



# HSE Child Protection and Welfare Policy





## HSE Child Protection and Welfare Policy [Part A - staff guide]

This document is a:

Policy  Procedure  Protocol  Guideline

HSE Children First  
National Office

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## Glossary of Terms

<b>Child and Family Agency (Tusla)</b>	<p>Established under the <a href="#">Child and Family Agency Act 2013</a>, the Child and Family Agency, has statutory responsibility for child welfare and protection services, family support, educational welfare and a range of other services, including those relating to domestic, sexual and gender-based violence. The Child and Family Agency is referred to as Tusla throughout this document.</p>
<b>Child</b>	<p>The <a href="#">Child Care Act, 1991</a>, defines a child as a person under the age of 18 years, other than a person who is, or has been, married.</p>
<b>Child Protection Notification System (CPNS)</b>	<p>The Child Protection Notification System is a secure database held by Tusla that contains a national record of all children who have reached the threshold of being at ongoing risk of significant harm, and for whom there is an ongoing child protection concern. The children listed on the CPNS are, or have been, the subject of a child protection plan agreed at a child protection conference. The list is there to help a small group of relevant professionals make decisions about the safety of a child. Access to the CPNS is strictly controlled and is confined to staff working in the following specified HSE services through a designated phone number:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Designated staff from out-of-hours GP services (HSE funded),</li> <li><input type="checkbox"/> Children’s Hospitals,</li> <li><input type="checkbox"/> Maternity Hospitals,</li> <li><input type="checkbox"/> Emergency Departments in Acute Hospitals.</li> </ul> <p>Staff working in these specified services should make themselves aware of the telephone number for CPNS checks,</p>

	and be aware that Tusla will only phone back to the designated number in your service.
<b>Child Safeguarding Statement</b>	The <a href="#">Children First Act 2015</a> requires organisations that are providers of relevant services to carry out a Risk Assessment in relation to the potential risks of harm (as defined in the Act) to a child or young person while attending or receiving a service. Services are then required to develop a Child Safeguarding Statement that outlines the policies and procedures which are in place to manage the risks that have been identified.
<b>Children First guidance and legislation</b>	Refers in this document to: <ul style="list-style-type: none"> <li>□ <a href="#">Children First Act 2015</a>.</li> <li>□ <a href="#">Children First National Guidance for the Protection and Welfare of Children (2017)</a>. First published in 1999, revised in 2011 and most recently in 2017. It is national guidance issued by the Department of Children and Youth Affairs for individuals, professionals and organisations to help keep children safe and protected from harm.</li> <li>□ Related <a href="#">child safeguarding guidance</a> issued by Tusla.</li> </ul>
<b>Community Health Care Organisation (CHO)</b>	The HSE provides Primary Care, Social Care, Mental Health and Health & Wellbeing Services to the general public through nine Community Health Care Organisations across Ireland.
<b>Child Protection and Welfare Report Form (CPWRF)</b>	Tusla's official form for receiving a report of a child protection or welfare concern. It is available at <a href="http://www.tusla.ie">www.tusla.ie</a>
<b>Data Protection</b>	For the purposes of this HSE Child Protection and Welfare Policy, data protection refers to the processing of personal

	<p>data for the purpose of considering and managing child protection or welfare concerns under the <a href="#">Children First Act 2015</a> and National Guidance for the Protection and Welfare of Children 2017. General Data Protection Regulation (GDPR) also apply.</p>
<p><b>Dedicated Social Work Contact Points (Tusla)</b></p>	<p>Tusla has 17 dedicated social work contact points available throughout the country where you can contact a social worker to discuss any concerns you may have. The dedicated social work contact points are available <a href="#">here</a>.</p>
<p><b>Designated Liaison Person (DLP)</b></p>	<p>Children First National Guidance for the Protection and Welfare of Children (2017) recommends that organisations that are providing services to children should consider appointing a Designated Liaison Person. This role has not been applied in the HSE. Where senior management consider that delegating functions to a person(s) would assist the implementation of Children First guidance and legislation in a particular HSE service, due to its needs or circumstances, it may appoint/delegate such a resource. If such resource is put in place, line manager responsibility in relation to ensuring staff follow the reporting procedures and record appropriately etc. must be preserved.</p>
<p><b>Designated Officer (DO)</b></p>	<p>Specific staff grades within the HSE, Tusla and all members of An Garda Síochána are assigned as Designated Officers to receive reports of alleged child abuse under the <a href="#">Protections for Persons Reporting Child Abuse Act 1998</a>. See <a href="#">Section 4.5</a> and <a href="#">Table 2</a> of this Policy document for the list of HSE Designated Officers.</p>
<p><b>Emergency Out-of-Hours Service (EOHS)</b></p>	<p>Tusla provides an Out of Hours Social Work Service between 6 p.m. and 7 a.m. every night and between 9 a.m. and 5 p.m. on Saturdays, Sundays and Bank Holidays.</p>
<p><b>Hospital Group</b></p>	<p>The hospitals in Ireland are organised into seven Hospital</p>

<b>(HG)</b>	Groups. The services delivered include inpatient scheduled care, unscheduled/emergency care, maternity services, outpatient and diagnostic services. The Group Chief Executive of each Hospital Group reports to the National Director for Acute Services and is accountable for their Hospital Group's planning and performance under the HSE Accountability Framework.
<b>Health Service Executive (HSE)</b>	The HSE provides all of Ireland's public health services in hospitals and communities across the country.
<b>Informal Consultation</b>	<p>If you are concerned about a child but unsure whether you should report it to Tusla, you may find it useful to contact Tusla to informally discuss your concern. This provides an opportunity to discuss the query in general and to decide whether a formal report of the concern to Tusla is appropriate at this stage.</p> <p>The consulting party needs to state explicitly that they are not making a report – that they are giving details of a concern but no identifying information in relation to a child or family.</p>
<b>Line Manager</b>	A line manager is the person to whom a staff member reports in the regular performance of their duties. In certain circumstances, staff members may have multiple line managers due to different functions/service or HR-related matters. In such situations, staff should be clear as to which of their line managers they report to under this Policy.
<b>Mandated Person</b>	Schedule 2 of the Children First Act 2015 details the full list of people who are classified as mandated persons under the <a href="#">Children First Act 2015</a> . Mandated persons have two main legal obligations under the Act. These are to report the harm of children at or above a defined threshold to Tusla, and to assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report.



<b>Parents</b>	Refers in this document to all parents, guardians and carers.
<b>PPPGs</b>	Policies, Procedures, Protocols and Guidelines. See also <a href="#">HSE National Framework for developing Policies, Procedures, Protocols and Guidelines</a> .
<b>Reporting Portal (Tusla)</b>	A <a href="#">web portal</a> has been developed to allow for the secure submission of reports to Tusla. The web portal is available at <a href="https://www.tusla.ie/children-first/web-portal/">https://www.tusla.ie/children-first/web-portal/</a> .
<b>Retrospective Abuse Report Form (RARF)</b>	Tusla's official form for receiving a report of retrospective abuse. It is available <a href="#">here</a> .
<b>Relevant Person</b>	A person who is appointed by a provider of a relevant service, as part of the requirements of the <a href="#">Children First Act 2015</a> , to be the first point of contact in respect of the provider's Child Safeguarding Statement.
<b>Relevant Services</b>	Schedule 1 of the <a href="#">Children First Act 2015</a> identifies 'Relevant Services' that have specific legal obligations under the Act – definitions and a full list of Relevant Services are available <a href="#">here</a> .
<b>Staff</b>	The term 'staff' refers to HSE employees, volunteers, students, those on clinical training, internships or work placements, contractors, Boards of Management and management committees. The words staff/employees/personnel may be used interchangeably throughout the document.
<b>Service Users</b>	Individuals (adults or children) attending a health service or receiving treatment from a service. May be used interchangeably with the word client throughout the document.
<b>Tusla</b>	See Child and Family Agency.

## 1. Introduction

The Health Service Executive (HSE) was established in January 2005 as the single body with statutory responsibility for the management and delivery of health and personal social care services in the Republic of Ireland. As outlined in the [Health Act, 2004](#), the objective of the HSE is to use the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public.

Every HSE staff member has a responsibility and duty of care to ensure that children/young people availing of, or attending a HSE service, are safe and protected from harm (physical/emotional/sexual abuse or neglect). With the full commencement of the [Children First Act 2015](#), there are legal obligations for certain staff known as mandated persons.

The HSE Child Protection and Welfare Policy sets out the roles, responsibilities and procedures assigned to ensure the effective management of child protection and welfare concerns in the HSE. It is one of a number of policies and procedures in the HSE that contribute to safeguarding children and young people. This Policy should be used in conjunction with all other relevant HSE policies, as necessary.

This Policy consists of two parts – A and B. Part A (this document), contains the procedures that staff must adhere to in relation to managing a child protection and welfare concern. Part B is a separate document that provides detail regarding the development and review of the Policy and is available at <https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/resources/developmentalcycle.pdf>.

All staff members are required to read and adhere to this document - Part A (Staff guide). It comprises a number of sections and appendices:

[Section 2](#) provides an overview of the guiding principles which inform this Policy in relation to safeguarding children and promoting their welfare.

[Section 3](#) details the scope of this Policy – who it applies to, and who it does not.

[Section 4](#) outlines the key roles and responsibilities of staff in relation to keeping children safe and managing child protection or welfare concerns in the HSE. It also outlines staff roles that are informed by legislation.

[Section 5](#) provides comprehensive reporting guidance for staff in the form of the [HSE Child Protection and Welfare Reporting Procedure](#). This section is summarised with a step-by-step reporting algorithm.

[Section 6](#) provides procedural guidance in relation to record-keeping – a central component of the HSE Child Protection and Welfare Reporting Procedure.

[Section 7](#) provides procedural guidance in relation to Information Sharing Practice and Confidentiality – cornerstones of effective reporting practices.

[Section 8](#) provides general reporting information as well as guidance to assist staff with some of the complexities that may arise in relation to managing child protection or welfare concerns.

[Appendix 1](#) provides guidance in relation to definitions, signs and symptoms of abuse and neglect, as well as reporting thresholds.

[Appendix 2](#) provides a summary of key legislation.

[Appendix 3](#) is the form for staff in HSE services to sign acknowledging that they are aware of the revised Policy.

[Appendix 4](#) is a template to be completed by staff when they need to make a notification to An Garda Síochána under the Criminal Justice (Withholding of information on offences against children and vulnerable persons) Act 2012.

This document (Part A - staff guide) is available at

<https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/resources/hsecpwpolicy.pdf>.

Information in relation to the **PPPG developmental cycle** [Part B] of the Policy is available at

<https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/resources/developmental-cycle.pdf>

For further information, or for any queries in relation to Children First in the HSE, please contact the [HSE Children First National Office Training and Development Officer](#) in your area or email [childrenfirst@hse.ie](mailto:childrenfirst@hse.ie).

**Note:** Where service-specific/local procedures are required to implement this policy in line with best practice and Children First guidance and legislation, supplementary information may be added to this Policy, however, no part of this Policy may be subtracted from or amended in any form in the development of such procedures. Any additional procedures must be consistent with the guiding principles and key elements of the [HSE Child Protection and Welfare Reporting Procedure](#) in this Policy.

## 2. Guiding Principles

The safety, welfare and development of children and young people are core objectives and key priorities for the HSE. The following guiding principles are informed by Children First guidance and legislation. They underpin this Policy and inform best practice within the HSE. The guiding principles are:

- The safety and welfare of children is everyone's responsibility.
- The best interests of the child should be paramount.
- Early intervention is vital for better outcomes.
- A proper balance must be struck between protecting children and respecting the rights, needs and duties of others, such as HSE staff, parents/carers and families. Where there is conflict, the child's welfare must come first.
- Children have a right to be heard, listened to and to be taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions that may affect their lives.
- All children must be treated equally in line with the Equal Status Acts [2000](#) and [2012](#), and have the right to be protected from harm and discrimination. Parents have a right to respect and should be consulted and involved in matters that concern their family.
- Child protection is a multi-agency, multidisciplinary activity. Agencies and professionals must work together in the interests of children.
- Effective prevention, detection and treatment of child abuse or neglect requires clarity of responsibility and training of staff involved in services working with children.

It is important that every individual working with children and families is aware of their own role and the roles of other professionals. All staff have a responsibility to report concerns to Tusla without delay, where there is a reasonable concern in relation to the safety or welfare of a child.

### 3. Scope

#### 3.1 Inclusion criteria

This Policy applies to the following categories of staff/teams/services:

<p><b>HSE staff</b> (see glossary for a definition of staff)</p>	<p>This Policy applies to <b>all</b> HSE staff across <b>all</b> HSE children and/or adult based services and in HSE administrative/corporate settings, with the exception of those identified in section 3.2.</p>
<p><b>Contracted and Agency Staff Working in the HSE</b></p>	<p>This Policy applies to any contracted or agency staff working for the HSE. Contracted or agency staff should also follow any directions specified by their employing organisation, such as notifying their agency line management when they report a child protection or welfare concern to Tusla, or where a decision is made not to report a concern.</p>
<p><b>HSE Staff working in HSE led Multi-Agency Teams</b></p>	<p>This policy applies to <b>all</b> staff (of HSE and HSE funded organisations) on HSE led multi-agency teams for the purpose of their work within the multi-agency team only.</p>

#### 3.2 Exclusion criteria

This Policy does not apply to the following categories of staff/teams/services:

<p><b>HSE Staff working in external Services, including HSE Funded, Agency led Multi-agency Teams</b></p>	<p>HSE staff who work in external services should follow the relevant Child Safeguarding Policies of the external organisation <b>and</b> inform their HSE line manager/supervisor when they report a child protection or welfare concern to Tusla, or where a decision is made not to report a concern. This includes HSE staff working in a multi-agency team managed by a partner agency.</p> <p>Where a staff member of a multi-agency team has a child</p>
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	<p>protection or welfare concern that does not relate to a child under the multi-agency team caseload, the reporting procedure in the employing organisation should be followed.</p>
<p><b>HSE Funded and Contracted Services</b></p>	<p>HSE funded and contracted services are required to be compliant with Children First legislation and guidance. HSE funded and contracted services should have a child protection and welfare policy that is consistent with the guiding principles outlined in this Policy. These services may adopt or adapt the HSE Child Protection and Welfare Policy to meet their needs, with the exception of the role of a Designated Officer as this role applies only to specified staff in the HSE, Tusla or An Garda Síochána.</p>

## 4. Roles and Responsibilities

All staff are responsible for ensuring the protection and welfare of children in the HSE. Some staff have additional responsibilities arising in relation to their position as a line manager or senior manager, or in relation to a specific role they may hold, such as a mandated person or Designated Officer. These roles and responsibilities are:

### 4.1 All Staff

The welfare and protection of children is the responsibility of all HSE staff. Staff members must support each other and work in partnership in the best interests of children and young people, as well as ensuring full organisational compliance with the law and policies governing Children First guidance and legislation in Ireland. All staff must be aware of and understand their responsibilities in terms of Children First guidance, legislation and safeguarding policies. Members of staff must ensure they:

- Have read, understand and incorporate into practice:
  - This Policy document,
  - Their relevant service's Child Safeguarding Statement (where applicable).
- Are familiar with and consult as necessary:
  - [Children First National Guidance for the Protection and Welfare of Children \(2017\)](#)
  - Relevant [Tusla reporting guidance](#).
- Complete the mandatory HSE eLearning module '[An Introduction to Children First](#)', and attend additional training as appropriate to their role.
- Check if they are a Designated Officer under the [Protections for Persons Reporting Child Abuse Act 1998](#), and be familiar with the role and responsibilities. See section 4.5 and table 2 of this Policy document for details.
- Check if they are a mandated person under the [Children First Act 2015](#), and be familiar with the role and responsibilities.



- Inform service users, and parents/guardians, about their roles and responsibilities in relation to child protection and safeguarding children as relevant.
- Report and record child protection and welfare concerns in accordance with the procedures outlined in this Policy.
- Provide any necessary and proportionate assistance to support Tusla in its assessment of a child protection or welfare concern.
- Where a staff member has a concern regarding unsafe practices taking place within the service/organisation, they should inform their line manager, or consider making a [Protected Disclosure](#) as soon as possible.

## 4.2 Line Managers

Line managers are required to support senior management in the implementation of this Policy and may be delegated responsibilities in addition to those outlined below. Roles and responsibilities of line managers include ensuring within their area of responsibility that:

- Staff understand their roles and responsibilities as outlined in this Policy and have signed the signature sheet in Appendix 3 to that effect.
- This Policy forms part of the induction process for new staff.
- They provide consultation and assistance to staff who have a child protection or welfare concern.
- The HSE Child Protection and Welfare Reporting Procedure is followed where there is a child protection or a welfare concern.
- There is an appropriate and secure filing system in place to maintain all documentation related to child protection and welfare concerns in line with the requirements outlined in Sections 6 and 7 of this Policy.

- Staff maintain records of all child protection and welfare reports to Tusla and/or An Garda Síochána in an appropriate and secure filing system in accordance with Data Protection.
- Staff maintain appropriate records of all child protection and welfare concerns that do not reach the threshold for a report to Tusla and consider any patterns of concerns that may be identifiable over time.
- All staff complete the mandatory HSE eLearning Programme “[An Introduction to Children First](#)” and refresher training as required, as well as any other additional training appropriate to their role. A certificate of completion should be retained on the staff file.
- Confidential information relating to child protection or welfare concerns is shared on a **need-to-know** basis in line with the requirements outlined in Sections 6 and 7 of this Policy.
- They raise awareness of child protection and welfare issues through supervision, support, training, assistance and advice.
- They monitor and advise of any issues affecting the implementation of the HSE Child Protection and Welfare Policy in their area of responsibility.
- The [HSE Integrated Risk Management Policy](#) is used to identify, evaluate and respond to any child protection or welfare risks which arise.
- In addition to making a report of a child protection or welfare concern to Tusla and/or An Garda Síochána, the [HSE Safety Incident Management Framework](#) should also be used to inform senior management of any incident where a child has been harmed or is at risk of harm, whilst availing of the service.

### 4.3 Senior Management

National Directors, Chief Officers and Hospital Group Chief Executive Officers are responsible for ensuring that this Policy is implemented throughout their Community Health Care Organisations, HSE Hospitals and National Services. Senior management

has a key role in ensuring that the necessary structures are in place to oversee compliance. This includes ensuring the following requirements are met:

- Complying with HSE Children First planning and ongoing implementation.
- Ensuring line managers fulfil their roles and responsibilities as outlined in section 4.2.
- Delegating any necessary actions or functions to line managers (and/or to identified staff) to ensure the effective implementation of this Policy.
- Ensuring relevant services fulfil their requirements under the [Children First Act 2015](#) to complete a Risk Assessment of any potential harm of abuse to a child while availing of the service.
- Ensuring relevant services fulfil their requirements under the [Children First Act 2015](#) to have a Child Safeguarding Statement in place.
- Ensuring a relevant person is appointed as the first point of contact for the Risk Assessment and Child Safeguarding Statement in each relevant service as required.
- Ensuring all procedures identified in the Child Safeguarding Statement are in place and operating effectively.
- Ensuring HSE funded and contracted services are compliant with HSE requirements in relation to Children First guidance and legislation.

#### **4.4 Mandated Persons**

Staff should check to see if they are a mandated person as outlined in Schedule 2 of the [Children First Act 2015](#) (see table 1). Mandated persons have two main legal obligations under the Children First Act 2015 in relation to reporting and assisting - these are:

#### 4.4.1 Mandated Reporting

A mandated person is required to report to Tusla without delay, any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed. This includes where a child discloses their belief to a mandated person that they have been, are being or are likely to be harmed. Harm is defined in the Act as assault, ill-treatment or neglect of the child in a manner that seriously affects or is likely to seriously affect the child's health, development or welfare; or any concern regarding sexual abuse.

**Note:** If a mandated person has any concern regarding the protection or welfare of a child, which does not meet the threshold for making a mandated report the [HSE Child Protection and Welfare Reporting Procedure](#) must be followed, and the concern reported to Tusla where there is [Reasonable Grounds for Concern](#).

#### 4.4.2 Mandated Assisting

Where requested, a mandated person is required to assist Tusla in its assessment of a concern which has been the subject of a mandated report. According to the [Children First Act 2015](#), Mandated assistance is the provision of:

- Verbal or written information or reports.
- Attendance at any meeting arranged by Tusla in connection with an assessment of a child, e.g. Strategy Meeting, Child Protection Conference.
- The production to Tusla of any document or thing.

Tusla has five conditions that need to be met before making a formal mandated assisting request:

- ✓ The legal threshold for a mandated report should have been reached, i.e. the child has suffered, is likely to or is suffering harm.
- ✓ The request is necessary and proportionate in all the circumstances of the case.

- ✓ The mandated person is reasonably believed to be in a position to assist having an identified and specific contribution to make to the assessment, as it may be reasonably required.
- ✓ That not making the request for assistance may be detrimental to the best interests of the child.
- ✓ The mandated person is not already voluntarily, as part of their normal duties, participating and assisting with the assessment.

**Table 1: Schedule 2 of the Children First Act 2015: Mandated Persons**

1	Registered medical practitioner within the meaning of section 2 of the Medical Practitioners Act 2007.
2	Registered nurse or registered midwife within the meaning of section 2(1) of the Nurses and Midwives Act.
3	Physiotherapist registered in the register of members of that profession.
4	Speech and language therapist registered in the register of members of that profession.
5	Occupational therapist registered in the register of members of that profession.
6	Registered dentist within the meaning of section 2 of the Dentists Act 1985.
7	Psychologist who practises as such and who is eligible for registration in the register (if any) of members of that profession.
8	Social care worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register of that profession.
9	Social worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register (if any) of that profession.
10	Emergency medical technician, paramedic and advanced paramedic registered with the Pre-Hospital Emergency Care Council under the Pre-Hospital Emergency Care Council (Establishment) Order 2000.
11	Probation officer within the meaning of Section 1 of the Criminal Justice (Community Service) Act 1983.
12	Teacher registered with the Teaching Council.
13	Member of An Garda Síochána.
14	Guardian ad Litem appointed in accordance with section 26 of the Child Care Act 1991.

15	<p>Person employed in any of the following capacities:</p> <ul style="list-style-type: none"> <li>○ manager of domestic violence shelter;</li> <li>○ manager of a homeless provision or emergency accommodation facility;</li> <li>○ manager of an asylum seeker accommodation (direct provision) centre;</li> <li>○ addiction counsellor employed by a body funded, wholly or partly, out of moneys provided by the Oireachtas;</li> <li>○ psychotherapist or a person providing counselling who is registered with one of the voluntary professional bodies;</li> <li>○ manager of a language school or other recreational school where children reside away from home;</li> <li>○ member of the clergy (howsoever described) or pastoral care worker (howsoever described) of a church or other religious community;</li> <li>○ director of any institution where a child is detained by an order of a court;</li> <li>○ safeguarding officer, child protection officer or another person (howsoever described) who is employed for the purpose of performing the child welfare and protection function of religious, sporting, recreational, cultural, educational and other bodies and organisations offering services to children;</li> <li>○ childcare staff member employed in a pre-school service within the meaning of Part VIIA of the Child Care Act 1991;</li> <li>○ person responsible for the care or management of a youth work service within the meaning of section 2 of the Youth Work Act 2001.</li> </ul>
16	<p>Youth worker who—</p> <p>(a) holds a professional qualification that is recognised by the National Qualifications Authority in youth work within the meaning of section 3 of the Youth Work Act 2001 or a related discipline, and</p> <p>(b) is employed in a youth work service within the meaning of section 2 of the Youth Work Act 2001.</p>
17	Foster carer registered with the Agency.
18	A person carrying on a pre-school service within the meaning of Part VIIA of the Child Care Act 1991.

## 4.5 Designated Officers

All categories of HSE staff outlined in Table 2 are assigned, by the HSE, as Designated Officers under the [Protections for Persons Reporting Child Abuse Act 1998](#). As such, they are required to receive reports of suspected child abuse or neglect from any person who is of the opinion that:

- (a) A child has been or is being assaulted, ill-treated, neglected or sexually abused, or
- (b) A child's health, development or welfare has been or is being avoidably impaired or neglected.

By reporting their concern to a Designated Officer of the HSE, Tusla or An Garda Síochána, a person is protected from civil liability providing the concern is reported “reasonably and in good faith”. Where a Designated Officer is approached by a person (a member of the public, etc.) who wishes to report a child protection or welfare concern, the Designated Officer should:

- Advise the person that they are protected from civil liability where they report a child abuse or neglect concern “reasonably and in good faith” to a Designated Officer of the HSE, Tusla or An Garda Síochána.
- Receive the report verbally or in writing.
- Follow the [HSE Child Protection and Welfare Reporting Procedure](#).
- Advise the person that they can also make a report directly to Tusla.

**Table 2: HSE Designated Officers**

Access Workers	Non-Consultant Hospital Doctors
Advocacy Officers	Occupational Therapists
All HSE Nursing Personnel	Physiotherapists
All other HSE Medical and Dental Personnel	Pre-school Services Inspectors
Care Assistants	Project Workers
Child Care Workers	Psychiatrists
Childminder Coordinators	Psychologists
Children First Implementation Officers	Public Health Nurses
Children First Information and Advice Persons	Quality Assurance Officers
Community Welfare Officers	Radiographers
Counsellors in Services for AVPA	Residential Care Managers/Residential Child Care Workers
Designated Person within the HSE	Social Workers
Environmental Health Officers	Speech and Language Therapists
Family Support Coordinators	Substance Abuse Counsellors
Family Support Workers	Training and Development Officers
Health Education/Health Promotion Personnel	Managers of Disability Services
HIV and AIDS Services	
Hospital Consultants	



## 5. HSE Child Protection and Welfare Reporting Procedure

This procedure outlines the key stages and considerations in relation to reporting a child protection or welfare concern in the HSE. All stages in the reporting procedure should be considered. The key stages include:

**Recognise** a concern.

**Respond** to any immediate safety needs of the child.

**Consult** with your line manager (or most senior staff member available) to determine what actions may need to be considered in relation to the concern. Where further advice is required, have an informal consultation with Tusla.

**Report** to Tusla, without delay, where there are reasonable grounds for concern (applicable to all staff), or where there is a legal requirement to report as a Mandated Person.

**Inform** the family, unless there is good reason not to.

**Record** in line with HSE Record Keeping Policy and Data Protection requirements.

**Assist** Tusla, where requested, with its assessment of a concern.

**Monitor** / no further action required.

This procedure is HSE Policy and is relevant for **all staff**. Some staff members have additional legal responsibilities in relation to their status as a mandated person. An overview of each step in the procedure is outlined from section 5.1 to 5.8 and summarised in **Figure 1: [HSE Child Protection and Welfare Reporting Procedure \[Reporting algorithm\]](#)** (it may also be downloaded from the [HSE Children First website](#)).



Key practice note

## Confidentiality

*Confidentiality or anonymity cannot be assured where there may be a child protection concern. It is best practice to outline the limits of confidentiality with service users, families and others. This includes people interacting through 'confidential' helplines or engaging with research as 'anonymous' survey respondents. Therefore, those providing 'confidential helplines' or conducting 'anonymous surveys' should include a notice to the service user before they commence interaction with the call/survey. This notice should be approved by the HSE's Communications team before use/publication. Where a serious child protection or welfare concern is raised, this information should be reported to An Garda Síochána, who may, in the case of potential serious offences, get authorisation to trace the location and source of information through caller ID, internet IP addresses etc. It is a criminal offence under the Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012 as amended not to notify An Garda Síochána of information which might materially assist in securing the apprehension, prosecution, or conviction of a crime committed against children referred to in Schedule 1 of that Act.*

### 5.1 Recognise a concern

Staff should be aware of the signs and symptoms of abuse and neglect, as well as the circumstances which may make children more vulnerable to harm (see [Appendix 1: Abuse and Neglect: Definitions, Signs and Reporting Thresholds](#) for information).

Ignoring what may be symptoms of abuse could result in ongoing harm to the child. Adult services must consider the welfare and safety of any children in the adult's care, and/or children in regular contact with the adult. Staff may become alert to the possibility of a child protection or welfare issue through their own observation of a concern, through an allegation reported to them by a service user or member of the public, or a child/adult may disclose abuse to them.

## 5.2 Respond to any immediate safety needs of the child.

No child should be left in a situation which exposes them to harm. Where there is an **immediate or serious risk**, contact should be made by phone with a Tusla Duty Social Worker without delay. Where Tusla is not available, contact should be made with An Garda Síochána.



Key practice note

### Responding to someone who discloses abuse

A child/adult may disclose abuse to you as a trusted adult at any time during your work with them. It is important that you are aware and prepared for this, and respond sensitively and professionally. The following approach is suggested as best practice:

- ✓ React calmly.
- ✓ Listen carefully, attentively and patiently.
- ✓ Take the child/adult seriously. False disclosures are very rare.
- ✓ Disclosures can be very difficult for the child/young person.
- ✓ Do not express any opinions about the person subject to an allegation of abuse. Remember, the child or young person may initially be testing your reactions and may only fully open up over a period of time.
- ✓ Reassure the child/adult that they have taken the right action in talking to you. Do not pressurise them.
- ✓ Do not promise to keep anything secret or give false assurances of absolute confidentiality. You may advise the child/adult you will only speak to the people who know how to respond to this situation.
- ✓ Parents/carers of a child should be informed, unless to do so would place the child or others at further risk, or impair an assessment/investigation.
- ✓ Ask questions for clarification only. Do not ask leading questions or press for information, interview or cross-examine the child/adult.
- ✓ Check back with the child/adult that what you have heard is correct and understood.
- ✓ Ensure that the child/adult understands the steps that will follow.
- ✓ Make a written record of the conversation as soon as possible, in as much detail as possible. Use the child/adult's exact wording where a disclosure of abuse is made.

### 5.3 Consult with your line manager (or most appropriate senior staff member).

Determine what actions need to be considered in relation to the concern, and whether there is a reasonable concern that a child may have been, is being, or is at risk of being abused or neglected (See Appendix 1 for further information in relation to reporting thresholds). It is not necessary for a staff member to prove that abuse has occurred to report a concern to Tusla – it is Tusla’s role to assess the concerns that are reported. Consultation with your line manager should not delay the reporting process where there is an immediate concern. If you are still unsure whether you should report to Tusla, you may find it useful to contact a Tusla Duty Social Worker to informally discuss your concern. This provides an opportunity to discuss the query in general and to decide whether a formal report of the concern to Tusla is appropriate at this stage.

#### **Note:**

- Where a staff member and line manager have discussed a concern, there should be agreement regarding whether the concern should be reported to Tusla or not. Where there is disagreement, either party can seek further consultation with Tusla. If you remain concerned, you should report this concern to Tusla and/or An Garda Síochána. In this event, the staff member may not be penalised by their employer, in accordance with the provisions of the [Protections for Persons Reporting Child Abuse Act 1998](#).
  
- Where a concern relates to a serious offence, staff should consult with their line manager (or most appropriate senior staff member), as there may be a requirement to report the concern to An Garda Síochána under the [Criminal Justice \(Withholding of Information on Offences against Children and Vulnerable Persons\) Act 2012](#) (See Appendix 2.4 for further information).

## Out-of-Hours

Tusla provides an Out of Hours Social Work Service between 6 p.m. and 7 a.m. every night and between 9 a.m. and 5 p.m. on Saturdays, Sundays and Bank Holidays.

- Mandated persons can access Tusla's Out of Hours Social Work Service directly on 0818 776 315 between 6 p.m. and 7 a.m. every night and between 9 a.m. and 5 p.m. on Saturdays, Sundays and Bank Holidays.
- In situations where there is a concern of **immediate or serious risk to a child**, staff may contact **An Garda Síochána** who can bring a child to a place of safety and access Tusla's Out of Hours Social Work Service.
- Certain services can access the **Child Protection Notification System (CPNS) through a designated phone number**. The telephone number should be made available in services as relevant (it is a restricted number and therefore cannot be published in this Policy document).

### 5.4 Inform the family

Wherever possible, service users/parents or guardians should be informed of any child protection or welfare concern, and where a report is being made to Tusla or An Garda Síochána, and the reasons for that decision. Sharing information with a parent in relation to a concern can promote open and honest relationships and can support the parent to effect positive change. Where a parent objects to this disclosure of information, their refusal should be clearly recorded and they should be informed that the information must be shared for the protection of the child. All cases of disclosure to a third party should be clearly documented.

The exceptions to informing a parent regarding a report include where doing so may:

- Place the child at further risk of harm,
- Place you or others at risk of harm,
- Impair Tusla's ability to carry out a risk assessment, or
- Impair the prevention, detection or prosecution of a serious crime by An Garda Síochána.

**In these circumstances, the staff member should consult with their line manager, and where necessary, with Tusla and/or An Garda Síochána in making this decision. The reasons for not informing the service users/parents or guardians should be recorded.**

## **5.5 Report**

Report to Tusla, without delay, where any staff member has reasonable grounds for concern, or where there is a legal requirement to report as a mandated person (See Appendix 1 for further information in relation to reporting thresholds and what to do if a concern does not meet the threshold for a report). Staff may report jointly with any other person, whether that person is a mandated person or not.

Reports should be submitted using [Tusla's reporting portal](#) (see [Section 8.1](#) for information on how to make a report to Tusla). Where a verbal report is made, a written report must be submitted to Tusla as soon as practicable thereafter, and no later than three days.

### **Note for mandated persons:**

- The statutory obligation of a mandated person to report under the [Children First Act 2015](#) must be discharged by the mandated person, and cannot be discharged by their line manager (or any other person) on their behalf.
- Where a number of mandated persons have the same concern or information, each has a legal obligation to ensure a report is submitted, however, Tusla, who under section 14(9)(b) of the Act have the powers to

prescribe procedures for the *making of a report by mandated persons jointly with one or more than one other person*, have specified that ‘*where mandated persons share the same concern or information, only one person is required to report or they can report jointly*’. As such, services may develop their own procedures in this regard, to ensure that reports are submitted appropriately to Tusla in a manner that meets the legal obligations of mandated persons but that avoids a series of multiple reports submitted in relation to the exact same concern. Mandated persons should be able to satisfy themselves that a report of the same concern or information has already been submitted to Tusla and as such, they do not need to submit another one.

- Mandated persons are not required to report the same concern or information more than once, however, if, having made a report to Tusla’s social work service, you remain concerned about the safety or welfare of a child, you can contact the social work team in the area where the child resides.
- It may be necessary to make subsequent reports where there is new information/concern or ongoing concerns.
- A mandated person is not required to make a report where the sole basis for their knowledge, belief or suspicion of harm is as a result of becoming aware that another mandated person has made a report to Tusla about the child.



Where a staff member knows or believes that a serious offence has been committed against a child, and their information might be of material assistance in securing the apprehension, prosecution or conviction of another person for that offence, it is a legal requirement to report this to An Garda Síochána – see [Criminal Justice \(Withholding of Information on Offences against Children and Vulnerable Persons\) Act 2012](#) in [Appendix 2](#) for further information, and Appendix 4 for the [Notification Form for Reporting to An Garda Síochána](#) under this Act.

## 5.6 Record

Record all relevant information in relation to the child protection or welfare concern. Include any contact with the child, parents or guardians, as well as any consultations (internal or external to the HSE), decisions and reports. The information recorded should include the names, dates, times and locations of events and the conversation. High quality, accurate record-keeping is essential to safeguard children and promote their welfare. Records may be reviewed by the family, HIQA or be drawn upon in Court Proceedings. Records of all child protection and welfare concerns or reports must be maintained in line with HSE record-keeping policy guidance (See [Section 6](#) for further information).



Key practice note

### **Child Protection and Welfare concerns that do not reach the threshold for a report to Tusla**

Records of all child protection and welfare concerns that do not reach the threshold for a report to Tusla must also be maintained in line with HSE record keeping policy guidance. The records should detail the nature of the concern and any actions taken (e.g. continued monitoring and/or referral to an early intervention or family support service) and be considered for any patterns of concerns that may be identifiable over time.

## 5.7 Assist

Assist Tusla, where requested, with their assessment of a concern. Where assistance requires the sharing of information, this should be in line with the guidance outlined in [Section 7 Information Sharing Procedures and Confidentiality](#). While it is expected practice for all staff to support and assist Tusla in their assessment of a child protection or welfare concern (as necessary and proportionate in the circumstances), mandated persons are legally required to assist where a formal request for Mandated Assistance is made, irrespective of who made the original mandated report. For further information, see [Mandated Assisting Protocol for Tusla Staff](#).

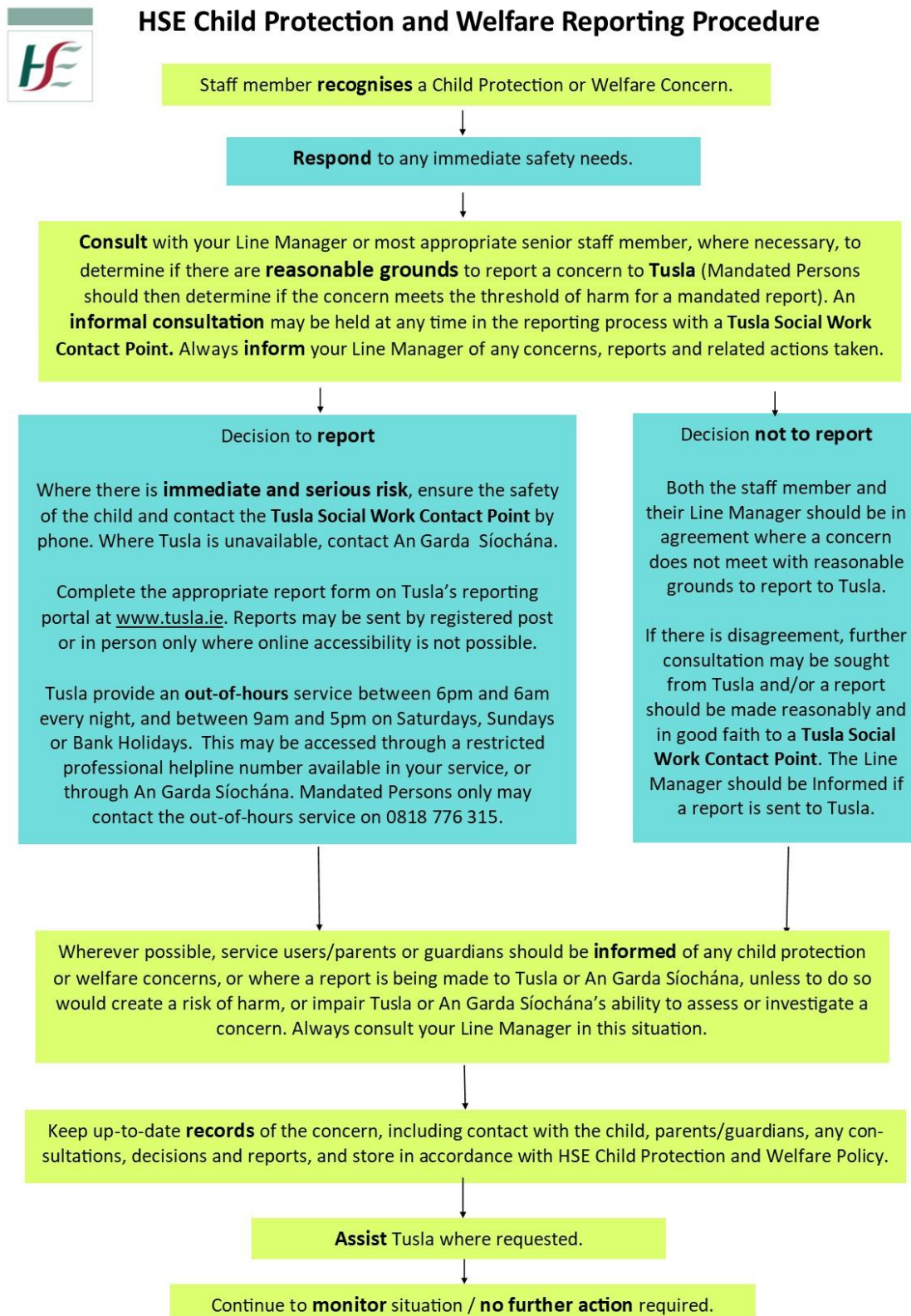


## 5.8 Monitor

Monitor the situation. Do not assume that a child is safe because a report has been made. Be sensitively vigilant to any ongoing needs of the child, and/or any other children associated with the situation e.g. siblings. If there is a new concern or a deterioration of the current concern, follow this reporting procedure. Similarly, where a concern is not reported to Tusla because it did not meet the threshold of reasonable grounds for concern, remain sensitively vigilant to any ongoing needs of the child, and/or any other children associated with the situation.

Services should be aware of any ongoing support needs of children and families and continue to promote welfare through their own service provision or by referral to local services and supports (for example, a referral to early intervention or a family support programme). It may be that the situation improves, or it may be that there is an ongoing low-level concern. It is important to maintain good records of concerns, and a parent's response to the concern. If a pattern of neglect or abuse emerges, follow this reporting procedure. Where there are no further concerns, no further action is required.

**Figure 1: HSE Child Protection and Welfare Reporting Procedure**



## 6. Record-keeping Procedures for Child Protection and Welfare Concerns

Service and line managers must ensure that there is an appropriate and secure filing system in place to maintain copies of relevant documents related to child protection and welfare concerns reported or otherwise. Access to such records should be proportionate and appropriate to the role of individual staff members. All staff must be made aware of where and how such records are to be maintained. Individual HSE services are required to review their filing practices to determine an appropriate system which meets their needs and strictly complies with data protection guidelines, confidentiality and the **need to know** principle. This may include a data impact assessment under GDPR.

[HSE Data Protection policies](#) categorise information relating to child protection and welfare recordings as “restricted data” which is highly sensitive and confidential. All staff must be aware of their responsibilities for record-keeping and understand that failure to adequately record a child protection or welfare concern or to uphold the confidentiality of information, is a failure to adequately discharge a duty of care. There are eight key principles which underlie the HSE’s responsibilities under data protection legislation. The HSE must:

- ✓ Obtain and process information fairly.
- ✓ Keep it only for specified, explicit and lawful purposes.
- ✓ Use and disclose it only in ways compatible with these purposes.
- ✓ Keep it safe and secure.
- ✓ Keep it accurate, complete and up-to-date.
- ✓ Ensure that it is adequate, relevant and not excessive.
- ✓ Retain all child protection and welfare concerns in perpetuity.
- ✓ Give a copy of personal data to an individual, on request, in accordance with procedures in your local area.

## 6.1 Record-keeping Practice

- All child protection and welfare concerns or reports must be recorded, even if a decision is made that they do not meet the established thresholds for reporting to Tusla.
- Clearly document any consultations, decisions or actions taken in relation to a child protection or welfare concern, including any discussions held with the child, parent or service user, Tusla or An Garda Síochána. Records should be made as soon as possible and it is recommended that they should be completed within 24 hours.
- Records should be typed where possible. If handwritten, they must be clearly legible and written in black pen only.
- Every entry should be timed in the 24-hour clock (e.g. 16:00hrs) and dated.
- Every entry should include a signature with full name in block capitals.
- Records should be factual and include all relevant information about the child, his/her home circumstances and the grounds for concern. Note:
  - Opinion is acceptable where there is a professional basis for it.
  - Avoid specialist jargon which someone from another agency may not necessarily understand.
  - Detail what happened and where, and use the adult/child's own words where relevant (for example, a disclosure of abuse).
  - Identify any colleagues or other persons who may also have witnessed or may have additional information in relation to the concern and try to ensure that they also make a written report.
  - Refer to any other relevant information e.g. previous incidents that have caused you concern.
  - Caution should be exercised in accepting third-party information as fact until such information can be verified. Third-party information should be clearly identified as such.

- Records may be accessed for multiple reasons over many years. Always write from the perspective that your entry could be viewed by service users, their family, representatives and various professionals including legal professionals.
- Keep a record of any information shared with Tusla/An Garda Síochána.
- Line Managers should be informed of the record and its location.

## 6.1 Record Storage and Retention Procedures

- Records should be stored as per the appropriate and secure filing procedure within the service.
- All information pertaining to a child protection or welfare concern must be recorded and retained securely in a place which upholds the confidential nature of the information.
- Child protection and welfare concerns must be kept in perpetuity, in line with the HSE Record Retention Policy 2013.
- Individual HSE services are required to review their filing practices to determine an appropriate system which meets child protection and welfare recording requirements. This should strictly comply with data protection guidelines, confidentiality and the need to know principle.
- Services should state the location where records (all reports, notes and correspondence) are stored. If records of child protection or welfare concerns are stored separately to a service user's 'master' file, the 'master' file must indicate that another file exists and where it can be accessed.
- Staff must make themselves aware of any service-specific record management procedures in consultation with their line managers.
- Line managers must ensure that records of all child protection and welfare reports to Tusla and/or An Garda Síochána are maintained appropriately by all staff.

- Line managers must ensure that records of all child protection and welfare concerns that do not reach the threshold for a report to Tusla, are maintained appropriately by all staff.
- Line managers should provide oversight and governance of the filing and storage arrangements in their service.
- Access to records and/or sharing of information must be on a need-to-know basis only, in the best interests of the child or young person (see [Section 7 Information Sharing Procedures and Confidentiality](#)).
- Staff must cooperate with Tusla, in line with [Section 7 Information Sharing Procedures and Confidentiality](#), in the sharing of records, where a child protection or welfare issue arises.
- Records must only be used for the purpose for which they are intended.

## 6.2 Transferring or closing a file

In the event that a service user leaves the service, transfers to another service or moves address, the following should be considered:

- Whether there is a need to transfer relevant child protection information to the new service (See [Section 7 Information Sharing Procedures and Confidentiality](#)).
- Whether there are existing or outstanding child protection or welfare concerns that require follow up or consultation with Tusla before closing or transferring the case file.

## 7. Information Sharing Procedures and Confidentiality

The ability of services to protect children from abuse or neglect is dependent on the willingness of professionals to share and exchange relevant information. **The Data Protection Acts and General Data Protection Regulation do not prevent the sharing of information on a reasonable and proportionate basis for the purposes of child protection.** All HSE staff are required to report to Tusla if they have reasonable grounds for concern about a child, and in so doing, they are protected from civil liability or penalisation by their employer under the [Protections for Persons Reporting Child Abuse Act 1998](#). Where a mandated person is required to share information with Tusla following a formal Mandated Assistance request, they are protected from civil liability under Section 16(3) of the [Children First Act 2015](#).

### 7.1 General principles in relation to information sharing and confidentiality

In relation to information sharing, the following principles should be observed:

- The safety and welfare of children are paramount and staff must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them.
- Where the interests of the parents and the child appear to conflict, the child's interests must be paramount in relation to child protection and welfare issues.
- Giving information to a person who has a bona fide **need to know** for the protection of a child is not a breach of confidentiality or data protection.
- Where the disclosure of confidential information is necessary, the **need to know** principle should apply, i.e. only those who need to know should be given the relevant information.
- Identify the appropriate information to share. All relevant and proportionate information regarding a reasonable concern, a report, or the assessment of a child protection or welfare concern, should be shared with Tusla in the best interests of the child. If in doubt about what information should be shared, consult with your line manager and/or Data Protection Officer.

- Information sharing should be consistent with the Information Sharing Framework outlined in [Figure 2](#).
- Information should be factual, accurate and up-to-date, shared in a timely fashion and in a secure manner.
- Inform the relevant persons to whom the information relates about the sharing of the information, unless doing so is likely to place that person or others at risk of harm, impair Tusla's ability to carry out a risk assessment, or impair the prevention, detection or prosecution of a serious crime by An Garda Síochána.



Where Tusla shares information with a person in the course of carrying out an assessment of a mandated report, it is a criminal offence under Section 17 of the Children First Act 2015, for that person to disclose the information to a third party, unless in accordance with law, or unless there is written authorisation from Tusla. It is important to note that it is only information shared by Tusla during the period of assessment of a mandated report that is covered by Section 17 of the Act. Any other kind of report or sharing of information is not covered by this section of the Act but will be covered by data protection legislation, which does not prevent the sharing of information on a reasonable and proportionate basis for the purposes of child protection



## 7.2 Reporting Practice in relation to information sharing and confidentiality

Confidentiality or anonymity cannot be assured where there may be a child protection concern. At the outset of contact with a service, staff should explain to service users/parents or guardians openly and honestly, that proportionate information will be shared with Tusla where there is a child protection or welfare concern and An Garda Síochána, where an offence against a vulnerable adult or child may have been committed. This includes people interacting through ‘confidential’ helplines or engaging with research as ‘anonymous’ survey respondents. Where a serious child protection or welfare concern is raised in this context, this information should be reported to An Garda Síochána, who may get authorisation to trace the location and source of information through caller ID, internet IP addresses etc.

Best practice indicates that a written record should be made on file when the limits of confidentiality have been explained. Any concerns arising must be managed in accordance with the [HSE Child Protection and Welfare Reporting Procedure](#). Wherever possible, service users/parents or guardians should be informed of any child protection or welfare concern, and where a report is being made to Tusla or An Garda Síochána, and the reasons for that decision. Sharing information with a parent in relation to a concern can promote open and honest relationships and can support the parent to effect positive change. Where a parent objects to this disclosure of information, their refusal should be clearly recorded and they should be informed that the information must be shared for the protection of the child. All cases of disclosure to a third party should be clearly documented.

The exceptions to informing a parent regarding a report include where doing so may:

- Place the child at further risk of harm,
- Place you or others at risk of harm,
- Impair Tusla’s ability to carry out a risk assessment, or
- Impair the prevention, detection or prosecution of a serious crime by An Garda Síochána.

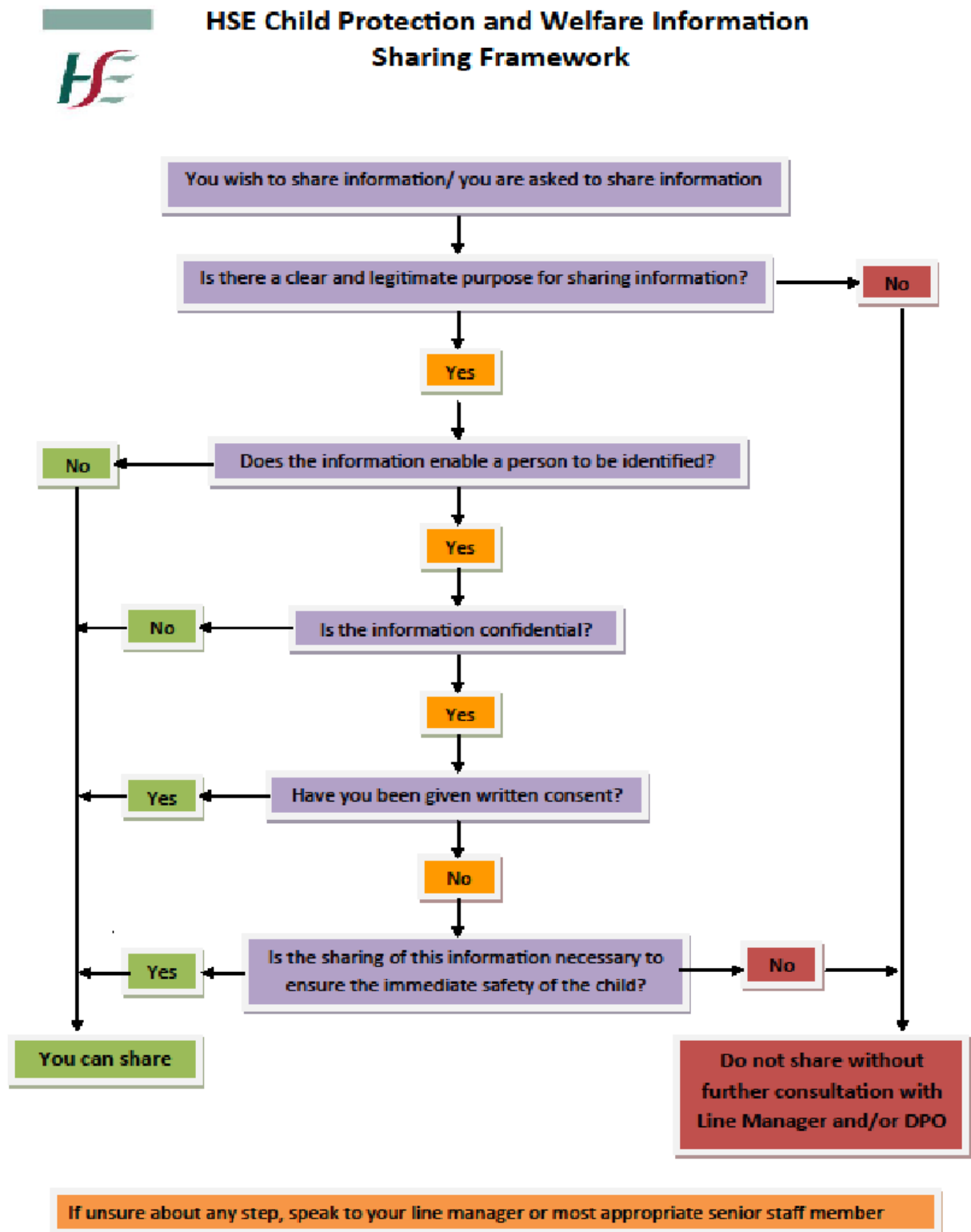
In these circumstances, the staff member should consult with their line manager, and where necessary, with Tusla and/or An Garda Síochána in making this decision. The reasons for not informing the service users/parents or guardians, and/or sharing information without their consent, should be recorded.

### 7.3 Information Sharing with Children/Young People

The [National Healthcare Charter](#) is a statement of commitment by health services in relation to healthcare rights, expectations and responsibilities. This is in line with the [UN Convention on the Rights of the Child](#). The Charter describes key principles in relation to the provision of healthcare to ensure high-quality healthcare that is appropriate and acceptable, which includes the following:

- Children have a right to information in a form that they can understand.
- Children should be encouraged to be involved in their healthcare and work closely with the health service they are involved with.
- Children and young people should expect open and appropriate communication throughout their care.
- Young people should be given the opportunity to ask questions and receive answers that they can understand; be supported and facilitated to ask questions and to make the most of consultations, where necessary and possible.
- A young person's support person, be it a parent, relative, friend or guardian, should also be included in communications where appropriate and available.
- Children have a right to participate in decision making, have the right to express their views freely and to have those views taken into account.

**Figure 2: HSE Child Protection and Welfare Information Sharing Framework**



## 8. Reporting Guidance

This section provides general reporting information and guidance. The purpose of this section is to provide further information and guidance for staff in relation to managing child protection and welfare concerns.

### 8.1 How to make a report to Tusla

Child protection or welfare reports should be submitted to Tusla using [Tusla's online reporting portal](#). This is the most secure and efficient method of making a confidential report to Tusla. Staff must register to use the portal and they can do so at any time.

In circumstances where [Tusla's online reporting portal](#) is not accessible, the Report Form should be sent by registered post or delivered in person, to the [Tusla dedicated social work contact point](#). Reports of concern should be submitted to Tusla without delay. Where a verbal report is made, a written report must be submitted to Tusla as soon as practicable thereafter, and no later than three days.

Tusla has two forms for reporting child protection and welfare concerns:

**The Child Protection and Welfare Report Form (CPWRF)** should be completed and submitted to Tusla for concerns about children under the age of 18.

1. Where the child is identifiable, the report should be sent to the Tusla dedicated social work contact point in the area where the child lives.
2. Where the child is not identifiable, and the person subject of the abuse allegation is identifiable, the report should be sent to the Tusla dedicated social work contact point in the area where the person subject of the abuse allegation lives.
3. Where neither the child nor the person subject of the abuse allegation is identifiable, a consultation should be sought with Tusla.

**The Retrospective Abuse Report Form (RARF)** is to be completed and submitted to Tusla for cases of adults disclosing childhood abuse (see [Section 8.2](#)).

1. With respect to a retrospective abuse allegation, where the person subject of abuse allegation is identifiable, the report should be sent to the [Tusla dedicated social work contact point](#) in the area where the person subject of the abuse allegation lives. If the person lives abroad, the report should be sent to Tusla dedicated social work contact point in the area where the adult disclosing the abuse lived at the time of the alleged abuse. If a person subject of the abuse allegation is confirmed as deceased, a report to Tusla is not required unless there are broader issues of concern, in which case, consult with Tusla.
2. Where the person subject of the abuse allegation is not identifiable, a consultation should be sought with Tusla, and where necessary, the report should be sent to Tusla dedicated social work contact point in the area where the adult disclosing the abuse lived at the time of the alleged abuse.

Where a retrospective abuse disclosure gives rise to a current concern for the protection or welfare of a child, a Child Protection and Welfare Report Form should **also** be submitted to Tusla.

## 8.2 Disclosures of Retrospective Abuse

Some adults may disclose abuse that took place during their childhood. Such disclosures may come to light when an adult is attending counselling, receiving palliative care, or is being treated for psychiatric or other health issues. Service users should be informed at the outset of contact with a service, as appropriate, that if any child protection issues arise, including disclosures of retrospective abuse, that this information must be passed on to Tusla where there are reasonable grounds for concern that abuse occurred, as there may be a current or potential risk to children (identifiable or not). See [Section 8.1](#) for further information in relation to making a retrospective abuse report to Tusla.

Where a service user does not feel able to support the report to Tusla, Tusla may be seriously constrained in their ability to respond to the retrospective allegation of abuse. Staff need to be sensitive and supportive to the needs of the adult disclosing abuse. In circumstances where the adult may be vulnerable to psychological distress, self-harm or suicide as a result of reporting the concern, the staff member and/or line manager should have an informal consultation with Tusla, with a view to considering how best to support the adult who discloses, whilst ensuring that the welfare of any child who may currently be at risk of abuse remains the paramount consideration.

Where a service user advises that an alleged abuse was previously reported to Tusla or An Garda Síochána, it is still necessary for the staff member to report the concern to Tusla or An Garda Síochána, in order to ensure that the report has been fully investigated.

The [HSE National Counselling Service](#) is available to offer support to any adult who has experienced childhood abuse.

**Note:** Staff should also consider if the information they have received needs to be reported to An Garda Síochána under the [Criminal Justice \(Withholding of Information on Offences against Children and Vulnerable Persons\) Act 2012](#) (see Appendix 2.4 for further information on this Act).

### 8.3 Concerns about an adult who may pose a risk to children

If you work in an adult service or work predominantly with adults, you may find yourself working with people whose behaviour has harmed, or may harm a child (for example, due to addiction, domestic violence, mental health issues, offending behaviour, etc.). You must consider the welfare and safety of any child in that person's family, and/or children who are in regular contact with the person. The [HSE Child Protection and Welfare Reporting Procedure](#) should be followed where:

- An adult discloses that they themselves have engaged in abusive behaviour towards a child in the past.
- An adult discloses that they are having thoughts in relation to abusing a child (identifiable or not).
- A concern arises from other sources about an adult who may pose a risk to children, even where there is no specific child named in relation to the concern. For example, based on known or suspected past behaviour, a concern could exist about the risk an individual may pose to children with whom they may have contact.
- A concern arises in relation to an unidentified adult who may pose a risk to children, whether or not there is a specific child named in relation to the concern. Tusla may have corroborating information that can help identify the person concerned.

Any adult who has disclosed that they abused a child in the past, should be informed that a report must be made to Tusla unless a staff member has a concern that to do so could:

- Place the child at further risk of harm,
- Place you or others at risk of harm,
- Impair Tusla's ability to carry out a risk assessment, or
- Impair the prevention, detection or prosecution of a serious crime by An Garda Síochána.

**Note:** Staff should also consider if the information they have received needs to be reported to An Garda Síochána under the [Criminal Justice \(Withholding of Information on Offences against Children and Vulnerable Persons\) Act 2012](#) (see Appendix 2.4 for further information on this Act).

#### 8.4 Peer Abuse

In a situation where abuse is alleged to have been carried out by another child, the abusive behaviour should be considered a child protection and welfare concern for both children, and the [HSE Child Protection and Welfare Reporting Procedure](#) should be followed for both the victim and the person subject to the allegation of abuse, i.e. two separate reports should be submitted to Tusla where there are reasonable grounds for concern.

#### 8.5 Anonymous Reports

No assurance of anonymity can be given to a member of the public reporting a concern, as their identity may be accessible under Freedom of Information legislation or through a court process. It should be noted that:

- In all cases where a staff member receives a report of a child protection or welfare concern, the [HSE Child Protection and Welfare Reporting Procedure](#) should be followed.
- HSE staff members have a duty of care to safeguard children, and when making reports to Tusla in their professional capacity there should be no expectation of anonymity.
- Staff members who receive an anonymous report from a service user or member of the public should make the person aware that the capacity of Tusla to respond to a report is more limited when reports are made anonymously.



## 8.6 Malicious Reports

Malicious false reporting is not a common occurrence, but when it occurs can have a significant impact on the innocent person. The [Protections for Persons Reporting Child Abuse Act 1998](#) makes it an offence to report child abuse to the appropriate authorities 'knowing that statement to be false'. In the event that any staff member is concerned that a report is malicious, it should be discussed immediately with their line manager.

## 8.7 Underage sexual activity

Under the [Criminal Law \(Sexual Offences\) Act 2006](#), the legal age of consent in relation to sexual activity is 17 years. While sexual intercourse involving a person under the age of 17 is illegal, it might not be regarded as child sexual abuse, under the [Children First Act 2015](#). Mandated persons are required to report underage sexual activity to Tusla, except where they know, or believe, based on clear, credible information and sound professional judgement, that **all** of the following apply:

- ✓ A young person who is aged 15 years or more, but less than 17 years is engaged in sexual activity, and the other party to the sexual activity concerned is not more than 2 years older than them.
- ✓ There is no material difference in the maturity or capacity of either young person.
- ✓ The relationship is not intimidatory or exploitative of either person.
- ✓ The young person has not been, is not, and is not at risk of being harmed.
- ✓ The young person concerned has made known their view that they do not want any information about the activity to be disclosed to Tusla.

While the above exemptions can apply in relation to the reporting of underage sexual activity to Tusla, all persons, including mandated persons, must uphold the key principle that the best interests of the child are of paramount importance. You should have an informal consultation with Tusla, following which, if there are any reasonable concerns,

even where all the above criteria are met, a report to Tusla should be made. Where a girl under 17 years presents to a health service or discloses to a healthcare professional that she is pregnant, the future welfare needs of the unborn child should also be taken into consideration.



Where a staff member knows or believes that a serious offence has been committed against a child, and their information might be of material assistance in securing the apprehension, prosecution or conviction of another person for that offence, it is a legal requirement to report this to An Garda Síochána – see [Criminal Justice \(Withholding of Information on Offences against Children and Vulnerable Persons\) Act 2012](#) in [Appendix 2](#) for further information, and see Appendix 4 for the [Notification Form for Reporting to An Garda Síochána](#) under this Act.

### **8.8 Allegations of abuse or neglect against a member of staff**

Where an allegation of abuse or neglect has been made about a staff member, a dual reporting procedure must be followed. This includes both of the following:

- The child protection concern must be reported to Tusla as per the [HSE Child Protection and Welfare Reporting Procedure](#), **and**
- [Trust in Care Policy](#) must be instigated by a line manager or Human Resources personnel in respect of the staff member against whom the allegation of abuse has been made.

### **8.9 Consequences of non-reporting**

The safety and welfare of children must always take priority and be the centre of any decisions made. Failure to recognise or report a child protection or welfare concern, or

take the necessary safeguarding measures to remove a child from harm, may result in a child being left at risk of abuse or neglect. Furthermore, the removal of risk from one child does not necessarily mean that there are no other children at risk. It is therefore essential that Tusla is informed of all risks to children where there are reasonable grounds for concern. A staff member may be subject to a range of consequences for failing in their duty of care to a child. This may include:

- HR/Disciplinary procedures by the HSE.
- Fitness to practice complaint to the professional's regulatory body.
- With regard to a mandated person, information may be passed to the National Vetting Bureau of An Garda Síochána. This information could be disclosed to current or future employers when the professional is next vetted or applies for a new post.
- A fine or imprisonment, or both, in the case of a failure to report an offence to An Garda Síochána under the [Criminal Justice Act 2006](#). For further information on the requirements of this Act, see [Appendix 2.3](#).
- A fine or imprisonment, or both, in the case of a failure to report a Schedule 1 Offence to An Garda Síochána under the [Criminal Justice Act \(Withholding of Information on Offences against Children and Vulnerable Persons\) 2012](#). For further information on the requirements of this Act, [Appendix 2.3](#).

## **8.10 What happens after a concern is reported to Tusla?**

Tusla's first consideration on receiving a report of a concern is always the immediate safety of the child. All reports and information are "screened" on the day that they are received, to determine if emergency action is necessary to protect the child. Tusla reviews the reports to determine whether they are appropriate to their welfare and protection services and, if so, what intervention is appropriate to meet the needs of the child and their family.

Tusla will always seek to acknowledge a report of a concern, and are legally required to acknowledge a mandated report. The Tusla Duty Social Worker will check to see if there is a record of any previous contact with the child's family. They may also contact other professionals (such as the general practitioner, teacher, public health nurse, speech and language therapist, childcare worker, family support worker, or psychologist) to see if they have any concerns about the child. The aim of this process is to help the social worker understand the child's history and circumstances, to identify unmet needs, and to determine if there is a risk of harm to the child. This will allow the social worker to decide on the most appropriate response.

Where a further assessment is required, the social worker will seek to work in cooperation with parents or guardians to determine the appropriate supports or interventions to ensure the safety and welfare of the child. There are a number of possible outcomes to Tusla's social work assessment:

- The case is closed to Tusla social work services. For example, it is not appropriate to Tusla's child welfare and protection services, or no unmet need or risk in relation to the child was found. Where appropriate, the case may be referred to another support service or specialised service not operated by Tusla (e.g. mental health or disability services).
- A family support service may be initiated if the assessment indicates that the child has some unmet needs, but is not at risk of harm. Tusla provides and works with a range of community-based support services that deliver practical support to children and parents (e.g. Meitheal).
- The child is found to have welfare needs that require a Tusla social work led response and intervention.

- There is a child abuse concern that requires a child protection social work response and intervention by Tusla. Where the harm is deemed to be abusive, the concern is reported to An Garda Síochána. A Child Protection Conference may be arranged and the child may be listed on the Child Protection Notification System.

If having made a report to Tusla's social work service, you remain concerned about the safety or welfare of a child, you should contact the Social Work Team in the area where the child resides to discuss the concern. It may be necessary to make subsequent reports where there are ongoing concerns, where further information is available, or where additional or new concerns arise. **Do not assume that a child is safe because a report has been made.** You are entitled to contact the Duty Social Worker to request information in relation to what action may be taken in response to your report, however, there may be some limits to what Tusla may discuss due to the confidentiality rights of children and families. For further information, see Tusla's [A Guide for the Reporting of Child Protection & Welfare Concerns](#).

## Appendix 1: Abuse and neglect: Definitions, Signs and Reporting Thresholds

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. Child abuse and neglect are not restricted to any socioeconomic group, culture or gender. Abuse and neglect can occur within the family, in the community or in an institutional setting. The abuser may be someone known to the child, or a stranger, and can be an adult or another child. The definitions of neglect and abuse presented in this section are not legal definitions but are those outlined in [Children First: National Guidance for the Protection and Welfare of Children \(DCYA, 2017\)](#). They are intended to describe ways in which a child might experience abuse, and how this abuse may be recognised. The signs and symptoms outlined are drawn from the following sources:

- [Child Protection and Welfare Practice Handbook](#) (HSE, 2011).
- J. Webb 'Safeguarding and Protecting Children: The Roles and Responsibilities of the Emergency Department Practitioner' in K. Cleaver, and J. Webb, eds., *The Emergency Care of Children: An Evidence Based Approach*. Blackwell Science.
- [Children First National Guidance for the Protection and Welfare of Children \(2017\)](#).

All potential signs and symptoms must be examined in the total context of the child's situation and family circumstances. Even the most unusual injuries or presentations may or may not be accidental, and an open, objective and enquiring approach must be taken in all circumstances. Staff should also be aware of the circumstances which may make some children more vulnerable to harm than others, and act in a respectful, yet responsibly vigilant manner when they notice signs or symptoms that may indicate a child in need or a child at risk of abuse or neglect.

## 1. Reporting thresholds

### a) Reasonable Grounds for Concern

Reasonable grounds for concern exist where a child may have been, is being, or is at risk of being abused or neglected. It is not necessary for a staff member to prove that abuse has occurred - all that is required is that there are reasonable grounds for concern. It is Tusla's role to assess concerns that are reported. Reasonable grounds for concern may include but are not limited to the following:

- Evidence, for example, an injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way.
- Any concern about possible sexual abuse.
- Consistent signs that a child is suffering from emotional or physical neglect.
- A child saying or indicating by other means that they have been abused.
- Admission or indication by an adult or a child of an alleged abuse they committed.
- An account from a person who saw the child being abused.

### b) Mandated Reporting

Mandated persons are required to report any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed. The [Children First Act 2015](#) defines harm as assault, ill-treatment, neglect or sexual abuse, and covers single and multiple instances. The threshold of harm for each category of abuse at which mandated persons have a legal obligation to report concerns is outlined below. If you are in doubt about whether your concern reaches the legal definition of harm for making a mandated report, Tusla can provide assistance in this regard.

## 1.1 Child Welfare Concern

Some concerns do not fit within a categorisation of abuse or neglect but relate to the ongoing welfare of a child. The [Child Protection and Welfare Practice Handbook](#) 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. Where there is any uncertainty about a concern meeting the threshold for reporting, follow the [HSE Child Protection and Welfare Reporting Procedure](#), and consult with your line manager, or where required, with a Tusla Duty Social Worker.

## 1.2 Neglect

Child neglect is the most frequently reported category of abuse, both in Ireland and internationally. Ongoing chronic neglect is recognised as being extremely harmful to the development and well-being of the child and may have serious long-term negative consequences. Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation, supervision or safety. A child may also experience emotional neglect which may lead to the child having attachment difficulties.

Neglect is associated with poverty but not necessarily caused by it. It is strongly linked to parental substance misuse, domestic violence, parental mental illness and disability. The extent of the damage to the child's health, development or welfare is influenced by a range of factors. These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect. Indicators of neglect may include:



**Child  
Presentation  
Concerns**

- Unkempt, inadequately clothed, dirty or smelly.
- Frequently hungry or malnourished (including non-organic failure to thrive, i.e. a child not gaining weight due not only to malnutrition but also emotional deprivation).
- Listless, apathetic and unresponsive with no apparent medical cause.
- Displaying anxious attachment; aggression or indiscriminate friendliness.
- Failure to grow or develop within normal expected patterns with an accompanying weight loss or speech and language delay.
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema, persistent head lice or scabies.
- Unmanaged / untreated health / medical conditions including poor dental health.
- Frequent accidents or injuries.
- Frequently absent from or late at school / low academic achievement.
- Poor self-esteem / self-confidence.
- Frequently reports caring for younger siblings or states there is no one at home to provide care.
- Thrives away from the home environment.
- Behaviour signs including: overactive, aggressive, poor coping skills, impulsive behaviour, bed-wetting, soiling or destructive behaviours, substance misuse, running away, sexual promiscuity, self-harm and offending behaviours.

<b>Parent/carer related issues</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Failure to meet basic essential needs for food (including unsuitable food or erratic feeding), clothing, warmth, hygiene and sleep.</li> <li><input type="checkbox"/> Failure to meet the child’s health and medical needs, e.g. poor dental health, failure to attend or keep appointments with public health nurse, GP or hospital, lack of GP registration, and failure to seek or comply with appropriate medical treatment.</li> <li><input type="checkbox"/> Dangerous or hazardous home environment, e.g. exposure to poison, drugs, stairs, electrical wires, passive smoke, weapons, unsanitary conditions, lack of child safety equipment and risk from animals.</li> <li><input type="checkbox"/> Poor state of living conditions e.g. unhygienic environment, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating or furniture.</li> <li><input type="checkbox"/> Failure to provide adequate intellectual stimulation, including a lack of opportunities for a child to play and learn.</li> <li><input type="checkbox"/> Lack of protection and exposure to danger, including moral danger, or lack of supervision appropriate to the child’s age.</li> <li><input type="checkbox"/> Child left with adults who are intoxicated or violent.</li> <li><input type="checkbox"/> Child abandoned or left alone for excessive periods without adequate care and supervision.</li> <li><input type="checkbox"/> Neglect of pets.</li> </ul>
<b>Reporting neglect</b>	<p><b>All staff members</b> should report a <b>reasonable concern</b> to Tusla where neglect becomes typical of the relationship between the child and the parent or carer. This may become apparent where you see a child over a period of time, or the effects of</p>

	<p>neglect may be obvious based on having seen the child once. Where there are any concerns about the neglect of a child in a household, consideration must be given to the possibility that other children in the household may also be at risk of neglect or abuse.</p> <p>The threshold of harm at which <b>mandated persons</b> must report neglect to Tusla under the <a href="#">Children First Act 2015</a> is reached when you know, believe or have reasonable grounds to suspect that a child's needs have been, are being, or are at risk of being neglected to the point where <b>the child's health, development or welfare has been, is being, or is likely to be seriously affected.</b></p>
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### 1.3 Emotional Abuse

Emotional abuse is the systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Abuse occurs when a child's basic needs for attention, affection, approval, consistency and security are not met, due to incapacity or indifference from their parent or caregiver. Emotional abuse can also occur when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. A reasonable concern for the child's welfare exists when the behaviour becomes typical of the relationship between the child and the parent or carer.

Emotional abuse is more likely to impact negatively on a child where it is persistent over time and where there is a lack of other protective factors. Emotional abuse is covered in the definition of 'ill-treatment' used in the [Children First Act 2015](#). Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. Indicators of emotional abuse may also be associated with other forms of abuse. Recognition of emotional abuse is usually based on observations over time, and whilst once-off and occasional difficulties between a parent/carer and child are not considered

to be emotional abuse, a single serious incident may require some form of supportive intervention, or may meet with reasonable grounds to report to Tusla. The following table describes some associated indicators of emotional abuse:

<p><b>Child Presentation Concerns</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Insecure, anxious and indiscriminate attachment.</li> <li><input type="checkbox"/> Underachievement or delay in achieving developmental, cognitive and / or other educational milestones.</li> <li><input type="checkbox"/> Failure to thrive/faltering growth.</li> <li><input type="checkbox"/> Behavioural problems, e.g. aggression, attention-seeking, risk-taking.</li> <li><input type="checkbox"/> Frozen watchfulness, particularly in pre-school children</li> <li><input type="checkbox"/> Low self-esteem, lack of confidence, fearful, distressed, anxious or unhappy.</li> <li><input type="checkbox"/> Poor relationships with peers, including withdrawn or isolated behaviour.</li> </ul>
<p><b>Parent/carer related issues</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of comfort and love; rejection of child.</li> <li><input type="checkbox"/> Persistent criticism, sarcasm, negative comments, blaming or 'scape-goating' of the child within the family.</li> <li><input type="checkbox"/> Persistent hostility or bullying of the child.</li> <li><input type="checkbox"/> Continuous lack of praise and encouragement.</li> <li><input type="checkbox"/> Lack of proper stimulation (e.g. fun and play).</li> <li><input type="checkbox"/> Seriously inappropriate expectations of a child relative to his/her age and stage of development e.g. overprotection that impacts on a child's developmental progress; excessive caring responsibilities being placed upon a child or young person.</li> <li><input type="checkbox"/> Conditional parenting in which care or affection of a child depends on his or her behaviours or actions.</li> </ul>

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Inappropriate non-physical punishment (e.g. locking child in bedroom).</li> <li><input type="checkbox"/> Parental problems that may lead to lack of awareness of child's needs, e.g. mental illness, substance misuse, learning difficulties.</li> <li><input type="checkbox"/> Parent or carer emotionally or psychologically distant from the child.</li> </ul>
<b>Contextual factors may include</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of continuity of care (e.g. frequent moves- particularly unplanned).</li> <li><input type="checkbox"/> Child left unsupervised or unattended.</li> <li><input type="checkbox"/> Child left with multiple carers.</li> <li><input type="checkbox"/> Child regularly late attending, or, not being collected from school.</li> <li><input type="checkbox"/> Child repeatedly reported lost or missing.</li> <li><input type="checkbox"/> Parent or carer regularly unaware of child's whereabouts.</li> <li><input type="checkbox"/> Child regularly not available for meetings with childcare workers.</li> <li><input type="checkbox"/> Dysfunctional family relationships including ongoing family conflicts and domestic violence.</li> </ul>
<b>Reporting emotional abuse</b>	<p><b>All staff members</b> should report a <b>reasonable concern</b> to Tusla where emotional abuse becomes typical of the relationship between the child and the parent or carer. This may become apparent where you see a child over a period of time, or the effects of emotional abuse may be obvious based on having seen the child just once. Where there are any concerns about the emotional abuse of a child in a household, consideration must be given to the possibility that other children in the household may also be at risk of emotional abuse, or possibly</p>

	<p>other forms of abuse.</p> <p>The threshold of harm at which <b>mandated persons</b> must report emotional abuse to Tusla under the <a href="#">Children First Act 2015</a> is reached when you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being ill-treated to the point where <b>the child's health, development or welfare has been, is being, or is likely to be seriously affected.</b></p>
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## 1.4 Physical Abuse

Physical abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents. A reasonable concern exists where the child's health and/or development is, may be, or has been damaged as a result of suspected physical abuse. Examples of actions which may indicate physical abuse include:

- Physical punishment.
- Beating, slapping, hitting or kicking.
- Pushing, shaking or throwing.
- Pinching, biting, choking or hair-pulling.
- Use of excessive force in handling.
- Deliberate poisoning.
- Suffocation.
- Fabricated/induced illness.
- Female genital mutilation.

The [Children First Act 2015](#) amends the Non-Fatal Offences Against the Person Act 1997 by inserting a section that abolishes the common law defence of reasonable

chastisement. This defence could previously be invoked by a parent or other person in authority who physically disciplined a child. The change in the legislation now means that in prosecutions relating to assault or physical cruelty, a person who administers such punishment to a child cannot rely on the defence of reasonable chastisement in the legal proceedings. The result of this is that the protections in law relating to assault now apply to a child in the same way as they do to an adult.

<p><b>Child Presentation Concerns</b></p>	<p><b>Bruising</b></p> <p>Children can have accidental bruising, but the following must be considered as highly suspicious of a non-accidental injury unless there is an adequate explanation provided and experienced medical opinion sought:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Any bruising or other soft tissue injury to a pre-crawling or pre-walking infant or non-mobile disabled child.</li> <li><input type="checkbox"/> Bruising in or around the mouth, particularly in small babies which may indicate force-feeding.</li> <li><input type="checkbox"/> Two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, though a single bruised eye can be accidental or abusive).</li> <li><input type="checkbox"/> Repeated or multiple bruising on the head, or on sites unlikely to be injured accidentally.</li> <li><input type="checkbox"/> The outline of an object used, e.g. belt marks, handprints or a hairbrush (a pinch causes small double bruises, a punch or kick causes an irregular bruise with a paler centre, gripping causes ovals from fingertips or lines between fingers).</li> <li><input type="checkbox"/> Linear pink marks, haemorrhages or pale scars may be caused by ligature, especially at wrists, ankles, neck and male genitalia.</li> <li><input type="checkbox"/> Bruising or tears around, or behind, the earlobe(s)</li> </ul>
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indicating injury by pulling or twisting.

- Bruising around the face.
- Broken teeth and mouth injuries (a torn frenum/frenulum – the flap of tissue in the midline under the upper lip – is highly suspicious).
- Grasp marks on small children.

Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

### **Bite Marks**

- Bite marks can leave clear impressions of the teeth.
- Human bite marks are oval or crescent-shaped.
- Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion from a forensic dentist/deontologist should be sought where there is any doubt over the origin of the bite.

### **Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds. These will always require experienced medical opinion. Any burn with a clear outline may be suspicious, for example:

- Circular burns from cigarettes are characteristically punched out lesions 0.6 to 0.7cm in diameter, and healing usually leaves a scar.
- Friction burns resulting from being dragged.
- Linear burns from hot metal rods or electrical fire elements.
- Burns of uniform depth over a large area.



	<ul style="list-style-type: none"> <li>□ Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of her/his own accord will struggle to get out and cause splash marks).</li> <li>□ Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation.</li> <li>□ Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.</li> </ul>
	<p><b>Fractures</b></p> <p>Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:</p> <ul style="list-style-type: none"> <li>□ The history provided is vague, non-existent or inconsistent with the fracture type.</li> <li>□ There are multiple fractures or old fractures (in the absence of major trauma, birth injury or underlying bone disease).</li> <li>□ Medical attention is sought after a period of delay when a fracture has caused symptoms e.g. swelling, pain or loss of movement.</li> </ul> <p>There is an unexplained fracture in the first year of life.</p>
	<p><b>Scars</b></p> <p>A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.</p>
	<p><b>Abusive Head Trauma</b></p> <p>Shaking a baby often results in no visible injury. Nevertheless, significant internal injuries may be caused e.g. intracranial bleeding, brain injury, small fractures to the ends of the long</p>

bones, other fractures (such as ribs and neck) and retinal haemorrhages. Signs and symptoms can be non-specific, which may result in a delay in seeking advice. The infant can present with:

- Lethargy,
- Poor feeding,
- Vomiting,
- Stops in breathing,
- Pallor,
- Variable consciousness,
- Irritability,
- Convulsions.

In suspected cases, it is essential that an ophthalmological examination and skeletal survey are carried out by the appropriate specialist doctors.

### **Self-Harming and Sibling Inflicted Injury**

Caution must be used when interpreting an explanation by parents/carers that an injury or series of injuries were self-inflicted or caused by a sibling. This is especially important in young or disabled children not able to offer a reliable explanation themselves. Due consideration must be given to the possibility that the injury may:

- Be non-accidental, particularly if the explanation appears discrepant for the nature of the injury.
- Possibly have occurred in circumstances where neglect is a consideration.

	<p><b>Injuries in Infants Under 12 Months</b></p> <p>Physical injuries in infants may be life-threatening or cause permanent neurological damage. Any suspicious injury in a pre- or non-mobile child must be regarded with extreme concern including:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Minor injuries with an inconsistent explanation.</li> <li><input type="checkbox"/> Significant bruising.</li> <li><input type="checkbox"/> Any fractures.</li> <li><input type="checkbox"/> Any major injury.</li> </ul> <p>Any injury and its explanation must be assessed in relation to the infant's developmental abilities and the likelihood of the occurrence. Infants are highly vulnerable and may have a serious injury without obvious physical signs e.g. shaking injuries may result in internal head injuries. Nevertheless, significant internal injuries may be caused and result in:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lethargy, poor feeding, apnoea or irregular breathing.</li> <li><input type="checkbox"/> Fits.</li> <li><input type="checkbox"/> Variable consciousness.</li> <li><input type="checkbox"/> Intracranial bleeding and retinal haemorrhages.</li> <li><input type="checkbox"/> Skull and rib fractures.</li> <li><input type="checkbox"/> Failure to thrive / faltering growth.</li> <li><input type="checkbox"/> Death.</li> </ul>
<p><b>Parent/carer related issues</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> An explanation which is inconsistent with an injury.</li> <li><input type="checkbox"/> Several different explanations provided for an injury.</li> <li><input type="checkbox"/> Unexplained delay in seeking treatment.</li> </ul>

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Parents/carers who are uninterested or undisturbed by an accident or injury.</li> <li><input type="checkbox"/> Parents who are absent without good reason when their child is presented for treatment.</li> <li><input type="checkbox"/> Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury) or may represent fabricated or induced illness.</li> <li><input type="checkbox"/> Family use of different doctors and A&amp;E departments.</li> <li><input type="checkbox"/> Reluctance to give information or mention previous injuries.</li> </ul>
<p><b>Reporting physical abuse</b></p>	<p><b>All staff members</b> should report a <b>reasonable concern</b> to Tusla where a child has been, is being, or is at risk of being physically abused where the child's health and/or development is, may be, or has been damaged as a result.</p> <p>The threshold of harm at which <b>mandated persons</b> must report physical abuse to Tusla under the <a href="#">Children First Act 2015</a> is reached when you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being assaulted, and that as a result, the <b>child's health, development or welfare has been, is being, or is likely to be seriously affected.</b></p>

## 1.5 Sexual Abuse

Sexual abuse occurs when a child is used by another person for his or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or penetrative sex) or exposing the child to sexual activity directly or through pornography. Child sexual abuse may cover a wide spectrum of

abusive activities. It rarely involves just a single incident and in some instances occurs over a number of years. Child sexual abuse most commonly happens within the family, including older siblings and extended family members. Cases of sexual abuse mainly come to light through disclosure by the child or his or her siblings/friends, from the suspicions of an adult, and/or by physical symptoms.

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child / family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional or behavioural. It should be remembered that sexual activity involving a young person may be sexual abuse even if the young person concerned does not themselves recognise it as abusive.

**Examples of child sexual abuse may include the following:**

- Any sexual act intentionally performed in the presence of a child.
- An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification.
- Masturbation in the presence of a child or the involvement of a child in an act of masturbation.
- Sexual intercourse with a child, whether oral, vaginal or anal.
- Sexual exploitation of a child, which includes:
  - Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography [for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means],
  - Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act, or

- Showing sexually explicit material to children, which is often a feature of the ‘grooming’ process by perpetrators of abuse.
- Exposing a child to inappropriate or abusive material through information and communication technology.
- Sexual activity involving an adult and an underage person. **Note:** In criminal law, the age of consent to sexual intercourse is 17 years for both boys and girls. Whilst any sexual relationship where one or both parties are under the age of 17 is illegal, it may not necessarily be regarded as child sexual abuse. Details on exemptions for mandated reporting of certain cases of underage sexual activity to Tusla can be found in [Section 8.7](#) of this Policy.

<b>Child Presentation Concerns</b>	<p><b>Behavioural indicators</b></p> <ul style="list-style-type: none"> <li>□ Inappropriate sexualised conduct.</li> <li>□ Sexually explicit behaviour, play or conversation, inappropriate to the child’s age.</li> <li>□ Continual and inappropriate or excessive masturbation.</li> <li>□ Self-harm (including eating disorder), self-mutilation and suicide attempts.</li> <li>□ Involvement in prostitution or indiscriminate choice of sexual partners.</li> <li>□ An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties).</li> <li>□ Running away.</li> <li>□ Excessive texting or use of the computer/phone.</li> <li>□ Aggressive or secretive behaviour regarding Internet usage.</li> <li>□ Age inappropriate use of sexual language.</li> </ul>
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	<ul style="list-style-type: none"> <li><input type="checkbox"/> Unexplained gifts, purchases or money.</li> </ul> <p><b>Physical indicators</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pain or itching of genital area.</li> <li><input type="checkbox"/> Vaginal discharge.</li> <li><input type="checkbox"/> Sexually transmitted diseases.</li> <li><input type="checkbox"/> Blood on underclothes.</li> <li><input type="checkbox"/> Pregnancy.</li> <li><input type="checkbox"/> Physical symptoms e.g. injuries to genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.</li> </ul>
<p><b>Reporting sexual abuse</b></p>	<p>A staff member should report any reasonable concern regarding the possible sexual abuse of a child to Tusla.</p> <p>If, as a <b>mandated person</b>, you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being sexually abused, then you must report this to Tusla under the <a href="#">Children First Act 2015</a>. As all sexual abuse falls within the category of seriously affecting a child’s health, welfare or development, you must submit all concerns about sexual abuse as a mandated report to Tusla. Sexual abuse is defined as any sexual offence as specified in <a href="#">Schedule 3</a> of the Children First Act 2015.</p> <p>An Garda Síochána will deal with any criminal aspects of a sexual abuse case under the relevant criminal justice legislation. The prosecution of a sexual offence against a child will be considered within the wider objective of child welfare and protection. The safety of the child is paramount and at no stage should a child’s safety be compromised because of concern for the integrity of a criminal investigation.</p>

## 1.6 Circumstances which may make children more vulnerable to harm

Staff should be alert to the fact that some children may be more vulnerable to abuse than others. It is important to remember that the presence of any of these factors does not necessarily mean that a child in those circumstances or settings is being abused. See Tusla's [Child Protection and Welfare Practice Handbook 2 \(Tusla\) 2019](#) for further information.

<b>Parent or carer factors</b>	<p>There is a range of factors that can impact on a parent/carer's capacity to care for their child, which in turn may render a child more vulnerable to harm. Examples include:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Drug and alcohol misuse (hidden harm).</li><li><input type="checkbox"/> Addiction, including gambling.</li><li><input type="checkbox"/> Parental disability issues, including learning or intellectual disability.</li><li><input type="checkbox"/> Mental health issues.</li><li><input type="checkbox"/> Conflictual relationships.</li><li><input type="checkbox"/> Domestic abuse.</li><li><input type="checkbox"/> Adolescent parents.</li><li><input type="checkbox"/> Animal abuse and links to child abuse.</li><li><input type="checkbox"/> Fabricated or induced illness.</li><li><input type="checkbox"/> Children who are left home alone.</li><li><input type="checkbox"/> Unknown male partners and their history/association with the family.</li></ul> <p>Factors such as these may also impact on a parent/carer's motivation or willingness to engage with services, which may be seen by their:</p>
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	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of insight or understanding of how the child is being affected.</li> <li><input type="checkbox"/> Lack of understanding about what needs to happen to bring about change.</li> <li><input type="checkbox"/> Inability or unwillingness to comply with agreed plans.</li> <li><input type="checkbox"/> Avoidance of contact and reluctance to work with services.</li> <li><input type="checkbox"/> Non-attendance at appointments.</li> </ul> <p>Note: If a concern arises that a primary carer is not the legal or State approved guardian of a child, this should be discussed with your line manager/most senior available staff member, as Tusla may need to be notified of the arrangement, even where there are no concerns of neglect or abuse.</p>
<b>Child factors</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Age.</li> <li><input type="checkbox"/> Gender.</li> <li><input type="checkbox"/> Sexuality (lesbian, gay, bisexual, transgender and intersex (LGBTI)).</li> <li><input type="checkbox"/> Disability.</li> <li><input type="checkbox"/> Mental health issues, including self-harm and suicide.</li> <li><input type="checkbox"/> Communication difficulties.</li> <li><input type="checkbox"/> Children involved in prostitution.</li> <li><input type="checkbox"/> Organised child sexual exploitation.</li> <li><input type="checkbox"/> Children and young people who have exhibited sexually harmful behaviour.</li> <li><input type="checkbox"/> Children from abroad needing protection.</li> </ul>

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Young carers.</li> <li><input type="checkbox"/> Excessive caring responsibilities.</li> <li><input type="checkbox"/> Previous abuse.</li> </ul>
<b>Community factors</b>	<p>Cultural, ethnic, religious or faith-based norms in the family or community which may not meet the standards of child welfare or protection required in this jurisdiction. For example, culture-specific practices, including:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Female genital mutilation.</li> <li><input type="checkbox"/> Forced marriage of a child.</li> <li><input type="checkbox"/> So-called honour-based violence.</li> <li><input type="checkbox"/> Radicalisation.</li> <li><input type="checkbox"/> Male circumcision.</li> <li><input type="checkbox"/> Ritual abuse.</li> </ul>
<b>Environmental factors</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Housing issues.</li> <li><input type="checkbox"/> Children who are out of home and not living with their parents, whether temporarily or permanently.</li> <li><input type="checkbox"/> Poverty and social exclusion.</li> <li><input type="checkbox"/> Begging.</li> <li><input type="checkbox"/> Transient children.</li> <li><input type="checkbox"/> Internet and social media-related concerns.</li> <li><input type="checkbox"/> Bullying.</li> <li><input type="checkbox"/> Cyberbullying.</li> <li><input type="checkbox"/> Grooming.</li> <li><input type="checkbox"/> Trafficking of children.</li> <li><input type="checkbox"/> School non-attendance.</li> </ul>

## 1.7 Bullying

It is recognised that bullying affects the lives of an increasing number of children and can be the cause of genuine concerns about a child's welfare. Bullying can be defined as repeated aggression – whether it is verbal, psychological or physical – that is conducted by an individual or group against others. It is behaviour that is intentionally aggravating and intimidating, and occurs mainly among children in social environments such as schools, and increasingly through the Internet and social media. It includes behaviours such as physical aggression, cyberbullying, damage to property, intimidation, isolation/exclusion, name-calling, malicious gossip and extortion. Bullying can also take the form of abuse based on gender identity, sexual preference, race, ethnicity and religious factors.

While bullying can happen to any child, some may be more vulnerable. These include: children with disabilities or special educational needs; those from ethnic minority and migrant groups; those from the Traveller community; lesbian, gay, bisexual, transgender or Intersex (LGBTI) children and those perceived to be LGBTI; and children of minority religious faiths.

In cases of serious instances of bullying where the behaviour is regarded as meeting the threshold of reasonable grounds for concern, or that of a mandated report, the [HSE Child Protection and Welfare Reporting Procedure](#) should be followed.

## 1.8 Organisational abuse

Abuse can occur in any setting, and whilst most abuse occurs within family, social and community settings, it can also occur within organisations. Organisational abuse is the mistreatment of people brought about by poor or inadequate care or support. Where a child is staying in a HSE facility for any period of time, for example, as an inpatient in a hospital, mental health or disability centre, it is essential that the relevant service has fully assessed the risk to the child in line with the requirements of the [Children First Act 2015](#). A Child Safeguarding Statement must be furnished to all staff, be on display where the service is located/provided, and be made available to the public on request. Where a child is residing for any period of time, parents should be informed of the Child

Safeguarding Statement at admission, to reassure them that there are measures in place to ensure the safety of their child(ren). Where a staff member has a concern regarding unsafe practices taking place within the service/organisation, they should inform their line manager, or consider making a [Protected Disclosure](#) or a report under the [HSE Good Faith Reporting Policy](#) as soon as possible.

### **1.9 Child Protection and Welfare Concerns that are not considered to meet the threshold for reporting to Tusla**

The requirement to keep a record of child protection or welfare concerns that are not reported to Tusla is set out in the Children First National Guidance for the Protection & Welfare of Children (2017, P. 37). This is required to provide a record of child protection or welfare concerns that have been considered and where a professional judgement has been made that the concern does not meet the thresholds for reporting. For example, medical practitioners, who will always keep child protection concerns in mind when assessing skin markings, limb sprains and breaks etc., may decide not to report a concern to Tusla until after they have completed their medical assessment, so long as the child is not at risk of harm in the interim. If following the medical assessment, they determine and are satisfied that no child protection or welfare concerns exist, then normal clinical record management procedures can apply.

Maintaining records of concerns that do not meet the threshold for reporting to Tusla is also important in order to commence a formal record regarding a child protection or welfare concern. In isolation, a concern may not meet the threshold for reporting to Tusla. However, it may transpire that further information, or a pattern of concerns, may develop over time. Such a pattern may lead to a level of concern that reaches a threshold for reporting to Tusla.

It is important that all staff members take responsibility to understand the signs and symptoms of abuse and their legal and organisational policy obligations. Child protection and welfare concerns are not always easily determined or straightforward, and staff often need to make a professional determination (within the limits of their own expertise).

Different staff, by virtue of the service they provide, their profession and/or training, may recognise and consider concerns at a level at which they are confident in their ability to make professional judgements. The nature of the service may provide that certain levels of concern for a child are managed as part of that service provision. For example, a service that is working with a family, who are engaging well, may decide to monitor a potential welfare concern, where they believe progress is being made, and the concern can be safeguarded without Tusla's intervention.

Alternatively, a staff member may make a call to Tusla for an informal consultation following which they may satisfy themselves that they do not need to make a report to Tusla and/or they may take a different approach to manage the concern e.g. monitor the situation further or refer the child/family to an early intervention or family support services. **A key message for all staff is to consult with their line manager, and if in doubt, have an informal consultation with Tusla.**

In all cases, a record must be kept. Such a record will include:

- Details of the concern.
- Details of considerations and any consultations undertaken.
- Rationale for the decision made not to submit a report to Tusla.
- Details of any action taken.

## Appendix 2: Summary of Relevant Legislation

2.1	<a href="#">Children First Act 2015</a>	<p>The <a href="#">Children First Act 2015</a> was fully commenced on 11/12/17 and puts elements of <a href="#">Children First: National Guidance for the Protection and Welfare of Children (2017)</a> on a statutory footing. The legislation is a key Programme for Government commitment and forms part of a suite of child safeguarding legislation. The Act provides for a number of key child safeguarding measures, as follows:</p> <ul style="list-style-type: none"> <li>□ A requirement on organisations providing Relevant Services to children to keep children safe and to produce a Child Safeguarding Statement.</li> <li>□ A requirement on defined categories of persons (mandated persons) to report child protection concerns over a defined threshold to Tusla.</li> <li>□ A requirement on mandated persons to assist Tusla in the assessment of a child protection risk, if so requested to do so by Tusla.</li> <li>□ The establishment of the Children First Interdepartmental Implementation Group on a statutory footing.</li> </ul>
2.2	<a href="#">Child Care Act, 1991</a>	<p>The <a href="#">Child Care Act, 1991</a> is the key piece of legislation which regulates childcare policy in Ireland. Under this Act, Tusla has a statutory responsibility to promote the welfare of children who are not receiving adequate care and protection. If it is found that a child is not receiving adequate care and protection, Tusla has a duty to take appropriate action to promote the welfare of the child. This may include supporting families in need of</p>

		<p>assistance, and in exceptional circumstances, making alternative care arrangements for children. This Act defines a child as a person under the age of 18 years, other than a person who is or has been married.</p>
2.3	<p><a href="#">Criminal Justice Act 2006</a></p>	<p>The <a href="#">Criminal Justice Act 2006</a> was commenced on 1st August 2006. Section 176 outlines that a person having authority or control over a child is guilty of an offence where they intentionally or recklessly endanger a child by:</p> <ul style="list-style-type: none"> <li>□ Causing or permitting that child to be placed or left in a situation which creates a substantial risk to the child of being a victim of serious harm or sexual abuse, or</li> <li>□ Failing to take reasonable steps to protect a child from such a risk.</li> </ul> <p>Serious harm in the Act is defined as an “injury which creates a substantial risk of death, or which causes permanent disfigurement or loss or impairment of the mobility of the body as a whole or of the function of any particular member or organ”. The penalty, if convicted, is a fine (no upper limit) and/or a maximum of 10 years imprisonment.</p>
2.4	<p><a href="#">Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012</a></p>	<p>This Act makes it an offence to withhold key information from An Garda Síochána on certain specified offences, detailed in <a href="#">Schedule 1</a> of the act, where that information could lead to a prosecution. Schedule 1 offences include sexual offences and offences causing harm, abduction, manslaughter or murder of children. A Schedule 1 offence should be reported to An Garda Síochána where:</p>

		<ul style="list-style-type: none"> <li><input type="checkbox"/> A person knows or believes that a serious offence has been committed against a child; <b>and</b></li> <li><input type="checkbox"/> Their information might be of material assistance in securing the apprehension, prosecution or conviction of another person for that offence.</li> </ul> <p>The offence of not reporting arises where a person fails without reasonable excuse to disclose this information as soon as practicable to An Garda Síochána. The offence does not apply to the child/adult to whom the information refers. Failure to report a Schedule 1 offence to An Garda Síochána under this Act is punishable on conviction by a fine or imprisonment, or both.</p> <p>The requirement to report a Schedule 1 offence to An Garda Síochána applies where:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The offence took place before or after the Act,</li> <li><input type="checkbox"/> A person acquires information after the passing of the Act on 18th July 2012,</li> <li><input type="checkbox"/> Information gathered prior to the Act has become relevant in the present, or</li> <li><input type="checkbox"/> The victim is a child, or was a child when the offence took place.</li> </ul> <p><a href="#">Section 4</a> of the Act allows for a number of defences that an accused person can rely on for not reporting an offence under this Act. Any decision in relation to this should be made in consultation with senior management, and due consideration given to seeking legal advice where necessary. A record should be kept of any decision not to report to An Garda Síochána under this Act.</p>
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		In situations where a decision is taken not to report to An Garda Síochána under this Act, a child protection or welfare report to Tusla may still be required.
2.5	<a href="#">Protections for Persons Reporting Child Abuse Act 1998</a>	<p><a href="#">Protections for Persons Reporting Child Abuse Act 1998</a> makes provision for the protection from civil liability, or penalisation by an employer, of persons who have communicated child abuse reports ‘reasonably and in good faith’ to Designated Officers of the HSE, Tusla or to any member of An Garda Síochána (see <a href="#">Table 2 in Section 4.5</a> for a full list of Designated Officers).</p> <p>This legal protection means that even if a report of suspected child abuse proves unfounded, a plaintiff who took an action would have to prove that the person who communicated the concern had not acted reasonably and in good faith in making the report. Section 4 of the Act also protects employees from penalisation by employers for having made a report of child abuse. If you make a report in good faith and in the child’s best interests, you may also be protected under common law by the defence of qualified privilege. The Act also created an offence of false reporting in cases where a report was made knowing the statement to be false.</p>
2.6	<a href="#">Criminal Law (Sexual Offences) Act 2017</a>	This Act addresses the sexual exploitation of children and targets those who engage in this criminal activity. It creates offences relating to the obtaining or providing of children for the purposes of sexual exploitation. It also creates offences of the types of activity which may occur during the early stages of the predatory process prior to the actual exploitation of a child, for example, using modern technology to prey on children and making arrangements to meet with a child where the intention is

		<p>to sexually exploit the child. The Act also recognises the existence of underage, consensual peer relationships where any sexual activity falls within strictly defined age limits and the relationship is not intimidatory or exploitative. The Criminal Law Sexual Offences Act 2017 amends the <a href="#">Children First Act 2015</a> by the deletion of the definition of 'sexual abuse' in section 2 of the Act. It also adds insertions into Schedule 3 to include child prostitution and the use of information and communication technology to facilitate sexual exploitation of a child.</p>
<b>2.7</b>	<a href="#">Criminal Justice (Female Genital Mutilation) Act 2012</a>	<p>This Act creates an offence of removal from the state of a girl for the purpose of Female Genital Mutilation (FGM) while the <a href="#">Non-Fatal Offences against the Person Act 1997</a> criminalises the practice of FGM within Ireland. Any concern in relation to the practice of female genital mutilation for any female less than 18 years or age, or where a female child is born to a family with a history of this practice should be reported to Tusla and An Garda Síochána. For further information on the topic of Female Genital Mutilation see the <a href="#">Female Genital Mutilation; Handbook for Health Care Professionals in Ireland 2013</a>.</p>
<b>2.8</b>	National Vetting Bureau (Children and Vulnerable Persons) Acts <a href="#">2012 - 2016</a>	<p>Under these Acts, it is an offence for an organisation to employ someone to work with children or vulnerable persons without going through the vetting procedure set out in the Act. The Acts create offences and penalties for persons who fail to comply with their provisions.</p>

## Appendix 3: HSE Child Protection and Welfare Policy Staff Signature Sheet


	<p><b>HSE Child Protection and Welfare Policy Staff Signature Sheet</b></p>
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Name of Service:

*I have read, understand and agree to adhere to the HSE Child Protection and Welfare Policy:*

Print Name	Signature	Area of Work	Date

## Appendix 4: Notification form for reporting to An Garda Síochána

 <p>Feidhmeannacht na Seirbhíse Sláinte Health Service Executive</p>	<p>HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy HSE Child Protection and Welfare Policy</p> <p style="text-align: center;"><b>Notification to An Garda Síochána</b> <b>(HQ Directive 07/2017)</b></p>
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This form is for use by HSE personnel for reporting potential offences to An Garda Síochána under the **Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012**, in relation to serious specified offences against a child or vulnerable person. Full list of offences are specified in [Schedule 1](#) and [Schedule 2](#) of the Act.

This form is also for use by HSE personnel reporting potential offences to An Garda Síochána under the HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy.

**To Superintendent:** \_\_\_\_\_ (Station)

Name: (if known)	
Rank:	
Garda District	
Contact no:	
Contact Email:	
District Office Address:	

**Alleged or Suspected Offence relates to**

Child		Record No.		
Vulnerable Adult		PULSE ID		
		HSE Ref.		

**Staff member making report**

Name:	
Title/Grade:	
CHO/Hospital Group/National Service:	
Name of Service:	
Location Address:	
Contact Number:	
Contact Email:	
Line Manager informed:	
Relationship to Child/Vulnerable Adult:	

**Child/Vulnerable Adult to Whom Report Relates (if known)**

Name:	
Male/Female:	
Date of Birth:	
Address of child/vulnerable adult:	
Contact No:	
Contact Email:	

**Parent/Guardian/Carer(s)** (\*if known, and if applicable in relation to vulnerable adults)

<b>Name 1:</b>	
Relationship to child or vulnerable adult:	
Address:	
Contact No:	
Contact Email:	
<b>Name 2:</b>	
Relationship to child or vulnerable adult:	
Address:	
Contact No:	
Contact Email:	

**Please answer all questions:**

Has a report been submitted to the Child and Family Agency (Tusla)? If yes, Online, by post or in person? ..... (Tusla Office)	Yes	No	Not applicable
Has a report been made to the HSE Safeguarding and Protection Team? (In the case of a vulnerable adult) If yes, insert team .....	Yes	No	Not applicable
Has the report been discussed with the child or vulnerable adult?	Yes	No	Not applicable
Have parents/guardians/carers* been informed? (*if applicable in relation to vulnerable adults)	Yes	No	Not applicable



<p>Details of the person of concern in relation to allegations of abuse– if known, to include name, address, other known contact details and any other relevant information</p>
Any other relevant information

*Please continue on another sheet if required*

Signature:.....

Date:.....



## Appendix 5: Resources Referenced/Hyperlinked - Website Address

- A Guide for the Reporting of Child Protection and Welfare Concerns - [https://www.tusla.ie/uploads/content/4214-TUSLA\\_Guide\\_to\\_Reporters\\_Guide\\_A4\\_v3.pdf](https://www.tusla.ie/uploads/content/4214-TUSLA_Guide_to_Reporters_Guide_A4_v3.pdf)
- Child and Family Agency Act 2013 - <http://www.irishstatutebook.ie/eli/2013/act/40/enacted/en/html>
- Child Care Act 1991 - <http://www.irishstatutebook.ie/eli/1991/act/17/enacted/en/html?q=Child+Care+Act&years=1991>
- Child Protection and Welfare Practice Handbook (HSE) 2011 - [https://www.tusla.ie/uploads/content/CF\\_WelfarePracticehandbook.pdf](https://www.tusla.ie/uploads/content/CF_WelfarePracticehandbook.pdf)
- Child Protection and Welfare Practice Handbook 2 (Tusla) 2019 - [https://www.tusla.ie/uploads/content/Tusla\\_Child\\_Protection\\_Handbook2.pdf](https://www.tusla.ie/uploads/content/Tusla_Child_Protection_Handbook2.pdf)
- Child Safeguarding Guidance issued by Tusla - <https://www.tusla.ie/children-first/support-documents/>
- Children First Act 2015 - <http://www.irishstatutebook.ie/eli/2015/act/36/enacted/en/html>
- Children First Act 2015, 'Relevant Services' Schedule 1 - <http://www.irishstatutebook.ie/eli/2015/act/36/schedule/1/enacted/en/html#schedule1>
- Children First Act 2015, Schedule 3 - <http://www.irishstatutebook.ie/eli/2015/act/36/schedule/3/enacted/en/html>
- Children First National Guidance for the Protection and Welfare of Children (2017) – <https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/children-first-national-guidance.html>
- Criminal Justice (Female Genital Mutilation) Act 2012 - <http://www.irishstatutebook.ie/eli/2012/act/11/section/2/enacted/en/html>

- Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 -  
<http://www.irishstatutebook.ie/eli/2012/act/24/enacted/en/html>
- Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012, Section 4 -  
<http://www.irishstatutebook.ie/eli/2012/act/24/section/4/enacted/en/html#sec4>
- Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012, Schedule 1 -  
<http://www.irishstatutebook.ie/eli/2012/act/24/schedule/1/enacted/en/html#sched1>
- Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012, Schedule 2 -  
<http://www.irishstatutebook.ie/eli/2012/act/24/schedule/2/enacted/en/html>
- Criminal Justice Act 2006 -  
<http://www.irishstatutebook.ie/eli/2006/act/26/enacted/en/print>
- Criminal Law (Sexual Offences) Act 2017 -  
<http://www.irishstatutebook.ie/eli/2017/act/2/enacted/en/html>
- Equal Status (Amendment) Act 2012 -  
<http://www.irishstatutebook.ie/eli/2012/act/41/enacted/en/print.html>
- Equal Status Act 2000 -  
<http://www.irishstatutebook.ie/eli/2000/act/8/enacted/en/html>
- Female Genital Mutilation. Information for HealthCare Professionals Working in Ireland -  
[https://repository.rcsi.com/articles/report/Female\\_Genital\\_Mutilation\\_Information\\_for\\_Health-Care\\_Professionals\\_Working\\_in\\_Ireland\\_/10788482](https://repository.rcsi.com/articles/report/Female_Genital_Mutilation_Information_for_Health-Care_Professionals_Working_in_Ireland_/10788482)
- Figure 1: HSE Child Protection and Welfare Reporting Procedure [Reporting algorithm] -  
<https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/resources/hse-child-protection-and-welfare-reporting-procedure-reporting-algorithm.pdf>

- Figure 2 : HSE Child Protection and Welfare Information Sharing Framework - <https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/resources/hse-child-protection-and-welfare-information-sharing-framework.pdf>
- Health Act 2004 - <http://www.irishstatutebook.ie/eli/2004/act/42/enacted/en/html>
- HSE Child Protection and Welfare Policy (Part A)- <https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/resources/hsecpw-policy.pdf>
- HSE Children First National Office Contact Details - <https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/contactus/contactus.html>
- HSE Data Protection Policies - <https://www.hse.ie/eng/gdpr/hse-data-protection-policy/>
- HSE e-Learning 'An Introduction to Children First ' - <https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/training.html>
- HSE Good Faith Reporting Policy - <https://www.hse.ie/eng/about/qavd/riskmanagement/good-faith-reporting-sept-2011.pdf>
- HSE Integrated Risk Management Policy 2017 - <https://www.hse.ie/eng/about/qavd/riskmanagement/risk-management-documentation/>
- HSE National Counselling Service - <https://www.hse.ie/eng/services/list/4/mental-health-services/national-counselling-service/>
- HSE National Framework for developing Policies, Procedures, Protocols and Guidelines - <https://www.hse.ie/eng/about/who/qid/use-of-improvement-methods/nationalframeworkdevelopingpolicies/hse-national-framework-for-developing-policies-procedures-protocols-and-guidelines-pppgs-2016.pdf>
- HSE Safety Incident Management Policy - <https://www.hse.ie/eng/about/qavd/incident-management/safety-incident-management-policy-2014-with-addendum-jan-2017.pdf>

- Mandated Assisting Protocol for Tusla Staff - [https://www.tusla.ie/uploads/content/4214-TUSLA\\_Mandated\\_Assisting\\_Protocol\\_A4\\_v3.pdf](https://www.tusla.ie/uploads/content/4214-TUSLA_Mandated_Assisting_Protocol_A4_v3.pdf)
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- Trust in care: policy for health service employers on upholding the dignity and welfare of patient / clients and the procedure for managing allegations of abuse against staff members. HSE 2005 - <https://www.hse.ie/eng/staff/resources/hr-publications/trust-in-care.pdf>
- Tusla dedicated social work contact points - <https://www.tusla.ie/services/child-protection-welfare/contact-a-social-worker/>
- Tusla Reporting Guidance - <https://www.tusla.ie/children-first/support-documents/>
- Tusla Web Portal - <https://www.tusla.ie/children-first/web-portal/>
- Tusla Web Portal User Guide - <https://www.tusla.ie/children-first/tusla-web-portal-user-guide/>

- UN Convention on the Rights of the Child -

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