



# **CARI POLICY DOCUMENT**

**(Revised from CARI Child Protection Policy 2019)**

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## 1. INTRODUCTION

This CARI Policy Document is for all CARI staff, volunteers and Board members in relation to procedures and protocols for the organization.

## GLOSSARY OF TERMS

### **Child**

‘ A “child” is defined under the Child Care Act 1991 as anyone under the age of 18 years who is not married.

### **Age of Consent**

‘ Under the Sexual Offences Act 2006 the legal age of consent is 17. Any sexual relationship where one or both parties are under 17 is illegal, when making a mandated report to TUSLA it may not be regarded as child sexual abuse.

### **Volunteer**

The term volunteer in this document refers to any therapists, board members or fundraisers that work voluntarily (without pay or reward) for CARI.

### **Mandated Persons**

The Children First Act 2015 places a legal obligation on certain people many of whom are professionals to report child protection concerns to TUSLA. These mandated persons must also assist TUSLA on request, in its assessment of child protection concerns about children who have been the subject of a mandated report.

Mandated persons are people who have contact with children and/or families and who because of their qualifications, training and/or employment role are in a key position to help protect children from harm. CARI Psychotherapists operate as mandated persons and all of the CARI volunteers and staff are vetted and trained in child protection policies. All mandated persons have a legal obligation under the Children First Act 2015 to report mandated concerns. This responsibility rests with the mandated person and not with the Designated Liaison Person.

CARI consider a failure to report a child protection concern a disciplinary matter.

## **2. CHILD PROTECTION STATEMENT.**

CARI is committed to practice protecting children from harm. Management and staff in this organisation recognise that the welfare of children is paramount and our service endeavour to safeguard children by:

- Having a reporting procedure to respond to concerns around children's welfare and safety
- Having a confidentiality statement
- Having a code of behaviour for staff and volunteers/students
- Having a safe recruitment procedure
- Having a procedure to respond to accidents
- Having a procedure to respond to complaints

As part of the policy CARI:

- Have a Designated Liaison Person and a Child Protection Officer.
- Provide induction training around CARI's child protection policy
- Provide supervision and support for staff and volunteers in contact with children
- Share information about the child protection policy and good practices with families and children
- Review CARI's child protection policy and practices on a regular basis

We aim to create a safe and healthy environment for the young people with whom we work and we are committed at all times to ensure the safety and welfare of children. This Child Protection Policy is based on "Children First, National Guidance for the Protection and Welfare of Children" and "Child Protection and Welfare Handbook". In accordance with these documents, it is good practice for all organisations, which have contact with children and young people to introduce a child protection policy. This policy also helps to provide safeguards and support for staff when they are working with children and young people. The National Children First Guidance details that organisations in contact with, or providing services to children have an overall responsibility to safeguard children. CARI operates within the National Children's First Guidance by the following means:

1. Promoting the general welfare, health, development and safety of children;  
The welfare of children is of paramount importance.
2. Adopting and consistently applying a safe and clearly defined method of recruiting and selecting staff and volunteers.
3. Developing guidance and procedures for staff and volunteers who may have reasonable grounds for concern about the safety and welfare of children

- involved with the organisation. These procedures should not deviate from the current Children First: National Guidance, but could offer further elaboration to ensure local relevance and applicability. It is the responsibility of the Board of Trustees and Management to ensure that such policies and procedures are in place and are operating effectively
4. Identifying a Designated Liaison Person to act as a liaison, with outside agencies and a resource person to any staff member who has child protection and welfare concerns. The Designated Liaison Person is responsible for reporting allegations or concerns of child abuse to TUSLA Child and Family Agency or to An Garda Síochána;
  5. Ensuring that the organisation has clear written procedures on the action to be taken if allegations of abuse against employees/volunteers are received
  6. Raising awareness within the organisation about potential risks to children's safety and welfare.
  7. Developing effective procedures for responding to accidents and complaints.
  8. Ensuring that clear procedures in relation to record-keeping of child protection and welfare concerns are in place and are operating effectively, taking appropriate account of the need to ensure that such records are kept securely. Organisations that administer services through a number of individual units should standardize recording procedures in cases of children at risk. All agencies dealing with children must have a policy of cooperating with TUSLA Child and Family Agency on the sharing of their records where a child welfare or protection issue arises.

## **2.1 CARI Child Safeguarding Statement**

CARI is committed to protecting children from harm. Management and staff in this organisation recognise that the welfare of children is paramount and our service endeavour to safeguard children. CARI aims to create a safe and healthy environment for the young people with whom we work and we are committed at all times to ensure the safety and welfare of children. CARI operates within the National Children's First National Guidance for the Protection and Welfare of Children. CARI believes in promoting the general welfare, health, development and safety of children. The welfare of children is of paramount importance.

- CARI provides child centred therapy for children and adolescents who have been affected by child sexual abuse. CARI provides therapy to children up to (and including) twelve years old, who present with sexually harmful behaviour.
- CARI provides a child accompaniment support service (CASS). CASS service aims to provide both emotional and practical support to children who are witnesses in any criminal trial.
- CARI provides accompaniment at CASATS (Child and Adolescent Sexual Assault Treatment Service) in Galway and also at Rotunda SATU (Sexual Assault Treatment Unit) in Dublin. Each child and family will have a fully trained, Garda

vettted volunteer present during their time at the unit to provide emotional and practical support.

CARI's Child Safeguarding Statement has been developed in line with requirements under the Children First Act 2015, the Children First: National Guidance, and TUSLA's Child Safeguarding: A Guide for Policy, Procedure and Practice. In addition to the procedures listed in our risk assessment, the following procedures support our intention to safeguard children while they are availing of our service. CARI Child Protection Policies include:

- Procedure for provision of and access to child safeguarding training and information, including the identification of the occurrence of harm.
- A clear reporting procedure to respond to concerns around children's welfare and safety.
- A code of behaviour for staff and volunteers.
- A safe recruitment procedure.
- A procedure to respond to accidents.
- A procedure to respond to complaints.
- Have a Designated Liaison Person and a Child Protection Officer.
- Provide induction training to staff in relation to CARI's child protection policy.
- Provide supervision and support for staff and volunteers in contact with children.
- Share information about the child protection policy and good practices with families and children
- Reviewing CARI's child protection policy and practices on a regular basis

All CARI policies are available upon request.

### **Risk Assessment**

We have carried out an assessment of any potential for harm to a child while availing of our services. The following is a list of the risks identified and the list of procedures for managing these risks.

	<b>Risk Identified</b>	<b>Procedure in Place to Manage Risk Identified</b>
<b>1.</b>	Allegation of abuse or misconduct against workers/volunteers of a child availing of our service	Section 13 clearly outlines the procedure for the management of allegations of abuse or misconduct against workers/volunteers of a child availing of our service.
<b>2.</b>	Recruitment	Section 3 outlines the procedure for the safe recruitment and selection of workers and volunteers. CARI practice was amended to comply with the provisions of the National Vetting Bureau (Children and Vulnerable Persons) Act 2012-2016. All CARI staff, volunteers and Board members are Garda Vetted. All appointments or contracts

		of employment with CARI are offered subject to Garda Vetting. Employment will not commence until the vetting process has been completed. CARI is in full compliance with the requirements of this act. (Section 16)
3.	Child Protection Concern: Training:	CARI provides ongoing child protection training to all staff and volunteers to raise awareness within the organisation about potential risks to children's safety and welfare. All staff, volunteers, therapists, board members and fundraisers are made aware of their duty to report concerns or disclosures of abuse that they receive in the course of their duties to CARI's Designated Liaison Person.
4.	Reporting Child Protection Concerns from staff/volunteers:	The roles and responsibilities of the Designated Liaison Person are outlined in (Appendix 1). The Reporting Child Protection Concerns Form for all for CARI Staff and Volunteers (Appendix 8) needs to be completed by the staff member. Failure to do so is a failure in duty to care and can lead to disciplinary action. If the Designated Liaison Person is unavailable the Child Protection Officer can be contacted. The roles and responsibilities of the Child Protection Officer are outlined in (Appendix 2). The Designated Liaison Person acts as a resource person to staff members who have any child protection concerns.
5.	Lone Working with Children in therapy rooms	1-2-1 therapy sessions are a valuable and necessary facet of CARI therapeutic work. CARI will ensure as much as possible that adequate safety precautions and practices are in place as outlined in CARI Lone Policy Document (Section 17). CARI have installed glass panels on all the child therapy room doors. If possible clients will be accommodated to work with someone of preferred gender in cases where lone working is taking place. A parent/carer is always present in the building. The parent/carer will be asked to accompany the child to the bathroom if necessary.
6.	Outreach Services: CASS and CASATS	Staff cannot work alone with a client outside of CARI building. Another adult e.g. a parent/carer, Garda, doctor must be present. CASS and CASATS volunteers may conduct lone working off site in some circumstances: 1-1 in a public place e.g. coffee shop. CARI Lone Working Policy Document outlines these procedures in detail in Section 17.
7.	Reporting Child Protection Concerns to TUSLA :	The Designated Liaison Person and Child Protection Officers names and contact details are displayed in all



		relevant areas of CARI. The Designated Liaison Person acts as a liaison person with outside agencies and also as a resource person to staff members or volunteers who have any child protection concerns. Section 11&12 clearly outline these procedures.
<b>8.</b>	Confidentiality	All CARI staff, volunteers, therapists, board members and fundraisers are required to sign a confidentiality agreement (Appendix 4). CARI respect the client's right to privacy and anonymity inside and outside of the CARI Centres. Clients and families are provided with a confidentiality form explaining the limits to confidentiality. Issues of confidentiality are explicitly dealt with in the CARI Code of Ethics In CARI Clinical Policy Document.
<b>9.</b>	Record Keeping:	CARI has clear procedures in relation to record-keeping of all child protection and welfare concerns as outlined in Appendix 3. All records in relation to children at risk are standardized in all CARI centres. Therapy notes, helpline notes, CASS notes and CASAT notes are all kept securely. CARI's full policy on record keeping is outlined in Section 7.
<b>10.</b>	Working in Partnership/Joint Working:	CARI's policy outlines co-operation with TUSLA Child and Family Agency on the sharing of their records where a child welfare or protection issue arises. CARI seeks to work in partnership with any other agency/service when such a liaison will benefit the child and their family. This includes statutory and non-statutory services. CARI is committed to sharing information in relation to child protection with TUSLA Child and Family Agency and therapists are available to liaise in the best interest of the child. CARI will share what is necessary and proportionate in the circumstances of each individual case. This is in keeping with the principles of Data Protection which recognise that in certain circumstances information can be shared in the interest of child protection. Parents/carers sign consent to exchange information for the purpose of post assessment therapy (Appendix 9 in the CARI Clinical Policy and Procedures Document).
<b>11.</b>	Physical injury to a child	Children remain under adult supervision at all times on CARI premises and are not left unattended. The procedures for dealing with any accident or injury to a child are outlined in Section 15.

## **Implementation**

We recognise that implementation is an ongoing process. Our service is committed to the implementation of this Child Safeguarding Statement and the procedures that support our intention to keep children safe from harm while availing of our service. This Child Safeguarding Statement will be reviewed on **December 2021**, or as soon as practicable after there has been a material change in any matter to which the statement refers.

## **National Designated Liaison Person**

### **Dublin office:**

Monique Mc Evoy  
CARI House  
110 Lower Drumcondra Road.  
Drumcondra  
Dublin 9.  
Tel: 018308529

Signed: \_\_\_\_\_

**Monica Murphy.**  
**Clinical Director.**

## **CARI's Role and Responsibilities**

### **2.2 Introduction / Purpose**

This policy has been drawn up to ensure that CARI acts at all times for the protection of children in keeping with the principals of the Children First National Guidance. It will also act to prevent abuse of any kind occurring within the organisation and to take effective action in response to allegations or disclosures of abuse within the service or by members of staff or any allegations that come to our attention.

### **2.3 Responsibility**

The responsibility to uphold this policy and all policies is finally that of the Board of Trustees. They, through their nominees, implement this policy and ensure its application throughout the organisation.

### **2.4 Scope**

This policy applies to all staff, volunteers, therapists, board members and fundraisers working with CARI. All staff are supplied with a copy of this document.

### **2.5 Duty of Staff and volunteers to report**

All staff, volunteers, therapists, board members and fundraisers have a duty to report concerns or disclosures of abuse that they receive in the course of their duties to CARI's Designated Liaison Person (Appendix 1) or, in exceptional circumstances, the Child Protection Officer (Appendix 2). We recognize that this sometimes may be difficult but failure to do so is a failure in duty to care and can lead to disciplinary action.

### **2.6 Training and Support**

All staff, volunteers, therapists, board members and fundraisers are introduced to CARI's child protection policy on the prevention and reporting of abuse when employed. They are also carefully trained on how to use it by our own team of psychotherapists. Staff will be supported by our in house support system through line management and by our team of psychotherapists. The Designated Liaison Person acts as a resource person to staff members who have any child protection concerns. Therapist's supports include external supervision and case management weekly.

### **2.7 Designated people for reporting and investigation of abuse.**

The Designated Liaison Person is responsible for the reporting of child abuse concerns. The Designated Liaison Person acts as a liaison person with outside agencies and also as a resource person to staff members or volunteers who have any child protection concerns. CARI's Board of Directors, are responsible for

the appointment of the organisation's Child Protection Officer who is responsible for coordinating child protection policies.

## **2.8 Monitoring**

The Designated Liaison Persons in each centre ensure that detailed records are kept of all child protection issues brought to their attention. The records include details of all action taken, including reporting to external agencies and our Child Protection Officer. The Board of Trustees will regularly monitor all aspects of this policy.

### **3. RECRUITMENT AND SELECTION OF STAFF, THERAPISTS, BOARD MEMBERS, FUNDRAISERS AND VOLUNTEERS, CARI'S PROCEDURES AND POLICIES**

Putting in place good procedures in recruitment and training practice is a central element in ensuring the safety and welfare of all adults and young people involved in the organisation.

#### **3.1 Introduction**

To detail the precautions that CARI takes to ensure that all employees and volunteers are properly interviewed and their suitability assessed, before they begin working for CARI

#### **3.2 Application Form**

All those seeking to carry out paid or volunteer work i.e. therapists, board members and fundraisers for CARI must provide a full CV, a covering letter and details of at least two referees that CARI can contact.

#### **3.3 Staff and volunteers appointment**

Only nominees of the Board of Trustees have the authority to appoint staff and volunteers based on recommendations from the interview panel.

#### **3.4 Interviews**

All appointed staff, volunteers, therapists, board members and fundraisers are interviewed by at least three people and told there is an expectation to disclose any convictions or if they have been given the benefit of the Probation Act.

#### **3.5 References**

**3.5.1** All relevant professional qualifications are validated by awarding and/or registering bodies.

**3.5.2** References are taken up and no one is appointed to a post without written references. Open testimonials are not accepted as references

#### **3.6 Investigations and checks**

**3.6.1** All career breaks, sudden job changes and dismissals are investigated.

**3.6.2** Employment does not commence without vetting.

## 4. CODE OF BEHAVIOUR

### ***Key principles of best practice in child protection and welfare***

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

- *The welfare of children is of paramount importance.*
- *Early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection. Family support should form the basis of early intervention and preventative interventions.*
- *A proper balance must be struck between protecting children and respecting the rights and needs of parents/carers and families. Where there is conflict, the child's welfare must come first.*
- *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. Where there are concerns about a child's welfare, there should be opportunities provided for their views to be heard independently of their parents/carers.*
- *Parents/carers have a right to respect and should be consulted and involved in matters that concern their family.*
- *Factors such as the child's family circumstances, gender, age, stage of development, religion, culture and race should be considered when taking protective action. Intervention should not deal with the child in isolation; the child's circumstances must be understood within a family context.*
- *The criminal dimension of any action must not be ignored.*
- *Children should only be separate from parents/carers when alternative means of protecting them have been exhausted. Re-union should be considered in the context of planning for the child's future.*
- *The prevention, detection and treatment of child abuse or neglect requires a coordinated multidisciplinary approach, effective management, clarity of responsibility and training of personnel in organisations working with children.*
- *Professionals and agencies working with adults who for a range of reasons may have serious difficulties meeting their children's basic needs for safety and security should always consider the impact of their adult client/patient's behaviour on a child and act in the child's best interests." (Children First: National Guidance for the Protection and Welfare of Children 2017).*

Safe practice is essential in our work and we are committed to following the procedures to govern our work with children and young people:

#### **4.1 Introduction**

To detail the procedures that exist within CARI to ensure that best practice is maintained with respect to child protection issues. Children must be respected at all times and any form of disrespect of children is unacceptable from staff.

#### **4.2 Line management**

All staff, volunteers, therapists and fundraisers have a designated line manager.

#### **4.3 Job description**

All staff, volunteers, therapists and fundraisers have a job description that clearly states the range of responsibilities their job entails. Staff will be given a copy of CARI Policy Document. All staff, volunteers, therapists, board members and fundraisers are required to sign a confidentiality statement (Appendix 4) and CARI's Conditions of Employment form (Appendix 5).

#### **4.4 Induction**

Following their appointment all new staff, volunteers, therapists, board members and fundraisers will take part in the first available CARI induction course. They receive training on all elements of CARI's work, including general and child protection policies and procedures.

#### **4.5 Best practice**

Line managers engage in regular supervision and consultation with all staff regarding practice issues related to their position.

#### **4.6 Code of ethics**

All therapists are bound by the CARI Code of Ethics (Section 2: CARI Clinical Policies and Procedures Document). All staff and volunteers undertake to work in accordance with the CARI Charter (Appendix 7).

#### **4.7 Prevention and reporting of abuse**

**4.7.1** All staff are aware of and trained in the policy and guidelines on the prevention and reporting of abuse within CARI and know how to contact the Designated Liaison Person.

**4.7.2** All staff are made aware that they have a responsibility to report concerns about possible or actual abuse to the Designated Liaison Person. Failure to do so could result in disciplinary action.

## **5. STAFF AND VOLUNTEER TRAINING**

### **5.1 Introduction / CARI's Commitment to staff and volunteer training**

**5.1.1** CARI is committed to ensuring that all staff, volunteers, therapists, board members and fundraisers are appropriately trained to a high standard in keeping with the responsibilities incumbent on them in their particular roles. CARI training is reviewed annually. CARI training in child protection has a number of objectives:

- (i) To ensure that personnel are equipped with appropriate skills, knowledge and values to deliver an effective service to children.
- (ii) To ensure that personnel are aware of relevant legislation, national guidelines and local child protection procedures and protocols.
- (iii) To translate learning into a better service for children and families in collaboration with other service providers.
- (iv) To strengthen relationships through inter-agency training.

**5.1.2** All relevant staff are trained in the recognition of signs of abuse and what immediate action to take.

**5.1.3** CARI is committed to providing the training necessary to staff to enable them to deal safely with:

Disclosures, reports, allegations and concerns regarding child; abuse, protection and welfare and refer the individual/s concerned to the correct person within CARI or to another organisation. Staff are trained to pass on concerns from any source to the Designated Liaison Person.

**5.1.4** Help line staff receive particular training in responding to such disclosures, allegations, reports, and concerns over the telephone.

**5.1.5** Therapists are trained to share information with children in an age appropriate way. Therapists are trained in ways to respond therapeutically and responsibly to disclosures of abuse, or concerns regarding welfare, that arise in the context of working with children.

**5.1.6** Therapists are trained in ways to respond therapeutically and responsibly to disclosures, reports or allegations and concerns regarding child abuse. Therapists are trained to ensure there are no child protection concerns in relation to retrospective disclosures of child sexual abuse when working with adults.



## **6. CONFIDENTIALITY**

### **Statement of CARI's confidentiality policy**

All CARI staff, volunteers, therapists, board members and fundraisers are required to sign a confidentiality agreement (Appendix 5). All CARI staff must keep confidential all information regarding all CARI's clients. They must respect the client's right to privacy and anonymity inside and outside of the CARI Centres.

Therapist and staff have a professional and legal responsibility with regard to confidentiality and the exchange of information. Any information with child protection implications will be shared with relevant individuals/agencies on a need to know basis in the best interest of the children.

No undertaking of secrecy can be given and this is made clear to all family members. Clients and families are provided with a confidentiality form explaining the limits to confidentiality. Confidentiality cannot be guaranteed for ethical and legal reasons. Parents/carers also sign, consent to exchange information for the purpose of post assessment therapy.

Ethical and statutory codes concerned with confidentiality and data protection provide general guidance.

Information gathered for one purpose must not be used for another without consulting the person who provided that information. Any research or evaluation cannot be done without clients consent .

The area of confidentiality is part of the training provided for all staff, volunteers, therapists, board members and fundraisers.

**Issues of confidentiality are explicitly dealt with in the CARI Code of Ethics. (CARI Clinical Policy Document)**

## **7. RECORD KEEPING**

**7.1** The Designated Liaison Person and the Child Protection Officer are responsible for keeping the following records related to Child Protection in a locked filing cabinet. The Designated Liaison Person, The Child Protection Officer and the child's therapist are the only people who have access to these records:

- All Parental/Guardian Consent Forms.
- Any complaints about the safety and welfare of children/young people while attending CARI.
- Any disclosures, concerns or allegations of child abuse;
- The follow up to any complaints, disclosure, concerns or allegations, including informal advice from TUSLA, reports to TUSLA and informing parents/guardians;
- Therapy notes and files.

**7.2** Calls to the CARI telephone helpline are logged on standard forms. Notes of every therapy session with children and adults are kept in client case files, as are pieces of artwork, workbooks, etc. done by clients. Notes of contacts with social workers and other professionals are also kept in client case files.

### **7.3 Therapy Notes**

All records are the property of CARI and can be released by consent of the organisation and in keeping with the provisions of the Freedom of Information Act. All files are kept for seven years from the date of the primary clients 18<sup>th</sup> birthday. After this time period the Clinical Director will decide whether a file may be destroyed or whether it needs to remain archived.

### **7.4 Helpline Notes**

All Files of Helpline calls are kept for seven years. After seven years the Helpline Team Leader will decide whether a file may be destroyed or whether it needs to remain archived. Records of every call received by the Helpline are kept in a "registration Book", which is never destroyed.

### **7.5 C.A.S.S. (Court Accompaniment Support Service)**

All C.A.S.S. notes are kept for seven years from the date of the primary client's 18<sup>th</sup> birthday. After this time Clinical Director will decide if the records are to be destroyed or remain archived. All C.A.S.S. records are kept in a locked filing cabinet.

**7.6** Therapists and Clinical Director are only allowed access to therapy notes and files.

- 7.7** The Management team are responsible for keeping all vetting forms in a locked filing cabinet.

## **8. ISSUES REGARDING CHILDREN, PARENTS AND FAMILY**

### **8.1 Introduction**

To establish CARI's therapeutic and working relationship with parents /carers and other family members the policies are as follows:

### **8.2 Co-operation with parents**

CARI is committed to working in partnership with non-abusing parents or caregivers of child clients and are available to provide support and counselling for them as appropriate. CARI sees the child as the primary client. CARI believes it is important to work with the parents/carers in order to effect any real change for the child. The work with parents/carers is not therapy. Parents/carers may be referred on to other services, if they require personal therapy. The objective of the work with parents/carers is to enable them to recognize the impact of child sexual abuse on the child and empower them to provide stability and support and reassurance for the child. The focus of the work with parents/carers remains the care of the child. Parents/carers attend sessions with children. Therapists consult with parents in relation to children requiring assistance with tasks of a personal nature. Leaflets are provided with information for parents/carers of children attending CARI services.

### **8.3 Consent of Parents and Guardians**

CARI requires the consent of a custodial parent, guardian, or carer to engage in therapeutic work with children

### **8.4 Siblings**

CARI is available to provide therapy to most adult and child siblings of our young clients. Teenage and adult siblings who exhibit sexual offending behaviour will be referred to alternative services.

### **8.5 Family work**

CARI sees its work with the family as central to providing a healing environment for the children. All issues surrounding child protection are discussed with the family in the early stages of therapy.

### **8.6 CARI's statement on conflict of interests**

Where the interests of the parents and child appear to conflict, the child's interests will be paramount. CARI will ensure that appropriate external agencies and statutory bodies are aware of the conflict when appropriate to promote the child's welfare. Parents/carers will be informed if a report is being made to TUSLA Child and Family Agency unless doing so would put the child at further risk.

## **9 WORKING IN PARTNERSHIP**

### **9.1 Introduction / Inter-agency co-operation**

CARI is in full agreement with inter-agency co-operation. The statutory bodies with primary responsibilities for child welfare and protection are TUSLA and An Garda Síochána. TUSLA has responsibility for child welfare and protection services, family support, emotional welfare and a range of other services including those related to domestic, sexual and gender based violence. An Garda Síochána has overall responsibility for the direction of any criminal investigations.

### **9.2 Joint working**

CARI seeks to work in partnership with any other agency/service when such a liaison will benefit the child and their family. This includes statutory and non-statutory services. CARI is committed to sharing information in relation to child protection with TUSLA Child and Family Agency and therapists are available to liaise in the best interest of the child. CARI will share what is necessary and proportionate in the circumstances of each individual case. This is in keeping with the principles of Data Protection which recognise that in certain circumstances information can be shared in the interest of child protection.

### **9.3 Joint Training**

CARI seeks to engage in joint training programmes, with statutory and non-statutory services, to share information, knowledge and best practice methods to improve care for children and families.

## 10. DEFINITION AND RECOGNITION OF CHILD ABUSE

### 10.1 Introduction

**10.1.1** This section outlines the different types of child abuse. It is designed as a training tool for all CARI staff and volunteers to provide guidance on recognising abuse.

**10.1.2** A “child means a person under the age of 18 years, excluding a person who is or has been married”. (*Children First: National Guidance for the Protection and Welfare of Children*)

### 10.2 Recognising Child Abuse

**10.2.1** Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time.

**10.2.2** Child abuse can often be difficult to identify and may present in many forms.

**Neglect:** Where a child’s need for food warmth, shelter, nurturance and safety are not provided, to the extent that the child suffers significant harm.

**Emotional abuse:** Where a child’s needs for affection, approval and security are not being met and have not been met for some time by their parent or carer.

**Physical abuse:** Where a child is assaulted or injured in some way that is deliberate. The Children First Act 2015 includes a provision that abolishes the common law defence of chastisement in court proceedings.

**Sexual abuse:** Where a child is used for the sexual gratification of another.

Further Guidance in relation to definitions of the different types of child abuse and potential signs and symptoms is presented in (Appendix 8). It is important to stress that no one indicator should be seen as conclusive in itself of abuse; it may indeed indicate conditions other than child abuse.

**10.2.3 CARI policy on domestic violence is to always consider the child’s immediate safety first.**

During the assessment if it comes to our attention that a child/ren are witnessing domestic violence, then therapy is not appropriate or in the best interest of the child. Safety is a prerequisite for therapy. Therapy cannot provide a protective function; protection must always come before therapy. Domestic Violence is a child protection issue and needs to be reported to the TUSLA Before therapy can commence, child protective measures need to be implemented and living arrangements need to be stabilised.

Research findings show that prolonged or regular exposure to domestic violence can have serious impact on a child's development and emotional wellbeing. A child who asks for help may be at increased risk because of disclosing the domestic violence.

**10.2.4** Early detection is important. Statutory Child Protection agencies examine all signs and symptoms in the total context of the child's situation and family circumstances. CARI staff/volunteers must share any concerns about child protection or welfare with the Designated Liaison Person who reaches a decision as to whether sufficient grounds exist to make a report to the appropriate external agencies.

**10.2.5** TUSLA Child and Family Agency have overall responsibility for the assessment and management of child protection concerns. An Garda Síochána have responsibility for the investigation of alleged offences.

### **10.3 Guidelines for Recognition**

**10.3.1** *"The ability to recognise child abuse depends as much on a person's willingness to accept the possibility of its existence as it does on their knowledge and information. There are commonly three stages in the identification of child abuse. These are:*

- (i) Considering the possibility*
- (ii) Being alert to signs of abuse*
- (iii) Recording of information" (Children First: National Guidance for the Protection and Welfare of Children 2011)*

#### **Stage One: Considering the Possibility**

**10.3.2** The possibility of child abuse should be considered if a child appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the child seems distressed without obvious reason or displays persistent or new behavioural problems. The possibility of child abuse should also be considered if the child displays unusual or fearful responses to parents/ carers.

#### **Stage Two: Being alert to Signs of Abuse**

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

**always be believed, and reported to the Designated Liaison Person.** Less obvious signs and concerns should be noted and discussed with the Designated Liaison Person. Play situations such as drawing or story telling may reveal information. It is important not to directly question a child as a way of exploring your own concerns.

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

- (i) Disclosure of abuse and neglect by a child or young person;
- (ii) Age-inappropriate or abnormal sexual play or knowledge;
- (iii) Specific injuries or patterns of injuries;
- (iv) Absconding from home or a care situation;
- (v) Attempted suicide;
- (vi) Under-age pregnancy or sexually transmitted disease;
- (vii) Signs in one or more categories at the same time. For example, signs of developmental delay, physical injury and behavioural signs may together indicate a pattern of abuse.

**10.3.5** Most signs are non-specific and must be considered in the child's social, developmental and family context. It is important to always be open to alternative explanations for physical or behavioural signs of abuse. Sometimes, a specialist TUSLA assessment may be required to clarify if particular concerns indicate abuse.

#### **10.3.6 Stage Three: Recording of Information**

If abuse is suspected, the Designated Liaison Person needs to pass on as much detailed information as possible. Observations should be accurately recorded and should include dates, times, names, locations, context and any other information that may be relevant.



## **11. REPORTING CHILD PROTECTION CONCERNS TO THE DESIGNATED LIAISON PERSON**

### **11.1 Introduction**

This section;

- Informs staff and volunteers, of the procedures to follow if they, on CARI's behalf, receive a disclosure or report of child abuse.
- Outlines the standard reporting procedure, to be used in passing information to the Designated Liaison Person about child protection concerns.

### **11.2 Overview**

**11.2.1** Allegations and/or disclosures of child abuse of any kind may come to CARI through many sources. All will be dealt with in a similar way through the Designated Liaison Person in each Centre. Allegations and/or disclosures may come from:

- Clients engaged in therapy with CARI
- Members of the public in person or on the help-line
- Members of CARI staff and volunteers

**11.2.2** CARI offers a service to parents and concerned adults to allow them to explore, in anonymity if they choose, their concerns regarding any child or children. The aim of this is to support them in taking any necessary steps towards reporting reasonable concerns to the statutory services. It is our experience that families feel less threatened and better able to work in partnership with TUSLA and An Garda Síochána for the protection of their children when they have made the initial contact themselves. However, clients are informed initially that if there are any child protection concerns arise and the alleged perpetrator is identifiable we are obliged to pass all this information on to TUSLA.

**11.2.3** Children in therapy may make disclosures of previously unreported abuse and these are explored in the therapeutic context and referred to TUSLA Child and Family Agency for investigation.

**11.2.4** By the nature of CARI's work any of our staff and volunteers, both therapists and non-therapists alike, may come in contact with individuals (children and adults) who have child protection concerns.

**11.2.5** Members of CARI staff and volunteers who may be concerned or who suspect that children are being harmed or at risk of harm should discuss this concern with the Designated Liaison Person.

**11.2.6** Concerns that a CARI staff member or volunteer has abused a child will be reported in the same way as other child protection concerns. Additional procedures also apply and are discussed in this document.

### **11.3 Statement on child protection concerns**

**11.3.1** CARI is committed to reporting allegations and incidences of child abuse that come to our attention.

**11.3.2** Allegations of abuse may come to our attention during the course of therapy, during processing of referrals to our service, via the help-line or in the course of our outreach work in schools and community settings.

**11.3.3** CARI staff, are liable to receive disclosures and reports even when off duty, simply because of their involvement with CARI.

**11.3.4** Staff and volunteers may have concerns regarding a child or situation in the same way as the general public.

**11.3.5** The safety and welfare of children is our first and paramount consideration following any allegation of child abuse.

### **11.4 Receiving Disclosures of child abuse**

**11.4.1** It should at all times be remembered that the process of disclosure is painful, requiring very considerable courage.

#### **11.4.2 Procedure for receiving a disclosure or allegation from a child/young person**

It is important to:

- Listen carefully and attentively
- Do not promise secrecy – explain your duty to report if you have identifying information
- Stay calm
- Allow the child set the pace
- Ask no leading questions
- Check to ensure that what has been heard and understood accords with what was actually said – using the same words that the child used
- If the child is anxious reassure them, let them know that they had a right to be kept safe and they are not to blame for what happened
- Thank the child for telling you, letting them know that telling is the right thing to do.
- Tell them they are not at fault

- Make no promises that cannot be kept
- Explain what will happen next, discussing details, of who else needs to know and how they will be told
- Respond to any questions that the child / young person asks. If you do not have the answer, attempt to find it.
- Consider the child's wishes as regards their involvement in telling the others who need to know, e.g. – Do they want you to tell their parent/s for them, in their presence? Or do they want to tell them themselves in your presence?
- Accompany the child to his or her parent or guardian
- Tell the parent or guardian exactly what the child has said
- Explain to the parent or guardian CARI's procedure for dealing with allegations of abuse including the policy on reporting to TUSLA Child and Family Agency.
- Notify the Designated Liaison Person, of what has occurred and provide them with a precise written record on the Reporting Child Protection Concerns Form for all CARI Staff and Volunteers.

#### **11.4.3 Procedure for receiving a disclosure or allegation from an adult**

It is important to:

- Listen carefully and attentively
- Do not promise secrecy
- Stay calm
- Ask no leading questions
- Check to ensure that what has been heard and understood accords with what has actually been said
- Make no promises that cannot be kept
- Explain CARI's policy on reporting reasonable knowledge or suspicions of child abuse to TUSLA Child and Family Agency if any current child protection risk is deemed to exist. In these situations it is essential that consideration be given to the potential risk to any child who may be in contact with the alleged abuser.
- Answer any questions in relation to confidentiality. Explain what will happen next, including details of whom else needs to know and how they will be told.
- Consider their wishes as regards their involvement in bringing the complaint to the Designated Liaison Person.
- Offer information, regarding the external agencies to which they can report.
- Make a careful written record of what the complainant has alleged.

- Notify the Designated Liaison Person of what has occurred and provide them with a precise written record on the Reporting Child Protection Concerns Form for all CARI Staff and Volunteers.

## **11.5 Responsibility to Report Concerns of Child Abuse to Designated Liaison Person**

**11.5.1** The guiding principles in regard to reporting child abuse may be summarised as follows:

- (i) The safety and well-being of the child or young person must take priority.
- (ii) Reports should be made without delay to the Designated Liaison Person.
- (iii) While the basis for concern must be established as comprehensively as possible, children or parents should not be interviewed in detail about the suspected abuse.
- (iv) Any reasonable suspicion of abuse must be acted on. Ignoring the signals or failing to intervene may result in ongoing or further harm to the child or young person.

**11.5.2** If a member of CARI staff or volunteer has misgivings about the safety of a child and would find it helpful to discuss their concerns with a professional, they should contact the local Designated Liaison Person who will meet them without delay.

## **11.6 Procedure for bringing concerns to the Designated Liaison Person**

**11.6.1** CARI staff and volunteers have a duty to report disclosures or allegations of abuse, which they receive in the course of their duties, to the Designated Liaison Person.

**11.6.2** The Designated Liaison Person is available to discuss any child protection issue, or concern, with staff/volunteers at their request. ***In crisis situations, for example if a person raising an immediate concern is on the premises or on the telephone, the staff member or volunteer who is engaging with them may seek their permission to involve the Designated Liaison Person.***

**11.6.3** The staff member/volunteer should, without delay, fill in the **Reporting Child Protection Concern Form for all CARI Staff and Volunteers** (Appendix 9) as completely as possible and place it in a sealed envelope marked **URGENT** on the desk of the Designated Liaison Person.

**11.6.4** The staff member/volunteer should check the Therapy Department Roster to see when the Designated Liaison Person will be likely to receive the form. If there is likely to be a delay in this the staff member/volunteer may contact the **Child**

**Protection Officer** and discuss the delay, and any potential child protection risk. Any therapist or receptionist in the therapy Department may assist them to contact the Designated Liaison Person or the Child Protection Officer as necessary or appropriate.

**In case of emergency, where a child appears to be at immediate and serious risk, the Duty Social Worker and/or An Garda Síochána should be contacted by any of the above.**

**11.6.5** The staff member/volunteer should prepare and complete the Reporting Child Protection Concerns Form for all CARI Staff and Volunteers.

### **11.7 Retrospective Disclosures by Adults**

**11.7.1** Investigation of disclosures by adult victims of past abuse frequently uncovers current incidences of abuse and is therefore an effective means of stopping the cycle of abuse. In recent years there have been increasing numbers of disclosures by adults of abuse that took place during their childhood. These revelations may come to light in the context of the family attending CARI. **In these situations consideration must be given to the current risk to any child who may be in contact with the alleged abuser.** If any risk is deemed to exist the therapist involved will encourage the adult to report the allegation to TUSLA Child and Family Agency and will support the client in this regard. The therapist involved will follow agreed procedures in reporting child protection concerns to the Designated Liaison Person.

**11.7.2** If the client is unable or unwilling to make the report themselves and;

- If identifying information has been received,
- A risk, is deemed to exist
- The alleged offender, has not previously been identified to TUSLA Child and Family Agency

The therapist will report the allegation to the Designated Liaison Person without delay. The Designated Liaison Person will follow the standard procedures for dealing with child protection concerns.

**11.7.3** The reporting requirements under the Children First Act (2015) states that if you have a reasonable concern about past abuse although it only became mandatory since 2015 then a mandated person must report to TUSLA if there is a continuing risk to children whether the information came before or after the Act .

## **12. REPORTING SUSPECTED CHILD ABUSE TO THE STATUTORY AUTHORITIES**

### **12.1 Introduction**

This section;

- Outlines procedures for the Designated Liaison Person to follow in evaluating concerns for child safety.
- Outlines the standard procedure to be used by the Designated Liaison Person for the further reporting of the concern to the statutory bodies, as necessary.

### **12.2 Relevant Legislation**

The Protections for Persons Reporting Child Abuse Act, 1998 provides immunity from civil liability to persons who report child abuse “reasonably and in good faith” to designated officers of TUSLA Child and Family Agency or any member of An Garda Síochána. This means that, even if a reported suspicion of child abuse proves unfounded, a plaintiff who took an action would have to prove that the reporter had not acted reasonably and in good faith in making the report.

### **12.3 General Procedure in response to receiving a Child Protection Concerns Form**

**12.3.1** Upon receipt of a Reporting Child Protection Concerns Form the Designated Liaison Person must arrange an appointment to meet with the signatory without delay.

**12.3.2** The Designated Liaison Person must ensure that the Reporting Child Protection Concerns Form has been completed in sufficient detail in accordance to the DLP Policy. If gaps have been left these must be addressed in the context of the meeting, and relevant information must be added if supplied.

**12.3.3** The agenda for the meeting is to begin to explore the grounds for concern in as much detail as possible with a view to establishing if current grounds reach the criteria of ‘reasonable grounds’ as defined by the Children First National Guidance for the Protection and Welfare of Children (2017). A suspicion, which is not supported by any objective indication of abuse or neglect, would not constitute a reasonable suspicion or reasonable grounds for concern.

**12.3.4** Decisions taken at this meeting are recorded on the Reporting Child Protection Concerns Form, which will be signed by those present at the meeting.

**12.3.5** A confidential file is stored in a secure location to protect the identity of all concerned.

**12.3.6** The Designated Liaison Person may consult with another Designated Liaison Person and/or the Child Protection Officer if this will assist them in any way.

**12.3.7** Decisions taken at any meetings, or in consequence of any consultations, in relation to the concern will be recorded and stored in the confidential file.

**12.3.8** The Designated Liaison Person acts as a liaison with outside agencies and is responsible for ensuring that reports of allegations or suspicions of child abuse are passed to TUSLA Child and Family Agency and/or An Garda Síochána as appropriate.

**12.3.9** In a case where the Designated Liaison Person decides not to refer concerns to TUSLA Child and Family Agency or An Garda Síochána, the individual staff member or volunteer who raised the concern will be given a clear written statement of the reasons why this action is not being taken. The Designated Liaison Person can ring the Duty Social Worker to discuss the case. The Staff member or volunteer will be advised that if they remain concerned about the situation, they are free to consult with or report to, TUSLA Child and Family Agency or An Garda Síochána. They will be further advised that the provisions of the Protections for Persons Reporting Child Abuse Act, 1998 apply once they report “reasonably and in good faith”.

**12.4 Designated Liaison Person’s contact with adult members of a family alleging child abuse by CARI staff member/volunteer**

Where an allegation of abuse is made against an employee of CARI, the following will put in place:

- The reporting procedure in respect of the child;
- The procedure for dealing with the employee.

In the case of the allegation being against an employee of CARI, the same person will not deal with both the young person and the alleged abuser. Employment/contractual issues will be dealt with separately. The Designated Liaison Person will follow the normal reporting procedures of CARI. It will be the responsibility of the Child Protection Officer to deal with a staff member against whom an allegation has been made. If there is an allegation or suspicion in relation to the Designated Liaison Person, the Child Protection Officer will deal with all aspects of the case, including the reporting procedure. If there is an allegation or suspicion in relation to the Child Protection Officer this will be dealt with by the Board of Trustees.

The safety of the child is always the first priority of CARI and all necessary measures will be taken to ensure that the child is safe. The measures taken will be proportionate to the level of risk.

- CARI will ensure that no other children/young people are at risk during this period
- The measures which can be taken to ensure the safety of children and young people can include the following: suspension of duties of the person accused, re-assignment of duties where the accused will not have contact with children/young people, working under increased supervision during the period of the investigation or other measures as deemed appropriate.
- If a formal report is being made the employer will notify the employee that an allegation has been made and what the nature of the allegation is. The employee has a right to respond to this and this response should be documented and retained.
- CARI will ensure that the principle of 'natural justice' will apply whereby a person is considered innocent until proven otherwise.

**12.4.1** It should at all times be remembered that the process of disclosure is painful, requiring very considerable courage.

**12.4.2** In so far as is practicable, a support person (possibly a therapist) should be available to provide assistance and information to the complainant.

**12.4.3** The Designated Liaison Person, on meeting the complainant, will explain the procedure of CARI for responding to complaints of child abuse against staff/volunteers and, in particular, point out that:

- The family should also give consideration to reporting the complaint to the Gardaí and TUSLA Child and Family Agency.
- Every effort will be made, to safeguard confidentiality so that only people who need to know will receive information about the complaint. However, no guarantee of complete confidentiality can be given.
- CARI procedure for dealing with employment issues in relation to the accused staff member will involve CARI in seeking the future co-operation of the complainant in so far as it may be necessary. Care will be taken to ensure that such a procedure will not interfere with or be prejudicial to the administration of justice in any state criminal investigation or civil suit.
- CARI operates a policy of reporting reasonable knowledge of child abuse to TUSLA Child and Family Agency.

**12.4.4** The Designated Liaison Person will ask the complainant to provide a detailed account of the wrongful acts alleged and their background and circumstances.



The Designated Liaison Person will carefully record what is said, and check with the complainant the accuracy of what has been recorded. Ample time will be allowed for this.

- 12.4.5** The Designated Liaison Person will try to identify the wishes, intentions and expectations of the complainant, and will explain the role of CARI in regard to the complaint.

## **12.5 Basis for Reporting to TUSLA Child and Family Agency**

- 12.5.1** The TUSLA Child and Family Agency is always informed when a CARI Liaison Officer has reasonable grounds to believe that a child may have been abused, or is being abused, or is at risk of abuse unless the designated statutory authorities have previously investigated that concern. Previously undisclosed abuse will automatically be reported. Such reporting is necessary to ensure that suitable interventions can be offered to the family concerned and so that the child and/or other children can be protected from the identified or alleged offender.

- 12.5.2** It is important that Designated Liaison Person reporting suspected child abuse to TUSLA Child and Family Agency should establish the basis for their concerns.

### **12.5.3 Reasonable Grounds for Concern**

TUSLA must be informed when there are reasonable grounds for concern that a child may have been, is being, or is at risk of being abused or neglected. If you ignore what may be symptoms of abuse, it could result in ongoing harm to the child. It is not necessary to prove that abuse has occurred to report a concern to TUSLA. CARI does not carry out risk assessments it is TUSLA's role is to assess child protection concerns that are reported to them and a child protection assessment will be carried out where sufficient risk is identified.

Reasonable grounds for a child protection or welfare concern include:

- Evidence, for example an injury or behaviour, that is consistent with abuse and 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

The guiding principles on reporting child abuse or neglect may be summarised as follows:

1. The safety and well-being of the child must take priority over concerns about adults against whom an allegation may be made
2. Reports of concerns should be made without delay to TUSLA

If you think a child is in **immediate danger** and you cannot contact TUSLA, you should contact the Gardaí without delay.

## **12.6 Standard Reporting Procedure**

**12.6.1** If child abuse is suspected or alleged, identifying details have been obtained, and the criteria for making a report have been met, the Designated Liaison Person in each Centre is responsible for ensuring that the investigation is initiated by the making of a report.

**12.6.2** A report will be made to the appropriate TUSLA Child and Family Agency Social Worker.

**12.6.3** Oral reports will be followed up in writing on the TUSLA Child Protection Report

**12.6.4** CARI aims to empower adult clients to report concerns or suspicions of child abuse to the appropriate authorities themselves.

**12.6.5** The Designated Liaison Person, or a person nominated by them, will inform the parents/carers if a report is to be submitted to TUSLA Child and Family Agency or An Garda Síochána unless doing so is likely to endanger the child.

**12.6.6** In case of emergency, where a child appears to be at immediate and serious risk, and the Duty Social Worker is unavailable, the Designated Liaison Person or his or her agent should contact An Garda Síochána. In the event of an allegation against a CARI staff member or volunteer, no child will be left at risk within CARI pending such a report or investigation.

## **12.7 Information required when a report is being made:**

As much as possible of the following detail is recorded on the TUSLA Child Protection Report Form:

- Accurate identifying information as far as it is known. This should include the names, addresses and ages of the child and all children in the family as well as the parents'/ carers' names and address;
- Name and address of the person alleged to be causing harm to the child;
- A full account of what constitutes the grounds for concern about the welfare and protection of the child or children;
- The source of any information which is being discussed with TUSLA Child and Family Agency;

- Dates, when the concern arose, or a particular incident occurred;
- Circumstances in which the concern arose, or the incident occurred;
- Any explanation offered to account for the risk, injury or concern;
- The child's own statement, if relevant;
- Any other information regarding difficulties which the family may be experiencing. These may include illness, recent bereavement or separation, financial situation, addiction, disability, mental health problem;
- Any factors which may be considered supportive or protective of the family. These may include helpful family members, neighbours, useful services or projects with whom they have contact;
- Name of child or children's school;
- Name of child and/or family's general practitioner;
- The reporter's own involvement with the child and parents/carers;
- Details of any action already taken about the risk or concern;
- Names and addresses of any agencies or key persons involved with the parents/carers;
- Identity of reporters including name, address, telephone number, occupation, and relationship with the family.

The therapist who has received any of the above information will be asked to complete relevant sections of the report form.

## **12.8 Exemptions from requirement to report**

There are certain exemptions from reporting underage consensual sexual activity under section 14(3) of the Children First Act 2015. If you are satisfied that all of the following criteria are met, you are not required to make a report to TUSLA:

- The young person(s) concerned are between 15 and 17 years old
- The age difference between them is not more than 24 months
- There is no material difference in their maturity or capacity to consent
- The relationship between the people engaged in the sexual activity does not involve intimidation or exploitation of either person
- The young persons concerned state clearly that they do not want any information about the activity to be disclosed to TUSLA.

If all of the above criteria are met, you as a mandated person do not have to report consensual sexual activity between older teenagers as sexual abuse to TUSLA.

## **13. ALLEGATION OF CHILD ABUSE AGAINST EMPLOYEES OR VOLUNTEERS**

### **13.1 Introduction / CARI Commitment to child safety**

**13.1.1** CARI is an organisation that provides direct services to children. We seek to ensure that none of the children in our care are at risk of harm from our employees or volunteers.

**13.1.2** Each child client is given a leaflet detailing what CARI can offer him/her. This includes a comment/complaint form that they can fill in and send to CARI. They are also told about other people that they can go to if they want to make a complaint. (Appendix 10)

**13.1.3** Adult's that attend CARI's are given an explanatory leaflet detailing CARI's services and what they can expect. This leaflet outlines the internal complaints procedure and gives details of the external agencies to which they can complain.

### **13.2 CARI's Responsibility as an Employer to Report to Statutory Authorities**

**13.2.1** Where any member of staff or volunteer becomes aware of an allegation of abuse by an employee or volunteer the standard procedure for reporting allegations to the Designated Liaison Person should be followed without delay.

**13.2.2** If a member of CARI staff or volunteer has misgivings about the safety of a child within CARI and would find it helpful to discuss their concerns with a professional, they should contact the Designated Liaison Person in that Centre. If they do not feel comfortable reporting it internally, they can contact someone in TUSLA Child and Family Agency such as a Social Worker or Public Health Nurse to discuss the matter. Suspicions of a criminal offence may be discussed with and/or reported to An Garda Síochána.

**13.2.3** In any instance where it is known, or reasonable grounds exist to suspect, that a CARI employee or volunteer has abused a child, the matter will be reported to the civil authorities.

**13.2.4** Action taken by CARI in formally reporting an allegation of child abuse against an employee or volunteer will be based on an opinion formed reasonably and in good faith.

### **13.3 Overview**

#### **13.3.1** There are 2 distinct procedures to be dealt with:

- (i) The child protection issues, including the reporting of concerns or allegations. These fall within the remit of the Designated Liaison Person and the Child Protection Officer and are dealt with in this document.
- (ii) The employment issues. These fall within the remit of the management, the Operations Committee and the Board of Trustees and are dealt with in CARI's employment policies.

#### **13.3.2** If any person holding a position within the structure described here is accused of child abuse, steps will be taken to appoint a substitute or otherwise alter the procedures as appropriate.

#### **13.3.3** If a staff member or volunteer does not feel comfortable discussing a child protection concern, involving a volunteer/staff member, with the Designated Liaison Person in their Centre, they should contact a Designated Liaison Person from another Centre or the Child Protection Officer of the organisation.

### **13.4 Procedural Guidelines**

#### **13.4.1** As an employer, CARI has a dual role to support both the child and the employee/volunteer. All procedures will be transparent and fair, and any allegation of abuse will be dealt with sensitively. CARI will seek to promote the rights and dignity of all individuals concerned.

#### **13.4.2** An appropriate response to other staff, volunteers, and the wider community will be provided, with due regard to the right of privacy of those directly involved, and to the administration of justice. Support will be provided for staff and volunteers, including counselling where necessary.

#### **13.4.3** Positive steps will be taken to restore the good name and reputation of a staff member or volunteer who has been wrongly accused of child abuse.

### **13.5 Nature of Report**

CARI may be made aware of abuse allegedly committed by a CARI staff member or volunteer by any of the following:

- A client – adult or child
- A CARI staff member or volunteer
- A member of the public
- A representative of a statutory body

Reports may allege that the person has abused a child either while working or during their time off. The report may concern suspected abuse in the present day or in the past. In this way a concern may be raised by an adult disclosure of past abuse.

### **13.6 Child Protection**

**13.6.1** Following any complaint, immediate consideration will be given to all child protection issues that arise. This will include the possible suspension from duties for the employee or volunteer involved until the relevant authorities reach a determination in relation to validity.

**13.6.2** Suspension from any/all duties that bring the employee/volunteer into contact with children, members of the public, or any clients will be at the discretion of CARI management for the duration of any investigation. Acceptance of this condition is a pre-condition of employment with CARI.

### **13.7 Responding to a Report**

When an allegation is received it will be assessed promptly and carefully in accordance with current legislation and relevant policy and procedures as outlined previously. The Designated Liaison Person will consult with the Child Protection Officer in relation to deciding the appropriate action to take. The issue may be discussed with the Board of Trustees and/or other relevant personnel (e.g. statutory bodies) as appropriate. When indicated the Designated Liaison Person and/or the Child Protection Officer will follow the steps involved in making a formal report to the statutory bodies.

When an allegation of abuse has been made and passed on to the Designated Liaison Person then it is their responsibility to carry out the following procedures to deal with the allegation. Action will be guided by the agreed procedures, the applicable employment contract - which stipulates agreement with these policies and procedures, and the rules of natural justice.

- The Designated Liaison Person will inform the Clinical Director and the Child Protection Officer that an allegation of abuse has been made.
- In consultation with An Garda Síochána, TUSLA and CARI Management, the appropriate measures will be taken to ensure the protection of children. The most extreme of these will be the suspension of the employee or volunteer's duties. Agreement to this sanction is a prior condition of employment.
- The Designated Liaison Person and/or the Child Protection Officer will privately inform the employee or volunteer that;
- An allegation has been made
- The nature of the allegation.

- The employee, or volunteer will be offered the opportunity to respond to the allegations and all relevant information available to him/her including sources of legal advice. The employee or volunteer's response will be added to the report to TUSLA Child and Family Agency.
- The child's carers will be made aware that a report is to be made.
- A formal report will be made to TUSLA Child and Family Agency following CARI's standard procedure.
- In the event that the allegation of abuse is being made against the Designated Liaison Person then that person should not be involved in the process. The person reporting or making the allegation should report it to another Designated Liaison Person in the organisation or to the Child Protection Officer.
- The Centre Management will take legal advice and assess the matter internally. The staff member or volunteer against whom the allegation has been made will be suspended from their duties (with pay in the case of employees) pending the outcome of the internal assessment and/or the investigation by TUSLA Child and Family Agency and An Garda Síochána. The paramount aim of the assessment is to ensure that any element of risk to children is eliminated. The assessment will follow the procedures in CARI's employment policies. This assessment will take place without prejudice to any subsequent Garda investigation.
- Subsequent to their assessment and upon consultation with the Designated Liaison Person and the Child Protection Officer the Management team will make a full report to the Board of Trustees of CARI.
  - i. All meetings, discussions or investigations made will be recorded in writing and witnessed by a member of the management team and the Designated Liaison Person.
  - ii. The employee or volunteer against whom the allegation has been made will be invited to respond in writing to the findings of the investigation.
  - iii. Records of all correspondence relating to the allegation will be kept and made available to TUSLA Child and Family Agency and Gardaí.
- A person nominated by the Board of Trustees of CARI will enact any employment or disciplinary decisions regarding the employee or volunteer that need to be taken. Final decisions in this regard may be made before or after the investigation by TUSLA Child and Family Agency or Gardaí depending on the nature of the allegation and the outcome of the internal management assessment. This may involve dismissal of the employee or volunteer. All of these decisions will be taken in full accordance with employment legislation.
- After the investigation it is shown that the allegation was unfounded CARI will actively seek to clear the name of the staff member or volunteer and

provide support and further assistance to the adult or child that made the complaint/allegation.



## **14. COMMENTS, COMPLIMENTS AND COMPLAINTS, OTHER THAN ALLEGATION OF ABUSE.**

### **14.1 Introduction**

CARI encourages children and adults who use our service to bring to our attention any complaints, compliments or comments that they have about the nature of the service or the actions of our employees or volunteers.

- The procedures for making such comments or complaints, are explained to all children and adults when they first attend our service.
- All comments, compliments and complaints, made by children and adults regarding the nature or quality of our service are welcomed and taken seriously.
- When relevant, the person making a complaint, or their parent – if appropriate, is given information regarding external agencies to which they can complain.
- Adults/children can address complaint/comments to whomever they feel is the appropriate recipient within the organisation.
- All comments/complaints, will be acknowledged, unless made anonymously.
- The Designated Liaison Person will process any comments/complaints that comprise a child protection element.
- All other comments/complaints, will be discussed in the relevant department or at management team level and acted on promptly. Complaints will be responded to in writing within 30 days of the date it was acknowledged.
- The individual/s will be informed, of any decisions made in response to their comment/complaint. If they are dissatisfied with this outcome they will be invited to offer alternative solutions.

## **15. ACCIDENT AND INCIDENTS**

Children are to remain under adult supervision in CARI and not left unattended.

### **15.1 Unintentional Injuries**

Children are often injured unintentionally during the normal course of a day. Many of these injuries, such as scrapes and bruises, are minor and only need simple First Aid. Other injuries can be serious and require medical attention beyond First Aid. CARI staff are provided with First Responders Training. A 112/999 call or a call to a local emergency number should be made if an injured child has any of the following conditions:

- Severe neck or head injury
- Choking
- Severe bleeding
- Shock
- Chemicals in eyes, on skin, or ingested in the mouth
- Near-drowning

### **15.2 Injuries Due to Aggressive Behaviour**

To deter aggressive behaviour, staff members set clear limits for children's behaviour. These limits are explained to both children and their parents.

The manager is responsible for ensuring that all staff members know what to do in the event of an accident/injury. The written procedures, agreed by the management committee, must be made available and each staff member must be made aware of their responsibility to follow the procedure in the event of an accident. It is the responsibility of the manager to ensure that each staff member reads and understands the agreed written procedures.

Contact details for emergency services are displayed clearly in a readily accessible location. A First Aid box is provided in each section of the service. The First Aid box must be accompanied by a list of essential contents. A member of staff must be designated to check that the First Aid box contents match the essential contents list at least monthly.

### **15.3 Procedure in the event of an accident or incident**

1. The child is to remain under adult supervision until the child recovers or the child's parents/carer or another responsible person takes charge of the child.
2. Immediate First Aid is to be given and parents/carers notified of the accident as soon as possible.
3. In the case of a more serious accident the child must not be moved and must be kept warm.
4. Phone for a doctor and/or an ambulance
5. A parent/carer is to sign an accident form as soon as possible after arriving at the Centre. (Appendix 11)

## **Section 16**

### **CARI Vetting Policy**

#### **Introduction**

CARI has developed this document for the standardization of procedures and guidelines pertaining to Vetting which is applicable for the Organisations staff, directors and volunteers. Garda Vetting is mandatory.

CARI has operated a policy of Vetting for all frontline staff since its foundation in 1989. It is seen as an integral part of CARI's Child Protection Policy and practice and compliance with Children First National Guidance. This requirement is explicitly extended to all Board Members in their voluntary capacity. CARI practice was amended to comply with the provisions of the National Vetting Bureau (Children and Vulnerable Persons) Act 2012-2016. It is now mandatory for all persons working with children and vulnerable persons to be vetted.

CARI is in full compliance with the requirements of this act.

All appointments or contracts of employment in CARI are offered subject to Garda Clearance and the receipt of two satisfactory references and this is included in the letter of offer. An organisation that is registered in the register of relevant organisations shall, for the purposes of applying for and receiving vetting disclosures in accordance with the Act, nominate in writing a person (in the Act referred to as a "liaison person") to be registered in the register of relevant organisations as the liaison person for CARI.

According to this act it is an offence to permit an employee to commence employment in a role which is covered by the Act until the satisfactory vetting process has been completed. Staff in other areas such as fundraising, Board membership may commence employment while the application is being processed, subject to the process having commenced and any appointment being conditional on satisfactory vetting.

#### **THE Garda Vetting Process**

- CARI requires that all staff are ID validated as recommended by the Act.
- Before a person is employed, or volunteers with CARI, they must also fill out a Garda Vetting form, which is then returned to CARI liaison person when completed.
- All Staff working directly with clients of CARI must have been Garda Vetted before commencement of employment.
- All CE staff must be Garda Vetted.
- All Volunteers are subject to Garda Vetting.

- All Board Members/Fundraising Committee members are subject to Garda Vetting.
- All Garda Vetting must be kept up to-date.

All CARI staff will receive a Vetting Application Form from CARI.

The applicant completes the application form and returns it to CARI. The form must be signed by the applicant thereby providing authorisation for the Garda Vetting process.

A liaison person in CARI sends the form on to the H.S.E they in turn will send it to the Garda Vetting Unit, who send an email to the applicant requesting that they fill in an e vetting form.

Where a person applying for vetting is under 18 years of age, a declaration of consent must be made on his/her behalf by a parent or guardian of the person.

On receipt of an application for vetting disclosure in respect of a person concerning relevant work or activities, the National Vetting Bureau will make such enquiries with An Garda Síochána or a Scheduled Organisation as it deems necessary to establish whether there is any criminal record or specified information relating to the person.

A Garda Vetting disclosure is issued directly to the liaison person in the relevant organisation.

Garda vetting will only be conducted on the written consent of an individual vetting subject.

An individual vetting subject may obtain a copy of their Garda Vetting disclosure from the liaison person in the relevant organisation to whom it was issued.

### **Confidentiality**

CARI will maintain an internal procedure to ensure the efficient and confidential management of communications and records in relation to Garda Vetting. Information contained in a vetting disclosure made to CARI shall not be used or disclosed by the organisation other than in accordance with the Act. Upon cessation of employment CARI will dispose of all former employee's non-disclosure garda vetting forms in an appropriate and safe manner. We shall however hold on file for the appropriate period forms that have had a disclosure made. This is in accordance with the Act.

### **Garda Vetting Form Procedure**

- The authorized signatory is the Authorised Liaison person
- He/ She will undergo the appropriate training provided by an Garda Síochána.
- Record of all correspondence will be maintained by CARI
- CARI will maintain backup copies of all correspondence in relation to Garda Vetting in a secure location.

### **Garda Vetting Procedure – No Disclosure**

- No Record found by the National Vetting Bureau either in the Bureau database or Garda Síochána records.
- The Bureau will release a vetting disclosure upon completion of all necessary enquiries; the candidate will be notified of the referral and provided with a summary of the information.
- The candidate is offered the position
- The GV form is placed in a signed and sealed envelope that must be kept in a secure, confidential location.

### **Garda Vetting Procedure – Disclosure**

If the Garda Vetting Form is returned with a Disclosure the CARI Liaison Officer must bring the matter to Operations Committee. The Operations Committee should consult the Policy and decide whether to proceed with appointment or not. In deciding whether a particular disclosure renders a candidate unsuitable for appointment, the Operations Committee should have regard to:

- The nature of the offence and its possible relevance to the post
- The age of the offence (offences many years in the past may be less relevant than more recent offences) and the age of the candidate at the time of the offence.
- The frequency of the offence (a series of offences will give more cause for concern than an isolated minor conviction)

Where the vetting process discloses pending prosecutions or unsuccessful prosecutions, such incidents should be assessed in the light of the nature, age and frequency of the alleged offence and of the age of the candidate at the time of the alleged offence

The information may be reviewed by the relevant personnel and classified as follows:

- ✓ No previous convictions recorded
- ✓ Minor Offence
- ✓ Serious Offence
- ✓ Very Serious Offence

CARI will not disclose this information otherwise than in accordance with the Act.

In the case of a disclosure in relation to an otherwise suitable candidate who has been recommended for appointment, the Operations Committee may call in the candidate to discuss the disclosure. Where CARI received a vetting disclosure containing details of criminal records or specified information it must also provide a copy of the disclosure to the vetting subject.

In this case, the responses of the candidate should be written down verbatim and retained for future reference.

If the facts of the disclosure are seriously disputed e.g. disputed identity, an option for the organisation maybe that the candidate completes a new GV form with additional details and the Operations Committee discusses with the Authorised Signatory and the form should be resubmitted to GCVU.

If the Board decides to proceed with the appointment the GV form is placed in a signed and sealed envelope in the Garda Vetting file that must be kept in a secure, confidential location in the office.

If the appointment is not approved the GV form should be securely destroyed.

### **The Right Of Appeal**

A final appeal facility will be provided if the decision of the Operations Committee to refuse appointment is not accepted. The Chairman will appoint two members of the Board to hear the appeal. The decision of this appeal board is final.

### **The Responsibility of the Board.**

It is the responsibility of the Board to ensure that they have in place a robust procedure to ensure the confidentiality of all personal records and details that are revealed in relation to Vetting. Such a procedure should include the handling of post and secure storage of records.

### **Periodic Review Of Vetting**

Best practice suggests that staff are vetted every three years.

## **Section 17**



# **LONE WOKING POLICY**

## **1. Policy Statement**

- 1.1. CARI is committed to the promotion of a safe working environment for all staff. These policies and procedures facilitate as safe a working environment as is reasonably possible for all staff working alone with children.

## **2. Purpose**

- 2.1. To promote safe practice for lone working and to heighten staff awareness regarding safety issues and risk management. This includes 1-2-1 meetings, on-site in the therapy rooms and lone working for CASS and CASATS staff and volunteers.

## **3. Scope**

- 3.1. This policy applies to staff, volunteers and contract workers within CARI.
- 3.2. This policy should be read in line with the CARI Child Protection Policy, and the CARI Child Safeguarding Statement.

## **4. Glossary of Terms and Definitions**

- 4.1. Lone working: all situations, either site based or on outreach when staff, in the fulfilment of their duties, seek to undertake communications with clients without the accompaniment of another staff member.
- 4.2. Risk assessment:
  - 4.2.1. A structured and documented discussion between manager and staff member to anticipate risk and plan responses, considering the following: client relationship to the service, clients history, environmental factors, any other relevant factors

## **5. Roles and Responsibilities**

- 5.1. Manager: to ensure staff have adequate capacity and are sufficiently supported in line with this policy to undertake lone working in as safe a manner as possible.
- 5.2. Staff: to work within the procedures outlined in this policy.

## **6. Principles**

- 6.1. CARI acknowledges that in the case of 1-2-1 work (lone working) is a valuable and necessary facet of staff work.
- 6.2. To ensure effective service provision to those in need of our service. We will provide outreach services in CASS and CASATS, which due to resource restrictions will involve lone-working outreach.
- 6.3. The safety of staff and clients is paramount. Where risk management cannot be effectively planned, lone working will not take place.
- 6.4. When staff are working alone the organisation will ensure as much as possible that adequate safety precautions and practices are in place, as described in this policy.



- 6.5. Lone working carries increased responsibility for staff to make decisions without consultation with other team members. CARI will endeavour to ensure they have sufficient support, information and capacity to make decisions, and will support the autonomy of staff that are working alone.
- 6.6. If possible clients will be accommodated to work with someone of a preferred gender in cases where lone working is taking place. Staff will assess risk, and respond taking into account staff safety and resource capacity.

## **7. Therapy Sessions 1-2-1**

- 7.1. Lone working with a child 1-2-1 is a necessary and valuable part of the therapy work in CARI.
- 7.2. A parent or carer needs to be present in the building with any child under 16. CARI provides parallel support sessions for parents/carers. CARI does not work with children in isolation. Parents/carers sign a consent to therapy form where lone working is outlined.
- 7.3. Therapists need to ensure the safety of children in the therapy room.
- 7.4. If child needs to use the bathroom, the therapist returns to the parent to accompany the child to the bathroom.

## **8. Off-site meetings and outreach**

- 8.1. Outreach staff will endeavour to not be alone with a child client, outside of the building. Staff will attempt to ensure that the work with children will be done with another adult present e.g. parent, Garda, doctor. Staff may conduct lone working off site in the following circumstances; 1-2-1 key working meetings in a public place (e.g. coffee shop, public place in court house)
- 8.2. If it is necessary for staff to meet with a client off site on their own, this will be arranged in agreement with their line manager.
- 8.3. If a staff member staff feels uncomfortable meeting a certain client alone, they must inform their manager of this.
- 8.4. Staff will only ever engage in lone working off-site if risks can be adequately assessed.
- 8.5. Prior to undertaking off-site lone working staff will:
  - 8.5.1. Conduct a verbal risk assessment with a manager; this should include any risks previously identified with the individual clients or their family.
  - 8.5.2. Ensure staff/management on duty have the name of the client, the exact location of the appointment, an approximate start and end time of the appointment, as well as any issues flagged in risk assessment.
  - 8.5.3. Ensure the duty mobile phone / their mobile phone is fully-charged and sufficiently topped up.
- 8.6. While conducting any working off site staff will:
  - 8.6.1. Follow provisions of this policy and the CARI Child protection Policy.

- 8.6.2. If the staff member feels in anyway threatened or unsafe, they should remove themselves from the situation, ending the intervention/meeting as politely and respectfully as possible

## **9. Onsite Meetings**

- 9.1. If dealing with an angry or aggressive individual special attention should be made as to the safety of the environment. Assessment needs to be made as to whether the session is more appropriately conducted with two members of staff. This should be discussed with their manager.

- 9.2. When meeting with a client, staff should always sit with a clear path to the exit, so they can leave quickly if necessary.

If at any time staff feel uncomfortable, they should trust their instincts and end the session in a respectful way. If the staff member feels in anyway threatened or unsafe, they should remove themselves from the situation. Staff should report any concerns they may have to the Manager as soon as is reasonable.

## Section 18

### Suicide Prevention and Awareness Policy

CARI is an organisation committed to suicide prevention and child protection.

It is important that CARI therapists;

- Are suicide alert and recognise key indicators and invitations for help.
- Understand the risk factors for suicide and identify and respond to end of life statements.
- Recognise potential barriers to seeking support.
- Report the concern to next of kin where client is under 18.
- Link with appropriate professionals in high risk cases; (G.P. CAMHS).
- Recognise other important aspects of suicide prevention including life-promotion and self-care.
- Seek appropriate clinical supervision and line management.
- Take all professionally appropriate steps to prevent suicide.

#### Procedures

**Explore invitations** – Respond to statements or statements about hopelessness or wanting to die and explore further.

**Ask the question** – Ask the question directly so neither of you have any doubt what is being discussed. If you have any concerns ask openly, Are you thinking about suicide? Do not use euphemisms.

**Listen** Connect with the client and listen to the reasons while assessing risks and their connections to life.

#### Review

- **The risk**  
Does the person have a plan, and do they have access to the means to implement it?  
Are they misusing substances or in active addiction?  
Have they made a previous suicide attempt?  
Have they been bereaved by suicide?  
Are they showing they are at immediate risk?  
Are they currently unable to identify reasons to live and unable to make a safe plan?
- **Connections to Strength** – Explore what part of them brought them here today for help. Explore the healthier part of them. Having listened you may pick up on some connections to life, if so, encourage the client to elaborate on these, if not, ask directly what has been keeping them alive. What do they have to live for?

This may be as simple as a hobby – try to ground it in specifics. If a family member is the connection – this person may be part of the safety plan.

In situations of immediate risk to an under 18 year old, parents need to be informed. Discuss the case immediately with your line manager or D.L.P. If the parents are not contactable, contact the G.P. Explain to parents that if there are no emergency mental health service available or if it is out of hours, they need to present at Accident and Emergency. In situations where the parents/legal guardians fail to act protectively TUSLA need to be informed.

**Contracting a Safety plan** – Ask can you keep yourself safe? If so, how long for? A day, a week, until your next appointment. The answer will dictate the safety plan and the need for other professional involvement. Determine who can help. Who else can they contact? This must be a responsible adult who is readily contactable, is fully informed of the client's suicidal ideation and agrees to be part of the safety plan.

**Deconstruct the suicide plan.** Make a plan with the adult above to remove medications/ weapons/ knives etc.

**Follow up** – Can the client contract to keep themselves safe for a week until your next appointment or do they need specialist suicide intervention support in the meantime?

### **Triggers.**

A trigger can be something small that changes a person's situation from something they feel they can cope with to something that feels unbearable.

These can include:

- a relationship ending
- losing a job
- an argument with a loved one
- the death of someone close, either through suicide or some other cause
- the return of symptoms of mental illness, particularly depression
- trauma such as a violent attack, or bullying
- Exam failure.

### **Protective Factors.**

There are many things that can protect someone, even if they are experiencing extreme emotional pain. These can be promoted and explored by the therapist and include:

- Daily structure or routine such as education, work and exercise.
- Strong support system such as friends, family and professionals that the client feels connected to
- Access to health services
- Healthy coping skills

- Personal resilience
- Reasons for living
- Taking part in physical activities such as sport and maintaining good physical health
- Feeling connected to the family (having a sense of belonging)
- Religious or spiritual beliefs and practices

### **Recognising that someone is thinking of suicide**

Most people experiencing emotional pain show signs of distress, but the only way to know if someone is thinking of suicide is to ask them. Sometimes, people thinking of suicide may hide the signs so as not to be discovered. This may mean they don't want help or that they are ashamed because they are not coping and don't want anyone to know. The following signs are common among people who are experiencing extreme emotional pain and may be considering taking their own life:

- Withdrawing from friends and family
- Depression or very low mood (not necessarily a diagnosed mental illness)
- Loss of interest in usual activities
- Sadness, hopelessness or irritability
- Changes in appetite
- Changes in sleep patterns
- Loss of energy
- Negative comments about self
- Feelings of hopelessness, powerlessness and worthlessness
- Suicidal ideation
- Change from distress to saying they are 'at peace' or 'okay' (this may indicate that they have decided to take their life)
- Talking about going away or saying goodbye
- Threatening suicide
- Talking or writing about suicide
- Putting personal affairs in order
- Giving away the things they own.

This is not a full list. Signs can be difficult to recognise. Some people may show no signs yet still feel suicidal, others may show many signs yet be coping well. The only way to know for sure if someone is thinking of taking their own life is if they tell you themselves or you ask them directly.

## **Child protection and confidentiality**

If the person is under 18 it is required that the next of kin are informed. This has been part of your initial contracting around confidentiality with the client. Remind the client that this is one of the limits of confidentiality and that you will have to inform their parents/ carers to keep them safe. Explore with them what adult they may find supportive. If a young person (under 18 years of age) presents with suicidal thoughts, there is always a child welfare concern. Risk of suicide needs to be communicated clearly between all parties involved and confidentiality should not be promised. No undertakings regarding secrecy can be given. Those working with a child and family should make this clear to all parties involved. If you are supporting an adult or parent who has suicidal ideation with dependent children, it is important to talk with them about the care and safety of their children.

## **After a suicide attempt**

After a suicide attempt, you may feel shocked that you did not 'see this coming' Show that you are willing to hear about what that led to their suicide attempt. Encourage them to let someone know if they have thoughts of suicide any time in the future. Be involved in their care by encouraging them to attend appointments.

In the case where a CARI client completes suicide. If possible, the Team Leader or the parent support therapist is informed first. The therapist is then informed privately. The supervisor attached to the case is also notified. The therapist's cases for the rest of the day are cancelled. An incident report form is completed.

## Appendix 1

### Role and Responsibilities of Designated Liaison Person

- The Designated Liaison Person will have the necessary skills, including an understanding of the dynamics of child abuse, its impact on victims, and of clinical and public policy developments in the area. They will also have an understanding of the implications an allegation has for a person who is accused.
- The Designated Liaison Person is empowered and directed by the Board of Trustees to respond immediately whenever child protection issues arise.
- The Designated Liaison Person will act as a liaison with outside agencies and a resource person to any staff member or volunteer who has child protection concerns.
- The Designated Liaison Person will be responsible for facilitating the procedures relating to the making and receiving of reports relating to allegations of abuse and other child protection concerns raised by CARI staff and volunteers, clients and members of the public.
- The Designated Liaison Person will be responsible for facilitating the procedures relating to the making and receiving of reports relating to allegations of abuse made against members of staff and volunteers in CARI.
- The Designated Liaison Person will respect the privacy of all parties in an accusation, in order that the right of each individual to his or her good name and reputation is upheld.
- The Designated Liaison Person is responsible for ensuring that every complaint is recorded and carefully examined so that all ethical, legal and other obligations may be identified and acted on at the earliest time. The Designated Liaison Person is responsible for the co-ordination of all reports to the Child Protection Officer.
- The Designated Liaison Person is responsible for ensuring all relevant paperwork is kept in the clients file and another copy kept in the separate storage system in place by the DLP.
- The Designated Liaison Person will be familiar with the working arrangements of the civil authorities of the local area in the investigation of complaints of child sexual abuse and should be known to and liaise with their

personnel who have responsibility for different aspects of child abuse allegations.

- The Designated Liaison Person will act as a liaison with outside agencies and is responsible for ensuring that reports of allegations or suspicions of child abuse are passed to TUSLA Child and Family Agency and/or An Garda Síochána as appropriate.
- The Designated Liaison Person will liaise closely with the Child Protection Officer and ensure that he/she has a full report of all child protection matters as they arise.
- The Designated Liaison Person will be fully conversant with this policy along with national best practice in the area of child protection.
- The Designated Liaison Person will advise management on the best methods and sources of child protection training for staff and volunteers.



## Appendix 2


### Role and Responsibilities for Child Protection Officer

The Child Protection Officer in CARI has the ultimate responsibility for ensuring that the child protection and welfare policy of CARI is promoted and implemented.

The role of the Child Protection Officer involves the following duties:

- To be familiar with “Children First”, National Guidance for the Protection and Welfare of Children and “Child protection and Welfare Handbook”, the principles of good practice for the protection of children & young people and to have responsibility for the implementation and monitoring of the child protection and welfare policy of CARI;
- To liaise with the Designated Liaison Persons in relation to reports of alleged/suspected or actual child abuse and act on these in accordance with the guidelines;
- To ensure that training is provided for all new and existing staff in CARI on the child protection policy;
- To build a working relationship with TUSLA Child and Family Agency, An Garda Síochána and other agencies, as appropriate;
- To ensure that supports are put in place for the children, young people, employees or volunteers in cases of allegations being made;
- To keep up to date and undertake relevant training on child protection policy and practice, in order to ensure the relevance and appropriateness of CARI’s policy and procedures in this area;
- To review the CARI policy and procedures on child protection on an annual basis and amend as appropriate;
- To ensure that systems are in place for recording and retaining all relevant documentation in relation to child protection issues.

## Appendix 3

	All Departments		Internal procedure for DLP when reporting child protection concern
		Revision	May 2018
		Implementation Date	November 2017
		Last Reviewed/Update Date	
	CARI	Approved	Monica Murphy, Clinical Director

### Internal procedure form for DLP when reporting child protection concern

#### 1. Purpose

The purpose of this Internal procedure form for DLP/CPO when reporting child protection concern is to outline the process for when a child protection concern comes to light to the DLP or CPO within CARI nationally.

This document is to ensure that CARI are adhering to the key principles in child protection and welfare.

It will allow for full transparency for any relevant outside bodies in accordance with the Children First Implementation and Compliance Checklist for TUSLA Funded Agencies.

#### 2. Scope

This Internal procedure form is for the DLP and CPO when reporting child protection concerns in CARI nationally.

#### 3. Prerequisites

The documents required for this procedure is the **Reporting Child Protection Concerns form for all CARI Staff and Volunteers used for reporting child protection internally;** **The Standard Report Child Welfare Form** and the **The Child protection concern log.**

#### 4. Responsibilities

**Child Protection Officer (CPO):** Overall responsibility to ensure the above Standard Operations Procedure is fit for purpose

**Designated Liaisons Person (DLP):** To conduct and notify the CPO of all child protection concerns and to report on to TUSLA and/or An Garda Síochána when appropriate. The DLP must also log all material in relation to such concerns.

#### 5. Procedure

The DLP should follow these procedures adhering to the Child Protection and Welfare Practice Handbook.

These procedures are subject to change and adaptation depending on its efficacy which will be routinely monitored by both the CPO and DLP's.

## **6. References**

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- Child Protection and Welfare Practice Handbook
- TUSLA Guidance Note to help you fill in the Standard Report Form:
- Roles & Responsibilities of the DLP in TUSLA funded Agencies
- Children First Implementation and Compliance Checklist for TUSLA Funded Agencies 2016

## **7. Internal procedure for DLP/CPO when reporting child protection concern**

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### **Report going forward to TUSLA or an Garda Síochána:**

1. A meeting takes place with the DLP and the third party, the third party give a verbal account along with the **Reporting Child Protection Concerns form for all CARI Staff and Volunteers**. The DLP completes the remainder of this form.
2. If the concern is being forwarded to Tulsa or An Garda Síochána, this is then brought to the CPO, for best practice
3. The case is given the next client number.
4. The Standard **TUSLA Report Child Protection and Welfare Concern Form** is completed and sent to TUSLA.
5. This is then brought to the CPO, for best practice
6. The Child protection concern log (excel sheet) is filled out.
7. All relevant paperwork is kept in the clients file and another soft copy kept in the separate storage system in place by the DLP.
8. Any follow up is also recorded in The Child protection concern log (excel sheet).

### **Report not going forward to TUSLA or An Garda Síochána:**

1. A meeting takes place with the DLP and the third party, the third party give a verbal account along with the **Reporting Child Protection Concerns form for all CARI Staff and Volunteers**. The DLP completes the remainder of this form.
2. If the concern is **NOT** being forwarded to Tulsa or An Garda Síochána, the concern is brought to the CPO, for best practice and the decision is made whether to make a report or not.
3. The case is given the next client number.
4. If a report is **NOT** proceeding, the rationale for this decision is logged on the DLP **Reporting Child Protection Concerns Form for all CARI Staff and Volunteers**.
5. This is then brought to the CPO, for best practice
6. The Child protection concern log (excel sheet) is filled out.
7. All relevant paperwork is kept in the clients file and another soft copy kept in the separate storage system in place by the DLP.
8. Any follow up is also recorded in The Child protection concern log (excel sheet).

## **Appendix 4**

### **Role and Responsibilities for Board of Trustees**

The responsibility to uphold this policy and all policies is finally that of the Board of Directors. They, through their nominees, implement this policy and ensure its application throughout the organisation. The Board of Trustees will regularly monitor all aspects of CARI policies.

CARI's Board of Trustees, are responsible for the appointment of the organisation's Child Protection Officer who is responsible for coordinating child protection policies.

Board members are required to sign a confidentiality statement (Appendix 5) and CARI's Conditions of Employment form (Appendix 6).

Board members will take part in the first available CARI induction course. They will receive training on all elements of CARI's work, including general and child protection policies and procedures.

Board members must keep confidential all information regarding all CARI's clients. They must respect the client's right to privacy and anonymity inside and outside of the CARI Centres.

In the case of the allegation being made against or suspicion in relation to the Child Protection Officer this will be dealt with by the Operations Committee and the Board of Trustees.

## Appendix 5

### CARI Confidentiality Statement

All CARI Staff, Volunteers and Board Members must keep confidential all information regarding all CARI's clients. They must respect the client's right to privacy and anonymity inside and outside of the CARI Centres.

I, \_\_\_\_\_ the undersigned.  
PLEASE PRINT

Of, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have read and understand the confidentiality statement of CARI. I agree to be bound by the principles of this statement and I understand that any breach of confidentiality may be grounds for dismissal from my work with CARI.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix 6**

### **CARI Conditions of Employment Form**

**Position:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**I have read and understood the following documents:**

**Child Protection Policy:**

**CARI Policy Document:**

**Job Description:**

**Confidentiality Statement:**

**I agree that, if CARI employs me beyond the trial period, I will be bound by the conditions therein.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Appendix 7**

### **Mission Statement**

CARI aims to provide a professional, child centred therapy and counselling service to children, families and groups who have been affected by child sexual abuse, to support and assist their recovery process.

Alongside this we aim to provide the most up to date education and information service for children, adults and professional on the dynamics of child sexual abuse, and, moreover, to raise public and political awareness of these issues.

We, as a mom-government organisation, will at all times operate on a not-for-profit basis ensuring that our services are accessible, regardless of a child's means or situation.

### **CARI CHARTER**

CARI's primary aim is to provide therapy for children and young people who have been affected by child sexual abuse. CARI also provides information, support and counselling to non-abusing parents, carers and siblings as appropriate.

CARI's secondary aims are:

- To increase public and professional awareness of the existence of and dynamics of, child sexual abuse.
- To prevent child sexual abuse by providing information, support and training to adults, thus equipping them to better protect children.
- To contribute to change in the responses made, and resources available, to children and families affected by sexual abuse.
- To undertake research about child sexual abuse.

To achieve our aims CARI must obtain adequate funding. Fundraising methods will never be allowed to exploit our clients or staff, or to compromise their situation or reputation.

Our Code of Ethics reflects our philosophies regarding our work and our clients and will guide all our work. We will respect and value our staff and volunteers.

We recognise that the nature of our work may lead to stress for staff and volunteers. We aim to ensure that appropriate support is offered to all who work for CARI

Our primary aim will never be compromised by any of our other aims or objectives.

## Appendix 8

### Signs and Symptoms of Abuse (adapted from Children First Guidance)

#### 1. Neglect

##### 1.1 Definition of Neglect

Neglect can be defined in terms of an **omission**, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, medical care.

*Harm* can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is *significant* is determined by his/her health and development as compared to that which could reasonably be expected of a child of similar age.

Neglect generally becomes apparent in different ways *over a period of time* rather than at one specific point. For instance, a child who suffers a series of minor injuries is not having his or her needs met for supervision and safety. A child whose ongoing failure to gain weight or whose height is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation. **The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.**

##### 1.2 Signs and Symptoms of Child Neglect

This category of abuse is the most common. A distinction can be made between "wilful" neglect and "circumstantial" neglect. For instance, "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, whereas "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 or psychological. The neglect of children is **"usually a passive form of abuse involving omission rather than acts of commission"**. 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
- 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 not alone due to malnutrition but also due to emotional deprivation
- Failure to provide adequate care for the child's medical problems
- Exploited, overworked

## 2. Emotional Abuse

### 2.1 Definition of Emotional Abuse

Emotional abuse is normally to be found in the ***relationship*** between a care-giver and a child rather than in a specific event or pattern of events. It occurs when a child's need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. Examples of emotional abuse of children include:

- (i) The imposition of negative attributes on children, expressed by persistent criticism, sarcasm, hostility or blaming;
- (ii) Conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
- (iii) Emotional unavailability by the child's parent/carer;
- (iv) Unresponsiveness, inconsistent, or inappropriate expectations of the child;
- (v) Premature imposition of responsibility on the child;
- (vi) Unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself in a certain way;
- (vii) Under or over-protection of the child;
- (viii) Failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development;
- (ix) Use of unreasonable or over-harsh disciplinary measures;
- (x) Exposure to domestic violence.

Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning. Examples of these include: 'anxious' attachment, non-organic failure to thrive, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour.

**The *threshold of significant harm* is reached when abusive interactions dominate and become *typical* of the relationship between the child and the parent/carer.**

## **2.2 Signs and Symptoms of Emotional Child Abuse**

Emotional abuse occurs when adults responsible for taking care of children are unable to be aware of and meet their children's emotional and developmental needs. Emotional abuse is not easy to recognise because the effects are not easily observable.

**"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 abuse can be defined in reference to the following indices. However, it should be noted that no one indicator is conclusive of emotional abuse.

- Rejection
- Lack of praise and encouragement
- 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)
- 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's behaviour - relative to his/her age and stage of development.

## **3. Physical Abuse**

### **3.1 Definition of Physical Abuse**

Physical abuse is any form of non-accidental injury or injury which results from wilful or neglectful failure to protect a child. Examples of physical injury include the following:

- Shaking
- Use of excessive force in handling
- Deliberate poisoning
- Suffocation
- Munchausen's Syndrome by Proxy \*
- Allowing or creating a substantial risk of significant harm to a child.

CARI believes that the excessive use of force or punishment in disciplining children can constitute physical and emotional abuse.

### **3.2 Signs and Symptoms of Physical Abuse**

Unsatisfactory explanations or varying explanations for the following events are highly suspicious:

- Bruises (see below for more detail)
- Fractures
- Swollen joints
- Burns/Scalds(see below for more detail)
- Abrasions/Lacerations
- Haemorrhages (retinal, subdural)
- Damage to body organs
- Poisonings - repeated (prescribed drugs, alcohol)
- Failure to thrive
- Coma/Unconsciousness
- Death.

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

#### **Bruises - in General**

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.

#### **Suspicion**

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

#### **Bruises - non-accidental**

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 may be associated with shaking which can cause serious hidden bleeding and bruising inside the skull. Any bruising around the neck is suspicious as it is very unlikely to be accidentally acquired. Bruises caused by direct blows with a fist have no definite pattern but may occur in parts of the body which 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 onto a flat surface. Two black eyes require two injuries and must always

be suspect. Other injuries may feature - ruptured eardrum/fractured skull. Mouth injury may be a cause of concern - torn mouth (frenulum) from forced bottle-feeding. 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 back, thighs (areas covered by clothing).

### **Burns - in general**

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.

### **Burns - 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 - in general**

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.

### **Bites - non accidental**

It is sometimes hard to differentiate between adults' and children's' bites as measurements can be inaccurate. Any suspected adult bite mark must be taken very seriously. Consultant Paediatricians may liaise with Dental colleagues in order to correctly identify marks.

### **Bone injuries - in general**

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.

### **Bone injuries - 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.

### **Poisoning - in general**

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.

### **Poisoning - 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.

The Children First Act 2015 includes a provision that abolishes the common law defence of reasonable chastisement in court proceedings.

## **4. Sexual Abuse**

### **4.1 Definition of Sexual Abuse**

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal or for that of others. Child sexual abuse is the “Involvement of dependant, developmentally immature children and adolescents in sexual activity that they do not fully comprehend, are unable to give informed consent to and that violate the social taboos of family roles.” (Roberge 1976).

CARI recognises that sexual abuse does not usually occur in isolation, that children who experience sexual abuse often experience physical abuse and/or neglect. Emotional abuse is always part of the sexual abuse of a child.

Examples of child sexual abuse include the following:

- Exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
- Intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
- Masturbation in the presence of the child or the involvement of the child in an act of masturbation;
- Sexual intercourse with the child whether oral, vaginal, or anal;

- Sexual exploitation of a child includes inciting, encouraging propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modeling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children which is often a feature of the “grooming” process by perpetrators of abuse.
- Consensual sexual activity involving an adult and an under-age person. In relation to **child sexual abuse**, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years. This means, for example, that sexual intercourse between a 16 year-old girl and her 17 year-old boyfriend is illegal, although it might not be regarded as constituting **child sexual abuse**. The decision to initiate child protection action in such cases is a matter for professional judgment and each case should be considered individually. The criminal aspects of the case, will be dealt with by An Garda Síochána under the relevant legislation.

**It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offences of sexual assault.**

#### **4.2 Signs and Symptoms of Child 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 frequently happens within the family. Intra-familial abuse is particularly complex and difficult to deal with.

Cases of sexual abuse principally come to light through:-

- Disclosure by the child or its siblings/friends;
- The suspicions of an adult;
- Due to physical symptoms.

Colburn Faller provides a description of the wide spectrum of activities by adults which can constitute child sexual abuse. These include:

##### **Non contact sexual abuse**

- "Offensive Sexual Remarks" including statements the offender makes to the child regarding the child's sexual attributes, what he or she would like to do to the child and other sexual comments.
- Obscene Phone-calls
- Independent "exposure" involving the offender showing the victim his/her private parts and/or masturbating in front of the victim
- "Voyeurism" involving instances when the offender observes the victim in a state of undress or in activities that provide the offender with sexual

gratification. These may include activities that others do not regard as even remotely sexually stimulating.

### **Sexual contact**

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

### **Oral-genital sexual abuse**

Involving the offender licking, kissing, sucking or biting the child's genitals or inducing the child to do the same to them.

### **Interfemoral sexual abuse**

sometimes referred to as "dry sex" or "vulvar intercourse", involving the offender placing his penis between the child's thighs.

### **Penetrative sexual abuse of which there are four types**

- Digital penetration" involving putting fingers in the vagina, or anus or both. Usually the victim is penetrated by the offender, but sometimes the offender gets the child to penetrate them.
- "Penetration with objects" involving penetration of the vagina, anus or occasionally mouth with an object.
- "Genital penetration" involving the penis entering the vagina, sometimes partially.
- "Anal penetration" involving the penis penetrating the anus.

### **Sexual exploitation**

- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child. Two types of this abuse are child pornography and child prostitution.
- 'Child pornography' includes still photography, videos and movies and, more recently computer generated pornography.
- 'Child Prostitution' for the most part involves children of latency age or in adolescence. However, children as young as four and five are known to be abused in this way.
- Sexual abuse in combination with other abuse.
- 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 which involve undressing, e.g. games/swimming

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

- Mood change, e.g. child becomes withdrawn, fearful, acting out;
- Lack of concentration (change in school performance)
- Bed wetting, soiling
- Psychosomatic complaints; pains, headaches
- Skin disorders
- Nightmares, changes in sleep patterns
- School refusal
- Separation anxiety
- Loss of appetite
- Isolation
- Particular behavioural signs and emotional problems suggestive of child abuse in older children (10 yrs +):
- Mood change, e.g. depression, failure to communicate
- Running away
- Drug, alcohol, solvent abuse
- Self mutilation
- Suicide attempts
- Delinquency
- Truancy
- Eating disorders



- Isolation

All signs/indicators need careful assessment relative to the child's circumstances.

## **5. Children with Special Vulnerabilities**

Certain children are more vulnerable to abuse than others. These include children with disabilities and children who, for one reason or another, are separated from parents or other family members and who depend on others for their care and protection. The same categories of abuse - neglect, emotional abuse, physical abuse, sexual abuse - may be applicable, but may take a slightly different form. For example, abuse may take the form of deprivation of basic rights, harsh disciplinary regimes or the inappropriate use of medications or physical restraints. (See Section 8 of the National Guidance, on Specially Vulnerable Children and Abuse Outside the Home).


## **6. Bullying**

Bullying can be defined as repeat aggression whether it is physical, psychological or verbal. In cases of serious instances of bullying where the behaviour is possibly abusive it may need to be referred to TUSLA and/or An Garda Síochána.

## APPENDIX 9



# **Reporting Child Protection Concerns Form for all CARI Staff and Volunteers**

	<b>Reporting Child Protection Concerns.</b>		CP Checklist Form
		<b>Revision</b>	May 2018
		<b>Implementation Date</b>	November 2017
		<b>Last Reviewed/Update Date</b>	
	<b>CARI Staff and Volunteers in All Departments</b>	<b>Approval</b>	Monica Murphy, Clinical Director

***Form used for reporting child protection concern Internally***

**Checklist of details to record where concerns have been made**

Name of Person Making Report:

Contact no:

Name of child or young person:

Age:

Any special concerns (Special needs):

Name of parent/guardian:

Home address:


Home telephone number:

Nature of concern(S):

Date of concern(S):

Is the person making the report expressing their own concerns or passing on those of somebody else's concerns?

What has prompted the concerns?

	<b>Reporting Child Protection Concerns.</b>		CP Checklist Form
		<b>Revision</b>	May 2018
		<b>Implementation Date</b>	November 2017
		<b>Last Reviewed/Update Date</b>	
	<b>CARI Staff and Volunteers in All Departments</b>	<b>Approval</b>	Monica Murphy, Clinical Director

Physical signs?

Behavioural signs?

Indirect signs?

Has the child or young person been spoken to?

If so, what was said?

Have the parents been contacted?

If so, what was said?


Has anybody been alleged to be the abuser?

If so, record details:

Has anyone else been consulted?

If so, record details:

Date of Concern(s) brought to DLP/CPO:

	Reporting Child Protection Concerns.		CP Checklist Form
		Revision	May 2018
		Implementation Date	November 2017
		Last Reviewed/Update Date	
	CARI Staff and Volunteers in All Departments	Approval	Monica Murphy, Clinical Director

**Remaining part to be filled out by DLP/CPO**

Has this concern been raised and discussed with the CPO

If so, record details:

Has a child protection report been sent in to TUSLA or An Garda Síochána?

If so, record details:

Has it been decided not to send a child protection report form in?

If so, record details:

Has the Excel log been filled in for Child Protection concerns? Yes/No

**CARI National Designated Liaison Person (DLP) is Monique McEvoy. CARI National Child Protection Officer (CPO) is Monica Murphy. All members of staff and volunteers with a child protection concern can contact The DLP. If the DLP is not available please contact Monica Murphy. If there is no one available and there is a child protection concern please ring Monica Murphy on 087 9982535.**

## WE WANT YOUR COMMENTS!!!

You can use these pages to write down or draw out anything about CARI or its staff.

It can be something you like about CARI.



Or it can be something you don't like.



If there is anything you don't like about CARI, we would like you to let us know.

Nothing is too

# BIG

or too

small.

Someone will look at what you've said. You don't have to put your name on your sheet. If you do put your name down, someone will get in touch with you to find out how we can deal with the things you've said.

Once you've said what you've wanted to say, you need to put this page in the Comments Box in the waiting room.



These sheets can be used by anyone who comes to CARI – big or small!

To CARI,  
I want you to know that.....



If you want to make a complaint/comment about the CARI service or you wish to discuss your concerns about the safety of a child, comment forms are freely available from CARI. The other option is to request a meeting with a CARI member of staff. You are encouraged to raise concerns about anything from very small to very big and serious matters. CARI will respond.

There are people in each CARI Centre appointed to hear your concerns. If you have concerns about child protection you can talk or write to our Designated Liaison Person or our Child Protection Officer.

**National Designated Liaison Person:**

Monique Mc Evoy.  
Therapy Team Leader Western Region:  
CARI, 110 Lower Drumcondra Road,  
Dublin 9. Tel: 01 830 8529

**National Child Protection Officer:**

Monica Murphy.  
Clinical Director,  
CARI, Ennis Road,  
Limerick. Tel: 061582224.

If you have a complaint or concern about anything other than child abuse you can speak or write to any of the Management Team in any of our Centres or the Executive

**Operations Committee:**

Monica Murphy - Clinical Director.  
Eve Farrelly - Executive Director.  
Dolores Byrne - Operational Director.

Your concerns of any nature will receive immediate attention and all of the issues you raise will be listened to and acted on.

If you have a concern of a child protection nature the external agencies to which you can complain are:

**Community Care Social Worker** at your local health centre or on  
**1800 520 520**

**The Garda Síochána** at your local station or on the Confidential Information Line  
**1800 666 111**

## Appendix 11

### CARI ACCIDENT/INCIDENT REPORT FORM

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ of Accident/Incident

Description of Accident/Incident:

\_\_\_\_\_

Location: \_\_\_\_\_

Perceived cause of Accident/Incident?

\_\_\_\_\_

What, if any, piece of equipment was involved?

\_\_\_\_\_

Who was present at the time of the Accident/Incident?

\_\_\_\_\_

Number of children, if any, in the area: \_\_\_\_\_

What immediate action was taken and by whom?

\_\_\_\_\_

Parents informed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents'/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Staff member in charge at time of accident

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Health and Safety Officer, Eastern Region: Dolores Byrne.**

**Health and Safety Officer, Western Region: Mary Madden.**

## **Appendix 12**

### **Relevant legislation**

These are a number of the relevant pieces of legislation that relate to child welfare and protection.

#### **Child Care Act 1991**

This is the key piece of legislation which regulates childcare policy in Ireland. Under this Act, TUSLA has a statutory responsibility to promote the welfare of children who are not receiving adequate care and protection. If it is found that a child is not receiving adequate care and protection, TUSLA has a duty to take appropriate action to promote the welfare of the child. This may include supporting families in need of assistance in providing care and protection to their children. The Child Care Act also sets out the statutory framework for taking children into care, if necessary.

#### **Protection for Persons Reporting Child Abuse Act 1998**

This Act protects you if you make a report of suspected child abuse to TUSLA, the Health Service Executive (HSE) or to members of the Gardaí as long as the report is made in good faith and is not malicious. This legal protection means that even if you report a case of suspected child abuse and it proves unfounded, a plaintiff who took an action would have to prove that you had not acted reasonably and in good faith in making the report. If you make a report in good faith and in the child's best interests, you may also be protected under common law by the defence of qualified privilege.

#### **Criminal Justice Act 2006**

Section 176 of this Act created an offence of reckless endangerment of children. This offence may be committed by a person who has authority or control over a child or abuser who intentionally or recklessly endangers a child by:

1. Causing or permitting the child to be placed or left in a situation that creates a substantial risk to the child of being a victim of serious harm or sexual abuse; or
2. Failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation.

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

Under this Act, it is a criminal offence to withhold information about a serious offence, including a sexual offence, against a person under 18 years or a vulnerable person. The offence arises where a person knows or believes that a specified offence has been committed against a child or vulnerable person and he or she has information which would help arrest, prosecute or convict another person for that offence, but fails without reasonable excuse to disclose that information, as soon as it is practicable to do so, to a member of An Garda Síochána.

## References:

Dept of Children and Youth Affairs (2017) *Children First: National Guidance for the Protection and Welfare of Children*. Government Publications Dublin.

HSE (2011) *Child Protection and Welfare Practice Handbook*.

## APPENDIX 13

### CARI's National Garda Vetting Responsibilities

The national Vetting Bureau (Children and Vulnerable Persons) Bill 2012 makes it an offence to engage a person to undertake relevant work with children and vulnerable people until the vetting process has been completed.

<b>Children</b>	Persons under the age of 18 years, other than a person who is or has been married ( <i>The Childcare Act 1991, The Children's Act 2001</i> ).
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<b>Vulnerable Adult</b>	<p><i>"Vulnerable adult" means a person of 18 years and older who is suffering from a physical, intellectual or mental impairment, whether through disability, injury, illness or age, which is of such a nature or degree as to render a person –</i></p> <ul style="list-style-type: none"><li>• <i>a ward of court</i></li><li>• <i>to be in residential accommodation</i></li><li>• <i>to be in sheltered accommodation</i></li><li>• <i>to require assistance in the conduct of his/her own affairs by a person other than a family member or another who lives with him/her in the same household</i></li><li>• <i>unable to guard against neglect, abuse or exploitation"</i></li></ul>
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*Garda Vetting Bureau Bill 2011*

In the main the term 'vulnerable adult' refers to:

Elderly people; and people with disabilities who meet the above definition of a vulnerable adult.

The Garda vetting office will provide the format to complete all applications and will only accept forms in the new correct format. e – Vetting went online on the 30<sup>th</sup> June 2016. New Garda vetting forms came into effect in August 2019

Under another element of the legislation that has not been enacted yet, there will be a legislation requirement to repeat vetting periodically

Retrospective vetting will be expected for current employees that were not vetted on entry to the organisation and repeat vetting after a period of 3 years will be applicable

#### **What Roles Must Be Vetted?**

CARI undertakes to Garda vet all applicants who encounter children and vulnerable adults who use its service Any individual who is engaged in relevant work must be

vetted. The legislation states relevant work is any work or activity which is carried out by a person, a *necessary* and *regular* part of which consists *mainly* of the person having access to, or contact with, children/vulnerable adults.

It is the responsibility of the registered line manager submitting the request for vetting to satisfy themselves that the role is engaged in relevant work. In addition to the above, all employees who were not vetted on entry to the service prior to the legislation must be retrospectively vetted.

### **Who Can Submit Requests for Garda Vetting?**

Requests for Garda Vetting can only be submitted by the registered line manager within your organisation. This manager is pre-registered with the GVLO for the purposes of submitting requests for Garda Vetting. The person registered with GVLO from CARI is Marie Byrne, Training & Outreach Manager, [marie@cari.ie](mailto:marie@cari.ie)

### **ID Validation**

The legislation allows for the inclusion of additional personal data to enable the verification of identity. Any applicant who applies to CARI is obligated to undertake an identification verification process which includes confirming both their identity and current address.

The requesting line manager must carry out the identification verification process. CARI's garda vetting officer will take the responsibility of securely retaining and storing these documents.

### **Garda Vetting Invitation Form NVB 1**

The form must be completed in full using BLOCK CAPITALS and writing must be clear and legible. The form should be completed in ball point pen.

- Photocopies will not be accepted.
- If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent \Guardian email address and contact number on the NVB1 Form.

### **Personal Details**

Personal Details must be completed fully. This means no field should be left blank.

- Insert details for each field, allowing one block letter per box.
- If a field is not applicable include N/A – DO NOT LEAVE BLANK.
- For Date of Birth field, allow one digit per box.
- Email Address - Please fill in your email address, allowing one character/symbol per box. This is required as the invitation to the E-Vetting website will be sent to this address. If this is incorrect, the application will be cancelled, and the registered line manager will be required to submit a new application in respect of the applicant.
- Contact Number - Please allow one digit per box for your contact number.

### **Address Details**

- The Current Address means the address you are now living at.
- The address fields should be completed in full, including Eircode / Postcode. No abbreviations.

### **Declaration of Application**

The applicant must confirm their understanding and acceptance of the two statements by signing the application form at Section 2 and ticking the box provided.

### **Role Being Vetted For**

The role being vetted for must be clearly stated on the NVB1 Form. Generic terms such as “Volunteer” or “Clerical Officer with access” will not be accepted. The ‘Role Being Vetted For’ must clearly demonstrate that the applicant is engaged in relevant work. Abbreviations should not be used. Where the role is unclear the NVB1 Form and Garda Vetting Request Form will be returned to the registered line manager seeking clarification. This will cause a delay in acquiring a Garda Vetting disclosure for that applicant. Here are examples of CARI roles and the correct terms to be used,

- Helpline Advisor with direct contact with vulnerable children/adults
- Therapist with direct contact with vulnerable children/adults
- Forensic Accompaniment Officer working directly with children/adults, providing support and care to them whilst attending court.
- Domestic cleaner with direct contact with vulnerable children/ adults whilst cleaning therapy rooms.

### **E Vetting Process**

Once the application has been processed by the registered line manager the application will be forwarded to the GVLO.

They in turn will send an e – mail to the applicant, this must be completed immediately and returned to be processed.

The GVLO can not give a time frame on how long it takes to process the applications, upon completion they will send a disclosure or non-disclosure form back to the registered line manager.

### **Role of the Manager / Affiliate Organisation (On Receipt of A Garda Vetting**

#### **Disclosure)**

On receipt of the result of vetting i.e. a vetting disclosure, the registered line manager from the affiliate organisation will;

- a) Ensure that the appropriate data protection provisions are in place in relation to the management and storage of Vetting Disclosures.
- b) Provide a copy of the disclosure to the vetting applicant if requested by the applicant.
- c) In the case of positive disclosures confirm with the applicant that the details disclosed relate to them.

d) Ensure that the local policies and procedures are followed in relation to the disclosure information provided e.g. risk assessments, data protection etc.

CARI will then make their own decisions in relation to the suitability or otherwise of prospective employees, students or volunteers.

**Offence Information Disclosed:**

Where disclosure information regarding an applicant's offence history is returned by the GCVU, The Operations Committee, alongside the line manager will evaluate the seriousness and relevance of the offence to decide whether a Disclosure Meeting with the applicant is required. The applicant will be provided with all the relevant information required to investigate the disclosures made. If at that time the offences are deemed to be true and not appropriate for the role CARI can at that time decide not to go ahead with the offer of employment.

**Retention Period.**

CARI undertake to keep all relevant documents on file for the duration of the applicant's role. Upon cessation of the role CARI will retain all documents in relation to that applicant for 1 year. In cases where offence information has been provided to CARI, we will retain that information for a period of 3 years. All documents will be retained and stored under the data protection guidelines and under our obligations as data controllers we will then shred or destroy all documents as required.

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