



MUSCULAR DYSTROPHY IRELAND

CHILDREN FIRST

POLICY AND CODE OF PRACTICE FOR THE PROTECTION OF YOUNG PEOPLE AND ADULTS

Muscular Dystrophy Ireland
75 Lucan Road
Chapelizod
Dublin 20
Tel: 016208663
Email: info@mdi.ie

In this Policy and Code of Practice for the Protection of Young People, Muscular Dystrophy Ireland (MDI) aims to protect all children who are under the care of MDI staff. We do this by implementing the following policies;

1. A Child Protection Policy Statement
2. A Written Statement of Confidentiality
3. A Reporting Procedure
4. A Designated Person
5. A Staff Allegations Policy
6. Recruitment and Selection Procedures
7. An Induction Policy
8. A Supervision Policy
9. Codes of Behaviour
10. Complaints Procedure
11. Accident Procedures

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Child Protection Policy Statement

Muscular Dystrophy Ireland (MDI) is committed to a practice which protects children from harm. It is the policy of MDI to safeguard the welfare of all children by protecting them from physical, sexual, neglect and emotional harm. Staff and volunteers in this organisation accept and recognise their responsibilities to develop awareness of the issues which cause children harm and to adhere to the principle of paramountcy which means that the welfare of the child should always come first when decisions are being made in relation to care and protection issues.

Abuse of children with disabilities is a significant problem. Abusers are most likely to be known to the victim. All persons in services for children with disabilities need to be familiar with the indicators of abuse and to be alert for signs of abuse. MDI staff and volunteers must become familiar with the organisation's guidelines for preventing, identifying and reporting child abuse.

1. Purpose of the Policy

1.1 This policy provides guidelines to all persons working with MDI to ensure that children, young people and members enjoy activities with MDI with optimum safety and are free from threat of abuse when participating in such activities.

1.2 Acknowledge the rights of children to be protected, treated with respect, listened to and have their views taken into consideration

1.3 MDI staff includes all core staff e.g. Youth Respite Workers (YRW) and Family Support Workers (FSW), Drivers, Personal Assistants (PA), Respite Care Workers, Volunteers, agency care workers, staff on any FAS or CE schemes, those on student schemes, and all other persons employed by MDI.

1.4 Purpose of the Guidelines:

- To ensure that no person is exposed to the risk of abuse.
- To provide all the above persons with basic information on the nature of child abuse.
- To inform all of the above persons about the procedures they should follow in their role as staff directly or indirectly employed by MDI when they are told that a case of child abuse is occurring or has occurred or they are suspicious that it is occurring.
- To raise staff awareness of the necessity for good practice so as to help ensure the protection of young people from abuse within and outside MDI and the protection of staff, members and others against false accusations of abuse.
- The MDI Child Protection Policy will be reviewed every two year by the Designated Officer Ms Kate Power & the Deputy Designated Officer Mrs. Margaret

Goode to ensure any changes to legislation and best practice are incorporated into the policy.

2. Children with Disabilities

Children with disabilities are particularly vulnerable to experience emotional, sexual and neglectful abuse and their abuse is less likely to be reported. Therefore MDI staff and volunteers working with our young members need to be very aware of and informed about abuse.

2.1 Children with disabilities may be more at risk of abuse for the following reasons:

- communication difficulties
- sensory disabilities
- vulnerability due to isolation
- dependence on goodwill of carers
- power differences
- limited assertiveness
- limited ability to recognise inappropriate sexual behaviour
- need for intimate care such as washing and toileting
- contact with multiple care services and carers, transport workers such as bus drivers and visitors to youth clubs and camps
- frequent staff turnover
- compliant behaviour towards adults
- limited understanding of sexual behaviour
- need for attention, friendship or affection
- limited sense of danger and inability to see warning signs
- fear of not being believed
- perceived limited reliability as witness
- lack of personal control –privacy and personal choices are limited in care /educational settings.
- increased trust of strangers and those close to them
- tendency to perceive emotional or behavioural needs of children with disabilities as “problematic” or linked to their disability –promotes responses that are about control/elimination or a tendency to deny possibility of abuse
- desexualising of people with disabilities -refusal to acknowledge their sexuality/gender. This may result in their being handled without appropriate respect and their bodies being seen as having no value or sexual worth
- other experiences of victimisation - name calling or discrimination
- developmental and communication issues make reporting abuse difficult
- lack of acceptance of worth of child, lack of support of carers, lack of understanding of the needs of the child.

3. MDI Children First Communication Policy

As already identified difficulties with communication may be a key issue in relation to the vulnerability of children and young people with disabilities.

MDI will endeavor to ensure that when communicating with children and young members the following guidelines will be followed;

- To treat each child with dignity and respect;
- To think about how the organisation & staff communicate with children i.e. the manner/language that is used.
- All MDI staff (including volunteers & student placements) should be positive role models.
- Carefully introduce what you want to talk about with the child and parents/guardians. This is to set the context and enable the child to understand better what you are talking about.
- Reflect back on what you think the child/young person has told you to check that you have understood.
- Don't hurry, be patient - be prepared to give more time to the child/young person.
- Be open to, and use a range of non-verbal communication methods such as facial gestures and body language. Remember that your facial expression and gestures will help the child/young person to understand you.
- Don't be afraid to say if you don't understand, try again and ultimately use notes or drawings.
- Don't speak in a louder than normal voice - this may distort your words and make it difficult for the child to understand.
- Don't use inappropriate language.
- Don't allow inappropriate language used by children to go unchallenged.

4. Child Welfare Concern

4.1 A problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child's health, development and welfare and that warrants assessment and support, but may or may not require a child protection response.

5. What is Child Abuse?

5.1 Child abuse occurs when a child is ill-treated in some manner and requires protection. It is abusing power over a young person, by an adult or a peer, in a way which disadvantages the young person and to which the young person cannot give informed consent.

The main forms of abuse are the following:

5.2 Neglect can be defined in terms of an omission, where the young person 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, medical care.

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

5.4 Sexual abuse - the use of a child by another person for his/her gratification or sexual arousal or for that of others. This can take many forms and includes rape and other sexual assaults, allowing children to view sexual acts or to be exposed to or involved in pornography, exhibitionism and other perverse activities which they do not fully understand.

5.5 Emotional abuse - where it occurs is normally to be found in the relationship between care-giver and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms.

5.6 MDI Staff and volunteers working with children need to be constantly aware of any physical, behavioural or indirect signs which may be an indication of some of the above abuses, resulting in emotional change in any of the young people being cared for by MDI. (Refer to Appendix 3 for signs of abuse)

6. Guidelines if a Child Discloses Alleged Abuse

If a child discloses alleged abuse to a member of MDI staff or to a volunteer the following steps should be taken:

6.1 Be as calm and natural as possible. Remember that you have been approached because you are trusted and possibly liked, not because you are an expert counsellor.

6.2 Remember that initially the child may be testing your reactions and may only fully open up after a period of time.

6.3 Assure the child that you believe them. False disclosures are very rare.

6.4 It is important that the person to whom the disclosure has been made differentiate in their own mind between the person who allegedly carried out the

abuse and the act of abuse itself. The young person, quite possibly, may love or strongly like the alleged abuser while disliking what was done to him/her.

Avoid expressing any judgement about the alleged abuse while talking with the child.

6.5 Do not hug or touch the child as this could be misconstrued by the child as yet another effort at abuse. It is possible that the original abuse began with such a gesture.

6.6 It may be necessary to reassure the child that your feelings towards him/her have not been affected in a negative way as a result of what s/he has disclosed.

6.7 Reassure the child that s/he was right to tell and that you are willing to help and support him/her.

6.8 Do not become emotionally involved with the child as you may become part of the problem rather than the solution.

- Listen carefully and reassure the child of your concern for him/her.
- Create an atmosphere of trust and openness to the young person. Be honest with the young person and do not make promises that you cannot keep.
- Keep an open mind and do not judge the alleged abuser.
- Be aware that the young person may be under severe emotional stress.
- Do not ask too many questions especially about specific details of the abuse.
- Tell the young person that everything possible will be done to protect and support him/her. Do not promise that you will keep secret what has been revealed. Explain that some secrets are not helpful and that you might have to tell someone else in order to protect them from further hurt.
- Support them but be guided by the young person. A hug could be comforting or it could be misconstrued as another effort to abuse.
- Let them talk and share at their own pace.
- Be aware of the fear being experienced by the child.
- Tell them what you are going to do next.
- Be positive.
- Arrange to meet the child again in the near future.

7. Confidentiality Statement

7.1 Confidentiality must be maintained in respect of all issues and people involved in concerns about abuse. However, the legal principle that the welfare of the child is paramount means that consideration of confidentiality should not be allowed to override the right of children to be protected from harm. A guarantee cannot be given to a person, providing information relating to concerns about or knowledge of abuse, that the information received will be kept absolutely confidential. All

information should be treated in a careful and sensitive manner and should be discussed only with those who 'NEED TO KNOW'. The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection.

Sharing information on a need to know basis re: any child protection concern is not a breach of confidentiality. Parents and children have a right to know if personal information is being shared, unless doing so could put the child at further risk.

MDI is committed to complying with its legal obligations to protect data. MDI collects and processes personal data relating to members and employees, this data is protected by an MDI Data Protection Policy ensuring records are kept in a safe and confidential manner.

7.2 MDI will ensure that clear procedures in relation to record keeping of child protection and welfare concerns are in place and are operating effectively, taking appropriate account of the need to ensure that such records are kept securely.

7.3 MDI will cooperate with the HSE Children and Family Services on the sharing of records where a child welfare or protection issue arise. MDI will attend and share information, as required, at formal child protection and welfare meetings as organised by the HSE Children and Family Services i.e. Child Protection Conferences.

7.4 Listening to a disclosure of abuse can be difficult and emotionally demanding for someone not experienced in the area. It may be necessary therefore, for workers to obtain assistance or advice from someone skilled and competent in this area.

8. Responsibility to Report

8.1 The Child Care Act, 1991 states that the Health Service Executive, parents and people working with children should regard the welfare of the child as the first and paramount consideration.

8.2 MDI staff and volunteers working with children have a duty of care to protect them from all forms of harm and to provide them with the highest quality of care. This duty includes an obligation to respond with due speed and competence to a disclosure relating to abuse, whether the allegation is within MDI or in the child's life outside the organisation.

8.2 If you have a concern that a child is missing or has been withdrawn from the youth service the following information must be reported to the Designated Person Ms. Kate Power:

- Name of child
- Age of Child
- Address/Name of School if applicable

- Physical Description of child (height, colour of hair, clothing etc.)
- Where the child was last seen
- The time the child was last seen
- Why you are concerned that the child is missing
- Have you spoken to parents/guardians re: your concern

Once a sufficient check is made and if the child is not found, the designated officer will be informed immediately and will be responsible for initiating contact with An Garda Síochána. A written statement of events will be recorded by the staff member who initially received the report of the missing child. This statement will be detained by the designated officer.

Any reasonable suspicion of abuse must elicit a response. Ignoring signals or failing to intervene may result in on-going or further harm to the child. Child safety and well-being must take priority.

9. Reporting Procedures

9.1 The HSE Children and Family Services should always be informed when a person has reasonable grounds for concern that a child may have been, is being, or is at risk of being abused or neglected. Staff of MDI and volunteers should be aware of the organisations reporting procedure when reporting concerns. The next stage is to report the incident verbally & in writing to the Designated Person, Ms. Kate Power as soon as possible after the incident occurs and include the following in the report:

- Where and when disclosure took place.
- Write down accurate notes on everything that is relevant including what you have heard or been told (use exact words) and by whom, as well as what you have seen and observed and when and where you observed it. Don't interpret situations or imagine what is in other people's minds: simply write down what you have seen and heard.
- How did the person behave while talking to you, how they expressed their feelings. Are there any signs of physical injury? Keep the report factual.
- Record relevant dates, times etc.
- Name and address of child, parents/carers and any other children in the family.
- Name and address of person alleged to be causing harm to the child.
- Full account of the current concern about the child's safety or welfare.
- Any other information about the family, particularly any difficulties which they may be experiencing.
- Name of child's school
- Name of child's general practitioner.
- Reporters own involvement with child and parents/carers.
- Details of any action taken in relation to the child's safety and welfare.
- Name and addresses of any agency or key person involved with the family.

- Identity of person reporting, including name, address, telephone number, occupation and relationship with the family.
- Date and sign it.

9.2 This record may be valuable evidence should there be any subsequent legal proceedings. It will also serve to keep clearly in your mind exactly what was said and what happened.

9.3 Where a member of staff or a volunteer makes a report of alleged abuse, the possibility always exists that s/he may be called to give evidence should legal action be taken. Hence the importance of recording details of disclosure and any other relevant information that you have heard and seen.

9.4 It is recommended that the staff member or volunteer to whom a child discloses abuse should seek support for themselves, as this situation can be very traumatic, even for a person who is experienced in child care issues.

9.5 Where a member of MDI staff or a volunteer has a suspicion of abuse but no evidence to substantiate it, s/he should monitor the situation and discuss it with Designated Person, Ms. Kate Power. The Designated Person can phone the Duty Social Worker in the HSE Children and Family Services who is there to advise and support people in what to do. MDI staff should continue to observe the situation and be available to the child involved. *It is not up to a member of staff or volunteers to investigate the situation.*

9.6 The Designated Person Ms Kate Power will submit the report without delay to the HSE Children and Family Services. See **Appendix 15** for a copy of the Health Service Executive Standard Reporting form.

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

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

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

is guilty of an offence.

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

9.8 For a child in immediate danger or if an emergency situation occurs ‘out of hours’ the situation should be referred to the Gardai.

9.9 In the event of any member of staff or volunteer working with children and their families, receives information in respect of a suspicion of child abuse/welfare from a third party, this must be reported, regardless of any consideration in respect of confidentiality to the Designated Person Ms Kate Power. If you believe that reasonable grounds for concern exist, the information should be forwarded to the Designated Person regardless of whether the source wished to be identified or not. The source must be made aware that you will be reporting the information and it will be acted upon in the usual manner. The Designated Person will report this to the local Children and Family Services’ Social Work Service, which will then investigate the concerns.

10. Protection for those who Report

The Protection for Persons Reporting Child Abuse Act 1998 which came into operation in January 1999 provides:

10.1 Immunity from civil liability to any person who reports child abuse “reasonably and in good faith” to designated officers of health boards or any member of An Garda Síochana.

10.2 Protection for employees who report child abuse. These protections cover all employees and all forms of discrimination up to, and including, dismissal.

10.3 The creation of a new offence of false reporting of child abuse where a person makes a report of child abuse to the appropriate authorities “knowing the statement to be false”. This provision is designed to protect innocent people from malicious reports.

11. Reasonable Grounds for Concern

11.1 When the Designated Person, Ms. Kate Power, receives a report about suspected or actual abuse he will have to consider whether there are reasonable grounds for reporting it to the HSE Children and Family Services. The following examples would constitute reasonable grounds for concern and will be reported;

- Specific indication from the child that (s)he was abused
- An account by a person who saw the child being abused
- Evidence, such as an injury or behaviour which is consistent with abuse and unlikely to be caused another way.
- An injury or behaviour which is consistent both with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern

that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indicators of abuse, dysfunctional behaviour.

- Consistent indication, over a period of time that a child is suffering from emotional or physical neglect.
- A concern about a *potential risk* to children posed by a specific person, even if the children are unidentifiable, should also be communicated to the HSE Children and Family Services.

11.2 A suspicion, which is not supported by any objective indication of abuse or neglect, would not constitute a reasonable suspicion or reasonable grounds for concern. However these suspicions should be recorded by the organisation as future suspicions may lead to the decision to make a report and earlier suspicions may provide important information for the HSE Children and Family Services or An Garda Síochána.

11.3 If the Designated Person Ms. Kate Power decides that reasonable grounds for reporting the incident or suspicion to the HSE Children and Family Services or An Garda Síochána does not exist, the individual worker who referred the matter will be given a clear written statement of the reasons why the organisation is not reporting the concern.

11.4 The worker will be advised that if they remain concerned about the situation, they are free to consult with, or report to, the HSE or An Garda Síochána themselves.

12. Retrospective Disclosures by Adults

12.1 An increasing number of adults are disclosing abuse that took place during their childhoods. It is essential to establish whether there is any current risk to any children who may be in contact with the alleged abuser revealed in such disclosures.

12.2 If any risk is deemed to exist to a child who may be in contact with an alleged abuser, the staff must make a report to the Designated Person, Ms. Kate Power, and follow the MDI Reporting procedures outlined in section 8.

12.3 The HSE National Counselling Services is in place to listen to, value and understand those who have been abused in childhood. The service is a professional, confidential counselling and psychotherapy service and is available free of charge in all regions of the country (see www.hse-ncs.ie/en). The service can be accessed either through healthcare professionals or by way of self-referral (Freephone 1800477477).

13. Role of MDI Designated Person

Staff employed by MDI and volunteers with MDI must be aware of who they should notify about any concern or knowledge of child abuse. This person is called the **Designated Person** and is **Ms. Kate Power, Respite Coordinator**. Her role is as follows:

13.1 The designated person must be trained in child protection and the guidelines and procedures to follow if they are informed about a child protection concern.

13.2 She will provide information and advice on child protection within the organisation.

13.3 She will ensure that MDI's child protection policy and procedures are followed.

13.4 In the case of an alleged incident of abuse, the MDI staff member /volunteer/agency worker/PA/Respite Care Worker who is approached by a young person wishing to disclose, will write a report detailing what they have been told. They will then liaise with and inform the Designated Liaison Person in MDI, Ms Kate Power, who will contact the appropriate authorities – the HSE Children & Family Services or the Garda Síochána.

13.5. Mrs. Margaret Goode, Family Support & Clinic Coordinator, is the **Deputy Designated Liaison Person** and is available to support staff and the Designated Person in issues relating to child protection concerns.

13.5 The Designated Person will ensure that appropriate information is available at the time of referral to the HSE Children & Family Services, and that the referral is confirmed in writing.

13.6 It is the policy of MDI that parents be informed that a report has been made to the HSE Children & Family Services, unless doing so would put the child at further risk. It is the role of the Designated Person to assess the situation and inform parents of the report.

13.7 The Designated Person will not investigate the case themselves – his/her role is to notify the relevant HSE Children & Family Services.

13.8 The Designated Person must also keep the Director of MDI informed of proceedings. (In the event that the Designated Person is not the Director)

13.9 The Designated Person should keep an individual case record of the action taken by MDI, the liaison with other agencies (HSE, An Garda Síochána) and the outcome.

13.10 MDI personnel can contact the Designated Person for advice and support.

13.11 The Designated Person is responsible for;

- Acting as a source of advice on child protection matters and/or co-ordinating action within MDI
- Liaising with HSE Children & Family Services and An Garda Siochana and other agencies about suspected or actual cases of child abuse.
- Consulting with the HSE Children & Family Services re: a case or codes of behaviour
- Making a formal referral

Contact Details

MDI Designated Person:	Ms. Kate Power	
MDI Deputy Designated Person:	Mrs Margaret Goode	
Address:	MDI, 75 Lucan Road, Chapelizod, Dublin 20	
Free Phone:	1800 245 300	Phone: 01-6236414
Fax:	01-6208663	Email: kate@mdi.ie

14. Record Keeping

14.1 When reporting a concern that a child may have been, is being, or is at risk of being abused or neglected staff must complete a written report.

14.2 The report will be password protected and saved to the member's personal file, both a paper copy and a computer file.

14.3 A signed copy of the report is sent to the Designated Person to be maintained in the MDI Incident Report Folder.

14.4 Computers used in the course of MDI employment must be password protected, accessed and used by the employee only.

14.5 A copy of all passwords must be kept in Head Office and maintained by the Database Manager.

14.6 Computer and paper files are filed regularly and in alphabetical order, in secure, locked filing cabinets. All records are to be kept in a safe and confidential manner.

14.7 Staff must ensure that information stored on their computer is regularly backed up and backup disks are stored in a safe and secure location.

14.8 In the event that personal information is required by a third party, the member's written permission must be sought in advance.

14.9 All records in relation to child protection concerns will be kept indefinitely by the organisation.

15. Dealing with Allegations Against Staff Policy

Mr Gary Toner, a member of MDI's Executive Committee is the Designated Liaison Person within the organisation responsible for dealing with allegations of abuse against a staff member.

15.1 In the event that the Designated Person receives a complaint of abuse against a staff member, a preliminary screening should be carried out to establish the facts pertaining to the complaint. The purpose of the preliminary screening is to ascertain if it is possible that an abusive interaction could have occurred.

The preliminary screening should not attempt to establish whether or not the abuse actually occurred.

When dealing with the complaint;

- Confidentiality should be maintained, insofar as possible.
- The staff member against whom the allegation is made is fully protected throughout the process.
- Mr. Gary Toner (Designated Person for Staff Allegations) will liaise directly with the staff member involved.
- Ms. Kate Power (Child Protection Designated Person) will liaise with the member / parent / carers involved.
- Mr. Gary Toner will inform Ms. Kate Power of his finding.
- Ms Kate Power will refer the allegation the HSE and statutory agencies without delay if suspected abuse has taken place, ensuring that the welfare of the child is paramount.
- Ms Kate Power will liaise closely with the HSE / An Garda Síochána to ensure that actions taken by the organisation do not undermine any investigations.

15.2 The Designated Person's role with regard to the preliminary screening must include the following;

- The staff member, against whom the complaint is made, must be immediately notified of the nature of the allegation, notified that a preliminary screening is underway and that s/he has a right to be accompanied to this meeting by a representative or work colleague.
- The Designated Person must ensure that the details of the alleged or suspected abuse are documented.

- The Designated Person must arrange for a physical or psychological assessment of the member to be carried out where appropriate.
- The Designated Person must consult with another Executive member or professional colleague before s/he makes a final decision as to whether or not an abusive interaction could have occurred.

15.3 If the Designated Person is satisfied that an abusive interaction could not have occurred, no further action is warranted.

- A record of the decision should be kept on the staff member's personnel file.
- Stating the precise nature of the complaint and that a preliminary screening took place.
- The purpose of this record is to protect the reputation of the staff member concerned

15.4 If the preliminary screening indicates that an abusive interaction could have occurred then;

- The staff member must be informed that a formal investigation will take place
- The staff member should be given an opportunity to make an initial response if s/he wishes
- The staff member should be advised as to what happens next and told not to make contact with the complainant.
- The staff member should be advised of support and counselling services that are available.

15.5 Protective Measures

The Designated Person should take whatever protective measures are necessary to ensure that the child / member is not exposed to unacceptable risk. These measures should be proportionate to the level of risk and should not unreasonably penalise the employee, financially, or otherwise, unless necessary to protect children. These measures are not disciplinary and may include;

- Providing an appropriate level of supervision
- Putting the staff member off duty with pay pending the outcome of the investigation
- The views of the staff member should be taken into consideration but the final decision remains with management

Putting the staff member off duty pending the outcome of the investigation should be reserved for only the most exceptional of circumstances.

15.6 Conducting the Investigation

- It is the policy of the MDI organisation to engage the services of an independent external consultant to investigate Staff Allegations of Abuse.

- MDI will liaise closely with investigating bodies (HSE Children and Family Services / An Garda Síochána) to ensure that actions taken by the organisation do not undermine or frustrate any investigations?
- If the complaint is upheld, the matter will be referred to the Chairperson of the Board who is empowered to take disciplinary action up to and including dismissal.
- It is the role of the Designated Person to inform the member / parents / guardian of the progress and outcome of the investigation.

16. MDI Recruitment Policy and Process

Muscular Dystrophy Ireland's policy in relation to recruitment and selection is to provide equal access to employment for all and to ensure that the best person, in terms of knowledge, skills, experience and aptitude, is chosen for each position that arises.

16.1 MDI recruitment process involves completing and submitting the following;

- Advertising in local & national media (as appropriate)
- MDI Application Form (Appendix 5)
- MDI Declaration Form (Appendix 6)
- Garda Enquiry Form.
- Applicants that have lived abroad must provide a letter from the Police Services in the country / countries that he/she has lived in.
- CV.
- Two signed passport photographs.
- Photocopy of passport or drivers licence.
- Bank Details.
- PPS Number.

MDI will also include a copy of the relevant Job Description with the application forms to ensure the applicant has an understanding of the work and experience that will be expected of him/her while volunteering/working with MDI (see Appendices 9 & 11) Information on MDI will also be sent to the candidate e.g. MDI Members Booklet, Newsletter & website details.

16.2 Following receipt of the above information MDI will process the application, i.e.

- Interview – in person or by telephone by two representatives of MDI.
- MDI Volunteer Reference Form (Appendix 7)
- Reference check.
- MDI Checklist for New Employees (Appendix 8)
- Applicants who's Garda Enquiry form informs the organisation that a conviction has occurred (which the applicant **did declare** in the MDI Declaration Form) will

met with the CEO, HR Coordinator and line manager to discuss the conviction in relation to the role applied for, any risks associated if the applicant was to be employed and the suitability of the applicant.

- Applicants who's Garda Enquiry form informs the organisation that a conviction has occurred (which the applicant **did not declare** in the MDI Declaration Form), will not be consider for any position in the organisation.
- The following list would exclude applicants from working in the organisation;
 - Violent incidents.
 - Sexual harassment.
 - Barring orders for violent incidents
 - Theft.
 - Fraud.
 - Driving conviction – speeding or driving under the influence of drugs or alcohol (specifically if applicant is applying for position that involves driving).

17. MDI Training and Induction Policy

17.1 All staff will receive an induction into the organisation to include the following;

- History of the organisation
- Organisational Chart
- Members Information Booklet outlining services of the organisation
- Staff Handbook
- MDI Children First Policy and Code for the Protection of Children
- Supervision
- Training
- Probationary Period – 6 months core staff (may be shorter for casual or relief staff)

17.2 MDI have developed a training database in line with Health and Safety requirements and all staff, student placements and volunteers will be trained in the following core skills;

- Children First
- First Aid
- Patient Lifting Techniques (where appropriate)
- Disability Awareness

17.3 The Development & HR Coordinator and the relevant line managers will develop a yearly training strategy / programme for employees.

17.4 The Development and HR Coordinator will maintain the training database and ensure staff are in compliance with training strategy.

17.5 All MDI core staff working directly with children will receive child protection and welfare training delivered by the HSE Keeping Safe Initiative.

17.6 All staff, student placement & volunteer will be required to sign up to MDI Child Protection Policy on commencing work with the organisation (see appendices 10 & 12 MDI PA / Respite Care Worker Induction & Supervision Guidelines)

18. Safe Management – Supervision and Support Policy

18.1 Muscular Dystrophy Ireland (MDI) acknowledges that it is good practice for staff who engage in direct client work to receive regular internal and external supervision in order to maintain a professional, objective and quality standard of work. Staff may work in isolation, deal with highly emotive issues and work in home settings. MDI acknowledges that it is best practice;

- To provide staff with a regular space for them to reflect upon the content and process of their work.
- To develop an understanding of their skills within this work.
- To receive information and another perspective concerning their work.
- To receive both content and process feedback.
- To avail of peer support through group supervision.
- To be validated and supported both as a person and as a worker.
- To ensure that as a person and as a worker, the employee is not left to carry unnecessarily difficulties.
- To plan and utilize their personal and professional resources better and to be proactive rather than re-active therefore ensuring quality of work .
- In order to maintain a professional, objective, quality standard of work it is important to receive regular internal and external supervision.

18.2 MDI Line Manager Supervision.

The responsibilities of the Line Manager are as follows;

- To be a primary source of support for the staff member.
- Reviewing of staffs practice.
- Agreeing and monitoring action plans mutually.
- Development of staff skills, knowledge and value base by reflecting on performance.
- Identifying staff developmental needs, interests, goals and action plans.
- Providing space for staff to reflect on his/her experience of, and feelings about the work.
- To ensure accountability for the work undertaken by the staff.

- To ensure that the staff is clear about his/her roles and responsibilities.
- To provide regular and constructive feedback to the staff.
- To provide supervision on a two monthly basis or more regularly if the need arises.

18.3 MDI Group Supervision

- Group supervision will be available to Family Support Workers and Youth Respite Workers on a regular basis.
- The group supervision will be facilitated by an external counsellor.
- The purpose of facilitated group supervision is to work through issues in relation to the nature of the work, difficult situations, and experiences which staff encounter in their work practice.
- Group supervision should not be used for organisational issues as these are to be brought to the attention of the relevant line manager.
- Six external group supervision sessions will be facilitated per year.

18.4 Protected Disclosure:

Section 103 of the Health Act 2007, which came into operation on 1st March 2009, provides for the making of protected disclosures by HSE employees. If an employee reports a workplace concern in good faith and on reasonable grounds in accordance with the procedures outlined in the legislation, it will be treated as a 'protected disclosure'.

If you have a concern that;

- the health or welfare of patients/clients or the public may be at risk,
- your employer is not meeting his or her legal obligations,
- there is a misuse or substantial waste of public funds,

then you may report your concerns without fear of penalisation from your employer And also without fear of civil liability.

The HSE has appointed an 'Authorised Person' to whom protected disclosures may be made. Employees are required to set out the details of the subject matter of the disclosure in writing on the Protected Disclosures of Information Form and submit it to the Authorised Person at the following address: HSE Authorised Person, PO Box 1157, Dublin 2.

The Authorised Person will investigate the subject matter of the disclosure. Confidentiality will be maintained in relation to the disclosure insofar as it is reasonably practicable.

19. Guidelines for the Behaviour of Staff

19.1 All staff need to take basic precautions to protect themselves and others from the possibility of allegations of abuse. All staff should;

- maintain the highest standard of personal conduct at all times.
- listen to the children in their care
- value and respect each child
- encourage and praise each child
- respect the right, dignity and worth of every human being. Specifically, staff should treat everyone equally regardless of sex, age, ability, disability, ethnic origin, religion or membership of specific community.
- realise that certain situations or friendly actions could be misinterpreted by the participant or by outsiders and could lead to allegations of sexual misconduct or impropriety
- be sensitive to the possibility of developing favouritism or becoming over involved or spending a great deal of time with any one child.
- Encourage children to report cases of bullying.
- Prohibit swearing or other inappropriate language or behaviour.

19.2 Consumption of alcohol, smoking or substance abuse is never permitted for staff of MDI, agency workers or volunteers while they are working.

19.3 MDI staff dealing with young members should be familiar with MDI's Policy and Code of Practice for the Protection of Young People.

19.4 Designated Person – all staff should know who the Designated Person is and feel free to talk to him/her if child abuse cases/allegations arise.

19.5 All Staff and volunteers working with youth club / group should be trained in their role. What is training strategy!!!!

19.6 One to One Work with children and young adults:

It is recommended that staff be sensitive to the potential risk to personal safety and the possibility of false/malicious allegations, which might arise when they meet alone with a young person. Where the meeting occurs in a room and it is feasible, the worker might consider leaving the door slightly open or informing another colleague that s/he will be alone with the individual in question and for what length of time. Times of the interview should be recorded. As an added precaution staff should ask a Parent/Guardian to sign an approved form stating that a visit or trip where a child was accompanied by a member of staff went ok.

19.7 Staff must be sensitive to the possibility of becoming over involved or spending a great deal of time with any one young person. Staff need to be clear about the

purpose and nature of their relationship with any young person e.g. is the relationship constructive in building up the independence and autonomy of the person or it is being used to satisfy some need or desire of the worker. Where a member of staff has such concern about the nature of a particular relationship with a young person they should discuss it with their line manager. Similarly long term 'helping' or 'support' relationships which arise in one's work, should also be reviewed on a regular basis.

19.8 The MDI youth worker should ensure that MDI staff ratios are adhered to when organising youth clubs out to ensure that 1) activities are organised in such a way to ensure maximum fun, learning, safety and participation; 2) disruptive behaviour on the part of members can be anticipated and/or controlled.

19.9 Staff of MDI should never assume to touch a young person without their permission. They should not physically punish, or be in any way verbally abusive to a young person.

19.10 When dealing with disruptive individuals it is recommended where possible that more than one staff member be present.

19.11 Any disruptive behaviour which puts at risk the safety and well-being of others should be documented in a report book set aside for this purpose. The report should include what happened, who was involved, where and when it happened, what was said, if significant, any injury to person or property and how the matter was resolved.

19.12 Staff should always be attentive to such matters as:

- Safety of activities, buildings and transport.
- Insurance: ensure it is adequate to cover all aspects of the trip.
- Parental consent: staff should have written consent from parents before taking young people under 18 away on trips (see appendix 4).
- That they are made aware of allergies, medical conditions and medical information, which might be relevant as are disclosed on consent form or may develop.
- That they have a contact name and number in case the parents/relatives need to be contacted.

19.13 Maintaining standards and good youth work practice. Boundaries and standards of behaviour should be stressed with all staff working on the trip.

19.14 If a member brings a friend or family member with them on activities to act as a personal carer, it is recommended that MDI have an agreement with all parties re: this intimate care i.e. The Policy and Code of Practice for the Protection of Young People applies to friends and family members also. ***Getting to sign up too!!!!***

20. MDI Respite Care Worker / Personal Assistant / Volunteer / Student Code of Practice

20.1 It is expected that both the member (service user) and the personal assistant will have mutual respect for each other's independence, privacy and dignity.

20.2 Personal information relating to both parties will be treated in the strictest confidence.

20.3 Both parties have a responsibility to ensure a safe working environment, health and safety must be adhered to and aids and appliances e.g. hoists used as appropriate.

20.4 Personal Assistants will be required to attend training/meetings as requested and MDI members are required to facilitate these occasions.

20.5 Both parties are required to contact the Co-ordinator as soon as possible in the event of illness or any other reason for change in normal timetable of services. e.g. annual leave/respite. The Co-ordinator will then endeavour to make arrangements suitable to the new situation.

20.6 The Co-ordinator must be informed in the event of any disagreement or conflict.

20.7 Timesheets are to be completed and returned as instructed.

20.8 The service user should examine and sign the time sheets of their personal assistant before signing them.

20.9 It is the responsibility of both parties to use the allocated time as effectively and efficiently as possible.

20.10 Where duties and times have been assigned by the Co-ordinator no changes can be made without prior consultation. In line with the MDI Child Protection Policy all changes to child services agreements must be agreed in advance in writing by a parent/guardian.

20.11 Under no circumstances should a Respite Care Worker / Volunteer / Student Placement / Personal Assistant transport a member or family member in his/her car as they are not covered by MDI insurance.

20.12 The Respite Care Worker / Volunteer / Student Placement / Personal Assistant must not give his/her personal mobile number to members or agree to keep in contact with members through social network site.

20.13 MDI supports short-term respite. In the event of a cessation of the service, MDI will aim to provide alternative arrangements but this cannot be guaranteed.

21. Personal Assistant Guidelines for Members Under 18 Years of Age

21.1 Personal Assistance

- Accompany member at all times; **do not leave the member alone.**
- Assist member to go the bathroom if required.
- Assist member with tasks on the club / camp such as games, quizzes and other activities.
- Accompany the member on outings.
- Assist member at mealtimes / ask if s(he) needs help.
- Assist the member to go to bed and get up from bed.
- Assist member to turn in their bed at night if they need assistance.

21.2 Washing

- Always *have two personal assistants* present in the room when a member is being washed.
- He/she may wish to have a wash in the bed or a shower, always ask first.
- Ensure the young person's privacy when getting dressed or undressed, cover the person's body with a towel or sheet.
- Always ask them how they would like to be washed and dressed.
- Ask them if they can wash their private parts themselves – if they cannot, ask them if it is ok for you to help them.
- If the child does not want to wash don't worry, just let your leader know.
- Assist the person to wash his/her teeth if required, check as you go what the person requires

21.3 Going to the bathroom / toilet

- If you go to the bathroom always let the leader in charge know where you are and which member you are with.
- If possible ask another helper to stay nearby (sometimes the member may not want too many people with him/her).
- Check that the toilet and seat are safe (no loose parts) check grab rails are well attached to the wall, if they are to be used.
- Leave the bathroom door slightly ajar - if the child is safe to be left alone. Wait outside the door until members requires assistance again.

- *Never attempt to lift or move a member on your own* ask someone who has experience to help you.
- Ensure the member is secured when sitting on the toilet.
- Always ask the member how they go the toilet at home.
- If you are not sure about anything ask for help.

21.4 Dressing

- Always ask the member what he/she wants to wear.
- Do not impose your choice on the member
- Always pack them extra items of clothes in a bag when going out on a day trips.

21.5 When using a hoist

- Only use a hoist with another person who is **experienced in using them**.
- Always use the member's personal sling where available. There will be slings for common use if needed.
- Prepare the area around you before using the hoist.
- Concentrate fully when you are using it.
- Check with the young person what way they use their sling at home and make sure it is properly attached to the hoist before moving.
- Take your time, do not rush!

21.6 Hygiene

- Before and after assisting each young person.
- *Ensure you wash your hand with antibacterial soap and dry with paper towels* which should be in each bathroom if not ask the leader for them.
- You may need to wear rubber gloves if the member uses a pad or has soiled him/herself. They will be provided.
- Only use disposable wipes for this and throw them away in a plastic bag after using them.

21.7 Care of the power chair

- Ensure the young person has a seat belt, which is in place at all times. If the member does not have one, inform the leader immediately.
- At night check with the child if the chair needs to be charged. Most power chairs will need charging every night.
- Make sure you know how to operate a power chair - check with someone who does.

21.8 Transport Guidelines

- At least one personal assistant (must be 18 years or over) to travel with each bus including the driver.
- Clamps must be properly secured to the chair and floor of the van 2 in the front and 2 in the back.
- Seat belts which are attached to the van must be worn at all times by Personal Assistants and Members.
- The driver is responsible for fitting the clamps and seat belts but the personal assistant must observe and if he/she notices a problem they should notify the driver immediately.
- The personal assistant must sit in the back with the young members (where there is a seat available).
- The driver or the personal assistant who has been delegated to operate the lift must take great care - *Concentrate on the task*, e.g. (don't engage in conversation with others) other than the person or people involved at the time.
- Insure that no one is too close to the lift when it is being operated and insure the wire attached to the control is not caught in the lift.
- Insure the wheelchair user who is going to use the lift is directed safely onto the lift and is the correct position on the lift before raising or lowering it.
- When the person alights from the lift ensure the person moves directly onto the nearest footpath and is safe e.g. (brakes applied to a manual wheelchair).
- A Personal assistant must be asked to stay with the person or group.

21.9 Venue Safety Guidelines

- Ensure that the venues chosen for activities are safe.
- When using a lift never let a child go in it without a personal assistant. Make sure a personal assistant stays with the child when they get out. Also make sure you have sufficient personal assistants for one to stay with the remaining children while another stays in the lift to do the transfers.
- Check that the ramps where provided are safe to use before a person using a manual or power chair uses it. The gradient may be very steep and the chair and person may tilt backwards and fall off the ramp. A personal assistant should go behind the chair and hold it, if it is unsteady
- When using a portable ramp make sure two personal assistants insure that the ramp is put in place correctly and that it does not move when the person concerned is using it.
- Make sure that the gradient is not too steep for safe use; if in doubt do not attempt to use it.
- Check where the nearest fire exits are and note how they can be opened and check if there is a step or ramp at the exit.

21.10 Group Safety Guidelines

- The children / teenagers must stay with their personal assistants and vice versa.
- The group may split but only if there are sufficient personal assistants to meet the required staffing levels on the day. The leader will decide this. Arrange time and place to meet at, at the end of the activity.
- Designate a person who has a first aid certificate to bring a complete and up to date first aid box and ensure everyone knows who the person is.
- Make sure each personal assistant has the group leader's phone number.
- Dangerous behaviour is not allowed (ensure that each participant knows the code of behaviour)

21.11 Supervision

- Know where your member is at all times and what they are doing.
- Do not allow any *rough play* (e.g. people crashing into each other's power chairs) or bullying.
- Bullying may be:
 - Physical (e.g. hitting, kicking, theft)
 - Verbal (e.g. sectarian/racist remarks, name calling)
 - Indirect (e.g. spreading rumours)

All the three points above may affect the member or staff on the camp. If you are concerned about any of these please report to your leader immediately.

21.12 Protecting Members, Staff and Volunteers

Staff should never:

- Engage in rough physical games including horseplay.
- Engage in sexually provocative games.
- Allow or engage in inappropriate touching of any form.
- Allow members to use inappropriate language unchallenged.
- Make sexually suggestive comments about or to a member, even in fun.
- Let allegations a member makes go unchallenged or unrecorded.
- Do things of a personal nature for members that they can do themselves.

Note: You will not be expected to do anything alone but may be asked to assist another member of staff. If you are not happy with anything please let the person in charge know immediately.

22. Guidelines for Good Practice for Intimate Care

Intimate care may be defined as any activity required to meet the personal care needs of each individual child (in partnership with the parents/carers and the child). Intimate care encompasses all areas of personal care, which most people usually

carry out for themselves but some children and/or adults are unable to do so because of their youth or special needs.

22.1 Staff need to be very sensitive to the young person's individual needs.

22.2 Every young person needs to be treated with dignity and respect and ensure as much privacy as possible. Intimate care such as washing and toileting should be carried out with two personal assistants present. See point 10.19 re: friends/family acting as personal carers

22.3 Involve the young person as far as possible in their own intimate care. The young person should be in control of the situation. The PA should talk to the young person about what they are doing and give choices where possible.

22.4 Be responsive to the young person's reactions-check your practice by asking "Is it okay to do it this way?", or "Can you wash there or would you prefer I did so?". If a child expresses a dislike of a certain person carrying out their intimate care, try and find out why and listen to the child.

22.5 Never do something unless you know how to do it- if you are not sure how to do something, ask, and ask again, if necessary.

22.6 If you are concerned, report it. For example, if you accidentally hurt a young person or they seem sore/tender in genital or other areas; appear to be aroused sexually by your actions; if they misinterpret something; or have a very emotional reaction without apparent cause. Report this to the supervisor and also write it down.

22.7 Encourage the young person to have a positive image of their own body – confident, assertive people who feel their body belongs to them are less vulnerable to abuse. Staff's attitude is very important and the way we approach intimate care can convey a lot of messages to them about what their body is "worth". This includes the basics like privacy and dignity. Respect a young person's right to say "no".

Note: If you have a complaint about anyone including staff you should report it to the person in charge immediately. See MDI Complaints Policy & Procedure.

23. Medical Guidelines for Staff and PAs at Youth Camps

23.1 All medical matters are the responsibility of the medical staff at MDI Youth camps.

23.2 Medical staff are responsible to the Respite Co-ordinator & Director of MDI.

23.3 Medical staff are not assigned to any one member, but should be available to do personal care, activities, etc, when required.

23.4 A copy of the completed and authorised Youth Camp Application Forms, containing the medical conditions and medication records of members must be given to medical staff in advance of Youth Camps. This can be done via the Director of MDI.

23.5 It is the responsibility of the medical staff to dispense authorised medication to members.

23.6 Any illness or symptoms of illness must be reported immediately to the medical staff.

23.7 Accidents, falls, stings, bites etc. must be made known to medical staff.

23.8 It is the responsibility of medical staff to contact member's parents/guardians.

- To inform them of any illness.
- To inform them if medical treatment is recommended e.g. visit to a GP/hospital.
- The outcome of further medical treatment.

23.9 Any incidence(s) arising during the camp must be recorded in the Incident book.

23.10 The medical staff must maintain medical records.

24. MDI Personal Assistant Guidelines for Adult Members

MDI's main objective is the promotion, through practical empowerment, independent living for people with the condition muscular dystrophy. Remember to treat members as adults at all times.

24.1 Personal Assistance

- Accompanying member at all times; *do not leave the member alone* unless specifically requested by the member.
- Assisting member to go the bathroom if required.
- Assist member with tasks on the camp such as games, quizzes and other activities.
- Accompany the member on outings.
- Assist member at mealtimes / ask if s(he) needs help.
- Assist the member to go to bed and get up from bed.
- Assist member to turn in their bed at night if they need assistance.

24.2 Washing

- If possible always have *two personal assistants* present in the room when a member is being washed.
- If the member would prefer only one personal assistant, ask another PA to stay nearby e.g. outside the door.
- He/she may wish to have a wash in the bed or a shower, always ask first.
- Ensure the persons privacy when getting dressed or undressed, cover the person's body with a towel or sheet.
- Always ask them how they would like to be washed and dressed.
- Ask them if she can wash their private parts themselves – if they cannot, ask them if it is ok for you to help them.
- Assist the person to wash his/ her teeth if required, check as you go what the person requires.

24.3 Dressing

- Always ask the member what he/she wants to wear.
- Do not impose your choice on the member.

24.4 Going to the bathroom / toilet

- If you go to the bathroom always let the leader in charge know where you are and which member you are with.
- If possible ask another helper to stay nearby (sometimes the member may not want too many people with him/her).
- Check that the toilet and seat are safe (no loose parts) check grab rails are well attached to the wall, if they are to be used.
- If the member would like to be left alone in the bathroom only do so when you have ensured the members safety.
- *Never attempt to lift or move a member on your own* ask someone who has experience to help you.
- Ensure the member is secured when sitting on the toilet.
- Always ask the member how they go the toilet at home.
- If you are not sure about anything ask for help.

24.5 When using a hoist

- Only use a hoist with another person who is *experienced in using them*.
- Always use the member's personal sling where available. There will be slings for common use if needed.
- Prepare the area around you before using the hoist.
- Concentrate fully when you are using it.
- Check with the member what way they use their sling at home and make sure it is properly attached to the hoist before moving.

- Take your time do not rush!

24.6 Hygiene

- *Ensure you wash your hand with antibacterial soap and dry with paper towels* which should be in each bathroom if not ask the leader for them.
- You may need to wear rubber gloves if the member uses a pad or has soiled him/herself. They will be provided.
- Only use disposable wipes for this and throw them away in a plastic bag after using them.

24.7 Care of the power chair

- Ensure the member has a seat belt, which is in place at all times. If the member does not have one, inform the leader immediately.
- At night check with the member if the chair needs to be charged. Most power chairs will need charging every night.
- Make sure you know how to operate a power chair - check with someone who does.

24.8 Transport Guidelines

- At least one personal assistant (must be 18 years or over) to travel with each bus including the driver.
- Clamps must be properly secured to the chair and floor of the van 2 in the front and 2 in the back.
- Seat belts which are attached to the van must be worn at all times by Personal Assistants and Members.
- The driver is responsible for fitting the clamps and seat belts but the personal assistant must observe and if he/she notices a problem they should notify the driver immediately.
- The personal assistant must sit in the back with the young members (where there is a seat available).
- The driver or the personal assistant who has been delegated to operate the lift must take great care - *Concentrate on the task*, e.g. (don't engage in conversation with others) other than the person or people involved at the time.
- Insure that no one is too close to the lift when it is being operated and insure the wire attached to the control is not caught in the lift.
- Insure the wheelchair user who is going to use the lift is directed safely onto the lift and is the correct position on the lift before raising or lowering it.
- When the person alights from the lift ensure the person moves directly onto the nearest footpath and is safe e.g. (breaks applied to a manual wheelchair).
- A Personal assistant must be asked to stay with the person or group.

24.9 Venue Safety Guidelines

- Ensure that the venues chosen for activities are safe.
- When using a lift never let a member go in it without a personal assistant. Make sure a personal assistant stays with the member when they get out.
- Make sure you have sufficient personal assistants for one to stay with the remaining members while another stays in the lift to do the transfers.
- Check that the ramps where provided are safe to use before a person using a manual or power chair uses it. The gradient may be very steep and the chair and person may tilt backwards and fall off the ramp. A personal assistant should go behind the chair and hold it, if it is unsteady
- When using a portable ramp make sure two personal assistants insure that the ramp is put in place correctly and that it does not move when the person concerned is using it.
- Make sure that the gradient is not too steep for safe use; if in doubt do not attempt to use it.
- Check where the nearest fire exits are and note how they can be opened and check if there is a step or ramp at the exit.

24.10 Group Safety Guidelines

- The members must stay with their personal assistants and visa versa.
- The group may split but only if there are sufficient personal assistants to meet the required staffing levels on the day. The leader will decide this within the agreed staff ratios. Arrange time and place to meet at, at the end of the activity.
- Designate a person who has a first aid certificate to bring a complete and up to date first aid box and ensure everyone knows who the person is.
- Make sure each personal assistant has the group leader's phone number.
- Dangerous behaviour is not allowed (ensure that each participant knows the code of behaviour)

24.11 Supervision

- Know where your member is at all times and what they are doing.
- Do not allow any *rough play* (e.g. people crashing into each other's power chairs) or bullying.
- Bullying may be: Physical (e.g. hitting, kicking, theft)
Verbal (e.g. sectarian/racist remarks, name calling)
Indirect (e.g. spreading rumours)
Ebullyin (e.g. internet, texting, phone etc.) see MDI Youth Group Anti-bully Policy pg. 39

All the three points above may affect the member or staff on the camp. If you are concerned about any of these please report to your leader immediately.

24.12 Protecting Members, Staff and Volunteers

Staff should never:

- Engage in rough physical games including horseplay.
- Engage in sexually provocative games.
- Allow or engage in inappropriate touching of any form.
- Allow members to use inappropriate language unchallenged.
- Make sexually suggestive comments about or to a member, even in fun.
- Let allegations a member makes go unchallenged or unrecorded.
- Do things of a personal nature for members that they can do themselves.

25. MDI Use of Technology Policy

Continuing advances in technology, e.g. mobile phones, email, Internet, have broadened the means and speed by which people can communicate and share information. These technologies have also brought the need to ensure that they are used for their positive benefits and to minimise the potential negative or harmful uses for which they can be used.

25.1 Sensible use of mobile phones

A mobile phone can be a great communication method and a potential safety tool for everyone, including children. However, MDI staff need to be aware of the potential difficulties associated with communicating with a young person via the young person's personal mobile phone. There is always a potential for phone calls or text messages to be misinterpreted by the young person or by their parents/guardians.

Communications about MDI activities should be made through a parent's mobile phone. Alternatively, MDI staff can explore using a Group Text service (e.g. Tacu Text for Parents). Prior parental consent should be obtained for children to be contacted directly on their mobile phones about MDI activities.

Mobile phones can be used by some people to bully others by sending threatening and unpleasant text messages, and picture messages, either directly to their victims or to spread malicious rumours. This is not harmless and should be treated in the same manner as any other form of bullying. Children should be advised to save any scary messages or offensive pictures and to always tell an adult (e.g. parent, teacher, MDI staff member) immediately. If messages are stored, it is usually possible to trace the culprit so that they can be quickly identified.

MDI staff should advise children of the need to use mobile phones with care, not to be tempted to use their phone to bully others and not to allow others to use their mobile phone.

Mobile phones can be a safety tool particularly when on outdoor activities. However it can happen in the event of an emergency that the mobile phone may not work due to

bad reception so the reliance on a phone should never replace the skill competencies required for specific activities.

If an MDI staff member gives his or her mobile phone as the contact phone when on activities then they must ensure that the phone is constantly charged and maintained in credit.

25.2 Camera Phones

Camera phones should be used safely and responsibly. Pictures can be very powerful and stir up strong emotions. Camera phone users should respect the private lives of others and not take or distribute pictures of other people if it could invade their privacy.

Children should be advised to avoid sending a picture or video to someone they don't know very well. Apart from not being sure what that person will do with it, a picture may contain something that could help them trace or find out more about the child. Clues in the picture may be in the background – number or front of a house, a street name, school uniform and these snippets of information may help those who want to harm children.

MDI staff should be aware of the organisations guidelines on the appropriate use and storage of images – see MDI Data Protection Policy. Images taken at MDI events e.g. youth clubs, camps, social outing, workshop are for the organisations use only and should be forwarded securely to the head office, where they will be stored safely and used appropriately. These images should be deleted from the staff members work cameras or phones once forwarded to the head office. Consent should be received for any picture of image taken by the member and parents/guardians as appropriate.

MDI staff and members should not send pictures that are obscene, indecent or menacing and should be sensitive about other people's gender, colour, religion or personal background.

25.3 Use of Email and Social Networking Sites

Email and social networking sites have enormous benefits but can also be used for harmful or abusive purposes.

It is advised that MDI staff do not email youth members as individuals when disseminating information in relation to events but do so as part of a disclosed list, having received prior permission to disclose in group email. Disclosed lists should be used for sending group information via a designated, registered and vetted MDI staff member. Group emails should give recipients the opportunity to have their contact details removed from the list by including a statement such as: "If you wish to be removed from this email list please contact the administrator".

MDI staff members should not contact young people through chatrooms or social networking sites (e.g. Bebo, Facebook, MSN, and Twitter) and they should not give young people access to their personal social network account/page/ blog.

25.4 Photographs and images of children

Guidelines in relation to the use of images of MDI members on web sites and publications are outlined below. MDI staff should be aware of them and apply them as and when necessary. Where possible try to use illustrations when promoting an activity and avoid using the first name and surname of individuals in the photograph. This reduces the risk of inappropriate, unsolicited attention directed at MDI members appearing in photographs.

On occasions, national or local newspapers may request that the names of young people accompany photographs to be published. Such requests should only be granted at the discretion of, and with the permission of MDI PR & Fundraising Officer, Ms. Amy Brambly. In such circumstances the MDI PR & Fundraising Officer Ms. Amy Brambly should ensure that no other identifier apart from the name(s) and the activity is printed, and that all other guidelines as set out below are followed.

Rules to guide use of photography:

- Ask for the member's permission to use their image.
- Ask parental/guardian permission to use an MDI youth member's image.
- Only use images of members in appropriate dress to reduce the risk of inappropriate use.
- The content of the photograph should focus on the activity not on a particular child.
- Where photographs are to be used on the MDI website, the permission of parents/guardians should be specifically requested.
- Avoid using names of young members when posting photographs on a website.
- The inappropriate use of images should be reported to the Child Protection Officer.

Amateur photographers and film or video operators (including members, non-members and parents/guardians) wishing to record an event or activity should seek approval from the MDI staff member in charge of the activity. The MDI staff member should also provide them with a clear brief on what is considered appropriate image content and the behaviour expected of them while taking images, and following their production.

When commissioning professional photographers or inviting the press to an activity, the MDI staff member should ensure that those attending are clear about MDI's expectations of them in relation to child protection. Professional photographers/film/video operators wishing to record an activity should seek approval

from the MDI staff member in charge of the activity by producing their professional identification for the details to be recorded. The MDI staff member should then:

- Provide a clear brief about what is considered appropriate in terms of content and behaviour.
- Issue the photographer with identification which should be worn at all times.
- Keep a record of accreditations.
- Inform MDI members and their parents/guardians that a photographer will be in attendance at the activity and check that they consent to both the taking and publication of films or photographs.
- Not allow unsupervised access to MDI members or one-to-one photo sessions.
- Not approve/allow photo sessions outside the activity or at a member's home.

Anyone concerned about any photography taking place should discuss his/her concerns with the MDI staff member in attendance or the MDI Child Protection Officer.

25.5 Use of phones on MDI Activities:

MDI staff members should, with parents and young members, develop a policy on the use of mobile phones during MDI activities. This policy should be communicated to all parents and youth members. The policy will include:

- Confirmation that when on activities the MDI staff member is the primary point of communication and is to be contacted if there is an emergency or change to previously agreed arrangements.
- That the usage of mobile phones including text messaging or playing games cannot be allowed to be a distraction from a safe awareness of the environment.
- That the usage of mobile phones including text messaging or playing games cannot be allowed to interfere with full participation in the activity.
- That when on camps or overnight activities there is a stated preferred time period when parents may make contact if they wish. Parents should be advised that contact outside of this time may not be possible due to the nature of the activities.

26. MDI Parental Involvement Guidelines

MDI recognises the valuable contribution parents make to the success of our youth services. The following guidelines have been developed to encourage parents to become actively involved in the youth services provided by MDI.

26.1 The MDI Family Support Worker supporting the family will during the first visitation establish the parental/guardianship right in relation to consent for participating in activities.

26.2 MDI Youth Service Application Form must be completed and signed by a parent/guardian and young member (age appropriate).

26.3 Consent for attending MDI Youth Services must be signed by a parent/guardian and young member (age appropriate). MDI Consent Form includes the following;

- Consent for child to attend MDI youth services.
- Consent for my child to be contacted directly on their mobile phones about MDI youth activities.
- Consent for MDI staff to assist member with personal care needs if required.
- Consent to contact emergency services/Doctor in case of emergency.
- Encourages parents/guardian to ask child/children how they enjoyed activity.
- Consent for any photographs or images of my child taken during MDI Youth Services e.g. youth clubs, workshops & summer camps to be used by MDI for funding applications & PR purposes only.

26.4 Parents/guardian and young member must discuss and sign Acceptable Behaviour for Children Attending MDI Youth Services Form (see appendix 4).

26.5 Parents/guardians are encouraged to discuss with their child/children how they enjoyed at youth club/summer camp.

26.6 MDI staff e.g. family support workers, youth respite workers, respite coordinator and clinic coordinator work together professionally and share information when necessary to provide the best possible service to children in the organisation.

26.7 A parent/guardian who volunteer and attends a youth club activity will be instructed as to their role at that event. *He/she will be reminded that he/she is there as a volunteer and not a parent.*

26.8 A parent/guardian who volunteers and attends a youth club will receive and sign up to the MDI Child First Guidelines which includes the following;

- Guidelines for the behaviour of staff.
- MDI PA Code of Practice.
- MDI Volunteer PA Guidelines: Members under 18yrs of Age.
- MDI Volunteer PA Guidelines: Members over 18yrs of Age.
- MDI Child Protection Policy.
- MDI Complaints Procedure.

26.9 MDI encourages parents/guardian to be as involved as possible in our youth services. Parents/guardians are encouraged to contact the Youth Respite Worker in their area for information on youth services and how they can become involved.

26.10 MDI values and encourages parents/guardian to give feedback on activities and events e.g. youth clubs, summer camps, parties.

26.11 If parents/guardians have queries or concerns regarding any aspect of our youth service then they are encouraged to contact the Youth Respite Worker or Respite Co-ordinator to talk through these concerns. Alternative parents/guardians may follow the MDI Members Complaints Policy & Procedure is available on the website at: <http://www.mdi.ie/mdi-policies--procedures.html>

26.12 The Youth Respite Worker will keep the Respite Co-ordinator informed of any issues or concern raised by parents regarding MDI youth Services.

26.13 MDI is committed to responding and resolving any queries or concern as quickly as possible.

26.14 The Director of MDI will be kept informed and up to date of any concerns raised by parents/guardians.

27. MDI Guidelines for Involving Children and Acceptable Behaviour When Attending MDI Youth Services

When the MDI family support worker & youth worker meets with the child and parents/ guardian for the first time the MDI Youth Service Application Form will be completed. This form informs the child & parents of MDI's Child Protection Policy and complaints procedure. A copy will be given to the parents/guardians and MDI are developing a simpler leaflet version for children.

27.1 Parent/Guardian and child will discuss and sign off on the following points:

- The rights of children to be protected, treated with respect, listened to and have their views taken in to consideration
- Treat staff and other members courteously and respectfully at all times.
- The following behaviours are not accepted in MDI Youth Services;
 - Abusive language e.g. swearing
 - Rude gestures
 - Bullying
 - Rough Play / deliberate pushing or shoving
- If you use a power chair do so safely (this includes the speed at which you use it at) and with consideration for others.
- Stay with the Youth Worker and please do as Youth worker and/or PA ask you – they are responsible for your safety.
- Treat equipment and others' property (including buildings) with care.

27.2 In order for young member to attend the youth services it is necessary to sign the following;

- I understand that if the guidelines are broken then, both parent(s) and member will be informed of the unacceptable behaviour that has occurred.
- The member/child will be given the opportunity to explain the behaviour that has occurred.
- The member/child will be given an opportunity to correct the behaviour.
- MDI reserves the right to send a child/children home for repeatedly poor behaviour.

Signed Member: _____
Signed Parent(s)/Guardian: _____
Signed YRW: _____
Date: _____

28. Youth Group Anti-Bullying Policy

28.1 What is bullying?

Bullying can be defined as repeated verbal, psychological or physical aggression conducted by an individual or group against others.

Bullying can be defined as repeated aggression whether it is verbal, psychological or physical, conducted by an individual or a group against others. It is behaviour that is intentionally aggravating and intimidating and occurs mainly in social environments such as schools, clubs and other organisations working with children. It includes behaviours such as teasing, taunting, threatening, hitting and extortion behaviour by one or more children against another.

Other Abusive behaviour toward Young People

Apart from the above very serious forms of abuse are, for example:

- Abusive language and gestures.
- Making reference to some physical characteristic, manner of dress or perhaps family background of a member in a way intended to hurt.
- Blatantly favouring some and excluding others.
- Rejecting a member because of some negative family circumstances.
- Making remarks about their ethnic origins.

28.2 Effects of bullying

Apart from physical injury, persistent bullying can have a devastating effect on a child's self-esteem. S/he may feel that it is their fault, or that there is something wrong with them. S/he may become withdrawn and insecure, more cautious and less willing to take any sort of risk.

Being victimised in this way can cause mental anguish and leave lifelong emotional scars. It has driven some young people to attempt suicide and others to violence against their tormentors. A child who has been bullied may need counselling to let out their feelings and rebuild self-confidence. Bullying can also affect any child who witnesses it.

28.3 Factors involved in bullying include:

- Puberty
- Peer pressure
- Gender differences
- Stereotypes / prejudice
- Structure of the group - hierarchy of dominance
- Family background of victims and bullies

Bullying can be distinguished from bossiness and boisterous play. A bossy child will boss anyone who is around, so often it is due to a lack of self-control or skills of negotiation or compromise. Boisterous play can be dangerous but it does not involve young people deliberately setting out to hurt or victimise. What distinguishes bullying from bossiness or boisterousness is that the bully always picks on someone less powerful and more vulnerable.

28.4 Signs that a child is being bullied:

Bullies operate using furtiveness, threats and fear. Therefore, it can only continue in an environment where the victim does not feel that they can tell someone who can help. Signs that a young member of MDI might be getting bullied include:

- Reluctance to come to the youth clubs and camps or to take part in activities.
- Due to the physical effects of muscular dystrophy, any bullying may be more psychological than physical. However, physical signs may include unexplained bruises, scratches or damage to belongings.
- Stress-induced illnesses, e.g. headaches and stomach aches which seem unexplained.
- Fearful behaviour.
- Frequent loss of money with vague explanations.
- Having few friends.
- Changes in behaviour (withdrawn, stammering, moody, irritable, upset, distressed).
- Not eating.
- Anxiety.
- Talk about suicide.

There are other possible reasons for many of the above so they should not be taken as signs of bullying in isolation.

28.5 Why do people bully others?

This is a difficult question. However, bullying behaviour may reflect a sense of their own insignificance. Bullies whose actions go unaddressed often fail socially and academically later in life. It is good practice to try to teach negotiation and co-operative skills, to work with others rather than compete.

28.6 Who should deal with bullying?

The more extreme forms of bullying that would be regarded as physical or emotional abuse must be reported to the Health Service Executive or An Garda Siochana as in the document "Code of Practice and Policy for the Protection of Young People". However, most cases of bullying can be dealt with by the youth workers, MDI staff or volunteers attending the youth clubs and camps.

28.7 Preventing bullying

It is important to raise awareness about bullying and how to deal with it in the young members attending MDI youth clubs and camps. It should be made clear to all members that bullying will not be tolerated. If bullying is already occurring, MDI staff should work with the bully and the group of young members to try to make them understand the hurt that they are causing and to make it a "shared concern" of the group. Having a group discussion means that the problem of bullying is not driven underground, or escalated by making the bully more excluded or more of a social failure.

28.8 Practical steps to prevent bullying

- Young members attending MDI youth clubs and camps should be encouraged to talk to the youth worker, other member of MDI staff or volunteer about any concerns or problems, including bullying.
- Through activities etc, it is possible to teach young members to negotiate, co-operate and help others, particularly new members.
- A discussion on bullying or a role play situation on how to deal with bullying, could be incorporated into ordinary group activities.
- If bullying is reported to an MDI staff member or volunteer, s/he should talk to all concerned as outlined in the following section.
- Never tell a young member to ignore bullying, it is a serious issue which must be properly addressed.
- Never encourage a young person to "beat the bully at their own game".
- Tell the young member being bullied that there is nothing wrong with them and it is not their fault. Stress that s/he did the right thing by talking to a leader or a member of staff.

28.9 Procedure to follow in a case of bullying

An incident of bullying must be reported to the relevant MDI youth worker or member of staff in charge of the youth camps and s/he will carry out the interviews. However, if a young member who is being bullied approaches another member of staff or volunteer, they should talk to them at the time and then refer it to the youth worker or member of staff in charge. A report must be made to the Director of the organisation.

28.10 Interview with the member being bullied

If an MDI staff member or volunteer finds out about an incident of bullying in the youth clubs or camps, they should first talk to the member being bullied. At this stage they can find out who was involved and what the member being bullied now feels. Information gained will depend on what the member wants to tell you so it is important to make them feel as comfortable as possible. The following points are important:

- Was the intimidation verbal or physical?
- How hurt is the member?
- Was the bullying within his or her own peer group?
- Emphasise that the member's name will not be disclosed to the other young members in the group.
- Actively listen.

28.11 Meet with all involved

Arrange to meet with all those involved, including some bystanders, those who may have colluded, those who joined in and those who initiated the bullying. Ideally, the youth worker and another member of staff or a volunteer should attend this meeting.

- Have a maximum of six to eight young members in the group.
- Make a point of calling this a "special" meeting.
- Ensure that the severity of the incident is understood by all.
- Speak only of the hurt caused in general terms with no direct reference to the member who was bullied.
- Try to make the group think about the consequences of their actions - ask questions like "How would you feel?" or "Would you like it done to you?"

28.12 Explain the problem to the youth group

Details of the incident or initiators, or the allocation of blame should not be discussed. Instead, the MDI youth worker or other member of staff should explain the distress suffered as a result of bullying, including feelings of loneliness, being left out, rejected, laughed at. Staff should:

- Ask the group how they would feel if it happened to them.
- Say that "Someone here in this group was bullied by someone within the group. What could we do to make sure it does not happen again?"
- Listen, watch out for reactions and pick up on any without isolating anyone.

28.13 Share the responsibility

Explain what steps or controls may have to be introduced to prevent further incidents and how everyone could lose out as a result. This could involve notifying parents or guardians, reducing the number of youth group outings, changing the activities, removing anyone who bullies another member from the group etc.

28.14 Ask the group for their ideas

The group should be encouraged to suggest ways to make the member who was bullied feel happier. Phrases such as "If it were you" could be used to encourage a response, and all positive responses should be noted. As the problem has been identified and solutions suggested, responsibility can now be handed over to the young members themselves.

28.15 Meet the group again

The MDI youth worker or other staff member should talk to each member of the group again, including the bully, after a few weeks have passed. They can discuss how things are going and have there been any more incidents. This means that all members of the group are involved.

Again, the idea of the group as a team looking after each other should be enforced, to ensure that it is known the bullying or intimidating behaviour will not be tolerated.

28.16 If the bullying does not stop

If the bullying continues, the MDI youth worker should inform the bully that he/she has to inform their parents or guardians. The parents or guardians should be informed of what has happened and it must be stressed that if the behaviour continues, the bully will have to be excluded from youth group activities for a period of time. This warning may be enough to terminate the bullying. However, if it is not, the bully will be informed that they will be excluded from youth group activities. During this exclusion period, the MDI youth worker should stay in touch with this family and attempt to reintroduce the young member back into the youth group if and when they believe it is appropriate.

29. MDI Incident, Injury or Illness Procedure

29.1 All MDI Family Support Workers, Youth Respite Workers & Drivers will be trained and accredited in FETAC Level 5 First Aid through the Irish Red Cross.

29.2 The designated First Aid Officers in the head office are Ms. Kate Power & Mr. Barry Buckley.

29.3 All outreach staff must ensure that their first aid box is maintained in accordance with specified guidelines.

29.4 Ms. Kate Power will maintain the first aid box in the head office.

The following procedures must be followed while performing duties for MDI in the event of illness, injury or an accident to members or staff of MDI.

29.5 Assess the situation; ensure that it is safe for members, staff & bystanders.

29.6 Diagnose the casualty's injury.

29.7 Treat the casualty. Remember first aid is only administered by qualified MDI First Aiders.

29.8 Arrange transport to A&E.

29.9 Call emergency services on 112 or 999. Remember to give the following details:

- Exact location.
- Telephone number that you are phoning from.
- Approximate number of casualties.
- Type of incident (traffic accident, fall, seizure etc).
- Never hang up the phone first.
- Request a CARDIAC AMBULANCE if a member is unconscious or unresponsive.
- Give a report to doctor or ambulance crew.

29.10 Ensure family members are informed of incident and kept up to date of developments e.g. what happened, transfer to hospital etc.

29.11 If accident or injury occurs while on summer camp then the qualified nurse on duty will administer the necessary treatment and make necessary decisions.

29.12 If incident happens at a youth club then the YRW will assess the situation while second member of staff (PA) will remove the remaining members from the area and reassure them.

29.13 All illnesses, injury or accidents must be reported to the Respite Co-ordinator or Director within 24 hours.

29.14 A written report must be forward to the Respite Co-ordinator or CEO (see MDI Incident Report Form, Appendix 13) within 24 hours of incident, illness or accident occurring.

29.15 A debriefing session will be held afterwards with all staff present at time of the incident to evaluate how the situation was handled the situation and if there were any suggestions or recommendations.

29.16 If it is a serious (life threatening) incident then staff and members present at the time will be offered external counselling services.

30. MDI Guidelines on Youth Clubs, Social Outings and Camps

MDI will ensure that there is an equality of opportunity for all young members involved in youth clubs, social outing and camps (see appendix 14 MDI Checklist for Day Trips & Residential).

30.1 Venue

Check out venue beforehand for the following;

- Parking.
- Distance from car park to main entrance.
- Wheelchair accessibility.
- Disabled friendly toilet.
- Number of people with disabilities each cinema screen can take – disabled seating.
- Fire exit and escape routes.
- Ensure all members / families know where the venue is.

30.2 Programme Activities

- Plan the programme of activities.
- What is the activity e.g. bowling, cinema, theatre, shopping?
- When is activity scheduled to start?
- When is activity scheduled to finish?
- Any risks associated with activity?
- Any special equipment needed for activity e.g. guards for power soccer.

30.3 Members

- Know the number of members attending activity.
- If members under 18yrs of age – parental consent must be obtained.
- Know your members that are attending.
- Ensure you have up to date information on general health and medical condition e.g. if member suffers from diabetes, asthma, epilepsy etc.
- Have contact details of each member with you during day trip in case of emergencies.

30.4 Timetable

- Ensure you arrive half an hour before activity is scheduled to start.
- Ensure all members / families know the time the event is scheduled to start.

- Members may need assistance with access or seating and time should be allocated for this.
- Give members time to settle into event or activity.
- All members attending event should be seated or ready to participate in the activity 5 minutes before it is scheduled to start.

30.5 Staff and Volunteers

- Ensure that there is a good staff /volunteer and member ratio.
- Ensure children are not left unattended, this includes arriving and leaving.
- Staff /volunteers will know where children are at all times.
- Ensure that staff have received MDI Child Protection Policy and are aware of the code of behavior.

30.6 Transport

- Is transport needed?
- How are members attending and leaving group?
- How are MDI staff attending group?
- PA's during transport.

30.7 Lunch

- Is lunch included in activity?
- Where is lunch being provided?
- Any special dietary needs of members e.g. celiac, diabetic etc.
- Do members need assistance at meal times?
- Is lunch in a different building from main activity?
- Parking.
- Distance from parking to main entrance.
- Wheelchair accessibility.
- Disabled friendly toilet.
- Number of people with disabilities each cinema screen can take – disabled seating.
- Fire exit and escape routes.

30.7 Policies and Procedures

- Know the fire procedure of building?
- MDI First Aiders only, administer first aid.
- First Aid Box.
- Follow MDI Accident/Incident Procedure
- MDI Child Protection Policy
- Insurance

30.8 Emergency Procedures

With good planning and organisation, it is possible for staff to reduce the risk of serious accidents. However, you must be prepared for accidents or other emergencies, and the following procedures are recommended:

- MDI staff will be on site 24 hours at camps.
- All group leaders should have an emergency contact number.
- In case of accidents, immediately establish names of any injured people and extent of injuries.
- MDI Incident / Illness or Injury Procedure is to be followed.
- Where necessary and/or appropriate, arrangements should be in place for immediate travel home or to hospital in the event of an emergency.
- Ensure there are adequate staffing levels if one member of staff has to leave in the event of an emergency.
- All emergencies must be reported immediately to the Respite Coordinator & CEO informed of all development during the emergency period.
- Keep parents/guardians informed and up to date during emergency situation.
- A written report must be forward to the Respite Co-ordinator or CEO (see MDI Incident Report Form, Appendix 13) within 24 hours of incident, illness or accident occurring.

31. MDI Members Complaints Policy and Procedures

The purpose of the Complaints Policy is to enable MDI Members and their families to express concerns or issues they may have with any aspect of the supports delivered to them by MDI staff. On occasion parents may wish to make a complaint on behalf of their children, MDI welcomes their input and has set out the process in this document.

The MDI Members Complaints Policy and Procedures is available in the Members Guide to MDI which all members have received.

The MDI Members Complaints Policy and Procedures is available on the MDI website at www.mdi.ie

31.1 Definition of a complaint

(Definition as per the Health Act 2004) “complaint” means a complaint made under this Part about any action of the Executive or a service provider that—(a) it is claimed, does not accord with fair or sound administrative practice, and adversely affects the person by whom or on whose behalf the complaint is made.

31.2 How can complaints be made?

Complaints can be made in the following ways verbal, written, email or fax.

31.3 Who can make a complaint?

Any person who is being or was provided with a support service by MDI staff or who is seeking or has sought provision of such support service may complain, in accordance with the procedures established under this Part, about any action of MDI staff-

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

This policy and procedures apply to MDI members and their families. This procedure enables the issues raised to be dealt with;

- without delay
- fairly
- in a confidential manner

MDI welcomes all feedback from its members and their families and will use the information to develop and improve the supports provided.

31.4 Actions Taken after a Complaint is Made

Stage 1 - Local resolution of verbal complaints at point of contact (Informal)

Stage 2 - Local investigation of written and serious complaints (Formal)

Stage 3 - Internal Review (MDI)

Stage 4 - Independent Review (Ombudsman)

31.5 Stage One

If an issue arises MDI encourages members to attempt to resolve the issue informally at the local level with the appropriate person.

31.6 Stage Two

If this is unsuccessful a complaint can be made by;

- Contacting Head Office by the above complaints methods i.e. verbal, written, email or fax, the contact details are below.
- A Complaints Officer will be appointed who would be the Chief Executive Officer in relation to a MDI staff member or alternatively the MDI National Chairperson in relation to CEO.
- Upon a complaint being received by or assigned to the complaints officer (including a referral under section 48(2)), he or she shall notify, within 5 working days, the complainant, in writing, that the complaint has been so received or assigned and outline the steps that he or she proposes to take in investigating the complaint and the time limits for the completion of the investigation.
- If you would prefer, a visit to the office can be arranged or a member of the appropriate personnel can call to your home to talk through the complaint.
- The matter will be dealt with immediately and fairly.
- Confidentiality will be upheld at all times.

31.7 Stage Three

Where a complainant is dissatisfied with recommendations made by a Complaints Officer he/she may apply in writing for a review of the recommendations to the Chairperson of MDI and the Health Service Executive.

The Health Service Executive have designated authority to appoint review officers as per the Health Act 2004 (Complaints) Regulations 2006 and all requests for reviews must be addressed to Ms. Mary Culliton, Head of Consumer Affairs, Health Service Executive, Oak House, Millennium Park, Naas, Co. Kildare.

31.8 Stage Four

Independent Review – Ombudsman

Nothing in this Part prohibits or prevents any person who is dissatisfied with a recommendation made or step taken in response to a complaint under this Part or with a review under this Part from referring the complaint to the Ombudsman or the Ombudsman for Children.

Office of the Ombudsman

18 Lr. Leeson Street, Dublin 2.

Tel: +353-1-639 5600

Lo-call: 1890 223030

Fax: (01) 639 5674

Ombudsman for Children's Office

Millennium House

52-56 Great Strand Street

Dublin 1

Tel: 01-8656800

31.9 Depending on the nature of the complaint, it may be dealt with in one of the following ways:

- Complaint clarified, found to be unsubstantiated, recorded and closed internally.
- Complaint clarified, substantiated by the investigation, dealt with, recorded and closed internally.
- If the complaint is deemed to be of a serious nature or relating to malpractice or an allegation of child abuse then the complaint is clarified, recorded and passed on to the relevant Health Service Executive/Gardai/ Agency.
- The person making the complaint and the person whom the complaint is made against is made aware of the procedure and outcome.

31.10 Advocacy

All complainants have a right to appoint an advocate to assist them in making their complaint and to support them in any subsequent processes in the management of that complaint.

Citizen Information (Comhairle 2005) defines advocacy as a means of empowering people by supporting them to assert their views and claim their entitlements and where necessary, representing and negotiating on their behalf.

31.11 Timeframes involved once a complaint is received

A Complaints Officer will inform the complainant in writing, within 5 working days of making the decision/determination, that the complaint will not be investigated and the reasons for it.

- Where the complaint is being investigated, the Complaints Officer must endeavour to investigate and conclude the investigation of a complaint within 30 working days of it being acknowledged.
- If the investigation cannot be investigated and concluded within 30 working days then the Complaints Officer must communicate this to the complainant and the relevant service/staff member within 30 working days of acknowledging the complaint and give an indication of the time it will take to complete the investigation.
- The Complaints Officer must update the complainant and the relevant staff/ service member every 20 working days.
- The Complaints Officer must endeavour to investigate complaints within 30 working days. However, where the 30 working days time frame cannot be met despite every best effort, complaints officer must endeavour to conclude the investigation of the complaint within 6 months of the receipt of the complaint.
- If this timeframe cannot be met, the complaints person must inform the complainant that the investigation is taking longer than 6 months, give an explanation why and outline the options open to the complainant. He/She should encourage the complainant to stay with the local HSE complaints management process while informing them that they may seek a review of their complaint by the Ombudsman/ Ombudsman for Children.

31.12 Time Limits for making a complaint

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

- A complaint must be made within 12 months of the date of the action giving rise to the complaint or within 12 months of the complainant becoming aware of the action giving rise to the complaint.
- A Complaints Officer may extend the time limit for making a complaint if in the opinion of the Complaints Officer special circumstances make it appropriate to do so. These special circumstances include but are not exclusive to the following:
 - If the complainant is ill or bereaved.
 - If new relevant, significant and verifiable information relating to the action becomes available to the complainant.
 - If it is considered in the public interest to investigate the complaint.
 - If the complaint concerns an issue of such seriousness that it cannot be ignored.
 - Diminished capacity of the service user at the time of the experience e.g. mental health, critical/ long-term illness.

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

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

48.—(1) A person is not entitled to make a complaint about any of the following matters:

- (a) A matter that is or has been the subject of legal proceedings before a court or tribunal;
- (b) A matter relating solely to the exercise of clinical judgment by a person acting on behalf of either the Executive or a service provider;
- (c) An action taken by the Executive or a service provider solely on the advice of a person exercising clinical judgment in the circumstances described in paragraph (b);
- (d) A matter relating to the recruitment or appointment of an employee by the Executive or a service provider;
- (e) A matter relating to or affecting the terms or conditions of a contract of employment that the Executive or a service provider proposes to enter into or of a contract with an adviser that the Executive proposes to enter into under section 24;
- (f) A matter relating to the Social Welfare Acts;
- (g) A matter that could be the subject of an appeal under section 60 of the Civil Registration Act 2004;
- (h) A matter that could prejudice an investigation being undertaken by the Garda Síochána;
- (i) A matter that has been brought before any other complaints procedure established under an enactment.

Subsection (1) (i) does not prevent a complaints officer from dealing with a complaint that was made to the Ombudsman or the time limit for making complaints.

31.14 Redress

Redress should be consistent and fair for both the complainant and the employee against which the complaint was made. MDI offer forms of redress or responses that are appropriate and reasonable where it has been established that a measurable loss, detriment or disadvantage was suffered or sustained by the claimant personally.

This redress includes an:

- Apology
- An explanation
- Refund
- Admission of fault
- Change of decision
- Replacement

- Repair /rework
- Correction of misleading or incorrect records
- Technical or financial assistance
- Recommendation to make a change to a relevant policy or law
- A waiver of debt

31.15 A complaints officer may not, following the investigation of a complaint, make a recommendation the implementation of which would require or cause -

- The Executive to make a material amendment to its approved service plan, or
- A service provider and the Executive to make a material amendment to an arrangement under section 38.

If, in the opinion of the relevant person, such a recommendation is made, that person shall either -

- Amend the recommendation in such manner as makes the amendment to the applicable service plan or arrangement unnecessary, or
- Reject the recommendation and take such other measures to remedy, mitigate or alter the adverse effect of the matter to which the complaint relates as the relevant person considers appropriate.

31.16 Annual Report to the HSE

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

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

31.17 Contact Details

MDI Complaints Officer: CEO
 Address: MDI, 75 Lucan Road, Chapelizod, Dublin 20
 Free Phone: 1800 245 300
 Phone: 01-6236414
 Fax: 01-6208663
 Email:

MDI Chairperson: Mr. Garry Toner
 Address: C/O MDI
 75 Lucan Road, Chapelizod, Dublin 20

APPENDICES

Appendix 1: Muscular Dystrophy Ireland Services

Muscular Dystrophy Ireland (MDI) is a voluntary organization, which was established in 1972 by a small group of people in the west of Ireland to support families who had a member with muscular dystrophy. Since then it has grown considerably and it now has a membership of over 600 members and a network of branches throughout Ireland. There are now MDI offices in Dublin, Cork, Galway, Donegal, Tullamore and Kells, and MDI staff members are also based in the Mid-West and South East regions. MDI's primary objective is to provide support for people and their families who are affected by muscular dystrophy and allied neuromuscular conditions.

Aims and Objectives of the organisation

Muscular Dystrophy Ireland (MDI) aims to provide information and support services to people with neuromuscular conditions and their families.

Objectives

- Promotion of independent living for people with muscular dystrophy.
- Lobbying for change in policy and services to enable people with neuromuscular conditions to fully participate in society and to live a life of their own choosing.
- Support and funding of research into neuromuscular conditions.

MDI Activities

1. **National Resource Centre for Muscular Dystrophy Ireland.** This centre supports all aspects of living with a neuromuscular condition from point of diagnosis, to the need for information through to direct support services that are required. The centre incorporates a display area for aids and appliances and the use of specialized equipment e.g. hoists slings, power chairs & profile beds etc. The centre also holds meeting rooms, training rooms, a computer room & library. The planning, coordination and administration of the following MDI national services takes place in the National Resource Centre for Muscular Dystrophy Ireland.
2. **MDI Home from Home Apartment:** is a self-catering, wheelchair accessible three bed roomed apartment adapted to the highest specification to empower and promote independent living for people with physical & sensory disabilities. This apartment provides breaks for people with disabilities and their families. It is about ensuring that the disabled person is part of the community. It also provides the family with the opportunity to book the apartment as a whole family. As the project is based on the social model of disability it is not in a residential setting and is based in the community with access to local services.

3. **Respite Services** – provides assistance to families and members e.g. in home respite, summer camps for members, assistance with holidays etc. Respite is a means of giving carers and our members a physical break/rest period in order to support and maintain the physical and emotional health and well-being of all concerned.
4. **Youth Services** - The youth service focuses on personal and social development; encouraging integration and independence of MDI younger members e.g. creative arts, power soccer, dramas clubs, and outings.
5. **Personal Assistants** – are essential to enable people with disabilities participate in life. They provide assistance with the activities of daily living such as feeding, bathing, dressing, housekeeping chores and transportation.
6. **Family Support Workers** - are based in each of the Health Service Executive Regions providing support and information to families and members. They identify, evaluate and advise members, families, carers and health professionals on issues that arise with neuromuscular conditions.
7. **MDI Clinics** – children’s muscle clinic in the CRC (Dr Brian Lynch) and an adult clinic in Beaumont (Dr Orla Hardiman).
8. **Information Service** – Information Officer provides information on muscular dystrophy, research, entitlements, education etc.
9. **MDI Newsletter** – provides each member with up to date information on new developments e.g. treatment, medication, national and international events, and activities within the organisation.
10. **Website** – provides information on MDI services, links to related organisations and web sites, research, newsletter and membership information.
11. **Transport** – MDI transport services enable people with neuromuscular conditions to attend hospital appointments, respite breaks and education, employment and social and leisure activities.
12. **Administration/Clerical Support** – The administration of MDI is co-ordinated through the Dublin office. Here, the management of resources (human, capital and financial) takes place, national events are planned and co-ordinated and general administration takes place.
13. **MDI Research** – MDI is committed to supporting and funding research into neuromuscular conditions aimed at improving the quality of life and towards developing a cure.

Appendix 2: Relevant Legislation

Children Act 2001

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

Child Care Act 1991

The purpose of the Child Care Act 1991 is to 'update the law in relation to the care of children who have been assaulted, ill-treated, neglected or sexually abused, or who are at risk'. The main provisions of the Act are:

- (i) the placing of a statutory duty on the HSE to promote the welfare of children who are not receiving adequate care and protection up to the age of 18;
- (ii) the strengthening of the powers of the HSE to provide child care and family support services;
- (iii) the improvement of the procedures to facilitate immediate intervention by the HSE and An Garda Síochána where children are in danger;
- (iv) the revision of provisions to enable the Courts to place children who have been assaulted, ill-treated, neglected or sexually abused, or who are at risk, in the care of or under the supervision of the HSE;
- (v) the introduction of arrangements for the supervision and inspection of pre-school services;
- (vi) the revision of provisions in relation to the registration and inspection of residential centres for children.

Criminal Justice Act 2006

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

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

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

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

Domestic Violence Act 1996

The Domestic Violence Act 1996 introduced major changes in the legal remedies for domestic violence. There are two main types of remedies available:

- (i) Safety Order: This Order prohibits a person from further violence or threats of violence. It does not oblige that person to leave the family home. If the parties live apart, the Order prohibits the violent person from watching or being in the vicinity of the home.
- (ii) Barring Order: This Order requires the violent person to leave the family home.

The legislation gives the HSE the power to intervene to protect individuals and their children from violence. Section 6 of the Act empowers the HSE to apply for Orders for which a person could apply on his or her own behalf but is deterred from doing so through fear or trauma. The consent of the victim is not a prerequisite for such an application, although he or she must be consulted. Under Section 7 of the Act, the Court may, where it considers it appropriate, adjourn proceedings and direct the HSE to undertake an investigation of the dependent person's circumstances with a view to:

- (i) applying for a Care Order or a Supervision Order under the Child Care Act 1991;
- (ii) providing services or assistance for the dependent person's family; or
- (iii) taking any other action in respect of the dependent person.

Protections for Persons Reporting Child Abuse Act 1998

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

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

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

Data Protection Acts 1988 and 2003

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

Education Act 1998

The Education Act 1998 places an obligation on those concerned with its implementation to give practical effect to the constitutional rights of children as they relate to education and, as far as practicable and having regard to the resources available, to make available to pupils a level and quality of education appropriate to meeting their individual needs and abilities.

Education (Welfare) Act 2000

The Education (Welfare) Act 2000, which was fully commenced in July 2002, replaced previous school attendance legislation and provided for the creation of a single national agency, the National Educational Welfare Board (NEWB), which has statutory responsibility to ensure that every child either attends school or otherwise receives an education or participates in training. The NEWB also assists in the formulation and implementation of Government education policy.

Non-Fatal Offences against the Person Act 1997

The two relevant provisions of this Act are:

- (i) it abolishes the rule of law under which teachers were immune from criminal liability in respect of physical chastisement of pupils;
- (ii) it describes circumstances in which the use of reasonable force may be justifiable.

Freedom of Information Acts 1997 and 2003

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

- (i) to provide for a right of access to records held by such public bodies, for necessary exceptions to that right and for assistance to persons to enable them to exercise it;
- (ii) to enable persons to have corrected any personal information relating to them in the possession of such bodies;

(iii) to provide for independent review by an Information Commissioner both of decisions of such bodies relating to that right and of the operation of the Acts generally;

(iv) to provide for the publication by public bodies of guides to their functions and national guidelines, such as these, for the public.

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

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

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

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

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

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

(i) protecting records covered by legal professional privilege;

(ii) protecting records that would facilitate the commission of a crime;

(iii) protecting records that would reveal a confidential source of information.

Appendix 3: Signs of Abuse

Neglect

Neglect can become apparent in different ways over a period of time rather than at one specific point. For instance, a child who suffers a series of minor injuries is not having his/her needs met for supervision and safety. A child whose ongoing failure to gain weight or whose height is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be deprived of intellectual stimulation. The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her well-being and / or development are severely affected.

Signs of neglect to be aware of are as follows:

- abandonment or desertion
- children persistently being left alone without adequate care and supervision
- malnourishment, lacking food, inappropriate food or erratic feeding
- lack of warmth
- lack of adequate clothing
- lack of protection and exposure to danger including moral danger or lack of supervision appropriate to the child's age
- persistent failure to attend school
- non-organic failure to thrive i.e. child not gaining weight not due to malnutrition but also due to emotional deprivation
- failure to provide adequate care for the child's medical problems
- exploited, overworked

Emotional Abuse

Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. Examples of emotional abuse of children include:

- the imposition of negative attributes on children, expressed by persistent criticism, sarcasm, hostility or blaming.
- conditional parenting in which the level of care shown to a child is made contingent on his/her behaviours or actions
- emotional unavailability by the child's parent/carer
- unresponsiveness, inconsistent, or inappropriate expectations of the child
- premature imposition of responsibility on the child
- under or overprotection of the child
- failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development
- exposure to domestic violence
- rejection
- lack of praise and encouragement
- 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)
- use of unreasonable or over-harsh disciplinary measures and inappropriate non-physical punishment (e.g. locking in bedrooms)
- family conflicts and/ violence
- every child who is abused sexually, physically or neglected is also emotionally abused
- inappropriate expectations of a child's behaviour-relative to his/her age and stage of development.

Physical Abuse

- Shaking
- Use of excessive force in handling
- Deliberate poisoning
- Suffocation
- Munchausen's syndrome by proxy
- Allowing or creating a substantial risk of significant harm to a child
- Bruises
- Fractures
- Swollen joints
- Burns/scalds
- Abrasions/lacerations
- Haemorrhages (retinal, subdural)
- Damage to body organs
- Failure to thrive
- Coma/unconsciousness
- Death

Specific physical signs to be aware of:

Bruises: accidental bruises are often found at places on the body where the bone is close to the skin, such as the chin, forehead, knees and shins – usually towards the front of the body as a child usually falls forwards. Suspicious bruises are more likely to occur on soft tissues, such as the cheek, buttocks and thighs. Non-accidental bruises often have a different pattern – they may have a more definite edge and the outlining of fingers could be seen. Bruising around the neck is suspicious, and bruising caused by a direct blow with a fist is likely to be found in parts of the body which do not usually receive injuries by accident, such as over the eye. Bruising on a child before the age of mobility must be treated with concern.

Burns: a burn with a definite line may suggest immersion in a hot liquid as opposed to the marks usually seen in accidental splashing. Likewise, cigarette burns may result in small lesions to the skin in places which would not generally be exposed to danger. However, advice should be sought as a skin condition could cause a similar pattern. Repeated incidents of burns should be treated as suspicious.

Bone injuries: a fracture in a child under 8 months of age can be suspicious. A fracture of the skull in a child under 3 years of age is a particular cause for concern.

Sexual Abuse

Exposure of the sexual organs or any sexual act intentionally performed in the presence of the child.

- Intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification.
- Masturbation in the presence of the child or the involvement of the child in an act of masturbation.
- Sexual intercourse with the child whether oral, vaginal or anal.

Sexual exploitation of child includes inciting, encouraging propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual acts, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the grooming process by perpetrators of abuse.

Consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years. This means, for example, that sexual intercourse between a 16 year old girl and her 17 year old boyfriend is illegal, although it might not be regarded as constituting child sexual abuse.

The decision to initiate child protection action in such cases is a matter for professional judgement and each case should be considered individually. The criminal aspects of the case, will be dealt with by An Garda Síochána under the relevant legislation.

It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offences of sexual assault.

Physical signs may not be evident in cases of sexual abuse, however, staff should be alert to the following physical and behavioural signs:

- Bleeding from the vagina/anus
- Difficulty/pain in passing urine/faeces
- An infection may occur secondary to sexual abuse which may or may not be a definitive sexually transmitted disease. Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in the genital area.
- Noticeable and uncharacteristic change of behaviour
- Hints about sexual activity
- Age – inappropriate understanding of sexual behaviour
- Sexually aggressive behaviour with others
- Uncharacteristic sexual play with peers/toys
- Unusual reluctance to join in normal activities which involve undressing, e.g. games, swimming.

It is important to stress that these signs may not be related to sexual abuse and so staff should be careful not to jump to conclusions too quickly. However, especially if several signs are noticed, it is wise to be suspicious.

Behavioural signs and emotional problems suggestive of child abuse in young children (0-10 years)

- Mood change, e.g. Child becomes withdrawn, fearful, acting out.
- Lack of concentration (change in school performance).
- Bed wetting, soiling.
- Psychosomatic complaints; pains, headaches.
- Skin disorders.
- Nightmares, changes in sleep patterns.
- School refusal.
- Separation anxiety.
- Loss of appetite.
- Isolation.

Behavioural signs and emotional problems suggestive of child abuse in older children (10 years +)

- Mood change, e.g. Depression, failure to communicate.
- Running away.
- Drug, alcohol, solvent abuse.
- Self-mutilation.
- Suicide attempts.
- Delinquency.

- Truancy.
- Eating disorders.
- Isolation.

All signs/indicators need careful assessment relative to the child's circumstances.

Appendix 4: MDI Youth Services Application Form and Consent Forms

MDI YOUTH SERVICES APPLICATION FORM

Parents / Guardians Name(s): _____

Participants Name: _____

Condition: _____ Date of Birth: _____

Address: _____

Ph: _____ Mobile _____

Mobility:

Can your child: walk Yes No

Does your child: use a power wheelchair Yes No

use a manual wheelchair Yes No

Does your child need assistance with intimate/personal care?

Going to the toilet Yes No

Can your child transfer from a wheelchair (if using one) Yes No

Need assistance with eating Yes No

Other details concerning above

Diet:

Does your child have any dietary requirements? (e.g. Intake of fruit, high fibre foods, low salt, avoid fizzy drinks, etc.)

Give details _____

Medical:

Does your child have any medical conditions e.g. asthma, diabetes, any allergic reactions

Does your child take any medication: Yes No

If yes please name it, give the dose and how often it is to be taken

Doctor's name _____

Address: _____

_____ Tel: _____

Medical Card No of participant: _____

Emergency Contact Name: _____ Relationship _____

Address: _____

Tel: Home _____ Mobile _____

CONSENT FOR ATTENDING MDI YOUTH SERVICES

I _____ (guardian/parent)

give consent to allow my child _____

a) Attend MDI Youth Activities organised by MDI Youth Respite Worker e.g. home visits and youth clubs e.g. outings to cinema, bowling, zoo, power soccer, play station tournaments etc.

b) Consent for my child to be contacted directly on their mobile phones about MDI youth activities e.g. home visits, youth clubs, social outings.

c) I agree that if required a member of MDI staff assist my child with any personal care needs.

d) I give my consent that in case of an illness or emergency while attending an MDI Youth Activity and MDI staff are unable to contact parent/guardian my child can be treated by a doctor/emergencies service.

e) After each Youth Service Activity I will ask my child how he/she enjoyed the activity and keep the Youth Respite Worker informed.

f) Consenting for any photographs or images of my child taken during MDI Youth Services e.g. youth clubs, workshops & summer camps to be used by MDI for funding applications & PR purposes only.

Signed by Parent/Guardian: _____ Date: _____

Signed by Member: _____ Date: _____

Signed by Youth Worker: _____ Date: _____

CHILDREN ATTENDING YOUTH CLUB

To improve the activities on the youth club please fill in the following questions

What are your favourite activities (e.g. cinema, bowling) please name them:

What activities would you like to be included in the youth club

Please give any information you think is relevant:

Signed: _____ Date: _____

*All information received will be treated in the strictest of confidence.
MDI staff are not permitted to disclose their personal mobile number to members or
agree to keep in contact with members through social network site.*

Appendix 5: MDI Application Form

**MDI APPLICATION FORM
CONFIDENTIAL**

Surname: _____

Forename: _____

Address: _____

Date of Birth: _____ Tel. No.: _____

Are you: (Please tick)

Employed Unemployed Student
Homemaker Retired Other

Previous work experience _____

Have you previously been involved in voluntary work? Yes No

If yes, give details: _____

How much time can you commit to voluntary work? (Please tick)

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Do you have any spare time hobbies, interests or activities?

Any other relevant information?

Please provide names and addresses of two people whom we could contact for a reference (not relatives and one from current or previous employer).

Name: _____

Name: _____

Address: _____

Address: _____

Tel: _____

Tel: _____

I give permission to contact these referees Yes No

Signed: _____ Date: _____

All applicants will be subject to a Garda Clearance check.

Please return completed application form along with a cover letter, CV, a copy of passport or drivers licence and two signed passport photographs to:

Barry Buckley
HR & Development Co-ordinator
MDI
75, Lucan Road, Chapelizod,
Dublin 20

(Adapted from Our Duty To Care, The principles of good practice for the protection of children & young people; Department of Health & Children May 2004).

Appendix 6: MDI Declaration Form

**MDI DECLARATION FORM
CONFIDENTIAL**

DECLARATION FROM ALL STAFF AND VOLUNTEERS WORKING WITH
CHILDREN AND YOUNG PEOPLE.

Surname: _____ Forename: _____

Date of Birth: _____ Place of Birth: _____

Any other name previously known as: _____

1. Have you ever been convicted of a criminal offence or been the subject of a Caution or of a Bound Over Order?

Yes No

If yes, please state below the nature and date(s) of the offences(s):

Nature of offence: _____

Date of offence: _____

Signed: _____ Date: _____

(Adapted from Our Duty to Care, The principles of good practice for the protection of children & young people; Department of Health & Children May 2004)

Appendix 7: MDI Reference Form

**MDI REFERENCE FORM
CONFIDENTIAL**

has expressed an interest in becoming a volunteer with Muscular Dystrophy Ireland and has given your name as a referee.

This position involves substantial access to children and as an organisation committed to the welfare and protection of children, we are anxious to know if you have any reason at all to be concerned about this applicant being in contact with children or young people.

Yes No

If you have answered yes, we will contact you in confidence.

If you are happy to complete this reference, all information contained on the form will remain confidential and will only be shared with the applicant's immediate supervisor, should they be offered a volunteer position. We would appreciate you being extremely candid in your evaluation of this person.

How long have you know this person? _____

In what capacity? _____

What attributes does this person have which you would consider makes them a suitable volunteer?

How would you describe their personality?

(PTO)

Please rate this person on the following (please tick)

	Poor	Average	Good	V/Good	Excellent
Responsibility					
Maturity					
Self-motivation					
Motivation of Others					
Energy					
Trustworthiness					
Reliability					

Signed: _____ Date: _____

Occupation: _____

Please return completed reference form to: Barry Buckley

HR & Development Co-ordinator

MDI, 75, Lucan Road, Chapelizod,

Dublin 20

(Adapted from Our Duty to Care, The principles of good practice for the protection of children & young people; Department of Health & Children May 2004)

Appendix 8: Checklist for New Employees

**RESPITE CARE WORKER / PA / VOLUNTEERS
PRE-EMPLOYMENT CHECKLIST**

Documents/Forms Received: Please tick relevant	Yes	No
MDI Staff Handbook		
Annual Leave Requisition Form		
Employment Contract		
MDI Respite Care Worker Code of Practice		
MDI Respite Care Worker Job Description		
Child First Policy		
Monthly RCW Timesheet		
Copy of Letter to Member		
Letter to RCW re terms & conditions		

Signed:

Respite Care Worker / PA/ Volunteer

Date

**Signed:
On behalf of MDI:**

Kate Power

Date

Appendix 9: MDI PA Job Description

MDI PERSONAL ASSISTANT / VOLUNTEER / STUDENT PLACEMENT JOB DESCRIPTION

MDI YOUTH CLUBS & SUMMER CAMPS

Title: MDI Volunteer Personal Assistant:

Organisation: Muscular Dystrophy Ireland:

MDI Mission Statement

Muscular Dystrophy Ireland (MDI) aims to provide information and support to people with neuromuscular conditions and their families through a range of support services.

MDI Personal Assistant General Job Description

- Working closely with Youth Respite Workers & Respite Co-ordinator.
- Working as part of a team to provide the best possible service to our members.
- Working closely with MDI members aged from under 10yrs to young adults.
- Providing personal care to young members at youth clubs & summer camps.
- Developing professional relationships with MDI members including parents.
- Adhere to MDI policies and procedures (see PA Guidelines).
- Adhere to Child First Policies (see MDI Child First Guidelines)
- Available for training as organised by MDI.

Qualifications:

- Adults 18 years of age or older.
- An interest in youth work.
- Knowledge of muscular dystrophy or willingness to learn about the condition.
- Time and energy to devote to MDI youth clubs & summer camps.
- The ability to share decision making and responsibilities with YRW and members.
- The willingness to maintain relationships with parents.
- Enthusiasm, patience, and understanding.
- A commitment to MDI mission and core values.

Lines of Communication:

- The Volunteer / PA will report directly to the Youth Respite Worker in their area re organising and co-ordinating youth clubs.
- The Volunteer / PA will report directly to the Respite Co-ordinator re organising, co-ordinating and monitoring summer camps.

- The Volunteer / PA may report directly to the Respite Co-ordinator if there is any issue that she/he feels should be brought to the attention of the Respite Co-ordinator.

Orientation and Induction:

- Meet with MDI representative in area e.g. Respite Co-ordinator/FSW/YRW.
- Information on MDI and services available.
- Information on neuromuscular conditions.
- Inform new Volunteer/PA on MDI Youth Services & Youth Clubs.
- Introduce the person to the group's activities.
- Introduce the person gradually to members.
- Observe how the person behaves and interacts with young members, parents and other MDI PA's.
- Give feedback on strengths and weakness.
- Encourage the person to express their ideas and suggestions.
- On-going supervision.

Time Commitment

MDI expects Volunteer / PA to commit to a minimum of one year volunteering with the organisation.

Benefits

- Experience working with young members with neuromuscular conditions.
- Training e.g. Child First Policies, First Aid, Manual Handling, Disability Awareness, and Personal Care Skills.
- Reference

Satisfactions

The courage and determination shown by our members makes volunteering for MDI a very satisfying and rewarding position. Volunteers gain valuable experience interacting with young member with muscular dystrophy while working in a relaxed and casual/social environment. It can be very fulfilling to see the enjoyment our members get from our youth clubs and summer camps.

Confidentiality

During your placement / employment with Muscular Dystrophy Ireland you may acquire certain confidential information. Information considered confidential includes:

- Personal and/or private information relating to colleagues, individual members and groups/organisations – any person/group with whom the organisation has contact.
- Information relating to the current or planned activities of the organisation;

Confidential information must not be used for personal gain, nor made known to any person, firm, company or other organisation whatsoever, unless authorised by the CEO, or required by your duties under your employment contract.

All confidential records, documents and other papers, together with any copies or extracts thereof, shall be the property of the organisation and must be returned to the organisation on the termination of your employment. The requirement for confidentiality extends beyond the period of your contract with Muscular Dystrophy Ireland.

Appendix 10: MDI Personal Assistant Induction and Supervision

Guidelines

INTERVIEW

- The Respite Co-ordinator and another member of staff e.g. YRW / FSW will meet with the applicant where possible.
- The Respite Co-ordinator will conduct a telephone interview with the applicant if it is not possible to meet in person e.g. applicant lives in Donegal.
- Information on MDI and the services it provides will be explained.
- Information contained in the application form will be explored and discussed.
- The applicant's skills and qualifications will be discussed with reference to volunteering with MDI.
- Previous experience of working or contact with children will be explored.
- Skills and qualities that will be needed to volunteer with MDI will be explained.
- MDI's Child Protection Policy will be discussed to ensure the applicant has an understanding of the commitment and standards required to volunteer with MDI.

INDUCTION

- A meeting with MDI representative in their area will be arranged e.g. Respite Co-ordinator/FSW/YRW.
- More detailed information will be give on MDI and the services it provides.
- Information on neuromuscular conditions will be given.
- Information on MDI Youth Services & Youth Clubs in the area the volunteer will be based.
- The Role of the Youth Respite Worker.
- The structure, programmes, activities of youth clubs.
- Contact details for the organisation will be given.
- 3 month probationary period.

ORIENTATION

- Introduce the volunteer to the YRW (if they have not already met).
- Introduce the person to the group's activities.
- Introduce the person gradually to members.
- Ensure the volunteer is a supernumerary staff member on the first youth club to allow them to observe the activities and duties expected of him/her.
- Ensure that MDI members are aware that a new volunteer is going to be present at the youth club.

SUPERVISION

- The Respite Co-ordinator / YRW will observe how the volunteer behaves and interacts with young members, parents and other PA's.
- The Respite Co-ordinator / YRW will give feedback on strengths and weakness.
- The Respite Co-ordinator /YRW will encourage the person to express their ideas and suggestions.
- The YRW may report directly to the Respite Co-ordinator if there is any issue relating to the volunteer that she feels should be brought to the attention of the Respite Co-ordinator.
- The volunteer may report directly to the Respite Co-ordinator if there is any issue that she/he feels should be brought to the attention of the Respite Co-ordinator.
- Training needs will be identified and training provided in Child First, First Aid, Manual Handling, Care Skills and Disability Awareness.
- MDI acknowledges that it is good practice for staff who engage in direct client work to receive external supervision. Staff work in isolation, deal with highly emotive issues and work in home settings. In order to maintain a professional, objective, quality standard of work it is important to receive regular, external supervision at a local level.
- Staff are asked to discuss their external supervision needs with their line manager.

Appendix 11: MDI Respite Care Worker Job Description

TITLE: Respite Care Worker:
ORGANISATION: Muscular Dystrophy Ireland:

MDI MISSION STATEMENT

Muscular Dystrophy Ireland (MDI) aims to provide information and support to people with neuromuscular conditions and their families through a range of support services.

KEY DUTIES AND RESPONSIBILITIES

- To provide in-home respite care to member and family members.
- To assist with personal care needs as identified by the member and family members e.g. meal times, personal hygiene, toileting etc.
- To assist the member to have an active and independent life.
- To working closely with the MDI Respite Co-ordinator.
- To work as part of the MDI team in providing the best possible service to our members.
- To develop a professional relationship with MDI members.
- To adhere to MDI policies and procedures (see PA Guidelines).
- To adhere to Child First Policies (see MDI Child First Guidelines)
- To be available for training as organised by MDI.
- Any other duties that may be required by the Director from time to time.

REPORTING STRUCTURE

- The Respite Care worker will work directly in the member's home.
- The Respite Care Worker will report directly to the member or family members re; the day to day care of member.
- The Respite Care Worker will report directly to the Respite Co-ordinator (based in Dublin) re annual leave, sick leave, policies, guidelines etc.
- The Respite Care Worker may report directly to the Respite Co-ordinator if there is any issue that she/he feels should be brought to the attention of the Respite Co-ordinator e.g. areas of conflict, health concerns etc.
- The member or family members may report directly to the Respite Co-ordinator if there is any issue that she/he feels should be brought to the attention of the Respite Co-ordinator e.g. conduct & codes of practice etc.

PERSONAL SPECIFICATIONS

- Adults 18 years of age or older.
- Experience of working with people with disabilities.
- Excellent interpersonal communication skills.

- Ability to work on one's own initiative and to motivate others.
- Knowledge of muscular dystrophy or willingness to learn about the condition.
- Enthusiasm, patience, and understanding.
- Flexibility and available to work outside normal office hours. .

TERMS AND CONDITIONS

- ___ hours per week.
- €11.40 per hour.
- Working environment is the member's home.
- 3 month probationary period.
- Subject to Garda Clearance.

Appendix 12: MDI Respite Care Worker Induction and Supervision

Guidelines

INTERVIEW

- The Respite Co-ordinator and FSW will meet with the applicant where possible.
- The Respite Co-ordinator will conduct a telephone interview with the applicant if it is not possible to meet in person e.g. applicant lives in Donegal.
- Information contained in the application form will be explored and discussed.
- The applicant's skills and qualifications will be discussed with reference to working/volunteering with MDI.
- Previous experience of working or contact with children will be explored.
- Skills and qualities that are necessary to work/volunteer with MDI will be explained.
- MDI's Child Protection Policy will be discussed to ensure the applicant has an understanding of the commitment and standards required to work/volunteer with MDI.
- Information on MDI and the services it provides will be explained.

INDUCTION

- A meeting with MDI representative in their area will be arranged e.g. Respite Co-ordinator/FSW/YRW.
- More detailed information will be give on MDI and the services it provides.
- Information on neuromuscular conditions will be given.
- Specific information will be given re the member that the Respite Care Worker will be working with.
- A meeting will be arranged to introduce the Respite Care Worker and member/family who require the respite care.
- Contact details for the organisation will be given.

ORIENTATION

- The Respite Care Worker will introduced to the working environment e.g. members home.
- The Respite Care Worker will be introduced to other family members.
- The area of work e.g. tasks and responsibilities will be outlines for the Respite Care Worker and member/family.
- The first 3 months will be the probationary period.

SUPERVISION

- Initially the Respite Co-ordinator will have weekly contact via telephone with the Respite Care Worker to ensure that he/she is not experiencing any difficulties.

- The Respite Co-ordinator / FSW will have regular contact with the member/family re the Respite Care Worker.
- The member/family may report directly to the Respite Co-ordinator if there is any issue relating to the Respite Care Worker that she feels should be brought to the attention of the Respite Co-ordinator.
- The Respite Care Worker may report directly to the Respite Co-ordinator if there is any issue that she/he feels should be brought to the attention of the Respite Co-ordinator.
- Training needs will be identified and training provided in Child First, First Aid, Manual Handling, Care Skills and Disability Awareness.
- MDI acknowledges that it is good practice for staff who engage in direct client work to receive external supervision. Staff work in isolation, deal with highly emotive issues and work in home settings. In order to maintain a professional, objective, quality standard of work it is important to receive regular, external supervision at a local level.
- Staff are asked to discuss their external supervision needs with their line manager.

Appendix 13: MDI Incident Report Form

**MUSCULAR DYSTROPHY IRELAND
INCIDENT REPORT FORM**

Name of Member:
Date of Birth:

Name of Parent / Guardian (if applicable):
Address:
Phone Number:

Where incident occurred?
Date of incident:
Time of incident:

How incident occurred?

Did member have any injuries?

Did the member consult a doctor?
Dr. _____ Ph. No. _____
Address:

Did the member receive any treatment?

Signed by (person who was present or arrived after the incident occurred.)

Name :

Date signed:

Address:

Ph:

Position: (e.g. Personal assistant):

Appendix 14: MDI Checklist for Day Trips/Residentials

Venue

Accommodation

Programme Activity

Staff and Volunteers

Policies and Procedures

Transport

Timetable

AOB

Signed: _____ **Date:** _____

Appendix 15: HSE Allegations of Abuse Reporting Form

ALLEGATIONS OF ABUSE: STANDARD REPORTING FORM TO HEALTH SERVICE EXECUTIVE

FORM NUMBER: CC01:01:00

STANDARD REPORT FORM

(For reporting CP&W Concerns to HSE)



A. To Principal Social Worker/Designate: _____

1. Date of Report

2. Details of Child

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

3. Details of Persons Reporting Concern(s)

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

4. Parents Aware of Report

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

5. Details of Report

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

STANDARD REPORT FORM*(For reporting CP&W Concerns to HSE)***6. Relationships**

Details of Mother		Details of Father	
Name:		Name:	
Address: (if different to child)		Address: (if different to child)	
Telephone Nos.		Telephone Nos.	

7. Household composition

Name	Relationship	DOB	Additional information, e.g. school/occupation/other

8. Name and Address of other personnel or agencies involved with this child:

	Name	Address
Social Worker		
PHN		
GP		
Hospital		
School		
Gardaí		
Pre-School/Crèche/YG		
Other (<i>specify</i>):		

9. Details of person(s) allegedly causing concern in relation to the child

Relationship to child:	Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Name:	Occupation:		
Address:			

10. Details of person completing form

Name:	Occupation:
Signed	Date:

Appendix 16: National Contacts for HSE Children & Family Services:

Also listed on HSE website (www.hse.ie/go/socialworkers) and from HSE LoCall Tel. 1850 241850. These contact numbers may be updated from time to time. Please check HSE website for latest information.

HSE AREA	Address	Telephone No.
DUBLIN NORTH	Health Centre, Cromcastle, Coolock, Dublin 5.	(01) 816 4200 (01) 816 4244
DUBLIN NORTH CENTRAL	Social Work Office, 22 Mountjoy Square, Dublin 1. Social Work Office, Ballymun Health Centre, Dublin 11.	(01) 877 2300 (01) 846 7236
DUBLIN NORTH WEST	Health Centre, Wellmount Park, Finglas, Dublin 11. Social Work Department, Rathdown Road, Dublin 7.	(01) 856 7704 (01) 882 5000
DUBLIN SOUTH EAST	Social Work Department, Vergemount Hall, Clonskeagh, Dublin 6.	(01) 268 0320 (01) 2680333
DUBLIN SOUTH CITY	Duty Social Work Carnegie Centre, 21-25 Lord Edward Street, Dublin 2. Public Health Nursing, 21-25 Lord Edward Street, Dublin 2. Family Support Service, 78B Church House, Donore Avenue, Dublin 8.	(01) 648 6555 (01) 648 6730 (01) 416 4441
DUBLIN SOUTH WEST	Milbrook Lawn, Tallaght, Dublin 24	(01) 452 0666 (01) 427 5000
DUBLIN WEST	Social Work Department, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10.	(01) 620 6387
DUBLIN SOUTH	Social Work Department, Our Lady's Clinic, Patrick Street, Dun Laoghaire, Co. Dublin	(01) 663 7300
CARLOW	Carlow Social Work Office, Ground Floor, St. Dymphna's Hospital, Athy Road,, Co. Carlow.	(059) 913 6587
CAVAN	HSE Community Child and Family Services, Drumalee Cross, Co. Cavan	(049) 437 7305 (049) 437 7306
CLARE	Clare Duty Social Worker, River House, Gort Road, Ennis, Co. Clare Social Work Department, Shannon Health Centre, Shannon, Co. Clare Social Work Department, Kilrush Health Centre, Kilrush, Co. Clare	(065) 686 3935 (Mon – Fri, 2pm - 5pm) (061) 718 400 (065) 905 4200
CORK	North Cork Social Work Department, 134 Bank Place, Mallow, Co. Cork.	(022) 54100

	North Lee Child Lee Social Work Department, (adjacent to Shopping Centre), Blackpool, Co. Cork.	(021) 492 7000
	South Lee Social Work Department, St. Finbarr's Hospital, Douglas Road, Cork.	(021) 492 3001
	West Cork Social Work Department, Coolnagarrane, Skibbereen, Co. Cork.	(028) 40447
DONEGAL	Links Business Centre, Lisfannon, Buncrana, Co. Donegal (East Team).	(074) 932 0420
	Euro House, Killybegs Road, Donegal, Co. Donegal (West Team).	(074) 972 3540
	Social Work Department, Millennium Court, Pearse Road, Letterkenny, Co. Donegal (East Central Team and West Central Team)	(074) 912 3672 (074) 912 3770
GALWAY	Galway City, Social Work Department, Local Health Office, 25 Newcastle Road, Galway, Co. Galway.	(091) 546366
	Galway County, Tuam Social Work Department, Health Centre, Vicar Street, Tuam, Co. Galway.	(093) 37200
	Loughrea Social Work Department, Health Centre, Loughrea, Co. Galway.	(091) 847820
	Ballinasloe Social Work Department, Health Centre, Brackernagh, Ballinasloe, Co. Galway.	(090) 964 6200
	Oughterard Social Work Department, Health Centre, Oughterard, Co. Galway	(091) 552200
KERRY	Social Work Department, HSE Community Services, Rathass, Tralee, Co. Kerry	(066) 712 1566
	Killarney Social Work Department, St. Margaret's Road, Killarney, Co. Kerry	(064) 663 6030
KILDARE	Social Work Department, St Mary's Craddockstown Road, Naas, Co. Kildare	(045) 873200 (045) 882 400
KIL KENNY	Social Work Office – Child Care Department, Child Youth and Families, Carlow/Kilkenny, HSE South, St. Canice's Hospital, Dublin Road, Kilkenny, Co. Kilkenny	(056) 778 4057 (056) 778 4532
LIMERICK	Social Work Department, Ballynanty Health Centre, Ballynanty, Limerick (East Team), Co. Limerick.	(061) 457 100
	Social Work Department Roxtown Health Centre, Roxtown Terrace, Old Clare Street, Limerick (East Team) , Co. Limerick.	(061) 417 622 (061) 483 091
	Parkbeg Social Work Department, Parkbeg House, 2 Elm Drive, Caherdavin Lawns, Ennis Road, Limerick, Co. Limerick.	(061) 206 820

	Social Work Department, Southill Health Centre, O'Malley Park, Southill, Limerick, Co. Limerick.	(061) 209 985
	Newcastlewest Social Work Department, Newcastlewest Health Centre, Newcastle West, Co. Limerick.	(069) 62155
LAOIS	Social Work Department, Child and Family Centre, Portlaoise, Co. Laois.	(057) 869 2567 (057) 869 2568
LEITRIM	Social Work Department, Community Care Office, Leitrim Road, Carrick on Shannon, Co. Leitrim	(071) 965 0324
LONGFORD	Social Work Department, Tivoli House, Dublin Road, Co. Longford.	(043) 335 0584
LOUTH	Social Work Department, Local Health Care Unit, Wilton House, Stapleton Place, Dundalk, Co. Louth.	(042) 939 2200
	Ballsgrove Health Centre, Ballsgrove, Drogheda, Co. Louth.	(041) 983 8574 (041) 983 3163
MAYO	Community Social Work Services, Enterprise Centre, Navan, Co. Meath.	(046) 909 7817
	Community Social Work Services, Child and Family Centre, Navan, Co. Meath	(046) 907 8830
	Community Social Work Services, Dunshaughlin Health Care Unit, Dunshaughlin, Co. Meath	(01) 802 4102
MONAGHAN	Social Work Department, Local Health Care Unit, Rooskey, Co. Monaghan.	(047) 30426 (047) 30427
OFFALY	Social Work Department, Derry Suite, Castlebuildings, Tara Street, Tullamore, Co. Offaly	(057) 937 0700
ROSCOMMON	Social Work Team, Abbeytown House, Abbey Street, Roscommon, Co. Roscommon.	(090) 662 6732
	Social Work Team, Roscommon PCCC, Lanesboro' Road, Roscommon, Co. Roscommon (Roscommon Area).	(090) 663 7528 (090) 663 7529
	Social Work Team, Health Centre, Elphin Street, Boyle, Co. Roscommon (Boyle Area).	(071) 966 2087
	Social Work Team, New HSE Offices, Knockroe, Castlerea, Co. Roscommon (Castlerea Area).	(090) 663 7851 (090) 663 7842
SLIGO	Sligo Town and surrounding areas: Markievicz House, Barrack Street, Sligo, Co. Sligo.	(071) 915 5133
	South County Sligo: One Stop Shop, Teach Laighne, Humbert Street, Tubercurry, Co. Sligo.	(071) 912 0062
NORTH TIPPERARY	North Tipperary Duty Social Work Team, Civic Offices, Limerick Road, Nenagh, Co. Tipperary.	(067) 46 636
	North Tipperary Child Protection Services: Social	(067) 41 934

	Work Department, Annbrook, Nenagh, Co. Tipperary. St. Mary's Health Centre, Parnell Street, Thurles, Co. Tipperary.	(0504) 24 609
SOUTH TIPPERARY	South Tipperary Child Protection Services: Social Work Team, South Tipperary Community Care Services, Western Road, Clonmel, Co. Tipperary.	(052) 617 7302 (052) 617 7303
WATERFORD	Waterford: Social Work Service, Waterford Community Services, Cork Road, Co. Waterford. Dungarvan and surrounding areas: Social Work Department, Dungarvan Community Services, St. Joseph's Hospital, Dungarvan, Co. Waterford	(051) 842827 (058) 20906
WESTMEATH	Social Work Department, Athlone Health Centre, Coosan Road, Athlone, Co. Westmeath. Social Work Department, Child and Family Centre, St. Loman's, Springfield, Mullingar, Co. Westmeath.	(090) 648 3106 (044) 934 4877
WEXFORD	Gorey Health Centre, Hospital Grounds, Gorey, Co. Wexford. Enniscorthy Health Centre, Millpark Road, Enniscorthy, Co. Wexford. New Ross Health Centre, Hospital Grounds, New Ross, Co. Wexford Social Work Department, Ely House, Ferrybank, Co. Wexford	(053) 943 0100 (053) 923 3465 Contact through Ely House below (053) 912 3522 Ext. 201
WICKLOW	Social Work Department, HSE Glenside Road, Wicklow Town, Co. Wicklow. Bray: Social Work Department, The Civic Centre, Main Street, Bray, Co. Wicklow. Delgany: Social Work Department, Delgany Health Centre, Delgany, Co. Wicklow.	(0404) 60800 (01) 274 4180 (01) 274 4100 (01) 287 1482

HSE Information & Advice Officers Contact Details:

Name	Area	Contact Address	Contact Numbers
Jan Perrin Edwina Flavin	HSE Dublin Mid-Leinster Dublin South City, Dublin South West, Dublin West Kildare, West Wicklow	Children and Families, Training and Development Unit, Brickfield House, Brickfield Drive, Crumlin, Dublin 12	Phone: (01) 4156961 Fax No: (01) 4156919 edwina.flavin@hse.ie jan.perrin@hse.ie
Lorraine Egan Jim McGuirk	HSE Dublin Mid-Leinster LHOs: Dublin South (Dún Laoghaire); Dublin South East; Wicklow	Block B, Civic Centre Main St. Bray, Co Wicklow	Phone: (01) 2744273 Fax No: (01) 2744287 lorraine.egan@hse.ie James.mcguirk@hse.ie
Charney Weitzman	HSE Dublin Mid-Leinster Longford/Westmeath & Laois/Offaly	St. Loman's Campus, Springfield, Mullingar, Co. Westmeath.	Phone: (044) 9395510 Fax No: (057) 9357846 charney.weitzman@hse.ie
Vacant	HSE Dublin North East Dublin North West; Dublin North Central; Dublin North	CTDU, Third Floor, Park House, NCR, Dublin 7	Phone : (01) 8823428 Fax: (01) 8823490
Deirdre Horan-Martin	HSE Dublin North East Cavan/Monaghan	Child & Family Services HSE Cavan and Monaghan Support Services Building Rooskey, Co. Monaghan	Phone: (047) 30470 deirdrem.horanmartin@hse.ie
Kathryn Morris	HSE Dublin North East Meath	Child Care Services, Enterprise Centre, Trim Rd, Navan, Co Meath	Phone: (046) 9097846 Fax No: (046) 9097900 kathryn.morris@hse.ie
Anne Purcell	HSE South Carlow, Kilkenny. Wexford, Waterford, South Tipperary	Health Centre, Castlehill, Carlow	Phone: (059) 9133797 Fax No: (059) 9133530 ann.purcell@hse.ie
Margaret Fitzgerald Maureen Crowley	HSE South North Lee, North Cork, Kerry, South Lee, North Lee, West Cork, Kerry	Children First Department, Block 36, St. Finbar's Hospital, Douglas Rd. Cork.	Phone: (021) 496-6555 Margareta.fitzgerald1@hse.ie maureen.crowley@hse.ie
Brid Burke	HSE West Galway	Children First & Information Officer, Family Support Services, West City Centre, Seamus Quirke Rd, Galway	Phone: (091) 548440 Fax No: (091) 524226 brid.burke@hse.ie

Sandra Claxton	HSE West Roscommon, Mayo	St Mary's Headquarters, Castlebar, Co. Mayo	Phone: (094) 90 42579 Fax No: (094) 90 20452 sandra.claxton@hse.ie
Noreen Herron	HSE West Sligo, Leitrim, Donegal, Cavan	Markievicz House, Barrack Street, Sligo	Phone: (071) 9155181 Fax No: (071) 9155131 noreen.herron@hse.ie
Jan Godfrey	HSE West Clare	River House, Gort Road, Ennis, Co Clare	Phone: (065) 6863919 Fax No: (065) 6863983 jan.godfrey@hse.ie
Anne Murray	HSE West Limerick	87 O'Connell St, Limerick	Phone : (061) 483520 Fax No: (061) 468902 annem.murray@hse.ie
Laura Nee	HSE West Tipperary North	HSE, Civic Offices, Limerick Road, Nenagh, Co. Tipperary	Phone: (067) 46652 Fax No: (067) 46693 laura.nee@hse.ie

Appendix 17: Guidance for Employers Dealing With An Allegation of Abuse

When an allegation of abuse is received, it should be assessed promptly and carefully by the employer. Action taken in reporting an allegation of child abuse against an employee should be based on an opinion formed 'reasonably and in good faith'. It will be necessary to decide whether a formal report should be made to the HSE Children and Family Services. This decision should be based on reasonable grounds for concern, as outlined in Chapter 3 of this National Guidance.

The first priority is to ensure that no child is exposed to unnecessary risk. The employer should as a matter of urgency take any necessary protective measures. These measures should be proportionate to the level of risk and should not unreasonably penalise the employee, financially or otherwise, unless necessary to protect children. Where protective measures penalise the employee, it is important that early consideration be given to the case.

Any action taken should be guided by agreed procedures, the applicable employment contract and the rules of natural justice.

The head of the organisation should be informed about the allegation as soon as possible.

When an employer becomes aware of an allegation of abuse of a child or children by an employee during the execution of that employee's duties, the employer should privately inform the employee of the following:

- (i) the fact that an allegation has been made against him or her;
- (ii) the nature of the allegation.

The employee should be afforded an opportunity to respond. The employer should note the response and pass on this information if making a formal report to the HSE Children and Family Services.

Employers or persons-in-charge should take care to ensure that actions taken by them do not undermine or frustrate any investigations/assessments conducted by the HSE Children and Family Services or An Garda Síochána. It is strongly recommended that employers maintain a close liaison with the statutory authorities to achieve this.

Employers or persons-in-charge should be notified of the outcome of an investigation and/or assessment. This will assist them in reaching a decision about the action to be taken in the longer term concerning the employee.

The Protections for Persons Reporting Child Abuse Act 1998 makes provision for the protection from civil liability of persons who have communicated child abuse 'reasonably and in good faith' to designated officers within the HSE (see Appendix 10) or to any member of An Garda Síochána. This protection applies to organisations as well as to individuals. This means that even if a communicated suspicion 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.

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.

Appendix 18: Guidance for Developing Local Child Protection & Welfare Procedures

In developing local guidelines, **the definitions, reporting procedure and guidance on confidentiality** (as provided in Chapters 2 and 3 of the *Children First: National Guidance*) **SHOULD NOT BE CHANGED OR ADAPTED IN ANY WAY**. This is because it is essential that there is consistency on definitions, the basis for reporting and the standard reporting procedure.

All organisations providing services to children when developing local procedures should ensure the following elements are included:

- clear descriptions of responsibility at local level, both individual and corporate;
- organisation and management arrangements, as well as procedures for child protection, including arrangements for interagency cooperation;
- expectations of best professional practice;
- arrangements for training and support of staff;
- approach to family support and the involvement of the child.