

MEDICAL MISSIONARIES OF MARY SAFEGUARDING CHILDREN POLICY

It is the policy of the Congregation to ensure that all who work with and are served by the Congregation especially children have their rights and responsibilities respected in line with international best practice. To achieve this, it is the policy of the Congregation that all health units and projects have a child safeguarding policy as well as copies of relevant child safeguarding and/or sexual or physical abuse legislation in the countries of operation.

The Congregation considers the safeguarding of children as an absolute right and fundamental responsibility in line with our deepest held beliefs and values.

“In the world of health and medicine where we are situated, Christ-like, and mindful of His reverence for each person, we are committed to proclaim the sacredness of life, the dignity of each person, and the meaning of human life and death.” (MMM Constitutions 9.12)

It is the policy of the Congregation to have appropriate procedures in line with current best practice, both in terms of the way we recruit staff and in the way we interact with those who avail of our services. **This Policy applies to all MMM Communities/ Projects/ Institutions in the Congregation. It is written in template form because of the complexity of the Congregation, thus making it an easier process to adapt the Congregational Policy to the reality in each place.**

While recognising that confidentiality is of paramount importance in our relationships with those under our care, it is policy that safeguarding children takes precedence over an adult’s right to confidentiality, unless the duty of confidentiality conflicts with an equal or higher duty. Once information about child abuse has been reported it is policy to pass on this information to relevant civil authorities.

It is the policy of the Congregation to have a designated person in all health units and/or projects to initiate the process of managing allegations of abuse. It is our policy to ensure that all the necessary procedures and steps are in place to prevent the occurrence of abuse of children. The Congregation will continue to provide for the education of members in child safeguarding issues.

Appendix 1 outlines in detail the process and procedures to follow to ensure that all children in our care will be protected. It is important that each country of operation gets appropriate legal advice before finalising their own child safeguarding policy to ensure that it is in line with legal and statutory requirements. Appendix 2 gives some definitions related to the safeguarding of children. Appendix 3 outlines some of the effects of child abuse. Appendix 4 is a template of a child safeguarding/protection recording form. Appendix 5 is copy of a sample training workshop on child safeguarding/protection and procedures for staff. Appendix 6 is a sample page for display in health units, project headquarters and ministry locations.

National Board Safeguarding Children Catholic Church Ireland (NBSCCCI)

Over the past number of years the Catholic Church in Ireland has been working to develop a policy with guidance that would be appropriate for all “church bodies”¹ which when speaking of Safeguarding Children includes the many types of Church organizations and bodies that have developed over the life of the Church. The term is used as a form of shorthand to include all of those constituent members of the Catholic Church in Ireland who hold a Memorandum of Understanding with the National Board for Safeguarding Children in the Catholic Church in Ireland. The Medical Missionaries of Mary have signed this MoU in 2016. This Policy along with the 7 Standards which are indicators to measure compliance in various areas published in 2016 and the Guidance issued (as an electronic document) in June 2017 are what we as Medical Missionaries of Mary comply with in Ireland. The elements are contained in the template which is presented here as a Congregational Policy.

The details of the NBSCCCI are specific to the Church in Ireland and for this reason each Area must look at their Safeguarding Children policies to see what they need to add and adapt in accordance with the laws of the countries/ dioceses in which they are located.

¹ The National Board Safeguarding Children Catholic Church Ireland NBSCCCI : “Church Authority”, this term does not appear in canon law. It can refer to the leader of the Church body, usually the bishop, provincial, or senior administrative authority of a lay organisation or ecclesial movement This term includes prior, abbot, abbess, congregational leaders, province leader, unit leader, regional, superior, archbishop, cardinal and diocesan administrator (while in office).

Medical Missionaries of Mary - European Area Ireland

SAFEGUARDING CHILDREN POLICY

1. POLICY STATEMENT

As Medical Missionaries of Mary in Ireland, we commit ourselves to the fulfillment of Christ's healing mission: "...that the world may have life and have it in all its fullness". Abuse of children in all its forms, physical, sexual, psychological or emotional, or neglect, is unacceptable to MMM in Ireland. We recognize our responsibility to protect from harm all people in our ministries so as to prevent present or future abuse.

Everyone, particularly children, has a fundamental right to be respected, nourished, cared for and protected. This is embedded in:

- Gospel values
- International law
- Laws of Ireland
- Canon Law
- MMM Constitutions

MMMs response regarding safeguarding children is embodied in this document and is binding on all MMMs, Staff, and Volunteers working in the European Area, Ireland. The policy is developed within the broader context of the MMM Ethics and Professional Standards and our deeply held beliefs and values. The attitudes and values enshrined in our MMM Constitutions are at the heart of our relationship with those to whom we minister, and those with whom we work.

This key message forms the basis of our policy which will be continually updated to reflect current best practice. It outlines ways to recognize, report, and respond positively to concerns of all forms of abuse of children. It also outlines ways to promote good conduct. It is a means of putting our beliefs into practice. MMM in Ireland, calls on all staff, volunteers, visitors, and working partners to familiarize themselves with and put into practice this Safeguarding Policy for Children .

In Ireland the laws protecting children and adolescents are enshrined in the statutory document *Children First 2015*. In Ireland, the policy adheres to the *Safeguarding Children Policy and Standard for the Catholic Church in Ireland* of the National Board for Safeguarding Children in the Catholic Church Ireland (NBSCCCI).

While adopting a compassionate and pastoral approach, we are committed to:

1. Put in place, implement and regularly monitor the procedures related to recruitment, staff orientation, training and professional behaviour of all staff volunteers and organization visitors;
2. Ensure that all allegations of abuse are promptly dealt with, that victims are supported and prevented from further danger, and perpetrators held to account;
3. Respond promptly and appropriately to complaints of abuse;
4. Report to Civil Authorities each formal complaint of abuse received;
5. Ensure that the greatest possible care is taken to protect the potential victim from further risk;
6. Ensure that the accused steps aside while the allegation is being investigated;
7. Ensure confidentiality in as far as possible. Any information obtained in the course of one's professional duties is normally treated as confidential. However, in the case of abuse, we are obliged to comply with the requirements of Civil Law and Safeguarding Children Policies. In the latter case, it is not possible to promise the abused that what has been revealed will be kept secret;
8. Take steps to restore the good name of the accused in the case of unsubstantiated allegations;
9. Initiate a healing process for the victim, the accused member, and all those affected;
10. Establish best practice in the prevention of abuse of children.

MMMs as religious women "...are missionaries ... sent out to be among people of different cultures, religions and ideologies, to be with those who suffer, the oppressed, and those on the margin of life. [They create in their] hearts a space for others to be so that, unafraid, they may experience themselves as loved and so be healed." (MMM Constitutions 9.6, 7.3)

2. GUIDING PRINCIPLES

The MMM Safeguarding Children Policy in Ireland will be fulfilled through the following guiding principles:

a. Gospel Values:

Through the Paschal Mystery Jesus witnessed to the coming of the Reign of God and set a standard for our interactions with each other. While everyone is invited to enter the Kingdom, Jesus particularly invites the poor, the marginalized and the 'little ones'. By our deeds, we imitate Jesus in respecting the gift of life, nurturing and protecting the integrity of the human family, and thus proclaiming God's reign.

b. International Law:

The Universal Declaration of Human Rights² proclaims that 'childhood is entitled to special care and assistance'. The United Nations Convention³ states that 'in all actions concerning children...the best interests of the child shall be of primary consideration and the child has a right to be protected from all forms of exploitation and abuse'. Furthermore, Human Rights Law recognizes that all people, including the elderly, have certain fundamental rights, as well as the right not to be discriminated against. As yet, there is no mandated international agency to address the protection needs of older people.

c. National Legal Framework Ireland:

MMM's in Ireland policy on Safeguarding Children will be in line with the appropriate National Legal Framework and specifically the National Board for Safeguarding Children in the Catholic Church in Ireland (NBSCCCI) set up by the Bishop's Conference, the Conference of Religious in Ireland and the Irish Missionary Union.⁴

d. Canon Law on Sexual Abuse by Clergy:

Canon law has always considered the sexual abuse of a minor to be a grave crime and grievous sin. Canon 1395 of the 1983 *Codex Iuris Canonici* (the "1983 Code") establishes that sexual contact with a minor qualifies as one of four classifications of sexual offenses for which a man may be permanently removed from the clerical state. Provisions of canon law also envision penalties for ecclesiastical authorities who fail to apply canon law. Canon 1389 of the 1983 Code provides for a penalty, including deprivation of ecclesiastical office, for an official who abuses ecclesiastical power or who omits - through culpable negligence - to perform an act of ecclesiastical governance. A bishop who fails to employ the appropriate provisions of canon law in a case of sexual abuse of a minor is liable to penal sanctions imposed by the Holy See.⁵

In summary, the Medical Missionaries of Mary in Ireland embraces the duty to be aware of, and abide by, all the positive norms enshrined in the Civil Law of the country, the UN Convention on the Rights of the Child (CRC), the Protection Policies of the local Church – NBSCCCI – and of the Association of Missionary and Religious Leaders of Ireland (AMRI).

² On 10 December 1948 the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights

³United Nations Convention on the Rights of the Child (UNCRC)

⁴ Conference of Religious in Ireland and the Irish Missionary Union has been replaced by the Association of Missionary and Religious Leaders of Ireland (AMRI) as of 2017.

⁵ Fr. John. C. Coughlin is professor on Law and of Theology, Notre Dame University.

e. MMM Constitutions:

Recognizing the inherent dignity of each person, the Medical Missionaries of Mary (MMM) in Ireland makes it mandatory upon all members to familiarize themselves with this MMM Safeguarding Children Policy. This arises from the values enshrined in the MMM Constitutions whereby we:

- treat each person with the reverence due a child of God;
 - honor the uniqueness of all, irrespective of race, religion, gender, sexual orientation, age or political persuasion;
 - recognize the pre-eminence of justice in all our relationships.
- (MMM Constitutions 9.6 and 9.10)

3. PROCEDURES:

Adopting a compassionate and pastoral approach to protecting and safeguarding children, the Medical Missionaries of Mary in Ireland are committed to put in place, implement and regularly monitor the following:

• **Recruitment of Staff and Volunteers:**

All staff and volunteers will be interviewed by the appropriate coordinator to ascertain their interest and suitability in working with MMM. For future staff or volunteers two reference letters of character will be required. All staff and volunteers will present a certificate of police clearance.

• **Staff Orientation, Training**

All staff will have initial training during their three-month probationary period in line with the Medical Missionaries of Mary Safeguarding Children Policy and the guidelines of MMM in Ireland. Refresher courses will be held annually. Ensuring that:

- a) behaviour of all staff and volunteers is in line with the MMM Ethical and Professional Guidelines in Ireland;
- b) any allegation of abuse is promptly dealt with, and referred on to the civil authorities;
- c) victims are supported;
- d) perpetrators are held to account;
- e) that visitors to MMM houses and ministries in Ireland are made aware of the Safeguarding Children Policy;
- f) the MMM Safeguarding Children Policy is posted in a public place in all our places of work. The names and telephone numbers for contacting the Designated Liaison Person, Deputy and Area Councillor will also be displayed.

When someone is accused of violating the Safeguarding Children Policy, the procedures listed under the section entitled ‘Allegations’ will be followed

Confidentiality

- Confidentiality is of paramount importance in our relationships with those under our care, unless the duty of confidentiality conflicts with an equal or higher duty.
- Safeguarding children, however, takes precedence over an adult's right to confidentiality. Once information about child abuse has been reported, it must be passed on to the MMM Designated Liaison Person for Ireland.
- A person disclosing information of alleged abuse must be made aware that what is revealed is done so to protect the victim from further abuse;
- Disclosure is only made to those who need to be informed. Only what is essential to avoid harm will be communicated;
- Confidentiality should never be used as an excuse for not reporting to those who should be informed.

NAME OF DESIGNATED LIAISON PERSON: Sr. Sheila Devane, MMM

Role of the Designated Liaison Person

The Designated Liaison Person has been appointed by the Medical Missionaries of Mary Area Leader to initiate the processes involved in managing allegations of abuse. She will:

- take responsibility to follow the procedures as appropriate to the case, as explained below;
- report to and ensure that NBSCCCI, the Canonical authorities, TUSLA and the Area Leader who will notify the Congregational Leadership Team are informed about each formal complaint of abuse received;
- ensure that the guidance of the NBSCCCI will be followed in all cases of alleged abuse;
- ensure that all allegations or rumours are dealt with in an immediate, compassionate, confidential and responsible manner.

The Area Leader or Area Councillor for Ireland, European Area must ensure:

- that there will be no attempt to redeploy a person against whom an allegation has been made to another area of ministry with access to children during the period of investigation and that support should be shown to him/her;
- that the accused will be advised of the legal implications and ramifications attendant to the report of the alleged abuse;
- that there is full cooperation with the civil authorities that may be investigating the matter and that there will be no interference with any investigations;
- that where a complaint concerns a deceased MMM, or a former MMM during her time of MMM membership, an appropriate pastoral response to complainants will be provided.
- That monitoring, safeguarding, awareness raising, and training is done.

Allegations

Documenting a Complaint – Procedures to be followed:

- A staff member or Sister who receives an allegation will carefully listen, and record the complaint. She/he checks that the written record accurately states what was reported.
- Record the time, date, location (or if the matter has been communicated by letter or telephone), and persons present. *Use the sample Safeguarding Children Recording Form provided.* The record should be signed and dated by the author.

The record would also normally include:

- a) Accurate identifying information as far as it is known. This should include the name and address of the person who has raised a concern (as well as their date of birth, and parents'/carers'/names and addresses where the person who has raised a concern/allegation is a child);
 - b) The name of the individual against whom the concern/allegation is being raised and any other identifying information;
 - c) As much information as possible about the circumstances that led to the concern/allegation being raised, why is the person worried about the welfare and safety of the child or children;
 - d) Dates when the concern arose, or when the incident(s) occurred;
 - e) Circumstances in which the concern arose, or the incident(s) occurred;
 - f) Any explanation offered to account for the risk, injury or concern;
 - g) The child's own statement using the words he/she used to describe the events or incident(s), if possible. Do not make assumptions about the intended meaning of words used.
 - h) Details of any action already taken about the incident/concern/allegation;
 - i) Any views expressed by the child's parent(s) or guardian(s) about the matter;
 - j) The staff member should not be selective but include detail, which may seem irrelevant. It may prove invaluable at a later stage in an investigation.
- Explain to the person raising the concern what will happen next, indicate who will be made aware of the information given by him/her. Leave contact details of the Designated Liaison Person, in case the referrer needs to ask questions later.
 - Pass all original records, including rough notes, to the Designated Liaison Person immediately. Any copies of records retained must be kept secure and confidential.
 - Not all persons raising a concern will wish to go through this process. Nonetheless, information about the existence of a potential allegation must be communicated to the Designated Liaison Person.
 - **In cases of emergency**, where a child appears to be at immediate and serious risk, an immediate report should be made to NBSCCCI and TUSLA as well as to the Designated Liaison Person. Consideration should, in all cases, also be given as to whether an immediate referral is necessary in order to preserve and safeguard against the possibility of any loss, deterioration, or destruction of potential evidence or forensic evidence.

Under no circumstances should a child be left in a dangerous situation pending the intervention of TUSLA - Child and Family Agency

Reporting Procedures:

- The staff member or Sister immediately brings this matter to the attention of the Designated Liaison Person, Sr. Sheila Devane, MMM, who has responsibility to inform the MMM Area Leader and the Area Councillor for Europe.
- The Designated Person will report to NBSCCCI, civil authorities (TUSLA - Child and Family Agency) and the Canonical authorities about each formal complaint of abuse received and ensure that the guidance of NBSCCCI is followed.
- The MMM Area Leader/Area Councillor for Ireland, European Area must ensure that the greatest possible care is taken to protect the potential victim from further risk.
- The MMM Area Leader or Designated Liaison Person will consult and seek guidance as required.
- If an allegation is made against a member of staff employed by the Medical Missionaries of Mary (MMM), MMM will not be responsible for financing any legal advice obtained by the employee.
- The Area Leader/Area Councillor for Ireland, European Area will ensure that a pastoral response to the alleged victim and his/her family will be offered, treating them with respect, openness and compassion. They will be assured of a prompt response and informed of the procedures that will be taken in the investigation.
- The Area Leader/Area Councillor for European Area, Ireland will ensure that a support person is appointed for the victim and an advisor for the respondent, who is informed of her/his legal rights.
- When the accused person is an MMM, the Congregation's response will be explained to the Sister.

Note: *where an allegation or suspicion is made against the Designated Liaison Person, the information must be passed to the Deputy Designated Liaison Person or Area Leader/Area Councillor and the process, as outlined, should be carried out by her.*

This written policy will be publicly displayed and all staff and volunteers will indicate in writing their acceptance of the MMM Safeguarding Children Policy.

Code of Behaviour when Activities involve Children

While MMM Ministries in Ireland do not have children as the target population, we recognize that children may be included in some activities of these ministries.

Thus, we consider that best practice includes:

1. Any day outings of children must be authorized in writing by the parent/guardian responsible;

2. Medication and cleaning products should be adequately stored and beyond reach;
3. Transport of children is the responsibility of an assigned driver only;
4. No volunteer, visitor, or staff member should be alone in a closed room with a minor at any time;
5. Children will be accompanied by a parent or responsible adult at all times. No child will remain in unaccompanied.

4. PREVENTION

- **The Medical Missionaries of Mary Safeguarding Children Policy**

The Safeguarding Children Protection Policy and Procedure will apply to all people involved in Ministry, including volunteers.

- **Staff Screening**

MMM in Ireland will apply a scrupulous screening process for future members/staff setting in place an interview panel, a set of questions, and training on Safeguarding Children Protection Policy and Procedures. Staff will be especially attentive during the six-months' probation period for new staff.

- **Staff Recruitment and Training**

MMMM in Ireland can minimise the risk of children being abused in the following ways by:

- a. Safe recruiting and vetting practices – helping to prevent those who pose a risk to children getting a position of trust in our employment.
- b. Codes of behaviour – having clear guidelines that set out what is not acceptable behaviour as an essential part of keeping children safe.
- c. Operating safe activities for children.
- d. Responsibility of staff to report any abuse or suspicion of abuse will be emphasised at all times.
- e. Encouraging whistle-blowers and guaranteeing them confidentiality if necessary.

Initial and on-going Awareness and Training in Safeguarding Children will be obligatory for all staff, regardless of position. Regular seminars will be held for new and existing staff using qualified resource persons to keep the staff abreast with the prevention and recognition of child abuse and the consequences of such actions. These seminars will include learnings about the causes, symptoms, prevention, and occasions that could promote abusive behaviour, as well as relevant legislation, required reporting procedures, and the responsibilities of employers.

5. IMPLEMENTING & MONITORING THE STANDARDS

A. Implementation of the Policy

MMM in Ireland is committed to the implementation of this policy in all aspects of its work with children and by all staff members, volunteers and long-term visitors to the project.

To ensure this the designated person(s) will be responsible for:

- a) Seeing that every stake-holder has access to the policy and training sessions will be given regularly – at induction to all newcomers and annually to longer term staff, volunteers.
- b) Fostering a safe climate in the work-place whereby all concerned can use their skills; confer with colleagues for assistance/advice and so implement the policy in a competent and compassionate manner.
- c) Keeping abreast of any changes in international, national or more locally based issues that may impact the policy or its implementation and taking action to remove barriers blocking its full implementation should these exist.
- d) Accepting feed-back on any difficulties in the policy implementation from any source and working to alleviate these.
- e) Ensuring that all documentation is up to date, filed, and kept safely.

B. Monitoring & Evaluation (M & E) of the Implementation

MMM in Ireland is committed to the monitoring and evaluation of the implementation of this policy.

To ensure this the designated liaison person(s) will be responsible for:

- Supporting management to create and maintain a work environment where feed-back, on-going learning, openness, review, audit, contribution of opinions, correction, clarification and positive challenge are accepted attributes to the work ethic of the project. In this milieu M & E will happen more easily and with greater effect.
- Building monitoring and evaluation of the Safeguarding Children Policy into the regular work of the ministry; this can be done both formally and informally. For the former a suggested time to do this could be when the annual report is being deliberated and written.
- A review of the entire process in every case where a complaint was made whether or not it was substantiated or pursued legally. This will be best undertaken with those concerned in the reporting, the designated liaison person(s) and any other person whose competence is deemed helpful.
- Enabling a process where lessons can be learned from reviewed cases; new steps to correct (if necessary) introduced; and improvements made.

- Facilitating objectivity in all monitoring and evaluation and towards this end inviting an outsider to be part of the M & E process. All outsiders to guarantee confidentiality in writing.
- Ensuring that the policy itself is reviewed, updated and any changes communicated to all stake-holders at least bi-annually (2 yearly) or more often if necessary.

ANNEX 1

SAMPLE COMMITMENT FORM

I,
confirm that I have received and read the *(place name of Project Institution here)* **Safeguarding Children Policy**. It has been explained to me and I have had the opportunity to ask questions and to seek clarification on any points not clear to me.

I am now fully aware of my obligations as a member of staff/volunteer of *(place name of Project/Institution here)* to act according to the requirements of this Policy. These include appropriate professional behaviour and the responsibility to report instances of abuse or suspected abuse of children its that come to my attention.

I understand the consequences entailed if I fail to act in accordance with the Policy.

Name(block capitals):

Signature:

Date:

Witness(block capitals):

Witness Signature:

Date:

APPENDIX 2: DEFINITIONS RELATED TO SAFEGUARDING CHILDREN

A **Child** for the purpose of this Protection Policy is any human being under the age of 18 years.

A **Vulnerable Adult** is a person of 18 years or older who because of impairment in mental, or physical function, or emotional status, or because of a status or power differential, is unable to report abuse, neglect or exploitation without assistance. Such persons include but are not limited to: refugees, internally displaced persons (IDPs), persons with disabilities, war victims, prisoners, trafficked persons, frail, isolated and other non-independent or institutionalized adults.

Abuse may be physical, sexual, psychological or emotional in nature, or may occur through neglect. It may form a continuum which ranges from minor breaches of policy or rules to indecent assault. It may consist of a single act or a catalogue of incidences.

Physical Abuse is any form of non-accidental injury which results from a willful or neglectful failure to protect.

Emotional/Psychological Abuse occurs when the need of a child for affection, approval and consistency are not met causing severe and persistent adverse effects on the child's emotional/psychological development. Emotional abuse is normally found in the relationship between a care-giver and a child rather than in a specific event or pattern of events.

Sexual Abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. Any form of sexual behaviour engaged in by an adult with a child or young person is sexual abuse and is both immoral and criminal. Examples of Sexual Abuse include:

- Intentional touching, fondling or molesting;
- Inappropriate and sexually explicit conversations or remarks;
- Exposure of the sexual organs, or any sexual act intentionally performed in the presence of the child;
- Exposure to pornography of other sexually explicit and inappropriate material.
- Sexual assault;
- Any behaviour or expressions that may be interpreted as being seductive or sexually demeaning to a child;
- Consensual activity between a professional person and a child or between a professional person.

Neglect is an omission, where a person suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation, supervision and safety, attachment to and affection from adults. Neglect generally becomes

apparent in different ways over a period of time rather than at one specific point. It is the persistent failure to meet a child's physical, emotional and/or psychological needs that is likely to result in significant harm.

Exploitation, Child Trafficking and Child Labour this involves using a child for economic purposes or performing work that may be hazardous.⁶

Child Sacrifice is the ritualistic killing of children in order to please, propitiate or force supernatural beings in order to achieve desired goal.⁷

Bullying is repeated aggression be it verbal, psychological, or physical, conducted by an individual or group against others.⁸

Elder Abuse can include physical, sexual, psychological and financial abuse and neglect. It is a violation of human rights and is a significant cause of injury, illness, loss of productivity, despair and isolation. Elder abuse is more likely to take place when community resources are stretched or where the protective framework within and outside communities may have collapsed. In a number of countries there have been widespread reports of violence directed against older people, especially women following accusations of witchcraft and connected with unexplained events, such as crop and rain failures.

⁶ Caritas Maddo CAPP

⁷ Caritas Maddo CAPP

⁸ *Our Children, Our Church, Child Protection Policies and Procedures for the Catholic Church in Ireland* - The Irish Missionary Union 2011

APPENDIX 3: EFFECTS OF SEXUAL ABUSE

Victims of sexual abuse can experience fear, shame, confusion and violation of their person. They can feel guilty, blame themselves and take responsibility for what has happened. Children and adolescents can suffer distortions in the process of determining their sexual identity and even their identity as persons. Victim can go through a long period of silence, denial, and repression. Other people can refuse to believe them, reinforcing their sense of guilt and shame.

The intensity of the effects of sexual abuse on victims will vary. Some of the factors involved are the age and personality of the victim, the relationship with the offender, the duration and frequency of the abuse, the particular form of the abuse, the degree of force used, the threats used to compel secrecy, and the degree of violation of trust and abuse of power involved.

APPENDIX 4: SAFEGUARDING CHILDREN RECORDING FORM (TEMPLATE)

SAFEGUARDING CHILDREN RECORDING FORM

1. About the disclosure/concern:

Date of disclosure/concern: _____

Time of disclosure/concern: _____

How was information received? (Telephone, Letter, E-mail, in person?) Attach any written information to this form)

2. Details of person making disclosure/raising concern:

Name: _____

Address: _____

Telephone No: _____

Mobile No: _____

Email: _____

Relationship to child or alleged victim: _____

3. Details of child or alleged victim:

Name: _____

Date of Birth: _____

Address: _____

Telephone No: _____

Mobile No: _____

Ethnic origin: _____

Language (is interpreter/signed needed?): _____

Disability or Special needs: _____

Parish/Order (*if applicable*): _____

4. Parent/Carer details (*where appropriate*):

Name: _____

Address (if different from above): _____

Tel: _____

Mobile: _____

Are they aware of the allegation, suspicion or complaint? Yes [] No []

5. Details of alleged perpetrator:

Name: _____

Address: _____

Tel: _____

Mobile: _____

Relationship to child/victim (*parent/volunteer/Priest/teacher, etc.*): _____

Position in the Medical Missionaries of Mary (place name of Project/Institution here):

Address at time of alleged incident(s): _____

Current contact with children if known: _____

Any additional information: _____

6. Details of concern, allegation or complaint:

(Include dates/times and location the incident(s) occurred, witnesses, if known. Does the child/victim know this referral is being made?)

7. Action taken

Has the matter been referred to civil authorities? **Yes** [] **No** []

If yes

Date _____

Time _____

If no explain why?

Who was it referred to?

Name: _____

Designation: _____

Address: _____

Tel: _____

E-mail: _____

Has the matter been referred to a member of MMM *(place name of Project/Institution here)?*

Yes [] **No** []

If yes:

Date: _____

Time: _____

If no explain why:

Who was it referred to?

Name: _____

Designation: _____

Address: _____

Tel: _____

E-mail: _____

8. Next Steps

What actions were agreed and by whom when the matter was referred on to civil/Medical Missionaries of Mary authority?

Are there any immediate child protection concerns? If so please record what they are and state what actions have been taken by whom to address them:

9. Designated Liaison Person details:

Date form sent: _____

10. Details of person completing the form:

Name: _____

Tel: _____

Mobile: _____

E-mail: _____

Position (Staff/Volunteer etc): _____

Form completed:

Date: _____

Time: _____

Signed: _____

(A copy must be retained by the recipient and filed in a secure location, and a copy must be sent to the designed officer and civil/statutory authorities)

APPENDIX 5: SAMPLE TRAINING WORKSHOP ON SAFEGUARDING CHILDREN AND PROCEDURES FOR STAFF

Facilitators:

Target Group	Time table 1- 2 p.m.	Content of the Workshop	Aim/Objectives	Budget
Staff <i>-in Ireland</i> and Teachers (no people)	Once a month for half day	Preparing the ground Introducing Safeguarding Children Policy.	-Define child safeguarding / -Understand what child safeguarding is in an organizational context -Understand what is meant by a child safeguarding policy	Meals: Stationary:
		Recapping - Why need Safeguarding Children Policy and Procedures?	-Understand the concept of risk management -Undertake a risk assessment in your organization(identify risks that exist in your organization in relation to child safety, categorize them according to their seriousness and plan appropriate actions to minimize the opportunities for harm to be done to children.	Meals:
		Necessary Foundation Develop behaviors' guidelines for both children and staff	Understand the importance of the 6 foundation stones/principles (a child rights – based approach, consultation, ownership, confidentiality and sensitivity) to developing and implementing child safeguarding policies and procedures.	Meals:
		Developing Safeguarding Children Policy and Procedures	-Identify the stakeholders who should be involved in the design and development of the policy as well as in its implementation monitoring and evaluation. -Identify the extent to which the elements that you consider essential to child safeguarding, and the elements you consider desirable are already in place in your organization in order to identify gaps: which elements are documented in a written policy and which are being implemented in practice.	Meals:

		Implementing Safeguarding Children Policies and Procedures	Identify key tasks in the different stages of developing and implementing child safeguarding policies and procedures	Meals:
		a) Dealing with Obstacles and Challenges b) Monitoring and Evaluating Safeguarding Children Policies and Procedures	a) Identify strategies or steps you can take to overcome these obstacles and challenges (internal and external) b) Understand the importance of participatory monitoring and evaluation	Meals: Certificates x 40: 4 copies of Toolkits:
				Total:

APPENDIX 6: SAMPLE PAGE FOR DISPLAY



MEDICAL MISSIONARIES OF MARY
(PLACE NAME OF PROJECT/INSTITUTION HERE)
SAFEGUARDING CHILDREN POLICY
AREA – (COUNTRY)

We, the Medical Missionaries of Mary ministering in (place name of Project/Institution here), recognize our responsibility to protect all people in our ministries from harm so as to prevent abuse now or in the future.

PURPOSE OF THE POLICY

- To safeguard children in our care.
- To educate our personnel by clarifying how they are expected to behave with children and deal with allegations or rumors.
- To uphold the integrity of the Medical Missionaries of Mary and our mission by modeling best practice.
- To ensure that we always strive for best practice.

OBLIGATIONS

This MMM policy applies to all members, staff and volunteers, both paid and unpaid, who may have access to children in *(place name of Project/Institution here)*.

MMM makes it mandatory upon all members to familiarize themselves with the Congregation's Safeguarding Children Policy of April 2018 and to adapt it to each Project/Institution.

In addition, the Medical Missionaries of Mary have appointed a Designated Person and Deputy Designated Person to take responsibility for following procedures: ensuring the Civil and Church authorities, appropriate statutory bodies, and the Area Leadership Team are informed, and ensuring that all allegations or rumours are dealt with in an immediate, compassionate, confidential, and responsible manner.

ACTION: Should any Sister, staff member or volunteer become aware of an alleged abuse, they should contact one of the following, who will ensure the matter is appropriately dealt with.

DESIGNATED PERSON CONTACT DETAILS:

Name of Designated Person and Phone Number

Name of Deputy Designated Person and Phone Number

Name of Area Councillor and Phone Number