Consultation with service users (talking with and listening to the child; Information leaflets for children; information regarding safe practice on admission; Patient Experience Surveys; 'Your Service Your Say')