



CARRIGALINE FAMILY
SUPPORT CENTRE

Child Safeguarding Policy and Appendices

Table of Contents

Glossary

Best Practice Theme 1: CFSC Guiding principles

Declaration of Guiding Principles

- 1.1 CFSC Commitment to compliance with national legislation and policy
- 1.2 Who CFSC guiding principles are for
- 1.3 Policy Review Details

Best Practice Theme 2: Key roles in safeguarding

- 2.1 Named persons for CFSC
- 2.2 Designated Liaison Persons Role
- 2.3 Mandated persons
- 2.4 CFSC as a Provider of a Relevant Service

Best Practice Theme 3: Responding to and reporting child protection or welfare concerns

- 3.1 Procedures for reporting child protection or welfare concerns
- 3.2 Responding to allegations of abuse made against workers/volunteers

Best Practice Theme 4: Working safely with children and young people

- 4.1 Safe recruitment and selection
- 4.2 Developing a child safeguarding training strategy
- 4.3 Safe management of activities
- 4.4 Managing workers and volunteers
- 4.5 Dealing with a concern about another worker/volunteer
- 4.6 Disciplinary procedures

Best Practice Theme 5: Procedures for sharing CFSC guiding principles and child safeguarding procedures and involving parents, guardians, families, children and young people

- 5.1 Sharing your guiding principles and safeguarding procedures
- 5.2 Empowering children and young people to claim their rights
- 5.3 Anti-bullying policy
- 5.4 Guidelines for working in partnership with parents and children
- 5.5 Complaints procedure

Best Practice Theme 6: Implementing, monitoring and reviewing CFSC guiding principles and child safeguarding procedures

- 6.1 Step 1 – Explore/review, plan and resource
- 6.2 Step 2 – Implement and operate
- 6.3 Step 3 – Review and evaluate

Appendix 1 – Child safeguarding: relevant legislation

Appendix 2 – Schedule of mandated persons under the Children First Act 2015

Appendix 3 – Schedule of relevant services under the Children First Act 2015

Appendix 4– Review Check list of Guiding Principles and Safeguarding Procedures

Appendix 5- Learning from Inquiries

Appendix 6 - Guidance notes on developing a child safeguarding training strategy, training strategy template, training needs analysis template

Appendix 7 – Organisations working in partnership

Appendix 8 –Technology, internet and social media: safe use for children and young people

Appendix 9 – Cyber bullying

Glossary

Carrigaline Family Support Centre CLG (CFSC) – Is a family support centre covering Carrigaline and the Lower Harbour Areas; Crosshaven, Fountainstown, Myrtleville, Minane Bridge, Ballygarvan, Monkstown, Passage West, Ringaskiddy, Shanbally and their environs. Passage West outreach service operates under all guidance of CFSC CLG.

Child Safeguarding – ensuring safe practice and appropriate responses by staff and volunteers to concerns about the safety or welfare of children, should these arise. Child safeguarding is about protecting the child from harm, promoting their welfare and in doing so creating an environment which enables children and young people to grow, develop and achieve their full potential.

Child Safeguarding Statement – defined in the Children First Act 2015, this is a statement which includes a written assessment of risk of harm to children and the measures that will be taken to manage any identified risks.

Guiding principles and child safeguarding procedures – previously referred to as child protection and welfare policy and procedures, the procedures an organisation has in place to safeguard children from harm and reduce the risks to children of being harmed.

Child or young person – a person under the age of 18 years, who is not or has not been married.

Child Protection and Welfare Report Form – form for use in reporting suspected or alleged abuse or welfare concerns to Tusla (available at www.tusla.ie).

Child Safeguarding Guide – this document, Child Safeguarding: A guide for policy, procedure and practice.

Children First: National Guidance for the Protection and Welfare of Children – national, overarching guidance for the protection and welfare of children, published by the Department of Children and Youth Affairs. The current version was published in 2017.

Designated Liaison Person (DLP) – a resource to any staff member who has a child protection concern. DLPs are responsible for ensuring that reporting procedures are followed correctly and promptly and act as a liaison person with other agencies (see *Children First: National Guidance*). Chris O'Brien, Centre Manager is the DLP.

Mandated person – as defined in the Children First Act 2015, mandated persons have a statutory obligation to report concerns which meet or exceed a particular threshold to Tusla and to cooperate with Tusla in the assessment of mandated reports, where requested to do so.

Named person – a person appointed by an organisation to lead the development of guiding principles and child safeguarding procedures and for ensuring that policies and procedures are consistent with best practice as detailed in this Guide.

Organisation – any department/sector/body/agency/organisation whether private, public or voluntary.

Provider – as defined in the Children First Act 2015, 'means, in relation to a relevant service, a person-

- (a) who provides a relevant service, and
- (b) who, in respect of the provision of such relevant service—
 - (i) employs (whether under contract of employment or otherwise) one or more than one other person to undertake any work or activity that constitutes a relevant service,
 - (ii) enters into a contract for services with one or more than one other person for the provision by the person of a relevant service, or
 - (iii) permits one or more than one other person (whether or not for commercial or other consideration and whether or not as part of a course of education or training, including an internship scheme) to undertake any work or activity, on behalf of the person, that constitutes a relevant service’.

Retrospective Abuse Report Form (RARF) – form for use in reporting to Tusla suspected or alleged retrospective abuse or welfare concerns, on adults who allege childhood abuse (available at www.tusla.ie).

Relevant person – as defined in the Children First Act 2015, ‘means a person who is appointed by a provider of a relevant service to be the first point of contact in respect of the provider’s Child Safeguarding Statement’.

Relevant service – as defined in the Children First Act 2015, ‘means any work or activity specified in Schedule 1 [of that Act]’.

Tusla – Tusla is Ireland’s Child and Family Agency, the lead, statutory organisation for safeguarding children in Ireland.

Worker and volunteer – *inter alia*, any staff, volunteer, member of any board of management, student engaged in an organisation to provide services to children or families.

Best Practice Theme 1: Guiding principles

Declaration of Guiding Principles

Name Of Organisation

Carrigaline Family Support Centre CLG (CFSC)

Children & Young People Services provided by CFSC:

CFSC provide the following services to children and young people:

One-to-one Play Therapy, Teen Counselling, Well-being Groups, Groups in schools, Transition Year Programme, Art Events, and once off events such as Family Days. The list is not exhaustive, the services provided change according to need and are designed where the safety of children/young people are paramount and conform to all legislation and best practice guidelines.

Our organisation believes that the best interests of children and young people attending our services is paramount. Our Guiding principles are underpinned by *Children First: National Guidance for the Protection and Welfare of Children*, and current legislation such as:

- Children First Act 2015
- Child Care Act 1991
- Protections for Persons Reporting Child Abuse Act 1998
- National Vetting Bureau Act 2012
- A Guide for the Reporting of Child Protection and Welfare Concerns
- Tusla's Child Safeguarding: A Guide for Policy, Procedure and Practice
- The United Nations Convention on the Rights of the Child

We will review our guiding principles and child safeguarding procedures every two years, or sooner if necessary due to service issues or changes in legislation or national policy.

CFSC Designated Liaison Person is:
Contact Details

Chris O'Brien Centre Manager
021-4919299

manager@carrigalinefamilysupportcentre.ie

CFSC Deputy Designated Liaison Person is: **Damien Craven Board Member**
Contact Details

021-4919299
Carrigaline Garda Station

1.1 Commitment to compliance with National Legislation and Policy

There are a number of pieces of legislation relevant to the safeguarding of children. Please see Appendix 1 for details.

1.2 Who the CFSC Guiding Principles are for:

The guiding principles apply to all paid staff, CE administrators, volunteers, Board Members and students on work placement within Carrigaline Family Support Centre. All Board Members, staff, volunteers and students must sign up to and abide by these guiding principles and the child safeguarding procedures.

This Policy was written: March 2019

Reviewed On: June 2022

Best Practice Theme 2: Key roles in safeguarding

2.1 Named Persons for Carrigaline Family Support Centre

The Named Persons for Carrigaline Family Support Centre CLG are:

**CFSC CLG:
Contact Details**

Chris O'Brien **Centre Manager**
021-4919299
manager@carrigalinefamilysupportcentre.ie

The Named Persons role is to lead the development of guiding principles and child safeguarding procedures and for ensuring that policies and procedures are consistent with best practice. The Named Persons can assist with the review process.

2.2 Designated Liaison Person Role

Carrigaline Family Support Centre has appointed a Designated Liaison Person, Chris O'Brien, and contact details above. The DLP is responsible for:

- Leading the development of guiding principles and child safeguarding procedures.
- Ensuring that policies and procedures are consistent with best practice.
- They will liaise with all key workers and volunteers who have relevant roles and responsibilities.
- They will act as a liaison with outside agencies and as a resource for any staff member or volunteer that needs support in relation to child protection concerns.
- The DLP is responsible for receiving child protection and welfare concerns from workers and volunteers and consider if reasonable grounds for reporting to Tusla exist.
- The DLP will consult informally with a Tusla Duty Social Worker if necessary.
- The DLP will make a formal report (if necessary) to Tusla using the Child Protection and Welfare Report Form.
- The DLP will inform the child's parents/guardians that a report is to be submitted to Tusla or An Garda Síochana unless doing so will endanger the child/young person, put the reporter at risk, or if it could impair Tusla's ability to carry out an assessment.
- The DLP will record all concerns or allegations and provide a secure system to keep records safe.
- The DLP will jointly report with a mandated person where requested.

A *Deputy* Designated Liaison Person has been appointed to cover this role when the DLP is unavailable or if he/she is directly involved in a concern or incident. **The DDLP for CFSC is Damien Craven – Phone: 021-4919299**

At CFSC both the DLP and Deputy DLP are familiar with the legislation and child safeguarding procedures, and have participated in relevant training.

2.3 Mandated Persons

Under the Children First Act 2015, classes of mandated persons are listed, see Appendix 2. Carrigaline Family Support Centre commits to holding a list of Mandated Persons; workers who are mandated persons will be made aware of their responsibilities according to legislation at the commencement of their employment. Mandated persons may make joint reports with the DLP, however they cannot discharge their statutory responsibility to report by reporting to the DLP. For further guidance on the procedure and responsibility of mandated persons to report, concerns see Best Practice Theme 3.

Mandated Persons at CFSC are:

1. Chris O'Brien – Centre Manager
2. Caoilfhionn O'Donovan – Family Support Worker
3. Damien Craven – Garda
4. Marie O Mahony- Counsellor
5. Jolanda Helder – Therapist
6. Celia O'Donovan – Therapist
7. Joanne O'Connor – Therapist
8. Olivia Sisk – Therapist
9. Cathy Malone - Therapist
10. Richard Dore – Counsellor
11. Linda Bermingham – Therapist
12. Jacinta Dempsey – Therapist
13. Hilary O'Mahony – Therapist
14. Patricia Kelleher – Therapist
15. Annamaria Ardito – Therapist
16. Cathy Malone – Therapist
17. Karen Downey - Therapist

2.4 CFSC is a Provider of a relevant service

As defined in the Children First Act 2015, CFSC is a provider of a *relevant service* and abides by the guidelines set out as follows:

1. CFSC undertakes an assessment of any potential for harm to any child who avail of the service/s
2. CFSC has prepared a written Child Safeguarding Statement, which is displayed in the Main Administration Office in the Centre

CFSC has appointed a *relevant person*; Chris O'Brien – Centre Manager. The Relevant Person is the first point of contact in relation to the Child Safeguarding Statement.

Please refer to Appendix 3, in particular parts 4, 5 and 6 which apply to CFSC.

Best Practice Theme 3: Responding to and reporting child protection or welfare concerns

3.1 Procedures for reporting child protection or welfare concerns

3.1.1 Roles and responsibilities

All CFSC workers and volunteers (including students on placement or work experience) have a responsibility to safeguard children and young people and to report any concerns they may have for the protection or welfare of a child/young person.

The DLP is the resource person to any staff member or volunteer who has child protection concerns and to liaise with outside agencies. The role of the DLP is to **receive** child protection and welfare concerns and to **report** concerns which meet the threshold of 'reasonable grounds for concern' to Tusla.

Under the Children First Act 2015 **mandated persons** have a statutory obligation to report concerns which reach or exceed a legally defined threshold (see section 14 of the Children First Act 2015) and to cooperate with Tusla in the assessment of mandated reports, where requested to do so.

3.1.2 Identifying reasonable grounds for concern

CFSC recognise that there are many reasons a worker/volunteer may be concerned about the welfare or protection of a child or young person. *Children First: National Guidance for the Protection and Welfare of Children* states that "Tusla should always be informed when a person has **reasonable grounds for concern** that a child may have been, is being, or is at risk of being abused or neglected".

Children/young people are sometimes abused by members of their own family, by peers or by others outside the family environment such as strangers, workers or trusted adults.

Children First: National Guidance for the Protection and Welfare of Children lists the following as reasonable grounds for concern:

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

Wherever appropriate, any issues should be checked with the parents/guardians when considering whether a concern exists, unless doing so may further endanger the child or the person considering making the report.

Abuse is not always committed through personal contact with a child or young person, sometimes it is perpetrated through social media or the use of information and communication technology.

CFSC commits to Best Practice in identifying reasonable grounds for concern and will follow relevant procedures in dealing with and reporting concerns.

3.1.3 Categories and indicators of abuse

Children First: National Guidance for the Protection and Welfare of Children defines four categories of abuse:

1. neglect,
2. emotional abuse,
3. physical abuse and
4. sexual abuse

A child/young person may be subjected to one or more forms of abuse at any given time. Please refer to *Children First: National Guidance for the Protection and Welfare of Children, Children's First E-Learning* and *Always Children First (ACF) Training* for more information. CFSC Staff & Volunteers working directly with children and young people will complete the online modules pertaining to Children's First.

The *Child Protection and Welfare Practice Handbook* defines a child welfare concern as “a problem experienced directly by a child, or the family of a child, that is seen to impact negatively on the child's health, development and welfare, and that warrants assessment and support, but may not require a child protection response”.

Protecting children and young people is everyone's responsibility and staff, volunteers and students of CFSC will be alert to the possibility that children/young people using CFSC services may be experiencing abuse, harm or neglect and must report this to the DLP.

3.1.4 Complicating factors and circumstances which may make children more vulnerable to harm

Alongside the signs and symptoms of the four types of abuse (physical abuse, sexual abuse, emotional abuse and neglect), the *Child Protection and Welfare Practice Handbook* identifies a number of known complicating factors and circumstances which may make children more vulnerable to harm that need to be considered when identifying, responding to and assessing child protection concerns.

Complicating factors are features of the child or young person's circumstances that are known to be associated with heightened risk to health, development and welfare.

CFSC recognise that the following are some of the complicating factors and circumstances which may make children more vulnerable to harm:

- Age of the child
- Domestic and sexual violence
- Parental mental health problems
- Parental substance misuse
- Parental intellectual disability
- Children with disabilities
- Unknown male partners and their history/association with the family
- Families who are 'uncooperative' or 'hard to engage'
- Poverty and social exclusion
- Families who are very co-operative but nothing changes over time
- Homelessness

CFSC identify that some children/young people may be more vulnerable to abuse than others and there may be particular times or particular circumstances when a child or young person

may be more vulnerable to abuse in their lives. It is important to remember that identifying additional vulnerability to risk of abuse does not mean that any specific child in those circumstances or settings is being abused. CFSC comply with *Children First: National Guidance for the Protection and Welfare of Children* when dealing with all child welfare concerns.

3.1.5 Responding to concerns

Designated Liaison Persons

Regardless of how a concern comes to a CFSC worker, volunteer or student's attention, it will be reported to the Designated Liaison Person.

The Designated Liaison Person, in consultation with the person who raised the concern, will decide if reasonable grounds for concern exist. If reasonable grounds for concern exist, the Designated Liaison Person will report to the Tusla duty social worker. The DLP will use the Web Portal.

If the concern is urgent and there is imminent risk to a child, the DLP will make the report by telephone and then follow it up with the form.

CFSC provide the majority of its services during HSE office hours, however on occasion where an event is happening outside the hours, and an emergency occurs, and where the immediate safety of a child/young person is threatened, An Garda Síochana will be contacted.

If the DLP decides not to make a report, the CFSC worker/volunteer/student with the reasonable concern is still entitled to make a report to Tusla under *Children First: National Guidance for the Protection and Welfare of Children*, should they wish to do so. The individual worker has protections under the Protection for Persons Reporting Child Abuse Act 1998, should they report independently.

In the unusual circumstances where the DLP, or Deputy DLP is not available the person with a concern must report to Tusla Duty Social Worker, or An Garda Síochana directly.

If a report is made to Tusla, or An Garda Síochana the DLP will inform the parents/guardians unless doing so would further harm the child/young person.

If a member of staff, volunteer or student of CFSC receives information regarding suspicion of child abuse/welfare concerns from a Third Party, this will be reported to the DLP who will follow the Centre's reporting procedures. The source of the information will be made aware that the information was acted on.

Out-of-hours Reporting:

Direct Contact Point Cork: 021-4927190

Out-of-hours (mandated persons) 6pm-6am: 0818776315

Emergency Out-of-hours: Refer Tusla.ie

Mandated persons

Under the Children First Act 2015, Section 14(1) of the Children First Act 2015 states:

"...where a Mandated Persons knows, believes or has reasonable grounds to suspect, on the basis of information that he or she has received, acquired or becomes aware of in the course of his or her employment or profession as such a mandated person, that a child—

- (a) has been harmed,
- (b) is being harmed, or

(c) is at risk of being harmed, he or she shall, as soon as practicable, report that knowledge, belief or suspicion, as the case may be, to [Tusla].”

Also, Section 14(2) of the Children First Act 2015 places obligations on mandated persons to report any disclosures made by a child:

“Where a child believes that he or she

- (a) has been harmed,
- (b) is being harmed, or
- (c) is at risk of being harmed,

and discloses this belief to a mandated person in the course of a mandated person’s employment or profession as such a person, the mandated person shall, ... as soon as practicable, report that disclosure to [Tusla].”

CFSC follows best practice and the Mandated Person is required to inform the DLP and to follow the Centre’s reporting procedures.

Mandated persons can make a joint mandated report with their DLP or another person, mandated or otherwise. If, however, your organisation, or your DLP, does not wish to report to Tusla, you, as a mandated person, should proceed with making a report. The Protections for Persons Reporting Child Abuse Act 1998 will apply in this instance.

Where a mandated person has a concern that they believe does not reach the threshold for a mandated report, they should consider whether the concern meets reasonable grounds for concern. If the mandated person thinks the concern does meet reasonable grounds for concern, they should report the concern to their DLP. The mandated person retains their right to report independently, should the DLP choose not to report the concern. The provisions of the Protections Protection for Persons Reporting Child Abuse Act 1998 would apply in this circumstance.

If a CFSC Mandated Person is in doubt about whether the concern reaches the legal definition of harm for making a mandated report, Tusla can provide advice in this regard. Details of who to contact to discuss the concern is on the Tusla website. If the concern does not reach the threshold for mandated reporting, but the mandated person feels it is a **reasonable concern** about the welfare or protection of a child, it should be reported to Tusla under *Children First: National Guidance for the Protection and Welfare of Children*.

At CFSC Mandated persons will co-operate with and assist Tusla in child safeguarding concerns.

3.1.6 Reporting concerns

If a CFSC worker, volunteer or student is reporting a concern the following steps are taken:

1. Consult with the Centre DLP.
2. The report will be written. It is the DLP or mandated person’s responsibility to complete the Child Protection and Welfare Report Form or the Retrospective Report Form and forward it to the Tusla Duty Social Worker.
3. The DLP/Mandated Person will report the concern to Tusla, or the relevant Out-of-Hours Service.
4. If the DLP/Mandated Person decides not to report to Tusla, a secure record must be kept outlining clearly a description of the concern and the action taken.
5. The DLP/Mandated Person will keep the concern given up to date regarding the action taken.

6. The DLP will talk to the parents/guardians about the concern unless it would cause further harm to the child/young person.

Where a DLP decides not to report:

Children First: National Guidance for the Protection and Welfare of Children states that if a Designated Liaison Person decides **not** to report a concern to Tusla, the following steps should be taken:

- The reasons for not reporting are to be recorded;
- If any actions are taken as a result of the concern, these should be recorded;
- The worker or volunteer who raised the concern should be given a clear written explanation of the reasons why the concern is not being reported to Tusla;
- The worker or volunteer should be advised that if they remain concerned about the situation, they are free to make a report to Tusla or An Garda Síochána.

The worker or volunteer who raised the concern should also be reassured that if they do choose to further pursue the matter, they are covered by the Protections for Persons Reporting Child Abuse Act 1998.

Anonymous Reporting

Professionals and Designated Liaison Persons cannot report anonymously. Similarly, mandated persons may not report anonymously as to do so does not discharge the statutory obligations for a mandated person under the Children First Act 2015.

Tusla will respect the wishes of non-professionals reporting concerns in good faith who ask to remain anonymous in as much as possible, but cannot give a guarantee of absolute confidentiality. The Data Protection Acts and Freedom of Information Acts allow the withholding of information in certain circumstances, however, should the information be sought directly within legal proceedings, there is no guarantee it will not be released.

There are legal protections for persons reporting child protection concerns, including The Protection for Persons Reporting Child Abuse Act 1998.

Retrospective Disclosure

If an adult discloses that he/she was abused as a child and it is possible the alleged abuser is still in contact with and/or responsible for children this should be reported to the DLP who will consult with Tusla and complete the RARF form.

3.1.7 Information sharing and record-keeping

At CFSC all Records will be kept by the DLP in a secure filing cabinet in the Manager’s Office. Records will be factual and include details of date, time, persons involved, disclosure/incident details, contacts, consultations and any actions taken. Records will be held for as long as legislation dictates and in compliance with GDPR.

CFSC cooperate in the sharing of records with Tusla where a child protection or welfare issue arises. Records will only be used for the purpose for which they are intended. Records will only be shared on a need to know basis in the best interests of the child/young person.

3.1.8 Confidentiality Statement

CFSC is committed to ensuring people's rights to confidentiality. However in relation to child protection and welfare CFSC's exceptions are:

- The DLP and/or the Deputy DLP will be immediately made aware of any information concerning the welfare of a child/young person.
- The DLP and or Deputy DLP will co-operate with Tusla in the best interests of a child/young person.
- The DLP and or Deputy DLP will share information on a need to know basis regarding child protection concerns.

CFSC will take full account of all legal requirements when handling information regarding child protection concerns and will access legal advice as required. Records kept will be kept securely and managed by the DLP. Parents/guardians will be informed about information that is held about them unless there would be further harm to a child/young person.

3.1.9 Responding to a child/young person who discloses abuse

CFSC staff, volunteers or students who receive Disclosures will be sensitive in their handling of it, will be prepared for it and act with the following in mind:

- Be as calm and natural as possible.
- Remember that you have been approached because you are trusted and possibly liked. Do not panic.
- Be aware that disclosures can be very difficult for the child/young person.
- Remember, the child or young person may initially be testing your reactions and may only fully open up over a period of time.
- Listen to what the child/young person has to say. Give them the time and opportunity to tell as much as they are able and wish to.
- Do not pressurise the child/young person. Allow him or her to disclose at their own pace and in their own language.
- Conceal any signs of disgust, anger or disbelief.
- Accept what the child or young person has to say – false disclosures are very rare.
- It is important to differentiate between the person who carried out the abuse and the act of abuse itself. The child/young person quite possibly may love or strongly like the alleged abuser while also disliking what was done to them. It is important therefore to avoid expressing any judgement on, or anger towards the alleged perpetrator while talking with the child/young person
- It may be necessary to reassure the child/young person that your feelings towards him or her have not been affected in a negative way as a result of what they have disclosed.
- Reassure the child/young person that they have taken the right action in talking to you.

When asking questions

CFSC staff, volunteers or students will make questions supportive and for the purpose of clarification only. Avoid leading questions, such as asking whether a specific person carried out the abuse. Also, avoid asking about intimate details or suggesting that something else may have happened other than what you have been told. Such questions and suggestions could complicate the official investigation.

Reporting Process

CFSC staff, volunteers or students will at the earliest possible opportunity:

1. Record in writing, in a factual manner, what the child/young person has said, including, as far as possible, the exact words used by the child/young person.

2. Inform the DLP immediately and agree measures to protect the child/young person, e.g. report the matter directly to Tusla.
3. Maintain appropriate confidentiality.

Confidentiality

CFSC staff, volunteers or students will at the earliest opportunity, tell the child/young person that you will be sharing this information only with people who understand this area and who can help. CFSC staff, volunteers or students will not keep secrets or make promises.

On-going support

Following a disclosure by a child/young person, CFSC staff, volunteers or students will continue in a supportive relationship with the child/young person. Disclosure is a huge step for a child/young person. CFSC staff, volunteers or students will continue to offer support, particularly by:

- A. Maintaining a positive relationship with the child/young person
- B. Keeping lines of communication open by listening carefully to the child/young person
- C. Continuing to include the child/young person in the usual activities.

Any further disclosure will be treated as a first disclosure and responded to as indicated above. Where necessary, immediate action should be taken to ensure the child/young person's safety.

3.1.10 Responding to adults who disclose childhood abuse

There are an increasing number of adults disclosing abuse that took place during their childhood. Often such disclosures come to light when people attend counselling. They also sometimes arise in adult services and services which work with parents/guardians and families.

Where such a disclosure is made it is essential to speak to the DLP and establish whether there may be current risk to any child or young person who may be in contact with the alleged abuser revealed in the disclosure. This is important even where the children/young people about whom there may be a concern are still to be identified.

If any risk is deemed to exist to a child/young person who may be in contact with an alleged abuser, CFSC will follow the child protection and welfare reporting procedure and the DLP/mandated person should report the allegation to Tusla without delay using the RARF.

3.2 Responding to allegations of abuse made against workers/volunteers

If an allegation is made against a worker/volunteer at CFSC, everyone involved will be dealt with appropriately and in accordance with the organisation's guiding principles and child safeguarding procedures, the rules of natural justice and any relevant employment law. CFSC has a dual responsibility in respect of both the child/young person and the worker/volunteer. There are two separate procedures to be followed:

1. The reporting procedure to Tusla in respect of the child/young person and the alleged abuser; and
2. The internal personnel procedure for dealing with the worker/volunteer.

3.2.1 Reporting allegations of abuse made against workers/volunteers to Tusla

The agreed reporting procedure should always be followed. Management must be alerted to the allegation by the reporter, whether mandated person or DLP. The first priority is for the safety of the child/young person; management must make sure no child or young person is exposed to unnecessary risk. Parents'Guardians will be informed.

Tusla's *National Policy and Procedure for Responding to Allegations of Abuse and Neglect* will be applied by Tusla when assessing allegations of abuse made against workers or volunteers.

3.2.2 CEO/Employer internal personnel procedures for dealing with the worker/volunteer needs to be clearly outlined

In the context of an allegation of abuse against a worker/volunteer, CFSC's disciplinary procedures ensure that fair procedure is followed and takes account of the employment contract as well as the rules of natural justice. The following points are incorporated into the procedure:

1. In making an immediate decision about the worker's/volunteer's presence in the organisation, the Board Of Management Chairperson/Centre Manager will as a matter of urgency take any measures necessary to protect the child/young person. These should be proportionate to the level of risk to the child/young person; 'protective measures' do not presume guilt.
2. The Board Of Management Chairperson/Centre Manager should privately inform the worker/volunteer that an allegation has been made against him or her and the nature of the allegation.
3. The worker/volunteer should be afforded an opportunity to respond. The Board Of Management Chairperson/Centre Manager should note the response and pass on this information if making a formal report to Tusla. The worker/volunteer should be offered the option to have representation at this stage and should be informed that any response may be shared with Tusla.
4. While Tusla will not provide advice on employment matters, advice and consultation with regard to risk to children/young people can be sought from the local Tusla social work office
5. The Board Of Management Chairperson/Centre Manager should ensure that actions taken by the organisation do not frustrate or undermine any investigations or assessments undertaken by Tusla or An Garda Síochána. The organisation should liaise closely with the investigating bodies to ensure this.
6. The requirements of fair procedure and natural justice mean that Tusla usually will not share the detail of any assessment regarding allegations of abuse against a worker/volunteer until the worker/volunteer has had an opportunity to fully respond to the allegation and any findings and decisions of Tusla.
7. HR Procedures & Policies should be followed.

3.2.3 Whistleblowing

CFSC encourages whistleblowers to speak out & all staff, volunteers and students of CFSC will be made aware of appropriate authorities outside of the organisation to whom they can report if they are inhibited, for any reason, in reporting an incident internally or where they are dissatisfied with the internal response.

3.2.4 Erroneous Allegations

In the case where erroneous or untrue allegations have been made against staff, volunteers or students of CFSC, these will be dealt with sensitively and support will be provided to all staff, volunteers or students concerned. Confidentiality is ensured.

Best Practice Theme 4: Working safely with children and young people

4.1 Safe recruitment and selection

4.1.1 Procedures for recruiting and selecting workers and volunteers

CFSC operates best practice in the recruitment and management of workers and volunteers for the Centre. This includes providing information relevant to the post, seeking information from the applicant, access to Garda vetting, taking up of references, good HR practices in interviewing, induction, training, probation and on-going supervision and management.

CFSC comply with the CFSC Recruitment Policy and have procedures in place for:

- Job Recruitment and Selection
- Application for Garda Vetting
- Reference Checks
- Induction & Training
- Supervision and Support
- Probationary Periods

Please see the Recruitment Policy for details.

4.1.2 Vetting by the National Vetting Bureau

Under the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 all people working with children and vulnerable adults are required to undergo vetting. CFSC vets all applicants who will be working directly with children with the National Vetting Bureau prior to appointment and commencement of work.

CFSC decides on the suitability of individuals, based on the information received under a vetting application, giving due regard to the organisation's needs, client group and ethos.

CFSC treats all information received about applicants as highly sensitive and confidential. It is stored securely and accessible only to specified individuals within the organisation.

Where information arising from a vetting application leads CFSC to exclude a particular applicant, the applicant will be informed of the reason for the decision and afforded an opportunity to appeal. Further information on vetting can be accessed from the National Vetting Bureau's website, <https://vetting.garda.ie/>.

In line with data protection legislation, information from the National Vetting Bureau is only retained when necessary and is stored securely with secured access. Where information is destroyed, CFSC includes a note on any personnel file stating that a vetting check was carried out and that the person's conditional offer of appointment was confirmed/withdrawn as a result.

4.2 CFSC Child safeguarding training strategy

At CFSC the aim of child safeguarding training is to provide:

1. Guidance on how to recognise child abuse;
2. Guidance on responding appropriately to child protection or welfare concerns;
3. Information on the importance of working together to protect children/young people;
4. Information on the importance of agencies developing effective child safeguarding policies, procedures and practices;

5. Information on CFSC's guiding principles and child safeguarding procedures. To effectively deliver child safeguarding training and information CFSC will develop a child safeguarding training strategy. CFSC's child safeguarding training strategy is informed by a review of it's workers'/volunteers' training needs using a training needs analysis.

Management is responsible for ensuring that all workers and volunteers are trained in the recognition of the signs of abuse, understand their responsibilities to safeguard children and know the procedures to follow.

4.2.1 Safeguarding training

CFSC designs & delivers training that is consistent with *Children First: National Guidance for the Protection and Welfare of Children*, and the Children First Act 2015

CFSC uses the Tusla universal Children First e-learning programme, called *Introduction to Children First* as part of its training package.

4.2.2 Keeping training records

CFSC gathers and retains a record of training information including:

1. Date and name of training programmes delivered;
2. Names of worker/volunteers who attended and their position within the organisation;
3. Details of workers/volunteers who did not receive training but need to complete it;
4. Number of workers/volunteers trained;
5. Training programmes completed by each worker/volunteer (e.g. induction into the organisation's guiding principles and child safeguarding procedures, child safeguarding training, DLP training, refresher training, etc.);
6. The names of the trainers who delivered the programme and the organisation they were from.
7. A signed receipt of all workers/volunteers who have been given a copy of the organisation's declaration of guiding principles and child safeguarding procedures (which will be done at induction or In-house training).

4.3 Safe management of activities

In the course of it's work CFSC will keep a register of children and young people who participate in it's programmes or courses. CFSC commits to maintaining good records detailing attendance, accidents, incidents and consent forms. CFSC have a Health & Safety Policy and stringent risk assessments when carrying out it's programmes. CFSC commit to recording accidents and incidents in an appropriate way, and comply to all relevant legislation. CFSC provide safe supervision of children and young people & devise Code Of Behaviour's for each group where necessary. Dangerous activity/behaviour is not permitted.

CFSC provide adequate Adult-child ratios in the course of it's work. Depending on the group type, age of child CFSC complies with Best practice in determining ratios. There are times when one-to-one work with children occurs at CFSC.

4.3.1 Working in Partnership with other organisations

There will be occasions when two or more organisations come together to collaborate or work in partnership. Such as: Running a group in schools. This may take many forms including:

1. Work on a one-off basis around a particular event, project or initiative;
2. Work on a medium to long term basis;
3. Accessing the services of workers/volunteers from another organisation;
4. Use or rental of premises.

CFSC endeavour to work with a clear understanding as to which organisation's guiding principles and child safeguarding procedures will be followed. This is done at the planning stage and requires developing a protocol, agreed by the various parties, which will operate for the duration of the collaborative work.

4.3.2 Use of Photography, Video and/or Social/Digital Media

CFSC has an ICT Policy in place which governs the use of photography, video and or social/digital media.

CFSC recognises that the Information and Communication Technology (ICT) forms an important platform for communication which is commonly used by adults and children/young people alike. When working with children and young people CFSC ensures that the use of digital media and ICT is consensual, ethical and that it is not misused to cause harm to an individual. Please refer to the CFSC ICT Policy.

4.4 Managing Workers and Volunteers

CFSC Staff, Volunteers and students are expected to abide by the Code Of Behaviour that is an integral part of this Child Safeguarding Policy.

4.4.1 Code of Behaviour for staff, volunteers and students of CFSC CLG

Equality Statement:

CFSC is committed to providing equal opportunity for all children and young people regardless of their gender, age, culture, disability, religious beliefs, family status, sexual orientation or membership of the Traveller Community.

Staff, Volunteers & students will

- Behave in a respectful manner towards children and young people
- Listen to and value children and young people's opinions and beliefs
- Include children and young people in appropriate decision making
- Create a safe, inclusive and accessible environment
- Recognise and nurture the individual potential of all children
- Use encouragement and praise to positively develop confidence and self worth
- Facilitate children/young people to draw up Anti-bullying Code of Behaviours whilst taking part in activities within CFSC

Staff, Volunteers & students will not

- Bully children
- Spend excessive amounts of time alone with children away from others
- Shout at or show aggression towards children
- Subject children to any form of verbal, physical, emotional or sexual abuse
- Exclude children from groups or activities because of difference
- Show favouritism towards children, or young people

- Tell jokes of a racial, sexual or derogatory nature
- Refuse to act on a child welfare concern about someone in their care
- Engage in slanging or joking that belittles children or young people

Touching:

- Touching will be in response to the need of the child and not the need of an adult
- Touching will always be with the child, or young person's permission
- Touching will be open and never in secret
- Any touching will be governed by the age of the child
- Tasks of a personal nature will only be undertaken in an emergency and with the utmost discretion and parental consent.

Communication

- All communication between staff, volunteers, students and children/young people will be appropriate and with parental consent
- Communications will not contain any inappropriate images, video or text that might be construed as pornographic, racist, derogatory or contain innuendo
- Children, or young people will not be contacted through Social Media Sites

Any breach of this Code Of Behaviour will be investigated confidentially by the Centre Manager and responded to immediately. The Manager will comply with governing process and will act upon according to all relevant legislation and disciplinary procedures. CFSC has a Disciplinary Procedure in place which will be followed, please refer to Centre Policies for further details.

4.4.2 Supervision and Support of Workers and Volunteers

Management and supervision of workers and volunteers after appointment is equally important to keep children safe. Supervision of workers/volunteers helps maintain best practice and safeguards children availing of your service.

All CFSC workers/volunteers will have regular reviews of their practice to ensure that they improve over time. Conducting an annual appraisal of work is also important to allow for the recognition of good work and to help to develop skills further; this should be a formal, recorded process. A record of each review/supervision will be held in a secure unit in the Personnel file for that worker/volunteer.

Functions of Supervision

Supervision provides a regular, structured opportunity to discuss work, review practice and progress, and plan for future development. The main functions of supervision are:

1. **Management** to hold the worker accountable for practice to ensure safe, quality, care for children and families.
2. **Support** for the individual staff member.
3. **Learning and development** of each individual to identify their knowledge base, attitude, learning style and skills; to identify learning needs and the strengths and weaknesses of the worker; and to plan and set targets for on-going development
4. **Mediation** to ensure healthy engagement with, and communication between, the individual and the organisation.

Models of Supervision

Models of supervision used by services can vary from formal to informal supervision and can be provided as either individual supervision or group supervision depending on the needs and resources of the organisation.

Informal supervision involves observing a volunteer/staff member working with children/young people and other team members. It may also involve informal chats to check out how things are going.

Formal supervision involves meeting with an individual on a regular basis (for example every four weeks), notes are made of the meeting and kept confidentially. Formal supervision should be agreed, contracted (there is an agreement on the purpose, content and frequency), regularly scheduled and recorded.

4.5 Dealing with a concern about another worker/volunteer

It is important that if a worker or volunteer has a concern about the behaviour of another worker/volunteer that they report these concerns to the Designated Liaison Person. Where the concern relates to the DLP, reports should be made to **The Board of Management Staff Liaison Person**. The BOM Staff Liaison Person for CFSC is Mary O Keeffe.

CFSC endeavours to create an open and supportive environment where workers/volunteers feel comfortable and safe to pass on these types of concerns. Concerns about colleagues' behaviour may relate to:

- Breaches of the organisation's code of behaviour;
- Conduct which may breach professional standards or codes of ethics;
- Suspected or witnessed abuse.

The concern about another worker/volunteer may also come through the complaints procedure. This should be dealt with through the procedure for responding to allegations of abuse against workers/volunteers (see Best Practice Theme 3).

Where a worker/volunteer has a concern about a colleague they should:

1. **Bring it to the attention of the DLP or the Board Of Management Staff Liaison Person** . If the concern relates to poor practice it should be discussed with the relevant person. If the concern involves suspected or witnessed abusive behaviour, this should be reported without delay to the DLP (following the organisation's reporting procedure).
2. **Keep a record of the concern**. The DLP or Board of Management Person will consider if the concern constitutes a child protection concern, if so he/she must follow the organisation's reporting procedures for child protection or welfare concerns. It will also be necessary to follow the organisation's procedure for responding to allegations of abuse against workers and volunteers.

Where the worker/volunteer feels their concerns have not been given due regard within the organisation or feels nervous or worried about bringing the concern to the attention of the DLP or management they should contact Tusla or An Garda Síochána directly.

If the concern does not need to be reported to Tusla (i.e. does not meet reasonable grounds for concern), it may still need to be addressed by the DLP or line manager with the worker/volunteer. This would be the case, for example, if the concern related to poor practice rather than abusive behaviour.

4.6 Disciplinary procedures

Disciplinary procedures are essential in the overall response to a failure by a worker or volunteer to meet the expected standard of work or behaviour in their working practice. Disciplinary procedures are written, step-by-step procedures which an organisation commits itself to follow in every case where a worker/volunteer may have to be warned, reprimanded, or dismissed as a result of a complaint or failure on the worker's part to meet the expected standards.

Disciplinary procedures may be instituted when:

- There is a complaint made about a worker or volunteer;
- There is an alleged breach of the code of behaviour;
- There is an allegation of abuse made against a worker or volunteer

The disciplinary procedures will need to work alongside and be consistent with CFSC complaints procedures, code of behaviour and procedure for managing allegations of abuse against workers/volunteers.

When dealing with employees, procedures must comply with employment law. When dealing with volunteers, in the absence of employment law, procedures must adhere to the principles of natural justice, good practice and should not unfairly discriminate against the volunteer. Organisations may wish to seek legal advice when developing/reviewing their procedures to ensure that they are robust and reasonable.

4.6.1 Appeals against disciplinary action

If the worker/volunteer feels that the disciplinary action taken against them is wrong or unjust they have the right to appeal against the decision. An appeals procedure should be developed as part of the disciplinary procedure.

Best Practice Theme 5: Procedures for sharing CFSC guiding principles and child safeguarding procedures and involving parents, guardians, families, children and young people

CFSC works in Partnership with parents/guardians and families through information sharing and consultation regarding all aspects of their child's participation in the service. Meaningful communication is essential in building a partnership with parents/guardians and families. Good communication depends not only on how information is shared but what is being shared. CFSC support children's and young people's rights by ensuring that children and their parents/guardians are kept informed of matters that concern them.

5.1 Sharing CFSC guiding principles and safeguarding procedures

At CFSC Parents/guardians will be made aware of CFSC guiding principles and child safeguarding procedures on initial contact with the service. When communicating with parents/guardians, families, children and young people CFSC will be mindful of possible literacy issues, language barriers and communication differences.

5.2 Empowering children and young people to claim their rights

The UN Convention on the Rights of the Child (UNCRC) provides all children and young people with a broad range of rights, including the right to be protected from abuse and neglect. Under the UNCRC, which the Irish State ratified in 1992, children/young people have a right to express their views about matters that affect them and for those views to be heard and taken into account in all matters affecting them.

CFSC empower children/young people by making them aware of their rights. CFSC encourage the active participation of children and young people in all decision making relevant to their involvement in the service/activities, in a manner which is appropriate to their age and developmental stage.

To create a safer environment for children and young people, CFSC promote a practice culture amongst workers and volunteers which enables and supports children/young people to exercise their right to speak out when they feel they are suffering harm or are at risk of suffering harm . CFSC recognises that by enabling and promoting the participation of children and young people within the organisation it has many benefits, including:

1. Providing the opportunity to check that what CFSC are doing is actually what children/young people want;
2. Demonstrating CFSC commitment to upholding the rights of children and young people;
3. Strengthening CFSC commitment to safeguarding children and young people in your organisation;
4. Building leadership skills of children and young people;
5. Enhancing the safety of children/young people by identifying risks and dangers.

At the end of each service provided to children CFSC use feedback Forms to gain children's or young people's views.

5.3 Anti-bullying policy

Children First: National Guidance for the Protection and Welfare of Children defines bullying as:

“Bullying can be defined as repeated aggression – whether it is verbal, psychological or physical – that is conducted by an individual or group against others. It is behaviour that is intentionally aggravating and intimidating, and occurs mainly among children in social environments such as schools. It includes behaviours such as physical aggression, cyberbullying, damage to property, intimidation, isolation/exclusion, name calling, malicious gossip and extortion. Bullying can also take the form of identity abuse based on gender, sexual preference, race, ethnicity and religious factors. With developments in modern technology, children can also be the victims of non-contact bullying, via mobile phones, the Internet and other personal devices.”

Please see the *Child Protection and Welfare Practice Handbook* for further information, including the types of bullying and strategies for responding where there are concerns about bullying.

CFSC does not tolerate Bullying and has an Anti-bullying Policy in place.

5.4 Guidelines for working in partnership with parents/guardians and children /young people

5.4.1 Working in partnership with parents/guardians and families

CFSC works in partnership with parents/guardians and families by consulting or speaking with them if a concern arises about their child/young person or before information is passed on to another agency about a concern. Unless doing so might put the child/young person at risk of further harm by informing the parents/guardians that a report is going to be made to Tusla, you should discuss this concern with the Tusla social worker prior to talking to the parents/guardian.

CFSC recognises that for successful partnership with parents/guardians there needs to be two-way communication. CFSC have developed a communications strategy that supports working in partnership with parents/guardians and children/young people.

5.4.2 Communications strategy

CFSC communications strategy sets out the intention to involve parents/guardians and children/young people and share information in an open and transparent manner. Participation is important for parents/guardians and children/young people because it gives them an opportunity to have a say about issues and decisions that affect them, learn new skills, have fun and develop links with their community.

Your communications strategy should further clarify the rights of children and young people to be consulted and to have their views and opinions taken into account when decisions are being made about them. The following tips include some broad, good practice guidelines to consider when thinking about how you communicate information on your guiding principles and safeguarding procedures to various groups of interested parties (e.g. workers/volunteers, parent/guardians and children/young people).

5.5 Complaints procedure

CFSC have developed a Complaints Procedure for the service. A copy of a complaint form can be requested at the office or from our website. A copy of complaints policy can also be requested.

5.5.1 Defining a complaint

Complaints may arise in response to:

- An alleged breach of the code of behaviour by a worker/volunteer;
- A particular practice issue;
- Perceived poor attitude of a worker/volunteer;
- A child/young person feeling unhappy about an incident or an event;
- A parent/guardian feeling unhappy about an incident or event involving their child;
- Dissatisfaction in relation to an aspect of the service being provided.

Complaints will be addressed through the procedure or may need to be addressed through the procedure responding to allegations of abuse against workers/volunteers – see Best Practice Theme 3.

5.5.2 Who can make a complaint?

CFSC is open to receiving a complaint from a:

- Parent/guardian,
- Child or young person ,
- An external agency or organisation involved in interagency working,
- Member of the public or other who may have a legitimate concern,
- Staff/Volunteer.

Note: Issues being raised by workers/volunteers or students on placement should be brought to the attention of the relevant manager, following the appropriate internal procedure.

5.5.3 Publicising the complaints procedure

Users of the service and workers/volunteers should be aware of how to access the complaints procedure. This will be available in hard copy from the office and a copy to download from our website.

5.5.4 Processing a complaint

CFSC have clearly stated steps for responding to a complaint. These include the naming of the individual responsible for responding to complaints and details of both verbal and written response processes. Children and young people should not be restricted as to who they can complain to, but should be made aware that they can approach a worker/volunteer of their choice. All workers/volunteers should know that they have a responsibility to assist a service user in making a complaint.

Complaints should, where possible, be resolved informally. However where someone remains dissatisfied access to a more formal process should be available. The complaints

process should contain guidance in respect of expected timescales for response, have instruction on how feedback to the complainant should be provided and contain guidance on how the response to a complaint can be appealed if required. Complaints should be recorded and all stages of the resolution process should be recorded.

Where a complainant is dissatisfied with the response they should be provided with access to an appeals process. CFSC will provide access to a third party for final appeals; this may require cooperation with another organisation. Following an appeal, where the complainant remains dissatisfied, they should be advised that the matter may be referred to the Ombudsman for the relevant service area.

Best Practice Theme 6: Implementing, monitoring and reviewing CFSC guiding principles and child safeguarding procedures

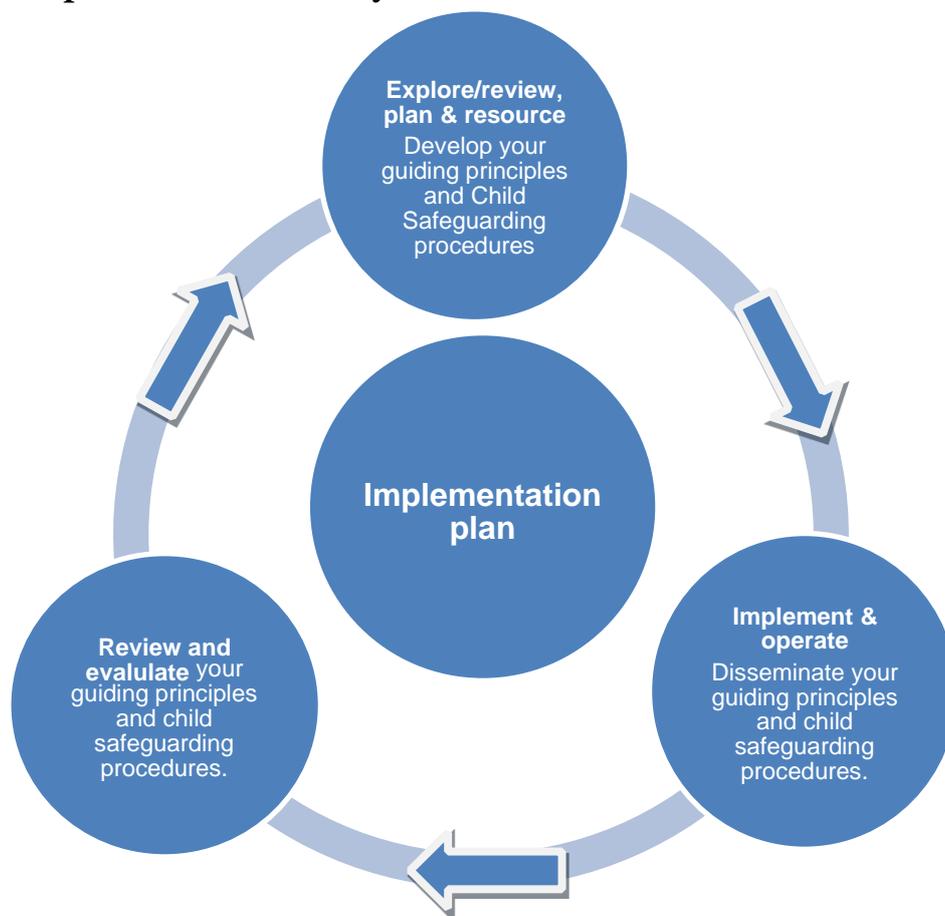
CFSC recognise that developing the guiding principles and child safeguarding procedures is only one part in the process of safeguarding children. To make certain the guiding principles and child safeguarding procedures are put into practice CFSC have put in place an implementation plan.

The implementation plan includes actions CFSC will take in the introduction, development and implementation of your guiding principles and child safeguarding procedures. It also describes how CFSC will monitor whether these actions have been implemented.

Implementation is an on-going process (see Figure 2). It is a continuous cycle of development, response to change, and review of policies, procedures and practices relevant to meeting the requirements of Children First.

CFSC will continue to review and update and monitor our progress with regards to our child safe guarding procedures. Where improvements are required they will be identified updated, addressed and promoted throughout the organisation.

Figure 2 - Implementation Plan Cycle



6.1 Step 1 – Explore/review, plan and resource

When CFSC become aware of new circumstances that impact on good practice, e.g. new legislation, the broadening our service into new areas or failures in existing practices. This will lead to a review of practice to examine the impact of these changes/developments on the organisation and those within the organisation. We will then decide who needs to be involved in the review process and how to resource any changes planned.

6.2 Step 2 – Implement and operate

Having identified the guiding principles and child safeguarding procedures that are necessary to underpin our intention to keep children safe. We will then be identifying who needs to be involved in developing our guiding principles and child safeguarding procedures. And who will be responsible.

6.3 Step 3 – Review and evaluate

When CFSC is confident that we are fully compliant and that our safe guarding procedures are in place and functioning well and in accordance with Children first: National Guidance for the protection and welfare of children. We will then monitor, further review and evaluate the effectiveness of our Child safe guarding arrangements.

After 24 months we will undergo a full review of the practices and procedures to make sure standards are being adhered to. We will use performance measurement tools to test how effective the procedures are. To ensure children's safety is paramount at all times. The following are examples of information we will collate.

- Collation and analysis of any complaints;
- Collation of child protection concerns and the actions taken;
- Collation of feedback from children/young people, parents/guardians and families;
- Analysis of practice and any breaches of procedures, codes of behaviour, etc.;
-
- Checking people's understanding, awareness, feelings, perceptions, behaviour and attitudes through the use of:

Questionnaires
Focus Groups
Interviews
Audit
Observations

Appendix 1 – Child Safeguarding: Relevant Legislation

There are a number of pieces of legislation relevant to the safeguarding of children. The following indicative list is not intended to be comprehensive but rather to give a sense of the breadth and wide array of relevant legislation.

Child and Family Agency Act 2013

<http://www.oireachtas.ie/documents/bills28/acts/2013/a4013.pdf>

Child Care Act 1991

<http://www.irishstatutebook.ie/eli/1991/act/17/enacted/en/print.html>

Children Act 2001

<http://www.irishstatutebook.ie/eli/2001/act/24/enacted/en/pdf>

Children First Act 2015

<http://www.irishstatutebook.ie/eli/2015/act/36/enacted/en/pdf>

Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012

<http://www.irishstatutebook.ie/eli/2012/act/24/enacted/en/pdf>

Criminal Justice Act 2006, Section 176: Reckless Endangerment of Children

<http://www.irishstatutebook.ie/eli/2006/act/26/enacted/en/pdf>

Data Protection Acts 1988 and 2003

<http://www.irishstatutebook.ie/eli/1988/act/25/enacted/en/html>

<http://www.irishstatutebook.ie/eli/2003/act/6/enacted/en/pdf>

Domestic Violence Act 1996

<http://www.irishstatutebook.ie/eli/1996/act/1/enacted/en/pdf>

Education (Welfare) Act 2000

<https://www.oireachtas.ie/documents/bills28/acts/2000/a2200.pdf>

Education Act 1998

<http://www.irishstatutebook.ie/eli/1998/act/51/enacted/en/pdf>

Freedom of Information Act 2014

<http://www.irishstatutebook.ie/eli/2014/act/30/enacted/en/pdf>

National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2106

<http://www.irishstatutebook.ie/eli/2012/act/47/enacted/en/pdf>

Non-Fatal Offences against the Person Act 1997

<http://www.irishstatutebook.ie/eli/1997/act/26/enacted/en/pdf>

Protected Disclosures Act 2014

<http://www.irishstatutebook.ie/eli/2014/act/14/enacted/en/pdf>

Protections for Persons Reporting Child Abuse Act 1998

<http://www.irishstatutebook.ie/eli/1998/act/49/enacted/en/pdf>

Appendix 2 – Schedule of Mandated Persons under the Children First Act 2015

Schedule 2 of the Children First Act 2015 specifies the following classes of persons as mandated persons for the purposes of the Act:

1. Registered medical practitioner within the meaning of section 2 of the Medical Practitioners Act 2007.
2. Registered nurse or registered midwife within the meaning of section 2(1) of the Nurses and Midwives Act 2011.
3. Physiotherapist registered in the register of members of that profession.
4. Speech and language therapist registered in the register of members of that profession.
5. Occupational therapist registered in the register of members of that profession.
6. Registered dentist within the meaning of section 2 of the Dentists Act 1985.
7. Psychologist who practises as such and who is eligible for registration in the register (if any) of members of that profession.
8. Social care worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register of that profession.
9. Social worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register (if any) of that profession.
10. Emergency medical technician, paramedic and advanced paramedic registered with the Pre-Hospital Emergency Care Council under the Pre-Hospital Emergency Care Council (Establishment) Order 2000 (S.I. No. 109 of 2000).
11. Probation officer within the meaning of section 1 of the Criminal Justice (Community Service) Act 1983.
12. Teacher registered with the Teaching Council.
13. Member of An Garda Síochána.
14. Guardian *ad litem* appointed in accordance with section 26 of the Child Care Act 1991.
15. Person employed in any of the following capacities:
 - (a) manager of domestic violence shelter;
 - (b) manager of homeless provision or emergency accommodation facility;
 - (c) manager of asylum seeker accommodation (direct provision) centre;
 - (d) addiction counsellor employed by a body funded, wholly or partly, out of moneys provided by the Oireachtas;
 - (e) psychotherapist or a person providing counselling who is registered with one of the voluntary professional bodies;
 - (f) manager of a language school or other recreational school where children reside away from home;
 - (g) member of the clergy (howsoever described) or pastoral care worker (howsoever described) of a church or other religious community;
 - (h) director of any institution where a child is detained by an order of a court;
 - (i) safeguarding officer, child protection officer or other person (howsoever described) who is employed for the purpose of performing the child welfare and protection function of religious, sporting, recreational, cultural, educational and other bodies and organisations offering services to children;
 - (j) child care staff member employed in a pre-school service within the meaning of Part VIIA of the Child Care Act 1991;
 - (k) person responsible for the care or management of a youth work service within the meaning of section 2 of the Youth Work Act 2001.
16. Youth worker who—

- (a) holds a professional qualification that is recognised by the National Qualifications Authority in youth work within the meaning of section 3 of the Youth Work Act 2001 or a related discipline, and
 - (b) is employed in a youth work service within the meaning of section 2 of the Youth Work Act 2001.
17. Foster carer registered with Tusla.
18. A person carrying on a pre-school service within the meaning of Part VIIA of the Child Care Act 1991.

Appendix 3 – Schedule of relevant services under the Children First Act 2015

Schedule 1 of the Children First Act 2015 specifies the relevant services for the purposes of the Act:

1. Any work or activity which is carried out by a person, a necessary and regular part of which consists mainly of the person having access to, or contact with, children in—
 - a) an establishment which provides early years services within the meaning of Part VIIA of the Child Care Act 1991,
 - b) a school or centre of education, both within the meaning of the Education Act 1998,
 - c) any hospital, hospice, health care centre or other centre which receives, treats or otherwise provides physical or mental health services to children,
 - d) a designated centre within the meaning of section 2 of the Health Act 2007 , in so far as it relates to an institution at which residential services are provided in accordance with the Child Care Act 1991 or to children with disabilities in relation to their disabilities,
 - e) a special care unit provided and maintained in accordance with section 23K of the Child Care Act 1991,
 - f) a children detention school within the meaning of section 3 of the Children Act 2001,
 - g) a reception or accommodation centre which provides residential accommodation services to applicants for asylum under contract to the Department of Justice and Equality where children may be accommodated, or
 - h) a centre which provides residential accommodation services to victims of domestic violence where children may be accommodated.
2. Any work or activity which consists of the inspection of a service provided to a child under the Child Care Act 1991 , the Education Act 1998 , the Children Act 2001 or the Health Act 2007.
3. Any work or activity which consists of the inspection, examination or investigation by the Office of the Ombudsman for Children under the Ombudsman for Children Act 2002.
4. Any work or activity which consists of treatment (including assessment which may lead to treatment), therapy or counselling provided to a child.
5. Any work or activity which consists of the provision of—
 - a) educational, research, training, cultural, recreational, leisure, social or physical activities to children,
 - b) care or supervision of children, or
 - c) formal consultation with, or formal participation by, a child in respect of matters that affect his or her life, whether or not for commercial or any other consideration.
6. Any work or activity which consists of the provision of advice or guidance services (including by means of electronic interactive communications), a necessary and regular part of which consists, mainly, of the person having access to, or contact with, children.
7. Any work or activity as a minister or priest or any other person engaged in the advancement of any religious beliefs which would or could bring that minister, priest or other person, as the case may be, into contact with a child.

8. Any work or activity as a driver of, or as an assistant to the driver, or as a conductor, or as a supervisor of children using a vehicle which is being hired or used only for the purpose of conveying children who are unaccompanied by a parent or guardian.
9. Any work or activity which is carried out by a member of An Garda Síochána, a necessary and regular part of which consists mainly of the person having access to, or contact with, children.

Appendix 4 – Review checklist of guiding principles and safeguarding procedures

Best Practice Theme 1: Guiding principles	Fully in place (working well)	Requires work (not working well)	Action required
Declaration of guiding principles is in place	X		
Name of organisation and the services and activities provided to children and young people are listed with your declaration of guiding principles	X		
Your declaration of guiding principles specifies to whom they apply.	X		
Your declaration of guiding principles is communicated to children, young people, parents/guardians, workers and volunteers.	X		
Best Practice Theme 2: Key personnel in safeguarding	Fully in place (working well)	Requires work (not working well)	Action required
A named person is appointed	X		
The DLP and Deputy DLP are appointed	X		
The role and responsibilities of the DLP/Deputy DLP are outlined	X		
The role and responsibilities of mandated persons are outlined	X		
A procedure for maintaining a list of mandated persons is in place	X		
Best Practice Theme 3: Responding to and reporting child protection and welfare concern	Fully in place (working well)	Requires work (not working well)	Action required
Guidance on roles and responsibilities related to your reporting procedure are available	X		
Guidance on reasonable grounds for concern is included in your reporting procedure.	X		

Definitions and features of child abuse as per <i>Children First: National Guidance for the Protection and Welfare of Children</i> are included or referenced in your reporting procedure.	X		
Guidance on mandated persons' responsibility to report child protection concerns is included in your child safeguarding procedures.	X		
Reporting procedure that clearly outlines the steps to be followed in reporting child protection or welfare concerns is in place.	X		
Guidance on confidentiality is included in your child safeguarding procedures.	X		
Guidance on dealing with disclosures is included in your child safeguarding procedures.	X		
Guidance on dealing with adult disclosures of childhood abuse, where it is identified there may be current risk to a child/young person, is included in your child safeguarding procedures.	X		
Guidance on information sharing and record-keeping is included in your child safeguarding procedures.	X		
Procedure to deal with any allegations of abuse against workers/volunteers/ management are included in your child safeguarding procedures.	X		
Best Practice Theme 4: Working safely with children and young people	Fully in place (working well)	Requires work (not working well)	Action required
In compliance with the Children First Act 2015 a recruitment and selection procedure is in place with regard to a person's suitability to work with children/young people and applies to all workers and volunteers	X		

The organisation has a training strategy for child safeguarding training based on a training needs analysis	X		
---	---	--	--

Child safeguarding training provided is consistent with <i>Children First: National Guidance for the Protection and Welfare of Children</i> and Children First legislation	X		
All workers/volunteers have attended child safeguarding training relevant to their role in the organisation	X		
A record-keeping system with regard to what safeguarding training workers/volunteers have attended is in place		X	Update List
There are policies and procedures in place to support the safe management of activities	X		
An accident/incident procedure is in place	X		
There is a code of behaviour for workers and volunteers which specifies acceptable and unacceptable practices with regard to working with children/young people	X		
There is a supervision policy and appropriate supervision is provide to all workers and volunteers	X		
The responsibility for all workers/volunteers to report concerns that they may have about a colleague's practices is clearly stated in policy	X		
A disciplinary procedure is in place	X		
Best Practice Theme 5: Procedures for sharing your guiding principles and child safeguarding procedures and involving parents/guardians, families, children and young people	Fully in place (working well)	Requires work (not working well)	Action required

A procedure to provide a copy of your policy declaration to parents/guardians upon request is in place	X		
Children and young people have been made aware of their right to be protected, consulted and treated with respect	X		
An anti-bullying policy has been developed and is on display	X		
A communications policy has been developed and is on display	X		
A policy for working in partnership with parents/guardians has been developed and is on display	X		
A complaints policy is in place and has been communicated to children/young people and their parents/guardians	X		
Best Practice Theme 6: Implementing, monitoring and reviewing your guiding principles and child safeguarding procedures	Fully in place (working well)	Requires work (not working well)	Action required
Implementation plan for your guiding principles and child safeguarding procedures is in place	X		
A review of your guiding principles and child safeguarding procedures is planned	X		
Processes for monitoring, review and evaluation of the implementation of your guiding principles and child safeguarding procedures is in place	X		

Appendix 5 – Learning from Inquiries

Best Practice Theme 1 – Policy Declaration

The *Report of the independent inquiry into matters relating to child sexual abuse in swimming (1998)* made this recommendation in the context of the Health and Safety Act but focused on keeping children safe: “The process of drafting a safety declaration requires an identification of risks of dangers and the possibility of those dangers occurring. It requires consideration to be given to measures to avoid such dangers and consideration of the persons responsible.”

Learning from inquiries

Inquiries show that all places of work that involve children should provide particularly for the safety, health and welfare of children. The purpose of the policy declaration is to communicate this intent to all volunteers, staff, children and parents.

Best Practice Theme 2 – Key Personnel in Safeguarding

The *Report of a committee of inquiry (1995) “Kelly – A Child is Dead”* says the following: “We recommend that each school nominate a teacher to develop special expertise in the identification of child abuse and neglect and function as its liaison officer with local health board staff. Special joint in-service training programmes should be provided and this will assist in developing collaborative relationships locally”.

Learning from inquiries

Confusion about roles and responsibilities is highlighted in inquiries. Where clear responsibility was not placed on named personnel to report child protection concerns, child abuse continued unchecked and other children were placed at risk of abuse.

Best Practice Theme 3 – Responding to and reporting of child protection or welfare concerns

The *Report of the independent inquiry into matters relating to child sexual abuse in swimming (1998)* noted: “Clearly in order to prevent and detect child sexual abuse, it is vital that the abuse be reported and that the reports be believed.”

The *Report of a committee of inquiry (1995) “Kelly – A Child is Dead”* found: “We recommend that the reporting of actual or suspected child abuse or neglect become a legal requirement for relevant designated staff, including health board personnel, general practitioners, the gardai, teachers and staff of voluntary and private child care services.”

The Ferns Report (2005) recommended that efforts should be made amongst the general public and organisations to strengthen a more open environment of reporting. It also led to the introduction of new legislation: section 176 of the Criminal Justice Act 2006, titled ‘Reckless endangerment of children’.

The *West of Ireland Farmer Case (1998)* report noted the breakdown in communication between agencies and professionals as a contributing factor to the long-term abuse within the family.

The *Report of the Commission to Inquire into Child Abuse (Ryan 2009)* stated: “The withholding of information between professionals and between agencies is not

acceptable where failure to disclose may have an influence on the future safety and welfare of the child.”

The *Report of the Commission to Inquire into Child Abuse (Ryan 2009)* also noted: “If a child reveals abuse on a confidential or ‘secret’ basis to a professional this confidentiality cannot be binding. The professional person involved – social worker, teacher, doctor, etc. – must make it clear to the child that absolute confidentiality cannot be guaranteed.”

Learning from inquiries

Inquiries have repeatedly shown that the failure to report concerns to the appropriate authorities without delay has led to on-going abuse of children. Haphazard and sloppy recording of concerns and actions have also inhibited recognition of abuse and safeguarding of children.

Best Practice Theme 4 – Working safely with children and young people

The *Report of the independent inquiry into matters relating to child sexual abuse in swimming (1998)* found: “Coaches should be appointed after interview by the committee of the club, who should, in the case of the club coach, ensure that she or he meets the qualification requirements of the Association and, in all cases, that full written references are provided and verified with the referees. A gender balance should be encouraged. Coaches should be asked to sign written contracts.”

The *Kilkenny Incest Investigation (1993)* stated: “All Health care staff must have clearly written directions from their employer as to what their role and responsibilities are in relation to child abuse.”

The *Kilkenny Incest Investigation (1993)* also noted: “The manager of an institution should be responsible for:

- Making the best use of available resources
- Vetting of staff and volunteers
- Ensuring that staff are well trained, matched to the nature of the work to be undertaken and progressively trained so as to be kept up to date.
- Ensuring on-going supervision, support and advice for all staff
- Regularly reviewing the system to identify problem areas for both staff and children
- Ensuring rules and regulations are adhered to
- Establishing whether systems failures caused or contributed to instances of abuse
- Putting procedures in place to enable staff and others to make complaints and raise matters of concern without fear of adverse consequences.”

The *Commission of Investigation “Report into the Catholic Dioceses of Cloyne” (2010)* found: “Child protection training should be sourced and provided for those involved in child protection in the Diocese, to improve their ability to recognise risk and to record their practice appropriately”

Working in partnership

The *Report of the independent inquiry into matters relating to child sexual abuse in swimming (1998)* recommended “The relationship between the Association and the clubs with local authorities, schools and management companies of sport complexes should be defined in terms of function and responsibility.”

Safe management of activities

The *Report of the Commission to Inquire into Child Abuse (Ryan 2009)* noted: “To prevent where possible and reduce the incidence of abuse of children in institutions and to protect children from such abuse, Childcare policy should be child-centred.” The *Report of the Commission to Inquire into Child Abuse (Ryan 2009)* also noted: “The state and congregations lost sight of the purpose for which the institutions were established, which was to provide children with a safe and secure environment and an opportunity of acquiring education and training.”

The *Report of the Commission to Inquire into Child Abuse (Ryan 2009)* further stated: “A culture of respecting and implementing rules and regulations and of observing codes of conduct should be developed.”

The *Report of the independent inquiry into matters relating to child sexual abuse in swimming (1998)* contained recommendations on having a code of behaviour and what to do if there is a breach of this code.

The *Ferns Report (2005)* highlighted the need for codes of conduct/behaviour to be developed for every organisation which facilitates adult’s access to children.

Learning from inquiries

Inquiries show that poor recruitment, inadequate staff training and a lack of supervision creates an environment where children are not safe from harm. The inquiries highlighted the need for child-centred work practice and clear codes of behaviour/conduct for staff.

Best Practice Theme 5 – Procedures for sharing your guiding principles and child safeguarding procedures and involving parents/guardian, families, children and young people

The *Report of the independent inquiry into matters relating to child sexual abuse in swimming (1998)* recommended: “The Association should ensure that clubs have a series of simple posters so that children of all ages know what constitutes unacceptable behaviour. They must also know how to complain....”

The *Kilkenny Incest Investigation (1993)* found: “Children in care should be able to communicate concerns without fear.”

The *Report of the Commission to Inquire into Child Abuse (Ryan 2009)* recommended “putting procedures in place to enable staff and others to make complaints and raise matters of concern without fear of adverse consequences.”

The *Ferns Report (2005)* recommended that written records of complaints must be kept.

Learning from inquiries

Inquiries show that when complaints of abuse were made there was a reluctance to receive and respond appropriately to these complaints. Children and parents must understand how to make complaints and be confident that these complaints will be handled appropriately.

Best Practice Theme 6 – Implementing, monitoring and reviewing your Guiding principles and child safeguarding procedures

The *Report of a committee of inquiry (1995) “Kelly – A Child is Dead”* stated: “We recommend that the Western Health Board assess the current level of knowledge and

compliance of its staff with the Department of Health Guidelines and establish and address any reasons for non-compliance.”

The Kilkenny Incest Investigation (1993) recommended: “We recommend that a regular system of evaluation of the procedures be established. It is insufficient to adopt Department of Health procedures in principle”.

The *Report of the independent inquiry into matters relating to child sexual abuse in swimming (1998)* recommended: “The functional responsibility for ensuring compliance with procedures including complaints procedures and procedures relating to away trips, should rest with the Secretary/Registrar/Controller of the Association.”

The *Commission of Investigation “Report into the Catholic Dioceses of Cloyne” (2010)* noted: “The Diocese of Cloyne adopts immediately a safeguarding policy for children that meets the standards expected of it within the church as a whole”.

The *Commission of Investigation “Report into the Catholic Dioceses of Cloyne” (2010)* stated: “Preventative actions should be reviewed and implemented in all cases that are known to the Diocese to protect other children from potential further abuse”.

The *Report of the Commission to Inquire into Child Abuse (Ryan 2009)* stated: “The failures that occurred in all the schools cannot be explained by the absence of rules, or any difficulty in interpreting what they meant. The problem lay in the implementation of the regulatory framework.” The report goes on to recommend: “A culture of respecting and implementing rules and regulations and of observing codes of conduct should be developed”.

Learning from inquiries

Inquiries have shown that it is not enough to adopt guidelines for the protection of children. Failure to fully implement and comply with these guidelines results in a failure to protect children.

Appendix 6 - Guidance Notes on Developing a Child Safeguarding Training Strategy, Training Strategy Template, Training Needs Analysis Template

What is a training strategy?

A training strategy is an organisation's plan to safeguard and promote the welfare of children through the provision of child safeguarding training. It outlines how your organisation will support your workforce to acquire the knowledge, skills and values to safeguard children, protect them from harm and promote their welfare. The training strategy will be consistent with the organisation's vision on promoting the rights of the child, including their right to be heard, listened to, and taken seriously. The child safeguarding training strategy should be integrated with the over-arching guiding principles and child safeguarding procedures and implementation plan.

A training strategy identifies training aims, learning outcomes, target groups, proposed initiatives, performance indicators and evaluation processes. The training strategy will contain a detailed plan on how each of these components will be developed and achieved.¹

The level and type of training that is required by individual staff and agencies will depend upon the nature and extent of the work they undertake with children and families and their degree of involvement in child protection and welfare cases.

Training needs will change continuously and training in child safeguarding must be an integral part of plans in all agencies. A percentage of the annual budget in each agency should be explicitly committed to child safeguarding training. An annual review of the training strategy for child safeguarding should be undertaken.

The aims of a training strategy are:

- To provide good quality, evidence based training opportunities for staff and volunteers which will enable them to fulfil their roles and responsibilities under *Children First: National Guidance for the Protection and Welfare of Children*;
- To raise awareness and create understanding of obligations under *Children First: National Guidance for the Protection and Welfare of Children*;
- To develop a confident and competent workforce.

How is a training strategy developed?

- Identify and consult with key stakeholders;
- Establish existing resources (human, financial, practical) and expertise;
- Identify gaps/needs in resources and expertise;
- Identify and consult with target audiences to establish levels of training required²;
- Conduct a training needs analysis.

Who may be involved in the development?

¹ Some of these components may be derived from Tusla's *Best Practice Principles for Organisations in Developing Children First Training Programmes*.

² See page 38 of *Children First: National Guidance for the Protection and Welfare of Children*.

- Representatives from the responsible Children First Oversight Group;
- Representatives from other related Children First committees;
- Children First lead or co-ordinator;
- HR, training or other internal departments or staff;
- Designated representatives from Tusla;
- Representatives of budget holders responsible for funding relevant services;
- Representatives of service providers of relevant bodies in receipt of funding;
- Representatives from non-funded relevant bodies.

Child Safeguarding Training Strategy Template

<p>Who we are and services provided</p> <ul style="list-style-type: none"> • <i>Departments of State</i> • <i>Relevant services provided by or on behalf of the Department of State</i> • <i>Any body that provides a relevant service and received funding from the Department concerned</i>
<p>Introduction /Aims /Objectives of training strategy:</p>
<p>Policy and legislation context and background:</p>
<p>What is in place to support the strategy? e.g. documentation, committees, programmes, working groups, training departments</p>
<p>Membership of Children First Oversight Group (roles including roles allocated):</p>
<p>Who is responsible for development and implementation of the training strategy?</p> <ul style="list-style-type: none"> x <i>Consider Children First coordinator or lead, training sub-group, etc.</i> x <i>Provide details of personnel, system and arrangements</i>
<p>How will (please also include person named responsible for each area):</p>
<p>1. Training programme(s) be coordinated:</p>
<p>By whom:</p>
<p>2. Training needs be identified:</p>
<p>By whom:</p>
<p>3. Trainers be recruited/selected:</p>
<p>By whom:</p>
<p>4. Support and information be provided to trainers:</p>
<p>By whom:</p>
<p>5. The organisation ensure resources are available:</p>
<p>By whom:</p>
<p>6. Regular review and evaluation be carried out:</p>
<p>By whom:</p>
<p>7. A quality assurance strategy be implemented:</p>
<p>8. A training register be maintained:</p>

By whom:
<p>Current child safeguarding training needs <i>Target audience groups – detailing numbers of staff and volunteers, level and type of contact they have with children and families, level of training needed and what is currently being provided.</i></p>
<p>Long term (3-5 years) child safeguarding training needs – evidence of need <i>This should be quantifiable data based on analysis of information gathered through assessing training needs in child safeguarding within the organisation.</i></p>
<p>Resources available to implement the strategy: short, medium and longterm, training, administration, etc.</p>
<p>Additional resources required:</p>
<p>What measures will you put in place to quality assure your training programme?</p>
<p>Evaluation/review mechanisms including recording systems and proposed performance indicators (how will you measure the implementation of this training strategy?):</p>
<p>Key partners to the strategy:</p>
<p>Duration of the strategy (3-5 years):</p>

Training Needs Analysis Template

1. Organisation¹⁰ details

1.1. Name of organisation:

1.2. Brief description of organisation:

Services provided	Describe level and type of contact with children and families ¹¹
-------------------	---

1.3. For government departments – list of bodies (to include sectors) that provide relevant services and receive funding¹² from the department:

Name of Body	Services provided	Describe level and type of contact with children and families ¹³

1.4. For service sectors – list of organisations that provide relevant services, receive funding or support from the sector:

¹⁰ Organisation is defined as any government department, service sector, body or organisation.

¹¹ Consider in this section all services provided directly or indirectly to children, families and/or members of families where there are children (even where there is no direct work with children). “Many services have contact with adult family members and can pick up signs of problems...While some professionals may not define their core role as ‘child protection’ (e.g. professionals who may be working primarily with adults in the household), their information and involvement may be crucial in ascertaining and managing present and future risks to a child or young person” (*Child Protection and Welfare Practice Handbook*, p. 29). ¹² Consider various direct and indirect funding and support streams, e.g. grants, administrative support, support by the provision of officers of the department on boards of management or committees, and support through the use of departmental premises or facilities.

¹² Consider in this section all services provided directly or indirectly to children, families and/or members of families where there are children (even where there is no direct work with children). “Many services have contact with adult family members and can pick up signs of problems...While some professionals may not define their core role as ‘child protection’ (e.g. professionals who may be working primarily with adults in the household), their information and involvement may be crucial in ascertaining and managing present and future risks to a child or young person” (*Child Protection and Welfare Practice Handbook*, p. 29).

Name of organisation	Services provided	Describe level and type of contact with children and families ³

	N/A	Dept./Service Sector
1.5. For service sectors – identify what department(s), if any, you are accountable to:		
1.6. For organisations – list what service sector and government department you are accountable to:		

2. Children First implementation

	N/A	No	Yes
2.1. Has the relevant government department's Children First Implementation Plan been published?			
2.2. Name of relevant government department's representative on Children First Interdepartmental Implementation Group:			
2.3. Has the relevant department's Children First Oversight Group been established?			
2.4. Has the relevant service sector(s)'s Children First Oversight Group been established?			
2.5. Identify links established with relevant government department(s) and/or service sector(s):			

3. Guiding Principles and Child Safeguarding Procedures

	N/A	No	Yes
3.1. Are the organisation's statement of guiding principles and child safeguarding procedures in place?			
3.2. Have the statement of guiding principles and child safeguarding procedures been reviewed for consistency with <i>Children First: National Guidance for the Protection and Welfare of Children</i> ?			
3.2.1 If yes, by whom and date of review:			
3.2.2 Please identify any outstanding issues identified in the review:			

³ Consider in this section all services provided directly or indirectly to children, families and/or members of families where there are children (even where there is no direct work with children). "Many services have contact with adult family members and can pick up signs of problems...While some professionals may not define their core role as 'child protection' (e.g. professionals who may be working primarily with adults in the household), their information and involvement may be crucial in ascertaining and managing present and future risks to a child or young person" (*Child Protection and Welfare Practice Handbook*, p. 29).

3.3. If the organisation's statement of guiding principles and child safeguarding procedures are not in place, date work is to be completed:			
3.4. Name of person/s responsible for development of the organisation's statement of guiding principles and child safeguarding procedures:			
3.5. Have all relevant staff received induction training on the organisation's statement of guiding principles and child safeguarding procedures?			
3.6. For government departments – has the department's statement of guiding principles and child safeguarding procedures been shared with relevant bodies/sectors/organisations under the department's remit?			
3.7. For service sectors – has the sector's statement of guiding principles and child safeguarding procedures been shared with relevant bodies/sectors/organisations under its remit?			

4. Training Resources

	N/A	No	Yes
4.1. Percentage of organisation's budget that is explicitly committed to child safeguarding training:	_____ %		
4.2. Does the organisation have a training department?			
4.3. Does the organisation have a child safeguarding training strategy?			
4.4. Does the organisation have a co-ordinator for child safeguarding training?			
	Contact details:		
4.5. Are resources available /in place to support child safeguarding training in the organisation?			
4.5.1 Training coordinator			
4.5.2 Access to venues			
4.5.3 Number of trainers available for child safeguarding training			
4.5.4 Number of administrative support staff			
4.5.5 Number of professionals with experience in the area of child safeguarding			
4.6. For government departments and service sectors - is the department/sector willing to facilitate relevant nonaffiliated groups/organisations in accessing child safeguarding training (e.g. groups or organisations with similar service provision but which do not receive funding or support from the department/sector)?			

5. Child safeguarding training required within the organisation

Type	Organisational Policy Induction	Introduction to Children First	Foundation Training	DLP Training	Mandated Person Training	Refresher Training	Senior Management Workshop
Number of staff/volunteers with direct or indirect contact with children and families ⁴ who will require:							

⁴ Consider in this section all services provided directly or indirectly to children, families and/or members of families where there are children (even where there is no direct work with children). “Many services have contact with adult family members and can pick up signs of problems...While some professionals may not define their core role as ‘child protection’ (e.g. professionals who may be working primarily with adults in the household), their information and involvement may be crucial in ascertaining and managing present and future risks to a child or young person” (*Child Protection and Welfare Practice Handbook*, p. 29).

Appendix 7 – Organisations Working in Partnership

It is essential that governance issues are clarified when delivering a service to children and families through a partnership structure.

A partnership structure can take many forms and may be permanent or temporary in nature. It may be two organisations working together, an individual contracted to work in an organisation on a temporary basis or two individual parties working in partnership to deliver a service, project or activity.

The areas covered in the six best practice themes outlined in this Guide should be discussed and agreed when working in partnership. The following sections outline the key areas that should be discussed. It is essential that agreement is reached between organisations working in partnership prior to commencing work with children.

Best Practice Themes 1 and 2

- Have both/all parties shared their declaration of guiding principles and child safeguarding procedures?
- Have both/all parties compared guidance outlined within their procedures at the outset of the engagement?
- Is it agreed which guiding principles and child safeguarding procedures will be followed or does a new policy need to be developed and implemented?
- Who will take responsibility for communicating the agreed guiding principles and child safeguarding procedures to all involved?
- If it is agreed to follow the existing guiding principles and child safeguarding procedures of one organisation, has there been a review of the policy and accompanying procedures to ensure children within the new service are safeguarded from harm?
- Is the Designated Liaison Person (DLP) named and agreed?
- Is the role of the DLP clearly outlined?
- Are mandated persons identified and their responsibilities understood by both organisations?

Best Practice Theme 3

- Has a communication system been agreed for information sharing between DLPs of both organisations? This should include guidance on decisions to report or not report and the recording of all child protection or welfare concerns.
- If support is needed by workers/volunteers in relation to the processing of a report, who will provide this support?
- Is the procedure for responding to allegations of abuse against a worker/volunteer agreed? Does this include communication pathways between the partner organisations and management of the concern by a 'lead' agency?
- If the organisation/project operates outside of Irish jurisdiction (e.g. international trips away), have you identified and incorporated appropriate reporting procedures?

Best Practice Theme 4

- Have both organisations shared their policies and procedures regarding recruitment and selection of workers/volunteers?
- Have both organisations shared their policies and procedures regarding the management of staff and training requirements?

- Who will take responsibility for induction, training, support and supervision of the workers in relation to following the guiding principles and child safeguarding procedures?
- If the policy and procedures are different between the organisations, how will this be resolved?
- Have both/all parties agreed which organisation's code of behaviour is to be followed?
- If a worker/volunteer breaches the code of behaviour what cross-organisation communication systems are agreed?
- Are children participating in the project registered with one of the organisations already or is this a new project requiring new registration?

Best Practice Theme 5

- How will information be shared with parents/guardians?
- Has it been agreed by both organisation's whose anti-bullying policy will be followed and has this been communicated to all workers/volunteers involved?
- What is the arrangement for consent in relation to this activity?
- Which organisation's complaints procedure will be utilised? Will a new complaints procedure be put in place for this project? If one organisation handles the complaint and it involves a worker from another organisation, how will this information be shared?

Best Practice Theme 6

- Have you agreed how you will implement and operate your guiding principles and child safeguarding procedures?
- Are there agreed review mechanisms in place?

Appendix 8 –Technology, Internet and Social Media: Safe Use for Children and Young People

The Merriam-Webster dictionary defines social media as a “form of electronic communication [...] through which users create online communities to share information, ideas, personal messages, and other content”. Any website that enables users to interact is considered a social media site, including social networking sites such as Facebook, Instagram, Snapchat and Twitter; gaming sites and virtual worlds such as Club Penguin, Moshi Monsters and the Sims; video sharing sites such as YouTube; and blogging sites such as Tumblr.

There are a number of possible motivations for social media usage, including:

- A need to belong and a need for self-presentation;
- To satisfy individuals’ need for self-worth and self-integrity;
- To connect with others with common interests and hobbies;
- To connect with friends and make new ones;
- To browse the internet for information;
- To ‘chat’ with others, download music and play games;
- The “self-disclosure” one would engage in on social media activates the intrinsic reward system of the brain.

Risks and Dangers

The sections below outline some of the risks and dangers associated with social media usage.

Access to inappropriate content, including pornography

Children and young people may be exposed to illegal or unsuitable content online, such as:

- Pornography;
- Child abuse images;
- Dangerous advice encouraging eating disorders, self-harm or suicide;
- Excessive violence or race hate materials;
- Some websites show illegal content. Others that are legal might have unregulated advice or are meant for adults only

Children may come across this content by mistake, or they may look for it because they are curious. Promises of special offers or prizes can also draw young people to inappropriate sites or material. Furthermore, many online games are free but offer the chance to buy items such as extra lives or new levels; children may run up big bills without realising it.

Harmful online communities

Sometimes people go on websites which promote eating disorders such as anorexia, bulimia or self-harm. Harmful online communities can change the way young people see real life – even if they do not want that to happen.

Ignoring age restrictions

Some websites and games use age restrictions and checks to make sure that children do not see unsuitable content. Children must be at least 13 year of age to register on most social networking websites. However, there is very little stopping children joining at a younger age.

’Friending’ or communicating with people they don’t know

Children and young people may ‘chat’ or become ‘friends’ with people on social networks or online games, even if they do not know them or have never met them in person. These people are unknown strangers and their public persona on social media does not necessarily reflect the reality of who they are or what their motives may be.

Grooming and sexual abuse

‘Groomers’ can use social media sites, instant messaging apps (including teen dating apps) and online gaming platforms to connect with a young person or child. They can spend time learning about a young person’s interests from their online profiles and use this knowledge to help them build a relationship with the child or young person. It is easy for groomers to hide their identity online. For example, they may pretend to be a child and then chat and become ‘friends’ with children they are targeting.

Child sexual abuse online

Young people may be persuaded or forced to send or post sexually explicit images of themselves, take part in sexual activities via a webcam or smartphone or have sexual conversations by text or instant messaging. Abusers may threaten to send images, videos or copies of conversations to the young person's friends and family unless they take part in further sexual activity.

Sharing personal information

Privacy controls can limit who can see a child's details, like their name, age and where they live. However, when a child connects to someone as a ‘friend’, that person will have access to the child's personal information. Some ‘free’ games might ask a child to provide personal details before they can play; some will then illegally rent or sell this data on to others. Many apps and social networking sites use software to locate where the user is. Children and young people can also reveal their location by tagging photos on sites such as on Instagram or ‘checking in’ on Facebook or Foursquare. This means that people can find out where the child lives, socialises, works or studies.

Risks of cyberbullying⁵

Cyberbullying is defined as “an aggressive, intentional act carried out by a group or individual, using electronic forms of contact, repeatedly, over time, against a victim who cannot easily defend him or herself” (*Cyberbullying in Schools: Guidance and Resources for Management*, Department of Education and Skills 2013).

Debate surrounds the use of the word ‘repeatedly’ in this definition of cyberbullying, as in some instances one behavioural act can create an on-going sense of intimidation for the victim (i.e. a single posting of a humiliating photo/video can be viewed by a large audience with long standing affects; therefore one post can be multiplied online to equate with ‘repeatedly’).

Cyberbullying is the use of electronic and digital means, particularly mobile phones, personal computers, email and internet to deliberately harass, ridicule or hurt another. It can be an extension of face-to-face bullying with technology used to deliberately hurt someone else. Messages (text or email), photographs and videos can all be used to spread rumours, make threats or harass.

Cyberbullying differs from more traditional forms of bullying in a number of ways:

- The audience is larger;

⁵ See also Appendix 9 – Cyberbullying.

- There are no time or location barriers;
- It can happen 24/7;
- The target's reaction is often not seen, leading to a reduction in feeling of empathy or guilt.

‘Sexting’

‘Sexting’ involves sending sexually explicit images, videos or text messages via technology. Such ‘sexts’ are usually sent using mobile phones and/or chat apps such as Snapchat, Viber and WhatsApp. The ‘sext’ can constitute child pornography.

Length of time online

In 2011 the ISPCC conducted a national consultation with children about their use of the internet (https://www.ispcc.ie/file/4/12_0/NCC+report+-+Children+and+the+Internet.pdf) and found the most children and young people (around half) said they spent 1-3 hours online per day. 9% of the secondary school aged group said they spent between 3-5 hours online per day. Less than 5% of the older young people said they didn't use the internet.

Just under half of the secondary school aged group said they accessed the internet at home in their bedroom (44%) rather than in a communal area at home; fewer children in the primary school aged group said they accessed the internet in their bedroom (23%).

The young people who spent longer online were found to be more likely to access the internet in their own rooms and to engage in more social activities online. Furthermore, young people who spent longer online are also generally more likely to be exposed to all the elements and risks of the internet, including being more likely to give out personal details, not to use privacy settings, to meet up with someone from online and to access sites for the 18+ age group.

Connections between social media use and negative outcomes

Researchers⁶ have identified a number of negative outcomes which can be associated with excessive social media usage.

Depression

A link has been identified between the amount of time spent on Facebook by high school students and their likelihood to experience depression.

Anxiety and compulsive behaviour

There are several studies linking social media to anxiety and compulsive behaviour. Younger generations (particularly the iGeneration⁷ and Net Generation⁸) are checking in very often (defined as every hour, every 15 minutes, or all the time) with their messages and social networks. A new medical term has been created out of this constant connectivity. Phantom vibration syndrome, defined as perceived vibration from a mobile phone that is not vibrating, has been reported to occur with large numbers of people. Phantom vibration syndrome may reflect a manifestation of the anxiety that mobile phones elicit in those obsessed with checking in on their social media and messages.

⁶ Pantic et al., 2012; Lou et al., 2012; Kalpidou et al., 2011; Rosen et al., 2013; Drouin et al, 2012; Rothberg et al, 2010, etc.

⁷ Those born after 1994 who have grown up with smartphones and direct access to online content.

⁸ Those born between 1982 and 1991 who have grown up with computers and the internet.

Loneliness and Narcissism

Narcissistic personality disorder is marked by a grandiose sense of self-importance, fantasies of unlimited power, self-promotion, vanity and superficial relationships. Many studies show that social networking sites exacerbate narcissism. More time spent on Facebook and a higher frequency of checking Facebook predicted higher narcissism scores. Social media affects mental health by influencing how people view, maintain, and interact with their social network. Social media is so seductive because it allows for the illusion of companionship without the demands of friendship.

Diminished privacy

Another way that social media is changing how young adults interact with their networks of relationships is by changing the privacy of these relationships. The relationships people have on Facebook are visible to many, often resulting in a loss of privacy within personal relationships. Monitoring of others' activities on social media can lead to negative relationship outcomes such as online and offline relational intrusion, stress from 'defriending' and blocking, or students catching their 'significant other' cheating online. Bullying can also occur.

Fear of missing out and diminished self-esteem

Fear of missing out refers to the blend of anxiety, inadequacy and irritation that can flare up while skimming social media such as Facebook, Snapchat, Twitter and Instagram. The worry that the fear of missing out signals in the mind is set off by the fear of 'regret'.

Social media users are often exposed to details about their peers' lives that were not actively sought out. Exposure to other people's activities can lead to users comparing their own social lives with that of their peers which subsequently may have harmful effects. Fear of missing out keeps people from being able to relax and be content with their particular circumstances because they are bombarded with the interesting activities of their friends. Fear of missing out can also foster a feeling of victimisation and exclusion in young adults.

Making social comparisons has been associated with lower self-esteem and more negative health outcomes. Use of the internet and social media has been linked to increased social comparison and diminished self-esteem and self-image.

Research findings have shown that Facebook usage can be damaging to romantic relationships due to increased jealousy, partner surveillance and compulsive internet use.

The impact of sedentary behaviours on mental health

Sedentary behaviours, like those which social media usage encourages, have been linked to physical health risks, including: increased risk of type II diabetes, obesity, cardiovascular disease, high blood pressure and metabolic syndrome.

Several studies provide evidence that people with high levels of sedentary behaviour (e.g. watching TV, using a computer) have an increased risk of developing a depressive and/or anxiety disorder. While there is a connection between sedentary behaviours and mental health risks, it is unclear which one follows the other. People who spend more time in sedentary behaviours have less time for face-to-face social interaction and physical activity, both of which have been proven to be protective against mental disorders.

Social media and technology correlation with disrupted sleep patterns

There is a correlation between disrupted sleep patterns and use of technology and social media. One of the reasons for this is the effect of the particular lighting used to illuminate many screen devices which interferes with the brain's ability to produce the chemicals that help a person sleep. Browsing social media before bed is not just distracting from sleep; it

can quite literally stop a person from being sleepy at all. This is particularly concerning as the connection between sleep and mental health is well documented. Poor sleep can make people less receptive to positive emotions and a link has been identified between disrupted sleep patterns and depression.

Rapid task switching (also known as multitasking)

Rapid task switching is encouraged by social media and technology usage and may also be a root cause of depression. While multitasking is inherently a human trait, technology has perhaps overly encouraged and promoted it. The current use of multi-window computer environments, multi-app Smartphone screens and the wide ranging sensory stimulation (and distraction) offered by high definition, customisable visual and auditory signals, coupled with tactile stimulation through vibrations, all contribute to reducing the ability to focus and increase an individual's vulnerability to depression.

Responses and solutions

Young people should be informed of the risks they face both in general mental health maintenance and in social media use. Only by understanding that social media poses certain risks to their mental wellbeing can they monitor their behaviour on social media.

It is recommended that young people have an awareness of what online activities make them feel anxious or sad, or when those online activities might be getting in the way of other activities that improve their health.

Parents should also be aware of the threats to mental health that their children can face. By understanding how social media can affect the mental health of their children, parents can talk to their children about social media habits, balancing their time on social media and technology, and help protect their children from experiencing mental health issues later in life.

How do we safeguard children from the dangers of excessive internet usage?

- Keep up to date with developments in internet technology.
- Know what sites children are accessing, what they do on these sites, why they access these sites, who they have contact with, how long they are on the internet, what are their worries are while using the internet and what supports are available for children.
- Become familiar with social media language; for example, LMIRL (let's meet in real life), ASL (age, sex, location), NIFOC (nude in front of computer). The UK Child Exploitation and Online Protection Centre (Ceop) has identified a helpful guide to social media language⁹. It is essential that parents learn to identify warning signs of excessive or inappropriate technology and social medial usage to aid early detection and intervention.
- Keep communication channels open with children. It can be helpful to discuss risky and safe behaviour (privacy settings, not using profile photos, not using own names, etc.), help to set up social networks, equip children with coping skills and information on where to get help, discuss opinions on the benefits and limitations of the internet, and talk to children about their online reputation.
- Set controls using security and filter software, supervise the time and place children use the internet, limit the time of access and regularly check user history.
- Create a healthy culture – agree basic usage rules together, e.g. time limits and places of use (adults need to model these rules). Make going online a daily event which allows adults to monitor and observe reactions.

⁹ <http://parentinfo.org/article/online-teen-speak-updated>.

Information gathered from

Qualitative study of children, young people and 'sexting'. Rosalind Gill, Laura Harvey, Sonia Livingstone and Jessica Ringrose. (NSPCC, 2012).

ISPCC Survey on Children and the Internet (ISPCC, 2011).

Child Protection and Welfare Practice Handbook (HSE, 2011).

Anti Bullying Procedures for Primary and Post Primary Schools (Department of Education and Skills, 2013).

Examining the Overlap in Internet Harassment and School Bullying: Implications for School Intervention. Michele L. Ybarra, M.P.H., Ph.D.a,* , Marie Diener-West, Ph.D.b, and Philip J. Leaf, Ph.D.c *Journal of Adolescent Health* 41 (2007) S42–S50

Exploring The Effects of Social Media Use on the Mental Health of Young Adults. Amelia C. Strickland (thesis, 2014).

Net Children Go Mobile: Full findings from Ireland. Dr Brian O'Neill and Thuy Dinh (Dublin Institute of Technology, 2015).

Useful websites:

www.webwise.ie

www.watchyourspace.ie

www.internetsafety.ie

www.hotline.ie (to report illegal activities)

<http://websafety.youth.ie/resources>

Appendix 9 – Cyberbullying

Description

Cyberbullying is defined as “any behaviour performed through electronic or digital media by individuals or groups that repeatedly communicates hostile or aggressive messages intended to inflict harm or discomfort on others” (Tokunaga, 2010, p. 278).

Cyberbullying, similar to more traditional forms of bullying, must meet three main criteria:

- Intention to cause harm to the victim/s;
- Repetition of abusive behaviour/s over time;
- Imbalance of power between victim/s and bully/bullies (i.e. superior technological skills, anonymity).

Debate surrounds the use of the word ‘repeated’ in the definition of cyberbullying. In some instances one behavioural act can create an on-going sense of intimidation for the victim (e.g. posting a humiliating photo/video which can be viewed by a large audience can have long-term affects).

Cyberbullying differs from more traditional forms of bullying in a number of ways:

- The audience is larger;
- There are no time or location barriers;
- It can happen 24/7;
- The target’s reaction is often not seen, leading to a reduction in feelings of empathy or guilt for the perpetrator.

Forms of cyberbullying

Cyberbullying can be classified by the media through which the abuse occurs, (i.e. mobile phones, instant messenger, chat rooms, social networking sites, video/photo sharing sites/apps, gaming sites, etc.) and/or by the nature of the abuse itself (i.e. flaming, impersonation, harassment, etc.).

Willard (2007) has identified the following seven forms of cyberbullying:

1. **Flaming** – Online ‘fights’ using electronic messages with angry and vulgar language.
2. **Harassment** – Repeatedly sending nasty, mean, and insulting messages.
3. **Denigration** – Intentionally setting out to damage a person’s reputation or friendships by sending or posting derogatory comments, cruel gossip or rumours about the person; creating a webpage or website devoted to insulting another person.
4. **Impersonation** – Gaining access to someone’s account, posing as that person and sending messages to make the person look bad, get that person in trouble or danger or damage that person’s reputation or friendships. This behaviour is commonly referred to as ‘fraping’ when it occurs using Facebook.
5. **Outing and trickery** – Sharing someone’s personal or embarrassing information or images online or via mobile phone or other electronic media, or tricking someone into revealing secrets or embarrassing information, which is then shared online.
6. **Exclusion** – Intentionally excluding someone from an online group (e.g. a

‘friend list’, gaming environment, group chat). Within a gaming context the term ‘griever’ is often applied to a player who deliberately irritates and harasses other players within the game, using aspects of the game in unintended ways.

7. **Cyberstalking** – Repeatedly sending messages that include threats of harm or that are highly intimidating, or engaging in other online activities that make a person afraid for his/her safety. Another definition of cyberstalking is using the internet or other electronic means as a way to harass, intimidate, threaten, monitor or make unwanted advances towards another. It can involve direct communications through e-mails, chat rooms, bulletin boards or social sites such as Facebook, the surreptitious gathering of information regarding the target, or covert observation¹⁰.

Why does it happen?

Cyberbullying can happen for a number of reasons.

Willard (2007: 268-269) lists the following possible reasons for cyberbullying:

- A cyberbully may be a person whom the target knows or an online stranger. Or the cyberbully may be anonymous, so it is not possible to tell. A cyberbully may solicit involvement of other people who do not know the target – cyberbullying by proxy.
- Cyberbullying and cyberthreats may be related to in-school bullying. Sometimes, the student who is victimised at school is also being bullied online. But other times, the person who is victimised at school becomes a cyberbully and retaliates online. Still other times, the student who is victimised will share his or her anger or depression online as distressing material.
- Cyberbullying may involve relationships. If a relationship breaks up, one person may start to cyberbully the other person. Other times, teens may get into online fights about relationships.
- Cyberbullying may be based on hate or bias—bullying others because of race, religion, physical appearance (including obesity), or sexual orientation.
- Teens may think that cyberbullying is entertaining—a game to hurt other people.
- Teens may have no one to talk with about how bad they are feeling and how horrible their life is, so they describe their feelings online. They might think that if they post this material online, they will meet someone who cares about them. Unfortunately, they may meet a dangerous stranger who will do them harm or other hurt teens, who only reinforce their bad feelings.

What are the signs/symptoms that someone is being cyberbullied?

Some signs or symptoms that may present when a child or young person is experiencing cyberbullying include:

- More frequent health problems – headaches, stomach aches, frequent absenteeism, sleep problems, depression, or suicidal thoughts;
- Behavioural and emotional changes – distressed, anxious, frustrated, fearful, angry;
- School-related changes – inability to concentrate, drop in academic performance, reluctance to attend school;
- Negative emotional expressions after use of social media – poor self-image, sadness, hopelessness, loneliness, suspicion of others;
- Changes in online behaviour – more careful or cautious approaches to communicating online;
- Being emotionally upset during or after using the internet or the phone;

¹⁰ <https://www.stalkingriskprofile.com/victim-support/cyberstalking>.

- Being very secretive or protective of their digital life;
- Wanting to stop using the computer or mobile phone;
- Being nervous or jumpy when getting an instant message, text, or email;
- Avoiding discussions about computer or mobile phone activities;
- Physical symptoms such as self-harm, eating disorders and/or risky behaviours.

Messages from research

1. Recently, cyberbullying (repeated harassment and aggression using technology, e.g. emails, text messaging, picture and video clips, social media websites and internet forums), has become prevalent (Bauman et al, 2013; Slonje et al., 2013). According to Turner et al. (2013: 53), cyberbullying has “more far reaching effects” than traditional bullying because harassment and attacks “can appear in multiple places online and endure over lengthy periods of time”. Young people spend more time interacting and communicating online (in chat rooms, social media outlets and through email, Twitter and Snapchat). As identities online can be withheld and/or altered or protected, more opportunities are now afforded for involvement in bullying (Mishna, et al., 2012). In addition, as technology develops, new forms and methods of bullying emerge (Slonje et al., 2013).
2. The quality of relationships with family and friends is important in determining adolescent resilience to bullying, including online harassment. Good family and peer relationships, in particular, protect adolescents, may reduce the impact of bullying and help victims to better cope with harassment (Cassidy et al., 2009; Wang et al., 2009; Sapouna and Wolke, 2013).
3. Cyberbullying may occur within friendship groups and attention needs to be paid to peer interactions; routine teasing among peer groups can quickly lead to serious abuse and harassment (Cassidy et al., 2009; Mishna, 2009; Wang et al., 2009).
4. The high risk of adverse mental health issues developing as an outcome of persistent cyberbullying highlights a need for targeted intervention efforts with victims, according to Turner et al. (2013).
5. According to Turner et al. (2013), practitioners working with bullied children and adolescents should consider the type of harassment experienced (e.g. physical, verbal, cyber), in order to devise and implement appropriate responses. Parents, practitioners and teachers, among others, need to be aware of and knowledgeable about youth online communication and interaction as well as their role in children’s socialisation (Cassidy et al., 2009; Mishna, 2009; Davidson and Gottschalk, 2011).

Practice note

Actions to consider when a young person is the target of cyberbullying:

- Confirm that you are dealing with bullying behaviour.
- Listen calmly and uncritically to the report the young person is making.
- Remind the young person that it is not their fault; it is the person who is doing the bullying that has the problem.
- Tell the young person not to respond to the bully as this can exacerbate the issue.
- Keep a copy of all correspondence between the young person and the bully.
- Encourage the young person to remove the cyberbully as a ‘friend’ online and block them from his/her phone.

- Report the issue to the website and/or mobile phone company as appropriate.
- Serious issues should be reported to An Garda Síochána – legal issues include making inappropriate sexual suggestions, racist remarks or persistent bullying that is seriously damaging to the young person’s wellbeing.
- Ireland currently has no specific cyberbullying legislation. However, a number of laws may have relevance to specific cyberbullying behaviours, such as:
 - Criminal Damage Act 1991
 - European Communities (Electronics Communications Networks and Services) (Data Protection and Privacy) Regulations 2003 (S.I. No. 353 of 2003)
 - Non-Fatal Offences Against the Person Act, 1997;
 - Post Office Amendment Act, 1951
 - Video Recordings Act 1989

Coping strategies for dealing with cyberbullying

In one of the few studies that asked young people directly how they coped with cyberbullying, Riebel, Jäger and Fischer (2009) identified four major coping strategies:

- Social coping (e.g. looking to others for help, getting advice from others, asking someone with authority to put a stop to the bullying);
- Aggressive coping (e.g. ‘I threaten to beat him/her up’);
- Helpless coping (e.g. ‘I don't know what to do’);
- Cognitive coping (e.g. attempting to reason with the bully or understand their motives).

Although this study did not assess which strategies were most successful, social and cognitive coping are commonly considered the most effective (O’Moore et al., 2012). It is important that parents/guardians of young people are made aware that aggressive and helpless coping strategies are ineffective and should not be encouraged. As each individual perceives and copes with cyberbullying in different ways, it is also important to connect the emotional impact of cyberbullying with the psychosocial contexts of the victims (Šleglova, & Cerna, 2011).

References for Appendix 9

Bauman, S., Russell B. Toomey, R.B., & Walker, J.L. (2013). ‘Associations among bullying, cyberbullying, and suicide in high school students.’ *Journal of Adolescence*, Volume 36, Issue 2, April 2013, Pages 341–350.

Cassidy, W., Jackson, M., & Brown, K. (2009) ‘Sticks And Stones Can Break My Bones, But How Can Pixels Hurt Me? Students’ Experiences With Cyber-bullying.’ *School Psychology International*, 30, 383-402.

Davidson, J., & Gottschalk, P. (2011). *Internet Child Abuse: Current Research and Policy*, USA, Glasshouse.

Mishna, F., Khoury-Kassabri, M., Gadalla, T., & Daciuk, J. (2012) ‘Risk Factors For Involvement In Cyber Bullying: Victims, Bullies and Bully-Victims.’ *Children and Youth Services Review*, 34, 63-70.

O’Moore, M., & Minton, S.J. (2009) *Cyber-Bullying: The Irish Experience*. In C.Q.S Tawse

(Ed.), Handbook of Aggressive Behaviour Research. New York: Nova Science Publishers Inc
Riebel, J., Jäger, R.S. & Fischer, U.C. (2009) 'Cyberbullying In Germany: An Exploration Of Prevalence, Overlapping With Real Life Bullying and Coping Strategies.' Psychology Science Quarterly, 51, 298-314.

Sapouna, M., & Wolke, D. (2013) 'Resilience To Bullying Victimization: The Role Of Individual, Family and Peer Characteristics.' Child Abuse & Neglect Article, 37(11), 9971006.

Šleglova, V., & Cerna, A. (2011) 'Cyberbullying In Adolescent Victims: Perception and Coping.' Cyberpsychology: Journal of Psychosocial Research on Cyberspace, 5(2), Article 1.

Slonje, R., Smith, P.K., & Frisén, A. (2012) The Nature Of Cyberbullying, And Strategies For Prevention [Internet] Available from:
<http://agnesday.com/wpcontent/uploads/2012/10/Slonje-Cyberbullying.pdf> accessed 25th July 2016.

Tokunaga, R.S. (2010) 'Following You Home From School: A Critical Review and Synthesis of Research On Cyberbullying Victimization.' Computers In Human Behaviour, 26, 278.

Turner, M.G., Exum, M.L., Brame, R., & Holt, T.J. (2013). 'Bullying victimization and adolescent mental health: General and typological effects across sex.' Journal of Criminal Justice, 41(1), 53-59.

Wang, J., Iannotti, R., & Nansel, T. (2009) 'School Bullying Among Adolescents In The United States: Physical, Verbal, Relational and Cyber.' Journal Of Adolescent Health, 45, 368-375.

Willard, N.E. (2007) Cyberbullying and Cyberthreats: Responding To The Challenge Of Online Aggression, Threats and Distress. U.S.A, Research Press.