

Rape Crisis Network Ireland (RCNI) submission to the Children First Guidelines review of implementation, 28th April 2006

This submission is in two sections. The first deals generally with the conditions under which implementation of the Children First guidelines (CFG) occurs. This section looks beyond the guidelines themselves to external factors and systems which we nevertheless feel impact profoundly on their implementation. We feel strongly that those engaged in the protection of children should remain alert to and actively engaged with the conditions which limit the effectiveness of any one initiative. Child protection, as we have learnt and as the guidelines address, is dependent on good communications between a variety of agencies and structures. The RCNI outline some of our principal concerns in relation to the external factors which impact significantly on the guidelines' effectiveness.

The second section deals with the practical experience of Rape Crisis Centres while interacting with the Children First guidelines.

Section I

There are a number of items outside of the Children First guidelines which we feel are either interdependent factors or logically linked to the objectives being sought within the guidelines. We have outlined some of the difficulties which have come to our attention in those areas under the headings prevention, climate of disclosure, vetting and resources.

Prevention: much of the guidelines' focus is appropriately on the responsibility of adults and agencies in their behaviour in response to suspected or reported child abuse. However, the principal actors, if we wish to see children at the centre of policies and actions which relate to them, are children themselves. We would contend therefore that the effectiveness of Children First can only be ensured when children are empowered and confident about challenging inappropriate behaviour. In the absence of this cultural norm, many children will remain vulnerable and continue to be invisible to those who would enact the guidelines. We feel therefore that working towards making the *Stay Safe* programme compulsory in all schools is an essential step.

Rape Crisis Centre Education programmes, suitable for a variety of age groups, from play workshops to transition year and older student programmes, have been developed, are running and have been evaluated. The RCNI would highlight the need to look at making certain education programmes, primarily *Stay Safe*, compulsory in schools and to support and champion the adequate resourcing of

other relevant education programmes in order to facilitate the emergence of children who can truly be served by the Children First guidelines.

Climate for disclosure: in our experience one of the most fundamental bars to disclosure is the existence of a socio-cultural climate which discourages, minimises and rejects disclosure. Children of all ages sense this and/or encounter it when they disclose. The Children First guidelines are in and of itself part of the mechanism which is working towards transforming the current climate for disclosure. Adopting this by-product as a self-conscious function of the guidelines is important in contributing positively to the climate within which the guidelines operate. The RCNI have developed a programme to educate adults and professionals in various contexts; health, education, leisure, human resources etc on how to respond appropriately to disclosure.

Vetting: the RCNI continues to be concerned with the provision for vetting in Ireland. Despite a major overhaul and injection of funding, currently the garda central vetting unit is under-resourced. At present even if we were to have effective and timely vetting services to statutory and non statutory agencies working with children, the level of vetting is minimal. No 'soft' information is considered in this vetting process. Unlike the UK where there are a number of different 'lists' containing degrees of hard to soft information, Ireland's vetting system simply looks at whether or not a person has a criminal conviction. This is hardly adequate.

While the focus of Children First is on the child and child safety, the other side of that is that agencies are now sharing 'soft' information on suspected sex offenders. Currently the garda vetting service has no formal (or legal) way to pick up on this intelligence about abusers and suspected abusers, which is being gathered under the CFG in terms of future vetting practices.

Amalgamating the valuable but sensitive information gathered under CFG into the garda vetting system may be highly problematic and would require thorough exploration. The RCNI feel that the office of the Minister for Children should be urged to look into the feasibility of this aspect of vetting and work towards developing the necessary legislation to allow for same.

Resources continue to be a concern for us in meeting the needs of the children who seek out our services and the adults who are survivors of child abuse. The current climate of limited funding, means that we are also struggling to continue to provide the valuable education programmes mentioned above, necessary in transforming the climate within which CFG functions.

Section II

Many RCCs around the country have been actively engaged with Children First, many have grappled with the implications and requirements placed upon them. The results vary, some centres now report working effectively and comfortably within the guidelines, others have opted to cease services to children, with the guidelines cited as a major factor in that decision. This limiting of RCC services to under 18s is of grave concern to us.

While most RCC staff have received training in Children First guidelines, many continue to feel the need for further clarity. Broadly speaking this is not because the guidelines are unclear or the training inadequate, but that they do not address the dilemma RCCs face in offering a service to young people. The dilemma for many centres who see children – mostly 14-18 year olds – is how to provide a service to children who may be deemed 'Gillick competent' to consent to receiving treatment, but who nevertheless require action under the terms of Children First. This means that the children are effectively treated as adults in terms of consenting to treatment, while simultaneously their age activates RCC staff responsibility in terms of CFG. (For our adult clients the decision to pursue the legal route is theirs and theirs alone, albeit one we will inform and support them in. We never force the legal route on any of our adult clients.) Where then does that leave older children who are deemed Gillick competent but are unwilling to pursue the abuser and/or matters around the abuse themselves outside of the counselling setting we provide?

Our experience is that this dilemma is largely ameliorated when mutually respectful, clear and well developed relationships exist between the various agencies involved in any given case. Therefore, we would have to emphasise that for us the nature of the relationship between the statutory and non statutory agencies plays a key role in how effectively the guidelines work.

There are two points which arise out of that; on the one hand guidelines are tools which recognise that in the absence of good working relationships or even for example poor individual judgement, guidelines will ensure that the right actions are taken regardless. To find that the guidelines work for us only under ideal circumstances is therefore problematic. On the other hand the existence of the guidelines and the obligations defined within them, positively encourage, facilitate and structure those relationships to come into being and develop. Therefore, we conclude that 'growing' those relationships needs to be given priority in ensuring the effectiveness of the guidelines.

However, many of our centres, given the dilemma, have chosen to opt out altogether from opening our doors to victims of sexual violence under 18 years of age. Those centres will instead refer children who make contact with them to other services such as the HSE or CARI - where they exist. Those centres who do not offer services to children will nevertheless continue to interact with relevant agencies in relation to child protection when adult survivors identify abusers who may

continue to pose a threat to children.

The limiting of RCC services to children is a regrettable side effect of the Children First guidelines (although CFG is not the sole factor) and one both ourselves and the other relevant agencies need to continue to work to address.