



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Child Protection and Welfare Policy 2016

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Note: This document is based on Children First Guidance 2011, Children First Act 2015, current legislation and HSE structures. It will be adapted to reflect future policy updates, dates of commencement of the Children First legislation and changed structures. All items in blue text are hyper-linked and if you press the CTRL button to the bottom left of your keyboard as you click the cursor on the link, you will be taken to the part of the document that applies or to external links where appropriate.

Supplementary information may be added to this policy when developing Divisional or service-specific Child Protection and Welfare Policies. However no part of this policy may be subtracted from, or amended in any form, in the development of such policies. A localised policy from a Community Healthcare Organisation, Hospital Group, Function or other service area should be submitted to the National Children First Office for review prior to publication. All local policies should be forwarded to the National Children First Office once finalised.

This Child Protection and Welfare Policy is a national PPPG and will be revised and updated in line with the commencement dates of the Children First Act 2015, following recommendations from Case Reviews, Serious Reportable Events, Serious Incidents as appropriate, or every two years whichever is sooner.

Director General Foreword

Similar to all organisations the Health Service Executive continues to have a number of duties, responsibilities and obligations in relation to the welfare and protection of children following the statutory responsibility for the welfare and protection of children safekeeping transferring to the Child and Family Agency on the 1st January 2014. Of vital importance is the need for everyone to understand that we are all responsible, we are all required to act and we are all required to report to the Child and Family Agency any concerns or knowledge that we acquire, which strongly suggests or evidences that a child has been or is likely to be harmed.

While at times it can be difficult to acknowledge or accept, evidence shows that every child and young person can be hurt, put at risk of harm or abused, regardless of their age, gender, religion or ethnicity. Harm or abuse can occur in any place that one finds a child or a group of children, their own home, school or community. Consequently, we must do everything we can to raise awareness in this critical area, promote the welfare of children and strive to protect all children from harm or abuse. We must ensure that all children and young people are growing up in circumstances consistent with the provision of safe and effective care.

In the Health Service Executive, we are committed to promoting the health and welfare of all children and young people and protecting them from harm. We work in close partnership with the Child and Family Agency, An Garda Síochána and multiple partner organisations. We directly fund numerous agencies and contractors that provide vital services to children and young people on our behalf and on behalf of the families and communities we serve. The Primary Care Division under its National Director oversees the organisational response to Children First on our behalf. We have a dedicated Children First National Office, Training and Development Officers whose job is to support the CHO's and Hospital Groups in setting up Children First Committees, a National Children First Oversight Committee and local area / hospital committees as required. We have developed a range of resources from policies to an e-Learning module which are applicable to all staff, irrespective of grade or position. We have amended our contracts, our HR suite of procedures and forms in preparation for the full implementation of the Children First Act 2015 which is scheduled for early 2017. These new roles and responsibilities will be supported by the revised version of Children First: National Guidance 2016 and a substantial implementation programme, training and audit of compliance.

It is important to remember that we are all involved with children and young people, some of us meet them, some of us treat them and we are all parents, sisters, brothers, uncles, aunts, guardians or simply friends. Our policies, procedures and guidance are designed to support the achievement of best practice in our dealings with children and young people. We all want what is best for children and while it is not possible to eliminate all risk of harm, we can collectively and individually remain attentive and focused to the needs of children in our professional and personal lives. We must commit to being able to recognise, respond and report child protection and welfare concerns. We must commit to achievement of the highest standards of safe procedure and in meeting our responsibilities, objectives and duties in relation to children and young people. We must commit to completing all necessary training beginning with the Introduction to Children First which is available as an e-Learning module to be completed before the end of 2016 and subsequently any additional training recommended by the Children First National Office. We must commit to supporting each other and working in partnership in the best interests of children and young people. We must commit to ensuring full organisational compliance with the law and policies governing Children First in Ireland.

Tony O'Brien
Director General

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1. Glossary of Terms, Abbreviations and Definitions

Child and Family Agency (CFA): Established under the [Child and Family Agency Act 2013](#), the Child and Family Agency is responsible for supporting and promoting the development, welfare and protection of children, and the effective functioning of families.

Child: Means a person under the age of 18 years other than a person who is or has been married. (Section 2.1.2: [Children First 2011](#) and the [Child Care Act 1991](#))

Child Protection Notification System (CPNS): Is a national list that records the names of children who have been identified as being at ongoing risk of significant harm and are, or have been, subject to a child protection plan agreed at a child protection conference. This information is held securely by the Child and Family Agency and shared on a strictly confidential basis with specified Gardaí and Health Service staff on an out of hours basis.

Designated Liaison Person (DLP): Staff appointed by a Chief Officer or Hospital Group Chief Executive Officer to act as a liaison person where appropriate and to ensure the standard reporting procedure with regard to child protection and welfare concerns is followed by HSE staff. (Children First 2011, Section 3.3)

Designated Officer (DO): Certain grades of HSE and Child and Family Agency staff are designated to receive reports of child protection concerns from members of the public under the Protections for [Persons Reporting Child Abuse Act 1998](#).

Emergency Out of Hours Service (EOHS): An emergency out of hour's social work service provided by the Child and Family Agency.

MSW: Medical Social Worker

Parents: Refers to all parents, guardians and carers.

Relevant Services: Relevant services relates to any service involved in the provision of services to children whether Statutory, Voluntary, Private or Funded. Such services are required to appoint Designated Liaison Officers and prepare a Child Safe Guarding Statement.

Standard Report Form (SRF): The Standard Report Form is the only form to be used for submission of child protection and welfare concerns to the Child and Family Agency.

Staffs: The term staffs refers to staff, volunteers, and students, those on clinical / training / work placements, contractors (that have access to children), Boards of Management and management committees. The words staff/employees/personnel are used interchangeably throughout the document.

Service Users: Individuals (adults or children) attending a health service or receiving treatment from a service

Sex Offender Risk Assessment Management Pilot Project (SORAM): A multi-agency project governing the management of convicted sex offenders who are released from prison and are subject to post-release supervision by the Probation Service.

2. Abbreviations:

CCA: Child Care Act 1991

CFA: Child and Family Agency

CF: Children First: National Guidance for the Protection and Welfare of Children, (DCYA 2011)

CPNS: Child Protection Notification System

CPWPH: Child Protection and Welfare Practice Handbook, (HSE 2011)

CPWP: HSE Child Protection and Welfare Policy

DLP: Designated Liaison Person

DO: Designated Officer

FGM: Female Genital Mutilation

HSE: Health Service Executive

ODC: Our Duty to Care: The Principles of Good Practice for the Protection of Children and Young People (DOHC 2002)

SORAM: Sex Offender Risk Assessment Management Pilot Project

SRF: Standard Report Form; for reporting child protection and/or welfare concerns to the Child and Family Agency

3. Introduction

The Health Service Executive (HSE) directly employs approximately 62,000 staff and a further 35,000 are employed by the Voluntary Hospitals and Bodies funded by the HSE. Statutory responsibility for the protection and welfare of children moved from the HSE to the Child and Family Agency on 1st January 2014. In law the protection of children in Ireland now rests with the Child and Family Agency and An Garda Síochána. The HSE however continues to hold significant responsibilities for children due to the range and number of services it delivers to children.

The safety and welfare of children and young people is a priority for the HSE and while the statutory protection of children in Ireland rests with the Child and Family Agency and An Garda Síochána, the HSE works in partnership with these statutory agencies and requires each employee of the HSE and our partner organisations to acknowledge and action their individual responsibility to keep children safe from harm and promote their welfare. The pathway for collaboration between the HSE and the Child and Family Agency is governed by the Joint Protocol for Inter Agency Collaboration (2014), as amended and updated.

Across all services provided directly or by external partners, children and young people present as patients in their own right, as visitors to hospitals, nursing homes, health centres etc and as participants in multiple events that occur in different sites including the HSE sponsored Community Games. While citizens, parents, family and communities provide for, promote the welfare of and look after children, the protection of children requires everyone and all staff of the HSE must be alert to the possibility that children with whom they are in contact (or whom they know about through their work with adults), may be being abused or at risk of being abused.

Key messages within this policy include:

- we are all responsible for promoting the welfare of children and keeping them safe from harm
- our services must seek to promote the welfare of children and families, particularly where they are vulnerable or at increased risk
- children have a right to be heard, listened to and taken seriously
 - they should be consulted and involved in all matters and decisions that may affect their lives with due regard to their age and level of understanding
- parents / carers have a right to respect and should be consulted and involved unless doing so creates additional risk
- all staff must complete the HSE e-Learning module, An Introduction to Child Protection and Welfare
- managers must facilitate staff in key roles such as Designated Liaison Persons and / or Mandated Persons to take additional training as required
- managers must implement appropriate control assurance processes with all funded and contracted services
- agencies must work together in the interests of children

- if in doubt consult your line manager, Designated Liaison Person, the Child and Family Agency or a member of An Garda Síochána

4. Roles and Responsibilities in respect of this policy

This policy is derived from, and consistent with, [Children First: National Guidance for the Protection and Welfare of Children](#) (DCYA: 2011) and [Our Duty to Care: The Principles of Good Practice for the Protection of Children and Young People](#) (DOHC: 2002). These policies set out a number of key messages relating to our duty to protect children which include:

- that the safety and welfare of children is everyone's responsibility, is of paramount importance and that children will have safer lives where everyone is attentive to their wellbeing
- that people who work with children across a range of areas understand their responsibility for safe practice and the reporting of concerns
- that good child protection practice requires a coordinated, multi-disciplinary approach
- provides clarity and guidance for individuals and organisations in identifying and responding appropriately to child abuse and neglect
- it sets out specific protocols for Primary Care Teams, General Practitioners, Social Workers in the Child and Family Agency, An Garda Síochána and other front line staff in dealing with suspected abuse and neglect of children

The policy has been developed to assist staff in understanding the corporate responsibility of the HSE and the individual responsibility of each staff member as to their role and responsibility in promoting children's welfare, protecting children from abuse and neglect and reporting child welfare concerns in a timely manner and in the correct way. The policy also addresses the legal frame work for Child Protection in Ireland and the legislative protections for any individual reporting a child protection or welfare concern in good faith and in the best interests of a child.

All HSE divisions, functions, business units and services must ensure:

- a staff induction process to ensure that newly recruited staff members fully understand their responsibilities under the HSE Child Protection and Welfare Policy
- that all staff complete the HSE e-Learning Module "An Introduction to Children First" and relevant staff attend additional training appropriate to their role as recommended by the National Children First Office
- that staff who work directly with children are aware of appropriate practice and behaviour specific to their service in respect of their interactions with children where applicable
- managers raise awareness of child protection and welfare issues through supervision, support, training, assistance and advice
- appoint Designated Liaison Persons (DLP's) to ensure that the standard reporting procedure is followed and is in compliance with the HSE Child Protection and Welfare Policy

- establish a Children First Committee to:
 - develop divisional specific policies and procedures in line with national policy, procedures and guidance
 - provide reports on Children First in accordance with reporting requirements and schedules as requested
 - share feedback on specific issues within their area of service
 - provide feedback to the Children First Oversight Committee on relevant divisional issues

A diagram outlining the governance structures for Children First is included in Appendix 1.

The HSE National Director for Primary Care has devolved responsibility for Children First and is responsible for the approval and review of this national policy for the management of child protection and welfare concerns in the HSE.

National Directors, Chief Officers and Hospital Group Chief Executive Officers are responsible for ensuring that this policy is implemented in their respective divisions/community health organisations and hospitals.

All HSE personnel must be aware of and understand their responsibilities under Children First. They must be alert to signs of neglect or abuse, or in the case of adults reporting historic abuse, any potential risk arising from alleged perpetrators who are identified. Where such concerns arise, staff should make an immediate report to the Child and Family Agency in line with the HSE reporting procedures (outlined on p30 of this policy document). A coordinated assessment process of all child protection or welfare concerns is the responsibility of the Child and Family Agency with the collaboration of HSE staff where appropriate, proportionate and available, in order to protect children at risk and to support such children and their families.

Line Managers must ensure that they:

- have read, understood and are familiar with this policy document
- are knowledgeable about the HSE's Procedures for Reporting a Child Protection or Welfare Concern
- raise awareness of child protection and welfare issues through supervision, support, training, assistance and advice
- provide assistance to staff who have a child protection or welfare concern
- ensure a copy of all reports to the Child and Family Agency are copied to their DLP
- ensure the HSE Child Protection and Welfare Policy is issued or sent by electronic means to all personnel (permanent, temporary or locum) including visiting health professionals, contractors, consultants, students on work placement / clinical training, interns and volunteers within their areas of responsibility
- ensure that personnel within their areas have an understanding of their responsibilities in relation to the implementation of the policy; that staff receive induction to this policy and

thereafter Children First Training in accordance with the HSE Children First Training Strategy

Designated Liaison Person - Children First 2011, Section 3.3 requires every organisation, both public and private, that provide services to children or that are in regular direct contact with children to identify a Designated Liaison Person (DLP). Within the HSE the following definition from CF applies equally to staff and line managers.

“The designated liaison person is responsible for ensuring that the standard reporting procedure is followed, so that suspected cases of child abuse or neglect are referred promptly to the Duty Social Worker in the Child and Family Agency or in the event of an emergency and the unavailability of Child and Family Agency Duty Social Worker to An Garda Síochána. The designated liaison person will be knowledgeable about child protection and undertake any training considered necessary to keep them updated on new developments”.

The HSE has appointed DLP’s in each Community Healthcare Organisation and Hospital Group. A list of DLP’s is available from the Children First National Office and is available on the HSE Children First website. The roles and responsibilities of HSE DLP’s are outlined in Appendix 5.

Designated Officers must ensure that they have read and understood this policy and their role under the [Protection of Persons Reporting Child Abuse Act 1998](#). Designated Officers are required to be familiar with [Children First: National Guidance for the Protection and Welfare of Children \(2011\)](#), the [HSE Child Protection and Welfare Handbook \(2011\)](#) and [Our Duty to Care – The Principles of Good Practice for the Protection of Children and Young People \(Department of Health and Children, \(2002\)\)](#).

5. HSE Child Protection and Welfare Policy Statement

The following section outlines the policy intent of the HSE to protect children and promote their welfare across all services and this section applies to staff working directly in the HSE or in services funded by the HSE. It is the policy of the HSE:

- to regard the welfare of children as being of paramount importance and to ensure that its staff, services, contractors and funded agencies are equipped to prevent harm to children, and where it occurs to intervene urgently to address the situation and prevent any harm from escalating
 - every member of staff employed directly by the HSE, by funded organisations in the not-for-profit and for-profit sectors and other contractors engaged to provide services for, or on behalf, of the HSE shall undertake training in Children First and ensure that each child in contact with the service is safe from harm
- to employ best practice in the recruitment of staff, including Garda vetting, interviewing, taking up of references, induction training, probation and ongoing supervision and management
- that no person will commence employment in the HSE until reference checks and Garda clearance has been obtained in addition to qualification and professional registration checks where applicable
- not to enter into any service arrangements, agreements or contracts with relevant services unless the provider certifies their compliance with Children First National Guidelines and the [Children First Act 2015](#)
- to have up-to-date procedures and guidelines on child protection and welfare that are grounded in, and consistent with, [Children First: National Guidance for the Protection and Welfare of Children \(2011\)](#)
- that HSE child protection and welfare policies / procedures will be reviewed bi-annually by the National Children First Office or more frequently where recommendations from other reviews and best practice become known
- that each Division, CHO and Hospital Group has structures in place for the effective monitoring of compliance with Children First National Guidelines and Children First Act 2015
- to appoint Designated Liaison Persons to all Divisions, Community Health Organisations, Hospital Groups and associated business support units
- to ensure that where children are placed in therapeutic and medical facilities abroad, that such services are fully compliant with their local child protection laws and policies before the child is transferred to the facility and that they are signatories to the Hague Convention
- that concerns or suspicions regarding a child being abused or at risk of abuse are reported through the correct procedures, to the appropriate statutory authority without delay and that effective systems are in place and maintained to support staff members to report their concerns or suspicions

- that staff have a duty to cooperate with the statutory authorities (Child and Family Agency and An Garda Síochána) in the sharing of information and records as appropriate and in the provision of assistance where appropriate, proportional and available
- that HSE staff who work in multi-agency teams in external HSE funded services should follow the Child Protection and Welfare Policy of the external organisation and inform their line manager/supervisor when a report of a child protection or welfare concern is made to the Child and Family Agency
- that staff from external agencies working in HSE services should follow the Child Protection and Welfare Policy of the HSE and any directions in addition to this, specified by their employing organisation such as notifying line management of any reports made to the Child and Family Agency
- that children have a right to be heard, listened to and treated with dignity, sensitivity and respect
- taking account of their age and level of understanding they should be consulted and involved in all matters and decisions that affect their lives including when there are child protection or welfare concerns being dealt with
- to have a child friendly version of all relevant Children First information
- to have a child friendly version of Your Service Your Say
- that an Information Leaflet on the HSE's Child Protection and Welfare Policy should be available for service users at their introduction to the service
- that the effective implementation of Children First forms an integral part of corporate governance arrangements and that performance in this regard is managed and monitored as part of the overall Accountability Framework of the HSE
- that all HSE personnel, irrespective of the position held within the organisation, have responsibility for the welfare of children and are aware of their duty to protect and report when necessary

There is a requirement for all HSE staff and staff in HSE funded agencies to be aware of their duty of care to children under Children First. This includes adult services where service users may have difficulties meeting their children's (or children in their care) basic needs for safety and security.

Nothing in the above should undermine the working arrangements that pre-date this policy, rather it seeks to support such arrangements, clarify and expand where necessary.

6. Purpose

The purpose of this policy is to set out the framework for the management of child protection and welfare concerns in the HSE. It seeks to keep children safe by promoting children's rights; by encouraging an environment across the organisation and funded sectors where children are listened to and where staff who work with children are supported in their safeguarding responsibilities.

The policy:

- provides information on the structures for reporting child protection and welfare concerns in the HSE
- outlines HSE staff roles and responsibilities in child protection and welfare
- describes the organisational and managerial structures in place, and specifies how the HSE interfaces with the Child and Family Agency and An Garda Síochána, as the two agencies with statutory responsibility for the assessment and investigation of child protection and welfare concerns

7. Guiding Principles Inherent in this Policy

The guiding principles include but are not limited to:

- the welfare of children is of paramount importance
- a proper balance must be struck between protecting children and respecting the rights and duties of others such as HSE staff, parents/carers and families
- where there is conflict, the child's welfare must come first
- children have a right to be heard, listened to and taken seriously
- taking account of their age and level of understanding, they should be consulted and involved in all matters and decisions that affect their lives
- that all children must be treated equally in line with the Equal Status Acts 2002-2012 and have the right to be protected from harm and discrimination whatever their:
 - gender
 - civil status
 - family status
 - sexual orientation
 - religious belief
 - age
 - health or disability
 - political or immigration status ([Article 2 UN Convention on the Rights of the Child 1989](#))
 - race including colour, nationality, ethnic or national origin
 - location or placement

- parents have a right to respect, and should be consulted and involved in matters that concern their family when possible
- services, agencies or individuals taking protective action should consider factors such as the child's gender, age, stage of development, ability, religion, culture or race and work in partnership with the statutory agencies
- staff should be alert to the needs of young carers who take on a caring or support role for an adult or another child in their life, consider the possibility of child welfare concerns and act in accordance with the standard reporting procedures in this policy where concerns exist
- effective prevention, detection and treatment of child abuse or neglect requires a coordinated multidisciplinary approach and effective interagency management of individual cases
- all agencies and disciplines concerned with the protection and welfare of children must work cooperatively in the best interests of children and their families
- effective child protection requires clarity of responsibility and training of personnel involved in services working with children
- it is important that every individual working with children and their families is aware of their own role and the role of other professionals (Refer to the HSE Children First Training Strategy for further information)

8. Scope

This policy applies to all HSE staff irrespective of grade or role and includes volunteers, students, those on clinical training, internships, work placements, contractor's placements and service providers. It also applies to staff in HSE funded services who work in HSE multi-agency teams for the purposes of their work within the multi agency team only.

9. Legislation/ Related Policies

Policy and legislation in the area of child protection has developed extensively in recent years. A list of relevant legislation and policies is provided below.

- Education Act 1986
- Child Care Act 1991
- Domestic Violence Act 1996
- Freedom of Information (FOI) Act 1997, 2003 and 2014
- Non-Fatal Offences against the Person Act, 1997
- Data Protection Acts 1988 and 2003
- Offences against the State (Amendment) Act 1998
- Protections for Persons Reporting Child Abuse Act, 1998
- Equal Status Acts 2000-2012
- Our Duty To Care: the Principles of Good Practice for the Protection of Children and young People: DOH 2002
- Health Act 2004
- Trust in Care: Policy for Health Service Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse against Staff Members; HSE 2005
- Criminal Justice Act 2006
- Criminal Law (Sexual Offences) Act 2006
- Child Care (Amendment) Act 2007
- Staff Responsibility for the Protection and Welfare of Children: HSE 2010
- Children First: National Guidance for the Protection and Welfare of Children 2011
- Child Protection and Welfare Practice Handbook: HSE 2011
- Policy on Good Faith Reporting: HSE 2011
- Criminal Justice (Female Genital Mutilation) Act 2012
- Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012
- National Vetting Bureau (Children and Vulnerable Persons Act) Act 2012
- Child and Family Agency Act 2013
- Protected Disclosures Act 2014
- Children First Act 2015

Reckless Endangerment- Criminal Justice Act 2006

This Act was commenced on 1st August 2006. Section 176 outlines that a person having authority or control over a child who intentionally or recklessly endangers a child by:

- causing or permitting that child to be placed or left in a situation which creates substantial risk to the child of being a victim of serious harm or sexual abuse

or

- fails to take reasonable steps to protect a child from such a risk is guilty of an offence

The penalty if convicted is a fine (no upper limit) and/or a maximum of 10 years imprisonment.

Serious harm in the Act is defined as an “injury which creates a substantial risk of death, or which causes permanent disfigurement or loss or impairment of the mobility of the body as a whole or of the function of any particular member or organ”.

Sexual abuse in the Act means an offence under paragraphs 1 to 13 and 16(a) and (b) of the [Schedule to the Sex Offenders Act 2001](#).

Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012

This Act came into effect on 1st August 2012. It is an offence to withhold information from An Garda Síochána on certain offences which include: sexual offences and offences causing harm, abduction, manslaughter or murder of children and vulnerable adults.

The offence arises:

- where a person knows or believes that a serious offence has been committed against a child or vulnerable person
- where his/her information would be of material assistance in securing the apprehension, prosecution or conviction of another person for that offence
- where he/she fails without reasonable excuse to disclose this information as soon as it is practicable to An Garda Síochána

The offences are punishable by a fine and a minimum penalty of five years imprisonment. The offence applies to a person acquiring information after the passing of the Act on 18th July 2012. The offence exists even if the information acquired is about an offence which took place prior to the Act being enacted, and if the victim or vulnerable adult is no longer a child. The emphasis is on the person ‘acquiring the information’ and this does not apply to the child / adult to whom the information refers. While the commission of an offence can only apply to information not shared after the passing of the Act, it does not exclude information gathered prior to the Act which may become relevant in the present.

There are a number of practice issues which arise such as a client presenting with suicidal ideation who asserts that they will kill themselves if a report is made. The important issues include:

- the primacy of the welfare principle as set out in Sec. 3 of the policy
- the safety of the client
- the need to ensure that practice is at all times consistent with the principle that a child’s needs are paramount and with professional responsibilities

The Act acknowledges the reality in which all work is carried out when it asserts that an offence occurs where the person holding the information:

“fails without reasonable excuse to disclose this information as soon as it is practicable”.

In a minority of cases, acuity of risk can arise, and the staff member receiving the information should consult with their supervisor and/or DLP, and/or An Garda Síochána. Suicidal risk is fluid rather than static, domestic violence may be episodic rather than every moment of every day and information is not fact until appropriately assessed. There is no legal requirement to immediately report to An Garda Síochána if in doing so, you place a child / vulnerable person at risk. However the reasons for not reporting or for a delay in reporting should be clearly communicated and documented.

Equally important is that a decision to report a concern or not to report a concern is not made alone or only within the service of the reporter as this may not meet a threshold of 'reasonable excuse'.

HSE staff should consult in the first instance with their line manager when any issues arise in relation to reporting under this act.

HSE staff must ensure that reports which fall under the category of offences in the Act are reported directly to An Garda Síochána using the HSE Form for Reporting Information to An Garda Síochána under the Criminal Justice Act (Appendix 2). This form is in addition to any report which may be made to the Child and Family Agency and the Designated Liaison Person. This is to fulfil the obligations of the Act and a copy of the report must be retained on the file. Nothing should be done to compromise the statutory responsibilities of An Garda Síochána.

In situations where a decision is taken not to report to An Garda Síochána under this Act, a report to the Child and Family Agency under Children First and the Child Protection and Welfare Practice Handbook, (HSE 2011) may still be required.

Protections for Persons Reporting Child Abuse Act 1998

The Protections for Persons Reporting Child Abuse Act, 1998 makes provision for the protection from civil liability and penalisation by an employer of persons who have communicated child abuse reports 'reasonably and in good faith' to Designated Officers of the HSE, the Child and Family Agency or to any member of An Garda Síochána. This means that even if a communicated report of child abuse proves unfounded, a plaintiff who took an action would have to prove that the person who communicated the concern had not acted reasonably and in good faith in making the report. Section 4 of the Act protects employees from penalisation by employers for having made a report of child abuse.

The Act created an offence of false reporting in cases where a report was made knowing the statement to be untrue. A person who makes a report in good faith and in the child's best interests may also be protected under common law by the defence of qualified privilege. This protection applies to HSE staff that make a child protection or welfare report in good faith to the DLP (who has a bona fide need to know). The Protections for Persons Reporting Child Abuse Act 1998 also applies to HSE staff that make reports to the Child and Family Agency as all Child and Family Agency Social Workers are Designated Officers under the Act.

Protected Disclosures Act 2014

HSE staffs who hold concerns about certain types of risks to a patient/client can report their concern in good faith. This includes staff who report concerns they hold about a colleague's behaviour to any child/children. Protected disclosure means disclosure of relevant information, which in the reasonable belief of the worker tends to show one or more relevant wrongdoings which came to the attention of the worker in connection with their employment. "Relevant wrongdoings" are defined in an exhaustive list in the act and include the following:

- the commission of an offence
- a miscarriage of justice
- non-compliance with a legal obligation
- health and safety threats
- misuse of public monies or mismanagement by a public official
- damage to the environment

- concealment or destruction of information relating to any of the foregoing

The Act provides whistleblowers who act in good faith with the following specific protections:

- protection from dismissal for having made a protected disclosure - an employee who claims to have been dismissed or threatened with dismissal for having made a protected disclosure can apply to the Circuit Court to restrain the dismissal
- protection from penalisation by the employer
- civil immunity from action for damages and a qualified privilege under defamation law
- a right of action in tort where a whistleblower or a member of his/her family experiences coercion, intimidation, harassment or discrimination at the hands of a third party
- protection of his/her identity (subject to certain exceptions)
- protection to all HSE employees who make a protected disclosure in good faith that the health/welfare of a patient/client or the public may be put at risk

[Children First Act 2015](#)

The Children First Act 2015 puts elements of the Children First: National Guidance for the Protection and Welfare of Children (2011), on a statutory footing and places a wide range of responsibilities on the HSE and its funded services. The Act was signed by the President on the 19th November 2015. The provisions of the legislation will only come into force when brought into effect by regulation of the Minister and will be commenced on a phased basis.

The Act provides a number of key child protection measures which include:

- a requirement on organisations providing services to children to keep children safe and to produce a Child Safeguarding Statement
- a requirement on defined categories of persons (mandated persons) to report child protection concerns over a defined threshold to the Child and Family Agency a requirement on mandated persons to assist the Child and Family Agency and “to give to the Agency such information and assistance as it may reasonably require” in the assessment of a child protection risk
- to provide for the abolition of the common law defence of reasonable chastisement and, for that purpose, to amend the Non-Fatal Offences Against the Person Act 1997 (this section has been commenced and from 11th December 2015 a person who administers corporal punishment to a child will no longer be able to rely of the defence of reasonable chastisement in the courts)
- placing the Children First Interdepartmental Group on a statutory footing

The new legislation will operate in tandem with the existing [Children First: National Guidance for the Protection and Welfare of Children \(2011\)](#).

Section 14 of the Children First Act states:

“that it is an offence for a mandated person to disclose information to a third party which has been shared by the Child and Family Agency during the course of an assessment unless the Agency has given the mandated person written authorisation to do so. A person who fails to comply with this section is liable to a fine or imprisonment for a term not exceeding 6 months or both”.

10. Child Abuse and Welfare Concerns

Child abuse is defined in four categories; neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. The definitions below are taken from Children First 2011, Section 2. Additional information on the recognition of each type of abuse is given in Appendix 1 of [Children First: National Guidance for the Protection and Welfare of Children 2011](#), the [HSE Child Protection and Welfare Practice Handbook 2011](#) and in Appendix 6 of this document.

Neglect

Neglect can be defined in terms of an omission, where the 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, and/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 the child's health and development as compared to that which could reasonably be expected of a child of a similar age.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child with faltering growth or whose height is significantly below average may be deprived of adequate nutrition where no medical reason is available. A child who consistently misses school may be 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 found in the relationship between a parent/carer and a child rather than in a specific event or a once off act. It occurs when a child's developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. Examples may include:

- the imposition of negative attributes on children, expressed by persistent criticism, sarcasm, hostility or blaming
- conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions
- emotional unavailability of the child's parent/carer
- unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child
- premature imposition of responsibility on the child
- unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself or herself in a certain way
- under or over-protection of the child
- failure to show interest in, or provide age-appropriate opportunities for the child's cognitive and emotional development
- use of unreasonable or over-harsh disciplinary measures
- exposure to domestic violence
- exposure to inappropriate or abusive material through new technology

Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning. Examples of these include insecure attachment, non-organic failure to thrive, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour. The threshold of significant harm is reached when abusive interactions dominate and become typical of the relationship between the child and the parent/carer.

Physical Abuse

Physical abuse of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated acts.

Physical abuse can involve:

- severe physical punishment
- beating, slapping, hitting or kicking
- pushing, shaking or throwing
- pinching, biting, choking or hair-pulling
- terrorising with threats
- genital mutilation of girls / women
- observing violence
- use of excessive force in handling
- deliberate poisoning
- suffocation
- fabricated/induced illness
- allowing or creating a substantial risk of significant harm to a child

Sexual Abuse

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

- exposure of the sexual organs or any sexual act intentionally performed in the presence of the child
- intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification
- masturbation in the presence of the child or the involvement of the child in an act of masturbation
- sexual intercourse with the child, whether oral, vaginal or anal
- sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts
- Sexual exploitation also occurs when a child is involved in the exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act(s), including its recording (on film, video tape or other media), or the manipulation for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse
- consensual sexual activity involving an adult and an underage person

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 for both boys and girls. This means that, for example, sexual intercourse between a 16-year-old girl and her 17-year-old boyfriend is illegal,

although it might not be regarded as constituting child sexual abuse. An Garda Síochána will deal with the criminal aspects of the case under the relevant legislation.

The decision to make a child protection report to the Child and Family Agency in such cases is a matter for professional judgment, and each case should be considered individually. A consultation may also be held with the Duty Social Worker in the Child and Family Agency. Sexual abuse allegations may also cover historical disclosures of abuse or adult disclosures of childhood abuse. (Please see *Disclosure of Historical Abuse*, p35 of this policy document for further information).

11. Child Welfare Concerns

Some concerns do not fit within a categorisation of abuse or neglect and relate to the ongoing welfare of a child. The HSE Child Protection and Welfare Practice Handbook notes that a child welfare concern is a problem experienced directly by a child or by the family of a child that is seen to impact negatively on the child's welfare or development but may, or may not, require a child protection response. In order to distinguish between child protection cases and cases that require a child welfare response, the rationale used is the impact on the individual child, the individual circumstances of the child and the role and capacity of the parent in the case. A low level concern might be a child who comes to a day service or appointment with no jumper or coat when it is objectively cold outside. While a staff member is free to consult with their line manager, DLP, or Duty Social Worker in the Child and Family Agency at any point in time, they are highly unlikely to do so for the child with no jumper or coat. However, if the issue has been raised with the parent and if the child continues to be dressed inappropriately and his / her welfare is being impaired, as the likelihood of harm rises, so too must the need to consult and / or report.

An example of a high level concern would be a child with a disability presenting to a day service or clinical appointment with facial bruising or behaviours so out of character and without explanation that concerns emerge of potential or actual harm to the child. This would warrant immediate consultation and reporting as per Children First. If advised following consultation with the line manager, DLP or the Child and Family Agency that no report should be made but the staff member remains concerned, the staff member can, despite the initial guidance from the above, consider making a formal report and follow Children First by making the report explicitly as per the guidance.

If a staff member continues to have welfare concerns in relation to a child they had previously reported but the report did not meet the threshold for intervention, they should continue to report all ongoing concerns to the Duty Social Worker in the Child and Family Agency without delay.

The Child and Family Agency has developed an area based approach known as Meithéal for the provision of family support services for families with unmet need who do not meet the threshold for child protection social work intervention. Staff may be advised to make a report to the Child and Family Agency Principal Social Worker for Meithéal in the local area but such advice does not preclude staff from making the report. The Duty Social Worker will also advise the Principal Social Worker for Meithéal that the referral does not meet the threshold for a child protection or welfare response.

12. Types of Concern and How to Respond

In order to identify a child who is at risk of being abused, health professionals and those who come into contact with children need to be alert to the possibility of child abuse and welfare concerns and to understand signs and symptoms of abuse. It is recognised that child abuse and

neglect may not be easy to establish and presents many challenges to professionals. It is not restricted to any socioeconomic group, culture or gender. All potential signs and symptoms must be examined in the total context of the child's situation and family circumstances. Even the most unusual injuries or presentations may be accidental and an open, objective and enquiring approach must be taken in all circumstances.

Children First 2011, Section 3.7.1 notes that at times, it is hard to distinguish between abusive situations and those where other social problems are present, such as unemployment, poverty, poor housing, ill health or isolation. Sympathy for families in difficult circumstances can sometimes dilute personal or professional concerns about the safety and welfare of children. However, the welfare and protection of the child must always be the paramount concern. The ability to identify child abuse is determined as much by a person's willingness to consider the possibility of its existence as it on knowledge and information. Children First Section 2.7 notes that there are commonly three stages in the identification of child abuse:

- consider the possibility
- look out for signs of abuse
- record the information

Stage 1: Consider the Possibility

The possibility of child abuse should be considered if a child appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the child seems distressed without obvious reason or displays persistent or new behavioural problems. The possibility of child abuse should also be considered if the child displays unusual or fearful responses to parents/carers.

Stage 2: Looking Out for Signs of Abuse

Signs of abuse can be physical, behavioural or developmental. They can exist in the relationships between children and parents/carers or between children and other family members/other persons. A cluster or pattern of signs is likely to be more indicative of abuse. Children who are being abused may hint that they are being harmed and sometimes make direct disclosures. Disclosures should always be taken seriously.

Some signs are more indicative of abuse than others. Where no reasonable explanation exists, these include:

- disclosure of abuse and neglect by a child or young person
- age-inappropriate or abnormal sexual play or knowledge
- specific injuries or patterns of injuries
- absconding from home or a care situation
- attempted suicide
- underage pregnancy or sexually transmitted disease
- signs in one or more categories at the same time. For example, signs of developmental delay, physical injury and behavioural signs may together indicate a pattern of abuse

In an abusive relationship the child may:

- appear frightened of the parent(s) / carer
- act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic cultures)

The parent or carer may:

- persistently avoid child health services and treatment of the child's illnesses
- have unrealistic expectations of the child
- frequently complain about / to the child and fail to provide attention or praise (a high criticism / low warmth environment)
- be absent
- be misusing substances
- persistently refuse to allow access to their home when health visitors call
- be involved in domestic violence
- be socially isolated

Most signs of abuse are non-specific and must be considered in the child's social and family context. It is important to always be open to alternative explanations for physical or behavioural signs of abuse.

Professionals and agencies working with adults who for a range of reasons may have serious difficulties meeting their children's basic needs for safety and security should always consider the impact of their adult client/patient's behaviour on a child and act in the child's best interest.

It should be recognised that those who pose a risk to children may be dishonest with others, and staff should be mindful of this. Of particular note are parents/carers who present a risk due to either fabricating or inducing illnesses in the children they are responsible for.

Stage 3: Recording Information

If abuse is suspected, it is important to establish the grounds for concern by obtaining as much detailed information as is available. Observations should be accurately recorded and should include dates, times, names, locations, context and any other information that may be relevant. Reporting a child protection or welfare concern where there are reasonable grounds should not be delayed for the purpose of gathering information.

Please see *Dealing with Disclosure* p25 of this document for additional information.

13. Peer Abuse

Children First 2011 Section 9 notes that in some cases of child abuse, the alleged perpetrator will be another child and child protection procedures should be considered for both children. Abusive behaviour that is perpetrated by children must be acted upon. If there is any conflict of interest between the welfare of the alleged abuser and the victim, the victim's welfare takes precedent.

As in all cases of child abuse, it is essential to respond to the needs of children who are abused by their peers. Each individual case will require its own unique intervention. Appropriate support and services should be provided to the child and his or her parents/carers as quickly as possible.

In the case of child sexual abuse by peers, treatment approaches may include individual treatment and/or group therapy for the child or adolescent who perpetrated the abuse in addition to the treatment needs of the victim. Concerns about peer abuse should be reported using the Standard Report Form (See Appendix 7) to the Duty Social Worker Child in the Child and Family Agency.

Bullying

Children First 2011, Section 9.4 defines bullying as repeated aggression – whether it is verbal, psychological or physical – that is conducted by an individual or a group against others. It is behaviour that is intentionally aggravating and intimidating, and occurs mainly among children in social environments such as schools. It includes behaviours such as teasing, taunting, threatening, hitting or extortion by one or more persons against a victim. Bullying can also take the form of racial abuse and with developments in modern technology; children can also be the victims of non-contact bullying, via mobile phones, the Internet and other personal devices.

Bullying of children can also be perpetrated by adults, including adults who are not related to the child. Bullying behaviour when perpetrated by adults, rather than children, could be regarded as physical or emotional abuse. Serious instances of bullying should be referred to the Child and Family Agency Child Protection and Welfare Service using the Standard Report Form (See Appendix 7).

Services that work with children should have an Anti-Bullying Policy in place. For more information please see Appendix 12 Our Duty to Care Fact Sheet 1.

Underage Sexual Activity

Criminal law defines the age for consent to sexual activity as 17 years. This means, for example, that a sexual relationship between two 16-year-olds who are boyfriend and girlfriend is illegal, although it might not be regarded as constituting 'child sexual abuse'. In any event, child abuse assessments should be sensitive to the needs of the child with consideration of the balance of ability and functioning between the children and the criteria of reasonable grounds for concern. Two 16 year olds of similar ability and functioning who both say their relationship is consensual is unlikely to be classified or reported as child abuse but if one of them has an intellectual disability and was not capable of consent, a report to the Child and Family Agency is required as on the evidence it warrants an assessment.

If a HSE staff member is unsure whether reasonable grounds for concern exist and if a report should be made, they should consult with their line manager in the first instance. An informal consultation may also be held with the Duty Social Worker in the Child and Family Agency and a record of the consultation should be retained in the clients file.

Children First notes that in cases where abuse is not suspected or alleged, but the boy or girl is underage that the Child and Family Agency and An Garda Síochána must consult to ensure that all aspects of the case are examined. It is important to follow Children First, and internal guidance must be consistent with Children First National Guidance which at all times takes priority.

Underage Pregnancy

When a pregnant girl under 17 years presents to a health service or discloses to a healthcare professional that she is pregnant, a health professional must consider if the pregnancy is the result of child sexual abuse. Three key issues must be considered:

- the presence or otherwise of evidence to suggest child sexual abuse
- whether you have knowledge of any previous report or notification made to the Child and Family Agency concerning the girl or her family

- the future welfare needs of the unborn child

A record of any conversation with the client or relevant others must be retained on the client file and the staff member should also consult with their line manager and the Duty Social Worker in the Child and Family Agency (where necessary). Where concerns exist the health professional must make a report to the Duty Social Worker in the Child and Family Agency and the Child and Family Agency will then undertake any necessary child protection enquiries.

Children First Section 7.16.6 notes that in cases where abuse is not suspected, the Child and Family Agency should have procedures in place to provide guidance on consultation with An Garda Síochána to examine all aspects of such cases. Both agencies must acknowledge the sensitivity required in order to facilitate vulnerable young girls to avail of medical or therapeutic services while at the same time satisfying relevant legislation.

Fatal Child Abuse

Children First Section 2.9 outlines that in the tragic circumstances where a child dies as a result of suspected abuse or neglect there are four important aspects to be considered: criminal, child protection, bereavement and notification.

The Child and Family Agency must notify HIQA and the National Child Death Review Panel within 24 hours of:

- all deaths of children in care including natural causes
- all deaths of children known to the child protection system
- serious incidents involving a child in care or known to the child protection service

Where the death of a young person occurs as a result of abuse or neglect in a service through injury, accident or omission, the most senior staff member on site must do the following:

- phone the medical emergency number 112 or 999
- ensure the HSE Serious Incident Procedure is initiated
- take all necessary steps to secure the area where the death occurred
- notify the Department / Service Manager
- phone the coroner, the Gardaí and the Child and Family Agency Social Work Service without delay
- ensure that the cultural and religious beliefs and practices of the child and their family are respected
- ensure the response is dignified and prompt to minimise the distress arising from the event
- ensure the grieving process for the family is recognised and supported appropriately
- ensure that the file is secured immediately and all actions relating to the death are recorded promptly
 - once case records are complete they should be retained to be placed on the file
- determine who will notify the parent / guardians, Social Worker, etc
- ensure that the Risk Escalation and Serious Incident Notification Forms are completed and submitted
- provide supports to staff and team members including Critical Incident Debriefing and follow up services as needed
- notify all members of the Clinical Team

HSE staff must cooperate fully with any review being undertaken following the death of a child or serious incident and implement [HSE Safety Incident Management Policy \(2014\)](#) which includes the timeframes for the reporting of deaths.

It is HSE Policy that all incidents once identified, should be immediately managed in accordance with the HSE Incident Management Policy 2012.

This will ensure that:

- the health and safety of those affected is the primary focus of attention
- the incidents are reported, investigated and acted on effectively and with the appropriate level of urgency

The identified causes of incidents will, where appropriate, be managed and resolved locally. Lessons that are applicable nationally will be applied nationally. A National Incident Management Process has been established that supports the services in the management of incidents that may require expertise and support beyond that available at a local level.

All HSE and HSE funded services are required to apply the HSE policy for management of incidents and risks. The documentation to support the HSE's Policy on Integrated Risk and Incident Management can be accessed at:

http://hsenet.hse.ie/Intranet/qualitypatientsafety/?importUrl=http://localhost:82/eng/about/Who/qualityandpatientsafety/resourcesintelligence/Quality_and_Patient_Safety_Documents/incdocs.html

14. Children with Additional Vulnerabilities

Certain children are more vulnerable to abuse than others. Current evidence suggests that children with a disability, and those in care or separated from their families may be more vulnerable and at increased risk of abuse or neglect, (Children First 2011, Section 2.8 and 8.9). In order to identify these issues, those working in services must be able to recognise:

- when a child or family needs assistance
- when a child is at risk of abuse or neglect
- when a child is vulnerable
- what they should do in such cases

The HSE Child Protection and Welfare Practice Handbook (Section 3.2) outlines risk factors that need to be considered which include:

- age of the child
- domestic, gender and sexual based violence
- parental ill health
- parental substance misuse
- parental intellectual disability
- childhood disability
- unknown male partners
- families who are uncooperative, hard to engage or move frequently to avoid services
- poverty and social isolation

While it is recognised that not every child in these categories is subject to abuse, staff must be aware that such children are at greater risk of abuse. For additional information see the [HSE Child Protection and Welfare Practice Handbook Section 3.2.1 -3.2.9](#)

Adult based services play an important part in the identification and assessment of child protection and welfare concerns. Research in the UK indicates that healthcare professionals in adult based services can have difficulty recognising their role in relation to the needs of children and therefore may miss opportunities for the recognition of abuse or neglect or fail to recognise risks to their welfare ([Davies and Ward 2012](#)). Hence, consideration of the impact of parental problems on a child or children should be a routine part of practice in adult as well as in children's services.

15. Young Carer's

HSE staff should be alert to the needs of young carers who take on a caring or support role for an adult or another child in their life. They should consider the possibility of child welfare concerns and act in accordance with the standard reporting procedures in this policy where concerns exist. They can also consult the National Carers' Strategy 2012.

16. Practice Response to a Child Protection and Welfare Concern

Staff may become alert to the possibility of child protection or welfare issues in a number of different ways. The most common are:

- *concern* – there may be no specific allegation or disclosure, however as a result of observations there may be concern that some form of abuse may be occurring
- a concern about a potential risk to children posed by a specific person even if the children are unidentifiable should be communicated to The Child and Family Agency
- *allegation* – an allegation may be made by a variety of sources including a service user or member of the public and may be made against a variety of sources including a service user or a member of staff
- *disclosure* – this may be made by a child or by an adult disclosing abuse that took place in their childhood

17. Dealing with a Disclosure

When a child discloses abuse, the initial response by HSE staff should be limited to listening carefully to what the child says in order to:

- clarify the concerns
- allow the child recall significant events
- offer re-assurance about how s/he will be kept safe and explain in an age-appropriate manner what action will be taken and what will happen next

Staff must not press for information, lead or cross-examine, or give false assurances of absolute confidentiality. Questions should be for the purposes of clarification or to elicit further information only. Avoid leading questions which could prejudice Garda criminal investigations, especially in cases of sexual abuse.

Note: Responsibility for assessment and investigation of allegations of abuse and neglect rests with the Child and Family Agency and An Garda Síochána.

The [HSE Child Protection and Welfare Practice Handbook](#) Section 2.5 offers the following guidance:

- stay calm and listen to what is being said without displaying shock or disbelief
- accept what the child has to say - false disclosures are very rare
- give time to allow the child disclose at their own pace
- do not make promises to keep secrets
- record as soon as possible the exact words used by the child
- ensure the child continues to be supported in the immediate aftermath of the disclosure by the relevant professional or family member as appropriate
- where necessary immediate action should be taken to ensure the child's safety

It is also important to let the child know that their parents / carers will have to be informed unless to do so would place them at further risk and that you will be discussing the concern with your line manager and / or the Child and Family Agency.

Further guidance on responding to a child who discloses abuse is outlined in the [Child Protection and Welfare Practice Handbook, \(HSE 2011\)](#) Section 2.5.

18. Reasonable Grounds for Concern

Children First 2011, Section 3.2 notes that the Child and Family Agency Duty Social Worker should always be informed when a person has reasonable grounds for concern that a child may have been, is being, or is at risk of being, abused or neglected. It is important that a person reporting suspected child abuse or neglect establish the basis for their concerns.

Reasonable grounds for concern include:

- an injury or behaviour that is consistent both with abuse and an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse
- consistent indication over a period of time that a child is suffering from emotional or physical neglect
- admission or indication by someone of an alleged abuse
- a specific indication from a child that he or she was abused
- an account from a person who saw the child being abused
- evidence (e.g. injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way

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. Further information is outlined in the [Child Protection and Welfare Practice Handbook, \(HSE 2011\)](#) Sections 2.2 and 2.3.

19. Reporting Procedure for all HSE Services

All HSE personnel have a duty to report suspected child abuse, neglect or welfare concerns. Where a parent/child is involved with different services it is essential that staff work co-operatively and share information in the best interest of the child and within the boundaries of confidentiality. This includes the sharing of records as appropriate with the Child and Family Agency and An Garda Síochána.

Service users/parents should be made aware of the limits of confidentiality and informed of procedures followed in relation to reporting of concerns.

If a HSE staff member has a child protection or welfare concern that places the child at **immediate and serious risk**:

- they should immediately consult with their Line Manager, Medical Social Worker or the most appropriate senior staff member (which may include the Child's Consultant/Medical Social Worker/DLP)
- make contact with the Duty Social Worker in the Child and Family Agency by telephone
- the staff member may be supported in making a report to the Duty Social Worker in the Child and Family Agency by the Line Manager or most appropriate senior staff member if needed
- following a telephone report, the Standard Report Form (see Appendix 7) must be used by all HSE staff when reporting child welfare and protection concerns to the Child and Family Agency
- where access to the internet is available, staff must always submit the completed SRF by email without delay to the Child and Family Agency Duty Social Worker in the area where the child lives
- a copy of the report should also be emailed to the DLP
- if a concern arises out of hours or in an emergency situation and the Duty Social Worker cannot be reached, contact should be made with An Garda Síochána in any Garda station
- a copy of the Standard Report Form should be emailed to the DLP and to the Child and Family Agency Social Work Service
- parents should always be consulted and informed that a report is being made unless doing so will increase risk to the child or create acuity of risk to life

Child Protection and Welfare Concerns where the child is **not** at immediate/serious risk:

- the staff member should first discuss the concern with their line manager or the most appropriate senior staff member (which may include the Child's Consultant/Medical Social Worker/DLP) without delay

- where reasonable grounds for concern exist, the line manager/ Medical Social Worker / most senior appropriate staff member will advise the staff member to make a report directly to the Duty Social Worker in the Child and Family Agency
- the staff member may be supported by their line manager/senior most appropriate staff member in making this report if needed
- advice may be sought from the Duty Social Worker in the Child and Family Agency at any stage before a report is made
- the Standard Report Form (see Appendix 7) should be used by all HSE staff when reporting child welfare and protection concerns to the Child and Family Agency
- if a report is made by telephone, this form should be completed and forwarded subsequently to the Child and Family Agency Duty Social Worker in the area where the child lives
- in cases by adults of disclosures of childhood abuse (disclosure of historical abuse), the report should be made to the area where the alleged perpetrator resides if known
- a copy of the report should also be emailed or sent to the DLP
- parents should always be consulted and informed that a report is being made unless doing so will increase risk to the child or create acuity of risk to life

If there is a doubt about whether a report should be made:

- the staff member should first discuss the concern with their Line Manager or the most appropriate senior staff member (which may include the child's Consultant / Medical Social Worker / DLP) without delay
- if the staff member / line manager / most appropriate senior staff member remain unsure whether a report should be made they will consult with the Duty Social Worker in the Child and Family Agency without delay
- if following consultation a decision is made to report, the steps outlined above should be followed and the form when completed will be forwarded to the DLP
- if a HSE staff member disagrees with the decision not to report, they may make the report directly to the Child and Family Agency, using the Standard Report Form (see Appendix 7) and inform the line manager/senior staff member
- a copy of the Standard Report Form should be forwarded to the DLP
- parents should always be consulted and informed that a report is being made unless doing so will increase risk to the child or create acuity of risk to life

Consultation should not cause undue delay. It is important that a report is made as soon as possible to the Child and Family Agency and that no child is left at risk while a decision is being made. The timing of reports must reflect the level of perceived risk and the level of known information. In acute situations of risk the report should be immediate and on the same day that the concern became known. In all other cases, reports must be made promptly following consultation.

20. Informal Consultation

The [Child Protection and Welfare Practice Handbook, \(HSE 2011\)](#) Section 2 notes that any person may consult with the Child and Family Agency Duty Social Worker to seek advice through an informal consultation. The caller needs to say explicitly that they are not making a report and can discuss the concern without giving identifying information about a child or family.

21. Emergency Action to Protect a Child

If a child is deemed at immediate risk or is suffering from a serious injury, medical attention should be sought immediately from the nearest Emergency Department. The Duty Social Worker in the Child and Family Agency, Gardaí and Duty Consultant must be informed. No child should be left in a situation which exposes him or her to harm. If the concern is urgent, contact should be made by telephone immediately to the Duty Social Worker and followed up with the Standard Report Form.

22. Reporting Procedure for HSE Multi Agency Teams

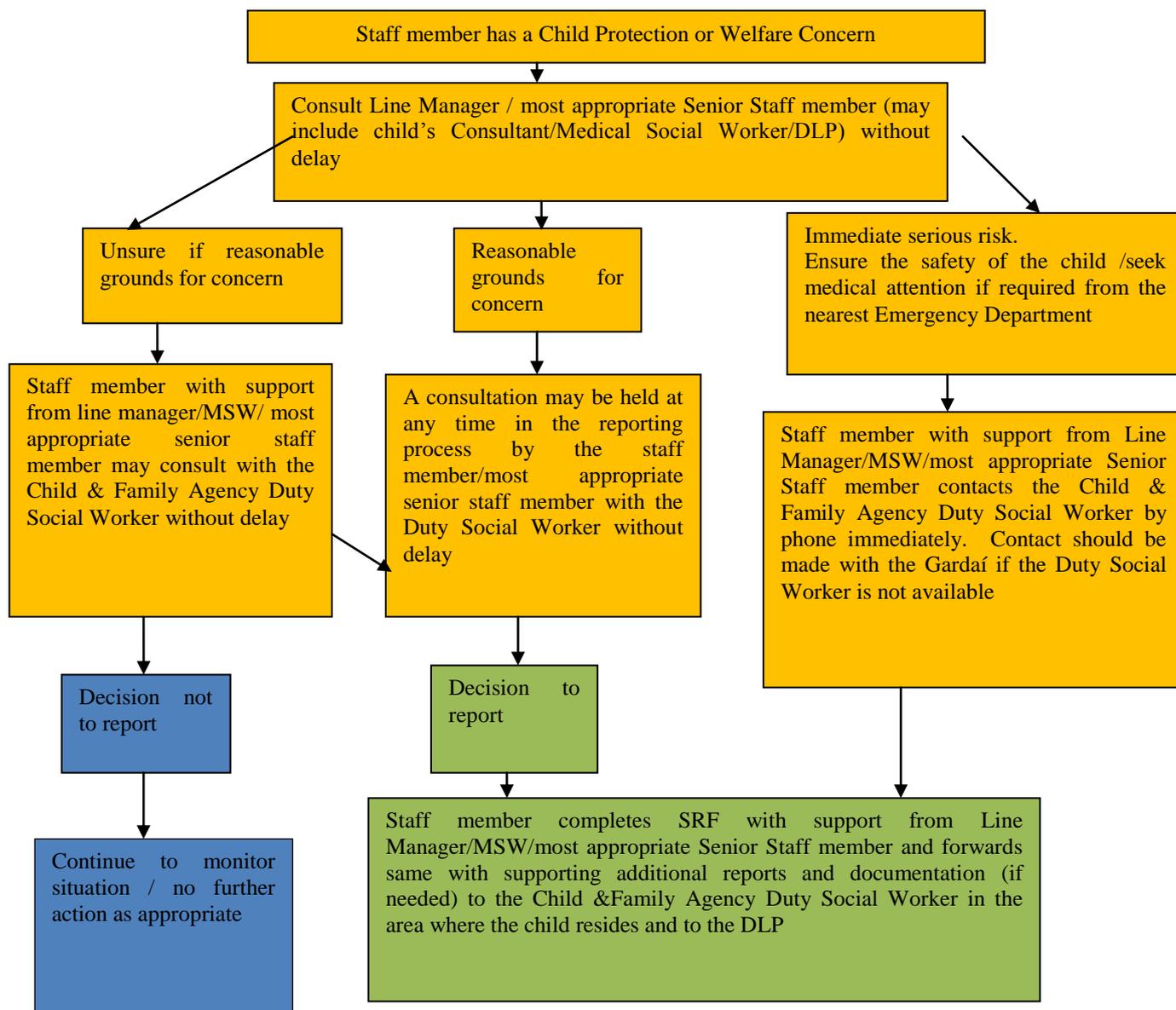
A number of multi-agency teams provide services in HSE Divisions. When a child protection or welfare concern relates to a child or family within the team case-load the members of multi-agency teams will follow the HSE Child Protection and Welfare Policy and inform the most appropriate team member. Information should be shared with the team on a need to know basis and it is important that issues of confidentiality are properly addressed.

If a member of a multi-agency team receives a child protection or welfare concern which does not relate to the team case-load, the reporting procedure in their employing organisation should be followed.

The local Community Healthcare Organisation's Child Protection and Welfare Policy must specify that the HSE Child Protection and Welfare Policy is being followed for concerns that relate to clients of the team.

It is the policy of the HSE that HSE staff who work in multi-agency teams in external HSE funded services should follow the Child Protection and Welfare Policy of the external organisation and inform their line manager/supervisor when a report on a child protection or welfare concern is made to the Child and Family Agency. Conversely, staff from external agencies working in HSE services should follow the Child Protection and Welfare Policy of the HSE and any directions in addition to this specified by their employing organisation such as notifying line management of any reports made to the Child and Family Agency.

Figure 1 Procedure for reporting a child protection or welfare concern in the HSE



Staff member records relevant case notes and outcome.

Where a staff member does not agree with a decision not to report they may report their concern to the Child & Family Agency Duty Social Worker using the Standard Report Form and inform the Line manager/MSW/Senior Staff member and DLP of their action. A copy the Standard Report Form should be forwarded to the DLP

‘Out of hours’ in emergency cases, or in an emergency situation, where the Duty Social Worker is unavailable, Line Manager/MSW/Senior Staff member will make contact with An Garda Síochána. A copy the Standard Report Form should be forwarded to the DLP

Parents are informed that a referral is being made unless doing so is likely to increase the risk to the child

23. Access to the Child Protection Notification System (CPNS) Out of Hours

If there is a concern about a child out of hours, specific staff may request a search of the CPNS to ascertain if a child is listed. Only designated staff can access the CPNS and no exceptions to this list are possible due to the confidential nature of the information held. The staffs concerned are nominated from the following:

- children's hospitals
- maternity hospitals
- HSE funded GP Out of Hours
- emergency Departments in Acute Hospitals
- An Garda Síochána

24. Emergency Out of Hours Social Work Service (EOHS)

The Child and Family Agency provides an Emergency Out of Hours Social Work Service (EOHS). The purpose of the service is to co-operate with and support An Garda Síochána in the execution of their duties and responsibilities under section 12(3) of the Child Care Act, 1991 and reports made under Section 8.5 of the Refugee Act, 1996. The EOHS may only be accessed through An Garda Síochána.

The EOHS provides the following services:

- a national EOHS Call Centre providing Social Work consultation and advice to the Garda Síochána
- placements for children under Section 12(3) of the Child Care Act, 1991 provided on contract by an external contractor and in residential centres
- placements for children referred under Section 8.5 of the Refugee Act, 1996
- access by An Garda Síochána to a local on-call Social Worker

25. Risks to Unidentifiable Children

A concern about a potential risk to children posed by a specific person should be referred to the Child and Family Agency. This may occur where information indicates that a specific person in the community is frequently referred to as causing harm to children but as to which children are not known. The Child and Family Agency may have corroborating information that they can link when the specific adult is identified to them.

26. Female Genital Mutilation

The [Criminal Justice \(Female Genital Mutilation\) Act 2012](#) creates an offence of removal from the state of a girl for the purpose of FGM while the Non-Fatal Offences against the Person Act 1997 criminalises the practice of FGM within Ireland. There are currently estimated to be 3,780 women living in Ireland who have undergone the procedure. Concern as to the practice of female genital mutilation for any female less than 18 years or if a female child is born to a family with a history of this practice should be notified. The HSE Procedure for Reporting a Child Protection or Welfare Concern as outlined above should be followed.

For further information on the topic of Female Genital Mutilation see the Female Genital Mutilation; Handbook for Health Care Professionals in Ireland 2013.

27. Disclosure of Historical Abuse

Disclosures of historical abuse can present particular challenges for the staff member receiving the information; and for the Child and Family Agency assessing the concern. A particular concern relates to the adult client's vulnerability [e.g. to self harm, suicide, psychological distress] or any potential risk of physical/ psychological harm to the client by others. These must all be considered in the context of making a report based on the information received regarding past abuse. However, concern for the welfare of the adult must be balanced against information which suggests current risk to any child who may be in contact with an alleged abuser revealed in such disclosures including unidentified children. The welfare of the child is paramount and while steps also need to be taken to secure the welfare of any vulnerable adult, reporting such concerns to the Child and Family Agency should be made as soon as practicable. The threshold of response by the Child and Family Agency is the same as in any other child protection and welfare report where there are reasonable grounds for concerns.

“The response to an allegation by an adult of abuse experienced as a child must be of as high a standard as that provided to current abuse concerns because there is sufficient possibility that a person who abused a child in the past is likely to have continued abusing children and may still be doing so; the prospect of criminal prosecution remains open to An Garda Síochána”. (Child and Family Agency: Policy and Procedures for Responding to Allegations of Child Abuse and Neglect, Section 2.5, page 8).

If a concern is identified that children may be at risk even if the children are unidentified, the health professional must follow the HSE Reporting Procedure and report the allegation to the Child and Family Agency in the area where the alleged perpetrator lives, if this information is known. Otherwise it should be reported to the Child and Family Agency in the area where the child/ren live. The adult who has disclosed past abuse should be informed in advance that a report is being made and the reporting procedures should be explained to them if not already known. If the health professional is unsure if children may be at risk they should consult with the Child and Family Agency without delay.

The National Counselling Service has developed a form for the recording of historical abuse (see Appendix 9). If this form is used it must be appended to the Standard Report Form when making a report to the Child and Family Agency. The need to refer an adult for counselling, treatment or other support services should also be considered. The HSE National Counselling Service is available to offer counselling to any adult who has experienced abuse in childhood (see Appendix 10 for contact information).

28. Anonymous Report

Anonymous reports can cause difficulties for the Child and Family Agency. HSE Staff who receive an anonymous report should make the person aware that the capacity of the Child and Family Agency to respond to a report is more limited when reports are made anonymously. However where a HSE Staff member receives an anonymous report concerning a child protection and /or welfare concern the HSE's Reporting procedure should be followed and the information shared with the Child and Family Agency. A Designated Officer of the HSE has statutory responsibility under the Protections for Persons Reporting Child Abuse Act 1998 and therefore cannot report anonymously or request anonymity. All HSE staff have a corporate duty of care (currently but this will be a legal duty once the CF Act 2015 is implemented in full) to safeguard children and when making reports to the Child and Family Agency in their professional capacity there should be no expectation of anonymity. Designated Liaison Persons of external services, where reporting in their professional capacity, should comply with their organisation's Child Protection Policy and should not report anonymously. Anonymity should never be promised since it cannot be guaranteed (see Children First 2011, Sections 3.9-3.11 and 5.15).

Reports made by professionals cannot be anonymous and must be made in the knowledge that during the course of enquiries, it will be made clear to the parents/carers of a child who originated the report.

29. Malicious Reports

Malicious false reporting is not a common occurrence, but creates a significant impact on the innocent person. The [Protection for Persons Reporting Child Abuse Act 1998](#) includes the creation of an offence of false reporting of child abuse, where a person makes a report of child abuse to the appropriate authorities 'knowing that statement to be false'. In the event that any staff member is concerned that a report is malicious, this should be immediately discussed with their line manager.

30. Third Party Reports

The [Child Protection and Welfare Practice Handbook, \(HSE 2011\)](#) notes that a suspicion of child abuse/welfare received from a third party, must be reported regardless of any consideration in respect of confidentiality, to the Child and Family Agency who will then assess the concerns. If you believe that reasonable grounds for concern exist, the HSE's Reporting procedure must be followed and the information should be forwarded to the Child and Family Agency regardless of whether the source wishes to be identified or not. The source must be made aware that you will be reporting the information.

31. Missing Children

The HSE is often notified about children who have gone missing in Ireland or thought to have arrived in Ireland from abroad. If a HSE staff member becomes aware of, or encounters a missing child, they should immediately make contact with the Child and Family Agency or outside of office hours contact should be made with An Garda Síochána.

32. Children going Missing from HSE services

HSE residential services, services that provide outings or day trips for children, hospitals or treatment facilities should have missing person's procedures in place to deal with the risk of children going missing from their services. This will ensure that staffs know what action to take to maximise the child's safe return in as short a time as possible.

33. Record Keeping

The ability of the Child and Family Agency Social Work Services to assess child protection or welfare concerns will depend on the amount and quality of information conveyed to them by staff members reporting concerns.

As much as possible of the following detail should be provided in the Standard Report Form:

- the name, address and age of the child (or children) about whom the report is being made
- the name of the child's school
- the name and address of the reporter
- the contact number and occupation of the reporter
- the relationship of the reporter to the child
- a full account of what constitutes the grounds for concern in relation to the welfare and protection of the child or children, e.g. details of the allegation, incident, dates, description of any injuries, etc
- the names and addresses of the parents/carers of the child or children
- the names of other children in the household
- ethnicity, first language and religion of children and parents/carers
- any need for an interpreter, signer or other communication aid
- any special needs of child/ren and other household members
- any significant/important recent or historical events / incidents in the child's or family's life, including previous concerns
- background information relevant to report e.g. positive aspects of parental care, previous concerns, pertinent parental issues (such as mental health, domestic violence, drug or alcohol abuse, threats and violence towards professionals)
- the name, address and details of the person allegedly causing concern in relation to the child or children
- the child's and/or parents'/carers' own views, if known and relevant
- the names and addresses of other known personnel or agencies involved with the child or children, e.g. GP, social worker, public health nurse, midwife, Gardaí, etc
- information regarding parental knowledge of, and agreement to, the report
- any other relevant information
- in cases of disclosures by adults of childhood abuse, all available detail on the alleged perpetrator should be included and the report should be forwarded to the Child and Family Agency in the area where the alleged perpetrator resides

34. Guidelines on Record Keeping for Child Protection and Welfare Concerns

A written record must be kept by the staff member of any discussion held with the child, parent or service user as well as line manager and DLP; what information was shared with the Child and Family Agency / An Garda Síochána and what decisions were made.

- each entry should be contemporaneous, factual, accurate and legible
- each entry should be signed, timed and dated
- files should be stored securely and accessed by relevant staff only

- records should be kept in a safe and confidential manner
- records of all letters and documentation relating to a report of suspected child welfare and protection concerns must be kept safely and in a place which upholds the confidential nature of the information
- all staff must be aware of their responsibilities for record keeping and understand that failure to uphold the confidentiality of information and failure to adequately record child protection or welfare concerns are failures to adequately discharge a duty of care
- some services hold sensitive personal information on a client on a separate file; this may include allegations and disclosures in relation to abuse and neglect
- the service must have a written policy for this practice and there must be a record which is clearly identifiable in the general file of where this information is stored
- the policy should outline who has access to this information, how the information can be accessed and who can record an entry in the file
- service users should also be informed about record keeping processes and procedures

The following must be adhered to:

[HSE Policy on Record Retention Periods 2013](#)

[HSE Standards and Recommended Practices for Healthcare Records Management 2007](#)

35. Confidentiality and Information Sharing

The effective sharing of information between agencies is essential to the identification, assessment and intervention in child protection and welfare work. The ability of services to protect children is dependent on the willingness of professionals to share and exchange relevant information.

Each staff member must be aware of their responsibilities under the [Freedom of Information Act 2014](#) and the [Data Protection Acts 1988](#) and [2003](#) and their own professional codes. However it is critical that fears about information sharing must not impede the promotion of the welfare and protection of children.

The following HSE policies provide guidance regarding Freedom of Information, Data Protection and Records Management:

- Data Protection – IT’S Everyone’s Responsibility – An Introductory Guide for Health Service Staff
- Data Protection and Freedom of Information Legislation – Guidance for Health Service Staff
- National Consent Policy 2012

Children First 2011, Section 3.9.4 notes the provision of information to the statutory service agencies for the protection of a child is not a breach of confidentiality or data protection.

The following should be noted:

- giving information to a person who has a bona fide need to know for the protection of a child is not a breach of confidentiality or data protection
- all information regarding a report or the assessment of a child protection or welfare concern should be shared with the Child and Family Agency in the interests of the child
- at the outset of contact with a service, healthcare staff should explain to clients/service users/ families openly and honestly, what and how information will, or could be shared and why, and seek their agreement
- best practice indicates that a written record should be made on file that the limits of confidentiality have been explained
- clients/service users should be provided with written information about confidentiality
- healthcare professionals must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them
- where there is concern that the child may be suffering or is at risk of suffering significant harm, the child’s safety and welfare must be the overriding consideration
- where the interests of the parents and the child appear to conflict, the child’s interests must be paramount

- wherever possible, disclosure of personal information to a third party relating to child protection concerns will only be given with the full knowledge and where possible, the consent of the service user
- the exception to this is where to do so would put the child, young person or others at increased risk of significant harm or if it would undermine the prevention, detection or prosecution of a serious crime, including where seeking consent might lead to interference with any potential child protection enquiry
- where the disclosure of confidential information is necessary, then the ‘need to know’ principle should apply i.e. only those who need to know should be given the relevant information
- where a service user does not consent to disclosure of information but disclosure is required, the client’s refusal should be clearly recorded and the service user informed that the information will be shared for the protection of the child
- the service user should be notified in writing of the decision and informed about what information has been disclosed
- all cases of disclosure to a third party should be clearly documented

As a general rule, service users/parents should be aware of any child protection or welfare concerns and of the report process, unless doing so would increase the risk to the child, to life or impede a criminal investigation. In these circumstances, you should consult with the Child and Family Agency and / or An Garda Síochána in making this decision. The reasons for doing this should be recorded in the client file and in the report to the Child and Family Agency. All staff should be aware that failure to record, disclose or share information in accordance with this policy is a failure to adequately discharge a duty of care.

The HSE National Consent Policy 2014 provides information on how HSE services should provide information and receive consent from service users before starting a treatment or investigation, or providing personal or social care for a service user. The policy outlines the establishment of guardianship and who can give consent for young people.

See the [HSE Children First Website](#) for an Information Sharing Protocol between the HSE and the Child and Family Agency.

36. Information Sharing with Children/Young People

The National Healthcare Charter for Children is a Statement of Commitment by health services on healthcare rights, expectations and responsibilities. The Charter describes ten key principles in relation to the provision of healthcare to ensure that children receive high quality healthcare that is appropriate and acceptable to them and their families.

The Charter states that children have a right to information in a form that they can understand. Children should be encouraged to be involved in their healthcare and work closely with the health service they are involved with.

It notes that children and young people can expect open and appropriate communication throughout their care. Young people should be given the opportunity to ask questions and receive answers that they can understand; be supported to ask questions and to make the most of

consultations and benefit from interpretative services where possible. A young person's support person be it a parent, relative, friend or Guardian, should also be included in communications where necessary and available.

In particular, the Charter identifies that children have a right to participate in decision making, have the right to express their views freely and to have those views taken into account.

The UN Convention on the Rights of the Child notes that "children and young people have a right to be consulted in matters that affect them in accordance with their age and maturity". HSE services should ensure that communication is always at a level that a child can understand and respond to. This should include suitable communication tools. Where possible, the view of the child should be included when a report is being made to the Child and Family Agency.

37. Information Sharing- Known/Convicted Sex Offenders

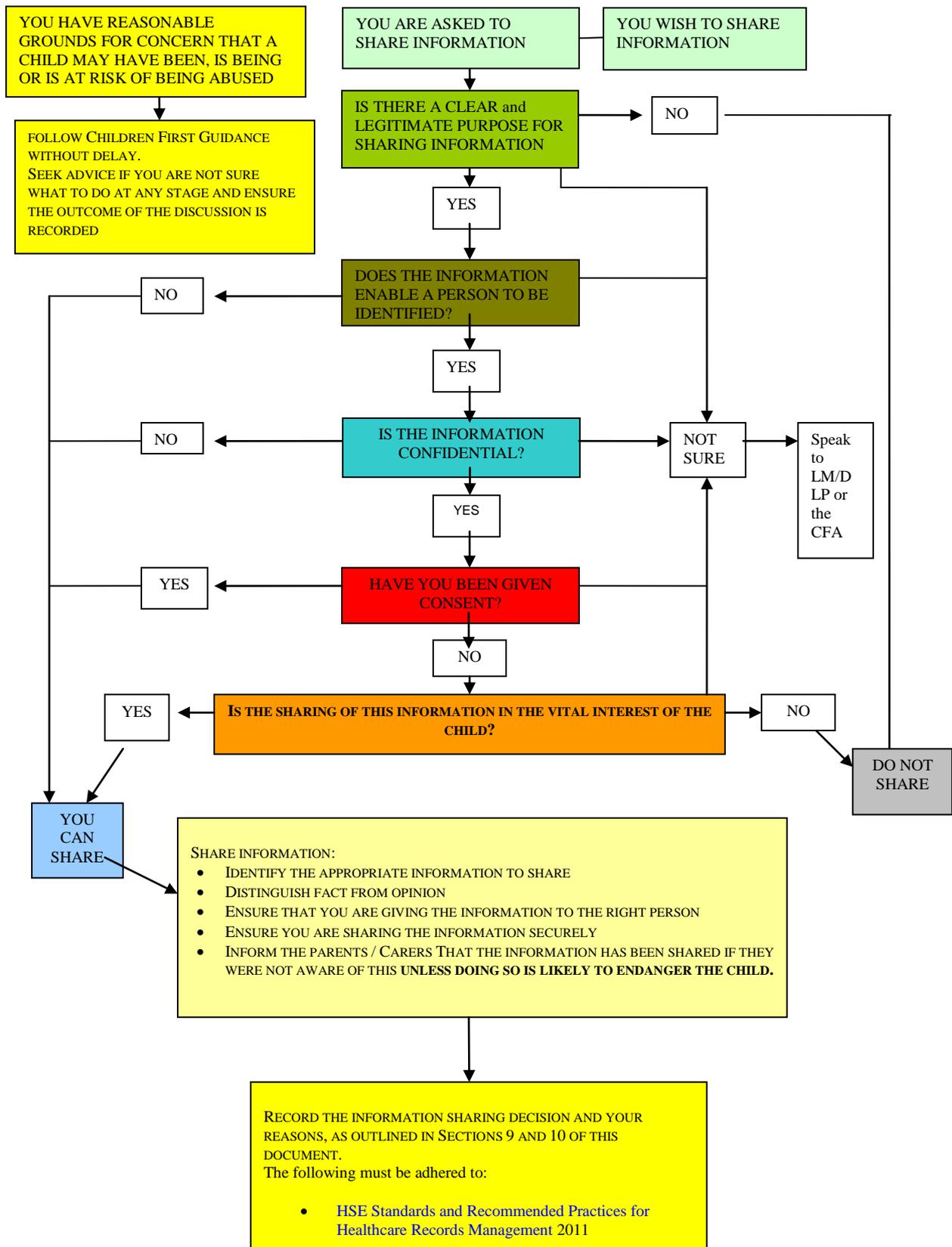
Information sharing in relation to known sex offenders must be governed by clear child protection concerns. It is important to note that almost 90% of sex offenders are not convicted and therefore not subject to the Sex Offenders Act 2001. Not all convicted sex offenders are subject to the 2001 Act and neither are convicted sex offenders a homogenous group. The majority of sex offenders are assessed as low risk. High risk convicted sex offenders are a significant minority of the convicted sex offender population in the community. Therefore any HSE/Community Healthcare Organisation/ Hospital Group Child Protection and Welfare Policy should cater for the protection of all children to include situations where known risk exists in a manner appropriate to the service.

All convicted sex offenders are referred to the Child and Family Agency on release from prison. The Child and Family Agency assess if there are any child protection concerns that require assessment and intervention.

Information sharing in respect of known sex offenders is governed by the Data Protection Acts of [1988](#), [2003](#); the [European Convention on Human Rights](#) 1950 and relevant case law. There must be a clear and legitimate purpose to share the information and the existing legislation requires statutory agencies to consider the disclosure of a sex offender's conviction as a last resort. There must be a real and significant risk to a member of the public with no alternative means of managing risk other than to disclose to a third party. It is preferable in the first instance to seek consent from the sex offender to inform a third party.

When a significant risk is identified, An Garda Síochána or the Child and Family Agency disclose a public protection or child protection concern regarding a convicted sex offender. In such circumstance, a strategy meeting will be convened by the Child and Family Agency and Department of Justice staff to assure an appropriate safety plan is activated. The HSE will be informed of the plan and/or invited to participate as appropriate. Other actions can be agreed dependent on the risk and circumstances of the offender and the needs of the individual health service.

Figure 2 Child Welfare and Protection Information Sharing Framework



38. Assessment and Management of Concerns by the Child and Family Agency

The management of child protection and welfare concerns in the Child and Family Agency is subject to a set of procedures called the National Business Process. The goal is to create an integrated child protection and welfare system to look after every child and manage every case from first contact with the Child and Family Agency through to case closure. The National Business Process is supported by a National Child Care Information System which is in development. The National Business Processes may be subject to review and change in the interest of providing better outcomes for children.

39. Report and Initial Assessment

Each report is screened by a Duty Social Worker to ensure that adequate information on the report has been received, the details of the report are recorded on the Social Work system and previous contact with the Social Work Area is checked. A decision is made as to whether;

- the case requires an initial assessment
- emergency action is needed
- it is more appropriate to refer to another agency
- to provide information and advice
- no further action is needed

The notes [Child Protection and Welfare Practice Handbook, \(HSE 2011\)](#) that the first consideration when a report is received by the Duty Social Worker is the immediate safety of the child. Initial Assessment is a time-limited process (20 days post screening) to allow the gathering of sufficient information on the needs and risks within a case and to establish if the report is:

- child protection – no ongoing risk
- child protection ongoing risk of significant harm
- child welfare
- further assessment
- no further action, case closed

An initial assessment is usually carried out by a Social Worker in consultation with a range of professionals who are involved with the family.

40. Feedback to Referrers

Reports received by the Child and Family Agency should be acknowledged and the referrer informed of the next likely steps as appropriate to their role. If an acknowledgement is not received and it appears that no action has been taken, the referrer can contact the Child and Family Agency by phone or letter or submit a new report through the electronic report system which will append the previous reports and copy all reports to the DLP.

Children First 2011, Section 5.16.2 notes that professionals involved should be kept updated where this is appropriate to their professional care/treatment of the child or the performance of their own duties within the bounds of confidentiality.

41. Assistance and co-operation with Partner Agencies

Children First 2011, Section 4 notes that no one professional has all the skills, knowledge or resources necessary to meet the requirements of any individual case and therefore it is essential for professionals to work together to deliver a coordinated response. Many HSE staff will be directly involved in providing services to children and / or their families where there are child protection or welfare concerns. It is the policy of the HSE that staff will work cooperatively with partner agencies and provide necessary assistance when appropriate and proportionate. This may involve:

- provision of information
- preparing a report
- attending a Strategy Meeting or Child Protection Conference
- attendance at court

42. Strategy Meeting

Children First 2011, Section 5.7 notes that a Strategy Meeting is a meeting of the professionals involved with the child or family for the purpose of sharing information and to prepare a plan for the protection of a child and siblings if necessary.

43. Child Protection Conference

The National Guidelines for Child Protection Conferences (Child and Family Agency: 2014) notes that a child protection conference is an interdisciplinary, interagency meeting convened, on behalf of the Child and Family Agency Area Manager, by the Child Protection Conference chairperson. A conference must be convened when a Child and Family Agency Social Worker, in consultation with their Team Leader, determines that there are grounds for believing that a child is at ongoing risk of significant harm from abuse, including neglect. This will usually occur following initial or further assessment.

The purpose of the child protection conference is:

- to facilitate the sharing and evaluation of information between professionals and parent/s (and the child where appropriate) in order to identify risk factors, protective factors and the child's needs
- to determine whether the child is at ongoing risk of significant harm
- to develop a child protection plan and list the child on the Child Protection Notification System (CPNS) when it has been determined that a child is at ongoing risk of significant harm

Child protection conferences are convened by the Child and Family Agency and they should promote interdisciplinary/interagency co-operation and the participation of children and their parent/s whenever possible. When a conference decides that a child is at ongoing risk of significant harm, a Child Protection Plan must be developed and the child is listed as active on the CPNS. The CPNS is a national register managed by the Child and Family Agency with records from April 2014 of every child who is deemed to be at ongoing risk of significant harm. Children First 2011, Section 5.17 describes the CPNS as a record of every child subject to a child protection plan which is reviewed until the concern has resolved or a longer term action such as

admission to care has occurred. Children remain on the CPNS classified as inactive but they are not removed until their 18th birthday.

HSE staffs who are invited to Child Protection Conferences should attend where possible; and should in all cases provide a report to the conference as to their involvement and view.

44. Child Protection Plan

The purpose of a Child Protection Plan, which is prepared by the Child and Family Agency, is to develop a set of actions to promote the child's welfare and reduce the risk of harm. Each participant at a Child Protection Conference will have a responsibility to implement the part(s) of the plan which relates to them and to ensure feedback and communication is maintained with the Child and Family Agency allocated Social Worker who is responsible for the implementation of the plan.

45. Child Protection Review Conference

Where a child is subject to a Child and Family Agency Child Protection Plan, a Child Protection Review Conference, which is arranged by the Child and Family Agency, must be held within six months of the previous conference. The purpose of the Review Conference is to assess the effectiveness of the child protection plan and to determine if the child is still at ongoing risk of significant harm. If it is decided that the child is no longer at ongoing risk of significant harm the child is listed as inactive on the Child Protection Notification System.

46. Family Support Plan

Where the outcome of assessment is that a child is not at ongoing risk of significant harm but has unmet welfare needs which need social work intervention, a Family Support Plan will be developed by the Child and Family Agency. The Family Support Plan should be drawn up with the child and family, and families should be encouraged to identify their own solutions. This may happen at a formal meeting or informally through contacts with the family and relevant professionals.

47. Recruitment

The HSE is committed to the highest standards in the recruitment and selection of staff. As stated earlier, it is HSE policy that no person will commence employment in the HSE until reference checks and Garda clearance has been obtained in addition to qualification and professional registration checks where applicable. With effect from the 1st April 2005, recruitment for appointments to positions in the HSE became subject to the provisions of the [Public Service Management \(Recruitment and Appointments\) Act, 2004](#) and is regulated by the [Commission for Public Service Appointments](#) (CPSA). Appointments to positions in the Health Service Executive are subject to the Codes of Practice published by the CPSA and are centred on the core principles of probity, merit, equity and fairness.

Compliance with the code includes:

- All positions are advertised on www.hse.ie with notification to the professional management structure and universities and colleges where appropriate
- Each recruitment campaign has a detailed job description, the details of the service and terms and conditions
- All appointments have three reference checks and there are strict rules regarding the suitability of each referee
- The HSE encourages potential employees and all HSE Staff interested in other posts to visit www.hse.ie and provides a job search function at: http://www.hse.ie/eng/staff/Jobs/Job_Search/

The HSE Recruitment Process is outlined in detail by accessing:

http://www.hse.ie/eng/staff/Jobs/Recruitment_Process/

48. Garda Vetting

The HSE carries out Garda vetting on all new employees. New employees cannot take up duty until the Garda Vetting process has been completed and the HSE is satisfied that such an appointment does not pose a risk to clients, service users and employees. Candidates being considered for appointments are obliged to complete the official Garda Vetting Form where they must disclose any and all convictions received. This disclosure must include such offences as driving offences, non-payment of a TV licence and public order offences, and includes the application of probation or community service. A risk assessment is in place where disclosures apply.

The HSE initiated a process for the voluntary vetting of existing employees in March 2012. The HSE Garda Vetting Policy must be updated to ensure that it complies with the provisions of the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Section 21 of this Act, provides for the retrospective vetting of all employees who carry out relevant work (i.e. a necessary and regular part of the duties of the position consists mainly of the employee having access to, or contact with, children or vulnerable persons).

49. Induction

The HSE provides extensive induction information for all new staff in line with HSE Induction Guidelines and Checklists. All HSE staff will receive induction information at the pre-employment stage; departmental induction with a line manager; site induction and corporate induction. Children First and the e-Learning Module “An Introduction to Children First” have been incorporated in the HSE Induction programme as follows:

Pre-employment: All potential staffs are notified of the HSE’s responsibilities under Children First 2011. All staffs who will become Designated Officers when they take up employment are notified of their role and responsibilities under The Protections for Persons Reporting Child Abuse Act 1998.

Departmental Induction: All line managers ensure that staff are aware of the HSE’s Child Protection and Welfare Policy and receive a copy of the policy as well as any relevant directorate or section-specific policies. All new staff should be introduced to the HSE Children First Website: <http://www.hse.ie/portal/eng/services/list/2/PrimaryCare/childrenfirst/WelcometotheHSEChildrenFirstWebsite.html>

Site Induction: Local contacts for reporting child protection or welfare concerns to The Child and Family Agency are included in an individual’s site induction. A training programme on Children First proportionate to their role and responsibility will also be arranged. All new staff must undertake the HSE Children First e-Learning module within one week of taking up their post.

Corporate Induction: The responsibilities of HSE staff under Children First have been included in the HSE Corporate Induction Programme. The HSE Induction Policy can be accessed at: http://www.hse.ie/eng/staff/Resources/Employee_Resource_Pack/guidelines.pdf

50. Staff Training

It is the policy of the HSE that all staff, irrespective of role, will undertake training in respect of child protection and welfare. The HSE has developed a Training Strategy to implement Children First across all services and functions. A Training Needs Analysis for HSE staff and HSE funded organisations was undertaken which underpins the model(s) and types of training developed. Please refer to the HSE Children First Training Strategy for further information and to the HSE Children First Website: <http://www.hse.ie/eng/services/list/2/PrimaryCare/childrenfirst/>

51. Allegations of Abuse against Employees

The HSE’s primary consideration is the protection, safety and well-being of the child and to ensure that no child is exposed to unnecessary risk. The organisation also has duties and responsibilities to employees to ensure allegations are dealt with in accordance with the principles of natural justice. Where an allegation of abuse is made against a staff member a dual reporting procedure applies:

- the reporting procedure in respect of the child
- the reporting procedure in respect of the staff member

52. Allegations against Employee's - Reporting Procedure in Respect of the Child

A decision on whether there are reasonable grounds for making a report on the Standard Report Form to the Child and Family Agency should be made by the Line Manager/most Senior Member on duty without delay. The normal reporting procedure is followed and where the child may be in immediate danger and contact cannot be made with The Child and Family Agency, the Senior Manager on duty should make contact with An Garda Síochána.

- contact should also be made directly with An Garda Síochána where the Criminal Justice (Withholding of Information Act against Children and Vulnerable Adults) Act 2012 applies
- the line manager/Senior Manager should, as a matter of urgency, take any immediate and necessary protective measures
- These measures should be proportionate to the level of risk. Further detail on protective measures is set out in the [Trust in Care policy](#) (section 5.2)
- the Child and Family Agency will conduct an assessment into the allegation of abuse
- It is important that a strategy meeting is held as soon as possible after the initial report to the Child and Family Agency to ensure that any action taken by the HSE does not interfere with the Child and Family Agency and / or Garda investigation and that roles and responsibilities are clarified from the outset
- the Senior Manager should maintain communication with the statutory agencies (Child and Family Agency and An Garda Síochána) throughout the assessment process
- the parents/guardians/service users should be informed of the report to the Child and Family Agency as soon as possible by the Senior Manager and should be kept informed of actions being taken by HSE

53. Reporting Procedure in Respect of the Staff Member

In circumstances where there is an allegation or concern of abuse about a child involving a staff member the matter must be dealt with in accordance with the HSE's Trust in Care Policy (2005).

The Trust in Care Policy sets out a detailed procedure for managing allegations of abuse against employees. Any HSE investigation must not interfere or impinge on the assessment by the Child and Family Agency or investigation by An Garda Síochána. It is essential that close liaison is maintained by the HSE Senior Manager with the Child and Family Agency and An Garda Síochána throughout any Trust in Care investigation.

54. Code of Standards and Behaviour

Every HSE staff member must follow the Code of Standards and Behaviours 2009 and understand the values, standards and behaviours associated with being employed in the health services. Staff must ensure they are familiar with their own Professional Code of Practice (if applicable), treat service users with respect and dignity and maintain appropriate professional and social boundaries at all times. Employees are expected to comply with the Standards and Behaviours Code at all

times. Breaches of the code will constitute a breach of the terms of employment and may result in disciplinary action being pursued in accordance with agreed procedures.

Staff must comply with the relevant Code of Conduct for Health Service Employees and Managers.

55. Safe Practice Guidance

Services for children are required to develop a service specific Safe Practice Statement. Further information is available in Fact Sheet 1 of Our Duty to Care (2002) (Appendix 12).

Guidance should include:

- a commitment to treat all children equally in line with Equal Status Act 2000-2012
- child centred practice
- specific guidance in the areas of personal/intimate care/examinations (HIQA have developed guidance on intimate care for designated centres) <http://hiqa.ie/resource-centre/care-providers/guidance>
- the promotion of children's rights
- the provision of a safe and age appropriate environment for children including appropriate and inappropriate touch
- ensuring that the welfare of children comes first regardless of other considerations
- the maintenance of confidentiality and ensuring that no personal information about a service user should ever be divulged except for the protection or welfare of a child or following agreed procedures
- guidance on contact with young people and observing boundaries outside of the work environment
- advise on work practices where staff are left alone with young people and develop safe management practices for workers working in one to one situations with children or young people
- individual sessions with young people should be prepared in advance and individualised according to the individual treatment/care plan of the young person
- observation of appropriate dress and behaviour by staff
- dealing with challenging behaviour
- if the service provides outings/trips away guidelines must be developed in relation to parental consent; supervision ratios; risk assessment of all outings/trips

56. Supervision, Support and Additional Procedures

The HSE recognises the importance of effective management of staff through the provision of supervision, support and training where appropriate. The main functions of supervision are:

- *management*: to hold the worker accountable for their practice
- *support*: for individual staff members in their work
- *learning and development*: to identify learning needs and areas of additional training
- *mediation*: to ensure healthy engagement and communication(Morrison 2005)

Professional supervision aims to: support and enhance clinical practice and professional competence; enhance service provision and contribute to best practice; facilitate professional growth and development. Staff supervision is one element that supports the overall management of worker performance. Other elements include:

- safe recruitment and selection processes
- effective induction to the values and goals of the Organisation
- clear Policies and Practice Guidance
- professional Codes to Guide Practice
- clear Standards and Competencies for Roles
- personal Development Planning (PDP) Process
- training Based on Workforce Planning
- performance Management System
- staff Care Resource (Morrison 2005)

Models of supervision vary depending on the needs of the worker and / or the service including individual or group supervision. Each profession / service will determine the type and structure of supervision that is best applied to their service. As a general principle:

- supervision is a shared responsibility between the supervisor and supervisee(s)
- it should be scheduled in advance and the time ring fenced with no interruptions
- the roles and responsibilities of supervisor and supervisee should be clearly documented
- a written record of the supervision session should be maintained, signed and dated by all participants
- the supervision record should be stored in a safe and confidential place

Each service should identify and implement a model of supervision best applicable to their needs. However services must ensure that the model of supervision chosen allows for issues arising from responsibilities under Children First to be addressed.

The Performance Achievement Policy for the HSE, January 2016, reiterates the HSE commitment

“... to developing a workforce that is dedicated to excellence, welcomes change and innovation, embraces leadership and teamwork, and maintains continuous professional development and learning. It is the policy to implement, maintain and monitor a Performance Achievement System that develops the capacity and capability of its employees, improves the performance of the organisation and addresses underperformance in a timely and constructive manner”.

Further information is available in the [HSE Corporate Plan 2015-2017](#), [HSE National Service Plan 2016](#), and the [HSE People Strategy 2015-2018](#), all available on the HSE web site.

57. Incidents/Accidents

The HSE recognises the importance of risk management as an essential process for the delivery of quality and safe services. Risk Management is the planned and systematic approach to identifying, evaluating and responding to risks and providing assurances that responses are effective. The HSE has in place a comprehensive integrated risk management policy with related procedures and tools. In 2007 the HSE adopted the Australian New Zealand Risk Management Standard (AS/NZS 4360:2004) which was subsequently updated to the ISO 31000 Risk Management – Principles and Guidelines: 2009.

It is HSE Policy that all incidents once identified, should be immediately managed in accordance with the HSE Incident Management Policy 2012.

This will ensure that:

- the health and safety of those affected is the primary focus of attention
- the incidents are reported, investigated and acted on effectively and with the appropriate level of urgency

However, this should not delay reporting a concern to the Child and Family Agency as any untoward delay could, in and of itself, represent a risk to the child, the individual staff member / team or the organisation.

The identified causes of incidents will, where appropriate, be managed and resolved locally. Lessons that are applicable nationally will be applied nationally. A National Incident Management Process has been established that supports the services in the management of incidents that may require expertise and support beyond that available at a local level.

All HSE and HSE funded services are required to apply the HSE policy for management of incidents.

The documentation to support the HSE's Policy on Integrated Risk and Incident Management can be accessed at:

http://hsenet.hse.ie/Intranet/qualitypatientsafety/?importUrl=http://localhost:82/eng/about/Who/qualityandpatientsafety/resourcesintelligence/Quality_and_Patient_Safety_Documents/incdocs.html

58. Complaints Procedure

The HSE actively encourages service users to comment, compliment or complain about any service(s) provided by the HSE. [The Health Act 2004](#) states that a “complaint is when a service user is dissatisfied about any action of the Executive, or a Service Provider that, it is claimed, does not accord with fair or sound administrative practice, and adversely affects the person by whom, or on whose behalf, the complaint is made”.

The “Your Service, Your Say” HSE Comments and Complaints Policy January 2007, invites all health service users to have their say about their experience of the health services. The policy is devised to allow service users to have access to an effective and fair system to deal with their complaint. It details how all complaints and comments will be dealt with and how they will be used to improve service delivery. It is important to note that this policy is complementary to other existing procedures e.g. disciplinary procedures, grievance procedures, Trust in Care, Children First Guidance 2011, etc. Any complaint concerning a child protection and welfare concern should be addressed having regard to Children First: National Guidance for the Protection and Welfare of Children, (DCYA 2011).

59. Children Making a Complaint

The National Healthcare Charter for Children notes that every child has a right to give feedback about their experience of health services and to have any concern dealt with properly and in a timely manner. Complaints received from children are responded to and followed up in accordance with the ‘Your Service Your Say’ policy. HSE healthcare professionals should make children aware of their right to provide feedback on all aspects of the service at their initial consultation.

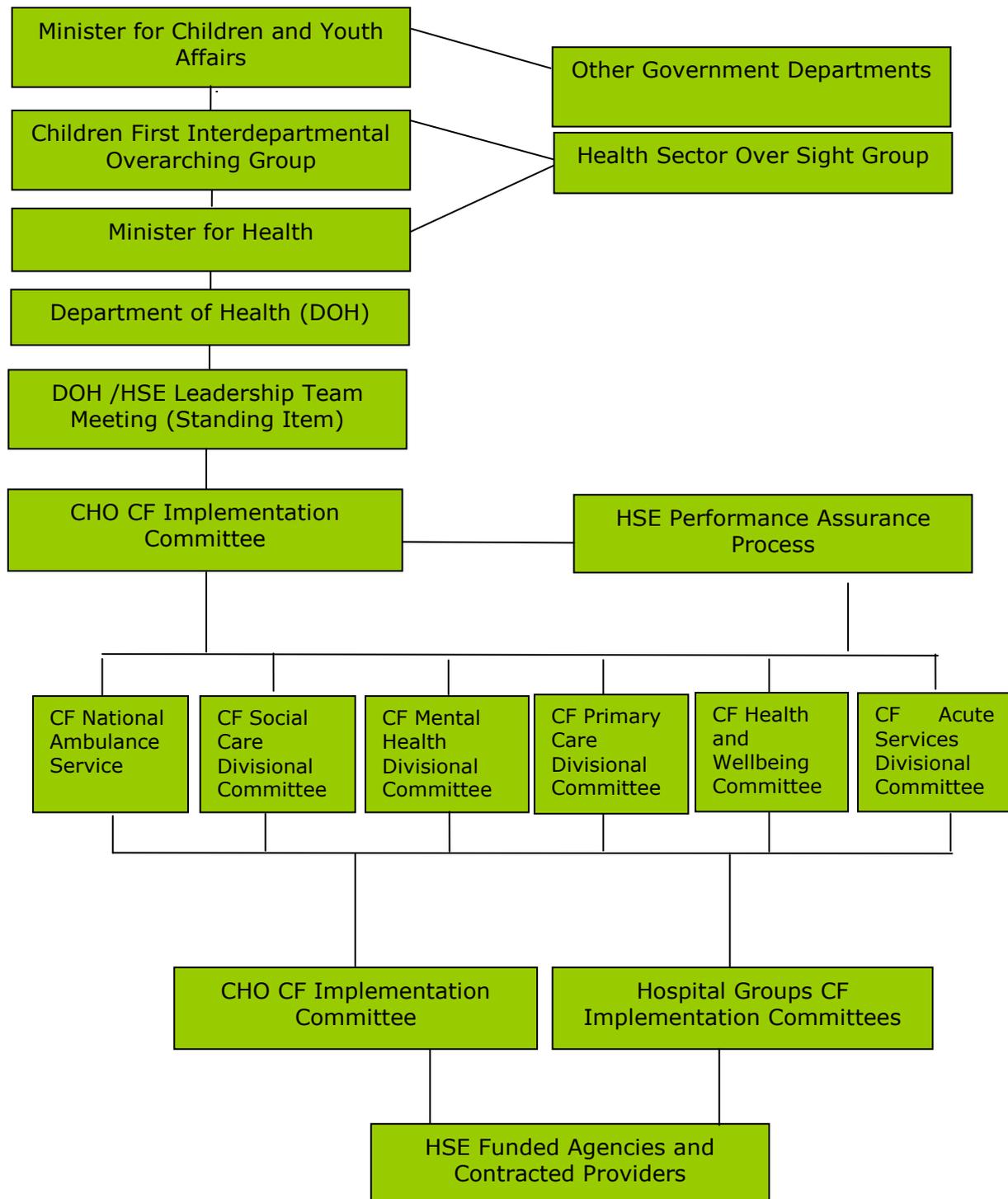
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61. Appendices

Appendix 1: Children First Governance Structure



Appendix 2: HSE Form for Reporting of Information to An Garda Síochána under the Criminal Justice (Withholding of information on Offences against Children and Vulnerable Adults) Act 2012



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

REPORTING OF INFORMATION TO AN GARDA SÍOCHÁNA UNDER CRIMINAL JUSTICE (WITHHOLDING OF INFORMATION AGAINST CHILDREN AND VULNERABLE PERSONS) ACT 2012

Information for HSE Staff:

It is an offence to withhold information on certain offences which include sexual offences and offences causing harm, abduction, manslaughter or murder of children and vulnerable adults. These are defined as Schedule 1 and Schedule 2 Offences in the above Act and are detailed on pages 4-6 of this report form.

The Offence arises:

- Where a person knows or believes that a serious offence has been committed against a child or vulnerable person.
- Where his/her information would be of material assistance in securing the apprehension, prosecution or conviction of another person for that offence.
- Where he/she fails without reasonable excuse to disclose this information as soon as it is practicable to An Garda Síochána.
- Every HSE employee must ensure that any information which comes to their attention under the above Act is reported directly to An Garda Síochána.

To Garda Superintendent:

Date of Report:

Address :

Details of HSE Staff making the report:

Name:

Work Address:

Telephone:

Any Relationship to child or vulnerable adult:: Yes No

Grade / Title:

Details of child or vulnerable adult

Name:

Male Female

DOB:

Age:

Address:

Telephone:

Details of parents/carers/next of kin:

	Mother:	Father:	Other Next of Kin :	Legal Guardian:
Address				
Telephone number				

Other members of household:

Name	Relationship	DOB	Other information

Is child/vulnerable person aware that a report is being made?

Yes No

Are Parents/Carers/Next of Kin aware that a report is being made?

Yes No

Information/Details of Alleged Offence:

Alleged Offence:

Schedule 1 Offence (see page 5)	Information to be disclosed that may be of material assistance in securing the apprehension, prosecution or conviction of a person who has committed a schedule 1
<input type="checkbox"/>	<input type="checkbox"/>

Schedule 2 Offence (see page 7)	Information to be disclosed that may be of material assistance in securing the apprehension, prosecution or conviction of a person who has committed a schedule 1 or schedule 2 offence
<input type="checkbox"/>	<input type="checkbox"/>

How did this information come to your attention

Disclosed by child or vulnerable adult	Third party	Disclosed in therapy/counselling session	Other – please specify:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please outline the details of your report: Please include all relevant information, date(s), addresses, summary of incident, concern. View of child or vulnerable adult.

Report:

Details of alleged perpetrator:

Name:

Address:

Date of alleged offence (if known)

Any other relevant information:

Is the person aware that a report is being made to An Garda Síochána ? Yes No

Details of report:

Has a report been made to the Child and Family Agency (in relation to a child)

Yes No

Name of Child and Family Agency Social Work Office where report was made:

Date report was made:

Other agencies involved (in care of/ working with) with child/vulnerable person:

Additional Information:

Details of person completing the form:

Name:

HSE Work Address

Telephone:

Signed:

Date:

Line Manager Signature:

Date:

A copy of this report should be retained on the client file

If this report relates to a child a copy should also be sent to the Designated Liaison Person.

Appendix 3: OFFENCES AGAINST CHILDREN FOR THE PURPOSES OF OFFENCE UNDER SECTION 2

[Section 2](#) .

1. Murder.
2. Manslaughter.
3. Common law offence of false imprisonment.
4. Rape.
5. Rape under [section 4](#) of the [Criminal Law \(Rape\) \(Amendment\) Act 1990](#) .
6. Sexual assault.
7. Aggravated sexual assault within the meaning of [section 3](#) of the [Criminal Law \(Rape\) \(Amendment\) Act 1990](#) .
8. An offence under [section 1](#) of the [Punishment of Incest Act 1908](#) (incest by males).
9. An offence under [section 2](#) of the [Punishment of Incest Act 1908](#) (incest by females of or over 17 years of age).
10. An offence under [section 6](#) (1) of the [Criminal Law \(Sexual Offences\) Act 1993](#) .
11. An offence under [section 2](#) of the [Criminal Law \(Sexual Offences\) Act 2006](#) (defilement of child under 15 years of age).
12. An offence under [section 3](#) of the [Criminal Law \(Sexual Offences\) Act 2006](#) (defilement of child under the age of 17 years).
13. An offence under either of the following provisions of the [Child Trafficking and Pornography Act 1998](#) —
 - (a) section 3 (child trafficking and taking, etc., child for sexual exploitation),
 - (b) section 4 (allowing child to be used for child pornography).
14. An offence under [section 2](#) of the [Sexual Offences \(Jurisdiction\) Act 1996](#) insofar as it relates to an offence specified in the Schedule to that Act that is also specified in this Schedule.
15. An offence under any of the following provisions of the [Criminal Law \(Human Trafficking\) Act 2008](#) —
 - (a) section 2 (trafficking, etc., of children),
 - (b) section 5 insofar as it relates to a child who has been trafficked for the purpose of his or her exploitation (soliciting or importuning for purposes of prostitution of trafficked person),
 - (c) section 7 insofar as it relates to an offence under section 2 of that Act or section 3 (other than subsections (2A) and (2B)) of the [Child Trafficking and Pornography Act 1998](#) .
16. An offence under [section 249](#) of the [Children Act 2001](#) (causing or encouraging sexual offence upon a child).
17. An offence under [section 176](#) of the [Criminal Justice Act 2006](#) (reckless endangerment of children).
18. An offence under any of the following provisions of the [Non-Fatal Offences against the Person Act 1997](#) —
 - (a) section 3 (assault causing harm),
 - (b) section 4 (causing serious harm),
 - (c) section 5 (threats to kill or cause serious harm),
 - (d) section 13 (endangerment),
 - (e) section 15 (false imprisonment),
 - (f) section 16 (abduction of child by parent, etc.),
 - (g) section 17 (abduction of child by other persons).
19. An offence under [section 246](#) of the [Children Act 2001](#) (cruelty to children).
20. An offence under any of the following provisions of the [Criminal Justice \(Female Genital Mutilation\) Act 2012](#)
 - (a) section 2 (offences of female genital mutilation, etc.),
 - (b) section 3 (offence of removal from State for purpose of female genital mutilation),
 - (c) section 4 (acts, etc., done outside State).

SCHEDULE 2: OFFENCES AGAINST VULNERABLE PERSONS FOR PURPOSES OF OFFENCE UNDER SECTION 3

1. Common law offence of false imprisonment
2. Rape.
3. Rape under [section 4](#) of the [Criminal Law \(Rape\) \(Amendment\) Act 1990](#) .
4. Sexual assault.

5. Aggravated sexual assault within the meaning of [section 3](#) of the [Criminal Law \(Rape\) \(Amendment\) Act 1990](#) .
6. An offence under [section 1](#) of the [Punishment of Incest Act 1908](#) (incest by males).
7. An offence under [section 2](#) of the [Punishment of Incest Act 1908](#) (incest by females of or over 17 years of age).
8. An offence under either of the following provisions of the [Criminal Law \(Sexual Offences\) Act 1993](#) —
 - (a) subsection (1) of section 5 insofar as it provides for an offence of having sexual intercourse, or committing an act of buggery, with a person who is mentally impaired within the meaning of that section (other than a person to whom the alleged offender is married or to whom he or she believes with reasonable cause he or she is married),
 - (b) subsection (2) of section 6 insofar as it provides for an offence of soliciting or importuning a person who is mentally impaired within the meaning of that section (whether or not for the purposes of prostitution) for the purposes of the commission of an act that would constitute an offence under section 5(1) (insofar as it is referred to in paragraph (a)) of that Act or an offence referred to in [section 2](#) of the [Criminal Law \(Rape\) \(Amendment\) Act 1990](#) .
9. An offence under [section 2](#) of the [Sexual Offences \(Jurisdiction\) Act 1996](#) insofar as it relates to an offence specified in the Schedule to that Act that is also specified in this Schedule to the extent that it is so specified.
10. An offence under any of the following provisions of the [Criminal Law \(Human Trafficking\) Act 2008](#) —
 - (a) section 4 (trafficking of persons other than children),
 - (b) section 5 insofar as it relates to a person in respect of whom an offence under subsection (1) or (3) of section 4 of that Act has been committed (soliciting or importuning for purposes of prostitution of trafficked person),
 - (c) section 7 insofar as it relates to an offence under section 4 of that Act.
11. An offence under [section 3](#) of the [Non-Fatal Offences against the Person Act 1997](#) (assault causing harm).

Appendix 4: List of Designated Officers

Please see Chapter 3, Paragraph 3.10.1 of Children First: National Guidance 2011.

Access Workers Advocacy Officers All HSE Nursing Personnel All other HSE Medical and Dental Personnel Care Assistants Child Care Workers Childminder Coordinators Children First Implementation Officers Children First Information and Advice Persons Community Welfare Officers Counsellors in Services for AVPA Designated Person within the HSE Environmental Health Officers Family Support Coordinators Family Support Workers Health Education/Health Promotion Personnel HIV and AIDS Services Hospital Consultants Managers of Disability Services	Non-Consultant Hospital Doctors Occupational Therapists Physiotherapists Pre-school Services Inspectors Project Workers Psychiatrists Psychologists Public Health Nurses Quality Assurance Officers Radiographers Residential Care Managers/Residential Child Care Workers Social Workers Speech and Language Therapists Substance Abuse Counsellors Training and Development Officers
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Appendix 5 Roles and Responsibilities of DLP's in HSE:

Children First 2011, Section 3.3.1 notes that:

“Every organisation both public and private that is providing services for children or that is in regular contact with children should:

- i. Identify a designated liaison person to act as a liaison with outside agencies and a resource person to any staff member or volunteer who has child protection concerns.
- ii. The designated liaison person is responsible for ensuring that the standard reporting procedure is followed, so that suspected cases of child abuse or neglect are referred promptly to the designated person in children and family services or in the event of an emergency and the unavailability of Children and Family Services to An Garda Síochána.
- iii. The designated liaison person should ensure that they are knowledgeable about child protection and undertake any training considered necessary to keep themselves updated on new developments.”

Duties and Responsibilities of Designated Liaison Persons Appointed in HSE:

The Designated Liaison Person will:

- ensure that the standard reporting procedure is followed
- be knowledgeable about the HSE's Child Protection and Welfare Policy and advise staff as needed
- provide statistics and other activity data as requested
- maintain a log of child protection and welfare concerns reported by HSE Staff (within their area of responsibility) to the Child and Family Agency and / or An Garda Síochána
- monitor and advise of any issues affecting the implementation of the HSE's Child Protection and Welfare Policy in their area of responsibility
- attend for Designated Liaison Person training and other training as required

In addition to the above roles and responsibilities, a DLP **may** be asked for advice and support in respect of a child protection and welfare concern; to assist in decision making around reports and / or to facilitate discussions and consultations with Child and Family Agency, An Garda Síochána and other agencies in relation to child protection and welfare concerns.

Review

The roles and responsibilities of DLP's appointed in the HSE will be kept under review and updated in accordance with service needs and any relevant policy or legislative change. Chief Officers and Hospital Group CEO'S/Hospital CEO's/National Director NAS must ensure that all DLP's appointed have been Garda Vetted.

Support for Designated Liaison Persons:

Training and support for DLP's will be organised by the HSE Children First National Office.

Queries:

All queries should be addressed to childrenfirst@hse.ie

Appendix 6: Additional Information on Signs and Symptoms of Child Abuse and Neglect

(National Institute: 2012 *When to Suspect Child Maltreatment* March; Children First National Guidance 2011 Appendix 1 and the Child Protection and Welfare Practice Handbook 2011.)

Recognising Physical Abuse

This section provides information about the sites and characteristics of physical injuries that may be observed in abused children. It is intended primarily to assist staff in the recognition of bruises, burns and bites which should be notified to the Child and Family Agency and/or require medical assessment.

The following are often regarded as indicators of concern:

- an explanation which is inconsistent with an injury
- several different explanations provided for an injury
- unexplained delay in seeking treatment
- parents/carers who are uninterested or undisturbed by an accident or injury
- parents who are absent without good reason when their child is presented for treatment
- repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury) or may represent fabricated or induced illness
- family use of different doctors and A&E departments
- reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as highly suspicious of a non accidental injury unless there is an adequate explanation provided and experienced medical opinion sought:

- any bruising or other soft tissue injury to a pre-crawling or pre-walking infant or non-mobile disabled child
- bruising in or around the mouth, particularly in small babies which may indicate force feeding
- two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- repeated or multiple bruising on the head, or on sites unlikely to be injured accidentally
- the outline of an object used, e.g. belt marks, hand prints or a hair brush (a pinch causes small double bruises, a punch or kick causes an irregular bruise with a paler centre, gripping causes ovals from fingertips or lines between fingers)
- linear pink marks, haemorrhages or pale scars may be caused by ligature, especially at wrists, ankles, neck, male genitalia
- bruising or tears around, or behind, the earlobe(s) indicating injury by pulling or twisting
- bruising around the face
- broken teeth and mouth injuries (a torn fraenum – the flap of tissue in the midline under the upper lip – is highly suspicious)
- grasp marks on small children
- bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical opinion from a forensic dentist/deontologist should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non- accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious, for example:

- circular burns from cigarettes are characteristically punched out lesions 0.6 to 0.7cm in diameter, and healing usually leaves a scar
- friction burns resulting from being dragged
- linear burns from hot metal rods or electrical fire elements
- burns of uniform depth over a large area
- scalds that have a line indicating immersion or poured liquid (a child getting into hot water of her/his own accord will struggle to get out and cause splash marks)
- old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
- scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- the history provided is vague, non-existent or inconsistent with the fracture type
- there are multiple fractures or old fractures (in the absence of major trauma, birth injury or underlying bone disease)
- medical attention is sought after a period of delay when a fracture has caused symptoms e.g. swelling, pain or loss of movement
- there is an unexplained fracture in the first year of life

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Abusive Head Trauma

Shaking a baby often results in no visible injury. Nevertheless, significant internal injuries may be caused, e.g. intra-cranial bleeding, brain injury, small fractures to the ends of the long bones, other fractures (such as ribs and neck) and retinal haemorrhages. Signs and symptoms can be non-specific, which may result in a delay in seeking advice.

The infant can present with:

- lethargy
- poor feeding
- vomiting
- stops in breathing
- pallor
- variable consciousness
- irritability
- convulsions

In suspected cases it is essential that an ophthalmological examination and skeletal survey are carried out by the relative specialist doctors.

Self Harming and Sibling Inflicted Injury

Caution must be used when interpreting an explanation by parents/carers that an injury or series of injuries was self-inflicted or caused by a sibling. This is especially important in young or disabled children not able to offer a reliable explanation themselves. Due consideration must be given to the possibility that the injury may:

Be non-accidental, particularly if the explanation appears discrepant for the nature of the injury
Possibly have occurred in circumstances where neglect is a consideration.

Injuries in Infants Under 12 Months

Physical injuries in infants may be life threatening or cause permanent neurological damage. Any suspicious injury in a pre or non mobile child must be regarded with extreme concern including:

- minor injuries with an inconsistent explanation
- significant bruising
- any fractures
- any major injury

Any injury and its explanation must be assessed in relation to the infant's developmental abilities and the likelihood of the occurrence. Infants are highly vulnerable and may have a serious injury without obvious physical signs e.g. shaking injuries may result in internal head injuries. Nevertheless significant internal injuries may be caused and result in:

- lethargy, poor feeding, apnoea or irregular breathing
- fits
- variable consciousness
- intra-cranial bleeding and retinal haemorrhages
- skull and rib fractures
- failure to thrive / faltering growth
- death

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. Indicators of emotional abuse are also often associated with other forms of abuse. Recognition of emotional abuse is usually based on observations over time and the following offer some associated indicators:

Parent or Carer and Child Relationship Factors

- abnormal attachment between a child and parent or carer, e.g. anxious, indiscriminate or failure to attach
- persistent negative comments about the child or 'scape-goating' within the family
- inappropriate or inconsistent expectations of the child e.g. overprotection or limited exploration

Child Presentation Concerns

- delay in achieving developmental, cognitive and / or other educational milestones
- failure to thrive/faltering growth
- behavioural problems, e.g. aggression, attention seeking
- frozen watchfulness, particularly in pre-school children
- low self esteem, lack of confidence, fearful, distressed, anxious
- poor relationships with peers, including withdrawn or isolated behaviour

Parent or carer related issues

- dysfunctional family relationships including domestic violence
- parental problems that may lead to lack of awareness of child's needs, e.g. mental illness, substance misuse, learning difficulties
- parent or carer emotionally or psychologically distant from the child

Contextual factors may include

- child left unsupervised / unattended
- child left with multiple carers
- child regularly late attending, or, not being collected from school
- child repeatedly reported lost / missing
- parent or carer regularly unaware of child's whereabouts
- child regularly not available for meetings with childcare workers

Recognising sexual abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child / family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional or behavioural.

Behavioural indicators

- inappropriate sexualised conduct
- sexually explicit behaviour, play or conversation, inappropriate to the child's age
- continual and inappropriate or excessive masturbation
- self-harm (including eating disorder), self mutilation and suicide attempts
- involvement in prostitution or indiscriminate choice of sexual partners
- an anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties)

- running away

Physical indicators

- pain or itching of genital area
- vaginal discharge
- sexually transmitted diseases
- blood on underclothes
- pregnancy
- physical symptoms e.g. injuries to genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Recognising neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting.

Child related indicators

- an unkempt, inadequately clothed, dirty or smelly child
- a child who is perceived to be frequently hungry
- a child who is observed to be listless, apathetic and unresponsive with no apparent medical cause; displaying anxious attachment; aggression or indiscriminate friendliness
- failure of a child to grow or develop within normal expected patterns with an accompanying weight loss or speech / language delay
- recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies
- unmanaged / untreated health / medical conditions including poor dental health
- frequent accidents or injuries
- a child frequently absent from or late at school
- poor self esteem
- a child who thrives away from the home environment

Indicators in the care provided

- failure by parents or carers to meet basic essential needs e.g. adequate food, clothes, warmth, hygiene, sleep
- failure by parents or carers to meet the child's health and medical needs, e.g. poor dental health, failure to attend or keep appointments with public health nurse, GP or hospital, lack of GP registration, failure to seek or comply with appropriate medical treatment
- a dangerous or hazardous home environment including failure to use home safety equipment, risk from animals
- poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- a lack of opportunities for child to play and learn
- child left with adults who are intoxicated or violent
- child abandoned or left alone for excessive periods
- neglect of pets

Where there are any concerns about the neglect of a child in a household, consideration must be given to the possibility that other children in the household may also be at risk of neglect or abuse.

Appendix 7: Standard Reporting Form for reporting child protection and welfare concerns to The Child and Family Agency

		An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency		FORM NUMBER: CC01:01:01																														
<h2 style="margin: 0;">STANDARD REPORT FORM</h2> <p style="margin: 0;"><i>(For reporting CP&W Concerns)</i></p>																																		
<p>A. To Principal Social Worker/Designate: _____</p>																																		
<p>1. Date of Report _____</p>																																		
<p>2. Details of Child</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name:</td> <td style="width: 30%;"></td> <td style="width: 10%;">Male</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Female</td> <td style="width: 15%;"><input type="checkbox"/></td> </tr> <tr> <td rowspan="2">Address:</td> <td>DOB</td> <td colspan="2"></td> <td>Age</td> <td></td> </tr> <tr> <td>School</td> <td colspan="4"></td> </tr> <tr> <td>Alias</td> <td></td> <td>Correspondence address (if different)</td> <td colspan="3"></td> </tr> <tr> <td>Telephone</td> <td></td> <td>Telephone</td> <td colspan="3"></td> </tr> </table>						Name:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Address:	DOB			Age		School					Alias		Correspondence address (if different)				Telephone		Telephone			
Name:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>																													
Address:	DOB			Age																														
	School																																	
Alias		Correspondence address (if different)																																
Telephone		Telephone																																
<p>3. Details of Persons Reporting Concern(s)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name:</td> <td style="width: 30%;"></td> <td style="width: 15%;">Telephone No.</td> <td style="width: 30%;"></td> </tr> <tr> <td rowspan="2">Address:</td> <td></td> <td>Occupation</td> <td></td> </tr> <tr> <td></td> <td>Relationship to client</td> <td></td> </tr> <tr> <td colspan="2">Reporter wishes to remain anonymous</td> <td><input type="checkbox"/></td> <td>Reporter discussed with parents/guardians</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						Name:		Telephone No.		Address:		Occupation			Relationship to client		Reporter wishes to remain anonymous		<input type="checkbox"/>	Reporter discussed with parents/guardians			<input type="checkbox"/>	<input type="checkbox"/>										
Name:		Telephone No.																																
Address:		Occupation																																
		Relationship to client																																
Reporter wishes to remain anonymous		<input type="checkbox"/>	Reporter discussed with parents/guardians																															
		<input type="checkbox"/>	<input type="checkbox"/>																															
<p>4. Parents Aware of Report</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Are the child's parents/carers aware that this concern is being reported</td> <td style="width: 10%; text-align: center;">- Mother</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">- Father</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Comment</td> <td colspan="3"></td> </tr> </table>						Are the child's parents/carers aware that this concern is being reported	- Mother	Yes	No			<input type="checkbox"/>	<input type="checkbox"/>		- Father	<input type="checkbox"/>	<input type="checkbox"/>	Comment																
Are the child's parents/carers aware that this concern is being reported	- Mother	Yes	No																															
		<input type="checkbox"/>	<input type="checkbox"/>																															
	- Father	<input type="checkbox"/>	<input type="checkbox"/>																															
Comment																																		
<p>5. Details of Report</p> <p><i>(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.)</i></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>																																		

10.13.7.13 (14 Jan '14) (ump)

STANDARD REPORT FORM

(For reporting CP&W Concerns)

6. Relationships

Details of Mother		Details of Father	
Name:		Name:	
Address: (if different to child)		Address: (if different to child)	
Telephone No's:		Telephone No's:	

7. Household composition

Name	Relationship	DOB	Additional Information e.g. School/ Occupation/Other:

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

	Name	Address
Social Worker		
PHN		
GP		
Hospital		
School		
Gardaí		
Pre-School/Crèche/YG		
Other (specify):		

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

Relationship to child:		Age		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Name:			Occupation				
Address:							

10. Details of person completing form

Name:		Occupation:	
Address:		Telephone No's:	
Signed		Date:	

Appendix 8: Contact Details for the Child and Family Agency Social Work Service

<http://www.tusla.ie/services/child-protection-welfare/contact-a-social-worker/>

Duty Social Work Team	Address	Phone
Carlow	Duty Social Work Department, Ground Floor, St. Dymphnas Hospital, Athy Rd, Co. Carlow.	059 9136570
Cavan	Child and Family Agency, Drumalee Cross, Co. Cavan.	0494377305 049 4377306
Clare	River House, Gort Road, Ennis, Co. Clare.	065 6863935
Cork North Lee	Child and Family Agency, North Lee Social Work Department, Floor 2 (adjacent to shopping centre), Blackpool, Co. Cork.	021 4927000
Cork South Lee	Child and Family Agency, South Lee Social Work Department, St. Finbarr's Hospital, Douglas Rd, Co. Cork.	021 4923001
West Cork	Child and Family Agency, Duty Social Work Department, Coolnagarrane, Skibbereen, Co. Cork.	028 40447
North Cork	134 Bank Place, Mallow, Co. Cork.	022 54100
Donegal West Central	Child and Family Agency, County Clinic, St. Conals Hospital, Letterkenny, Co. Donegal. Child and Family Agency, Millennium Court, Pearse Rd, Letterkenny, Co. Donegal.	074 9104714 074 9104714
Donegal East	Child and Family Agency, Links Business Centre, Lisfannon, Buncrana, Co. Donegal.	074 9320420
Donegal West	Child and Family Agency, Euro House, Killybegs Rd, Donegal town, Co. Donegal.	074 9723540
Dublin North Swords	Duty Social Work Department, 180-189 Lakeshore Drive, Airside Business Park, Swords, Co. Dublin.	01 8708000
Dublin North Blanchardstown	Duty Social Work Department, Roselawn Health Centre, Roselawn Rd, Blanchardstown, Dublin 15.	01 6464518
Dublin North Coolock	Duty Social Work Department, Health Centre, Cromcastle Rd, Coolock, Dublin 5.	018164200 01 8160314
Dublin North Finglas	Duty Social Work Department, Health Centre, Wellmount Park, Finglas, Dublin 11.	01 8567704
Dublin North Inner City	Duty Social Work Department, 492 North Circular Rd, Parkview, Dublin 1.	01 8566856
Dublin - Tallaght	Duty Social Work Department, Chamber House, Chamber Square, Tallaght, Dublin 24.	01 4686289
Dublin Lord Edward Street	Duty Social Work Department, Carnegie Centre, 21-25 Lord Edward Street, Dublin 2	01 6486500
Dublin-Ballyfermot	Duty Social Work Department, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10.	01 6206387

Dublin-Laoghaire	Dun	Duty Social Work Department, Our Lady's Clinic, Patrick Street, Dun Laoghaire, Co. Dublin.	01 6637300
Galway Oughterard	-	Child and Family Agency, Oughterard Social Work Department, Health Centre, Oughterard, Co. Galway	091 552200
Galway City		Child and Family Agency, Galway City Social Work Department, Local Health Office, 25 Newcastle Rd, Galway, Co. Galway.	091 546366
Galway- Tuam		Child and Family Agency, Child Protection Social Work Dept, The Family Centre, Dublin Road Tuam.	09337264 093 37265
Galway-Ballinasloe		Child and Family Agency, Ballinasloe Social Work Department, Health Centre, Brackernagh, Ballinasloe.	0909 646200
Galway-Loughrea		Child and Family Agency, Child Protection Social Work Dept, Primary Care Centre, St. Brendan's Lake Road, Loughrea.	091-872700
Kerry-Tralee		Child and Family Agency, Social Work Department, Kerry Community Services, Rathass, Tralee, Co. Kerry.	066 7121566
Kerry – Killarney		Child and Family Agency, Killarney Social Work Department, St. Margaret's Rd, Killarney, Co. Kerry.	064 6636030
Kildare/West Wicklow		Child and Family Agency, Social Work Department, St. Mary's, Craddockstown Rd, Naas, Co. Kildare.	045 882400
Kilkenny		Child and Family Agency, Social Work Office, Childcare Department, Carlow/Kilkenny, St. Canices Hospital, Dublin Rd, Kilkenny, Co. Kilkenny.	059 9136570
Laois/Offaly/Longford/Westmeath		Child and Family Agency, Social Work Department, Child and Family Centre, Dublin Rd, Portlaoise, Co. Laois.	057 8692567/68
Leitrim		Child and Family Agency. Community Care Office, Leitrim Rd, Carrick on Shannon, Co. Leitrim	071 9650324
Limerick-Ballynanty		Child and Family Agency Ballynanty Health Centre, Child Protection and Welfare, Ballynanty, Limerick.	061 457102
Limerick – Newcastle West		Child and Family Agency, Newcastle West Health Centre, Child Protection and Welfare, Health Centre, Newcastle West, Co. Limerick.	069 66653
Limerick-South Hill		Child and Family Agency, South Hill Health Centre, Child Protection and Welfare, South Hill, Limerick.	061 209985
Limerick-Old Clare St		Child and Family Agency, Rostown Health Centre, Child Protection and Welfare, Old Clare St, Limerick	061 483091
Louth-Dundalk		Child and Family Agency, Social Work Department, The Child and Family Agency Offices, Louth Hospital Campus, Dundalk, Co Louth	042 9392200
Louth-Drogheda		Child and Family Agency, Social Work Department, Ballsgrove Health Centre, Ballsgrove, Drogheda, Co Louth	041 9870111

Mayo-Castlebar	Child and Family Agency, St. Mary's Headquarters, Castlebar, Co. Mayo.	094 9042283
Mayo-Ballina	Child and Family Agency, Ballina Social Work Team, Ballina Health Centre, Mercy Rd, Ballina, Co. Mayo.	096 21511
Mayo-Swinford	Child and Family Agency, Swinford Health Centre, Aras Attracta, Swinford, Co. Mayo.	094 9050133
Meath	Child and Family Agency, Duty Social Work Department, Enterprise Centre, Trim Road, Navan, Co. Meath	046 9097870
Monaghan	Child and Family Agency, 1st Floor, Support Services Building, Rooskey, Monaghan Town, Co. Monaghan.	047 30426/27
Roscommon	Child and Family Agency, Golf links Rd, Co. Roscommon.	090 6637580 090 6637505
Sligo	Child and Family Agency, Markievicz House, Barrack St. Co. Sligo.	071 9155133
Sligo-Tubbercurry	Child and Family Agency, One Stop Shop, Teach Laighne, Humbert St. Tubbercurry, Co. Sligo.	071 9120454 087 9299666
Tipperary-North	Child and Family Agency, Duty and Intake Social Work Department, Civic Offices, Limerick Rd, Nenagh, Co. Tipperary.	06746636 067 46660
Tipperary South	Child and Family Agency, Social Work Team, South Tipperary Community Care Services, Western Rd, Clonmel, Co. Tipperary.	052 6177303
Waterford	Child and Family Agency, Social Work Service, Waterford Community Services, Cork Rd, Co. Waterford.	051 842827
Waterford-Dungarvan	Child and Family Agency, Social Work Department, Dungarvan Community Services, St. Josephs Hospital, Dungarvan, Co. Waterford.	058 20906
Westmeath-Athlone	Child and Family Agency, Social Work Department, Athlone Health Centre, Coosan Rd, Athlone, Co. Westmeath	0906 483106

Appendix 9: Template for Disclosures of Historical Abuse

(For use by the National Counselling Service)

Name of NCS

Private and Confidential

This form must be accompanied by a Standard Report Form

Address to:

Duty Team Leader

Social Work Department

Date: ____/____/____

Re: Disclosure of Historical Abuse

Name of Client Making Disclosure		Date of Birth:	
Address:			
Telephone:		Mobile:	
NCS Service			

Dear XXXXXXXX

The above named adult is attending counselling with the HSE NCS and in the course of his / her counselling has disclosed the following information:

Details of Alleged Abuse

Alleged Abuse [tick all that apply]		Type of Disclosure	
Physical	<input type="checkbox"/>	Planned	<input type="checkbox"/>
Emotional*	<input type="checkbox"/>	Accidental	<input type="checkbox"/>
Sexual	<input type="checkbox"/>	Third Party	<input type="checkbox"/>
Neglect	<input type="checkbox"/>		

*All abuse involves an element of emotional abuse; this category should be used where it is the main or sole form of abuse alleged.

Description of abuse:

Details of Allegations

Name of Alleged Abuser		
Address: (if known)		
Occupation [if known]		
Date/Year/period when abuse is alleged to have taken place		
Age of client when alleged abuse commenced:	Commenced:	Ended:
Relationship of alleged abuser to client (if any):		
Context in which alleged abuse took place:		
Location where abuse is alleged to have occurred:		
Details of any current risk to children [if known]:		

Contact with Child Protection Social Work Services

Contact with Social Work Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Social Worker and Address of Social Work Service where report was made [if known]:		
Date report made [if known]		

Contact with Gardaí

Garda Statement has been made?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name and Address of Garda dealing with this matter [if known]:		
Date report made [if known]		

Additional Information:

Client Consent Information

Client Consents to Report: Yes No

I _____ client of xxx _____ Counselling Service give my consent for the information above to be forwarded to the xxxx _____ social work department

I am willing to be contacted in relation to this report.

Signature:
Date:.....

Contact Details

Full name

Address

Phone No.

Report Submitted by:

Name _____ of Counsellor/Therapist: Signature:	HSE Region Please Specify: Date: ____/____/____
Contact Tel. No.	

Copy to: Director of Counselling

Appendix 10: Contact Details for National Counselling Service for Adults who have Experienced Childhood Abuse

http://www.hse.ie/eng/services/list/4/Mental_Health_Services/National_Counselling_Service/

CHO/Service Area	Name and Address	Freephone	Landline
CHO Area 1	Regional Counselling Service	1800 234 119	071 9142161
Donegal, Sligo/Leitrim/West Cavan, Cavan Monaghan	No 68 John Street, Sligo		
CHO Area 2	Newcastle Counselling Service	1800 234 114	091 528030
Galway, Mayo, Roscommon	58 Upper Newcastle Road		
	Newcastle, Galway		
CHO Area 3	Ré Nua		061 411900
Limerick, Clare, North Tipperary/East Limerick	6 Mt. Vincent Terrace		
	O'Connell Avenue, Limerick	1800 234 115	
CHO Area 4	Harbour Counselling Service; HSE NCS South		021 4861360
Kerry, North Cork, North Lee, South Lee, West Cork	Penrose Wharf	1800 234 116	
	Penrose Quay, Cork		
CHO Area 5	HSE NCS South East		051 359 017
Waterford, Wexford, Kilkenny	Lismore Park Primary Care Centre	1800 234 118	
Carlow, South Tipperary	223 Lismore Park, Waterford		
CHO Area 6	Avoca Counselling Service		
Wicklow, Dun Laoghaire, Dublin South East	First Floor, Centenary House	1800 234 111	01-6637400
	35 York Road		
	Dun Laoghaire, Co. Dublin		
CHO Area 7	Alba Counselling Service		045 448176
Dublin West, Kildare/West Dublin West, Dublin South City, Dublin South West	2 Mc Elwain Terrace	1800 234 112	
	Newbridge, Co Kildare		
CHO Area 8	The Arches Adult Counselling Service	1800 234 113	057 9327141
Laois/Offaly, Longford/ Westmeath	21 Church Street		
	Tullamore, Co Offaly		
Louth, Meath	Rian Counselling Service	1800 234 117	046 9067010
	HSE Dublin North East		
	34 Brews Hill		
	Navan, Co Meath		
CHO Area 9			
Dublin North, Dublin North Central	1 Prospect House		
	Prospect Road		
	Glasnevin		
	Dublin 9		

Appendix 11: Contact Details for HSE National Office for Children First

|National Children First Office |Primary Care Division | Health Service Executive |
|1st Floor | Unit 4 & 5 | Nexus Building | Block 6A | Blanchardstown Corporate Park |Dublin
15|Eircode D15 N5DX

**|An Chead Oifig Naisiunta na Leana|Rannóg Cúraim Phríomhúil|Feidhmeannacht na
Seirbhíse Sláinte|**
|Urlár 1|Aonaid 4 & 5|Foirgneamh Nexus| Bloc 6A|Páirc Chorparáideach Bhaile Bhlainséir|Baile
Átha Cliath 15| Eircode D15 N5DX

| 📞 01 8976100

| ✉ childrenfirst@hse.ie

Appendix 12: Our Duty to Care Fact Sheet 1.

Your organisation's Code of Behaviour should include positive statements about:

- listening to children
- valuing and respecting children as individuals
- involving children in decision-making, as appropriate
- encouraging and praising children

It is important that your behaviour reflects the child-centred ethos of your organisation.

It is also important for the protection of all concerned that staff, volunteers, children and young people have guidelines on what is expected, and what is not accepted, with respect to their behaviour.

Workers should not send or respond to social media contacts from young people and should be very mindful of anything they place on their public social media as young people can freely access such information.

Workers should be very careful with phone, email and contact information and strictly confine communication to official contact details and never personal details.

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 or should 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.

It is recommended that each organisation/group develop a positive attitude amongst workers and children that respects 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.