

**Barnardos'
Training &
Resource
Service**



Information Pack
Child Protection

Revised: June 2010

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PRINCIPLES FOR BEST PRACTICE IN CHILD PROTECTION

- The welfare of children is of paramount importance.
- A proper balance must be struck between protecting children and respecting the rights and needs of parents/carers and families; but where there is conflict, the child's welfare must come first.
- Children have a right to be heard and taken seriously. Taking account of their age and level of understanding, they should be consulted and involved in relation to all matters and decisions that affect their lives.
- Early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection.
- Parents/carers have a right to respect and should be consulted and involved in matters which concern their family.
- Actions taken to protect a child, including assessment, should not in themselves be abusive or cause the child unnecessary distress. Every action and procedure should consider the overall needs of the child in the context of their age, stage of development and other factors.
- Intervention should not deal with the child in isolation; the child must be seen in a family setting.
- The criminal dimension of any action cannot be ignored.
- Children should only be separated from parents/carers when all alternative means of protecting them have been exhausted. Re-union should always be considered.
- Interagency working is central to responding to children whose wellbeing is under threat.
- Any intervention should be culturally sensitive and take account of the languages spoken by all parties involved, e.g. Irish speakers.
- In practice, effective child protection requires compulsory training and clarity of responsibility for personnel involved in organisations working with children.
- Early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection.

Taken from Children First 2009 and Guidelines for the Protection of Children in Early Childhood Services (An Comhchoiste Réamsclaíochta Teo et al., 2000)

CHILDREN FIRST: NATIONAL GUIDELINES FOR THE PROTECTION AND WELFARE OF CHILDREN, OFFICE OF THE MINISTER FOR CHILDREN AND YOUTH AFFAIRS 2009

‘Everyone has a duty to protect children.’
Barry Andrews T.D., Foreword: Children First 2009

The 2009 National Guidelines (which replace those published in 1999) set out the role and responsibilities of organisations and personnel working with children with regard to their protection. They are set out in four parts:

- PART I:** Key Messages
- PART II:** Definitions and Recognition of Child Abuse, Basis for Reporting Concerns and Standard Reporting Procedure, Interagency Cooperation
- PART III:** Guidance for Health Service Executive (HSE) Child Welfare and Protection Services, Protocol for An Garda Síochána–HSE Liaison
- PART IV:** Special Considerations

The aims of the Guidelines are as follows:

- These Guidelines are intended to assist people in identifying and reporting child abuse.
- They aim to clarify and promote mutual understanding among statutory and voluntary organisations about the contributions of different disciplines and professions to child protection.
- They emphasise that the needs of children and families must be at the centre of child care and child protection activity and that an interagency, partnership approach must inform the delivery of services.
- They highlight the importance of consistency between policies and procedures across the HSE and other statutory and voluntary organisations.
- They emphasise in particular that the welfare of children is of paramount importance.
- They should improve the identification, reporting, assessment, treatment and management of child abuse.
- Having regard to the findings from official child abuse inquiries carried out in Ireland, the National Guidelines should facilitate effective child protection work by emphasising the importance of family support services and the need for clarity of responsibility between various professional disciplines.
- The National Guidelines should maximise the capacity of staff and organisations to protect children effectively by virtue of their relevance and comprehensiveness.

- They should consolidate interagency co-operation based on clarity of responsibility, co-ordination of information, and partnership arrangements between disciplines and agencies.

The Guidelines should be used by organisations to develop guidance and procedures for staff and/or volunteers that are consistent with the National Guidelines. Organisations need to identify and appoint a designated person(s) who will be responsible for reporting concerns re child protection and also act as a support for staff.

Children First 2009
Summary Guidance

1. Children should be protected from abuse and neglect.
2. The welfare and protection of children is of paramount importance.
3. Everyone has a responsibility for the welfare and protection of children.
4. If you are concerned about a child, you should report that concern without delay to the Child Welfare and Protection Services of the HSE, which has statutory responsibility to protect children.
5. You can report your concern in person, by telephone or in writing.
6. Before deciding whether or not to make a formal report, you may wish to discuss your concerns with the Child Welfare and Protection Services of the HSE.
7. If it is an emergency and you think a child is in immediate danger and you cannot get in contact with the Child Welfare and Protection Services of the HSE, you should contact the Gardaí at any Garda station.

Taken from Children First 2009

THE LEGAL CONTEXT OF CHILD PROTECTION

- The UN Convention on the Rights of the Child
- Child Care Act, 1991
- Domestic Violence Act, 1996
- Non-Fatal Offences against the Person Act 1997
- Freedom of Information Act, 1997 and Data Protection Act 1988
- Protections for Persons Reporting Child Abuse Act, 1998
- Education and Welfare Act, 2000, Education Act, 1998.
- Children Act, 2001
- Sex Offenders Act, 2001
- Criminal Justice Act, 2006
- Criminal law (Sexual Offences) Act 2006

The UN Convention on the Rights of the Child

Ireland ratified the UN Convention on the Rights of the Child in 1992. The Convention is essentially a 'bill of rights' for all children, outlining rights relating to every aspect of children's lives such as the right to survival, development, protection and participation. The principles of the Convention include:

- **Non-discrimination** – All rights apply to all children.
- **The best interests of the child** – All actions concerning the child shall take account of his or her best interests.
- **Survival and development** – Every child has the inherent right to life, and the state has an obligation to ensure the child's development.
- **The child's opinion** – The child has the right to express his opinion and have it taken account of in any matter or procedure affecting him or her.

In addition, the Convention recognises the critical role of the family in the life of the child.

Child Care Act, 1991

The main legislation governing the care and protection of children is the Child Care Act, 1991.

- It places a statutory duty on every HSE to 'promote the welfare of children in its area who are not receiving adequate care and protection.'
- In addition, it strengthens the powers of the HSE to provide childcare and family support services.
- It enables the immediate intervention of HSE or An Garda Síochána where children are in danger.
- It enables the Courts to place children who have been abused or who are at risk in the care of or under the supervision of the HSE.

- It provides arrangements for the notification and inspection of pre-school services [Child Care (Pre-School Services) (No.2) Regulations 2006 and Explanatory Guide to Requirements and Procedures for Notification and Inspection.]
- It revises the provisions for registration and inspection of residential care centres.

Domestic Violence Act, 1996

This Act introduced major changes in the legal remedies for domestic violence. These are:

Safety Order – This prohibits a person from further violence, but does not require that person to leave the family home.

Barring Order – This requires the violent person to leave the family home.

The Domestic Violence Act gives the HSE the power to intervene to protect individuals and their children from violence, and to apply for orders on behalf of a person, if they are deterred from doing so through fear or trauma.

Non-Fatal Offences against the Person Act, 1997

Provision (i) of the Non-Fatal Offences against the Person Act abolishes the rule of law under which teachers were immune from criminal liability in respect of physical chastisement of pupils. Provision (ii) describes circumstances where use of reasonable force may be justifiable.

Freedom of Information Act, 1997, Data Protection Act 1988

The Freedom of Information Act enables members of the public to obtain access to information in the possession of public bodies. Under the Act, a person has:

- A right of access to personal information relating to themselves, subject to certain conditions.
- A right to correct this information if it is inaccurate.

The exemptions and exclusions which are relevant to child protection include the following:

- Protecting records covered by legal professional privilege.
- Protecting records which would facilitate the commission of a crime.
- Protecting records which would reveal a confidential source of information.

The Data Protection Act applies to the accessing of personal data by individuals, giving them the right to identify its existence; to access it and to have rectified any inaccuracies. Data controllers are required to ensure that data collected is accurate, up-to-date and kept for lawful purposes. Data controllers and data processors [the

people who collect and manage data in organisations] have a duty of care in relation to the individuals about whom they collect and store data.

Protections for Persons Reporting Child Abuse Act, 1998

The main provisions of this Act are:

- The provision of immunity from civil liability to any person who reports child abuse 'reasonably and in good faith'.
- The provision of significant protections for employees who report child abuse.
- The creation of a new offence of false reporting of child abuse when a person makes a report of child abuse to the appropriate authorities 'knowing that statement to be false'. This is a new criminal offence designed to protect innocent people from malicious reports.

Note: Persons reporting abuse in good faith and in the child's best interests may also be protected under common law, using 'qualified privilege'. (Children First, 2009)

Education Welfare Act, 2000

Main provisions:

- Minimum school leaving age raised from 15 to 16, or the completion of three years of post primary education, whichever is the latter.
- Establishment of the National Education Welfare Board (NEWB).
- Appointment of Education Welfare Officers (some of whom were former school attendance officers).
- Board will maintain a register of children receiving education outside of school structure and will assess adequacy of such education.
- School registers, attendance records, codes of behaviour and attendance strategies will be used by school authorities to promote regular attendance and foster an appreciation of learning among the student population.
- Parents required to ensure that their children attend a recognised school or otherwise receive an appropriate minimum education.
- Specific provision is made for the continuing education and training of young persons of 16 and 17 years who leave school early to take up employment.

The NEWB is the national agency with responsibility for encouraging and supporting regular school attendance. Specifically, the NEWB was established to ensure that every child attends school regularly, or otherwise receives an education or participates in training.

Children Act, 2001

This Act replaces provisions and associated legislation of the Children Act 1908. The Act covers three main areas:

1. It provides a framework for the development of the juvenile justice system.

2. It re-enacts and updates provisions in the 1908 Act in order to protect children against persons who have the custody, care or charge of them.
3. It provides for Family Welfare Conferences and other provisions for dealing with children who present out-of-control but who are non-offending.

Sex Offenders Act, 2001

This Act came into force in Ireland in June 2001. This law has significantly changed the way sex offenders are treated by the criminal justice system in Ireland.

Some of the key elements of the act include the following:

- Notification procedures or a tracking system for all convicted sex offenders. The Act imposes a requirement on certain sex offenders to notify An Garda Síochána of their names and addresses and any changes to that information within 7 days to ensure records are fully up to date. Sex offenders from other countries who are not obliged to give notification are required to give their names and addresses to An Garda Síochána if they are in this country.
- New procedures for sex offenders when seeking employment where unsupervised access to children is involved.
- The Act creates an offence for convicted sex offenders to seek or accept work involving unsupervised contact with children, without informing the employer of their conviction.

Criminal Justice Act, 2006 [Section 176] Reckless Endangerment

Section 176, sub section (2) of the 2006 Criminal Justice Act created an offence of 'reckless endangerment of children'. This places a requirement on a person with authority or control over a child or over an abuser not to intentionally or recklessly endanger the child by leaving or placing them in a situation of substantial risk of serious harm or sexual abuse. It states that they have committed an offence if they have failed to take reasonable steps to protect a child that they know may be in a risk situation.

Criminal Law (Sexual Offences) Act 2006

The Act, in sections 2.1 and 2.2 states that a sexual act, or attempt to engage in a sexual act with a child under the age of 15 years is an offence; in Section 2.3 it deals with defendants who may claim the child was over 15, stating that the onus of proof is on the defendant. In section 3.1 and 3.2 it states that a sexual act or attempt to engage in a sexual act with a child under the age of 17 years is an offence. A female under the age of 17 shall not be guilty of an offence by reason of engaging in an act of sexual intercourse, according to section 5.

DEFINITION AND RECOGNITION OF CHILD ABUSE

Introduction

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. There are also a number of other forms of abuse such as peer abuse; bullying; organised abuse. fatal child abuse may occur as well. A child may be subjected to more than one form of abuse at any given time.

Note: A child is defined as a person under the age of 18 years, excluding a person who is or has been married.

The National Guidelines have adopted the following definitions of child abuse:

Neglect

Neglect is normally defined in terms of an *omission*, where a 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, or medical care. It usually becomes apparent over a period of time.

- Physical neglect – Where a child's basic needs for food, clothing and shelter are not met.
- Medical neglect – When a child is deprived of adequate health care by a person in his/her care.
- Supervisory neglect – When a child is left without arranging necessary or adequate care or supervision.
- Educational neglect – When a child is not provided with learning opportunities.

Emotional Abuse

Emotional abuse is normally to be found in the *relationship* between a caregiver and a child rather than in a specific event or pattern of events. It occurs when a child's needs for affection, approval, consistency and security are not met. It is rarely manifested in terms of physical symptoms. Examples of emotional abuse include:

- Persistent criticism, sarcasm, hostility or blaming.
- Emotional unavailability by the child's parent/carer.
- Unrealistic or inappropriate expectations of a child's capacity to understand something.
- Exposure to domestic violence.

Children show signs of emotional abuse by their behaviour (for example, excessive clinginess to or avoidance of the parent/carer), their emotional state (low self-esteem, unhappiness), or their development (non-organic failure to thrive). Older children may exhibit other signs, for example eating disorders, self-harm.

Physical Abuse

Physical abuse is any form of non-accidental injury that causes significant harm to a child, including:

- Shaking [note: shaken baby syndrome resulting in Abusive Head Trauma]
- Use of excessive force in handling
- Deliberate poisoning
- Suffocation
- Fabricated/induced illness (*see Appendix 1 of Children First 2009 for details*)

Sexual Abuse

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. For example:

- Exposure of the sexual organs or any sexual act intentionally performed in the presence of a child.
- Intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification.
- Masturbation in the presence of a child or involvement of the child in the act of masturbation.
- Sexual intercourse with the child, whether oral, vaginal or anal.
- Sexual activity between an adult and a child under 17 years. 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 years. This means, for example, that sexual intercourse between a 16 year old girl and her 17 year old boyfriend is illegal, although it might not be regarded as constituting child sexual abuse.

Children First includes detailed examples of signs and symptoms of abuse.

Age of Consent

Children First refers to the age of consent where it states

for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years for both boys and girls. This means that, for example, sexual intercourse between a 16-year-old girl and her 17-year-old boyfriend is illegal, although it might not be regarded as constituting child sexual abuse. The decision to initiate child protection action in such cases is a matter for professional judgement and each case should be considered individually. An Garda Síochána will deal with the criminal aspects of the case under the relevant legislation.

Recognising Child Abuse

Child abuse is not always readily visible. The recognition of abuse normally can be considered in three stages:

1. **Considering the possibility** – If a child appears to have suffered an inexplicable and suspicious looking injury, seems distressed without obvious reason, displays unusual behavioural problems or appears fearful in the company of parents/carers.
2. **Observing signs of abuse** – A cluster or pattern of signs is the most reliable indicator of abuse. Children may make direct or indirect disclosures, which should always be taken seriously. Less obvious disclosures may be gently explored with a child, without direct questioning (which may be more usefully carried out by the HSE or An Garda Síochána). Play situations such as drawing or story telling may reveal significant information. Indications of harm must always be considered in relation to the child's social and family context, and it is important to always be open to alternative explanations.
3. **Recording of information** – It is important to establish the grounds for concern by obtaining as much detailed information as possible. Observations should be recorded and should include dates, times, names, locations, context and any other information which could be considered relevant or which might facilitate further assessment/investigation.

Questions which may help staff when they are concerned about a child's welfare

- Is the child behaving normally for his/her age and stage of development?
- Does the child present a change in behaviour?
- For how long has this behaviour been observed?
- How often does it occur? Where?
- Has something happened which could explain the child's behaviour?
- Is the child showing signs of distress? If so, describe (e.g. behavioural, emotional, physical signs).
- Does the behaviour happen everywhere or just in the school or childcare setting?
- Is the child suffering?
- Does the behaviour restrict the child socially?
- Does the behaviour interfere with the child's development?
- What effect, if any, does it have on others (e.g. other children)?
- What are the child's parents(s) views, if known?

Children with Special Vulnerabilities

It is acknowledged in the revised Children First Guidelines of 2009 that some children are more vulnerable to abuse than others. Such children may include those with special needs; homeless children; those separated from their families and those under the care of others. Categories of abuse may be the same, but the forms of abuse may differ, for example the use of physical restraints, inappropriate medication; deprivation of basic rights or harsh regimes of discipline.

The HSE has a role under the Child Care Act 1991 to assume primary responsibility, which includes assessment and taking steps to protect the child in question. The Health Information and Quality Authority (HIQA) has responsibility to set standards for Children's Services, and the Social Services Inspectorate (SSI) have responsibility to register and inspect residential facilities.

Fatal Child Abuse

In an instance of fatal child abuse, Children First states that there are three key aspects to be addressed:

- The criminal aspect needs to be brought to the attention of An Garda Síochána and the Coroner.

- A risk assessment for siblings or other children in the situation needs to be conducted by the HSE.
- Finally, the need of the family to grieve must be respected with opportunity given to each family member to say goodbye to the deceased child.

Peer Abuse

Where alleged perpetrators of abuse are themselves children, consideration needs to be given to provide care for both the child victim and the child abuser. The National Guidelines provide specific recommendations in this instance.

Organised Abuse

Typically this is when one or more adults conspire to abuse children – usually sexually. It also refers to cases where an adult may move into an institution or area in order to entrap children. Cases such as this are complex; they require detailed investigation, sometimes over a period of years and sensitive cooperation between the HSE and An Garda Síochána.

Retrospective Disclosures by Adults

Where a retrospective disclosure takes place, consideration needs to be given to the current context to ascertain if there is a possible current risk to children from the alleged abuser named by the adult.

RESPONDING IF A CHILD DISCLOSES CHILD ABUSE

Suggested Guidelines

- Be as calm and natural as possible. Remember that you have been approached because you are trusted and possibly liked. Do not panic.
- Be aware that disclosures can be very difficult for the child.
- Remember, the child may initially be testing your reactions and may only fully open up over a period of time.
- Listen to what the child has to say. Give them the time and opportunity to tell as much as they are able and wish to. Do not pressurise the child. Allow him/her to disclose at their own pace and in their own language.
- Conceal any signs of disgust, anger or disbelief.
- Be careful when asking questions. **Questions should be supportive and for the purpose of clarification only.** Avoid leading questions such as asking whether a specific person carried out the abuse. Also, avoid asking about intimate details or suggesting that something else may have happened other than what you have been told. Such questions and suggesting could complicate the official investigation.
- Assure the child that you believe them. False disclosures are very rare in young children.
- It is important to differentiate between the person who carried out the abuse and the act of abuse itself. The child quite possibly may love or strongly like the alleged abuser while also disliking what was done to him/her.
- It is important therefore to avoid expressing any judgment on, or anger towards, the alleged perpetrator, while talking with the child.
- It may be necessary to reassure the child that your feelings towards him/her have not been affected in a negative way as a result of what he/she has disclosed.

Do not promise to keep secrets.

At the earliest opportunity tell the child that:

1. You acknowledge that they have come to you because they trust you.
2. You will be sharing this information only with people who understand this area and who can help. There are secrets which are not helpful and should not be kept because they make matters worse. Such secrets hide

things that need to be known if people are to be helped and protected from further ongoing hurt.

By refusing to make a commitment to secrecy to the child you do run the risk that they may not tell you everything or indeed anything, there and then. However, it is better to do this than to tell a lie and ruin the child's confidence in yet another adult. By being honest, it is more likely that the child will return to you at another time.

***Think before you promise anything.
Don't make promises which you cannot keep.***

At the earliest possible opportunity:

1. Record in writing, in factual manner, what the child has said, including, as far as possible, the exact words used by the child.
2. Inform your supervisor/manager immediately and agree measures to protect the child, i.e. report the matter directly to the HSE.
3. Maintain appropriate confidentiality.

Follow your organisation's procedures for Child Protection issues. Further support regarding concerns is available from the HSE.

Ongoing Support

Following a disclosure by a child, it is important that the staff member continues in a supportive relationship with the child.

Disclosure is a huge step for many children. Staff should continue to offer support, particularly through:

- Maintaining a positive relationship with the child.
- Keeping lines of communication open by listening carefully to the child.
- Continuing to include the child in the usual activities.

Any further disclosure should be treated as a first disclosure and responded to as mentioned above.

Where necessary, immediate action should be taken to ensure the child's safety.

REPORTING CHILD PROTECTION CONCERNS

The Reporting Process

When a concern regarding child protection is reported to the HSE, the process involved in the assessment of the concern is usually as follows:

Phase I

Allegation of child abuse (neglect, emotional, physical or sexual)

- Referral to HSE Child Welfare and Protection Service
- HSE Child Welfare and Protection Service's Social Worker/other designated person consults records and makes initial enquiries. These may be internal and also external. Other professionals such as teachers may be involved in these.
- Initial Assessment (standardised procedures followed)
- Social Worker consults with Line Manager (Team Leader or Senior Social Worker).

Phase II

- Notification to Childcare Manager
- Entry in the Child Protection Notification System [CPNS]

Options at this point may include notification to An Garda Síochána with emergency action taken if necessary; also possible provision of alternative support services should notification to HSE not be warranted.

- strategy meeting with key people
- HSE assessment

Phase III

Child Protection (Case) Conference, interagency and interprofessional meeting; including parents/carers [unless not in child's best interests].

Appointment of a Key Worker following decision to offer services.

Negotiation of a child protection plan involving all key people (i.e. parents/carers, HSE staff, other relevant professionals)

Child protection reviews which happen at six monthly intervals

Reporters receive response.

Case transfers: policy to be followed if child leaves area or jurisdiction.

Case closure, all professionals and family informed.

Note: Ensure Standard Reporting Form (see Appendix 1) is used if a report is being made to the HSE.

Importance of Reporting

Early reporting and intervention in child abuse cases may reduce the risk of serious harm occurring to a child in the future. Persons uncertain about the validity of their concerns may discuss them with a HSE social worker or public health nurse (see Appendix 2 of Children First and also Appendix 2 of this pack for National Contacts). This may enable them to determine whether or not a formal report is required.

The Protection for Persons Reporting Child Abuse Act, 1998 provides immunity from civil liability to persons who report child abuse 'reasonably and in good faith' to designated officers of the HSE or any member of An Garda Síochána. This means that, even if a reported suspicion of child abuse proves unfounded, a plaintiff who took an action would have to prove that the reporter had not acted reasonably and in good faith in making the report. This protection applies to organisations as well as individuals.

Giving information to others for the protection of a child does not constitute a breach of confidentiality.

The HSE has a statutory obligation to respond to concerns. However people reporting these can be assured that the HSE will, as stated in Children First, undertake careful consideration of all issues when determining their response.

Responsibility to Report

Any person, who suspects that a child is being abused, or is at risk of abuse, has a responsibility to report their concerns to the HSE. This responsibility is particularly relevant to professionals such as teachers, child care workers and health professionals who have regular contact with children in the course of their work. It is also an important responsibility for staff and volunteers involved in sports clubs, parish activities, youth clubs and other organisations catering for children. The following examples would constitute reasonable grounds for concern:

1. A specific indication from a child that (s)he was abused.
2. A statement from a person who witnessed abuse.
3. An illness, injury or behaviour consistent with abuse.
4. A symptom which may not in itself be totally consistent with abuse, but which is supported by corroborative evidence of deliberate harm or negligence.
5. Consistent signs of neglect over a period of time.

‘A suspicion, which is not supported by any objective indication of abuse, would not constitute a reasonable suspicion, or reasonable grounds for concern.’

Children First (2009)

Reporting Procedure

If child abuse is suspected or alleged, the following steps should be taken by professionals and members of the public who come into contact with children:

1. A report should be made to the HSE in person, by phone or in writing. Each HSE area has a duty social worker who is available each day to meet with or talk on the telephone to persons wishing to report child protection concerns.
2. It is generally most helpful if personal contact is made with the duty social worker by the person who first witnessed or suspected the alleged child abuse.
3. In the event of an emergency or the non-availability of HSE staff, a report may be made to An Garda Síochána at any Garda Station.

The **Standard Report Form** should be used (see Appendix 1). The form collects as much as possible of the following details, which will assist the HSE or An Garda Síochána to deal with the concern effectively.

- Names and addresses of the child, parents/carers and any other children in the family
- Name and address of the person alleged to be causing harm to the child
- A full objective account of the current facts leading to the concern about the child’s safety or welfare
- The source of any information which is being discussed with the HSE
- Dates of any incidents being reported
- Circumstances in which the incident or concern arose
- Any explanation offered to account for the risk, injury or concern
- The child’s own statement if relevant
- Any other information about the family, particularly any difficulties which they may be experiencing
- Any factors relating to the family which could be considered supportive or protective, e.g. helpful family members, neighbours or services
- Name of child’s school
- Name of child’s general practitioner
- Reporter’s own involvement with child and parents/carers
- Details of any action already taken in relation to the child’s safety and welfare
- Names and addresses of any agency or key person involved with the family

- Identity of person reporting, including name, address, telephone number, occupation and relationship with the family

In cases of emergency, where a child appears to be at immediate and serious risk, and a duty social worker is unavailable, An Garda Síochána should be contacted.

Note: Under no circumstances should a child be left in a dangerous situation pending HSE intervention.

Co-operation with Parents/Carers

Any **professional** who suspects child abuse should inform the family if a report is likely to be submitted to the HSE or An Garda Síochána, unless doing so is likely to endanger the child. Co-operation with the family is essential in order to ensure the safety of the child; it is more likely to be achieved if professionals can develop an open and honest relationship with parents/carers. Involvement in a child protection assessment can be difficult for parents/carers. Families may have rights to know what is said about them and to contribute to important decisions about their lives and those of their children. Sensitivity must be used, and parents/ carers should be made fully aware of what is expected of them. Professional staff must strike a balance between showing respect for families and using authority appropriately.

In the case of families/individuals with special needs, or where there are language barriers, then provision must be made for this.

The National Guidelines give procedures to be followed by HSE personnel when interviewing parents/carers, and detailed guidance for such personnel when interviewing children, ensuring that detailed and intimate questions will be handled by specialist personnel.

COMPLIANCE WITH CHILDREN FIRST NATIONAL GUIDELINES

As stated in the revised National Guidelines, it is intended to put legislation in place to ensure that all state-employed staff who are working with children and also those in agencies and organisations in receipt of state funding will have a duty to comply with Children First Guidelines. They also will have a duty to share relevant information and cooperate with other agencies in the best interests of the child.

PARENTS AND CHILD PROTECTION

Full information for parents is given in *Our Children First, A Parent's Guide to the National Child Protection Guidelines* (Barnardos, 2005). This includes general information, and also information on the conduct of an investigation into a family and the ensuing assessment. It also includes guidance on keeping children safe, and supports that may be available to families.

KEEPING CHILDREN SAFE: RECRUITMENT AND GARDA VETTING

In any organisation providing services for children, a key element of child protection is the recruitment process. This includes accessing reliable references, thorough interviewing, completion of garda vetting, and any subsequent risk assessments.

Garda Vetting is available through a number of agencies and there are authorised signatories in various sectors – each organisation seeking vetting should check out the signatory for their own sector.

For the Early Years and Preschool sector, the Irish Preschool Playgroups Association (IPPA) and the National Children's Nurseries Association (NCNA) as registered bodies with the Garda Central Vetting Unit provide the service for their members. Organisations and services for children who are not members of these associations can apply through Barnardos Vetting Service, on 021 454 7060, www.barnardos.ie (Central Services, Garda Vetting).

REFERENCES

An Comhchoiste Réamsclaíochta Teo et al. (2000) **Guidelines for the Protection of Children in Early Childhood Services**, Dublin: An Comhchoiste Réamsclaíochta Teo et al.

Office of the Minister for Health, Children and Youth Affairs, **Children First: National Guidelines for the Protection and Welfare of Children**, (2009) Dublin: The Stationery Office

Fox, Geraldine (2005) **Our Children First: a Parent's Guide to the Child Protection Guidelines**, Barnardos' Training and Resource Service

HELPLINES

Childline provides a 24 hour listening service for all children up to the age of 18

Tel: 1800 66 66 66

Children at Risk in Ireland (CARI) operates a helpline for children and families affected by child sexual abuse.

Tel: 1890 924 567

Connect, the HSE funded counselling helpline, offers a counselling helpline and internet counselling service

Tel: 1800 477 477

Dublin Diocesan Child Protection Service

Tel: 01 836 0314

Dublin Rape Crisis Centre 24-hour helpline

Freephone 1800 77 88 88

Faoiseamh - the Diocesan funded counselling referral service

Tel: 1800 331 234

HSE National Counselling Service is a free service for any adult who has experienced the trauma of abuse or neglect in childhood

Tel: 1800 670 700 – 8am to 2am

One in Four provides support and resources for women and men who have experienced sexual abuse

Tel: 01 6624 070

Samaritans helpline is available 24 hours a day on Tel: 1850 609 090

ADDITIONAL READING AND RESOURCE MATERIAL

Child Links Issue 2, 2006, **Child Protection**, Barnardos Training and Resource Service

Department of Education & Science (2003) **Child Protection for the Youth Work Sector: Code of Good Practice**, Department of Education & Science

Department of Health & Children (2002) **Our Duty to Care: the Principles of Good Practice for the Protection of Children & Young People**, Department of Health, Children and Youth Affairs, Government Publications.

Department of Justice and Law Reform (2009) **Commission of Investigation: Report into the Catholic Archdiocese of Dublin (Murphy Report)**, Department of Justice and Law Reform, Government Publications.

Ferguson, Harry (2004), **Protecting Children in Time: Child Abuse, Child Protection and the Consequences of Modernity**, Palgrave Macmillan

French, Geraldine (2008) **Supporting Quality; Guidelines for Professional Practice in Early Childhood Services, Book One, Policy and Governance**, Barnardos Training and Resource Service

Gilligan, Paul (2008), **Keeping Your Child Safe: A Manual for Parents**, Gill & Macmillan

Macdonald, G. Winkley, A. (1999) **What Works in Child Protection**, Barnardo's (UK)

The Commission to Inquire into Child Abuse (2009) **Final Report of the Commission: The Ryan Report**, Government Publications.

The SAVI report (2003): **Sexual Abuse and Violence in Ireland**, The Liffey Press

SOURCES OF FURTHER INFORMATION

Barnardos Training and Resource Centre
Christchurch Square, Dublin 8

Tel: 01 4530355

Fax: 01 4530300

Email: resources@barnardos.ie

www.barnardos.ie

Childline

Tel: 1800 666 666

www.childline.ie

Children at Risk in Ireland Foundation (CARI)

110 Lower Drumcondra Road, Dublin 9

Tel: 1890 924 567

Fax: 01 8306309

Email: helpline@cari.ie

www.cari.ie

Provides post-assessment specialised child-centred psychotherapy to children and adolescents who have experienced sexual abuse and to non-abusing members of the family. Services include individual counselling, play therapy, sand therapy, art therapy and group therapy. CARI also provides support, information and parenting advice to the non-abusing parents. Also includes outreach programme.

Department of Health and Children

Hawkins House, Hawkins Street, Dublin 2

Tel: 01 6354000

Fax: 01 6354001

www.dohc.ie

Irish Preschool Playgroups Association

Unit 4, Broomhill Business Complex, Broomhill Road, Tallaght, Dublin 24

Tel: 01 463 0010

Email: info@ippa.ie

www.ippa.ie

National Children's Nurseries Association

Unit 12c, Bluebell Business Park, Old Naas Road, Bluebell, Dublin 12

Tel: 01 460 1138

Fax: 01 460 1185

www.ncna.ie

Office of the Children's Ombudsman

Millenium House, 52-56 Great Strand Street, Dublin 1

Tel: 1890 654 654

Email oco@oco.ie

www.oco.ie

Sexual Abuse Assessment Units

Guidelines on the identification and referral of the cases of sexual abuse are issued by the Department of Health and Children. For further information, contact your local HSE community care office.

APPENDIX 1: STANDARD REPORTING FORM

FORM NUMBER: CC01:01:00



Foighneannacht na Seirbhíse Sláinte
Health Service Executive

STANDARD REPORT FORM

(For reporting CP&W Concerns to HSE)

A. To Principal Social Worker/Designate: _____

1. Date of Report

2. Details of Child

Name:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Address:	DOB		Age		
	School				
Alias		Correspondence address (if different)			

3. Details of Persons Reporting Concern(s)

Name:		Telephone No.	
Address:		Occupation	
		Relationship to client	
Reporter wishes to remain anonymous	<input type="checkbox"/>	Reporter discussed with parents/guardians	<input type="checkbox"/>

4. Parents Aware of Report

Are the child's parents/carers aware that this concern is being reported to the HSE?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

5. Details of Report

(Details of concern(s), allegation(s) or incident(s) dates, times, who was present, description of any observed injuries, parent's view(s), child's view(s) if known.)

APPENDIX 2: NATIONAL CONTACTS FOR THE CHILD WELFARE AND PROTECTION SERVICES OF THE HSE

Also listed on HSE website (www.hse.ie) and from HSE LoCall Tel. 1850 24 1850

HSE Area Address Telephone No

DUBLIN NORTH Health Centre, Cromcastle, Coolock, Dublin 5 (01) 816 4200 (01) 816 4244
Social Work Office, 22 Mountjoy Square, Dublin 1 (01) 855 6871
Social Work Office, Ballymun Health Centre, Dublin 11 (01) 842 0011

DUBLIN NORTH WEST Health Centre, Wellmount Park, Finglas, Dublin 11 (01) 856 7704
Health Centre, Rathdown Road, Dublin 7 (01) 882 5000

DUBLIN SOUTH EAST Vergemount Hall, Clonskeagh, Dublin 6 (01) 268 0320

DUBLIN SOUTH CITY Duty Social Work Carnegie Centre, 21-25
Lord Edward Street, Dublin 2 (01) 648 6555
Public Health Nursing, 21-25 Lord Edward Street, Dublin 2 78B Donore Avenue, Dublin 8
(01) 648 6500
Family Support Service, Church House, (01) 416 4441

DUBLIN SOUTH WEST Milbrook Lawn, Tallaght, Dublin 24 (01) 452 0666

DUBLIN WEST Social Work Department, Cherry Orchard Hospital, Ballyfermot, Dublin 10
(01) 620 6387

DUN LAOGHAIRE Tivoli Road, Dun Laoghaire, Co. Dublin (01) 284 3579
102 Patrick Street, Dun Laoghaire, Co. Dublin (01) 236 5120

CARLOW Carlow Social Work Office, Ground Floor, St. Dymphna's Hospital, Athy Road, Co. Carlow (059) 913 6587

CAVAN HSE Community Child and Family Services, Drumalee Cross, Co. Cavan
(049) 437 7305 (049) 437 7306

CLARE Rover House, Gort Road, Ennis, Co. Clare (065) 686 3907

CORK Georges Quay, Cork City, Co. Cork (021) 496 5511
North Lee Child Protection Services, Blackpool (*adjacent to Blackpool Shopping Centre*), Blackpool, Co. Cork (021) 492 7000
South Lee Social Work Department, St. Finbarr's Hospital, Co. Cork (021) 492 3001
West Cork Child Protection Services, Social Work Department, Coolnagarrane, Skibbereen, Co. Cork (028) 40447

DONEGAL Links Business Centre, Lisfannon, Buncrana, Donegal East (074) 932 0420
Euro House, Killybegs Road, Donegal (074) 9723540
West Millennium Court, Pearse Road, Letterkenny, Co. Donegal (074) 912 3672 (074) 912 3770

GALWAY Galway City, Local Health Office, 25 Newcastle Road, Co. Galway (091) 546366
Galway County, Tuam Social Work Department, Health Centre, Vicar Street, Tuam, Co. Galway (091) 24492
Loughrea Social Work Department, Health Centre, Loughrea, Co. Galway (091) 847820
Ballinasloe Social Work Department, Health Centre, Brackernagh, Ballinasloe, Co. Galway (090) 9646200
Oughterard Social Work Department, Health Centre, Oughterard, Co. Galway (091) 552200

KERRY Tralee Social Work Department, 28 Moyderwell, Tralee, Co. Kerry (066) 718 4500
Killarney Social Work Department, St. Margaret's Road, Killarney, Co. Kerry (064) 50700

KILDARE Social Work Team, Swan Centre, Fairgreen Street, Naas, Co. Kildare (045) 882400

KILKENNY Kilkenny Social Work Office, St. Canice's Hospital, Dublin Road, Co. Kilkenny (056) 778 4782

LIMERICK Social Work Department (Limerick East), Unit 3 , St. Camillus Hospital, Limerick (061) 483 711
Social Work Department (Limerick West), Unit 3, St. Camillus Hospital, Limerick (061) 483 996

LAOIS Social Work Department, Child and Family Centre, Portlaoise, Co. Laois (057) 865 2967

LEITRIM Community Care Office, Leitrim Road, Carrick on Shannon, Co. Leitrim (071) 965 0324

LONGFORD Social Work Department, Tivoli House, Dublin Road, Co. Longford (043) 50584

LOUTH Social Work Department, Local Health Care Unit, Wilton House, Stapleton Place, Dundalk, Co. Louth (042) 939 2200

MAYO Ballina Social Work Team, Ballina Health Centre, Mercy Road, Ballina, Co. Mayo (096) 21511
Castlebar Social Work Team, Castlebar Hill House, Mountain View, Castlebar, Co. Mayo (094) 902 2283
Swinford Social Work Team, Swinford Health Centre, Aras Attracta, Swinford, Co. Mayo (094) 905 0133

MEATH Community Social Work Services, Enterprise Centre, Navan, Co. Meath (046) 909 7800
Community Social Work Services, Child and Family Centre, Navan, Co. Meath (046) 907 8830
Community Social Work Services, Dunshaughlin Health Care Unit, Dunshaughlin, Co. Meath (01) 802 4102

MONAGHAN Social Work Department, Local Health Care Unit, Rooskey, Co. Monaghan (047) 30426 (047) 30427

OFFALY Social Work Department, O'Carroll Street, Tullamore, Co. Offaly (057) 932 2488

ROSCOMMON Social Work Team, Abbeytown House, Abbey Street, Co. Roscommon (090) 663 7014
Social Work Team, Lanesboro Road, Co. Roscommon (090) 663 7528
Social Work Team, Health Centre, Boyle, Co. Roscommon (071) 966 2087
Social Work Team, Knockroe, Castlerea, Co. Roscommon (090) 663 7843

SLIGO Sligo Town and surrounding areas: Markievicz House, Barrack Street, Co. Sligo (071) 966 2087
South County Sligo: One Stop Shop, Teach Laighne, Humbert Street, Tubercurry, Co. Sligo (071) 912 0454

TIPPERARY North Tipperary Child Protection Services: Social Work Department, Annbrook, Nenagh, Co. Tipperary (067) 41934
St Mary's Health Centre, Parnell Street, Thurles, Co. Tipperary (0504) 23211
South Tipperary Child Protection Services: Social Work Team, South Tipperary Community Care Services, Western Road, Clonmel, Co. Tipperary (052) 77303

WATERFORD Waterford: Social Work Service, Waterford Community Services, Cork Road, Co. Waterford (051) 842827
Dungarvan and surrounding areas: Social Work Department, Dungarvan Community Services, St. Joseph's Hospital, Dungarvan, Co. Waterford (058) 20918 (058) 20920 (058) 20921

WESTMEATH Social Work Department, Athlone Health Centre, Coosan Road, Athlone, Co. Westmeath (090) 648 3106

Social Work Department, Child and Family Centre, St. Loman's, Mullingar, Co. Westmeath
(044) 938 4450

WEXFORD Gorey Health Centre, Hospital Grounds, Gorey, Co. Wexford (053) 943 4100
Enniscorthy Health Centre, Millpark Road, Enniscorthy, Co. Wexford (053) 923 3465
New Ross Health Centre, Hospital Grounds, New Ross, Co. Wexford (051) 421445
Social Work Department, Ely House, Ferrybank, Co. Wexford (053) 912 3522 Ext. 201

WICKLOW Wicklow Town: Social Work Department, Seafront, Wicklow Town, Co. Wicklow
(0404) 60800
Bray: Social Work Department, The Civic Centre, Main Street, Bray, Co. Wicklow (01) 274 4180
(01) 274 4100
Delgany: Social Work Department, Delgany Health Centre, Delgany, Co. Wicklow (01) 2871482
Kildare/West Wicklow: Social Work Team, Swan Centre, Fairgreen Street, Naas, Co. Kildare
(045) 882400