



Protecting Young People

**Guidelines and
Information for Foróige
Volunteers regarding
Child Protection and
Welfare concerns**

May 2013



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FORÓIGE'S CHILD PROTECTION STATEMENT

POLICY STATEMENT

The National Council of Foróige believes that the protection and welfare of children and young people is of paramount importance.

It is the policy of the National Council of Foróige that the organisation's staff and adult leaders take all reasonable care to ensure that all children and young people involved in its services are protected from abuse of any kind. This policy is grounded in Foróige's philosophy which outlines the importance of young people being treated with respect, listened to and having their views taken into consideration.

The National Council of Foróige commits to reviewing this Child Protection Policy and the Guidelines for Staff regarding Child Protection and Welfare every two years.

WHO ARE VOLUNTEERS?

A volunteer is someone who freely contributes time, skills and service at the direction of and by agreement with Foróige, but is not paid nor expects to be paid. Volunteers are in roles with young people such as in clubs, BBBS, or in joint groups with staff and in some roles which do not involve regular contact with young people. The term also covers students on placement.

Many volunteers are known as "Leaders". This document applies to all Foróige volunteers regardless of title.

CHAPTER ONE: INTRODUCTION

In this document, Foróige seeks to support volunteers to:

- **Be able to respond correctly if they become aware of a child protection or child welfare concern**
- **Be aware and avail of the support Foróige provides to volunteers in responding to a child protection or child welfare concern.**

Dealing with the issue of child abuse can be a difficult undertaking and each case may present its own unique difficulties. It is therefore important to **get help from your staff member immediately or as soon as possible**. Depending on the role of the volunteer, a Regional Youth Officer /VLS officer/Project Worker is the person in Foróige that the volunteer reports to and that provides the volunteer with support and supervision. This staff member is the Designated Liaison Person in Foróige that a volunteer should discuss a child protection or welfare concern with.

These Foróige Guidelines and Procedures are derived from and consistent with the current Children First: National Guidance (2011) and were reviewed for consistency by Health Service Executive personnel. They will be reviewed regularly by Foróige. Volunteers who wish to read further in this area should view the key documents listed in appendix 1.

1. **RESPONSIBILITY TO REPORT CHILD ABUSE OR NEGLECT**

- 1.1 Everyone must be alert to the possibility that children and young people with whom they are in contact may be suffering from abuse or neglect. It is an important responsibility. The HSE Children and Family Services should always be informed when a person has reasonable grounds for concern that a child/young person may have been, is being or is at risk of being abused or neglected.
- 1.2 Any reasonable concern or suspicion of abuse or neglect must elicit a response. Ignoring the signals or failing to intervene may result in ongoing or further harm to the child. Section 176 of the Criminal Justice Act 2006 introduced the criminal charge of reckless endangerment of children.¹

2. **PURPOSE OF THESE GUIDELINES**

- 2.1 These guidelines are for use by Foróige Volunteers in their role within Foróige.
- 2.2 The purpose of the guidelines is to:
 - (a) Provide Foróige volunteers with basic information on the nature of child² abuse and child welfare concerns
 - (b) Inform volunteers on the procedures they should follow, in their role when they are told that a case of child protection or welfare concern is occurring or has occurred, or they themselves witness it or are suspicious that it is occurring

¹ Please refer to Chapter 6 “The Legal Position, Legislation, Key Agencies and Personnel”

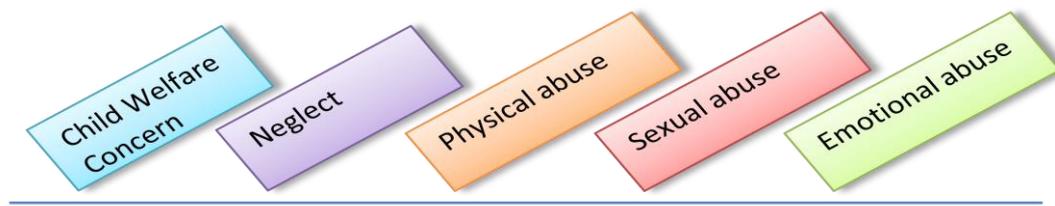
² The Child Care Act, 1991 defines "child" as "a person under the age of 18 years other than a person who is or has been married". In these guidelines the word child and young person are used interchangeably and refer to a person under 18 years of age.

- (c) Inform Foróige volunteers as to the role of Foróige staff in supporting volunteers involved in responding to a child protection or welfare concern
 - (d) Ensure consistent best practice in Foróige in responding to and recording of child protection or welfare concerns.
- 2.3 **Note:** All Foróige volunteers receive mandatory training in relation to good practice in child welfare and protection and in the implementation of the organisation's child protection policy and guidelines. This is called the "Child Protection Awareness Programme" delivered as part of, or quickly following on "Starting Out in Foróige", level 1 Volunteer Training.
- 2.4 Good practice, not only in relation to child protection but also in relation to how we go about our day to day youth work and interaction with young people in Foróige, will help minimise the risk of children and young people experiencing any form of child abuse within the Foróige Organisation. These child protection guidelines should be used in conjunction with the range of other Foróige good practice guidelines and documents available from the organisation.
- 2.5 These include:
- (a) Code of Good Practice for Volunteer Adult Leaders/Staff in working with young people
 - (b) Procedures for Recruiting and Selecting Adult Volunteers in Foróige
 - (c) Guidelines for Foróige Clubs and Groups Undertaking a Trip Involving Overnight Stays Away from Home
 - (d) Guidelines for Foróige Clubs and Groups Undertaking a Day Trip
 - (e) Interclub Events: Guidelines for District Councils.

CHAPTER TWO: CHILD PROTECTION AND CHILD WELFARE CONCERNS

Unfortunately, child abuse is not rare. Abusers can come from all walks of life. They may be relations, members of the child or young person's immediate family, "friends", strangers, people in positions of trust in relation to children or young people or other young people themselves. Child abuse can occur in many different situations including in the home, in school, in youth activities and elsewhere.

This chapter outlines the main types of child abuse and describes what might constitute a child welfare concern. It also looks at peer abuse and organised abuse. Appendix 2 explains some signs and symptoms of each of these.



1. CHILD WELFARE AND CHILD PROTECTION CONCERNS

1.1 Child Welfare Concerns

Often cases encountered are of a welfare nature and may not be recognised as obvious or deliberate (abuse) but the effect of the problem may have similarly negative consequences for the child and so needs to be responded to. It is equally important that we apply the same procedures to matters relating to the welfare of young people as well as that of abuse.

Definition of Child Welfare Concern

“A problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child’s welfare or development, which warrants assessment and support.”

HSE Child Protection and Welfare Practice Handbook

Examples of welfare issues may include:

- There may be a hygiene issue with the young person because of insufficient finances of the parents/guardians to provide clean clothes for the young person.
- A series of concerns which when combined, creates an overall picture of the circumstances which the child may be living in.
- The young person may have specific needs and the parents are unable to support the young person.
- Young person has mental health issues and the parents/guardians are unable to meet their children’s needs and support is required.

1.2 Child Protection Concerns

Child abuse occurs when a child is ill-treated in some manner and requires protection. Child abuse can be categorised into four different types: **neglect, physical abuse, sexual abuse and emotional abuse**. A child may be subjected to one or more forms of abuse at any given time. More detail on each type of abuse is given below.

A volunteer could encounter a situation regarding child abuse in a number of ways including the following:

- A young person discloses to the volunteer that he or she is being abused.
- A young person discloses to a third party such as another young person, who in turn, tells the volunteer.
- A volunteer overhears other young people discussing their concerns about a particular young person.
- A volunteer witnesses abuse.
- A volunteer becomes suspicious for some other significant reason such as unexplained injuries, especially if repeated, to a young person.
- A third party such as a neighbour or another young person informs the volunteer in confidence of his/her suspicions or concerns that a young person is being subjected to abuse.
- A volunteer witnesses signs of neglect over a period of time.
- A person causing the abuse tells you.

2. DEFINITIONS OF DIFFERENT TYPES OF CHILD ABUSE³

2.1 **Definition of Neglect**—Neglect can be defined in terms of an omission, where the child suffers significant harm and impairment of development by being deprived of such things as food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults and/or medical care.

Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is significant is determined by the child's health and development as compared to that which could reasonably be expected of a child of similar age. It is this definition that assists the HSE in making a decision on whether a child protection concern can be defined as "abuse" and then processed accordingly.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.

³ Definitions as contained in revised Children First National Guidance for the Protection and Welfare of Children, DCYA, 2011

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.

- 2.2 **Definition of 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:

- Severe physical punishment.
- Beating, slapping, hitting or kicking.
- Pushing, shaking or throwing.
- Pinching, biting, choking or hair-pulling.
- Terrorising with threats.
- Observing violence.
- Use of excessive force in handling.
- Deliberate poisoning.
- Suffocation.
- Fabricated/induced illness.
- Allowing or creating a substantial risk of significant harm to a child.

- 2.3 **Definition of 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.
- Intention touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification.
- Masturbation in the presence of the child or the involvement of the child in an act of masturbation.
- Sexual intercourse with the child, whether oral, vaginal or anal.
- Sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modelling or posing for the purposes 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 involving an adult and an underage person. **In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years for both boys & girls.** An Garda Síochána will deal with the criminal aspects of the case under the relevant legislation.

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.

2.4 **Definition of Emotional Abuse**—Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific pattern of events. It occurs when a child’s developmental need for affection, approval, consistency, and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. It includes, for example, persistent criticism and sarcasm, unresponsiveness of the parent/carer, use of over harsh disciplinary measures and exposure to domestic violence.

Often child abuse cases we encounter are of a welfare nature. It is equally important that we apply the same procedures to matters relating to the welfare of young people and families as well as that of abuse.

Examples may include:

- The imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming.
- Conditional parenting in which the level of care shown to a child is made contingent on his or her behaviour or actions.
- Emotional unavailability of the child’s parent/carer.
- Unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectation of the child.
- Premature imposition of responsibility on the child.
- Unrealistic or inappropriate expectation of the child’s capacity to understand something or to behave and control himself or herself in a certain way.
- Under or over protection of the child.
- Failure to show interest in, or provide age-appropriate opportunities for, the child’s cognitive and emotional development.
- Use of unreasonable or over-harsh disciplinary measures.
- Exposure to domestic violence.
- Exposure to inappropriate or abusive material through new technology.

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

2.5 **Special Considerations**

Special consideration must be given to the range of situations in which abuse can occur. The following examples illustrate some of these situations, but it is imperative that the response remains consistent, and that child protection procedures as outlined in Chapter 4 are carried out.

- 2.6 **Definition of Peer Abuse**⁴—In some cases of child abuse the alleged perpetrator will also be a child. In a situation where child abuse is alleged to have been carried out by another young person, the child protection procedures must be adhered to for both the victim and the alleged abuser, that is, it should be considered a child care and protection issue for both children.

Abusive behaviour that is perpetrated by a young person must be acted upon. If there is any conflict of interest between the welfare of the alleged abuser and the victim, the victim's welfare is of paramount importance. It is known that some abusers begin abusing during childhood and adolescence, that significant numbers will have suffered abuse themselves and that the abuse is likely to become progressively more serious. Early referral and intervention is therefore essential.

Research shows that teenagers perpetrate a considerable proportion of child sexual abuse. Obviously it is important that behaviour of this nature is not ignored. However it is also very important that the different types of behaviour are clearly identified and that no young person is wrongly labelled 'a child abuser', without a clear analysis of the particular behaviour by professionals.

- 2.7 **Definition of Organised Abuse**⁴—Cases of organised abuse comprise only a very small proportion of the child protection concerns that come to the attention of the HSE. Nevertheless, they are complex and require particularly careful handling. Essentially, organized abuse occurs when either one person moves into an area or institution and systematically entraps children for abusive purposes (mainly sexually) or when two or more adults conspire to similarly abuse children, using inducements. Organised abuse can occur in different settings such as the community, the family or extended family or an institution.

⁴ Definition as contained in revised Children First National Guidance for the Protection and Welfare of Children, DCYA, 2011

CHAPTER THREE: RECOGNISING RISK OF CHILD PROTECTION OR WELFARE CONCERNS

Child neglect or abuse can often be difficult to identify and may present in many forms. In some instances a disclosure is made by an alleged victim of abuse or by a third party in relation to abuse. However, at other times a person may become suspicious of child neglect or abuse as a result of signs and symptoms they become aware of. A list of signs and symptoms of child abuse as defined in Children First and the Child Protection Welfare Practice Handbook (HSE, 2011 and available on www.foroige.ie). No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than child abuse. All signs and symptoms must be examined in the context of the child's situation and family circumstances.

1. GUIDELINES FOR RECOGNITION⁵

The ability to recognise child abuse can depend as much on a person's willingness to accept the possibility of its existence as it does on their knowledge and information. There are commonly three stages in the identification of child neglect or abuse:

Stage 1: Considering the possibility

The possibility of child abuse should be considered if a child appears to have suffered a suspicious injury for which no reasonable explanation can be offered; or if the child seems distressed without obvious reason or displays persistent or new behavioural problems; or if the child displays unusual or fearful responses to parents/guardians/carers or older children. Ongoing neglect should be considered even when there are short periods of improvement.

Stage 2: Looking out for signs of neglect or abuse

Signs of neglect or abuse can be physical, behavioural or developmental. They can exist in the relationships between children and parents/carers or between children and other family members/other persons. A cluster or pattern of signs is more likely to be indicative of neglect or abuse. Children who are being abused may hint that they are being harmed and sometimes make direct disclosures. Disclosures should always be taken very seriously and should be acted upon. Many signs of abuse are non-specific and must be considered in the child's social and family context. It is important to be open to alternative explanations for physical or behavioural signs of abuse.

Stage 3: Recording of information

If neglect or abuse is suspected, it is important to establish the grounds for concern. Observations should be accurately recorded and should include dates, times, names, locations, context and any other information that may be relevant. A Foróige staff member will assist you with this. All material and documentation relating to any such information must be kept in the Child Protection Case (CPC) File, created and stored securely by a staff member.

Note: Foróige volunteers and staff do not investigate child protection or welfare concerns. We record what we see or hear and pass it on to the HSE Child and Family Services – or Gardaí in an emergency situation.

⁵ Adapted from the revised Children First National Guidance for the Protection and Welfare of Children, DCYA, 2011

2. REASONABLE GROUNDS FOR CONCERN

2.1 What would constitute reasonable grounds for concern about the protection and welfare of children within Foróige?

The following extract from *Children First* sets out examples, which are not a full list, of reasonable grounds for concern to report to the HSE Child & Family Services:

- (a) A specific indication from the young person that he/she was abused.
- (b) A specific indication from a third party that a young person was abused.
- (c) Evidence, such as an injury, of behaviour which is consistent with abuse and unlikely to be caused another way.
- (d) Signs of injury which are consistent with abuse and unlikely to be caused another way.
- (e) An injury or behaviour which is consistent both with abuse and with an innocent explanation but there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indications of abuse, dysfunctional behaviour.
- (f) Consistent indication, over a period of time, that a child is suffering from emotional and physical neglect.

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

It is important to re-emphasise that the protection and welfare of the child must always be the first priority and if there is any reasonable grounds for concern that abuse exists the matter must be reported to the HSE Child and Family Services.

2.2 Risk Factors for Consideration in Child Protection

Alongside the signs and symptoms of abuse, there may also be a number of known risk factors that need to be considered when responding to child protection concerns. Risk factors are features of a child's circumstances that are known to be associated with heightened risk to health, development and welfare. They can broadly be grouped into four areas: parent or caregiver factors, family factors, child factors, environmental factors. In addition other risk factors that need to be considered are:

- Age of the child.
- Domestic Violence/sexual violence.
- Parental mental health problems.
- Parental substance misuse.
- Parental intellectual disability.
- Unknown partners.

- Families who are ‘uncooperative’ or ‘hard to engage’.
- Poverty and social exclusion.
- *Potential risk* to children posed by a specific person, even if the children are unidentifiable. e.g. a person cautioned or convicted of an offence against a child who has unsupervised access to children, or is seeking it

Note – this is not a full list and often children & their families can experience more than one of these risk factors or a combination of a number of them.

2.3 Children and Young People with Additional Vulnerabilities

Certain children are more vulnerable to abuse than others. Such children include those with disabilities, children who are homeless and those who, for one reason or another, are separated from their parents /guardians or other family members and who depend on others for their care and protection. The same categories of abuse – neglect, emotional abuse, physical abuse and sexual abuse – are applicable, but may take a slightly different form. For example, deprivation of basic rights, harsh disciplinary regimes or the inappropriate use of medications or physical restraints.

2.4 Considering whether there is a Welfare Concern⁶

Listed below are questions that may help volunteers when they are concerned about a child's or young person's welfare. These questions may assist you in clarifying what information you have and what you may not know the answer to. You should note this for yourself and continue observation. Do not seek to investigate. Talk to your staff member if in any doubt.

- Is he/she behaving normally for his/her age and stage of development?
- Does the child or young person present with a change in behaviour?
- For how long has this behaviour been observed and how often does it occur?
- Has something happened that explains the behaviour?
- Is the child or young person showing signs of distress? If so, describe (e.g. behavioural, emotional, physical signs).
- Does the behaviour happen everywhere or just in the school, childcare or youthwork setting?
- Is the child or young person suffering?
- Does the behaviour restrict the child or young person socially?
- Does the behaviour interfere with the child's or young person's development?
- What effect, if any, does it have on others (e.g. other young people)?
- What are the young person's parents(s) /guardian(s) views, if known? .

⁶ Barnardos (2010) Barnardo's Ireland Information Pack Child Protection, Barnardo's Training & Resource Service

CHAPTER FOUR: PROCEDURES TO BE FOLLOWED BY VOLUNTEERS IN RESPONDING TO CHILD PROTECTION & WELFARE CONCERNS

This chapter is about what to do if as a Foróige volunteer, you are concerned, or suspect that children /young people may have been, are being or are at risk of being abused or neglected. It includes details on how to make a report to the correct authorities with help from Foróige staff.

Any adult in Foróige who becomes aware of a child protection or welfare concern has a duty to report this to the appropriate authorities.

Where the person who becomes aware of the issue is a volunteer, staff will support him/her in all aspects of responding to the situation, including helping the volunteer to report it.

To enable this to happen:

- (a) Volunteers should avail of the Child Protection Awareness training⁷.
- (b) Each volunteer must have the staff member's telephone number and in case the staff person is not available, the Line Manager's number; stored in a location where it is easily accessible or on a mobile phone if possible. Foróige office contact phone numbers are available on the Foróige website www.foroige.ie
- (c) Know where to access the HSE Standard Form for Reporting Child Protection and/or Welfare Concerns. Your staff member will have a supply or you can download it from www.HSE.ie/go/childrenfirst. A completed sample is included as appendix 4.
- (d) Each volunteer must have read and be able to use the guidance in chapter 7 "Responding to & supporting young people, parents/guardians" and "Support for volunteers reporting a child protection concern"

1. PROCEDURES TO BE FOLLOWED

- 1.1 When a Foróige volunteer is told or becomes otherwise aware or suspicious that a young person may have been, is being or is at risk of being abused or neglected⁸, he/she should consider the situation calmly and be guided by the **paramountcy principle**, that the young person's protection & welfare must be the volunteers over-riding concern.
- 1.2 Applying this principle the volunteer should act confidentially⁹ and implement the following procedures, set out overleaf.

⁷ This is training designed by the National Youth Council of Ireland and facilitated by trained Foróige personnel.

⁸ the volunteer may be told by the person claiming to be abused or by a third party. There may be a concern about the potential risk to children posed by a specific person. Even if the child is unidentifiable, this should also be communicated to the Duty Social Worker

⁹ See page 21 for a Definition of Confidentiality.

A. Write down accurate notes as soon as possible.

B. Contact your staff member immediately or as soon as possible. (You may phone the staff member before making notes if you need to)

C. Decide in consultation with your staff member, who will consult his/her manager:

Whether to make a report to the HSE Child and Family Services and whether this will be a verbal and written report or just a written report.

OR

Whether the matter should be discussed informally with the HSE duty social worker.

D. If decision is to report

- The staff member or you will inform parents, if appropriate.
- From your notes, prepare with the assistance of the staff member, the standard HSE reporting form even if a report has been submitted verbally.
- The staff or volunteer submits the written HSE Report to the HSE Child and Family Services.
- Forward to the staff member a copy of the Report to be placed in the Individual Young Person's Child Protection Case (CPC) File. Normally you will not keep a copy yourself.

If decision is NOT to report

- Have the staff member note the reason for not reporting and file this note in the Individual Young Person's Child Protection Case (CPC) File
- Continue to record worrying observations, suspicions, concerns, behavioural changes. Forward these to the staff member who will consider them with you and file them
- This may lead to a future report being made.
- If further concerns come to your attention follow **A** above.

2. DETAILED STEPS TO BE FOLLOWED WHEN CONSIDERING MAKING A REPORT

A. Write down accurate notes as soon as possible (You may phone the staff member first if you need to)

Write down, as soon as possible, accurate notes on everything that is relevant.

It is important to do the following:

- Record all facts that support your concern(s).
- Stick to the facts of what you have heard and/or seen.
- Do not interpret situation or imagine what is in other people's minds.
- Be as concrete and specific as possible in establishing the basis of your concern.
- Write down as accurately as possible what you were told.

- Write specifically where, when and by whom you were told it.
- Write, if possible, the exact words used by the person.
- Write down as accurately and specifically as possible anything you observed and when and where you observed it.
- All notes and documentation must be forwarded to your staff member to be placed on the Individual Young Person’s Child Protection Case (CPC) File and stored securely.
- **It is important to note, unlike a disclosure or allegation, a suspicion or concern may be arrived at over a period of time.** It is for this important reason all worrying observations, concerns, suspicions and behaviour changes are recorded and forwarded to the staff person. This information may assist a HSE investigation. A template for notes is outlined in Appendix 2.

B. Contact your staff member immediately or as soon as possible

Contact your staff member immediately and discuss the matter in confidence (your staff member is the designated liaison person in Foróige for dealing with child protection and welfare matters). This is also to help you clarify what you have heard or seen, and to give you support both for yourself and in reporting the matter further. You should not discuss the matter with any other persons.

If your staff member is unavailable contact an area manager or the Foróige Assistant Chief Executive Officer. Office contact details are available on www.foroige.ie

C. Decide, in consultation with your staff member, if you will make a report to the HSE duty Social Worker, or Decide, in consultation with your staff member, whether you will discuss the matter informally with the HSE duty Social Worker

Consult with your staff member and report the matter to the HSE duty Social Worker without delay, unless you **both** conclude that there is no definite knowledge or reasonable grounds for concern of child protection or a child welfare issue (for further information in relation to “reasonable grounds for concern”, see (Chapter 3).

If you have submitted a report verbally or in person, this must be supported by submitting a completed HSE Standard Report Form.

If one of you concludes that there is definite knowledge or reasonable grounds for concern of abuse or a child welfare issue, then the report is made. Under no circumstances should a child be left in a situation that exposes him or her to harm or to risk of harm pending HSE intervention.

A volunteer or staff member should never be instructed not to make a report.¹⁰

¹⁰ Please refer to CHAPTER 6 for further reading on the guidance and legislation underpinning child protection and welfare concerns.

The process of making the decision to report or not may involve informal consultation with the duty social worker (the person to whom the report is to be made in the Health Service Executive and who has been delegated with the responsibility to receive such reports).

If your staff member and you decide that an **informal consultation** with the HSE is needed, telephone the duty social worker describing what you have seen or heard. It may be useful for you and the staff person to do this together if you are near each other. Make clear that you want to have an informal consultation in confidence. If not done with the staff member present, it is important to report back to the staff member on the outcome of this consultation. If the social worker believes that the information you have constitutes reasonable grounds for concern, make a formal report supported by your staff member. See Chapter 3 for guidance on reasonable grounds for concern. A record should be kept of this informal consultation and any decisions arising out of it and stored by the staff person on CPC file.

Note: Foróige volunteers have no function in investigating child protection matters. If the social worker does not consider that the matter needs to be reported, but you still have concerns, with the staff member, you should immediately record in writing the outcome of your discussions with the social worker. The staff person will store this on the (CPC) File.

Then discuss the matter again with your staff member who will discuss it with his or her manager. It is possible for Foróige volunteers and staff to report even if the advice has been that the Social Worker does not think there are reasonable grounds for concern.

D. Making a decision...

If the decision is made not to report the matter to the HSE

The Staff member or volunteer will note the reason for not making an official report to the HSE, and the staff person will file this note in the individual young person's CPC file

Continue to record worrying observations, suspicions, concerns, behavioural changes and forward these to the staff member to be placed in the individual young person's File. This may lead to a future report being made.

If a further concern or concerns come to your attention follow "A" above.

If the decision is made to report the matter

Discuss and decide with your staff member if it is appropriate to inform the parents/guardians. If you suspect child abuse or neglect and are making a report to the HSE, the parents/guardians of the child should be informed unless doing so is likely to endanger the child, volunteer or staff member (see Chapter 7 for guidance on speaking to parents). If it is decided to inform the parents/guardians, you and the staff member will need to decide whether to tell parents/guardians **before or after** the HSE report is submitted, you may also wish to discuss this with the HSE Duty Social Worker. The staff member will normally be the person who informs the parent, but if appropriate, the volunteer may have a role in this.

Complete with the Staff member the HSE Standard Report Form for Reporting Child Protection and/or Welfare Concerns (this is the reporting form required by the HSE - see sample in Appendix 4).

- (a) For any sections which you do not have the information, please indicate this by putting a line through the question.

- (b) Sign the form. You can add the words “Foróige Volunteer Adult leader”(see sample completed form in appendix 4)
- (c) Submit a cover letter with the report form marking both the cover letter and the envelope “Private and Confidential”. The cover letter may note any comments you wish to make such as asking for as much anonymity as possible regarding disclosure of the referral source. Refer to Appendix 3 for sample copy of cover letter. **Foróige cannot guarantee that the HSE will give anonymity even if requested to so do.**
- (d) The HSE should also be asked, in writing, to acknowledge receipt of this report. Forward this to the staff member for filing.
- (e) The staff member will file a copy of the Report in the individual Young Person’s CPC) File and send a copy to his /her line manager.

Any written report on this matter should be marked "**Strictly Private & Confidential Addressee Only**" to the person to whom the report is sent.

E. After a Report is submitted.....

After you have submitted the report to the HSE, leave the matter be, apart from:

- (a) any necessary contact with the HSE including attending and sharing information, as required, at formal child protection and welfare meetings e.g. child protection conferences at which you would be accompanied by staff
- (b) being available to listen to and reassure the young person as appropriate¹¹
- (c) maintaining contact with your staff member to acquire support for yourself which may include additional one to one supervision;
- (d) any additional and/or ongoing concerns, in which case the matter should be reported using the same procedures as above.

It may be appropriate to arrange for you or the staff member to check in with the young person later that evening or the next day either by phone or in person.

The staff member will contact the volunteer to see how he or she is doing.

Note: If a child abuse/child welfare concern is brought to your attention by a third party and it is decided not to report this to the HSE Child and Family Services, you must inform the person of the decision not to report; inform them that they can report directly to the HSE Child and Family Services, Social Work Department; and that the provisions of the **Protection of Persons Reporting Child Abuse Act 1998** would pertain. Your staff person can guide you through this.

¹¹ Refer to Chapter 7 “Responding to & supporting young people& parents/guardians, and support for volunteers”

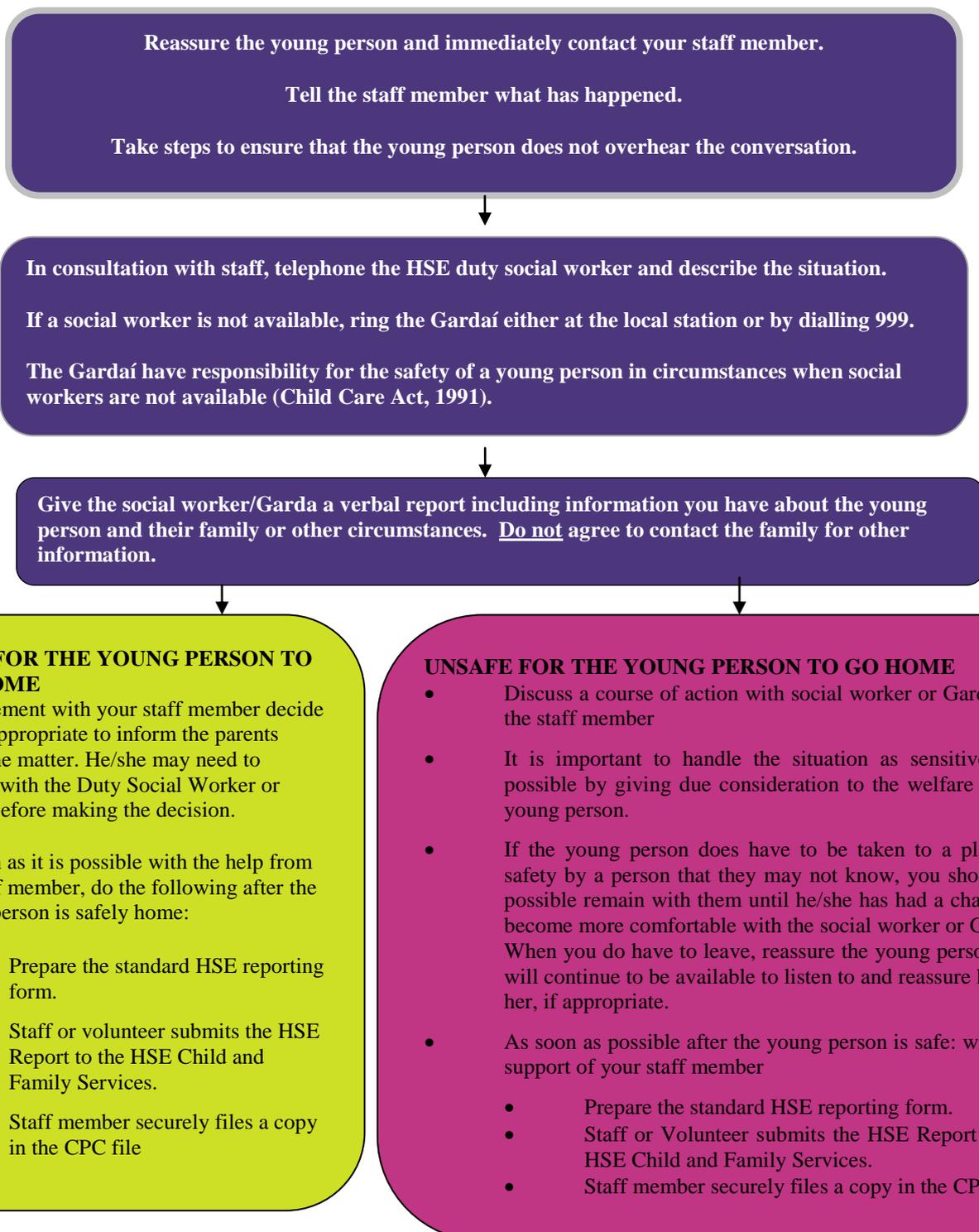
3. DEALING WITH EMERGENCY SITUATIONS

An emergency situation is one in which a child or young person's immediate safety is deemed to be at risk. In circumstances where a child's or young person's immediate safety is deemed to be at risk, the volunteer must maintain regular contact with the staff member.

Under no circumstances should a child be left in a situation that exposes him or her to harm or to risk of harm pending HSE intervention. In cases of emergency where a child appears to be at serious and immediate risk, follow the procedures as outlined here and on the following page.

As may be the case, an emergency may arise when the HSE Duty Social Worker is not immediately available. In this event An Garda Síochána should be contacted. An Garda Síochána are available 24 hours a day either by ringing the local station or by dialling 999.

Procedure which **MUST** be followed in Emergency Situations



3.1 Follow Up with Emergency Situations

It may be appropriate to arrange to check in with the young person later that evening or the next day either by phone or in person.

After completing the above, leave the matter be apart from:

- (a) Any necessary contact with the Gardaí or HSE including attending and sharing information, as required, at formal child protection and welfare meetings e.g. child protection conferences.
- (b) Being available to listen to and reassure the young person as appropriate or in some project settings arranging for the staff member to be so available.¹²
- (c) Maintaining contact with the staff member to acquire support for yourself which may include additional one to one supervision.
- (d) Any additional and/or ongoing concerns, in which case the matter should be reported using the same procedures as above.

In an emergency situation where your staff member is unavailable contact another staff person, a line manager or the Assistant Chief Executive Officer. In the unlikely event that none of these are available contact the Gardaí.

(The Assistant Chief Executive Officer is the National Designated Liaison Officer)

4. DEALING WITH AN ALLEGATION AGAINST A FORÓIGE VOLUNTEER, STAFF PERSON OR MANAGER

All allegations against volunteers who work with children and young people must be reported to the staff person. A suspicion or allegation against a staff person should be reported to their line manager. A suspicion or allegation against a manager should be reported to the Assistant CEO, CEO or Chairperson of the National Council of Foróige as appropriate. The same reporting procedures, as outlined earlier in this chapter, will be applied to these allegations.

5. DEALING WITH RETROSPECTIVE DISCLOSURES

An increasing number of adults are disclosing abuse that took place in their childhoods. The HSE National Counselling Service is in place to listen to, value and understand those who have been abused in childhood. This service is professional, confidential and free of charge in all regions of the country and can be accessed by self-referral (Freephone 1800 477477).

If it is felt by a volunteer or their staff member that, arising from a retrospective disclosure by an adult to the volunteer, there is any risk to a child or young person who may be in contact with an alleged abuser, the allegation must be reported to HSE Children and Family Services without delay following the procedures outlined in Chapter 4 of these Guidelines.

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

¹² Refer to Chapter 7 “Responding to & supporting young people, parents/guardians & support for volunteers”

6. COMMON DIFFICULTIES IN DEALING WITH CHILD ABUSE

- 6.1 Dealing with child abuse is rarely straightforward. Many complications can arise including the following:
- (a) The child's family or the alleged abuser may be known to the volunteer as neighbours, friends or relatives.
 - (b) Disclosure is made and then withdrawn.
 - (c) The child or young person makes a disclosure to a volunteer and then attempts to swear the volunteer to secrecy.
 - (d) The child or young person threatens self harm if the volunteer tells anyone else.
 - (e) The child or young person will often seek to protect and even express love and concern for his/her abuser.

Despite these complications and difficulties the volunteer must always follow the procedures set out in these guidelines.

7. CONFIDENTIALITY

Confidentiality is about managing sensitive information that arises in a trusting relationship and doing so in a manner that is respectful, professional and purposeful.

Foróige is committed to ensuring people's rights to confidentiality. However, in relation to child protection and welfare it is important that:

- Information will only be shared on a 'need to know' basis in order to safeguard the young person. This is normally with the staff member only. If other volunteers or staff need to be aware that something is going on – a discussion with the staff member should take place to decide what information is given to whom.
- Giving such information to others for the protection of a child or young person is not a breach of confidentiality
- The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection.
- No guarantee of confidentiality is given where the best interests of the child or young person are at risk
- Parents and children have a right to know if personal information is being shared, unless doing so could put the child at further risk

SUMMARY OF DO'S AND DON'TS REGARDING CHILD ABUSE AND CHILD WELFARE CONCERNS

- **Do** write down accurate notes based on what you have heard and observed.
- **Do** discuss the matter in confidence with your staff member.
- **Do** complete from your notes with staff support, an accurate, detailed, factual account of what you have seen and heard.
- **Do** report the matter to the local Health Service Executive unless both you and the staff member conclude that reasonable grounds for concern do not exist, following staff consultation with the Foróige line manager.
- **Do** treat the matter in the strictest confidence.
- **Do not** make accusations or allegations against anyone.
- **Do not** investigate any alleged instances or suspected instances of child abuse or child welfare concerns.
- **Do not** attempt to diagnose cases of child abuse.
- **Do not** make promises that cannot be kept, for example, a promise not to tell anyone.

CHAPTER FIVE: GUIDANCE FOR VOLUNTEERS REGARDING WRITTEN RECORDS AND NOTES

Written records are of critical importance in managing child protection /child welfare cases. It is critical that Foróige has accurate, up to date files and strictly adheres to the record keeping procedures outlined below. These procedures are governed by the Data Protection Acts 1988 and 2003 (See Chapter 6 for further information). Following receipt of a written request Foróige is committed to cooperating with the HSE Children and Family Services on the sharing of records where a child welfare or protection issue arises, and attending and sharing information as required at formal child protection & welfare meetings as organised by the HSE Children and Family Services.

Procedures for volunteers regarding written records on child protection concerns

1. Any notes should be written or typed where no one else such as other volunteers or your family will see what you are doing. They should be kept temporarily in a safe place – such as a household safe, bedroom drawer or other private place not likely to be accessed by others in the household.
2. All written or typed notes and reports should be posted or hand delivered to the staff member as soon as possible for storage. All correspondence by post or hand delivered, should be sent within an envelope clearly marked “Strictly Private and Confidential—Addressee Only”.
3. Copies should be kept by the volunteer only if needed to prepare another document or until it is no longer needed in the immediate future. It should then be sent to the staff member for secure shredding.
4. It is only allowable to email the staff member if speed is a priority and if the staff member agrees to this, but the email must be from an address only you can access and must be deleted immediately after sending and the recycle bin cleared.
5. The staff member will open and securely store a Child Protection Case (CPC) file, following the organisations procedure for this.
6. If the volunteer needs access to this file for further steps, the staff member will make this available.
7. Any documents prepared on a home/work computer by a volunteer should be deleted from the computer and the recycle bin cleared after the document has been sent to the staff member.
8. When a decision is made to submit a written formal report to the HSE Child and Family Services in relation to a child protection/child welfare concern, the formal report is made by completing the HSE Standard Report Form. Appendix 4 outlines a sample of a completed reporting form. If you have submitted a report verbally or in person you must still support this verbal or personal report by completing and submitting the HSE Standard Report Form. The staff member will help you with this.
9. Ask for a formal acknowledgement in writing of the receipt of the report made to the HSE Child and Family Services (Appendix 3).
10. After a report has been made, the volunteer may receive further co-correspondence from the HSE. This should be read by the volunteer and then sent to the staff member who will support the volunteer in any action necessary, or store the document if no action is requested.
11. For the purposes of expedience, information may be requested electronically by the HSE Child and Family Services. If this situation arises, you may e-mail relevant information or

report forms. Ensure to treat email correspondence in as formal a manner as you would treat a letter. You should forward any email communication to the staff member who will print it, file it in the CPC File. You should delete the electronic version from your e-mail and computer immediately.

12. All documents prepared by the volunteer should be clearly written or typed, signed and dated by the volunteers, and counter signed and dated by the staff member.
13. Any further concerns observations or suspicions should be recorded in writing, signed and dated by the volunteer and forwarded to the staff member for consideration by both of you and the staff member's line manager.
14. A volunteer may have ongoing concerns about a young person which individually don't appear to be a problem, but taken together would indicate a concern. Any notes taken of this by the volunteer should be stored in a locked space or passed to the staff person for storage (See appendix 2 for help on writing notes).

CHAPTER SIX: THE LEGAL POSITION, LEGISLATION, KEY AGENCIES AND PERSONNEL

8. THE LEGAL POSITION (based on legislation referred to in section 2 below)

- 8.1 Should a Foróige volunteer make a report or furnish information with regard to suspicions or an allegation of child abuse to the appropriate person, such communication is privileged. Privilege in this case means immunity from civil liability. This means that they will not be liable in damages in respect of that communication if they acted reasonably and in good faith in forming the opinion and communicating it to the appropriate person. An appropriate person is your immediate staff member, Designated Officer of the HSE or a member of An Garda Síochána.
- 8.2 Those making a report should not accuse or bring a charge but merely pass on a report. They are expected to act in the best interest of the young person.
- 8.3 Privilege can be displaced where it is established that the person making the report acted maliciously or recklessly. **The Protection of Persons Reporting Child Abuse Act 1998** also creates a new criminal offence of false reporting of child abuse where a person makes a report of child abuse to the appropriate authorities knowing that the statement to be false.
- 8.4 In very rare circumstances there is a possibility that parties reporting suspicions of child abuse under these guidelines would be required to attend court in the event of civil or criminal proceedings arising. The circumstances of the particular case may result in such a situation. In all cases, leaders and staff must consult with the Assistant Chief Executive Officer of Foróige, and where appropriate, the Chairperson of the National Council, for further guidance and advice in the event of being requested to give evidence in civil or criminal proceedings relating to abuse cases which affect or involve Foróige.
- 8.5 Please note that Foróige, in providing guidelines on the legal position, does not attempt to give legal advice in relation to these issues. Parties with a legal query should seek appropriate legal advice on the issues concerned.

9. RELEVANT LEGISLATION

There is a range of guidance and legislation underpinning who should take action, what the action should be and when it should be taken in child protection and child welfare matters. Some of the key legislation includes **Children Act 2001, Child Care Act 1991, Protections for Persons Reporting Child Abuse Act 1998, Criminal Justice Act 2006, Data Protection Acts 1988 and 2003 (the “Data Protection Acts”)**. Further explanation of the key points of these acts is available on www.foroige.ie/childprotection.

10. KEY AGENCIES

10.1 HSE

The HSE has, under the Child Care Act 1991, statutory responsibilities in relation to the care, protection and welfare of children. It is responsible for operating a child protection and welfare service and has designated persons within the HSE with responsibility for co-ordinating child protection services.

10.2 **An Garda Síochána**

Under section 12 of the Child Care Act 1991, An Garda Síochána is vested with the power to remove a child/young person if a member of the Gardaí has reasonable grounds for believing that there is an immediate and serious risk to the health or welfare of a child (and if it would not be sufficient for the protection of that child/young person to await the making of an application for a Emergency Care Order by the HSE under Section 13 of the Child Care Act 1991.)

11. **KEY PERSONNEL**

11.1 **Designated Liaison Person**

For any volunteer, if a child welfare or child protection concern arises; the designated liaison person is the staff member with whom you normally relate to in relation to your ongoing role and who provides you with support and supervision.

The role of a Foróige staff member acting as a **Designated Liaison Person** is to manage a child protection concern including:

- Receiving and considering child protection concerns from Foróige as reported by volunteers or staff and consult with his/ her line manager
- Primarily assisting volunteers in making a referral or making a referral directly to the HSE
- Supporting the volunteer in consulting with the HSE/An Garda Síochána as appropriate
- Speaking to parent(s)/guardian(s) as appropriate with or on behalf of the volunteer
- Supporting implementation of Foróige's child protection policies
- Maintaining confidential records & following Foróige record keeping guidelines
- Facilitating volunteer training opportunities
- Providing information and advice
- Keeping up to date on relevant policy and legislation
- Communicating or further consulting with National Designated Liaison Person as required

11.2 **Foróige National Designated Liaison Person**

The Assistant CEO of Foróige is the National Designated Liaison Person and, in the event of a staff member or line manager (Designated Liaison Person) being unavailable, should be contacted to provide the above supports.

National Designated Liaison Person:

John Cahill

Assistant Chief Executive Officer

Foroige HQ, Block 12d, Joyce Way, Parkwest, Dublin 12

Tel: 01 6301 560

Fax: 01 6301 568

Mobile No: 086 83 95 924

Email: John.cahill@foroige.ie

CHAPTER SEVEN: RESPONDING TO AND SUPPORTING YOUNG PEOPLE AND PARENTS/GUARDIANS; AND SUPPORT FOR VOLUNTEERS

1. RESPONDING TO A CHILD OR YOUNG PERSON WHO DISCLOSES ABUSE

A child or young person may allege or disclose abuse or a welfare concern to a volunteer as a trusted adult at any time during their involvement with them. It is important that the volunteer is aware and prepared for this.

- Be as **calm** and natural as possible. Create an atmosphere of trust and openness to the young person.
- 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 or young person. The child or young person may be under severe emotional stress and you may be the only adult whom the young person is prepared to trust.
- Remember, the child or young person may initially be testing your reactions and may only fully open up over a period of time. Keep an open mind; do not jump to conclusions.
- **Listen** to what the child or young person 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 or young person but reassure the young person of your concern for him/her. 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 or young person 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 or young person 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 judgement on, or anger towards, the alleged perpetrator while talking with the child or young person.
- It may be necessary to **reassure** the child or young person that your feelings towards him or her have not been affected in a negative way as a result of what they have disclosed.
- Tell the child or young person that everything possible will be done to protect and support him/her.
- **Do not make promises** that cannot be kept, (for example, promising not to tell anyone else), tell the child or young person that, having been given the information, you are now obliged to follow certain procedures which involves the reporting of the information to people who may be able to help.

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.

2. **SUPPORTING THE CHILD OR YOUNG PERSON AFTER A DISCLOSURE**¹³

Disclosure is a huge step for a child or young person. It is important that the volunteer continues in a supportive relationship with the child or young person. The volunteer and staff member will together work out how this should be done, but it may include some of the following:

- Keeping in contact with the child or young person and maintaining a positive relationship with them.
- Keeping in touch with the child or young person's family if appropriate.
- Keeping lines of communication open by listening carefully to the child or young person while being sensitive to the vulnerability they may feel.
- Continuing to include the child or young person in the usual activities.
- Offering extra one-to-one sessions with a staff member or volunteer, or group activities with other young people, as necessary to support the child or young person.
- Being aware of support services which they could access to refer the child or young person to, as necessary and in consultation with the staff member.
- Being aware of maintaining appropriate boundaries.

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.

3. **GUIDELINES ON SPEAKING TO PARENTS/GUARDIANS ABOUT A HSE REPORT**

While a staff person may be the one speaking to the parents/guardians, the volunteer is involved in making the decision as to whether or not they should be spoken to and so the volunteer needs to be aware of how this is dealt with, as outlined below.

When a child or young person discloses a child protection concern or alleges that abuse has taken place, or if the volunteer has concerns regarding the child's or young person's safety or welfare, and is reporting those concerns to the HSE, they must complete the procedures as outlined in Chapter 4. Informing parents/guardians, as appropriate, that a report will be/has been submitted to the HSE in relation to a child protection concern for the safety or welfare of their child; is one part of the reporting procedure.

¹³ HSE Child Protection Welfare & Practice Handbook

Where there is a positive relationship between the volunteer and the family, informing parents/guardians of a concern for the safety and welfare of the child will help to maintain this relationship, and will help ensure that supports can be put in place to help the child or young person and family during this time. Your staff member will inform the parents on your behalf or with you, and in either event will help you prepare for this.

It is considered appropriate to inform parents/guardians of any child protection concern or allegation of abuse made by their child or young person against a third party unless doing so further endangers the child or endangers the volunteer or staff member.

Use the following steps as a guide to support you in informing parents/guardians:

- 3.1 The volunteer and staff member decide, in consultation with the line manager, if informing parents/guardians is the appropriate action to take, and discusses when parents/guardians should be informed, that is, either before or after the report to the HSE is made. On occasion, it may be determined by the volunteer and the staff member that informing parents/guardians may further put a child or young person at risk. If this is the case, then they should not inform the parent/s and this should be noted in the HSE Report. **If the volunteer/ staff member has concerns about speaking with the parents/guardians then they should seek an informal consultation with and advice from the HSE Duty Social Worker.**
- 3.2 The volunteer informs their staff member if they have concerns regarding what the perceived reaction of the parent may be to them when the parents are informed of the report to the HSE. The volunteer may be familiar with the family and may be privy to information which they can discuss with the staff member. Volunteers/staff should not inform parents/guardians if they think that in doing so will put their own safety at risk. In making this decision, volunteers should consider their own knowledge of the family, check the parent permission form and consult the staff member. In a group led by staff and volunteers, the staff may have more information than in a large club situation. If you decide against informing the parents, the volunteer and staff member should inform the HSE Child and Family Services when making a child protection report, that a decision has been made not to inform the parents/guardians of the child or young person because doing so would present a risk to the safety of the staff member or volunteer.
- 3.3 The staff members and volunteer if appropriate should ensure that they meet parents/guardians in a place where they can convey the information in a confidential manner and secure manner. A neutral venue might be the most appropriate, however, if a volunteer and staff member decide to meet the parent/s in their home then they should ensure that they carry a mobile phone and adhere to the guidelines on “Good Practice on Home Visits”. The staff member /Volunteer will inform parent/s that a child protection concern/allegation of child abuse has arisen in relation to their child and that, as required by the organisations own policies, it has/will be referred to the HSE. They should state that the matter will be treated in the strictest of confidence and that the volunteer will continue to engage with the child/young person.
- 3.4 In the meeting with parents, information with regard to the type of alleged child protection issue or alleged abuse and the alleged perpetrator of same **will only be given where it is appropriate**. What deems it to be appropriate or inappropriate can be determined as the likely consequences of the disclosure of this information and the potential risk of harm it may or may not bring to the young person and/or the alleged perpetrator. The staff member will consult with their line manager prior to speaking to parents/guardians even if the meeting also involves the volunteer.

- 3.5 In the event that the parent/s demands this information and **it is not appropriate for this information to be given** then the staff member/Volunteer should refer them to the person in the HSE that received/will receive the report.

4. **SUPPORT FOR VOLUNTEERS IN DEALING WITH CHILD PROTECTION OR WELFARE CONCERNS**

Foróige is very conscious that a child protection or child welfare concern can be difficult for a volunteer and it is important that he or she is and feels supported effectively and appropriately. Foróige staff members are trained to consider the circumstances of the volunteer and their fears or concerns and to support appropriately while maintaining the principle that the interests of the child are the paramount concern.

The staff member should provide the following support to a volunteer making a Child Protection Report:

- Being available to listen to the volunteer and helping them talk through the disclosure
- Helping decide if the situation is an emergency and, if so, what course of action to take
- Assisting the volunteer to keep appropriate confidentiality and identify what information may be shared with those who need to know
- Reassuring the volunteer that they will not have to deal with this alone
- Assisting the Volunteer to make notes and on behalf of the volunteer, filing them securely in a Child Protection Case File.
- Helping decide if an informal conversation with the duty Social Worker is appropriate and where possible participating with the volunteer in that conversation.
- Helping the volunteer reach a decision as to whether or not to make a report to the HSE.
- Deciding with the volunteer if the parent/s are to be informed, where; and what information is it appropriate to give the parent/s.
- Informing the parents or accompanying the volunteer to do it after considering the procedures for carrying out home visits, if the parent/s are to be informed in their home.
- Being available to listen to and provide consultancy to the volunteer through support and supervision either on the phone or face to face as is needed and feasible.
- Reassurance that the volunteer has followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately.
- Support and supervision for the volunteer in relation to the disclosure, reporting and any consequences resulting.
- Sending the form to the HSE unless it is appropriate for the volunteer to do it.

APPENDIX 1

FURTHER READING/REFERENCE

The following are available on www.Foroige.ie

- Code Of Good Practice For Volunteer Adult Leaders/Staff In Working With Young People
- Procedures For Recruiting And Selecting Adult Volunteers In Foróige
- Guidelines For Foróige Clubs And Groups Undertaking A Trip Involving Overnight Stays Away From Home
- Guidelines For Foróige Clubs And Groups Undertaking A Day Trip
- Interclub Events: Guidelines For Foróige District Councils
- Foróige Guidelines on Good practice for Home Visits
- Let's Beat Bullying, An Anti-Bullying Resource For Those Working With Young People In Youth Work Settings, National Youth Council Of Ireland

The following are available from the HSE website (under re construction at time of print)

- Children First: National Guidance for The Protection And Welfare Of Children, DCYA 2011.
- Child Protection and Welfare Practice Handbook, HSE 2011 Our Duty to Care.
- The Principles of Good Practice For The Protection Of Children & Young People, Department Of Health & Children.

APPENDIX 3

Sample cover letter for sending with Referral form to H.S.E. Child & Family Services

Your address here

Strictly Private & Confidential

HSE Contact
HSE Children & Family Services
Address
Address
Address

Date:

RE: Referral

Dear (name of HSE contact),

Please find enclosed a referral for (Insert name of young person), (insert young person's address).

I wish to draw your attention to the following points regarding disclosing the referral source (insert points if applicable).

As a volunteer living in the same community as this family I request as much anonymity as possible in your dealing with this matter.

Should you have any questions in relation to this referral please do not hesitate to contact me.

Please acknowledge receipt of this report.

Yours Sincerely,

APPENDIX 4

SAMPLE OF COMPLETED HSE FORM

A blank one on which you can type or hand write can be downloaded from www.foroige.ie, obtained from Foróige staff or from the HSE website) See also the guidelines for completing the form at the end of this sample.



(for reporting CP &W concerns to HSE)

1. To Principle Social Worker/Designate: AB, Duty Social Worker, Bridgetown.

2. Details of child:

Name	CD	Male	Female: <input checked="" type="checkbox"/>
Address	Main St, Bridgetown,	School:	DOB: 01/01/99 Age: 13
Alias		Correspondence:	

3.

4. Details of Person reporting Concern

Name	EF	Telephone	012-3456789
Address	<i>Volunteer's home address</i>	Occupation	<i>Foróige volunteer</i>
		Relationship to client	<i>Child attends a Foróige club in which I am a Volunteer leader</i>
Reporter wishes to remain anonymous		Reporter discussed with parents/guardians	Yes

5. Parents aware of the report

Are the child's parents/carers aware that the concern is being reported to the HSE?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
-------------------------------------------------------------------------------------	--------------------------------------------	--------------------------------

6. Details of the report

(Details of concern(s), allegation(s), or incident(s), dates, times, who was present, description of any observed injuries, parents view(s), child's view(s) if known)

Describe the details:

When/Who:

Response:

Current situation:

7. Details of relationships

Details of Mother		Details of Father	
Name:	AD	Name:	BD
Address	same	Address	same

(if different to child):		(if different to child):	
Telephone no's	012-34567890	Telephone no's	012-34567890

8. Household Composition

Name	Relationship	D.O.B.	Additional information, e.g. school, occupation, other
H	sister	01/01/00	Bridgetown N.S.
I	sister	01/01/01	Bridgetown NS

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

	Name	Address
Social Worker	AB	Bridgetown Social Work Dept
PHN		
GP	Dr. L	Bridgetown Health Centre
Hospital		
School	Secondary School	Bridgetown
Gardaí		
Preschool/crèche/YG		
Other		

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

Relationship to child:	Parents	Age	Male	Female
Name:	AD and BD			
Address:	Main St, Bridgetown,	Occupation	A- teacher	B- driver

11. Details of Person completing form

Name:	EF	Occupation:	Foróige Volunteer Adult Leader
Signed:	EF	Date:	01/01/13

GUIDANCE NOTES FROM THE HSE ON COMPLETING THE HSE STANDARD REPORTING FORM

The HSE has a statutory responsibility under the Child Care Act 1991 to promote the protection and welfare of children. The HSE therefore has an obligation to receive information about any child who is not receiving adequate care and/or protection.

This Report Form is for use by:

- Any professional, individual or group involved in services to children, including HSE personnel, who becomes aware of a child protection or welfare concern, or to whom a child protection or child welfare concern is reported.

- Professionals and individuals in the provision of child care services in the community who have service contracts with the HSE.
- Designated persons in a voluntary or community agency.

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

The HSE aims to work in partnership with parents/guardians. If you are making this report in confidence, you should note that the HSE cannot guarantee absolute confidentiality for the following reasons:

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

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