



Mental Health Ireland

CHILD PROTECTION AND WELFARE POLICY – “CONFIDENTIALITY”

<i>Version</i>	<i>Revision Date</i>	<i>Revised by</i>	<i>Section Revised</i>	<i>Reason for Revision</i>
1.0	November 2014	Finola Colgan	New Policy	New Policy
2.0	July 2017	Barbara Davis	Entire Document	Childrens First legislation
3.0	March 2024	Maria Walsh-Healy	Entire Document	Policy Review and update.

Document Control

Document Owner: Maria Walsh-Healy	Document No: 018	Status: Approved	Date Approved: 22/03/2024
Security Classification: High/Medium/ Low	Next Review Date: March 2026	Version: V3.0	Department: Operations

Hardcopy Location: MHI Head Office

Softcopy Location: N:\Compliance Governance & Policies\Active Policies - 2022 MWH\Child Protection

Revision Date: March 2024

Approval by Board: Approved

Table of Contents

1.0 Introduction	4
2.0 Purpose:	4
2.1 Safe and protected environment.....	4
2.2 Prevention and education.....	5
2.3 Scope.....	5
3.0 Associated Legislation & Policy Governance	5
4.0 Definitions.....	6
4.1 A Child	6
4.2 Definitions of Abuse:.....	6
4.2.1 Neglect	6
4.2.2 Emotional abuse	6
4.2.3 Physical Abuse.....	6
4.2.4 Sexual abuse.....	6
5.0 Code of Conduct:	7
6.0 Who Can Abuse?	7
6.1 Known Abuser	7
6.2 Unknown Predator.....	7
6.3 Familial Abuser.....	7
6.4 Professional Abuser	7
6.5 Peer Abuser.....	7
6.6 Online Abuser / Predator.....	7
7.0 Where and why can abuse occur?	8
8.0 Recognising signs and symptoms of abuse.....	8
8.1 Neglect	8
8.2 Emotional Abuse	8
8.3 Physical Abuse.....	9
8.4 Sexual Abuse	9
9.0 Concerns or Disclosures of Abuse and Reporting Responsibilities.....	9
9.1 Types of disclosures:	9
9.1.1 Direct Disclosure	10
9.1.2 Indirect Disclosure	10
9.1.3 Observations leading to a concern.	11
9.1.4 Retrospective Abuse	11

Hardcopy Location: MHI Head Office

Softcopy Location: N:\Compliance Governance & Policies\Active Policies - 2022 MWH\Child Protection

Revision Date: March 2024

Approval by Board: Approved

9.1.5 Concerns about an adult who may pose a risk to children.....	11
9.1.6 An admission or indication from an alleged abuser	11
9.2 Reporting Responsibilities.....	12
9.3 Confidentiality.....	12
9.4 Mandated Reporters.....	12
10.0 Recruitment and Screening.....	13
11.0 Training and Education:	13
12.0 Record Keeping and GDPR	13
13.0 Designated Liaison Person (DLP).....	14
14.0 Allegations of abuse made against Mental Health Ireland Staff or Volunteers	15
15.0 Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012	16
16.0 Review and Improvement:.....	16
17.0 Child Safeguarding Statement & Risk Assessment	16

1.0 Introduction

Safeguarding the well-being of children and ensuring the safety and protection of children is priority to Mental Health Ireland. Children in Ireland are protected by law from physical, sexual, emotional abuse and neglect. While Mental Health Ireland does not directly provide services to children, as an organisation, and as a result of our activities, staff and volunteers of Mental Health Ireland may come into contact with children and so it is crucial that we are fully compliant with all relevant safeguarding guidance and legislation.

This document is based on Children First Act 2015, and Tusla Child Safeguarding: A Guide for Policy, Procedure and Practice (2nd Edition).

Supplementary information may be added to future versions of this policy when developing divisional or service-specific Child Protection and Welfare Policies. However, no part of this policy may be subtracted from, or amended in any form, in the development of such policies.

This Child Protection and Welfare Policy will be revised and updated in line with the legislative changes, or every two years whichever is sooner.

Mental Health Ireland clearly recognises 'the welfare of children is of paramount importance' which is one of the key principles in Children First and which informs our organisation's child protection policy.

2.0 Purpose:

This child protection and welfare policy outlines the limits of confidentiality and Mental Health Irelands commitment to ensuring the safety, protection, and well-being of children who may directly and more often indirectly engage with our programs, activities, and services. The policy highlights Mental Health Irelands dedication to preventing child abuse, promoting child welfare, and complying with applicable laws and guidelines.

The purpose of this policy is to ensure:

- the promotion of a safe environment for children
- the prevention of child abuse and
- the protection of staff and volunteers through the application of a Code of Behaviour

2.1 Safe and protected environment

The safety and welfare of children is paramount. The most important function of this policy is to create a safe and protected environment for children who may be connected to Mental Health Ireland through our work.

Hardcopy Location: MHI Head Office

Softcopy Location: N:\Compliance Governance & Policies\Active Policies - 2022 MWH\Child Protection

Revision Date: March 2024

Approval by Board: Approved

2.2 Prevention and education

This policy also aims to prevent abuse from occurring and to educate staff and volunteers on the subject, and to enhance their capacity to identify child protection concerns, respond to disclosures, and understand limits to confidentiality.

2.3 Scope

This policy is applicable to all staff employed by, and volunteers associated with Mental Health Ireland. It is the responsibility of the Operations, Governance and Compliance Manager and the Safeguarding and Child Protection Designated Liaison Person to ensure that every staff member and volunteer:

- Receives a copy of the Child Protection Policy and Safeguarding Statement.
- Understands their role in child protection and safeguarding.
- Completes mandatory Childrens First Training
- Vetting is completed and re-vetting every 3 years is undertaken for all staff in relevant roles, in line with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

3.0 Associated Legislation & Policy Governance

Mental Health Ireland is committed to complying with all relevant national and local laws, regulations, and guidelines pertaining to the protection and welfare of children. This includes but is not limited to:

- Childrens First Act 2015
- Child Care Act 1991
- Children’s Act 2001
- Criminal Justice (Withholding of information of Offences against Children and Vulnerable Persons) Act 2012
- Data Protection Act 1998/2003
- Employment Agency Act 1971
- European Union Convention on Human Rights
- National Vetting Bureau (Children and Vulnerable Persons) Act 2012.
- UN Convention on the Rights of the Child 1990
- The Protection for Persons Reporting Child Abuse Act 1998
- The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulation 2013.
- Children First: National Guidance for the Protection and Welfare of Children”, Department of Children and Youth Affairs, 2017.
- HSE Policies for Managing Allegations of Abuse against Staff Members
- HSE National Consent Policy
- HSE Safety Incident Management Policy

Hardcopy Location: MHI Head Office

Softcopy Location: N:\Compliance Governance & Policies\Active Policies - 2022 MWH\Child Protection

Revision Date: March 2024

Approval by Board: Approved

4.0 Definitions

4.1 A Child

'A child' means a person under the age of 18 years, who is not or has not been married.

4.2 Definitions of Abuse:

Child abuse can be categorised into four different types. A child may be subjected to one or more forms of abuse at any given time.

4.2.1 Neglect

Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. This omission of care is seen 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.

4.2.2 Emotional abuse

Emotional abuse is the systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Emotional abuse occurs when a child's basic need for attention, affection, approval, consistency, and security are not met, due to incapacity or indifference from their parent or caregiver.

4.2.3 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.

4.2.4 Sexual abuse

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

Hardcopy Location: MHI Head Office

Softcopy Location: N:\Compliance Governance & Policies\Active Policies - 2022 MWH\Child Protection

Revision Date: March 2024

Approval by Board: Approved

involving a young person may be sexual abuse even if the young person concerned does not themselves recognise this activity as being abusive.

Referenced from: "Children First: National Guidance for the Protection and Welfare of Children", Department of Children and Youth Affairs, 2017.

5.0 Code of Conduct:

Mental Health Ireland is committed by organisational values and compounded by this policy the following:

- Promoting positive, legislative driven guidelines for conduct while engaged with community groups where children may be present,
- Ensuring all staff and volunteers read, understand, and adhere to this policy and subsequent guidelines.
- Ensure that the best interests of the child are of paramount importance.
- Behaves in a manner that signifies belief that every child has the right to grow up in a safe, nurturing environment free from abuse, neglect, exploitation, or harm.
- Ensures that child protection concerns must be promptly and appropriately addressed, with the child's safety and well-being as the primary focus.
- Will work in collaboration with relevant authorities and agencies to ensure effective child protection measures.

6.0 Who Can Abuse?

Anyone who has contact with a vulnerable person may be abusive, including a member of their family, community or a friend, informal carer, healthcare/ social care, or other worker.

6.1 Known Abuser

This relates to abuse of a child by a person known to them.

6.2 Unknown Predator

This relates to abuse of a child by a person not known to them.

6.3 Familial Abuser

This relates to abuse of a child by a family member.

6.4 Professional Abuser

This refers to misuse of power and trust by professionals and a failure to act on suspected abuse, poor care practice or neglect.

6.5 Peer Abuser

Peer abuse can occur from one child to another child.

6.6 Online Abuser / Predator

This relates to abuse of a child online and can arise from persons known or unknown to them.

Hardcopy Location: MHI Head Office

Softcopy Location: N:\Compliance Governance & Policies\Active Policies - 2022 MWH\Child Protection

Revision Date: March 2024

Approval by Board: Approved

7.0 Where and why can abuse occur?

Abuse can occur at any time in any setting. Therefore, Mental Health Ireland staff ensure that while performing activities in Mental Health Ireland premises, HSE premises or community settings, safeguarding protocols are followed at all times. Abuse of a child may be a single act or repeated over a period of time. It may comprise one form or multiple forms of abuse. The lack of appropriate action can also be a form of abuse. Abuse may occur in a relationship where there is an expectation of trust and can be perpetrated by a person who acts in breach of that trust. Abuse can also be perpetrated by people who have influence over the lives of children, whether they are formal or informal carers or family members or others. It may also occur outside such relationships.

8.0 Recognising signs and symptoms of abuse.

Children experiencing abuse under any of the 4 categories described in section 4.2 can display certain signs and symptoms as listed below. Mental Health Ireland staff and employees through their training will be aware of the signs and symptoms and report concerns in line with legislative requirements.

8.1 Neglect

- Children persistently being left alone without adequate care & supervision.
- Malnourishment, lack of food, inappropriate food, or erratic feeding.
- Lack of adequate clothing.
- Inattention to basic hygiene.
- Lack of protection & exposure to danger.
- Non-organic failure to thrive.
- Failure to provide adequate care for the child's medical and development problems.
- Exploited, overworked.

8.2 Emotional Abuse

- Rejection.
- Lack of comfort and love.
- Lack of attachment.
- Lack of proper stimulation (e.g., fun & play).
- Lack of continuity of care.
- Continuous lack of praise and encouragement.
- Serious over-protectiveness.
- Inappropriate non-physical punishment.
- Family conflicts and/or violence.
- Inappropriate expectations of a child relative to his/her age and stage of development.

Hardcopy Location: MHI Head Office

Softcopy Location: N:\Compliance Governance & Policies\Active Policies - 2022 MWH\Child Protection

Revision Date: March 2024

Approval by Board: Approved

8.3 Physical Abuse

- Bruises.
- Fractures.
- Swollen joints.
- Burns/scalds.
- Abrasions/lacerations.
- Haemorrhages.
- Damage to body organs.
- Poisonings – repeated.
- Failure to thrive.
- Coma/unconsciousness.
- Death.

8.4 Sexual Abuse

- Difficulty /pain passing urine/faeces.
- Noticeable and uncharacteristic change in behaviour.
- Hints about sexual activity.
- Age-inappropriate understanding of sexual behaviour.
- Unusual reluctance to join in normal activities that involve undressing.
- Mood change.
- Bed wetting, soiling.
- Separation anxiety.
- Depression, isolation, anger.
- Running away.
- Missing school.
- Self-harm, suicide attempts, eating disorders.
- Drug, alcohol, solvent abuse.

9.0 Concerns or Disclosures of Abuse and Reporting Responsibilities.

Mental Health Ireland staff or volunteers may become aware of abuse in a number of ways. It is the duty of the DLP to ensure reasonable grounds exist for all reports and to ensure that all staff and volunteers understand the concept of reasonable grounds.

9.1 Types of disclosures:

- Direct Disclosure (by the child themselves)
- Indirect Disclosure (by a person known to or concerned for the child, or by a person who witnessed the abuse)
- By observing signs and symptoms as identified in section 8.

Hardcopy Location: MHI Head Office

Softcopy Location: N:\Compliance Governance & Policies\Active Policies - 2022 MWH\Child Protection

Revision Date: March 2024

Approval by Board: Approved

- Retrospective abuse disclosures.
- Concerns about an adult who may pose a risk to children.
- An admission or indication from an alleged abuser.

9.1.1 Direct Disclosure

A child may choose to disclosure instances of harm, abuse or neglect to Mental Health Ireland staff or volunteers during the course of their work activities. The staff member or volunteer must first ensure that no further harm can come to the child and if there is a risk of further harm, the Mental Health Ireland representative must contact An Garda Siochana and report the disclosure to the duty Garda.

Mental Health Irelands Child & Vulnerable Adult Protection and Welfare Incident Report Form must then be completed and sent without delay to the Designated Liaison Person (DLP) for Safeguarding and Child Protection.

9.1.2 Indirect Disclosure

A person known to or concerned for a child, or a person who witnessed the abuse may choose to disclosure instances of harm, abuse or neglect to Mental Health Ireland staff or volunteers during the course of their work activities.

The staff member or volunteer is required to ask if the abuse has occurred during the activities at which Mental Health Ireland are present or if this is an unrelated occurrence.

If the abuse has occurred during the work-related activities, the staff member or volunteer must first ensure that no further immediate harm can come to the child and if there is a risk of further immediate harm, the Mental Health Ireland representative must contact An Garda Siochana and report the disclosure to the duty Garda.

Mental Health Irelands Child & Vulnerable Adult Protection and Welfare Incident Report Form must then be completed and sent without delay to the Designated Liaison Person (DLP) for Safeguarding and Child Protection.

If the allegation of abuse is for an unrelated occurrence, the disclosing person should be encouraged to contact Tusla and An Garda Siochana and self-report their concerns.

Hardcopy Location: MHI Head Office

Softcopy Location: N:\Compliance Governance & Policies\Active Policies - 2022 MWH\Child Protection

Revision Date: March 2024

Approval by Board: Approved

9.1.3 Observations leading to a concern.

Mental Health Ireland staff or volunteers who witness abuse while carrying out their role, must ensure that any observations leading to concerns of abuse are reported immediately to the Designated Liaison Person responsible for the site location (HSE / Community settings) as well as, An Garda Síochana, in the event of immediate danger to the child.

Mental Health Irelands Child & Vulnerable Adult Protection and Welfare Incident Report Form must then be completed and sent without delay to the Designated Liaison Person (DLP) for Safeguarding and Child Protection.

9.1.4 Retrospective Abuse

Some adults may disclose abuse that took place during their childhood. Identifiable information of alleged perpetrator(s) must be reported to Tusla, the child and family agency under Childrens First legislation for Child Protection. This information must be reported to Tusla as the alleged perpetrator(s) may pose a current risk to children.

Mental Health Irelands Child & Vulnerable Adult Protection and Welfare Incident Report Form must then be completed and sent without delay to the Designated Liaison Person (DLP) for Safeguarding and Child Protection.

9.1.5 Concerns about an adult who may pose a risk to children.

Sometimes concerns arise about whether an adult may pose a risk to children, even if there is no specific child named in relation to the concern. For example, based on known or suspected past behaviour, a comment made by a person at Mental Health Ireland activities or to Mental Health Ireland staff or volunteers, a concern could exist about the risk an individual may pose to children with whom they have contact. We should report any such reasonable concerns to Tusla or the Gardaí, who will try to establish whether any child is currently at risk from the individual in question.

Mental Health Irelands Child & Vulnerable Adult Protection and Welfare Incident Report Form must then be completed and sent without delay to the Designated Liaison Person (DLP) for Safeguarding and Child Protection.

9.1.6 An admission or indication from an alleged abuser

Sometimes an alleged abuser will make concerns about past abuse to a child. We should report any such reasonable concerns to Tusla or the Gardaí, who

Hardcopy Location: MHI Head Office

Softcopy Location: N:\Compliance Governance & Policies\Active Policies - 2022 MWH\Child Protection

Revision Date: March 2024

Approval by Board: Approved

will try to establish whether any child is currently at risk from the individual in question.

Mental Health Irelands Child & Vulnerable Adult Protection and Welfare Incident Report Form must then be completed and sent without delay to the Designated Liaison Person (DLP) for Safeguarding and Child Protection.

9.2 Reporting Responsibilities

Mental Health Ireland has established confidential reporting mechanisms to enable individuals to report concerns, suspicions, or incidents of child abuse or misconduct. Reports of child abuse will be promptly investigated, and appropriate actions will be taken following statutory requirements and internal protocols. Mental Health Ireland will ensure that all individuals are aware of their responsibility to report any concerns in a timely manner.

9.3 Confidentiality

All information regarding concern, or assessment of child abuse or neglect, should be shared on '**a need to know**' basis in the interests of the child, with the relevant statutory authorities.

No undertakings regarding secrecy can be given. Those working with a child and family should make this clear to all parties involved, although they can be assured that all information will be handled, taking full account of legal requirements.

Ethical and statutory codes concerned with confidentiality and data protection provide general guidance. They are not intended to limit, or prevent, the exchange of information between different professional staff with a responsibility for ensuring the protection and welfare of children. The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality, or data protection.

It must be clearly understood that information gathered for one purpose must not be used for another, without consulting the person who provided that information.

9.4 Mandated Reporters

If the Mental Health Ireland staff member or volunteer is by their own profession a mandated reporter, they are obliged under Childrens First Act 2015 to self-report to Tusla directly. Additionally, a dual report is to be made to Mental Health Ireland DLP using the Mental Health Ireland Child & Vulnerable Adult Protection and Welfare Incident Report Form.

Hardcopy Location: MHI Head Office

Softcopy Location: N:\Compliance Governance & Policies\Active Policies - 2022 MWH\Child Protection

Revision Date: March 2024

Approval by Board: Approved

10.0 Recruitment and Screening

Mental Health Ireland ensures rigorous recruitment procedures for all employees and volunteers. The screening process includes application shortlisting for suitability, interviews, Garda Vetting, reference checks, verification of qualifications and mandatory Childrens First training.

11.0 Training and Education:

All management, staff, volunteers, and students in relevant roles, will receive access to HSEland and are required as mandatory to provide a copy of their "Introduction to Childrens First" completion certificate.

The Operations, Compliance and Governance Manger along with the Designated Liaison Person, Deputy Liaison Person and HR executive ensure that records of completion are obtained and maintained every 3 years as a minimum.

Induction and onboarding procedures will ensure that the policy is explained, procedures outlined, and appendices clearly introduced, including access to and familiarity with shared drive for active policies hub, which includes the soft location of this policy.

The DLP and Deputy DLP are required and will be supported in their role to attend Health Services Executive / Tusla DLPs Training and other relevant safeguarding training as identified.

Annual skills training will take place for all staff, facilitated by the DLP.

12.0 Record Keeping and GDPR

All disclosures are treated in the strictest of confidence. Written and hard copy records will be held on file in a secure location, access to which is restricted to The CEO, Operations, Governance and Compliance Manager, Designated Officer and their deputy.

Confidentiality is of utmost importance to Mental Health Ireland.

Mental Health Ireland holds an active Data Protection Policy and is contracted to an external Data Control agency to ensure GDPR is upheld.

Key principles of Data Protection Rules are that data is:

1. Obtained and processed fairly.

Hardcopy Location: MHI Head Office

Softcopy Location: N:\Compliance Governance & Policies\Active Policies - 2022 MWH\Child Protection

Revision Date: March 2024

Approval by Board: Approved

2. Kept only for one or more specified, explicit, and lawful purposes.
3. Used and disclosed only in ways compatible with these purposes.
4. Kept safe and secure.
5. Kept accurate complete and up to date.
6. Adequate, relevant, and not excessive.
7. Retained for no longer than is necessary for the purpose or purposes for which it was collected.
8. Provided to data subjects on request. Provide/give a copy of his or her personal data to any individual on request.

For personal data to be processed lawfully, certain conditions will be met. These include, among other things.

- Requirements that the data subject has consented to the processing.
- That the processing is necessary for the legitimate interest of the data controller or the party to whom the data is disclosed.
- Where there is sensitive personal data being processed, the data subject's explicit consent to the processing of such data will be acquired.

For more information, please see the Mental Health Ireland Data Protection Policy, via the Staff & Volunteer Policy Hub or by emailing info@mentalhealthireland.ie.

13.0 Designated Liaison Person (DLP)

In accordance with 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 Mental Health Ireland has appointed a Designated Liaison Person (DLP) & Deputy DLP who are responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons
- Collating basic relevant information
- Ensuring the appropriate manager is informed and collaboratively ensuring necessary actions are identified.
- Ensuring all reporting obligations are met (internally to the service and externally to the statutory authorities)
- Supporting the manager and other personnel in addressing the issues arising.
- Maintaining appropriate records.

The Designated Liaison Persons are detailed below:

Hardcopy Location: MHI Head Office

Softcopy Location: N:\Compliance Governance & Policies\Active Policies - 2022 MWH\Child Protection

Revision Date: March 2024

Approval by Board: Approved

Designated Liaison Person: Maria Walsh-Healy

Email: maria@mentalhealthireland.ie

Mobile: 087 4277497

Office: 01 284 1166

Deputy DLP: Lisa Manley

Email: lisa@mentalhealthireland.ie

Office: 01 284 1166

Direct Dial: 01 584 2773

14.0 Allegations of abuse made against Mental Health Ireland Staff or Volunteers

If an allegation is made against an employee /volunteer of Mental Health Ireland, we will ensure that everyone involved is treated fairly and that the person at risk of abuse is protected at all times. Regardless of the presence of a staff member, Mental Health Ireland Designated Liaison Person will follow the appropriate reporting steps as mentioned above.

Additional to this the Designated Liaison Person will inform the staff / volunteer manager and HR executive to commence an independent investigation and provide supports if required to the staff / volunteer. The same person will not deal with both the report for the child and investigation for the staff / volunteer. In this regard, Mental Health Ireland, as an organisation are ensuring that they are responding appropriately, promptly and in the best interest of all parties, while protecting the vulnerable person from additional harm.

Any action taken should be guided by agreed procedures, the applicable employment contract, and the rules of natural justice. The Chief Executive Officer of Mental Health Ireland and the Chairperson of the Board should be informed about the allegation as soon as possible. When an allegation of abuse of a child by an employee/volunteer during the execution of that person's duties has been made, a senior manager will inform the employee/volunteer of the following:

Hardcopy Location: MHI Head Office

Softcopy Location: N:\Compliance Governance & Policies\Active Policies - 2022 MWH\Child Protection

Revision Date: March 2024

Approval by Board: Approved

- The fact that an allegation has been made against him or her.
- The nature of the allegation.

The employee/volunteer will be afforded an opportunity to respond. Records of the response and all interactions pertaining to the allegation will be kept, as these may be requested by An Garda Síochána, Tusla and the HSE.

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

Mental Health Ireland understands that failure to record, disclose and share information about alleged abuse is a failure to discharge a duty of care and that it may be an offence under the Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons Act 2012) to withhold information in such instances.

16.0 Review and Improvement:

Mental Health Ireland will regularly review and update its child protection policy in line with changes in legislation, emerging risks, or best practices. Feedback and suggestions for policy enhancement will be actively sought and welcomed.

This policy confirms that Mental Health Ireland, by its actions, beliefs and ethos is fully committed to the safety, well-being, and protection of children at all times. This child protection policy establishes clear guidelines, responsibilities, and procedures to prevent child abuse and promote a safe environment. It reflects our dedication to creating a culture of vigilance, accountability, and transparency in our efforts to safeguard children.

17.0 Child Safeguarding Statement & Risk Assessment

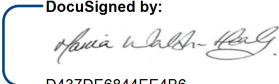
Complementing this policy and in compliance with requirements under the Children First Act 2015, Children First: National Guidance for the Protection and Welfare of Children (2017), and Tusla's Child Safeguarding: A Guide for Policy, Procedure and Practice, a copy of the Child Safeguarding Statement is displayed in the reception area of our Head Office. A copy of which can be provided by request, in addition to a copy of the Child Protection Risk Assessment.

Hardcopy Location: MHI Head Office

Softcopy Location: N:\Compliance Governance & Policies\Active Policies - 2022 MWH\Child Protection

Revision Date: March 2024

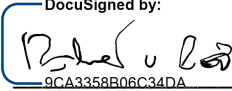
Approval by Board: Approved

Policy signed by Author: 
D437DE6844EE4B6... Maria Walsh-Healy

Date: 22/3/2024

Approval by Chairperson: 
39F58C9D43AB43F... Hugh Kane

Date: 24/3/2024

Approval by board Member: 
9CA3358B06C34DA... Robert O'Connell

Date: 28/3/2024
