

**Children First:
National Guidance for the Protection and
Welfare of Children**

Frequently Asked Questions

Amended 5th September 2011

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Section 1:

Children First National Guidance 2011

Q. 1 What is Children First?

Children First is National Guidance that promotes the protection of children from abuse and neglect. It states what organisations need to do to keep children safe, and what different bodies, and the general public should do if they are concerned about a child's safety and welfare. The Guidance sets out specific protocols for HSE social workers, Gardaí and other front line staff in dealing with suspected abuse and neglect. The scope of *Children First* extends beyond reporting to statutory bodies. It emphasises the importance of multi-disciplinary, inter-agency working in the management of concerns about children's safety and welfare. Key to this is the sharing of information between agencies and disciplines in the best interests of children and the need for full co-operation ensure better outcomes. It also highlights procedures and practices that should be in place in organisation working with children to safeguard children from abuse.

Q. 2 Who is it for?

The *Children First* document can be read by anyone but is primarily for HSE social workers, Gardaí and designated Children First Staff working directly with children in different settings across schools, the health sector, clubs and other leisure areas. The National Guidance is relevant to all individuals and

organisations working with children and families in a paid or voluntary capacity.

Children First provides direction and guidance to the two organisations with statutory responsibilities:

- HSE social workers and other professionals involved in the assessment and management of cases of alleged abuse or neglect, and
- The Gardai in undertaking investigations.

Q. 3 Why do we need a new or revised set of Guidance?

Children First was first published in 1999. The principle and substance of this document (2011) are unchanged. The Guidance has been updated to reflect new policy, legislation and organisation (HSE, HIQA, and DCYA). It incorporates lessons from investigations, reviews and inspections over the past decade. This document reflects the growing awareness of the impact of ongoing neglect on children in its guidance; it also includes bullying as a feature of abuse. The Guidance has been edited to ensure there is no confusion of agencies, roles or steps to be taken in the identification and management of concerns.

Q. 4 How will this Guidance make children safer?

Investigations and reviews had agreed that, in general, the original Children First Guidelines were fit for purpose. Gaps and deficits were identified in their consistent implementation and the co-operation of staff across all organisations in the recognition and reporting of concerns and with the ongoing management of cases.

The Minister intends putting Children First on a legislative basis to ensure, as far as possible, compliance by all organisations working with children,

including statutory, private, community and voluntary. The legislation means that all organisations will:

- (i) have a duty to comply with Children First;
- (ii) have a duty to share relevant information in the best interests of the child;
- (iii) have a duty to cooperate with other relevant services in the best interest of the child;

Q. 5 Is Children First available in Irish?

The Children First Guidance is currently being translated into Irish and an Irish language version will be made available on the DCYA and HSE websites and in hard copy as soon as possible.

Q. 6 Where can I get more information?

One hard copy of the *Children First: National Guidance for the Protection and Welfare of Children* will be provided to each garda station, General Practitioner, primary school, secondary school and registered pre-school in the country over the coming weeks.

Hard copies of the Guidance will be available from the Government Publication Office in the near future.

Children First: National Guidance for the Protection and Welfare of Children is available on: www.dcy.gov.ie website and also at www.hse.ie/go/childrenfirst .

A summary leaflet of *Children First* will be available for the general public in the near future.

'Our Duty to Care' is a helpful tool for organisations providing advice practical steps to be taken in relation to safeguarding children they work with and

reducing risk to children while they are attending services. The document is available on www.dcy.a.ie website and also at www.hse.ie/go/childrenfirst .

The HSE plans to brief HSE staff over the coming months and information on this is available from Mr Phil Garland, Assistant National Director with lead responsibility for Children First in the HSE phil.garland@hse.ie and childrenfirst@hse.ie .

Non-HSE organisations should contact the HSE Children First Information and Advice Officers for information on how to receive briefings on *Children First* 2011. A full list of contact names and details are attached to the FAQs which are available on: www.dcy.a.ie and www.hse.ie/go/childrenfirst.

Q. 7 What are the significant differences between Children First 1999 and Children First Guidance 2011?

It is important to note that the substance and principles of the Guidance is unchanged. The Guidance has been updated to bring greater clarity to individuals and organisations seeking assistance in identifying and responding appropriately to child abuse and welfare concerns. In this context much of the background text has been removed to make the Guidance more user friendly. Content has been up-dated where required to reflect the development of new agencies (HSE, HIQA, DCYA) and changes in service delivery, policy and legislation since 1999.

The Guidance also reflects recommendations from recent reports, such as Ryan, Roscommon and others. It also responds to issues raised by the Ombudsman for Children in her investigation into the implementation of the 1999 Children First Guidelines. The revised Guidance also references recent developments such as the introduction of HIQA's "Guidance for the Health Service Executive for the Review of Serious Incidents Including Deaths of Children in Care".

Q. 8 Is the Children First Guidance mandatory?

The Government has approved the preparation of legislation which will provide for Children First National Guidance to be statutorily underpinned in order to ensure compliance by all organisations working with children.

The legislation is now being prepared by the DCYA in line with the Government decision. The legislation will apply to all organisations working with children including statutory, private, community and voluntary organisations.

Q.9 Is this legislation the same as mandatory reporting?

The intention is that the legislation to underpin the provisions in Children First will include a requirement to share relevant information and to cooperate with other services in the best interests of the child. The legislation will therefore reflect a broad based approach with obligations extending beyond reporting to one of overall safeguarding of children considered to be at risk.

Section 2:

The Child Protection and Welfare Practice Handbook

Q.1 What is the Child Protection and Welfare Practice Handbook (CPW Handbook)

The Child Protection and Welfare Handbook has been written as a practice resource to support best practice in frontline Child Protection and Welfare work. It is based on the Children First National Guidance 2011 and sets out the key issues in the areas of recognising abuse, responding to referrals, risk factors, assessment, planning and intervention.

Q.2 Who is the CPW Handbook for?

The handbook will be of use to the whole spectrum of agencies and services who are directly or indirectly involved in the protection and welfare of children. It is written primarily for Children and Families Social Work Practitioners, with Sections 1 & 2 dedicated to Allied Professionals and Volunteers who work with children and their families.

Q.3 What is it for?

The Handbook is intended as a practical resource that is easy to carry and to use as reference when needed. It is divided in five key sections and seeks to support practitioners with key messages from national and international research, findings from inquiries and learning from good practice. It is evidence based but practitioners should refer to the main research document if more in depth information is required. Full references are available in the bibliography.

Please see Section 1.1 for further information on how to use the Handbook.

Q.4 Is the Handbook prescriptive for Social Work practice?

No. The aim of the Handbook is to be an aide to the delivery of consistent safe practice in child protection and to be a support tool for social workers in carrying out their duties. Social workers must at all times rely on their own professional judgement based on experience and theoretical knowledge in decision making.

Q.5 Where can I find the CPW Handbook?

The Practice Handbook will be available on the HSE at www.hse.ie/go/childrenfirst .

Section 3:

Concerned or worried about a child?

Q 1 What is meant by child neglect or abuse?

There are four recognised forms of child abuse:-

- Neglect

- Physical abuse

- Emotional Abuse

- Sexual abuse

Definitions and signs and symptoms of child neglect and abuse can be found on pages 8 to 10 and appendix 1 in the *Children First Guidance 2011*.

Q. 2 Is viewing child pornography 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. Sexual abuse can be contact or non-contact abuse, including sexual exploitation and both the manufacture and viewing of child pornography. Every pornographic image of a child represents an abusive act of a child taking place, which is further compounded by the sharing of the imagery of the abuse with others.

Q. 3 What services deal with child abuse concerns?

Under the 1991 Child Care Act, the HSE and An Garda Síochána are the two key agencies empowered to carry out the assessment and investigation of suspected child abuse, the HSE also provides assessment and support for families where there are welfare concerns..

Q. 4 Who can make a report to the Children and Family social work Department?

Any family member, professional, neighbour or member of the general public can contact their social work department if they have concerns about a child's safety or welfare. Regardless of the source, every referral will follow the same process of assessment

Q. 5 What should I do if I am concerned about a child?

As a member of the public if you have concerns about a child's safety or welfare you should contact your local office of the Children and Family Service of the HSE for advice.

Professionals and those involved in organisations working with children who have concerns about a child should discuss these with the *Children First* designated person in your organisation, or contact the HSE Children and Family Services for advice

If you think a child is in immediate danger and you cannot contact the HSE Child and Family Services you should contact the Gardaí at any Garda Station.

Contact details for HSE Child and Family Services Offices are in Appendix 2 of Children First, and available on www.dcyu.ie or website and www.hse.ie/go/childrenfirst

Q. 6 What should I do if I am concerned about a child and am not sure if I should make a report?

If any person has concerns about the safety or welfare of a child they may consult the Child Protection and Welfare social worker to seek advice. This

process is called 'informal consultation'. The consultation is an opportunity to discuss the query in general and to decide together whether a formal referral is warranted. The consulting party should state that they are not at this point making a referral and therefore do not need to give identifying information until the point that they are advised by the social worker that a referral is warranted

Q.7 What do I do if I have already made a report and the situation changes, with increased risk to a child?

You should contact the social work department involved again to advise them of any new information. Do not assume that because social workers are already involved that they know or are aware of everything. If you have concerns contact the social work department.

Q.8 What is the legal definition of a child in Ireland?

A child is defined under the Child Care Act 1991 as anyone under the age of 18 years who is not married.

Q.9 What is the age of sexual consent in Ireland?

For the purposes of the criminal law, the age of consent to sexual intercourse is 17 years for both boys and girls.

Q.10 What if the underage sexual activity is consensual?

For the purposes of criminal law, the age of consent to sexual activity is 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'.

Q.11 Can child sexual abuse also involve a child abusing another child?

Yes. In many instances, a child may not understand that his or her forceful sexual actions toward another child are harmful. Children who harm others may

or may not have been victimised in some way themselves; Being sexually victimised absolutely does not mean a child will develop sexually abusive behaviours. Most children who are sexually abused never sexually harm another child. However, without proper intervention, a child who has been sexually abused may be more vulnerable to being abused again or to be confused about which behaviours are appropriate.

Q. 12 Why don't children tell if they have been abused?

Children who have been abused or have witnessed abuse face enormous emotional challenges. Young children may not understand that what is happening to them should not be happening, especially if the abuser is a close family member or someone known and trusted by the child. Children may lack the knowledge and language to tell someone about the abuse. Disclosing abuse to an adult is daunting and children may fear the repercussions of disclosure, such as not being believed, being blamed for their abuse. Children may also be grappling with conflicting emotions towards their abuser. Research has shown that children's disclosures of abuse are rarely straightforward and are usually made indirectly. Children may hint that something is wrong either verbally or through their behaviour or play. They may disclose abuse directly and then retract what they have said at a later date.

Children are often threatened by their abuser or told lies about the consequence of disclosing so as to intimidate and frighten them. Children who have been frightened in this way often need reassurance and to feel safe before they will feel able to talk about what has happened to them.

Q. 13 I have been abused as a child, where do I seek advice?

The HSE National Counselling Service is in place to listen to, value and understand those adults who have been abused in childhood. The service is a

professional, confidential counselling and psychotherapy service and is available free of charge in all regions of the country (see www.hse-ncs.ie/en).

The service can be accessed either through healthcare professionals or by way of self-referral (Freephone 1800 477477).

Q. 14 I find child protection and welfare issues distressing, where do I seek support?

If you are already involved in working with a social worker you can discuss your concerns with them. If you have concerns about past abuse that you suffered as a child then you can contact The HSE National Counselling Service.

Section 4:

Parents – What to expect if there is a concern about your child

Q. 1 What is child protection?

The HSE have a duty to assess reports regarding a child's welfare or safety. The Gardaí have a duty to investigate reports regarding the safety and welfare of children.

Usually the assessment takes place where there are concerns that there maybe one or more of the following happening:

- Physical abuse: physical injuries to a child which are not accidental;
- Sexual abuse: sexual abuse by adults or other young people;
- Emotional abuse: emotional ill treatment or rejection of children which affects their emotional and behavioural development;
- Neglect: failure to provide appropriate care or attention to the child's needs including health, food and a safe environment.

Q. 2 What will a social worker do?

In many situations, preliminary enquiries/initial assessment by the social worker may indicate there are child welfare concerns and that the parent(s) or carers may need support to adequately care for the child/children and will arrange for same.

Intervention by way of family support services where child welfare concerns have been identified may help to prevent any deterioration of current difficulties being experienced by a family and assist the development of protective factors.

Family support services, by way of a family support plan, may be delivered formally through the direct services of statutory and voluntary organisations, and informally

through the support of extended families, friends, neighbourhoods, communities, parishes and other local networks. Where support is being provided to a family where there are child welfare concerns, it needs to be coordinated and monitored by the HSE.

The Social Worker may need to assess the child's situation by meeting with the parents of the child, the child and teachers, nurses or other professionals who are in contact with the child or family to assess the safety and welfare of the child. For more detail of the process, see chapter 5 of the Children First Guidance.

Q. 3 Can a parent/Helper ask for help

Parents/carers as well as children themselves may request a child welfare service directly or they may be referred by another source. A request for services should be responded to in a supportive and non-threatening manner. Families should be encouraged to identify their own solutions as much as possible.

Q. 4 What happens when Child Protection and Welfare Social Workers are advised of a concern about my child?

When the social work department receives a referral of a child protection / welfare concern, you will be contacted by a social worker to tell you about the referral and to ask you for your help to carry out an assessment of the concern. The social worker will aim to involve you in the assessment at all times. A social worker will always examine the needs of a child alongside your needs and those of other member of the family.

Q. 5 Will social workers call to my house?

Depending on the situation and the nature of the concerns raised, there could be a need for social workers to visit you and your family in your home. Most of the time, these visits will be agreed by phone and /or letter beforehand. However, depending on the concerns and on the ability to make contact with you, there

could be unannounced visits as well. The purpose of a home visit is to meet in a familiar environment to allow the social worker to form a holistic assessment of what you and your family's needs are.

Q. 6 What is my role as a parent / carer in the social work assessment?

Part of the social work assessment is to hear about what you think about the concerns which have been raised. The social worker will also want to learn about any problems you may have – i.e. with housing, finance, and what difficulties your child may be experiencing. Social workers might also seek information from other professionals who have been involved with you and your children such as schools, public health nurses, G.Ps, Gardaí, etc. This is so that the social worker can arrange, if necessary, appropriate support and help. Social workers want to hear about what is going well and not just about what is not going so well.

Q. 7 What will the social work assessment involve?

All social work assessments of a child protection concern for a child are handled sensitively and with the intention of working in cooperation with parents and carers to address any ongoing worries for the safety of their child. This process may include:

- Talking to you about the concerns and asking for your views.
- Asking for your consent to see the child in question and to interview the child if appropriate.
- Asking for your consent to talk to other people to ask them for their views about the concerns. These people may include your family and professionals who know you and your family.
- Talking to other professionals about the concerns and their involvement with your family. If you have not given your consent and social workers remain worried about your child, the HSE is entitled to seek legal advice on whether to proceed with the assessment.
- Notifying the Gardai, if the report relates to child abuse. In this case, the Gardai may contact you also.

- Removing a child to a place of safety if he / she is in danger. Social Workers cannot remove your child out of the home without your permission unless they obtain a Court Order.
- If social workers believe an adult living in your home poses a risk to your child they will ask them to move out whilst the assessment is ongoing.
- Deciding with you what referrals to other agencies are needed for you, your child or other members of your family.

Q. 8 What happens next?

Once all the facts and information received are considered, the social work department will decide what happens next. This can be any one of the following:

- If social workers decide that your child is not at risk, the social work department may take no further action. The assessment will end and you will be told the case is closed.
- If social workers decide that there is a welfare concern and you or your family need support, this will be offered. The social work department and other professionals, with you, will draw up a family support plan. This may include your participation in meetings with other professionals or a referral for your child to another agency for further assessment and / or support.
- If social workers decide that there is a child protection concern they will call a Child Protection Conference. This meeting will decide whether or not your child's name should be placed on the Child Protection Notification System (CPNS Register) and decide on a Child Protection Plan. This written plan will outline what actions the professionals involved with you and your family will take to ensure the child's continued protection and well-being. The CPNS is a confidential list of all children who are identified as being at ongoing risk. Access to the CPNS is only available on a strictly confidential basis to certain professional personnel who in the course of

their work may have a child protection concern and need to check the CPNS to see if there are existing or have been any past concerns in respect of the safety of the child. When the circumstances causing risk to a child have been resolved the child's details will be closed to the CPNS system.

Q. 9 What are my rights as a parent / carer?

- To be heard
- To be kept informed and involved
- To participate in the thinking and planning to address the concerns
- To seek legal advice
- To ask for explanations
- To be supported
- To access to the HSE complaints process if you are dissatisfied with the services made available to you and your child
- To have an interpreter (if you have difficulty communicating in English or if your hearing is impaired)
- To have your cultural and religious background taken into account.

Q. 10 What are my child's rights?

- To be heard and taken seriously
- To have their views and feelings taken into account
- To be protected
- To be supported
- To ask for explanations
- To complain access to the HSE complaints process if they are dissatisfied with the services made available to them
- To be kept involved and informed, according to his / her age and understanding

Q. 11 What if I am unhappy with the service I have received?

HSE Children and Families Services is committed to ensuring the safety and welfare of all children/young people with whom we work. The HSE has put in place a complaints procedure to cover any situations which may arise, when children/young people or their parents/guardians are dissatisfied with decisions made by HSE Children and Families Services. There are 4 stages of seeking to resolve the complaint.

Stage 1: Local resolution where e.g. the parent and social worker seek to resolve the complaint;

Stage 2: the Local complaint officer conducts a review investigation (this may be the Principal Social Worker)

Stage 3: The complaint is referred to the Director of Advocacy who appoints an Independent Reviewer to conduct a Review

Stage 4: Complainant advised to seek a review by the Office of the Ombudsman / Ombudsman for Children if they remain dissatisfied following the internal review at Stage 3.

When dealing with families who are dissatisfied with decisions made by Children and Families Services it is important that the families are aware of the complaints and appeals process. Further information is available on the HSE Website:

[http://www.hse.ie/eng/services/Publications/Your Service, Your Say Consumer Affairs/Policies/Feedback.html](http://www.hse.ie/eng/services/Publications/Your_Service,_Your_Say_Consumer_Affairs/Policies/Feedback.html)

Section 5:

Professionals (other than social workers or An Garda Síochána) or volunteers working with children

Q 1 What do I do if I am concerned about a child?

Everyone must be alert to the possibility that children with whom they are in contact may be suffering from abuse or neglect. This responsibility is particularly relevant for professionals such as teachers, child care workers, health professionals and those working with adults with serious parenting difficulties. It is also an important responsibility for staff and people involved in sports clubs, community activities, youth clubs, religious/faith sector and other organisations catering for children.

The HSE Children and Family Services 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.

Child protection concerns should be supported by evidence that indicates the possibility of abuse or neglect.

A concern about a *potential risk* to children posed by a specific person, even if the children are unidentifiable, should also be communicated to the HSE Children and Family Services.

The guiding principles in regard to reporting child abuse or neglect may be summarised as follows:

- (i) the safety and well-being of the child must take priority;
- (ii) reports should be made without delay to the HSE Children and Family Services.

Q. 2 What constitutes reasonable grounds for concern?

- 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 the perpetrator of an alleged abuse
- A specific indication from a child that s/he 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.

Q. 3 How do I make a report

Any person may report a child abuse or neglect concern to the HSE Children and Family Services. A report can be made in person, by telephone or in writing. **Contact numbers for all HSE offices nationwide are given in Appendix 2 of the national guidance and are also available on the HSE website (www.hse.ie/go/childrenfirst) or through the HSE LoCall Tel. 1850 241850.**

Before deciding whether or not to make a formal report, you may wish to discuss your concerns with a health professional or directly with the HSE Children and Family Services (*see HSE contacts in Appendix 2*).

The Standard Report Form for reporting child welfare and protection concerns to the HSE should be used by **professionals, staff and volunteers in organisations working with or in contact with children, or providing services to children** or families when reporting child protection and welfare concerns to the HSE Children and Family Services. If a report is made by telephone, this form should be completed and forwarded subsequently to the HSE.

The HSE will follow up on all referrals, even if the Standard Report Form has not been used.

Q. 4 Where do I get a Standard Report form?

The Standard Report form is available from social work offices and appendix 3 of Children First.

Q. 5 Should I receive an acknowledgment from the social work department when I make a report?

There is an expectation that a written acknowledgement of a referral will be sent to any professional who reports a concern.

Where a member of the public reports a concern it would not be usual for any written acknowledgement to be sent to them unless they specifically asked for one. However a discussion about the care and protection of children and information in respect of the likely general steps to be taken will be held between the social worker and the referrer.

Q. 6 What should I do if I do not receive a referral/report from the social work department after I have made a referral/report?

Professionals who make reports should be kept updated and informed about the outcomes of any enquiry within the normal limits of confidentiality.

In situations where a professional is concerned in respect of a lack of response from the social work department, they should make contact either by telephone or in writing with the Principal Social Worker responsible and explain their concern.

Q. 7 Will I be identified as the person that reported a concern about a child?

The Protections for Persons Reporting Child Abuse Act 1998 makes provision for the protection from civil liability of persons who have communicated child abuse 'reasonably and in good faith' to the HSE or to any member of An Garda Síochána. This protection applies to organisations as well as to individuals. This means that even if a communicated suspicion 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.

Anonymous reports will be acted on and where required investigated by the social work department.

Professional staff are expected to understand that the effective protection of a child often depends on the willingness of the staff in statutory and voluntary organisations involved with children to share and exchange relevant information. It is therefore critical that there is a clear understanding of professional and legal responsibilities with regard to confidentiality and the exchange of information.

All information regarding concern or assessment of child abuse or neglect will be shared on 'a need to know' basis in the interests of the child with the relevant statutory authorities.

Q. 8 What are my rights to confidentiality?

No undertakings regarding secrecy can be given. Those working with a child and family will make this clear to all parties involved, although they can be assured that all information will be handled taking full account of legal requirements. The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection. For detailed guidance, refer to Children First National Guidance, 2011, paragraphs 3.9; 5.15; 7.12.

Q. 9 What happens after I make a report?

Reports about a child protection concern will be evaluated by the receiving social worker and their Team Leader. Where it is deemed that there is sufficient concern to warrant further assessment, the social worker will make additional enquiries and begin the process of determining the level of risk to the child and the required service response.

Q. 10 What if I am not happy with the response to my concern about a child?

HSE Children and Families Services is committed to ensuring the safety and welfare of all children/young people with whom we work. The HSE has put in place a complaints procedure to cover any situations which may arise, when children/young people or their parents/guardians are dissatisfied with decisions made by HSE Children and Families Services. There are 4 stages of seeking to resolve the complaint.

Stage 1: Local resolution where e.g. the parent and social worker seek to resolve the complaint;

Stage 2: the Local complaint officer conducts a review investigation (this may be the Principal Social Worker)

Stage 3: The complaint is referred to the Director of Advocacy who appoints an Independent Reviewer to conduct an Review

Stage 4: Complainant advised to seek a review by the Office of the Ombudsman / Ombudsman for Children if they remain dissatisfied following the internal review at Stage 3. When dealing with families who are dissatisfied with decisions made by Children and Families Services it is important that the families are aware of the complaints and appeals process. Further information is available on the HSE Website:

<http://www.hse.ie/eng/services/Publications/Your Service, Your Say Consumer Affairs/Policies/Feedback.html>

Q. 11 What should I do if I am a volunteer or work in an organisation with a designated liaison person

The designated liaison person is responsible for ensuring that the standard reporting procedure is followed, so that suspected cases of child neglect or abuse are referred promptly to the HSE Children and Family Services or in the event of an emergency and the unavailability of the HSE, to An Garda Síochána

You can discuss your concern with the designated liaison person and that person will be responsible for making the report. If the designated liaison person decides not to make a report, you may still make a report directly to the HSE Children and Family Social Work Department. You will be protected by the Protection for Persons Reporting Child Abuse Act, 1998 from both civil liability and penalisation by your employer.

Q. 12 What is a Designated Liaison Person

Every organisation, both public and private, that is providing services for children and families or that is in regular direct contact with children should 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.

The designated liaison person is responsible for ensuring that the standard reporting procedure is followed, so that suspected cases of child neglect or abuse are referred promptly to the HSE Children and Family Services or in the event of an emergency and the unavailability of the HSE, to An Garda Síochána.

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.

Q. 13 What is the difference between a Designated Officer and a Designated Liaison Person?

A designated liaison person is a person within an individual organisation with responsibility for child welfare and protection issues.

Designated Officers are officers of the HSE mandated to receive reports of child abuse under the Protections for Persons Reporting Child Abuse Act 1998. Members of An Garda Síochána may also receive such reports.

Q. 14 I work with children, do I need Garda vetting?

All HSE employees are now subject to Garda vetting and it is best practice in the voluntary and community sector. All organisations working with or providing services for children should be familiar with Children First and any new guidelines that may be produced must be consistent with it. All organisations providing services to children should have a policy for ensuring children's safety and this could include a Garda vetting process. The organisation needs to be registered with the Garda Central Vetting Unit.

Q. 15 How do I have my staff Garda vetted?

The Garda Central Vetting Unit conducts Garda Vetting for organisations that have been registered with it. The Unit is the single point of contact in An Garda Síochána to conduct Garda Vetting.

Garda vetting is conducted in respect of personnel working in a full-time, part-time, voluntary or student placement capacity in a position in a registered organisation, through which they have unsupervised access to children and/or vulnerable adults. Garda Vetting is conducted only on behalf of registered organisations and is not conducted for individual persons on a personal basis.

If you are an organisation seeking Garda Vetting for your personnel, the Chief Executive Officer or Managing Director of the organisation should write to the Garda Central Vetting Unit providing the following details:

- A description of the service provided by the organisation
- The approximate number of personnel requiring vetting per annum
- The level of substantial unsupervised access personnel will have to children and/or vulnerable adults
- Any additional relevant information e.g. organisational literature or certificates of registration in respect of charitable status

On receipt of this information, the Garda Central Vetting Unit will respond directly to the applicant organisation.

If you are an individual who has been requested by an organisation to get Garda Vetting you should advise the organisation of the above procedure.

You can access further information on www.garda.ie/Controller

Q. 16 What is 'reckless endangerment'?

The Criminal Justice Act 2006 provides for a new offence of reckless endangerment of children. This came into effect on 1 August 2006. This offence may be committed by a person who has authority or control over a child or an abuser and who intentionally or recklessly endangers a child by:

- causing or permitting any child to be placed or left in a situation which creates a substantial risk to the child of being a victim of serious harm or sexual abuse or
- failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation.

Q. 17 What responsibility do organisations have?

All organisations including Government Departments, schools, health services, religious bodies, public sector agencies, clubs and leisure sector, funded organisations, private and voluntary bodies that are in contact with or providing

services to children have an overall corporate duty and responsibility to safeguard children by:

- promoting the general welfare, health, development and safety of children;
- adopting and consistently applying a safe and clearly defined method of recruiting and selecting staff and volunteers;
- developing guidance and procedures, in accordance with Children First: National Guidance, for staff and volunteers who may have reasonable grounds for concern about the safety and welfare of children involved with the organisation;
- identifying 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 and welfare concerns. The designated liaison person is responsible for reporting allegations or concerns of child abuse or welfare to the HSE Children and Family Services or to An Garda Síochána;
- ensuring that the organisation has clear written procedures on the action to be taken if allegations of abuse against employees/volunteers are made;
- raising awareness within the organisation about potential risks to children's safety and welfare;
- developing effective procedures for responding to accidents and complaints;

Organisations should refer to the HSE where they are concerned about a child's welfare and co-operate with the statutory bodies in the ongoing assessment and management of the case.

Q. 18 What do I do if there is an allegation made about me?

If you are subject of an allegation, you have a right to discuss this allegation with the social worker who is looking into the concern. It is always better to be open and cooperative so as to assist any assessment that the social worker is undertaking and to avoid misunderstanding. This will allow the social worker the best opportunity to determine whether there is an ongoing risk to the child.

Q. 19 What are my rights if a false allegation of child abuse is made against me?

Where it can be proved that a person has knowingly made a false report they are liable to prosecution under the Protections for Persons Reporting Child Abuse Act 1998.

Q. 20 What are my rights if I am named in a report?

Under the Freedom of Information Acts 1997 and 2003, members of the public have a right of access to records concerning them held by any public body and a right to have official information about themselves amended where it is incorrect, incomplete or misleading. Members of the public also have a right to be given reasons for decisions made concerning them.

Requests to see records are processed in the first instance through the public body that holds the records. In the event of refusal of access, the decision may be appealed and the ultimate arbiter is the Information Commissioner. At present, these Acts apply to the HSE, but not to An Garda Síochána.

Section 6

Training and advice for staff and volunteers working with Children

HSE STAFF

Q. 1 Where do I access Children First Basic Level Training?

Children First Basic Level Training can be accessed through your local HSE Child Care Training Units, please see Appendix 1.

Q. 2 Which version of Children First is the Basic Level Children First Training based on?

Children First Basic Level Training has been updated and is based on Children First Guidance 2011.

Q. 3 I have never attended Children First Basic Level Training; do I need to attend Children First Basic Level Training?

All new and existing HSE staff that has not yet received Children First Basic Level Training is required to attend this training.

Q. 4 Do I need to attend a full day Children First Basic Level training if I have already received this training?

HSE Briefing will be provided to Heads of Discipline on the revised Children First, Guidance 2011 who in turn will brief their own staff teams. If you have previously attended Children First training then the briefing on the revised version will be sufficient. However, if you feel that you would benefit from attending Children First Basic Level training again then please discuss this with your line

manager and this can be arranged directly with your local Child Care Training Unit.

Q. 5 As a manager am I required to facilitate my staff to attend Children First Basic Level Training?

All HSE managers of new and existing staff who have not received Children First Basic Level Training should facilitate them to attend the training. Any HSE staff member that feels that they would benefit from attending Children First Basic Level Training again should also be facilitated to attend.

Q. 6 Is Children First Basic Level training mandatory for HSE Staff?

There is a statutory responsibility on the HSE to protect children. This corporate responsibility devolves to all employees of the HSE. The HSE outlines those responsibilities in the policy 'Staff Responsibility for the Protection and Welfare of Children 2010'. Children First National Guidance 2011 states that: "All relevant staff should be trained in the recognition of signs of abuse and what immediate action to take." Children First Basic Level Training is the national standardised training course to familiarise staff with their responsibilities under Children First and therefore should be attended by all staff that come in contact with children and families through their work.

Q. 7 Can the HSE Child Care Trainers come and train my staff on-site?

Children First Guidance 2011 states that training should be delivered on a multidisciplinary interagency basis so that the key learning that takes place results from discussion and the sharing of knowledge, experience and perspectives across disciplines and services. However on-site training that is multidisciplinary can be considered.

Q. 8 How often do I need to receive Children First Training?

If you have never attended Children First Basic Level Training then you should attend the course. From 2012 onwards the best practice recommendation will be

that, having attended the basic level training, you should attend an update every three years. Based on your manager's recommendation this may be either attendance on a refresher course or a full day Children First Basic Level Training.

Q. 9 How long is the Children First Basic Level training?

Children First Basic Level Training is a one day course provided by your local HSE Child Care Training Unit.

Q. 10 How can I access additional HSE training in child protection and welfare?

Additional training in child protection and welfare is provided by your local HSE Child Care Training Unit. Please contact your line manager to seek approval to attend. Please see Appendix 1.

Non HSE Staff Training

Q. 1 I do not work for the HSE but I work with children and families and require Children First Training, how do I access training?

You should check with your own service first to see what training is provided. If you have difficulty accessing training in your own service then please contact your local Children First Information and Advice Officer for advice. See Appendix 2 of this document.

Appendix 1

HSE Child Care Training Contacts

National Team for HSE Child Care Training:

Caroline Cullen, National Specialist
Majella Loftus, National Education and Training Officer
Marion Martin, National Training & Development Officer
HSE National Children and Family Services
Phone no. 061-310437

HSE Dublin Mid-Leinster (DML) Child Care Training
Pat Osborne, DML Regional Representative for Child Care Training, Health Centre, Arden Road, Tullamore, Co. Offaly. Phone no. 057-9359591

Name	Title	Address	Phone Contact
Mary J Egan	Training Officer	Block B, Civic Centre, Main Street, Bray, Co. Wicklow	01-2744294
Eithne Dawson	Training Officer	Block B, Civic Centre, Main Street, Bray, Co. Wicklow	01-2744254
Joyce Murray	Training Officer	Block B, Civic Centre, Main Street, Bray, Co. Wicklow	01-2744254
Theresa Barnett	Training Officer	Brickfield House, Brickfield Drive, Crumlin, Dublin 12	01-4156961
Fionnuala Greening	Training & Development Manager	Unit 4, Central Business Park, Clonminch, Tullamore, Co. Offaly	057-9357842
Marian Weever	Training Officer	Unit 4, Central Business Park, Clonminch, Tullamore, Co. Offaly	057-9357842

HSE Dublin North-East (DNE) Child Care Training
Paul Fitzgibbon, DNE Regional Representative for Child Care Training, Park House, North Circular Road, Dublin 1. Phone no. 01-8823428

Name	Title	Address	Phone Contact
Paul Fitzgibbon	Training Manager	Park House, North Circular Road, Dublin 1	01-8823428
Leon Ledwidge	Training Officer	Park House, North Circular Road, Dublin 1	01-8823440
Mary Meyler	Training Officer	Swords Business Campus,	01-8131800

		Balheary Road, Swords, Co. Dublin	
Pat Quinn	Training Officer	Park House, North Circular Road, Dublin 1	01-8823459
Jan Davis	Training Officer	Park House, North Circular Road, Dublin 1	01-8823483
Marian Durand	Training Officer	St. Brigid's Complex, Kells Road, Ardee, Co. Louth	041-6860094
Kerry Mullen	Training Officer	St Davnet's Hospital, Ward 9, Rooskey, Monaghan, Co. Monaghan	047-81619
Margaret Costello	Training & Development Officer Prevention of Violence Against Women	St. Brigid's Complex, Kells Road, Ardee, Co. Louth	041-6860092

HSE South Child Care Training

Fran O'Grady, South Regional Representative for Child Care Training, Upper Floor, Community Hospital, New Ross, Co. Wexford. Phone no. 051-440256

Name	Title	Address	Phone Contact
Fran O'Grady	Regional Child Care Training Co-ordinator	Upper Floor, Community Hospital, New Ross, Co. Wexford	051-440254
Una McHale	Training Officer	Upper Floor, Community Hospital, New Ross, Co. Wexford	051-440267
Peggy Healy	Training Officer	Upper Floor, Community Hospital, New Ross, Co. Wexford	051-440259
Doreen Thomson	Training Officer	Upper Floor, Community Hospital, New Ross, Co. Wexford	051-440258
Marie MacSweeney	Training Officer	The Old Post Office, Bandon, Co. Cork	021-4858598
Hans Maas	Training Officer	The Old Post Office, Bandon, Co. Cork	023-8842483

HSE West Child Care Training

Michael Gallagher, West Regional Representative for Child Care Training, Children's Services, Butt Building, Ballybofey, Co Donegal. Phone no. 074-9189022

Name	Title	Address	Phone Contact
Michael Gallagher	Training Manager	Butt Building, Ballybofey, Co Donegal	074-9189022
Louise Alcorn	Training Officer	Garden Centre Complex, St. Conal's Hospital, Letterkenny, Co. Donegal	074-9104446
Kevin Montgomery	Training Officer	St. Conal's Hospital, Letterkenny, Co. Donegal	074-9109139
Breege Mangan	Training Officer	Markievicz House, Sligo	071-9155181
Caroline Duignan	Training Officer	Abbeytown House, Abbey Street, Roscommon.	090-6626732
Janice Mulvany-Glennon	Training Officer	Merlin Park, Galway	091-775307
John Langan	Training Officer	Merlin Park, Galway	091-775307
Meetje Swellengrebel	Training Officer	Room 33, St. Mary's Hospital, Castlebar, Co. Mayo.	094-9042076
Blair McClure	Training Co-ordinator	SE Wing, St. Joseph's Hospital, Mulgrange Street, Limerick	061-461341
Eileen McNamara	Training Officer	SE Wing, St. Joseph's Hospital, Mulgrange Street, Limerick	061-461375
Ann Marie Quigley	Training Officer	SE Wing, St. Joseph's Hospital, Mulgrange Street, Limerick	061-461342

Appendix 2

Children First Information and Advice Officers

Name	Area	Contact Address	Contact Numbers
Jan Perrin Edwina Flavin	HSE Dublin Mid- Leinster Dublin South City, Dublin South West, Dublin West Kildare, West Wicklow	Children and Families, Training and Development Unit, Unit 4044 City West Business Campus, Saggart, Co Dublin.	Phone: (01) 4691720 Fax No: (01) 4691728 edwina.flavin@hse.ie jan.perrin@hse.ie
Lorraine Egan	HSE Dublin Mid- Leinster LHOs: Dublin South (Dún Laoghaire); Dublin South East; Wicklow	Block B, Civic Centre Main St. Bray, Co Wicklow	Phone: (01) 2744273 Fax No: (01) 2744287 lorraine.egan@hse.ie
Charney Weitzman	HSE Dublin Mid- Leinster LHOs Longford/Westmeath & Laois/Offaly	Top Floor, Primary Care Unit, St. Loman's Campus, Springfield, Mullingar, Co. Westmeath	Phone: 044-939-5510 charney.weitzman@hse.ie
vacant	HSE Dublin North East LHOs Dublin North West; Dublin North Central; Dublin North	Child Care & Development Unit, 3rd Floor, Park House, North Circular Road, Dublin 7	Phone : (01) 8823433 Fax No: (01) 8823491
Deirdre Horan- Martin	HSE Dublin North East Cavan/Monaghan	Office of the Local Health Manager HSE PCCC Cavan & Monaghan Rooskey, Monaghan	Phone: (047) 30470 Fax No: (047) 38532 deirdrem.horanmartin@hse.ie

Kathryn Morris	HSE Dublin North East Meath	Child Care Services Enterprise Centre Trim Rd Navan, Co Meath	Phone: (046) 9097846 Fax No: (046) 9097900 kathryn.morris@hse.ie
Anne Purcell	HSE South Carlow, Kilkenny, Wexford, Waterford, South Tipperary	Health Centre, Castlehill, Carlow	Phone:(059)9133797 Fax No: (0503) 9133530 ann.purcell@hse.ie
Margaret Fitzgerald Sheelagh Broderick Maureen Crowley	HSE South North Lee, North Cork, Kerry South Lee, North Lee West Cork, Kerry	Children First Department Unit 4 South Ring Business park Kinsale Road Cork	Phone: (021) 4927250 margareta.fitzgerald1@hse.ie sheelagh.broderick@hse.ie maureen.crowley@hse.ie
Brid Burke	HSE West Galway	Children First Advice & Information Officer Family Support Services West City Centre Seamus Quirke Rd, Galway	Phone: (091) 548440 Fax No: (091) 524226 brid.burke@hse.ie
Sandra Claxton	HSE West Roscommon, Mayo	Primary, Community & Continuing Care, 2nd Floor, St Mary's Headquarters, Castlebar, Co. Mayo	Phone: (094) 90 42579 Fax No: (094) 90 20452 sandra.claxton@hse.ie

Noreen Herron	HSE West Sligo, Leitrim, Donegal, Cavan	Markievicz House, Barrack Street, Sligo	Phone: (071) 9155181 Fax No: (071) 9155131 noreen.herron@hse.ie
Jan Godfrey	HSE West Clare	River House, Gort Road, Ennis, Co Clare	Phone: (065) 6863919 Fax No: (065) 6863983 jan.godfrey@hse.ie
Anne Murray	HSE West Limerick	87 O'Connell St., Limerick	Phone : (061) 483520 Fax No: (061) 468902 annem.murray@hse.ie
Laura Nee	HSE West Tipperary North	Child Care Manager's Dept, Annbrook, Limerick Road, Nenagh, Co. Tipperary	Phone: (067) 38314 Fax No: (067) 38301 laura.nee@hse.ie