

## Children First – A guide to compliance for General Practice

The Medical Council's *Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 9th Edition, 2024* provides at paragraph 5.1 that doctors must be aware of and comply with the national guidelines and legislation regarding the protection and welfare of children and young people.

The Children First Act 2015 identifies doctors and nurses as “mandated persons” and general practice work as a “relevant service”. This guide sets out some steps required to assist you to comply with the legislation.

In addition to this document, we would also recommend that you familiarise yourself with the guidance outlined in our factsheets on *Protecting Vulnerable Children: Children First* and *Garda Vetting* which are available on our website.

### Step 1: Appoint a Child Protection Lead

The practice should appoint a Child Protection Lead. This should ideally be a senior clinician within the practice. The Child Protection Lead for the practice will be the contact person for other staff members who have child protection concerns. Each mandated person has their own responsibility for notifications to Tusla but the Lead can coordinate notifications or liaise with outside agencies as appropriate.

Consider providing a policy which clearly sets out the roles and responsibilities of the lead. Source appropriate training for the lead, as required.

### Step 2: Undertake a Child Protection risk assessment

The purpose of this exercise is that the practice can consider all aspects of care they provide and ascertain where there may be potential risk to children.

As part of this assessment the practice should reflect on what specific or potential risks may arise from a child protection perspective based on the services they provide and how these risks can be mitigated.

It is important to remember that a child protection risk assessment solely assesses risk from a safeguarding perspective and does not assess everyday ‘Health and Safety’ risks such as trips, slips and falls.

Key elements of your risk assessment may include:

- identify actual and potential risks that might cause actual or potential harm or abuse to children while attending your practice
- grade each risk in terms of low, medium and high risk. Consider the possibility of each risk identified occurring and the potential consequences of same
- management and mitigation of the risks: identify who owns the risk. Consider the actions to be put in place to eliminate or minimise these risks
- monitor and review: the practice should consider implementing a system to regularly review and monitor the risks identified. This process would sense check that the controls and actions in place are effective.

The risk assessment should be treated as a live document that is maintained, monitored and updated as necessary. Of course, it is not possible to eliminate risks completely, however risks can be significantly reduced if appropriately managed.

### **Step 3: Prepare a Child Protection Safeguarding Statement**

Under the Children First legislation, all practices are required to prepare a Child Safeguarding Statement.

This is a written statement that outlines the services provided at the practice and the procedures in place, as far as practicable, to ensure children availing of the service are safe from harm. This statement is mandatory and should be in place since March 2018.

Further guidance is available on the Tusla and HSE websites on how to develop a child safeguarding statement, including sample templates.

The Child Safeguarding Statement incorporates a risk assessment of harm to a child while using your service and summarises the measures in place to manage any identified risks.

Once completed it is essential that the safeguarding statement is circulated to all members of staff at the practice.

Legislation requires that the Child Safeguarding Statement must be reviewed at a minimum every two years or sooner.

### **Step 4: Display your Safeguarding Statement**

It is mandatory under the Children First Act to publicly display your Child Safeguarding Statement within your practice, such as in the reception area or waiting room. You may also consider displaying it on your practice website if you have one.

The statement must also be available to parents and guardians, Tusla and members of the public on request.

### **Step 5: Child Protection Policy**

Consider discussing and drawing up a Child Protection Policy for the practice defining the role and responsibilities of the Child Protection Lead and the process to be followed in the event of suspected/alleged abuse. The following are a list of key features you may wish to consider including in your policy:

- aims and objectives of your practice
- a declaration to comply with the Children First Act 2015
- details of the Child Protection Lead within the practice and a summary of their role and responsibilities
- management of safeguarding concerns and dealing with parents
- record keeping, confidentiality and sharing of information to third parties
- the practice approach to managing adults who disclose child abuse
- allegations of abuse against staff and/or colleagues
- staff recruitment and Garda vetting
- staff training

Should you or any member of your team have a concern around suspected child abuse it is strongly advised to speak with one of our medico legal advisors at Medisec.

### **Step 6: Child Protection training**

As a “relevant service”, general practice staff must receive adequate and appropriate child welfare and protection information and training, such as the Tulsa / HSE/ Department of Children and Youth Affairs e-learning course ‘Introduction to Children First’.

This particular programme has been developed to support people from all backgrounds and experience in recognising concerns about children and reporting such concerns if they arise. This course is 90 minutes in duration and free of charge and the certificate of training is valid for 3 years.

If you are a training practice you should confirm that GP registrars and medical students have undergone appropriate child safeguarding training prior to commencing work at the practice. Similarly, if you employ locums you should ensure they have completed appropriate training.

### **Step 7: Garda vetting**

Garda vetting is the method by which the Garda National Vetting Bureau, on receipt of a request from a registered organisation, undertakes a background check on an individual and discloses details regarding all prosecutions and / or convictions in respect of that individual. Garda vetting is carried out on behalf of registered organisations only. It is not conducted for individual persons on a personal capacity but if you are a self-employed practitioner, a vetting disclosure is still required.

Under the Children and Vulnerable Persons Acts 2012–2016, Garda vetting is mandatory for any person carrying out work or activity, a necessary and regular part of which consists mainly of the person having access to, or contact with, children or vulnerable person. This obviously includes clinical staff and it is a matter for your practice to assess whether non-clinical staff have access to or contact with children or vulnerable persons as contemplated by the legislation. If so, they should be Garda vetted and we advise erring on the side of caution.

Mandated organisations who fail to comply with these legislative requirements could be subject to penalties as failing to carry out Garda vetting when required, is an offence.

**The contents of this publication are indicative of current developments and contain guidance on general medico legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice.**

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