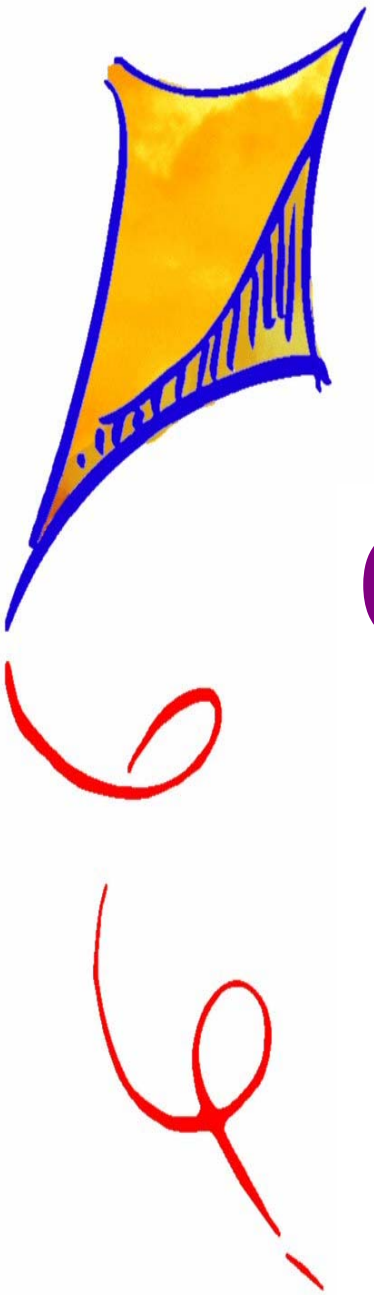

Children first

Summary

NATIONAL GUIDELINES FOR THE PROTECTION AND WELFARE OF CHILDREN

DEPARTMENT OF HEALTH AND CHILDREN
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Children First
National Guidelines
for the Protection and
Welfare of Children

A Summary

September 1999

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Chapter One

Introduction

New guidelines, entitled 'Children First: National Guidelines for the Protection And Welfare of Children' were introduced in 1999. These guidelines are intended to assist people in identifying and reporting child abuse and to improve professional practice in both statutory and voluntary agencies and organisations that provide services for children and families.

This booklet offers a summarised version of 'Children First'. It is expected that these National Guidelines will be complemented by local guidelines specific to the needs of regional health boards, as well as individual disciplines and organisations. Any such guidance must adopt the basic aims and objectives outlined in this document.

These guidelines aim to offer a comprehensive framework to assist professionals and other persons who have contact with children and wish to deal with any concerns they may have in relation to their safety and wellbeing. The guidelines embody the principles contained in the UN Convention on the Rights of the Child which was ratified by Ireland in 1992. (It should be noted that the Child Care Act, 1991, provides the legislative basis for dealing with children in need of care and protection) *1*.

Objectives

The objectives of the National Guidelines are to improve the identification, reporting, assessment, treatment and management of child abuse, clarify the responsibilities of various professionals and

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1 For a comprehensive discussion of other key legislative provisions, see the full version of 'Children First: Guidelines for the Protection and Welfare of Children'.

individuals within organisations and enhance communication and co-ordination of information between disciplines and organisations.

Protecting and supporting children frequently involves the collaboration of a variety of personnel.

Duty to Protect Children and Support Families

Parents/carers have primary responsibility for the care and protection of their children. When parents/carers do not or cannot fulfil this responsibility, it may be necessary for health boards to intervene. The wider community also has a responsibility for the welfare and protection of children. All personnel involved in organisations working with children should be alert to the possibility of child abuse. They need to be aware of their obligations to convey any reasonable concerns or suspicions to the health board and to be informed of the correct procedures for doing so.

Principles for Best Practice in Child Protection

The principles that should inform best practice in child protection include the following:

(i) the welfare of children is of paramount importance;

(ii) 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;

(iii) 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;

(iv) 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;

(v) parents/carers have a right to respect and should be consulted and involved in matters which concern their family;

(vi) 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;

(vii) intervention should not deal with the child in isolation; the child must be seen in a family setting;

(viii) the criminal dimension of any action cannot be ignored;

(ix) children should only be separated from parents/carers when all alternative means of protecting them have been exhausted. Re-union should always be considered;

(x) agencies or individuals taking protective action should consider factors such as the child's gender, age, stage of development, religion, culture or race;

(xi) effective prevention, detection and treatment of child abuse require a co-ordinated multi-disciplinary approach to child care work and effective inter-agency management of individual cases. All agencies and disciplines concerned with the protection and welfare of children must work co-operatively in the best interests of children and their families;

(xii) in practice, effective child protection requires compulsory training and clarity of responsibility for personnel involved in organisations working with children.

Chapter Two

Definition and Recognition of Child Abuse

Introduction

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child[2] may be subjected to more than one form of abuse at any given time. 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.

Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is *significant* is determined by his/her health and development as compared to that which could reasonably be expected of a similar child.

Neglect generally becomes apparent in different ways *over a period of time* rather than at one specific point. For instance, a child who suffers a series of minor injuries is not having his or her needs met for supervision and safety. A child whose ongoing failure to gain weight

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2 For the purposes of these guidelines, a 'child' means an unmarried person under the age of 18 years.

or whose height is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation. The *threshold of significant harm* is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

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:

(i) persistent criticism, sarcasm, hostility or blaming;

(ii) conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;

(iii) emotional unavailability by the child's parent/carer;

(iv) unresponsiveness, inconsistent, or inappropriate expectations of a child;

(v) premature imposition of responsibility on a child;

(vi) unrealistic or inappropriate expectations of a child's capacity to understand something or to behave and control himself in a certain way;

(vii) under or over-protection of a child;

(viii) failure to show interest in, or provide age-appropriate opportunities for, a child's cognitive and emotional development;

(ix) use of unreasonable or over-harsh disciplinary measures;

(x) 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). The *threshold of significant harm* is reached when abusive interactions become *typical* of the relationship between the child and parent/carer.

Physical Abuse

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

(i) shaking;

(ii) use of excessive force in handling;

(iii) deliberate poisoning;

(iv) suffocation;

(v) Munchausen's syndrome by proxy (where parents fabricate stories of illness about their child or cause physical signs of illness);

(vi) allowing or creating a substantial risk of significant harm to a child.

Sexual Abuse*3*

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:

(i) exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;

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3 The definition of child sexual abuse presented here is not a legal definition, and is not intended to be a description of the criminal offence of sexual assault.

(ii) intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;

(iii) masturbation in the presence of a child or involvement of the child in the act of masturbation;

(iv) sexual intercourse with the child, whether oral, vaginal, or anal;

(v) sexual exploitation of a child;

(vi) consensual 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.

Recognising Child Abuse

The ability to recognise child abuse depends as much on a person's willingness to accept the possibility of its existence as it does on knowledge and information. It is important to note that child abuse is not always readily visible, and may not be as clearly observable as the 'text book' scenarios outlined in these guidelines suggest. The recognition of abuse normally runs along three stages:

(i) 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;

(ii) 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 health board 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;

(iii) 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.

Chapter Three

Reporting Child Protection Concerns

Introduction

Child abuse is a difficult subject, and it is understandable that people may at times be reluctant to acknowledge its existence. Members of the public or professionals may be afraid of being thought insensitive, afraid of breaking confidence or afraid of being disloyal if they report suspected child abuse to the health board or An Garda Síochána. However, early intervention 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 health board social worker or public health nurse. This may enable them to decide whether or not to make a formal report.

The *Protections 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 health boards

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* The Minister has directed that the Chief Executive Officer of each health board should appoint as designated officer each person falling within the following categories of officer of the health board:

Social Workers
Child Care Workers
Public Health Nurses
Hospital Consultants
Psychiatrists
Non-Consultant Hospital Doctors
All other Health Board Medical & Dental Personnel
Community Welfare Officers
Speech & Language Therapists
All Health Board Nursing Personnel
Psychologists
Radiographers
Physiotherapists
Occupational Therapists
Health Education/Health Promotion Personnel
Substance Abuse Counsellors
Care Assistants
Child Care Managers
Family Support Co-ordinators
Family Support Workers
Environmental Health Officers
Pre-school Services Inspectors
Childminder Co-ordinators
Managers of Disability Services
Residential Care Managers /Residential Child Care Workers
HIV & AIDS Services
Counsellors in Services for AVPA
Children First Information & Advice Persons
Children First Implementation Officers
Quality Assurance Officers
Advocacy Officers
Access Workers
Project Workers
Training & Development Officers

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.

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

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 health board. 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:

(i) a specific indication from a child that (s)he was abused;

(ii) a statement from a person who witnessed abuse;

(iii) an illness, injury or behaviour consistent with abuse;

(iv) a symptom which may not in itself be totally consistent with abuse, but which is supported by corroborative evidence of deliberate harm or negligence;

(v) consistent signs of neglect over a period of time.

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

Standard 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:

(i) a report should be made to the health board in person, by phone or in writing. Each health board 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. (A list of contact numbers is available in Appendix 1);

(ii) 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;

(iii) **in the event of an emergency or the non-availability of health board staff, a report may be made to An Garda Síochána at any Garda Station**.

NOTE: A Standard Form for Reporting Child Protection and/or Welfare Concerns to a Health Board is contained in Appendix 2, which may be of use for staff or volunteers in organisations who work with children or who are in contact with children.

The health board or An Garda Síochána, on receiving a report, will require as much as possible of the following information:

(i) names and addresses of the child, parents/carers and any other children in the family;

(ii) name and address of the person alleged to be causing harm to the child;

(iii) a full account of the current concern about the child's safety or welfare;

(iv) the source of any information which is being discussed with the health board;

(v) dates of any incidents being reported;

(vi) circumstances in which the incident or concern arose;

(vii) any explanation offered to account for the risk, injury or concern;

(viii) the child's own statement if relevant;

(ix) any other information about the family, particularly any difficulties which they may be experiencing;

(x) any factors relating to the family which could be considered supportive or protective, e.g. helpful family members, neighbours or services;

(xi) name of child's school;

(xii) name of child's general practitioner;

(xiii) reporter's own involvement with child and parents/carers;

(xiv) details of any action already taken in relation to the child's safety and welfare;

(xv) names and addresses of any agencies or key person involved with the family;

(xvi) 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. **Under no circumstances should a child be left in a dangerous situation pending health board 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 health board 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.

Chapter Four

Joint Working and Co-operation Roles and Responsibilities of Agencies and Personnel Working with Children

Introduction

The health board has overall responsibility for the assessment and management of child protection concerns. At the same time, An Garda Síochána has responsibility for the investigation of alleged offences. Other organisations have major contributions to make to the safety and welfare of children. No one professional or agency has all the skills, knowledge or resources necessary to comprehensively meet all the requirements of an individual case. It is essential therefore that a co-ordinated response is made by **all** professionals involved with a child and his or her carer/s.

Effective inter-agency co-operation will depend on:

(i) understanding and acceptance by all professionals and persons working with children of their responsibilities and roles in the promotion of child welfare;

(ii) mutual trust and sharing of information;

(iii) willingness of personnel to respect the contributions made by each other, irrespective of status and position within agencies and organisations.

Inter-agency co-operation is as important in the later stages of child protection work as it is at the outset. Efforts should be consistently made by all personnel involved in a case to remain in contact, and to communicate any relevant information to the key worker, who is usually the health board social worker.

Individual and Corporate Responsibilities in Reporting Child Abuse

All organisations, whether statutory or voluntary, have an overall corporate responsibility to safeguard children, and should pay particular attention to:

(i) safe and clearly defined methods of selecting staff and volunteers;

(ii) developing effective procedures for the reporting and management of child protection concerns;

(iii) identifying a designated staff member/volunteer to act as a liaison with outside agencies and a resource person to any staff member or volunteer who has child protection concerns. The designated person will be responsible for reporting allegations or suspicions of child abuse to the health boards or An Garda Síochána.

The *Protection for Persons Reporting Child Abuse Act, 1998* makes provision for the protection from civil liability of persons who have reported child abuse 'reasonably and in good faith'. This protection applies to organisations as well as individuals. It is considered therefore that, in the first instance, it is organisations that employ staff or use volunteers that should assume responsibility for reporting child abuse to the appropriate authorities. Reports to health boards or An Garda Síochána should be made following the Standard Reporting Procedure (see Chapter Three).

In those cases where the organisation decides not to refer concerns to the health board or An Garda Síochána, the individual staff or volunteer who raised the concern should be given a clear written statement of the reasons why the organisation is not taking action. The staff or volunteer should be advised that if they remain concerned about the situation, they are free to consult with, or report to, the health board or An Garda Síochána.

Schools/ Clubs/ Organisations

If a child alleges that he or she is being harmed or at risk of harm from a parent/carer or any other person, the person who receives the information should listen carefully and supportively. This also applies if a parent/carer or any other person discloses that he or she has harmed or is at risk of harming a child.

The child should not be interviewed formally or in detail, as this may be best done by the health board or An Garda Síochána. The staff member/volunteer needs to gather enough information to establish grounds for concern, record the conversation accurately and then inform the person in the school, club or organisation who is responsible for reporting the matter to the health board or An Garda Síochána.

Health Professionals

Health professionals in statutory, voluntary and private services are well placed to identify child protection concerns and to participate in initial assessment and even longer-term management. These professionals include general practitioners, medical consultants, dentists, those working in hospitals, disability services, therapeutic services, adult mental health services and child and adolescent psychiatric services. Any health professional who is satisfied that there are reasonable grounds for suspecting that a child is being harmed or is at risk of harm

should immediately inform the health board in line with the Standard Reporting Procedure.

Health professionals who are involved in the initial or longer-term treatment of children who are considered to be at risk should attend child protection conferences and child protection reviews when invited. In addition, they must record and communicate any ongoing concerns to the key worker involved, who will normally be the health board social worker.

Welfare Service

Community welfare officers, housing welfare officers, probation and welfare officers, school attendance officers and others working in a welfare capacity may encounter situations which give rise to suspicions of child abuse in the course of their daily work. Reports should be made to the health board using the Standard Reporting Procedure. Any child protection concerns which later arise in relation to these children and families should also be communicated to the health board.

Confidentiality must never be promised to a person making a disclosure. The requirement to report to the health board must be explained in a supportive manner to the child. The parents/carers should also be informed of the intention to report unless it is considered that doing so would put the child at risk.

Chapter Five

Child Protection Practices Operated by the Health Boards and An Garda Síochána

Introduction

A joint protocol has been agree between the health boards and An Garda Síochána, whereby each organisation will notify the other of all reports of suspected child abuse which are made to them, and both are obliged to conduct a preliminary assessment/investigation in consultation with each other. Reports which are made anonymously will be followed up, but reporters will be informed that anonymity may greatly restrict the ability of professionals to intervene to protect a child.

It is important to note that the ability of the health board and An Garda Síochána to respond to reports of suspected child abuse will depend on the quality and extent of information that is reported to them.

Emergency Action to Protect a Child

If it appears, on receipt of a report of suspected child abuse, that a child has been harmed or is at immediate risk of harm, emergency action will be taken by the health board or An Garda Síochána. This may involve having the child medically examined, and/or moving the child to a safe environment such as a foster home, or to the home of relatives. This intervention may be made voluntarily with the parents/carers' consent, or may involve an Emergency Care Order under the Child Care Act, 1991.

Assessment and Investigation

Where the perceived harm or risk to the child does not appear to warrant emergency action, the assessment/investigation will be carried out as quickly as possible in a co-ordinated manner, in consultation with any other professionals who are involved with the child and parents/carers. This will involve interviews with the child and parents/carers, and possible referral to medical or specialist services for more detailed assessment. An Garda Síochána will prepare a file for the Director of Public Prosecutions if appropriate.

Notification to the Child Care Manager/designate

The Child Protection Notification System is a health board record of every child about whom, following a preliminary assessment, there is a child protection concern. Notifications are first made to the Child Care Manager by the health board staff member who carries out the initial assessment of a child protection concern. The Child Care Manager will ensure that all notified reports are reviewed initially and at six monthly intervals until a final outcome of assessment is known and an agreed intervention has been put in place.

Child Protection Meetings

Three types of child protection meeting may be organised by the health board during the management of a case:

(i) A **strategy meeting**, which may be held at the outset of a child protection assessment, when it appears that a child is at serious risk and in need of immediate protection or at any point in an assessment when it is deemed appropriate. This meeting will normally involve health board staff and members of An Garda Síochána, but may involve any or all other professionals involved. Its main aims are to share information and plan a strategy for early intervention and further assessment;

(ii) A **child protection conference**, which may take place when initial enquiries and any necessary emergency actions have taken place. Its participants include all professionals involved in the case. The child (where appropriate) and the child's parents/carers should be invited unless a specific reason for their exclusion is identified. Its aims are to pool all available information, outline a child protection plan, and identify the tasks to be carried out by different professionals. All professionals who are invited to child protection conferences should attend, and produce written reports in advance for the Chairperson, who will normally be the Child Care Manager/designate. The child protection conference will usually be followed by completion of a comprehensive assessment, and finalisation of the child protection plan;

(iii) **Child protection reviews**, which are held at six monthly intervals where a child's name is in the Child Protection Notification System, where (s)he is still residing with his or her parents/carers and where (s)he is still considered to be at risk. Child protection reviews should be attended by the core group of professionals involved with the case, and each should submit a written report in advance. The child (where appropriate) and the child's parents/carers should be invited unless a specific reason for their exclusion is identified. The aims of a child protection review are to consider the child's current situation, co-ordinate the views of participants, and amend the child protection plan.

Inter-agency and Inter-professional Co-operation

Co-operation between disciplines and agencies is essential throughout the lifetime of a child protection case. Commitment and flexibility in relation to carrying out the work specified in the child protection plan, together with willingness to exchange information promptly will be required from all professionals who are involved with the child.

Chapter Six

Specially Vulnerable Children and Abuse Outside the Home

Introduction

Children in certain situations are especially vulnerable to abuse. These include children with disabilities and children who, for one reason or another are separated from parents or other family members and depend on others for their care and protection. The same categories of abuse - neglect, emotional abuse, physical abuse and sexual abuse - may be applicable, but may take a slightly different form, for example harsh disciplinary or behavioural regimes or inappropriate use of medication or physical restraints.

Children with Disabilities

Children with disabilities can be more at risk of abuse because they may experience:

- sensory and communication difficulties
- dependence on others for assistance including intimate care
- limited understanding of sexuality or sexual behaviour
- contact with numerous carers and helpers
- fear of not being believed
- perceived unreliability as witnesses.

Children Out of Home

Children who are without accommodation and children who have been placed by the health board in foster or residential care may be at special risk for the following reasons:

(i) they may have previously been abused;

(ii) they may be at risk from peers who have suffered abuse;

(iii) they may be dependent on a range of different persons for their care and feel powerless to take action if abused.

Procedures exist for the protection of children in out of home care and these should be followed by all staff and carers. However, it is also important that children in care are fully aware of complaints systems, and have opportunities to make their problems known to others who are in a position to help them. Action to be taken in response to allegations of abuse against members of staff are outlined in Chapter Eight.

Organised Abuse

Organised abuse occurs rarely but presents particularly complex problems. Essentially, organised abuse occurs when either one person moves into an area or institution and systematically entraps children for abusive purposes (mainly sexually) or when two or more adults conspire to similarly abuse children, using inducements. It can occur in different settings, such as the family, extended family, community or institution. It is particularly associated with the following factors:

(i) there may be numerous victims. Sometimes, help-lines and newspapers advertisements are necessary in order to contact victims;

(ii) victims may be under particular pressure not to disclose because of feelings of shame and responsibility;

(iii) some victims may have colluded with abusers to entrap other children and may have gone on to become abusers themselves.

Any person who suspects the existence of organised abuse must contact the health board or An Garda Síochána without delay. The

investigation of organised abuse may require prolonged surveillance by An Garda Síochána, and information must be treated with particular sensitivity.

Peer Abuse

In some cases of child abuse, the alleged perpetrator will be a child. In these situations, the child protection procedures should be adhered to for both the victim and alleged abuser, that is, it should be considered a child protection issue for both children.

Work must be done to ensure that perpetrators of abuse, even when they are children themselves, take responsibility for their behaviour and acknowledge that the behaviour is unacceptable.

It is important that clarity exists in respect of which behaviours constitute peer abuse, particularly child sexual abuse. Consultation with the health board should help to clarify the nature of any sexual behaviour by children which gives rise to concern.

Bullying

Bullying can be defined as repeated verbal, psychological or physical aggression conducted by an individual or group against others. It is behaviour which is intentionally aggravating and intimidating, and occurs mainly in social environments such as schools, clubs and other organisations working with children. It includes behaviours such as teasing, taunting, threatening, hitting or extortion behaviour by one or more children against a victim. While the more extreme forms of bullying would be regarded as physical or emotional abuse and are reportable to health board or An Garda Síochána, dealing with bullying behaviour is normally the responsibility of the school or organisation where it is taking place. Training for teachers and staff/volunteers in organisations working with children should include modules on raising awareness and developing techniques for dealing with bullying.

Chapter Seven

Support Services to Children and Families

Introduction

Many of the children who come to the attention of the various services are living in difficult and stressful environments. Their families may be experiencing a variety of personal, social and health problems, and while children are not necessarily being abused in these situations, they may be at risk of future harm.

Interventions to support families who are experiencing difficulties can greatly reduce the possibility of future risk or harm. Support may be given to families through the direct services of statutory and voluntary organisations, but also informally through extended families, friends, neighbourhoods, communities, parishes and other local networks.

Dimensions of Family Support

Family support services may be offered at different levels:

(i) services specifically directed at children, aimed at increasing self confidence, self-esteem, social skills, enabling children to get over traumatic or damaging experiences or simply providing children with a break from a stressful environment. These services can range from clinical treatment, respite care (formal or informal) to provision of after school projects and involvement with local sport and recreation clubs and voluntary associations;

(ii) services to support families which are aimed at enhancing the skills of parents/carers by providing direct practical help, support and/or counselling. These can include respite care, direct financial help, and advice about housing, financial and welfare matters.

Early intervention can prevent worsening of current difficulties for children and families. It can reduce future risk, help families to develop strategies for coping with stress, and prevent children from being separated from their parents/carers.

Chapter Eight

Allegations of Abuse Against Employees and Volunteers

Introduction

Allegations of abuse may be made against employees (who for the purposes of these guidelines include paid staff, foster parents and unpaid volunteers). Employers may encompass disability organisations, schools, crèches, or non-governmental organisations such as sports clubs. The guidelines are offered to assist managers in having due regard for the rights and interests of the child on the one hand, and those of the employee against whom the allegation is made on the other hand.

General Procedures

It is important to note that there are two procedures to be followed here:

(i) the reporting procedure in respect of the child;

(ii) the procedure for dealing with the employee.

In general it is recommended that the same person should not have responsibility for dealing with both the reporting issues and the employment issues. It is preferable to separate these issues and manage them independently. These procedures should be followed in the event of suspicion or disclosure of abuse against an employee.

Staff/volunteers may be subjected to erroneous or malicious allegations. Therefore any allegation of abuse should be dealt with sensitively and support provided for staff including counselling where

necessary. However, the primary goal is to protect the child while taking care to treat the employee fairly.

Guidance on Reporting

All organisations providing services to children must have clear written procedures on action to be taken when allegations of abuse against employees are received. Guidance should be provided for both children and employees on how to report suspected child abuse. The need for awareness and the requirement to report concerns should be reinforced through training and supervision.

Employers should ensure that children and staff/volunteers are aware of internal line management reporting procedures. They should also be aware of the appropriate authorities to which they should report *outside* the organisation (i.e. the health board or An Garda Síochána) if they are inhibited for any reason from reporting the incident internally or where they are dissatisfied with the internal response.

Employer's Responsibility to Report to Statutory Authorities

Where an employer becomes aware of an allegation of abuse by an employee the standard procedure for reporting allegations to the health board should be followed without delay (see Chapter Three). Health boards should have their own internal reporting procedures in place in regard to allegations made against their employees.

Action taken in reporting an allegation of child abuse against an employee should be based on an opinion formed reasonably and in good faith. When an allegation is received it should be assessed promptly and carefully. It will be necessary to decide whether a formal report should be made to the health board; this decision should be based on reasonable grounds for concern as outlined in Chapter Two.

When an employer becomes aware of an allegation of abuse of a child or children by an employee during the execution of that employee's duties, the employer should inform the employee of the following:

(i) the fact that an allegation has been made against him/her;

(ii) the nature of the allegation.

The employee should be afforded an opportunity to respond. The employer should note the response and pass on this information when making the formal report to the health board.

Organisations as well as individuals may avail of the immunity from civil liability provided in the Protections for Persons Reporting Child Abuse Act, 1998 provided they report 'reasonably and in good faith' to the appropriate authorities. Section 3(1) of the Act states:

> '3(1) A person who, apart from this section, would be so liable shall not be liable in damages in respect of the communication, whether in writing or otherwise, by him or her to an appropriate person of his or her opinion that
>
> (a) a child has been or is being assaulted, ill-treated, neglected or sexually abused, or
>
> (b) a child's health, development or welfare has been or is being avoidably impaired or neglected,
>
> unless it is proved that he or she has not acted reasonably and in good faith in forming that opinion and communicating it to the appropriate person'.

Procedures for Dealing with Employees and Employer's Duty of Care to Children

Employers have a dual responsibility in respect of both the child and the employee. All employers should have **agreed** procedures to

address situations where allegations of child abuse are made against an **employee**. When an allegation is made against an employee, the following steps should be taken:

(i) Action should be guided by the agreed procedures, the applicable employment contract and the rules of natural justice;

(ii) The Chairperson (or equivalent head of organisation) should be informed as soon as possible;

(iii) The first priority should be to ensure that no child is exposed to unnecessary risk. The employer should as a matter of urgency take any necessary protective measures. These measures should be proportionate to the level of risk and should not unreasonably penalise the employee, financially or otherwise, unless necessary to protect children. Where protective measures do penalise the employee, it is important that early consideration be given to the case;

(iv) The follow up on an allegation of abuse against an employee should be made in consultation with the health board and An Garda Síochána. An immediate meeting should be arranged with these two agencies for this purpose;

(v) After these consultations referred to above and when pursuing the question of the future position of the employee, the Chairperson (or equivalent head of organisation) should advise the person accused of the allegation and the agreed procedures should be followed;

(vi) Employers should take care to ensure that actions taken by them do not undermine or frustrate any investigations being conducted by the health board or An Garda Síochána. It is strongly recommended that employers maintain a close liaison with these authorities to achieve this.

Guidance for Health Boards

Health boards will regularly receive allegations of abuse against people who have contact with children in their workplace or in a sports or youth club. If the health board considers that children are, or may be, at risk from the alleged abuser, they should contact the institution or employer immediately. In this situation it is not necessary to notify the alleged abuser in advance of the allegations against him or her.

Where a health board proposes to notify an employer or person-in-charge of a club about an alleged abuser in their workplace, and where there is no immediate danger to children, the alleged abuser must be notified in advance of the allegations against him/her. The approach to an employer/person-in-charge in such cases may take place at any stage in the wider investigation and it may be practical that such an approach does not take place until any criminal or health board investigation has concluded.

Health boards should put arrangements in place to provide feedback to employers/persons-in-charge in regard to the progress of a child abuse investigation involving an employee. Efforts should be made by health boards to investigate complaints against employees/volunteers promptly and to complete their assessment as quickly as possible bearing in mind the serious implications for the innocent employee/volunteer. Employers/persons-in-charge should be notified of the outcome of an investigation. The health board should pass on reports and records to the employer and to the employee/volunteer in question where appropriate. This will assist the employer/person-in-charge in reaching a decision as to the action to be taken in the longer term concerning the employee/volunteer.

Chapter Nine

Local Arrangements: Procedures and Training

Local Procedures and Guidelines

Statutory and voluntary/community organisations providing services for children should produce their own procedures, in line with these National Guidelines. The procedures should be appropriate to local circumstances. They should provide:

(i) clear descriptions of responsibility at local level, both individual and corporate;

(ii) procedures for reporting child protection concerns and arrangements for inter-agency co-operation;

(iii) an outline of the key elements of assessment and investigation as operated by the health board and An Garda Síochána;

(iv) an outline of arrangements for training and support of staff;

(v) guidance on the involvement of families and children in child protection and welfare work.

Training

Training in child protection and welfare must be provided in all organisations that offer services to children. The key elements of effective training are:

(i) the inclusion of different disciplines and agencies;

(ii) a focus on child protection and welfare legislation and policy along with national and local procedures;

(iii) dissemination of knowledge about child abuse, including physical and behavioural signs, effects and appropriate interventions;

(iv) a focus on inter-professional and inter-agency work along with the roles and responsibilities of individuals and organisations;

(v) dissemination of information about local services, contact addresses and methods of referral.

As well as providing in-service training, organisations should encourage and facilitate employees/volunteers to participate in external training such as conferences, seminars and post-qualifying courses.

Recommended Reading

Buckley, H., Skehill, C. and O'Sullivan, E., (1997) *Child Protection Practices in Ireland: A Case Study*. Dublin: Oak Tree Press.

Dartington Social Research Unit (1995) *Child Protection: Messages from Research*. London: HMSO.

Department of Health (1994) *Shaping a healthier future: a strategy for effective healthcare in the 1990s*. Dublin: Stationery Office.

Department of Health (1996) *Report of the enquiry into the operation of Madonna House*. Dublin: Government Publications.

Department of Health (1996) *Putting Children First: Discussion Document on Mandatory Reporting*. Dublin: Department of Health.

Department of Health (1997) *Putting Children First: Promoting and Protecting the Rights of Children*. Dublin: Department of Health.

Gilligan, R. and Chapman, R. (1997) *Developing Good Practice in the Conduct of Child Protection Case Conferences*: An Action Research Project. Cork: Southern Health Board.

Irish Catholic Bishop's Advisory Committee on Child Sexual Abuse by Priests and Religious (1996) *Child Sexual Abuse: Framework for a Church Response*. Dublin: Veritas.

Joint Committee on Tourism, Sport and Recreation (1998) *Protection of Children in Sport*. Dublin: Government of Ireland.

McGuinness, C. (1993) *The Report of the Kilkenny Incest Investigation*. Dublin: Government Publications.

North Western Health Board (1998) *West of Ireland Farmer Case: Report of the Review Panel*. Manorhamilton: North Western Health Board.

Ward. P. (1997) *The Child Care Act 1991*, Dublin: Round Hall Sweet & Maxwell.

Western Health Board (1996), *Kelly - a Child is Dead*. Interim Report of the Joint Committee on the Family. Dublin: Government Publications Office.

Appendix 1

List of Health Board Addresses

EASTERN REGIONAL HEALTH AUTHORITY

AREA CHILD CARE MANAGER

East Coast Area Health Board			
Community Care Area	***Address***	***Phone No.***	***Fax No.***
Area 1	Tivoli Road, Dun Laoghaire, Co. Dublin	01 - 2843579	01 - 2808785
Area 2	Vergemount Hall, Clonskeagh, Dublin 6	01 - 2680300	01 - 2830002
Area 10	Glenside Road Wicklow	0404 - 68400	0404 - 69044

Northern Area Health Board			
Community Care Area	***Address***	***Phone No.***	***Fax No.***
Area 6	Rathdown Road Dublin 7	01 - 8825195	01 - 8825153
Area 7	Rose Cottage, Convent Avenue (off Richmond Road), Fairview Dublin 3	01 - 8575406	01 - 8575449
Area 8	Health Centre Cromcastle Road, Coolock Dublin 5	01 - 8164279	01 - 8479944

South Western Area Health Board			
Community Care Area	***Address***	***Phone No.***	***Fax No.***
Dublin South City District	Unit 43, The Maltings Business Park 54/55 Marrowbone Lane, Dublin 8	01 - 4544733	01 - 4544827
Dublin South West District	Health Centre, Old County Road Crumlin, Dublin 12	01 - 4154700	01 - 4154804
Dublin West District	Community Services, Cherry Orchard Hospital, Ballyfermot, Dublin 10	01 - 6206300	01 - 6206397
Kildare/West Wicklow District	Head Office, Poplar House Poplar Square, Naas, Co. Kildare	045 - 873291	045 - 879225

MIDLAND HEALTH BOARD

AREA CHILD CARE MANAGER

Community Care Area	*Address*	*Phone No.*	*Fax No.*
Longford/ Westmeath	Health Centre Longford Road Mullingar Co. Westmeath	044 - 39491	044 - 31472
Laois/Offaly	Health Centre Arden Road Tullamore Co. Offaly	0506 - 41301	0506 - 46257

MID-WESTERN HEALTH BOARD

AREA CHILD CARE MANAGER

Community Care Area	*Address*	*Phone No.*	*Fax No.*
Limerick	Vocational Training Centre Dooradoyle Limerick	061 - 482792	061 - 482759
Clare	Child Care Manager Department Tobartaoscain Ennis Co. Clare	065 - 6823921	065 - 6823926
North Tipperary	Child Care Manager Department Annbrook Limerick Road Nenagh Co. Tipperary	067 - 38300	067 - 38301

NORTH-EASTERN HEALTH BOARD

AREA CHILD CARE MANAGER

Community Care Area	*Address*	*Phone No.*	*Fax No.*
Cavan/Monaghan	Local Health Care Rooskey Monaghan	047 - 30475 047 - 30456	047 - 30796
Louth	Community Care Centre Dublin Road Dundalk Co. Louth	042 - 9381282 042 - 9385457	042 - 9333814
Meath	County Clinic Navan Co. Meath	046 - 9078758	046 - 9022761

NORTH-WESTERN HEALTH BOARD

AREA CHILD CARE MANAGER

Community Care Area	*Address*	*Phone No.*	*Fax No.*
Donegal/Sligo/Leitrim	Sheil House College Street Ballyshannon Co. Donegal	071 - 9822776	071 - 9822779

SOUTH-EASTERN HEALTH BOARD

AREA CHILD CARE MANAGER

Community Care Area	*Address*	*Phone No.*	*Fax No.*
Carlow/Kilkenny	Community Care Headquarters James Green Kilkenny	056 - 7784600	056 - 7764172
Waterford	Community Care Centre Cork Road Waterford	051 - 842914	051 - 842811
Wexford	Community Care Centre George's Street Wexford	053 - 23522 Ext. 350	053 - 21842
South Tipperary	Community Care Centre Western Road Clonmel Co. Tipperary	052 - 77285	052 - 77272

SOUTHERN HEALTH BOARD

AREA CHILD CARE MANAGER

Community Care Area	*Address*	*Phone No.*	*Fax No.*
South Lee	Floor 2 Abbeycourt House George's Quay Cork	021 - 4923833	021 - 4923953
North Lee	Floor 2 Abbeycourt House George's Quay Cork	021 - 4923965	021 - 4923953
North Cork	Gouldshill House Mallow Co. Cork	022 - 30200	022 - 30211
West Cork	Community Care Coolnagarrane Skibbereen Cork	028 - 40580	028 - 23172
Kerry	6 Denny Street Tralee Co. Kerry	066 - 7184811	066 - 7181480

WESTERN HEALTH BOARD

AREA CHILD CARE MANAGER

Community Care Area	*Address*	*Phone No.*	*Fax No.*
Galway	Community Care Services 25 Newcastle Road Galway	091 - 523122 Ext. 6228	091 - 524231
Mayo	Community Services St. Mary's Hospital Castlebar Co. Mayo	094 - 9042030	094 - 9027106
Roscommon	Abbey Town House Abbey Street Roscommon	090 - 6626732	090 - 6626776

Appendix 2

Standard Form for Reporting Child Protection and/or Welfare Concerns to a Health Board

PRIVATE AND CONFIDENTIAL

In case of Emergency or outside Health Board hours, contact should be made with An Garda Síochána.

A. To Principal Social Worker/designate: _____

This will be printed as relevant to each Community Care Area.

1. Details of Child:

Name: _____ Male: ☐ Female: ☐

Address: _____

_____ Age/D.O.B.: _____

_____ School: _____

1a. Name of Mother: _____

Address of Mother if different to Child:

_____

_____

_____

Telephone Number: _____

Name of Father: _____

Address of Father if different to Child:

_____

_____

_____

Telephone Number: _____

1b. Care and Custody arrangements regarding child, if known: _____

_____

1c. Household Composition:

Name	Relationship to Child	Date of Birth	Additional Information e.g. School/Occupation

Note: A separate report form must be completed in respect of each child being reported.

2. 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.

3. Details of person(s) allegedly causing concern in relation to the child:

Name: _____ Age: _____ Male: ☐ Female: ☐

Address: _____

_____

Relationship to Child: _____

Occupation: _____

4. Name and Address of other personnel or agencies involved with this child:

Social Workers: _____ School: _____

_____ _____

Public Health Nurse: _____ Gardaí: _____

_____ _____

G.P.: _____ Pre-School/Crèche/Youth Club: _____

_____ _____

Hospital: _____ Other (Specify e.g. Youth Groups etc.):

_____ _____

5. Are Parents/Legal Guardians aware of this referral to the Social Work Department?

Yes ☐ No ☐

If Yes, what is their attitude? _____

_____

6. Details of Person reporting concerns:

(Please see Guidance Notes re. Limitations of Confidentiality)

Name: _____ Occupation: _____

Address: _____

_____ Telephone Number: _____

Nature and extent of contact with Child/Family: _____

_____

7. Details of Person completing form:

Name: _____ Date: _____

Occupation: _____ Signed: _____

Guidance Notes:

Health Boards have a statutory responsibility under the Child Care Act, 1991, to promote the welfare and protection of children in their area. Health Boards therefore have an obligation to receive information about any child who is not receiving adequate care and/or protection.

This reporting form is for use by:

- Health Board Personnel
- Professionals and individuals in the provision of child care services in the community who have service contracts with the health boards
- Designated person in a voluntary or community agency
- Any professional, individual or group involved in services to children who becomes aware of a child protection or welfare concern, or to whom a child protection or child welfare concern is reported.

Please fill in as much information and detail as is known to you. (Health Board personnel should do this in consultation with their line manager). This will assist the Social Work Department in assessing the level of risk to the child, or support services required. If the information requested is not known to you, please indicate by putting a line through the question. It is likely that a social worker will contact you to discuss your report.

Health Boards aim to work in partnership with parents. If you are making this report in confidence you should note that the Health Board cannot guarantee absolute confidentiality as:

- A Court could order that information be disclosed.
- Under the Freedom of Information Act, 1997, the Freedom of Information Commissioner may order that information be disclosed.

You should also note that in making a 'bona fide report' you are protected under the Protection for Persons Reporting Child Abuse Act, 1998.

If you are unsure if you should report your concerns, please telephone the duty social worker and discuss your concerns with him/her.