



THE IRISH PILGRIMAGE TRUST



SAFEGUARDING POLICY

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1. Introduction to Safeguarding Policy and Procedures

This policy and Procedures Document is based on the National Board for Safeguarding Children's Standards and Guidance Document and is compliant with The Children First Act 2015 and the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures 2014. The Irish Pilgrimage Trust (the Trust) also complies with the rules and regulations that pertain in the Northern Ireland jurisdiction.

This document has been developed in consultation with group leaders, trustees, parents, staff, carers and volunteers who support the Trust in safeguarding children and vulnerable adults.

All individuals who work with and for the Trust, must adhere to these policies and procedures in all Trust activities and must act at all times to create safe environments for our guests and ensure that all concerns are responded to appropriately.

I would like to acknowledge the many people within the Trust who worked to develop this policy document.

Denis Mc Carthy

Trust Chairperson

2. THE IRISH PILGRIMAGE TRUST SAFEGUARDING POLICY STATEMENT

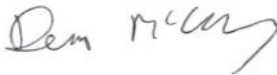
The Irish Pilgrimage Trust is committed to best practice, which protects children and vulnerable adults who participate in Trust activities. Staff, trustees, carers and volunteers in the Trust accept and recognise our responsibilities to develop awareness of the issues which cause children/vulnerable adults harm.

These responsibilities include:

- a. Treating children/vulnerable adults with respect at all times.
- b. Ensuring that children/vulnerable adults will be listened to and heard
- c. Sharing information about child protection and good practice with children, parents, staff, carers and volunteers.
- d. Sharing information about concerns with the relevant agencies and involving parents and children appropriately.
- e. Carefully following the procedures for recruitment, training and management of staff, carers and volunteers.
- f. Being committed to reviewing and evaluating our policy and procedure on an ongoing basis.
- g. Adopting best practice in accordance with the standards named in the National Board for Safeguarding Children Standards and Guidance Document.
- h. It is mandatory that all members of the Trust read and are familiar with the Trust Safeguarding Policy.

See www.irishpilgrimage.com/TrustSafeguardingPolicy or contact the Trust office for a copy.

- i. All group leaders must ensure that all carers sign confirmation that they have read and understood the Trust Safeguarding Policy.

Signed: 
Denis McCarthy, Chairperson, Board of Trustees

Date: 02 March 2018

3.

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DEFINITION OF A CHILD

(From Children Care Act 1991 & Children First 2011)

A child is anyone under the age of 18 years who is not married.

DEFINITION OF VULNERABLE ADULT

(As defined in relation to guests travelling with the Trust)

A “Vulnerable Adult ” is a person aged 18 years or older who by reason of their disability, age or illness is or may be unable to take care of him or herself, or unable to protect him or herself against “significant harm ” or “exploitation” .

Note: Definition of Guest

A person who may have special needs who is invited by the Trust and avails of the opportunity to accompany one of the Trust groups on the annual Easter Lourdes Pilgrimage, Friendship Week short summer break, annual Hosanna House Pilgrimage or other such event organised by the Trust.

4.

1.00 VISION AND MISSION STATEMENTS

1.01 The Trust Vision Statement

- a. We are a Christian community and a pilgrim people journeying with Mary, the first disciple.
- b. We are called to act with justice always, to love tenderly those we meet, to serve one another in friendship, and to walk humbly with God.
- c. We value and cherish all people as they are, irrespective of race, gender, ability, religion, or social status.
- d. We strive to establish this spirituality of communion with the people with whom we work – staff, volunteers and pilgrims.

1.02 The Trust Mission Statement

This is our vision, the vision of The Trust, and we will affirm it as trustees, staff, officers, leaders and volunteers in the following ways:

- a. We affirm our special relationship with Lourdes through our pilgrimages;
- b. We will welcome people to share our pilgrim journey as volunteers, supporters, and benefactors;
- c. We will invite pilgrims to travel with the Trust on a spiritual journey with a loving family of friends, where all individuals are valued and cherished as they are. Whereas we cannot bring all people on pilgrimage, we will give preference to young people who are disadvantaged, ill, disabled or marginalised;
- d. We will work closely with the other members of the International Trust Family.
- e. We will encourage other groups and organisations to share our vision by welcoming them to “Kilcuan”, our home in Clarinbridge, Co Galway or “Cois Cuain” our home in Kilrane, Co Wexford;
- f. We will welcome volunteers on our biennial sponsored cycle to Lourdes and the biennial Camino de Santiago.
- g. We will be open to new ways to share our vision with others.

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5.

This summary of The Irish Pilgrimage Trust 's safeguarding policy outlines the procedures for the protection and safeguarding of children and vulnerable adults.

Responding to child safeguarding allegations and suspicions:

Children have a right to be listened to and heard. Any person who suspects that a child is being abused or is at risk of being abused should report their concerns to the HSE Child Protection Services (TUSLA) or the Garda Síochána. If the concern or complaint is about Trust personnel please contact the Designated Person.

Preventing Harm to children:

The Trust Safe Recruitment and Vetting Procedures will be strictly adhered to by all those involved in recruitment processes within the Trust. An appropriate and comprehensive code of behaviour as outlined in the policy will be adhered to during all Trust activities.

Training and Education:

In order to maintain high standards and good practice, all Trust staff and carers who work with our guests will have induction training by trained personnel within the Trust or designated by the Trust based on our policy. Existing carers and staff will be expected to meet all the training requirements. Refresher training will be delivered regularly to ensure compliance with updated policy and procedures. The Trust may use IT based programmes to deliver these training modules.

Communicating the Trust 's safeguarding message:

This summary will be displayed prominently in Kilcuan and Cois Cuain. All Trust staff, carers involved in activities will receive a copy of the full policy document and must comply with same.

Access to advice and support:

Those who have suffered abuse will be offered a compassionate and just response with appropriate pastoral care to help them rebuild their lives.

Implementing and monitoring the policy:

To ensure children/vulnerable adults are kept safe, this policy, procedures and guidelines will be implemented across all regions of the Trust. Regular checks and audits will be carried out to ensure compliance with the safeguarding policy and procedures.

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6. IMPLEMENTING AND MONITORING POLICY

The Trust will review its safeguarding policy on a yearly basis.

The Board of Trustees will appoint a Safeguarding Officer to monitor its Safeguarding Policy and all policies related to safeguarding.

It is the role of the Safeguarding Officer to ensure the implementation of the Safeguarding Policies.

The Safeguarding Officer will not be a member of the Board of Trustees however the Safeguarding Officer will report to the Board of Trustees on a regular basis any issues that arise in relation to Safeguarding within the Trust.

The Safeguarding Officer will prepare an annual safeguarding report for the Board of Trustees in which he/she will highlight any deficiencies in the safeguarding policy and will recommend any necessary changes.

The Board of Trustees will appoint a Designated Liaison Person from within the Board of Trustees.

The Trust will adhere to the guidelines of the National Board for Safeguarding Children in the Catholic Church. (NBSCCCI)

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7. MANAGING CONCERNS/COMPLAINTS

The welfare and protection of our guests will be the paramount consideration, with due regard to the rights of all parties. The requirement of civil and criminal law will be met, and all requirements to notify the statutory authorities will be met. The support needs of the complainants and any other relevant person will be addressed.

1. A concern/complaint is reported to the Designated Person.
2. The concern/complaint is assessed by the Designated Person.
3. If the concern/complaint reaches the threshold of reasonable grounds for concern and the respondent is a member of the Irish Pilgrimage Trust, then the DP gathers all the relevant information and notifies the Chairperson, Gardai, the HSE and the National Board for Safeguarding Children.
4. The DP will recommend the necessary actions to the Chairperson and a plan will be agreed which will include the appropriate responses regarding all people involved in or affected by the situation. Specific actions and responsibilities including the appointment of support personnel for complainants and respondents will be identified and these will be implemented and monitored on a regular basis.
5. If the concern/complaint is deemed to have reached the threshold of reasonable grounds for concern but the respondent is not a member of the Trust, then the DP will establish all the relevant information and notify the Gardaí and the HSE. The DP will ensure that all necessary actions to be taken by the Trust are identified and agreed upon.
6. If the concern/complaint is not deemed to be a Child Protection issue but may breach another Trust policy, this will be referred to the Chairperson of the Trust.
7. Staff or carers who are the subject of a complaint will be notified of the complaint unless the Trust is requested not to do so by the civil authorities, or some compelling circumstance requires a delay. Such circumstance will be recorded and the delay will be agreed by the Designated Person and the Chairperson. All obligations to provide information and support to the person who is subject of a complaint will be met.
8. If a concern/complaint is received where **a guest allegedly harms another guest**, this must be reported to the DP who will take appropriate action taking into account and abiding by the laws of the jurisdiction where the alleged incident took place. The respondent in this instance will be removed from the group without prejudice. If it is necessary to place the respondent in alternative accommodation, this is the responsibility of the Trust Chairperson. A plan of action will be drawn up involving the designated person, Trust chairperson and the National Coordinator.
9. If a concern/complaint is received **where a carer allegedly harms a guest**, this must be reported to the DP who will take appropriate action taking into account and abiding by the laws of the jurisdiction where the alleged incident took place. The respondent in this instance will be removed from the group without prejudice. If it is necessary to place the respondent in alternative accommodation or be sent home, this is the responsibility of the Trust Chairperson. A plan of action will be drawn up involving the Designated Person, the Trust Chairperson and the National Coordinator.

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8. INTIMATE CARE POLICY

Intimate Care for the purpose of this document is defined as: ***any care which involves washing, touching or carrying out an invasive procedure to personal areas.***

The issue of intimate care is a sensitive one and requires everyone involved being respectful of the young person's/vulnerable adult's needs. The person's dignity should always be preserved with a high level of privacy, choice and control. There should always be a high level of awareness of safeguarding issues, with behaviour being open to scrutiny and undertaken in partnership with parents and guardians and with the person.

By its nature the Trust through its various activities works closely with guests who may have physical disabilities and additional care needs. The provision of intimate care must always be carefully planned by the group leader, group nurse and the carers assigned to the guests' care needs. This must be done in consultation with the guests and their parents/guardians. In the case where the person is in the care of the HSE, the guest's social worker needs to be part of the planning.

It is Trust policy that no carer should work alone with a guest; there must always be a minimum of two carers present. Similarly when accompanying a guest to the bathroom, a minimum of two carers must always be present.

Ideally there will be a rota of carers which is aimed at ensuring that over familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers. The concept of ***never do for our guests what they can do for themselves*** must always be borne in mind.

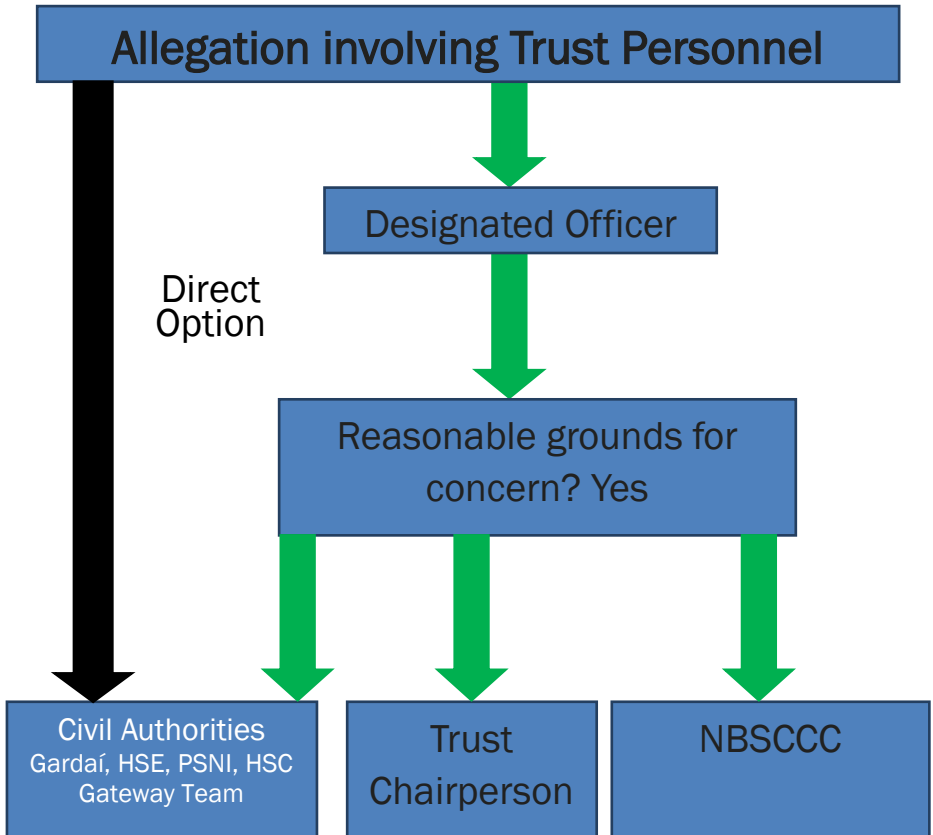
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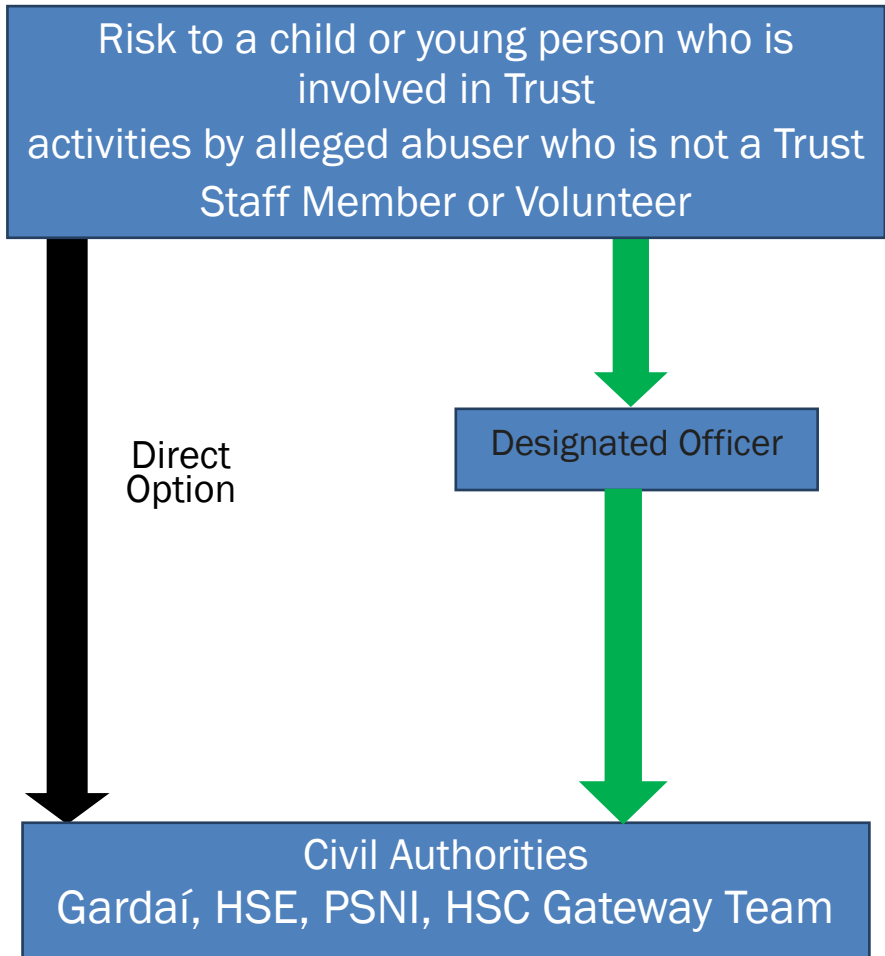
9. PREVENTING HARM TO CHILDREN

Group Leaders and Carers who oversee activities with children and vulnerable adults in the Trust will ensure procedures outlined in this section of the policy are implemented. In particular they will ensure that the following basic guidelines are followed within their group.

- Application forms and parental consent forms must be obtained for all guests before they participate in Trust activities.
- Unsupervised one to one contact is prohibited.
- The opinion of our guests will be listened to and valued and they will be consulted where possible, regarding matters that affect them.
- Parents/Guardians and guests will be informed about our Code of Practice, the Trust Safeguarding Policy and all necessary procedures and advised about whom they can talk to if they wish to make a complaint.
- Guests will be asked to adhere to the Code of Behaviour for Guests as set out in Section 19
- The Group Leader will ensure that the correct procedures are followed in relation to the issues below as well as ensuring that the correct policy is implemented as appropriate to the needs of their group.
 - Safeguarding Guidelines
 - Codes of Behaviour
 - Intimate Care Procedures
 - Room Sharing
 - Information Technology
 - Social Media
 - Photography
 - Challenging Behaviour
 - Anti-Bullying
 - Risk Assessment
 - Incidents & Accidents
 - Complaints

10.





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1.1. CHALLENGING BEHAVIOUR

Some of our guests are dealing with complex issues which can lead to them acting out in negative ways that are challenging for group leaders, carers and other guests around them. We as a Trust must be sensitive to their needs and remember that safeguarding is much broader than recognising, responding and reporting abuse but also about ensuring that our guests have the help and support they need to deal with stressful situations.

It is important that each group leader makes the guests aware, irrespective of age, of the Trust's Code of Behaviour for Guests.

As group leaders and carers dealing with challenging behaviour it is of paramount importance that people are safe. No two challenging behaviour situations will be the same; however the following guidelines may be of help.

- Where possible de-escalate the situation at its lowest possible level
- Remain calm even though you may not feel calm.
- Be conscious of the body language you are portraying-Is it aggressive without you meaning it to be?
- Speak calmly and be conscious of your tone of voice.
- Use their name and don't patronise.
- Give them a choice e.g. "you can take a time out, maybe you would like to ring home John or we can go for a walk to see if we can sort this out". You are empowering them by giving them options.
- The more confined the space the more likely the situation is to escalate, give them space.
- Remove the other guests to a safe place as an "audience" may escalate the situation advertently.
- **Do not use physical restraint** as this requires specific training and both you and the young person could be hurt.
- Get a carer to call for help if you feel you are losing control of the situation. The Trust has access to a number of carers who have expertise in this area. Err on the side of caution.
- When calm is restored, build bridges as the young person may feel very low after the situation. It is also the time they will learn most and asking the question 'If they had their time back what would they do differently in the situation?' can be of value to them.
- Discuss the situation with head office as it may be necessary to inform the young person's parents.
- In extreme situations it may be necessary to remove the young person from the group. This will only be done in consultation with the Chairperson, Designated Person, National Coordinator and Trust Doctor.

Always record and report the incident to head office

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12. PROCEDURES FOR RESPONDING TO AND REPORTING A SAFEGUARDING CONCERN

The guiding principle is that the safety of the guest should be the paramount consideration and at no time should a guest be put at further risk of harm by delay or inaction. Any allegation or concern regarding the abuse of a child/guest should be treated seriously and for this reason it is important for anyone raising a concern to follow the procedure for responding and reporting as laid out in this document. Particular care should be taken with regard to confidentiality and the sharing of information with appropriate people. The Trust has a responsibility to pass on safeguarding concerns about a guest to civil authorities even when it does not concern Trust personnel directly. All reports made to the Gardai and the HSE about Trust personnel will also be forwarded to the NBSCCCI.

Responding to a concern

There are a number of ways that you may become concerned that a child/guest you know is at risk of abuse. It could be that a child tells you, or a concerned adult notifies you. It could also be that through your involvement with young people you become concerned about a child when you notice a physical injury or if their behaviour changes noticeably. It may be that you notice and are concerned about the behaviour of a carer or staff member towards the young people in their care. It could also happen that someone confides in you about abuse that happened to them in the past.

You may also be concerned about a situation that may constitute “reckless endangerment of a child” whereby someone with authority or control over a young person, or an abuser, intentionally or recklessly causes or permits a young person to be placed or left in a situation of serious harm or sexual abuse. (Criminal Justice Act 2006, Section 176)

Any person who receives a concern, suspicion, disclosure or allegation of abuse or who suspects that a child is being abused or is at risk of being abused must report their concerns without delay to the Designated Person. It is important not to discuss the incident/concern with anyone other than those detailed in these procedures.

Concerns regarding children and involving Trust personnel or activities must be reported to the Designated Person.

All concerns regarding suspected abuse will be reported, by the Designated Person, to the HSE and An Garda Síochána.

It is not easy to hear a disclosure of abuse and if you find yourself in this position please keep the following points in mind.

Do

Stay calm, listen and offer reassurance
Record in writing
Explain that you will have to report the concern
To the relevant organisation- Designated Person/
Garda Síochána / HSE

Do not

Panic
Promise to keep secrets
Ask leading questions
Make them repeat the story unnecessarily
Delay
Start to investigate

13. Reporting a concern

As soon as possible record what you have noticed/ been told on an incident form. This report should be forwarded to the Designated Person who will notify the relevant statutory authorities. You can also contact them directly. You should also keep a copy of the report for your own files. It should be kept in a safe place preferably in a locked cabinet, preferably not at home.

Remember it is not up to you to decide if abuse has taken place or not, and even if you are uncertain it is very important that you record any concerns you may have and keep a copy. At a later stage you may decide that taken together these reports are a cause for concern that you need to act on.

Having become concerned or having heard about an allegation from the past you should contact one of the following:

Designated Person,

Local Garda Siochana Headquarters

Local HSE

Mandated Person Children First Act 2015

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

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

To report harm of children, above a defined threshold, to Tusla

To assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report

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14. COMPLAINTS PROCEDURE

A complaint is defined as a concern about issues or breaches of the codes of behaviour, excluding allegations or suspicions of abuse. Allegations of abuse should always be dealt with in accordance with the Reporting Procedure.

A complaint can be made about any action or inaction that it is claimed, does not accord with fair or sound practice, and adversely affects the person by whom or on whose behalf, the complaint is made.

Depending on the nature and seriousness of a complaint, a carer/ staff member will attempt to resolve the complaint locally and within the activity. In the event that the complaint is not resolved at this stage, the complaint must be put in writing and sent to the National Coordinator or the Trust Vice Chairperson. The Trust may appoint a member of the Board of Trustees to investigate the matter and report back to the Board. A copy of the complaint will be stored securely by the National Coordinator.

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15. WHISTLE BLOWING POLICY

The Irish Pilgrimage Trust encourages any person who has a concern about people or practices in the Trust which may pose a risk to the safety and welfare of our guests to contact our designated person. If the risk relates to a specific child, we will notify the statutory authorities without delay and work with them to ensure the child's safety and welfare.

Anonymous referrals

The Trust will encourage you to identify yourself but if you are not able or prepared to do this, we will receive and act on your concern. Providing us with your name helps us to understand your concern, not having this information may limit how well we can respond, however we will receive and act on your concern regardless. We understand that it may be difficult to come forward if you have a concern. However the welfare and protection of children must be our priority and we rely on your help and support to ensure that we meet the highest safeguarding children standards.

16. CONFIDENTIALITY STATEMENT

The Trust recognises the importance of ensuring peoples' right to confidentiality and is committed to keeping confidential all personal information about children and their families (**Code of Practice – current**). An exception is when a safeguarding concern arises in relation to a guest. In this situation, information will be shared on a “need to know basis” in the best interest of the child as follows:

1. Information will only be forwarded on a ***need to know basis*** in order to safeguard the child/young person.
2. Giving information to appropriately Designated Persons and/or statutory authorities for the protection of a child is not a breach of confidentiality.
3. Primary carers have a right to know if personal information is being shared and a report is being made to the HSE, unless doing so could put the child at further risk.
4. As the Trust is under the Patronage of the Irish Church, the Trust abides by the rule that in relation to child protection, reporting is ***mandatory***.

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17. RECRUITMENT POLICY

The Irish pilgrimage Trust will ensure best practice in the recruitment of staff and volunteers. Those working within the Trust either in a paid or voluntary capacity must be recruited safely and must be suitable for their position/role within the Trust.

Group Leader

To be appointed a group leader, a person must:

- Have at least two years experience as a carer within the Trust
- Be Garda vetted
- Be nominated at a regional meeting and the nomination approved at the meeting.
- This must be recorded in the minutes of the meeting.
- Be interviewed by the regional chairperson and a trustee as to their suitability, experience and commitment to the role of group leader.
- In the event of a regional chairperson being nominated as a group leader, the nominee will be interviewed by two trustees.
- Be approved at the earliest possible meeting of the Board of Trustees and the approval duly noted in the minutes.
- Receive a letter of appointment from the Chairperson of the Board of Trustees.
- On appointment attend a new group leader training programme and other such training as required by the Trust.
- Attend designated meetings as prescribed by the Board of Trustees.

Carer

- Participate fully with the vetting process of the Trust and the relevant jurisdictions within which the Trust operates.
- Complete a Carer's Form.
- Supply the necessary references as required by the Trust.
- Fulfil any Trust requirements in relation to both the Code of Practice and the Safeguarding Policy.
- Read, sign and adhere to the Carer's Code of Conduct.

Staff

Applicants will:

- Provide proof of identification
- Agree to abide by the Trust's vetting process and provide any necessary documentation required by the Trust.
- Submit the names of two referees from whom references will be sought.
- Be interviewed by a gender balanced interview board with no less than three interviewers.
- It is within the powers of the Board of Trustees to delegate the initial stages of the recruitment process to a reputable outside recruitment agency.

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18. CODE OF BEHAVIOUR FOR CARERS AND STAFF

The standards of good behaviour outlined within this document apply to all carers, staff and volunteers within the Trust. This code of behaviour outlines what is acceptable and non-acceptable behaviour. ***This policy exists for the protection of guests, carers and staff.***

General Guidelines

1. Always treat each guest and fellow carers with dignity and respect.
2. Be conscious of the fact that you are a role model and an ambassador for the Trust.
3. Never use language, make suggestions or offer advice which is inappropriate, offensive or abusive.
4. A core element of the ethos of the Trust is inclusion.
5. Be conscious of the fact that we work with adults who have physical disabilities but don't necessarily have cognitive difficulties and must be treated and spoken to accordingly.
6. Never allow our guests and carers to use inappropriate language unchallenged.
7. Always challenge and report potentially abusive behaviour.
8. Never act in ways intended to shame, humiliate, belittle or degrade.
9. Never let allegations a child makes go without being addressed and recorded.
10. Favouritism is not acceptable, so be sensitive to the possibility of becoming overly involved or spending a disproportionate time with any individual or group of children. All are to be valued equally.
11. Under no circumstances give alcohol, tobacco or illegal substances to guests under 18 years of age.
12. Use only age appropriate media products and activities in working with children and young people.
13. Sexually explicit or pornographic material is never appropriate and should not be shown to children/young people.
14. Comments and jokes of a sexual nature which may give offence or could be interpreted as inappropriate are to be avoided.
15. Never hit or otherwise physically assault or abuse a child.
16. Never behave in a manner which could be seen as inappropriate or sexually exploitative.
17. Never do things of a personal nature for children and young people, which they can do for themselves.
18. Develop a culture where our guests can talk openly with our carers and ensure each guest knows what they can do if they feel there is a problem.
19. Do not engage in or tolerate any behaviour – verbal, emotional, psychological or physical that may be construed as bullying.
20. Never discriminate against or treat guests differently on the grounds of marital status, family status, age, race, religion, disability, sexual orientation, membership of traveller community, culture, political affiliation and/or views. Such behaviour is not acceptable.
21. It is incumbent upon all carers not to engage in activities that would impair their ability to function fully as a carer.

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19. CODE OF BEHAVIOUR FOR GUESTS

1. Each person treats everybody with courtesy and respect.
2. No one has permission to leave the group or hotel unless they have the permission of the group leader and are accompanied by two adult carers.
3. All our guests are expected to participate fully in all the group activities organised by the group leader.
4. Guests are not allowed enter the rooms of other guests.
5. Guests are forbidden from purchasing any of the following: fireworks, knives or any such item which would present a risk at airport security.
6. To ensure that we can properly look after the young people who travel with us parents/guardians or guests (over 18 years) are obliged to inform us if they (guests over 18) or their children suffer from any physical or emotional difficulties which may affect them during the pilgrimage/friendship weeks. (All information received will be treated with the strictest confidence.
7. It is essential that name badges are worn at all times.
8. The use of mobile camera phones/l pads is forbidden at all times in the bedrooms. Please discuss the use of mobile phones/l pads with the group leader.
9. The taking of unauthorised substances or the consumption of alcohol by guests under 18 years is forbidden. Please discuss with the group leader.

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20. PROPER USE OF INFORMATION TECHNOLOGY POLICY

In the course of their work with the Trust, staff and carers may use information technology resources.

This policy is mandatory and use of the Trust's information technology resources is conditional on compliance with this policy and any related guidance which may be issued from time to time.

- The Trust's information resources are to be used primarily for work related purposes, lawfully and ethically.
- Users must comply with all relevant laws and regulations, and all contracts and licences applicable.
- Users are responsible for the content of their personal use of information technology and may be subject to liability from this use.
- Ability to access information technology resources does not, by itself, imply authorisation to do so, and must abide by the security restrictions which may apply.
- Users must not engage in inappropriate uses which include, but is not limited to:
 1. **Activities that violate law**
 2. **Betting or wagering**
 3. **Harassment or threats of others**
 4. **Private commercial business**
 5. **Political activity**
 6. **Storage, display, transmission or intentional or solicited receipt of material that is or may be reasonably regarded as obscene, graphic or pornographic.**
- Users must not violate the privacy of others
- In the course of their work and activity on behalf of the Trust users may obtain or access information of a personal nature, and irrespective of the format such information is strictly confidential and must be so respected.
- Users must take all reasonable steps to protect the information technology resources and information maintained, and report any loss or damage, or any incident of concern without delay to the National Coordinator.
- Users will not state or imply that they speak for the Trust or on its behalf without authorisation.
- The Trust reserves the right to employ security measures including the right to monitor any usage of information technology resources and to restrict or prohibit use.

If in their use of information technology a staff member or carer is found guilty of an offence, or compromises the safety of guests, this will be dealt with by the Board of Trustees or by a subcommittee appointed by the Board.

THE IRISH PILGRIMAGE TRUST SAFEGUARDING POLICY

21. Second Level Student Carers—Role and Responsibilities

- a. The Trust values highly the involvement of second level students in its caring for young people with special needs either during the week in Lourdes, Hosanna House or during Friendship Weeks at “Kilcuan” or “Cois Cuain”.

- b. All second level students must operate within the following rules:
 - i. Students must be at least 16 years old on the first of January of the year of the pilgrimage or Friendship Week to facilitate vetting
 - ii. Students and their parent/guardian must sign and adhere to “Guidelines / Rules for 2nd Level Student” as outlined on the volunteer form.
 - iii. Students will be supernumerary to the group.
 - iv. Students will assist in caring for the guests in their group but will not have responsibility for the care of any particular guest.
 - v. Student must attend their group pre pilgrimage meeting and other meetings arranged by the student leaders and group leader
 - vi. The student must report all incidents or accidents to the Group Leader or Group Nurse, no matter how minor.
 - vii. Students must show respect at all times to all members of the group. Student carers must conduct themselves in an appropriate manner at all times.
 - viii. Students are encouraged to fundraise for the Trust with all proceeds being lodged via the Regional Treasurer.
 - ix. Students can fundraise for their own fare within their schools.
 - x. Student carers must complete the Trust’s on-line Carer’s Training Programme.

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22. DATA PROTECTION AND STORAGE OF INFORMATION

From the NBSCCCI Guidelines on Safeguarding Children

Recording Guidance

Good record keeping is an integral part of safeguarding children within the Catholic Church: it should not be considered as an optional extra. There are many reasons why all those involved in safeguarding children should keep good records. These include; helping to improve accountability, showing how decisions relating to safeguarding children are made; supporting effective assessments, providing documentary evidence of actions taken and helping to identify risks, and demonstrating how those risks have been managed. Good record keeping also helps to safeguard the rights of all concerned.

Standard 2.4 in Safeguarding Children Standards and Guidance Document requires that “there is a process of recording incidents, allegations and suspicions and referrals. These will be stored securely so that confidential information is protected and complies with relevant legislation”.

Set out below are the primary reasons for recording, as well as the processes necessary to write and maintain accurate records. Also detailed are recommendations around information sharing and retention and storage of sensitive data.

Why do we record?

1. Ensures accuracy of reporting what is known- This can be for internal use as well as in circumstances necessary to report and be accountable to external agencies. Creating written records as soon as practical after the event avoids memory loss, and distortion of the information.
2. Assists with management and decision making-recording factual information accurately facilitates an evaluation of the information and enables decision making.
3. Protects the subjects of recording and the recorder by having an agreed accurate record. As far as possible information recorded should be agreed with the subject of the recording as an accurate record of what took place.
4. Enables accountability—all those who have responsibilities for safeguarding children within the Catholic Church will be held accountable for their actions. Good recording is required as evidence that the safeguarding of children is considered a priority and that all steps have been taken to prevent and minimise risk, and manage allegations appropriately.
5. Enables the proper tracking of complaints- it is important that we demonstrate through our records that complainants have been listened to and responded to in a compassionate and caring way. It is therefore important that accurate records are kept of all complaints received and how these have been responded to.
6. Allows for continuity where there are changes in personnel managing a concern-Safeguarding children can involve a number of people including the Chairperson/Vice Chairperson/Trust Doctor/National Coordinator/Designated Person. Personnel can also change during the life of managing the concern. It is therefore it is important that good factual details are maintained, to allow for a consistent fair approach and continuity of care for complainants as well as management of perpetrators (even vague information may at a later stage take on greater significance in the context of further information becoming available). All concerns should be recorded.

Principles of good record keeping

- All records should be legible, preferably typed.
- All entries should be signed. In the case of written records, the person's name and job title should be printed alongside the entry, e.g. Group Leader.
- All records should be dated and timed. This should be in real time and
- chronological order.
- A narrative should be constructed which sets out the chronology of events and references any correspondence.
- Records should be accurate and presented in such a way that the meaning is clear.
- Records should be factual and not include unnecessary abbreviations, jargon, opinion or irrelevant speculation.
- Judgement should be used to decide what should be recorded. Is it relevant? Is it as objective as possible? Are facts and any opinions deemed necessary clearly distinguished?
- Records should identify any risks and show the action taken to manage these.
- Records should not be altered or destroyed without proper authorisation. If the need for alteration arises both the fact of such authorisation and the alteration(s) made to any original record/documentation should be dated and signed.

What to record

- All factual verifiable information
- Description of direct observations by the recorder.
- Repeated information/observations.
- Considered assessments undertaken and/or treatment provided with any resultant observations.
- All correspondence received including letters, reports, emails and a summary of meeting and telephone discussions.
- Identification of any risks and management actions undertaken.

Case File Structuring

- Case management records must provide a complete factual narrative and historical account of the case in order to provide evidence of all allegations and actions taken to safeguard children/vulnerable adults to assess and manage risk, and to monitor practice.
- The records are in relation to someone against whom an allegation has been made, and therefore should be catalogued as such. Each file should contain:
 1. A contents index sheet (to be updated as required)
 2. An initial case summary sheet.
 3. Data protection form
 4. Case record narratives which detail all contacts made, including telephone, email, by letter and in person.
 5. Copy of referral form (see Safeguarding Boards referral form) sent to statutory authorities.
 6. Chronology of when allegations were made and responses.
 7. Assessment reports.
 8. Minutes of meetings.
 9. Third Party information.
 10. Correspondence in chronological order.

For access to a template file log onto www.safeguarding.ie

- The file should be sectioned as detailed above with reference to all information logged in the contents sheet and referred to in the narrative account. The chronology referenced should act both as an aid to assessing risk and to reviewing action taken.
- Third party and confidential information must be securely placed in a separate section which can easily be removed if access to the records is granted to anyone not entitled to see or review them.
- All record keeping should seek to comply with data protection legislation, policy, and practice. All files must be stored securely and the confidential nature of their content respected.

Data protection Legislation

The principal legislation in the Republic of Ireland dealing with data protection is the data Protection Act 1988. The Act was amended by the Data Protection (Amendment) Act 2003. In Northern Ireland the main legislation is the Data Protection Act 1998.

The Data Protection Acts 1988-2003 set out eight principles which define the conditions under which processing (including recording, storage, manipulation and transmission) of personal data can be determined to be legally acceptable or otherwise. The Act also identifies the sensitive nature of health information and particular needs of health professionals to communicate that information between them. The Act gives data subjects rights of access to their records and applies to electronic and paper-based record systems.

The eight principles state that the data should be:

1. Fairly and lawfully processed;
2. Processed for limited purposes;
3. Adequate, relevant and not excessive;
4. Accurate;
5. Not kept for longer than necessary;
6. Processed in line with subjects rights;
7. Secure; and
8. Not transferred to countries without adequate protection.

Definitions

- Data means information
- Personal data is data that relates to a living individual who can be identified from those data.
- A data controller refers to the person or persons that determine the purpose for which and the manner in which personal data is processed.
- A data processor is a person who processes data on behalf of a Data Controller.
- A data subject is an individual who is the subject of the personal data which is processed.
- A data protection officer is the person within the organisation to take responsibility for training of staff to enable them to meet their responsibilities under the legislation.

Access to information by data subject

- People have a right to know what personal information is held about them, by whom and for what purpose. This is detailed in data protection and human rights legislation. However the priority consideration in deciding on the sharing of information will be the welfare of children.
- The data subject must be made aware of the creation of a safeguarding record, and permission must be sought to share appropriate information with those who need to know (if permission is not provided, the Trust will still meet its obligations to share information necessary to protect children).
- If the data subject seeks access to his/her record the following should take place:
 1. Content of the file should be reviewed and assessed so that data belonging to Third Parties is redacted.
 2. At an agreed time and place, the file should be made available for reading under the supervision of the Chairperson or The Designated Liaison Person.
 3. The data subject can make notes and can ask for notes to be included in the file. If agreed, an amendment can be made on the file note. State the reason for the amendment and sign and date. Any such amendments should be signed and dated by the data subject.
 4. If there is a disagreement concerning the amendment of any file note, such disagreement shall be recorded, signed and dated.

Information Sharing

The data subject should be informed that a record is being kept and permission should be sought to share that information with those who need to know, in order to safeguard children. If the data subject is unwilling to give consent to sharing the information and if this information is necessary to protect children, the data subject's consent can be overridden only in limited circumstances. (Specific advice and guidance may be sought from the data protection officer(s).)

Storage of Data

It is important that all sensitive or confidential materials are retained in a case file and stored securely in a place designated by the data controller-i.e. the Trust Chairperson/National Coordinator

Files containing sensitive or confidential data should be locked away and access to the relevant fire proof safe(s) of filing cabinets and keys should be strictly controlled.

Access to the files needs to be limited to people in named roles i.e. The Trust Chairperson, National Coordinator and designated safeguarding person, who either need to know about the information in those records and/ or who have a responsibility to manage the records/files.

Any information of a sensitive/confidential nature if stored electronically must always be password-protected.

Arrangements need to be made for knowledge of the relevant files and their location and storage arrangements to be passed from outgoing data controllers to their successors.

Other records with identifying personal information e.g. Trust records on: recruitment and vetting; attendance records of pilgrimages and activities in Lourdes, Kilcuan and Cois Cuain; consent forms; accident and incident forms etc must be stored in a secure locked cabinet in Kilcuan.

Retention of Data

Guidance published by the Data Protection Commissioner in relation to compliance with the Data Protection Acts 1998-2003, is a useful reference as it represents what can be regarded as best practice.

This guidance states, inter alia, that: “Where no legal requirement to retain information beyond the closure of the records exists, the authority will need to establish its own retention periods”

The Trust as being part of the Church should retain all case management files and safeguarding records indefinitely.

The Trust Chairperson has ultimate responsibility for the records of The Trust. The chairperson delegates day to day responsibility for safeguarding files and records to the National Coordinator.

23. RECOGNISING, RESPONDING, REPORTING

Definition of a Child/Young Person

In both jurisdictions in Ireland, a child or young person is defined as anyone under the age of 18 years 'excluding a person who is or has been married'.

Children First: National Guidance, 2011, P8.

Cooperating to Safeguard Children, DHSSPS 2003 (par 2.1)

Recognising Child Abuse

Child Abuse Categories

- Neglect
- Emotional Abuse
- Physical Abuse
- Sexual Abuse

Neglect (ROI)

Neglect can be defined in terms of an omission where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. (*Children First, 2001, p.8*)

Neglect (NI)

Neglect is the persistent failure to meet a child's physical, emotional and/or psychological needs likely to result in significant harm.

It may involve a parent or carer failing to provide adequate foods, shelter and clothing, failing to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation and lack of supervision. It may also include non-organic failure to thrive. (*Cooperating to Safeguard Children, 2.2*)

Indicators of Neglect

Child neglect should be suspected in cases of:

- Abandonment or desertion.
- Children persistently being left alone without adequate care and supervision.
- Malnourishment, lacking food, inappropriate food or erratic feeding.
- Lack of warmth or adequate clothing.
- Inattention to basic hygiene.
- Exploited, overworked
- Lack of protection and exposure to danger, including moral danger or lack of supervision appropriate to the child's age.
- Persistent failure to attend school.
- Non-organic failure to thrive, i.e. child not gaining weight due not only to malnutrition but also to emotional deprivation.
- Failure to provide adequate care for the child's medical problems (*Children First 2011, p.70*).

Emotional Abuse (ROI)

Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events.

It occurs when a child's developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present it is rarely manifested in terms of physical signs or symptoms. (*Children First, 2011, p.8*)

Emotional Abuse (NI)

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

(*Cooperating to Safeguard Children, 2.2*)

Indicators of Emotional Abuse

Emotional abuse refers to the habitual verbal harassment of a child by disparagement, criticism, threat and ridicule, and verbal and non-verbal means of rejection and withdrawal are substituted for love.

Emotional abuse occurs when adults responsible for taking care of children are unable to be aware of and meet their children's emotional and developmental needs. (*Children First, 2011, p.8*)

Physical Abuse (ROI)

Physical abuse of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust.

There may be single or repeated incidents.
(*Children First, 2011, p.8*)

Physical Abuse (NI)

Physical abuse is the deliberate physical injury to a child, or the willful or neglectful failure to prevent physical injury or suffering.

This may include: hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.
(*Cooperating to Safeguard Children, 2.2*)

Indicators of Physical Abuse

Unsatisfactory explanations, varying explanations, frequency and clustering for the following events are high indices for concern regarding physical abuse:

- bruises, fractures, swollen joints;
- burns/scalds;
- abrasions/lacerations;
- hemorrhages (retinal, subdural);
- damage to body organs;
- poisonings – repeated (prescribed drugs, alcohol);
- failure to thrive;
- coma/unconsciousness; death.

There are many different forms of physical abuse, but skin, mouth and bone injuries are the most common.

Sexual Abuse (ROI)

Sexual Abuse occurs when a child or young person is used by another person for his or her gratification or sexual arousal or for that of others. (*Children First, 2011, p.9*)

Sexual Abuse (NI)

Sexual Abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts.

They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

(*Cooperating to Safeguard Children, 2.2*)

Indicators of Sexual Abuse

- Overly affectionate behaviours
- Injuries to anal/genital area, STDs, pregnancy
- Sexualised drawings or play
- Having unexplained sums of money
- Changes in usual demeanour (*e.g.. Becoming insecure/clingy*)
- Depression, self-mutilation, running away
- Fear of changing clothes in public
- Regressed behaviour patterns, such as thumb sucking, recourse to old teddy bears etc.
- Promiscuity, provocative behaviours/acts
- Using sexualised language inappropriate to age.

Age of Consent & Sexual Abuse

In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 year for both boys and girls in the Republic of Ireland. An Garda Síochána will deal with the criminal aspects of the case under relevant legislation.

(Children First, 2011, p.10)

In Northern Ireland (as in the rest of the UK) the age of consent is 16.

Signs of Abuse or Neglect (general)

Signs of abuse which are more indicative than others include:

- disclosure of abuse by a child or young person;
- age-inappropriate or abnormal sexual play/knowledge;
- specific injuries or patterns of injuries;
- absconding from home or a care situation;
- attempted suicide;
- underage pregnancy or sexually transmitted disease;
- signs in one or more categories at the same time. For example, signs of developmental delay, physical injury and behavioural signs may together indicate a pattern of abuse.

Children with additional vulnerabilities

- Children with communication difficulties.
- Children with disabilities.
- Children who are homeless.
- Children who are separated from their families, e.g. Children in care, refugees.
- Children in the criminal justice system.
- Children who are carers.
- Children living with domestic violence.

Bullying

- Bullying can be defined as repeated aggression – whether it be verbal, psychological or physical – that is conducted by an individual or group against others.
(Children First, 2011, p.61)
- It includes behaviours such as teasing, taunting, threatening, hitting or extortion by one or more persons against a victim.

Responding to a Disclosure

Dealing with a Disclosure

This section provides advice on how to respond if and when an adult or child takes the brave step to disclose their abusive experience.

Responding to a Disclosure: DOs

- Stay Calm, listen carefully and patiently.
- Reassure them that it was right to tell you.
- Explain that you will have to inform the appropriate authorities.
- Record what they've said as soon as possible after the meeting, using their own words as far as possible.

Responding to a Disclosure: DON'Ts

- Make judgments about the alleged abuser.
- Promise to keep secrets.
- Tell them stories about other people.
- Tell them that everything will be fixed straight away.
- Don't press for details, except to clarify.
- Don't fill in words or finish sentences.
- Don't convey your anger, shock or embarrassment, or give your opinion.

Reporting a Concern

Grounds for Reporting

- Disclosure from a child or adult.
- Witness account – third party.
- Direct evidence of injury or behaviour consistent with abuse.
- Injury or behaviour which is ambiguous but where there are corroborative indicators of abuse.
- Consistent signs of neglect over time.
- Where you have a strong suspicion of injury / neglect or abuse.

Confidentiality

- Effective child protection is dependent on the willingness of those involved with children to share and exchange relevant information on a 'need to know' basis.
- The provision of information to statutory agencies for the protection of a child is not a breach of confidentiality or data protection legislation.

Mandatory Reporting (NI)

- In England, Scotland and Wales there is no formal requirement in law to report child protection concerns to the statutory authorities.
- However, in Northern Ireland, Section 5(1) of the Criminal Law Act (1967) provides for a criminal offence of failing to disclose an arrestable offence to the police, which, de facto, includes most offences against children.

Role of the Civil Authorities

An Garda/PSNI

- To investigate.
- To establish if a crime has been committed.
- DPP decides on prosecution.

Tusla/HCS

- To assess risk to children.
- To put in place safeguarding arrangements for children.

24. Protections for persons reporting

Child Abuse Act 1998

Members of the public who report concerns of child abuse are legally protected from civil liability if they make the report:

1. reasonably and
2. in good faith

to Tusla or the Gardaí.

It is an offence to maliciously make a false allegation.

Reckless Endangerment of Children

- An offence arising when someone with authority or control over a child, or an abuser, intentionally or recklessly causes or permits a child to be placed or left in a situation of serious harm or sexual abuse. (*Criminal Justice Act 2006, Section 176*)
- The offence is a recommendation of the Ferns Report, 2005.

Reporting Procedure

- If you have a suspicion or concern that a child or young person is being abused, you must report this **without delay** to your Designated Person (DP) or if you are a mandated person you may
- submit a report directly to Tusla or make a joint report with the Designated Person of the Trust. (See pg. 18 for Mandated Person)
- Make a record which will be submitted to the DP.
- The DP will report this to the civil authorities, having ascertained that it is a relevant concern and not a disciplinary matter which does not constitute abuse.
- You will be kept up to date on progress as relevant/appropriate.
- If the DP decides not to refer the incident, you have the right to reasons in writing for this decision and to refer the matter yourself to the civil authorities.

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25. SAFEGUARDING PERSONNEL

Denis Mc Carthy: Chairperson, Board of Trustees

Bernadette Connolly: National Coordinator

Helen Kirwan: Designated Liaison Person

Liam Ahern: National Safeguarding Coordinator

Support Personnel

Dr John Porteous: Trust Doctor

Teresa Lee: Trust Nurse

Rev Michael Murphy: Trust Chaplain

Vetting Committee

- **Establish and maintain safe and effective recruitment and vetting procedures**
- **Periodically audit the operation of the policies and procedures**
- **Advise on relevant issues arising**

In the situation whereby a vetting form is returned from the Garda Vetting Office or from Northern Ireland or the UK indicating a possible reason as to why it may be unsafe for the person to travel, the vetting committee will make a decision on this matter.

VETTING COMMITTEE:

Dr. John Porteous: Trust Doctor

Bernadette Connolly: Trust National Coordinator

Catherine Foley: Deputy Designated Liaison Person

Safeguarding Committee

This committee will consist of the Chairperson, Designated Person, National Safeguarding Officer, Training Coordinator and a representative from each of the regions.

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26. Roles and Responsibilities

Designated Person

Every organisation, both public and private, that is providing services for children or that is in regular direct contact with children should:

Identify a designated liaison person to act as a liaison with outside agencies and a resource person to any staff member or volunteer who has child protection concerns.

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

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

Children First (2011)

Safeguarding Officer

It is the role of the Safeguarding Officer to ensure the implementation and monitoring of the Trust's Safeguarding Policy and Procedures Document.

Regional Safeguarding Officer

The role of the Regional Safeguarding Officer is as follows:

- To provide advice and support on the implementation of the Trust Safeguarding Policy
- To monitor safeguarding training within their region
- To report to the Trust Safeguarding Officer on any safeguarding matters within their region

It is a requirement that all Regional Safeguarding Officers (RSOs) attend the full 1-day Safeguarding Training Course provided by the Irish Pilgrimage Trust. On completion of this intensive 1-day course the RSO will be qualified to give the shortened version of the 1-day course in their regions if required.

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27. SOCIAL MEDIA POLICY

The exponential growth in social media and the widespread availability of smart phones and other mobile devices over the past few years has opened up significant new opportunities for people of all ages to communicate and to share information with one another. However, the benefits that this new form of communication brings must also be balanced with the significant risks that are attendant to it. While The Code of Practice describes the circumstances in which mobile devices and social media may be used, it is within the remit of a group leader to further reduce (or prohibit) the use of mobile phones and social media by guests or carers in their groups should they so wish. If any usage of a mobile device or social media is not expressly covered in this document, it should be considered to be forbidden by the Trust.

At all times, the use of social media, the taking of photographs and the recording of video should respect the dignity of the young people under our care.

Mobile device and social media policy for guests

Many parents of the young people that we bring on pilgrimage to Lourdes value the ability to easily contact their child, and therefore the Trust does not prohibit our guests from bringing mobile devices with them on pilgrimage. However, the Trust has strict policies on the circumstances in which guests may use the mobile devices that they bring with them, and how such devices may be used.

Voice calls and instant messaging apps

Guests may only make and receive voice calls or send and receive text messages on their mobile devices if given permission by the group leader. In order to encourage group interaction, group leaders may restrict the times of day at which such voice calls or text messages may be made. Voice calls and instant messages should only be sent and received when the guest is with the rest of group, and such use is forbidden in hotel bedrooms.

Photography

Guests are forbidden from taking photographs of themselves or other guests or carers in hotel bedrooms. At any other time, photographs of any member of the group (or other groups) may be taken only with express permission of the group leader. The HSE prohibits the taking of photographs of guests who are in the care of HSE.

Social media

Guests are forbidden from using social media in hotel bedrooms, and may only be used in other circumstances if given express permission by the group leader. Guests are forbidden from sharing any photographs or videos taken while on the pilgrimage on social media unless given express permission by the group leader to do so.

Mobile device and social media policy for carers

Carers must respect the dignity of the young people under our care, and take into account the best interests of the Trust when using mobile devices or social media while on pilgrimage. Carers must follow the direction of the group leader on the use of social media and mobile devices, should the group leader in question wish to restrict further their use in their particular group. It is recommended that you do not give your personal contact details to guests.

THE RISH PILGRIMAGE TRUST SAFEGUARDING POLICY

28. STEPS TO STOP AND PREVENT BULLYING

Whether you are a group Leader, carer, and friend or family member, there are a number of steps you can take to stop and prevent bullying:

1. **Pay Attention.** There are many warning signs that may point to a bullying problem, such as unexplained injuries, lost or destroyed personal items, changes in eating habits, and avoidance of social situations.
2. **Don't ignore it.** Never assume that a situation is harmless teasing. People have different levels of coping; what may be considered teasing to one may be devastating to another. Whenever a person feels threatened in any way, take it seriously, and assure the person you are there for them and will help.
3. **When you see something—do something.** Intervene as soon as you even think there may be a problem. Don't brush it off as "kids are just being kids. They'll get over it. Some never do, and it affects them for a lifetime. All questionable behaviour should be addressed immediately to keep a situation from escalating. Summon other carers if you deem the situation may get out of hand.
4. **Remain calm.** When you intervene, refuse to argue with either person. Model the respectful behaviour you would expect from people. First make sure everyone is safe and that no one needs medical attention. Reassure the people involved, as well as the bystanders. Explain to them what needs to happen next—bystanders go on to their destinations while those involved in the incident are taken to a safe place.
5. **Deal with the people involved individually.** Don't attempt to sort out the facts while everyone is present, don't allow the people to talk to one another, and don't ask bystanders to tell what they saw in front of others. Instead, talk with the individuals involved—including bystanders—on a one to one basis. This way, everyone will be able to tell their side of the story without worrying about what others may think or say.
6. **Be aware of the fact that some of our guests may not have the verbal skills** to explain what has happened and persistent questioning may add further to their distress.
7. **Don't make the young people involved apologise and/or shake hands on the spot.** Label the behaviour as bullying. Explain that you take this seriously and that you will get to the bottom of it before you determine what will happen next. This empowers the bullied young person to feel that someone will finally listen to their concerns and be fair about outcomes.
8. **Bystanders provide bullies an audience, and often encourage bullying.** Explain that this type of behaviour is wrong, will not be tolerated, and they also have a right and a responsibility to stop this type of behaviour.
9. **Listen and don't pre-judge.** It is very possible that the person you suspect to be the bully may actually be the bullied young person retaliating. Rather than make any assumptions listen to each young person with an open mind.

Incidents of bullying must be recorded and reported initially to the National Coordinator.

Websites: www.stopthebully.ie , www.sticksandstones.ie www.yourhealth.ie

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29. TRAINING AND EDUCATION

Trust personnel including staff, carers, trustees, regional officers, safeguarding representatives and group leaders will be offered training in child protection to maintain high standards and good practice. The level of training required by various personnel will be determined by the Board of Trustees in consultation with the Designated Person and the Safeguarding Training Coordinator(s).

The safeguarding committee will in collaboration with the Training Coordinator(s) arrange, provide and record all Safeguarding Training. Appropriately qualified and registered training officers will deliver appropriate training approved by the National Board for Safeguarding Children in the Catholic Church in Ireland.

The training may take the form of:

Full day training

Half day training

Specific training for particular roles within the Trust

E-delivery seminars

And other such delivery modes that are required from time to time as decided by the Board of Trustees.

The Irish Pilgrimage Trust

30. Room Sharing Policy

Version 01st February 2018

The following is a policy statement on room sharing arrangements for the guests and carers of The Irish Pilgrimage Trust. This policy applies for the annual pilgrimages to Lourdes/Hosanna House and friendship weeks to Kilcuan/Cois Cuain.

The Trust takes cognisance of the following when issuing this policy.

The variety of accommodation available to various groups.

It acknowledges the fact that groups are restricted in many cases by the accommodation available to them.

It acknowledges the wishes of parents in relation to room arrangements.

It acknowledges that the Trust has a duty to protect both our guests and our carers.

It is The Irish Pilgrimage Trust's policy that guests and carers do not share rooms.

General Principles

1. The overriding principle is to ensure that all pilgrims are safe at all times.
2. The Group Leader must use her/his best judgement, based on information received, when allocating carers and guests to their rooms.
3. The room sharing arrangements must be organised in such a way as to provide the best safety to both guests and carers given the accommodation layout available in that particular hotel.
4. A record must be kept of what room each guest and carer occupied during the week and this must be returned to HQ in the Safety Matters and Forms Booklet.
5. If a Group Leader is uncertain about how to implement these procedures for a given set of circumstances, they should contact either the Trust Designated Liaison Person or the Trust Safety Officer and seek further guidance.
6. It is important that Group Leaders and Carers be aware and alert to the possibility of guests bullying or intimidating other guests. Any such instances should be reported to the Group Leader and recorded on an incident form.
7. When selecting the guests for the group, the Group Leader should bear in mind the layout of their particular hotel and the mix and skills of the carers. If the group is not expecting to have additional carers (doctor, cyclist, students) the Group Leader may have to change the carer/guest ratio to ensure the guests can be fully cared for at all times during their time away.
8. When making a pre-Lourdes home visit the room sharing arrangements should be explained to the parents/guardians.

Room Arrangements

1. It is Trust policy that no carer should share a room with a guest
2. Under no circumstances should a carer put themselves in a situation where they are alone with a guest but should the situation arise whereby a helper unintentionally finds himself/herself alone in a room with a guest, a record must be made as soon as practicable of the date, time, reasons and duration spent alone. The Group Leader must be informed and he/she must record this on an incident form.
3. If an extra bed is brought into a two or three-bedded room, the risk assessment should confirm that this has not compromised health and safety standards.
4. Group Leader should ensure suitable matching of age, physical and learning abilities.
5. There should be only one fulltime wheelchair user per room where practicable.
6. If considered necessary, the Group Leader, in conjunction with the carers, should establish appropriate night supervision that may involve carers being on duty for part or the whole night. The Group Leader should ensure that they have adequate carers to facilitate supervision and that all carers are fully aware of their involvement.
7. If night supervision is considered necessary, the following is recommended:
 - a. There should be four carers on night-duty operating a rota system whereby two carers are "on duty" and two carers are "on stand-by".
 - b. The carers should comprise two female and two male (except in an all male or all female group).
 - c. Group Leader/carers should inform the guests who is on night duty each night.
 - d. Detailed planning is required to ensure there are enough carers available during the day to cover for the carers involved in night duty.
8. Room Occupancy forms must be completed and returned to HQ.
9. Student carers aged under 18 years must not share with adults or guests.
10. A student carer aged under 18 years may share with another student carer aged over 18 years in circumstances where they:
 11. Have the permission of the Trust Chairperson
 12. Have written consent from the parents/guardians of the student carer who is under 18 years.
13. Parents/guardians who are travelling with their children may share a room with their children.
14. Guests aged under 18 years must not share with guests over 18.
15. Any further exceptions must be approved by the Board of Trustees.

Notes

Notes



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