



## **Safeguarding Children, Young People and Vulnerable Adults Policy**

### **Foreword**

This policy document, adopted on 22 December 2017, sets out the requirements of Midwives for Choice for working with children and vulnerable adults in accordance with Children First, the National Guidance for the Protection and Welfare of Children and Safeguarding Vulnerable Persons at Risk of Abuse. It is applicable to all members of Midwives for Choice and those working on behalf of the organisation.

It is hoped that this policy will prove a practical and useful addition to best practice in working with children and young people by the members, volunteers and those who work with and on behalf of Midwives for Choice.

Midwives for Choice welcomes feedback on this document – please send comments and suggestions to Ciara Considine, Communications Officer, at [Ciara@midwivesforchoice.ie](mailto:Ciara@midwivesforchoice.ie).

We commit to reviewing this policy at least every three years and more frequently if needed in response to changes in legislation or national guidance.

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## Policy statement

Midwives for Choice is committed to safeguarding the well-being of children, young people and vulnerable adults and to ensuring its members and others working on its behalf (e.g. contractors, students, volunteers) are aware of their responsibilities to promote children's and vulnerable adult's safety and welfare in accordance with relevant legislation and guidance documents. This policy is designed to assist Midwives for Choice in meeting standards of good safeguarding practice in the course of fulfilling its objectives and functions. All members and others working on its behalf are required to familiarise themselves with this policy and its procedures. While Midwives for Choice does not in general work directly with children and young people or vulnerable adults, it is important that members and others working on its behalf are aware of good safeguarding practice; their responsibilities in relation to safeguarding children young people or vulnerable adults; and are fully conversant with their obligations under this policy.

## Safeguarding children and young people

### Relevant Legislation

The UN Convention on the Rights of the Child (UNCRC) is an international treaty that recognises the human rights of children, defined as persons up to the age of 18 years. It was adopted by the UN in 1989 and ratified by Ireland in 1992. It pledges to protect and promote children's rights to survive and thrive, to learn and grow, to make their voices heard and to reach their full potential.

The Childcare Act 1991 is the primary legislation regulating child care policy in Ireland. Under the Child Care Act 1991, as amended by the Child and Family Agency Act 2013, the Child and Family Agency (CFA) has a statutory duty to promote the welfare of children who are not receiving adequate care and protection. Under the Act, the definition of a child is a person under 18 years of age who is not or has not been married. It establishes the principle that the welfare of the child is paramount.

The Protection for Persons Reporting Child Abuse Act, 1998 makes provision for the protection from civil liability of persons who have reported suspected child abuse 'reasonably and in good faith' to designated officers of the Child and Family Agency or to any member of An Garda Síochána. This protection applies to organisations as well as to individuals. This means that even if a communicated suspicion of child abuse proves unfounded, a plaintiff who took an action would have to prove that the person who communicated the concern had not acted reasonably and in good faith in making the report. The Act also provides protection from penalisation by an employer.

The Criminal Justice Act (2006) (Section 176 Reckless Endangerment of Children) states that "a person, having authority or control over a child or abuse, who intentionally or recklessly endangers a child by:

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

(b) Failing to take reasonable steps to protect a child from such risk while knowing that the child is in such a situation.”

## **Children First – National Guidance for the Protection and Welfare of Children and Young People**

Children First was originally published in 1999 to give effect to the provisions of the Childcare Act 1991. It was updated and re-issued in 2011. The Children First National Guidance is intended to assist people in identifying and reporting child abuse and neglect and deal effectively with concerns. It emphasizes that the needs of children and families must be at the centre of child protection and welfare services, and that the welfare of children is of paramount importance. It highlights the roles and responsibilities of Tusla, The Child and Family Agency, and An Garda Síochána, which are the two agencies with statutory responsibility for child protection. It also offers guidance to agencies and community and voluntary organisations (e.g. religious/faith sector, sporting organisations, etc.) that have contact with or provide services to children.

### **Definitions of Abuse<sup>1</sup>**

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.

#### ***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, and/or medical care. Neglect generally becomes apparent in different ways over a period of time rather than at one specific point, for example, a child who is deprived of adequate nutrition, who consistently misses school or who lacks necessary supervision and safety.

#### ***Emotional Abuse***

Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child’s developmental 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. Emotional abuse can be manifested in terms of the child’s behavioural, cognitive, affective or physical functioning. Examples of these include insecure attachment, 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.

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<sup>1</sup> Children First: National Guidance for the Protection and Welfare of Children (2011) Pgs. 8 – 10.

### ***Physical Abuse***

Physical abuse of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

### ***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. Children or young people can also be exploited sexually. Sexual exploitation involves situations where a child or young person receive 'something' (food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) in return for sexual activity. Children and young people engaged in prostitution and other forms of sexual exploitation are also victims of abuse. The age of consent in Ireland is 17 years. 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 offence of sexual assault.

### ***On line sexual exploitation***

On line child sexual exploitation can occur when children or young people are exploited by others who have power over them by virtue of age, gender, intellect, physical strength and/or other resources. Children or young people may be engaged in contact with persons impersonating children or using false identities to make contact or form relationships with them. Violence, coercion and intimidation are common. Involvement in exploitative relationships are characterised by the child or young person's limited availability of choice as a result of their social/economic or emotional vulnerability. The use of images, exposure to or involvement in pornography, sometimes without the child's knowledge or understanding can also occur through on line contact, for example, by being persuaded to post or view images on line.

### ***Domestic Abuse***

Domestic Abuse is defined as the use of physical or emotional force or the threat of same. In relation to children, exposure to domestic abuse is defined as emotional abuse. Children exposed to domestic abuse are also at higher risk of emotional and physical abuse.

### **Recognising child neglect or abuse**

Child neglect or abuse can often be difficult to identify and may present in many forms. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than child abuse. All signs and symptoms must be examined in the context of the child's situation and family circumstances.

### ***Guidelines for recognition***

The ability to recognise child abuse can depend as much on a person's willingness to accept the possibility of its existence as it does on their knowledge and information. There are commonly three stages in the identification of child neglect or abuse:

- (i) considering the possibility;
- (ii) looking out for signs of neglect or abuse;
- (iii) recording of information.

There are a number of ways in which a concern in relation to a child's safety or welfare may come to light:

- a child may disclose something that has upset or harmed them;
- someone else might report something that a child has told them, or that they believe that a child has been or is being harmed;
- a child might show signs of physical injury for which there appears to be no explanation;
- a child's use of language or behaviour may suggest he or she is being abused;
- the behaviour or attitude of an adult towards a child in their care might cause concern
- a child might demonstrate worrying behaviour towards other children.

### **Responsibility to report child abuse or neglect**

Everyone must be alert to the possibility that children with whom they are in contact may be suffering from abuse or neglect. This responsibility is particularly relevant for professionals such as teachers, child care workers, health professionals and those working with adults with serious parenting difficulties. It is also an important responsibility for staff and people involved in sports clubs, community activities, youth clubs, religious/faith sector and other organisations catering for children.

Tusla, The Child and Family Agency should always be informed when a person has reasonable grounds for concern that a child may have been, is being or is at risk of being abused or neglected. In Midwives for Choice this is done through the Designated Liaison Person (DLP) who is responsible for receiving and passing on concerns. Child protection concerns should be supported by evidence that indicates the possibility of abuse or neglect.

A concern about a potential risk to children posed by a specific person, even if the children are unidentifiable, should also be communicated to the Tusla, The Child and Family Agency.

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

- (i) the safety and wellbeing of the child must take priority;
- (ii) reports should be made without delay to Tusla, The Child and Family Agency.

### **Designated Liaison Persons (DLP) for reporting neglect or abuse**

A named Designated Liaison Person is responsible for dealing with child protection and welfare concerns in Midwives for Choice, ensuring that the standard reporting procedure is followed. They

can be contacted in relation to any child welfare concerns and will ensure child protection training is made available to members as needed.

### ***Role of the Designated Liaison Person (DLP)***

The Designated Liaison Person (DLP) is responsible for ensuring that suspected cases of child neglect or abuse are referred promptly to the designated person in the Tusla, The Child and Family Agency through the standard reporting procedure. The contact details and role title of the Designated Liaison Person and Deputy are:

1. Philomena Canning, Chairperson

Email: philomena@midwivesforchoice.ie Ph: 353-87-290 0017

2. Roisin Smith, Secretary

Email: roisin@midwivesforchoice.ie Ph: 353-83-435 0861

In the event of an emergency and the unavailability of the Child and Family Agency, reports should be made to An Garda Síochána. The Designated Liaison Person should ensure that they are knowledgeable about child protection and undertake any training considered necessary to keep them updated on new developments.

The Designated Liaison Person may receive reports of suspected child abuse or concerns about a child's safety and welfare. It is their responsibility:

- To ensure that they are fully conversant with the organisation's duties to the protection and welfare of children;
- To ensure that they are fully familiar with Midwives for Choice Safeguarding Children, Young People and Vulnerable Adults policies and procedures, to know what they are and where to find the most up-to-date version.

Midwives for Choice will ensure that the Designated Liaison Person and Deputy Designated Liaison Person have access to appropriate training to undertake their roles and have regular support and supervision from a suitably qualified person, as deemed necessary.

### **Dealing with Disclosures**

Remember, a child may disclose abuse to you as a trusted adult at any time during your work with them. It is important that you are aware and prepared for this.

- Be as calm and natural as possible;
- Remember that you have been approached because you are trusted and possibly liked;
- Do not panic;
- Be aware that disclosures can be very difficult for the child;

- Remember, the child may initially be testing your reactions and may only fully open up over a period of time;
- Listen to what the child has to say. Give them the time and opportunity to tell as much as they are able and wish to;
- Do not pressurise the child. Allow them to disclose at their own pace using their own words;
- Conceal any signs of disgust, anger or disbelief;
- Do not give an undertaking of secrecy;
- Accept what the child has to say – false disclosures are very rare;
- Don't ask the child to repeat the story;
- Do make a detailed note of what the child disclosed to you, using the child's own words, as soon as possible afterwards, and date it;
- It is important to differentiate between the person who carried out the abuse and the act of abuse itself. The child quite possibly may love or strongly like the alleged abuser while also disliking what was done to them. It is important therefore to avoid expressing any judgement on, or anger towards, the alleged perpetrator while talking with the child;
- It may be necessary to reassure the child that your feelings towards him or her have not been affected in a negative way as a result of what they have disclosed.

### **Standard Reporting Procedure**

Midwives for Choice has established the following procedures for reporting a concern in relation to the protection and welfare of children and young people.

If a concern arises in the context of a service for children or young people that you are visiting or working in, in the first instance, report the matter to the service's Designated Liaison Person (DLP). The DLP has responsibility for reporting concerns to the statutory authorities and will have access to necessary information on children attending the service required to make a report (e.g. name, address, date of birth, parents contact details etc).

Provide the DLP with a clear and accurate account of the nature of your concern including reasonable grounds for reporting. This might include a factual account of something you observed; a record of a disclosure by a child or young person or information provided to you by a third party. In the event of third party disclosure, ideally that person would be encouraged to speak directly to the DLP also.

The report should be made without delay. In the event that you are unable to contact the service DLP or the service was, for whatever reason, unwilling or unable to make a report, you should contact Midwives for Choice's DLP at the earliest opportunity and advise of the nature of your concern.

In an emergency, any person can directly report a child abuse or neglect concern to the Child and Family Agency or to An Garda Síochána and should do so without delay. A report can be made in person, by telephone or in writing. Contact numbers for all the Child and Family Agency offices are given in Appendix 3 of this Policy and are also available on the Child and Family Agency website ([www.thechildandfamilyagency.ie](http://www.thechildandfamilyagency.ie)) or through the **Child and Family Agency LoCall Tel. 1850 241850**.



Under no circumstances should a child be left in a situation that exposes him or her to harm or to risk of harm pending the Child and Family Agency intervention. In the event of an emergency where you think a child is in immediate danger and you cannot get in contact with the Child and Family Agency, you should contact the Gardaí. This may be done through any Garda station or by **dialing 999** and giving your location.

The Standard Report Form (see Appendix 2) should be used when reporting child protection and welfare concerns to the Child and Family Agency Children and Family Services. If a report is made by telephone, this form should be completed and forwarded subsequently to the Child and Family Agency. Potential risks to unidentifiable children should also be reported to the Child and Family Agency.

It is good practice that parents are informed that a report is to be made to the Child and Family Agency unless doing so would put the child at further risk.

Before deciding whether or not to make a formal report, the DLP may wish to discuss a concern with a health professional or directly with the Child and Family Agency Children and Family Services (see the Child and Family Agency contacts in Appendix 2). This informal consultation can be done confidentially without identifying the child, family or service involved. However, if advised that the concern warrants a formal report, full details must be given in order to enable an effective and timely investigation to take place.

### **Confidentiality**

Where child protection and welfare concerns arise, information must be shared on a 'need to know' basis in the best interest of the child. No undertaking regarding secrecy can be given to either adults or children in relation to child protection concerns, disclosures or allegations.

Sharing information in reporting child protection or welfare concerns is not a breach of confidentiality or data protection. Midwives for Choice will cooperate with the Child and Family Agency or An Garda Síochána on the sharing of information and records where a child welfare or protection issue arises. Relevant staff will attend and share information, as required, at formal child protection and welfare meetings as organised by the child and Family Agency i.e. Child Protection Conferences and Strategy Meetings. Parents and children have a right to know if personal information is being shared, unless doing so could put the child at further risk.

### **Safeguarding vulnerable adults**

Currently, there are no national guidelines in the Republic of Ireland in relation to vulnerable adult abuse similar to those that are available in relation to protection of children and young people (Children First). Nor is there a specific classification of crime in terms of age. Incidents of physical and sexual assault, fraud and financial exploitation are crimes and should be reported to the Gardaí. In the case of Sexual Offences involving people with disabilities, specific provision is contained in Section 5 of the Criminal Law (Sexual Offences) Act 1993. Ireland is a signatory to the UN Convention on the Rights of Persons with Disabilities.

Abuse of vulnerable adults can constitute the physical, psychological, emotional, financial or sexual maltreatment or neglect of a vulnerable adult by another person. The abuse may be a single act or repeated over a period of time, and it may take one form or a multiple of forms. The lack of appropriate action can also be a form of abuse.

### **Key principles in vulnerable adult protection and welfare**

- Citizenship confers a status on an individual whereby their fundamental right to dignity and respect and other basic human rights as well as their rights to participation in society are upheld and supported by the Constitution, by Ireland's human rights treaty commitments and by the laws of the State.
- Person-centred is a principle which places the person, as an individual, at the heart and centre of any exchange requiring the provision or delivery of a service. Services are organised around what is important to the person from his / her perspective.
- Empowerment is a principle which recognises the right of the individual to lead as independent a life as possible and that supports the individual in every practical way to realise that right.
- Self-directedness recognises the right of the individual to self-determination to the greatest extent possible, including where this entails risk. Abiding by this principle means ensuring that risks are recognized, understood and minimised as far as possible, while supporting the person to pursue their goals and preferences.
- In accordance with the principles set out in this policy, it is recognised that adults have the right to self-determination and to make decisions, even if this means that they remain at risk. Where there are concerns regarding diminished capacity, consideration should be given to requesting a specialist assessment of the person's decision-making capacity in the context of the abuse allegations and the risk posed to the person.
- Equity is a principle which should be applied in relation to transactions with and services to vulnerable adults. Resources and services should be provided to vulnerable people on the basis of need, using the principle of proportionality.
- Safeguarding best interest recognises the vulnerability of individuals where they are unable to make their own decisions and/or protect themselves, their assets or their bodily integrity and ensures appropriate and accountable protection for them.

### **Definition of a vulnerable adult**

A vulnerable adult is a person aged 18 years or over who may require assistance to care for themselves, or protect themselves from harm or from being exploited. This may be because they have a disability (either mental health, intellectual or physical), a sensory impairment, are old and frail, or have some other form of illness.

*Definition of a vulnerable person for the purposes of Garda vetting*

The Garda Vetting Bureau (children and vulnerable persons) Act 2012 defines a vulnerable person as a person, other than a child, who

(a) is suffering from a disorder of the mind, whether as a result of mental illness or dementia;

(b) has an intellectual disability;

(c) is suffering from a physical impairment, whether as a result of injury, illness or age, or

(d) has a physical disability, which is of such a nature or degree—

(i) as to restrict the capacity of the person to guard himself or herself against harm by another person, or

(ii) that results in the person requiring assistance with the activities of daily living including dressing, eating, walking, washing and bathing.

### **Definition of vulnerable adult abuse**

**Vulnerable adult abuse** is any mistreatment that violates a person's human and civil rights. The abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering. A vulnerable adult may be subjected to more than one form of abuse at any given time:

**Physical abuse** such as hitting, pushing, pinching, shaking, misusing medication, scalding, restraint, hair pulling.

**Sexual abuse** such as rape, sexual assault, or sexual acts to which the vulnerable adult has not or could not have consented, or to which they were pressurised into consenting.

**Psychological or emotional abuse** such as threats of harm or abandonment, being deprived of social or any other form of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, being prevented from receiving services or support.

**Financial or material abuse** such as theft, fraud or exploitation, pressure in connection with wills, property, or inheritance, misuse of property, possessions or benefits.

**Neglect** such as ignoring medical or physical care needs and preventing access to health, social care or educational services or withholding the necessities of life such as food, drink and heating.

**Discriminatory abuse** such as that based on race or sexuality or a person's disability and other forms of harassment or slurs.

**Institutional abuse** can sometimes happen in residential homes, nursing homes, hostels, holiday centres or hospitals when people are mistreated because of poor or inadequate care, neglect and poor practice that affects the whole of that service.

**Domestic abuse** refers to the use of physical or emotional force or threat of physical force, including sexual violence in close adult relationships. This includes violence perpetrated by a spouse, partner,

son or daughter or any other person who has a close or blood relationship with the victim. The term 'domestic violence' goes beyond actual physical violence. It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone.

**Elder Abuse** is defined as "A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person or violates their human and civil rights."<sup>2</sup> 65 years of age is taken as the point beyond which abuse may be considered to be elder abuse. Concerns in relation to elder abuse should be reported to the relevant Public Health Nurse or to the HSE Senior Case Worker for the Protection of Older People.

### **Responding to and reporting vulnerable adult protection concerns**

If you are concerned about the protection or welfare of a vulnerable adult, contact the Designated Liaison Person. It is recognised that adults have the right to self-determination and to make decisions, even if this means that they remain at risk. Where there are concerns regarding diminished capacity, consideration should be given to requesting a specialist assessment of the person's decision making capacity in the context of the abuse allegations and the risk posed to the person.

When the Designated Liaison Person receives a report about suspected or actual abuse, they should consider the wishes of the vulnerable adult and if there are reasonable grounds for reporting to the Statutory Authorities. This will mean:

- Clarifying or getting more information about the matter;
- Consulting with the vulnerable adult to hear his/her wishes etc;
- Where there is any doubt or uncertainty, consulting with the Statutory Authorities to obtain their advice on the situation;
- Where there are concerns about the diminished capacity of the vulnerable adult, considering assessment of decision-making capacity in the context of the abuse allegations and the risk posed to the person;
- Making a formal referral to the Statutory Authorities

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. However, these suspicions will be recorded or noted internally by the Designated Liaison Person as future suspicions may lead to the decision to make a report and earlier suspicions may provide important information for Statutory Authorities. A full written record of all decisions will be maintained by the Designated

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<sup>2</sup> Protecting Our Future: Report of the working Group on Elder Abuse, September 2002

Liaison Person. **In an emergency, where a person is at immediate risk, you should contact the Garda Síochána or Emergency Services on 999 or 112.**

### **Confidentiality**

All information concerned with the identification and reporting of vulnerable adult abuse is subject to best practice guidance on confidentiality. Where a vulnerable adult has capacity, their consent should be sought prior to disclosing information to another agency / Statutory Authorities.

### **Mandatory Reporting**

Beyond the scope of this guidance document on reporting, all citizens should be aware that it is a legal requirement throughout Ireland for any person who knows or believes that a serious offence has been committed, including an offence relating to Rape, Sexual Assault and False Imprisonment, to report such information to An Garda Síochána and that it is an offence not to do so where that failure cannot be reasonably excused.

In current criminal legislation in Ireland, Section 4 of the Criminal Justice Withholding of Information of Offences against Children and Vulnerable Persons Act 2012, states “it should be noted that complicated provisions appear within the context of defences available to persons charged with an offence relating to non-reporting of serious personal abuse. These warrant more detailed consideration in developing in detail the implementation process of any guidance adopted.”

### **Consent**

The consent of the vulnerable adult should be sought prior to reporting any matter to the civil authorities and family and care service providers. Sometimes adults do not want civil authorities to take action to investigate or protect them from harm. People have a right to make such choices about reporting, however, if a criminal act is suspected, it must be reported to the civil authorities. If upon receipt of the concern, where the vulnerable adult does not give consent to reporting, and it is not clear that a criminal act has taken place, and where the designated person believes that others may also be at risk of harm, consultation should take place with the civil authorities as to the best course of action, in the absence of consent from the alleged victim.

In considering the capacity of the vulnerable adult to give consent, the following factors should be taken into account:

- The adult has the capacity to understand what is being asked of him/her;
- Sufficient information is given, in a way that the person understands, to enable him/her to make an informed decision;
- Consent is not received through any form of coercion.

If the vulnerable adult is unable to give informed consent, discussions should take place with their carer/guardian/close family about reporting concerns/allegations and, where appropriate, discussions should also take place with any medical or social work personnel. There may need to be a determination as to who can give consent on behalf of the vulnerable adult. In some instances there may already be provision in place. Consultation may be required with legal advisers and statutory personnel.

Please note the designated person should not make determinations around capacity to give consent, without consultation with appropriately trained and skilled personnel.

## **Record keeping and storage**

Record keeping is of critical importance in this area of work. The ability to protect children, young people or vulnerable adults requires accurate records to be maintained. It is essential that contemporaneous records of all safeguarding concerns are kept – this will include contacts, consultations and any actions taken. All records relating to child or vulnerable adult protection and welfare such as records of concerns, allegations or disclosures or reports to statutory authorities should be kept in a safe and confidential manner. Paper records should be stored in locked filing cabinets with restricted access. Records held on PCs, servers or mobile devices should be encrypted and password protected. As regards the retention of records, child protection reporting records are normally held in perpetuity.

## **Recruitment and selection**

Safe recruitment by Midwives for Choice is an integral part of good safeguarding practice. In addition to standard good HR practice, it should include:

- Seeking Garda vetting and police clearance from other jurisdictions, and developing criteria on decision making regarding suitability in the event of disclosures;
- Specific factors which would exclude applicants from working in or on behalf of the organisation;
- Contracts agreed by management and workers (including that workers will comply with the organisation’s child protection and welfare policy;
- All workers receiving induction in the child and vulnerable adult safeguarding policy and regular refresher or updating training provided as required;
- All personnel whose roles include or could potentially include contact with children, young people or vulnerable adults receiving appropriate safeguarding training, approved to national standards.

## **Management and supervision**

The Committee of Midwives for Choice will ensure that members and others working on behalf of the organisation whose roles or duties include or may include contact with children, young people or vulnerable adults will receive appropriate support and supervision.

## **Allegations against Midwives for Choice personnel**

Should an allegation of abuse or inappropriate conduct in relation to a child, young person or vulnerable adult be made against a member or person working on behalf of Midwives for Choice, the following procedure will be followed:

1. The standard reporting procedure, as above, will be initiated on notification of the allegation, by the Designated Liaison Person. The safety and welfare of the child, young person or vulnerable adult is the foremost consideration and any necessary protective measures, proportionate to the risk, will be taken (e.g. member removed from duties that involve contact with the child young people or vulnerable adult up to and including possible suspension pending a full investigation). Parents/carers (including service providers) will be kept informed of steps taken as above.
2. An officer of the Committee will be appointed to advise the member that an allegation has been made against them and the nature of the allegation. The person will be afforded an opportunity to respond. In relation to abuse of a child or young person, the response will be noted and passed to Tusla, the Child and Family Agency to whom the allegation was reported. Any action taken should be guided by agreed Midwives for Choice's procedures and the principles of natural justice.
3. The person will be informed that a report will be made to the statutory authorities and that Midwives for Choice will cooperate fully with any assessment or investigation that ensues. This should be undertaken without delay.
4. The Designated Liaison Person will liaise closely with investigating bodies (HSE Children and Family Services / An Garda Síochána) to ensure that actions taken by the organisation do not undermine or frustrate any investigations.
5. The Chairperson will be informed with due regard for privacy and fair procedure of the individual involved.
6. The individual will require support during this process and this will be provided on a confidential basis.
7. The advice and guidance of the statutory authorities will be followed throughout.

## **Code of conduct of Midwives for Choice in relation to working or contact with children, young people or vulnerable adults**

- The safety and welfare of children, young people or vulnerable adults is paramount and must be our first consideration in any contact with them;
- Respect the rights, dignity and worth of every child, young person or vulnerable adult and treat each one equally regardless of age, gender, ability, ethnic origin, cultural background or religion;
- Physical or verbal interactions with children, young people or vulnerable adults should never be punitive, aggressive, embarrassing or humiliating;
- When meeting children, young people or vulnerable adults for the first time, introduce yourself and explain in age appropriate language, who you are and why you are visiting them;
- Respect the ethos and practices of any service you visit, including their routines, schedules and policies;
- Be aware of and sensitive to cultural difference and engage with children, young people or vulnerable adults in a culturally sensitive way;
- Do not spend time alone with children or young people in services you visit;
- In the course of your work, do not spend time or meet with children, young people or vulnerable adults outside of services;
- Do not take children or young people in your car or to other locations or premises;
- Always use positive, respectful and age appropriate language;
- There should be no unnecessary physical contact between an adult and a child or young person although there are times when, for example, placing a hand on a distressed child/young person's shoulder to comfort him/her would be appropriate. Physical contact should only be in response to the needs or initiative of the child and should be appropriate to their age and the level of development;
- Be friendly, open, patient and polite to all children and adults, remembering always that you are a visitor to their services. Behave with courtesy, consideration and respect;
- If you think you may have caused offence, however unintentionally, acknowledge and offer an apology or explanation as soon as possible;
- Should you observe or witness any action, behaviour or symptoms that indicate a concern in relation to a child's safety or welfare, report the matter, in the first instance, to the service manager and advise her/him of your obligations under this policy. Note the concern and report to your Designated Liaison Person (DLP) at the first opportunity.



## Working in children's services organisations and settings

Midwives for Choice personnel may have reason to visit or work in children's, youth or community services as an integral part of their roles e.g. undertaking education programmes or other beneficiary support. In these circumstances it is imperative that Midwives for Choice personnel make explicit their obligations under this policy, particularly if the work involves regular or frequent contact. While Midwives for Choice personnel may not be working directly with children, young people or vulnerable adults, they need to be aware of good practice in relation to safety and welfare and to be familiar with safeguarding reporting procedures.

On initial contact with a third party service for children, young people or vulnerable adults, as a Midwives for Choice representative, you should:

- Introduce yourself and identify and explain your role;
- Clarify the ways you expect to be working with the service e.g. visits, meetings with individuals or groups/teams, providing education, advice, guidance, mentoring etc.;
- Explain that Midwives for Choice personnel work in accordance with this Safeguarding Policy and as such should not be left alone with or in charge of children or vulnerable adults;
- Information on or images of children will not be recorded by Midwives for Choice personnel unless specifically related to their role and with parental consent.

If your role involves spending time in the service, or working directly with staff/practitioners who work directly with children or vulnerable adults:

- Refer to Midwives for Choice's Child and Vulnerable Adult Safeguarding Policy and explain your obligations under this policy;
- Inquire if the service has a Designated Liaison Person or other person you should speak to should a safeguarding concern arise in the course of your contact;
- Outline your ethical responsibility to ensure no child is placed at risk or left in an unsafe situation and your obligations to report any safeguarding concerns to the statutory authorities (Tusla, The Child and Family Agency and/or An Garda Síochána);
- Agree what procedure will be followed in the event of a concern arising i.e. who in the service you should contact initially, (normally the Designated Liaison Person, DLP) and what their procedures are for dealing with a concern from a third party.

All services working with children, young people or vulnerable adults should have a safeguarding policy and procedures in place which is compliant, in the case of children and young people, with Children First: National Guidance for the Protection and Welfare of Children. They should therefore be familiar with such procedures and referring to them should not present any difficulty in working with services. If you have any concerns in relation to safeguarding matters, the DLP of Midwives for Choice can be contacted for advice.

Should you at any time have a concern that practice in a service or setting is placing children, young people or vulnerable adults at risk you must report your concern to the DLP of Midwives for Choice who will discuss with you what action should be taken.

## **APPENDIX 1 – Signs and Symptoms of Child Abuse and Neglect**

### **Neglect**

Neglect is measured both in terms of degree and of duration. Moderate, severe or chronic neglect will impact on a child's development and well-being and may have serious consequences for their welfare. A distinction is made between 'wilful' and 'circumstantial' neglect and different responses may be required. However the impact for the child must always inform the approach and response made.

### **Emotional Abuse**

Examples may include:

- (i) the imposition of negative attributes on a child, 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 of the child's parent/carer;
- (iv) unresponsiveness of the parent/carer and/or 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 or herself 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;
- (xi) exposure to inappropriate or abusive material through new technology.

### **Physical Abuse**

Physical abuse can involve:

- (i) severe physical punishment;
- (ii) beating, slapping, hitting or kicking;
- (iii) pushing, shaking or throwing;

- (iv) pinching, biting, choking or hair-pulling;
- (v) terrorising with threats;
- (vi) observing violence;
- (vii) use of excessive force in handling;
- (viii) deliberate poisoning;
- (ix) suffocation;
- (x) fabricated/induced illness (see Appendix 1 for details);
- (xi) allowing or creating a substantial risk of significant harm to a child.

### **Sexual Abuse**

Examples of child sexual abuse include:

- (i) exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
- (ii) intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
- (iii) masturbation in the presence of the child or the involvement of the child in an act of masturbation;
- (iv) sexual intercourse with the child, whether oral, vaginal or anal;
- (v) sexual exploitation of a child, which 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, modelling 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;
- (vi) consensual sexual activity involving an adult and an underage 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 for both boys and girls. An Garda Síochána will deal with the criminal aspects of the case under the relevant legislation.

## APPENDIX 2 – Standard Report Form

Date:	Time:
Place:	

Type of incident, e.g. disturbance, theft, accident:


Staff and/or volunteer involved:


Persons involved in the incident:


Description of incident – include the time, those involved, clearly and logically:


Name and addresses of witnesses:


Action taken:


Prepared by:	Date:
Signature:	

## APPENDIX 3 – Useful contacts and publications

### **Organisations**

Tusla - Child and Family Agency  
Dublin North City  
Ballymun Healthcare Facility  
Ballymun Civic Centre  
Dublin 9  
Telephone: 01 846 7129  
Email: [linda.creamer@tusla.ie](mailto:linda.creamer@tusla.ie)

Tusla, the Child and Family Agency, operates an out-of hours Crisis Intervention Service in the Dublin area, which can be accessed by emergency services like hospitals and the Garda Síochana outside of office hours.

The Tusla Duty Social Work Team for the North Inner City area can be contacted on **01 856 6856**, Monday to Friday, 9am to 5pm. See also:

<http://www.tusla.ie/services/child-protection-welfare/contact-a-social-worker/>

**HSE Information Line** – 1850 24 1850 or [www.hse.ie](http://www.hse.ie)

**Outside office hours all child and vulnerable adult protection concerns should be referred to the Gardaí.**

### **An Garda Síochana**

Mountjoy Station  
399 North Circular Road  
Dublin 7  
Tel: 01 666 8600  
Website: [www.garda.ie](http://www.garda.ie)

### **Publications**

Children First: National Guidelines for the Protection and Welfare of Children 2011.

Published by the Department of Health and Children.

Available in the Government Publications Office or online at:

<http://www.dcy.gov.ie/documents/Publications/ChildrenFirst.pdf>

Child Protection and Welfare Practice Handbook 2011.

Published by the Health Service Executive.

Available in the Government Publications Office or online at:

[http://www.tusla.ie/uploads/content/CF\\_WelfarePracticehandbook.pdf](http://www.tusla.ie/uploads/content/CF_WelfarePracticehandbook.pdf)

Our Duty to Care: The Principles of Good Practice for the Protection of Children and Young People.

Published by the Department of Health and Children.

Available in the Government Publications Office or online at:

<http://www.dohc.ie/publications/pdf/ourduty.pdf?direct=1>

Code of Good Practice: Child Protection for the Youth Work Sector.

Published by the Department of Education and Science.

Available in the Government Publications Office or online at:

[http://www.education.ie/servlet/blobServlet/youth\\_cpyws.pdf](http://www.education.ie/servlet/blobServlet/youth_cpyws.pdf)

Safeguarding Vulnerable Persons at Risk of Abuse: National Policy and Procedures.

Published by the HSE Social Care Division. Available at:

<http://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf>

## **APPENDIX 4 – Declaration: Midwives for Choice Child and Vulnerable Adult Protection Policy**

I, \_\_\_\_\_, hereby declare and warrant that there is no reason known to me and there are no convictions, claims or complaints (past or pending) against me relating to children and vulnerable adults that would deem me to be unsuitable to work with children and vulnerable adults and carry out my role within this organisation.

I understand that my making a false declaration would be grounds for dismissal or the termination of my contract on any project on which I was engaged.

I have read and understood the Midwives for Choice Child and Vulnerable Adult Protection Policy.

I also give my permission to contact An Garda Síochána for vetting purposes.

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

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