



# **Child Safeguarding Statement**

#### 1. Name of Service: Ability West

Ability West's purpose is to support people with disabilities and their families through a range of services, supports and community awareness. Services are provided to children with Intellectual Disability and comorbidity, some of whom may also have complex medical, physical, sensory or mental health needs. Ability West is patron of four special schools and provides multidisciplinary support and respite services. Each of the four schools have their own Safeguarding Statement. Ability West continues to work in conjunction with the HSE in the 'National Progressing Disability Services' programme for children and young people. Ability West provide a wide range of services to children including:

- Two centre based Children's Respite Services, one Galway city and one in Ballinasloe.
- Family Support Service additional family support offered currently on a pilot basis and is resource dependent.
- Community support Service individual support, evening groups, camps and summer projects.
- Home Sharing where families host children within their homes.
- Multidisciplinary services across Galway County and also within the four special schools as noted above (Note: This structure will change with the roll out of the National Progressing Disability Services programme).

The safety, welfare and development of children and young people is a core objective and key priority for the organisation. In line with national and international best practice, Ability West promotes a culture of no tolerance for any type of abuse or abusive practice. Every staff member has a responsibility and duty of care to ensure that every child/young person availing of our service is safe and protected from harm (physical/emotional/sexual abuse or neglect). The policies and procedures outlined in this Child Safeguarding Statement apply to all Ability West staff, students, trainees, volunteers, home sharing families, contractors and any person performing any role or function in, or on behalf of, Ability West.

The organisation has a specific function of the Designated Officer who is also the Designated Liaison Person who reports to Tusla on behalf of Ability West. The Designated Officer is also nominated as the 'Relevant Person' as required for the purposes of the Child Safeguarding Statement. This Child Safeguarding Statement is informed by the following risk assessment:

#### 2. **Risk Assessment**

	Risk identified	Procedure in place to manage risk identified
1.	Risk of harm to a child from a member Ability West staff, students, trainees, volunteers, home sharing families, contractors and any person performing any role or function in, or on behalf of, Ability West.	<ul> <li>Pre-employment checks</li> <li>Professional standards for staff</li> <li>Professional registration for healthcare professionals</li> <li>Code of Standards of Behaviour for staff</li> <li>Trust in Care Policy</li> <li>HSE Children First Guidelines</li> <li>Child Protection and Welfare Policy</li> <li>Child Safety Statement</li> </ul>



		<ul> <li>Safeguarding and Protection of Vulnerable Adults Policy</li> <li>Policies, protocols, procedures and guidelines regarding safe practice and service delivery</li> <li>Lone Working Policy</li> <li>Complaints Policy</li> <li>Recruitment and Selection Policy</li> <li>Garda Vetting Policy</li> <li>Mandated Persons Appointed</li> <li>Staff Training and Development Policy</li> <li>Staff Support and Development Meetings Procedure</li> <li>Policy on volunteers working directly with service users Access to Services, including consent Policy</li> <li>Administration of Service Users Personal Finance and Property Policy</li> <li>Integrated Risk Management Policy</li> <li>Total Communication Policy</li> <li>Supporting Autonomy and Decision Making Policy</li> <li>Use of Restrictive Practices</li> <li>Incident Management Policy</li> <li>Human Rights Committee Policy</li> <li>User friendly anti-bullying procedures for service users</li> </ul>
2.	Risk of harm to a child from a service user (adult or child), visitor or member of the public	<ul> <li>'Right to feel safe' guidance</li> <li>Visitors Policy</li> <li>Integrated Risk Management Policy</li> <li>Safeguarding and Protection of Vulnerable Adults Policy</li> <li>Person Centred Planning Policy</li> <li>Review of Individual's services and Supports Policy</li> <li>Admissions/Referrals/Transitions Policy</li> <li>Staff Training and Development Policy</li> <li>Staff Support and Development Meetings Procedure</li> <li>Notifications to Statutory Bodies Policy and Accident/Incident Recording Systems (e.g. QMIS, State Claims Agency/NIMS, HSE, HIQA, HSA)</li> <li>Policy on volunteers working directly with service users</li> </ul>
3.	Risk of non-compliance with Children First Act and National Guidance	<ul> <li>Children First Governance structure</li> <li>Staff Training on Child Protection and Welfare</li> <li>Complaints Policy</li> <li>Safeguarding and Protection of Vulnerable Adults Policy</li> <li>Code of Standards and Behaviour for Staff</li> <li>Dignity, Respect and Equality in the Workplace Policy</li> <li>Children First compliance checklist for Section 38 and 39 funded and contracted services</li> <li>Ability West Quality Management System processes, including audit schedules, Management Review</li> <li>Regulatory Body (HIQA) monitoring processes, including Inspections, submission of statutory notifications</li> <li>Compliance monitoring checklist (HSE template)</li> </ul>
4.	Risk of harm or concern not being recognised or reported	<ul> <li>Recruitment and Selection Policy</li> <li>Management of Volunteers Policy</li> <li>Mandated Persons Appointed</li> <li>Staff Training and Development Policy</li> <li>Staff Support and Development Meetings Procedure</li> <li>Dignity, Respect and Equality in the Workplace</li> <li>Positive Behaviour Support Policy</li> </ul>



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5	Environmental Risks	<ul> <li>Policy on Restrictive Practices</li> <li>Staff Training on Children First</li> <li>Complaints Policy</li> <li>Total Communication Policy</li> <li>Access to Information Policy</li> <li>Confidentiality Policy</li> <li>Records Management Policy</li> <li>Medication Management Policy</li> <li>Health, Nutrition, Diet and Wellbeing Policy</li> <li>Health Care Checks Procedure</li> <li>Services Users Missing, absconding from Service Policy</li> <li>Human Rights Committee Policy</li> <li>Health and Safety Policy</li> <li>Corporate Safety Statement</li> <li>Individual Service Safety Statement</li> <li>Critical Incident Response Plan</li> </ul>
		<ul> <li>Individual Service Risk Register and associated risk assessments</li> <li>Servicing of equipment schedules (e.g. fire equipment, lifting equipment, alarms)</li> <li>Centre Emergency Evacuation Plans</li> <li>Personal Emergency Evacuation Plans</li> <li>Maintenance and Security Policy</li> <li>CCTV Usage Policy</li> </ul>
6	Infection Control	<ul> <li>Health and Safety Policy</li> <li>Infection Prevention and Control Policy</li> <li>Food Safety and Hygiene Policy</li> <li>Water Systems Safety Management Policy</li> <li>Individual Service Risk Register and associated risk assessments</li> </ul>
7	Medication Errors	<ul> <li>Medication Management Policy</li> <li>Medication Audits (at local level)</li> <li>Self-Administration Assessment tool</li> <li>Policy on Oral Suctioning</li> <li>Management of FEDS - Children and Adults Policy</li> <li>Quality Management Information System (QMIS)</li> <li>QMIS Audit (at local level)</li> <li>Quality and Safety Executive and Board Committee meetings/Terms of Reference includes oversight of quality and safety, incl. accidents/incidents</li> <li>Staff training - medication management</li> </ul>
8	Accidents and incidents	<ul> <li>Quality Management Information System (QMIS)</li> <li>QMIS Audit (at local level)</li> <li>Incident Management Policy</li> <li>Individual Service Risk Register and associated risk assessments</li> <li>Notifications to Statutory Bodies Policy and Accident/Incident Recording Systems (e.g. QMIS, State Claims Agency/NIMS, HSE, HIQA, HSA)</li> <li>Ability West Quality Management System processes, including audit schedules, Management Review</li> <li>Regulatory Body (HIQA) monitoring processes, including Inspections, submission of statutory notifications</li> </ul>



	Quality and Safety Executive and Board Committee     meetings/Terms of Reference includes oversight of quality
	and safety, incl. accidents/incidents

<sup>\*</sup>Procedures/Guidelines are in place to inform Policy implementation.

#### 3. **Policies and Procedures**

Ability West policies and procedures have been developed to promote safe environments for children and young people; to mitigate the potential for risk to arise; and to manage it safely if it arises. In addition to the procedures outlined in the risk assessment, the following policies, procedures and processes support our intention to safeguard children availing of any Ability West service:

- Recruitment policies to ensure the selection and recruitment of staff who are suitable to work with children, including Garda vetting policy;
- "An Introduction to Children First" mandatory eLearning training for all staff and Volunteers;
- Trust in Care policy and related procedures to investigate an allegation made against a staff member;
- Children First National Guidance for the Protection and Welfare of Children, 2017, Department of Children and Youth Affairs;
- Child Protection and Welfare Policy outlining the organisation's reporting procedure;
- Integrated Risk Management Policy to assess and manage any risk of harm; compliance with the organisation's Incident Management Policy and Procedure;
- Corporate Safety Statement and accompanying processes, e.g. risk management, critical incident response plan, short term contingency planning, corporate risk registers, Centre Specific Safety Statements, centre risk registers.
- Centre Risk Registers contain safeguarding and any other areas pertaining to this (e.g. staffing levels), with contingency planning and safety measures outlined.
- Accident/Incident recording systems (Quality Management Information System, QMIS), and notification process to statutory and regulatory bodies;
- Designated Liaison Person in place (Relevant Person)
- A list of Mandated Persons is maintained by the Human Resources Department.
- Processes in place as part of the Quality Management System to review and update policies and procedures and relevant documentation, including Child Safeguarding Statements.
- The 'Guidance for HSE Child Safeguarding Statements' document was utilised as part of the review of this Child Safeguarding Statement
- Code of Conduct for Trustees (Board of Directors).

#### 4. Governance

Board of Directors, Chief Executive, Senior Management Team, relevant Line Managers are responsible for ensuring that Child Safeguarding Statement is adhered to and Child Safeguarding Risk Assessments are completed as required.

#### 5. **Implementation**

All service managers are responsible for ensuring that the policies and procedures outlined in this Child Safeguarding Statement are in place and operating effectively.



#### 6. **Relevant Person**

For further information or queries in relation to this Child Safeguarding Statement please contact: Kelly Monaghan, Designated Officer, Blackrock House, Salthill. 2091540900 kelly.monaghan@abilitywest.ie

#### 7. **Review**

This Child Safeguarding Statement will be reviewed every two years.

Signed:	<u>Audrey Pidgeon</u>	
Approval Date:	08/09/2020	
Implementation Date:	08/09/2020	

### VERSION HISTORY:

Rev. 0	PREPARED BY:	DATE: 01/02/2018
	Kelly Monaghan, Designated Liaison Person;	
	Kieran Keon, Head of Social Work;	
	Eileen Costello-Conneely, Quality and Compliance Manager	
	APPROVED BY: Breda Crehan-Roche, Chief Executive	DATE: 06/03/2018
Rev. 1	Reviewed by:	DATE: 30/01/2019
	Kelly Monaghan, Designated Liaison Person;	
	Kieran Keon, Head of Social Work;	
	Eileen Costello-Conneely, Quality and Compliance Manager	
	APPROVED BY: Breda Crehan-Roche, Chief Executive	DATE: 21/05/2019
Rev. 1	Reviewed by:	DATE: 07/07/2020
	Kelly Monaghan, Designated Liaison Person;	
	Kieran Keon, Head of Social Work;	
	Eileen Costello-Conneely, Quality and Compliance Manager	
	APPROVED BY: Audrey Pidgeon, Interim Chief Executive	DATE: 08/09/2020
	NEXT REVIEW DUE:	DATE: 09/2022

## **REVISION HISTORY:**

REVISION	DATE	DESCRIPTION OF CHANGE	CHANGE NO.
0	01/02/2018	Introduction of new policy	0346
1	30/01/2019	Changes as per QARF No. 0397	0397
2	07/07/2020	Changes as per QARF No. 0470 (Review)	0470

