



***AN ROINN COSANTA
DEPARTMENT OF DEFENCE***

***CIVIL DEFENCE
CHILD PROTECTION POLICY***

***PROTECTION OF CHILDREN AND
YOUNG PEOPLE***



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CHILD PROTECTION POLICY STATEMENT

Civil Defence is committed to ensuring the protection of children and young persons. Civil Defence accept that the welfare of the Child is first and paramount. This Child Protection Policy has been developed to ensure consistency in our approach to interaction with such groups and to safeguard the rights of all Civil Defence Members.

Children have a right to be heard, listened to and taken seriously, taking account of their age and understanding, they should be consulted and involved in all matters and decisions that may affect their lives.

The policy also serves as a Guidance Document to Local Authorities in the development of safe management practices. Together with the Civil Defence's Garda Vetting Policy, it aims to promote good practice and procedures which will ensure the welfare and integrity of all members of the Civil Defence organisation.

This policy will be reviewed by the Policy and Planning unit of the Civil Defence Branch every 2 years, or more regularly if required.

DEFINITION AND RECOGNITION OF CHILD ABUSE

Child abuse can be categorised as follows:

- Neglect
- Emotional abuse
- Physical abuse
- Sexual abuse.

A child may be subjected to more than one form of abuse at any given time. The National Guidance for the Protection and Welfare of Children – Children First, published by the Department of Children and Youth Affairs in 2011 - have adopted the following definitions of child abuse:

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 and development of a child. Whether it is significant is determined by the child's health and development as compared to that which could be 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 for supervision and safety. A child whose height or weight is significantly below average may be deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.

The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

EMOTIONAL ABUSE

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

- (i) The imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
- (ii) conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
- (iii) emotional unavailability by the child's parent/carer;
- (iv) Unresponsiveness of a parent/carer and /or inconsistent, or inappropriate expectations of a child;
- (v) Premature imposition of responsibility on a child;

- (vi) Unrealistic or inappropriate expectations of a child's capacity to understand something or to behave and control himself/herself in a certain way;
- (vii) Under or over-protection of a child;
- (viii) Failure to show interest in, or provide age-appropriate opportunities for, a child's cognitive and emotional development;
- (ix) Use of unreasonable or over-harsh disciplinary measures;
- (x) Exposure to domestic violence.
- (xi) 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, unhappiness, low self-esteem, educational and development underachievement, and oppositional behavior. 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 incidents.

Physical abuse can involve:

- (i) Severe physical punishment;
- (ii) Beating, slapping, hitting or kicking;
- (iii) Pushing, shaking or throwing;
- (iv) Pinching, biting, choking or hair-pulling;
- (v) Terrorizing with threats;
- (vi) Observing violence;
- (vii) Use of excessive force in handling;
- (viii) Deliberate poisoning;
- (ix) Suffocation;
- (x) Fabricated/induced illness (see appendix 1 for details);
- (xi) 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 a child or involvement of the child in the 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, modeling or posing for the purpose of sexual arousal, gratification or sexual act, 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 between an adult and a child under 17 years. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years. This means, for example, that sexual intercourse between a 16 year old girl and her 17 year old boyfriend is illegal, although it might not be regarded as constituting child sexual abuse.

It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offence of sexual assault.

SEE Appendix 1: Signs and symptoms of child abuse

THE ROLE OF THE DESIGNATED LIAISON PERSON

In Civil Defence the Designated Liaison Person is the Civil Defence Officer or a Designated Liaison Person nominated by the Civil Defence Officer.

In accordance with Section 3.3 of *Children First: National Guidance* (2011),

Every organisation that is providing services for children 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 volunteer who has child protection concerns. Therefore, each Civil Defence unit should make all their volunteers aware of the Designated Liaison Person in their area and the Deputy Designated Liaison Person and their contact details. A list of DLP's is attached in Appendix 4.

- The Designated Liaison Person should be familiar with *Children First: National Guidance* (2011).
- 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' Duty Social Work Service (who have statutory responsibility to investigate and assess suspected or actual child abuse) by using the Standard Reporting Form. The Designated Liaison Person will keep a supply of Standard Reporting Forms. The Standard Reporting Form can be accessed:

- Directly from Children and Family Services at

www.hse.ie/eng/services/Find_a_Service/Children_and_Family_Services/childrenfirst/

- Downloaded from www.hse.ie/go/childrenfirst or www.worriedaboutachild.ie
- 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.
- The Designated Liaison Person may receive reports of suspected abuse or they may have concerns about a child's safety and welfare. It is their responsibility to ensure that they are fully conversant with Civil Defence's duties to the protection and welfare of children. They must also ensure that they know Civil Defence's Child Protection policy and they have the most up to date version.,
- The Designated Liaison Person should be aware of the need to share their concerns or seek advice from the HSE, make a formal report and cooperate in whatever way possible, including attending at meetings, in order to share information and contribute to good decision-making.

REPORTING SUSPECTED, DISCLOSED OR ALLEGED ABUSE

It is **not** the responsibility of anyone within the Civil Defence organisation, whether in a paid or voluntary capacity, to take responsibility or decide whether or not child abuse is taking place. However, there is a responsibility to protect minors in order that appropriate agencies can then make enquiries and take any necessary action to protect the young person.

Recognising child abuse is not easy and should therefore be left to those with the necessary skills and training, i.e. HSE child protection and welfare professionals. It is the function of the HSE Children and Families Duty Social Worker to carry out a comprehensive report and **All investigations of accusations must be left to them.**

Child abuse is a difficult subject, and it is understandable that people may at times be reluctant to acknowledge its existence. Members of the public or professionals may be afraid of being thought insensitive, afraid of breaking confidence or afraid of being disloyal if they report suspected child abuse to the HSE or An Garda Síochána. However, early intervention may reduce the risk of serious harm occurring to a child in the future. Persons uncertain about the validity of their concerns may discuss them with a HSE social worker or public health nurse. This may enable them to decide whether or not to make a formal report.

The Protection for Persons Reporting Child Abuse Act, 1998 provides immunity from civil liability to persons who report child abuse "reasonably and in good faith" to the HSE or the Gardai. The main provisions of the Act are:

- Immunity from civil liability to any person who reports child abuse "reasonably and in good faith" to designated officers of the HSE or any member of An Garda Síochána;

- Significant protections for employees who report child abuse. These protections cover all employees and all forms of discrimination up to and including, dismissal.

Giving information to HSE/An Garda Síochána for the protection of a child does not constitute a breach of confidentiality.

- If a Civil Defence Member is concerned about a child's safety or welfare the situation should be dealt with as follows:
 - Observe and note dates, times, locations and contexts in which the incident occurred or suspicion was aroused, together with any other relevant information.
 - Discuss these concerns with the child, their parent or a colleague. Concerns should only be checked out / discussed with the parent if this would not pose any threat or further danger to the child. Members should discuss this with the DLP if unsure. All concerns and discussions are recorded.
 - Report the matter immediately to the Designated Liaison Officer on the Civil Defence Internal Reporting Form (Appendix 3) and record that they have reported the matter.
- In the event of an emergency where the DLP thinks that a child is in immediate danger and they cannot get in contact with the HSE Children and Family Services' Duty Social Worker (**Appendix 2**), they should contact An Garda Síochána.
- If a person reports suspected child abuse to the DLP, it is the DLP's responsibility in the first instance is to establish, in consultation with the individual who has raised the concern, if reasonable grounds for concern exist.
- The information given to DLP should be forwarded without delay to the HSE Children and Family Services' Duty Social Worker if reasonable grounds for concern exist, regardless of whether the source wishes to be identified or not. This report should be made on the HSE Standard Reporting Form. The source should be made aware that you will be reporting the information.

Reasonable Grounds for concern

- An injury or behavior 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 a child being abused.
- Evidence (e.g. injury or behavior) that is consistent with abuse and unlikely to have been caused in any other way.
- Retrospective disclosure by an adult.
- If the DLP are unsure whether the concern constitutes reasonable grounds for concern, they may consult informally with the Duty Social Worker.

- A suspicion, which is not supported by any objective indication of abuse or neglect, would not constitute a reasonable suspicion or reasonable grounds for concern. However, these suspicions should be recorded or noted internally by the DLP as future suspicions may lead to the decision to make a report and earlier suspicions may provide important information for the HSE or An Garda Síochána.
- Where the DLP decides not to pass on the concern brought to their attention to the HSE or An Garda Síochána, they must inform the person of this and give them a clear written statement as to why the DLP is not taking action. The Volunteer must also be advised that if they remain concerned about a situation, they are free as individuals to consult with, or report to, the HSE or An Garda Síochána. The provisions of the Protections for Persons Reporting Child Abuse Act 1998 apply once they communicate “reasonably and in good faith”.
- A DLP who suspects child abuse or neglect should inform the parents/carers if a report is to be submitted to the HSE Children and Family Services or to An Garda Síochána, unless doing so is likely to endanger the child.
- The DLP should inform the Civil Defence Officer and the Assistant Principal in Policy and Planning Section at Civil Defence Head Quarters that a report has been submitted. No details of any kind should be given. Reports are made to local HSE Children and Families Duty Social Worker.
- Potential risks to unidentifiable children should be reported, e.g. in the case of retrospective disclosure of abuse by an adult.
- Civil Defence Officers/Senior members of the organisation are receiving training in CISM (Critical Incident Stress Management). A DLP can go to them for support if they are dealing with a child protection and welfare concern or disclosure.
- Section 176 of the Criminal Justice Act 2006 introduced the criminal charge of “reckless endangerment of children”. It states:
A person, having authority or control over a child or abuser, who intentionally or recklessly endangers a child by-
 - (a) 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
 - (b) Failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation, is guilty of an offence”

The penalty for a person found guilty of this offence is a fine (no upper limit) and/or imprisonment for a term not exceeding 10 years.
- In the event of any member of staff or a volunteer of Civil Defence receiving information in respect of a suspicion of child abuse/welfare from a third party, this must be reported to the local Social Work Service, which will then investigate the concerns. If the volunteer believes that reasonable grounds for concern exist, the information should be forwarded to the Duty Social Worker regardless of whether the source wishes to be identified or not. The source must be made aware that you will be reporting the information and it will be acted upon in the usual manner. Third parties may be asked to be interviewed as part of assessment of the family.

RESPONDING TO A CHILD THAT DISCLOSES ABUSE

- Remember, a child may disclose abuse to you as a trusted adult at any time during your work with them. It is important that you are aware and prepared for this.
- Be as calm and natural as possible.
- Remember that you have been approached because you are trusted and possibly liked. Do not panic.
- Be aware that disclosures can be very difficult for the child.
- Remember, the child may initially be testing your reactions and may only fully open up over a period of time.
- Listen to what the child has to say. Give them the time and opportunity to tell as much as they are able and wish to.
- Do not pressurise the child. Allow him or her to disclose at their own pace and in their own language.
- Conceal any signs of disgust, anger or disbelief.
- Accept what the child has to say – false disclosures are very rare.
- It is important to differentiate between the person who carried out the abuse and the act of abuse itself. The child quite possibly may love or strongly like the alleged abuser while also disliking what was done to them. It is important therefore to avoid expressing any judgment on, or anger towards, the alleged perpetrator while talking with the child.
- It may be necessary to reassure the child that your feelings towards him or her have not been affected in a negative way as a result of what they have disclosed.
- When asking questions, questions should be supportive and for the purpose of clarification only.
- Avoid leading questions, such as asking whether a specific person carried out the abuse. Also, avoid asking about intimate details or suggesting that something else may have happened other than what you have been told. Such questions and suggestions could complicate the official investigation.
- Confidentiality – Do not promise to keep secrets
- At the earliest opportunity, tell the child that:
 1. You acknowledge that they have come to you because they trust you.
 2. You will be sharing this information only with people who understand this area and who can help. There are secrets, which are not helpful and should not be kept because they make matters worse. Such secrets hide things that need to be known if people are to be helped and protected from further ongoing hurt. By refusing to make a commitment to secrecy to the child, you do run the risk that they may not tell you everything (or, indeed, anything) there and then. However, it is better to do this than to tell a lie and ruin the child's confidence in yet another adult. By being honest, it is more likely that the child will return to you at another time.
- Think before you promise anything – Do not make promises you cannot keep
- At the earliest possible opportunity:

Record in writing on the Internal Civil Defence Reporting Form attached in the appendix, in factual manner, what the child has said, including, as far as possible, the exact words used by the child.

Inform your Designated Liaison Person immediately and agree measures to protect the child, i.e. report the matter directly to the HSE.
- Maintain appropriate confidentiality.

- Follow your organisation's procedures for child protection issues. Further support regarding concerns is available from the HSE.
- Ongoing support following a disclosure by a child, it is important that the staff member continues in a supportive relationship with the child. Disclosure is a huge step for a child. Staff should continue to offer support, particularly through:
 - maintaining a positive relationship with the child;
 - keeping lines of communication open by listening carefully to the child;
 - continuing to include the child in the usual activities.
- Any further disclosure should be treated as a first disclosure and responded to as indicated above. Where necessary, immediate action should be taken to ensure the child's safety.

RETROSPECTIVE DISCLOSURES BY ADULTS

An increasing number of adults are disclosing abuse that took place during their childhoods. It may not be possible for a Civil Defence member to assess if any risk is deemed to exist to a child therefore it would be advisable to make a report to the DLP. The DLP should report the concern to the HSE who will establish whether there is any current risk to any child who may be in contact with the alleged abuser revealed in such disclosures.

CONFIDENTIALITY

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only, preferably kept at a local level. Information should be stored in a secure place, with access through the Designated Liaison Person only. The requirements of the Data Protection laws should be adhered to. The effective protection of the child often depends on the willingness of the staff in statutory and voluntary organisations involved with children to share and exchange relevant information and the Civil Defence Branch of the Department of Defence support this. It is therefore critical that there is a clear understanding of professional and legal responsibilities with regard to confidentiality and the exchange of information.

No undertaking of secrecy can be given. Those working with the child and the family should make it clear to all parties involved, although they can be assured that all information will be handled taking full account of legal requirements.

The parents/carers and children have a right to know if their personal information is being submitted to the HSE Children and Family Services or to An Garda Síochána, unless doing so is likely to endanger the child.

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 themselves. 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.

The Data Protection Acts 1988 and 2003 afford similar rights to individuals to access personal data held about them by any entity whether in the public or private sector. The right of access does not extend to any information that identifies a third party where that third party had an expectation of confidence. Accordingly, it would not be necessary to provide any information that would identify a person making a child welfare report in response to a request under the Data Protection Acts.

The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection.

Civil Defence are committed to cooperating with HSE Children and Family Services on the sharing of their records as required, where a child welfare or protection issue arises. Our members will also attend meetings organized by the HSE Children and Family Services if necessary.

RECORD KEEPING

Records should be factual, accurate and legible; should be dated and signed after each entry; and should be recorded on the day that the action took place or, at the latest, the following day.

If neglect or abuse is suspected and acted upon, for example, by informing the HSE Children and Family Services, it is important to establish the grounds for concern by obtaining as much information as possible.

Observations should be accurately recorded and should include dates, times, names, locations, context and any other information that may be relevant. Care should be taken as to how such information is stored and to whom it is made available.

Records of concerns, allegations, disclosures should be stored in a secure place(a locked filing cabinet), accessible by the Designated Liaison Person or in his/ her absence the deputy Designated Liaison Person. It is Civil Defence policy to retain all documents in relation to these concerns indefinitely.

The Person expressing the concern to the Designated Liaison Person should fill in the Internal Reporting Form in the Appendix to this document. Only facts should be filled in on this form, not speculation, suspicion or judgement. As Civil Defence has 32 separate units it is important that there is a standard recording procedures in cases of children at risk.

Children and parents should be informed if a report is to be submitted to the HSE or An Garda Síochána unless doing so is likely to endanger the child or undermine the investigation.

ANONYMOUS COMPLAINTS

Anonymous complaints can be difficult to deal with but should not be ignored. In all cases the safety and welfare of the child/children is paramount. Any complaints relating to inappropriate behaviour should be brought to the attention of the Designated Liaison Officer. The information should be checked out and handled in a confidential manner. Rumours should not be allowed to hang in the air. Any rumours relating to inappropriate behaviour should be brought to the attention of the Designated Liaison Officer and checked out without delay.

Designated Liaison Persons must comply with the Civil Defence Child Protection policy and should not report anonymously.

If a report is made through a third party, the DLP should try to facilitate contact between the original person who reported the concern and the HSE. If however contact is not facilitated, the concerns reported via the third party must be fully investigated.

SAFE RECRUITMENT PROCEDURES FOR CIVIL DEFENCE OFFICERS AND VOLUNTEERS

Recruiting Civil Defence Officers(CDO)

- Civil Defence Officers are recruited by the Local Authorities as permanent employees and they are subject to the Recruitment procedures of the Local Authority.
- Civil Defence branch liaise with the relevant local authority when a vacancy arises for a CDO. Civil Defence branch provide the relevant local authority with the Qualifications and Conditions of employment for the post and the local authority will advertise the post and interview applicants for the position. Posts are advertised in the national press and the local authority website. This advertisement contains the job description. A senior member of staff in Civil Defence branch participates on the interview panel.
- Selection will be made by means of a competitive interview.
- During the application period two references are sought and checked.
- Newly appointed CDOs are subject to Garda Vetting. In the event that there is disclosure a Decision Making Committee in the Local Authority will make a Decision on the applicants' suitability for the position.
- CDOs are local authority employees and must comply with the local authority child protection policy and as representatives of Civil Defence must comply with Civil Defence Child Protection policy. Each local authority has a child protection policy. The CDO is given a copy of this policy and other policies at their induction and on signing their contract they sign to confirm that they have seen and have a copy of the policy. .
- The newly appointed CDO will be on probation for a period of 1 year.

Recruiting Volunteers

- All volunteers fill in an Enrolment form (this is an application form) and Garda Vetting Application on entering the organisation. Volunteers are given background information on Civil Defence and the Civil Defence handbook.

- Civil Defence has a Garda Vetting Policy. An application for Garda Vetting will be made in respect of each new member. All applications with disclosures from Garda vetting are reviewed by a Decision Making Committee in the Civil Defence Branch to decide on the suitability of the Applicant to become a member of Civil Defence. Certain types of convictions will automatically preclude an applicant from membership of Civil Defence as follows:
 - Any offence of a sexual nature
 - Any offence against a child or of child abuse or pornography
 - An offence that causes gross bodily harm,
 - An offence of murder or manslaughter,
 - An offence of kidnapping,
 - A series of continuous offending that might cause concern for the well-being of children, young persons and/or vulnerable adults,
 - Any charges concerning child abuse pending trial by the Director of Public Prosecutions,
 - Any other offence that might give the Decision Making Committee reason to believe that the applicant is unsuitable for membership of Civil Defence.
 - All new entrants are asked to disclose on the Enrolment Form if they have been convicted of an offence and to consent to Garda Vetting.
- Each new entrant is provided with the Code of Conduct, Garda Vetting Form and a copy of the Garda Vetting Policy and Child Protection Policy.
- It is recommended that an interview of all new members is conducted by two members of the organisation.
- A minimum of two written references will be required that are not family members and will be verified by telephone or personal visit.
- Civil Defence should ensure the identity of the applicant is confirmed by a passport or driving licence.
- A probationary period of 1 year is in place.
- Each new applicant should attend inducting training which includes the Civil Defence Child Protection Policy and Civil Defence Child Protection Policy.
- All volunteers will receive induction in the Civil Defence Child Protection Policy. This training will be reviewed annually.

Safe Management of Workers

- Volunteers attend class based training on a weekly basis. An Instructor, Unit Leader or Assistant Unit Leader runs the training. There is a formal class Training programme.
- On duties there is a Senior member of Civil Defence in charge. They are always on hand to provide support to the Volunteers.
- Young members are always paired with an Adult member while out on duties.
- Training in CISM (Critical Incident Stress Management) has been provided for Civil Defence Officers / Senior members of each Civil Defence Unit. These will be able to provide support to individuals who are dealing with/ have dealt with a child protection and welfare concern or disclosure.
- There is a mandatory Induction course for Volunteers which includes information on Child Protection policy and CISM (Critical Incident Stress Management)

PROCEDURES FOR ALLEGATIONS OF ABUSE AGAINST VOLUNTEERS

Each Local Authority Civil Defence Unit must have an agreed procedure in place to be followed in cases of alleged child abuse against a volunteer within the organisation. If such an allegation is made, the Member will be treated with respect and fairness. The safety of the person making the allegation and any others who are/may be at risk should be ensured and this should take precedence over any other consideration. In this regard, Civil Defence should take any necessary steps that may be immediately necessary to protect minors.

At local level, the following procedures will be adhered to:

- Two named people to deal with the two separate procedures to deal with firstly the child (Designated Liaison Officer reporting to the HSE or consulting with Duty Social Worker in HSE) and secondly the Civil Defence Officer to deal with the member against whom the allegation is made. If the DLP is the Civil Defence Officer, the DLP will always deal with the procedure in relation to the child. A senior member of staff may be asked to deal with the procedure in relation to the member. If the allegation is being made against the Civil Defence Officer, the Director of Services in charge of Civil Defence will deal with the Civil Defence Officer.
- Protective action is proportionate to the level of risk to the child. This will depend on whether the issue is an allegation of child abuse or a complaint or concern about the behaviour of a member.
- The Member against whom an allegation of child abuse has been made will be asked to stand aside by the Civil Defence Officer pending the outcome of any investigation by the HSE.
- In the event that the Civil Defence Member to whom the allegation has been made refuses to stand aside, the Member will be immediately suspended by the Civil Defence Officer in accordance with the provisions for Suspension of Membership as outlined in the Civil Defence Code of Conduct.
- The matter will be reported to the local HSE following the standard reporting procedure outlined above. There should be no delay in reporting to the HSE.
- Where reasonable grounds for concern exist against a Civil Defence member, advice should be sought from the local HSE with regard to any action deemed necessary to protect the child/children who may be at risk.
- The Assistant Principal (Policy and Planning) at Civil Defence Headquarters must be informed, but once again no details are necessary unless the Unit concerned requests help in dealing with the Member against whom the allegation has been made.
- The Member should be informed, in private:
 - a) That an allegation has been made against him/her
 - b) The nature of the allegation
- His/her response should be noted and passed on to the HSE personnel. All persons involved in a child protection process (the child, his/her parents/guardians, the alleged offender, his/her family, other Civil Defence members) should be afforded appropriate respect, fairness, support and confidentiality at all stages of the procedure.
- The young person involved and his/her parents must be kept informed of all actions planned and taken by the Designated Liaison Officer.

- The CDO / Designated Liaison officer will liaise closely with investigating bodies (HSE / An Garda Síochána) to ensure that actions taken by organisation do not undermine or frustrate any investigations. Protective action is proportionate to the level of risk to the child.
- All stages of the process should be recorded and kept in a secure location.

Individual local Civil Defence Units may instigate disciplinary proceedings in accordance with the Civil Defence Code of Conduct if deemed necessary.

GENERAL CODES OF BEHAVIOUR

The two areas where Civil Defence Members come in contact with children are

1. Civil Defence Members aged between 16-18 years – Commonly referred to as “Young Persons” and
2. Contact with a child, young person or a vulnerable adult during the course of Civil Defence activities, exercises and duties e.g. Treatment of a casualty.

Civil Defence Members aged between 16-18 years – Commonly referred to as “Young Persons”

For the purpose of this policy, the definition of a ‘young person’ is derived from Section 31 of the Education Welfare Act 2000 which states that a – ‘Young person means a person who has reached the age of 16 years but has not reached the age of 18 years’.

When dealing with a young person, it is the responsibility of all adult Civil Defence members to:

- Ensure that their behaviour is appropriate at all times
- Refrain from making comments which might be construed as offensive by an individual
- Be aware of what is appropriate physical contact and do not exceed these boundaries
- The use of alcohol or drugs is prohibited.
- Ensure an open environment – whereby all members of Civil Defence feel free to express any concerns openly to a senior member or their Civil Defence Officer.

Where a young person is involved in a Civil Defence camp or overnight activity, it is the responsibility of the Civil Defence Officer or designated Officer to ensure that written parental consent has been obtained and that arrangements have been put in place for the provision of suitable accommodation, (see Page 17 Code of Behaviour on Away Trips)

1. **Contact with a child, young person or a vulnerable adult during the course of Civil Defence duties e.g. Treatment of a casualty.**

In such situations, Local Authorities are asked to ensure that the following safeguards be put in place. These guidelines are not only for the protection of the child/young person/ vulnerable adult but also for the protection of the Civil Defence Volunteer Member and the organisation.

- First Aid Duty Volunteers should operate in pairs.
- Where a First Aid Volunteer provides treatment to a child or vulnerable adult, if at all possible, ensure that the parent/guardian is present.
- If there is a need for privacy in the treatment of a casualty, and a parent or guardian is not present, the Volunteer Member should ensure that a second volunteer is present.
- Adherence to good practices for the safety and welfare of young people during casualty simulation is paramount. During casualty simulation, participants should clearly be briefed on the simulation, understand their role and the levels of first aid treatment that are appropriate. Civil Defence Members responsible for applying make-up and other special effects for simulation must act in a dignified manner at all times.

Codes of behaviour

- Children have a right to be protected, treated with respect, listened to and have their own views taken into consideration.
- All children should be treated equally regardless of gender, race, culture or disability. In relation to young volunteers with a disability, tailored intimate care procedures may be put in place for those who require assistance with tasks of a personal nature. These procedures would be written and agreed by all parties, including the child/ young person.
- Any communication with young people via phone, text, email is only done with parental consent and should only refer to Civil Defence business.
- Particular caution must be exercised in areas such as swimming pools, showers, etc. The use of mobile phones / cameras is strictly prohibited in shower rooms / changing areas.
- Civil Defence Members should be sensitive to the fact that jokes of a sexual nature may be offensive to others and should never be told in the presence of children and young persons. They should also refrain from making sexually suggestive comments.
- Civil Defence Members should be sensitive to the possibility of becoming over involved or spending a great deal of time with an individual young person.
- Where a Civil Defence Member has a concern about the nature of a particular relationship involving themselves or indeed another Civil Defence Member with a young person, they should discuss it with their Civil Defence Officer or a Senior Civil Defence Member. This should also be reported to the Designated Liaison Person.
- All Civil Defence Members are actively encouraged to report cases of bullying behaviour. Procedures in this regard are outlined in the Civil Defence Code of Conduct.
- If Civil Defence members find themselves in a situation where they have to be alone with a young person (e.g. in a First Aid Exam situation) the young person and their Parent/Guardian should be informed of this and written parental consent

sought. Where it is feasible, consideration should be given to leaving the door slightly ajar or informing another colleague that they will be alone in the room with the individual in question.

- Training of Civil Defence Members at local level, must indicate the levels of physical contact that are appropriate and enable Civil Defence members to become aware of actions that might be misunderstood and situations which might render them vulnerable. While physical contact is a valid way of comforting, reassuring and showing concern for children (particularly as casualties), it should only take place when it is acceptable to all persons concerned.
- Civil Defence members must never physically punish or be in any way verbally abusive to a young person. Any incidence of this should be reported to the DLP.
- In the event of an incident, where a Civil Defence Member feels his/her actions have been misconstrued, a written report of the incident should be submitted immediately to the Civil Defence Officer. This report should be forwarded to the DLP.
- Civil Defence Members playing the role of “casualties” in all Civil Defence Exercises must be over eighteen years old.
- Civil Defence volunteers should work in pairs while on duties. In the event that a Civil Defence member, aged between 16 and 18 years, is involved in a training exercise or duty, it is recommended that a minimum of three Civil Defence members must be present, two of which are aged over 18 years.
- Everyone involved in the organisation should respect the personal space, safety and privacy of individuals. Volunteers should not engage in horseplay with minors.
- Volunteers should not give lifts in their cars to individual young people, especially for long journeys. Civil Defence members will be transported to Trips Away and Civil Defence duties, in Civil Defence vehicles which are covered by Civil Defence Insurance
- Personal relationships that may develop between Civil Defence members should be conducted outside of Civil Defence Activities. If either party is under 18 their parents should be made aware of the relationship.
- It is the Parent’s / Guardian’s responsibility to ensure that volunteers under 18 years of age get to and from Civil Defence Training and Activities safely.

CODES OF BEHAVIOUR FOR YOUNG PEOPLE ON TRIPS AWAY

When taking young people on Civil Defence activities that involve travel away from their local Civil Defence Headquarters, and which might necessitate an overnight stay, Civil Defence Officers and Civil Defence Adult Members must always pay particular attention to:

- **Safety** – activities, buildings, transport etc. A health and safety check would be carried out on the premises, identifying Fire Exits and ensuring that these are accessible. A nominal roll of all occupants should be prepared and hung just within the main exit door.. Occupants should be instructed to meet at a pre-determined assembly point in the event of an outbreak of fire and a roll call should be taken. The Unit Instructor / Officer should know where the exact location of fire fighting equipment is and how to use it. A pre-visit to the centre should be carried out by a senior member prior to the trip.

- **Insurance** – adequate cover in place for all aspects of the trip. Unit Instructors / Officers should be aware of the Civil Defence Insurance and also any insurance the building they are occupying carries.
- **Parental Consent** – written consent must be obtained from parents before taking young people under 18 away on overnight trips. A separate form must be signed for each event and a cover letter should issue to the parent informing them of the details of the event. A programme of events should be provided for each trip.
- **Medical Concerns** – medical information which might be relevant e.g. allergies, medical conditions, medications etc.,
- **Sleeping Arrangements** – sleeping areas for males and females should be in separate quarters and each quarter supervised by two adult Civil Defence Members of the same sex as the group being supervised.
- **Transport-** Civil Defence members will be transported to Trips Away in Civil Defence vehicles which are covered by appropriate Insurance.
- **Code of Conduct-** All Civil Defence members who participate in Overnight Trips are bound by the Civil Defence Code of Conduct and the Civil Defence Child Protection policy and must behave in an appropriate manner. All members should be spoken to prior to the trip outlining what is expected on them.
- **Accident and Emergency procedures** – All Senior Instructors / Officers in charge of an overnight trip must have accident and emergency plans in place. They should know where to go for First Aid and also be aware of the local hospital's location in case of emergency.

Civil Defence Members must always remain respectful of the privacy of young people while in dormitories, changing rooms, showers and toilets. In such cases it is recommended that Civil Defence Adult Members always be accompanied by another adult member.

GUIDELINES FOR TAKING PHOTOGRAPHS AND VIDEOS and PUBLISHING IMAGES ON WEBSITES

Children and young people, as well as adults, have a right to privacy and therefore their consent should be sought in relation to use of personal data, including images. In the case of children (up to 18 years of age) parental consent should be sought and information provided on how and for what purpose images will be used.

The Internet is a public, accessible and largely unregulated media. Decisions to post information, including images, on websites should take account of this.

Photographs reveal a substantial amount of information, through which children may be identified. For example, images accompanied by personal information - *(name) is a member of (local group) and recently took part in xxx* - could be used by an individual to learn more about a child or young person and used to form a relationship with them or engage in a process of 'grooming' them for abuse.

Good Practice recommends that:

- Recorded images should only be made, kept and used where there is a valid reason associated with the activity involved.
- Recording of images should be supervised as would any other activity.
- Children, young people and their parents/carers should be informed in advance if and when images will be taken and their consent sought for image retention and use. This process is known as informed consent.

- Children, young people and parents should be informed as to how and where images will be used.
- Images should only be used for the purpose(s) agreed.
- Images should only be used in the intended context and should not be used out of context.
- In general, individual children should not be identified, with the exception being where they are being publicly acknowledged (e.g., an award, performance, achievement) for which consent has been given.
- For publicity purposes, group photographs are preferable to individual ones.
- Ensure all children or young people are appropriately dressed.
- Ensure that images do not contribute to or expose children to embarrassment, distress or upset.
- Use images that represent the diversity of children and young people participating in any given activity or setting.
- Do not use images of children or young people who are considered vulnerable or whose identity may require protection.
- Permission to take and use images of children and young people can be requested as part of their registration process for an activity, programme or event.
- Refusal of consent should not in any way limit children or young people's participation in activities.
- Where images are kept for future use, relevant names, dates and other contextual information should be stored with them as well as signed consent for their usage.
- Images should be carefully stored, with consent attached or cross referenced.
- Images should only be passed to third parties for their use where this has been agreed as part of the consent process.

TECHNOLOGY

- Always ensure that any communication with young people via phone, text, email is only done with parental consent and should only refer to Civil Defence Business.
- Be careful of the language you use.
- Don't make or receive private calls/texts while supervising an activity.
- Official Civil Defence Business should not be conducted through social networking sites such as Bebo, Facebook.

INVOLVING PARENTS / SHARING INFORMATION

Parents/ Guardians have the primary responsibility for looking after their children. At the very least Civil Defence should have contact addresses and telephone numbers for the parents / guardians of the young people in the organisation

- Parents are encouraged to maintain regular contact with Civil Defence Instructors in relation to their young persons involvement in Civil Defence.
- Parents have a right to confidentiality

- They have a right to be told of any incident or injury that happens to their young person.
- Parental permission is sought for a young person to join the organisation and take part in activities. Separate permission should be got for special activities like camps, overnight trips and outings. Full details are given to the Parent/ Guardian in relation to the activity
- Parents / Guardians should be made aware of the organisations policies through the Civil Defence Handbook which includes the Code of conduct, the Garda Vetting Policy and the Child Protection policy.
- Parents / Guardians complaints should be dealt with through a proper complaints procedure.
- It is the Parents / Guardians responsibility to ensure that their young person gets to and from Civil Defence Classes and Activities safely. They should not be left waiting outside classes after they are over.

INVOLVING YOUNG PEOPLE/ SHARING INFORMATION

Children have a right to be protected, treated with respect, listened to and have their views taken into consideration.

- Young members of Civil Defence aged 16 to 18 years will be given the Civil Defence handbook which includes the Code of Conduct, the Garda vetting Policy and the Child Protection Policy
- They will also be given Induction training in Civil Defence and a course on the Child Protection Policy. During this induction training Young people will be informed of their rights to be protected, treated with respect, listened to and have their views taken into consideration.
- Civil Defence is an organisation which values its young people and centres its activities on their safety, enjoyment and comfort. The organisation strives to develop young people's self esteem, encourage each young person to contribute and participate in activities and reward their efforts as well as their achievements. An atmosphere built on good relationships, mutual respect and support is less favourable to the development of bullying and other abusive behaviours. Similarly, when children have trusting relationships with workers, they are more likely to let them know about things that are making them unhappy.
- If any young person has communication difficulties the Civil Defence Instructor should be made aware of this. A detailed plan should be formulated in writing and agreed by both parties on dealing with this issue.

ACCIDENT / INCIDENT PROCEDURES

Each Local Authority have Standard Reporting Forms under Health and Safety. All accidents involving Civil Defence members should be reported on these forms to the

Civil Defence Officer and also to the Policy and Planning section of the Civil Defence Branch of the Department of Defence.

Parents/Guardians should be informed immediately if their young person is involved in an accident / incident . Up to date contact details for young people and their parents should be available to the Senior volunteers involved at all Civil Defence activities.

All Civil Defence Activities are covered on Civil Defence Insurance policies which are regularly reviewed to ensure that Civil Defence is adequately covered for insurance.

All Civil Defence buildings have a First Aid box and Emergency numbers displayed.

COMPLAINTS PROCEDURE

- Grievance Procedures are contained in the Code of Conduct which each member gets on their induction into Civil Defence. The Code of Conduct also deals with Grievance Procedures in respect of Discrimination, Sexual harassment, Harassment or Bullying. The complaints procedure is also contained in the Civil Defence Child protection policy. Both the Code of Conduct and Civil Defence Child protection policy are included in the Civil Defence Handbook which is provided to all new Civil Defence Members and will be published on the Civil Defence website.
- If a person wishes to make a complaint in relation to any aspect of the Civil Defence Child Protection Policy and Procedures they should make their complaint initially locally to the Designated Liaison Person either verbally, written or by email. (Informal complaint)
- A formal complaint can be made through the Duty Officer, Unit Officer, Commander (or local equivalent if applicable), the Civil Defence Officer or the Director of Services (or equivalent) with responsibility for Civil Defence in the relevant local authority. The complaint should be made in writing outlining the specific nature of the complaint, together with any accompanying details. If the complaint is not resolved at local level the person making the complaint can complain to the Assistant Principal in the Policy and Planning Unit of the Civil Defence Branch of the Department of Defence. (Formal Complaint)
- A young Civil Defence member or a child is free to make their complaint to any senior member of their choice in the organisation. The Senior member will then forward the complaint as outlined in the paragraph above.

Time frame involved

- The complaint will be acknowledged within 5 working days
- The complaints officer must inform the complainant in writing, within 5 working days if the complaint is not going to be investigated and the reasons for that. If the complaint is in relation to the Child Protection policy the complaints officer may consult with a Duty Social Worker for advice.

- Where the complaint is being investigated, a reply must issue with 30 working days. If this is not possible an interim reply explaining the position will issue explaining the situation and indicating when a final reply will issue.
- A complaint must be made within 12 months of the Action giving rise to the complaint.
- A person cannot make a complaint if the matter is subject to legal proceedings before a court or tribunal, a matter relating to the Social Welfare Acts, a matter that could prejudice an investigation being undertaken by the Garda Síochána.
- Once the complaint has been resolved feedback will issue to all involved.

ACKNOWLEDGEMENTS

In drafting these Guidelines, Civil Defence Branch wishes to acknowledge the assistance received from the following publications:

- Code of Good Practice, Child Protection for the Youth Work Sector – published by the Department of Education and Science.
- Children First – National Guidance for the Protection and Welfare of Children – published in 2011 by the Department of Children and Youth Affairs.
- The Civil Defence National Code of Conduct.
- Child Protection and Welfare Practice Handbook published by the Health Service Executive

FURTHER INFORMATION

For further information regarding the Civil Defence Child Protection Policy please contact:

**Policy and Planning Section,
Civil Defence Headquarters,
Benamore,
Co. Tipperary.**

Telephone: 0505 25310

Fax: 0505 25344

Email: civildefence@defence.ie

Website: www.civildefence.ie

**HSE COUNSELLING SERVICE – Adult Survivors of Childhood Abuse
1800234115**

PARENTAL / GUARDIAN'S CONSENT FORM

(to be filled in if the volunteer is between 16 and 18 years old)

Anything written on this form will be held in confidence. Our Officers need to know these details in order to meet the specific needs of your young person.

I give permission for my young person to attend Civil Defence Activities.

YOUNG PERSON'S FULL NAME:.....

ADDRESS:.....

.....

HOME TEL:.....**AGE:**.....

PARENT'S/GUARDIAN'S NAME..... **TEL:**.....

IF UNAVAILABLE CONTACT:

TEL: **RELATIONSHIP TO YOUNG PERSON:**

NAME AND TEL OF G.P.:

EXISTING MEDICAL CONDITIONS:

PRESCRIBED MEDICATIONS:

I will inform the officers of any important changes to my Young Person's health, medication or needs and also of any changes to our address or phone numbers given.

I have been made aware that the Civil Defence Organisation is committed to ensuring the safety of my young person by having;

- **A volunteer code of conduct**
- **Disciplinary procedures**
- **Guidelines on confidentiality**
- **Clear reporting procedures**

Civil Defence is committed to ensuring that any information gathered in relation to our young person meets the specific responsibilities as set out in the Data Protection Act 1998. The **Civil Defence Officer** will store the above information until the young person reaches the age of 18 years.

I gave consent to my young person being contacted by Civil Defence Personnel via group text message.

Yes ☐ No ☐

I gave consent to allowing my young person's photograph being taken at Civil Defence Events and used on Civil Defence Website and for promotional purposes in local media.

Yes ☐ No ☐

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my young person to participate in & travel to all activities.

Yes ☐ No ☐

I will ensure that my young person gets to and from Civil Defence Activities safely.

Yes ☐ No ☐

Volunteer Signature.....

Parent/Guardian Signature

Print Name **Date**

PARENTAL CONSENT FOR OVERNIGHT TRIPS

I, parent/guardian of _____ hereby give permission for my son/daughter to attend and work at the forthcoming **Civil Defence** _____, *a*
t _____ *from* _____ *to* _____.

In the event of my/our young person is being taken ill or injured over the period of this consent, I/We hereby authorise all hospitals and medical institutions for the giving of any forms of surgical or medical treatment (including Anaesthesia) as they in their absolute discretion shall think fit and I/We hereby direct all hospitals and medical institutions to recognise the authority here granted. All efforts will be made to contact parents and the above consent for medical treatment is in the context of an emergency where parents/guardians cannot be contacted.

Signature of Parent(s)/Guardian(s)

1. _____ 2. _____

Address of Parents/Guardian _____

Tel. No. of Parent(s)/Guardian(s) _____ **Mobile:** _____

Work: _____ **Home:** _____

Date of Signature: _____

Name of G.P.: _____

Tel no of G.P.: _____

Witness to signature of Parent(s)/Guardian(s) _____

Medical Details in relation to my young person:

N.B. Please return this form to the undersigned. All information given or disclosed will be treated as private and confidential.

Civil Defence members are subject to the Civil Defence Code of Conduct and must comply with it at all times.

CIVIL DEFENCE OFFICER.

Appendix 1: Signs and symptoms of child abuse

1. Signs and symptoms of neglect

Child neglect is the most common category of abuse. A distinction can be made between 'wilful' neglect and 'circumstantial' neglect.

'Wilful' neglect would generally incorporate a direct and deliberate deprivation by a parent/carer of a child's most basic needs, e.g. withdrawal of food, shelter, warmth, clothing, contact with others. 'Circumstantial' neglect more often may be due to stress/inability to cope by parents or carers. Neglect is closely correlated with low socio-economic factors and corresponding physical deprivations. It is also related to parental incapacity due to learning disability, addictions or psychological disturbance. The neglect of children is 'usually a passive form of abuse involving omission rather than acts of commission' (Skuse and Bentovim, 1994). It comprises 'both a lack of physical caretaking and supervision and a failure to fulfill the developmental needs of the child in terms of cognitive stimulation'.

Child neglect should be suspected in cases of:

- abandonment or desertion;
- children persistently being left alone without adequate care and supervision;
- malnourishment, lacking food, inappropriate food or erratic feeding;
- lack of warmth;
- lack of adequate clothing;
- inattention to basic hygiene;
- lack of protection and exposure to danger, including moral danger or lack of supervision appropriate to the child's age;
- persistent failure to attend school;
- non-organic failure to thrive, i.e. child not gaining weight due not only to malnutrition but also to emotional deprivation;
- failure to provide adequate care for the child's medical and developmental problems;
- exploited, overworked.

2. Characteristics of neglect

Child neglect is the most frequent category of abuse, both in Ireland and internationally. In addition to being the most frequently reported type of abuse; neglect is also recognised as being the most harmful. Not only does neglect generally last throughout a childhood, it also has long-term consequences into adult life. Children are more likely to die from chronic neglect than from one instance of physical abuse. It is well established that severe neglect in infancy has a serious negative impact on brain development. Neglect is associated with, but not necessarily caused by, poverty. It is strongly correlated with parental substance misuse, domestic violence and parental mental illness and disability. Neglect may be categorised into different types (adapted from Dubowitz, 1999):

- Disorganised/chaotic neglect: This is typically where parenting is inconsistent and is often found in disorganised and crises-prone families. The quality of parenting is inconsistent, with a lack of certainty and routine, often resulting in emergencies regarding accommodation, finances and food. This type of neglect results in attachment disorders, promotes anxiety in children and leads to disruptive and

attention-seeking behaviour, with older children proving more difficult to control and discipline. The home may be unsafe from accidental harm, with a high incident of accidents occurring.

- **Depressed or passive neglect:** This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few toys and those that are there may be broken, dirty or inappropriate for age. Young children will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.
- **Chronic deprivation:** This is most likely to occur where there is the absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for, but where there is no opportunity to form an attachment with an individual carer. In these situations, children are dealt with by a range of adults and their needs are seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays.

The following points illustrate the consequences of different types of neglect for children:

- inadequate food – failure to develop;
- household hazards – accidents;
- lack of hygiene – health and social problems;
- lack of attention to health – disease;
- inadequate mental health care – suicide or delinquency;
- inadequate emotional care – behaviour and educational;
- inadequate supervision – risk-taking behaviour;
- unstable relationship – attachment problems;
- unstable living conditions – behaviour and anxiety, risk of accidents;
- exposure to domestic violence – behaviour, physical and mental health;
- community violence – anti social behaviour.

Signs and symptoms of emotional neglect and abuse

Emotional neglect and abuse is found typically in a home lacking in emotional warmth. It is not necessarily associated with physical deprivation. The emotional needs of the children are not met; the parent's relationship to the child may be without empathy and devoid of emotional responsiveness.

Emotional neglect and abuse occurs when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional neglect and abuse is not easy to recognise because the effects are not easily observable. Skuse (1989) states that 'emotional abuse refers to the habitual verbal harassment of a child by

disparagement, criticism, threat and ridicule, and the inversion of love, whereby verbal and non-verbal means of rejection and withdrawal are substituted’.

Emotional neglect and abuse can be identified with reference to the indices listed below. However, it should be noted that no one indicator is conclusive of emotional abuse. In the case of emotional abuse and neglect, it is more likely to impact negatively on a child where there is a cluster of indices, where these are persistent over time and where there is a lack of other protective factors.

- rejection;
- lack of comfort and love;
- lack of attachment;
- lack of proper stimulation (e.g. fun and play);
- lack of continuity of care (e.g. frequent moves, particularly unplanned);
- continuous lack of praise and encouragement;
- serious over-protectiveness;
- family conflicts and/or violence;
- every child who is abused sexually, physically or neglected is also emotionally abused;
- inappropriate expectations of a child relative to his/her age and stage of development.
- Children who are physically and sexually abused and neglected also suffer from emotional abuse.

Signs and symptoms of physical abuse

Unsatisfactory explanations, varying explanations, frequency and clustering for the following events are high indices for concern regarding physical abuse:

- bruises (*see below for more detail*);
- fractures;
- swollen joints;
- burns/scalds (*see below for more detail*);
- abrasions/lacerations;
- hemorrhages’ (retinal, subdural);
- damage to body organs;
- poisonings – repeated (prescribed drugs, alcohol);
- failure to thrive;
- coma/unconsciousness;
- death.

There are many different forms of physical abuse, but skin, mouth and bone injuries are the most common.

Bruises

Accidental

Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can also be found towards the front of the body, as the child usually will fall forwards.

Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be diffuse, with no definite edges. Any bruising on a child before the age of mobility must be treated with concern.

Non-accidental

Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, genitalia and mouth.

Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body. Bruises caused by direct blows with a fist have no definite pattern, but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on to a flat surface. Two black eyes require two injuries and must always be suspect. Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet. The outline of the object may be left on the child in a bruise on areas such as the back or thighs (areas covered by clothing).

Bruises may be associated with shaking, which can cause serious hidden bleeding and bruising inside the skull. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired. Other injuries may feature – ruptured eardrum/fractured skull.

Mouth injury may be a cause of concern, e.g. torn mouth (frenulum) from forced bottle-feeding.

Bone injuries

Children regularly have accidents that result in fractures. However, children's bones are more flexible than those of adults and the children themselves are lighter, so a fracture, particularly of the skull, usually signifies that considerable force has been applied.

Non-accidental

A fracture of any sort should be regarded as suspicious in a child under 8 months of age. A fracture of the skull must be regarded as particularly suspicious in a child under 3 years. Either case requires careful investigation as to the circumstances in which the fracture occurred. Swelling in the head or drowsiness may also indicate injury.

Burns

Children who have accidental burns usually have a hot liquid splashed on them by spilling or have come into contact with a hot object. The history that parents give is usually in keeping with the pattern of injury observed. However, repeated episodes may suggest inadequate care and attention to safety within the house.

Non-accidental

Children who have received non-accidental burns may exhibit a pattern that is not adequately explained by parents. The child may have been immersed in a hot liquid. The burn may show a definite line, unlike the type seen in accidental splashing. The child may also have been held against a hot object, like a radiator or a ring of a

cooker, leaving distinctive marks. Cigarette burns may result in multiple small lesions in places on the skin that would not generally be exposed to danger. There may be other skin conditions that can cause similar patterns and expert paediatric advice should be sought.

Bites

Children can get bitten either by animals or humans. Animal bites (e.g. dogs) commonly puncture and tear the skin, and usually the history is definite. Small children can also bite other children.

Non-accidental

It is sometimes hard to differentiate between the bites of adults and children since measurements can be inaccurate. Any suspected adult bite mark must be taken very seriously. Consultant paediatricians may liaise with dental colleagues in order to identify marks correctly.

Poisoning

Children may commonly take medicines or chemicals that are dangerous and potentially life-threatening. Aspects of care and safety within the home need to be considered with each event.

Non-accidental

Non-accidental poisoning can occur and may be difficult to identify, but should be suspected in bizarre or recurrent episodes and when more than one child is involved. Drowsiness or hyperventilation may be a symptom.

Shaking violently

Shaking is a frequent cause of brain damage in very young children.

Fabricated/induced illness

This occurs where parents, usually the mother (according to current research and case experience), fabricate stories of illness about their child or cause physical signs of illness. This can occur where the parent secretly administers dangerous drugs or other poisonous substances to the child or by smothering. The symptoms that alert to the possibility of fabricated/induced illness include:

- (i) symptoms that cannot be explained by any medical tests; symptoms never observed by anyone other than the parent/carer; symptoms reported to occur only at home or when a parent/carer visits a child in hospital;
- (ii) high level of demand for investigation of symptoms without any documented physical signs;
- (iii) unexplained problems with medical treatment, such as drips coming out or lines being interfered with; presence of unprescribed medication or poisons in the blood or urine.

Signs and symptoms of sexual abuse

Child sexual abuse often covers a wide spectrum of abusive activities. It rarely involves just a single incident and usually occurs over a number of years. Child sexual abuse most commonly happens within the family.

Cases of sexual abuse principally come to light through:

- a. disclosure by the child or his or her siblings/friends;
- b. the suspicions of an adult;
- c. physical symptoms.

Colburn Faller (1989) provides a description of the wide spectrum of activities by adults which can constitute child sexual abuse. These include:

Non-contact sexual abuse

- 'Offensive sexual remarks', including statements the offender makes to the child regarding the child's sexual attributes, what he or she would like to do to the child and other sexual comments.
- Obscene phone calls.
- Independent 'exposure' involving the offender showing the victim his/her private parts and/or masturbating in front of the victim.
- 'Voyeurism' involving instances when the offender observes the victim in a state of undress or in activities that provide the offender with sexual gratification. These may include activities that others do not regard as even remotely sexually stimulating.
- Sexual contact
- Involving any touching of the intimate body parts. The offender may fondle or masturbate the victim, and/or get the victim to fondle and/or masturbate them. Fondling can be either outside or inside clothes. Also includes 'frottage', i.e. where offender gains sexual gratification from rubbing his/her genitals against the victim's body or clothing.
- Oral-genital sexual abuse
- Involving the offender licking, kissing, sucking or biting the child's genitals or inducing the child to do the same to them.
- Interfemoral sexual abuse
- Sometimes referred to as 'dry sex' or 'vulvar intercourse', involving the offender placing his penis between the child's thighs.
- Penetrative sexual abuse, of which there are four types:
 - 'Digital penetration', involving putting fingers in the vagina or anus, or both. Usually the victim is penetrated by the offender, but sometimes the offender gets the child to penetrate them.
 - 'Penetration with objects', involving penetration of the vagina, anus or occasionally mouth with an object.
 - 'Genital penetration', involving the penis entering the vagina, sometimes partially.
 - 'Anal penetration' involving the penis penetrating the anus

Sexual exploitation

- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child. Two types of this abuse are child pornography and child prostitution.
- 'Child pornography' includes still photography, videos and movies, and, more recently, computer-generated pornography.

- 'Child prostitution' for the most part involves children of latency age or in adolescence. However, children as young as 4 and 5 are known to be abused in this way.
- The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and defecation on the victim. In some cases, physical abuse is an integral part of the sexual abuse; in others, drugs and alcohol may be given to the victim.
- It is important to note that physical signs may not be evident in cases of sexual abuse due to the nature of the abuse and/or the fact that the disclosure was made some time after the abuse took place.
- Carers and professionals should be alert to the following physical and behavioural signs:
 - bleeding from the vagina/anus;
 - difficulty/pain in passing urine/faeces;
 - an infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease.
 - Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area;
 - noticeable and uncharacteristic change of behaviour;
 - hints about sexual activity;
 - age-inappropriate understanding of sexual behaviour;
 - inappropriate seductive behaviour;
 - sexually aggressive behaviour with others;
 - uncharacteristic sexual play with peers/toys;
 - unusual reluctance to join in normal activities that involve undressing, e.g. games/swimming.

Particular behavioural signs and emotional problems suggestive of child abuse in young children (aged 0-10 years) include:

- mood change where the child becomes withdrawn, fearful, acting out;
- lack of concentration, especially in an educational setting;
- bed wetting, soiling;
- pains, tummy aches, headaches with no evident physical cause;
- skin disorders;
- reluctance to go to bed, nightmares, changes in sleep patterns;
- school refusal;
- separation anxiety;
- loss of appetite, overeating, hiding food.
- Particular behavioural signs and emotional problems suggestive of child abuse in older children (aged 10+ years) include:
 - depression, isolation, anger;
 - running away;
 - drug, alcohol, solvent abuse;
 - self-harm;
 - suicide attempts;
 - missing school or early school leaving;
 - eating disorders.

All signs/indicators need careful assessment relative to the child's circumstances.

Appendix 2: National contacts for HSE Children and Family Services

Also listed on HSE website (www.hse.ie/go/socialworkers) and from HSE LoCall Tel. 1850 241850. These contact numbers may be updated from time to time. Please check HSE website for latest information.

HSE AREA	Address	Telephone No.
DUBLIN NORTH	Health Centre, Cromcastle, Coolock, Dublin 5	(01) 816 4200 (01) 816 4244
DUBLIN NORTH CENTRAL	Social Work Office, 22 Mountjoy Square, Dublin 1 Social Work Office, Ballymun Health Centre, Dublin 11	(01) 877 2300 (01) 846 7236
DUBLIN NORTH WEST	Health Centre, Wellmount Park, Finglas, Dublin 11 Social Work Department, Rathdown Road, Dublin 7	(01) 856 7704 (01) 882 5000
DUBLIN SOUTH EAST	Social Work Department, Vergemount Hall, Clonskeagh, Dublin 6	(01) 268 0320 (01) 2680333
DUBLIN SOUTH CITY	Duty Social Work Carnegie Centre, 21-25 Lord Edward Street, Dublin 2 Public Health Nursing, 21-25 Lord Edward Street, Dublin 2 Family Support Service, 78B Church House, Donore Avenue, Dublin 8	(01) 648 6555 (01) 648 6730 (01) 416 4441
DUBLIN SOUTH WEST	Milbrook Lawn, Tallaght, Dublin 24	(01) 452 0666 (01) 427 5000
DUBLIN WEST	Social Work Department, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10	(01) 620 6387
DUBLIN SOUTH	Social Work Department, Our Lady's Clinic, Patrick Street, Dun Laoghaire, Co. Dublin	(01) 663 7300
CARLOW	Carlow Social Work Office, Ground Floor, St. Dymphna's Hospital, Athy Road, Co. Carlow	(059) 913 6587
CAVAN	HSE Community Child and Family Services, Drumalee Cross, Co. Cavan	(049) 437 7305 (049) 437 7306
CLARE	Clare Duty Social Worker, River House, Gort Road, Ennis, Co. Clare Social Work Department, Shannon Health Centre, Shannon, Co. Clare Social Work Department, Kilrush Health Centre, Kilrush, Co. Clare	(065) 686 3935 (Mon – Fri, 2pm - 5pm) (061) 718 400 (065) 905 4200

CORK	<p>North Cork Social Work Department, 134 Bank Place, Mallow, Co. Cork</p> <p>North Lee Child Lee Social Work Department, (adjacent to Shopping Centre), Blackpool, Co. Cork</p> <p>South Lee Social Work Department, St. Finbarr's Hospital, Douglas Road, Cork</p> <p>West Cork Social Work Department, Coolnagarrane, Skibbereen, Co. Cork</p>	<p>(022) 54100</p> <p>(021) 492 7000</p> <p>(021) 492 3001</p> <p>(028) 40447</p>
DONEGAL	<p>Links Business Centre, Lisfannon, Buncrana, Co. Donegal (East Team)</p> <p>Euro House, Killybegs Road, Donegal, Co. Donegal (West Team)</p> <p>Social Work Department, Millennium Court, Pearse Road, Letterkenny, Co. Donegal (East Central Team and West Central Team)</p>	<p>(074) 9320420</p> <p>(074) 972 3540</p> <p>(074) 912 3672</p> <p>(074) 912 3770</p>
GALWAY	<p>Galway City, Social Work Department, Local Health Office, 25 Newcastle Road, Galway, Co. Galway</p> <p>Galway County, Tuam Social Work Department, Health Centre, Vicar Street, Tuam, Co. Galway</p> <p>Loughrea Social Work Department, Health Centre, Loughrea, Co. Galway</p> <p>Ballinasloe Social Work Department, Health Centre, Brackernagh, Ballinasloe, Co. Galway</p> <p>Oughterard Social Work Department, Health Centre, Oughterard, Co. Galway</p>	<p>(091) 546366</p> <p>(093) 37200</p> <p>(091) 847820</p> <p>(090) 964 6200</p> <p>(091) 552200</p>
KERRY	<p>Social Work Department, HSE Community Services, Rathass, Tralee, Co. Kerry</p> <p>Killarney Social Work Department, St. Margaret's Road, Killarney, Co. Kerry</p>	<p>(066) 712 1566</p> <p>(064) 663 6030</p>
KIL DARE	Social Work Department, St Mary's Craddockstown Road, Naas, Co. Kildare	<p>(045) 873200</p> <p>(045) 882 400</p>
KIL KENNY	Social Work Office – Child Care Department, Child Youth and Families, Carlow/Kilkenny, HSE South, St. Canice's Hospital, Dublin Road, Kilkenny, Co. Kilkenny	<p>(056) 778 4057</p> <p>(056) 778 4532</p>
LIMERICK	<p>Social Work Department, Ballynanty Health Centre, Ballynanty, Limerick (East Team), Co. Limerick</p> <p>Social Work Department Roxtown Health Centre, Roxtown Terrace, Old Clare Street, Limerick (East Team) , Co. Limerick</p>	<p>(061) 457 100</p> <p>(061) 417 622</p>

	Parkbeg Social Work Department, Parkbeg House, 2 Elm Drive, Caherdavin Lawns, Ennis Road, Limerick, Co. Limerick Social Work Department, Southill Health Centre, O'Malley Park, Southill, Limerick, Co. Limerick Newcastlewest Social Work Department, Newcastlewest Health Centre, Newcastle West, Co. Limerick.	(061) 483 091 (061) 206 820 (061) 209 985 (069) 62155
LAOIS	Social Work Department, Child and Family Centre, Portlaoise, Co. Laois	(057) 869 2567 (057) 869 2568
LEITRIM	Social Work Department, Community Care Office, Leitrim Road, Carrick on Shannon, Co. Leitrim	(071) 965 0324
LONGFORD	Social Work Department, Tivoli House, Dublin Road, Co. Longford	(043) 335 0584
LOUTH	Social Work Department, Local Health Care Unit, Wilton House, Stapleton Place, Dundalk, Co. Louth Ballsgrrove Health Centre, Ballsgrrove, Drogheda, Co. Louth	(042) 939 2200 (041) 983 8574 (041) 983 3163
MAYO	Ballina Social Work Team, Ballina Health Centre, Mercy Road, Ballina, Co. Mayo Castlebar Social Work Team, St. Mary's Headquarters, Castlebar, Co. Mayo Swinford Social Work Team, Swinford Health Centre, Aras Attracta, Swinford, Co. Mayo	(096) 21511 (096) 248 41 (094) 902 2283 (094) 905 0133
MEATH	Community Social Work Services, Enterprise Centre, Navan, Co. Meath Community Social Work Services, Child and Family Centre, Navan, Co. Meath Community Social Work Services, Dunshaughlin Health Care Unit, Dunshaughlin, Co. Meath	(046) 909 7817 (046) 907 8830 (01) 802 4102
MONAGHAN	Social Work Department, Local Health Care Unit, Rooskey, Co. Monaghan	(047) 30426 (047) 30427
OFFALY	Social Work Department, Derry Suite, Castlebuildings, Tara Street, Tullamore, Co. Offaly	(057) 937 0700
ROSCOMMON	Social Work Team, Abbeytown House, Abbey Street, Roscommon,	(090) 662 6732

	Co. Roscommon Social Work Team, Roscommon PCCC, Lanesboro' Road, Roscommon, Co. Roscommon (Roscommon Area) Social Work Team, Health Centre, Elphin Street, Boyle, Co. Roscommon (Boyle Area) Social Work Team, New HSE Offices, Knockroe, Castlerea, Co. Roscommon (Castlerea Area)	(090) 663 7528 (090) 663 7529 (071) 966 2087 (090) 663 7851 (090) 663 7842
SLIGO	Sligo Town and surrounding areas: Markievicz House, Barrack Street, Sligo, Co. Sligo South County Sligo: One Stop Shop, Teach Laighne, Humbert Street, Tubercurry, Co. Sligo	(071) 915 5133 (071) 912 0062
NORTH TIPPERARY	North Tipperary Duty Social Work Team, Civic Offices, Limerick Road, Nenagh, Co. Tipperary North Tipperary Child Protection Services: Social Work Department, Annbrook, Nenagh, Co. Tipperary St. Mary's Health Centre, Parnell Street, Thurles, Co. Tipperary	(067) 46 660 (067) 41 934 (0504) 24 609
SOUTH TIPPERARY	South Tipperary Child Protection Services: Social Work Team, South Tipperary Community Care Services, Western Road, Clonmel, Co. Tipperary	(052) 617 7302 (052) 617 7303
WATERFORD	Waterford: Social Work Service, Waterford Community Services, Cork Road, Co. Waterford Dungarvan and surrounding areas: Social Work Department, Dungarvan Community Services, St. Joseph's Hospital, Dungarvan, Co. Waterford	(051) 842827 (058) 20906
WESTMEATH	Social Work Department, Athlone Health Centre, Coosan Road, Athlone, Co. Westmeath Social Work Department, Child and Family Centre, St. Loman's, Springfield, Mullingar, Co. Westmeath	(090) 648 3106 (044) 934 4877
WEXFORD	Gorey Health Centre, Hospital Grounds, Gorey, Co. Wexford Enniscorthy Health Centre, Millpark Road, Enniscorthy, Co. Wexford New Ross Health Centre, Hospital Grounds, New	(053) 943 0100 (053) 923 3465 Contact through Ely House below

	Ross, Co. Wexford Social Work Department, Ely House, Ferrybank, Co. Wexford	(053) 912 3522 Ext. 201
WICKLOW	Social Work Department, HSE Glenside Road, Wicklow Town, Co. Wicklow Bray: Social Work Department, The Civic Centre, Main Street, Bray, Co. Wicklow Delgany: Social Work Department, Delgany Health Centre, Delgany, Co. Wicklow	(0404) 60800 (01) 274 4180 (01) 274 4100 (01) 287 1482

Appendix 3

INTERNAL REPORTING FORM IN CIVIL DEFENCE

Please complete this form, using only factual information, and pass to Designated Liaison Person _____

Name of Child: _____

Age of Child: _____

Details of concern in relation to the child:

Have you checked out your concerns? (In the event of a disclosure, you do not need to check your concerns)

With the child? What was the outcome?

With the parent? What was the outcome?

With another Civil Defence member? What was the outcome? _____

Concern discussed with and passed on to Designated Person on:
(Date/Time)

Name: _____

Position within Civil Defence: _____

Appendix 4

COUNTY	DESIGNATED LIAISON PERSON	DEPUTY DESIGNATED LIAISON PERSON
CARLOW	Eamon Brophy 059 9170345	
CAVAN	John Maguire 0876868245	Teresa McGovern 0863033690
CLARE	Noel Carmody 0868545386	
CORK CITY	Veronica Forde 086 2520681	
CORK NORTH	Erik O'Regan 0871209844	John Maunsell 0872557907
CORK SOUTH	Shenan O'Mahony 0876769130	Patrick Duggan 0872521824
CORK WEST	Caroline O'Shea 086-8191664	Sara McSweeney 087-9780178
DONEGAL	Edel Flynn 087 2386579	Michelle Harkin 0863242136
DUBLIN	Catherine Donaghy 0872378992	Maria Kennedy 0863263726 Joe Fleming 0872747818
GALWAY	Louie Casserly 0878155316	
KERRY	Esther Laverty 0879613241	Tom Brosnan 0876694011
KILDARE	Garreth McNeela 087 2709161	Patricia McNeela 087 2570506
KILKENNY	Margaret Newport 056-7794944 087-2523914	Adrian Waldron 056-7794484
LAOIS	Paddy Lynch 087 7417107	Liam Preston 087 9273688
LEITRIM	Brian Sweeney 0878311219	
LIMERICK CITY	Ita Quinlivan - 087 9947162 John Ryan - 086 2345420	Cecilia O'Flaherty 0877624164
LIMERICK COUNTY	Margaret Madigan 0863030420	
LONGFORD	Fran Rhatigan, 0861247564	Seamus Kiernan 087 0671788
LOUTH	Eleanor Wogan 087 9883928	Gillian Duffy 087 6731400
MAYO	Fran Power 0872276307	
MEATH	Ann Grimes 086-8248626,	Paul Strachan 087-6423848
MONAGHAN	Brendan Buckley 087 6349034	Cathy Johnson. 087 7747007
OFFALY	Noel Smyth 0872584269 Anthony Berry 0877666335	Raphael Fallon 0871273869
ROSCOMMON	Caroline Smyth 0876854638	Ray Dunne 0879078854
SLIGO	Annemarie Mitchell 0876173483 Margaret O'Connell 0860883193	
NORTH TIPPERARY	Anthony Graham 087 2651300	
SOUTH TIPPERARY	Kathleen Prendergast 087 2441898 or 052 61 83800	Dolores Fahey 0872435001
WATERFORD COUNTY	Gary Walsh 0877416002	
WATERFORD CITY	Paul Nolan 0872244324	Ruth Fitzgerald 0876419932
WESTMEATH	Joe Reilly 0877697987	Tony Martin 087 2249835
WEXFORD	Carmel King 051 440430 0878102590	Brendan Hynes 053 91765000 0872839226
WICKLOW	Michelle Cox - 086 8607204	Michael Richardson :- 086 8183358

Appendix 5: Relevant Legislation

Children Act 2001

The Children Act 2001 replaced provisions of the Children Act 1908 and associated legislation with a modern comprehensive statute. The 2001 Act covers three main areas of the law. Firstly, and predominantly, it provides a framework for the development of the juvenile justice system. Secondly, it re-enacts and updates provisions in the 1908 Act protecting children against persons who have the custody, charge or care of them. Thirdly, it provides for family welfare conferences and other new provisions for dealing with children where there is a real and substantial risk to their life, health, safety, welfare and development.

Child Care Act 1991

The purpose of the Child Care Act 1991 is to 'update the law in relation to the care of children who have been assaulted, ill-treated, neglected or sexually abused, or who are at risk'. The main provisions of the Act are:

- (i) the placing of a statutory duty on the HSE to promote the welfare of children who are not receiving adequate care and protection up to the age of 18;
- (ii) the strengthening of the powers of the HSE to provide child care and family support services;
- (iii) the improvement of the procedures to facilitate immediate intervention by the HSE and An Garda Síochána where children are in danger;
- (iv) the revision of provisions to enable the Courts to place children who have been assaulted, ill-treated, neglected or sexually abused, or who are at risk, in the care of or under the supervision of the HSE;
- (v) the introduction of arrangements for the supervision and inspection of pre-school services;
- (vi) the revision of provisions in relation to the registration and inspection of residential centres for children.

Criminal Justice Act 2006

Section 176 of the Criminal Justice Act 2006 introduced the criminal charge of 'reckless endangerment of children'. It states:

'A person, having authority or control over a child or abuser, who intentionally or recklessly endangers a child by –

- (a) 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
- (b) failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation, is guilty of an offence.'

The penalty for a person found guilty of this offence is a fine (no upper limit) and/or imprisonment for a term not exceeding 10 years.

Domestic Violence Act 1996

The Domestic Violence Act 1996 introduced major changes in the legal remedies for domestic violence. There are two main types of remedies available:

- (i) **Safety Order:** This Order prohibits a person from further violence or threats of violence. It does not oblige that person to leave the family home. If the parties live apart, the Order prohibits the violent person from watching or being in the vicinity of the home.
- (ii) **Barring Order:** This Order requires the violent person to leave the family home. The legislation gives the HSE the power to intervene to protect individuals and their children from violence. Section 6 of the Act empowers the HSE to apply for Orders for which a person could apply on his or her own behalf but is deterred from doing so through fear or trauma. The consent of the victim is not a prerequisite for such an application, although he or she must be consulted. Under Section 7 of the Act, the Court may, where it considers it appropriate, adjourn proceedings and direct the HSE to undertake an investigation of the dependent person's circumstances with a view to:
 - (i) applying for a Care Order or a Supervision Order under the Child Care Act 1991;
 - (ii) providing services or assistance for the dependent person's family; or
 - (iii) taking any other action in respect of the dependent person.

Protections for Persons Reporting Child Abuse Act 1998

This Act came into operation on 23 January 1999. The main provisions of the Act are:

- (i) the provision of immunity from civil liability to any person who reports child abuse 'reasonably and in good faith' to designated officers of the HSE or to any member of An Garda Síochána;
- (ii) the provision of significant protections for employees who report child abuse. These protections cover all employees and all forms of discrimination up to, and including, dismissal;
- (iii) the creation of a new 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'. This is a new criminal offence, designed to protect innocent persons from malicious reports.

A wide range of nursing, medical, paramedical and other staff has been appointed as designated officers for the purposes of this Act (*see Appendix 10 of the Children First: National Guidance*). Section 6 of the Act is a saving provision, which specifies that the statutory immunity provided under the Act for persons reporting child abuse is additional to any defences already available under any other enactment or rule of law in force immediately before the passing of the Act.

Data Protection Acts 1988 and 2003

The Data Protection Act 1988 applies to the processing of personal data. It gives a right to every individual, irrespective of nationality or residence, to establish the existence of personal data, to have access to any such data relating to him or her, and to have inaccurate data rectified or erased. It requires data controllers to make sure that the data they keep are collected fairly, are accurate and up-to-date, are kept for lawful purposes and are not used or disclosed in any manner incompatible with those purposes. It also requires both data controllers and data processors to protect the data they keep, and imposes on them a special duty of care in relation to the individuals about whom they keep such data.

Education Act 1998

The Education Act 1998 places an obligation on those concerned with its implementation to give practical effect to the constitutional rights of children as they relate to education and, as far as practicable and having regard to the resources available, to make available to pupils a level and quality of education appropriate to meeting their individual needs and abilities.

Education (Welfare) Act 2000

The Education (Welfare) Act 2000, which was fully commenced in July 2002, replaced previous school attendance legislation and provided for the creation of a single national agency, the National Educational Welfare Board (NEWB), which has statutory responsibility to ensure that every child either attends school or otherwise receives an education or participates in training. The NEWB also assists in the formulation and implementation of Government education policy.

Non-Fatal Offences against the Person Act 1997

The two relevant provisions of this Act are:

- (i) it abolishes the rule of law under which teachers were immune from criminal liability in respect of physical chastisement of pupils;
- (ii) it describes circumstances in which the use of reasonable force may be justifiable.

Freedom of Information Acts 1997 and 2003

The Freedom of Information Acts 1997 and 2003 enable members of the public to obtain access, to the greatest extent possible consistent with the public interest and the right to privacy, to information in the possession of public bodies. The specific provisions of the Acts include:

- (i) to provide for a right of access to records held by such public bodies, for necessary exceptions to that right and for assistance to persons to enable them to exercise it;
- (ii) to enable persons to have corrected any personal information relating to them in the possession of such bodies;
- (iii) to provide for independent review by an Information Commissioner both of decisions of such bodies relating to that right and of the operation of the Acts generally;
- (iv) to provide for the publication by public bodies of guides to their functions and national guidelines, such as these, for the public.

Under the Acts, a person about whom a public body holds personal information has:

- (i) right of access to this information, subject to certain conditions;
- (ii) the right to correct this information if it is inaccurate.

Where a public body makes a decision that affects an individual, that individual has a right to relevant reasons and findings on the part of the body reaching that decision. The Acts are also designed to protect the privacy of individuals and, in general, requires the prior consent of an individual before releasing personal information about them. Where the release of social work or medical records contains information that would be harmful to a person's well-being, the release may be made to a health professional who acts on the person's behalf. Under the Acts, there are regulations and guidelines relating to access by parents to their children's records; these emphasize that the overriding concern is the best interests of the child.

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

- (i) protecting records covered by legal professional privilege;
- (ii) protecting records that would facilitate the commission of a crime;
- (iii) protecting records that would reveal a confidential source of information.