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# Child/Vulnerable adult Protection Policy (v5)

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Southill Family Resource Centre CLG

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Approval date 06/07/2022

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Revision date 06/07/2025

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1. Responsibility for approval of policy	<i>Board Of Trustees</i>
2. Responsibility for implementation	<i>Coordinator</i>
3. Responsibility for ensuring review	<i>Chairperson/Coordinator</i>

### **1. Policy Statement**

- 1.1. Southill FRC aims to be fully compliant with the standards outlined in the Children First Act 2015, Children First: National Guidance for the Protection and Welfare of Children 2017
- 1.2. At Southill Family Resource Centre we intend to create an environment in which children/vulnerable adults are safe from abuse and to which any suspicion of abuse is promptly and appropriately responded. It is the policy of our service to ensure that children are protected and kept safe from harm while they are with staff and volunteers.
- 1.3. In addition Southill FRC ensures best practice in child/vulnerable adult protection by:
  - Following safe recruitment and selection procedures and written Codes of Behaviour for staff and volunteers
  - Displaying a Child Safe Guarding Statement.
  - Giving parents information about what we do and what they can expect from us
  - Having a reporting mechanism for staff and volunteers
  - Upholding General Complaints Procedures, Accident Procedures, Confidentiality Statement and procedures for dealing with allegations against staff
  - If a member of staff or a volunteer has a child protection concern, they must bring it to the named designated person, whose role is to:
    - Receive and consider all child protection concerns
    - Consult with the Health Board
    - Make a formal referral where appropriate, to the Duty Social Worker at the H.S.E, Mid-Western Area- see contact info at end of page
  - Ensure Garda Vetting
  - Ensuring staff are not left alone with individual children for long period
  - Know the Children: We have defined criteria for membership of the organisation
  - Good record keeping
  - Staff supervision

### **2. Purpose**

- 2.1. The Department of Health and Children guidelines on protecting children and vulnerable adults place clear duties on service providers to protect children/vulnerable adults from abuse. It is therefore the responsibility of Southill FRC to report any suspicions about physical, emotional, sexual abuse or neglect ( see definitions below) to the Health Service Executive or the Gardaí.
- 2.2. This policy should be read in conjunction with the organisations Garda Vetting Policy.

### **3. Scope**

- 3.1. This policy applies to all staff and volunteers under the banner of Southill Family Resource Centre CLG..

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

Chapter three of "Children First" provides guidelines on definitions and recognition of child abuse (pg 31):

- 4.1. Physical abuse: where it is known or suspected that injury was deliberately inflicted.
- 4.2. Sexual abuse: the use of children by others for sexual gratification. This can take many forms and includes rape and other sexual assaults, allowing children to view sexual acts or to be exposed to, or involved in, pornography, exhibitionism and other perverse activities.
- 4.3. Emotional abuse: adverse effects on behaviour and emotional development of a child caused by persistent or severe emotional ill treatment or rejection or exposure to on-going domestic violence.
- 4.4. Neglect: the persistent or severe neglect of a child whether wilful or unintentional which results in serious impairment of the child's health, development or welfare.

### 5. Children First Principles

- 5.1. The welfare of the child is of paramount importance.
- 5.2. A balance must be struck between protecting children and respecting the needs of parents/carers and families. Where there is a conflict, the welfare of the child must come first.
- 5.3. Southill FRC recognises that every child has the right to be safe at all times, and to be treated with respect and understanding. Taking account of their age and level of understanding, children should be consulted and involved in relation to all matters that affect their lives. To that end their concerns must be heard and taken seriously.
- 5.4. Early intervention and support should be available to promote the welfare of the child, particularly of vulnerable and at risk children of not receiving adequate care and protection.
- 5.5. Parents / carers have a right to respect and should be consulted and involved in matters which concern their family.
- 5.6. Actions to protect the child should not cause the child unnecessary stress.
- 5.7. Intervention should not deal with the child in isolation; the child must be seen in a family setting.
- 5.8. The criminal dimension of any act cannot be ignored.
- 5.9. Children should only be separated from their parents/carers when all other means have been exhausted. Re-union should always be considered.
- 5.10. All agencies and disciplines concerned with the protection and welfare of children must work cooperatively in the best interest of children and families.
- 5.11. Effective child protection involves compulsory training and clarity of responsibility for Southill FRC personnel who work with children.

### Staff Training

- 5.12. All workers will receive induction training on SOUTHILL FRC's Child Protection Policy.
- 5.13. It is a recommendation that all staff complete the Tusla on-line Introduction to Children First training course which explains the obligations under Children First in detail. [www.tusla.ie/children-first/children-first-e-learning-programme](http://www.tusla.ie/children-first/children-first-e-learning-programme)
- 5.14. A copy of "Children First" will be made available to all staff and will be available at all times in the Managers office and the Administration office. It is the responsibility of all staff to have read and understood these National Guidelines. This can also be downloaded from: [http://www.omc.gov.ie/documents/publications/Children\\_First\\_A4.pdf](http://www.omc.gov.ie/documents/publications/Children_First_A4.pdf). All workers will be inducted in Southill's FRC's Child Protection Policy.
- 5.15. All staff will be offered training in child protection, if they have not already received training from either an HSE training session or from the Child Protection Officer within the organisation.
- 5.16. It is the responsibility of senior management to ensure that all staff members are kept up to date with this training.
- 5.17. Staff are required to follow all procedures within this policy and sign up to the Child Protection Policy.

### 6. Confidentiality

- 6.1. On initial contact with the service, all service users are made aware of Southill's FRC's Child Protection Policy and Complaints Procedure.
- 6.2. No undertaking regarding secrecy can be given in any situations.
- 6.3. The Southill FRC's policy in respect of confidentiality takes accordance of Children First, which states; 'giving information to others for the protection of a child is not a breach of confidentiality' (pg41). The policy states that confidentiality may be extended when a service user discloses that:
  - 6.3.1. they have perpetrated sexual / physical abuse on another person,

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- 6.3.2. they intend to perpetrate sexual / physical abuse on another person,
- 6.3.3. any other issues in relation to Child Protection, as described in Children First.

- 7.3. Records of child protection concerns and / or incidents are kept in a safe and confidential manner with only the Child Protection Officer and the Project Manager having access to these records. The designated Child Protection Officer and the Manager only have access to these records.
- 7.4. Parents and children have a right to know if personal information is being shared unless doing so will place the child at further risk

### 7. Reporting A Concern

- 7.1. Designated Liaison Person (DLP) is Jim Prior Coordinator and the Deputy Liaison Person (Deputy DLP) IS Michelle Tynan. Their role(s) is to ensure that the Child Protection Policy is implemented, and procedures and arrangements take place to protect vulnerable and at risk children identified by the service.

- 7.1.1. Southill FRC Coordinator's role is to ensure that procedures and arrangements are in place within the organisation to protect children in line with national guidelines.

#### 7.2. Responsibility to Report

- 7.2.1. Every employee has a statutory responsibility to report any child protection concerns. Within Southill FRC, the procedure is for all staff concerns to be reported to their line Manager who will report their concerns to the DLP .It is the responsibility of the Coordinator to then determine whether there are reasonable grounds for concern and where there are reasonable grounds for concern to report this to the appropriate agency; either the Health Board or An Garda Síochána. All child welfare concerns are recorded.

- 7.2.2. The Protections for Persons Reporting Child Abuse Act, 1998 provides immunity from civil liability to persons who report child abuse in "reasonable and in good faith" to designated officers, health boards or any member of the garda.

#### 7.3. Reasonable Grounds for Concern

In accordance with Children First, reasonable grounds for concern are defined as:

- 7.3.1. specific indication from a child that he/she was abused;
- 7.3.2. an account by a person who saw the child being abused;
- 7.3.3. evidence, such as an injury, which is consistent with abuse and is unlikely to have been caused in any other way;
- 7.3.4. an injury that is consistent both with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it is a case of abuse;
- 7.3.5. consistent indication over time that a child is suffering from emotional or physical neglect.

#### 7.4. Standard Reporting Procedures (Staff)

- 7.4.1. Staff should ensure that notes are taken of any issues that cause concern. These maybe vital if the concerns become reportable. It is essential to keep accurate notes with dates, times and factual objective information. These should be recorded as a hard copy in the case file.

- 7.4.2. It can be difficult for staff to determine whether suspicions about child abuse are real. Before a staff member acts on these they need to consider whether there is an alternative explanation to be explored, the staff member should ask the following questions of themselves:

- Is there any other reason why the parent or child involved might be acting in a particular way?
  - Is there a pattern to this kind of occurrence?
  - Did you or anyone else see what was happening?
  - Has the child said anything to indicate that he/she is being harmed
  - Could injuries or signs have been caused in another way?

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- 7.4.3. If the staff member has considered these questions and is still concerned, it is likely that there are reasonable grounds to take action of in the case of retrospective disclosures of abuse by an adult. Staff should contact their line manager. All concerns are recorded, including concerns that may not initially need to be reported to the HSE, i.e. incidents.
- 7.4.4. Where serious abuse is suspected immediate action will be required. Staff are to inform their line manager at the earliest possible opportunity and as a matter of urgency. If their line manager is not available the issue should be raised with the Coordinator. In no case should serious concerns be left unaddressed or unreported.
- 7.4.5. It is important to be aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is a task for the Gardaí or the Health Board. Under no circumstances should any individual member of staff or the centre itself attempt to deal with the problem of abuse alone.
- 7.4.6. Staff reporting incidents of Child Protection concerns / incidents will be supported through the Supervision process.

7.5. Standard Reporting Procedure (Manager)

- 7.5.1. The Coordinator (or designated Staff Member) may contact a member of the Board of Management for advice around reporting the matter to the Health Board.
- 7.5.2. A report should be made to the Health Board (to the Duty Social Worker) in person, by telephone or in writing; see "Children First" for an outline of the information required when a report of child abuse is being made. Also see (Appendix 3) in "Children First" for a list of Health Board phone numbers and addresses.
- 7.5.3. In the event of an emergency, or the non-availability of the Health Board, the report should be made to a Garda. This may be done at any Garda Station, Children First Guidelines).
- 7.5.4. The reporting form at the back of the Children First Guidelines must be completed at this stage to facilitate Social Worker/Gardaí decision making. This may entail:
  - 7.5.4.1. clarifying or getting more information about the matter:
  - 7.5.4.2. where there is doubt or uncertainty, consulting initially with statutory child protection agency to receive their guidance on the matter:
  - 7.5.4.3. making a formal referral to a statutory child protection agency or the Gardaí.
- 7.5.5. A social worker may wish to speak to the person who first witnessed the incident, received the disclosure, or experienced the concern; if the report is made by the Child Protection Officer, staff should be informed of this possibility.
- 7.5.6. It is essential to keep accurate notes with dates, times and factual objective information when assessing or reporting abuse

### 8. A Member of Staff / Volunteer is Accused of Abuse

- 8.1. If a member of staff / volunteer is accused of abuse, the matter will be investigated immediately in collaboration with external authorities. The welfare of children is paramount to ensure there will be no delay in reporting to the HSE / An Garda Siochana.
- 8.2. If an allegation is made against a worker, two separate procedures must be followed:
  - 8.2.1. The standard reporting procedure in respect of suspected child protection concerns (outlined in sections 8.4 and 8.5) and,
  - 8.2.2. The procedures outlined below:
- 8.3. Procedures to follow for dealing with the worker involved in the complaint:
  - 8.3.1. Inform the Coordinator
  - 8.3.2. Inform the Chairperson of the Board of Management. It is the responsibility of this person to investigate the reports and if reasonable grounds for concern exist to report in writing the allegations to the HSE and Garda.
  - 8.3.3. Ensure no child is exposed to unnecessary risk.

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- 8.3.4. Confidentiality is of the utmost importance and only those who need to be informed should be notified or made aware of the situation. This will include the worker and their line manager or supervisor. The nature of the allegations will be provided. Written records of all responses will be kept.
- 8.3.5. A worker may be suspended with pay to protect the child and other children attending the organisation, at all times considering the employees contract and the rules of natural justice. Protective action should be proportionate to the level of risk to child. If the worker is not suspended, there will be an increased level of supervision pending investigation. The parents of the child will be informed of all actions planned and implemented. Management will take necessary steps to ensure speedy investigation
- 8.3.6. Staff / volunteers may be subject to erroneous or malicious allegations. Therefore all allegations should be dealt with sensitivity and support, such as counselling, offered.
- 8.3.7. An action following an allegation of abuse against an employee should be managed in consultation with the Health Board and the Gardaí. An immediate meeting should be arranged with these bodies for this purpose.
- 8.3.8. After these consultations and when pursuing the future position of a worker, the Chairperson should advise the person accused of the allegation and the procedure that is to be followed.
- 8.3.9. The Director and Board of Management should take care that the actions taken by them do not undermine or frustrate any investigations being conducted by the Health Board or Gardaí.
- 8.4. It is recommended that the same person should not have responsibility for the **reporting issues** and the employment **issues**. They should be separated and managed independently. There may be situations where the allegations turn out to be unfounded. But it is important that suspicions are treated seriously and in the manner outlined above.

### 9. Special Considerations

- 9.1. Abuse by visitors to the service
  - The possibility of abuse by a visitor must be recognised. If such abuse occurs, it should normally be dealt with in the same way as other incidents of suspected abuse.
- 9.2. Peer abuse
  - 9.2.1. In child abuse cases the alleged perpetrator will also be a child. In such cases the management of the case should be as follows (Children First):
    - 9.2.1.1. In a situation where child abuse is alleged to have been carried out by another child, the child protection procedures should be adhered to for both the victim and the alleged perpetrator (meaning it should be considered a childcare and protection issue for both children).
    - 9.2.1.2. Staff should report all incidents to the organisations DLP or Deputy DLP as above.
    - 9.2.1.3. The Organisation's DLP should refer to the Health Board or Gardaí as above.
- 9.3. Admission of retrospective abuse
  - 9.3.1. Where there is disclosure by adults of abuse which took place in their childhood, and the Garda or Health Board are aware of this any further action by these agencies will be based on the consideration of whether any child may be in contact with the alleged abuser. The service user needs to be informed of this policy and offered appropriate support services including onward referrals and counselling.

### 10. Follow up on Child Protection Report with Statutory Services

- 10.1. Where the organisation has an ongoing relationship with the case, follow up with the relevant social worker can be organised as part of the care plan; where there is consent provided by the adult

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service user involved in the case. Ideally this will be occur through the medium of a case meeting which aims to reach an agreement on what supports need to be provided and which agency is most suitable to provide these. In some cases this may be done through phone or mail communications.

- 10.2. Follow up contact should also be made where there is repetition of the concerns relating to child protection, or where new concerns arise. In this case consent from the adult involved in the case is not required.
- 10.3. If no consent for sharing of information is provided by the adult then the Statutory services will not be able to provide any information following receipt of the initial report.

### **11. Garda Vetting**

- 11.1. See garda vetting policy for further detail. In essence the policy outlines that all staff working directly with under 18s or vulnerable adults will be required to furnish details of past addresses to facilitate garda vetting and that any individuals with past offences in relation to child abuse will not be facilitated access to children or vulnerable adults by the organisation.
- 11.2. Southill Family Resource Centre adheres to the statutory vetting requirements of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 and to the wider duty of care guidance set out in relevant Garda vetting and recruitment circulars.

### **12. Safe Practice**

- 12.1. On initial contact parents of children are made aware of our Child Protection Policy. We display a Child Protection Statement in the Southill Family Resource Centre .References to our Child Protection Policy are made in which all parents sign to say they received.
- 12.2. We use a consent form for all activities and services as standard practice.
- 12.3. We encourage Parents to be involved with our service as appropriate.
- 12.4. Children are informed of the organisation's Child Protection Policy and Complaints procedures.
- 12.5. In preparation for and considering trips away Southill Family Resource Centre take into account the health and safety matters of the children and/or vulnerable adults. We follow our guides on supervising children and vulnerable adults in all activities. We liaise and discuss our Child Protection Policy with the host venue. We have clear guidelines that address the following:
  - Insurance
  - Suitability of accommodation
  - Pre Visit to the Centre
  - Staffing Issues
  - Programme of Events
  - Transport
  - Expectations and Roles of Leaders, Children and Parents
  - Consent Forms
  - Health & Safety Issues
  - Accident & Emergency Procedures and Numbers

### **13. Protecting children during service provision**

- 13.1. Each child will be under the care of a specific adult and the adult must know where the child is at all times.
- 13.2. Children will be under the care of a minimum of two adults at all times.
- 13.3. All entrances must be kept secure.
- 13.4. An adult will be present close to the main entrance of the building and during all hours of service.

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- 13.5. Parents/carers are allowed access to their children's rooms at all times.
- 13.6. Playground gates are secured to prevent unauthorised access.
- 13.7. Children will not be released to anyone under 18 (including siblings) that staff members feel is not responsible enough to ensure the welfare of the child.
- 13.8. Children under 10 are not permitted to leave the service unaccompanied.
- 13.9. Children 10 and over are permitted to leave for school and regularly scheduled activities only with written parent/carer permission.
- 13.10. Parents/carers are contacted when children do not arrive at the service when expected.
- 13.11. All visitors are signed in and out and are accompanied while in the building.
- 13.12. Volunteers and students are supervised at all times.
- 13.13. It is possible to view each room used for the childcare service through a window in the doors or walls.
- 13.14. It is possible to view into storerooms etc. or they are kept locked during hours of operation.
- 13.15. Lights are left on in all rooms including closets with windows, toilets, office and storage areas when the building is in use.
- 13.16. Nothing is placed over windows to prevent or obstruct viewing.
- 13.17. Children's arrivals and departures are supervised.
- 13.18. Behaviour policies and practices promote the development of children. Staff must never physically punish or be in any way verbally abusive to a child.
- 13.19. Records are kept accurately and up to date.
- 13.20. Training on child protection is provided and is compulsory for all staff members.
- 13.21. Staff are supervised and supported and appraisals are carried out regularly.
- 13.22. Staff must be sensitive to the risks involved in participating in contact sports or other activities.
- 13.23. Physical contact is a valid way of comforting, reassuring and showing concern for children but should only take place when it is acceptable to all persons concerned.
- 13.24. The personal space, safety and privacy of all individuals in the service are to be respected.
- 13.25. Staff members must not give lifts in their cars to individual children unless accompanied by another member of staff and with the prior knowledge of the child's parent/carer.

<b>Limerick</b>	<ul style="list-style-type: none"><li>• On Duty-Social Work Department, Tusla, Mulgrave Street, , Limerick.</li><li>• Social Work/Primary care Department Roxtown Health Centre, Roxtown Terrace, Old Clare Street, Limerick (East team), Co. Limerick</li><li>• Parkbeg Social Work Department, Parkbeg house, 2 Elm Drive, Caherdavin Lawns, Ennis Road, Limerick, Co. Limerick</li><li>• Social Work Department, Southhill Health Centre, O' Malley Park, Southhill, Limerick, Co. Limerick Lindsey Mallon Team Lead</li><li>• Newcastlewest Social Work Department, Newcastle west Health Centre, Newcastle West, Co. Limerick</li><li>• Roxboro Garda Station</li><li>• Henry Street Garda Station</li></ul>	<p>(061) 483097/483098</p> <p>(061) 417 622</p> <p>(061) 206 820</p> <p>(061) 209953</p> <p>(069) 62155</p> <p>(061) 214340</p> <p>(061) 212400</p>
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