



# St. Michael's House

## St. Michael's House Policy and Procedures for the Protection of Children from Abuse and Neglect

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## **SECTION 1:**

### **St Michael's House Children's Policy.**

#### **POLICY STATEMENT:**

While recognising that everyone in our society can be abused and neglected, research has shown that children with intellectual disabilities are particularly vulnerable to all forms of abuse and neglect. This is because of the nature of their intellectual disability, which can affect their understanding, their communication and their physical well-being.

St Michael's House has developed this policy and these procedures as part of its commitment to providing safe services to all children using its services and protecting them from abuse and neglect. Fundamental to the delivery of St. Michael's services, is the belief that services should be safe and trustworthy and contribute to the wellbeing of services users. St. Michael's House is explicit in promoting a 'no tolerance' approach to any form of abuse and endeavours to promote a culture which supports this ethos.

- All children have the right to be protected from harm and discrimination whatever their:
  - race, religion, first language or ethnicity
  - gender or sexuality
  - age
  - health or disability
  - location or placement
  - political or immigration status (Article 2 UN convention on the Rights of the Child 1989)

This policy and these procedures aims to give clear guidance to key stakeholders about how St. Michael's House will address the issue of abuse and neglect of children using its services, while taking into account the many complexities inherent in this subject. This includes the following;

- Families/carers who receive services and supports from St Michael's House.
- Staff of St Michael's House.
- Volunteers of St Michael's House.
- Agencies contracted to provide services to St Michael's House  
the general public

This Policy and these Procedures

- Provides information on the structure for the reporting of all child protection and welfare concerns
- Outlines staff's roles and responsibilities in terms of child protection and welfare
- Describes the organisational and managerial structures in place and specifies how St. Michael's House interfaces with Tusla (The Child and Family Agency), who together with an Garda Síochana have statutory responsibility for the assessment and investigation of child protection concerns.

### **St. Michael's House Schools:**

**Note: For Employees of St Michael's House schools who are paid by the Department of Education and Skills. These employees must follow the Schools Policy / Department of Education & Skills Child Protection Policy and Procedures for Primary and Post Primary Schools 2011.**

**In the interests of good practice and because children using St Michael's House schools also use St Michael's House clinical services, the Designated Liaison Person for the schools will inform the Designated Liaison Person for St Michael's House of any allegations of abuse and neglect involving children and together, and in consultation with key people, they will agree on next steps having regard to both policies.**

This policy and these procedures recognises the obligation that St. Michael's House has in;

- Promoting the wellbeing of children using our service; the welfare of children is of paramount importance
- Ensuring that all children using St Michael's House services are treated with dignity and respect and that a child centred approach is adopted in the delivery of all services. Children have a right to be heard, listened to and taken seriously. Taking into account their age and level of understanding, they should be consulted with and involved in all matters and decisions that affect their lives.
- Preventing the abuse and neglect of children using our services and recognising signs and symptoms.

- Ensuring a proper balance is struck between protecting children and respecting the rights and needs of parents / carers and families. Parents have a right to respect and should be consulted and involved in matters that concern their family.
- Ensuring that all concerns or suspicions regarding a child being abused or at risk of abuse are reported through the correct procedures to Tusla without delay and that effective systems are in place and maintained to support staff members to report their concerns or suspicions.
- Co-operating with the statutory authorities in the sharing of information and records where appropriate as well as attendance at child protection and welfare conferences when appropriate.
- Ensuring that all staff of St Michael's House, volunteers and those contracted to provide services are aware that they have a responsibility for the welfare and protection of children
- Ensuring that structures are in place to ensure compliance with this policy
- Ensuring that the effective implementation of Children's First forms an integral part of the governance arrangements of St. Michael's House and that performance in this regard is managed and monitored as part of its overall performance management and assurances processes.

## **GUIDING PRINCIPLES:**

### **1. Responsibilities of St. Michael's House:**

#### **Prevention**

St. Michael's House will take all possible actions to prevent the abuse and neglect of all children receiving services and supports from St Michael's House and to prevent a culture of abuse and neglect from developing in St Michael's House Services.

#### **Respect and Dignity**

St. Michael's House will take all possible care in its recruitment processes to employ people and to recruit volunteers who will not abuse and neglect children.

#### **Legislation**

St. Michael's House will ensure that it implements and follows current and future legislation in relation to abuse and neglect of children.

#### **Training**

Training is mandatory for all staff and volunteers of St Michael's House, people participating in home based respite schemes (host families) and those contracted to provide services.

St. Michael's House will provide ongoing training to its employees, volunteers, host families and those contracted to provide services, in relation to safeguarding children so that they are aware of the signs and symptoms of abuse and neglect, and what to do if they have concerns about abuse and neglect of children.

**Note: Employees of St. Michael's House schools who are paid by the Department of Education will be provided with their own in -service training in line with the Department of Education and Skills Circular (0094/ 2011). This is the responsibility of the Designated Liaison Person for the Schools. In the interests of good practice, the Designated Liaison Person for the School will liaise with the Designated Liaison Person for St Michael's House to identify any additional training requirements particular to their school.**

St. Michael's House will provide training and/or education to service users and their families/carers, so that they can be aware of the risks, can recognise abusive and neglectful behaviour, and will know that they can report such incidents.

### **Follow Up and Investigation**

St. Michael's House will take all reports of abuse and neglect of children very seriously. Preliminary screenings and /or full investigations will be carried out when necessary and in a timely fashion. This will be done, in consultation with Tusla and in adherence to the procedures set out in this document.

St. Michael's House believes that any form of behaviour, which undermines the physical, sexual, emotional and /or financial well-being of children who receive its services and supports is unacceptable and must not, therefore, be ignored.

St. Michael's House recognises the potential for collusion in the nature of abuse and neglect. All parties should be mindful of this in the course of their work.

### **Agencies Contracted to Provide Services**

St. Michael's House requires that agencies contracted to provide services to St Michael's House commit to upholding this Policy and these Procedures. They will be required to complete a declaration to that effect when the contract is being issued.

They are also expected to report any concerns they have in relation to abuse and neglect to their senior management, who in turn must furnish the Designated Liaison Person of St. Michael's House with a full written report detailing the concerns.

### **Support**

St. Michael's House will support children and families where an allegation of abuse has been made involving their child.

St. Michael's House will provide support to those involved in preliminary screenings and investigations as appropriate.

St. Michael's House will support people who have erroneous or vexatious allegations made against them in their right to a fair and impartial investigation of the allegation

### **Natural Justice**

All reports will be followed up and investigated in a fair and impartial manner and in accordance with the principles of natural justice. However, the welfare of those receiving services and supports will be of paramount concern. Natural Justice "consists of two fundamental procedural rules, namely: that the decision-maker must not be biased; and, secondly, that anyone who may be adversely affected by a decision should not be condemned unheard; rather he should have the best possible chance to put his side of the case".

(Taken from Administrative Law in Ireland (1998) by Gerard Hogan and David Gwynn Morgan. Published by Round Hall Sweet and Maxwell. Third Edition. )

### **Statutory and Regulatory Bodies**

St. Michael's House will inform the relevant statutory and regulatory bodies as prescribed by Children's First, (such as the Gardai, Tusla and HIQA) and the regulatory bodies of the various professions (e.g. the Medical Council, Bord Altranais, and the Health and Social Care Professional Council).

### **Records**

A record of all allegations of abuse and neglect against children will be kept by St Michael's House, in a manner that respects the right to confidentiality of all concerned. Records will be used to provide organisational learning, through statistical and data analysis, which will be anonymous. This data will be shared with relevant external agencies such as the HSE, Tusla and HIQA.

St Michael's House is fully compliant with the Data Protection Act (1998 and 2003) and the Freedom of Information Act (1997 and 2003).

### **Continuous Review and Improvement**

St Michael's House will engage in continuous review and improvement of its systems and processes to ensure best practice standards in the safeguarding of children and the prevention of abuse and neglect. Going forward the safeguarding of children will form part of the Organisations Quality and Safety Governance structures to ensure widespread learning from all safeguarding enquiries.

## **2. Responsibilities of St. Michael's House Staff, Volunteers, Host Families and Agencies Contracted to provide Services.**

### **Prevention**

St. Michael's House expects all staff, volunteers, people participating in home-based respite schemes (host families), and agencies contracted to provide services to take all possible action to prevent the abuse and neglect of children.

### **Protection**

St. Michael's House expects all staff, volunteers, people participating in home-based respite schemes (host families), agencies contracted to provide services to take all possible action to protect children from abuse and neglect.



### **Reporting**

St Michael's House requires that all staff, volunteers, people participating in home-based respite schemes (host families), and agencies contracted to provide services must report any instances of abuse and neglect or any concerns about the possible occurrence of abuse and neglect .

**Failure to do so by staff employed by St. Michael's House will be regarded as a failure to perform their duties and may be dealt with under the Dignity at Work Policy i.e. disciplinary measure may be taken.**

### **Co-operation**

St, Michael's House expects staff, volunteers, people participating in home-based respite schemes ( host families), and those contracted to provide services to co - operate fully with any preliminary screening or investigation, which St. Michael's House or Tusla undertakes into alleged abuse or neglect of children in line with the principles set out in the Dignity at Work Policy .

## **REGULATION AND LEGAL FRAMEWORK**

The Children's First Guidelines were first published in September 1999 and were revised in July 2011 by the Department of Children & Youth Affairs (DCYA) as Children's First, National Guidance for the Protection and Welfare of Children. The guidance sets out a number of key messages relating to the duty to protect children.

**Section 3 outlines the basis for reporting abuse and standard reporting procedures.**

**Section 4 (1-5) sets out the roles and responsibilities of statutory and non-statutory organisations.**

Children's First Bill 2014 (published in April 2014) when enacted will put elements of Children's First, including the sections outlined above and National Guidance for the Protection and welfare of Children (2011) on a statutory footing. While the Children First Legislation will bring additional safeguards to children the implementation of Children's First in St. Michael's House will ensure compliance with the intention of the legislation

In addition, Residential and residential respite centres are described as 'designated centres' in the Health Act 2007 (Care and Support of residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations, 2013. The Health Information and Quality Authority (HIQA) has, among its functions under law, responsibility to regulate the quality of services provided in designated centres for people with disabilities, and to safeguard people with disabilities who are receiving residential services. These regulations came into operation on November 1<sup>st</sup>, 2013.

Within these regulations specific reference is made to protection. Part 2, 8 (2) of the regulations (S.I. No. 367 of 2013) state that *“the registered provider shall protect residents from all forms of abuse.”* Part 8, 31(1) states that *“The Person in Charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre,”* including *“any allegation, suspected or confirmed, of abuse of any resident.”* (Part 8, 31(1)(f))

### **LINKAGES:**

This Policy and these Procedures link with the following St. Michael's House Policies and Procedures.

- Children First, National Guidance for the Protection and Welfare of Children (2011).
- Children's First Bill (2014)
- National Quality Standards: Residential Services for People with Disabilities (HIQA 2009).
- Health Act (2007) care and support of residents in designated centres for persons (children & adults) with disabilities Regulations 2013.
- Department of Education and Skills Child Protection Policy and Procedures for Primary and Post Primary Schools. (2011)
- Department of Education and Skills Primary Circular (0094/2011)
- Safeguarding Adults and Children with Disabilities against Abuse. Council of Europe (2003).
- HSE Child Protection & Welfare Policy (2015)
- HSE Child Protection and Welfare handbook (HSE 2011)
- Child Care Act (1991)
- Child Care (Amendment) Act 2007
- Child and Family Agency Act 2013
- Children's Act 2001.

The St. Michael's House Policy and these Procedures are also informed by the following St. Michael's House documents;

- Policy for supporting the Personal and Sexual Development of People who use St. Michael's House Services (2008)
- Principles and Practices in Intimate Physical Care policy (2004) revised (2015)
- Positive behaviour Support Policy (2013)
- Service Users' Monies Policy (2012)
- St. Michael's House Health and Safety Statement

- St. Michael's House Standards for Report Writing and Record Keeping (1996) revised
- St. Michael's House Volunteer Policy and Guidelines (2003) revised
- St. Michael's House Human Resources Policies and Procedures Manual, including the Dignity at Work Policy (2006)
- St. Michael's House Rights Policy (2008)
- Personal and Intimate Relationships Committee (PAIRS)
- St. Michael's House Risk Management Policy (2015)
- St. Michael's House Visitors' Policy (2014)
- St. Michael's House Nutrition Policy (2015)
- St. Michael's House Feds Policy (2014)
- Criminal Justice (Female Genital Mutilation) Act 2012
- Criminal Justice (Reckless Endangerment of Children) Act 2006
- Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012
- Data Protection Acts 1988 and 2003
- Equal Status Acts 2000 – 2011
- Freedom of Information (FOI) Act 2014
- National Vetting Bureau (Children and Vulnerable Persons Act) Act 2012
- Trust in Care: Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients / Clients and the Procedure for Managing Allegations of Abuse against Staff Members; HSE 2005
- Non-Fatal Offences against the Person Act 1997
- Offences against the State (Amendment) Act 1998
- Our Duty To Care: the principles of good practice for the protection of children and young people - DOH (2002)
- Protected Disclosures Act 2014
- Protection for Persons Reporting Child Abuse Act 1998

In the event that policies and/or procedures which are referred to in this document are updated or rewritten, the most recent version will be consulted.

## **SECTION 2:**

# **DEFINITION OF ABUSE & NEGLECT:**

### **CHILDREN FIRST DEFINITION**

**Children First** National Guidance for the Protection and Welfare of Children (2011) defines child abuse as follows:

#### **Neglect**

Neglect can be defined in terms of 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 medical care.

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.

#### **Emotional Abuse**

Emotional abuse is normally to be found in the relationship between a caregiver 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.

#### **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 the parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

Physical abuse can involve:

- Severe physical punishment
- Beating, slapping, hitting or kicking
- Pushing , shaking or throwing
- Pinching , biting, choking or hair -pulling
- Terrorising with threats
- Observing violence
- Use of excessive force in handling
- Deliberate poisoning
- Suffocation
- Fabricated/induced illness
- Allowing or creating a substantial risk of significant harm to a child

## **Sexual Abuse**

Sexual abuse occurs when a child is used by another person for his or her sexual gratification or sexual arousal or for that of others. 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, 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
- 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 for both boys and girls.

The National Quality Standards as set out by the Health Information and Quality Authority (HIQA) use the Council of Europe definition of abuse as follows:

Abuse: Any act or failure to act, which results in a significant breach of a vulnerable person's human right, civil liberties, bodily integrity, dignity or general well-being, whether intended or inadvertent, including sexual relationships or financial transactions to which the person has not or cannot validly consent, or which are deliberately exploitative.

## **Child Welfare Concerns:**

Some concerns do not fit within a categorisation of abuse or neglect and relate to the ongoing welfare of a child. The Child Protection and Welfare Practice Handbook (2011) notes that a child welfare concern is a problem experienced directly by a child or by the family of a child that is seen to impact negatively on the child's welfare or development but may, or may not require a child protection response. In order to distinguish between child protection cases and cases that require a child welfare response the rationale used is the impact on the individual child and the role of the parent in the case. A low level concern might be a child who comes to a day service or appointment with no jumper or coat when it is objectively cold outside.

While a staff member is free to consult with the Designated Liaison Person, duty Social Worker and the Gardaí at any point in time, they are highly unlikely to do so for a child with no jumper or coat. However, if the issue has been raised with the parent and if the child continues to be dressed inappropriately and his/her welfare is being impaired, as the likelihood of harm rises, so too must the need to consult and / or report.

An example of a high level concern would be a child with a disability presenting to a day service or clinical appointment with facial bruising or behaviours so out of character and without explanation that concerns emerge of potential or actual harm to the child. This would warrant immediate consultation and reporting as per Children First. If advised following consultation with the Designated Liaison Person or the Child and Family Agency that no report should be made but the staff member remains concerned, the staff member must, despite the initial guidance consider making a formal referral and follow Children First by making the referral explicitly as per the guidance.

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 the child's 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 example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose ongoing failure to thrive or whose height is significantly below average may be deprived of adequate nutrition. A child who consistently misses school may be deprived of intellectual stimulation.

**For signs and symptoms of abuse and neglect see (*Appendix 1*)**

## **SECTION 3:**

### **DESIGNATED LIAISON PERSON'S ROLE:**

**Children's First:** National Guidance (2011) requires that each organisation should identify a Designated Liaison Person to 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 for St Michael's House will be a Senior Social Worker and they are also the Designated Officer for adults attending St. Michael's House services.

The Designated Liaison Person will report to the Head of the Social Work Department or Principal Social Worker who in turn reports to the Director of Operations (DOO).

**Contact details for the Designated Liaison Person will be available in all units of St. Michael's House and on the Intranet.**

**Note: The Designated Liaison Person for St Michael's House is not the Designated Person for St Michael's House Schools.**

#### **THE RESPONSIBILITIES AND ROLE**

##### **Reporting**

The Designated Liaison Person will manage all reports of concerns or allegations of abuse and neglect against children made in St. Michael's House in line with this policy and procedures.

The Designated Liaison Person reports to the Head of Social Work or Principal Social Worker who in turn reports to the Director of Operations.

##### **Preliminary Screenings and Investigations**

- The Designated Liaison Person, in conjunction with the relevant people, will carry out preliminary screenings and in consultation with the relevant people, will appoint teams to carry out investigations.
- The Designated Liaison Person will be the primary link person with Tusla in relation to all reports of concerns or allegations in relation to the abuse and neglect of children.
- The Designated Liaison Person will in addition report all concerns and allegations of abuse and neglect to the Head of Social Work or Principal Social Worker and to the Director of Operations

### **Human Resources**

The Designated Liaison Person will work closely with the Director of the Human Resources Department or delegate to ensure he/she is aware of concerns in relation to staff and to ensure liaison and co-operation when preliminary screenings and investigations relating to staff are being carried out.

### **Education and awareness of Service Users and families**

The Designated Liaison Person will in conjunction with St Michael's House Staff support service users and families to increase their awareness of abuse and neglect, in order that they may be able to take steps to prevent and protect themselves from abuse and neglect.

### **Education and Awareness**

The Designated Liaison Person will, in conjunction with the Training Department, increase awareness in St. Michael's House staff, families and volunteers and those contracted to provide services of the issue of abuse and neglect. This will involve supporting them, through information sharing and training.

The Designated Liaison Person will ensure that relevant staff are trained to carry out, where necessary, preliminary screening interviews and investigations and will support staff to develop their investigations skills.

The Designated Liaison Person will be available to all staff of St. Michael's House, carers and those who use St. Michael's House services, volunteers, Host families and those contracted to provide services, to provide information and/or support if they wish to express concerns or report allegations of abuse or neglect.

**Note: The Designated Liaison Person will also be available for consultation and advice to the Designated Liaison Person in St Michael's House schools.**

### **Legislation**

The Designated Liaison Person will ensure that legislation which is enacted in relation to the abuse and neglect of children and vulnerable adults is implemented and followed.

The Designated Liaison Person will ensure that St. Michael's House policy and procedures are in line with future legislation when enacted.



### **External Agencies**

The Designated Liaison Person will be responsible for ensuring that all reports of abuse and neglect are made to the appropriate external agencies, such as the Gardai or Tusla.

The Designated Liaison Person will ensure co-operation with relevant external agencies where appropriate, such as the Gardai, Tusla, HIQA and the Department of Education and Skills.

The Designated Liaison Person will develop links with external agencies, such as the Gardai, Tusla and the HSE community services to increase their understanding of the vulnerability of people with intellectual disabilities.

### **Audit and Reviews**

The Designated Liaison Person will audit all reports from abuse investigations to ensure that action plans have been implemented.

The Designated Liaison Person will carry out reviews and audits of cases in order to facilitate organisational learning and ensure good practice.

### **Governance and Oversight**

Going forward the role of the Designated Liaison Person and the safeguarding function will be integrated into the Quality and Safety Governance structures of St Michael's House.

The Designated Liaison Person will produce an annual report for the Regional Management Teams and the Executive and Board of Management of St. Michael's House to ensure that they are fully informed of allegations and concerns of abuse and neglect. Going forward the Designated Liaison person will also provide safeguarding reports to the Organisations Quality and Safety Committees as prescribed.

### **Records and Data Base**

The Designated Liaison Person will ensure that appropriate records and files are kept in relation to investigations of abuse and neglect. She/he will maintain a database of all cases and ensure that such information is maintained in a confidential and secure manner.

St. Michael's House is fully compliant with the Data Protection Act (1998 and 2003) and the Freedom of Information Act (1997 and 2003).

## **SECTION 4:**

# **ST. MICHAEL'S HOUSE PROCEDURES FOR DEALING WITH ABUSE & NEGLECT AGAINST CHILDREN:**

### **St. MICHAEL'S HOUSE PROCEDURES:**

**Reporting Allegations of Abuse and Neglect** *see (Appendix 6 for flow chart).*  
**Employees of St. Michael's House and St Michael's House Services:**

Where a staff member has a concern that a child is being subject to abuse and neglect or where a child discloses abuse or neglect to them, they must verbally report this concern to their Line Manager and to the Designated Liaison Person for St Michael's House by direct communication either via telephone or face-to-face. If their Line Manager is not available they must verbally report their concerns to the Service Manager or Nurse Manager-On-Call (out of hours). If the Designated Liaison Person is unavailable they must verbally report their concern to the Head of Social Work or Regional Principal Social Worker.

Use of email at this point in the reporting process is not appropriate, and should only ever be used on specific direction from the Designated Liaison Person. On the advice of the Designated Liaison Person they will complete an e-form (notification of abuse and neglect *see (Appendix 2)*). This constitutes a formal notification of abuse.

If for some reason it is difficult for staff to report internally, staff may report externally to the Health Service Executive (HSE) under the provisions of the 2004 Health Act, as amended by The Health Act 2007 (Section 103). This provides protection for those making disclosures of information. A document entitled Procedures on Protected Disclosures of Information in the Workplace was produced by a HSE Working Group to meet the requirements in the Act. The legislation required the appointment by the HSE of an "Authorised Person" to discharge this function on behalf of the HSE and all HSE service providers. Further information about this can be obtained from the HSE website.

Additionally the Director General of the HSE has appointed a "confidential recipient" independent of the HSE, to whom anyone can make a complaint or raise concerns about the care and treatment of any vulnerable person receiving residential care in a HSE or HSE funded facility.

Further information can be accessed: <http://www.hse.ie/confidential/>

## **Service Users and Families/Carers**

Service users or their family / carers can report abuse and neglect to any member of staff. The member of staff will follow the procedure outlined above.

## **St. Michael's House Special School**

The Department of Education and Skills expect teachers and other staff paid by the Department to follow their own guidelines and procedures. As some of the staff who work in the school are employees of St Michael's House and because pupils of St. Michael's House Special Schools also receive clinical services and in some cases, respite or residential services from St Michael's House, ***the Designated Liaison Person in the school must also inform the Designated Liaison Person in St Michaels House of any allegations or concerns of abuse or neglect, so that there is a co-ordinated response to all allegations and to agree the appropriate Policy to be followed.***

## **THE PRELIMINARY SCREENING:**

When an allegation of abuse and neglect is made, a preliminary screening will be carried out under the direction of the Designated Liaison Person see (***Appendix 6*** for flow charts)

### **Purpose**

The purpose of a Preliminary Screening is to **determine whether there are reasonable grounds for concern** that a child may have been abused or is being abused or is at risk of being abused.

### **Process in the Preliminary Screening**

When the Designated Liaison Person receives an allegation of abuse or neglect they will initiate a preliminary screening in all instances. They will gather all relevant documentation from key parties and where possible will request the assistance of the PIC / HOU in gathering this documentation.

Throughout the process, paramount importance is placed on maintaining the safety and welfare of the person about whom an allegation / concern has been raised and steps will be taken to protect the person at all times.

In cases involving allegations against staff members of St Michaels House, volunteers, students, Host families, those contracted to provide services to St Michael's House and employees of St Michael's House working in St Michael's House schools, the Designated Liaison Person will request a written response from the staff member /member(s) via their line manager.

A review of initial documentation and the written response from the staff member will take place.

In some circumstances the Designated Liaison Person will be able, on the basis of the information received, to decide whether reasonable grounds for concern exists and that interviews with the party or parties involved are not required at this stage. Instead they will recommend, on the basis of the information received, that the statutory authority is informed.

In some situations it may be necessary to carry out interviews with staff members or service users. Interviews cannot take place with any of the people involved or named in a concern, suspicion or allegation of abuse and neglect, until the Designated Liaison Person in consultation with the relevant people, has appointed a person or persons to carry out these interviews. Any interviews with staff members will be carried out in line with Trust in care (2005).

All interviews must be conducted in line with principles of natural justice to ensure fairness and due process to all concerned. St. Michael's House reserves the right to record interviews electronically.

### **Time Frame**

The time frame for preliminary screenings will be a maximum of three working days. In the event that the time needs to be extended, the Designated Liaison Person in consultation with key people will agree this extension.

### **Confidentiality**

Everyone involved in the preliminary screening must maintain confidentiality and only pass information to those who need to know.

### **Conclusions/Outcomes**

A preliminary screening may conclude

- that there are reasonable grounds for concerns
- that there are no reasonable grounds for concern

**Where the preliminary screening concludes that there are reasonable grounds for concern, The Designated Liaison Person, having consulted with key people, will inform Tusla.** Tusla may decide to carry out a full investigation, which would be completed by a Child and Family Agency Social Work staff.

St. Michael's House staff and St Michael's house staff who are employees of St. Michael's House schools must co-operate with the Child and Family Agency in carrying out the investigation.

- Tusla may request St. Michael's House to carry out the investigation jointly with them. St. Michael's House staff will co-operate fully in carrying out the investigation.
- Tusla may disagree with the findings of the Designated Liaison Person for St Michael's House and not wish to carry out an investigation. The Designated Liaison Person will request written confirmation from Tusla indicating the reasons for their decision. The Designated Liaison Person in consultation with relevant people will then decide whether to appoint a team in St Michael's House to carry out a full investigation. They will furnish their report to Tusla on completion of the investigation.
- Where no grounds for reasonable concerns exist an assessment will be carried out by the Service Manager involved to consider any lessons learned or any clinical care issues that need to be addressed within normal management arrangements.

## HIQA

If the person about whom the allegation or concern has been raised is resident in a designated centre, then Regulation 31(1)(f) of the Statutory Instruments S.I. No. 367 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 applies.

Regulation 31(1)(f) stipulates that the Person In Charge (P.I.C.) shall give the chief inspector in HIQA (Health Information and Quality Authority) notice in writing within 3 working days of any allegation, suspected or confirmed, of abuse of any resident (NF06 form – see **(Appendix 3)**). The NF06 must be completed at all times in consultation with the Designated Liaison Person and/or Principal Social Worker for the Region, and a copy of the NF06 form placed by the Designated Liaison Person in the restricted access file of the service user(s) to whom it refers.

In addition to this notification, a follow-up report into the alleged abuse must be submitted within 20 working days to the Authority, again in consultation with the Designated Liaison Person.

***Where allegations or concerns raised relate to a member of St. Michael's House staff, no information that can identify that person, including gender-specific references, will be included either in the notification or in the follow-up report.***

## **Cases involving allegations against staff members of St. Michael's House**

In all cases involving St. Michael's House staff including *St. Michael's House staff working in St. Michael's House special school*, where a preliminary screening concludes that reasonable grounds for concern exist, the Designated Liaison Person for St. Michael's House and the Director of Human Resources or Delegate will meet with Tusla as a matter of urgency to agree next steps.

## **Cases involving allegations against**

### **Members of the Public**

In the event that a member of the public is the subject of the preliminary screening and the conclusion is that an abusive interaction could have occurred, this will be reported to Tusla by the Designated Liaison Person.

### **Students**

The College, which the student attends, will be informed (in line with College procedures) by the student's supervisor that an allegation has been made and that a preliminary screening and/or investigation will be carried out. The details of the allegation might not always be given to the College until more information has been obtained. The placement will be suspended until the screening/investigation has been completed. If appropriate, a copy of the report or relevant parts of the screening/investigation will be forwarded to the College.

### **Volunteers**

The staff person co-ordinating the volunteer's placement will be informed that an allegation has been made and that a preliminary screening and/or investigation will be carried out.

The volunteer's placement will be suspended until the screening/investigation has been completed. The volunteer co-ordinator will not appoint the volunteer to another part of the service during the screening/investigation.

### **Cases involving allegations against a person from a contracted service**

In the event of an allegation being made against a person or persons providing a contracted service to St. Michael's House, the manager of the contracted service and the senior manager in St. Michael's House who contracted the service will be informed of the allegation and that a preliminary screening and/or investigation is being carried out. They will be consulted in relation to decisions about the staff member.

The contracted service will be informed of the findings of the screening/investigation and if appropriate a copy of the report or relevant parts of it will be forwarded to the contracted service. The contract of service will be reviewed following any screening and/or investigation depending on the outcome.

## **Feedback**

The Designated Liaison Person will decide when and whether it is appropriate for feedback to be given to the people involved in the preliminary screening and to the person who made the report.

In the event that an investigation will not be carried out feedback must be given to the person against whom the allegation was made.

## **Database and Statistical Information**

Information from preliminary screenings will be kept on a database. Access to this database will be limited to the CEO, the DOO, the Regional Directors, the Designated Liaison Person, the Human Resources Director or delegate, the Head of Social Work and the Regional Principal Social Workers.

Statistical information will be used more widely so that periodic reports using statistical data will be made available to the Executive Management Team of St. Michael's House, the Health Information and Quality Authority (HIQA) and the Health Services Executive (HSE). These will not include information that will identify people. Going forward, safeguarding reports will be made available to the Organisations Quality and Safety Committees.

St. Michael's House is fully compliant with the Data Protection Act (1998 & 2003) and the Freedom of Information Act (1997 & 2003).

## **FULL INVESTIGATIONS**

Where the Preliminary screening concludes that reasonable grounds for concern exist, then a Full Investigation is warranted see (**Appendix 6** for flow charts)

Tusla has **the key role** in relation to investigations of abuse and neglect of children using St Michael's House Services. St Michael's House will not carry out any investigations that pertain to allegations against family members.

In some situations, e.g. where the allegation is against another service user, or where it involves a staff member of St Michael's House, Tusla may request St Michael's House to carry out its own investigation.

Where the allegation is against a staff member of St Michael's House, volunteers, host families or a staff member of St Michael's House employed by St Michael's House schools, the Designated Liaison Person and the Director of Human Resources or delegate, **will meet with Tusla** and agree with them, who should carry out the Investigation.

In all investigations carried out by St. Michael's House, the following procedures will apply.

## Purpose

The purpose of the investigation is to establish the facts pertaining to the allegation and on that basis to assess what action(s) needs to be taken and to make recommendations for the future.

## The Team

- In situations which involve service users only, or others who are not staff, the Designated Liaison Person with the Head of Social Work or the Regional Principal Social Worker, will appoint the team to carry out the investigation in consultation with the relevant/appropriate people.
- Where the concern or allegation involves a staff member of St. Michael's House or an employee of St. Michael's House who works in St Michael's House Schools, the Designated Liaison Person, in consultation with the Head of Social Work or Principal Social Worker, the Human Resources Director or delegate, the Regional Director, and in the case of staff of St Michael's House working in St Michael's Houses schools, the Chairperson of the Board of Management and the School Principal, will appoint the team to carry out the investigation. They will also decide whether the staff member can remain at work or should be suspended or in the case of staff of St Michael's House working in St Michael's House schools, be placed on administrative leave of absence with pay, until the investigation is complete.

The team will be where possible a composite of at least one Senior Manager and / or one Senior Clinician, at least one from the region not connected with the alleged abuse.

The team to carry out the investigation will be agreed between the parties. This will take account of the protocol on the selection of investigators agreed between the HSE and the trade unions. ***In all situations, the team appointed will be agreed in advance with Tusla.***

In both situations, the team must consider the safety and protection of all parties before beginning the investigation.

## Terms of Reference

Clear Terms of Reference will be given to teams carrying out investigations.

In situations which involve service users only, the Designated Liaison Person, in consultation with the Regional Principal Social Worker and appropriate others will set out the Terms of Reference.



In situations where the concern/allegation is against a staff member, the terms of reference will be drawn up by the Designated Liaison Person in consultation with the Director of Human resources or designate, the Head of Social Work or designate and the Regional Director and appropriate others.

***In all situations, the terms of reference will be agreed in advance with Tusla***

### **Time Frame**

The Designated Liaison Person will also ensure that a time frame is established for investigations in order that they are completed in a timely fashion.

### **Strategy Meeting**

Once the decision to carry out an investigation has been made, a strategy meeting see (**Appendix 5** for information from **Children First**) must be called in order to plan the investigation. All strategy meetings are chaired by the Designated Liaison Person. A person from Tusla will be invited to attend this meeting.

The strategy meeting is a forum to plan the investigation.

### **Interviews and Review of Documentation**

All interviews with service users will be carried out by at least one clinician who has attended training in Forensic interviewing.

All interviews carried out following on from the strategy meeting must be conducted in line with the principles of natural justice to ensure fairness and due process to all concerned. St. Michael's House will reserve the right to record interviews electronically.

Interviewees will be asked to verify their interview notes. It is not anticipated that these notes will be changed significantly. A review of all documentation relevant to the investigation will be conducted. A site visit may be required.

### **Confidentiality**

Everyone involved in investigations must maintain confidentiality and only pass information to those who need to know.

### **Conclusions/Outcomes**

Each term of reference must be afforded separate consideration with regards to any conclusion, and conclusions may differ significantly from term to term. Conclusion must be evidence based and cannot be founded on subjective view or opinions

These are:

- There is no case to answer. In other words the allegation is unfounded and in the opinion of the investigation team, the allegation as reported did not happen.
- There is a case to answer. The allegation as reported did happen. In this situation the investigation team will also look at the circumstances surrounding what happened in order to give an opinion as to whether the abuse and neglect happened deliberately, accidentally or through systems failures.

**Investigation Report**

The investigation team must write a report outlining how they carried out the investigation, what their findings are and what evidence they have based these on.

It must also include recommendations.

This report will be presented to the investigation case conference.

**Abuse and Neglect Investigation Case Conference**

The purpose of the case conference is:

- To present the findings of the investigation
- To accept and agree the findings of the investigation team
- To establish a safeguarding plan for the individual
- To agree next steps.

The Designated Liaison Person will chair case conferences, which involve service users only, or others who are not staff members. The appropriate people will be invited to attend.

The Designated Liaison Person will also call, set up and chair case conferences, which involve staff members. The Human Resources Director or delegate, the Head of Social work or Principal Social Worker and the Regional Director must attend, as well as appropriate other people. Where a staff member of St Michael's House working in one of St. Michael's House schools is involved, the Principal and the Chairperson of the Board of Management or Designated Liaison Person for the school will be asked to attend the case conference.

The case conference team will decide whether and when it is appropriate for feedback to be given to those involved in the investigation including the person against whom the allegation was made and the person who made the report.

***The Designated Liaison Person will invite a representative from Tusla to attend the Case Conference.***

**Note:**

**Cases involving allegations against staff members of St Michael's House schools, who are paid by the Department of Education and Skills**

**Where a concern, suspicion or allegation is made against an employee of one of St. Michael's House schools who is paid by the Department of Education, the Department of education and Skills Child Protection Policy and Procedures for Primary and Post Primary Schools (2011) will apply. For example, under the Department's guidelines, the Chairperson of the Board of Management is responsible for addressing employment issues when a staff member is involved.**

In light of this, and **in the interests of good practice**, the St. Michael's House Human Resources Director or delegate, and the Designated Liaison Person for St Michael's House will work closely with the Designated Liaison Person for the Schools and the Chairperson to support her/him in this task.

*In all cases involving employees of St Michael's House Schools, who are paid by the Department of Education and Skills, where the Designated Liaison Person for the schools, concludes that reasonable grounds for concern exist, the school will follow the Department of Education and Skills child Protection Policy and Procedures for Primary and Post Primary schools (2011) in deciding next steps. They will consult with the Designated Liaison Person for St Michael's House in reaching their decision. The Designated Liaison Person for the school will co-operate fully with Tusla and will not jeopardise their investigation through any of its actions in so far as is practicable. The Designated Liaison Person for the school will keep the Designated Liaison Person for St Michael's House fully briefed on progress throughout the case.*

## Records

### **Allegations regarding children where the allegation is against a staff member or a staff member employed in one of St. Michael's House schools:**

The Designated Liaison Person will ensure that all information (interviews, meetings, etc) is placed in a confidential file to which there is restricted access. The Designated Liaison Person will have responsibility for ensuring the safe storage of these files. They will be reviewed by the Designated Liaison Person, who will close these files only when all matters raised in the investigation have been resolved to his/her satisfaction. This will be done in consultation with the local team(s).

All the information gathered during the investigation (interviews, meetings, etc.) and the preliminary screening, will be put together into a confidential file which will be kept by the Designated Liaison Person. These files are kept separately to staff personnel files.

### **Allegations regarding service users where the allegation is not against a staff member of St. Michael's House or an employee of one of St. Michael's House schools**

The Designated Person will decide if these files need to remain open for review purposes, or whether all matters have been dealt with and so can be closed.

see ***(Appendix 7) the Confidential and Restricted Access Files Protocol***

### **Database and statistical information:**

Information from investigations will also be kept on a database. Access to this database will be limited to the CEO, the DOO, the Designated Liaison Person, the Head of Social Work, the Human Resources Director or delegate and the Regional Principal Social Workers. In the case of employees of St. Michael's House schools, the Chairperson of the Board of Management will also have access.

Statistical information will be used more widely so that periodic reports using statistical data will be made to the Executive Management Committee of St. Michael's House, the Health Information and Quality Authority (HIQA) and the Health Service Executive (HSE). These will not include information that will identify people. Going forward, statistical information will be made available to the Organisations Quality and Safety Committees.

St. Michael's House is fully compliant with the Data Protection Act (1998 and 2003) and the Freedom of Information Act (1997 and 20

## SECTION 5: STAFF SUPPORT:

Information and Guidelines for Staff of St. Michael's House, Employees of St. Michael's House Schools, Host Families, volunteers and Students on Placement in Relation to Abuse and Neglect.

### REPORTING CONCERNS AND ALLEGATIONS OF ABUSE AND NEGLECT

#### Introduction

Staff play a key role in protecting those who use St. Michael's House services from abuse and neglect. They do this by being alert to signs that may concern them and reporting these concerns to those in the organisation who can take action.

Being open means listening to those who use our services and taking them seriously when they either say that they have been abused or neglected or the evidence is there to be seen in their behaviour or their appearance. It means not accepting poor practice from colleagues and being prepared to speak out about it. It means being vigilant at all times.

Reporting such concerns and alerting others about them does not mean that staff break confidentiality if such information has been given in confidence. And in fact in these circumstances staff cannot give guarantees of confidentiality.

**Trust in Care** : Policy for Health Services Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse Against Staff Members (HSE, Employment Representative Division (2005) points out that "the Common Law provides a defence, in particular circumstances, to individuals who make verbal or written statements of a kind which could expose their author to a claim of defamation if such statements were made in different circumstances".

This ***defence of qualified privilege*** exists in recognition of the fact that there are circumstances in which individuals have to be able to speak freely without fear of adverse legal consequences.

In general, the privilege covers situations where the maker of the statement has a duty to speak or is obliged to protect some interest. The duty in question does not have to be a strictly legal one: moral or social duty, to make the statement or report is sufficient. The recipient of the statement must have a corresponding duty to receive the statement. The defence only applies where the individual who makes the statement is not motivated by malice in making his statement.

In circumstances where an individual has a duty to speak and does so without malice, he can be assured that the defence of qualified privilege will protect him from any defamation claim to which his statement could possibly give rise. The defence will apply, for example, when an employee reports to his Line Manager (or HR manager or some specially designated person); his bona fide suspicion that a fellow employee may have committed an act of abuse in the course of the latter's employment.

Section 55(B) of the 2007 Health Act (Section 103) also provides protection for those making disclosures of information. It states that where an employee of a relevant body makes, in good faith, a disclosure to an authorised person, the disclosure shall be a protected disclosure under this Act.

A document entitled Procedures on Protected Disclosures of Information in the Workplace was produced by the Health Service Executive (HSE) Working Group to meet the requirements in the Act. The legislation required the appointment by the HSE of an "Authorised Person" to whom protected disclosures may be made.

The HSE has appointed a person to discharge this function on behalf of the HSE and all HSE funded service providers.

Additionally, The Director General of the HSE, has appointed a "Confidential Recipient", independent of the HSE, to whom anyone can make a complaint or raise concerns about the care and treatment of any vulnerable person receiving residential care in a HSE or HSE funded facility.

Further information about this can be accessed at <http://www.hse.ie/confidential/>

### **Duty to Report Concerns and Allegations**

As noted above, the St. Michael's House policy states:

St. Michael's House expects all staff, volunteers, people participating in home-based respite schemes (host families), students on placement and agencies, which are contracted to provide services to St. Michael's House and staff employed by St Michael's House and working in St. Michael's House schools to take all possible actions to prevent the abuse and neglect of all children and adults receiving services and supports.

It is important to note that professional regulatory bodies, (for example, the Medical Council, Bord Altranais, the Teaching Council), which register the various professionals, require their members to report issues relating to abuse and neglect.

### **Why Staff may not Report Concerns and/or Allegations**

It is not always easy for staff to report concerns and allegations. There can be many reasons for this. These can include the following:

- They may not always be clear about what kind of concerns to report.
- They may be afraid to express concerns.
- They may not know how to report concerns or allegations.
- They may not understand what abuse is.
- They may not know what signs to look for.

### **Fear of Raising Concerns:**

Staff can be afraid for a number of reasons. These include:

- Fear of what may happen.
- Fear of not being listened to.
- Confidentiality/keeping secrets.
- Knowledge of the person who is alleged to have carried out the abuse.
- Friendship or relationship with the person who is alleged to have carried out the abuse, particularly if they are a colleague.
- Not understanding the seriousness of abuse.

While all of these are understandable, they are not sufficient reason for not reporting abuse and neglect or not alerting people about concerns of abuse. Again it is better to err on the side of caution rather than let fear, disbelief, etc. take over.

St. Michael's House will provide support to staff that come forward with concerns or allegations of abuse and neglect.

### **What to Report**

The definition of abuse and neglect provided in the St. Michael's House policy and the list of possible signs and symptoms (**Appendix 1**) should help in deciding what kinds of things staff should be concerned about.

However if in doubt, err on the side of caution and report anything that is making you uncomfortable, so that the matter can be discussed and worries and fears allayed or followed up as necessary.

## **Staff Must Report**

- Concerns regarding abuse and neglect
- Suspicions of abuse and neglect
- Allegations of abuse and neglect which are made to them
- If they witness abuse and neglect
- Disclosures of abuse and neglect, whether past or present

## **Examples of What to Report Could include the Following**

- Poor practice, such as colleagues speaking disrespectfully about children using the service, or feeding people quickly or aggressively, hitting people, touching people inappropriately
- Neglect, e.g. people using the service who arrive for their service dirty or hungry
- Physical abuse, e.g. bruising or bleeding, a child being hit by someone else
- Sexual abuse, e.g. inappropriate sexualised behaviour
- Emotional abuse can show itself in many ways, but depression and self harm can be possible indicators, as well as changes in mood.
- Financial abuse could be indicated by consistent lack of money or in a change in a person's dress, from being well dressed to having few clothes. It could also be indicated by inconsistencies in a person's bank account or unexplained withdrawals. When staff are dealing with service users' money, they must follow the St. Michael's House Procedures for the Management of Clients' Monies (2012).

## **Poor Practice**

Staff may not be clear about raising concerns regarding poor practice. Poor practice, if left unchallenged, can lead to ongoing abuse and neglect over time and so must be reported. St. Michael's House is committed to dealing with all concerns and allegations of abuse and neglect in a proportionate manner and in line with natural justice. Therefore, unintentional poor practice that may be perceived as abusive will be dealt with in a humane and understanding fashion. However, the welfare of people who attend our services is always of paramount concern, so all concerns are subject to possible investigation.

Failure to report significant concerns will be deemed serious misconduct and will be dealt with under the Dignity at Work Policy, i.e. disciplinary measures may be taken.

It is important for staff to remember that they have a professional responsibility to report such practice in line with their professional bodies' code of practice and/or code of ethics.



### **Who Might Inform You of a Concern or Allegation?**

Allegations and concerns of abuse and neglect can be made in many different ways and by different people.

It is true to say that every case or situation is different. Information can come from:

- families
- the community
- other staff members
- the alleged victim
- the alleged perpetrator.
- outside agencies, such as the Gardai or community care services.
- you might also witness something yourself, which would cause you concern.

Where it is suspected that a crime may have been committed, the Designated Liaison Person or DOO will inform the Gardai.

### **Who Do You Report Concerns to?**

Members of staff, host families, volunteers, employees of St Michael's House who work in St. Michael's House schools and students on placement are required in the St. Michael's House policy to raise concerns and verbally report allegations to their Line Manager and the Designated Liaison Person for St Michael's House. If the line manager is unavailable staff can report to the service manager. If the Designated Liaison Person is unavailable, staff can report to the Head of Social Work or the regional Principal Social Worker. If an incident occurs out of hours, then the Nurse Manager on Call should be contacted and she will decide whether to contact the Psychiatrist on Call. Remember to inform people directly, either in person or on the phone. It is not sufficient to leave phone messages or send emails.

The important thing for staff is to raise and report concerns with someone whom they can trust and with whom they can speak freely. In most instances, this is the Line Manager.

In the event that concerns are about a Line Manager, clinicians or senior members of staff in the organisation, staff should be reported to the Designated Liaison Person and they will be dealt with in line with the policy.

### **How to Report**

Concerns must be reported verbally first and in consultation with the Designated Liaison Person concerns, suspicions and/or allegations must be written on the St. Michael's House eform for Reporting Concerns, Suspicions and Allegations of Abuse and Neglect see (**Appendix 2**).

The following points will help when writing the report:

- Complete the report as soon as possible after being told or becoming aware of the concern or allegation. Those who attend our service do not always report concerns or allegations verbally. Instead it may be something staff see or notice.
- Complete the eform clearly, as it may be required for disciplinary or legal or criminal proceedings.
- Include as many details as possible, even if they seem irrelevant.
- Name other people who may have been present.
- Separate fact from opinion.
- Remember that when people are named in reports, they are entitled to receive the information to them. The relevant parts of the report will be passed to them.

This report should be submitted to your Line Manager who will submit it to the to the Designated Liaison Person.

Remember - it is your responsibility as a member of staff of St. Michael's House/employee of St. Michael's house schools, host family, volunteer or student on placement to report incidents and suspicions and concerns of abuse and neglect. It is not your duty to investigate these issues. That is for others to do.

## **HOW TO DEAL WITH AN IMMEDIATE INCIDENT OF ALLEGED ABUSE AND NEGLECT**

### **You Will Need to**

- look after the alleged victim and ensure his/her safety
- look after the person who is alleged to have carried out the abuse if he/she is another service user
- preserve forensic evidence (forensic evidence means usable in court and includes physical evidence, such as clothes and DNA, and may include a physical examination by designated services)
- complete a report of exactly what happened immediately or as soon as is feasible; Information, which is recorded near to the event, is very helpful when a team is following up the incident.

### **Staff Must**

If an incident occurs during normal working hours (9.00/9.30 to 5.00/5.30, Monday to Friday), and if your Line Manager is available, report it verbally to your Line Manager and to the Designated Liaison Person. If the line manager is not available staff must report directly to the Service Manager. If the Designated Liaison Person is

not available staff must report directly to the unit social worker or to the Head/Principal Social worker in your region.

If an incident occurs outside these times, it must be reported to the Nurse Manager on Call, who will contact the Psychiatrist on Call if appropriate.

Having reported verbally, you must write up what has happened as soon as possible using the St. Michael's House Eform for Reporting Concerns, Suspicions and Allegations of Abuse and Neglect. You will submit this to your Line Manager. The Line Manager/School Principal will submit the report to the Designated Liaison Person.

If is not sufficient to leave phone messages or send emails. People must be informed directly either in person or directly on the phone.

Families must **not** be contacted without consultation with the Designated Liaison Person, or in their absence, the Head of Social Work/regional principal Social worker.

### **You May Need Also**

- to obtain emergency medical attention, particularly if there has been a violent incident
- seek extra staff support or cover in conjunction with the line manager or Nurse Manager on Call
- if the person who is alleged to have carried out the abuse is a service user, he/she may need to be removed from the situation
- if the person who is alleged to have carried out the abuse is a member of staff/employee of St Michael's House who is employed in one of one of St. Michael's House schools, he/she may be required not to interact with service users

In some circumstances, it may be important not to alert the person who is alleged to have carried out the abuse of your concerns. To do so might enable him/her to intimidate the alleged victim or witnesses or he/she may attempt to leave the vicinity or cover up their activities in some fashion. You may need to discuss this with your Line Manager, Service Manager and the Designated Liaison Person.

## **SOME DOs AND DON'Ts IF A SERVICE USER SAYS THEY HAVE BEEN ABUSED**

### **Do**

- stay calm
- listen sympathetically and attentively
- reassure the person
- let the person take their time
- assure the person that only those who need to know must be informed of what he/she has said
- explain what will happen, for example that you will talk to your Line Manager, that you will write a report and others who need to be informed will be told about what they have said
- get advice and know the correct procedure, except if you need to take emergency action in the event of someone being injured or ill, or to protect him/her from the person who they allege is abusing them
- assure the person that only those who need to know must be informed of what he/she has said

### **Don't**

- promise to keep secrets
- be judgemental
- ask for more details than you need
- offer guarantees that the abuse will stop immediately
- start to investigate – that is for others to do

### **When They Have Finished Telling You**

#### **Do**

- record the information on the e-form see (**Appendix 2**) as soon as possible, using the words of the service user as much as possible
- record factually
- complete and date the report
- discuss it with your Supervisor/Manager
- inform the service, if possible, of what is in the report

## **Don't**

- discuss the matter with anyone else except your Line Manager / School Principal or Social Worker (or in their absence, the Service Manager ; Chairperson of the Board of Management, the Regional Principal Social Worker or the Designated Person or if out of hours, the Nurse On Call or the Psychiatrist on Call)
- contact the person who is alleged to have carried out the abuse  
give your opinions in the report

## FLOW CHART FOR DEALING WITH IMMEDIATE INCIDENTS OF ABUSE AND NEGLECT

Incident



Ensure safety of alleged victim and others in the vicinity



Seek emergency help if needed, such as an ambulance, or a doctor



Preserve forensic evidence (clothing etc.) if appropriate and if a crime appears to have occurred



Inform Line Manager and Designated Liaison Person. If the line manager is unavailable inform the service Manager. If the Designated Person is unavailable inform the unit social worker or the Head of Social Work/Regional Principal Social worker. If it is out of hours inform the Nurse Manager on Call



Seek extra staff support or cover as needed in conjunction with the Line Manager and service manager or out of hours the Nurse Manager on Call



Fill out eform report and submit to Line Manager



Line Manager submits eform report to Designated Liaison Person



Designated Liaison Person in consultation with key people will decide what actions to take. If out of hours this will be done by Nurse Manager on Call



Designated Liaison Person decides on next steps in consultation with appropriate people

# **GUIDE FOR STAFF WORKING ALONE OR IN VULNERABLE SITUATIONS**

## **Good Practice Guidelines When Working Alone with Service Users or Working in Vulnerable Situations**

Follow any guidelines which have been set out by the team working with the service user (including the clinicians). When providing intimate care, follow the St. Michael's House Intimate Care Guidelines.

Inform other members of staff if you are taking a service user into a room on your own and keep a door open or ajar, as long as the dignity and privacy of the service user can be maintained.

Inform other staff where you are going and when you expect to be back if you are going out on your own with a service user. This applies also to drivers of St. Michael's House transport, where no escort is available to accompany the driver.

Keep doors unlocked in day and residential services, unless there is good reason for doors to be locked and the Positive Approaches Committee has agreed this.

If a service user has made unsubstantiated allegations in the past or displays sexualised behaviour, consult with your Person In Charge as to the safety or working alone with the service user.

If a risk has been identified then a risk assessment needs to be completed.

If an incident occurs while out in the community and onlookers try to get involved, give them the name and number of the Manager of the service and ask them to contact him/her for an explanation. Onlookers may misunderstand the management of a service user's behaviour.

When showing affection to service users, keep in mind what is appropriate in terms of age, gender and culture. As affection can be misinterpreted, ensure it is shown in a socially appropriate manner and be sensitive to how it may be viewed by the service user and others,



If you are working in a service user's home, pay particular attention to the following:

- Make sure a parent/guardian is at home if you are working with a child
- If the parent/guardian leaves the room, make sure he/she is happy for you to be alone in the room with the child.
- Make sure to keep the door of the room open.
- If a service user has made unsubstantiated allegations in the past or displays sexualised behaviour, make sure a family member is at home while you are there.
- If concerned for your personal safety in a service user's home, leave immediately

If in doubt talk to the Person In Charge / School Principal, a member of the clinic team or a colleague or the Designated Person. Do not take unnecessary risks.

All staff of St. Michael's House and employees of St. Michael's House schools should ensure that staff from agencies contracted to provide services are not left alone with service users at any time (with the exception of agency Nurses or Care Staff). This is to ensure the safety of all concerned.

## **SECTION 6:** **APPENDICES**

# **APPENDIX 1:**

## **Signs & Symptoms of Abuse & Neglect:**

# Signs & Symptoms of Abuse & Neglect:

## THINGS TO LOOK OUT FOR IN RELATION TO CHILDREN

from Children First (2009)

### Neglect

- Abandonment or desertion
- Children persistently being left alone without adequate care and supervision
- Malnourishment, lacking food, inappropriate food or erratic feeding
- Lack of warmth
- Lack of adequate clothing
- Inattention to basic hygiene
- Lack of protection and exposure to danger including moral danger or lack of supervision appropriate to 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

## Emotional Abuse

- Rejection
- Lack of comfort and love
- Lack of attachment
- Lack of proper stimulation (e.g., fun and play)
- Lack of continuity of care (e.g. frequent moves, particularly unplanned)
- Continuous lack of praise and encouragement
- Serious over-protectiveness
- Inappropriate non-physical punishment (e.g., locking in bedrooms)
- Family conflicts and/or violence
- Every child who is abused sexually, physically or neglected is also emotionally abused
- Inappropriate expectations of a child's behaviour – relative to his/her age and stage of development

No one indicator is conclusive of emotional abuse. Children who are physically and sexually abused and neglected also suffer from emotional abuse.

## Physical Abuse

- Bruises
- Fractures
- Swollen joints
- Burns/scalds
- Abrasions/lacerations
- Haemorrhages (retinal, subdural)
- Damage to body organs
- Poisonings – repeated (prescribed drugs, alcohol)
- Failure to thrive
- Coma/Unconsciousness
- Death

## Sexual Abuse

- 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. Professional should be informed if the above symptoms occur. Professionals should be informed if the 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

**Children First** also lists particular signs suggestive of child abuse in young children (0-10 years)

- Mood change, e.g., child becomes withdrawn, fearful, acting out
- Lack of concentration (change in school performance)
- Bed wetting, soiling
- Pains, tummy aches, headaches with no evident physical cause
- Psychosomatic complaints: pains, headaches
- Skin disorders
- Reluctance to go to bed, nightmares, change in sleep patterns
- School refusal
- Separation anxiety
- Loss of appetite

Particular signs suggestive of child abuse in older children (10 years+)

- Depression, isolation, anger
- Running away
- Drug, alcohol, solvent abuse
- Self harm
- Suicide attempts
- Missing school or early school leaving
- Eating disorders

It is important to remember that there are not always signs of abuse and no one indicator is conclusive in itself. All signs and symptoms must be placed in the total context of the child's life situation.

**APPENDIX 2:**  
**EFORM for Reporting Concerns, Suspicions  
and Allegations of Abuse and Neglect**

# **EFORM TEMPLATE**

## **ST. MICHAEL'S HOUSE**

### **Form for Reporting Concerns, Suspicions and Allegations of Abuse and Neglect**

Name of person making the report: Service:

Date:

Service/ location in which incident occurred (if known):

Date of incident: Time:

Place where incident occurred, e.g. sitting room, bathroom etc. (if known):

Name of alleged victim(s):

Service where he/ she (or they) lives and / or uses:

Name of person(s) against whom the allegation has been made (if known):

Service where he/she lives and/ or uses (if known):



If the allegation is against a staff member, please state the service in which the person works (if known):

In the event that the person(s) and location(s) are not known or cannot be named, then please give as many details as you have:

Others present (Please give names, if known):

Details of concern, suspicion, allegation.

Any obvious evidence (for example clothes, marks on body, etc.):

Any injuries (Describe here and show on body chart. Please attach body chart):

Behaviour and attitudes of people involved (if known):

To Be Completed by Line Manager/ School Principal

Reviewed by Manager/ School Principal  
If no, why not?

Yes  No

Name of Manager/ School Principal: Comments:

Date:

To Be Completed by the Designated Liaison Person

Reviewed by DLP:  
If no, why not?

Yes No

Comments:

Date:

To Be Completed by Principal Social Worker/Head of Social Work

Reviewed by HSW/PSW: If Yes  No

Comments:

Date:

## **APPENDIX 3:**

### **Standard Report Form for Tusla:**



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

FORM NUMBER: CC01:01:01

## STANDARD REPORT FORM

(For reporting CP&W Concerns)

**A. To Principal Social Worker/Designate:** \_\_\_\_\_

**1. Date of Report**

**2. Details of Child**

Name:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Address:		DOB	<input type="text"/>		
		School	<input type="text"/>		
Alias		Correspondence address (if different)	<input type="text"/>		
Telephone		Telephone	<input type="text"/>		

**3. Details of Persons Reporting Concern(s)**

Name:		Telephone No.	<input type="text"/>
Address:		Occupation	<input type="text"/>
		Relationship to client	<input type="text"/>
Reporter wishes to remain anonymous	<input type="checkbox"/>	Reporter discussed with parents/guardians	<input type="checkbox"/>

**4. Parents Aware of Report**

Are the child's parents/carers aware that this concern is being reported		Yes	No
- Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment	<input type="text"/>		

**5. Details of Report**

*(Details of concern(s), allegation(s) or incident(s) dates, times, who was present, description of any observed injuries, parent's view(s), child's view(s) if known.)*

10.13.7.13 (14 Jan '14) (unp)



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

FORM NUMBER: CC01:01:01

## STANDARD REPORT FORM

(For reporting CP&W Concerns)

### 6. Relationships

Details of Mother		Details of Father	
Name:		Name:	
Address: (if different to child)		Address: (if different to child)	
Telephone No's:		Telephone No's:	

### 7. Household composition

Name	Relationship	DOB	Additional Information e.g. School/ Occupation/Other:

### 8. Name and Address of other personnel or agencies involved with this child

	Name	Address
Social Worker		
PHN		
GP		
Hospital		
School		
Gardaí		
Pre-School/ Crèche/YG		
Other (specify):		

### 9. Details of person(s) allegedly causing concern in relation to the child

Relationship to child:		Age:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Name:			Occupation:				
Address:							

### 10. Details of person completing form

Name:		Occupation:	
Address:		Telephone No's:	
Signed		Date:	

10.13.7.13 (14 Jan '14) (unp)

## Guidance Notes:

The HSE has a statutory responsibility under the Child Care Act 1991 to promote the protection and welfare of children. The HSE therefore has an obligation to receive information about any child who is not receiving adequate care and/ or protection.

This Report Form is for use by:

- Any professional, individual or group involved in services to children, including HSE personnel, who becomes aware of a child protection or welfare concern, or to whom a child protection or child welfare concern is reported
- Professionals and individuals in the provision of child care services in the community who have service contracts with the HSE.
- Designated persons in a voluntary or community agency.

Please fill in as much information and detail as is known to you. This will assist the Social Work Department in assessing the level of risk to the child or the support services required. If the information requested is not known to you, please indicate this by putting a line through the question. It is likely that a Social Worker will contact you to discuss your report.

The HSE aims to work in partnership with parents. If you are making this report in confidence, you should note that the HSE cannot guarantee absolute confidentiality for the following reasons:

- A Court could order that information be disclosed
- Under the Freedom of Information Act 1991, the Freedom of Information Commissioner may order that information be disclosed.

You should also note that in making a 'bona fide report' you are protected under the Protections for Persons Reporting Child Abuse Act 1998.

If you are unsure if you should report your concerns, please telephone the HSE duty Social Worker and discuss your concerns with them *see (Appendix 8) for a full list of HSE offices nationwide)*

## STANDARD NOTIFICATION FORM for use by the HSE in notifying cases to An Garda Síochána

### CONFIDENTIAL

\_\_\_\_\_ HSE Local Health Office Area

\_\_\_\_\_ Address

**To: Superintendent**

Garda Síochána

Address \_\_\_\_\_ Ref. No. \_\_\_\_\_

### NOTIFICATION OF SUSPECTED CHILD ABUSE

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

D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

1. The above named child has come to notice as a possible victim of child abuse.

2. Form(s) of abuse suspected:

Neglect  Physical Abuse  Emotional Abuse\*  Sexual Abuse

\* All abuse involves an element of emotional ill-treatment; this category should be used where it is the main or sole form of abuse suspected.

3. Additional information \_\_\_\_\_

**The Designated Social Worker dealing with this matter is:**

Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address \_\_\_\_\_

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

Designated Officer

-----  
RETURN SLIP (to be returned to relevant HSE Local Health Office Area)

Garda \_\_\_\_\_ Garda Ref. No. \_\_\_\_\_

Address \_\_\_\_\_ Child's Name \_\_\_\_\_

I acknowledge receipt of your notification.

**The Designated Garda assigned to this case is:**

Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address \_\_\_\_\_ Signed \_\_\_\_\_



## **APPENDIX 4:** **Standard Report Form for HIQA:**

<b>NF06 Form</b>	<h2 style="margin: 0;">Statutory notification of incidents in designated centres</h2> <p style="margin: 0;"><b>Notification of any allegation, suspected or confirmed of abuse<sup>1</sup> of any resident</b></p>	 <p><b>Health Information and Quality Authority</b> An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</p>
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Statutory notification in accordance with:

- Regulation 31 (1) (f) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations, and
- Regulation 31 (1) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013

For details on how and when to complete this form, please refer to our guidance for registered providers and persons in charge about the statutory notification of incidents in designated centres.

1. Provider Details				
Name of the Centre:				
Centre ID:				
Nature of Service Provided:	Centre for Older Persons <input type="checkbox"/>	Centre for Adults with Disabilities <input type="checkbox"/>	Mixed Centre for Adults and Children with Disabilities <input type="checkbox"/>	Centre for Children with Disabilities <input type="checkbox"/>
Registered Provider:				
Person in Charge:				
Address of the centre:				
Date form completed:	DD/MM/YYYY			

<sup>1</sup> The definitions of abuse are set out on pages 2 and 3 below for the different service types  
 NF06: Any allegation, suspected or confirmed of abuse of any resident Page 1 of 7

2. Details of alleged abuse			
Name of person who reported alleged abuse to management:			
Position of reporter: e.g. resident, relative or staff member (state grade)			
Date of alleged abuse:	DD/MM/YYYY	Time of alleged abuse :	---
Date alleged abuse was reported to management:	DD/MM/YYYY	Time of report of alleged abuse:	---
Please identify below the individual residents affected using resident unique identifier <sup>2</sup>			
Resident's Unique Identifier <sup>2</sup>		Is the resident under the age of 18?	<input type="checkbox"/> YES <input type="checkbox"/> NO

The **National Standards for Residential Services for Children and Adults with Disabilities** (HIQA, 2013) defines abuse as:

+ any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general wellbeing, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms:

- physical abuse, including corporal punishment, incarceration (including being locked in one's home or not allowed out) over- or misuse of medication, medical experimentation or involvement in invasive research without consent, and unlawful detention of psychiatric patients;
- sexual abuse and exploitation, including rape, sexual aggression, indecent assault, indecent exposure, forced involvement in pornography and prostitution;
- psychological threats and harm, usually consisting of verbal abuse, constraints, isolation, rejection, intimidation, harassment, humiliation or threats of punishment or abandonment, emotional blackmail, arbitrariness, denial of adult status and infantilising people with disabilities, and the denial of individuality, sexuality, education and training, leisure and sport;
- interventions which violate the integrity of the person, including certain educational, therapeutic and behavioural programmes;
- financial abuse including fraud and theft of personal belongings, money or property;
- neglect, abandonment and deprivation, whether physical or emotional, in particular an often cumulative lack of healthcare or negligent risk taking, of food or of other daily necessities, including in the context of educational or behavioural programmes;
- institutional violence with regard to the place, the level of hygiene, the space, the rigidity of the system, the programme, the visits, the holidays.

For detailed guidance on the signs and symptoms and types of child abuse, please refer to *Children First: National Guidance for the Protection and Welfare of Children* (2011).

+ As defined in the Council of Europe, *Resolution ResAP(2005)1 on safeguarding adults and children with disabilities against abuse*, Strasbourg: France; 2005.

<sup>2</sup> Please refer to back page for guidance on the use of a unique identifier.

The National Quality Standards for Residential Care Setting for Older People in Ireland (HIQA 2009) defines abuse 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 or civil rights.

- Physical abuse, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- Sexual abuse, including rape and sexual assault or sexual acts to which the person has not consented, or could not consent, or into which he or she was compelled to consent.
- Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Neglect and acts of omission, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- Discriminatory abuse, including racism, sexism that is based on a person's disability, and other forms of harassment, slurs or similar treatment.

**3. Type of alleged abuse (please tick all boxes that apply)**

<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Financial/material abuse
<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Neglect and acts of omission
<input type="checkbox"/> Psychological abuse	<input type="checkbox"/> Discriminatory abuse
<input type="checkbox"/> Interventions which violate the integrity of the person	<input type="checkbox"/> Institutional violence

**4. Details of the alleged abuse**

What measures<sup>3</sup> have you taken to ensure that all residents are safe?

<sup>3</sup> As per Regulation 23 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations and Regulation 23 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013



**8. Measures taken to safeguard all residents**

What measures<sup>4</sup> have you taken to ensure that all residents are safe?

**9. Investigation by the registered provider**

Outline the investigation process to be undertaken:

In addition to this notification, a copy of the registered provider's internal investigation report into the alleged abuse must be submitted within 20 working days to the Authority, along with the centre's policy on Protection of Vulnerable People. If the investigation is not completed within 20 working days, a draft report must be submitted outlining the steps that have been taken, the reasons why the investigation report is not complete and the next steps that the registered provider intends to take to ensure residents' safety.

<sup>4</sup> As per Regulation 23 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations and Regulation 23 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013

**10. Additional information**

Additional information pertinent to the alleged abuse including details of notification of the abuse to resident's family and Garda:

**Declaration:**

**I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.**

<b>Name:</b> (please print)	
<b>Signed:</b>	
<b>Date:</b>	DD/MM/YYYY
<b>Position:</b> (If not the Person in Charge)	
<b>Telephone Number:</b>	

### **On completion of this form**

Please return the completed signed form by email to [notify@higa.ie](mailto:notify@higa.ie)

Please note:

- Where it is **not** possible to email the form, you should return it by post or fax to the address below
- When a fully completed and signed form has been emailed to the Authority, there is no need to also post or fax a copy
- Please mark letters/faxes for the attention of 'Notifications Team'.

Notifications Team  
Health Information and Quality Authority  
Dublin Regional Office  
Georges Court  
Georges Lane  
Smithfield  
Dublin 7.

Tel: 01 814 7400  
Fax: 01 814 7499

### **Guidance on the use of a unique identifier:**

In line with data protection principles and privacy impact assessment, the Authority will only collect information necessary to carry out its statutory functions. This means that Authority will not unnecessarily collect personal information. Therefore, providers are asked not to include personal information on a resident when submitting a notification to the Authority. This includes naming a resident or providing a date of birth on the form.

Registered providers should create a unique identifier for each of their residents. The identifier should be created so as not to allow for individuals to be identified. Identifiers should be numerical; however, dates of birth, admission dates, room numbers or other data that could potentially identify a resident should not be used. A method of validating the unique identifiers should be kept securely in the centre and made available to inspectors on request.



## **APPENDIX 5**

### **Objectives of Strategy Meeting From Children First:**

# STRATEGY MEETING

## Objectives of a Strategy Meeting as Set Out in Children First

The objectives of the meeting are:

- To share available information
- To consider whether immediate action should be taken to protect the child and other children in the same situation
- To decide if Section 16(1)n(b) Criminal Evidence Act, 1992 interviews should take place
- To consider available legal options
- To plan early intervention
- To identify possible sources of protection and support for the child
- To identify sources of further information
- To allocate responsibility
- To agree with An Garda Síochána how the remainder of the enquiry will be conducted

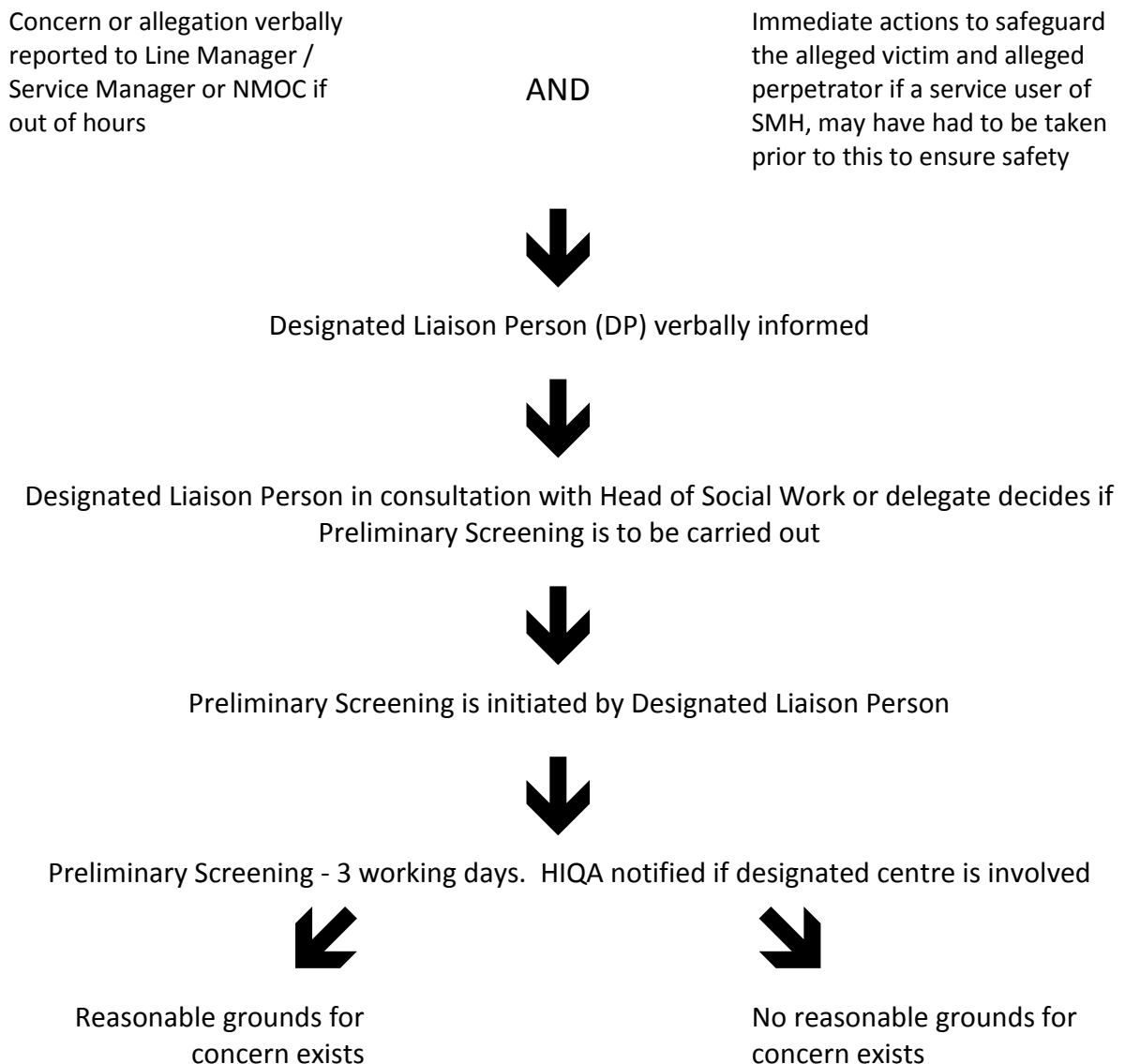
Children First (2009)

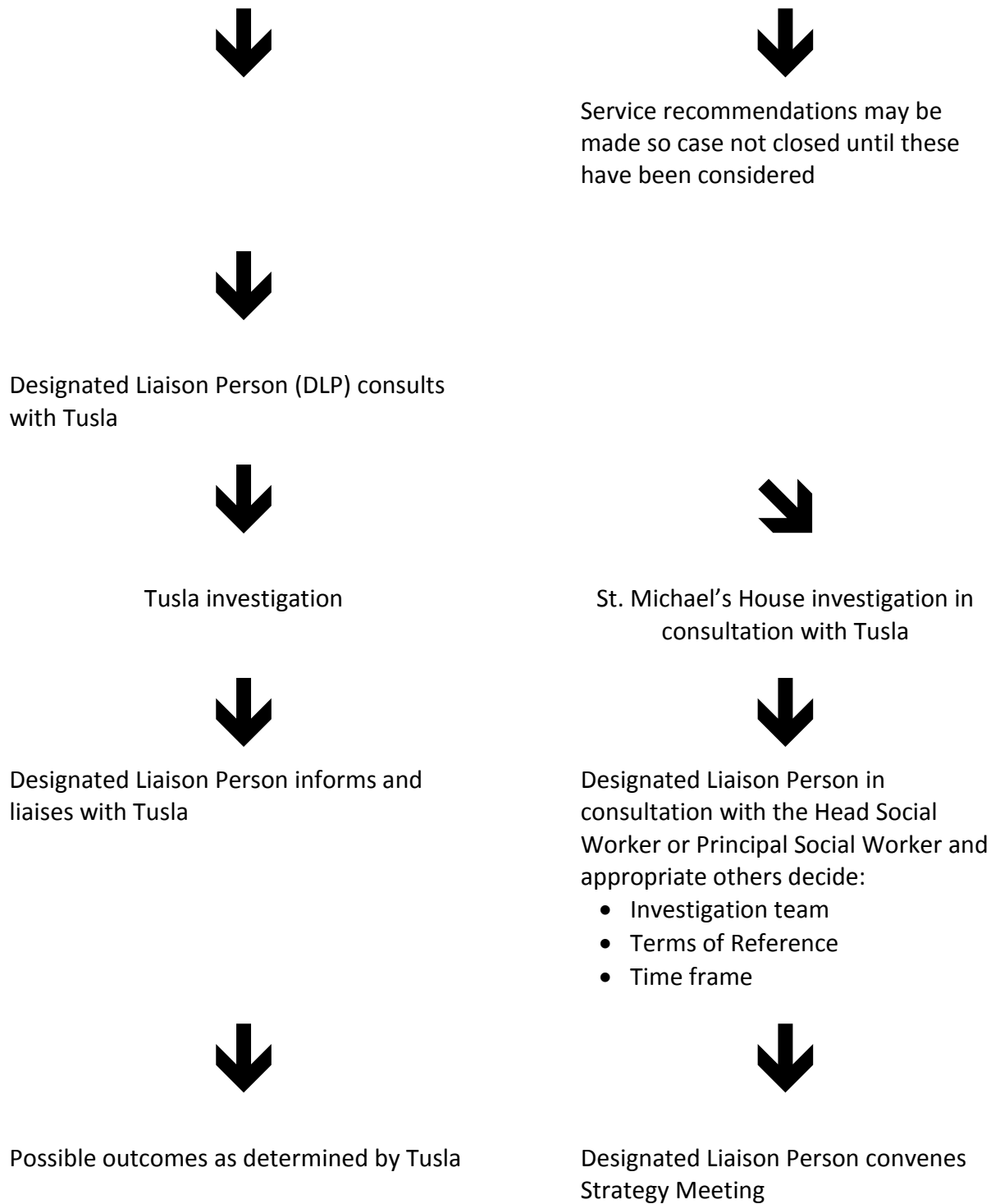
## **APPENDIX 6**

### **Preliminary Screening & Full Investigation Flow Chart:**

## FLOW CHARTS

### FLOW CHART 1: Abuse and Neglect Preliminary Screening and Investigation Process When the Allegation/ Concern is Against Someone Who Is Not a Staff Member





**Investigation**



**Case Conference which is attended by Tusla**

Report and findings presented

**Findings**

- No case to answer
- Case to answer
- Not enough evidence to be able to say

**Action Plan**

For service user(s)



**Feedback** to relevant parties as agreed by Case Conference  
**Restricted Access File** completed by Designated Liaison Person  
**Information** entered on database by Designated Liaison Person



**Findings** passed to Tusla

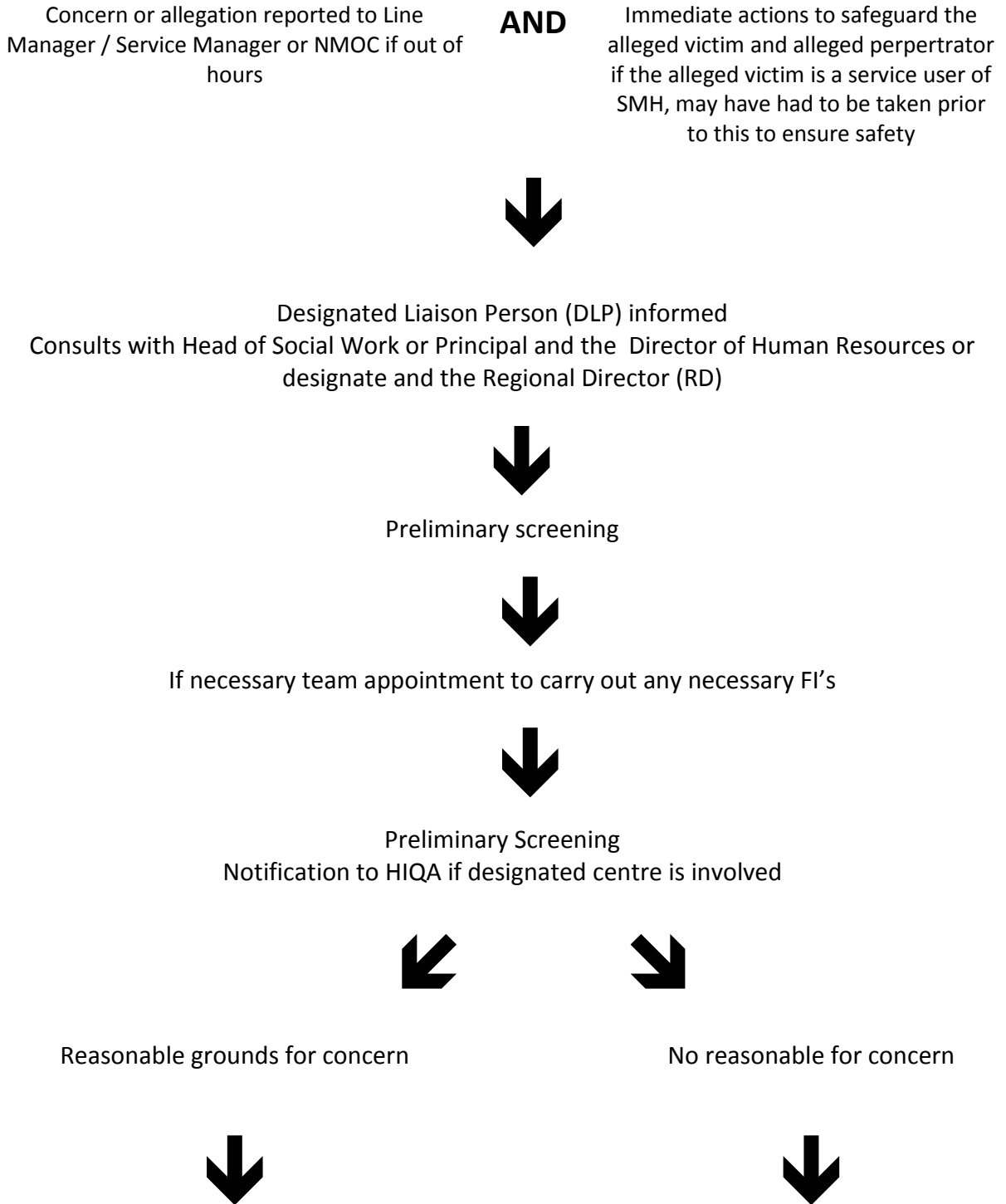


Review



Close

**FLOW CHART 2:  
Abuse and Neglect Preliminary Screening and Investigation  
Process When the Allegation/ Concern is Against a Staff  
Member**



*St. Michael's House Policy*

Designated Liaison Person consults with Director of Human Resources or designate and Regional Director to decide the following:

- Actions in relation to the staff member and implications of those action

Service recommendations may be made so case not closed until these have been considered. Human Resources Manager and Regional Director informed by DP.

Referral to Tusla



Consultation meeting with Tusla (Designated Liaison Person and Director of Human Resources or designate)



Tusla Investigation



Designated Liaison Person informs and liaises with Tusla



Outcomes as determined by Tusla



St. Michael's House investigation in consultation with Tusla



Designated Liaison Person in consultation with the Director of Human Resources and Regional Director decides:

- Investigation team
- Terms of Reference
- Timeframe
- Support person (for staff member)



Designated Liaison Person convenes Strategy Meeting



Investigation





**Case Conference**

Report and findings presented  
Tusla invited to this meeting

**Findings**

- No case to answer
- Case to answer
- Not enough evidence to be able to say

**Action Plan**

For service user(s) (and for staff members if the allegation/  
concern is unsubstantiated)



**Feedback** to relevant parties as agreed by Case Conference  
**Confidential File** completed by DP  
**Information** entered on database by DP



**Findings** passed to Tusla or Gardai if appropriate by  
Designated Liaison Person



**Review**



**Close**

**APPENDIX 7**  
**Confidential Files**  
**And**  
**Restricted Access Protocol**

# CONFIDENTIAL FILES:

## Contents of Confidential and Restricted Access Files

- Report(s) of concern(s) / allegation(s)
- Completed St. Michael's House Report Form
- Clinical Reports
- Letters/memos/faxes/emails
- Minutes of Meetings
- Case Conference notes if relevant
- Notes from meetings with people who have been interviewed
- Statements
- Review Notes
- Final Report
- Any other relevant information

## St. Michael's House Guidelines for Restricted Access Files

### Restricted Access Files

These are files which contain confidential information concerning abuse of service users by family members, other service users, or other people who are not staff. When a staff member is the subject of an allegation of abuse, a separate file is opened which the Designated Officer / Designated Liaison Person, who is a Senior Social Worker, keeps and these files are called staff confidential files.

This document only relates to restricted access files or the first group above.

### Storage

- Restricted access files are stored in the records department of each region in a separate filing cabinet to any other files.
- They must be kept locked at all times. The key is held in the records department and may not be accessed by anyone except the secretary in the records department (or her/his designate in case of absence) or the social work secretaries.
- Restricted access files may not be taken from the building.

## **Opening a Restricted Access file**

- Permission to open a new restricted access file must be obtained from the Regional Principal Social Worker or the Designated Officer / Designated Liaison Person or the Head of Social Work.
- When the decision is taken that a restricted access file is to be opened, the Designated Officer or Principal social worker in the region will inform the secretary in the records department that a file is to be opened. This information will be added to the list which is on the green form on the main file. The secretary will also put a notification that the service user has a restricted access file on the front of the main file.
- If the secretary is requested to open a restricted access file by any person other than the regional principal social worker (or Designated Officer / Designated Liaison Person), she must inform the regional principal social worker that there is a request to open a file and must get agreement for this from the regional principal social worker.
- The secretary in the records department will number and date the file and add the name to the list of files already opened.
- The secretary of the records department will request the investigation team to sign their names on the relevant form on the front of the file so that she/he will know who is entitled to access the file.

## **Accessing a Restricted Access file**

These files can only be accessed by the following people:

- The Designated Officer / Designated Liaison Person in St. Michael's House who is the Head of the Social Work Department or her/his deputy.
- The CEO.
- The Deputy CEOs.
- The principal social workers and the Head of Social Work
- FOI decision makers may access these files through the Designated Officer / Designated Liaison Person or the Deputy CEOs.
- Named clinicians
- If for some reason a person other than the above needs access to a file, he/she must do so through the Designated Officer / Designated Liaison Person or Principal Social Worker.
- Family members or guardians of a service user who has a restricted access file can access this through the Principal Social worker or designate and can view the file as appropriate in the company of one of the named clinicians.

### **Maintaining Restricted Access files**

- If a file is being taken from the records department by any of the above, the secretary will complete the tracer card.
- Information and reports in the file will be kept in the relevant sections of the file.
- Reports and information in the file must be dated and signed.
- Forms on the front of the file must be completed.

May 2015

## **APPENDIX 8**

### **Contact Numbers for HSE Child & Family Services:**

## National Contacts for HSE Children and Family Services

Also listed on HSE website ([www.hse.ie/go/socialworkers](http://www.hse.ie/go/socialworkers)) and from HSE LoCall Tel. 1850 241850. These contact numbers may be updated from time to time.

Please check HSE website for latest information.

Hse Area	Address	Telephone Number
<b>DUBLIN NORTH</b>	Health Centre, Cromcastle, Coolock, Dublin 5	(01) 816 4200 (01) 816 4244
<b>DUBLIN NORTH CENTRAL</b>	Social Work Office, 22 Mountjoy Square, Dublin 1 Social Work Office, Ballymun Health Centre, Dublin 11	(01) 877 2300  (01) 846 7236
<b>DUBLIN NORTH WEST</b>	Health Centre, Wellmount Park, Finglas, Dublin 11 Social Work Department, Rathdown Road, Dublin 7	(01) 856 7704  (01) 882 5000
<b>DUBLIN SOUTH EAST</b>	Social Work Department, Vergemount Hall, Clonskeagh, Dublin 6	(01) 268 0320  (01) 2680333
<b>DUBLIN SOUTH CITY</b>	Duty Social Work Carnegie Centre, 21-25 Lord Edward Street, Dublin 2 Public Health Nursing, 21-25 Lord Edward Street, Dublin 2 Family Support Service, 78B Church House, Donore Avenue, Dublin 8	(01) 648 6555  (01) 648 6730  (01) 416 4441
<b>DUBLIN SOUTH WEST</b>	Milbrook Lawn, Tallaght, Dublin 24	(01) 452 0666 (01) 427 5000
<b>DUBLIN WEST</b>	Social Work Department, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10	(01) 620 6387

<b>Hse Area</b>	<b>Address</b>	<b>Telephone Number</b>
<b>DUBLIN SOUTH</b>	Social Work Department, Our Lady's Clinic, Patrick Street, Dun Laoghaire, Co. Dublin	(01) 663 7300
<b>CARLOW</b>	Carlow Social Work Office, Ground Floor, St. Dymphna's Hospital, Athy Road, Co. Carlow	(059) 913 6587
<b>CAVAN</b>	HSE Community Child and Family Services, Drumalee Cross, Co. Cavan	(049) 437 7305 (049) 437 7306
<b>CLARE</b>	Clare Duty Social Worker, River House, Gort Road, Ennis, Co. Clare  Social Work Department, Shannon Health Centre, Shannon, Co. Clare  Social Work Department, Kilrush Health Centre, Kilrush, Co. Clare	(065) 686 3935 (Monday – Friday, 2-5pm)  (061) 718 400  (065) 905 4200
<b>CORK North</b>	Cork Social Work Department, 134 Bank Place, Mallow, Co. Cork  North Lee Child Lee Social Work Department, (adjacent to Shopping Centre), Blackpool, Co. Cork  South Lee Social Work Department, St. Finbarr's Hospital, Douglas Road, Cork  West Cork Social Work Department, Coolnagarrane, Skibbereen, Co. Cork	(022) 54100  (021) 492 7000  (021) 492 3001  (028) 40447



<b>Hse Area</b>	<b>Address</b>	<b>Telephone Number</b>
<b>DONEGAL</b>	<p>Links Business Centre, Lisfannon, Bunrana, Co. Donegal (East Team)</p> <p>Euro House, Killybegs Road, Donegal, Co. Donegal (West Team)</p> <p>Social Work Department, Millennium Court, Pearse Road, Letterkenny, Co. Donegal (East Central Team and West Central Team)</p>	<p>(074) 932 0420</p> <p>(074) 972 3540</p> <p>(074) 912 3672 (074) 912 3770</p>
<b>GALWAY</b>	<p>Galway City, Social Work Department, Local Health Office, 25 Newcastle Road, Galway, Co. Galway</p> <p>Galway County, Tuam Social Work Department, Health Centre, Vicar Street, Tuam, Co. Galway</p> <p>Loughrea Social Work Department, Health Centre, Loughrea, Co. Galway</p> <p>Ballinasloe Social Work Department, Health Centre, Brackernagh, Ballinasloe, Co. Galway</p> <p>Oughterard Social Work Department, Health Centre, Oughterard, Co. Galway</p>	<p>(091) 546366</p> <p>(093) 37200</p> <p>(091) 847820</p> <p>(090) 964 6200</p> <p>(091) 552200</p>
<b>KERRY</b>	<p>Social Work Department, HSE Community Services, Rathass, Tralee, Co. Kerry</p> <p>Killarney Social Work Department, St. Margaret's Road, Killarney, Co. Kerry</p>	<p>(066) 712 1566</p> <p>(064) 663 6030</p>

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<b>KILDARE</b>	Social Work Department, St Mary's Craddockstown Road, Naas, Co. Kildare	(045) 873200 (045) 882 400
<b>KILKENNY</b>	Social Work Office – Child Care Department, Child Youth and Families, Carlow/Kilkenny, HSE South, St. Canice's Hospital, Dublin Road, Kilkenny, Co. Kilkenny	(056) 778 4057 (056) 778 4532
<b>LIMERICK</b>	Social Work Department, Ballynanty Health Centre, Ballynanty, Limerick (East Team), Co. Limerick  Social Work Department Roxtown Health Centre, Roxtown Terrace, Old Clare Street, Limerick (East Team) , Co. Limerick  Parkbeg Social Work Department, Parkbeg House, 2 Elm Drive, Caherdavin Lawns, Ennis Road, Limerick, Co. Limerick  Social Work Department, Southill Health Centre, O'Malley Park, Southill, Limerick, Co. Limerick  Newcastlewest Social Work Department, Newcastlewest Health Centre, Newcastle West, Co. Limerick.	(061) 457 100 (061) 417 622  (061) 483 091  (061) 206 820  (061) 209 985  (069) 62155
<b>LAOIS</b>	Social Work Department, Child and Family Centre, Portlaoise, Co. Laois	(057) 869 2567 (057) 869 2568

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<b>LEITRIM</b>	Social Work Department, Community Care Office, Leitrim Road, Carrick on Shannon, Co. Leitrim	(071) 965 0324
<b>LONGFORD</b>	Social Work Department, Tivoli House, Dublin Road, Co. Longford	(043) 335 0584
<b>LOUTH</b>	Social Work Department, Local Health Care Unit, Wilton House, Stapleton Place, Dundalk, Co. Louth  Ballsgrove Health Centre, Ballsgrove, Drogheda, Co. Louth	(042) 939 2200 (041) 983 8574  (041) 983 3163
<b>MAYO</b>	Ballina Social Work Team, Ballina Health Centre, Mercy Road, Ballina, Co. Mayo  Castlebar Social Work Team, St. Mary's Headquarters, Castlebar, Co. Mayo  Swinford Social Work Team, Swinford Health Centre, Aras Attracta, Swinford, Co. Mayo	(096) 21511 (096) 248 41  (094) 902 2283  (094) 905 0133
<b>MEATH</b>	Community Social Work Services, Enterprise Centre, Navan, Co. Meath  Community Social Work Services, Child and Family Centre, Navan, Co. Meath  Community Social Work Services, Dunshaughlin Health Care Unit, Dunshaughlin, Co. Meath	(046) 909 7817  (046) 907 8830  (01) 802 4102



<b>Hse Area</b>	<b>Address</b>	<b>Telephone Number</b>
<b>NORTH TIPPERARY</b>	North Tipperary Duty Social Work Team, Civic Offices, Limerick Road, Nenagh, Co. Tipperary	(067) 46 636
	North Tipperary Child Protection Services: Social Work Department, Annbrook, Nenagh, Co. Tipperary	(067) 41 934
	St. Mary's Health Centre, Parnell Street, Thurles, Co. Tipperary	(0504) 24 609
<b>SOUTH TIPPERARY</b>	South Tipperary Child Protection Services: Social Work Team, South Tipperary Community Care Services, Western Road, Clonmel, Co. Tipperary	(052) 617 7302 (052) 617 7303
<b>WATERFORD</b>	Waterford: Social Work Service, Waterford Community Services, Cork Road, Co. Waterford	(051) 842827
	Dungarvan and surrounding areas: Social Work Department, Dungarvan Community Services, St. Joseph's Hospital, Dungarvan, Co. Waterford	(058) 20906
<b>WESTMEATH</b>	Social Work Department, Athlone Health Centre, Coosan Road, Athlone, Co. Westmeath	(090) 648 3106
	Social Work Department, Child and Family Centre, St. Loman's, Springfield, Mullingar, Co. Westmeath	(044) 934 4877

<b>Hse Area</b>	<b>Address</b>	<b>Telephone Number</b>
<b>WEXFORD</b>	<p>Gorey Health Centre, Hospital Grounds, Gorey, Co. Wexford</p> <p>Enniscorthy Health Centre, Millpark Road, Enniscorthy, Co. Wexford</p> <p>New Ross Health Centre, Hospital Grounds, New Ross, Co. Wexford</p> <p>Social Work Department, Ely House, Ferrybank, Co. Wexford</p>	<p>(053) 943 0100 (053) 923 3465</p> <p><i>Contact through Ely House below</i> (053) 912 3522 Ext. 201</p>
<b>WICKLOW</b>	<p>Social Work Department, HSE Glenside Road, Wicklow Town, Co. Wicklow</p> <p>Bray: Social Work Department, The Civic Centre, Main Street, Bray, Co. Wicklow</p> <p>Delgany: Social Work Department, Delgany Health Centre, Delgany, Co. Wicklow</p>	<p>(0404) 60800 (01) 274 4180 (01) 274 4100 (01) 287 1482</p>