Child Protection and Welfare Policy

Children First Act 2015 and Children First: National Guidance (2017)

Neurodiversity Ireland | Version 2.0 | 18 September 2026

Document control

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Approved by	Board of Directors, Neurodiversity Ireland
Date approved	To be completed on approval
Review date	Annually from the date of approval, and sooner on legislative change, on a material change to the services provided, or after any significant safeguarding event
Applies to	All employees, contractors, agency staff, students on placement, interns and volunteers of Neurodiversity Ireland, and members of the Board
Sources	Children First Act 2015; Children First: National Guidance for the Protection and Welfare of Children (2017); Tusla, Child Safeguarding: A Guide for Policy, Procedure and Practice (2nd edition); Tusla, Child Protection and Welfare Practice Handbook; HSE Child Protection and Welfare Policy version 2.1 (CFNO_001/2024), adapted under section 3.2 of that policy
Contact	info@neurodiversityireland.com

Read this first

If you believe a child is in immediate danger, contact An Garda Síochána on 999 or 112 without delay. Do not wait to consult anyone. Tusla's Out of Hours Social Work Service operates from 6 p.m. to 7 a.m. every night and from 9 a.m. to 5 p.m. at weekends and on bank holidays. Mandated persons can reach it directly on 0818 776 315.

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Glossary of terms

Term	Meaning
Child	A person under the age of 18 years, other than a person who is, or has been, married (Child Care Act 1991).
Child safeguarding	Ensuring safe practice and appropriate responses by workers and volunteers to concerns about the safety or welfare of children, including online concerns. Safeguarding is about protecting children from harm and promoting their welfare, creating an environment in which children can grow, develop and achieve their full potential.
Child Safeguarding Statement	The written statement required by section 11 of the Children First Act 2015, including a written assessment of risk of harm and the measures taken to manage identified risks. The Neurodiversity Ireland Statement is at Appendix 3. It is displayed at our services, published on our website, and furnished on request.
Code of Behaviour	The boundaries of acceptable behaviour for workers and volunteers, at section 10.5. Everyone signs it.
CPWRF	The Child Protection and Welfare Report Form, Tusla's official form for reporting a concern about a child under 18.
Designated Liaison Person (DLP)	A resource to any worker or volunteer who has a child protection or welfare concern. The DLP ensures that reporting procedures are followed correctly and promptly, and acts as liaison with Tusla and An Garda Síochána. See section 4.6.
Designated Officer	A statutory role under the Protections for Persons Reporting Child Abuse Act 1998, held only by specified staff of Tusla and the HSE and by members of An Garda Síochána. Neurodiversity Ireland does not and cannot assign this role. See section 4.8.
Harm	Defined in the Children First Act 2015 as assault, ill-treatment or neglect of a child in a manner that seriously affects or is likely to seriously affect the child's health, development or welfare, or sexual abuse of the child, whether caused by a single act, omission or circumstance or a series or combination of them.
Informal consultation	A conversation with Tusla about a concern in which no identifying information about a child or family is given, used to decide whether a formal report is appropriate. The person consulting must state explicitly that they are not making a report.
Mandated person	A person in one of the classes listed in Schedule 2 of the Children First Act 2015. Mandated persons have two legal obligations: to report harm at or above the defined threshold to Tusla, and to assist Tusla on request. See section 4.7.
Named Person	A person appointed to lead the development of guiding principles and child safeguarding procedures and to keep them consistent with best practice. Recommended by Tusla as good practice. Not a requirement of the Children First Act 2015. See section 4.4.
Parents	In this policy, all parents, guardians and carers.
RARF	The Retrospective Abuse Report Form, Tusla's official form for a report of abuse disclosed by an adult about their own childhood.
Relevant person	The person appointed by Neurodiversity Ireland under section 11 of the Children First Act 2015 to be the first point of contact in respect of our Child Safeguarding Statement. See section 4.5 and the Procedure for Appointing a Relevant Person.
Relevant service	A work or activity listed in Schedule 1 of the Children First Act 2015. Neurodiversity Ireland is a provider of a relevant service.
Reporting portal	Tusla's secure web portal for submitting reports, at www.tusla.ie/children-first/web-portal/.
Workers and volunteers	In this policy, all Neurodiversity Ireland employees, contractors, agency staff, students on placement, interns, volunteers and members of the Board. Where a requirement applies to volunteers differently, the policy says so.

Tusla	The Child and Family Agency, established under the Child and Family Agency Act 2013, with statutory responsibility for child welfare and protection.

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. We are committed to educating the community, supporting neurodivergent children, and advocating for an equitable future.

This policy and the guiding principles in section 2 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 views taken into account in all decisions affecting them.

The purpose of this policy is to guide our workers and volunteers on the procedures that keep children safe. A copy is given to every worker and volunteer as part of induction, and everyone signs the sheet at Appendix 5.

How this policy is arranged

- **Sections 1 to 4** set out our principles, our scope, and who is responsible for what, including the roles that arise from legislation.
- **Section 5** is the reporting procedure. Every worker and volunteer must know it.
- **Sections 6 and 7** cover record keeping, information sharing and confidentiality.
- **Section 8** gives further reporting guidance for the situations that are harder to judge.
- **Section 9** deals with safeguarding neurodivergent children specifically. It exists because the risks to the children we work with are often misread in both directions.
- **Section 10** covers working safely: recruitment, vetting, training, activities, the Code of Behaviour, intimate care, dysregulation, visitors, photography and online contact.
- **Sections 11 to 13** cover concerns about a worker or volunteer, working with children and families, and how this policy is reviewed.
- **Appendices 1 to 8** cover indicators and thresholds, legislation, the Child Safeguarding Statement, the risk assessment, the signature sheet, Garda notification, contacts, and the status of every supporting document.

Local procedures
Where a service-specific procedure is needed to implement this policy, it may add to this policy. No part of this policy may be removed or amended in a local procedure, and any additional procedure must be consistent with the guiding principles in section 2 and with the reporting procedure in section 5.

2. Guiding principles

- The safety and welfare of children is everyone's responsibility.
- The best interests of the child are paramount, and take priority over concerns about adults against whom an allegation may be made.
- Early intervention is vital for better outcomes. Reports of concern are made to Tusla without delay.
- A proper balance must be struck between protecting children and respecting the rights, needs and duties of others, including workers, volunteers, parents and families. Where there is conflict, the child's welfare comes first.
- Children have a right to be heard, listened to and taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions that affect their lives.
- A child's right to be heard is not conditional on speech. A child who communicates through Augmentative and Alternative Communication, through behaviour, through writing or through any other means must be given the time, the tools and the support to be heard.

- All children have an equal right to a service that respects them as individuals and encourages them to reach their potential, regardless of their background, and to be protected from harm and discrimination under the Equal Status Acts 2000 to 2018.
- Child protection is a multi-agency, multidisciplinary activity. Agencies and professionals must work together in the interests of children.
- Effective prevention, detection and response require clarity of responsibility and training for everyone involved.
- Our guiding principles apply to everyone in the organisation, and workers and volunteers must conduct themselves in a way that reflects them.
- Neurodivergence is not a risk factor in itself. Neurodivergent children are, however, at greater risk of some forms of harm, and at greater risk of having harm overlooked. Both facts must inform practice.

3. Scope and the services we provide

3.1 The services this policy covers

Neurodiversity Ireland is a provider of a relevant service within the meaning of Schedule 1 of the Children First Act 2015. For the purposes of a single Child Safeguarding Statement, Neurodiversity Ireland treats itself as one unit of service. That decision is reviewed if the range of activities changes materially.

The service, as described in the Child Safeguarding Risk Assessment 2026, is:

Activity	How it is delivered
Occupational therapy guided play groups	Child-led, low pressure peer play groups and focused interest groups for ages 3 to 18, facilitated by the Sensory Centre Manager. Sessions run from one hour to two and a half hours, with a maximum of 10 to 12 children per group, in one open plan space at the Sensory Centre, 2 to 4 Claremont Road, Sandymount, Dublin 4, and on occasion at events.
Communication support	Provided by the communication specialist, online or in person, with parents and carers or with teachers and school staff.
Teacher professional development	Neuroaffirmative courses supporting universal design for regulation, PDA-informed and aligned with the NCSE Relate Framework, delivered online and in person.
Webinars and events	Free information sharing webinars, the NDI summit, and in person talks with no children present.
Parent support group	Online advice for parents and carers.

Points of contact with children and families are: in person at the Sensory Centre and occasionally at events; by telephone, email and the booking platform with parents and carers, including one to one consultations online; and in person or online with teachers and school staff.

The profile of the children and families we work with

- Neurodivergent, and therefore disabled, children aged 3 to 18.
- Children who communicate with assistance, or other than by speech.
- Parents and carers of neurodivergent children, who are themselves likely to be neurodivergent.
- Staff of other agencies supporting neurodivergent children, attending training.

3.2 Who this policy applies to

Category	Application
Employees	In all services and in administrative and corporate roles, whether or not their work brings them into direct contact with children.
Volunteers, students	In full. Volunteers, students on placement and interns must complete the safeguarding

and interns	induction before beginning any activity that brings them into contact with children.
Contractors and agency staff	In full. They must also follow any direction from their employing organisation, such as notifying their own line management when they report a concern to Tusla or decide not to report one.
Board members	In the performance of their role, including at events and at the Sensory Centre.
Third parties hiring rooms	Third parties who hire rooms are required by their hire agreement to have their own Child Safeguarding Statement where they are a provider of a relevant service, and to comply with it. Where a Neurodiversity Ireland worker or volunteer becomes aware of a concern arising from a third party's activity on our premises, this policy applies to them and the concern is reported under section 5.

3.3 Who this policy does not apply to

Category	Application
Workers within another organisation's service	Where a worker operates within a service run by another organisation, they follow that organisation's child safeguarding policy, and inform their Neurodiversity Ireland line manager when they report a concern to Tusla, or where a decision is made not to report a concern.
Concerns unrelated to our activity	Where a worker or volunteer has a concern about a child in a private capacity, this policy does not govern the response. The personal duty to report a reasonable concern to Tusla, and the legal obligations of a mandated person, apply regardless of whether the concern arose at work.

4. Key roles and responsibilities

Everyone at Neurodiversity Ireland is responsible for the protection and welfare of children. Some people have additional responsibilities because of their position, or because of a specific role such as mandated person, Relevant Person, Designated Liaison Person or Named Person.

4.1 Who holds each role

Role	Held by	Basis
Relevant Person	Sinead Kerley-Dunne, Governance Lead Head of Service Delivery	Children First Act 2015, section 11. Statutory.
Deputy Relevant Person	Grace McRandal, Director of Operations	Neurodiversity Ireland practice, for continuity.
Designated Liaison Person	Nessa Hill, Chief Executive Officer	Children First: National Guidance (2017). Recommended, not statutory.
Deputy Designated Liaison Person	Grace McRandal, Director of Operations	Acts during absence, and where a concern is about the Designated Liaison Person.
Named Person	Nessa Hill, Chief Executive Officer	Tusla, Child Safeguarding: A Guide for Policy, Procedure and Practice. Good practice, not statutory.
Maintains the list of mandated persons	Grace McRandal, Director of Operations	Children First Act 2015, section 11(3)(f). Statutory procedure.
Holds training records	Tamara Lambert, Sensory Centre Manager	Neurodiversity Ireland practice.
Signs the Child Safeguarding Statement	Nessa Hill, Chief Executive Officer	An incomplete or unsigned Statement is not compliant.
Accountable for child safeguarding	Board of Directors, chaired by Patrice O'Sullivan	Cannot be delegated.

Where a concern is about one of these people

The roles are distinct. The Relevant Person is the statutory first point of contact for the Child Safeguarding Statement. The Designated Liaison Person is the internal resource for anyone who has a concern.

The Designated Liaison Person is also the Chief Executive Officer. A concern about her in either capacity goes to Grace McRandal, the Deputy Designated Liaison Person, and is escalated to the Chair of the Board of Directors, not to the Chief Executive Officer. A concern about the Relevant Person goes to the Chief Executive Officer, and the Deputy Relevant Person acts. In every case the duty to report a reasonable concern to Tusla is unaffected, and no internal step delays it.

4.2 All workers and volunteers

Every worker and volunteer must:

- Read, understand and apply this policy and the Child Safeguarding Statement, and sign the sheet at Appendix 5.
- Be familiar with, and consult as necessary, Children First: National Guidance for the Protection and Welfare of Children (2017) and relevant Tusla reporting guidance.
- Complete Tusla's "Introduction to Children First" e-learning programme before induction, and any further training appropriate to their role.
- Check whether they are a mandated person under Schedule 2 of the Children First Act 2015, and be familiar with what that requires. See section 4.7 and Table 1.
- Know who the Designated Liaison Person and the Deputy are, and how to reach them.
- Follow the Code of Behaviour at section 10.5.
- Tell families and, where appropriate, children and young people about our safeguarding responsibilities and the limits of confidentiality.
- Report and record child protection and welfare concerns in accordance with section 5.
- Provide any necessary and proportionate assistance to Tusla in its assessment of a concern.
- Raise any concern about unsafe practice within Neurodiversity Ireland under section 11.4, or consider making a protected disclosure.

The duty is personal

Reporting a concern to the Designated Liaison Person is the normal first step, and in most cases the Designated Liaison Person will make the report. But if you still have a reasonable concern after that conversation, and no report has been made, you must report to Tusla yourself. Telling the Designated Liaison Person does not discharge your duty, and for a mandated person it cannot discharge the statutory obligation. You are protected from civil liability and from penalisation by your employer when you report reasonably and in good faith, under the Protections for Persons Reporting Child Abuse Act 1998.

4.3 Line managers, senior management and the Board

Line managers

- Ensure workers and volunteers understand their responsibilities and have signed Appendix 5.
- Ensure this policy forms part of induction for everyone new.
- Be available to consult with anyone who has a concern, and never let consultation delay an urgent report.
- Ensure there is an appropriate and secure filing system for all documentation relating to concerns, in line with sections 6 and 7.
- Ensure records are kept of all concerns, including those that do not reach the threshold for a report, and that patterns emerging over time are considered.

- Ensure all required training is completed and certificates retained.
- Raise safeguarding routinely through supervision and team meetings, not only when something goes wrong.
- Enter any risk to children in their area on the risk register and escalate it to the Chief Executive Officer.

The Chief Executive Officer and the Board

The Chief Executive Officer is responsible for implementation across Neurodiversity Ireland. The Board is accountable for child safeguarding and cannot delegate that accountability. Together they must ensure that:

- A written risk assessment covering every service is carried out and kept current.
- A Child Safeguarding Statement is in place, displayed, published and furnished as required by sections 11(5) and 11(6) of the Children First Act 2015.
- A Relevant Person and a Deputy are appointed at all times, under the Procedure for Appointing a Relevant Person, and are named with contact details in the Statement.
- A Designated Liaison Person and a Deputy are appointed and known to everyone, so that a concern about the Designated Liaison Person can be raised with the Deputy.
- Every procedure named in the Statement is in place and operating. Appendix 8 records the status of each.
- Safe recruitment and Garda vetting requirements are met for everyone undertaking relevant work with children.
- Safeguarding is a standing item on the Board agenda and is reviewed quarterly on the risk register.
- Any organisation working under contract to, or in partnership with, Neurodiversity Ireland is compliant with Children First guidance and legislation.

4.4 Named Person

The Named Person leads the development of our guiding principles and child safeguarding procedures, keeps them consistent with best practice, liaises with everyone who holds a relevant role, and is responsible for the review of this policy.

The Named Person for Neurodiversity Ireland is **Nessa Hill, Chief Executive Officer**, contactable at info@neurodiversityireland.com.

4.5 Relevant Person

The Relevant Person is the first point of contact in respect of the Neurodiversity Ireland Child Safeguarding Statement. That is the whole of the statutory function. In addition, Neurodiversity Ireland asks the Relevant Person to:

- Receive questions about the Statement from workers, volunteers, families, funders, Tusla and the public.
- Keep the Statement and its risk assessment current, and bring proposed amendments to the Board.
- Ensure the Statement is displayed where services are provided, published on our website, and furnished to anyone entitled to it.
- Act as our named contact for Tusla's Child Safeguarding Statement Compliance Unit.
- Confirm annually to the Board that each procedure required by section 11(3) is in place and operating.

The Relevant Person is **Sinead Kerley-Dunne**, Governance Lead (Clinical Risk and Policy). The Deputy Relevant Person is **Grace McRandal**, Director of Operations. Appointment follows the Neurodiversity Ireland Procedure for Appointing a Relevant Person. The Relevant Person does not hold the Designated Liaison Person role, which is held by the person named in section 4.6.

4.6 Designated Liaison Person

The Designated Liaison Person is **Nessa Hill**, Chief Executive Officer. The Deputy Designated Liaison Person is **Grace McRandal**, Director of Operations, who acts during absence and wherever a concern is about the Designated Liaison Person.

The Designated Liaison Person is a resource to any worker or volunteer who has a child protection or welfare concern, and is responsible for ensuring that our reporting procedures are followed correctly and promptly. The key responsibilities of the Designated Liaison Person and the Deputy are to:

- Be fully familiar with Neurodiversity Ireland's responsibilities in relation to safeguarding children.
- Have a good knowledge of our guiding principles and child safeguarding procedures.
- Ensure the reporting procedure is followed, so that concerns are referred promptly to Tusla.
- Receive concerns from workers and volunteers and consider whether reasonable grounds for reporting exist.
- Consult informally with a Tusla duty social worker through the dedicated contact point where necessary.
- Where appropriate, make a formal report to Tusla on behalf of the organisation, through the Tusla web portal or the Child Protection and Welfare Report Form.
- Inform the child's parents that a report is to be submitted to Tusla or An Garda Síochána, unless doing so is likely to endanger the child, may place the reporter at risk of harm from the family, or could impair Tusla's ability to carry out an assessment.
- Record all concerns and allegations brought to their attention, and any action taken.
- Provide feedback to the person who raised the concern, as appropriate.
- Ensure a secure system is in place to manage and store confidential records.
- Act as liaison with Tusla and An Garda Síochána.
- Where appropriate, report jointly with a mandated person.

Where the Designated Liaison Person decides not to report a concern, the following steps are taken, as required by Children First: National Guidance:

1. The reasons for not reporting are recorded.
2. Any actions taken as a result of the concern are recorded.
3. The worker or volunteer who raised the concern is given a clear written explanation of why it is not being reported.
4. They are advised that if they remain concerned they are free to report to Tusla or An Garda Síochána themselves.
5. They are reassured that if they do report, they are covered by the Protections for Persons Reporting Child Abuse Act 1998.

What the Designated Liaison Person cannot do

The Designated Liaison Person cannot discharge a mandated person's legal obligation. A mandated person may report jointly with the Designated Liaison Person, but the obligation remains theirs. If the organisation or the Designated Liaison Person does not wish to report, the mandated person must proceed with the report.

4.7 Mandated persons

Check whether you are a mandated person. Schedule 2 of the Children First Act 2015 lists the classes of person who are, and Table 1 reproduces it. Mandated person status attaches to you personally because of your profession or your post. It does not attach to a role Neurodiversity Ireland gives you, and it applies whether or not you are at work when the concern arises.

Relevant to Neurodiversity Ireland in particular

Our occupational therapists, speech and language therapists, psychologists, social workers and social care workers are mandated persons in their own right. Item 15 of Schedule 2 also covers a "safeguarding officer, child protection officer or another person (howsoever described) who is employed for the purpose of performing the child welfare and protection function" of an organisation offering services to children. Where a Neurodiversity Ireland post is created for that purpose, the holder is a mandated person.

4.7.1 Mandated reporting

Section 14(1) of the Children First Act 2015 provides that where a mandated person knows, believes or has reasonable grounds to suspect, on the basis of information received, acquired or become aware of in the course of their employment or profession as such, that a child has been harmed, is being harmed, or is at risk of being harmed, they shall as soon as practicable report that knowledge, belief or suspicion to Tusla.

Section 14(2) applies the same obligation where a child discloses to a mandated person a belief that they have been, are being, or are at risk of being harmed.

Where a mandated person has a concern that does not reach the threshold of harm for a mandated report, they should consider whether it meets reasonable grounds for concern. If it does, the procedure in section 5 applies and the concern is reported to Tusla.

4.7.2 Mandated assisting

Where requested, a mandated person must assist Tusla in its assessment of a concern that has been the subject of a mandated report. Assistance means:

- Verbal or written information or reports.
- Attendance at a meeting arranged by Tusla, such as a strategy meeting or child protection conference.
- The production to Tusla of any document or thing.

Tusla must be satisfied of five conditions before making a formal request for mandated assistance:

- ✓ The legal threshold for a mandated report has been reached.
- ✓ The request is necessary and proportionate in all the circumstances.
- ✓ The mandated person is reasonably believed to be in a position to assist, with an identified and specific contribution to make.
- ✓ Not making the request may be detrimental to the best interests of the child.
- ✓ The mandated person is not already assisting voluntarily as part of their normal duties.

A mandated person who shares information with Tusla following a formal request for mandated assistance is protected from civil liability under section 16(3) of the Children First Act 2015.

4.7.3 Procedure for maintaining the list of mandated persons

Section 11(3)(f) of the Children First Act 2015 requires a procedure for maintaining a list of the mandated persons in the service. Neurodiversity Ireland maintains that list as follows.

1. Mandated persons are identified using Schedule 2 of the Act, reproduced at Table 1, and information gathered through our recruitment process for employees and volunteers.
2. Grace McRandal meets each mandated person during induction or programme training to inform or remind them of their responsibilities.
3. The list is kept on file by Grace McRandal, who is responsible for maintaining it. A person is added once they have met with her.
4. The list has two parts: employees who are mandated persons, and volunteers at a Neurodiversity Ireland programme who are mandated persons.
5. The employee list is reviewed annually. The volunteer list is reviewed at the end of each programme.

Table 1. Schedule 2 of the Children First Act 2015: mandated persons

No.	Class of person
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.
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.
10	Emergency medical technician, paramedic and advanced paramedic registered with the Pre-Hospital Emergency Care Council.
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: ▪ manager of a domestic violence shelter ▪ manager of a homeless provision or emergency accommodation facility ▪ manager of an asylum seeker accommodation centre ▪ addiction counsellor employed by a body funded wholly or partly out of moneys provided by the Oireachtas ▪ psychotherapist or a person providing counselling who is registered with one of the voluntary professional bodies ▪ manager of a language school or other recreational school where children reside away from home ▪ member of the clergy or pastoral care worker of a church or other religious community ▪ director of any institution where a child is detained by order of a court ▪ safeguarding officer, child protection officer or another person (howsoever described) 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 ▪ childcare staff member employed in a pre-school service within the meaning of Part VIIA of the Child Care Act 1991 ▪ 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 holds a professional qualification 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 is employed in a youth work service within the meaning of section 2 of that Act.
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.

4.8 Note on Designated Officers

Designated Officer status arises under the Protections for Persons Reporting Child Abuse Act 1998 and is held only by specified staff of Tusla and the HSE and by members of An Garda Síochána. Section 3.2 of the HSE Child Protection and Welfare Policy states expressly that HSE funded and contracted services adapting that policy may not adopt this role. Neurodiversity Ireland therefore has no Designated Officers, and no worker or volunteer should describe themselves as one.

The protection given by the 1998 Act is unaffected. Any person who reports a child protection or welfare concern reasonably and in good faith to a Designated Officer of Tusla or the HSE, or to a member of An Garda Síochána, is protected from civil liability. Where a member of the public wishes to report a concern to Neurodiversity Ireland, we receive the report, follow section 5, and tell the person that they may also report directly to Tusla or An Garda Síochána.

5. Reporting procedure

This procedure applies to every worker and volunteer. Some people have additional legal responsibilities as mandated persons. All stages should be considered.

Step	Action
1. Recognise	Recognise a concern.
2. Respond	Respond to any immediate safety needs of the child.
3. Consult	Report the concern to the Designated Liaison Person, who will consider with you whether reasonable grounds for concern exist. You may also consult your line manager. Where further advice is needed, the Designated Liaison Person has an informal consultation with Tusla. Consultation must never delay an urgent report.
4. Inform	Inform the family, unless there is good reason not to.
5. Report	The Designated Liaison Person reports to Tusla without delay where there are reasonable grounds for concern. Where you are a mandated person, the obligation to report is yours and cannot be discharged by anyone else. Where no report is made and you remain concerned, report yourself.
6. Record	Record, in line with section 6 and with data protection requirements.
7. Assist	Assist Tusla, where requested, with its assessment.
8. Monitor	Monitor, or confirm that no further action is required.

Confidentiality

Confidentiality or anonymity cannot be assured where there may be a child protection concern. It is best practice to explain the limits of confidentiality at the outset of contact with a family, and to record that you have done so. This applies equally to anyone interacting with us through a support line, a webinar chat, an online form or an anonymous survey, and a notice to that effect should appear before the interaction begins. Where a serious concern is raised in such a context, the information should be reported to An Garda Síochána, who may be able to trace the source. It is a criminal offence under the Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012 not to notify An Garda Síochána of information that might materially assist in securing the apprehension, prosecution or conviction of a person for a Schedule 1 offence against a child.

5.1 Recognise a concern

Be aware of the signs and symptoms of abuse and neglect, and of the circumstances that may make some children more vulnerable to harm. Appendix 1 sets these out. Section 9 deals with the specific question of recognising harm to a neurodivergent child. Ignoring what may be a symptom of abuse could result in ongoing harm.

A concern may come from your own observation, from something a family member or member of the public tells you, or from a disclosure by a child or an adult. Where you work with an adult, consider the welfare and safety of any children in that adult's care or in regular contact with them.

5.2 Respond to any immediate safety needs of the child

No child should be left in a situation that exposes them to harm. Where there is an immediate or serious risk, contact a Tusla duty social worker by phone without delay. Where Tusla is not available, contact An Garda Síochána.

Responding to someone who discloses abuse

A child or an adult may disclose abuse to you as a trusted adult at any point. Be prepared for it, and respond sensitively and professionally.

- ✓ React calmly.
- ✓ Listen carefully, attentively and patiently. Allow processing time, and allow the person to use whatever means of communication works for them, including Augmentative and Alternative Communication, writing, typing or drawing.
- ✓ Take the person seriously. False disclosures are very rare.
- ✓ Do not express any opinion about the person subject to the allegation. The child may be testing your reaction and may only fully open up over time.
- ✓ Reassure the person that they were right to talk to you. Do not pressurise them.
- ✓ Do not promise to keep anything secret, and do not give false assurances of absolute confidentiality. You may say that you will only tell the people who know how to help.
- ✓ Parents should be informed, unless doing so would place the child or others at further risk, or impair an assessment or investigation.
- ✓ Ask questions only for clarification. Do not ask leading questions, press for information, interview or cross-examine.
- ✓ Check back that what you have heard is correct and understood.
- ✓ Make sure the person understands what will happen next, in a form they can understand.
- ✓ Make a written record as soon as possible, in as much detail as possible, using the person's exact words where a disclosure is made.

5.3 Consult your line manager or the Designated Liaison Person

Decide what actions need to be considered, and whether there is a reasonable concern that a child may have been, is being, or is at risk of being abused or neglected. Appendix 1 sets out the thresholds. You do not need to prove that abuse has occurred. It is Tusla's role to assess the concerns that are reported.

Consultation must not delay reporting where there is an immediate concern. If you remain unsure, an informal consultation with a Tusla duty social worker is available, in which you give the details of the concern but no identifying information.

- Where you and your line manager have discussed a concern, there should be agreement on whether it is reported. Where there is disagreement, either party may seek further consultation with Tusla. **If you remain concerned, report it.** You may not be penalised by Neurodiversity Ireland for doing so, in accordance with the Protections for Persons Reporting Child Abuse Act 1998.
- Where a concern relates to a serious offence, consult your line manager, as there may be a requirement to report to An Garda Síochána under the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012. See Appendix 2.

Out of hours
Tusla provides an Out of Hours Social Work Service from 6 p.m. to 7 a.m. every night and from 9 a.m. to 5 p.m. on Saturdays, Sundays and bank holidays. Mandated persons can access it directly on **0818 776 315**. Where there is a concern of immediate or serious risk to a child, contact An Garda Síochána, who can bring a child to a place of safety and can access the Out of Hours Service.

5.4 Inform the family

Wherever possible, parents should be told of any child protection or welfare concern, and told where a report is being made to Tusla or An Garda Síochána and why. Sharing information with a parent can support open and honest relationships and can help the parent to effect positive change. Where a parent objects, record their refusal clearly and tell them that the information must be shared for the protection of the child. Document every disclosure to a third party.

The exceptions to informing a parent are where doing so may:

- Place the child at further risk of harm.
- Place you or others at risk of harm.
- Impair Tusla's ability to carry out a risk assessment.
- Impair the prevention, detection or prosecution of a serious crime by An Garda Síochána.

In these circumstances, consult your line manager and, where necessary, Tusla or An Garda Síochána. Record the reasons for not informing the parents.

5.5 Report

Report to Tusla without delay where you have reasonable grounds for concern, or where you have a legal obligation to report as a mandated person. You may report jointly with any other person, whether or not that person is a mandated person.

Reports should be submitted through Tusla's reporting portal. Where a verbal report is made, a written report must follow as soon as practicable, and no later than three days.

Notes for mandated persons

- The statutory obligation to report must be discharged by the mandated person. It cannot be discharged by a line manager, the Designated Liaison Person, or anyone else on their behalf.
- Where several mandated persons share the same concern, Tusla has specified that only one needs to report, or they may report jointly. A mandated person must be able to satisfy themselves that a report of the same concern has already been submitted.
- A mandated person is not required to report the same concern more than once. If you remain concerned after reporting, contact the social work team in the area where the child lives.
- Subsequent reports may be necessary where there is new information or an ongoing concern.
- A mandated person is not required to report where the sole basis for their knowledge, belief or suspicion is having become aware that another mandated person has already reported.
- A mandated person is not required to report an adult's retrospective disclosure of childhood abuse, unless they know, believe or have reasonable grounds to suspect that a child is being harmed or is at risk of harm, or the adult consents to or requests the report.

Serious offences
Where you know or believe that a serious offence has been committed against a child, and your information might be of material assistance in securing the apprehension, prosecution or conviction of another person for that offence, you are legally required to report it to An Garda Síochána. See the Criminal Justice (Withholding of

Information on Offences against Children and Vulnerable Persons) Act 2012 at Appendix 2, and the notification form at Appendix 4.

5.6 Record

Record all relevant information about the concern, including any contact with the child or parents, any consultation inside or outside Neurodiversity Ireland, every decision, and every report. Include names, dates, times and locations. High quality, accurate record keeping is essential. Records may be reviewed by the family, by a regulator, or drawn on in court proceedings. Section 6 sets out the requirements.

Concerns that do not reach the threshold for a report to Tusla must also be recorded. The record should set out the nature of the concern and the action taken, and should be considered against any pattern emerging over time.

5.7 Assist

Assist Tusla, where requested, with its assessment of a concern. Where assistance requires information to be shared, follow section 7. It is expected practice for everyone to support Tusla as far as is necessary and proportionate. Mandated persons are legally required to assist where a formal request for mandated assistance is made, irrespective of who made the original report.

5.8 Monitor

Do not assume a child is safe because a report has been made. Remain sensitively vigilant to the ongoing needs of the child and of any other children associated with the situation, including siblings. If there is a new concern, or the concern deteriorates, follow this procedure again. The same applies where a concern was not reported because it did not reach the threshold.

Continue to promote the child's welfare through our own services or by referral to other supports. Keep good records of concerns and of a parent's response. If a pattern of neglect or abuse emerges, follow this procedure. Where there are no further concerns, no further action is required.

6. Record keeping

Line managers must ensure there is an appropriate and secure filing system for documents relating to child protection and welfare concerns, whether or not they were reported. Access must be proportionate to a person's role. Everyone must know where and how these records are kept.

Neurodiversity Ireland treats child protection and welfare records as special category personal data of the highest sensitivity. Failure to record a concern adequately, or to uphold the confidentiality of the information, is a failure to discharge a duty of care.

The principles that govern our handling of this data are:

- ✓ Obtain and process information fairly.
- ✓ Keep it only for specified, explicit and lawful purposes.
- ✓ Use and disclose it only in ways compatible with those purposes.
- ✓ Keep it safe and secure.
- ✓ Keep it accurate, complete and up to date.
- ✓ Ensure that it is adequate, relevant and not excessive.
- ✓ Retain records of child protection and welfare concerns in perpetuity.
- ✓ Give a copy of personal data to an individual on request, in accordance with the Neurodiversity Ireland data protection procedures.

6.1 Record keeping practice

- Every child protection or welfare concern must be recorded, even where a decision is made that it does not meet the threshold for a report to Tusla.
- Document every consultation, decision and action, including discussions with the child, the parents, Tusla or An Garda Síochána. Make records as soon as possible, and within 24 hours.
- Type records where possible. Handwritten records must be legible and written in black pen only.
- Time every entry using the 24 hour clock, and date it.
- Sign every entry, with your full name in block capitals.
- Records must be factual and include all relevant information about the child, their circumstances and the grounds for concern.
    - Opinion is acceptable where there is a professional basis for it, and should be identified as opinion.
    - Avoid jargon that someone in another agency would not follow. Where you use a term such as shutdown, meltdown, masking or Persistent Drive for Autonomy (PDA), explain in plain words what you observed.
    - Detail what happened and where, and use the child's or adult's own words where relevant.
    - Identify any colleague or other person who witnessed the same thing or holds further information, and try to ensure they also make a written record.
    - Refer to any other relevant information, such as previous incidents that caused concern.
    - Treat third party information with caution until it can be verified, and identify it clearly as third party information.
    - Write on the assumption that your entry could be read by the family, by other professionals, and by lawyers.
- Keep a record of any information shared with Tusla or An Garda Síochána.
- Tell your line manager that the record exists and where it is held.

6.2 Storage and retention

- Records are stored in the secure filing system designated for child protection and welfare material, separate from general service records.
- All information relating to a concern must be recorded and retained securely in a place that upholds its confidential nature.
- Child protection and welfare records are kept in perpetuity.
- Where records are stored separately from a family's main file, the main file must indicate that another file exists and where it can be accessed, without recording the content.
- Access to records, and any sharing of information, is on a need to know basis only and in the best interests of the child. See section 7.
- Staff must cooperate with Tusla in the sharing of records where a child protection or welfare issue arises.
- Records must be used only for the purpose for which they are intended.
- Line managers provide oversight of the filing and storage arrangements in their area.

6.3 Transferring or closing a file

Where a family leaves our service, transfers to another service, or moves address, consider:

- Whether there is a need to transfer relevant child protection information to the new service. See section 7.
- Whether there are existing or outstanding concerns that require follow up or consultation with Tusla before the file is closed or transferred.

7. Information sharing and confidentiality

The ability of any service to protect children from abuse or neglect depends on a willingness to share relevant information. **The Data Protection Act 2018 and the General Data Protection Regulation do not prevent the sharing of information on a reasonable and proportionate basis for the purposes of child protection.**

Everyone at Neurodiversity Ireland must report to Tusla where they have reasonable grounds for concern about a child. In doing so they are protected from civil liability and from penalisation by their employer under the Protections for Persons Reporting Child Abuse Act 1998. A mandated person sharing information following a formal request for mandated assistance is protected from civil liability under section 16(3) of the Children First Act 2015.

7.1 General principles

- The safety and welfare of children are paramount, and must be considered in every decision about whether to share information.
- Where the interests of the parents and the child appear to conflict, the child's interests are paramount in relation to child protection and welfare.
- Giving information to a person who has a bona fide need to know for the protection of a child is not a breach of confidentiality or data protection.
- Where disclosure is necessary, apply the need to know principle. Only those who need to know are given the information.
- Share all relevant and proportionate information about a concern, a report, or an assessment with Tusla in the best interests of the child. If in doubt, consult your line manager or the Neurodiversity Ireland data protection contact.
- Information should be factual, accurate, up to date, shared in a timely way, and sent securely.
- Inform the person to whom the information relates that it is being shared, unless doing so would place them or others at risk of harm, impair Tusla's ability to carry out a risk assessment, or impair the prevention, detection or prosecution of a serious crime.

Section 17 of the Children First Act 2015
Where a relevant person receives information from Tusla during the assessment of a mandated report, it is a criminal offence to share that information with a third party without written authorisation from Tusla, unless in accordance with law. An employee of the same data controller is not a third party for this purpose, so sharing within Neurodiversity Ireland on a need to know basis is not prohibited. Sharing outside Neurodiversity Ireland requires a legal basis. Where none exists, written authorisation must be sought from Tusla.

7.2 Reporting practice in relation to confidentiality

Confidentiality or anonymity cannot be assured where there may be a child protection concern. At the outset of contact with a family, explain openly and honestly that proportionate information will be shared with Tusla where there is a child protection or welfare concern, and with An Garda Síochána where an offence may have been committed against a child or a vulnerable adult.

This applies to anyone interacting with Neurodiversity Ireland through a support line, a webinar, an online form, a social media message or an anonymous survey. Make a written record on file when the limits of confidentiality have been explained.

7.3 Information sharing with children and young people

Children have a right to information in a form they can understand, and a right to participate in decisions that affect them. At Neurodiversity Ireland that right is practical, not formal.

- Give information in the child's preferred communication form. That may be speech, text, symbols, a communication book or device, writing, or drawing.
- Allow processing time. Do not treat a delayed response as no response, and do not fill the silence.
- Check understanding by asking the child to tell you what will happen next, rather than by asking whether they understand.
- Be honest about what you can and cannot keep private, and about what will happen and when. Uncertainty is itself distressing, and vague reassurance damages trust.
- Include the child's support person, whether a parent, relative, friend or guardian, where appropriate and available, and where that person is not the subject of the concern.
- Record the child's own view, in their own words or through their own communication method, even where a different decision is taken.

8. Reporting guidance

8.1 How to make a report to Tusla

Reports should be submitted through Tusla's online reporting portal, the most secure and efficient method. Staff must register to use the portal, and can do so at any time before they need it.

Where the portal is not accessible, the report form should be sent by registered post, or delivered in person, to the Tusla dedicated social work contact point. Reports must be submitted without delay. Where a verbal report is made, a written report must follow as soon as practicable and no later than three days.

The two forms

Form	When to use it	Where to send it
Child Protection and Welfare Report Form (CPWRF)	Concerns about a child under the age of 18.	▪ Where the child is identifiable: the Tusla social work contact point for the area where the child lives. ▪ Where the child is not identifiable but the person subject to the allegation is: the contact point for the area where that person lives. ▪ Where neither is identifiable: seek a consultation with Tusla.
Retrospective Abuse Report Form (RARF)	An adult disclosing abuse they experienced in their own childhood. See section 8.2.	▪ Where the person subject to the allegation is identifiable: the contact point for the area where that person lives. If they live abroad, the area where the adult disclosing lived at the time of the alleged abuse. If they are confirmed deceased, a report is not required unless there are broader concerns, in which case consult Tusla. ▪ Where the person subject to the allegation is not identifiable: consult Tusla and, where necessary, send the report to the contact point for the area where the adult disclosing lived at the time.

Where a retrospective disclosure gives rise to a current concern for a child, a Child Protection and Welfare Report Form should also be submitted.

8.2 Disclosures of retrospective abuse

An adult may disclose abuse that took place in their own childhood. In our work this may arise with a parent, at a support group, at a webinar, or in the course of advocacy. Tell people at the outset of contact that if a child

protection issue arises, the information may require a report to Tusla so that any current or potential risk to children can be assessed.

A report is required where there are current reasonable grounds for concern that a child who is under 18 on the date of the disclosure has been or is being harmed, or is at risk of harm.

Where the adult does not feel able to support a report, Tusla may be seriously constrained in its ability to respond. Be sensitive and supportive. Where the adult may be vulnerable to psychological distress as a result of the report, the staff member or line manager should have an informal consultation with Tusla about how best to support them, while the welfare of any child currently at risk remains the paramount consideration.

Where an adult says the abuse was previously reported, it may still be necessary to report again in order to ensure the report was fully investigated, where the disclosure raises a current concern about a child.

Where no reasonable grounds for concern about a current risk to a child are identified, continue where appropriate to encourage the adult to engage with Tusla, and give details of support services. The HSE National Counselling Service offers support to any adult who experienced abuse in childhood. Document your considerations and your rationale for reporting or not reporting.

8.3 Concerns about an adult who may pose a risk to children

You may work with an adult whose behaviour has harmed, or may harm, a child. Consider the welfare and safety of any child in that person's family and any child in regular contact with them. Follow section 5, consult your line manager or Tusla, and document your considerations, where:

- An adult discloses that they have engaged in abusive behaviour towards a child in the past, and there is a concern that a child has been or is being harmed, or is at risk of harm.
- An adult discloses that they are having thoughts about abusing a child, whether or not a child is identifiable.
- A concern arises from another source about an adult who may pose a risk to children, even where no specific child is named.
- A concern arises about an unidentified adult who may pose a risk to children. Tusla may hold corroborating information that helps identify the person.

Where a decision is made to report, the adult should be told, unless doing so could place a child or anyone else at risk of harm, impair Tusla's risk assessment, or impair the prevention, detection or prosecution of a serious crime.

8.4 Peer abuse

Where abuse is alleged to have been carried out by another child, it is a child protection and welfare concern for both children. Follow section 5 for the child who was harmed and for the child subject to the allegation. Two separate reports are submitted to Tusla where there are reasonable grounds for concern.

Harmful behaviour by a child is not excused by that child being neurodivergent, and a neurodivergent child who is harmed by a peer is not to be treated as having provoked it. Both children need a response.

8.5 Anonymous reports

No assurance of anonymity can be given to a member of the public reporting a concern, as their identity may become accessible through a court process. In all cases where a staff member receives a report of a concern, follow section 5.

- Staff and volunteers reporting in their professional capacity should have no expectation of anonymity.
- Where a member of the public wishes to report anonymously, make them aware that Tusla's capacity to respond is more limited when a report is anonymous.

8.6 Malicious reports

Malicious false reporting is uncommon, but it can have a significant impact on an innocent person. The Protections for Persons Reporting Child Abuse Act 1998 makes it an offence to report child abuse knowing the statement to be false. Where a staff member is concerned that a report is malicious, they should discuss it with their line manager immediately. This does not displace the duty to report a reasonable concern.

8.7 Underage sexual activity

Under the Criminal Law (Sexual Offences) Act 2006, the age of consent is 17. While sexual intercourse involving a person under 17 is illegal, it might not be regarded as child sexual abuse under the Children First Act 2015. Mandated persons must report underage sexual activity to Tusla, except where they know or believe, on clear and credible information and sound professional judgement, that all of the following apply:

- ✓ A young person aged 15 or more but under 17 is engaged in sexual activity, and the other party is not more than two years older.
- ✓ There is no material difference in the maturity or capacity of either young person.
- ✓ The relationship is not intimidatory or exploitative of either person.
- ✓ The young person has not been, is not, and is not at risk of being harmed.
- ✓ The young person has made known their view that they do not want the information disclosed to Tusla.

These exemptions do not displace the principle that the best interests of the child are paramount. Have an informal consultation with Tusla, and where any reasonable concern remains, report, even where all the criteria above are met.

Capacity, consent and neurodivergence

The second criterion, that there is no material difference in maturity or capacity, requires particular care where one young person is neurodivergent and the other is not, or where there is a difference in communication, in understanding of social context, or in vulnerability to coercion. A neurodivergent young person may be at markedly greater risk of exploitation online and offline. Where you are weighing this, consult Tusla.

8.8 Allegations of abuse or neglect against a worker or volunteer

Where an allegation of abuse or neglect is made about a Neurodiversity Ireland worker or volunteer, a dual procedure applies. The child protection concern is reported to Tusla under section 5 by the person who holds the concern, and the employment aspect is handled separately under the Neurodiversity Ireland Trust in Care Policy. **Section 11 sets this out in full.**

The two strands are separate. The reporting obligation to Tusla is never delayed or made conditional on an internal process, and the outcome of an internal process does not determine whether a report is made.

8.9 Consequences of not reporting

The safety and welfare of children must always take priority. Failure to recognise or report a concern may leave a child at risk, and the removal of risk from one child does not mean that no other child is at risk. A person who fails in their duty of care may face a range of consequences, including:

- Disciplinary action by Neurodiversity Ireland under the Trust in Care Policy.
- A fitness to practise complaint to their professional regulatory body.
- In the case of a mandated person, information being passed to the National Vetting Bureau of An Garda Síochána, which could be disclosed to a current or future employer at their next vetting.
- A fine or imprisonment, or both, for failure to report an offence to An Garda Síochána under the Criminal Justice Act 2006.

- A fine or imprisonment, or both, for failure to report a Schedule 1 offence under the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012.

8.10 What happens after a concern is reported to Tusla

Tusla's first consideration on receiving a report is the immediate safety of the child. All reports are screened on the day they are received, to determine whether emergency action is needed. Tusla then decides whether the report is appropriate to its welfare and protection services and, if so, what intervention is appropriate.

Tusla will always seek to acknowledge a report, and is legally required to acknowledge a mandated report. The duty social worker will check for any record of previous contact with the family, and may contact other professionals to understand the child's history and circumstances.

Possible outcomes of a Tusla assessment include:

- The case is closed to Tusla social work services, for example because no unmet need or risk was found. Where appropriate the family may be referred to another support service.
- A family support service is initiated where the child has unmet needs but is not at risk of harm.
- The child is found to have welfare needs requiring a Tusla social work led response.
- There is a child abuse concern requiring a child protection response. Where the harm is deemed abusive the concern is reported to An Garda Síochána, a child protection conference may be arranged, and the child may be listed on the Child Protection Notification System.

If you remain concerned after reporting, contact the social work team in the area where the child lives. You are entitled to ask what action may be taken in response to your report, although there are limits to what Tusla can discuss because of the confidentiality rights of children and families. **Do not assume that a child is safe because a report has been made.**

9. Safeguarding neurodivergent children and young people

This section does not appear in the HSE policy. It is here because almost every child Neurodiversity Ireland works with is neurodivergent, and because the two most common failures in safeguarding neurodivergent children pull in opposite directions.

The failure	What it looks like	What to do
Diagnostic overshadowing	A genuine sign of harm is attributed to the child being Autistic, ADHD or otherwise neurodivergent. Withdrawal, regression, self-injury, refusal to go somewhere, a change in eating or sleeping, or fear of a particular adult are recorded as "part of the presentation" and no concern is raised.	Ask what changed and when. A trait the child has always had is not a sign of harm. A change in that trait, a regression, or a new fear may be. Record the change, not the label.
Misreading neurodivergence as harm	Stimming, meltdown, shutdown, food selectivity, sleep difficulty, school distress, unusual marks from sensory seeking, or a family's low-demand approach are reported as signs of neglect or abuse.	Ask the child and the family for the ordinary explanation before concluding. Seek the view of someone who knows the child. Record the explanation you were given and whether it accounts for what you saw.

Neither failure justifies not reporting

If, having considered both, you still have a reasonable concern, report it. Section 5 applies in full. This section helps you think clearly. It does not raise the threshold, and it is never a reason to hold a concern back.

9.1 Why the risk is higher

Research and inquiry findings in Ireland and elsewhere consistently indicate that disabled and neurodivergent children are at greater risk of abuse and neglect than their peers. The reasons are structural rather than anything about the child:

- They may have more adults involved in their intimate care, and more settings in which care is given.
- They may be less likely to be believed, or less likely to be asked.
- Their communication may be misread, or they may not have access to the vocabulary needed to describe what is happening.
- They may have been taught, formally or informally, to comply with adult instruction.
- Families may be exhausted and unsupported, and may be in conflict with schools or services, which can isolate them.
- Distress that would prompt a question in another child is expected and therefore unremarked.

9.2 Communication and being believed

- A child who does not use speech can disclose. Disclosure may come through a communication device, a symbol board, writing, typing, drawing, play, or a sudden change in behaviour around a person or place.
- Never remove or withhold a child's communication device, and never allow anyone else to. A child without their device cannot report harm.
- Where a device or communication book is used, record the exact output, and note whether the vocabulary available to the child allowed them to say what they wanted to say.
- Where an intermediary is needed, it should not be a person connected to the concern.
- Allow processing time. Do not rephrase repeatedly, and do not offer options that lead.

9.3 Restraint, seclusion and physical intervention

Neurodiversity Ireland does not use restraint or seclusion. Where a child or family discloses that a child has been restrained, secluded, confined to a room, or physically handled at school, in a service or at home, treat it as a potential child protection concern and apply section 5.

- Record what was described: what was done, by whom, for how long, how often, and what preceded and followed it.
- Consider the threshold for physical abuse and for ill-treatment at Appendix 1.
- Where the practice is in a school or other service, a report to Tusla may be required and the family may also wish to make a complaint. The two are separate, and a complaint is not a substitute for a report.

9.4 Burnout, school distress and attendance

Autistic burnout and school distress are real and are not, in themselves, child protection concerns. A family supporting a child who cannot attend school is not thereby neglectful, and Neurodiversity Ireland does not treat non-attendance as evidence of neglect.

A concern may still arise. Apply the ordinary thresholds. The questions that matter are whether the child's health, development or welfare is being seriously affected, and whether the child's needs are being met, not whether the family's approach matches what a service would prefer.

9.5 Online risk

Neurodivergent young people may be at heightened risk of grooming, sexual exploitation, financial exploitation and radicalisation online, particularly where online spaces are their main source of social connection. Apply sections 8.3 and 8.7, and Appendix 1.

9.6 Our own practice

- Groups run in one open plan space with five to six adults present and a ratio of one adult to two children, so there is no situation in which an adult is alone with a child. Where the ratio cannot be met, the session is cancelled.
- Toileting is carried out by two adults under the Toileting Policy, with one remaining with the rest of the group.
- Children and young people are told, in a form they can understand, who to talk to if they feel unsafe, and child friendly information is displayed.
- Feedback and complaints from children are accepted in any form, including through a communication device or a parent, and are considered under this policy where they raise a child protection or welfare concern.
- A child who stops attending prompts a follow up consultation with the occupational therapist or Sensory Centre Manager, because non-attendance can itself be a safeguarding concern. Our PDA pathway distinguishes a child who cannot attend from a child who does not attend.

10. Working safely with children

Preventing harm matters as much as responding to it. This section sets out the controls that keep children safe in our services. They are the controls named in the Neurodiversity Ireland Child Safeguarding Risk Assessment 2026, and they are what the Child Safeguarding Statement relies on.

10.1 Recruitment and selection

Neurodiversity Ireland takes all reasonable steps to ensure that only suitable people work with children and families. The steps are set out in the Recruitment and Selection Procedures, which cover providing information relevant to the post, seeking information from the applicant, Garda vetting, taking up references, interviewing, induction, training, probation and ongoing supervision.

We prioritise people with relevant experience, training and professional backgrounds in working with children, disabled people or the neurodivergent community. Experienced staff are better equipped to identify and respond to a child protection concern.

10.2 Garda vetting

Everyone undertaking relevant work with children is vetted under the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, in accordance with the Neurodiversity Ireland Garda Vetting Policy. This applies to employees, contractors, students and volunteers. It is an offence to permit a person to undertake relevant work without vetting.

10.3 Training and induction

- Tusla's e-learning programme "An Introduction to Children First" is completed before arriving for induction, and refreshed at least every three years. Certificates are retained by Tamara Lambert, Sensory Centre Manager.
- Designated Liaison Person training from a certified trainer, for the Designated Liaison Person and the Deputy.
- A dedicated induction session facilitated by the Sensory Centre Manager and the Designated Liaison Person, covering our role in safeguarding, the guiding principles, types and indicators of abuse, reasonable grounds for concern, responding to a disclosure, the reporting procedure, positive handling and the policy on dysregulation, bullying, accident and incident reporting, and the Code of Behaviour.
- Daily debriefs after group sessions, where observations and concerns are raised.
- Weekly meetings with the occupational therapy clinical practice managers and the Sensory Centre Manager to review incidents and reports, reinforce policy and address emerging issues.
- Refresher training before and after each term and camp season.
- Training on Augmentative and Alternative Communication and other forms of communication, so that staff recognise how a child who is non-speaking or minimally speaking may disclose. See section 9.2.

Neurodiversity Ireland retains a record of all training provided.

10.4 Safe management of activities

Control	What it means in practice
Ratio	One adult to two children, maintained at all times. Where the ratio cannot be met, the session is cancelled under the cancellation policy. Five to six adults are present in the room during groups.
One open plan space	Groups run in a single open plan space. There are no other areas available to workers or children, so there is no situation in which an adult is alone with a child.
Doors and locks	Doors have locks at adult height, closed at all times when children are present and checked regularly, under the Method Statement on doors and locks. Where a door cannot be locked, an

	adult supervises it until it can be.
Drop off and collection	Children are brought to the premises by one adult, under the drop off and collection policy. Parents and carers are responsible for supervising their children outside session times.
Registers and records	A register of children is kept, including address, family contact numbers and relevant medical details, with up to date attendance, consent forms and complaints. Child records are managed in Write Upp amd our bespoke booking system, with access limited to named staff and weekly review and escalation.
Intake information	Parents and carers must supply enough information for supervisors to understand each child's triggers and any indication of potential dysregulation. Missing information is itself a flag for staff.
Health and safety	Fire drills, first aid equipment and insurance are in place. Accidents and incidents are recorded on the accident and incident report form under the accidents and incidents policy.
Medication	Administered only under the Medication Policy, covered in induction training.
Visitors	No visitors during activities unless pre-booked with the supervisor, and signed in and out under the Visitor Policy.

10.5 Code of Behaviour

This Code establishes the boundaries of acceptable behaviour and clarifies how to work with children in a way that respects their right to be listened to, treated with respect and treated fairly. Everyone signs it. Workers and volunteers protect and promote the welfare of children by:

- Treating them with dignity, sensitivity and respect, and keeping conversation at a level appropriate to the child.
- Making time to listen to, 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 to have as much fun as possible.
- Never tolerating favouritism, exclusion or harsh disciplinary regimes.
- Never using a personal phone or camera to photograph children, and never removing any photography of children, including electronic copies, without prior permission.
- Enabling children to regard their bodies as their own property.
- Encouraging children to express feelings, fears and experiences openly.
- Knowing the principles and practices of child safeguarding in this policy, and discussing any uncertainty with the Designated Liaison Person.
- Acting in an open and visible manner, and never being alone with a child.
- Never engaging in inappropriate games, jokes or comments in the presence of children, 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 understand the difference between privacy and secrecy.
- Being sensitive to the fact that some children are more vulnerable than others.
- Never using physical punishment.
- Providing mixed gender leadership for mixed gender activity groups.

This list is not exhaustive and may change from time to time.

10.6 Intimate care and toileting

Toileting support is provided under the Toileting Policy, which applies to children of all ages. Two adults are involved: one supports the child, and one remains with the rest of the group. Support is provided only where the parent or carer has agreed it, and it is recorded.

10.7 Dysregulation and positive handling

Neurodiversity Ireland has its own Policy on Dysregulation, and all workers receive bespoke positive handling training as part of induction. A child showing signs of dysregulation is given quiet space and time, and is supported on a one to one basis, with another adult present, until they are ready to return to the group.

Neurodiversity Ireland does not use restraint or seclusion. Where a child or family discloses that a child has been restrained, secluded or confined elsewhere, section 9.3 applies.

10.8 Photography, ICT and online safety

- Prior written consent is obtained for the taking and use of any photograph.
- Personal phones are not used in the centre when children are present, except in an emergency, and no external devices are permitted.
- Internet access is filtered and children are not given access. Gaming within groups is offline and limited to those present in person.
- Safe internet use is encouraged with parents and carers, and child friendly information about online risk is provided.
- Remote and telephone contact follows the Privacy and Consent policies and the standard operating procedure for telephone and video enabled care adopted by the Board.

10.9 Supervision and support

Everyone has regular reviews of their practice. Neurodiversity Ireland conducts annual appraisals as a formal, recorded process, supported by daily debriefs and weekly clinical oversight. Support is available to any worker or volunteer who makes a safeguarding report.

11. Concerns and allegations about a worker or volunteer

11.1 The dual procedure

Where an allegation of abuse or neglect is made about a worker or volunteer, Neurodiversity Ireland has a dual responsibility, to the child and to the person accused. Two separate procedures run:

1. **The reporting procedure to Tusla**, in respect of the child and the person subject to the allegation, under section 5 of this policy.
2. **The internal personnel procedure**, under the Neurodiversity Ireland Trust in Care Policy.

It is recommended that the same person does not have responsibility for both. The Designated Liaison Person follows the reporting procedure. The Chief Executive Officer deals with the employment aspect. Where the allegation concerns the Chief Executive Officer, who is also the Designated Liaison Person, the Chair of the Board of Directors takes the employment step and Grace McRandal, as Deputy Designated Liaison Person, takes over the reporting role.

The two strands never gate each other

The obligation to report to Tusla is never delayed by, or made conditional on, an internal process. The outcome of an internal process does not determine whether a report is made. A quick resolution should be sought for the benefit of everyone concerned, but not at the cost of the child's safety.

11.2 Immediate steps

- Management must be alerted to the allegation by the reporter, whether a mandated person or the Designated Liaison Person.
- The first priority is the safety of the child. Management must ensure no child is exposed to unnecessary risk, which may mean moving the person away from contact with children pending the outcome. Any measure taken is proportionate, explained to the person, and recorded.
- Parents and guardians are informed of any action planned, having regard to the confidentiality rights of others, including the person against whom the allegation has been made.
- Where the person is a contractor, agency worker or volunteer, their employing organisation or the volunteer coordinator is informed.

Tusla follows its own policy when assessing allegations of abuse made against workers or volunteers.

11.3 Disciplinary process

An investigation usually precedes a disciplinary process, although in cases of gross misconduct Neurodiversity Ireland reserves the right to proceed directly to a disciplinary hearing. The process will depend on the facts, and in most circumstances follows these steps:

1. The employee receives written prior notice of the date of the proposed investigation or disciplinary hearing.
2. Before the meeting the employee is informed in writing of the matters to be discussed and given a copy of any available supporting documentation.
3. At the meeting the employee is informed again of the matters to be discussed and given an opportunity to put their views forward.
4. After the hearing the employee is notified in writing of the draft findings within three days, or as soon as reasonably practicable, and invited to comment. Comments are taken into account before the final report.
5. If the report recommends disciplinary action, a further meeting follows the same procedure, conducted where practicable by a different person from the one who conducted the investigation.

6. If the decision is to dismiss, the employee receives a letter explaining the reason and offering an opportunity to appeal.

An employee who wishes to appeal informs the nominated person in writing within seven days of notification. Where practicable, the person hearing the appeal will have had no previous involvement in the decision.

11.4 Concerns about a colleague that fall short of an allegation

If a worker or volunteer has a concern about the behaviour of a colleague, they report it to the Designated Liaison Person. Where the concern relates to the Designated Liaison Person, who is also the Chief Executive Officer, it goes to Grace McRandal as Deputy Designated Liaison Person and is escalated to the Chair of the Board of Directors.

Concerns may relate to a breach of the Code of Behaviour, conduct that may breach professional standards or codes of ethics, or suspected or witnessed abuse.

- Where the concern is about poor practice, discuss it with the Chief Executive Officer.
- Where the concern involves suspected or witnessed abusive behaviour, report it without delay to a Designated Liaison Person and follow section 5.
- Keep a record of the concern.
- Where a worker or volunteer feels their concern has not been given due regard, or feels worried about raising it internally, they should contact Tusla or An Garda Síochána directly, or consider a protected disclosure under the Protected Disclosures Act 2014 as amended.

Neurodiversity Ireland aims to foster an open and supportive environment in which people feel safe raising these concerns.

12. Working with children and families

12.1 Sharing our safeguarding procedures

- The Child Safeguarding Statement is displayed prominently at the Sensory Centre, printed at A3 size where possible for readability.
- The Statement and this policy are published on www.neurodiversityireland.com, and a copy is sent in advance on request to info@neurodiversityireland.com.
- The Statement is furnished to every worker and volunteer, and to parents, guardians, Tusla and members of the public on request.
- Where a parent, guardian or member of the public requests the Statement, the Child Safeguarding Risk Assessment must also be made available on request.
- Visual information about who the key staff are, including photographs and titles, is on the website.
- We are working towards versions of the Statement in formats suited to neurodivergent families, including Augmentative and Alternative Communication accessible versions.

12.2 Empowering children to claim their rights

Neurodiversity Ireland seeks to empower children by making them aware of their rights, and encourages the active participation of children in decisions relevant to their involvement, in a manner appropriate to their age and stage. We do this by:

- Creating an environment in which children are valued, encouraged and affirmed, have their rights respected and are treated as individuals.
- Treating the welfare of the child as the most important consideration in delivering our programme.
- Providing child friendly information about what to do if they feel unsafe, in forms children can use, including Augmentative and Alternative Communication.

- Encouraging self-advocacy and rapport between staff and children, and training staff to advocate on behalf of children, including in relation to their parents and carers.
- Holding regular informal check-ins with parents and carers before and after sessions.
- Ensuring children can access the complaints procedure.
- Respecting and valuing the diversity of children and treating all fairly.
- Requesting regular feedback from families and implementing suggestions for improvement.

Being clear about confidentiality with a child
Children are told that this is a safe space, and that confidentiality will be overridden where it is necessary to tell someone who can keep them safe. Explaining when that happens, in words or symbols the child can use, is part of making the right real.

12.3 Bullying

Bullying is repeated aggression, whether verbal, psychological or physical, by an individual or group against others. It includes physical aggression, cyberbullying, damage to property, intimidation, isolation and exclusion, name-calling, malicious gossip and extortion, and it can take the form of abuse based on gender identity, sexual orientation, race, ethnicity, disability, neurodivergence and religion.

Incidents of bullying during a Neurodiversity Ireland activity are dealt with by the Sensory Centre Manager under the Policy on Dysregulation. Parents are notified as soon as possible and told what steps are being taken. Where a situation cannot be resolved, we will tell the parents that their child will have to leave the activity. In serious instances where the behaviour may be abusive, section 5 applies and a report may be made to Tusla or An Garda Síochána.

12.4 Complaints

Our complaints procedure is on our website. Complaints may arise from an alleged breach of the Code of Behaviour, a practice issue, a perceived poor attitude, a child or parent feeling unhappy about an incident, or dissatisfaction with an aspect of the service.

A complaint may be made by a parent or guardian, a child, an external agency, or any member of the public with a legitimate concern. Complaints are made in the first instance to Tamara Lambert, Sensory Centre Manager, or to servicedelivery@neurodiversityireland.com.

If you are not happy with our response at any stage, you may write to Neurodiversity Ireland, Centre of Excellence for Neurodiversity, 2 – 4 Claremont Road, Sandymount, Dublin 4. You may also go directly to the Office of the Ombudsman, the Ombudsman for Children, or the Charities Regulator.

Some complaints will need to be handled under section 11. A complaint is never a substitute for a report to Tusla where there are reasonable grounds for concern.

13. Implementing, monitoring and reviewing this policy

13.1 Who does what

- The Named Person keeps up to date with best practice and changes to legislation. Proposed changes are discussed with the Designated Liaison Person, the Deputy and the Relevant Person in the first instance and then brought to the Board for approval. Proposed changes and follow up actions are documented by the Named Person, and the same applies to the Child Safeguarding Statement and Risk Assessment.
- Should the Named Person leave the organisation, the Board appoints a new one. Should the Designated Liaison Person or the Deputy leave, the Named Person reviews training needs and arranges additional training.

- Should the Relevant Person leave or change, the Procedure for Appointing a Relevant Person applies and the Child Safeguarding Statement is updated, re-displayed and re-published.

13.2 Monitoring

- Line managers and clinical practice managers monitor safeguarding risk on an ongoing basis.
- Daily staff debriefs follow group sessions.
- Weekly reviews are held with the occupational therapy clinical practice managers and the Sensory Centre Manager.
- Safeguarding is on the risk register and reviewed quarterly.
- The Board receives regular Sensory Centre reports, and safeguarding is a standing item.

13.3 Review

Document	Review interval
This policy	Annually by the Named Person with the Designated Liaison Person and the Relevant Person, and sooner on a change in legislation, a material change to our services, or a failure in existing practice.
Child Safeguarding Statement	At intervals of no more than 24 months, and as soon as practicable after any material change. The review date changes only once the Risk Assessment behind it has been reviewed in full. Statutory minimum.
Child Safeguarding Risk Assessment	Reviewed by clinical and Sensory Centre leadership quarterly, and formally at least once a year.

Records of all reviews are retained by the Named Person.

Appendix 1. Abuse and neglect: definitions, signs and reporting thresholds

Child abuse is categorised in four ways: neglect, emotional abuse, physical abuse and sexual abuse. A child may experience more than one form at the same time. Abuse and neglect are not restricted to any socioeconomic group, culture or gender, and can occur within the family, in the community or in an organisational setting. The person causing harm may be known to the child or a stranger, and may be an adult or another child.

The definitions below are those used in Children First: National Guidance for the Protection and Welfare of Children (2017). They are not legal definitions. They describe ways in which a child might experience abuse and how it may be recognised. The signs and symptoms are drawn from the 2017 National Guidance and from Tusla's Child Protection and Welfare Practice Handbook.

Read every sign in context
All potential signs and symptoms must be examined in the total context of the child's situation and family circumstances. Even the most unusual injury or presentation may or may not be accidental. Take an open, objective and enquiring approach in all circumstances. Section 9 of this policy deals with reading these signs where the child is neurodivergent.

1. Reporting thresholds

a) Reasonable grounds for concern

Reasonable grounds for concern exist where a child may have been, is being, or is at risk of being abused or neglected. You do not need to prove that abuse has occurred. It is Tusla's role to assess reported concerns. Reasonable grounds may include, but are not limited to:

- 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 they have been abused.
- An admission or indication by an adult or a child of an alleged abuse they committed.
- An account from a person who saw the child being abused.

b) Mandated reporting

Mandated persons must report any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed. The Children First Act 2015 defines harm as assault, ill-treatment, neglect or sexual abuse, covering single and multiple instances. The threshold for each category is set out below. If you are in doubt about whether your concern reaches the legal definition of harm, Tusla can assist.

1.1 Child welfare concern

Some concerns do not fit a category of abuse or neglect but relate to the ongoing welfare of a child. A child welfare concern is a problem experienced directly by a child, or by the family of a child, that is seen to affect the child's welfare or development negatively, but may or may not require a child protection response. Where there is any uncertainty about whether a concern meets the threshold, follow section 5 and consult your line manager or a Tusla duty social worker.

1.2 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, supervision or safety. A child may also experience emotional neglect.

Neglect is the most frequently reported category of abuse in Ireland and internationally. Ongoing chronic neglect is extremely harmful and may have serious long term consequences. It is associated with poverty but not necessarily caused by it, and is strongly linked to parental substance misuse, domestic violence, and parental mental illness or disability.

	Indicators
Child presentation	▪ Unkempt, inadequately clothed, dirty or unwashed. ▪ Frequently hungry or malnourished, including faltering growth associated with emotional deprivation as well as malnutrition. ▪ Listless, apathetic and unresponsive with no apparent medical cause. ▪ Anxious attachment, aggression, or indiscriminate friendliness. ▪ Failure to grow or develop within expected patterns, with accompanying weight loss. ▪ Recurrent or untreated infections or skin conditions, for example severe nappy rash, eczema, persistent head lice or scabies. ▪ Unmanaged or untreated health conditions, including poor dental health. ▪ Frequent accidents or injuries. ▪ Frequently absent from or late at school, where this is not explained by school distress or an unmet support need. ▪ Poor self-esteem or self-confidence. ▪ Frequently reports caring for younger siblings, or that there is no one at home to provide care. ▪ Thrives away from the home environment. ▪ Behavioural signs including poor coping, impulsivity, bed-wetting, soiling, destructive behaviour, substance misuse, running away, self-harm and offending behaviour.
Parent or carer related issues	▪ Failure to meet basic needs for food, including unsuitable food or erratic feeding, and for clothing, warmth, hygiene and sleep. ▪ Failure to meet health and medical needs, including failure to attend appointments, lack of GP registration, and failure to seek or comply with appropriate treatment. ▪ Dangerous or hazardous home environment, for example exposure to poison, drugs, unguarded stairs, exposed wiring, weapons, unsanitary conditions, or risk from animals. ▪ Poor living conditions, including lack of appropriate sleeping arrangements, inadequate ventilation, heating or furniture. ▪ Failure to provide adequate stimulation, including a lack of opportunity to play and learn. ▪ Lack of protection and exposure to danger, or lack of supervision appropriate to the child's age and needs. ▪ Child left with adults who are intoxicated or violent. ▪ Child abandoned or left alone for excessive periods without adequate care and supervision. ▪ Neglect of pets.
Reporting neglect	All staff and volunteers should report a reasonable concern to Tusla where neglect becomes typical of the relationship between the child and the parent or carer. This may become apparent over time, or may be obvious from seeing the child once. Where there is a concern about neglect of one child in a household, consider whether other children in the household may also be at risk. The threshold at which a mandated person must report neglect is reached when you know, believe or have reasonable grounds to suspect that a child's needs have been, are being, or are at risk of being neglected to the point where the child's health, development or welfare has been, is being, or is likely to be **seriously affected**.

1.3 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. It occurs when a child's basic needs for attention, affection, approval, consistency and security are not met, through incapacity or indifference. It can also occur where adults responsible for a child are unaware of, and unable to meet, the child's emotional and developmental needs. A reasonable concern exists when the behaviour becomes typical of the relationship between the child and the parent or carer.

Emotional abuse is covered by the definition of ill-treatment in the Children First Act 2015. It may be difficult to recognise, because the signs are usually behavioural rather than physical. Recognition is usually based on observation over time, although a single serious incident may require supportive intervention or may meet the threshold for a report.

	Indicators
Child presentation	▪ Insecure, anxious or indiscriminate attachment. ▪ Underachievement or delay in achieving developmental, cognitive or educational milestones, where this represents a change or is not explained by the child's own developmental profile. ▪ Faltering growth. ▪ Behavioural changes, for example aggression, attention seeking or risk taking. ▪ Frozen watchfulness, particularly in pre-school children. ▪ Low self-esteem, lack of confidence, fearfulness, distress or unhappiness. ▪ Poor relationships with peers, including withdrawn or isolated behaviour, where this is a change.
Parent or carer related issues	▪ Lack of comfort and love, or rejection of the child. ▪ Persistent criticism, sarcasm, negative comments, blaming or scapegoating of the child within the family. ▪ Persistent hostility or bullying of the child. ▪ Continuous lack of praise and encouragement. ▪ Lack of proper stimulation, including fun and play. ▪ Seriously inappropriate expectations of a child relative to their age and stage of development, including overprotection that impedes development, or excessive caring responsibilities placed on a child. ▪ Conditional parenting, in which care or affection depends on the child's behaviour. ▪ Inappropriate non-physical punishment, for example locking a child in a bedroom. ▪ Parental difficulties that may reduce awareness of the child's needs. ▪ Parent or carer emotionally or psychologically distant from the child.
Contextual factors	▪ Lack of continuity of care, for example frequent unplanned moves. ▪ Child left unsupervised or unattended. ▪ Child left with multiple carers. ▪ Child regularly late being collected, or repeatedly not collected. ▪ Child repeatedly reported lost or missing. ▪ Parent or carer regularly unaware of the child's whereabouts. ▪ Dysfunctional family relationships, including ongoing family conflict and domestic violence.
Reporting emotional abuse	All staff and volunteers should report a reasonable concern to Tusla where emotional abuse becomes typical of the relationship between the child and the parent or carer. Consider whether other children in the household may also be at risk. The threshold at which a mandated person must report is reached when you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being ill-treated to the point where the child's health, development or welfare has been, is being, or is likely to be **seriously affected**.

1.4 Physical abuse

Physical abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. It may be a single incident or a pattern. A reasonable concern exists where the child's health or development is, may be, or has been damaged as a result. Examples include:

- Physical punishment.
- Beating, slapping, hitting or kicking.
- Pushing, shaking or throwing.
- Pinching, biting, choking or hair-pulling.
- Use of excessive force in handling, including restraint. See section 9.3.
- Deliberate poisoning.
- Suffocation.
- Fabricated or induced illness.
- Female genital mutilation.

The Children First Act 2015 amended the Non-Fatal Offences Against the Person Act 1997 to abolish the common law defence of reasonable chastisement. A person who physically punishes a child can no longer rely on that defence. The protections in law relating to assault now apply to a child in the same way as to an adult.

	Indicators
Bruising	Children can have accidental bruising, but the following must be considered highly suspicious of non-accidental injury unless there is an adequate explanation and experienced medical opinion has been sought: ▪ Any bruising or soft tissue injury to a pre-crawling or pre-walking infant, or to a non-mobile disabled child. ▪ Bruising in or around the mouth, particularly in small babies, which may indicate force-feeding. ▪ Two simultaneous bruised eyes without bruising to the forehead. ▪ Repeated or multiple bruising on the head, or on sites unlikely to be injured accidentally. ▪ The outline of an object used, for example belt marks, handprints or a hairbrush. ▪ Linear pink marks, haemorrhages or pale scars, which may be caused by a ligature, especially at wrists, ankles, neck and genitalia. ▪ Bruising or tears around or behind the earlobe, indicating pulling or twisting. ▪ Bruising around the face. ▪ Broken teeth and mouth injuries. A torn frenulum under the upper lip is highly suspicious. ▪ Grasp marks on small children. Bruising on the arms, buttocks and thighs may indicate sexual abuse.
Bite marks	▪ Bite marks can leave clear impressions of the teeth, and are oval or crescent shaped. ▪ Marks over 3cm in diameter are more likely to have been caused by an adult or an older child. ▪ Seek a forensic dental opinion where there is any doubt about the origin of a bite.
Burns and scalds	It can be difficult to distinguish accidental from non-accidental burns and scalds, and these always require experienced medical opinion. Any burn with a clear outline may be suspicious, for example: ▪ Circular burns from cigarettes, characteristically punched out lesions 0.6 to 0.7cm in diameter, usually healing with a scar. ▪ Friction burns resulting from being dragged. ▪ Linear burns from hot metal rods or electrical elements. ▪ Burns of uniform depth over a large area. ▪ Scalds with a line indicating immersion or poured liquid. A child who gets into hot water of their own accord will struggle to get out and cause splash marks. ▪ Old scars indicating previous burns or scalds that did not have appropriate treatment or adequate

	explanation. ▪ Scalds to the buttocks of a small child, particularly in the absence of burns to the feet.
Fractures	Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if: ▪ The history provided is vague, non-existent or inconsistent with the fracture type. ▪ There are multiple or old fractures, in the absence of major trauma, birth injury or underlying bone disease. ▪ Medical attention is sought after a delay when a fracture has caused symptoms. ▪ There is an unexplained fracture in the first year of life.
Scars	A large number of scars, or scars of different sizes or ages, or on different parts of the body, may suggest abuse.
Abusive head trauma	Shaking a baby often results in no visible injury, but may cause significant internal injury including intracranial bleeding, brain injury, small fractures to the ends of the long bones, rib and neck fractures, and retinal haemorrhages. Signs can be non-specific, which may delay help-seeking. An infant may present with lethargy, poor feeding, vomiting, pauses in breathing, pallor, variable consciousness, irritability or convulsions. In suspected cases an ophthalmological examination and skeletal survey by the appropriate specialists are essential.
Self-harming and sibling inflicted injury	Use caution when interpreting an explanation that an injury or series of injuries was self-inflicted or caused by a sibling, particularly for a young or disabled child who may not be able to offer a reliable explanation themselves. Consider that the injury may be non-accidental, particularly where the explanation appears discrepant, or may have occurred in circumstances where neglect is a consideration. Where a child does self-injure, that is a welfare concern in its own right and requires a response, not only an explanation.
Injuries in infants under 12 months	Physical injuries in infants may be life-threatening or cause permanent neurological damage. Any suspicious injury in a pre-mobile or non-mobile child must be regarded with extreme concern, including minor injuries with an inconsistent explanation, significant bruising, any fracture, and any major injury. Assess any injury and its explanation against the infant's developmental abilities. Infants may have serious internal injury without obvious physical signs.
Parent or carer related issues	▪ An explanation inconsistent with the injury. ▪ Several different explanations for the same injury. ▪ Unexplained delay in seeking treatment. ▪ Parents or carers who are uninterested or undisturbed by an accident or injury. ▪ Parents absent without good reason when a child is presented for treatment. ▪ Repeated presentation of minor injuries, which may represent a cry for help or fabricated or induced illness. ▪ Use of different doctors and emergency departments. ▪ Reluctance to give information or mention previous injuries.
Reporting physical abuse	All staff and volunteers should report a reasonable concern to Tusla where a child has been, is being, or is at risk of being physically abused, and the child's health or development is, may be, or has been damaged as a result. The threshold at which a mandated person must report is reached when you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being assaulted, and that as a result the child's health, development or welfare has been, is being, or is likely to be **seriously affected**.

1.5 Sexual abuse

Sexual abuse occurs when a child is used by another person for that person's gratification or arousal, or for that of others. It includes involving the child in sexual acts, and exposing the child to sexual activity directly or through

pornography. It rarely involves a single incident and may occur over years. It most commonly happens within the family, including older siblings and extended family members. Cases mainly come to light through disclosure by the child or their siblings or friends, from the suspicions of an adult, or through physical symptoms.

Children of all ages and genders may be sexually abused, and are frequently afraid to say anything because of guilt or fear. Recognition can be difficult unless the child discloses and is believed. There may be no physical signs, and indications are likely to be emotional or behavioural. Sexual activity involving a young person may be sexual abuse even where the young person does not recognise it as abusive.

Examples include:

- 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 an object, for the purpose of sexual arousal or gratification.
- Masturbation in the presence of a child, or involving a child in an act of masturbation.
- Sexual intercourse with a child, whether oral, vaginal or anal.
- Sexual exploitation of a child, including inviting, inducing or coercing a child to engage in prostitution or in the production of child sexual abuse material, inviting, coercing or inducing a child to participate in or observe any sexual, indecent or obscene act, or showing sexually explicit material to a child, which is often a feature of grooming.
- Exposing a child to inappropriate or abusive material through information and communication technology.
- Sexual activity involving an adult and an underage person. See section 8.7 on the age of consent and the limited exemptions from mandated reporting.

	Indicators
Behavioural	▪ Inappropriate sexualised conduct. ▪ Sexually explicit behaviour, play or conversation inappropriate to the child's age. ▪ Continual and inappropriate or excessive masturbation. ▪ Self-harm, including disordered eating, self-injury and suicide attempts. ▪ Involvement in sexual exploitation, or indiscriminate choice of sexual partners. ▪ An anxious unwillingness to remove clothes, for example at sports events. Note that this may equally relate to sensory need, body image, cultural norms or physical difficulty. ▪ Running away. ▪ A marked change in use of phone or computer, or aggressive or secretive behaviour about internet use. ▪ Age inappropriate use of sexual language. ▪ Unexplained gifts, purchases or money.
Physical	▪ Pain or itching of the genital area. ▪ Vaginal discharge. ▪ Sexually transmitted infection. ▪ Blood on underclothes. ▪ Pregnancy. ▪ Injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, or the presence of semen on the body or clothing.
Reporting sexual abuse	Report any reasonable concern about the possible sexual abuse of a child to Tusla. If, as a mandated person, you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being sexually abused, you must report it. All sexual abuse falls within the category of seriously affecting a child's health, welfare or development, so **every** concern about sexual abuse is submitted as a mandated report. Sexual abuse is defined as any sexual offence specified in Schedule 3 of the Children First Act 2015.

	An Garda Síochána deals with the criminal aspects. The safety of the child is paramount, and at no stage should a child's safety be compromised out of concern for the integrity of a criminal investigation.

1.6 Circumstances which may make children more vulnerable to harm

Some children are more vulnerable to abuse than others. The presence of any of these factors does not mean that a child is being abused.

	Factors
Parent or carer factors	▪ Drug and alcohol misuse. ▪ Addiction, including gambling. ▪ Parental disability, including intellectual disability. ▪ Mental health difficulties. ▪ Conflictual relationships. ▪ Domestic abuse. ▪ Adolescent parents. ▪ Animal abuse, which is linked to child abuse. ▪ Fabricated or induced illness. ▪ Children left home alone. ▪ Unknown partners and their history or association with the family. These factors may also affect a parent's willingness or capacity to engage with services, which may show as a lack of insight into how the child is affected, an inability or unwillingness to comply with agreed plans, avoidance of contact, or non-attendance at appointments. Distinguish this from a family who are engaged but exhausted, or who are in dispute with a service for reasons unrelated to the child's safety.
Child factors	▪ Age. ▪ Gender. ▪ Sexual orientation and gender identity, including lesbian, gay, bisexual, transgender and intersex children and those perceived to be. ▪ Disability and neurodivergence. See section 9. ▪ Mental health difficulties, including self-harm. ▪ Communication differences, including children who use Augmentative and Alternative Communication. ▪ Children who are sexually exploited, including through organised exploitation. ▪ Children and young people who have displayed sexually harmful behaviour. ▪ Children from abroad needing protection. ▪ Young carers, and children with excessive caring responsibilities. ▪ Previous abuse.
Community factors	Cultural, ethnic, religious or faith-based norms in the family or community which may not meet the standards of child welfare or protection required in this jurisdiction, for example female genital mutilation, forced marriage of a child, so-called honour-based violence, radicalisation, and ritual abuse.
Environmental factors	▪ Housing insecurity and homelessness. ▪ Children living away from their parents, temporarily or permanently. ▪ Poverty and social exclusion. ▪ Begging. ▪ Transient living arrangements. ▪ Internet and social media related concerns, including grooming.

	▪ Bullying and cyberbullying. ▪ Trafficking of children. ▪ School non-attendance. See section 9.4 before treating this as an indicator.

1.7 Bullying

Bullying is repeated aggression, whether verbal, psychological or physical, conducted by an individual or group against others. It is intentionally aggravating and intimidating, and occurs mainly among children in social environments such as schools, and increasingly online. It includes physical aggression, cyberbullying, damage to property, intimidation, isolation and exclusion, name-calling, malicious gossip and extortion. It can take the form of abuse based on gender identity, sexual orientation, race, ethnicity, disability, neurodivergence and religion.

While bullying can happen to any child, some are more vulnerable, including disabled and neurodivergent children, children with additional needs at school, children from ethnic minority and migrant groups, children from the Traveller community, lesbian, gay, bisexual, transgender and intersex children and those perceived to be, and children of minority religious faiths.

In serious instances where the behaviour meets the threshold of reasonable grounds for concern, or that of a mandated report, follow section 5.

1.8 Organisational abuse

Abuse can occur in any setting. Organisational abuse is the mistreatment of people brought about by poor or inadequate care or support. It includes practice that is normalised within a service, such as routine restraint, seclusion, withholding of a communication device, punitive removal of food or comfort items, or blanket rules applied without regard to individual need.

Where a child is attending or staying at a Neurodiversity Ireland service, the risk to the child must have been assessed in line with the Children First Act 2015. The Child Safeguarding Statement must be furnished to all staff and volunteers, displayed where the service is provided, and made available to the public on request. Parents should be told about it at the outset.

Where a staff member or volunteer has a concern about unsafe practice within Neurodiversity Ireland, they should inform their line manager, or consider making a protected disclosure under the Protected Disclosures Act 2014 as amended. Concerns about practice in another organisation are handled under section 5 in the ordinary way.

1.9 Concerns that do not meet the threshold for reporting to Tusla

The requirement to record concerns that are not reported to Tusla is set out in Children First: National Guidance (2017). The record shows that a concern was considered and that a professional judgement was made that it did not meet the threshold.

Maintaining these records also starts a formal record. In isolation a concern may not meet the threshold, but further information or a pattern may develop over time that does.

In all such cases the record must include:

- Details of the concern.
- Details of the considerations and of any consultation undertaken.
- The rationale for the decision not to submit a report to Tusla.
- Details of any action taken.

A key message for everyone is to consult your line manager or the Designated Liaison Person and, if in doubt, have an informal consultation with Tusla.

Appendix 2. Summary of relevant legislation

This is a summary for orientation only. It is not legal advice, and it is not a substitute for the legislation itself.

Legislation	Relevance
Child Care Act 1991	Defines a child as a person under 18 who is not, and has not been, married. Places a duty on Tusla to promote the welfare of children who are not receiving adequate care and protection, and provides for care orders and emergency care orders.
Protections for Persons Reporting Child Abuse Act 1998	Protects a person who reports child abuse reasonably and in good faith to a Designated Officer of the HSE or Tusla, or to a member of An Garda Síochána, from civil liability and from penalisation by their employer. Makes it an offence to report child abuse knowing the statement to be false. See section 4.6 of this policy.
Child and Family Agency Act 2013	Establishes Tusla and gives it statutory responsibility for child welfare and protection, family support and educational welfare.
Children First Act 2015	The core statute. Requires providers of relevant services to carry out a written risk assessment, prepare a Child Safeguarding Statement and appoint a relevant person (section 11). Places mandatory reporting obligations on mandated persons (section 14) and mandatory assisting obligations (section 16). Creates an offence of sharing information received from Tusla during the assessment of a mandated report without written authorisation (section 17). Provides that where a provider fails to furnish its Statement on request, Tusla may serve a non-compliance notice and enter the provider on its publicly available register of non-compliance (section 12). Abolishes the common law defence of reasonable chastisement.
National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016	Requires Garda vetting of any person undertaking relevant work or activities with children or vulnerable persons. Makes it an offence to permit a person to undertake relevant work without vetting.
Criminal Justice Act 2006, section 176	Creates the offence of reckless endangerment of a child by a person who has authority or control over a child or an abuser, and who intentionally or recklessly endangers the child.
Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012	Creates an offence of withholding information about a Schedule 1 offence against a child or a vulnerable person, where that information might be of material assistance in securing the apprehension, prosecution or conviction of another person. See Appendix 4.
Criminal Law (Sexual Offences) Acts 2006 and 2017	Set the age of consent at 17. The 2017 Act provides for offences relating to the sexual exploitation of children, grooming, and the sexual abuse of a person with a mental or intellectual disability, and includes a defence for consensual peer activity in defined circumstances.
Non-Fatal Offences Against the Person Act 1997	Provides the offences of assault, assault causing harm, and endangerment. As amended by the Children First Act 2015, the defence of reasonable chastisement is no longer available.
Data Protection Act 2018 and the General Data Protection Regulation	Govern the processing of personal data. They do not prevent the sharing of information on a reasonable and proportionate basis for the purposes of child protection. See section 7.
Protected Disclosures Act 2014, as amended in 2022	Protects a worker who reports a relevant wrongdoing, including a concern about unsafe practice within an organisation, from penalisation.
Equal Status Acts 2000 to 2018 and Employment Equality Acts 1998 to 2015	Prohibit discrimination on nine grounds including disability. Relevant to how children are treated in our services and to reasonable accommodation.

Children Act 2001	Provides for the juvenile justice system, including the age of criminal responsibility and diversion, and for special care. Relevant where a child in our service is involved with that system.
Education Act 1998 and Education (Welfare) Act 2000	Govern schools and school attendance. Relevant to our school supports and to concerns about attendance. See section 9.4 before treating non-attendance as an indicator of neglect.
Domestic Violence Act 2018	Replaces the Domestic Violence Act 1996. Provides for safety, barring and protection orders, and creates the offence of coercive control. Domestic abuse is a factor that can make a child more vulnerable to harm.
Freedom of Information Act 2014	Relevant because the identity of a person reporting a concern may become accessible. No assurance of anonymity can be given. See section 8.5.
Assisted Decision-Making (Capacity) Act 2015	Relevant where a young person reaching 18 is supported in making decisions. Establishes a presumption of capacity and a functional approach to assessing it.
UN Convention on the Rights of the Child, and UN Convention on the Rights of Persons with Disabilities	Ireland has ratified both. They are not directly incorporated into Irish law, but they inform policy and interpretation. Article 12 of the UNCRC and Articles 7 and 21 of the UNCRPD are directly relevant to a child's right to be heard and to accessible communication.

Appendix 3. Child Safeguarding Statement

The Child Safeguarding Statement is the public facing document required by section 11 of the Children First Act 2015. It is a separate document. It is displayed prominently at the Sensory Centre, published on our website, furnished to every worker and volunteer, and given to parents, guardians, Tusla and members of the public on request. The Child Safeguarding Risk Assessment behind it is also made available on request.

The Statement must contain all of the following, with no blank sections, and must be signed and dated by the Chief Executive Officer before it is displayed. An incomplete or unsigned Statement is not compliant.

Required content	Where it comes from
The name of the service and a description of the service being provided	Section 3.1 of this policy, which must match the Child Safeguarding Risk Assessment.
The principles to be observed to safeguard children while availing of the service	Section 2 of this policy.
A written assessment of any potential for harm to a child while availing of the service	The Child Safeguarding Risk Assessment 2026, summarised at Appendix 4.
The procedures in place to manage the risks identified	The controls listed in the Risk Assessment and in section 10 of this policy.
The seven procedures prescribed by section 11(3)	Appendix 8 of this policy.
The name and contact details of the Relevant Person	Section 4.1. Currently Sinead Kerley-Dunne, contactable at info@neurodiversityireland.com.
The date of the Statement, the signature of the Chief Executive Officer, and the review date	To be completed on approval. The Statement is reviewed at intervals of no more than 24 months, and as soon as practicable after any material change.

Appendix 4. Child Safeguarding Risk Assessment, summary and outstanding actions

Neurodiversity Ireland has a full Child Safeguarding Risk Assessment 2026, built on the HSE template. It is the governing document. This appendix summarises it so that workers and volunteers can see the shape of it, and records the actions left open inside it. It does not replace it.

The six risk categories

	Risk	Principal controls
1	Harm to a child by a worker, volunteer or student, including online	Child Protection and Welfare Policy; Recruitment and Selection Procedures; Garda Vetting Policy; Code of Behaviour and Code of Conduct; Trust in Care Policy; Protected Disclosures Procedures; Privacy and Consent policies; one open plan space with a ratio of one adult to two children and no adult ever alone with a child; Toileting Policy with two adults; Policy on Dysregulation and positive handling training; Medication Policy; photography controls; accidents and incidents policy; daily debriefs; standard operating procedure for telephone and video enabled care.
2	Harm to a child from another service user, visitor or member of the public, including online	Drop off and collection policy; Method Statement on doors and locks; Visitor Policy with sign in and out; supervision, accompaniment and admission policies; ratio of one adult to two children with cancellation if it cannot be met; Toileting Policy; Policy on Dysregulation including bullying; filtered wifi with no connected devices and no staff phones; CHEQDIN record management with named access and weekly review; incident reporting.
3	A concern not recognised or reported by a worker	Mandatory Children First e-learning and refresher training; this policy and its reporting procedure; Children First in induction; daily debriefs after group sessions; weekly review with clinical practice managers and the Sensory Centre Manager; mandated persons list and review of duties; follow up where a child stops attending; recruitment weighted to relevant experience; Trust in Care Policy; Protected Disclosures Procedures.
4	A concern not recognised or reported by a child	Child friendly information on how to report feeling unsafe; policy on contact with parents and carers; self-advocacy and rapport building; staff trained to advocate on behalf of children; informal check-ins with parents and carers before and after sessions; records of changes in behaviour; support for workers who make a safeguarding report.
5	Harm arising from not implementing the Children First Act 2015	Procedure for Appointing a Relevant Person; Procedure for Maintaining a List of Mandated Persons; induction training; staff training review after any safeguarding query; quarterly review of risk assessment structure; clinical oversight of weekly reports; process to review the Statement before 24 months elapses; Sensory Centre reports to the Board.
6	Unsafe access to ICT, including social media, web access and electronic contact	Internet access restricted and denied to child users; filtered wifi; no personal phones in the centre unless for emergency; gaming offline and limited to those present; no external devices when children are present; education on safe internet use with parents and carers; Privacy and Consent policies.

Appendix 5. Staff and volunteer signature sheet

Every employee, contractor, agency worker, student, intern, volunteer and Board member of Neurodiversity Ireland signs to confirm that they have read and understood this policy. Line managers retain the completed sheet, and a copy is placed on the personnel or volunteer file.

I confirm that I have read the Neurodiversity Ireland Child Protection and Welfare Policy and the Neurodiversity Ireland Child Safeguarding Statement. I understand my responsibilities under them, including my personal duty to report a reasonable concern to Tusla, and I will adhere to the Code of Behaviour at section 10.5. I have checked whether I am a mandated person under Schedule 2 of the Children First Act 2015. I know who our Designated Liaison Person, our Deputy and our Relevant Person are and how to contact them.

Name (block capitals)	Role	Mandated person? (Yes / No)	Signature	Date

Appendix 6. Notification to An Garda Síochána

Use this where you know or believe that a serious offence has been committed against a child, and your information might be of material assistance in securing the apprehension, prosecution or conviction of another person for that offence, under the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012.

Source form

The HSE publishes a notification form for this purpose at Appendix 4 of the HSE Child Protection and Welfare Policy. That appendix was not included in the copy of the HSE policy used to prepare this document. Before this policy is approved, the current HSE form should be obtained from the HSE Children First pages and either adopted here or referenced directly. The fields below are the minimum a notification should carry and are provided as an interim record.

Field	Detail
Date and time of notification	
Garda station notified	
Name and rank of Garda member spoken to	
Name of person making the notification	
Role and contact details	
Name and date of birth of the child, if known	
Name of the person subject to the allegation, if known	
Summary of the information held	
How the information came to your attention	
Has a report also been made to Tusla?	
Line manager informed (name and date)	
Signature	

Appendix 7. Contacts and resources

Inside Neurodiversity Ireland

Role	Name	Contact
Relevant Person	Sinead Kerley-Dunne, Governance Lead, Head of Service Delivery	info@neurodiversityireland.com
Deputy Relevant Person	Grace McRandal, Director of Operations	info@neurodiversityireland.com
Designated Liaison Person	Nessa Hill, Chief Executive Officer	info@neurodiversityireland.com
Deputy Designated Liaison Person	Grace McRandal, Director of Operations	info@neurodiversityireland.com
Named Person	Nessa Hill, Chief Executive Officer	info@neurodiversityireland.com
Sensory Centre Manager, training records and complaints	Tamara Lambert	info@neurodiversityireland.com

Chair of the Board of Directors	Patrice O'Sullivan	info@neurodiversityireland.com

Outside Neurodiversity Ireland

Contact	Detail
Emergency	An Garda Síochána, 999 or 112
Tusla reporting portal	www.tusla.ie/children-first/web-portal/
Tusla dedicated social work contact points	Listed on www.tusla.ie. The relevant contact point is the one for the area where the child lives.
Tusla Out of Hours Social Work Service	0818 776 315, from 6 p.m. to 7 a.m. every night and from 9 a.m. to 5 p.m. at weekends and on bank holidays. Mandated persons may contact it directly.
Tusla Child Safeguarding Statement Compliance Unit	Contact details on www.tusla.ie. Our Relevant Person is the named contact.
Children First e-learning	Tusla, "Introduction to Children First"
Children First: National Guidance (2017)	Department of Children, Disability and Equality
HSE National Counselling Service	Support for adults who experienced abuse in childhood
National Vetting Bureau	An Garda Síochána, for vetting queries

Appendix 8. Supporting documents and their status

The seven procedures required by section 11(3)

Section 11(3) of the Children First Act 2015 requires the Child Safeguarding Statement to specify the procedures at paragraphs (a) to (g). These are the Neurodiversity Ireland documents that answer them.

Section 11(3)	Requirement	Our document
(a)	To manage any risk identified	Risk Management Policy
(b)	In respect of any member of staff who is the subject of any investigation in respect of a child availing of the service	Trust in Care Policy
(c)	For the selection or recruitment of staff, with regard to suitability to work with children	Recruitment and Selection Procedures, including Garda vetting
(d)	For the provision of information and, where necessary, instruction and training in relation to the identification of the occurrence of harm	Staff induction policies, which make the Children First e-learning programme mandatory
(e)	For reporting to Tusla by the provider or a member of staff, whether a mandated person or otherwise	This Child Protection and Welfare Policy, including the reporting procedure at section 5
(f)	For maintaining a list of the persons in the relevant service who are mandated persons	Procedure for Maintaining a List of Mandated Persons
(g)	For appointing a relevant person	Procedure for Appointing a Relevant Person, with the supporting note Relevant Person and Designated Liaison Person

Status of supporting documents

The Child Safeguarding Statement asserts that these procedures are in place and available on request. Anything not approved cannot be asserted. This table should be completed and brought to the Board with this policy.

Document	Status
Child Safeguarding Statement	In place.
Child Safeguarding Risk Assessment 2026	In place.
Child Protection and Welfare Policy	This document, version 2.0, draft for Board approval.
Procedure for Appointing a Relevant Person	Revised version drafted.
Relevant Person and Designated Liaison Person note	In place.
Procedure for Maintaining a List of Mandated Persons	In place.
Risk Management Policy	
Trust in Care Policy	To be confirmed
Recruitment and Selection Procedures	Marked in the 2025 policy as subject to Board approval. Must be resolved.
Garda Vetting Policy	Marked in the 2025 policy as subject to Board approval. Must be resolved.
Staff induction policy and checklist	Marked in the 2025 policy as under review.
Volunteer Policy and Volunteer Agreement	Marked in the 2025 policy as subject to Board approval.
Visitor Policy	Marked in the 2025 policy as subject to Board approval.
Toileting Policy	In place. Confirm it states that it applies to children of all ages.

Policy on Dysregulation and positive handling training	In place.
Method Statement on doors and locks, drop off and collection policy	In place.
Medication Policy	In place.
Accidents and incidents policy and report form	In place.
Privacy and Consent policies, and photography controls	In place.
Protected Disclosures Procedures	In place.
Complaints Policy	In place, published on the website.
Standard operating procedure for telephone and video enabled care	Adopted by the Board.
Working alone policy	Relevance to the Child Safeguarding Statement to be confirmed.

Neurodiversity Ireland (Neurodiversity Sandymount CLG, RCN20206465). Contact: info@neurodiversityireland.com