



**Galway Rape
Crisis Centre**

SERVICES FOR SEXUAL
TRAUMA & ABUSE

CHILD SAFEGUARDING, PROTECTION AND WELFARE POLICY AND PROCEDURES

Galway Rape Crisis Centre (GRCC)

August 2018

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1. Introduction

Galway Rape Crisis Centre (GRCC) provides counselling and therapy to adults and adolescents who have been affected by child sexual abuse or who have experienced rape and sexual violence as an adult. GRCC also provides a support service to adults who attend at the Sexual Assault and Treatment Unit (SATU) in Galway and a court accompaniment service for survivors going to court.

GRCC delivers an education programme to 2nd level students and disclosure trainings to 3rd level colleges and other organizations and services as requested.

- Child Protection issues can arise in different ways in any of the above services. Examples of this might be:
- A survivor under 18 disclosing to a counsellor that they are being abused, harmed or neglected.
- An adult disclosing information about a child currently being abused, harmed, neglected or at risk of abuse, harm or neglect.
- A survivor disclosing historic sexual abuse and where there is now a risk to children from the same perpetrator.
- An allegation of abuse involving a staff member or a volunteer.

1.1. Key Principles

This document is set out to provide clear guidance to all staff and volunteers in relation to child safeguarding, protection and welfare concerns that may arise in the service. It has been developed alongside our safeguarding statement and detailed risk assessment (Appendix 1).

The following principles underpin this policy:

- GRCC accepts that in all matters concerning child protection, the welfare and protection of the young person is paramount.
- GRCC is committed to creating a safe environment for the young people with whom we work and we are committed to respecting the right to dignity and bodily integrity of every child and young person.
- All staff have a responsibility to protect children and a duty to report child welfare and protection concerns as set out in the Children's First Act 2015.
- GRCC ensure that staff receive appropriate training in child protection and welfare issues.

- GRCC recruitment policy adheres to best practice and ensures that anyone working with young people is qualified and subject to regular Garda vetting (Background check).
- GRCC adheres to the UN Convention on the rights of the child and the EU Charter of Fundamental Rights.

1.1. Scope

To Whom Does this Child Safeguarding, Protection and Welfare Policy Apply?

This child protection policy applies to all employees and volunteers of GRCC as well as members of the Board of Management. Everyone to whom the policy applies is required to familiarise themselves with the policy when they become involved with GRCC. This policy will also be posted and be available to all staff and volunteers.

Responsibility to Report Suspected or Actual Abuse

Any person who suspects that a child has been harmed, is being harmed, or is at risk of harm, has a responsibility and a duty of care to report their concerns to Tusla, the Child and Family Agency, either directly or through the Mandated Person, as appropriate (The Children First Act 2015 and 2017).

The Protection for Persons Reporting Child Abuse Act, 1998 provides immunity from civil liability to people who report child abuse 'reasonably and in good faith' to a Mandated Person, to Tusla or the Gardaí (Children First, National Guidelines for the Protection and Welfare of Children 1999 p.37). The Children First Act of 2015 and 2017, the Child Protection Policy and Procedures cover the following topics.

2. Defining and Identifying Child Harm and Child Abuse

A child is defined as any person under the age of 18 years. Harm, as related to a child, means the assault, ill-treatment or neglect of the child in a manner that seriously affects or is likely to affect the child's health, development, or welfare. Harm is also inclusive of sexual abuse (*Children First Act of 2015*). Harm is caused either in a single act, omission, or circumstance or in a series/combination of acts, omissions, circumstances, or otherwise.

Child abuse generally falls into four types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time.

2.1. Neglect

Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally in term of omission of care where a child's health, development or welfare is impaired by being deprived of food,

clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and safety, Emotional neglect may also lead to the child having attachment difficulties. The extent of the damage to the child's health, development or welfare is influenced by a range of factors. These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect. Neglect is often associated with poverty but not necessarily caused by it. It is strongly linked to parental substance misuse, domestic violence, and parental mental illness and disability.

A reasonable concern for the child's welfare exists when neglect becomes typical of the relationship between the child and the parent or carer. This may become apparent where you see the child over a period of time, or the effects of neglect may be obvious based on having seen the child once.

The following are features of child neglect:

- Children being left alone without adequate care or supervision.
- Malnourishment, lacking food, unsuitable food or erratic feeding.
- Non-organic failure to thrive, i.e. a child not gaining weight due not only to malnutrition but also to emotional factors.
- Failure to provide adequate care for the child's medical and developmental needs, including lack of adequate heating and furniture.
- Lack of adequate clothing.
- Inattention to basic hygiene.
- Lack of protection and exposure to danger, including moral danger or lack of appropriate supervision to the age of the child.
- Persistent failure to attend school.
- Abandonment or desertion.

2.2. Emotional Abuse

Emotional is the systematic emotional and psychological ill-treatment of a child as part of the overall relationship between a care giver and a child. Once-off and occasional difficulties between a parent/carer and a child are not considered emotional abuse. Emotional abuse occurs when a child's basic need for attention, affection, approval, consistency and security are not met, due to incapacity or indifference from their parent or caregiver. Emotional abuse can also occur when adults responsible for taking care of children are unaware of or unable (for a range of reasons) to meet their children's emotional or developmental needs. Emotional abuse is not easy to recognize because the effects are not easily seen. A reasonable concern for the child's welfare would exist when the behavior becomes typical of the relationship between the child and the parent or carer.

Emotional abuse may be seen in some of the following ways:

- Rejection.
- Lack of comfort and love.
- Lack of attachment.
- Lack of proper stimulation (e.g. fun and play).

- Lack of continuity of care (e.g. frequent moves, particularly unplanned).
- Continuous lack of praise and encouragement.
- Persistent criticism, sarcasm, hostility or blaming of the child.
- Bullying.
- Conditional parenting in which care or affection of a child depends on his or her behaviour or actions.
- Extreme overprotectiveness.
- Inappropriate non-physical punishment (locking child in bedroom).
- Ongoing family conflict and violence.
- Seriously inappropriate expectations of a child relative to his/her age and stage of development.

2.3. Physical Abuse

Physical abuse is any form of non-accidental injury or any injury that results from willful or neglectful failure to protect a child. Examples of physical injury include:

- Shaking, striking, beating, slapping.
- Use of excessive force in handling.
- Deliberate poisoning, suffocation.
- Munchausen's Syndrome by proxy (where parents make up stories of illness about their child or cause physical signs of illness).
- Allowing or creating a substantial risk of significant harm to a child.

2.4. Sexual Abuse

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

- Exposing sexual organs or intentionally performing any sexual act in the presence of a child.
- Intentional touching or molesting the body of a child, by a person or object, for the purpose, of sexual arousal or gratification.
- Masturbating in the presence of a child or involving the child in the act of masturbation.
- Engaging in sexual intercourse with the child, whether oral, vaginal or anal.
- Exposure to pornography.
- Sending sexually explicit texts, messages or photographs through phone or social media to a child.

(Children First, National Guidelines for the Protection and Welfare of Children 1999, p. 32.)

Exemptions from the requirements to report

Underage consensual Sexual Activity –under the Criminal Law (Sexual Offences) Act 2006 the legal age of consent is 17. If all the following criteria are met it is not required to make a report

- The young persons concerned are between 15 and 17 years old.
- The age difference between them is not more than 24 months.
- There is no material difference in their maturity or capacity to consent.
- The relationship between the people engaged in the sexual activity does not involve intimidation or exploitation of either person.
- The young person concerned states clearly that they do not want information about the sexual activity to be disclosed to Tusla.

3. Roles and Responsibilities

3.1. The Board of Management

To support the Executive Director in ensuring that systems and procedures are in place to implement and monitor the safeguarding policies and procedures of the agency.

3.2. Executive Director

Will work closely with the Designated Liaison person and be informed of all child welfare and protection concerns and of all reports made to Tusla social workers. The ED with the DL has responsibility for the on-going development and monitoring of systems in relation to Child Welfare and Protection.

The ED provides quarterly reports to the Domestic, Sexual and Gender-Based Violence (DSGV) Section of Tusla on the number of child protection reports made in relation to our clients.

The ED will notify the Chair of the Board in relation to allegations of abuse involving employees or volunteers of GRCC as well as sending a report to the appropriate Tusla Office.

The ED will respond and deal with general complaints made by clients. These are also reported to the DSV of Tusla.

The ED ensures that recruitment of employees and volunteers are in line with GRCC recruitment procedures and that all new employees and volunteers understand and sign up to the GRCC policies and procedure in relation to child welfare and protection.

3.3. Designated Liaison Person

The Designated Liaison is responsible for receiving and managing child welfare and protection concerns made by counsellors, other staff members, volunteers and clients.

In GRCC the Designated Liaison person is the Clinical Manager. The DL person holds the responsibility for ensuring that child welfare and protection concerns that meet the criteria are referred to Tusla.

The DL person or, in their absence, the ED or another appointed person in the organization will ensure the following procedures are followed:

- Operate within the Child Safeguarding, Protection and Welfare Policy of GRCC and ensure that GRCC's Child Safeguarding Protection and Welfare Policy and Procedures are followed.
- Will ensure that all staff and volunteers are aware that any concerns about child welfare and protection must be brought to the DL person. If these concerns are deemed to meet or exceed the threshold of harm for mandated reporting the DL person will report these concerns to Tusla under their statutory obligation in the Children First Act 2017. If the person with the concerns is a counsellor (who is also a mandated person) then a report is jointly made by the counsellor and the DL person or the ED to Tusla.
- The statutory obligation of the counsellor who is a mandated person to report must be discharged by the mandated person themselves and cannot be discharged solely by the designated liaison person on their behalf.
- If the report of concerns is made by a non-counselling person (therefore a non-mandated person, the DL or ED will make the mandated report to Tusla. If the designated liaison person decides not to report a concern they will record the reasons for not reporting and record any actions as a result of the concerns.
- The employee or volunteer who raised the concern will be explained the reasons why the concern is not being reported to Tusla. If the employee, volunteer or counsellor (who is a mandated person) remain concerned they may make a report to Tusla themselves.
- The DL person will act as a resource person to counsellors, other staff and volunteers, providing support and guidance in matters relating to child protection.
- The DL person will keep the ED informed of relevant child protection issues as they arise. Quarterly reports on the number of child protection reports in relation to our clients are sent to the DVG Section of Tusla and to the Board. Allegations relating to employees or volunteers are immediately notified to the Board, the DSGV section of Tusla as well as a report being sent to the appropriate Tusla Office.
- The DL person is responsible for maintaining proper records on all cases referred and will facilitate whatever follow-up action that is required.
- The DL person is also responsible for creating and maintaining links with the Tusla social workers and other relevant agencies and resource groups.
- They will hold regular review meetings with individual counsellors to monitor Child Protection issues and keep up to date with current developments regarding provision, practice, legal obligations and policy.
- They are also responsible for organizing and/or facilitating trainings and workshops on child welfare and protection and ensure that GRCC's policies and procedures are brought to the attention of to all GRCC staff and volunteers through regular trainings and briefing sessions.
- The DL person with the ED is responsible for ensuring that this Child Safeguarding, Protection and Welfare Policy is reviewed bi-annually i.e. August 2021 or as soon as practicable after there has been a material change in any matter to which the statement refers.

3.4. All Staff and Volunteers

Staff commit to implementing the Child Safeguarding, Protection and Welfare Policy of GRCC and agree;

- To ensure that they understand the policy and procedures in the document.
- To bring child protection concerns to the DL person and or their clinical supervisor for advice and guidance.
- To adhere to best practice and policy as outlined for working with under 18's.

4. Risk Assessment

GRCC has carried out an assessment of any potential harm to a child while availing of our services. Below is a list of the areas of risk identified and the list of procedures for managing these risks.

<i>Risk Identified</i>	<i>Procedure in place to manage risk</i>
Risk of hurt or harm from staff or volunteers of GRCC	<ul style="list-style-type: none"> • GRCC operates a safe recruitment policy. • All employees and volunteers are subject to regular Garda vetting (background check) and it is in the term of all contracts that staff and volunteers will comply with GRCC's Child Safeguarding, Protection and Welfare Policy and Procedures. • All staff and volunteers working with young people in the counselling and education services are qualified counsellors and as such are mandated persons in relation to child protection issues.
The delay in our ability to offer counselling and support to young people on our waiting list who have suicidal ideation or are self-harming	<ul style="list-style-type: none"> • Creation of a priority list where young people can to be seen as soon as possible given the constraints of our staffing level. • Work on coping and self- management skills in the initial session by the counsellor and provision of information re. other supports the young person can access while waiting. E.g. GP, Samaritans and other helplines and agencies. • Work to access increased resources from funders to manage our waiting times.

<p>Lack of clarity on the part of counsellors in identifying and reporting child protection issues that arise through the counselling and education service or through the awareness and disclosure trainings.</p>	<ul style="list-style-type: none"> • Clear procedures and guidance for identifying and responding are set out in GRCC Child Safeguarding, Protection & Welfare Policies and Procedures. • Regular training and information on child protection issues provided to staff and volunteers. • Increased liaison with local social workers and Tusla personnel. • Ongoing monitoring and regular case reviews in relation child protection issues.
<p>Fear and distress expressed by the young person involved in relation to reporting.</p>	<ul style="list-style-type: none"> • Support and reassurance by the counsellor. • Explanation of the procedure and purpose in relation to reporting. • Involvement of parents and guardians as appropriate.

5. Reporting Procedures

5.1. Concerns that Arise Through the Counselling and Support Service

GRCC provides an environment that encourages security, confidence and trust, so enabling survivors to share their concerns.

In the first meeting with a GRCC counsellor the survivor is given an information leaflet (Appendix 2). This leaflet sets out clearly:

- Our obligations under the Child First Act 2015 i.e. our obligations that if we receive information that a child is at risk of abuse, harm or neglect or if we receive identifying information regarding an alleged perpetrator we are obliged under law to report this information to Tusla.
- Our obligations in relation to the safety and welfare of clients.
- Our policy in relation to working with under 18's.
- Our complaints procedure.
- Our privacy policy.
- Other information in relation to reports, notes, training and supervision.

At this first session we also verbally explain to the client our obligations under child welfare and protection and we ask them to sign a consent form stating that they understand and accept these conditions (Appendix 3).

Considerations:

- It is important that a client who discloses child abuse or harm feels supported and facilitated in what may be a frightening and traumatic process for them and their disclosure must be treated with respect, sensitivity and care.
- If the counsellor receives information of a child who may be or is at risk of being hurt, harmed or neglected or if the counsellor receives identifying details of a perpetrator who may be in contact with children the counsellor as a mandated person will report that belief or suspicion to the DL person and jointly make a mandated report to Tusla with the DL person or the ED. The report will indicate that the counsellor and DL person are mandated persons.
- If it is indicated that the concern may require urgent intervention Tusla will be alerted in advance of submitting a report.
- Retrospective reports will be sent to Tusla by mail. Child Welfare and Protection Reports will be sent, as far as possible, through the Tusla Portal.
- A copy of the report is retained in a confidential space.
- The report is to be made to Duty Social Worker in the area in which the abuse is alleged to have happened.

5.2. Working with under 18's

When working with survivors who are under 18 years old written permission must be sought from an adult, for example, a parent, guardian, or social worker. If permission is refused or where it is not possible to obtain the consent of a relevant person, then the following procedures apply;

If the survivor is over 16:

- An assessment of the maturity and competency of the child to consent to counselling/support must be made. This assessment must take place in consultation with the CM and if possible the counsellor's supervisor.
- The counsellor must be satisfied that it is in the young person's best interest that they have counselling/support without parental consent.
- If the counsellor is not satisfied that the young person understands the nature of the counselling/support, then the service cannot be provided.

If the survivor is under 16 they cannot be treated without the consent of a parent, guardian or another adult in *loco parentis*.

Safety Measures in Relation to Working with under 18's

We are conscious of the need for added safety precautions and practices when working with under 18's. Therefore;

- All counsellors in GRCC are accredited, have specialist training in working with sexual violence and are subject to regular Garda vetting (background check).
- All young female clients are seen by a female counsellor.

- With young male clients we ascertain their preferred gender of counsellor and if there is an expressed preference for a male counsellor that preference will be accommodated.
- We involve the parents in the work as much as possible. This can mean liaising with parents or guardians, having the parent present at times in the counselling sessions with the agreement of the young person and offering parents support sessions themselves with a different counsellor.
- In relation to under 16's we ask that a parent or another adult in loco parentis to be present in the building at all times with the young person.

5.3. Child protection Concerns in relation to our Education Programme

Disclosures of concerns in relation to child protection issues also happen in non - counselling circumstances. This is when GRCC staff and volunteers provide education programmes and trainings to 2nd level schools; 3rd level institutions; other agencies and organizations; and members of the public. In GRCC these programmes are delivered by qualified counsellors who are subject to regular Garda vetting (background check).

Schools and Youth Organizations Procedures

- The Designated Liaison Person of the school or institution must be ascertained prior to any agreement to deliver services.
- Explain to all participants the limitations of confidentiality as a requirement under the *Children First Act 2015 & 2017*.
- Child Protection procedures must be agreed with the external organization prior to beginning the programme. This will include an agreement as to which organization will record and pass on any child protection issues that may arise. In general, it should be agreed that the Designated / Relevant Person of the external organization will respond to and where reasonable grounds exist, report any child protection issues to Tusla. This agreement must respect the confidentiality of the reporting procedure and that information will be shared with agencies only on a need to know basis.
- If there is disagreement as to whether reasonable grounds exist and therefore whether a child protection report should be made the agreement should state that each organization reserves the right to report child protection concerns.
- Ensure that the external organization has a complaints procedure in place and agree which organization's complaints procedure will apply in the event of a complaint being made.
- A follow up procedure should be agreed with the external organization. The fact that a report has been made in this context by an external organization should be recorded for the annual audit of child protection issues.

How to respond when a young person or teenager discloses abuse in an Educational Setting

It is of the utmost importance that disclosures are treated in a sensitive and discreet manner. Anyone responding to a young person making such a disclosure should take the following steps:

- Listen carefully and attentively.
- Take what the young person says seriously.
- React calmly as over-reaction may intimidate the young person and increase any feelings of guilt that they may have.
- Do not promise to keep secrets.
- Reassure the young person that they have taken the right action in telling you.
- Use open-ended questions to clarify.
- Check back with the young person that what you have heard is correct and understood.
- Advise that you will offer support but that you must pass on the information.
- Do not express any opinions about the alleged abuser to the person reporting to you.
- Ensure that young person understands the procedures that will follow.
- Make a written record of the conversation as soon as possible, in as much detail as possible.
- Treat the information confidentially and restrict it only to those who need to know.
- Consult with and pass the information on to the Designated / Relevant Person in the organization and make a joint mandated report to Tusla immediately using the Report Form as appropriate.
- In the event of an emergency a Duty Social Worker or the Gardaí should be contacted.

5.4. How to respond when an adult discloses that a child is being abused or they have suspicions that a child is being abused

This can arise when GRCC are providing trainings to other agencies and organizations and to members of the public.

If an adult discloses that he/she is abusing or has abused a child or alternatively that he/she suspects that a child is or has been abused by another person.

- Write down immediately what was said, including all the names of those involved, what happened, where, when, if there were any witnesses and any other significant factors and note any visible marks on the individual making the report or any signs you observed.
- The person recording the event must sign and date all reports and indicate the time the notes were made.
- Explain to the person what will happen next.
- Ensure that the information is restricted to those who need to know it.

- Consult with the DL person who will make a mandated report to Tusla using the Standard Report Form.
- In the event of an emergency if a child is in any immediate danger a Duty Social Worker or the Gardaí will be contacted.

5.5. Satu Support Workers

- For support workers the statutory responsibility for child welfare and protection issues or concerns that arise in the context of the work in SATU is held within the SATU.
- If issues or concerns are reported to the support worker, they check if this has already been reported to the Garda and / or the Doctor in SATU.
- If not, the worker will encourage the survivor to do so. If the survivor is unwilling or unable to do so the worker will explain they cannot hold those concerns and they will speak directly to the Garda / Doctor on site.

5.5. Dealing with Allegations against Staff and Volunteers

When an allegation is made against a staff member or volunteer, the following steps will be taken:

- The ED and the DL Person (unless the allegation is being made against them) will be informed as soon as possible. The Chair of the Board will also be informed.
- The ED or DL Person will, as a matter of urgency, take any necessary immediate action.
- The priority will be to ensure that no child is exposed to unnecessary risk. The action taken will be guided by the agreed Child Safeguarding, Protection and Welfare Policy and by the applicable employment or volunteer contract.
- If there are reasonable grounds for concern a mandated report will be made to Tusla. Any separate disciplinary measures which may ensue from the allegation will not prevent the timely reporting of the allegations.
- The follow up on an allegation of abuse against a staff member of GRCC or volunteer will be made in consultation with Tusla and an Garda Síochána.
- The ED will ensure that actions taken do not undermine or frustrate any investigations being conducted by Tusla or an Garda Síochána.
- Where the allegation relates to the ED or the Relevant Person the initial report should be made to the Chair of the Board of Management.

Reasonable Grounds for Concern in any of the above circumstances?

The following examples would constitute reasonable grounds for concern.

- Specific indication from the person that they were abused.
- An account by a person who saw a young person being abused.
- Evidence, such as an injury or behaviour that is consistent with abuse and unlikely to be caused another way.

- If there is an immediate risk to a young person, the staff member should contact an Garda Síochána or make a verbal report to Tusla. A completed form should be provided to Tusla within three days.
- The Designated Liaison Person will ensure that the most appropriate person, will consult with the young person's parents or guardian in relation to the concern, unless it is not in the best interests of the young person to do so.
- A suspicion that is not supported.

6. Code of Behaviour for Staff and Volunteers

- Staff and volunteers should always respect the personal space, safety and privacy of their clients.
- GRCC employees and volunteers must never be verbally abusive, intimidating or threatening to anyone as they carry out their work for GRCC.
- Volunteers and GRCC staff should be sensitive to the fact that jokes of a sexual nature may be offensive to others and should never be told in the presence of clients.
- Where a GRCC staff member or volunteer has a concern about the nature of a relationship involving themselves or another staff member, volunteer or young person, they should discuss it with the CM and a supervisor.
- Staff members and volunteers should be mindful of clients' privacy and confidentiality in their use of mobile phones when undertaking GRCC activities.

7. Safe Recruitment Policy

- GRCC will recruit and manage staff in line with best practice and stated procedures set out in the Employment and Volunteer Policy.
- It is a term of all contracts that the employees and volunteers will comply with GRCC's Child Safeguarding, Protection and Welfare Policy.
- All counsellors are qualified and have specialist training in working with sexual violence.
- All applicants will be required to sign a declaration stating that there is no reason why they would be unsuitable to work with young people.
- During the recruitment process a minimum of two references will be required from employees or volunteers.
- All employees and volunteers are subject to regular Garda vetting (background check).

Appendices

Appendix 1: Child Safeguarding Statement

Name of service

Galway Rape Crisis Centre (GRCC)

Nature of service and principles to safeguard children from harm

Galway Rape Crisis Centre acknowledges our duty of care to safeguard and promote the protection and welfare of children. We are committed to ensuring safeguarding practice that reflects statutory responsibilities and complies with best practice in accordance with the Children First Act 2015. GRCC recognises that in relation to child safeguarding, the protection and welfare of the child is paramount.

Galway Rape Crisis Centre provides the following services:

- Support and counselling to adult and adolescent survivors of sexual violence and child sexual abuse;
- An Education Programme to second level schools;
- Disclosure and awareness training to colleges, institutions and other agencies as requested;
- Support workers for the Sexual Assault and Treatment Unit;
- Court and Garda Accompaniment and a Legal Information Clinic.

In the provision of these services, GRCC is committed to creating a safe environment for the young people with whom we work. Our safeguarding statement, risk assessment and child safeguarding, protection and welfare policy and procedures have been developed in line with requirements under the Children First Act 2015, the Children First: National Guidance, and Tusla's Child Safeguarding: A Guide for Policy, Procedure and Practice.

Risk Assessment

GRCC has carried out an assessment of any potential harm to a child while availing of our services. Below is a list of the areas of risk identified and the list of procedures for managing these risks.

<i>Risk Identified</i>	<i>Procedure in place to manage risk</i>
Risk of hurt or harm from staff or volunteers of GRCC	<ul style="list-style-type: none">• GRCC operates a safe recruitment policy.• All employees and volunteers are subject to regular Garda vetting and it is in the term of all contracts that staff and volunteers will comply with GRCC's Child Safeguarding, Protection and Welfare Policy and Procedures.• All staff and volunteers working with young people in the counselling and education services are qualified counsellors and as such are mandated persons in relation to child protection issues.
The delay in our ability to offer counselling and support to young people on our waiting list who have suicidal ideation or are self-harming	<ul style="list-style-type: none">• Creation of a priority list where young people can to be seen as soon as possible given the constraints of our staffing level.• Work on coping and self-management skills in the initial session by the counsellor and provision of information re. other supports the young person can access while waiting. E.g. GP, Samaritans and other helplines and agencies.

	<ul style="list-style-type: none"> • Work to access increased resources from funders to manage our waiting times.
Lack of clarity on the part of counsellors in identifying and reporting child protection issues that arise through the counselling and education service or through the awareness and disclosure trainings.	<ul style="list-style-type: none"> • Clear procedures and guidance for identifying and responding are set out in GRCC Child Safeguarding, Protection & Welfare Policies and Procedures. • Regular training and information on child protection issues provided to staff and volunteers. • Increased liaison with local social workers and Tusla personnel. • Ongoing monitoring and regular case reviews in relation child protection issues.
Fear and distress expressed by the young person involved in relation to reporting.	<ul style="list-style-type: none"> • Support and reassurance by the counsellor. • Explanation of the procedure and purpose in relation to reporting. • Involvement of parents and guardians as appropriate.

Procedures

In addition to the procedures listed in our risk assessment, the following procedures support our intention to safeguard children while they are availing of our service:

- The Executive Director and the Designated Liaison Person are responsible for the management of allegations of abuse and misconduct on the part of staff and volunteers against a young person / child availing of our services.
- Clear guidance has been put in place in relation to our policies and procedures and all staff and volunteers are made aware of those procedures.
- Staff and volunteers have been provided with and have access to child safeguarding training and information, including the identification of the occurrence of harm.
- Mandated Reporting: All counsellors are mandated for the reporting of child protection and welfare concerns to Tusla. This is done jointly with the DL person or the ED.

A more comprehensive outline of the above procedures can be found in the GRCC Child Safeguarding, Protection & Welfare Policy and Procedures which is available upon request.

Implementation

We recognise that implementation is an on- going process. This Child Safeguarding Statement will be reviewed on August 2021 or as soon as practicable after there has been a material change in any matter to which the statement refers.

Signed: _____

Date: _____

lognaid (Iggy) O’Muircheartaigh

(GRCC Board of Management Chair)

For queries, please contact the CEO Cathy Connolly or the Designated Liaison Person at 091 564800

Appendix 2: Information for Clients Leaflet

See leaflet attached.

Appendix 3: Client Consent to Counselling Form

Client Consent to Counselling

Before signing this consent form please make sure you have read and understood the **Information for Clients leaflet** and the **Privacy Policy for Clients** which will have been given to you when you first came to GRCC.

In particular we would like to remind you about the important matter of confidentiality. We want to safeguard the confidentiality of what you choose to discuss with us. However, in some cases we may need to share information with others. Please read the reminder about this below.

Limits of confidentiality and risk issues

Where identifying information is given in relation to a person who abused in the past or who may be currently at risk of abusing children the counsellor is legally obliged to pass this information on to the Child and Family Agency (TUSLA).

If there is a risk to your life or safety or to the life of another person that counsellor will have a duty to pass this information on to the appropriate people.

If any of these situations arise your counsellor will talk to you about it before acting wherever possible.

If you have any questions about this please ask us before signing. We will be happy to clarify it for you.

I have read and understood the GRCC INFORMATION FOR CLIENTS LEAFLET and the PRIVACY POLICY FOR CLIENTS and I agree to the terms of counselling and confidentiality explained therein.

Client’s Name: _____ Signed _____

Parent/Guardian: _____ Signed _____

(If applicable)

Counsellor’s Name: _____ Signed _____

Date: _____/_____/_____

8. Implementation

We recognise that implementation is an on-going process. This Child Safeguarding, Protection and Welfare Policy and Procedures will be reviewed in May 2021 or as soon as practicable after there has been a material change in any matter to which the policy refers.

Signed: 
GRCC Executive Director

Date: 4-11-2020

Signed: 
GRCC Board of Management Chair

Date: 4/11/20

Next Review Date: May 2021