ICPHAA

Irish Counselling, Psychotherapy & Allied Healthcare Professionals Association

MEMBERS' PROFESSIONAL PRACTICE

Safeguarding & Duty of Care Policy

How ICPHAA members protect children and adults at risk, respond to disclosures and critical incidents, and look after their own fitness to practise as part of their duty of care.

REFERENCE	ICPHAA-POL-09	VERSION	1.0
EFFECTIVE	9 November 2026	NEXT REVIEW	9 November 2027
POLICY OWNER	ICPHAA Board of Directors		

MEMBERS' PROFESSIONAL PRACTICE · ICPHAA-POL-09

Safeguarding & Duty of Care Policy

APPLIES TO	All ICPHAA members in every membership category and setting, and anyone acting on behalf of ICPHAA.
VERSION	1.0 · effective 9 November 2026 · next review 9 November 2027
POLICY OWNER	ICPHAA Board of Directors
CONTACT	ICPHAA Registry · admin@icphaa.ie

AT A GLANCE

- Counsellors and psychotherapists registered with a voluntary professional body are mandated persons under the Children First Act 2015.
- Reasonable concerns about a child are reported to Tusla without delay; members do not investigate concerns themselves.
- Concerns about adults at risk are acted on in line with HSE safeguarding policy, respecting the adult's will and preferences.
- Every member has a clear protocol for risk of suicide, self-harm, harm to others and critical incidents.
- Practitioner wellbeing is a safeguarding issue: members act early when their own difficulties affect their work.

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1. Purpose

Members owe a duty of care to the people they work with. That duty includes providing competent and ethical services, protecting clients and others from harm, and acting decisively when someone's safety or welfare is at serious risk. ICPHAA's commitment to safeguarding begins with the protection of children, extends to adults at risk, and includes the wellbeing of practitioners themselves.

This policy sets out members' obligations in child protection and adult safeguarding, how to respond to disclosures and to risk of serious harm, how to manage critical incidents, and how members look after their own fitness to practise. It should be read with the ICPHAA Code of Conduct for Members and the Garda Vetting Policy.

2. Scope

This policy applies to every ICPHAA member, in every membership category, in all settings: private practice, organisations, schools, residential and community services, and online or telephone work. It applies whether the member is working with a child, with an adult, or with an adult who discloses concerns about a child.

Members working within an organisation must also follow that organisation's safeguarding policy and, where one exists, consult its Designated Liaison Person. Where an organisation's procedures conflict with a member's legal duties, the legal duty takes priority.

The policy also applies to ICPHAA Board members, Registry and Accreditation Department staff and anyone acting for the Association, in the way they respond to safeguarding concerns raised with ICPHAA.

3. Principles and definitions

- **The welfare of the child is paramount.** Where there is a conflict between a child's welfare and other interests, the child's welfare comes first.
- **Adults have rights.** Adults are presumed to have capacity, and their will and preferences are respected, in line with the Assisted Decision-Making (Capacity) Act 2015, unless there is a serious risk that requires otherwise.
- **Act, do not investigate.** Members report concerns to the appropriate agency. Investigation is a matter for Tusla, the HSE or An Garda Síochána.
- **Proportion and openness.** Actions are proportionate to the risk and, where safe, discussed openly with the person concerned.
- **Record and reflect.** Concerns, decisions and actions are recorded at the time and discussed in supervision.

For this policy, a **child** is a person under 18. An **adult at risk** is an adult whose ability to protect themselves from abuse, neglect or exploitation is impaired by mental illness, intellectual disability, physical disability, age-related impairment or other circumstances that leave them susceptible to harm.

4. Child protection and mandated reporting

Under the Children First Act 2015, counsellors and psychotherapists registered with a voluntary professional body are mandated persons. Members in other categories, including Allied Healthcare members, may also be mandated persons because of their profession or role, and should check their status under

the Act. Mandated persons must report to Tusla, the Child and Family Agency, where they know, believe or have reasonable grounds to suspect that a child has been harmed, is being harmed or is at risk of being harmed, as defined in the Act, and must assist Tusla in its assessment if asked.

Children First National Guidance describes four categories of harm: physical abuse, emotional abuse, sexual abuse and neglect. All members, whether or not they are mandated persons, should report reasonable concerns in line with the Guidance.

- Members working with children must complete Children First training and keep their knowledge of current guidance up to date.
- Where a child is in immediate danger, members contact An Garda Síochána or the emergency services first.
- Where an adult client discloses abuse they experienced as a child, members should consider, with supervision and in line with Children First National Guidance, whether a report to Tusla is needed, for example where the person who caused the harm may still have contact with children.

> **ICPHAA SUPPORT**
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> ICPHAA fully supports members in meeting their reporting obligations. A report made honestly and in good faith will not lead to any adverse action by the Association.

5. Responding to a disclosure

Members who work with children should have a written protocol for managing disclosures and safeguarding concerns, review it regularly and discuss it in supervision. When a child, or an adult on a child's behalf, discloses abuse or a member becomes concerned, the member should:

1. Listen calmly, take the disclosure seriously and reassure the person that they were right to tell.
2. Avoid leading questions and do not promise to keep the information secret; explain, in an age-appropriate way, what will happen next.
3. Make sure the child is safe and, if there is immediate danger, contact An Garda Síochána or the emergency services.
4. Consult the Designated Liaison Person, where the member works within an organisation that has one, and their clinical supervisor, without delaying an urgent report.
5. Make the report to Tusla without delay, using Tusla's current reporting arrangements. A mandated person may make a joint report with another mandated person.
6. Record what was said, in the person's own words where possible, the date and time, the action taken, to whom the report was made and the reasons for any decisions.
7. Continue to support the child or client after the disclosure, within the member's role, and seek supervision for themselves.

6. Adults at risk

Safeguarding obligations extend to adults at risk of abuse, neglect, financial exploitation, coercive control or other harm. Where a member has such a concern about an adult client, or about an adult the client describes, the member should:

- discuss the concern with the adult, where it is safe to do so, and explore what they want to happen;
- respect the adult's decisions where they have capacity to make them, supporting them to make informed choices, while recognising that serious risk to the adult or to others may justify action without consent;
- consult their supervisor or an experienced colleague;
- where appropriate, make a referral in line with the HSE National Safeguarding Policy for adults at risk, for example to the HSE Safeguarding and Protection Teams, and contact An Garda Síochána where a crime may have been committed or there is immediate danger;
- record the concern, the adult's views, the advice received, the action taken and the reasons, at the time.

7. Risk of serious harm and critical incidents

All members must have clear procedures for responding to a risk of suicide, self-harm or harm to others, including competence in risk assessment, access to crisis and emergency contacts, and a clear route for escalation where there is an imminent risk to life. Where a client is at imminent risk, members contact the emergency services and record their actions and reasons as soon as possible. The limits of confidentiality in these circumstances are set out in the Confidentiality Policy.

Critical incidents, including the suicide or death of a client and incidents of serious self-harm or harm to others, call for a structured and supported response. Members should:

1. take immediate steps to ensure the safety of everyone involved;
2. notify the appropriate authorities and, where relevant, their employer, as required;
3. consult their supervisor or a senior colleague as soon as possible;
4. document the incident and their response;
5. notify their professional indemnity insurer where the incident could give rise to a claim or complaint;
6. seek support for themselves through supervision, peer support and personal therapy as needed.

Members can contact the ICPHAA Registry for guidance following a critical incident.

8. Practitioner wellbeing and fitness to practise

ICPHAA regards practitioner wellbeing as a core safeguarding issue, not a peripheral concern. Practitioners experiencing burnout, compassion fatigue, personal trauma, ill health or other difficulties that affect their work can pose a risk to clients, even when that risk is not immediately apparent. Self-care is therefore a professional obligation, not merely a personal choice.

Members are expected to reflect regularly on their own wellbeing and professional functioning. Supervision is the main forum for this, and ICPHAA also recommends personal therapy where appropriate, healthy boundaries, adequate rest and connection with peer support.

Members who recognise that their difficulties are affecting their work must act without delay. This may mean increasing supervision, reducing their caseload, consulting their GP or another health professional, or pausing practice to protect clients, with appropriate arrangements for clients' continuing care. ICPHAA will work constructively with members who seek help in maintaining their fitness to practise.

9. Responsibilities and concerns

Members are responsible for knowing and meeting their legal safeguarding duties, completing the training required for their work, holding current Garda vetting where the Garda Vetting Policy requires it, keeping clear records, and seeking supervision on safeguarding matters.

ICPHAA is responsible for providing guidance through the ICPHAA Registry, responding promptly to safeguarding concerns raised with it, referring concerns to Tusla, the HSE or An Garda Síochána where required, and keeping this policy under review.

Failure to meet mandatory reporting obligations, or to act on a serious risk to a client or another person, is a serious breach of the ICPHAA Code of Conduct for Members. It may be considered under the Complaints Procedures, the Fitness to Practise Policy and the Disciplinary Procedures, and may also carry legal consequences.

Anyone with a safeguarding concern about an ICPHAA member can contact the ICPHAA Registry at admin@icphaa.ie. Members who raise concerns about a colleague's practice in good faith will be supported, and may also be protected by the Protected Disclosures Act 2014 (as amended) where it applies. Where a child or adult is in immediate danger, contact An Garda Síochána or the emergency services first.

10. Monitoring and review

The ICPHAA Board of Directors owns this policy and reviews it at least annually, or sooner where changes in law, Children First National Guidance, HSE safeguarding policy or professional practice require it. The current version is available at www.icphaa.ie.

READ ALONGSIDE

- ICPHAA Code of Conduct for Members
- Garda Vetting Policy
- Confidentiality Policy
- Public Protection Policy
- Fitness to Practise Policy
- Complaints Procedures

DOCUMENT CONTROL

VERSION	DATE	CHANGE	APPROVED BY
1.0	9 November 2026	Reissued in the ICPHAA policy framework (replaces the former ICPA version).	ICPHAA Board of Directors

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