



Policy Title		Child Protection and Welfare Policy	
Created:		Version	
Date of Approval	17 June 2025	Approved by:	Board of Neurodiversity Ireland
Date of Review	27 January 2026	Reviewed by:	

Child – for the purpose of this policy, is any person under the age of 18 years.

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

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

Designated Liaison Person (DLP) – a resource to any staff member who has a child protection concern. DLPs are responsible for ensuring that reporting procedures are followed correctly and promptly and act as a liaison person with other agencies.

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

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

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

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

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

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1. Introduction

Neurodiversity Ireland's vision is an Ireland where neurodivergent children and their families have the freedom to live the life they choose fully supported by their community.

Neurodiversity Ireland is committed to:

- educating the community
- supporting neurodivergent children
- advocating for an equitable future

1. Neurodiversity Ireland endeavours to support neurodivergent people and their families, by working to facilitate access to activities and experiences.

2. Neurodiversity Ireland endeavours to provide information on issues relating to neurodiversity and support networks for families and to provide the tools and resources which families or carers may need to support their neurodivergent family member, including by undertaking and supporting research and the promotion of gold standard best practices.

3. Neurodiversity Ireland endeavours to promote understanding of the strengths and qualities of, and needs and challenges faced by, neurodivergent people and their families and to achieve societal recognition of the advantages and value of their fulsome participation in society.

4. Neurodiversity Ireland works towards ensuring inclusion for neurodivergent people in society by seeking the reform of those systems and structures which pose barriers to their participation.

This policy and the guiding principles set out below reflect our commitment to protecting and promoting the rights of children in our care, including their right to be protected, treated with respect, listened to and to have their own views taken into consideration in all decisions affecting them. This policy is informed by: *Children First: National Guidance for the Protection and Welfare of Children 2017*; *Tusla's Child Safeguarding: A Guide for Policy, Procedure and Practice (2nd edition)*; the *Child Protection and Welfare Practice Handbook* and other applicable legislation (see Appendix [1]).

The purpose of this policy is to guide our workers and volunteers on the procedures to keep children safe. A copy is made available to our workers and volunteers as part of their induction.

1.1 Guiding Principles

In Neurodiversity Ireland we provide the following supports to children and families:

- OT and SLT therapy and assessments
- OT led activity clubs;
- Summer, Easter and Mid term camps;
- Information sharing and advice to parents Webinars and in person information sessions;
- Parent support group;
- Educational materials and campaigns;
- Events;
- Advocacy;
- School supports for teachers/staff;

We believe the following:

1. Our priority to ensure the welfare and safety of every child who attends our supports is paramount.

2. Our guiding principles and procedures to safeguard children reflect national policy and legislation and we will review our guiding principles and child safeguarding procedures every year.
3. All children have an equal right to attend a service that respects them as individuals and encourages them to reach their potential, regardless of their background.
4. We are committed to upholding the rights of every child who attends our service, including the rights to be kept safe and protected from harm, listened to, and heard.
5. Our guiding principles apply to everyone in our organisation.
6. Workers/volunteers must conduct themselves in a way that reflects the principles of our organisation.

1.2 Child Safeguarding Statement

Neurodiversity Ireland is a provider of 'relevant services' under the *Children First Act 2015* and is required therefore to develop a Child Safeguarding Statement. This is a written statement that specifies the service being provided and the principles and procedures to be observed in order to ensure, as far as practicable, that a child availing of the service is safe from harm.

A copy of the Neurodiversity Ireland Child Safeguarding Statement is available at Appendix [2].

2. Key Roles in Safeguarding

2.1 Named Persons

A further requirement of the *Children First Act 2015* is for relevant services to have a named person for Child Safeguarding. The Named Person can assist with the development of policies and procedures on how to create a safe environment, ensuring they are up to date and consistent with best practice. They should liaise with all key workers and volunteers who have relevant roles and responsibilities. The Named Person is also responsible for the review of our guiding principles and child safeguarding procedures. The Named Person in Neurodiversity Ireland is Trustee Nessa Hill. Her contact information is nessa@neurodiversityireland.com and +44 7725 342731.

2.2 Designated Liaison Persons

Children First: National Guidance for the Protection and Welfare of Children advises that both public and private organisations that provide services for children and families should consider appointing a Designated Liaison Person (DLP). Neurodiversity Ireland's DLP is:

1. Grace McRandal - Email: grace@neurodiversityireland.com

The DLP will be a resource to any staff member who has a child protection or welfare concern. DLPs are responsible for ensuring that organisational reporting procedures are followed correctly and promptly and act as a liaison person with other agencies. The key responsibilities of a DLP and Deputy DLP are:

- Be fully familiar with your organisation's responsibilities in relation to the safeguarding of children.
- Have good knowledge of your organisation's guiding principles and child safeguarding procedures.
- Ensure that the organisation's reporting procedure is followed, so that child protection and welfare concerns are referred promptly to Tusla.

- Receive child protection and welfare concerns from workers and volunteers and consider if reasonable grounds for reporting to Tusla exist.
- Consult informally with a Tusla Duty Social Worker through the Dedicated Contact Point, if necessary.
- Where appropriate, make a formal report of a child protection or welfare concern to Tusla on behalf of their organisation, using the Tusla Web Portal or the Tusla Child Protection and Welfare Report Form.
- Inform the child's parents/guardians that a report is to be submitted to Tusla or The Garda Síochána, unless:
 - Informing the parents/guardians is likely to endanger the child;
 - Informing the parents/guardians may place you as the reporter at risk of harm from the family;
 - The family's knowledge of the report could impair Tusla's ability to carry out an assessment.
- Record all child protection or welfare concerns, or allegations of child abuse, brought to your attention as well as any action taken in response to these concerns.
- Provide feedback to the referrer, as appropriate.
- Ensure that a secure system is in place to manage and store confidential records.
- Act as a liaison with Tusla and The Garda Síochána, as appropriate.
- Where appropriate, jointly report with a mandated person.

A list of Neurodiversity Ireland workers and volunteers trained as DLP's can be found in Appendix [3].

<https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/resources/hse-child-protection-and-welfare-reporting-procedure-reporting-algorithm.pdf>

2.3 Mandated Persons

Under the *Children First Act 2015* mandated persons have a statutory obligation to report concerns that reach or exceed the legally defined threshold of harm (see the *Children First Act 2015*) and to cooperate with Tusla in the assessment of mandated reports, where requested to do so. Schedule 2 of the *Children First Act 2015* and the Tusla Website at [Am I a Mandated Person?Tusla - Child and Family Agency](#) provide a list of classes of persons specified as mandated persons. The list can also be found at Appendix [4].

The *Children First Act 2015* requires all providers of relevant services to have a procedure in place to maintain a list of any mandated persons in their organisation. Workers who are mandated persons should be made aware of their responsibilities under the legislation at commencement of their employment. Mandated persons may make joint reports with the DLP in their organisation, however, a mandated person cannot discharge their statutory responsibility to report by reporting to another person (e.g. by reporting to their DLP).

It is important that organisations are aware of which members of staff are classed as mandated persons and that mandated persons understand their responsibilities. To this end a procedure should be put in place to maintain an up-to-date list of mandated persons. This is done in the following ways:

- Identify which members of staff are mandated persons using the list provided in Schedule 2 of the *Children First Act 2015* mentioned above and information gathered through our recruitment process for Volunteer staff.
- Grace McRandal will meet with Mandated Persons during their induction or programme training to inform/remind Mandated Persons of their responsibility.
- The list is kept on file by Grace McRandal and Mandated Persons are added to

the list once they have met with by Grace McRandal. There will be two parts to the list outlining any full-time staff who are Mandated Persons and also any Volunteer staff at a Neurodiversity Ireland Programme who are Mandated Persons.

- The list of full time Mandated Persons is reviewed each year and the list of Volunteer staff who are Mandated Persons is reviewed at the end of each programme.
- Grace McRandal is responsible for maintaining this list.

For more information on Mandated Persons see *Mandated Assisting Protocol for Tusla staff* at: https://www.tusla.ie/uploads/content/4214-TUSLA_Mandated_Assisting_Protocol_A4_v3.pdf

2.4 Relevant Person

As a provider of a relevant service pursuant to the *Children First Act 2015* Neurodiversity Ireland is required to appoint a Relevant Person to be the first point of contact in relation to Child Safeguarding Statement. Neurodiversity Ireland has appointed Nessa Hill as the Relevant Person and details of that individual can be found at section 2.1.

3. Responding to and Reporting of Child Safeguarding Concerns

The guiding principle when a child protection or welfare report has to be made to Tusla is that the safety and wellbeing of the child takes priority over all other considerations (see *Child Safeguarding: A Guide for Policy, Procedure and Practice (2nd Edition)*).

Tusla has statutory responsibility for the protection and welfare of children and The Garda Síochána has responsibility for the investigation of suspected criminal offences. Any person involved with a child may also be in a position to play a key role in safeguarding children. Effective cooperation with Tusla depends on:

- Understanding and acceptance by all professionals and persons working with children, young people or their families of their responsibilities and roles in the promotion of child safeguarding;
- Mutual trust and sharing of information within established protocols;
- Willingness of personnel to respect the contributions made by others, irrespective of status and position within agencies and organisations/groups.

3.1 Procedures for reporting child safeguarding or welfare concerns.

Children First: National Guidance for the Protection and Welfare of Children requires organisations to have reporting procedures in place that are understood and followed by all workers and volunteers and any individuals undertaking work experience or internships within the organisation. The responsibility to report child safeguarding or welfare concerns applies to everyone working with children or family members.

<https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/resources/hse-child-protection-and-welfare-reporting-procedure-reporting-algorithm.pdf>

3.2 Reasonable grounds for concern

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

Children are sometimes abused by members of their own family, by peers or by others outside the family environment such as strangers, workers or trusted adults. *Children First: National*

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

- Evidence, for example an injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way;
- Any concern about possible sexual abuse;
- Consistent signs that a child is suffering from emotional or physical neglect;
- A child saying or indicating by other means that he or she has been abused;
- Admission or indication by an adult or a child of an alleged abuse they committed;
- An account from a person who saw a child being abused.
- Wherever appropriate, any issues should be checked with the parents/guardians when considering whether a concern exists, unless doing so may further endanger the child or the person considering making the report.

The guiding principles on reporting child abuse or neglect are summarised in *Children First: National Guidance for the Protection and Welfare of Children* as follows:

- The safety and well-being of the child must take priority over concerns about adults against whom an allegation may be made.
- Reports of concerns should be made without delay to Tusla.

3.3 Categories and Indicators of Abuse

Children First: National Guidance for the Protection and Welfare of Children defines four categories of abuse: neglect, emotional abuse, physical abuse, and sexual abuse. A child may be subjected to one or more forms of abuse at any given time.

Neglect

Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and safety. Emotional neglect may also lead to the child having attachment difficulties.

The extent of the damage to the child's health, development or welfare is influenced by a range of factors. These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect.

Neglect is associated with poverty but not necessarily caused by it. It is strongly linked to parental substance misuse, domestic violence, and parental mental illness and disability.

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

Emotional Abuse

Emotional abuse is the systemic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Once-off and occasional difficulties between a parent/carer and child are not considered emotional abuse. Abuse occurs when a child's basic need for attention, affection, approval, consistency, and security are not met due to incapacity or indifference from their parent or caregiver. Emotional abuse can also occur when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional

abuse is not easy to recognise because the effects are not easily seen. Once-off and occasional difficulties between a parent/carer and child are not considered emotional abuse.

A reasonable concern for the child's welfare would exist when the behaviour becomes typical of the relationship between the child and the parent or carer.

Physical Abuse

Physical abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents.

A reasonable concern exists where the child's health and/or development is, may be, or has been damaged as a result of suspected physical abuse.

Sexual Abuse

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal or for that of others. It includes the child being involved in sexual acts or exposing the child to sexual activity directly or through pornography.

Child sexual abuse may cover a wide spectrum of abusive activities. It rarely involves just a single incident and, in some instances, occurs over several years. Child sexual abuse most commonly happens within the family, including older siblings and extended family members. Cases of sexual abuse mainly come to light through disclosure by the child or his or her siblings/friends, from the suspicions of an adult, and/or by physical symptoms.

A reasonable concern is any concern over the possibility of sexual abuse.

Child neglect or abuse can often be difficult to identify and may present in many forms. No one indicator should be conclusive of abuse. It may indicate conditions other than child abuse. All signs and symptoms must be examined in the total context of the child's situation and family circumstances. For more information, please see Appendix [5].

There are commonly three stages in the identification of child abuse:

- Considering the possibility
- Looking out for signs of neglect or abuse
- Recording of information.

3.4 Circumstances which may make children more vulnerable to harm.

Some children may be more vulnerable to abuse than others. Also, there may be particular times or circumstances when a child may be more vulnerable to abuse in their lives. In particular, children with disabilities, children with communication difficulties, children in care or living away from home, or children with a parent or parents with problems in their own lives may be more susceptible to harm. *Children First: National Guidance for the Protection and Welfare of Children* has identified and categorised a number of complicating factors and circumstances which may make children more vulnerable to harm. These factors need to be considered when identifying, responding to, and assessing child safeguarding concerns. The categories are as follows:

Parent or Carer factors:

- Drug and Alcohol misuse.
- Addiction, including gambling.
- Mental Health issues.
- Parental disability issues, including learning or intellectual disability.
- Conflictual relationships.
- Domestic Violence.
- Adolescent

Parents. Child Factors:

- Age.
- Gender.
- Sexuality.
- Disability.
- Mental health issues, including self-harm and suicide.
- Communication difficulties.
- Trafficked/Exploited.
- Previous abuse.
- Young Carer.

Community Factors:

- Cultural, ethnic, religious, or faith-based norms in the family or community which may not meet the standards of child safeguarding required in this country.
- Culture specific practices, including:
 - female genital mutilation
 - forced marriage
 - honour-based violence
 - radicalisation.

Environmental Factors:

- Housing issues.
- Children who are out of home and not living with their parents.
- Poverty/Begging.
- Bullying.
- Internet and social media concerns.

Poor motivation or willingness of parents/guardians to engage:

- Non-attendance at appointments.
- Lack of insight or understanding of how the child is being affected.
- Lack of understanding about what needs to happen to bring about change.
- Avoidance of contact and reluctance to work with services.
- Inability or unwillingness to comply with agreed plans.

It is important to remember that the presence of any of these factors does not necessarily mean that a child in those circumstances or settings is being abused but they should be considered as part of being alert to the possibility that a child may be at risk of suffering abuse and in bringing reasonable concerns to the attention of Tusla.

3.5 Responding to Concerns

All workers and volunteers (including students on placement or work experience) have a responsibility to safeguard children and to report any concerns they may have for the protection or welfare of a child. Regardless of how a concern comes to a worker/volunteer's attention, it should be reported to the Designated Liaison Person.

A child may disclose to a trusted worker or volunteer that they have been or are being harmed or abused. Children will often have different ways of communicating that they are being abused. If a child hints at or tells a worker or volunteer that he or she is being harmed by someone, be it a parent/carer, another adult or by another child (peer abuse), it should be treated in a sensitive way. We try to ensure that our workers/volunteers are aware and prepared for responding to a child who may disclose abuse.

How to respond

You should deal with disclosures of abuse sensitively and professionally. The following approach is suggested as best practice for dealing with these disclosures:

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

By refusing to make a commitment to secrecy to the child, you do run the risk that they may not tell you everything (or, indeed, anything) there and then. However, it is better to do this than to tell a lie and ruin the child's confidence in yet another adult. By being honest, it is more likely that the child will return to you at another time.

At the earliest possible opportunity the reporting procedure set out in section [3.6] should be followed.

Following a disclosure by a child, it is important that the worker/volunteer continues in a supportive relationship with the child. Disclosure is a huge step for a child. Workers/volunteers should continue to offer support, particularly by:

- Maintaining a positive relationship with the child;
- Keeping lines of communication open by listening carefully to the child;
- Continuing to include the child in the usual activities.

3.6 Reporting Concerns

The Designated Liaison Person, in consultation with the person who raised the concern, will decide if reasonable grounds for concern exist. If reasonable grounds for concern exist, the Designated Liaison Person will report to Tusla through either the Tusla Web Portal at <https://www.tusla.ie/children-first/web-portal/> or the relevant Dedicated Contact Point at <http://www.tusla.ie/children-first/contact-a-social-worker3/>. If the DLP decides not to make a report, the staff/volunteer with reasonable concern is still entitled to make a report to Tusla under *Children First: National Guidance for the Protection and Welfare of Children*, should they wish to do so. In reporting to Tusla, the individual worker has protections under the *Protections for Persons Reporting Child Abuse Act 1998*, should they report independently.

A worker or volunteer who knows or suspects that a child has been or is at risk of being harmed has a duty to:

1. Record the concern.
2. Discuss with the Designated Liaison Person who is made known during staff orientation.
3. The Designated Liaison Person will ensure that the most appropriate person will speak to the parents of the child unless it puts the child at further risk.
4. The Designated Liaison Person must decide to (using this procedure):-

<https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/resources/hse-child-protection-and-welfare-reporting-procedure-reporting-algorithm.pdf>

- a. Contact Tusla where the child lives (if the child lives outside the national jurisdiction contact should be made with Tusla for advice) for an informal discussion (as soon as practicable after becoming aware of a concern being raised); or
- b. Refer to Tusla where the child lives (as soon as practicable after becoming aware of a concern being raised).
- c. Also consider whether there is a crime that should be reported to the Gardaí.
- d. In an emergency and you cannot contact the duty social worker in Tusla then a report should be made directly to An Garda Síochána. Allegations should always be handled in a sensitive and discreet manner and should follow the organisations reporting procedures as outlined below; See Appendix [6] for the Standard Reporting form used when making a report (a copy of the report is kept by the Named Person); or
- e. Not refer concerns to Tusla or to An Garda Síochána where there are no reasonable grounds for concern and record the reasons

for taking this action.

5. Any professional who suspects child abuse or neglect should inform the parents/carers if a report is to be submitted to Tusla or to An Garda Síochána, unless doing so is likely to endanger the child.
6. In the event of retrospective disclosure of abuse the report is made to Tusla and the duty social worker where the child lives. When a child comes from a different country, then the local social work team should be contacted for advice and depending on the concern they may contact the social work service in the child's home country.

It is Neurodiversity Ireland's policy to record all concerns/disclosures and to forward these to the Designated Liaison Person who will follow the procedure as outlined above. In cases of emergency the Gardaí will be contacted immediately. When reporting concerns/disclosures they should also do so immediately. Ignoring the signals or failing to intervene could result in on-going or further harm to the child. If needs be, concerns can be initially reported verbally to Tusla and then via the Tusla online web portal. Tusla are also open to informal consultation and the DLP can make informal contact seeking guidance.

The Standard Reporting Form is printed before being sent to Tusla and stored by the Named Person where only the CEO will have access to them on request. Also stored here is the initial report from the staff member present for the disclosure/who witnessed the abuse taking place.

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

- The reasons for not reporting are to be recorded;
- If any actions are taken as a result of the concern, these should be recorded;
- The worker or volunteer who raised the concern should be given a clear written explanation of the reasons why the concern is not being reported to Tusla;
- The worker or volunteer should be advised that if they remain concerned about the situation, they are free to make a report to Tusla or The Garda Síochána.
- The worker or volunteer who raised the concern should also be reassured that if they do choose to report to Tusla, they are covered by the *Protections for Persons Reporting Child Abuse Act 1998*.

3.6.1 What information to include in your report.

To help Tusla staff assess your reasonable concern, they need as much information as possible. You should provide as much relevant information as you can about the child, his/her home circumstances and the grounds for concern.

These could include:

- The child's name, address and age
- Names and addresses of parents or guardians
- Names, if known, of who is allegedly harming the child or not caring for them appropriately
- A detailed account of your grounds for concern (e.g. details of the allegation, dates of incidents, and description of injuries)
- Names of other children in the household
- Name of school the child attends

- Your name, contact details and relationship to the child.

You should give as much information as possible to social workers at an early stage so that they can do a full check of their records. For instance, they can see if the child and/or a sibling have been the subject of a previous referral, or if an adult in the household had previous contact with the child protection services. It also helps social workers to prioritise cases for attention, as they are not in a position to respond immediately to all cases. However, they will always respond where a child is in immediate danger or at high risk of harm. It will also help Tusla to decide if another service would be more appropriate to help meet the needs of the child, i.e. a community or family support service rather than a social work service. A copy of the report is kept by the Named Person.

3.6.2 Mandated Reporting

As mentioned in section 2.3 above the *Children First Act 2015* places a legal obligation on certain people, many of whom are professionals, to report child safeguarding concerns at or above a defined threshold of harm to Tusla. These mandated persons must also assist Tusla, on request, in its assessment of child protection concerns about children who have been the subject of a mandated report. Any report must be made by a Mandated person. This can be a joint report with the DLP. A non-mandated person can report to DLP who can then report to Tusla.

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

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

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

he or she shall, as soon as practicable, report that knowledge, belief or suspicion, as the case may be, to [Tusla].”

The term ‘harm’ is used as defined in the *Children First Act 2015*: “‘harm’ means, in relation to a child—:

- (a) assault, ill-treatment, or neglect of the child in a manner that seriously affects or is likely to seriously affect the child's health, development, or welfare, or
- (b) sexual abuse of the child, whether caused by a single act, omission or circumstance or a series or combination of acts, omissions or circumstances, or otherwise”.

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

“Where a child believes that he or she -

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

and discloses this belief to a mandated person in the course of a mandated person's

employment or profession as such a person, the mandated person shall, ... as soon as practicable, report that disclosure to [Tusla].

It is important to note that the statutory obligation of mandated persons to report under the *Children First Act 2015* must be discharged by the mandated person and cannot be discharged by the DLP on their behalf. Mandated persons can make a joint mandated report with the DLP or another person, mandated or otherwise. If, however, for any reason, the organisation or the DLP do not wish to report to Tusla, the mandated person, should proceed with making a report. The *Protections for Persons Reporting Child Abuse Act 1998* will apply in this instance.

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

3.6.3 Relevant legislation

In addition to the obligations outlined above in respect of the *Children First Act 2015* and the *Children First: National Guidance for the Protection and Welfare of Children*, the following legislation is relevant to the reporting of concerns and should be referred to in the training of workers and volunteers:

- **PROTECTIONS FOR PERSONS REPORTING CHILD ABUSE ACT 1998**

This Act protects you if you make a report of suspected child abuse to designated officers of Tusla, the Health Service Executive (HSE) or to members of the Gardaí as long as the report is made in good faith and is not malicious. You can find the full list of persons in Tusla and the HSE who are designated officers under the 1998 Act, on the website of each agency (www.tusla.ie and www.hse.ie).

- **CRIMINAL JUSTICE ACT 2006**

This Act created an offence of reckless endangerment of children, which includes a person who has authority or control over a child intentionally or recklessly endangering the child by failing to take reasonable steps to protect the child from a substantial risk of being a victim of serious harm or sexual abuse while knowing that the child is in such a situation.

- **CRIMINAL JUSTICE (WITHHOLDING OF INFORMATION ON OFFENCES AGAINST CHILDREN AND VULNERABLE PERSONS) ACT 2012**

Under this Act, it is a criminal offence to withhold information about a serious offence, including a sexual offence, against a person under 18 years or a vulnerable person. The offence arises where a person knows or believes that a specified offence has been committed against a child or vulnerable person and he or she has information which would help arrest, prosecute or convict another person for that offence, but fails without reasonable excuse to disclose that information, as soon as it is practicable to do so, to a member of An Garda Síochána.

The provisions of the Withholding legislation are in addition to any reporting requirements under the *Children First Act 2015*.

3.6.4 What happens after a report is received by Tusla?

Tusla has the statutory responsibility to assess all reports of child welfare and protection concerns. Assessments are carried out by Tusla social workers. If concerns are found after the initial checks, further evaluation involving a detailed examination of the child and family's circumstances will follow. If concerns about a child's welfare are found, but do not involve a child protection issue, then the family may be referred to community or family support services. If no concerns are found, then the information gathered is recorded and kept on a confidential file where it will be examined if further concerns or more information comes to light.

If you make a report about a child, Tusla will normally acknowledge it, and may contact you for further information, if necessary. It is understandable that you would like to be assured that the matter is being followed up. However, to protect the privacy of the child and family, it may not be possible for Tusla to inform you of the progress or outcome of Tusla's contact with the child or family, unless you are involved in discussions around family support or child protection plans. If you continue to have concerns about the child, or if additional information comes to light, you should contact Tusla.

3.7 Responding to adults who disclose childhood abuse.

Where a disclosure of abuse that took place during their childhood is made by an adult, it is essential to establish whether there may be current risk to any child who may be in contact with the person subject to an abuse allegation (PSAA) revealed in the disclosure. This is important even where the children about whom there may be a concern are still to be identified. If any risk is deemed to exist to a child who may be in contact with a PSAA, the reporting procedure set out in section [3.6] should be followed and reports should be made to Tusla without delay.

Certain persons who work with adults are mandated persons and have a statutory obligation to report concerns which meet or exceed the threshold for 'harm' as defined in the *Children First Act 2015*. For mandated persons, the obligation to make a mandated report applies where you have knowledge or belief that a child has been, is being or may be harmed.

3.8 Responding to allegations of abuse made against staff/volunteers.

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

- The reporting procedure to Tusla in respect of the child and the alleged abuser;
- The internal personnel procedure for dealing with the worker/volunteer as set out at Appendix [7].

When an allegation is made against a worker/volunteer a quick resolution should be sought for the benefit of all concerned. It is recommended that the same person should not have responsibility for dealing with the child protection reporting procedure and the employment/contractual issues. Employment/contractual issues will be dealt with separately. The DLP will follow the normal reporting procedure as outlined in section [3.6]. It will be the responsibility of the CEO to deal with a staff/volunteer against whom an allegation is made where the child is a camper in Neurodiversity Ireland.

If an allegation is made against the DLP, the deputy DLP will take over their role.

3.8.1 Reporting procedure for dealing with an allegation made against worker/volunteer.

The agreed reporting procedure should always be followed by mandated persons and/or the DLP. In addition:

- Management must be alerted to the allegation by the reporter, whether mandated person or DLP;
- The first priority is for the safety of the child; management must make sure no child is exposed to unnecessary risk;
- Parents/guardians should be informed of any action planned while having regard to the rights to confidentiality of others, such as the person against whom the allegation has been made.

Tusla will follow relevant policy when assessing allegations of abuse made against workers or volunteers.

3.8.2 Internal personnel procedure for dealing with the worker/volunteer

It is a matter of good practice for all organisations, and a legal requirement under the *Children First Act 2015* for providers of relevant services, to develop procedures to respond to allegations of child abuse against any worker/ volunteer. Allegations of child abuse are very serious for both the child involved and the worker/volunteer concerned. Organisations should consider what processes should be put in place in regard to the worker/volunteer and should consider the need to obtain professional advice in relation to its responsibilities under employment and other law.

3.9 Confidentiality

Where child protection and welfare concerns arise, information must be shared on a 'need to know' basis in the best interest of the child with the relevant statutory authorities and with parents/guardians. No undertakings regarding secrecy can be given. Those working with children and families should make this clear to parents/guardians and to the child. The proportionate provision of information to the statutory agencies necessary for the protection of a child is not a breach of confidentiality or data protection. Parents/guardians and children have a right to know if personal information is being shared, unless doing so could put the child at further risk or may put the reporter at risk.

3.10 Information Sharing & Record Keeping

The reporting procedure set out in section [3.6] contains important information regarding information sharing and record keeping. It includes a requirement for recording certain concerns which, following consideration, do not initially meet reasonable grounds for concern. Concerns which do not initially meet reasonable grounds for concern may, upon review, show patterns or clusters which may heighten the level of concern. The ability of Tusla to assess and investigate suspicions or allegations of child abuse or neglect will be influenced by the amount and quality of information conveyed to it by the individual or organisation reporting the concerns.

It is important that information about concerns for the welfare or protection of a child is gathered early and shared as soon as possible with the appropriate person within the organisation. This can facilitate early warning signs being picked up and interventions being put in place at the earliest opportunity. This point is emphasised during worker/volunteer induction.

4.0 Working safely with children

4.1 Recruiting and selecting staff

Neurodiversity Ireland takes all reasonable steps to ensure that only suitable people are recruited to work with children and families in our various supports and those steps are set out in our Recruitment & Selection Policy, which is contained in Appendix [9].

Best practice in the recruitment and management of workers and volunteers includes, among other things, providing information relevant to the post, seeking information from the applicant, Garda vetting (our Garda Vetting Policy is contained in Appendix [10]), taking up of references, good HR practices in interviewing, induction, training, probation and on-going supervision and management.

4.2 Training and Induction

The Neurodiversity Ireland Recruitment & Selection policy includes details of our training and induction, which is intended to provide information and, where necessary, instruction and training, to our workers and volunteers in relation to the identification of the occurrence of harm. This programme places emphasis on promoting good child safeguarding practices and includes several different aspects, including:

- Completion of the Tusla e-learning programme, 'Introduction to Children First' available online through www.tusla.ie before arriving for induction. Certificates of successful completion of the e-learning are retained by Tamara Lambert, Sensory Centre Manager.
- DLP Training from a certified trainer for the Designated Liaison Person and Deputy Designated Liaison Person.
- Daily group meetings for workers and volunteers where programme of work, issues and concerns are raised and discussed.
- Regular check-in meetings for workers and volunteers with the Sensory Centre Manager.
- A dedicated induction session facilitated by the Sensory Centre Manager and Designated Liaison Person, which addresses, various elements of this Child Safeguarding Policy including:
 - Introduction to Designated Liaison Person and Deputy Designated Liaison Person
 - Our role in Safeguarding
 - Guiding Principles
 - Types of abuse
 - Indicators of abuse
 - Reasonable grounds for concern
 - Responding to a disclosure
 - Reporting procedures
 - Positive handling in relation to physical contact with children and our unique policy on dysregulation
 - Bullying
 - Accident/incident reporting
 - Code of Behaviour

Neurodiversity Ireland gathers and retains a record of all training provided by the organisation.

Our Staff Induction Checklist (Appendix [11]) and Volunteer Agreement (Appendix [12]) are attached to this policy.

4.3 Safe management of activities

Part of keeping children safe and reducing the likelihood of harm is making sure clear guidelines are in place regarding how activities are organised and run. Neurodiversity Ireland has a number of steps in place to minimise opportunities for accidents or harm to children while attending our camps. These steps include:

- Keeping a register of children, including address and family contact numbers and any relevant medical details
- Maintaining up-to-date records of attendance, consent forms and complaints
- Completing our accident/incident report form in accordance with training (see template form at Appendix [12])
- Addressing health and safety responsibilities (e.g. fire drills, first aid equipment, insurance)
- Operating a strict adult-child ratio at all times
- Obtaining prior written consent for the taking and use of any photographs
- Ongoing management of workers and volunteers through (i) a Code of Behaviour and (ii) supervision and support.

4.3.1 Code of Behaviour

The following Code of Behaviour has been formulated to establish acceptable boundaries of behaviour for workers/volunteers and clarify how to communicate/work with children in a way that respects their right to be listened to, treated with respect and treated fairly. It is intended ultimately to limit the risk of child abuse, misinterpretation or unintentional harm occurring.

Workers and volunteers have a responsibility to protect and promote the welfare of children by:

- *Treating them with dignity, sensitivity, and respect. Being positive in conversation and keeping conversation at the appropriate level for the age of the child.*
- *Making time to listen, talk to and get to know the children.*
- *Encouraging children to have an input into how things are run.*
- *Helping children to be safe, happy and have as much fun as possible.*
- *Never tolerating favouritism, exclusion, or harsh disciplinary regimes.*
- *Never using your mobile phone or personal camera to take photographs of children or remove from Neurodiversity Ireland any photography (including electronic copies) of children without prior permission.*
- *Enabling children to regard their bodies as their own property.*
- *Encouraging them to express feelings, fears, and experiences openly.*
- *Knowing about the principles and practices of child safeguarding as outlined in this document and discussing any uncertainties with the DLP.*
- *Acting in an open and visible manner and ensuring that where possible an adult is not left in a position where they are alone with a child.*
- *Never engaging in inappropriate games, making jokes of an inappropriate nature, or making inappropriate comments in the presence of young people, even in fun.*
- *Respecting children's privacy in bathrooms.*
- *Sensitively ensuring that children and families know about the Child Safeguarding Policy.*
- *Always responding to complaints or allegations.*
- *Helping children realise the difference between privacy and secrecy.*
- *Being sensitive to the fact that some children are more vulnerable than others.*
- *Never using physical punishment with children.*

- *Providing mixed gender leadership for mixed gender activity groups.*

Please note this is not an exhaustive list and may change from time to time.

4.3.2 Supervision and Support of Workers/Volunteers.

All workers/volunteers have regular reviews of their practice to ensure that they improve over time. Neurodiversity Ireland conducts annual appraisals of work to allow for the recognition of good work and to help to develop skills further. This is a formal, recorded process.

4.4 Dealing with a concern about another worker/volunteer

It is important that if a worker or volunteer has a concern about the behaviour of another worker/volunteer that they report these concerns to the Designated Liaison Person. Where the concern relates to the conduct of the DLP, reports should be made to the CEO.

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

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

A concern about another worker/volunteer may come to our attention through our complaints procedure, in which case it should be dealt with through our procedure for responding to allegations of abuse against workers/volunteers (see section []).

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

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

Where the worker/volunteer feels their concerns for a child's welfare or safety have not been given due regard within the organisation or feels nervous or worried about bringing the concern to the attention of the DLP or management, they should contact Tusla or The Garda Síochána directly. If the concern does not need to be reported to Tusla (i.e. does not meet the threshold for harm under the Children First Act 2015 or reasonable grounds for concern), it may still need to be addressed by the DLP or CEO with the worker/volunteer. This would be the case, for example, if the concern related to poor practice rather than abusive behaviour.

4.5 Disciplinary Procedures

- An investigation will usually precede a disciplinary process. However, in certain cases of gross misconduct, we reserve the right to bypass the investigation process and go straight to a disciplinary hearing.
- The process in each investigation and disciplinary process will depend on the facts.

In most circumstances an investigation or disciplinary process will follow the following steps:

- (i) The employee will receive written prior notice of the date of the proposed investigation or disciplinary hearing.
 - (ii) Prior to the meeting the employee will be informed in writing of the relevant matters to be discussed and will be given a copy of any available supporting documentation.
 - (iii) At the meeting the employee will be informed again of the matters to be discussed and will be given an opportunity to put their views forward
- After the hearing, the employee will be notified in writing of the draft findings of the investigation within three days or what is reasonably practical and invited to comment. Any comments received will be taken into account before the final investigation report is delivered a short time thereafter.
 - If the investigation report recommends disciplinary action a further disciplinary meeting following the same procedure as outlined above will take place conducted by a nominated person. Where practicable this shall be a different person from that who conducted the investigation.
 - If the decision is taken to dismiss an employee subsequent to the disciplinary process, the employee will subsequently receive a letter of dismissal explaining the reason for the dismissal and offering an opportunity to appeal.

4.5.1 Appeals against disciplinary action

- If an employee wishes to appeal against a dismissal or other disciplinary action they should inform the nominated person in writing within seven days from the date of notification of the decision. At the appeal, the propriety of the disciplinary penalty imposed will be considered. We will endeavour, whenever practicable, to ensure that the person hearing the appeal has had no previous involvement in the disciplinary decision.
- Disciplinary sanctions will take effect automatically pending the outcome of any appeal hearing. For the avoidance of doubt, this means that should a decision to terminate employment be communicated, all salary entitlement will cease on the date of notification of the decision to terminate.

4.6 Visitors on site

Neurodiversity Ireland has a policy which clearly outlines how we manage visitors to the Sensory Centre during sessions. This policy is contained in Appendix [13].

5. Sharing our safeguarding procedures and involving children and families.

5.1 Sharing our guiding principles and safeguarding procedure.

Parents/guardians can access this Policy online at www.neurodiversityireland.com

5.2 Empowering children to claim their rights.

Neurodiversity Ireland seeks to empower children by making them aware of their rights. In particular we encourage the active participation of children in all decision making relevant to their involvement in the activities, in a manner which is appropriate to their age and developmental stage.

Neurodiversity Ireland is committed to protecting and promoting children's rights through:

- Creating an environment, in which children are valued, encouraged, and affirmed, have their rights respected and are treated as individuals.
- The welfare of the child is the most important consideration in delivering our programme to children.
- Adopting our Child Safeguarding Policy and associated practices, policies, and guidelines to keep children as safe as possible.
- Adopting the safest possible practices to minimise the possibility of harm or accidents happening to children and protect staff from the necessity to take risks and leave themselves open to accusations of abuse or neglect.
- Consistently applying our clearly defined methods of recruiting staff and volunteers.
- Ensuring that all staff and volunteers are trained and understand their responsibility to adhere to and implement Neurodiversity Ireland's Child Safeguarding Policy and associated procedures.
- Ensuring that children are empowered to express their ideas and views on a wide range of issues and have access to Neurodiversity Ireland's complaints procedure.
- Ensuring that parents/guardians have access to our policies and understand our commitment to safeguard children whilst attending our camps.
- Respecting and valuing the diversity of children and treating all in an equitable and fair manner.
- Undertaking research projects as we feel necessary to ensure we understand the needs of children and families using our service.
- Requesting regular feedback on our programme from families and implementing suggestions for improvement.
- Providing an email address to answer all safeguarding concerns through grace@neurodiversityireland.com
- Training staff through staff induction to understand these procedures and why we use them.

5.2.1 Anti-Bullying Policy

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

At Neurodiversity Ireland we are committed to making all our activities a safe space for all children. We know that bullying can happen to any child, and we strive to be an inclusive environment for everyone. Our supervision helps us to deal with any forms of challenging behaviour quickly and thoroughly.

Any incidents of bullying which may occur during a Neurodiversity Ireland activity will be dealt with by the [Sensory Centre Manager]. Parents will be notified as soon as possible and they will also be made aware of what steps we are taking/going to take in order to resolve the situation. Where possible we will always try to find a resolution to the situation but in special circumstances where the situation cannot be resolved, we will inform the parents that their child/children will have to leave camp. In cases of serious instances of bullying where the behaviour is regarded as possibly abusive a referral may be made to Tusla and/or An Garda

Síochána.

5.3 Guidelines for working in partnership with children and families.

We want all participants who take part in a Neurodiversity Ireland activity to feel safe and our aim is to work closely with families to give them a memorable experience. We also want parents to know that should any concerns arise about their child during a camp they will be our first point of contact, provided it is appropriate. Our hope is that this discussion will help the parent/guardian to better understand any issues and give them an opportunity to respond. If it is not appropriate to discuss with parents/guardians for safety reasons, the concern will be passed to a social worker with Tusla first. Below are some other ways we work in partnership with children and families.

- Visual information is displayed on our website on who the key staff are in the organisation including pictures and titles. This can be found at www.neurodiversityireland.com
- Our Child Safeguarding Statement is displayed in our Sensory Centre.
- Our Child Safeguarding Statement and Child Protection and Welfare Policy are also displayed on our website. If you require a copy sent in advance, please email info@neurodiversityireland.com
- Families are welcome to provide us with feedback at the end of a Neurodiversity Ireland activity.
- Newsletter and general communications through social media are sent on a regular basis.

5.3.1 Communications strategy

At Neurodiversity Ireland we aim to make our policies, procedures and relevant information as accessible as possible. As well as being stored for public access on our website, our Child Safeguarding Statement is on display in our Sensory Centre. We share this policy internally with all workers and volunteers and externally on our website. We will also make a copy available to anybody upon request.

This policy is reviewed annually internally.

5.4 Complaints Procedure

Our complaints procedure can be found on our website. If you do have a complaint about any aspect of our work, you can contact our Sensory Centre Manager, Tamara Lambert, who will deal with your complaint in the first instance. Her contact details are tamara@neurodiversityireland.com. Please give as much information as possible and let us know how you would like us to respond to you, providing relevant contact details.

Alternatively you can contact info@neurodiversityireland.com and we will respond to you as soon as possible.

5.4.1 Forms of complaint.

Complaints may arise in response to a range of things, including the following:

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

Some complaints may need to be addressed through our procedure for responding to allegations of abuse against workers/volunteers (see section [3.6]).

5.4.2 Who can make a complaint?

Neurodiversity Ireland endeavours to ensure that everyone is aware of how to access the complaints procedure and that it is clear who can complain. We are open to receiving a complaint from anybody who is adversely affected by any act or omission of the organisation, including:

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

5.4.3 Accessing the complaints procedure.

Our complaints procedure is available on www.neurodiversityireland.com

5.4.4 Processing a complaint.

We will try to resolve all complaints in accordance with our complaints policy.

If you are not happy with our response at any stage, you may get in touch again by writing to Neurodiversity Ireland's CEO, Nessa Hill at Neurodiversity Ireland, 7 Claremont Park, Sandymount Dublin 4. You may also choose to go directly to the Office of the Ombudsman, Ombudsman for Children, or Charity Regulator to make an application for review of any response we provide.

6.0 Implementing, monitoring, and reviewing our policy and principles.

6.1 Explore/review, plan, and resource.

It is the responsibility of Nessa Hill to stay up to date with best practices and any changes to relevant legislation. Any planned/proposed changes to this policy are discussed between the Nessa Hill and the DLP team in the first instance and then brought to the Board for approval.

Proposed changes to the policy and any follow-up actions are documented by Nessa Hill. The same procedure applies to our Child Safeguarding Statement and Risk Assessment.

Should Nessa Hill leave the organisation, a new Named Person will be appointed by the Board. Should a DLP leave the organisation, Nessa Hill will review the training needs and organise additional training where and when required.

6.2 Implement and operate.

Training on this policy is already in place and carried out with workers and volunteers on a regular basis. Safeguarding is also prioritised on our Risk Register and, accordingly, reviewed quarterly.

6.3 Review and Evaluate

We monitor our practices on an ongoing basis to ensure that our guiding principles and child safeguarding procedures are maintained throughout the organisation. This policy is reviewed annually by Nessa Hill and DLPs. We may become aware of new circumstances that impact on good practice, e.g. new legislation, the broadening of our programme offering into new

areas or failures in existing practices, which may cause us to conduct an additional review. Records of all reviews are retained by Nessa Hill.

Neurodiversity Ireland is evolving and our programme is evolving to meet the needs of children in today's world. We are always learning and always looking for best practice when it comes to Child Safeguarding and safety in general. We seek to run our programme at all times to the highest possible standards.

7.0 Appendix

Appendix 1 – Applicable Legislation

Appendix 2 – [Child Safeguarding Statement](#)

Appendix 3 – Neurodiversity Ireland - Designated Liaison Persons

Appendix 4 – [List of Mandated Persons](#)

Appendix 5 – Child Abuse and How to Recognise It

Appendix 6 – [Standard Reporting Form](#)

Appendix 7 – Internal Personnel Procedure (*currently under review*)

Appendix 8 – Recruitment & Selection Policy (*subject to board approval*)

Appendix 9 – Garda Vetting Policy (*subject to board approval*)

Appendix 10 – [Staff Induction Checklist](#) (*currently under review*)

Appendix 11 – Volunteer Agreement (*subject to board approval*)

Appendix 12 – [Accident/Incident Report Form](#)

Appendix 13 – Visitor Policy (*subject to board approval*)

Appendix 1 Applicable Legislation

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

- Child and Family Agency Act 2013
- Child Care Act 1991
- Children Act 2001
- Children First Act 2015
- Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012
- Criminal Justice Act 2006, Section 176: Reckless Endangerment of Children
- Data Protection Acts 1988 and 2003
- Domestic Violence Act 1996
- Education (Welfare) Act 2000
- Education Act 1998
- Freedom of Information Act 2014
- National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016
- Non-Fatal Offences against the Person Act 1997
- Protected Disclosures Act 2014
- Protections for Persons Reporting Child Abuse Act 1998

Copies of all legislation can be accessed at www.irishstatutebook.ie.

Appendix 2

- Children may only attend this space upon provision of a fully complete form of authority from a parent/carer, including all such information as required by Neurodiversity Ireland.
- Children must be brought to the premises by ONE adult and it is requested that drop off and collections are done as quickly as possible, to avoid congestion at the entrance. If you need extra time with your child, please move further into the space and take your time there.
- The space is managed by Tamara Lambert (0833948421).
- In the event it is required, please contact [Grace McRandal](#) on 0876177379.
- Our full child safeguarding policy is available on [our website](#).
- If your child requires assistance with toileting, this will be ensured by all adult supervisors in accordance with our toileting policy.
- If your child has a particular need, please specify this to the supervisor so that it can be accommodated. If you do not specify this need, Neurodiversity Ireland may be unable to ensure that it is met.
- No visitors are permitted to this space during activities unless pre-booked with the Supervisor and are signed in and out in accordance with our Visitor policy.
- At all times when children are present in the space, locks will be closed from the inside by adult supervisors and will be regularly checked during periods of such attendance in accordance with our Method Statement on Locks.

1. **Name of service being provided:** OT-led play groups, Afterschool Groups, STEM

2. **Nature of service and principles to safeguard children from harm** (brief outline of what our service is, what we do and our commitment to safeguard children):

We provide opportunities for neurodivergent children to be placed in groups with other neurodivergent children who experience the world similarly to them and facilitate meaningful sensory-rich activities including movement, balance, messy tactile activities and large movement opportunities, which are currently lacking, with additional support from our team of Occupational Therapists, Centre Manager, Communication Specialist and support staff. We are committed to safeguarding children and invite you to view our full Child Welfare and Protection Policy.

3. Risk Assessment

We have carried out an assessment of any potential for harm to a child while availing of our services. Below is a list of the main areas of risk identified and the list of procedures for managing these risks and our full set of Risk Assessments is available on request from info@neurodiversityireland.com

	Risk identified	Procedure in place to manage identified risk
1	Injury	Children are matched to those with similar play styles and sensory profiles. Children are supervised at all times and are instructed on safe use of equipment, we have a high ratio of adults to children enforced at all times and supervisors trained on health & safety arrangements and First Aid
2	Dysregulation causing injury to self of others	All parents/carers must supply sufficient information to allow supervisors to understand fully the triggers for each child and anything that would indicate potential dysregulation, each child is supervised and will be afforded quiet space and time when it is noted that they might become or are becoming dysregulated,

		children will be monitored on a 1:1 ratio until they are ready to return to the space with others, in accordance with our Unique Policy on Dysregulation
3	Escape from the space	Doors have locks at adult only level which are closed at all times when children are present, no visitors are allowed without prior agreement by supervisors and signed in and out, proper ratio of adults to children and full disclosure by parent/carer of extent of flight risk must be made; where doors are not locked for any reason, adult to supervise that door until they are locked;

4. Procedures

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

- Procedure for the management of allegations of abuse or misconduct against workers/volunteers of a child availing of our service;
- Procedure for the safe recruitment and selection of workers and volunteers to work with children;
- Procedure for provision of and access to child safeguarding training and information, including the identification of the occurrence of harm;
- Procedure for the reporting of child protection or welfare concerns to Tusla;
- Procedure for maintaining a list of the persons (if any) in the relevant service who are mandated persons;
- Procedure for appointing a relevant person.

All procedures listed are available upon request.

5. Implementation

We recognise that implementation is an on-going process. Our service is committed to the implementation of this Child Safeguarding Statement and the procedures that support our intention to keep children safe from harm while availing of our service.

This Child Safeguarding Statement will be reviewed in June 2026 or as soon as practicable after there has been a material change in any matter to which the statement refers.

Signed: *Nessa Hill*

Neurodiversity Ireland, January 2026

For queries, please contact Nessa Hill (nessa@neurodiversityireland.com or 00447725342731)
Relevant Person under the Children First Act 2015.

Appendix 3
Neurodiversity Ireland - Designated Liaison Persons

2. Grace McRandal - Email: grace@neurodiversityireland.com

Appendix 4
List of Mandated Persons

Schedule 2 of the *Children First Act 2015* (the **Act**) specifies the following classes of persons as Mandated Persons for the purposes of the Act:

1. Registered medical practitioner within the meaning of section 2 of the Medical Practitioners Act 2007.
2. Registered nurse or registered midwife within the meaning of section 2(1) of the Nurses and Midwives Act 2011.
3. Physiotherapist registered in the register of members of that profession.
4. Speech and language therapist registered in the register of members of that profession.
5. Occupational therapist registered in the register of members of that profession.
6. Registered dentist within the meaning of section 2 of the Dentists Act 1985.
7. Psychologist who practises as such and who is eligible for registration in the register (if any) of members of that profession.
8. Social care worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register of that profession.
9. Social worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register (if any) of that profession.
10. Emergency medical technician, paramedic and advanced paramedic registered with the Pre-Hospital Emergency Care Council under the Pre-Hospital Emergency Care Council (Establishment) Order 2000 (S.I. No. 109 of 2000).
11. Probation officer within the meaning of section 1 of the Criminal Justice (Community Service) Act 1983.
12. Teacher registered with the Teaching Council.
13. Member of An Garda Síochána.
14. Guardian ad litem appointed in accordance with section 26 of the Child Care Act 1991.
15. Person employed in any of the following capacities:
 - (a) manager of domestic violence shelter;
 - (b) manager of homeless provision or emergency accommodation facility;
 - (c) manager of asylum seeker accommodation (direct provision) centre;
 - (d) addiction counsellor employed by a body funded, wholly or partly, out of moneys provided by the Oireachtas;
 - (e) psychotherapist or a person providing counselling who is registered with one of the voluntary professional bodies;
 - (f) manager of a language school or other recreational school where children reside away from home;

(g) member of the clergy (howsoever described) or pastoral care worker (howsoever described) of a church or other religious community;

(h) director of any institution where a child is detained by an order of a court;

(i) safeguarding officer, child protection officer or other person (howsoever described) who is employed for the purpose of performing the child welfare and protection function of religious, sporting, recreational, cultural, educational and other bodies and organisations offering services to children;

(j) child care staff member employed in a pre-school service within the meaning of Part VIIA of the Child Care Act 1991;

(k) person responsible for the care or management of a youth work service within the meaning of section 2 of the Youth Work Act 2001.

16. Youth worker who—

(a) holds a professional qualification that is recognised by the National Qualifications Authority in youth work within the meaning of section 3 of the Youth Work Act 2001 or a related discipline, and

(b) is employed in a youth work service within the meaning of section 2 of the Youth Work Act 2001.

17. Foster carer registered with the Agency.

18. A person carrying on a pre-school service within the meaning of Part VIIA of the Child Care Act 1991.

Appendix 5

Child Abuse and How to Recognise It

Children First: National Guidance for the Protection and Welfare of Children provides that there are four different categories of child abuse: neglect, emotional abuse, physical abuse and sexual abuse.

Neglect

The following are features of child neglect:

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

Emotional abuse

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

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

Physical abuse

Physical abuse can include the following:

- Physical punishment
- Beating, slapping, hitting or kicking
- Pushing, shaking or throwing
- Pinching, biting, choking or hair-pulling
- Use of excessive force in handling
- Deliberate poisoning
- Suffocation
- Fabricated/induced illness
- Female genital mutilation

Sexual abuse

Examples of child sexual abuse include the following:

- Any sexual act intentionally performed in the presence of a child
- An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification
- Masturbation in the presence of a child or the involvement of a child in an act of masturbation
- Sexual intercourse with a child, whether oral, vaginal or anal
- Sexual exploitation of a child, which includes:
 - Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography [for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means]
 - Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act
 - Showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse
- Exposing a child to inappropriate or abusive material through information and communication technology
- Consensual sexual activity involving an adult and an underage person.

Appendix 6
Standard Reporting Form

[Child Protection and Welfare Report Form FINAL.pdf \(tusla.ie\)](#)

Appendix 7
Internal Personnel Procedure

Appendix 8
Recruitment & Selection Policy

Appendix 9
Garda Vetting Policy

Appendix 10
Staff Induction Checklist

Appendix 11
Volunteer Agreement

Appendix 12
Accident/Incident Report Form

Appendix 13
Visitor Policy