

# Milltown Physiotherapy Child Safeguarding Statement

March 2018

Milltown Physiotherapy has undertaken an assessment of risk of child abuse while any child is availing of its services and has developed a Child Safeguarding Statement (CSS). The purpose of the Statement is to identify how the organisation will work to eliminate or manage any risks identified. The Safeguarding Statement will also outline how staff will be provided with information to identify abuse that children may experience outside the organisation, and what they should do with any concerns about child safety. This Statement is on view in Milltown Physiotherapy, 98 Lower Churchtown Road, and available to view on Milltown Physiotherapy website.

Our Child Safeguarding Statement has been developed in line with requirements under

- **The Children First Act 2015**
- **The Children First: National Guidance 2017 and**
- **Tusla's Child Safeguarding : A Guide for Policy, Procedure and Practice**

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## 1. Nature of service and principles to safeguard children from harm:

Milltown Physiotherapy is a private physiotherapy practice and employs 17 physiotherapists and five reception staff. Milltown Physiotherapy has a responsibility under the above Acts and governing bodies to safeguard children by the following means:

- (i) promoting the general welfare, health, development and safety of children;
  - (ii) adopting and consistently applying a safe and clearly defined method of recruiting and selecting staff
  - (iii) developing guidance and procedures for staff who may have reasonable grounds for concern about the safety and welfare of children involved with the organisation. These procedures follow the current *Children First: National Guidance*. It is the responsibility of the Directors to ensure that such policies and procedures are in place and are operating effectively.
  - (iv) identifying a designated liaison person (DLP) to act as a liaison with outside agencies and a resource person to any staff member or volunteer who has child protection and welfare concerns. The DLP is responsible for reporting allegations or concerns of child abuse to the HSE Children and Family Services or to An Garda Síochána;
  - (v) ensuring that the organisation has clear written procedures on the action to be taken if allegations of abuse against employees/volunteers are received.
  - (vi) raising awareness within the organisation about potential risks to children's safety and welfare;
  - (vii) developing effective procedures for responding to accidents and complaints;
  - (viii)** ensuring that clear procedures in relation to record-keeping of child protection and welfare concerns are in place and are operating effectively, taking appropriate account of the need to ensure that such records are kept securely.
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## 2. Designated Liaison Person (DLP)

Maeve Whelan 087 2840770 [maevewhelan@milltownphysiotherapy.com](mailto:maevewhelan@milltownphysiotherapy.com)

Alternate DLP Helen MacDevitt 086 385 7834 [helenmacdedevitt@milltownphysiotherapy.com](mailto:helenmacdedevitt@milltownphysiotherapy.com)

(i) A DLP acts as a liaison with outside agencies and a resource person to any staff member or volunteer who has child protection concerns.

(ii) The designated liaison person is responsible for ensuring that the standard reporting procedure is followed, so that suspected cases of child neglect or abuse are referred promptly to the designated person in the HSE Children and Family Services or in the event of an emergency and the unavailability of the HSE, to An Garda Síochána.

(iii) The designated liaison person should ensure that they are knowledgeable about child protection and undertake any training considered necessary to keep themselves updated on new developments.

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## 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 areas of risk identified and the list of procedures for managing these risks.

Risk	Response
Parent drops child at clinic for Initial consultation unaccompanied	Parent is informed at the time of making the Initial appointment that a parent or guardian (over 18 years of age) must accompany and be present with the child (under 18 years of age) during the initial assessment and treatment by the physiotherapist. The parent is contacted immediately and notified that unless they or a guardian is present that the consultation is not feasible at that time.
Parent drops child to clinic for follow-up consultation unaccompanied	Parent is informed that ideally, they must be present for all follow-up appointments. However, if the parent / guardian is physically present in the practice building, e.g. in waiting room and the child is happy to accompany the physiotherapist for treatment, the consultation may proceed. Upon completion of the treatment, the physiotherapist speaks directly with the parent/ guardian to update them on the child's progress.
Child attends for physiotherapy assessment and treatment and needs to undress for assessment or treatment – risk of exposure of child to therapist	Full explanation of the purpose and type of physical examination is given to both parent/ guardian and the child. Verbal consent is sought from both parent/ guardian and the child before commencing the assessment. The parent/ guardian and child are informed that they have the right to request a cessation of the evaluation/ treatment at any stage (documentation in attendance notes). Undressing is kept to the minimum required for the evaluation with shorts / vests offered to patient for their comfort and protection. Towels/ covers are used when treating the child on the plinth for their comfort and protection.

	The parent/ guardian and child are kept informed at all stages of the assessment / treatment and as to what to expect both during and after the physical examination / intervention.
Child attends for treatment with parent and therapist suspects abuse	Chartered Physiotherapists are Mandated Professionals and are legally obliged to report any cases of suspected abuse – all physiotherapists have carried out training in necessary reporting procedure
Child attends for pelvic floor assessment treatment	It is policy that children under the age of 18 do not undergo an internal assessment of their pelvic floor muscles and that it is avoided where at all possible. If they present with a complex pain history where an examination will particularly benefit them and it has expressly been requested by the parent then it can be considered.
Parent attends for treatment and child is left in waiting room on device or reading – child may be accessing inappropriate material or may leave premises unnoticed or may talk to a stranger	Parent is informed that staff cannot look after the child and that child must go to a staff member to look for their parent if there is a problem - parent is alerted to possibilities
Child attending a treatment room or gym room with their parent and therapist	Safety risks / plugs / needles / cables / bins If a child is not in a carry cot then a full scan of room is carried out by parent and therapist together before session begins
Retrospective disclosure – retrospective disclosure from an adult is common and may be triggered by physiotherapy. This is particularly important where the disclosure may place other children currently at risk	Staff are aware of importance of reporting such disclosures to the DLP and procedure that should follow in a formal report to HSE  Additional training to staff by Rape Crisis centre provided by Milltown Physiotherapy
Provision of services: <ul style="list-style-type: none"> <li>• Paediatrics</li> <li>• Adolescents</li> <li>• Bladder and Bowel Care</li> <li>• Neurological Physiotherapy</li> </ul>	It is acknowledged that Milltown Physiotherapy provides Paediatric , Adolescent and Pelvic Floor Services therefore in line with HSE recommendations all staff must produce certificate of completion of Tulsa E-Learning program: <a href="http://www.tusla.ie/children-first/children-first-e-learning-programme">http://www.tusla.ie/children-first/children-first-e-learning-programme</a>
Expectations of best professional practice;	All staff are asked to identify any needs in Child Safeguarding that they may see in their Physiotherapy daily practice and communicate to DLP
Paediatrics	Soft surfaces in place

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## 4. Procedures

### Definition of a Complaint (Tulsa)

- 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/young person 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.

### ➤ Responding to a complaint

Milltown Physiotherapy has steps for responding to a complaint. Any complaints should be made either verbally by phoning 01 2960603 or in writing to Maeve Whelan [maevewhelan@milltownphysiotherapy.com](mailto:maevewhelan@milltownphysiotherapy.com) or Helen MacDevitt [helenmacdevitt@milltownphysiotherapy.com](mailto:helenmacdevitt@milltownphysiotherapy.com)

- Details of a complaint will be recorded and all stages of the resolution process will be recorded
- **Children and young people should not be restricted as to who they can complain to, but should be made aware that they can approach a physiotherapist / receptionist of their choice.**
- All workers should know that they have a responsibility to assist a service user in making a complaint.
- Complaints will, where possible, be resolved informally. However where someone remains dissatisfied access to a more formal process will be available.
- The complainant will receive guidance in respect of expected timescales for response, have instruction on how feedback should be provided and contain guidance on how the response can be appealed if required.
- Where a complainant is dissatisfied with the response they will be provided with access to an appeals process. It may be appropriate to provide access to a third party for final appeals; this may require cooperation with e.g. Irish Society Chartered Physiotherapists.

### ➤ Procedure for the management of allegations of abuse or misconduct against workers of a child availing our service

When an allegation of abuse is received it will be assessed promptly and carefully by the DLP. Action taken in reporting an allegation of child abuse against an employee will be based on an opinion formed 'reasonably and in good faith'. It will be necessary to decide whether a formal report should be made to the HSE Children and Family Services. This decision will be based on reasonable grounds for concern, as outlined in Chapter 3 of the National Guidance (copy held in office). The first priority is to ensure that no child is exposed to unnecessary risk.

The DLP will as a matter of urgency take any necessary protective measures. These measures will be proportionate to the level of risk and will not unreasonably penalise the employee, financially or otherwise, unless necessary to protect children. The DLP should be informed about the allegation as soon as possible.

When the DLP becomes aware of an allegation of abuse of a child or children by an employee during the execution of that employee's duties:

- (i) the DLP would privately inform the employee of the fact that an allegation has been made against him or her;
- (ii) the nature of the allegation.
- (iii) The employee should be afforded an opportunity to respond.
- (iv) The employer should note the response and pass on this information if making a formal report to the HSE Children and Family Services.
- (v) A written report is made using the appropriate form (Appendix 2).
- (vi) This form will be filled out within three days of the issue arising
- (vii) If there are 'reasonable grounds for concern' the employee will be asked to refrain from attending work until the matter has been investigated.
- (viii) No one else can be informed of the incident

The Protections for Persons Reporting Child Abuse Act 1998 makes provision for the protection from civil liability of persons who have communicated child abuse 'reasonably and in good faith' to designated officers within the HSE or to any member of An Garda Síochána. This protection applies to organisations as well as to individuals. This means that even if a communicated suspicion of child abuse proves unfounded, a plaintiff who took an action would have to prove that the person who communicated the concern had not acted reasonably and in good faith in making the report. A person who makes a report in good faith and in the child's best interests may also be protected under common law by the defence.

➤ **Procedures to safeguard children while they are availing of our services:**

Any suspicion of abuse needs to be reported. If any physiotherapist suspects abuse they must inform the DLP.

**Mandated Persons: ( Tusla.ie)**

The Children First Act 2015 places a legal obligation on certain people, many of whom are professionals, to report child protection concerns at or above a defined threshold to Tusla - Child and Family Agency. 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. Chartered Physiotherapists are mandated persons and as such need to be aware of the responsibilities of a mandated person. See Appendix 1.

Any professional who suspects child abuse or neglect **should inform the parents/carers if a report is to be submitted to the HSE Children and Family Services or to An Garda Síochána, unless doing so is likely to endanger the child.**

Any person reporting a child abuse or neglect concern should do so without delay to the HSE Children and Family Services. A report can be made in person, by telephone or in writing.

- HSE website ([www.hse.ie](http://www.hse.ie)) or through the HSE LoCall Tel. 1850 241850.
- Dublin South East Clonskeagh (01) 268 0320 (01) 2680333
- Appendix 2 formal report

Before deciding whether or not to make a formal report, you may wish to discuss your concerns with a health professional or directly with the HSE Children and Family Services (*see HSE contacts phone numbers above*).

Under no circumstances should a child be left in a situation that exposes him or her to harm or to risk of harm pending HSE intervention. In the event of an emergency where you think a child is

in immediate danger and you cannot get in contact with the HSE, you should contact the Gardaí. This may be done through any Garda station.

The Standard Report Form for reporting child welfare and protection concerns to the HSE (*see Appendix 2*) should be used by professionals, staff and volunteers in organisations working with or in contact with children, or providing services to children when reporting child protection and welfare concerns to the HSE Children and Family Services. If a report is made by telephone, this form should be completed and forwarded subsequently to the HSE. The HSE will follow up on all referrals, even if the Standard Report Form has not been used.

- **Procedure for the safe recruitment and selection of workers and volunteers to work with children in accordance with Children's First Act 2015**
  - Upon selection or recruitment of members of staff the suitability of that person to work with children will be assessed. This is undertaken as all staff must be Garda vetted and will be asked for their Garda vetting clearance.
  
- **Procedure for provision of and access to child safeguarding training and information, including the identification of the occurrence of harm**
  - All members of staff will be provided with a copy of the Child Safeguarding Statement and they must sign saying that they have read it and a copy of this will be kept on file
  - A copy of Children First National Guidance 2017, Children First 2015 and Tusla are all available in the office in file specified Children Safeguarding Statement
  - All staff are required to complete <http://www.tusla.ie/children-first/children-first-e-learning-programme> and to submit their certificate of completion to be kept on file by the DLP
  
- **Procedure for maintaining a list of the persons (if any) in the relevant service who are mandated persons**
  - A copy of the Children First 2015 Mandated Persons list is kept in the CSS file. A list of Mandated persons is kept in the secure CSS filing section.
  
- **Procedure for appointing a relevant person**
  - The DLP is a practice director and has previous Club Child Officer Safeguarding experience and so has elected to be DLP, agreed with the other practice Director who is alternate DLP
  
- **Standardised recording procedures**
  - Recording procedures are in line with recommendations with the following documents
    - The Children First Act 2015
    - The Children First: National Guidance 2017 and
    - Tusla's Child Safeguarding : A Guide for Policy, Procedure and Practice
  - In line with GDPR access is by DLP as only personnel with access to files under lock and key

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## 5. Implementation

We recognise that implantation is an ongoing 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 March 2019 or as soon as practicable after there has been a material change in any matter to which the statement refers

Signed: \_\_\_\_\_

**Maeve Whelan MSc MISC**  
Chartered Physiotherapist  
Designated Liaison Person  
Milltown Physiotherapy

## Appendix 1 MANDATED PERSONS

<http://www.tusla.ie/children-first/mandated-persons/>

**WHAT IS A MANDATED PERSON:** The Children First Act 2015 places a legal obligation on certain people, many of whom are professionals, to report child protection concerns at or above a defined threshold to Tusla - Child and Family Agency. 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.

Mandated persons are people who have contact with children and/or families who, by virtue of their qualifications, training and experience, are in a key position to help protect children from harm. Mandated persons include key professionals working with children in the education, health, justice, youth and childcare sectors. Certain professionals who may not work directly with children, such as those in adult counselling or psychiatry, are also mandated persons. The list also includes **registered foster carers** (with specific support available [here](#)) and members of the clergy or pastoral care workers of a church or other religious community. The Children First Act 2015, Schedule 2, provides a full list of people who are classified as mandated persons.

**LEGAL OBLIGATIONS :** Mandated persons have two main legal obligations under the Children First Act 2015

- To report harm of children, above a defined threshold, to Tusla
- To assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report

As a mandated person, under the legislation you are required to report any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed. The Act defines harm as assault, ill-treatment, neglect or sexual abuse, and covers single and multiple instances.

The reporting requirements under the Children First Act 2015 apply only to information that you as a mandated person, received or became aware of since the Act came into force. However, if you have reasonable concern about past abuse, where the information came to your attention before the Act and there is possible continuing risk to children, you should report it to Tusla under the Children First Guidance 2017.

**TYPES OF ABUSE:** Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. Abuse and neglect can occur within the family, in the community or in an institutional setting. The abuser may be someone known to the child or a stranger, and can be an adult, or another child. In a situation where abuse is alleged to have been carried out by another child, you should consider it a child welfare and protection issue for both children and you should follow child protection procedures for both the victim and the alleged abuser.

The important factor in deciding whether the behaviour is abuse or neglect is the impact of that behaviour on the child rather than the intention of the parent/carer.

The definitions of neglect and abuse presented in this section are not legal definitions. They are intended to describe ways in which a child might experience abuse and how this abuse may be recognised. <http://www.tusla.ie/children-first/mandated-persons/what>