

Child Protection Best Practice Standard

While every care is taken to ensure that this standard accurately reflects current legal obligations, please note that it does not and cannot guarantee to any Centre, and/or any Centre staff member or volunteer, immunity from suit and/or legal liability in civil courts, criminal courts or other tribunal.

1. INTRODUCTION

Our Rape Crisis Centre accepts that in all matters concerning child protection, the welfare and protection of the child is paramount. Early intervention may reduce the risk of serious harm occurring to a child at that time or in the future. According to Barnardos 80% of children are abused by someone known to them – perpetrators are fathers, mothers, male relatives or family friends or those in authority (i.e. teacher, coach, priests, etc.).

This Child Protection Best Practice Standard aims to protect children as well as staff and volunteers. It applies information obtained about abuse or risk of abuse in any form including oral, written and electronic. For the purposes of this Standard, a child is a person under the age of 18 who is not now married and has never been married. Also for the purposes of this Standard, a client is defined as any person utilising RCC services.

In addition to other RCC Best Practice Standards referred to in this document, this Best Practice Standard should be read with the latest edition of the *Children First: National Guidance on the Protection and Welfare of Children*, the *Child Protection and Welfare Practice Handbook* and *Our Duty to Care*. These documents provide additional information on definitions of child abuse and reasonable grounds for concern. Weblinks to these and other relevant DCYA, DH and HSE documents are included in Appendix 1.

2. GUIDING PRINCIPLES

- a. The safety and welfare of children is paramount;
- b. Client confidentiality will always come second to Children First reporting requirements, however such reports will be made **only** to the appropriate agency/agencies.

3. DEFINITIONS

Child abuse generally falls into one or more of four categories. Children who are physically abused and neglected and sexually abused also suffer from emotional abuse.

3.1 Neglect

Neglect generally becomes apparent in different ways *over a period of time* rather than at one specific point. It 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, medical care or attachment to and affection from adults. The threshold of significant harm is determined by the child's health and development as compared to that which could reasonably be expected of a child of similar age. *(for more information see section 2.2, Children First: National Guidance for the Protection and Welfare of Children 2011)*

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3.2 Emotional Abuse

Emotional abuse is normally found in the relationship between a care-giver (an adult person who has responsibility for a child in the short or long term) and a child rather than in a specific event or pattern of events. It occurs when a child's needs for affection, approval, consistency and security are not met. It is rarely manifested in terms of physical symptoms. The threshold of significant harm is reached when abusive interactions dominate and become typical of the relationship between the child and parent or carer. *(for more information see section 2.3, Children First: National Guidance for the Protection and Welfare of Children 2011.)*

It is also important to note that emotional abuse may take the form of bullying and, in that instance, the perpetrator(s) may be of similar age to the victim.

3.3 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: (1) severe physical punishment, (2) beating, slapping, hitting or kicking, (3) pushing shaking or throwing, (4) pinching, biting, choking or hair-pulling, (5) terrorising with threats, (6) observing violence directed towards someone else, (7) use of excessive force in handling, (8) deliberate poisoning, (9) suffocation, (10) fabricated or induced illness, and (11) allowing or creating a substantial risk of significant harm to a child. *(for more information see section 2.4, Children First: National Guidance for the Protection and Welfare of Children 2011)*

3.4 Sexual Abuse

Sexual abuse occurs when a child is used by another person for their gratification or sexual arousal, or for that of others. Examples of sexual abuse include: (1) exposing sexual organs or intentionally performing any sexual act in the presence of a child, (2) intentional touching or molesting the body of a child, by a person or object, for the purpose of sexual arousal or gratification, (3) masturbating in the presence of a child or involving the child in the act of masturbation, (4) engaging in sexual intercourse with the child, whether oral, vaginal or anal, (5) sexually exploiting a child, or (6) "consensual" sexual activity between an adult and a child under 17 years. *(for more information see section 2.5, Children First 2011)*

In relation to child sexual abuse, it should be noted that, for the purposes of criminal law, the age of consent to heterosexual sexual intercourse, oral penetration or anal penetration is 17 years. However, 15 is the age upon which consent **may** be a defence to a charge of sexual assault – i. e. sexual touching, or heavy petting.

4. REASONABLE GROUNDS FOR CONCERN

The following examples would constitute reasonable grounds for concern, whether the abuse or concerns the client discloses is current or historical:

- Specific indication from a child that she/he is or was being abused.
- Admission or indication by someone of an abuse against a child.
- An account by a person who saw the child being abused.

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- Evidence, such as an injury or behaviour that is consistent with abuse and unlikely to be caused another way.
- An injury or behaviour that is consistent both with abuse and with another explanation, but where there are indicators supporting the concern that it may be a case of abuse.
- Consistent indications over a period of time that a child is suffering from emotional or physical neglect.
- When abuse is disclosed, "*any current risk to any child who may be in contact*" with the perpetrator. (*For more information, see Section 3.6.1 Children First: National Guidance for the Protection and Welfare of Children 2011*)

5. RESPONSIBILITIES

Child protection issues generally arise in one of three ways for Rape Crisis Centres. The first is when a survivor discloses historical abuse and there are now children at risk from the same perpetrator. The second is when an adult survivor discloses about a child currently at risk. The third is when a survivor under the age of 18 discloses abuse.

Any person who suspects that a child is being abused, or is at risk of abuse, has a responsibility and a duty of care to report their concerns to the Health Service Executive, either directly or through the Designated Liaison Person. - *The Protection for Persons Reporting Child Abuse Act, 1998* provides immunity from civil liability to people who report child abuse 'reasonably and in good faith' to a Designated Liaison Person, the Health Service Executive or the Gardaí. (*For more information see section 3.2, Children First 2011*).

Different individual staff members and volunteers have different responsibilities in relation to the reporting of child abuse.

5.1 Designated Liaison Person

We will appoint one staff member as the Designated Liaison Person. That staff member is: _____ . When the Designated Liaison Person is away, _____ is the Backup Designated Liaison Person. The Designated Liaison Person, and Backup Designated Liaison Person in the Designated Liaison Person's absence, has the following responsibilities:

- Report suspicions and allegations of child abuse to the Health Service Executive where there are reasonable grounds for concern, on the Standard Report Form included in Children First National Guidance 2011. If the matter is urgent, the report may be made by telephone and the Standard Report Form may be filled in and forwarded later.
 - The report is to be made to the Duty Social Worker in the area in which the abuse is alleged to have occurred. If no geographic information is available, the Duty Social Worker closest to our RCC will be informed.
- Ensure that a staff member informs the child's parents or guardian if a report is being made to the Health Service Executive, **unless doing so is likely to endanger the child** (*section 3.2.9 Children First 2011*).
- Where she/he is unsure whether reasonable grounds for concern exist in a particular

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case, informally consult with the Health Service Executive, normally the Duty Social Worker, stating clearly that the case is not as yet a formal referral.

- Facilitate any follow-up action that is required.
- Advise members of staff about follow-up and eventual outcomes in individual cases as appropriate.
- When a decision is made not to report concerns to the HSE or An Garda Síochána as appropriate, she/he will give the staff member or volunteer a clear written statement of the reasons why action was not taken in this case. She/he will also advise that staff member or volunteer that if she/he remains concerned about a particular child, she/he is free to make a report directly to the HSE or An Garda Síochána as appropriate. *(For more information see section 3.8 of Children First 2011).*
- Maintain proper records on all cases referred to them in a secure, confidential location separate from other client files.
- Keep up to date on current developments regarding provision, practice, and legal obligations.
- Inform the Centre Manager of relevant child protection issues as they arise.
- Create and maintain links with the Health Service Executive and other relevant agencies and resource groups.
- Advise on best practice.

5.2 Centre Manager

- Organise and/or facilitate training and workshops for staff and volunteers on the Children First: National Guidance for the Protection and Welfare of Children 2011.
- Ensure that this Child Protection Best Practice Standard and procedures are followed.
- Ensure that this Child Protection Best Practice Standard is reviewed annually.
- Ensure that any feedback on the Standard is communicated to the RCNI so that Centre experience and expertise can inform the updating of the Standard.

5.3 All Staff and Volunteers

- At the first available and appropriate opportunity clearly explain to all clients before any service is offered to them by our RCC (other than in a crisis) the limits of client confidentiality under Children First.
- Get the client to sign a form indicating that she/he understands the limits of the confidentiality. If the client is under the age of 18 and has not been determined to be Gillick competent, the parent, guardian or social worker must also sign the form.
Please refer to the Best Practice Standard for Working with Teenagers, the Consent for Working with Teenagers Form and the Client Consent Form
- **When a child discloses abuse:**
 - Do not promise to keep the disclosure confidential.
 - Explain and ensure that the child understands what will happen next.
 - Try to ensure in so far as is possible that no situation arises that could cause any further risk to the child.
 - Write down immediately after the conversation what was said, including all the names of those involved, what happened, where, when, if there were any witnesses and any other significant factors and note any visible marks on the individual making the report or any signs you observed. Sign and date the

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record, clearly indicating the time the disclosure was made and the time the record was written.

- Ensure that this information is restricted to those who need to know it.
- Pass the information on to the Designated Liaison Person immediately.
- Do not investigate any allegations.
- **When a staff member or volunteer suspects that a child is being abused:**
 - Try to ensure in so far as is possible that no situation arises that could cause any further risk to the child.
 - Refer to paragraph 2.7 of the Children First National Guidance (2011) on "*Guidelines for Recognition*" for more information.
 - Record the facts as you know them. Include the child's name, address, nature of the concern, allegation or disclosure and, where possible, information about a parent or guardian and anything else of relevance.
 - If in current contact with the child, explain and ensure that the child understands what will happen next.
 - Give this record to the Designated Liaison Person immediately.
 - Do not investigate any allegations.
- **When an adult discloses historic abuse:**
 - Try to establish whether there is any current risk to any child who may be in contact with the person identified as the perpetrator.
 - Discuss with the Designated Liaison Person whether such risk exists.
 - If a risk is determined to exist, write down what was said, including all the names of those involved, what happened, where, when, if there were any witnesses and any other significant factors. Sign and date the record and clearly indicate the time the disclosure was made and the time the record was written.
 - The details of the abuse are only to be shared to the extent necessary to indicate whether a child currently is or may be at risk.
 - Explain and ensure that the adult understands what will happen next.
 - Ensure that this information is restricted to those who need to know it.
- **When an adult discloses child abuse or suspicions of child abuse:**
 - If suspicions are being disclosed, try to establish the basis of the suspicions.
 - Write down immediately after the conversation what was said, including all the names of those involved, what happened, where, when, if there were any witnesses and any other significant factors and note any visible marks on the individual making the report or any signs you observed. Sign and date the record and clearly indicate the time the disclosure was made and the time the record was written.
 - Do not promise to keep the disclosure confidential.
 - Explain and ensure that the adult understands what will happen next.
 - Ensure that this information is restricted to those who need to know it.
 - Pass the information on to the Designated Liaison Person immediately.
 - Please note "*The HSE will respect the wishes of non-professionals reporting concerns in good faith who ask to remain anonymous in as much as possible, but cannot give a guarantee that the information would not be sought and given within judicial proceedings. (The Data Protection Acts offer protection*

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under privacy, but should the information be sought directly within legal proceedings, there is no guarantee.)” (Section 3.2.10 Children First: National Guidance on the Protection and Welfare on Children 2011).

- If it is not possible to contact the Designated Liaison Person, contact the Backup Designated Liaison Person. If that is not possible either, contact the Centre Manager (unless the Centre Manager is the Designated Liaison Person). If none of this is possible, contact the HSE Duty Social Worker.
- If it is not possible to contact either the appropriate RCC staff member or the HSE Duty Social Worker and there is an immediate risk to a child, the staff member should contact An Garda Síochána. **Under no circumstances should a child be left in a situation that exposes her or him to harm or to risk of harm pending HSE intervention.**
- If a staff member or volunteer does not agree with the outcome of a formal report to the HSE:
 - Discuss with the Designated Liaison Person
 - Make a clear record on the child’s file about your concerns
 - Put concerns formally in writing to the local Children and Family Services of the HSE, outlining why you do not agree with the decided course of action

6. EDUCATION, TRAINING & OUTREACH PROGRAMMES

When our RCC provides or facilitates a training, education or outreach programme in a 2nd level institution, a 3rd level institution or any youth institution or group when children are likely to be present we will:

- Ascertain who is the Designated Liaison Person for the institution or group, prior to any agreement to provide or facilitate services. All of our concerns and reporting will go through this Designated Liaison Person.
- Explain to all participants the limitations of confidentiality as a requirement of Children First.
- Where it is feasible, inform another colleague that an individual staff member or volunteer will be alone in the room with a particular child.

If any child discloses abuse we will:

- Not promise to keep the disclosure confidential.
- Explain and ensure that the child understands what will happen next.
- Try to ensure in so far as is possible that no situation arises that could cause any further risk to the child.
- Write down immediately after the conversation what was said, including all the names of those involved, what happened, where, when, if there were any witnesses and any other significant factors and note any visible marks on the individual making the report or any signs you observed. Sign and date the record, clearing indicating the time the disclosure was made and the time the record was written.
- Ensure that this information is restricted to those who need to know it.
- Pass the information on to the Designated Liaison Person for the institution or group immediately.
- Not investigate any allegations.

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When a RCC staff member or volunteer suspects that a child is being abused we will:

- Refer to paragraph 2.7 of the Children First National Guidance (2011) on "*Guidelines for Recognition*" for more information.
- Try to ensure in so far as is possible that no situation arises that could cause any further risk to the child.
- Record the facts as we know them. Include the child's name, address, nature of the concern, allegation or disclosure and, where possible, information about a parent or guardian and anything else of relevance.
- Explain and ensure that the child understands what will happen next, if in current contact with the child.
- Give this record to the Designated Liaison Person for the institution or group immediately.
- Not investigate any allegations.

7. PUBLIC AWARENESS EVENTS

When our RCC engages in any public awareness events and:

- **A child attending the event discloses abuse, we will:**
 - Not promise to keep the disclosure confidential.
 - Explain and ensure that the child understands what will happen next.
 - Try to ensure in so far as is possible that no situation arises that could cause any further risk to the child.
 - Write down immediately after the conversation what was said, including all the names of those involved, what happened, where, when, if there were any witnesses and any other significant factors and note any visible marks on the individual making the report or any signs you observed. Sign and date the record, clearly indicating the time the disclosure was made and the time the record was written.
 - Ensure that this information is restricted to those who need to know it.
 - Pass the information on to the Designated Liaison Person for our RCC immediately.
 - Not investigate any allegations.
- **A staff member or volunteer suspects that a child attending the event is being abused, we will:**
 - Try to ensure in so far as is possible that no situation arises that could cause any further risk to the child.
 - Refer to paragraph 2.7 of the Children First National Guidance (2011) on "*Guidelines for Recognition*" for more information.
 - Record the facts as you know them. Include the child's name, address, nature of the concern, allegation or disclosure and, where possible, information about a parent or guardian and anything else of relevance.
 - If in current contact with the child, explain and ensure that the child understands what will happen next.
 - Give this record to the Designated Liaison Person for our RCC immediately.
 - Not investigate any allegations.
- **An adult discloses historic abuse, we will:**

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- Try to establish whether there is any current risk to any child who may be in contact with the person identified as the perpetrator.
 - Write down immediately after the conversation what was said, including all the names of those involved, what happened, where, when, if there were any witnesses and any other significant factors. Sign and date the record and clearly indicate the time the disclosure was made and the time the record was written.
 - The details of the abuse are only to be shared to the extent necessary to indicate what a child currently is or may be at risk.
 - Explain and ensure that the adult understands what will happen next, if we are currently in contact with the adult.
 - Ensure that this information is restricted to those who need to know it.
 - Discuss with the Designated Liaison Person for our RCC whether such risk exists.
- **An adult or child attending the event discloses child abuse or suspicions of child abuse, we will:**
- If suspicions are being disclosed, try to establish the basis of the suspicions.
 - Write down immediately after the conversation what was said, including all the names of those involved, what happened, where, when, if there were any witnesses and any other significant factors and note any visible marks on the individual making the report or any signs you observed. Sign and date the record and clearly indicate the time the disclosure was made and the time the record was written.
 - Do not promise to keep the disclosure confidential.
 - Explain and ensure that the adult or child understands what will happen next.
 - Ensure that this information is restricted to those who need to know it.
 - Pass the information on to the Designated Liaison Person for our RCC immediately.
 - Please note "*The HSE will respect the wishes of non-professionals reporting concerns in good faith who ask to remain anonymous in as much as possible, but cannot give a guarantee that the information would not be sought and given within judicial proceedings. (The Data Protection Acts offer protection under privacy, but should the information be sought directly within legal proceedings, there is no guarantee.)*" (Section 3.2.10 *Children First: National Guidance on the Protection and Welfare on Children 2011*).

8. ALLEGATIONS AGAINST STAFF MEMBERS AND VOLUNTEERS

- The Centre Manager and the Designated Liaison Person (unless the allegation is being made against them) will be informed as soon as possible.
 - If the allegation is being made against the Centre Manager, the Chairperson of the Board of Directors will be informed.
 - If the allegation is being made against the Designated Liaison Person, only the Centre Manager will be informed.
- The Manager will take any necessary immediate action.
- The follow up on an allegation of abuse against a staff member or volunteer or volunteer will be made in consultation with the HSE and An Garda Síochána.

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- The Manager will ensure that actions taken do not undermine or frustrate any investigations being conducted by the HSE or An Garda Síochána.
- The Employment Handbook and the Volunteer Handbook provide guidance on disciplinary procedures.

Signed

Date

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APPENDIX 1

List of HSE Duty Social Workers <http://www.hse.ie/go/socialworkers>

Children First Guidance 2011 http://www.dcy.gov.ie/documents/child_welfare_protection/ChildrenFirst.pdf

Child Protection and Welfare Practice Handbook <http://www.hse.ie/eng/services/Publications/services/Children/WelfarePractice.pdf>

Duty to Care <http://www.dohc.ie/publications/pdf/our-duty.pdf?direct=1>

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