

Our **Duty** to **Care**

The principles
of good practice
for the protection
of children &
young people



DEPARTMENT
OF HEALTH & CHILDREN
AN ROINN SLAINTE
AGUS LEANAÍ

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Introduction

This document, which has been named ***Our Duty to Care***, is aimed at community and voluntary organisations of any size or type that provide services for children. It offers guidance on the promotion of child welfare and the development of safe practices in work with children. It also gives information on how to recognise signs of child abuse and the correct steps to take within organisations if it is suspected, witnessed or disclosed. The process of reporting suspected or actual child abuse to the health board is described step by step, and guidance is given on how to handle sensitive areas.

Participation in voluntary and community organisations offers children the opportunity to benefit socially, educationally and recreationally. In some instances, it can compensate for deprivation, loss or stress being experienced by them and enhance the quality of their lives. People who work in these settings are particularly well placed to support children who are going through bad times, or identifying children who have been or are at risk of being harmed. ***Our Duty to Care*** is designed to enable organisations to provide children with the highest possible quality of care and protect them, as far as possible, from all forms of harm.

Our Duty to Care should be read in conjunction with *Children First - National Guidelines for the Protection and Welfare of Children* (Department of Health & Children, 1999) and with any local guidelines published by your health board. All national organisations working with or providing services for children should be familiar with *Children First* and any new guidelines that may be produced must be consistent with it.

Our Duty to Care is not intended to be practice manual and does not claim to address all the complexities of child abuse. Rather, it offers a practical guide to staff and volunteers who work with children by outlining a number of fundamental principles of good practice, highlighting the key elements of each one and discussing the issues raised. This document has been adapted from the Northern Ireland document of the same name and incorporates many of the principles, with a view to reflecting an all-island approach to child protection on behalf of community and voluntary bodies. This approach is based on the belief that any person or organisation that is involved with children has a moral obligation to provide them with child centred, safe and high quality care.

Each section of ***Our Duty to Care*** offers practical advice on how to put the principles that have been outlined into practice, though, of course, they will have to be adapted according to the nature of the service being provided by each group or organisation. The document is accompanied by factsheets for workers within the organisation as well as those using its services and the general public, as well as appendices with information and sample forms. It might be useful for organisations to develop similar factsheets of their own that take account of any special or local features, and containing information such as addresses of local agencies.



CLARIFICATION OF TERMS

For the purposes of this guide **'a worker'** is anyone who is engaged in work or voluntary activity with children or young people, whether as a paid employee with a group or organisation or as a volunteer.

Where either **'children'** or **'young people'** are mentioned in the text, both are intended. Although these terms are defined differently in various pieces of legislation, the definition of a child under both the *Child Care Act, 1991* and the United Nations Convention on the Rights of the Child is a person under 18. To promote best practice, it is this definition which is adopted in this guide.

The term **'organisation'** is used throughout the document. This refers to any service, agency, club, group or association that works with or provides services to children with or without remuneration and employs persons with or without professional qualification, paid or unpaid, in any capacity of work.

Section One

Principles of good practice

Adopting the following principles in your organisation will help to create an environment in which children are listened to, given a sense of belonging, and kept safe; parents are supported and encouraged; and staff and volunteers who work with children and young people are supported and protected

All organisations providing services for children should :

- Acknowledge the **rights of children** to be protected, treated with respect, listened to and have their own views taken into consideration;
- Recognise that the **welfare of children** must always come first, regardless of all other considerations;
- Develop a **child protection policy** that raises awareness about the possibility of child abuse occurring and outlines the steps to be taken if it is suspected;
- Adopt the **safest possible practices** to minimise the possibility of harm or accidents happening to children and protect workers from the necessity to take risks and leave themselves open to accusations of abuse or neglect;
- Adopt and consistently apply clearly defined methods of **recruiting staff and volunteers**
- Develop procedures for responding to **accidents and complaints**
- Remember that **early intervention** with children who are vulnerable or at risk may prevent serious harm from happening to them at a later stage
- Remember that a **child's age, gender and background** affect the way they experience and understand what is happening to them
- Provide **child protection training for workers**. This should clarify the responsibilities of both organisations and individuals, and clearly show the procedures to be followed if child abuse is suspected
- Develop a **policy of openness with parents** that involves consulting them about everything that concerns their children, and encouraging them to get involved with the organisation wherever possible;
- **Co-operate** with any other child care and protection agencies and professionals by sharing information when necessary and working together towards the best possible outcome for the children concerned;
- **Make links** with other relevant organisations in order to promote child protection and welfare policies and practices

Remember that

- Valuing children means valuing workers as well; insisting on safe practices, eliminating the necessity for staff to take risks and providing them with support will make for a healthier and safer organisation



Section Two

Protecting and promoting children's rights

Protecting and promoting children's rights in your organisation means

- **Creating an environment**, in which children are valued, encouraged and affirmed, have their rights respected and are treated as individuals.
- Taking steps to ensure that children **know their rights and responsibilities**.
- Accepting that the **welfare of the child is the most important consideration** of any organisation providing services to children.
- Eliminating as far as possible any **threatening, violent or degrading behaviour**.
- Adopting a **child protection policy** to keep children as safe as possible.

A good quality organisation is one that values children, and centres its activities around their safety, enjoyment and comfort. Organisations should strive to develop children's self esteem, encourage each child to contribute to and participate in activities, and reward their efforts as well as their achievements. An atmosphere built on good relationships, mutual respect and support is less favourable to the development of bullying and other abusive behaviours. Similarly, when children have trusting relationships with workers, they are more likely to let them know about things that are making them unhappy.

Appointment of a Designated Person

Children First: National Guidelines for the Protection and Welfare of Children (Department of Health & Children, 1999, Section 6.7.2) advises that all organisations providing services to children should have a designated person to act as a liaison with outside agencies. This designated person would also act as a resource to any staff member or volunteer who has child protection concerns. The designated person should be responsible for reporting allegations or suspicions of child abuse to the health boards or An Garda Síochána. They may be known as child protection officers, children's officers, or by some other suitable title.

The designated person should:

- have good listening skills
- have sufficient knowledge about child abuse and child protection procedures
- be able to discuss personal matters in a relaxed way

Designated persons must be accessible to everyone associated with the organisation, and will need to be supported by training and supervision. A clear job description must outline his or her responsibilities to victims, employees, volunteers, the organisation and the statutory authorities. Reporting procedures to and from the designated person need to be agreed, clear and made known to all.

Remember that individual workers have a responsibility to protect and promote children's rights by:

- Treating them with dignity, sensitivity and respect
- Making time to listen, talk to and get to know the children
- Making sure that children know the organisation's rules about behaviour
- Encouraging children to have an input into how things are run
- Helping children to be safe, happy and having as much fun as possible
- Never favouring one child or children over others
- Enabling children to regard their bodies as their own property
- Encouraging them to express feelings, fears and experiences openly
- Giving written information about the organisation to children and their parents/carers
- Knowing about the principles and practices of child protection including their legal duties
- Never engaging in sexually provocative games or make suggestive comments, even in fun
- Respecting children's privacy in bathrooms or changing rooms
- Sensitively ensuring that children know about the child protection policy
- Always responding to complaints or allegations
- Helping children realise the difference between confidentiality and secrecy
- Being sensitive to the fact that some children are more vulnerable and have special needs
- Never using physical punishment with children

Codes of behaviour between workers and children

All organisations should establish a code of behaviour between workers and children, to avoid the possibility of misunderstanding, or the potential for allegations of misconduct. Such codes should include the following guidance:

- Workers should be sensitive to the risks involved in participating in contact sports or other activities
- While physical contact is a valid way of comforting, reassuring and showing concern for children, it should only take place when it is acceptable to all persons concerned.
- Workers should never physically punish or be in any way verbally abusive to a child, nor should they even tell jokes of a sexual nature in the presence of children.
- Workers should be sensitive to the possibility of developing favouritism, or becoming over involved or spending a great deal of time with any one child.
- Children should be encouraged to report cases of bullying to either a designated person, or a worker of their choice. Complaints must be brought to the attention of management.
- Everyone involved in the organisation should respect the personal space, safety and privacy of individuals.

- It is not recommended that workers give lifts in their cars to individual young people, especially for long journeys.

All workers should agree this code and it should form part of any future induction training introduced in your organisation.

Consider how your organisation could

- Find ways of involving parents/carers and children
- Develop a code of behaviour so that everyone will be familiar with the standards expected from adults and children (*See Factsheet 1*)
- Have a clear policy on discipline that is positive and non violent
- Have clear procedures about bullying, aggression and unacceptable behaviour (*See example in Factsheet 2*)
- Have a complaints procedure in place and take the grievances of children and adults seriously
- Avoid the possibility of prejudice and encourage respect for difference by developing non-discriminatory policies in relation to religion, race, class, gender or ability
- Have a child protection policy in place and display in where it will be seen (*See sample policy document in Factsheet 3*).

Section Three

Developing safe recruitment practices

Safe practice starts with safe recruitment procedures and involves:

- Always applying thorough selection procedures, no matter who the applicant happens to be
- Judging the suitability of applicants in relation to a broad range of matters
- Taking all reasonable steps to eliminate people who are not suitable for working with children
- Providing training

Most people who apply to work with community and voluntary organisations on either a voluntary or paid basis are interested, well motivated and suitable for the various tasks involved. However, it is very important that organisations take all reasonable steps to ensure that only suitable people are recruited. Unfortunately, people with a tendency to abuse children can be attracted to the type of work that gives them the opportunity to be with children, and this always has to be borne in mind when recruiting new workers.

Recruiting workers

This section outlines an approach to safe recruitment and selection practices. The actual procedures may vary according to the requirements of different organisations or groups but the following key processes should be included:

- (i) **Clear definition of the role of employees or volunteers:** This means clarifying and agreeing expectations regarding the role of a new worker, and involves identifying the minimum level of personal qualities and skills required to fill the post.
- (ii) **Application Form:** An application form, with a clear job description and information about the organisation should be supplied. The form should be designed, as far as possible, to collect all relevant information about the applicant, including past experience of working with children. *(See sample Application Form in Appendix 5)*
- (iii) **Declaration:** All applicants should be required to sign a declaration stating that there is no reason why they would be unsuitable to work with young people, and declaring any past criminal convictions or cases pending against them. The organisation must have a clear policy regarding the type of factors that would exclude applicants. *(See sample Declaration in Appendix 5)*
- (iv) **Interview:** All applicants should be interviewed by a panel comprising of at least two representatives of the organisation. Interviewers should explore the information stated on the application form and assess the applicant's suitability for the post. The information supplied by the applicant and any other information supplied on their behalf should only be seen by persons directly involved in the recruitment procedure.
- (v) **References:** An applicant should be expected to supply the names of two referees (not family members) who will testify as to their character, their suitability to the role of employee/volunteer, or any other issues which may affect their ability to perform the tasks required of them. At least one referee should have first hand knowledge of the applicant's previous work or contact with children. An acceptable reference will indicate that the person is known to the referee **and** is considered suitable by them to work with young people. All references should be received in writing and later confirmed by telephone, letter or personal visit. Any additional information should be attached to the application form.



- (vi) **Identification:** The organisation should ensure that the identity of the applicant is confirmed against some documentation (ID card, driving licence or passport) which gives his or her full name, address together with a signature or photograph. This should be compared with the written application.

Although a very thorough selection procedure is one of the most sensible and effective ways of assessing a person's suitability to work with children and may itself act as a deterrent to potential abusers, it is often felt as an unnecessary burden...

"But sure he only comes in one morning a week"

"I couldn't ask them all those questions when they're not even getting paid"

"She wouldn't give up so much of her time if she didn't mean well"

"All our volunteers are from the area"

"It's so hard to get volunteers these days - I don't want to put people off"

Workers are not less likely to abuse children because they are part-time or because they are not getting paid or because they have been giving their services for years, or even because they are a friend of a friend. You must apply the same procedure consistently with paid and unpaid staff, part-time and full-time workers alike. Although being very thorough about assessment can seem like an unnecessary burden, the more it becomes routine throughout all organisations working with children, the less intimidating it will be to genuine and well-motivated applicants. At the same time, it may act as a deterrent to potential abusers, as well as assisting in the choice of appropriate staff and volunteers.

Induction and training

When an applicant has been accepted, the following processes should apply:

- (i) **Induction:** If, following the application and interview process the applicant is accepted, they should then be required to undertake an induction course. Induction should be a planned programme that enables workers to get to know the organisation, their colleagues, their job and other organisations doing the same type of work. It should also cover expectations, conditions and procedures for dealing with discipline, grievances and allegations, and the organisation's child protection policy.
- (ii) **Trial period:** Appointment should be conditional on the successful completion of a trial period, the length of which should be decided at the outset. It gives an opportunity to assess the suitability of a new worker to work with children and his or her commitment to the organisation's policies on safe practices.
- (iii) **Records:** details of selection and induction should be recorded, along with notes on any matters arising during any part of the process.
- (iv) **Additional training:** To maintain quality standards and good practice, training should be provided on an ongoing basis for all workers (*See Section Four*).

Consider how your organisation could:

- Adopt a clear and consistent procedure for taking on new staff and volunteers (*See Factsheet 4*)
- Plan a programme for the induction of new staff and provision of ongoing training

Section Four

Developing safe management practices & policies

The operation of thorough recruitment procedures as outlined in the previous section will help to keep children safe within the organisation, but other strategies should be put in place to minimise the possibility of them coming to harm.

Safe management practices involves:

- Good management practices
- Supervising children in all activities
- Knowing how to deal with discipline and challenging behaviour
- Providing training for all workers
- Supervision and support of workers

Safe Management Practices

Safe management practices will not only enable an organisation to run smoothly and efficiently, but it will also help to minimise the opportunities for accidents or harm to happen to children. The following pointers should be considered:

Know the children

- Have defined criteria for membership of the organisation,
- Have a registration system for each child
- Keep a record on each child, including medical details, any special needs and emergency contact telephone numbers.

Keep records of

- Attendance
- Accidents – keep an incident book (accident records should be reviewed regularly and any unusual patterns reported to senior management)
- Consent forms
- Any complaints or grievances

Know the workers

- Follow thorough recruitment and selection procedures, as outlined in Section Three
- Have a work schedule displayed so that everyone knows who is on duty
- Respond to any allegations or complaints made about workers
- Make sure there are always sufficient workers of either sex to supervise activities



Pay attention to health and safety matters making sure that

- Any buildings being used are safe and meet required standards
- There is sufficient heating and ventilation
- Toilets, shower areas and washing facilities are up to standard
- Fire precautions are in place
- First aid facilities and equipment are adequate
- There is access to a phone
- Equipment is checked regularly
- Insurance cover is adequate

Supervising children in all activities

Children are less likely to experience accidents or other harms if they are supervised properly. Activities should be organised so that they maximise participation, fun and learning, but also safety. So it is important to ensure that

- Children are not normally left unattended
- Adequate numbers of workers of both sexes are available to supervise the activities
- Workers know at all times where children are and what they are doing
- Any activity using potentially dangerous equipment has constant adult supervision
- Dangerous behaviour is not allowed

If the activities involve staying away from home overnight, attention should also be paid to the following

- Safe methods of transport
- Adequate insurance, to cover all aspects of the trip
- Written parental consent (for each individual trip)
- Any information about the children which may be relevant to staying away overnight, like allergies, medical problems, or special needs
- Appropriate and well supervised sleeping arrangements
- Respect for the privacy of children and young people in dormitories, changing rooms, showers and toilets.

Discipline and dealing with challenging behaviour

The use of discipline with children should, as far as possible, be in the form of positive reinforcement. Rules about discipline and sanctions should be agreed as part of the policy of the organisation, and accepted by all workers and children as a condition of becoming involved with the organisation. It is recommended that every organisation develop a policy on bullying that is known to and accepted by everyone. Sanctions should be implemented consistently, fairly and firmly and not used as threats, and children should be helped to understand why they are being imposed. When a sanction has been imposed, it is important that a child is able to feel that she or he is still valued.

Sometimes, children can be disruptive and their behaviour can be challenging. When it happens, it can put the safety of the child him or herself at risk, as well as that of other children and workers. Workers need to be trained and prepared for coping with disruptive behaviour.

It is recommended that

- More than one worker is present when challenging behaviour is being dealt with
- A record is kept in an incident book, describing what happened, the circumstances, who was involved, and any injury to a person or to property and how the situation was resolved.

Providing training for workers

The nature of training will obviously depend on the range of services provided by the organisations, and the needs of staff and volunteers. It may include

- Induction training (*See Section Three*)
- Particular skills training, to fit in with the nature of the organisation
- Child protection training, to raise awareness and provide information about how to respond to suspicions or incidents of child abuse

The development of an effective and appropriate training programme requires an assessment of workers' experience, how far their knowledge meets the requirements of the organisation, and identifying gaps that need to be filled. Organisations have a responsibility to fill the gaps. Good practice in training means keeping a record of training needs, training provided, and a note of the worker's satisfaction with the training. Ideally, each organisation should have a person responsible for co-ordinating training.

Supervision and support of workers

It is good practice to set up a supervision system for workers. This means arranging to see staff and volunteers at regular intervals on their own or in small groups, and giving them an opportunity to raise any questions that they may have, any problems they are experiencing, or any suggestions for change that they wish to make. It allows managers to assess the need for change in policies or practice, or for the provision of additional training.

It is useful to keep a brief, written record of the discussion that takes place during supervision. It is also important to have a system of written review of workers so that they can be given recognition for the good work they are doing and helped to develop their skills further. The following could be considered:

- (i) **an initial review:** in addition to ongoing supervision, half way through the period a review should be conducted which should include an assessment of the workers' understanding of your child protection policy;
- (ii) **a review at the end of the trial period:** to confirm the workers in post or to extend his/her probation period or to determine his/her services. Any decision you make at this stage should not come as a surprise if regular supervision has been carried out;
- (iii) **an annual review or 'staff appraisal':** the purpose of this is to assess general performance and also to give an opportunity to review any relevant changes in the personal circumstances of workers, for example, whether they have acquired any criminal convictions or have developed any health problems.

Setting up supervision and review arrangements allows an opportunity to observe workers at a number of levels. It makes it easier to assess workers' competence in performing their tasks, and it also gives an opportunity to observe the development of relationships between workers, and between workers and children. It is good practice for managers to be aware of the attitudes of workers, and the interactions that take place between them and the children and with each other. Managers should be alert to any unusual incidents or activities that take place where workers may be putting themselves in vulnerable positions.

Some community and voluntary organisations hold a long tradition of the involvement of volunteers who contribute their unpaid, personal time to different programmes and activities. Given the responsible roles played by volunteers it is particularly important that their work with young people is supported.

Consider how your organisation could

- Implement a registration and record keeping system
- Implement a 'safety' code to deal with supervision, buildings and equipment and procedures for overnight stays
- Draw up and display a code of discipline
- Implement a programme for ongoing training
- Set up a supervision system

Section Five

Raising awareness about child abuse

Raising awareness about child abuse means ensuring that everyone in your organisation is

- clear about what abuse is
- knows how to recognise and respond to it
- aware of who can abuse children
- knows what steps to take to report suspected abuse

Good child protection practice means ensuring that workers know how to recognise child abuse. This does not mean that they are responsible for deciding whether or not abuse has taken place – even for an expert that is a difficult decision – but they do have a responsibility to be alert to behaviour by children or workers which suggests that something is wrong.

What is child abuse?

All workers should be aware that, essentially, child abuse occurs when the behaviour of someone in a position of greater power than a child causes the child harm. Because children can be abused in a number of ways, sometimes at the same time, it is not always easy to categorise it, but four broad definitions can be considered and may be briefly summarised as neglect; emotional abuse; physical abuse and sexual abuse. *Children First* contains detailed definitions of abuse and should be carefully read and understood by all workers.

Children who are especially vulnerable to abuse

Children in certain situations are especially vulnerable to abuse. These include children who, for short or long periods, are separated from parents or other family members and depend on other adults for their care and protection. Children with disabilities may also be particularly at risk as the nature of their disability sometimes makes communication between themselves and others difficult and they may depend more than most children on a variety of adults to help them, for example, for care and transport.

The same categories of abuse – neglect, emotional abuse, physical abuse, sexual abuse – may be applicable, but may take a slightly different form. For example, abuse may take the form of taking away basic rights, harsh punishments or overuse of medications or physical restraints.

Other forms of abusive behaviour

Apart from the above very serious forms of abuse, workers should also be on the alert for other forms of behaviour that may be harmful to children. These behaviours may take place in any setting. Incidents like these should be dealt with immediately and not tolerated under any circumstances. The following behaviours are unacceptable for either workers or children:

Verbal abuse

This can include name-calling, sarcasm, and criticism, making reference to some physical characteristic, destructive criticism, derogatory remarks and gestures.



Bullying

Bullying can be defined as repeated aggression be it verbal, psychological or physical which is conducted by an individual or group against others. Examples of bullying include teasing, taunting, threatening, hitting and extortion.

Unwelcome behaviour

This can include favouritism, exclusion, sexual harassment and sexual innuendo, humiliating and embarrassing others, deprivation of basic rights and harsh punishments.

Who abuses children?

It is important to remember that children can be abused by a variety of people, including those in trusted positions. Nobody really knows what causes people to abuse children. Sometimes it is because abusers have had bad experiences themselves, or because they have limited understanding of how to care for children properly or are unable to do it consistently. Child abuse is often associated with, though not directly caused by, poverty and other social problems like addiction or domestic violence and is sometimes the result of stress. Sexual abuse is different and is almost always involves careful planning and manipulation of children and situations.

Take a minute to consider this:

- Abusers appear just like anyone else – you can't tell by looking
- People who abuse children come from all types of background
- Sometimes strangers abuse children, but it is more often someone that the child knows, and is in a position of authority or trust over him or her
- Children can be abused by other children and young people

Suspecting child abuse

Workers in community and voluntary organisations may come across actual or suspected child abuse in two different contexts

- situations where it becomes apparent that a child or young person is being harmed or is at risk of harm within his or her family context or home environment
- situations where abusive behaviour by a worker is observed or an allegation of child abuse is made against a worker within the organisation.

Children will sometimes confide that they are being harmed, and sometimes other people witness incidents which suggests that children are being harmed. However, it is often necessary to rely on signs – some are more obvious like under-nourishment, lack of suitable clothing, lack of proper care and supervision, injuries, sexual knowledge that is unusual for the child's age, or running away. Others are less clear and may show up in a child's behaviour or their reaction to adults. These need to be considered in relation to other features of a child's situation and other reasons for explaining the situation should also be considered. However, it is important to always put the child's safety and well being first, over and above any other considerations.

It is not always easy to accept that children can be deliberately neglected or harmed. The possibility that parents, who appear to love their children, or that committed workers who are colleagues and friends, could hurt the children in their care is hard to take. Unfortunately, reluctance to think badly of people, or lack of understanding and knowledge about abuse can lead to resistance in hearing, recognising and dealing with it.

Children very rarely tell that they are being abused, for a number of reasons:

- They may have been bribed or blackmailed not to tell
- They may be very frightened of the abuser
- They may be afraid of being blamed or punished, or excluded from the organisation
- They may be afraid of getting the abuser into trouble
- Children with learning disabilities may not fully comprehend what is happening

Children who are being abused often feel that they have tried to tell someone else – it must be remembered that they may have different ways of communicating information and workers must be alert and sensitive to this.

Stages in recognising child abuse

Child abuse might come to light because a child tells someone, or because someone sees it happening. However, this does not always happen, and it is often a question of someone feeling uneasy and concerned about a child, and needing to find out more. There are roughly three stages in recognising child abuse to the point where a worker knows that action must be taken. These are:

- 1) **Considering the possibility** – if a child has a mark, bruise or injury for which there is no reasonable explanation, or if she or he is behaving unusually or seems fearful or anxious in the presence of anybody.
- 2) **Looking out for signs** – a cluster of signs is likely to be more indicative of abuse than a single one. Sometimes children will hint or directly tell that they are being harmed – these disclosures should always be listened to and the information accepted as true in the first instance (See below for guidance on this).
- 3) **Recording the information** – observations about suspected child abuse should be recorded with dates, times and any other relevant information about the incident or behaviour.

Child abuse can be difficult to recognise and can take many different forms. Workers should always be alert to the possibility of abuse. However, it is important to remember that no one sign should be seen as certain evidence of abuse, and there may be other explanations for it. Workers who are suspicious about child abuse should consult with the relevant sections of *Children First*.



Responding to child abuse

If a child hints at or tells a worker that he or she is being abused, it must be handled very sensitively, and in the following way:

- Stay calm and listen – give the child time to say what she or he wants
- Don't ask leading questions or details, or make suggestions
- Don't stop the child recalling significant events, but don't make him or her repeat the story unnecessarily
- Reassure the child, but don't promise to keep it a secret
- Explain what needs to be done next
- Record the discussion as carefully as possible

The information should then be passed on according to the child protection policy adopted by the organisation (*See Section Six for detailed advice on this*).

How suspicious should workers be?

It can be hard for workers to believe that child abuse happens within organisations that are supposed to care for children, but experience shows that it does. Abuse can happen when organisations are 'unhealthy' – where there are problems between staff, or where support for workers is lower than it should be. It can also happen where 'cosy' relationships develop or already exist between workers or where the operation of the service is geared more towards the convenience of workers than the needs of the children. This is why it is so important to operate the sort of safe practices outlined in Section Four although it must be remembered that child abuse can happen within 'healthy' organisations as well.

It is an unfortunate fact that organisations working with children can attract people with a tendency to sexually abuse. While good recruitment and selection procedures (as outlined in Section Three) can help to prevent this, they cannot completely eliminate it and workers need to be aware that child abuse can still happen.

While it is important for workers to be alert to signs of child abuse, it is also important not to create an environment of intense anxiety where everyone is suspicious all the time. A good rule of thumb for all workers is to talk to someone if any concern arises about a child's safety or their welfare. The best way for organisations to reach a balance is to provide training to give workers information about the nature of child abuse and its effects, and provide a clear and supportive structure for dealing with suspicions and concerns (*See Section Six*). This will give them confidence to respond effectively and help them to deal with feelings of anxiety that they might experience.

The actual decision about whether abuse is likely to have happened must be left to professionals. Experts who work in the child protection field will know the proper procedures to follow. You must always remember that workers in organisations like yours have a supportive, not an investigative, role. The details of when you should report suspicions and to whom are discussed in Section Six.

Finally, constantly maintaining a level of awareness about what children are entitled to be protected from requires taking account of children's expectations and their understanding of what their rights are. Children's attitudes are influenced by the behaviour which is accepted around them.

Consider how your organisation could

- Inform workers, children and families about child abuse and what to look for if they are concerned (*See Factsheet 5*)
- Set up a structure for workers to discuss their concerns
- Develop and make your child protection policy known



Section Six

Responding to accidents and complaints or to alleged or suspected child abuse

Ensuring a quick response to complaints and allegations involves:

- Implementing procedures for dealing with accidents and complaints
- Adopting, as part of the child protection policy, procedures based on *Children First* for reporting suspected abuse

Procedures for dealing with accidents and complaints should ensure that:

- Emergency numbers are prominently displayed
- Everyone knows where the nearest phone is
- Someone has knowledge and /or training to deal with foreseeable medical and accidental incidents
- Keeping a first aid box where it is easy to find
- Having incident or report forms
- Having a formal complaints procedure for children and parents
- Workers know what information will be needed

Procedures for dealing with suspected child abuse should ensure that:

- There is a system in place for responding to suspected or actual child abuse, including a designated person
- Workers understand their responsibility to prioritise the safety and well-being of children over all other considerations
- Workers know where to report their suspicions or evidence
- Workers understand that they are protected under the Protections for Persons Reporting Child Abuse Act 1998
- Workers are well informed about the statutory child protection procedures and about their own role in the process
- Workers have a good understanding about the extent and limits of confidentiality

Responsibility to report suspected or actual child abuse

The primary responsibility of the person who first suspects or is told of abuse is to report it and to ensure that their concern is taken seriously. The guiding principles in regard to reporting child abuse may be summarised as follows:

- the safety and well-being of the child or young person must take priority.
- reports should be made without delay
- the principle of natural justice should apply, which means that a person is innocent until proven otherwise

- the principle of confidentiality should apply, whereby only those that need to know should be told of a suspicion/allegation/disclosure of abuse and the number that need to be kept informed should be kept to a minimum.

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 the Health Board or 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. The Chief Executive Officers of Health Boards have appointed a wide range of nursing, medical, paramedical and other staff as designated officers for the purposes of this Act, to whom referrals of suspected child abuse can be made (see page 40 of *Children First*).

Steps to be taken by a worker who knows about or suspects child abuse

A worker who knows or suspects that a young person has been or is at risk of being harmed has a duty to convey this concern to the designated person in their organisation who will report the information to the health board. The health board will, in turn, notify An Garda Síochána. In an emergency, a report must be made directly to An Garda Síochána.

If the suspected abuser is an employee of the organisation/group, the matter should be brought to the attention of the CEO or equivalent senior person in the organisation. When the designated person/CEO has been notified they should refer the matter as soon as possible to the health board, who will in turn notify An Garda Síochána. In this regard the organisation should be sensitive to the fact that those with a need to know should be restricted to a minimum.

It is important that everyone in the organisation is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is a task for the health board or An Garda Síochána. Under no circumstances should any individual member of staff or volunteer or the organisation itself attempt to deal with the problem of abuse alone.

Steps to be taken by a designated officer

When a designated officer in an organisation receives a report about suspected or actual child abuse, they should consider whether there are reasonable grounds for reporting it to the health board. It may be helpful to discuss the matter with a professional, such as a Social Worker, Public Health Nurse or staff in a Health Centre, who can assist them in deciding whether or not to formally report their concerns to a health board. The following examples would constitute reasonable grounds for concern and should be reported:

- specific indication from the child that (s)he was abused;
- an account by a person who saw the child being abused;
- evidence, such as an injury or behaviour which is consistent with abuse and unlikely to be caused another way;
- an injury or behaviour which is consistent both with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indicators of abuse, dysfunctional behaviour;
- consistent indication, over a period of time, that a child is suffering from emotional or physical neglect.

This may mean:

- Clarifying or getting more information about the matter;
- Where there is any doubt or uncertainty, consulting initially with a statutory child protection agency to hear their view of the situation;
- Making a formal referral to a statutory child protection agency or An Garda Síochána

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

However, these suspicions should be recorded or noted internally by the organisation as future suspicions may lead to the decision to make a report and earlier suspicions may provide important information for the statutory child protection agency or An Garda Síochána

In some situations, workers may receive information about adults who are not involved with their own organisation, but who are in contact with children through other organisations. It is important that these organisations should be made aware of any concerns. The statutory agencies will give advice on how this should be handled.

Children First recommends that:

- If the designated person, on behalf of an organisation, decides that reasonable grounds for reporting the incident or suspicion to the health board or An Garda Síochána do not exist, ***the individual worker who referred the matter should be given a clear written statement of the reasons why the organisation is not taking action.***
- The worker 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 themselves. The provisions of the Protections for Persons Reporting Child Abuse Act, 1998 apply once they report “reasonably and in good faith”.

Standard reporting procedure

Children First recommends the following procedure where reasonable grounds exist for the reporting of suspected or actual child abuse

- A report should be made to the health board in person, by telephone or in writing. Reports may be made to the Child Care Manager or directly to the social worker. Each health board has a social worker on duty for a certain number of hours each day. The duty social worker is available to meet with, or talk on the telephone, to persons wishing to report child protection concerns. (There is a list of contact numbers in Appendix Four).
- It is generally most helpful if persons wishing to report child abuse concerns make personal contact with the duty social worker. This will facilitate the social worker in gathering as much information as possible about the child and his or her situation. If a third person, such as a designated person, makes the report, it is likely that the social worker will wish to speak to the person who first witnessed the incident, received the disclosure, or experienced the concern.

- In the event of an emergency, or the non-availability of health board staff, the report should be made to An Garda Síochána. This may be done at any Garda Station.

Under no circumstances should a young person be left in a dangerous situation pending the intervention of the health board

Information required when a report is being made:

The ability of the health board and/or An Garda Síochána to assess suspicions or allegations of child abuse will depend on the amount and quality of information conveyed to them by persons reporting their concerns. All organisations should introduce a **Standard Reporting Form** based on the template in *Children First (See Appendix Two)*.

Any professional who suspects child abuse should inform the parents/carers if a report is to be submitted to the health board or An Garda Síochána unless doing so is likely to endanger the child or undermine an investigation. Guidance may be obtained from the health board or An Garda Síochána on how this might be undertaken

What happens next?

It is useful for workers to be aware of what happens when a report is received by the health board, so that they can offer support and help to a child and family during the period of investigation, and if required, provide information to the health board and An Garda Síochána to help them reach a conclusion. Appendix Three contains a summary of the process operated by the health boards and An Garda Síochána.

Confidentiality

Any information provided to the health board and An Garda Síochána will remain confidential. The official policy is that those receiving such information will only disclose it where the welfare of the child requires it and then only to those with a legitimate 'need to know'. Details will only be passed on to the relevant people within the statutory services with responsibility to take further action.

Reports which are made anonymously (where the reporter does not give his or her name) to the health board will be followed up. However, it must be remembered that not giving a name may make it more difficult for professionals to investigate and assess a situation.

People sometimes find it useful to clarify their thoughts before making a formal report. One of the ways this can be done is by talking to a supervisor, or calling to the health board or An Garda Síochána. However, caution should be used when doing so. It is important to make clear that the purpose of the call is to seek advice rather than make a formal report. This may mean not revealing identifying details regarding the family or child at that stage. If the person receiving the information feels that there is good reason to be concerned that a child is suffering or is likely to suffer harm, they will ask for identifying detail in the interests of the child. Difficult though these situations are, actions must be guided by the guiding principle that a child's protection and welfare must come first.

Consider how your organisation could

- Implement a system for responding to complaints or accidents
- Appoint a designated person for child protection concerns and ensure everyone knows who the designated person is
- Ensure that your child protection policy is displayed and implemented, making sure that a designated person is available to receive reports of suspected child abuse
- Design and implement a standard reporting procedure for suspected child abuse, based on *Children First* (see Appendix 1 & 2)
- Provide an information leaflet for workers, children and parents explaining what happens at each stage of the process based on information provided in Appendix 3

Section Seven

Action to be taken when an allegation is made against a worker within the organisation

If an allegation is made against a worker in your organisation, you must ensure that everyone involved gets a proper response. This involves making sure that two separate procedures are followed:

- the reporting procedure in respect of the child;
- the procedure for dealing with the worker

All organisations should have agreed procedures to address situations where allegations of child abuse are made against a worker. Wherever this happens, the organisation has a dual responsibility in respect of both the child and the worker. These 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 person against whom the allegation is made on the other hand. The employer should, as a matter of urgency, take any necessary protective measures to ensure that no child is exposed to unnecessary risk.

In general, it is recommended that the same person should not have responsibility for dealing with both the reporting issues and the employment/contractual issues. It is preferable to separate these issues and manage them independently.

Workers 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. It is often very difficult for workers to accept that one of their colleagues, who may also be a friend, has harmed a child. Unfortunately, because of this, unconscious or unwitting collusion of other workers with the suspected abuser may occur and the possibility must be recognised. For this reason, it will be necessary for An Garda Síochána and senior staff within the organisation to agree their strategy for investigation and remain in contact.

The Protection for Persons Reporting Child Abuse Act 1998 applies equally to organisations provided they report the matter 'reasonably and in good faith'. It must be remembered the primary goal is to protect the child while taking care to treat the worker fairly.

As well as the requirement to respond to the allegation, several other factors will have a bearing on the organisation and will need to be considered:

- possible reactions of other members of staff within the organisation including anger, disbelief, doubt, fear, guilt, shock, anxiety and confusion
- the effects on the alleged abuser of the organisation's own internal disciplinary proceedings, the child protection investigation and the criminal investigation
- the reactions of other staff and volunteers and the other children towards a child who has been abused or whose allegation is being investigated
- the reactions of parents/carers and other family members of the child

It is extremely valuable to have thought through and discussed with staff and volunteers in as objective a way as possible what could happen and how people might feel if an allegation of abuse is made or a suspicion reported. This could happen during training and at reviews. Rehearsing the issues will give everyone concerned the confidence to face what will inevitably be a very difficult situation, particularly if an allegation is made against a staff member.



Guidance on reporting

All organisations providing services to children should have clear written procedures on the action to be taken if allegations of abuse are made against workers and should ensure that both children and workers know the steps to take if they wish to report suspected abuse. Workers should also be aware of the appropriate authorities to whom they should report outside the organisation if they are inhibited for any reason in reporting the incident internally or where they are dissatisfied with the internal response. The need for awareness about the possibility of abuse by workers and the requirement to report concerns should be reinforced through training and supervision.

Employers' 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. 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 and this decision should be based on reasonable grounds for concern.

Employers' responsibility towards workers

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 privately inform the employee of the following:

- the fact that the allegation has been made against him/her;
- 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.

Procedures for dealing with employees and employer's duty of care to children:

When an allegation is made against an employee, the following steps should be taken:

- The agreed procedures, the applicable employment contract and the rules of natural justice should be followed
- The Chairperson (or equivalent head of organisation) should be informed as soon as possible.
- 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 worker financially or otherwise, unless necessary to protect children. Where protective measures, such as suspension, do penalise the worker, it is important that early consideration be given to the case.
- Any action following an allegation of abuse against an employee should be taken in consultation with the health board and An Garda Síochána. An immediate meeting should be arranged with these two agencies for this purpose.

- After these consultations referred to above and when pursuing the question of the future position of a worker, the Chairperson (or equivalent head of organisation) should advise the person accused of the allegation and the agreed procedures should be followed.
- Employers/managers should take care to ensure 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.

There will be situations in which suspicions or allegations may turn out to be unfounded. It is very important that everyone in the organisation knows that if they raise a concern which, through the process of investigation, is not validated they have not in any way, been wrong in their initial action. Responsible action should be encouraged and 'whistle-blowers' enabled to feel confident of support.

Expectations of health boards

Children First recommends that health boards will have 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 will be made by health boards to investigate complaints against employees promptly and to complete their assessment as quickly as possible bearing in mind the serious implications for the innocent employee. Employers/persons-in-charge should be notified of the outcome of an investigation.

Consider how your organisation could

- Draw up a policy for dealing with allegations against workers
- Ensure that everyone is treated fairly in the event of an allegation being made



Section Eight

Making Links

Making links means:

- Working to involve parents in the organisation
- Co-operating with other agencies if a child protection concern has arisen
- Networking to achieve better practice

Involving parents

Parents have the primary responsibility for looking after their children, and know more than anyone else about their children's personalities, lives, their likes and dislikes, and anything that is special or unique about them. The best way of making sure that children's needs are met is by working as much as possible with those who look after them at home. At the very least, organisations should have contact addresses and telephone numbers for the parents/carers of children in the organisation, and should

- Encourage them to stay in contact with workers
- Invite them to join in day to day activities where this is practical
- Invite them to be on the board of management if applicable
- Encourage and consider their comments and suggestions
- Respect parent/carer's right to confidentiality
- Use a newsletter to inform them of everything that goes on in the organisation, including any change in procedures that might affect them
- Introduce them to new workers
- Be told of any incident or injury that happens to their children
- Always get parent/carer's permission for children to join the organisation and take part in activities. Separate permission should be got for special activities like camps, overnight trips or outings.
- Make sure they are aware of the organisation's policies, including the child protection policy
- Deal with their complaints through a proper complaints procedure

It will be much easier to work together with parents in relation to any allegations or incidents that might later occur if good relationships have already been made.

Need for ongoing co-operation between organisations/groups and the statutory authorities if a child protection concern arises

The health board has overall responsibility for the assessment and management of child protection concerns and An Garda Síochána has responsibility for the investigation of alleged offences. However, all persons involved with a child may have a particular contribution to make to ensure the young person's future safety and welfare. It is essential therefore that a co-ordinated response is made by all persons involved with a young person deemed to be at risk.

Effective inter-agency co-operation will depend on

- understanding and acceptance by all professionals and persons working with children and young people of their responsibilities and roles in the promotion of child welfare
- mutual trust and sharing of information
- willingness of personnel to respect the contributions made by each other, irrespective of status and position within agencies and organisations/groups
- joint training between statutory child protection authorities and community and voluntary organisations

If the health board or An Garda Síochána decide to pursue a report made by a voluntary or community organisation, it is likely that a social worker will want to speak to the first person that witnessed an incident of abuse or became concerned about a young person. It is also possible that An Garda Síochána may wish to take a witness statement from the person who originally reported the concern.

Inter-agency and inter-professional 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 who are working with a child or young person at risk to remain in contact, and to communicate any relevant information to the key worker, who is usually the health board social worker.

Child protection conferences and reviews

Workers in community and voluntary organisations may be invited to participate in child protection meetings convened by the health board to discuss the situations of individual children who have been reported to them and make plans for their future protection. There are two types of meetings to which workers may be invited, child protection conferences and child protection reviews.

A *Child Protection Conference* is a meeting convened by the Child Care Manager in a health board area when initial inquiries into a reported child protection concern have taken place. It is a forum for the co-ordination of information from all relevant sources, including where relevant, volunteers or employees from community and voluntary organisations. Its main tasks, as identified in *Children First* are:

- to facilitate the sharing and evaluation of information between professionals and carers
- to outline a child protection plan to be completed following comprehensive assessment
- to identify tasks to be carried out by different professionals

A *Child Protection Review* is a meeting convened by the Child Care Manager and normally held at six monthly intervals where a child who has been notified to the health board as having suffered or being at risk of child abuse is still residing with his or her parents/carers and is still considered to be at risk. Its main task is to review the child protection plan.

Children First stipulates that a child's parents/carers should be included in child protection conferences and reviews unless a specific reason for their exclusion is identified, and that children may be invited to attend if appropriate. *Children First* stipulates that professionals should always be informed when parents/carers and/or children will be attending child protection conferences and



reviews. *Children First* suggests that all personnel attending child protection conferences and/or reviews should submit a written report to the Child Care Manager. For further information on the protocol for child protection conferences, see Appendix Six of *Children First* (p.149).

Networking

Some organisations providing services to children are small, and don't have a lot of contact with other organisations, or with the health board or An Garda Síochána. This can mean that recognising and reporting child abuse can be very challenging and perhaps daunting. Most areas have networks of professionals in the field of child protection, such as other voluntary agencies, or health board public health nurses and social workers. It can be very helpful to link up with them on a formal or informal basis, sharing events such as training sessions on child protection, conferences, or sharing newsletters. The existence of relationships like this can help if a crisis arises and workers need advice and support. Practices that encourage networking include:

- Distribution of an inter-agency directory of personnel, to be revised at least annually
- Distribution of information leaflets on individual organisations, stating their mission statements, standards and policies
- Dissemination of child protection guidelines to all relevant agencies in the region
- Inter-agency procedures which clarify what each agency expects of its staff in relation to working with other agencies as well as what they can expect from other agencies
- Invitations to members of different agencies to relevant events.

Consider how your organisation might

- Produce information leaflets about your organisation, including the child protection policy
- Produce a newsletter for circulation to parents and local organisations
- Have standard consent forms for parents to cover different activities
- Form local networks with statutory and voluntary child care and protection agencies
- Invite other organisations to join in child protection training

Appendix 1

Standard reporting procedure

Children First: National Guidelines for the Protection and Welfare of Children (Department of Health & Children, 1999) recommend that the following procedure is followed where reasonable grounds exist for the reporting of suspected or actual child abuse

- A report should be made to the health board in person, by telephone or in writing. Reports may be made to the Child Care Manager or directly to the social worker. Each health board has a social worker on duty for a certain number of hours each day. The duty social worker is available to meet with, or talk on the telephone, to persons wishing to report child protection concerns. *(There is a list of contact numbers in Appendix Four)*
- It is generally most helpful if persons wishing to report child abuse concerns make personal contact with the duty social worker. This will facilitate the social worker in gathering as much information as possible about the child and his or her situation. If a third person, such as a child protection officer makes the report, it is likely that the social worker will wish to speak to the person who first witnessed the incident, received the disclosure, or felt the concern.
- In the event of an emergency, or the non availability of health board staff, the report should be made to An Garda Síochána. This may be done at any Garda Station.

Under no circumstances should a young person be left in a dangerous situation pending the intervention of the health board.



Appendix 2

Reporting allegations or suspicions of abuse

Standard Reporting Procedure:

Suggested template for the reporting of child protection and welfare concerns to a health board. In cases of emergency, or outside health board hours, reports should be made directly to An Garda Síochána.

- 1. **Date of Report:** _____
- 2. **Name of person reporting:** _____
- 3. **Address of person reporting:** _____
- 4. **Relationship of reporting person with the child concerned:** _____
- 5. **Method of Report (telephone call, personal call to office):** _____
- 6. **Family details** _____

Details of child concerned

Surname _____

Forename _____

D.O.B. _____

Male/female _____

Alias (known as) _____

Address _____

Correspondence address (if different) _____

Telephone number _____

- 7. **State whether you consider your report to indicate (a) suspected or actual child abuse or (b) need for family support, giving reasons**

8. Details of other family members/household members

NAME	AGE	RELATIONSHIP TO CHILD	EMPLOYMENT/SCHOOL	LOCATION

Public health nurse: _____

School: _____

General practitioner: _____

Any other agency or professional involved (*please describe the nature of any involvement*)

9. Referral Details

Describe, as fully as possible the nature of the problem or incident being referred, giving details of times and dates of individual incidents, the circumstances in which they occurred, any other persons who were present at the time, and their involvement:

Has any explanation been offered by the child, and/or parents/carers, which would account for the current problem or incident? (*Details*)

As far as possible, describe the state of the child/ren's physical, mental and emotional well-being

10. If child abuse is being alleged, who is believed to be responsible for causing it?

Include (if known)

Name: _____

Address: _____

Degree of contact with child: _____

Degree of contact with other children: _____

11. Describe (in detail) any risks to which the child/ren in this situation are believed to be exposed

12. How did this information come to your/the referrer's attention?

13. What has prompted you/the referrer to report your concern at this time?



14. What evidence of harm exists at present?

15. Are there any factors in the child and/or parents/carers' present situation, which may have relevance to the current concern? (for example, recent illness, bereavement, separation, addiction, mental health problem or other difficulty)

16. Are there any factors in the child and/or parents/carers' situation which could be considered protective or helpful (for example, extended family or community support)

17. Has any action been taken in response to the current concern or incident? (Details)

18. Are the child's parents/carers aware that this concern is being reported to the health board? (If not, why?)

19. Is there a need for urgent protective action at this point?

20. Any other comments

Signed: _____

Date: _____

Appendix 3

Health Boards and An Garda Síochána child protection policies

Introduction

A joint protocol has been agreed between the health boards and An Garda Síochána, whereby each organisation will notify each 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 that 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 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** 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** 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 be followed by completion of a comprehensive assessment, and finalisation of the child protection plan.
- (iii) **Child protection reviews** 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.

Appendix 4

Addresses of Health Board child care managers

Eastern Regional Health Authority

Area child care managers

<i>Community Care Area</i>	<i>Address</i>	<i>Phone No.</i>	<i>Fax No.</i>
Area 1	Tivoli Rd, Dun Laoghaire, Co. Dublin	01 - 284 3579	01 - 280 8785
Area 2	Vergemount Hall, Dublin 6.	01 - 269 8222	01 - 283 0002
Area 3	The Malting Business Park, 54/55 Marrowbone Lane, Dublin 8.	01 - 454 4733	01 - 454 4827
Area 4	Old County Road, Crumlin, Dublin 12	01 - 415 4700	01 - 415 4701
Area 5	The Lodge, Cherry Orchard, Ballyfermot, Dublin 10.	01 - 626 8101	01 - 626 8281
Area 6	Rathdown Road, Dublin 7.	01 - 838 5034	01 - 854 136
Area 7	Rose Cottage, Fairview, Dublin 15.	01 - 857 5431	01 - 857 5449
Area 8	Cromcastle Road, Coolock, Dublin 5.	01 - 847 6122	01 - 847 9944
Area 9	Poplar House, Poplar Square, Naas, Co. Kildare.	045 - 876 001	045 - 879 225
Area 10	Glenside Road, Wicklow	0404 - 68400	0404 - 69044

Midland Health Board

Area child care managers

<i>Community Care Area</i>	<i>Address</i>	<i>Phone No.</i>	<i>Fax No.</i>
Longford/ Westmeath	Health Centre, Mullingar, Co. Westmeath.	044 - 40221	044 - 39170
Laois/Offaly	Health Centre, Tullamore, Co. Offaly.	0506 - 41301	0506 - 21136

Mid-Western Health Board

Area child care managers

<i>Community Care Area</i>	<i>Address</i>	<i>Phone No.</i>	<i>Fax No.</i>
Limerick	Vocational Training Services, Dooradoyle, Limerick.	061 - 482792	061 - 482471
Clare	Tobartaoiscaín, Ennis, Co. Clare	065 - 23155 065 - 43952	065 - 231 56
Nth. Tipperary	General Hospital, Nenagh, Co. Tipperary	067 - 31491	067 - 41357



North-Eastern Health Board

Area child care managers

<i>Community Care Area</i>	<i>Address</i>	<i>Phone No.</i>	<i>Fax No.</i>
Cavan/Monaghan	Health Care Unit, Monaghan.	047 - 30400	047 - 84587
Louth	Community Care Office, Dublin Road, Dundalk.	042 - 933 2287	042 - 933 3814
Meath	Family Resource Centre, Commons Rd., Navan, Co. Meath	046 - 73178	046 - 73183

North-Western Health Board

Area child care managers

<i>Community Care Area</i>	<i>Address</i>	<i>Phone No.</i>	<i>Fax No.</i>
Donegal	Ballybofey, Co. Donegal.	074 - 31391	074 - 31983
Sligo/Leitrim	Markievicz House, Sligo	071 - 55177	071 - 55131

Southern Health Board

Area child care managers

<i>Community Care Area</i>	<i>Address</i>	<i>Phone No.</i>	<i>Fax No.</i>
South Lee	Abbey Court House, George's Quay, Cork.	021 - 923814	021 - 963822
North Lee	Abbey Court House, George's Quay, Cork.	021 - 965511	021 - 963822
North Cork	Hibernian Way, Bank Place, Mallow.	021 - 30200	021 - 42504
West Cork	Hibernian Buildings, Main St., Skibbereen, Cork.	028 - 23141	028 - 23172
Kerry	18 Denny Street, Tralee, Co. Kerry.	066 - 20300	066 - 81480

South Eastern Health Board

Area child care managers

<i>Community Care Area</i>	<i>Address</i>	<i>Phone No.</i>	<i>Fax No.</i>
Carlow/Kilkenny	Community Care Centre, James Green, Kilkenny	056 - 52208	056 - 64172
Waterford	Community Care Centre, Cork Road, Waterford.	051 - 842800	051 - 843688
Wexford	Community Care Centre, Grogan's Road, ACC Building, George's St., Waterford.	053 - 65112 053 - 23394	053 - 65113
South Tipperary	Community Care Centre, Western Rd., Clonmel, Co. Tipperary.	052 - 77000	052 - 25337

Western Health Board**Area child care managers**

<i>Community Care Area</i>	<i>Address</i>	<i>Phone No.</i>	<i>Fax No.</i>
Galway	Community Care Offices, 25 Newcastle Road, Galway.	091 - 523122	091 - 524231
Mayo	County Clinic, Castlebar, Co. Mayo.	094 - 22333	094 - 27106
Roscommon	Health Board Offices, Lanesboro St., Roscommon.	0903 - 26732	0903 - 26732



Appendix 5

Sample volunteer application form

C o n f i d e n t i a l

Surname _____

Forename _____

Address: _____

Date of Birth: _____ Tel. No. _____

Are you: *(Please tick)*

- Employed Unemployed Student
- Homemaker Retired Other

Previous work experience:

Have you previously been involved in voluntary work? Yes No

If yes, give details:

How much time can you commit to voluntary work? *(Please tick)*

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							



Do you have any spare time hobbies, interests or activities?

Any other relevant information?

Please provide names and addresses of two people whom we could contact for a reference (not relatives).

Name: _____ Name: _____

Address: _____ Address: _____

Tel: _____ Tel: _____

Signed: _____ Date: _____

Other information:

There is other information that you may like to ask for on the application form, or you may prefer to wait until the interview stage, e.g.

- Can you drive? Do you have access to a car?
- How did you learn about this volunteering opportunity?
- Why do you want to do voluntary work?
- Have you any disability which would affect your voluntary work?
- Have you ever committed a criminal offence?



Appendix 6

Sample volunteer declaration form

C o n f i d e n t i a l

**DECLARATION FROM ALL STAFF AND VOLUNTEERS
WORKING WITH CHILDREN AND YOUNG PEOPLE
(adopted from *Our Duty to Care, Northern Ireland*)**

Surname: _____ Forename _____

Date of Birth: _____ Place of Birth: _____

Any other name previously known as _____

1. Have you ever been convicted of an criminal offence or been the subject of a Caution or of a Bound Over Order?
Yes No

If yes, please state below the nature and date(s) of the offence(s):

Nature of offence	Date of offence
_____	_____
_____	_____
_____	_____

Signed: _____ Date: _____

Appendix 7

Sample volunteer reference form

C o n f i d e n t i a l

_____ has expressed an interest in becoming a volunteer with this club/organisation and has given your name as a referee.

This post involves substantial access to children and as an organisation committed to the welfare and protection of children, we are anxious to know if you have any reason at all to be concerned about this applicant being in contact with children or young people?

Yes No

If you have answered yes, we will contact you in confidence.

If you are happy to complete this reference, all information contained on the form will remain confidential, and will only be shared with the applicant's immediate supervisor, should they be offered a volunteer position. We would appreciate you being extremely candid in your evaluation of this person.

How long have you known this person? _____

In what capacity? _____

What attributes does this person have which you would consider makes them a suitable volunteer?

How would you describe their personality?



Please rate this person on the following (please tick)

	Poor	Average	Good	V/Good	Excellent
Responsibility					
Maturity					
Self-motivation					
Motivation of Others					
Energy					
Trustworthiness					
Reliability					

Signed: _____ Date: _____

Occupation: _____

Appendix 8

Standard form for reporting child protection and/or welfare concerns

P R I V A T E A N D C O N F I D E N T I A L

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: _____ Name of Father: _____

Address of Mother if different to Child: _____ Address of Father if different to Child: _____

Telephone Number: _____ 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 Club _____

Hospital: _____ Other, Specify e.g. Youth Groups, After School Clubs:

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. (*Local arrangements to be inserted*).

