



Irish Society of  
Homeopaths

## **Policy Document**

# **Responsibility for the Protection and Welfare of Children**

**This document applies to all Registered Homeopaths**

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## **Introduction and Guiding Principles**

The Irish Society of Homeopaths is committed to promoting the health and welfare of all children and young people and protecting them from harm. We all want what is best for children and while it is not possible to eliminate all risk of harm, we are collectively and individually attentive to and focused on to the needs of children in our professional and personal lives. We must commit to ensuring full compliance with the law and policies governing 'Children First' in Ireland.

Presently, Homeopaths are private providers of a health delivery service. Of vital importance is the need for everyone to understand that we are all responsible, we are all required to act and we are all required to report to Tusla, the Child and Family Agency any concerns or knowledge that we acquire, which strongly suggests or evidence that a child has been or is likely to be harmed.

While at times it can be difficult to acknowledge or accept, evidence shows that every child and young person can be hurt, put at risk of harm or abuse, regardless of their age, gender, religion or ethnicity. Harm or abuse can occur in any place that one finds a child or a group of children, their home, school or community. Consequently, raising awareness in this critical area to protect the welfare of children is essential to protect them from harm or abuse.

There are two agencies in Ireland that have responsibilities set out in law regarding the care and protection of children. These are the Tusla, the Child and Family Agency and An Garda Síochána

This document explains the Irish Society of Homeopath's roles and responsibility in relation to child protection and welfare.

The Irish Society of Homeopaths represents and supports homeopaths in the health delivery service. For the purpose of dealing with suspected cases of child abuse, the Society functions by:

1. Nominating a Child Protection Liaison Officer.
2. Providing Information on training in Child Protection and Welfare to Homeopaths.
3. Promoting best practice guidelines for individual practitioners for their role and responsibilities in relation to child protection.

## **Key Messages within this policy include:**

- We are all responsible for promoting the welfare of children and keeping them safe from harm.
- Children have a right to be listened to and heard and taken seriously. They must be consulted and involved in all matters and decisions that may affect their lives with due regard to their age and level of understanding.
- Parents/carers have a right to respect and should be consulted and involved unless doing so creates additional risks.
- All homeopaths are encouraged to complete training in 'An Introduction to Child Protection and Welfare'.
- To work together with other agencies in the interest of children.
- If in doubt consult the Child Protection Liaison Person for the Society, Designated Liaison Person with the HSE, Tusla, the Child and Family Agency or a member of the Garda Síochána

## The Irish Society Child Protection and Welfare Policy Statement

- The intent of the Irish Society of Homeopaths is that the welfare of children is of paramount importance and that each homeopath is equipped to prevent harm to children and where there is concern able to deal with this confidently.
- The Society and the individual Homeopath has a duty to cooperate with the statutory authorities (Tusla the Child and Family Agency and the Garda Síochána) in the sharing of information and records as appropriate.
- The Society is mindful that all Children have a right to be listened to and heard and taken seriously. They must be treated with sensitivity, respect and dignity.
- The Society appoints a DLP that can support members in a situation where there are Child Welfare/Protection Concerns.
- It is important that every Homeopath working with children and families is aware of their own role and the role of other professionals. This requires training in this area.

### Scope

This policy applies to all Homeopaths.

## Glossary of Terms, Abbreviations and definitions

**Child and Family Agency (CFA):** Established under the [Child and Family Agency Act 2013](#), the Child and Family Agency is responsible for supporting and promoting the development, welfare and protection of children, and the effective functioning of families.

**Child:** Means a person under the age of 18 years other than a person who is or has been married. (Section 2.1.2: [Children First 2011](#) and the [Child Care Act 1991](#))

**Child Protection Notification System (CPNS):** Is a national list that records the names of children who have been identified as being at ongoing risk of significant harm and are, or have been, subject to a child protection plan agreed at a child protection conference. This information is held securely by the Child and Family Agency and shared on a strictly confidential basis with specified Gardaí and Health Service staff on an out of hours basis.

**Designated Liaison Person (DLP):** Staff appointed by a Chief Officer or Hospital Group Chief Executive Officer to act as a liaison person where appropriate and to ensure the standard reporting procedure with regard to child protection and welfare concerns is followed by HSE staff. (Children First 2011, Section 3.3)

**Designated Officer (DO):** Certain grades of HSE and Child and Family Agency staff are designated to receive reports of child protection concerns from members of the public under the [Protections for Persons Reporting Child Abuse Act 1998](#).

**Emergency Out of Hours Service (EOHS):** An emergency out of hour's social work service provided by the Child and Family Agency.

**MSW:** Medical Social Worker

**Parents:** Refers to all parents, guardians and carers.

**Relevant Services:** Relevant services relates to any service involved in the provision of services to children whether Statutory, Voluntary, Private or Funded. Such services are required to appoint Designated Liaison Officers and prepare a Child Safe Guarding Statement.

**Standard Report Form (SRF):** The Standard Report Form is the only form to be used for submission of child protection and welfare concerns to the Child and Family Agency.

**Service Users:** Individuals (adults or children) attending a health service or receiving treatment from a service

**Sex Offender Risk Assessment Management Pilot Project (SORAM):** A multi-agency project governing the management of convicted sex offenders who are released from prison and are subject to post-release supervision by the Probation Service.

## Abbreviations

**CCA:** Child Care Act 1991

**CFA:** Child and Family Agency

**CF:** Children First: National Guidance for the Protection and Welfare of Children, (DCYA 2011)

**CPNS:** Child Protection Notification System

**CPWPH:** Child Protection and Welfare Practice Handbook, (HSE 2011)

**CPWP:** HSE Child Protection and Welfare Policy

**DLP:** Designated Liaison Person

**DO:** Designated Officer

**FGM:** Female Genital Mutilation

**HSE:** Health Service Executive

**ODC: Our Duty to Care:** The Principles of Good Practice for the Protection of Children and Young People (DOHC 2002)

**SORAM:** Sex Offender Risk Assessment Management Pilot Project

**SRF:** Standard Report Form; for reporting child protection and/or welfare concerns to the Child and Family Agency

## Roles and Responsibilities in respect of this policy

The Children's First Act 2015 puts elements of the Children First: National Guidelines for the Protection and Welfare of Children (2011), on a statutory basis. It requires organisations providing services to children to keep children safe and to produce a Child Safe Guarding Statement. It requires categories of persons to report child protection concerns over a defined threshold to the Child and Family Agency. They are mandated to give the Agency such information and assistance as it may reasonably require in the assessment of a child protection risk. It provides for the abolition of the common law reasonable chastisement and amend the Non-Fatal Offences Against the Persons Act 1997.

Children First 2011, Section 3.3 requires every organisation, both public and private, that provides services to children or that are in regular contact with children to identify a Designated Liaison Person(DLP). " this designated liaison person is responsible for ensuring that the standard reporting procedure is followed, so that cases of child abuse or neglect are reported promptly to the Duty Social Worker in the Child and Family Agency or in the event of an emergency to An Garda Siochana."

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

([http://www.dcy.gov.ie/docs/HSE\\_Statement:\\_Children\\_First\\_National\\_Guidance\\_2011/1593.htm](http://www.dcy.gov.ie/docs/HSE_Statement:_Children_First_National_Guidance_2011/1593.htm))

### Designated Liaison Person: Children First 2011, Section 3.3.1 notes that:

"Every organisation both public and private that is providing services for children or that is in regular contact with children should:

Identify a DLP to act as liaison with other agencies and a resource person to staff members or volunteers who has child protection concerns.

The designated DLP is responsible for ensuring that the standard reporting procedure is followed, so that the suspected cases of child abuse/ neglect are referred promptly to the designated person in the Children and Family Services or in the event of an emergency to the Garda.

The DLP should make sure that they are knowledgeable about child protection and undertake any training considered necessary to keep themselves updated on new developments

#### Duties and Responsibilities of the DLP:

Ensure that the standard reporting procedure is followed.

Be knowledgeable about the Children's First Act 2015.

Provide statistics as required.

Maintain a log of child protection and welfare concerns reported on to the Child and Family Agency and/or An Garda.

Monitor and advise on issues affecting the implementation of the Children's First Act 2015.

Attend training and keep up to date.

Facilitate discussions and consultations with the Child and Family Agency.

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

(DOHC:2002) ([http://www.dcy.gov.ie/viewdoc.asp?fn=/documents/child\\_welfare\\_protection/childfirst.htm](http://www.dcy.gov.ie/viewdoc.asp?fn=/documents/child_welfare_protection/childfirst.htm))

'Our Duty to Care' was published by the Department of Health and Children in October 2002. It is aimed at staff and volunteers of community and voluntary organizations of any size or type that provide services for children. It is a practical guide offering guidance on the promotion of child welfare and the development of safe practices in work with children. It also gives information on how to recognize signs of child abuse and the steps to take within organizations if abuse is suspected, witnessed or disclosed

For both Documents set out above the key messages relating to our duty to protect children include:

That the safety and welfare of children is everyone's responsibility and children will have safer lives when everyone is attentive to their well being

That people who work with children understand their responsibilities for safe practice.

That good child protection practice requires a coordinated, multidisciplinary approach.

Provides clarity and guidance for individuals and the organisation.

## Legislation/Related Policies

Children First Act 2015

Protected Disclosures Act 2014

Children and Family Agency Act 2013

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

Policy of Good Faith Reporting: HSE 2011

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

Protections for Persons reporting Child Abuse Act, 1998

Data Protection Acts 1988 and 2003

## Reckless Endangerment –Criminal Justice Act 2006

This Act was commenced on 1/8/2006. Section 176 outlines that a person having authority or control over a child who intentionally or recklessly endangers a child by:  
causing or permitting that child to be placed in a situation which creates substantial risk to the child of being a victim of serious or sexual abuse or fails to take reasonable steps to protect a child from such a risk is guilty of an offence.

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

The offences arise:

Where a person knows or believes that a serious offence has been committed against a child/vulnerable adult

Where his/her information would be of material assistance in securing the apprehension, prosecution or conviction of another person for that offence

Where he/she fails to disclose information to An Garda Síochána as soon as is practicable

The offences exist even if the information acquired is about an offence that took place prior to the Act being enacted, and if the victim or vulnerable child is no longer a child.

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

This Act came into effect on 1st August 2012. It is an offence to withhold information from An Garda Síochána on certain offences which include: sexual offences and offences causing harm, abduction, manslaughter or murder of children and vulnerable adults.

The offence arises:

where a person knows or believes that a serious offence has been committed against a child or vulnerable person

where his/her information would be of material assistance in securing the apprehension, prosecution or conviction of another person for that offence

where he/she fails without reasonable excuse to disclose this information as soon as it is practicable to An Garda Síochána

The offences are punishable by a fine and a minimum penalty of five years imprisonment. The offence applies to a person acquiring information after the passing of the Act on 18th July 2012. The offence exists even if the information acquired is about an offence that took place prior to the Act being enacted, and if the victim or vulnerable adult is no longer a child. The emphasis is on the person 'acquiring the information' and this does not apply to the child / adult to whom the information refers. While the commission of an offence can only apply to information not shared after the passing of the Act, it does not exclude information gathered prior to the Act that may become relevant in the present. There are a number of practice issues that arise such as a client presenting with suicidal ideation who asserts that they will kill themselves if a report is made. The important issues include:

The primacy of the welfare principle as set out in Sec. 3 of the policy  
the safety of the client

The need to ensure that practice is at all times consistent with the principle that a child's needs are paramount and with professional responsibilities The Act acknowledges the reality in which all work is carried out when it asserts that an offence occurs where the person holding the information: "fails without reasonable excuse to disclose this information as soon as it is practicable". In a minority of cases, acuity

of risk can arise, and the staff member receiving the information should consult with their supervisor and/or DLP, and/or An Garda Síochána. Suicidal risk is fluid rather than static, domestic violence may be episodic rather than every moment of every day and information is not fact until appropriately assessed. There is no legal requirement to immediately report to An Garda Síochána if in doing so, you place a child / vulnerable person at risk. However, the reasons for not reporting or for a delay in reporting should be clearly communicated and documented.

Equally important is that a decision to report a concern or not to report a concern is not made alone or only within the service of the reporter as this may not meet a threshold of 'reasonable excuse'.

The Homeopath should consult in the first instance with their DLP, the Tusla Child and Family Social Worker and /or An Garda Síochána when any issues arise in relation to reporting under this act.

## **Protections for Persons Reporting Child Abuse Act 1998**

The Protections for Persons Reporting Child Abuse Act, 1998 makes provision for the protection from civil liability and penalisation by an employer of persons who have communicated child abuse reports 'reasonably and in good faith' to Designated Officers of the HSE, Tusla, the Child and Family Agency or to any member of An Garda Síochána. This means that even if a communicated report of child abuse proves unfounded, a plaintiff who took an action would have to prove that the person who communicated the concern had not acted reasonably and in good faith in making the report. Section 4 of the Act protects employees from penalisation by employers for having made a report of child abuse.

The Act created an offence of false reporting in cases where a report was made knowing the statement to be untrue. A person who makes a report in good faith and in the child's best interests may also be protected under common law by the defence of qualified privilege. This protection applies to HSE staff that makes a child protection or welfare report in good faith to the DLP (who has a bona fide need to know). The Protections for Persons Reporting Child Abuse Act 1998 also applies to HSE staff that make reports to the Child and Family Agency as all Child and Family Agency Social Workers are Designated Officers under the Act.

## **Protected Disclosures Act 2014**

Homeopaths who hold concerns about certain types of risks to a patient/client can report their concern in good faith. This includes Homeopaths who report concerns they hold about a colleague's behaviour to any child/children.

Protected disclosure means disclosure of relevant information, which in the reasonable belief of the worker tends to show one or more relevant wrong doing that came to the attention of the worker in connection with their employment. "Relevant wrongdoings" are defined in an exhaustive list in the act and include the following:

- The commission of an offence
- A miscarriage of justice
- Non-compliance with a legal obligation
- Health and safety threats
- Misuse of public monies or mismanagement by a public official
- Damage to the environment
- Concealment or destruction of information relating to any of the foregoing

The Act provides whistle blowers who act in good faith with the following specific protections: protection from dismissal for having made a protected disclosure - an employee who claims to have been dismissed or threatened with dismissal for having made a protected disclosure can apply to the Circuit Court to restrain the dismissal protection from penalisation by the employer. It provides civil immunity from action for damages and a qualified privilege under defamation law. It provides a right of action in tort where a whistle blower or a member of his/her family experiences coercion, intimidation, harassment or discrimination at the hands of a third party. It provides protection of his/her identity (subject to certain exceptions)

## Children First Act 2015

The Children First Act 2015 puts elements of the Children First: National Guidance for the Protection and Welfare of Children (2011), on a statutory footing and places a wide range of responsibilities on the HSE and its funded services. The President signed the Act on the 19th November 2015. The provisions of the legislation will only come into force when brought into effect by regulation of the Minister and will be commenced on a phased basis. The Act provides a number of key child protection measures that include:

- A requirement on organisations providing services to children to keep children safe and to produce a Child Safeguarding Statement
- A requirement on defined categories of persons (mandated persons) to report child protection concerns over a defined threshold to the Child and Family Agency a requirement on mandated persons to assist the Child and Family Agency and “to give to the Agency such information and assistance as it may reasonably require” in the assessment of a child protection risk

It provides for the abolition of the common law defence of reasonable chastisement and, for that purpose, to amend the Non-Fatal Offences Against the Person Act 1997 (this section has been commenced and from 11th December 2015 a person who administers corporal punishment to a child will no longer be able to rely of the defence of reasonable chastisement in the courts) placing the Children First Interdepartmental Group on a statutory footing.

The new legislation will operate in tandem with the existing Children First: National Guidance for the Protection and Welfare of Children (2011).

Section 14 of the Children First Act states:

“that it is an offence for a mandated person to disclose information to a third party which has been shared by the Child and Family Agency during the course of an assessment unless the Agency has given the mandated person written authorisation to do so. A person who fails to comply with this section is liable to a fine or imprisonment for a term not exceeding 6 months or both”.

## Child Abuse and Welfare Concerns

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

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

- The imposition of negative attributes on children
- Conditional parenting in which the level of care shown to a child is made contingent on his/her behaviours or actions
- Emotional unavailability of the child's parent/guardian
- Premature imposition of responsibility on the child
- Unrealistic and inappropriate expectations of the child's capacity to understand something or to behave or control himself in a certain way
- Under or over protection of the child
- Use of unreasonable or over harsh disciplinary measures
- Exposure to domestic violence
- Exposure to inappropriate or abusive material through new technology

**Physical Abuse** is the physical abuse of children that results in physical harm from the interaction, or lack of interaction, which is reasonable without the control of the parent or person in position of responsibility, power or trust. Examples can involve:

- Severe physical punishment
- Beating, slapping, hitting or kicking
- Pushing, shaking or throwing
- Pinching, biting, choking or hair-pulling
- Terrorising with threats
- Suffocation
- Allowing or creating a substantial risk of significant harm to a child

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

- Exposure to sexual organs or any sexual act intentionally performed in the presence of the child
- Intentional touching or molesting of a child's body
- Masturbation in the presence of a child
- Sexual intercourse with a child
- Sexual exploitation of a child
- Consensual sexual activity involving an adult and an underage person

## Child Welfare Concerns

Some concerns do not fit within a categorisation of abuse and relate to the ongoing welfare of a child. It is a problem experienced directly by the child and the family that impacts negatively on the child's welfare and development but may or may not require a child protection response.

## Types of Abuse and How to Respond

There are two main types of report:

(1) Suspected child abuse of which there are four categories **Physical Abuse, Emotional Abuse, Sexual Abuse and/or Neglect.**

(2) a child welfare report where the circumstances of a child indicate he/she is experiencing difficulty in one or more aspects of their lives due to issues which are present in the lives of their parents/carers or other family members.

### **Both are important.**

You might receive a report verbally by phone or in person. You might receive a report in writing. You may witness something which gives rise to concern in which case you become a reporter. You may receive an anonymous report from a member of the public which should still be followed up depending on the information available.

If you receive an anonymous report you should;

- Outline that Tusla's capacity to respond is limited when the report is anonymous.
- Remind the person making the report that child protection is everyone's responsibility.
- Encourage and support the person to reconsider the issue

### **Anonymous Reports**

Anonymous reports can cause difficulties for Tusla the Child and Family Agency. Homeopaths who receive an anonymous report should make the person aware that the capacity of Tusla the Child and Family Agency to respond to a report is more limited when reports are made anonymously. However, where a Homeopath receives an anonymous report concerning a child protection and /or welfare concern the Tusla Child and Family Agency reporting procedure should be followed. All Homeopaths have a corporate duty of care to safeguard children and when making reports to the Child and Family Agency in their professional capacity there should be no expectation of anonymity. Designated Liaison Persons of external services, where reporting in their professional capacity, should comply with their organization's Child Protection Policy and should not report anonymously. Anonymity should never be promised since it cannot be guaranteed (see Children First 2011, Sections 3.9-3.11 and 5.15).

Reports made by professionals cannot be anonymous and must be made in the knowledge that during the course of enquiries, it will be made clear to the parents/carers of a child who originated the report.

## Recording Information

The ability of Tusla the Child and Family Agency Social Work Department `Services to access child protection or welfare concerns will depend on the amount and quality of information conveyed to them by members reporting concerns.

**As much as possible of the following details should be provided in the Standard Report Form:**

- Name, address and age of the child about whom the report is made
- The name of the child's school
- The name and address of the reporter
- The contact number and the occupation of the reporter
- The relationship of the child to the reporter
- A full account of what constitutes the grounds for concern in relation to the welfare and protection of the child or children e.g. details of the allegations, incident, dates, description of any injuries etc
- The name and address of the parents/carers
- The names of other children in the household
- Ethnicity, first language, religion of the child and parents/carer
- Any need for interpreter, signer or other communication aid
- Any special needs of the child and other household members
- Any significant recent or historical events in the child's or family life, including previous concerns
- Background information relevant to the reporting of positive aspects of parental care, previous concerns, pertinent parental issues(such as mental health, domestic violence, drug or alcohol abuse, threats and violence towards professionals)
- The name, address of the person causing concerns in relation to the child
- The child's/parent's/care's own views, if known and relevant
- The name and address of other known persons or agencies involved with the child or children e.g. G.P., social worker, public health nurse, midwife, Gardai, etc.
- Information regarding parental knowledge of, agreement to, the report
- Any other relevant information
- In the case of disclosure by adults of child abuse, all available detail on the alleged perpetrator should be included and the report forwarded to the Child and Family Agency in the area where the alleged perpetrator resides.

Notes should be factual, contemporaneous, accurate and legible. Each entry should be timed, signed and dated. Files should be stored securely. Documentation and letters should be stored securely and in a place that upholds the confidential nature of the information.

## Dealing with Disclosure

The ability of Tusla the Child and Family Agency Social Work Department `Services to access child protection or welfare concerns will depend on the amount and quality of information conveyed to them by members reporting concerns.

### **As much as possible of the following details should be provided in the Standard Report Form (Appendix 1)**

- Name, address and age of the child about whom the report is made
- The name of the child's school
- The name and address of the reporter
- The contact number and the occupation of the reporter
- The relationship of the child to the reporter
- A full account of what constitutes the grounds for concern in relation to the welfare and protection of the child or children e.g. details of the allegations, incident, dates, description of any injuries etc
- The name and address of the parents/carers
- The names of other children in the household
- Ethnicity, first language, religion of the child and parents/carer
- Any need for interpreter, signer or other communication aid
- Any special needs of the child and other household members
- Any significant recent or historical event in the child's or family life, including previous concerns
- Background information relevant to the reporting, positive aspects of parental care, previous concerns, pertinent parental issues (such as mental health, domestic violence, drug or alcohol abuse, threats and violence towards professionals)
- The name, address of the person causing concerns in relation to the child
- The child's/parent's/care's own views, if known and relevant
- The name and address of other known persons or agencies involved with the child or children e.g. G.P., social worker, public health nurse, midwife, Gardai, etc.
- Information regarding parental knowledge of, agreement to, the report
- Any other relevant information
- In the case of disclosure by adults of child abuse, all available detail on the alleged perpetrator should be included and the report forwarded to the Child and Family Agency in the area where the alleged perpetrator resides

Notes should be factual, contemporaneous, accurate and legible. Each entry should be times, signed and dated. Files should be stored securely. Documentation and letters should be stored securely and in a place that upholds the confidential nature of the information.

## Reasonable Grounds for Concern

*The information that has been reported to you may require you to ask further questions if necessary to give clarity.*

- A specific indication from a child that they were abused or are at risk of abuse.
- A statement/report (verbal or written) from a person who allegedly witnessed the abuse occurring.
- An injury, illness or behaviour consistent with the abuse.
- Corroborative evidence of deliberate harm or negligence.
- Consistent signs of neglect over a period of time.

A suspicion not supported by any objective signs does not constitute a reasonable suspicion or reasonable grounds for concern.

## What do you do if reasonable grounds for concern exist?

Use the Standard Reporting Form (Appendix 1). If you believe the concern is urgent and that there is imminent risk to a child make the report by telephone and then follow it up with the form. The quality of the information you provide will influence the ability of the social work department to respond. If you intend to contact the Tusla, Child and Family Agency Social Work Team, you should firstly inform the parents of the child concerned, unless there is good reason not to do so.

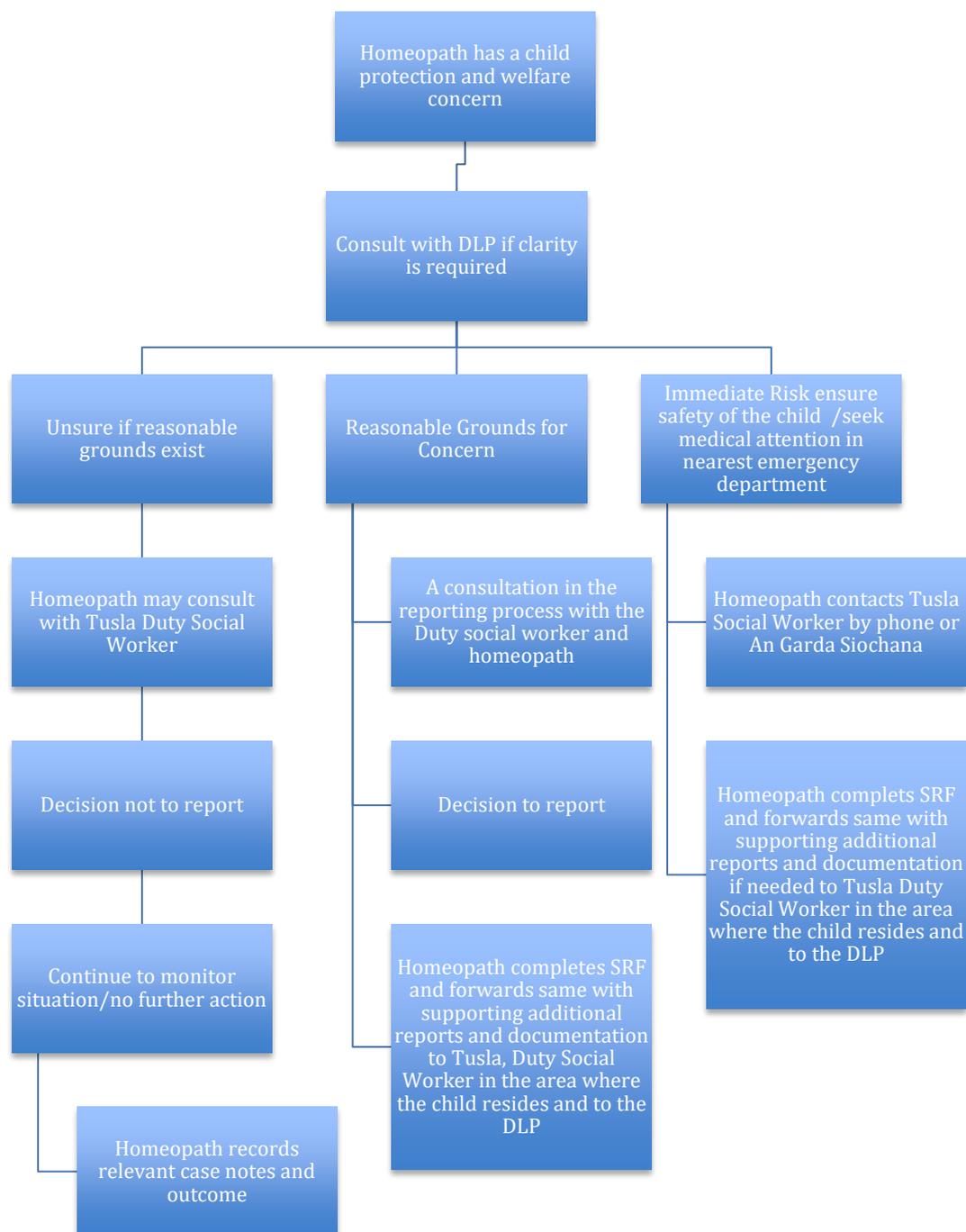
Should a member of the public make contact with you indicating they are concerned about a child who may be at risk you should advise them to make contact with a social worker in the Tusla the Child and Family Agency.

Each weekday there is a Tusla, Child and family Agency Social Worker on duty with the specific task of receiving such reports.

You can assist the member of the public in the following ways:

1. **DON'T assume they will be able to easily contact the Tusla Child and Family Agency Duty Social Worker on duty.**
2. **DON'T assume they will have the confidence to express their concern again as it will not necessarily have been easy for them to have raised it with you.**
3. **DON'T guarantee them absolute anonymity but you can advise them that normally names of members of the public are not revealed without this being discussed further with the social worker. There may be other events such as court proceedings or Garda investigations where this is not possible.**
4. **DO help them to contact the Tusla, Child and Family Agency Duty Social Worker by ringing the nearest Health Centre and finding out who is on duty that day and how they can be contacted.**

## Reporting Procedure for reporting child protection and welfare concerns



**Note 1: Out of hours in emergency cases or in emergency situations where the Duty Social Worker is unavailable the Homeopath will make contact with An Garda Síochána. A copy of the SRF should be forwarded to the DLP.**

**Note 2: Parents are informed that a referral is being made unless doing so is likely to increase the risk to the child.**

## Assessment and Management of Concerns by the Child and Family Agency

The management of child protection and welfare concerns in Tusla, the Child and Family Agency is subject to a set of procedures called the National Business Process. The goal is to create an integrated child protection and welfare system to look after every child and manage every case from first contact with the Child and Family Agency through to case closure. The National Business Process is supported by a National Child Care Information System that is in development. The National Business Processes may be subject to review and change in the interest of providing better outcomes for children.

### Report and Initial Assessment

Each report is screened by a Tusla Duty Social Worker to ensure that adequate information on the report has been received, the details of the report are recorded on the Tusla Social Work system and previous contact with the Social Work Area is checked. A decision is made as to whether;

- The case requires an initial assessment
- Emergency action is needed
- It is more appropriate to refer to another agency
- To provide information and advice
- No further action is needed. The notes [Child Protection and Welfare Practice Handbook, \(HSE 2011\)](#) that the first consideration when the Tusla Duty Social Worker receives a report is the immediate safety of the child. Initial Assessment is a time-limited process (20 days post screening) to allow the gathering of sufficient information on the needs and risks within a case and to establish if the report is:
  - Child protection – no ongoing risk
  - Child protection ongoing risk of significant harm
  - Child welfare
  - No further action, case closed.

### Feedback to Referrers

Reports received by Tusla the Child and Family Agency should be acknowledged and the referrer informed of the next likely steps as appropriate to their role. If an acknowledgement is not received and it appears that no action has been taken, the referrer can contact Tusla the Child and Family Agency by phone or letter or submit a new report through the electronic report system that will append the previous reports and copy all reports to the DLP. Children First 2011, Section 5.16.2 notes that professionals involved should be kept updated where this is appropriate to their professional care/treatment of the child or the performance of their own duties within the bounds of confidentiality.

### Assistance and co-operation with Partner Agencies

Children First 2011, Section 4 notes that no one professional has all the skills, knowledge or resources necessary to meet the requirements of any individual case and therefore it is essential for professionals to work together to deliver a coordinated response. It is the policy of the Irish Society of Homeopaths that individual Homeopaths will work cooperatively with partner agencies and provide necessary assistance when appropriate and proportionate. This may involve:

- Provision of information
- Preparing a report
- Attending a Strategy Meeting or Child Protection Conference
- Attendance at court

### Strategy Meeting

Children First 2011, Section 5.7 notes that a Strategy Meeting is a meeting of the professionals involved with the child or family for the purpose of sharing information and to prepare a plan for the protection of a child and siblings if necessary.

## Child Protection Conference

The National Guidelines for Child Protection Conferences (Child and Family Agency: 2014) notes that a child protection conference is an interdisciplinary, interagency meeting convened, on behalf of Tusla the Child and Family Agency Area Manager, by the Child Protection Conference chairperson. A conference must be convened when a Tusla Child and Family Agency Social Worker, in consultation with their Team Leader. The purpose of the child protection conference is to facilitate the sharing and evaluation of information between professionals and parent/s (and the child where appropriate) in order to identify risk factors, protective factors and the child's needs and to determine whether the child is at on-going risk of significant harm. When a conference decides that a child is at on-going risk of significant harm, a Child Protection Plan must be developed and the child is listed as active on the CPNS. The CPNS is a national register managed by Tusla the Child and Family Agency with records from April 2014 of every child who is deemed to be at on-going risk of significant harm. Children First 2011, Section 5.17 describes the CPNS as a record of every child subject to a child protection plan that is reviewed until the concern has resolved or a longer-term action such as admission to care has occurred. Children remain on the CPNS classified as inactive but they are not removed until their 18th birthday.

## Child Protection Plan

The purpose of a Child Protection Plan, which is prepared by Tusla the Child and Family Agency, is to develop a set of actions to promote the child's welfare and reduce the risk of harm. Each participant at a Child Protection Conference will have a responsibility to implement the part(s) of the plan which relates to them and to ensure feedback and communication is maintained with the Child and Family Agency allocated Social Worker who is responsible for the implementation of the plan.

## Child Protection Review Conference

Where a child is subject to a Tusla Child and Family Agency Child Protection Plan, a Child Protection Review Conference, which is arranged by the Child and Family Agency, must be held within six months of the previous conference. The purpose of the Review Conference is to assess the effectiveness of the child protection plan and to determine if the child is still at ongoing risk of significant harm. If it is decided that the child is no longer at ongoing risk of significant harm the child is listed as inactive on the Child Protection Notification System.

## Family Support Plan

Where the outcome of assessment is that a child is not at ongoing risk of significant harm but has unmet welfare needs which need social work intervention, a Family Support Plan will be developed by Tusla the Child and Family Agency. The Family Support Plan should be drawn up with the child and family, and families should be encouraged to identify their own solutions. This may happen at a formal meeting or informally through contacts with the family and relevant professionals.

## Designated Liaison Person

### Children First 2011, Section 3.3.1 notes that

Every organisation both public and private that is providing services for children or that is in regular contact with children should:

- Identify a designated liaison person to act as liaison with other agencies and a resource person to staff members or volunteers who have child protection concerns.
- The designated liaison person is responsible for ensuring that the standard reporting procedure is followed, so that the suspected cases of child abuse or neglect are referred promptly to the designated person in the Children and family Services or in the event of an emergency to the Garda.
- The designated liaison person should make sure that they are knowledgeable about child protection and undertake any training considered necessary to keep themselves updated on new developments.

## Duties and Responsibilities of the Designated Liaison Person

They will:

- Ensure that the standard reporting procedure is followed.
- Be knowledgeable about the Children's First Act 2015.
- Provide statistics as required.
- Maintain a log of child protection and welfare concerns reported to the Child and Family Agency and/or an Garda.
- Monitor and advise on issues affecting the implementation of the Children's First Act 2015.
- Attend training and keep up to date.
- Facilitate discussions and consultations with Tusla the Child and family Agency.

## Disclosure of Historical Abuse

Disclosures of historical abuse can present particular challenges for the staff member receiving the information and for Tusla the Child & Family Agency assessing the concern. A particular concern relates to the adult client's vulnerability [e.g. to self-harm, suicide, psychological distress] or any potential risk of physical/ psychological harm to the client by others. These must all be considered in the context of making a report based on the information received regarding past abuse. However, concern for the welfare of the adult must be balanced against information that suggests current risk to any child who may be in contact with an alleged abuser revealed in such disclosures including unidentified children. The welfare of the child is paramount and while steps also need to be taken to secure the welfare of any vulnerable adult, reporting such concerns to Tusla the Child and Family Agency should be made as soon as practicable. The threshold of response by Tusla the Child and Family Agency is the same as in any other child protection and welfare report where there are reasonable grounds for concerns.

The response to an allegation by an adult of abuse experienced as a child must be of as high a standard as that provided to current abuse concerns because there is sufficient possibility that a person who abused a child in the past is likely to have continued abusing children and may still be doing so; the prospect of criminal prosecution remains open to An Garda Síochána". (Tusla the Child and Family Agency: Policy and Procedures for Responding to Allegations of Child Abuse and Neglect, Section 2.5, page 8).

If a concern is identified that children may be at risk even if the children are unidentified, the Homeopath must follow the Reporting Procedure and report the allegation to Tusla the Child and Family Agency in the area where the alleged perpetrator lives, if this information is known. Otherwise it should be reported to Tusla the Child and Family Agency in the area where the child/children live. The adult who has disclosed past abuse should be informed in advance that a report is being made and the reporting procedures should be explained to them if not already known. If the Homeopath is unsure if children may be at risk they should consult with Tusla the Child and Family Agency without delay.

The National Counseling Service has developed a form for the recording of historical abuse (see Appendix 9). If this form is used it must be appended to the Standard Report Form when making a report to Tusla the Child and Family Agency. The need to refer an adult for counseling, treatment or other support services should also be considered. The HSE National Counseling Service is available to offer counseling to any adult who has experienced abuse in childhood (see Appendix 10 for contact information).

## Record Keeping

The ability of the Child and Family Agency Social Work Services to assess child protection or welfare concerns will depend on the amount and quality of information conveyed to them by staff members reporting concerns.

As much as possible of the following detail should be provided in the Standard Report Form:

- The name, address and age of the child (or children) about whom the report is being made.
- The name of the child's school.
- The name and address of the reporter.
- The contact number and occupation of the reporter.
- The relationship of the reporter to the child.
- A full account of what constitutes the grounds for concern in relation to the welfare and protection of the child or children, e.g. details of the allegation, incident, and dates, description of any injuries, etc.
- The names and addresses of the parents/carers of the child or children
- The names of other children in the household
- Ethnicity, first language and religion of children and parents/carers
- Any need for an interpreter, signer or other communication aid
- Any special needs of children and other household members
- Any significant/important recent or historical events / incidents in the child's or family's life, including previous concerns
- Background information relevant to report e.g. positive aspects of parental care
- Previous concerns, pertinent parental issues (such as mental health, domestic violence, drug or alcohol abuse, threats and violence towards professionals)
- The name, address and details of the person allegedly causing concern in relation to the child or children
- The child's and/or parents'/carer's own views, if known and relevant
- The names and addresses of other known personnel or agencies involved with the child or children, e.g. GP, social worker, public health nurse, midwife, Gardaí, etc
- Information regarding parental knowledge of, and agreement to, the report
- Any other relevant information
- In cases of disclosures by adults of childhood abuse, all available detail on the alleged perpetrator should be included and the report should be forwarded to the
- Child and Family Agency in the area where the alleged perpetrator resides

A written record must be kept by the Homeopath of any discussion held with the child, parent or service user as well as shared information with Tusla the Child and Family Agency/An Garda Síochána and what decisions were made.

- Each entry should be contemporaneous, factual, accurate and legible.
- Each entry should be signed, timed and dated.
- Files should be stored securely and accessed by relevant staff only.
- Records should be kept in a safe and confidential manner.

Records of all letters and documentation relating to a report of suspected child welfare and protection concerns must be kept safely and in a place that upholds the confidential nature of the information.

Service users should also be informed about record keeping processes and procedures.

## Confidentiality and Information Sharing

The effective sharing of information between agencies is essential to the identification, assessment and intervention in child protection and welfare work. The ability of services to protect children is dependent on the willingness of professionals to share and exchange relevant information.

Each Homeopath must be aware of their responsibilities under the [Freedom of Information Act 2014](#) and the [Data Protection Acts 1988](#) and [2003](#) and their own professional codes. However, it is critical that fears about information sharing must not impede the promotion of the welfare and protection of children.

The following policies provide guidance regarding Freedom of Information, Data Protection and Records Management:

1. Data Protection – IT'S Everyone's Responsibility – An Introductory Guide for Health Service Staff
2. Data Protection and Freedom of Information Legislation – Guidance for Health Service Staff
3. National Consent Policy 2012 Children First 2011, Section 3.9.4 notes the provision of information to the statutory service agencies for the protection of a child is not a breach of confidentiality or data protection.

### **The following should be noted:**

- Giving information to a person who has a bona fide need to know for the protection of a child is not a breach of confidentiality or data protection
- All information regarding a report or the assessment of a child protection or welfare concern should be shared with the Child and Family Agency in the interests of the child
- At the outset of contact with a service, healthcare staff should explain to clients/service users/families openly and honestly, what and how information will, or could be shared and why, and seek their agreement
- Best practice indicates that a written record should be made on file that the limits of confidentiality have been explained
- Clients/service users should be provided with written information about confidentiality
- Healthcare professionals must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them
- Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration
- Where the interests of the parents and the child appear to conflict, the child's interests must be paramount
- Wherever possible, disclosure of personal information to a third party relating to child protection concerns will only be given with the full knowledge and where possible, the consent of the service user.
- The exception to this is where to do so would put the child, young person or others at increased risk of significant harm or if it would undermine the prevention, detection or prosecution of a serious crime, including where seeking consent might lead to interference with any potential child protection enquiry.
- Where the disclosure of confidential information is necessary, then the 'need to know' principle should apply i.e. only those who need to know should be given the relevant information.
- Where a service user does not consent to disclosure of information but disclosure is required, the client's refusal should be clearly recorded and the service user informed that the information will be shared for the protection of the child.
- The service user should be notified in writing of the decision and informed about what information has been disclosed.
- All cases of disclosure to a third party should be clearly documented. As a general rule, service users/parents should be aware of any child protection or welfare concerns and of the report process, unless doing so would increase the risk to the child, to life or impede a criminal investigation. In these circumstances, you should consult with the Child and Family Agency and /or An Garda Síochána in making this decision. The reasons for doing this should be recorded in the client file and in the report to the Child and Family Agency.
- All Homeopaths should be aware that failure to record, disclose or share information in accordance with this policy is a failure to adequately discharge a duty of care.

### **Information Sharing with Children/Young People**

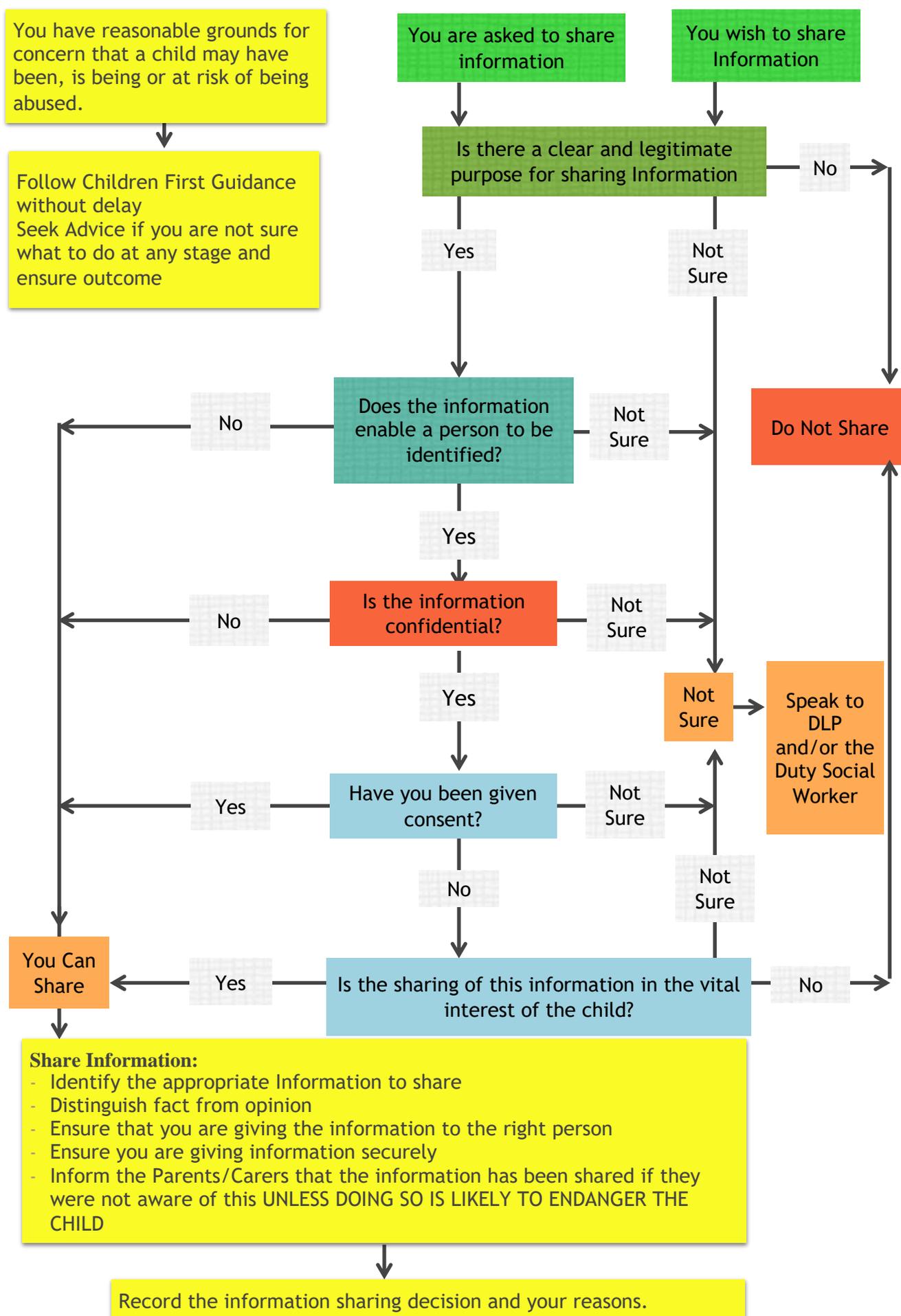
The Society of Homeopaths follow the information Sharing Charter as described by the HSE. The National Healthcare Charter for Children is a Statement of Commitment by health services on healthcare rights, expectations and responsibilities. The Charter describes ten key principles in relation to the provision of healthcare to ensure that children receive high quality healthcare that is appropriate and acceptable to them and their families. The Charter states that children have a right to information in a form that they can understand. Children should be encouraged to be involved in their healthcare and work closely with the health service they are involved with. It notes that children and young people can expect open and appropriate communication throughout their care. Young people should be given the opportunity

to ask questions and receive answers that they can understand; be supported to ask questions and to make the most of consultations and benefit from interpretative services where possible. A young person's support person be it a parent, relative, friend or Guardian, should also be included in communications where necessary and available.

In particular, the Charter identifies that children have a right to participate in decision-making, have the right to express their views freely and to have those views taken into account.

The UN Convention on the Rights of the Child notes "children and young people have a right to be consulted in matters that affect them in accordance with their age and maturity". HSE services should ensure that communication is always at a level that a child can understand and respond to. This should include suitable communication tools. Where possible, the view of the child should be included when a report is being made to the Child and Family Agency.

## Child Welfare and Protection Information Sharing Framework



## Homeopath's Training

It is the policy of the Irish Society of Homeopath's that all Homeopaths will undertake training in respect of child protection and welfare. The Irish Society of Homeopaths has developed a Training Strategy to implement Children First.

## Allegations of Abuse against Homeopath

The Irish Society of Homeopath's primary consideration is the protection, safety and well being of the child and to ensure that no child is exposed to unnecessary risk. The organization also has duties and responsibilities to its members to ensure allegations are dealt with in accordance with the principles of natural justice. Where an allegation of abuse is made against a member of the Irish Society of Homeopath a dual reporting procedure applies:

- The reporting procedure in respect of the child
- The reporting procedure in respect of the Homeopath

## Allegations against Member's - Reporting Procedure in Respect of the Child

A decision on whether there are reasonable grounds for making a report on the Standard Report Form to Tusla the Child and Family Agency should be made by the DLP without delay. The normal reporting procedure is followed and where the child may be in immediate danger and contact cannot be made with Tusla the Child and Family Agency, the Homeopath should make contact with An Garda Síochána. Contact should also be made directly with An Garda Síochána where the Criminal Justice (Withholding of Information Act against Children and Vulnerable Adults) Act 2012 applies.

- The DLP should, as a matter of urgency, take any immediate and necessary protective measures. These measures should be proportionate to the level of risk. Further detail on protective measures is set out in the [Trust in Care policy](#). (section 5.2)
- Tusla The Child and Family Agency will conduct an assessment into the allegation of abuse.
- The Homeopath should maintain communication with the statutory agencies (Tusla the Child and Family Agency and An Garda Síochána) throughout the assessment process.
- The parents/guardians/service users should be informed of the report to Tusla the Child and Family Agency as soon as possible by the DLP.

## Reporting Procedure in Respect of a Homeopath

In circumstances where there is an allegation or concern of abuse about a child involving a Homeopath the matter must be dealt with in accordance with the Trust in Care Policy The Trust in Care Policy sets out a detailed procedure for managing allegations. Any Irish Society of Homeopath's investigation must not interfere or impinge on the assessment by the Tusla Child and Family Agency or investigation by An Garda Síochána.

## Code of Ethics and Standards

Every Homeopath is bound by The Irish Society of Homeopath's Code of Ethics and Practice. They need to understand the values, standards and behaviours associated with being a member of the Irish Society of Homeopaths. A Homeopath should treat service users with respect and dignity and maintain appropriate professional and social boundaries at all times. Breaches of the code will constitute a breach of the terms of membership and may result in disciplinary action being pursued in accordance with agreed procedures.

## Safe Practice Guidance

Services for children are required to develop a service specific Safe Practice Statement. Further information is available in Fact Sheet 1 of Our Duty to Care (2002) (Appendix 12).

### Guidance should include:

- A commitment to treat all children equally in line with Equal Status Act 2000-2012
- Child centered practice
- The promotion of children's rights
- The provision of a safe and age appropriate environment for children including appropriate and inappropriate touch
- Ensuring that the welfare of children comes first regardless of other considerations
- The maintenance of confidentiality and ensuring that no personal information about a service user should ever be divulged except for the protection or welfare of a child or following agreed procedures
- Guidance on contact with young people and observing boundaries outside of the work environment
- Advise on work practices where HOMEOPATHS are left alone with young people and develop safe management practices for working in one to one situations with children or young people
- Dealing with challenging behaviour
- The Irish Society of Homeopaths holds each Homeopath accountable for their practice
- Support: for individual Homeopaths in their work
- Learning and development: to identify learning needs and areas of additional training
- Mediation: to ensure healthy engagement and communication (Morrison 2005) Professional supervision aims to: support and enhance clinical practice and professional competence; enhance service provision and contribute to best practice; facilitate professional growth and development. Each Homeopath is encouraged to have regular supervision as one element that supports the overall management of the practitioner's own performance.

## Appendix 1

### References

<http://www.tusla.ie/children-first/children-first-act-2015>

[http://www.dcy.gov.ie/viewdoc.asp?fn=%2Fdocuments%2FChildren\\_First%2FChildrenFirstLegislation.htm](http://www.dcy.gov.ie/viewdoc.asp?fn=%2Fdocuments%2FChildren_First%2FChildrenFirstLegislation.htm)  
[https://www.hse.ie/eng/staff/Resources/hrppg/Staff\\_Responsibility\\_for\\_the\\_Protection\\_and\\_Welfare\\_of\\_Children.pdf](https://www.hse.ie/eng/staff/Resources/hrppg/Staff_Responsibility_for_the_Protection_and_Welfare_of_Children.pdf)