



**Report on Audit  
of  
Cadet Divisions  
at  
St John Ambulance Ireland**

**August 2025**

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## 1. Introduction

On 8<sup>th</sup> March 2021, St John Ambulance Ireland (SJAI) commissioned Doctor Geoffrey Shannon to conduct an “*Independent Review of the Handling of Past Complaints of Abuse in St John Ambulance Ireland*”. Dr Shannon’s Report in relation to that Review was submitted to St John Ambulance Ireland in November 2022 and included in its recommendation the requirement to employ of a national safeguarding officer independent of St John Ambulance Ireland. Michael Lynch of Michael Lynch Safeguarding Ltd was contracted to fulfil that role.

In addition to reviewing the current safeguarding policy and procedures of St John Ambulance Ireland, it was agreed that Michael Lynch would conduct an audit of the safeguarding practices within the organisation’s Cadet Divisions.

This report outlines the outcome of the audit and makes recommendations with a view to enhancing what is currently a well-developed safeguarding culture in St John Ambulance Ireland.

## 2. Methodology

During the audit, Michael Lynch visited all 11 Cadet Divisions, as follows:

- Cork City Division
- Glanmire Division (Cork)
- North Kildare Division (Celbridge)
- City of Dublin Division (Dublin 4)
- Raheny Division (Dublin 5)
- Ballyfermot Division (Dublin 10)
- Walkinstown/Drimnagh Castle Division (Dublin 12)
- Ongar Division (Dublin 15)
- Foxrock Ambulance Division (County Dublin)
- Foxrock Nursing Division (County Dublin)
- Swords Division (County Dublin).

Each cadet division is also linked to an adult division in the same location.

The audit involved visits to each Division, including observation of a portion of each Cadet Division meeting and a group interview with the Cadet Leadership Team. Records were examined to ensure all cadet leaders had up-to-date Garda Vetting and Safeguarding Training. Michael Lynch also attended the St John Ambulance Ireland Safeguarding Training course and reviewed the Garda Vetting Policy & Procedure as part of the audit.

In summary, the audit considered the following issues:

1. Compliance with requirements relating to the Risk Assessment (of 'harm' to a child) and the Child Safeguarding Statement.
2. Awareness and observance of safeguarding procedures to prevent child abuse.
3. Understanding and reporting child protection and welfare concerns.
4. The roles and responsibilities of mandated persons.
5. Safeguarding Training and Garda Vetting
6. The views of the cadet leaders as to how safeguarding and the experience of cadets could be improved.

Each of those issues is dealt with separately below.

### **3. Child Safeguarding Statement and Risk Assessment**

St John Ambulance Ireland provides a voluntary first aid service and a community care and support service, including ambulance cover. The organisation has Cadet Divisions for its cadet members aged 10 to 17 years (inclusive). When cadets are active with St John Ambulance Ireland they are under the care and supervision of, and receive advice and guidance from adult members known as cadet leaders. SJAI is, therefore a 'relevant service' in accordance with Section 2 and Schedule 1 (paragraphs 4, 5 and 6) of the Children First Act 2015. The Commissioner of St John Ambulance Ireland is the 'provider' of the 'relevant service' and must comply with the requirements of Part 2 of the Act of

2015 by producing a Child Safeguarding Statement and implementing certain procedures to safeguard children from harm.

The St John Ambulance Ireland Safeguarding Team produces the organisation's Child Safeguarding Statement and the accompanying *Child Safeguarding Policy and Procedures* under the direction of the Commissioner. The Child Safeguarding Statement is reviewed every two years, as required by the Children First Act 2015, and there is provision for reviewing it as soon as practicable after there has been a material change in any matter to which the statement refers. Following each review and prior to publication, the Child Safeguarding Statement is submitted voluntarily to Tusla's Child Safeguarding Statement Compliance Unit (CSSCU) to ensure compliance with the Children First Act 2015. Finally, the Child Safeguarding Statement and all policies are submitted to the Board of SJAI for approval before dissemination. The current Child Safeguarding Statement is a four-page A4-sized document.

All divisions were in possession of their Child Safeguarding Statement at their meeting/divisional practice venues when visited during the audit. The Child Safeguarding Statement used by the divisions is the document produced by the Child Safeguarding Team. It could be argued that the main body of the Statement is not bespoke to the division. However, each respective division is essentially identical to the others, providing the same range of activities. Where the Child Safeguarding Statement becomes bespoke is where the divisions add local amendments to the risk assessment produced by the Child Safeguarding Team. That is discussed further below. See recommendation 1 in the next section and in the Recommendations section.

However, each division ought to take ownership of its Child Safeguarding Statement by including the name of the division and its address in the first sentence of the section that describes the service provided.

### **3.1. Risk Assessment**

The development of a Child Safeguarding Statement is based on an assessment of any potential for harm to a child while availing of the service, otherwise known as a risk assessment. The Risk Assessment then informs the development of certain procedures, one of which is the procedure to manage any risk identified. The purpose of that procedure is the prevention of harm or abuse of children availing of the service ensuring, as far as practicable, that each child is safe from harm while availing of the service.

The Child Safeguarding Team develop a comprehensive national risk assessment on the basis that all divisions essentially engage in the same work and activities, related to the provision of first aid and community support services. This includes training and first aid-related competitions.

The risk assessment provided to divisions includes a section titled “Local Measure implemented to reduce risk”.

During the audit five of the cadet divisions had at least one “Local Measure implemented to reduce risk”, many of them being procedures to observe around the toilet area as it was somewhat separate from the main meeting room/hall being used. Six of the divisions had no local measures recorded as they felt that the national risk assessment sufficed.

Conducting the risk assessment ensures that those involved in its development become more aware of risk of harm and how best to remove or manage any risk identified. Instead of having a section titled “Local Measure implemented to reduce risk”, it is submitted that each division be provided with a risk assessment template and be required to conduct its own risk assessment. Divisions could be challenged to identify at least one risk and check that current procedures reduce/manage the risk. Each division should be required to provide its risk assessment to the Child Safeguarding Team for review.

### **3.2. Display of Child Safeguarding Statement**

Section 11(6) of the Children First Act 2015 requires that the Child Safeguarding Statement be displayed in a prominent place where the 'relevant service' relates or is provided.

Each of the Cadet Divisions had the Child Safeguarding Statement present at their meetings.

Three of the divisions operate in a premises owned by either St John Ambulance Ireland or the division itself. Each of those divisions have the Child Safeguarding Statement displayed permanently as one enters the building, either on a notice board or in a framed glass case affixed to a wall.

Seven divisions use a community/church centre, or a school to hold their meetings and divisional practice, and one division uses a Health Service Executive (HSE) ambulance base. Some of those divisions do not have storage space available to them at the centres in which they hold their meetings and must bring all equipment and documents, including the Child Safeguarding Statement, to the meetings each week.

Three of those divisions place the Child Safeguarding Statement on a noticeboard, wall or pillars in the hall/room being used when they arrive at the centre. One cadet division displays the Child Safeguarding Statement on the back of a door of their storage locker and the door is left open while the division is present. Another places the Child Safeguarding Statement at the reception desk near the entrance to the building (HSE ambulance base). Three divisions keep the Child Safeguarding Statement in an opened folder on the desk in the hall where they train, but only the first of the four pages is actually displayed. The reviewer explained to them the statutory requirement of having the full Child Safeguarding Statement on display, and the need for display in a prominent place, which they accepted. A common difficulty stated by many divisions relates to the Child Safeguarding Statement being on four A-4 pages, making it difficult to display each week, either due to the lack of space or somewhere suitable to display four pages.

It is possible to produce a Child Safeguarding Statement in A3 poster-format, to include all of the information on the current four-page document. The Reviewer, along with the SJAI Child Safeguarding Team has been developing such a document. When prompted by the Reviewer, there was a general consensus that a single A3 poster-format Child Safeguarding Statement would be preferable. Two of the divisions with no premises indicated there was a possibility of permanently displaying their Child Safeguarding Statements on noticeboards if it was in an A3 poster format.

Cadet divisions carry the Child Safeguarding Statement with them on duties, but it is not displayed in first aid posts operated by SJAI at events where the organisation provides a first aid service to patrons at the event and/or members of the public, including children.

Divisions carry the Child Safeguarding Statement with them when in ambulances, but it is not displayed in ambulances/response vehicles operated by SJAI. This is a practical issue as there may be limited space in an ambulance for the display of the document. SJAI should continue to carry a Child Safeguarding Statement for display in each of their ambulances/response vehicles, as an ambulance is a place, or would be situated at a place, where the 'relevant service' relates or is provided. When the ambulance/response vehicle is parked at a duty, the Child Safeguarding Statement should be displayed in a prominent place in the vehicle.

The Child Safeguarding Statement is also displayed on the SJAI website at <https://www.stjohn.ie/stjwp/wp-content/uploads/2024/05/Child-Safetguarding-Statement-2024-.pdf>, and on an internal Microsoft SharePoint site for SJAI members, entitled Membership Connect. These practices should be continued.

### **3.3. Dissemination of Child Safeguarding Statement**

Section 11(5) of the Children First Act 2015 requires that the Commissioner, as 'the provider' of the 'relevant service', furnishes copies of the Child Safeguarding Statement to all members of staff. In the Act of 2015, "member of staff" means any person(s) who

‘the Provider’ employs, contracts or permits to undertake any work or activity that constitutes a ‘relevant service’. The term “member of staff” should be taken to include volunteers in accordance with the Act.

All volunteers interviewed during the audit report being furnished with a copy of the SJA Child Safeguarding Statement and the *St John Ambulance Ireland Child Safeguarding Policy and Procedures* each time those documents are reviewed, and they are aware that they are available on the SJA website and on the SJA *Membership Connect* SharePoint site. The documents are distributed by email at divisional level when received from the Child Safeguarding Team.

Section 11(5) also requires that the following persons are provided with a copy of the Child Safeguarding Statement upon request:

- a parent/guardian of a child availing of the relevant service
- the Child and Family Agency (Tusla)
- members of the public.

Cadet leaders are fully aware of the importance of transparency when dealing with parents/guardians and were clear on the need to provide a parent/guardian with a copy of the Child Safeguarding Statement. The SJA Child Safeguarding Policy and Procedures instructs that parents/guardians are made aware of the safeguarding policy and procedures and are referred to their online availability. In fact, a number of cadet divisions provide parents/guardians with a copy of the Child Safeguarding Statement and Child Safeguarding Policy and Procedures by email when a child joins SJA and following the publication of each reviewed document without being requested to do so. Although this is not a requirement of the Children First Act 2015, it is good practice and should be continued by all cadet divisions.

Cadet leaders were also clear on the need to provide a copy of the Child Safeguarding Statement to Tusla staff and stated that they would refer immediately to the Child Safeguarding Team, who are noted on the Child Safeguarding Statement as being the



“relevant persons’ for the purposes of the Child Safeguarding Statement. Also displayed at SJAI meeting/divisional practice venues are the contact details for the National Child Protection Officer and National Deputy Child Protection Officer, who perform the roles of and a DLP and Deputy DLP, respectively, as well as ‘relevant person’ for the purpose of the Children First Act 2015.

The Reviewer asked the Cadet leaders what they would do “if a member of the public” were to ask them for a copy of their Child Safeguarding Statement. While they agreed that there would be no issue with furnishing a member of the public with a copy of the Child Safeguarding Statement, they were unclear on procedure and stated that they would confer with the Child Safeguarding Team. Many of the leaders stated they would be concerned as to the motivation or agenda of the member of the public. The Cadet leaders were advised that there is a statutory requirement to furnish a member of the public with a copy of the Child Safeguarding Statement and the reviewer discussed with them how they might furnish the document upon request.

### **3.4. Recommendations**

1. Each division should be provided with a national risk assessment template and be required to conduct its own risk assessment.
2. Each division should be required to provide its risk assessment to the Child Safeguarding Team for review.
3. Each Divisional Manager and each Cadet Divisional Manager/Leader should receive awareness training on conducting a risk assessment for the purposes of the Children First Act 2015.
4. An A3 poster format Child Safeguarding Statement should be produced for display in each place where St John Ambulance Ireland divisions hold their meetings/divisional practice events.
5. Each division of SJAI should have its name and address on its own Child Safeguarding Statement.
6. The Child Safeguarding Statement should be displayed in a prominent place at any first aid posts operated by SJAI where they provide a first aid service.

The address/location of the First Aid post should be included in the Child Safeguarding Statement, in lieu of the division name/address.

7. St John Ambulance Ireland should continue to carry a copy of the Child Safeguarding Statement in each of the organisation's ambulances/response vehicles, and it should be displayed when they are parked at duties. The registration number or other SJAI unique identity number for the vehicle and the address of SJAI Headquarters, or of the Division that owns the ambulance, should be included on the Child Safeguarding Statement. The presence of the Child Safeguarding Statement should form part of any inspection protocol for SJAI vehicles.
8. In addition to providing all volunteers with a copy of the Child Safeguarding Statement and SJAI Child Safeguarding Policy and Procedures, Cadet Divisional Managers should ensure that a parent/guardian of each cadet member should receive a copy each time they are reviewed.
9. Each Divisional Manager and Cadet Divisional Manager/Leader should receive awareness training on the statutory requirements of the Children First Act 2015 regarding the Child Safeguarding Statement.

## **4. Awareness and Observance of Child Safeguarding Procedures**

St John Ambulance Ireland provides a voluntary first aid service and a community care and support service, including ambulance cover. The organisation has Cadet Divisions for its cadet members aged 10 to 17 years (inclusive). When cadets are active with St John Ambulance Ireland they are providing a first aid service. They are also trained weekly at divisional practice by cadet leaders.

### **4.1. Supervision of Cadets**

The St John Ambulance Ireland Child Safeguarding Policy and Procedures requires that there be a maximum child to adult ratio of 12:1 +1 extra adult at Divisional Practice and a maximum child to adult ratio of 8:1 +1 extra adult at any outdoor activity. Mixed gender leadership is advised as is planning for the arrival and departure of young people. There are clear messages that adults must avoid spending time alone with a young person.

During the audit, cadet leaders were clear on those instructions.

The maximum number of young people in each of the cadet divisions at the time of the audit ranged from between 11 to 40. The number of cadets actually present on the evening of the audit ranged from 8 to 30 for each division, while the number of cadet leaders present on the evening of the audit ranged from 2 to 5. The required ratio of children to adults was always met and in some divisions was as small as 3 children to 1 adult +1 extra adult.

Each cadet division had mixed leadership present, except for two cadet divisions from the same area, one of which is a solely female cadet division and the other a solely male cadet division.

During drop-off to practice and collections by parents, two cadet leaders are always present to supervise prior to drop-off and until all young people are collected.

Where there are insufficient cadet leaders to meet the ratios, the number of leaders is supplemented with members from the adult division, but the cadets must already know the adult division member, whose vetting and safeguarding training must be up-to-date. There will always be cadet leaders present. While most divisions reported this was never an issue, one division reported that it had only three cadet leaders for its 11 cadet members and struggled to get members from the adult division to assist. This was placing significant pressure on the cadet leaders and impeding recruitment in order that the instruction on ratios is not breached. Cadets are the lifeblood of organisations such as St John Ambulance Ireland and represent the future of the organisation. It is essential that adult divisions recognise this and provide assistance where possible to ensure appropriate supervision ratios are maintained.

Cadet leaders reported that, when cadets were on duties, there must always be at least two cadets and at least 4 adults to supervise them. A cadet leader is always present as one of the four adults.

An agreed parent/guardian drop-off and collection point is arranged for cadets going to duties. Drop-off and collection at duties is supervised by two adult members, including a cadet leader.

If there are late collections, both adult members wait with the cadet(s) involved.

#### **4.2. Physical Contact**

The St John Ambulance Ireland Child Safeguarding Policy and Procedures provides comprehensive instruction on physical contact. Cadet Leaders were acutely aware of the necessity to avoid unnecessary physical contact. For example, during first aid training, they demonstrate first aid techniques on another adult member and then have the cadets practice on each other, ensuring they seek permission from the cadet playing the injured person to touch the injured area. While treating children who are ill or injured, they ensure the parent/guardian, another SJAI member, or another adult is present and will always seek permission from the child to touch the injured area.

#### **4.3. One-to-One interactions with cadets**

Cadet leaders are never involved in a planned one-one interaction with a child or young person, but are aware of the possibility of an unplanned interaction occurring and the need to avoid secrecy and have others present or in sight of the interaction. While the matter of being alone with a young person is addressed somewhat in the SJAI Child Safeguarding Policy and Procedures, I recommend a section on One-to-One interactions be added to instruct members on good practice should they find themselves in such a position.

#### **4.4. Transport**

Cadet leaders are aware of the organisation's instruction on avoiding the giving of a lift to a young person in the adult's own car.

When the Geoffrey Shannon report was issued, divisions were told that cadets could no longer travel in ambulances and must be brought to and from duties by a parent/guardian. So long as there are appropriate ratios of children to adults while travelling in an ambulance and other relevant procedures are observed, it is submitted that any risk of harm is appropriately managed. Not being allowed to travel in an ambulance to a duty or competition deprives cadets of an important experience as members of a first aid organisation. Further, older cadets may travel alone to and from duties and would be at greater risk of harm than when travelling in an ambulance where safeguarding procedures are properly observed. I am informed that this instruction was withdrawn some time ago but, while some units appeared aware the instruction had been withdrawn, some were not. A written instruction to all members might resolve this issue.

#### **4.5. Trips Away/overnights**

The SJAI Child Safeguarding Policy and Procedures contain comprehensive instructions on Trips away and overnights, but these had stopped following the emergence of COVID-19. Some day trips are now organised. The leaders were aware of the need for consent forms, parent contact details, planning the event, appropriate supervision. Transport is by public transport or hired minibuses/buses.

#### **4.6. Training & Garda Vetting**

In order that an adult member is allowed to be active, they must have an active SJ PIN (membership number), which can be checked by leaders. To have an active SJ PIN, each adult member must have completed the garda vetting process, which cannot be completed unless the members has first undertaken Children First eLearning and the SJAI safeguarding training course in the same calendar year. Members are require to undertake this process every three years. Members who fail to be Garda vetted and safeguarding trained are stood down until such time as the training and vetting is in place.

The reviewer participated in Children First eLearning and the SJAI safeguarding training course. The SJAI safeguarding training course is of two hours duration and concentrates

primarily on prevention of abuse in SJAI, referring specifically to the Code of Behaviour. Although Children First eLearning provides the training on recognising and reporting harm/abuse, the SJAI Safeguarding course summarises that topic and instructs on SJAI procedures around recognising, responding to and reporting abuse.

During the audit visits, many of the cadet leaders felt that the SJAI safeguarding training was aimed at all first aiders in general, and that further safeguarding training was regard specifically for cadet leaders.

A review of Garda vetting was conducted in late 2024 and a new policy was produced in early 2025. However, launch of the new policy was deferred as we had learned that the Garda National Vetting Bureau was arranging briefings to advise of significant changes to vetting procedures. It was also decided that members in divisions throughout the country required training on the new procedures.

All cadet leaders during each audit visit were in date for their Garda vetting, Children First eLearning and SJAI safeguarding training.

Cadet leaders reported that transition from cadet to adult divisions when cadets reached the age of 18 was “clunky” due to the vetting rules in the organisation. Adult members are required to avail of Children First eLearning and St John Ambulance Ireland’s safeguarding training course prior to completing the garda vetting process. However, this has been remedied somewhat by the introduction of garda vetting for cadets aged 16-17 years (inclusive) in the new Garda Vetting Policy and Procedures. 18 year old members who were vetted as cadets may attend divisional practice with their adult division, but cannot attend duties until they undergo Children First eLearning, the SJAI safeguarding training course and are re-vetted. They must complete that process within 3 months of transferring to the adult division.

#### 4.7. Recommendations

10. SJAI should review practice and procedure in relation to accessing supplementary leaders from adult divisions to ensure adult divisions are aware of the responsibility to assist cadet divisions in supervision duties.
11. SJAI should include a One-to-One Interactions section in its Code of Behaviour to instruct on the appropriate procedure when an adult member finds themselves in such circumstances with a young person.
12. SJAI should issue a written instruction to all divisions advising that cadets may travel in ambulances provided there is appropriate supervision in accordance with SJAI Child Safeguarding Policy and Procedures.
13. SJAI should develop a training course for Divisional Managers, including Cadet Leaders to outline their safeguarding responsibilities as leaders in divisions.
14. Each Divisional Manager and members delegated by the Divisional Manager to manage vetting at divisional level should receive awareness training on the requirements of the National Vetting Bureau in relation to validating the documents provided by Vetting Applicants.

### 5. Recognising, Responding to and Reporting Harm/Abuse

St John Ambulance Ireland (SJAI) has appointed two members, the National Child Protection Officer and National Deputy Child protection Officer, to be the Designated Liaison Person (DLP) and Deputy DLP, respectively. In addition to the Child Safeguarding Statement and SJAI Child Safeguarding Policy and Procedures, each division is issued with a one-page A4 poster containing the contact details of the DLP and Deputy DLP. The poster is for display at each place where SJAI personnel have meetings of divisional practice. During the audit, each division had that poster displayed.

When asked during the audit what they would do if they had a safeguarding concern, each cadet leader stated they would contact the DLP or Deputy DLP. When asked what the DLP role was, all stated: to take reports of child protection and welfare concerns, any other safeguarding concerns (such as breaches of SJAI policy and procedures); and reporting concerns to Tusla. Two divisions mentioned the development of SJAI

safeguarding policy and procedure; and seven mentioned support, guidance and advice for members relating to safeguarding.

All were aware that they could report to Tusla themselves, but in all four divisions where concerns had been previously reported, the reports to Tusla were made via the DLP/Deputy DLP.

## **6. Mandated Persons**

During the audit visits, there was at least one mandated person present for the audit in all but three of the divisions. All reported being an Emergency Medical Technician (EMT).

All mandated persons were aware that they had a legal responsibility to report concerns of abuse to Tusla, but they would contact the DLP first and make a joint report through the DLP. A small number of the EMTs had a vague idea of what the threshold of harm was, but none were very clear on the definition. While all agreed they would assist Tusla when requested, none were aware of the legal responsibility to provide assistance to Tusla when requested, pursuant to section 16 of the Children First Act 2015.

All were aware that they could access the Child Protection and Welfare Report Form on the SJA I Membership Connect SharePoint site, while three were aware of the Tusla Portal but were not registered on it. Four divisions reported having their own copy of the form in the event that they required it.

15. SJA I should consider either the development of its own mandated persons training course and/or introducing a requirement that every mandated person undergo Tusla's Mandated Person eLearning Module.

## **7. Strength of Current SJA I Policies**

When asked their opinion as to how robust current SJA I policies are, all agreed they were strong, but there was a small number of reports of current procedures being overly protective since the Geoffrey Shannon Report. The two procedures seen as most overly



protective relate to the ban on carrying of cadets in ambulances as mentioned in the Transport section above; and the requirement to have Children First eLearning and SJAI Safeguarding Training completed before the online vetting process can commence.

## **8. Conclusion & Recommendations**

St John Ambulance Ireland has worked hard to enhance its safeguarding procedures since before the issue of the Geoffrey Shannon Report, from which this audit arises.

Members of St John Ambulance Ireland are acutely aware of the requirement for appropriate safeguarding practices. During the audit they evidenced, during interviews and while being observed at divisional practice, an excellent safeguarding culture through the attitudes they expressed, their understanding of harm/abuse prevention and reporting when they have a concern.

In saying that, there is always room for improvement in every organisation. The welfare of children must always be paramount in the decisions made, balanced with ensuring they have the best possible experience that the organisation has to offer.

There is a need to foster a greater understanding of the importance of the Child Safeguarding Statement, the Risk Assessment that informs it, and its implementation. Many of the recommendations refer to this issue.

Training is the first step towards ensuring implementation of a safeguarding culture and some areas that would benefit from further training have been identified in this report.

Also, it is important to provide the best possible experience for cadets and adults in St John Ambulance Ireland to ensure members are retained in a very competitive volunteer market. Some of the recommendations refer to reviewing some practices to improving that experience, so long as safeguarding standards are not impacted.

It is with the above in mind that the following recommendations are presented.

It is recommended that:

1. Each division should be provided with a national risk assessment template and be required to conduct its own risk assessment.
2. Each division should be required to provide its risk assessment to the Child Safeguarding Team for review.
3. Each Divisional Manager and each Cadet Divisional Manager/Leader should receive awareness training on conducting a risk assessment for the purposes of the Children First Act 2015.
4. An A3 poster format Child Safeguarding Statement should be produced for display in each place where St John Ambulance Ireland divisions hold their meetings/divisional practice events.
5. Each division of SJAI should have its name and address on its own Child Safeguarding Statement.
6. The Child Safeguarding Statement should be displayed in a prominent place at any first aid posts operated by SJAI where they provide a first aid service. The address/location of the First Aid post should be included in the Child Safeguarding Statement, in lieu of the division name/address.
7. St John Ambulance Ireland should continue to carry a copy of the Child Safeguarding Statement in each of the organisation's ambulances/response vehicles, and it should be displayed when they are parked at duties. The registration number or other SJAI unique identity number for the vehicle and the address of SJAI Headquarters, or of the Division that owns the ambulance, should be included on the Child Safeguarding Statement. The presence of the Child Safeguarding Statement should form part of any inspection protocol for SJAI vehicles.
8. In addition to providing all volunteers with a copy of the Child Safeguarding Statement and SJAI Child Safeguarding Policy and Procedures, Cadet Divisional Managers should ensure that a parent/guardian of each cadet member should receive a copy each time they are reviewed.

9. Each Divisional Manager and Cadet Divisional Manager/Leader should receive awareness training on the statutory requirements of the Children First Act 2015 regarding the Child Safeguarding Statement.
10. SJAI should review practice and procedure in relation to accessing supplementary leaders from adult divisions to ensure adult divisions are aware of the responsibility to assist cadet divisions in supervision duties.
11. SJAI should include a One-to-One Interactions section in its Code of Behaviour to instruct on the appropriate procedure when an adult member finds themselves in such circumstances with a young person.
12. SJAI should issue a written instruction to all divisions advising that cadets may travel in ambulances provided there is appropriate supervision in accordance with SJAI Child Safeguarding Policy and Procedures.
13. SJAI should develop a training course for Divisional Managers, including Cadet Leaders to outline their safeguarding responsibilities as leaders in divisions.
14. Each Divisional Manager and members delegated by the Divisional Manager to manage vetting at divisional level should receive awareness training on the requirements of the National Vetting Bureau in relation to validating the documents provided by Vetting Applicants.
15. SJAI should consider either the development of its own mandated persons training course and/or introducing a requirement that every mandated person undergo Tusla's Mandated Person eLearning Module.
16. SJAI should conduct an annual audit, sampling a number of divisions to ensure they maintain the safeguarding standards required by SJAI's Child Safeguarding Policy and Procedures and its Child Safeguarding Statement.

I herewith present this report to the Commissioner and the Board of St John Ambulance Ireland for consideration as deemed appropriate.



Michael Lynch

