

CHILD SAFEGUARDING STATEMENT

Name of service

PACT is an accredited adoption agency under Section 4 (e,f, & g) of the Adoption Act, 2010. We are a national service and employ a part time social worker and a panel of ad hoc social workers under the supervision of a full time Principal social Worker to undertake assessment work who are regionally based and can visit applicants in their own localities. All of Pact's employees and volunteers are Garda Vetted and all social workers are accredited by CORU, www.coru.ie, the statutory body with responsibility for the registration of health and social care professionals and are experienced in the fields of adoption, fostering and child welfare.

Nature of service and principles to safeguard children from harm.

Pact is committed to safeguarding the well-being of children and young people and to ensuring that all of our staff and others working on our behalf (e.g. directors, students, volunteers) are aware of their personal and professional responsibilities to promote children's safety and welfare in accordance with relevant legislation and guidance documents.

Pact provides the following services:

- Undertaking assessments/home study reports to determine eligibility and suitability for both domestic and inter-country adoption.
- Providing information, advice and counselling concerning adoption to any prospective adoptive parents.
- Completing post placement reports that are requested by the child's country of origin.
- Offering post placement support services for adopters bringing children back to Ireland.
- Providing a domestic advice and support service for adopters for whom Pact arranged adoptions in the past. As the first adoption agency in Ireland to establish open adoption we continue to provide support to children, adopters and birth parents who keep in contact after an adoption order has been granted up until the child reaches adulthood.
- Offering child placements to Tusla for short-term, temporary pre-adoption foster care where birth mothers living in Ireland are considering adoption as an option for their babies.
- Recruiting, training and assessing short term temporary foster carers.
- Facilitating access visits on the premises as requested by Tusla.

The key principles that inform the agency's approach to best practice in child protection and welfare are:

- The welfare of children is of paramount importance.
- An assessment of any risks to a child is undertaken while the child is availing of its services in accordance with the Children First Act 2015.
- All children, whatever their age, culture, ability, disability, gender, language, racial origin, religious beliefs, family status and/or sexual identity, have the right to protection from abuse.
- The prevention, detection and treatment of child abuse or neglect requires a coordinated multidisciplinary approach, effective management, clarity of responsibility and training of personnel in organisations working with children.
- Early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection. Family support should form the basis of early intervention and preventative interventions.
- A proper balance must be struck between protecting children and respecting the rights and needs of parents/carers and families. Where there is conflict, the child's welfare must come first.
- Children have a right to be heard, listened to and taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions that may affect their lives. Where there are concerns about a child's welfare, there should be opportunities provided for their views to be heard independently of their parents/carers.
- Parents/carers have a right to respect and should be consulted and involved in matters that concern their family.
- Factors such as the child's family circumstances, gender, age, stage of development, religion, culture and race should be considered when taking protective action. Intervention should not deal with the child in isolation; the child's circumstances must be understood within a family context.
- The criminal dimension of any action must not be ignored.
- Children should only be separated from parents/carers when alternative means of protecting them have been exhausted. Re-union should be considered in the context of planning for the child's future.
- The prevention, detection and treatment of child abuse or neglect requires a coordinated multidisciplinary approach, effective management, clarity of responsibility and training of personnel in organisations working with children.
- A copy of this Child Safeguarding Statement will be available, and when requested, furnished to staff members, parents' guardians, TUSLA or members of the public.

Risk assessment

Under the Children First Act 2015, organisations providing a relevant service, must undertake a risk assessment. This considers the potential for harm to come to children while they are in the organisation's care. It should be noted that risk in this context is the risk of abuse and not general health and safety risk.

Having carried out a risk assessment of any potential for harm to a child while availing of our services PACT has determined such procedures as listed below for managing these risks.

In undertaking this risk assessment, the board of management has endeavoured to identify as far as possible the risks of harm that are relevant to PACT and to ensure that adequate procedures are in place to manage all risks identified. While it is not possible to foresee and remove all risk of harm, PACT has in place the procedures and code of conduct listed in this risk assessment to manage and reduce risk to the greatest possible extent.

Risk identified	Procedure in place to manage risk identified
Witnessing harm to a child while working with the parent/guardian	Child Protection Policy
Disclosure of abuse by a child or their parent	Child Protection Policy
Retrospective disclosure of abuse by an adult	Child Protection Policy
Protection from abuse by staff members while working with them	Code of Conduct
Concern regarding a child or young person's welfare	Child Protection Policy referral to relevant agencies.
Transport of babies and young people by staff in the course of their work	Code of conduct.

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remove all risk of harm, PACT has in place the procedures listed in this risk assessment to manage and reduce risk to the greatest possible extent.

Procedures

PACT's Child Safeguarding Statement has been developed in line with requirements under the Children First Act 2015, *Children First: National Guidance for the Protection and Welfare of Children* (2017), and Tusla's *Child Safeguarding: A Guide for Policy, Procedure and Practice*. In addition to the procedures listed in our risk assessment, the following procedures support our intention to safeguard children while they are availing of our service:

- Procedure for the management of allegations of abuse or misconduct against workers/volunteers of a child availing of our service; (Appendix 1 PACT Child Protection Policy)
- Procedure for the safe recruitment and selection of workers and volunteers to work with children; (Appendix 8)
- Procedure for provision of and access to child safeguarding training and information, including the identification of the occurrence of harm; (Appendix 9)
- Procedure for the reporting of child protection or welfare concerns to Tusla; (Appendix 1. PACT child Protection Policy)
- Procedure for maintaining a list of the persons (if any) in the relevant service who are mandated persons;
- Mandatory reporting; A mandated person is someone who is specified in Schedule 2 of the Children First Act 2015 and includes Designated Liaison Officers, employees and volunteers, foster carers, Gardaí, Crèche Managers, teachers and youth workers. Mandated persons have a duty to report, without delay, any child protection issues to the relevant authorities e.g. TUSLA. (Appendix 4)
- Designated Liaison Person: DLP;

The DLP is the principle person nominated by PACT as the liaison person for PACT in all dealings with the HSE/Tusla, An Garda Síochána and other parties in connection with allegations of and/or concerns about child abuse. The DLP will typically liaise with the Board of PACT and the Relevant manager on the most appropriate course of action in the event of an allegation of child abuse. (Appendix 3, PACT child Protection Policy)

Cathal Clifford, PSW is the Designated Liaison Person.

Jamie Power, social Worker is the alternative Designated Liaison Person.

All procedures listed are available upon request.

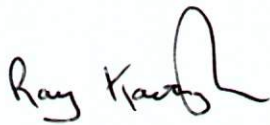
For Queries please contact (DLO)

Implementation

Pact recognises that implementation is an ongoing process. PACT is committed to the implementation of this Child Safeguarding Statement and the procedures that support our intention to keep children safe from harm while availing of our service.

The child safeguarding statement will be reviewed in February 2019 or as soon as practicable after any material change in any matter to which the Statement refers.

Signed:



Ray Kavanagh

Chairman

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1. Pact Child Protection Policy Statement

Pact aims to deliver the highest standard of service to its service users. Our agency offers a number of adoption related services which are unequivocally child-centred. Through policy development, staff recruitment and vetting procedures, we work to promote the welfare of children and young people as of first and paramount importance at all times. This policy aims to protect all service users and staff of Pact. For the purposes of this policy, 'staff' includes paid staff, foster carers, students and volunteers of Pact.

This policy is drawn up in line with Children First: National Guidance for the Protection and Welfare of children, 2011, and reflects the principles of best practice as outlined in Children First (1.1 including that the welfare of the child is of paramount importance. Under the Guidelines "child" means a person under the age of 18 years, excluding a person who is or has been married (2.1.2).)

All Pact staff are required to report to the designated liaison person, or in their absence the deputy designated liaison person, any concerns about child abuse or neglect according to Pact procedures.

Pact is committed to ensuring the welfare of all children is safe guarded by protecting them from Neglect, Physical, Sexual and Emotional harm. We do this by having procedures which address the following:

- Definition and Recognition of Abuse
- Pact Code of Behaviour
- Pact Safe Organisational Practice and Code of Practice
- Pact Procedures for Recording and Reporting Abuse
- Information required when a Report is being made to the relevant statutory authorities, i.e. the Child and Family Agency, (Tusla) and Gardaí
- Confidentiality statement
- Record Keeping and Data Protection
- Dealing with complaints and allegations against staff
- Pact Recruitment and Vetting Procedures
- Pact Procedures in relation to Child Protection Training, Support and Supervision of Staff
- Complaints Procedures

1.1 Who Must Observe this Policy

- Pact Executive Committee
- Managers
- All Staff
- Volunteers
- Students
- Members of the training panel
- Members of groups/committees established to implement Pact objectives

There are no exclusions or exceptions from this policy.

As part of the implementation of this policy, all staff will be expected to read and sign off on acceptance of this policy. All staff must be willing to undertake training regarding same as requested by their line manager.

The Pact Child Protection Policy, and the procedures and practice outlined therein, will be reviewed on an annual basis.

2. Definition and Recognition of Abuse

For the purpose of this policy, there are four categories of Child Abuse:

- Neglect
- Emotional abuse
- Physical Abuse
- Sexual Abuse

A child may be subjected to more than one form of abuse at any given time. The definitions of abuse used in this policy are based on definitions arising from The Children First National Guidance for the Protection and Welfare of Children (2011). For further information please refer to the Child Protection and Welfare Handbook 2011. Throughout the rest of this policy the term child abuse is inclusive of these four categories.

2.1 Neglect (Children First Section 2.2 page 8)

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

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

Neglect generally becomes apparent in different ways *over a period of time* rather than at one specific point.

For examples of signs and symptoms of neglect which staff need to be aware of, please refer to **Appendix Two**.

2.2 Emotional Abuse (Children First Section 2.3 page 8)

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

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

2.2.1 Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning. Examples of these include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour. The *threshold of significant harm* is reached when abusive interactions dominate and become *typical* of the relationship between the child and the parent/carer.

For examples of signs and symptoms of emotional abuse, please refer to **Appendix Two**.

2.3 Physical abuse (Children First Section 2.4 page 9)

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

Physical abuse can involve:

- (i) Severe physical punishment;
- (ii) Beating, slapping, hitting or kicking;
- (iii) Pushing, shaking or throwing;
- (iv) Pinching, biting, choking or hair-pulling;
- (v) Terrorising with threats;
- (vi) Observing violence;
- (vii) Use of excessive force in handling;
- (viii) Deliberate poisoning;
- (ix) Suffocation;
- (x) Fabricated/induced illness;
- (xi) Allowing or creating a substantial risk of significant harm to a child.

For examples of signs and symptoms of physical abuse, please refer to **Appendix Two**.

2.4 Sexual abuse (Children First Section 2.5 page 9)

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. Examples of child sexual abuse include:

- (i) Exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
- (ii) Intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
- (iii) Masturbation in the presence of the child or the involvement of the child in an act of masturbation;
- (iv) Sexual intercourse with the child, whether oral, vaginal or anal;
- (v) Sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modeling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse;
- (vi) Consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the

age of consent to sexual intercourse is 17 years for both boys and girls. An Garda Síochána will deal with the criminal aspects of the case under the relevant legislation.

It should be noted that the definition of child sexual abuse presented in this section *Sexual abuse* occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others.

For examples of signs and symptoms of sexual abuse, please refer to **Appendix Two**.

3. The Designated Liaison Person (DLP)

The Designated Liaison Person is **Cathal Clifford, Principal Social Worker** and the Deputy Designated Liaison Person is **Jamie Boyce, Social Worker**.

The Designated Liaison Person is responsible for coordinating action within Pact and responsible for liaising and working with the Child and Family Agency, (Tusla), An Garda Síochána and other agencies about suspected or actual cases of child abuse when necessary.

Pact's Designated Liaison Person, is a source of advice on all child protection matters arising.

The **Designated Liaison Person's role** is to:

- Ensure adherence to this child protection policy, the practice guidelines and practice standards within their area of responsibility.
- Act as a liaison with statutory services in matters relating to child protection.
- Act as a resource person to staff, providing support and guidance in matters of child protection.
- If she/he is unsure whether reasonable grounds exist or not s/he should informally consult with the local duty social worker. She/he will be advised whether or not the matter requires a formal report.
- Take the lead role in ensuring the reporting and follow up of referrals to Tusla/Gardaí, and ensuring that Pact procedures are followed systematically and thoroughly.
- To ensure that staff receive ongoing practice discussion in relation to child protection practice.

- Ensure proper records are kept on any interventions/decisions made during the process seek appropriate line management support and supervision during the process.
- The Designated Liaison Person has a responsibility to ensure all reports regarding child protection and welfare must initially be discussed with them before being referred.

4. Pact Procedures for Recording and Reporting Abuse

4.1 Dealing with Concerns and Disclosures

Child protection and welfare concerns could present to staff in a number of ways. They may receive a direct disclosure from an adult or child, or they could become aware of a situation that gives rise to a concern about a child's welfare. It is important that a person who discloses feels supported and facilitated in what may be a frightening and traumatic experience.

Staff must recognise that such situations could evoke an array of emotional responses including anger, fear and guilt. It is important that the staff member responds in a sensitive manner. In responding it is essential that staff remain calm; listen to and reassure the person; and record and report the details relayed appropriately and without delay. It is important that staff do not panic; do not promise to keep secrets; do not ask leading questions; do not start to investigate the report or, especially, in situations of direct disclosure, make the child or adult repeat their story unnecessarily.

It is essential that the **staff member** does not delay in speaking to the designated liaison person immediately and making the report. In the event that the designated liaison person or the designated deputy liaison person is not available/contactable, the staff member should link in with the Here2Help designated liaison person or the Here2Help designated deputy liaison person. The staff member should also link in with his/her respective line manager.

Staff should recognise that dealing with child protection can be personally distressing. It is important to know one's own limitations and be able to source support, supervision or assistance as necessary.

When considering the Signs and Symptoms, remember that no one indicator is conclusive; there are usually a range of factors and it is important for staff to consider what knowledge they have of the particular family and child's home situation.

The importance of detailing a written record of concerns cannot be over-emphasised. Staff should consider:

- The Behaviour - Who, what, when, where, how.
- The Injuries - Describe and/or sketch

- All Comments - By child or adult – verbatim
- Record - Notes made at time should be held

Under national guidelines Pact, as a non-statutory agency, is responsible for the recognition and reporting of abuse. However, it is not the agency's role to carry out an investigation or assessment of the abuse which is the responsibility of Tusla and An Garda Síochána. It is vital that all staff are aware of their role and responsibility in this process. Staff must ensure that their interventions with service users do not interfere in Tusla/Garda's investigation of cases of child abuse. Staff are advised to refer to guidance given above in relation to responding to disclosures of abuse. Dealing with disclosures will form part of their training in child protection and welfare and staff can consult with their line manager re same.

As outlined in Children First (2011; Section 2.7. page 10), the following are guidelines for recognition of abuse:

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

- (i) Considering the possibility;
- (ii) Looking out for signs of neglect or abuse;
- (iii) Recording of information.

Stage 1: Considering the possibility

The possibility of child abuse should be considered if a child appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the child seems distressed without obvious reason or displays persistent or new behavioral problems. The possibility of child abuse should also be considered if the child displays unusual or fearful responses to parents/carers or older children. A pattern of ongoing neglect should also be considered even when there are short periods of improvement.

Stage 2: Looking out for signs of neglect or abuse

Signs of neglect or abuse can be physical, behavioural or developmental. They can exist in the relationships between children and parents/carers or between children and other family members/other persons. A cluster or pattern of signs is more likely to be indicative of neglect or abuse. Children who are being abused may hint that they are being harmed and sometimes make direct disclosures. Disclosures should always be taken very seriously and should be acted upon, for example, by informing the services of Tusla, Children and Family Agency. The child should not be interviewed in detail about the alleged abuse without first consulting with Tusla's, Children and Family Agency Services. This may be more appropriately carried out by a social worker or An Garda Síochána. Less obvious signs could be gently explored with the child, *without direct questioning*. Play situations, such as drawing or story-telling, may reveal information.

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

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

Many signs of abuse are non-specific and must be considered in the child's social and family context. It is important to be open to alternative explanations for physical or behavioural signs of abuse.

4.2 Pact's procedures for the reporting of concerns or suspicions of abuse and child protection and welfare concerns.

The following are considered reasonable grounds for concern (Child protection and welfare practice handbook, P30, Sec 2.2)

- An injury or behaviour that is consistent both with abuse and an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse.
- Consistent indication over a period of time that a child is suffering from emotional or physical neglect.
- Admission or indication by someone of an alleged abuse.
- A specific indication from a child that he or she/he was abused.
- An account from a person who saw the child being abused.
- Evidence (e.g. injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way.

Where the above mentioned reasonable grounds for concern exist the following steps should be taken:

- Any staff member who has concerns around the welfare or protection of a child will discuss their concerns with the Designated Liaison Person (role of DP defined below).

- Where the Designated Liaison Person is not available, staff will discuss with the Deputy Designated Liaison Person. Should neither the Designated Liaison Person nor the Deputy Designated Liaison Person be available, the staff member should link in with Tusla's Duty social work team that covers the area in which the child resides.
- Where a decision is made to report, it is considered best practice that the child's primary carer and/or, where assessed as appropriate, the birth or adoptive parents of the child be made aware of the report unless there is a fear of a risk of flight or danger to the child or staff member.
- Where a child or family is in contact with more than one staff member, the report will be made in consultation with the appropriate personnel.
- Consultation with the Designated Liaison Person and the follow up reporting of the suspected abuse must be made without delay. No child should ever be left in a dangerous situation pending Tusla's intervention.
- An informal consultation can be made in advance of a report being submitted to clarify that reasonable grounds for reporting have been established, where there is a lack of clarity
- An initial report via the telephone can be made first to Tusla, followed immediately by a follow up written report on the Standard Report Form to the relevant area/social worker. The person to whom it is being disclosed/witnesses the abuse will complete the standard report form in consultation with the Designated Liaison Person. The social worker in Tusla will also possibly need to link back with the original referrer, who reported the suspected abuse to the Social Worker.
- The standard Tusla report form should be used (See **Appendix Three**).
- In cases of emergency where the concern arises or the disclosure is made outside of the social work hours of 9am to 5pm, the Gardaí must be contacted immediately.
- Staff are responsible to recognise that dealing with child protection can be distressing, knowing one's own limitations in dealing with it and having the awareness to be able to source support, supervision or assistance as necessary.

4.3 Pact Procedures for Sharing Information

- As members of Pact's workforce, all staff, in consultation with the Designated Liaison Person, have a duty to report all child welfare and protection concerns. This includes concerns that arise in relation to children that staff are working with in any of the

agency's following services: Intercountry Assessment and Post Placement Report Service; Intercountry Post Placement Support Service; Domestic Adoption Assessment Service; Domestic Post Adoption Service; and the Pre- Adoption Foster Care Service.

- At the commencement of their relationship with the service all service users will be advised that Pact, as outlined in the Child Protection Policy, have a duty of care to children and are obliged to consult with Tusla where there may be concerns in relation to the welfare and protection of a child.
- In doing so, the worker at Pact will endeavour to work in partnership with parents or the primary care giver. This involves consultation with them in relation to any child welfare or protection concerns that may arise. The exception to this is where this sharing of information would place the child at further risk or prejudice an investigation.
- Where the parents or primary care giver is also a service user of Pact, staff will continue to provide support to them during any Tusla social work assessment and/or Garda investigation.
- Staff will ensure that the needs of the child have primacy in their work with parents and/or the primary carer. Social workers will ensure that parents have informed children, at an age appropriate level, about the purpose of the social workers visit and that they are invited to share any issues they may have.
- In certain situations staff may not be aware of who the child's parents are or may not have a relationship with the child's parents. Such may be the case where a staff member is providing the Schools Education Programme for instance. In such instances, staff will endeavour to relate their concerns to Tusla in consultation with the Designated Liaison Person in the school where the child attends.

4.4 Information required when a Report is being made

The ability of Tusla and the Gardaí to assess allegations or suspicion of child abuse will depend on the quality of the information provided by the person making the report. The following information, where available, concerns should be conveyed by telephone if necessary or on the Standard Report Form. (See **Appendix Three**)

- Accurate identifying information (as much as is known). This should include the name, address and age of the child and all children in the family, as well as parents' or carers' names and addresses.
- Name and address of person alleged to be causing harm to the child.

- A full account of what constitutes the grounds for concern about the welfare and protection of the child or children.
- The source of any information that is being discussed with Tusla.
- Dates when the concern arose or a particular incident occurred.
- Any explanation offered to account for the risk, injury or concern.
- The child's own statement (if concern is raised by a child)
- Any other information regarding difficulties that the family may be experiencing. These may include addiction, separation, financial situation, recent bereavement, illness, mental health or disability issues.
- Any factors which may be considered protective or supportive to the family.
- Name of child or children's school.
- Name of child and/or family's GP.
- The reporter's own involvement with the child and parents or carers.
- Details of any actions taken already about the risks or concerns.
- Names and addresses of any agencies or key persons involved with the parents or carers.
- Identity of reporters including name, address, telephone number, occupation, and relationship with the family

4.5 Protection for Persons Reporting Abuse Act (1998)

This Act came into operation on 23 January 1999. The main provisions of the Act are:

- (i) the provision of immunity from civil liability to any person who reports child abuse 'reasonably and in good faith' to designated officers of the HSE or to any member of An Garda Síochána;
- (ii) the provision of significant protections for employees who report child abuse. These protections cover all employees and all forms of discrimination up to, and including, dismissal;
- (iii) the creation of a new offence of false reporting of child abuse, where a person makes a report of child abuse to the appropriate authorities 'knowing that

statement to be false'. This is a new criminal offence, designed to protect innocent persons from malicious reports.

4.6 Retrospective Disclosures

This policy also applies to disclosures by adults of abuse that took place in their childhood. If it is deemed that there is a risk that the person alleged to have carried out the abuse is in contact with children, it is pertinent that a report be made Tusla/Gardaí, whether the child at risk is identified or not. Such is the practice in all cases of retrospective disclosure made by adults and children. (See Children First National Guidance for the protection of Children. P15 sec 3.6)

5. Working with Children and Families

In accordance with national guidelines in this area Pact has drawn up a Policy on Safe Organisational Practice and a Code of Practice.

5.1 Pact Safe Organisational Practice

Under this policy, Pact will adopt and deliver the following organisational practices directed at ensuring the safety of children using our services and with whom our workers may come into contact.

Pact ensures that only qualified and vetted social workers are employed to deliver our social work service.

Students working in Pact will be under the supervision of a qualified social worker and will be expected to discuss any child protection concerns with them in the first instance.

Pact assesses the parenting capacity of mothers who have attended for counselling and chose the parenting option.

Pact continues to assess the parenting ability of adoptive parents at the time of the completion of post placement reports and the provision of post adoption support.

Pact's Designated Liaison Person, **or deputy** is responsible for reporting all concerns, in consultation with the respective staff member, to Tusla's Social work department.

5.2 Pact Code of Practice

- In accordance with the 1991 Child Care Act, Pact deems anyone under the age of 18 to be a child (unless already married). It is the responsibility of every staff member, students and volunteers, to promote the welfare of children as the first and paramount consideration.
- All staff should be cognisant of the fact that the welfare of children is of first and paramount importance and that children should be treated with dignity, sensitivity and respect at all times.
- Interaction with children must be respectful, considering their overall needs and not cause unnecessary distress.
- Children have a right to be heard and taken seriously.
- Children's welfare and safety must always come first while giving due consideration to the needs and rights of parents and carers, but where they are in conflict, the rights of the child take precedence.
- Due to the nature of Pact's work, **staff** students and volunteers do not work directly with children.
- Staff and carers must be alert and open to and accepting of the possibility of abuse or neglect.
- Training to include recognizing the signs of abuse is provided to all foster carers and prospective adoptive parents.
- During the assessment of prospective adoptive parents, workers evaluate their ability to recognize the signs of abuse and cope with same.
- When assessing prospective adoptive parents, children presently residing with the family will be interviewed by a pact **social worker**. Depending on the age and developmental stage of the child, a parent maybe within eye contact of the child or in another room. A second worker may be present also.
- Staff should never let allegations a child makes go without being addressed and recorded.
- Babies are often transferred by car as part of Pact's Pre- Adoption Foster Care Service. In such cases, only Pact staff travel in the car with the baby. For all journeys the worker and child must be accompanied by another member of agency staff or adult foster carer.
- With the aim of facilitating open adoption, in relation to photography that is received by Pact from adoptive parents to be forwarded to birth parents, Pact will vet these images and determine whether or not they are suitable for passing on.

Staff should not meet with children outside organised activities/appointments unless consent has been gained.

- Staff should be sensitive of the possibility of developing favouritism or becoming over involved or spending a great deal of time with any one child/family.
- Staff must understand that whilst all children need to receive and show affection, (for example give and receive a hug, or put or have an arm around the shoulder, or hold an adult's hand) that any physical contact must be: initiated by the child or if initiated by a staff member is done to respond to child's needs i.e. child falls and comes looking to staff for a hug; is safe for both the child and the staff member and is age appropriate. Ideally another staff member should be present at such times.

5.3 Confidentiality (Children First Section 3.9 page 16)

All of those who must observe this policy will be informed of their responsibilities around confidentiality.

All information regarding concern or assessment of child abuse or neglect should be shared on 'a need to know' basis in the interests of the child with the relevant statutory authorities. Any information provided to Tusla or the Garda Síochána will remain confidential. Such information will only be disclosed where the welfare, protection and safety of the child requires it. The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection.

In meeting with **service users** service users for the first time, the boundaries of confidentiality with respect to child protection are made explicitly clear. The social worker can refer to Pact's Confidentiality Policy in doing so.

No undertakings regarding secrecy can be given. Those working with a child and family should make this clear to all parties involved, although they can be assured that all information will be handled taking full account of legal requirements.

Information gathered for one purpose must not be used for another without consulting the person who provided that information.

The limitations in relation to confidentiality also pertains to adults who disclose retrospective experiences of abuse. If it is disclosed to a staff member that the person alleged to have carried out the abuse is in contact with children, it is the responsibility of Pact to report this information to the relevant statutory agencies, i.e. to Tusla/Gardaí.

5.4 Record Keeping and Data Protection

All child protection reports are maintained in a confidential file which is kept by the Designated Liaison Person. The social work file will reference these reports rather than copies being retained. The confidential file facilitates the monitoring and review of child protection reports. This file is stored in the Designated Liaison Person's office. All reports made to Tusla are made in consultation with the Designated Liaison person who maintains a record of all reports sent to, or concerns discussed with, the social work duty team in Tusla. Pact has a responsibility under Children First to cooperate with Tusla on the sharing of their records where a child welfare or protection issue arises. (See Children First National Guidance for the protection of Children. P22 sec 4.7.5 *viii*)

The confidential file is kept in a locked cupboard in the Designated Liaison Person's office. Only the Designated Liaison Person and the Deputy have access to the file.

Pact's Record Management policy details the records which Pact retains how they are stored, and how relevant information should be shared with Tusla.

The policy is in the Employee Handbook which is available in the general office.

6. Procedures for Dealing with Allegations against Staff

In the event of allegations being made against a Pact staff member, the protection of the child/young person is the first and paramount consideration it is important to note that two procedures are followed:

- The reporting procedure in respect of the child.
The procedure for dealing with the employee.
- The Designated Liaison Person is responsible for following up the reporting procedures to Tusla in respect of the child and will liaise with the complaints officer as appropriate.

In line with the procedures for reporting abuse described above, a report is made to the Designated Liaison Person to address the needs of the child.

Staff also have a right to fair and just procedures in accordance with their contracts and the rules of natural justice. It is important that follow up is dealt with in an efficient way and does not result in unnecessary financial hardship for the staff member. The allegation against the worker will be assessed promptly and carefully. If reasonable grounds for concern exist a formal report to Tusla will be made.

The Complaints Officer will lead out on the process in relation to the staff member and will inform the worker privately of the fact that an allegation has been made and the nature of

that allegation. She/he will inform the worker of the procedures to be followed in investigating the allegation.

The person against whom the abuse is alleged will be afforded the right to respond. Pact will note the response and pass on this information when making the formal report to Tusla.

The Chairperson of the Board of Directors of Pact should be informed as soon as possible.

The follow up on an allegation of abuse against an employee will be made in consultation with Tusla and the Gardaí. An immediate meeting will be arranged for this purpose.

Pact will ensure that actions taken by them do not undermine or frustrate any investigations being conducted by Tusla or the Gardaí.

After these consultations referred to above and when pursuing the question of the future position of the employee, the Chairperson should advise the staff member and the agreed procedures should be followed.

(See appendix 9 Children First page 93)

Depending on the employment contract and the nature of the allegation and assessed level of risk, the member of staff against whom the allegation has been made may be suspended until the investigation is complete. Any intervention taken should be proportionate to the level of risk and should not unduly affect the worker.

7. Pact Accidents Procedure

All foster carers are obliged to keep a record of day to day events. They must inform their link worker where there is an incident. Following discussion the link worker will, if appropriate, report the matter to the Designated Person.

Should an accident occur involving a child in the care of while under the supervision of Pact's social workers it should be reported to the Designated Liaison Person. Once the child's immediate medical and emotional needs are met, Pact's Accident Record Form should be completed (See **Appendix Four**). These forms are held by the Designated Liaison Person.

8. Pact Recruitment, Selection and Vetting Procedures

8.1 Key elements of Pact's recruitment process in appointing quality staff:

A job description is advertised, and job specification made available to interested applicants. Application is made via submission of a Curriculum Vita. The applicant's two most recent references are contacted. These must be relevant to the position applied for. All references are verified by phone with the referee. **Short listed individuals are interviewed by the Principal Social Worker, the Administration Manager, and often, another staff member,**

where relevant. A second interview is normal also. All Staff and members of Executive, and Volunteers are subject to a mandatory Garda vetting processed through the relevant Central Vetting Units.

Before starting work the employee or volunteer will be asked to sign a declaration stating the following:

- Have never been convicted of any criminal offence with particular reference to child protection convictions,
- Have never been the subject of an allegation(s) of child abuse
- Know of no reason why they would be deemed unsuitable to work with children.

No one will be allowed to work with children until the relevant assurances are received.

All new employees are required to provide proof of identification and qualifications as appropriate.

All new employees are subject to a minimum six months probationary period.

8.2 Recruiting Foster Carers and Adoption Applicants

Pact complete Garda vetting on prospective foster carers and adoption applicants along with any members of their household over 16 years of age.

Child protection Clearance will also be sought through the Service Area Managers for the Health Service Executive areas in which applicants have resided.

Garda vetting and child protection clearance is undated every three years.

8.3 Students

Students on placement are required to sign a placement contract agreed between the college and Pact. This contract will include confirmation that the student has been vetted before starting placement.

9. Pact Training, Support and Supervision

Pact is committed to ensuring that staff feel supported in implementing the Child Protection Policy and procedures to ensure best practice standards of service are provided. It is the policy of the organisation to provide comprehensive induction and ongoing training opportunities for staff to enhance skills and knowledge, and to promote professional development, particularly in the area of child protection. These will be provided for staff as they become available and according to the individual needs of staff members.

All new staff will be given a copy of the Child Protection Policy and given the opportunity to discuss it during their induction. Social Work staff will be advised to seek Children First Training within a couple of months of their start date.

Pact is committed to the provision of ongoing support and staff supervision. This will be available to staff to enable them to deal with difficulties as they arise. Peer Support and debriefing sessions are also provided when necessary. Pact's Policy on Supervision can be accessed via the Employee Handbook. (See **Appendix Five** for details of The Supervision Process)

10. Pact Complaints Procedure

Any person who is availing of any of the agency's services has a right to complain under The Health Act 2004 Section 48 (2) or make an allegation following due reason. Pact's complaints procedure, which has been agreed by the HSE, incorporates the three elements of issues resolution, investigation and appeal. It can be accessed via the Pact website, www.pact.ie . See **Appendix Six** for information on making a complaint.

Appendix 1; RELEVANT LEGISLATION

Children Act 2001

The Children Act 2001 replaced provisions of the Children Act 1908 and associated legislation with a modern comprehensive statute.

The 2001 Act covers three main areas of the law. Firstly, and predominantly, it provides a framework for the development of the juvenile justice system. Secondly, it re-enacts and updates provisions in the 1908 Act protecting children against persons who have the custody charge or care of them. Thirdly, it provides for family welfare conferences and other new provisions for dealing with children where there is a real and substantial risk to their life, health, safety, welfare and development.

Child Care Act 1991

The purpose of the Child Care Act 1991 is to 'update the law in relation to the care of children who have been assaulted, ill-treated,

neglected or sexually abused, or who are at risk'. The main provisions of the Act are:

(i) the placing of a statutory duty on Tusla to promote the welfare of children who are not receiving adequate care

and protection up to the age of 18;

(ii) the strengthening of the powers of Tusla to provide child care and family support services;

- (iii) the improvement of the procedures to facilitate immediate intervention by Tusla and An Garda Síochána where children are in danger;
- (iv) the revision of provisions to enable the Courts to place children who have been assaulted, ill-treated, neglected or sexually abused, or who are at risk, in the care of or under the supervision of Tusla;
- (v) the introduction of arrangements for the supervision and inspection of pre-school services;
- (vi) the revision of provisions in relation to the registration and inspection of residential centres for children.

Criminal Justice Act 2006

Section 176 of the Criminal Justice Act 2006 introduced the criminal charge of 'reckless endangerment of children'. It states:

'A person, having authority or control over a child or abuser, who intentionally or recklessly endangers a child by –

- (a) causing or permitting any child to be placed or left in a situation which creates a substantial risk to the child of being a victim of serious harm or sexual abuse, or
- (b) failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation, is guilty of an offence.'

The penalty for a person found guilty of this offence is a fine (no upper limit) and/or imprisonment for a term not exceeding 10 years.

Protections for Persons Reporting Child Abuse Act 1998

This Act came into operation on 23 January 1999. The main provisions of the Act are:

- (i) the provision of immunity from civil liability to any person who reports child abuse 'reasonably and in good faith' to designated officers of Tusla or to any member of An Garda Síochána;
- (ii) the provision of significant protections for employees who report child abuse. These protections cover all employees and all forms of discrimination up to, and including, dismissal;
- (iii) the creation of a new offence of false reporting of child abuse, where a person makes a report of child abuse to the appropriate authorities 'knowing that statement to be false'. This is a new criminal offence, designed to protect innocent persons from malicious reports.

A wide range of nursing, medical, paramedical and other staff has been appointed as designated officers for the purposes of this Act (see Appendix 10 of the Children First: National Guidance). Section 6 of the Act is a saving provision, which specifies that the statutory immunity provided under the Act for persons reporting child abuse is additional to any defences already available under any other enactment or rule of law in force immediately before the passing of the Act.

Data Protection Acts 1988 and 2003

The Data Protection Act 1988 applies to the processing of personal data. It gives a right to every individual, irrespective of nationality or residence, to establish the existence of personal data, to have access to any such data relating to him or her, and to have inaccurate data rectified or erased. It requires data controllers to make sure that the data they keep are collected fairly, are accurate and up-to-date, are kept for lawful purposes and are not used or disclosed in any manner incompatible with those purposes. It also requires both data controllers and data processors to protect the data they keep, and imposes on them a special duty of care in relation to the individuals about whom they keep such data.

Freedom of Information Acts 1997 and 2003

The Freedom of Information Acts 1997 and 2003 enable members of the public to obtain access, to the greatest extent possible consistent with the public interest and the right to privacy, to information in the possession of public bodies. The specific provisions of the Acts include:

- (i) to provide for a right of access to records held by such public bodies, for necessary exceptions to that right and for assistance to persons to enable them to exercise it;
- (ii) to enable persons to have corrected any personal information relating to them in the possession of such bodies;
- (iii) to provide for independent review by an Information Commissioner both of decisions of such bodies relating to that right and of the operation of the Acts generally;
- (iv) to provide for the publication by public bodies of guides to their functions and national guidelines, such as these, for the public.

Under the Acts, a person about whom a public body holds personal information has:

- (i) right of access to this information, subject to certain conditions;

(ii) the right to correct this information if it is inaccurate.

Where a public body makes a decision that affects an individual, that individual has a right to relevant reasons and findings on the part of the body reaching that decision.

The Acts are also designed to protect the privacy of individuals and, in general, requires the prior consent of an individual before releasing personal information about them. Where the release of social work or medical records contains information that would be harmful to a person's well-being, the release may be made to a health professional who acts on the person's behalf. Under the Acts, there are regulations and guidelines relating to access by parents to their children's records; these emphasize that the overriding concern is the best interests of the child.

The exemptions and exclusions that are relevant to child protection include the following:

- (i) protecting records covered by legal professional privilege;
- (ii) protecting records that would facilitate the commission of a crime;
- (iii) protecting records that would reveal a confidential source of information.

Appendix 2; PHYSICAL AND BEHAVIOURAL INDICATORS OF ABUSE

When considering the Signs and Symptoms, remember that no one indicator is conclusive; there are usually a range of factors and it is important for staff to consider what knowledge they have of the particular family and child's home situation.

It should be noted that no one indicator is indicative of abuse and that this list is not exhaustive. Further information on the indicators of abuse can be found in Appendix 1 of The Children First National Guidance for the Protection and Welfare of Children (2011).

Some Physical and Behavioural Indicators of Neglect are:

- Constant Hunger
- Exposed to Danger / Lack of Supervision
- Inadequate / Inappropriate Clothing
- Poor Hygiene
- Untreated Illnesses
- Tiredness
- Listlessness
- Lack of Peer Relationships

- Low Self Esteem
- Compulsive Stealing
- Begging

Some Physical and Behavioural Indicators of Emotional Abuse include:

- Sudden Speech Disorders
- Wetting and Soiling
- Signs of Mutilation
- Attention Seeking Behaviour
- Frequent Vomiting
- Rocking
- Thumb Sucking
- Fear of Change
- Frequent Absconding
- Poor Peer Relationships

Physical and Behavioural Indicators of Physical Abuse include:

- Bite Marks or Welts
- Scratches
- Bruises in Places Difficult to Mark
- Burns especially by Cigarettes
- Untreated Injuries
- Self-Mutilation
- Frequent Absconding
- Aggressive or Withdrawn
- Fear of Returning Home
- Undue Fear of Adults
- Fearful Watchfulness

Some Physical and Behavioural Indicators if Sexual Abuse can be:

- Soreness/Bleeding/Itching in Genital or Anal areas
- Stained or Bloody Underwear
- Stomach Pains or Headaches
- Pain on Urination
- Difficulty Walking or Sitting
- Bruises on Inner Thigh / Buttocks
- Anorexic or Bulimic
- Pregnancy
- Chronic Depression
- Inappropriate Language
- Inappropriate Sexual Knowledge
- Sexual Advances to Adults or Children
- Low Self Esteem
- Afraid of Dark
- Wariness at Being Approached

Appendix 3; HSE Standard Report Form

FORM NUMBER: CC01:01:00

STANDARD REPORT FORM*(For reporting CP&W Concerns to HSE)***A. To Principal Social Worker/Designate:** _____**1. Date of Report****2. Details of Child**

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

3. Details of Persons Reporting Concern(s)

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

4. Parents Aware of Report

Are the child's parents/carers aware that this concern is being reported to the HSE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

5. Details of Report

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

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Guidance Notes

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

This Report Form is for use by:

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

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

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

- A Court could order that information be disclosed.
- Under the Freedom of Information Act 1997, the Freedom of Information Commissioner may order that information be disclosed.

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

If you are unsure if you should report your concerns, please telephone the HSE duty social worker and discuss your concerns with them.

Appendix 4; Pact Accident Record Form

Report Number (consecutive)



Accident Record

1 About the person who had the accident

Name _____
 Address _____
 _____ Postcode _____
 Occupation _____

2 About you, the individual filling in this record

If you did not have the accident write your address and occupation.

Name _____
 Address _____
 _____ Postcode _____
 Occupation _____

3 Details of the accident (Continue on the back of this form if you need to)

When it happened. Date ____/____/____ Time _____
 Where it happened. State location. _____

 How did the accident happen? Give the cause if possible. _____

 If the person who had the accident suffered an injury, give details _____

 Sign the record and date it.
 Sign _____ Date ____/____/____

4 For the employer only

Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

How was it reported? _____
 Sign _____ Date ____/____/____

Appendix 5; PACT's SUPERVISION POLICY

This Supervision policy document was drawn up using the HSE/Public Sector Guidance Document on Supervision for Health Care and Social Care Professionals; Improving Performance and Supporting Employees. (2015). It also drew on Pact's previous Supervision and Mentoring policy, as well as on the guidelines issued by the IASW and CORU for the Continuous Professional Development of Social Workers.

1. Policy Statement

Supervision is a workforce development strategy that can contribute to higher quality service outcomes for service users/ service users, improve practitioner skills and inform and consolidate training and development. It contributes to employees having a positive employment experience through which they are appropriately engaged with their job, their team, their profession and their organisation. The supervision engagement also contributes to employee wellbeing and reduces incidents of burnout.

For supervision to be effective it needs to combine a performance management approach with a dynamic, empowering and enabling supervisory relationship. Supervision improves the quality of practice, supports the development of integrated working and ensures continuing professional development. Supervision contributes to the development of a learning culture by promoting an approach that develops the confidence and competence of all involved in the process. It is therefore at the core of individual and group continuing professional development. (Children's Workforce Development Council, Providing effective supervision 2007)

It is Pact policy that all registered/accredited social workers/counsellors should participate in regular, high quality, consistent and effective supervision that is appropriate to their profession, that is aligned with the stated governance standards and which meets the priorities, aims and principles described below.

The process of supervision should continue throughout the professional's career. A sustained engagement in the supervision process will identify compliance with statutory and professional ethical guidelines, ensure practitioners work within their scope of practice and meet regulatory requirements and contribute to Continuous Professional Development (CPD). See 4.0

It is envisaged that this engagement will ensure clarity of roles and responsibilities and create structured opportunities to discuss work, review practice and progress and plan for future development.

2. Purpose

This policy has been developed to provide a support, quality assurance, accountability and development mechanism for Social Workers/counsellors in Pact/Here2Help. The supervision policy is part of a process to strengthen employee engagement as a support mechanism for

employees, thereby enhancing performance, employee satisfaction, service quality and ultimately service user satisfaction. This policy therefore sets out to provide a framework for supervision.

3. Scope Who must observe this policy?

This is a mandatory policy. It applies to all Social Workers who presently are employed in Pact, across all grades and all levels of experience. It is facilitated by service management and human resource functions.

4. Aims of Supervision

The aim of supervision is to ensure the provision of a safe, quality service, delivered by employees who are supported, engaged and participate in continuous professional development. The aims of supervision are often described using the four distinct but equally important functions of **Management, Support, Learning / Development and Engagement / Mediation**. (Adapted from Morrison)

Management

- To provide a regular, structured, opportunity to discuss work, review practice and progress and plan for future development.
- To hold the professional accountable for performance and practice, to ensure safe, quality, care for service users.
- To improve /ensure service quality, safety and clinical practice.
- To provide oversight of the practitioners practice.
- To ensure good practice and to challenge and manage poor practice.

Support

- For the individual in what is a demanding and potentially stressful working environment.
- To ensure that health and well-being at work issues are addressed.
- To ensure the supervisee meets the service objectives of Pact.
- The development of supportive and positive climate for evidence based practice and performance.

Learning and development of each individual

- To identify their knowledge-base, attitudes, learning style and skills.
- To identify learning needs and the strengths and areas for development.
- To plan and set targets for ongoing professional development. (CPD)

- To develop employees' skills in and capacity for reflective practice.

Engagement/Mediation

- To ensure healthy engagement with and communication between the practitioners and with the organisation.
- Supervision is an important working relationship.
- Supervision is about feeling and thinking as well as doing.
- Supervision is part of the intervention process.

5. Supervision framework

Definition & Functions

Supervision is acknowledged as a component of professional practice development and is an individual and organisational response to meeting the needs of service users for safe quality care at times of need. (O' Neill 2004).

Morrison (2001) defines supervision as 'a process in which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational and professional objectives'.

'Professional Supervision is a partnership process of ongoing reflection and feedback between identified professionals to ensure and enhance effective practice in a supportive manner'. (Eileen O'Neill, 2007)

The definition clarifies that supervision

- Is located within the context of a clearly defined line management relationship within the organisation.

Has both organisational and professional objectives.

- Is not confined to operating on a one-to-one basis, supervision may often enhanced in a group setting.
- Recognises the inter-dependence of accountability, competence, professional development and professional support.
- Both supervisor and supervisee have responsibility for the relationship.

Supervision operates alongside many other professional and management practices and processes. While these may over-lap and complement each other.

Supervision is not

- counselling

- formal appraisal
- mentoring or coaching
- consulting
- formal disciplinary or grievance processes

During supervision issues may arise that require referral to or initiation of one or more of the above processes. It is the responsibility of the supervisor to ensure these processes are dealt with in a separate forum, notwithstanding the appropriate level of confidentiality surrounding the supervision process.

6. Principles and beliefs underpinning the supervision process

Service user focused: Supervision's primary focus must always be on the needs of the service user while supporting the professional development of employees.

Quality and safety: Supervision is critical to quality of service delivery and the experience of users.

Supporting performance: Managing performance in a supportive way, taking account of the social worker's professionalism and autonomy, with measurement of the service user and staff experience being central in performance measurement.

Is accountable: The practice of supervision is accountable to service users and to the employer. This means that the roles of all parties are explicitly identified, as are the boundaries of these roles.

Management of risk: Effective supervision contributes to the management of risk through the development of high standards of performance and professional practice.

Maintaining competent staff: Pact ensures that social workers have the competencies required to deliver high quality, safe and reliable services while identifying and addressing issues of under-performance.

Management support: A culture of supervision is developed and fostered within the organisation. Resources are provided to implement and sustain the process.

Individual responsibility: The individual practitioner is expected to seek and participate in supervision sessions and to engage in reflection on their practice.

Participation by all social workers: Supervision is appropriate and beneficial regardless of an employee's level of experience, or organisational role. It is as important for a new entrant, as it is for an advanced practitioner and a practitioner with managerial responsibilities.

Has clear and balanced purpose: The functions of supervision; management, development, support and engagement /mediation are each addressed in a balanced way.

Is flexible: The professional supervision process is sufficiently flexible to ensure that it meets the needs of the supervisee, regardless of the stage they are at in their development.

Principles of adult learning: Supervision should be based on the principles of adult learning. Knowles identified six principles of adult learning.

Those principles are that adults are:

- internally motivated and self-directed
- bring life experiences and knowledge to learning experiences
- goal oriented
- relevancy oriented
- practical
- and like to be respected

Challenge and affirmation: The professional supervision process maintains an explicit, but delicate, balance between challenge and support or affirmation. Both are essential to further the supervisee's learning, and to help them gain new perspectives on their professional experience.

Regular and sustained: A regular time is scheduled for the supervisee to review their practice and role. The frequency will depend on the supervisee's stage of development, level of experience or experience in their current work area.

Confidential: While the supervision dialogue is bound by the necessary confidentiality appropriate to a professional engagement, confidentiality cannot be absolute as issues that emerge may require referral to processes or parties outside the supervision framework.

Appropriateness of the model: Pact's model of supervision takes into account the professional requirements, the roles/grades and the service delivery context.

7. Models of supervision

There are a number of different approaches to supervision used in Pact. The following are used

- Professional supervision
- Management supervision
- Peer supervision
- Group supervision
- External supervision

The decision to use a particular model is based on the level of experience of the practitioner, the demands or requirements of the particular role, the models advocated by CORU and the

resources or opportunities available. Sometimes more than one model may be used together depending on the needs.

Regardless of the model used, supervision should be properly set up, formally structured and managed with appropriate records kept.

Pact recognise that in certain management circumstances there may be a need for external supervision or consultation. This will be agreed with the line manager. In external supervision, a contracted relationship must be established to provide the necessary practice supervision that is specifically management focused. Case management and line management responsibilities remain with the line manager. See Appendix 1.

8. Roles and responsibilities

- Governance

The governance standards required by Pact/Here2Help ensures that employees:

- Are well informed
- Understand the management and clinical governance structures
- Are clear and confident in their roles and responsibilities
- Are appropriately trained and developed;
- Are involved in decision making;
- Receive feedback on their contribution and role in their team and
- Are constructively challenged

The standard also requires all employees to:

- Keep themselves up to date with developments relevant to their role within the organisation; commit to continuous personal and professional development.
- Adhere to the professional standards set by regulatory bodies or professional associations; e.g. CORU.
- Maintain professional competence and registration with the relevant regulatory authority e.g. CORU.
- Be clinically responsible for their own practice.
- Adhere to the standards of conduct set by Pact.
- Actively participate in discussions on issues that affect them
- Seek support and feedback on their operational and professional development.

Overall responsibility for the implementation and quality of social work supervision rests with Pact's Principal Social Worker. Supervision is a process not an event. It entails preparation, open discussion and the implementation of decisions. Both supervisors and supervisees have a responsibility to contribute positively to the process.

Supervisors should ensure adherence to the standards set out in this policy. They have a responsibility to ensure that the frequency and duration of supervision meets the needs of the supervisee, taking into account where the supervisee is in terms of experience and the needs of the agency. Supervisors must ensure that time is allocated for supervision and that the formal structure for recording are in place.

Supervisees will make a substantial contribution to the quality of their own supervision by:

- Being suitably prepared for supervision.
- Ensuring that actions agreed within supervision are carried out in a timely manner.
- Notifying the supervisor of any difficulty in implementing decisions of plans.
- Identifying development and support needs.
- Understanding and implementing Pact policy, procedures and protocols.
- Ensuring diversity is integrated into all work and records.
- Highlighting areas of learning in relation to his/her own professional development.

9. The Supervision Process

Both the supervisor and the supervisee have a responsibility to ensure that supervision is occurring on a regular basis. The frequency and duration of supervision will be determined by the experience of the social worker, the nature of their employment with the agency and the complexities of their caseload.

Supervision should include an opportunity for constructive feedback to both the supervisor and the supervisee. Emotive issues that arise should be handled in a sensitive manner to ensure that there are no blockages to good supervision practice guidelines.

Supervision sessions must be protected from workload constraints and interruptions and used as a structured space for the supervisee to be empowered to reflect on his/her practice.

10. Recording

Supervision must be recorded on Pact's Supervision Record Sheet (see Appendix 2) and copies of all records will be kept in 'Pact's Supervision File'. Supervisees may also choose to keep their own personal supervision file.

Details regarding responsibility for the recording of supervision will be agreed between the supervisor and the supervisee.

All notes of individual supervision sessions should be signed as agreed documents of each supervision sessions as soon as practically possible.

Where peer, group or joint supervision occurs, there should be clear arrangements for recording same and adding that record to the supervision file.

Personal information will only be recorded where it is causing concern regarding the individual's performance at work.

11. Training to support the supervision framework

The quality and impact of supervision is not only dependent on the mind-set of the parties involved but also on the supervisor having appropriate competencies and experience. Supervisors can develop the relevant competence through avenues such as engagement in their own supervision, self-study and through training. This policy supports the provision of training and information for supervisors and supervisees, e.g. IASW, CORU, CIAA & the Wheel.

12. Student Supervision

Pact may offer professional social work students placement opportunities. All placements will be arranged together with the students college practice tutor and will include a contract which identifies the students learning needs along with their supervision arrangements. It is the responsibility of the Pact social worker to ensure that supervision is provided for the student.

13. Confidentiality

Supervision sessions are in general confidential exchanges between supervisor and supervisee. However, the supervision record is an organisational document which may be seen by others e.g. audit, reviews of practice, inspection purposes, where there are grievances or disciplinary proceedings, without the consent of the persons involved.

Appendix 6; PACT'S COMPLAINTS POLICY

The intent of this procedure is to ensure a thorough review of the issues which are the subject of the complaint. The procedure cannot make legal determinations, but it will determine whether the client was treated fairly.

- **Who can complain**

Any client who is being or was provided with a health or personal social service by Tusla Child and Family Agency or Service Provider (Pact) or who is seeking or has sought provision of such service may complain, in accordance with the procedures established under this part, about any action of Tusla or Service Provider that:

- (a) it is claimed, does not accord with fair and sound administrative practice, and
- (b) adversely affects or affected that person.

- **Advocacy**

All complainants have the right to appoint an advocate. Where a person is unable to make a complaint themselves an advocate can assist them in making the complaint.

- **What can the complaint be about?**

Any of the services provided by the agency within its current remit. When the complaint involves matters not directly under the agency's control, the complaint will be referred to the appropriate authority.

- **Definition of a complaint**

(Definition as per the Health Act 2004)

"complaint" means a complaint made under this Part about any action of the Tusla or a Service Provider that: (a) it is claimed, does not accord with fair or sound administrative practice, and (b) adversely affects the person by whom or on whose behalf the complaint is made.

- **How and when complaints can be made**

A complaint can be made verbally, in writing, by email or fax. A complaint should where possible be made within 6 months (or such other reasonable time as decided by the Complaints Officer) and up to 12 months of the date of the action giving rise to the complaint.

- **Acknowledgements**

(HEALTH ACT 2004)

Acknowledgement of complaints

7. (1) Upon a complaint being received by or assigned to the complaints officer (including a referral under section 48(2)), he or she shall notify, within 5 working days, the complainant, in writing, that the complaint has been so received or assigned and outline the steps that he or she proposes to take in investigating the complaint and the time limits for the completion of the investigation.

1. What are the steps to be followed?

(In the steps below, while referring to the complainants in the plural, the procedure is equally applicable in cases where an individual client wishes to make a complaint or appeal a decision)

Stage 1: Management of a Verbal Complaint at the Point of Contact

There are occasions when clients may wish to express dissatisfaction about some service provided by the agency or the provision of information or the assessment process. It is appropriate to try to resolve such issues, first of all, by talking these over with the agency social workers involved and the Principal Social Worker. It is the agency's aim that most issues are resolved in this way.

The Complaints Officer must be informed of any such complaint and must consider, in conjunction with the Principal Social Worker, whether it would be practicable, having regard to the nature and circumstance of the complaint, to seek the consent of the complainant and any other person to whom the complaint relates to finding an informal resolution of the complaint by the parties concerned.

Mediation may be used to attempt resolution of the complaint at stage 1 if both parties agree.

However, if clients have an issue which cannot be satisfactorily resolved in this manner, Stage 2a and b will come into play.

Stage 2a: Informal Resolution

The client(s) should address the matter in writing to the Principal Social Worker, or to the Chairperson of the Board of Pact if it concerns the Principal Social Worker. It will be the duty of the recipient of the complaint to ensure that the complainants have a copy of Pact's Complaints Procedure (this document). The recipient is required to make the Complaints Officer aware of the complaint if this has not already been done and give him/her the original written complaint for the agency's Complaints File. The Complaints Officer will then notify the complainants that an investigation is underway.

The Complaints Officer will, without delay, inform the Social Worker(s) and staff involved in the case of the complaint. The Social Worker(s) and staff involved are then required to give a written account of their position in respect of the complaint to the Complaints Officer and this account will also be placed in the agency's Complaints File.

Stage 2b: Formal Investigation

The Complaints Officer will set up a Panel of three to investigate the complaint. The Panel will review the Complaints File and any documents or reports relating to the issue and they will interview the people involved, including the complainants and the staff who are responsible for the service being complained about. They will endeavour to complete the investigation in a timely manner, which shall not normally exceed 28 days. Where circumstances require an extended period to complete the investigation, the complainants will be advised of this within the 28 day period by the Complaints Officer.

When the investigation has been completed, the investigating members will report their findings to the Complaints Officer who will inform, in writing, the complainants together with all other appropriate people, of the findings of the investigation. The Complaints Officer will also inform these people that the complainants have the right to request an Health Service Executive (HSE) review if they continue to be dissatisfied (Stage 3).

Stage 3: HSE Review

All requests for an HSE review should be forwarded to:

The Head of Consumer Affairs, HSE, Oak House, Millennium Park, Naas, Co. Kildare

The Head of Consumer Affairs will examine the request for review and appoint a Review Officer if appropriate to carry out the review of the complaint.

Review Officer(s) will review the processes used to carry out the investigation of the complaint and the findings and recommendations made post-investigation.

The Review Officer(s) will either uphold, vary or make a new finding and recommendation.

The Review Officer may carry out a new investigation of the complaint or recommend that a local re-investigation of the complaint be carried out by a Complaints Officer independent of the initial investigation team.

Stage 4: Independent Review

If the complainant is not satisfied with the outcome of the complaints management process he/she may seek a review of the complaint by the Ombudsman/ Ombudsman for Children.

The complainant must be informed of their right to seek an independent review from the Ombudsman/Ombudsman for Children at any stage of the complaint management process.

Managing complaints

1. Timeframes involved once a complaint is received

- A Complaints Officer will inform the complainant in writing, within 5 working days of making the decision/determination, that the complaint will not be investigated and the reasons for it.
- Where the complaint will be investigated, the Complaints Officer must endeavour to investigate and conclude the investigation of a complaint within 30 working days of it being acknowledged.
- If the investigation cannot be investigated and concluded within 30 working days then the Complaints Officer must communicate this to the complainant and the relevant service/staff member within 30 working days of acknowledging the complaint and give an indication of the time it will take to complete the investigation.
- The Complaints Officer must update the complainant and the relevant staff/ service member every 20 working days.
- The Complaints Officer must endeavour to investigate complaints within 30 working days. However, where the 30 working days time frame cannot be met despite every best effort, the complaints officer must endeavour to conclude the investigation of the complaint within 6 months of the receipt of the complaint.

If this timeframe cannot be met, the Complaints Officer must inform the complainant that the investigation is taking longer than 6 months, give an explanation why and outline the options open to the complainant. He/She should encourage the complainant to stay with the local HSE complaints management process while informing them that they may seek a review of their complaint by the Ombudsman/ Ombudsman for Children`

2. Time Limits for making a complaint

The Complaints Officer must determine if the complaint meets the time frames as set out in Section 47, Part 9 of the Health Act 2004 which requires that:

- A complaint must be made within 12 months of the date of the action giving rise to the complaint or within 12 months of the complainant becoming aware of the action giving rise to the complaint.

A Complaints Officer may extend the time limit for making a complaint if in the opinion of the Complaints Officer special circumstances make it appropriate to do so. These special circumstances include but are not exclusive to the following:

- If the complainant is ill or bereaved.
- If the new relevant, significant and verifiable information relating to the action becomes available to the complainant.
- If it is considered in the public interest to investigate the complaint.
- If the complaint concerns an issue of such seriousness that it cannot be ignored.
- Diminished capacity of the service user at the time of the experience e.g. mental health, critical/ long-term illness.

- Where extensive support was required to make the complaint and this took longer than 12 months.
- A Complaints Officer must notify the complainant of decision to extend / not extend time limits within 5 working days.

3. Matters excluded (As per Part 9 of the Health Act)

- 48.—(1) A person is not entitled to make a complaint about any of the following matters:
- (a) a matter that is or has been the subject of legal proceedings before a court or tribunal;
 - (b) a matter relating solely to the exercise of clinical judgment by a person acting on behalf of either Tusla or a Service Provider;
 - (c) an action taken by Tusla or a Service Provider solely on the advice of a person exercising clinical judgment in the circumstances described in paragraph (b);
 - (d) a matter relating to the recruitment or appointment of an employee by Tusla or a Service Provider;
 - (e) a matter relating to or affecting the terms or conditions of a contract of employment that Tusla or a Service Provider proposes to enter into or of a contract with an adviser that Tusla proposes to enter into under section 24;
 - (f) a matter relating to the Social Welfare Acts;
 - (g) a matter that could be the subject of an appeal under section 60 of the Civil Registration Act 2004;
 - (h) a matter that could prejudice an investigation being undertaken by the Garda Síochána;
 - (i) a matter that has been brought before any other complaints procedure established under an enactment.

4. Redress

An effective complaints system which offers a range of timely and appropriate remedies will enhance the quality of service to the consumers of Tusla. It will have a positive effect on staff morale and improve Tusla's relations with the public. It will also provide useful feedback to Tusla and enable it to review current procedures and systems which may be giving rise to complaints.

Redress should be consistent and fair for both the complainant and the service against which the complaint was made. Tusla or Service Provider should offer forms

of redress or responses that are appropriate and reasonable where it has been established that a measurable loss, detriment or disadvantage was suffered or sustained by the claimant personally. This redress could include:

- Apology.
 - An explanation.
 - Admission of fault.
 - Change of decision.
 - Correction of misleading or incorrect records.
 - Recommendation to make a change to a relevant policy or law.
- (1) A complaints officer may not, following the investigation of a complaint, make a recommendation the implementation of which would require or cause;
- (a) Tusla to make a material amendment to its approved service plan, or
 - (b) a service provider and Tusla to make a material amendment to an arrangement under section 38.
- (2) If, in the opinion of the relevant person, such a recommendation is made, that person shall either;
- (a) amend the recommendation in such manner as makes the amendment to the applicable service plan or arrangement unnecessary, or
 - (b) reject the recommendation and take such other measures to remedy, mitigate or alter the adverse effect of the matter to which the complaint relates as the relevant person considers appropriate.

5. Annual Report

A service provider who has established a complaints procedure by agreement with the HSE must provide the HSE with a general report on the complaints received by the service provider during the previous year indicating:

- The total number of complaints reviewed.
- The nature of the complaints.
- The number of complaints resolved by informal means.⁴³²¹
- The outcome of any investigations into the complaints.

Appendix 7; NATIONAL CONTACTS FOR CHILD AND FAMILY AGENCY, TUSLA

These contacts are listed on <http://www.tusla.ie/services/child-protection-welfare/contact-a-social-worker>.

These contact numbers may be updated from time to time. Please check www.tusla.ie for latest information.

Dublin Duty Social Work Teams

Swords

Address	Duty Social Work Department, 180-189 Lakeshore Drive, Airside Business Park, Swords, Co. Dublin.
Phone	01 8708000
Office Hours	9am - 5pm
Local Area Office	Dublin North

Blanchardstown

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Address	Duty Social Work Department, Roselawn Health Centre, Roselawn Rd, Blanchardstown, Dublin 15.
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Phone	01 6464518
Office Hours	9am - 5pm
Local Area Office	Dublin North

Coolock

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Address	Duty Social Work Department , Health Centre, Cromcastle Rd, Coolock, Dublin 5.	
Phone	01 8164200	01 8160314
Office Hours	9am - 5pm	
Local Area Office	Dublin North	

Finglas

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Address	Duty Social Work Department, Health Centre, Wellmount Park, Finglas, Dublin 11.
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Phone	01 8567704
Office Hours	9am - 5pm
Local Area Office	Dublin North City

North Inner City

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Address	Duty Social Work Department, 492 North Circular Rd, Parkview, Dublin 1.
Phone	01 8566856
Office Hours	9am - 5pm
Local Area Office	Dublin North City

Tallaght

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Address	Duty Social Work Department, Chamber House, Chamber Square, Tallaght, Dublin 24.
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Phone	01 4686289
Office Hours	9am - 5pm
Local Area Office	Dublin South West, Kildare, West Wicklow

Lord Edward Street

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Address	Duty Social Work Department, Carnegie Centre, 21-25 Lord Edward Street, Dublin 2
Phone	01 6486500
Office Hours	9am - 5pm
Local Area Office	Dublin South Central

Ballyfermot

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Address	Duty Social Work Department, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10.
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Phone	01 6206387
Office Hours	9am - 5pm
Local Area Office	Dublin South Central

Dun Laoghaire

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Address	Duty Social Work Department, Our Ladys Clinic, Patrick Street, Dun Laoghaire, Co. Dublin.
Phone	01 6637300
Office Hours	9am - 5pm
Local Area Office	Dublin South East

Wicklow Duty Social Work Team

Address	Child and Family Protection Service, Glenside Health Centre, Glenside Rd, Wicklow Town, Co. Wicklow.
Phone	0404 60800
Office Hours	9am - 5pm

Kildare Duty Social Work Team

Address	Child and Family Agency, Social Work Department, St. Marys, Craddockstown Rd, Naas, Co. Kildare.
Phone	045 882400
Office Hours	9am - 5pm

Cavan Duty Social Work Team

Address	Child and Family Agency , Drumalee Cross, Co. Cavan.	
Phone	049 4377305	049 4377306
Office Hours	9:30am - 5pm	

Appendix 8; GARDA STATIONS, DUBLIN

<u>Ballyfermot Garda Station</u> Phone number: 01 – 6667200 District: Ballyfermot:	<ul style="list-style-type: none"> • <u>Coolock Garda Station</u> Phone number: 01 - 6664200 District: Coolock
<ul style="list-style-type: none"> • <u>Ballymun Garda Station</u> Phone number: 01 - 6664400 District: Santry 	<ul style="list-style-type: none"> • <u>Crumlin Garda Station</u> Phone number: 01 - 6666200 District: Crumlin
<ul style="list-style-type: none"> • <u>Blackrock Garda Station</u> Phone number: 01 - 6665200 District: Blackrock 	<ul style="list-style-type: none"> • <u>Dalkey Garda Station</u> Phone number: 01 - 6665450 District: Dun Laoghaire
<ul style="list-style-type: none"> • <u>Blanchardstown Garda Station</u> Phone number: 01 - 6667000 District: Blanchardstown 	<ul style="list-style-type: none"> • <u>Donnybrook Garda Station</u> Phone number: 01 - 6669200 District: Donnybrook
<ul style="list-style-type: none"> • <u>Bray Garda Station</u> Phone number: 01 - 6665300 District: Bray 	<ul style="list-style-type: none"> • <u>Dublin Airport Garda Station</u> Phone number: 01 - 6664950 District: Santry

<ul style="list-style-type: none"> • <u>Bridewell Garda Station</u> Phone number: 01 - 6668200 District: Bridewell 	<ul style="list-style-type: none"> • <u>Dun Laoghaire Garda Station</u> Phone number: 01 - 6665000 District: Dun Laoghaire
<ul style="list-style-type: none"> • <u>Cabinteely Garda Station</u> Phone number: 01 - 6665400 District: Dun Laoghaire 	<ul style="list-style-type: none"> • <u>Dundrum Garda Station</u> Phone number: 01 - 6665600 District: Blackrock
<ul style="list-style-type: none"> • <u>Cabra Garda Station</u> Phone number: 01 - 6667400 District: Blanchardstown 	<ul style="list-style-type: none"> • <u>Enniskerry Garda Station</u> Phone number: 01 - 6665750 District: Bray
<ul style="list-style-type: none"> • <u>Clondalkin Garda Station</u> Phone number: 01 - 6667600 District: Ballyfermot 	<ul style="list-style-type: none"> • <u>Finglas Garda Station</u> Phone number: 01 - 6667500 District: Blanchardstown
<ul style="list-style-type: none"> • <u>Clontarf Garda Station</u> Phone number: 01 - 6664800 District: Raheny 	<ul style="list-style-type: none"> • <u>Greystones Garda Station</u> Phone number: 01 - 6665800 District: Bray
<ul style="list-style-type: none"> • <u>Harcourt Terrace Garda Station</u> Phone number: 01 - 6669500 District: Pearse Street 	<ul style="list-style-type: none"> • <u>Rathcoole Garda Station</u> Phone number: 01 - 6667900 District: Ballyfermot
<ul style="list-style-type: none"> • <u>Howth Garda Station</u> Phone number: 01 - 6664900 District: Raheny 	<ul style="list-style-type: none"> • <u>Rathfarnham Garda Station</u> Phone number: 01 - 6666500 District: Tallaght
<ul style="list-style-type: none"> • <u>Irishtown Garda Station</u> Phone number: 01 - 6669600 District: Donnybrook 	<ul style="list-style-type: none"> • <u>Rathmines Garda Station</u> Phone number: 01 - 6666700 District: Rathmines
<ul style="list-style-type: none"> • <u>Kevin Street Garda Station</u> Phone number: 01 - 6669400 District: Kevin Street 	<ul style="list-style-type: none"> • <u>Ronanstown Garda Station</u> Phone number: 01 - 6667700 District: Lucan
<ul style="list-style-type: none"> • <u>Kill-O-Grange Garda Station</u> Phone number: 01 - 6665500 District: Dun Laoghaire 	<ul style="list-style-type: none"> • <u>Rush Garda Station</u> Phone number: 01-84 37202 District: Balbriggan

<ul style="list-style-type: none"> • <u>Kilmainham Garda Station</u> Phone number: 01 - 6669700 District: Kevin Street 	<ul style="list-style-type: none"> • <u>Shankill Garda Station</u> Phone number: 01 - 6665900 District: Bray
<ul style="list-style-type: none"> • <u>Leixlip Garda Station</u> Phone number: 01 - 6667800 District: Lucan 	<ul style="list-style-type: none"> • <u>Skerries Garda Station</u> Phone Number: 01 - 8491211 District: Ballbriggan
<ul style="list-style-type: none"> • <u>Malahide Garda Station</u> • Phone number: 01 - 6664600 District: Coolock 	<ul style="list-style-type: none"> • <u>Stepaside Garda Station</u> Phone number: 01 - 6665700 District: Blackrock
<ul style="list-style-type: none"> • <u>Mountjoy Garda Station</u> Phone number: 01 - 6668600 District: Mountjoy 	<ul style="list-style-type: none"> • <u>Store Street Garda Station</u> Phone number: 01 - 6668000 District: Store Street
<ul style="list-style-type: none"> • <u>Pearse Street Garda Station</u> Phone number: 01 - 6669000 District: Pearse Street 	<ul style="list-style-type: none"> • <u>Sundrive Road Garda Station</u> Phone number: 01 - 6666600 District: Crumlin
<ul style="list-style-type: none"> • <u>Raheny Garda Station</u> Phone number: 01 - 6664300 District: Raheny 	<ul style="list-style-type: none"> • <u>Swords Garda Station</u> Phone number: 01 - 6664700 District: Coolock

<ul style="list-style-type: none"> • <u>Tallaght Garda Station</u> Phone number: 01 - 6666000 District: Tallaght 	<ul style="list-style-type: none"> • <u>Terenure Garda Station</u> Phone number: 01 - 6666400 District: Rathmines
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Garda Stations in County Wicklow

<ul style="list-style-type: none"> • Arklow Garda Station • Arklow Tel: 0402 32304 	<ul style="list-style-type: none"> • Carnew Garda Station • Carnew Tel: 053 942 6102
<ul style="list-style-type: none"> • Ashford Garda Station • Ashford Tel: 0404 40212 	<ul style="list-style-type: none"> • Donard Garda Station • Donard Tel: 045 404 612
<ul style="list-style-type: none"> • Aughrim Garda Station • Aughrim Tel: 0402 36142 	<ul style="list-style-type: none"> • Dunlavin Garda Station • Dunlavin Tel: 045 401 211
<ul style="list-style-type: none"> • Avoca Garda Station • Avoca Tel: 0402 35102 	<ul style="list-style-type: none"> • Enniskerry Garda Station • Church Hill Enniskerry Tel: 01 666 5750
<ul style="list-style-type: none"> • Baltinglass Garda Station • Baltinglass Tel: 059 648 1022 	<ul style="list-style-type: none"> • Greystones Garda Station • Marine Terrace Greystones Tel: 01 666 5800
<ul style="list-style-type: none"> • Blessington Garda Station • Blessington Tel: 045 865 202 	<ul style="list-style-type: none"> • Hollywood Garda Station • Hollywood Tel: 045 864 172
<ul style="list-style-type: none"> • Bray Garda Station • Convent Avenue Bray Tel: 01 666 5300 	<ul style="list-style-type: none"> • Newtownmountkennedy Garda Station • Newtownmountkennedy Tel: 01 281 9222

<ul style="list-style-type: none"> • Rathdrum Garda Station • Rathdrum Tel: 0404 46206 	<ul style="list-style-type: none"> • Tinahely Garda Station • Tinahely Tel: 0402 38102
<ul style="list-style-type: none"> • Roundwood Garda Station • Roundwood Tel: 01 281 8142 	<ul style="list-style-type: none"> • Wicklow Garda Station • Wicklow Tel: 0404 671
<ul style="list-style-type: none"> • Shillelagh Garda Station • Shillelagh Tel: 053 942 9102 	

For all other areas please refer to the Garda website at www.garda.ie/stations

Appendix 9: Risk management policy.

Pact's Risk Management Policy and Strategy

Structure

- The Principal Social Worker (PSW) is responsible for the day to day management of the casework of the agency.
- The PSW is accountable to the agency's **Casework Management Committee** for the management of the caseload of the agency.
- The agency's Casework Management Committee is responsible for overseeing the casework of the agency.
- It is the responsibility of the PSW to bring cases of serious concern or where there is a complaint to attention of the Casework Management Committee or the Chairman of the Casework Management Committee in the case of an emergency
- A Sub Committee of the Casework Management Committee will meet clients when this is deemed to be necessary.
- Social workers employed by the agency have a duty to bring any case of concern or where there is a complaint to the attention of the PSW.

Foster Carers

- Pre adoption foster carers employed by the agency must have medical and garda clearance.
- Pre adoption foster carers have a list of emergency numbers should there be a need to contact a social worker outside normal working hours.
- Pre adoption foster carers have a log book for signing children in and out of their care and into the temporary care of their birth parents or prospective adoptive parents.

Medicial Information

- Infants are medically checked before being received into the care of foster carers and immediately before being discharged from their care.
- Prospective adoptive parents are given written medical information about the medical background and medical history of infants placed in their care on at the time of their placement for adoption.

Staff

- Garda Clearance is obtained for all staff.
- Staff are aware of child protection and risk management policies.
- Staff have access to agency's Health and Safety manual.
- Staff are conversant with agency's Confrontational Policy re management of difficult clients- see attached.

Appendix 10. Code of Conduct in relation to working with or contact with children, young people or vulnerable adults

The safety and welfare of children, young people or vulnerable adults is paramount and must be our first consideration in any contact with them.

Respect the rights, dignity and worth of every child, young person or vulnerable adult and treat each one equally regardless of age, gender, ability, ethnic origin, cultural background or religion

Be aware of and sensitive to culture difference and engage with children, young people or vulnerable adults in a culturally sensitive way

Always use positive, respectful and age appropriate language

There should be no unnecessary physical contact between an adult and a child or young person although there are times when for example, placing a hand on a distressed child/young person's shoulder to comfort him/her, or holding a baby to soothe them would be appropriate.

Physical contact should only be in response to the needs or initiative of the child and should be appropriate to their age and the level of development.

If you think you may have caused offence, however unintentionally, acknowledge and offer an apology or explanation as soon as possible. Make sure that this is recorded in your casenotes.

Physical or verbal interactions with children, young people or vulnerable adults should never be punitive, aggressive, embarrassing or humiliating

When meeting children or young people, either in the office or at an alternative location they should be accompanied by a parent or guardian. In the case of a vulnerable adult they should be invited to have a friend or relative present.

Once you have introduced yourself and explained the nature of the service the accompanying person may leave the room unless the service user does not wish them to do so.

The accompanying person should always remain close by and be quickly available should the service user require support from them.

In the case of children and young people, they should be accompanied by their parent or guardian to all further sessions and remain nearby as above.

Children and Young People should be aware that any area of concern will be shared with their parent and or relevant authority.

When a baby needs to be transported by us, you must be accompanied by another adult, either the parent, foster carer or a colleague. Where this is not possible you should travel by taxi.

All children being transported by us must use the appropriate car safety seats which are properly fitted.

Should you observe or witness any action, behaviour or symptoms that indicate a concern in relation to a child's safety or welfare, you must follow the procedures in the child protection policy.