

# Guidelines for the Protection of Children in Early Childhood Services



IFPA, the Early Childhood Organisation



*An Ceathrchoise Réanúisíochtaí Éire*



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## Introduction

In recent years, as a society, we have become more aware of the reality of child abuse and its impact on children. Consequently, there is a growing awareness of our shared responsibility to protect children and promote their welfare. In particular, individuals and organisations who provide childcare services recognise the need to understand the issue and to know how to respond effectively to it.

New national guidelines entitled *Children First: National Guidelines for the Protection and Welfare of Children* were published in 1999. These guidelines are intended to assist people in identifying and reporting child abuse and to improve professional practice in statutory, voluntary, community and private childcare services.

Promoting and safeguarding the welfare of children, however, goes beyond the development of policies, procedures and guidelines. Child protection should promote the overall welfare and development of the child, contributing to the growth of self-esteem and personal autonomy of each child. This is achieved through creating an environment where trust, respect, equity and in particular, a real willingness to listen to children is established, and where the best interests of the child is the guiding principle.

Within a childcare setting, it is the shared responsibility of the owner/manager and staff to ensure that children are kept safe within the service. This is a paramount responsibility. For the manager, this involves ensuring that sensible measures to protect children and those caring for them are put in place and recognised by everyone. Child protection measures should be incorporated when staff are being recruited, in the promotion of an open work environment which is supportive of children and staff, and in the development of policies that have safety and security as core components (i.e. toileting, dressing and rest periods). It also involves equipping staff with the knowledge and skills to respond effectively where there is concern about the welfare of a child.

It is not the purpose of this information booklet to deal in a full and comprehensive manner with the complex issues of child abuse and protection. However, it does aim to raise an awareness of these issues and to provide some useful information and advice to people with responsibility for childcare and for those managing and working in a variety of childcare settings.

The main aim of *Children First: National Guidelines for the Protection and Welfare of Children* is to assist people in identifying and reporting child abuse. The guidelines are directed at all individuals and agencies who have contact with children. Society has a duty of care towards children and everyone should be alert to the possibility that children with whom he/she is in contact may be experiencing some form of abuse.

## Duty to Protect Children and Support Families

Parents/carers have primary responsibility for the care and protection of their children. When parents/carers do not or cannot fulfil this responsibility, it may be necessary for health boards to intervene. The wider community also has a responsibility for the welfare and protection of children. All personnel involved in organisations and services working with children should be alert to the possibility of child abuse. They need to be aware of their obligations to convey any reasonable concerns or suspicions to the health board and to be informed of the correct procedures for doing so.

### Safeguarding the Welfare of Children - Some Questions for Consideration

What reasonable steps can childcare providers take to safeguard the welfare of children in their care?

Asking the following questions may provide a useful guide:

1. Do our staff members know how to recognise the signs and indicators of child abuse?
2. Do staff members know what to do if child abuse is suspected or a child discloses abuse?
3. Are our staff suitable (i.e. skilled, qualified, child-centred, respectful)?
4. Do our staff know what is expected of them?
5. What support and training do we give our staff?
6. Are there opportunities for staff to talk about and update their knowledge of child welfare issues?
7. Do we encourage safe practices? E.g.
  - Who has access to children in our care?
  - Are our premises and equipment safe?
8. Do we have a Child Protection Policy with clear and workable reporting procedures? If so, are parents, children and staff aware of it?
9. Do we have a Positive Behaviour Management Policy?

## Principles for Best Practice in Child Protection

The principles that should inform best practice in child protection include the following:

- The welfare of children is of paramount importance.
- A proper balance must be struck between protecting children and respecting the rights and needs of parents/carers and families; but where there is conflict, the child's welfare must come first.
- Children have a right to be heard and taken seriously. Taking account of their age and level of understanding, they should be consulted and involved in relation to all matters and decisions that affect their lives.
- Early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection.
- Parents/carers have a right to respect and should be consulted and involved in matters which concern their family.
- Actions taken to protect a child, including assessment, should not in themselves be abusive or cause the child unnecessary distress. Every action and procedure should consider the overall needs of the child.
- Intervention should not deal with the child in isolation; the child must be seen in a family setting.
- The criminal dimension of any action cannot be ignored.
- Children should only be separated from parents/carers when all alternative means of protecting them have been exhausted. Re-union should always be considered.
- Effective prevention, detection and treatment of child abuse require a co-ordinated multi-disciplinary approach.
- Any intervention should be culturally sensitive and take account of the languages spoken by all parties involved, e.g. Irish speakers.
- In practice, effective child protection requires compulsory training and clarity of responsibility for personnel involved in organisations working with children.
- Early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection.

## The Legal Context

- The UN Convention on the Rights of the Child
- Child Care Act, 1991
- Domestic Violence Act, 1996
- Freedom of Information Act, 1997
- Protections for Persons Reporting Child Abuse Act, 1998

### **The UN Convention on the Rights of the Child**

Ireland ratified the UN Convention on the Rights of the Child in 1992. The Convention is essentially a “bill of rights” for all children, outlining rights relating to every aspect of children’s lives such as the right to survival, development, protection and participation. Principles such as:

- non-discrimination – all rights apply to all children;
- the best interests of the child – all actions concerning the child shall take account of his or her best interests;
- survival and development – every child has the inherent right to life, and the state has an obligation to ensure the child’s development;
- the child’s opinion – the child has the right to express his/her opinion and have it taken account of in any matter or procedure affecting him or her.

In addition, the Convention recognises the critical role of the family in the life of the child.

### **The Child Care Act, 1991**

The main legislation governing the care and protection of children is the Child Care Act, 1991.

- It places a statutory duty on every health board to “promote the welfare of children in its area who are not receiving adequate care and protection.”
- In addition, it strengthens the powers of the health boards to provide childcare and family support services.
- It enables the immediate intervention of health boards or An Garda Síochána where children are in danger.
- It enables the Courts to place children who have been abused or who are at risk, in the care of or under the supervision of the health boards.
- It provides arrangements for the notification and inspection of pre-school services – Child Care (Pre-school Services) Regulations, 1996, Child Care (Pre-school Services) (Amendment) Regulations, 1997 and Explanatory Guide to Requirements and Procedures for Notification and Inspection.
- It revises the provisions for registration and inspection of residential care centres.

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### **Domestic Violence Act, 1996**

This Act introduced major changes in the legal remedies for domestic violence. These are:

**Safety Order** – which prohibits a person from further violence, but does not require that person to leave the family home.

**Barring Order** – which requires the violent person to leave the family home.

This Act gives the health boards the power to intervene to protect individuals and their children from violence, and to apply for orders on behalf of a person, if they are deterred from doing so through fear or trauma.

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### **Freedom of Information Act, 1997**

This Act enables members of the public to obtain access to information in the possession of public bodies. Under the Act, a person has:

1. A right of access to personal information relating to themselves, subject to certain conditions;
2. A right to correct this information if it is inaccurate.

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

1. Protecting records covered by legal professional privilege;
2. Protecting records which would facilitate the commission of a crime;
3. Protecting records which would reveal a confidential source of information.

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### **Protections for Persons Reporting Child Abuse Act, 1998**

The main provisions of this Act are:

1. The provision of immunity from civil liability to any person who reports child abuse “reasonably and in good faith”;
2. The provision of significant protections for employees who report child abuse.

## Definition and Recognition of Child Abuse

### Introduction

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Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to more than one form of abuse at any given time. Following the National Guidelines, we suggest the following definitions of child abuse:

### Neglect

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Neglect is normally defined in terms of an omission, where a child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, 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 his/her health and development as compared to that which could reasonably be expected of a similar child.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For instance, a child who suffers a series of minor injuries is not having his or her needs met for supervision and safety. A child whose ongoing failure to gain weight or whose height is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation. The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

### Emotional Abuse

Emotional abuse is normally to be found in the relationship between a caregiver 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. Examples of emotional abuse include:

- 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 behaviours or actions;
- emotional unavailability by the child's parent/carer;
- unresponsiveness, inconsistent or inappropriate expectations of a child;
- premature imposition of responsibility on a child;
- unrealistic or inappropriate expectations of a child's capacity to understand something or to behave and control himself in a certain way;
- under or over protection of a child;
- failure to show interest in, or provide age-appropriate opportunities for, a child's cognitive and emotional development;
- use of unreasonable or over harsh disciplinary measures;
- exposure to domestic violence.

Children show signs of emotional abuse by their behaviour (some examples include, frequent withdrawal from activity, excessive clinginess to or avoidance of the parent/carer), their emotional state (low self-esteem, unhappiness), or their development (non-organic failure to thrive). The threshold of significant harm is reached when abusive interactions become typical of the relationship between the child and parent/carer.

## Physical Abuse

Physical abuse is any form of non-accidental injury that causes significant harm to a child, including:

- shaking;
- hitting and punching;
- burning;
- use of excessive force in handling;
- deliberate poisoning;
- suffocation;
- Munchausen's Syndrome by Proxy (where parents fabricate stories of illness about their child or cause physical signs of illness);
- allowing or creating a substantial risk of significant harm to a child.

### Signs

- Bruising
- Fractures
- Swollen joints
- Burns/Scalds
- Haemorrhages
- Failure to thrive

## 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. For example:

- exposure of the sexual organs or any sexual act intentionally performed in the presence of a child;
- intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
- masturbation in the presence of a child or involvement of the child in the act of masturbation;
- sexual intercourse with the child, whether oral, vaginal or anal;
- sexual exploitation of a child;
- exposure of a child to inappropriate sexual material (e.g. pornographic material);
- consensual sexual activity between an adult and a child under 17 years.

**Note:** [For the purposes of the criminal law, the age of consent to sexual intercourse is 17 years].

## Domestic Violence

Violence in the home is a serious crime which causes enormous health and social problems and emotional and psychological damage, not only to the adult victims but also to the children. They are often witnesses and are necessarily affected by the anxiety and personal threat to themselves. Staff should be aware that children may not only overhear or observe violence in the home, but also may become direct victims either accidentally or deliberately. The impact of domestic violence can lead to physical, psychological and behavioural disorders in children.

Staff should be aware that the Gardaí and health boards can intervene to offer assistance in these situations, in addition to help, support and advice offered from a number of other voluntary agencies, e.g. Women's Aid. The Domestic Violence Act, 1996 outlines the powers and duties of the statutory bodies and the Courts in situations of domestic violence.

## Recognising Child Abuse

The ability to recognise child abuse depends as much on a person's willingness to accept the possibility of its existence as it does on knowledge and information. It is important to note that child abuse is not always readily visible, and may not be as clearly observable as the 'text book' scenarios might suggest. Indications of harm must always be considered in relation to the child's social and family context. It is important to be open to alternative explanations. The recognition of abuse normally runs along four stages:

- *considering the possibility* – if a child appears to have suffered an inexplicable and suspicious looking injury, seems distressed without obvious reason, displays unusual behavioural problems or appears fearful in the company of parents/carers.
- *observing signs of abuse* – a cluster or pattern of signs is an indicator of abuse. Children may make direct or indirect disclosures, which should always be taken seriously. Less obvious disclosures may be gently explored with a child, without direct questioning (which may be more usefully carried out by the health board or An Garda Síochána). Play situations such as drawing or story telling may reveal significant information.
- *listening to children*
- *recording of information* – it is important to establish the grounds for concern by observing and recording as much detailed information as possible. Observations should be recorded as soon as possible, and should include dates, times, names, locations, context and any other information which could be considered relevant or which might facilitate further assessment/investigation.

## Questions Which May Help Staff When They are Concerned about a Child's Welfare

### What are the concerns?

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

## How to Respond if a Child Discloses Child Abuse

### Some Guidelines:

- Be as calm and natural as possible. Remember that you have been approached because you are trusted and possibly liked. Do not panic.
- Be aware that disclosures can be very difficult for the child.
- Remember, the child may initially be testing your reactions and may only fully open up over a period of time.
- Listen to what the child has to say. Give them the time and opportunity to tell as much as they are able and wish to. Do not pressurise the child. Allow him/her to disclose at their own pace and in their own language.

- Do not show signs of disgust, anger or disbelief.
- Be careful when asking questions. Questions should be supportive and for the purpose of clarification. 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 suggesting could complicate the official investigation.
- Assure the child that you believe them. False disclosures are very rare in young children.
- It is important to differentiate between the person who carried out the abuse and the act of abuse itself. The child quite possibly, may love or strongly like the alleged abuser while also disliking what was done to him/her.

It is important therefore to avoid expressing any judgement on, or anger towards, the alleged perpetrator, while talking with the child.

- It may be necessary to reassure the child that your feelings towards him/her have not been affected in a negative way as a result of what he/she has disclosed.
- Do not promise to keep secrets. At the earliest opportunity tell the child that:
  - a) You acknowledge that they have come to you because they trust you.
  - b) There are secrets which are not helpful and should not be kept because they make matters worse. Such secrets hide things that need to be known if people are to be helped and protected from further ongoing hurt. By refusing to make a commitment to secrecy to the child you do run the risk that they may not tell you everything or indeed anything, there and then. However, it is better to do this than to tell a lie and ruin the child's confidence in yet another adult. By being honest, it is more likely that the child will return to you at another time.

**Think before you promise anything. Don't make promises which you cannot keep.**

**At the earliest possible opportunity:**

- a) Record in writing what the child has said, including, as far as possible, the exact words utilised by the child.
- b) Inform your supervisor/manager immediately and agree measures to protect the child, i.e. report the matter directly to the health board.
- c) Maintain appropriate confidentiality.

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### **Ongoing Support**

Following a disclosure by a child, it is important that the staff member continues in a supportive relationship with the child.

Disclosure is a huge step for many children. Staff should continue to offer support, particularly through:

- Maintaining a positive relationship with the child.
- Keeping lines of communication open by listening carefully to the child.
- Continuing to include the child in the usual activities.

Any further disclosure should be treated as a first disclosure and responded to as mentioned above.

## **Recording**

Each childcare service needs to develop its own recording and reporting procedures. It is imperative that high standards of practice in this area are promoted and implemented.

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### **Making a Record**

Records should be:

- Regular
- Current
- Clear
- Based on facts
- Reasonable
- Impartial
- Legible
- Accurate
- Confidential
- Available on request
- Dated and signed

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### **Keeping of Records**

Records should be kept in a secure filing cabinet to which only the supervisor/manager has access. Legal advice should be obtained in relation to relevant legislation governing the keeping of records, for example, the time period for which it is necessary to keep particular records, etc.

## Making a Report - Vital Information

In making a report to the health board, every effort should be made to have the following information available to you.

- a) The name, age/date of birth and address of any child you are concerned about.
- b) The nature of your concern, e.g.
  - Any injury/need for medical attention (if any)
  - Disclosure
  - Unusual behaviour
  - Information brought to your attention
- c) Reason for suspicion of child abuse.
- d) Identity of individual in respect of whom the suspicion or allegation exists. Also his/her address (if known), whether he/she is aware an allegation has been made and whether he/she has ongoing contact with children.
- e) When did the concern first arise?
- f) Any previous concerns?
- g) Who is most concerned?
- h) Action (if any) taken by you to date?
- i) Are the child's parents aware of the concern?
- j) Any practical information you may have, e.g.
  - Name(s) of child's parent(s)
  - How long the child has been attending your service
  - Names and ages of other children in the family (if known)
  - Name of General Practitioner, etc.

**Note:** In making a report to the health board or Gardaí, record the date, name and address of the individual who receives the report and keep it on your file. All verbal reports should be followed up in writing by you at the earliest possible opportunity.

## Confidentiality

The effective protection of a child often depends on the willingness of adults/carers involved with the child to share and exchange relevant information.

Giving information to others for the protection of a child is not a breach of confidentiality.

All information regarding a concern or assessment of child abuse should be shared "on a need to know" basis, in the interests of the child. Information must only be disclosed to those who have a right to know. Third parties should not be told of any allegations unless it is absolutely necessary.

No undertakings regarding secrecy can be given. Those working with a child and/or family should make this clear to all parties involved.

The issue of confidentiality should be part of the training necessary for staff who work in the area of child protection and the general training of staff in organisations which work with children.

A full guarantee of confidentiality cannot generally be given by health boards to an individual or organisation who makes a report of suspected child abuse. However, where an individual or organisation specifically requests anonymity, and/or it is deemed to be in everyone's best interests, every effort can be made to maintain the anonymity of persons or organisations providing the information.

## Co-operation with Parents/Carers

As already outlined, parents/carers have a right to be informed, consulted and involved in matters concerning their family. There are four reasons why it is necessary to work in co-operation with parents/carers:

- *Effectiveness:* Co-operation with families is essential to ensure the welfare of the child. It is more likely to be achieved if parents/carers are encouraged from the outset to participate in decision-making about the protection of their child/children.
- *Families as a Source of Information:* Family and extended family members have unique knowledge and understanding of the child's situation. This means that they can contribute to discussions about what has or has not happened to the child and the best way to provide protection.
- *Rights:* Family members may have rights to know what is said about them and to contribute to important decisions about their lives and those of their children. The consequences of their child's name being notified to the health board or An Garda Síochána because of a need for protection, are such that parents and children should be given a proper opportunity to put their views to those who make this decision.
- *Empowerment:* Involvement in decision-making helps parents/carers to build up their self-esteem and encourage them to feel more in control of their lives. This should have a beneficial effect on the well-being of both parents/carers and the child.

In addition to these reasons, it is necessary for professionals to build a foundation of understanding between themselves and parents/carers. This requires openness, honesty and the ability of professional staff to use authority appropriately.

Parents/carers should generally be informed or consulted at every stage of an investigation/assessment. Parents'/carers' views should be sought on the issues to be raised at a child protection conference so that they can get advice and prepare their representations.

All actions in response to concerns about child abuse should be taken in a manner which supports the possibility of families providing safe and nurturing care for their children, now or in the future.

Where the interests of the parents and child appear to conflict, the child's interests are paramount.

## Follow Up by the Health Board

Health board staff are obliged to treat seriously all child protection concerns. The health board response must:

- consider the protection and welfare of the child as a priority
- avoid actions which cause the child or family undue distress
- respect the rights of parents/carers and children to have their views heard and to be fully informed of any steps taken

Where necessary, immediate action will be taken to ensure the child's safety. The process involved in the assessment of reported concerns about child protection is usually as follows:

### PHASE I

1. Allegation of child abuse (neglect, emotional, physical or sexual).
2. Referral to Health Board Social Work Department.
3. Social Worker consults records and makes initial enquiries (both internal and external enquiries).
4. Social Worker consults with Line Manager (Team Leader or Senior Social Worker).

### PHASE II

1. Notification to Child Care Manager. Options at this point may include:
  - (i) Notification to An Garda Síochána
  - (ii) Strategy meeting with key people
  - (iii) Health board assessment

### PHASE III

1. Child Protection (Case) Conference. Negotiation of a Child Protection Plan involving all key people (i.e. parents/carers, health board staff, other relevant professionals), treatment intervention if required.
2. Child Protection Review.

## Child Protection Plan

The investigation and Case Conference may result in a number of different outcomes. The child may remain at home, with family support services put in place, or may be placed away from home for their own safety, on a short term or long term basis. Specialist assessments and/or therapeutic/counselling services may be organised for the child and/or other family members. Separation of a child from his/her parents is a last resort and only takes place in exceptional circumstances. Sometimes it is not possible to take any action because there is insufficient evidence or the Court may decide that a Court Order removing a child from his/her parents (i.e. Care Order) is not appropriate. In some instances, a Court may direct a child's care to be monitored at home by means of a Supervision Order.

It is usual for the health board or Gardaí to keep people who report cases advised in relation to the progress of such cases. Where such information is not forthcoming, updates can be sought. However, there is no legal obligation on health boards or Gardaí to provide such updates.

## Developing a Child Protection Policy in Your Service

Childcare providers have a responsibility to ensure that children are kept safe when attending the service and that staff are clear how to respond if they have a concern of suspected child abuse.

In order to meet their responsibility in this area, the managers/supervisors should:

- a) Adopt and consistently apply a clearly defined method of recruiting, assessing and selecting staff and volunteers.
- b) Facilitate and promote an open work environment, i.e.
  - where children are listened to and have their rights respected;
  - where the service's policies and procedures are transparent (e.g. policies relating to child protection and reporting, complaints and accidents, etc.);
  - where there is good communication with parents and other organisations.
- c) Develop and put in place a clear policy and effective procedures (which are recognised by everyone) for reporting suspected child abuse to the local health board.

Abuse of children often goes undetected because people who have pieces of information are reluctant to share them.

The policy should include a recognition of staff needs for support in dealing with the emotive issue of child abuse.

- d) Promote safe and quality childcare practices, through:
  - Facilitating staff education and ongoing training.
  - Developing a supportive environment for staff.
  - Ongoing review and evaluation of practices.
  - Developing a working relationship with the local health board staff.
- e) Obtain a copy of the local health board's Child Protection Policy and Procedures document, where available.
- f) Establish the identity of the health board designated officer to whom any concerns of suspected child abuse should be reported. This may be the Child Care Manager for the area or designated officer.
- g) Be aware of the respective roles of yourself, the health board and the Gardaí in relation to the reporting process, i.e. you are reporting not investigating the concerns.

h) Ensure that a copy of the following documentation is available within the service:

*Children First: National Guidelines for the Protection & Welfare of Children;*

Local health board's Child Protection Policy and Procedures document (where available);

The childcare provider's own Child Protection Policy and Procedures document.

## **Reporting Procedures**

Each childcare provider needs to develop its own recording and reporting procedures in line with current statutory requirements. It is imperative that all staff are made aware of their obligations and the support available to them in the event of making a report.

## **Allegations of Abuse Against Employees and Volunteers**

### **Guidance on Reporting**

- All organisations providing services to children should have clear written procedures on the action to be taken if allegations of abuse against employees are received.
- Employers have a dual responsibility in respect of both the child and the employee. All employers should have agreed procedures to address situations where allegations of child abuse are made against an employee.
- It is important to note that there are two procedures to be followed here:

1. The reporting procedure in respect of the child.
2. The procedure for dealing with the employee.

In general it is recommended that the same person should not have responsibility for dealing with both the reporting issues and the employment issues. It is preferable to separate these issues and manage them independently. These procedures should be followed in the event of suspicion or disclosure of abuse against an employee.

- Staff/volunteers may be subjected to erroneous or malicious allegations. Therefore, any allegation of abuse should be dealt with sensitively and support provided for staff, including counselling where necessary. However, the primary goal is to protect the child while taking care to treat the employee fairly.

### **Employer's Responsibility to Report to Statutory Authorities**

- Where an employer becomes aware of an allegation of abuse by an employee, the standard procedure for reporting allegations to the health board should be followed without delay.
- The employer should privately inform the employee of the following:
  1. The fact that an allegation has been made against him/her.
  2. The nature of the allegation.

The employee should be afforded an opportunity to respond. The employer should note the response and pass on this information when making the formal report to the health board.

## **Procedures for Dealing with Employees and Employer's Duty of Care to Children**

When an allegation is made against the employee, the following steps should be taken:

1. The first priority should be to ensure that no child is exposed to unnecessary risk. The employer should, as a matter of urgency, take any necessary protective measures.
2. Action should be guided by the agreed procedures, the applicable employment contract and the rules of natural justice.
3. The Chairperson (or equivalent head of service/organisation) should be informed as soon as possible.
4. Measures taken should be proportionate to the level of risk and should not unreasonably penalise the employee, financially or otherwise, unless necessary to protect children. Where protective measures do penalise the employee, it is important that early consideration be given to the case.
5. The follow up on an allegation of abuse against an employee should be made in consultation with the health board and An Garda Síochána. An immediate meeting should be arranged with these two agencies for this purpose.
6. After these consultations referred to above, and when pursuing the question of the future position of the employee, the Chairperson (or equivalent head of service/organisation) should advise the person accused of the allegation and the agreed procedures should be followed.
7. Employers/managers should take care to ensure actions taken by them do not undermine or frustrate any investigations being conducted by the health board or An Garda Síochána. It is strongly recommended that employers maintain a close liaison with these authorities to achieve this.

## Useful Reading Material and Sources of Information

In drawing up Child Protection Policy and Procedures for a childcare service, the following reading material and sources of information may be of assistance:

### Reading Material

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- 1) Department of Health & Children, (1999), *Children First: National Guidelines for the Protection and Welfare of Children*, Dublin: Stationery Office
- 2) Your local health board Child Protection Policy and Procedure document (where available)
- 3) Child Care Act, 1991 (Available from Government Publications or your local health board designated officer)
- 4) Department of Health, (1995), *Notification of Suspected Cases of Child Abuse Between Health Boards and Gardaí*, Dublin: Stationery Office
- 5) Protections for Persons Reporting Child Abuse Act, 1998

### Sources of Information

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- 1) Your local health board designated officer or any health board child welfare professional (i.e. social worker, public health nurse, childcare worker, psychologist, area medical officer)
- 2) Gardaí
- 3) Barnardos' National Children's Resource Centre
- 4) I.S.P.C.C.
- 5) Relevant organisations representing childcare service providers, e.g. I.P.P.A. Early Childhood Organisation, Childminding Ireland, National Children's Nurseries Association, An Comhchoiste Réamhscolaíochta Teo

**Note:** Although general advice on drawing up procedures, training, etc. may be sought from a number of sources, only health boards and Gardaí have a statutory duty to respond to reported cases of suspected child abuse.

## Guidelines for the Protection of Children in Early Childhood Services

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### Acknowledgements

This booklet is based on previous work by Fiona Lane.

Special thanks are due to the Steering Committee:

Teresa Crawford, Consultant Trainer

Annette Kearney, Limerick Social Services

Hilary Kenny, Irish Pre-school Playgroups Association

Fiona McDonnell, Mid-Western Health Board

Fiona McKeon, Parent Representative

Patricia Murray, Childminding Ireland

Mary Lee Stapleton, National Children's Nurseries Association

Margaret Rogers, Barnardos

Heino Schonfeld, Barnardos' National Children's Resource Centre

Maire Uí Ainín, An Comhchoiste Réamhscolaíochta Teo

Cover Design & Layout: Creative Inputs

Printed by Techman Ireland Ltd.



DEPARTMENT OF JUSTICE, EQUALITY AND LAW REFORM  
AN BORD DLI AGUS CIRT, COMHIONANNAS AGUS AITHRE/HRITHIR DLI