

1. Policy Statement

- 1.1 All voluntary and statutory organisations are legally required to have a child protection and welfare policy in place in line with the National Guidance for the Protection and Welfare of Children (Children First, 2011).
- 1.2 Epilepsy Ireland is fully committed to safeguarding the rights and welfare of children who come into contact with our service in any way. We want to make sure that children are safe and protected from harm whilst with our staff and volunteers. Valuing children means valuing workers as well – insisting on safe practices and eliminating the need for staff to take risks and providing them with support makes for a healthier and safer organisation. Epilepsy Ireland recognises the rights of the child to be safe and protected and treated with respect, listened to, and have their views taken into consideration.
- 1.3 Epilepsy Ireland has a duty and responsibility to safeguard children through the following means:
 - Promoting the general welfare, health, development and safety of children
 - Adopting and consistently applying a safe and clearly defined method of recruitment and selection of workers.
 - Developing guidance and procedures for workers who have grounds for concern regarding safety and welfare of a child involved with the organisation.
 - Identifying a designated liaison person (DLP) who will act as liaison officer and resource person to all staff members or volunteers who have child protection or welfare concerns. The designated liaison person is responsible for reporting allegations of concern to HSE/An Garda Síochána as appropriate.
 - Ensuring the organisation has a procedure in place should an allegation of abuse be made against a worker.
 - Raising awareness in the organisation of potential risks to children's welfare and safety.
 - Developing effective procedures for responding to relevant complaints / accidents relating to children.
 - Adequate record-keeping procedures regarding child protection concerns and provision of access to records for HSE Child and Family Services if requested.
- 1.4 Epilepsy Ireland recognises that all children have equal rights to protection and some children face particular risk and difficulty in getting help because of their ethnicity, age, gender, religion, disability, sexual orientation, social background or culture.
- 1.5 The organisation's Child Protection Policy is ratified by the Board of Directors and serves to underpin the working practices within the organisation regarding working with children.
- 1.6 This policy should be reviewed by the management team and updated in line with HSE policy developments and legislation as often as required and not less than every three years.

2. Purpose

- 2.1 This policy is written to provide full details to workers, service users and other relevant persons, of our policy and procedure relating to child protection. All workers are required to be familiar with it and to adhere to its contents.

3. Definitions

- 3.1 For the purposes of the child protection policy, the term staff member is replaced by the term worker as regular long term volunteers are considered to be included in the requirements of this policy. A worker is
- All paid staff of Epilepsy Ireland
 - All regular, long-term volunteers of Epilepsy Ireland
- These workers are required to be Garda Vetted and to read and comply with the child protection policy.
- 3.2 Once-off and ad-hoc volunteers (for example fundraising volunteers) are not considered to be 'workers' under the child protection policy. However they are expected to comply with the child protection policy fully. The following types of volunteers are required to read, understand and sign off on the child protection policy before commencing their volunteering with EI:
- Adults who are volunteering at an event/activity run by Epilepsy Ireland where children under 18 are present
 - Adults who are supervising children at fundraising collections
- 3.3 Agents /contractors / subcontractors: This group are not considered part of Epilepsy Ireland workers definition. However, they are expected to be informed of our child protection policy and to operate within its parameters. In addition, speakers for events should not be alone in a one-to-one situation with under 18's (without the Community Resource Officer) and should work only with a group and not in isolation with any under 18.
- 3.4 Any individual who does not fall into any of the earlier categories but who is undertaking work or volunteering for Epilepsy Ireland where there is access to children under 18 should be aware of the child protection policy and sign off on its contents.
- 3.5 **Definitions – Types of Abuse:** Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual 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 in Appendix 1. In the *Children First: National Guidance*, 'a child' means a person under the age of 18 years, excluding a person who is or has been married.
- 3.6 **Neglect** can be defined in terms of an *omission*, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care.
- 3.7 **Emotional abuse** is normally to be found in the *relationship* between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms.

- 3.8 **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.
- 3.9 **Sexual abuse** occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others.
- 3.10 Children First: National Guidelines (2011) require that Child Protection Policies contain a full set of definitions and descriptions of types of abuse, and also contain signs and symptoms of abuse. All employees and volunteers are required to be familiar with the full descriptions as stated in Children First: National Guidelines. The full section for reading is contained as **Appendix One** in this document.

4. Legislation

- 4.1 This policy & procedures are written to comply with the Children First National Guidelines (2011) and related child protection legislation.

5. Scope

- 5.1 This policy applies to all workers in Epilepsy Ireland regardless of whether their position requires interaction with children.

6. Responsibilities

- 6.1 The CEO has responsibility to ensure the organisation is committed to child protection and has an ethos and procedure which supports this.
- 6.2 The Director of Services has responsibility of ensuring workers are trained in the policy and procedures and are clear of their responsibilities.
- 6.4 All workers have the responsibility of reading and understanding this policy and putting into practice the procedures outlined herein. Workers have a responsibility, as defined by legislation, to follow reporting procedures stated in this document.

7. Further Resources

<http://www.hse.ie/eng/services/Publications/services/Children/cf2011.pdf>

<http://www.hse.ie/eng/services/News/newsarchive/2011archive/sept2011/childprotectionandwelfarepracticehandbooklaunched.html>

http://www.dcy.gov.ie/documents/child_welfare_protection/Children_First_-_Key_messages.pdf

http://www.dohc.ie/document/our_duty_to_care.html

http://www.hse.ie/eng/services/Find_a_Service/Children_and_Family_Services/childrenfirst/adviceguidancesupports/

http://www.dcy.gov.ie/documents/child_welfare_protection/Contacts_for_HSE_Children_and_Family_Services.pdf

8. Reporting Procedures

8.1 In Epilepsy Ireland in the vast majority of service delivery situations we are dealing with adults over 18 years. Employees and volunteers do not have unsupervised access to children on an individual basis, with some minor exceptions. However, there will be occasion where we will come into contact with children. The circumstances that we come into contact with child can include but is not limited to the following:-

- One-to-one contact with 16 and 17 year olds (with parent's consent).
- Family Social Events where both children and their parents are present.
- School Talks where teachers or other adults are present.
- Managing volunteers in a fundraising capacity.
- Youth events where some attendees may be under 18.
- Training for Success Course.
- Fundraising events where volunteers may be under 18.
- Photocalls where volunteers may be under 18.

See the section on Code of Behaviour between Workers and Children for further details regarding the practices to be undertaken by workers when in contact with children.

8.2 In any circumstance that a worker is in the working environment, it is the responsibility of all workers to be alert to the possibility that children may be suffering from abuse or neglect and it is the duty of the worker to follow the reporting procedures outlined herein. This is a particularly important responsibility of workers in voluntary and community organisations. The HSE should always be informed where there are reasonable grounds for concern.

8.3 If you as a worker in Epilepsy Ireland, are witness to, or suspects child abuse or neglect is occurring, without delay you are required to contact the organisations Designated Child Protection Liaison Person (DLP). The designated person is the Director of Services, with two deputy DLPs, who are currently the CEO and the training manager. The Designated Liaison Person has a duty to assess the situation and make a report to the HSE Child and Family Services if there are reasonable grounds for concern.

8.4 Reasonable grounds for concern may include the following:-

- A specific indication that a child is being abused
- An account by a person who witnessed a child being abused
- Evidence, such as injury or behaviour, which is consistent with abuse and is unlikely to be caused by any other means
- An injury or behaviour that is consistent with abuse or other reasons, where corroborating indicators suggest that there might be cause for concern (e.g. Patterns of Injuries, Patterns of behaviours)
- Constant indication over time that the child is suffering from emotional or physical neglect

8.5 Where these grounds for concern exist, it may mean that

- Further information should be sought
 - Initial consultation by DLP to statutory agency to discuss the issue
 - Formal reporting by DLP to HSE or An Garda Síochána.
- 8.6 Potential risks posed by a specific person to *unidentifiable* children should also be reported.
- 8.7 A worker may find that they are in the circumstance where an adult discloses experiences of abuse that occurred in their childhoods. In this circumstance, it is essential to establish if there is a current risk to any child from the alleged perpetrator, the adult should be informed by the worker of the child protection policy and reporting procedure, and should be informed at all steps along the way. See **Appendix Two** for guidance on responding to disclosures of abuse.
- 8.8 Epilepsy Ireland has a 'Confidentiality Policy' and a poster explaining the policy to service users. It explains the limits to our ability to hold information confidential, should a service user disclose information. Workers should endeavour to let service users know about the limits of our confidentiality as soon as it is appropriate in relation to one-to-one work/relevant group environments and ensure that the service user is aware of these limits before they disclose information of a sensitive nature.
- 8.9 The HSE National Counselling Service is a service for adults of childhood abuse. This is a professional, confidential counselling service and is available free of charge throughout the country. This service can be accessed by referral from healthcare professionals or from self-referral (Freephone 1800 477 477). There are many other counselling & advice services for survivors of child sexual abuse and service users should be referred on to an appropriate service. The staff member in EI is not trained to explore issues of past sexual abuse with service users and should not attempt to do so.
- 8.10 Where a formal report to HSE is being made regarding risk or actual abuse of a child, the parent or guardian should be informed of the child protection policy and reporting procedure unless to do so would risk further endangering the child.
- 8.11 Steps the worker should take if there is a suspicion of child abuse:-
- Establish the facts and further information if required
 - Contact the Designated Liaison Person (DLP) to discuss the situation without delay.
 - The DLP will be responsible for the decision to make a report to the HSE. Where the DLP is unsure whether a formal report should be made or not, the DLP will consult with HSE Children and Family services if required.
 - In a circumstance where DLP (and deputies DLP) is unavailable and the situation is urgent, where the child is currently at risk, the employee or volunteer should directly contact the local office of An Garda Síochána or the duty Social Workers in HSE. (**Appendix Three** contains these contact details). *THIS ONLY APPLIES IN URGENT CASES AND WHERE NO DLP/DEPUTIES ARE AVAILABLE.*
 - The worker is required to complete **Appendix Four: Reporting Form for Child Protection Concerns** and submit to the Designated Liaison Person in confidence.
 - In cases where a worker reports a concern to the DLP in Epilepsy Ireland, and a decision is made not to make a formal complaint, the worker should be given a clear written statement regarding the reasons for not proceeding with the formal complaint to the HSE. The worker is entitled to consult with, and engage with, the HSE Child and Family Services or An Garda Síochána as an individual if they still have a

concern. The provisions of the Protections of Persons Reporting Child Abuse Act 1998 will apply in this case as long as the information is communicated 'reasonably and in good faith'. This means that even if a report of child abuse is unfounded, the person reporting would be protected from any liability from reporting, and is free from penalisation from an employer.

- The Designated Liaison Person is responsible for keeping the Child Protection Reporting form on file when submitted by any worker, and recording all further decisions and actions taken.
- In the circumstances where the concern for a child is reported anonymously to the organisation, this should be followed up using the standard procedures outlined herein. The organisation can act as a third party where an anonymous report is being made.
- Section 176 of the Criminal Justice Act 2006 introduced the criminal charge of reckless endangerment to children. This means that failure to take steps to protect children from child abuse is a criminal offence and individuals are responsible for their decision to act. All workers are encouraged to ensure that they seek advice from the DLP if they have any concerns.
- When a formal report is being made, in an emergency situation, if the DLP cannot get in touch with the HSE, they will contact An Garda Síochána.
- If you have a concern that a child has gone missing, this is considered to be a potentially serious situation and workers should make contact with An Garda Síochána, along with consulting with the DLP.

9. Designated Liaison Person (DLP)

9.1 The Designated Liaison Person in Epilepsy Ireland is the Director of Services (Wendy Crampton). The Deputy Designated Liaison Person is the CEO (Peter Murphy) and the Training Manager (Paul Sharkey). In the circumstance where the Director of Services is unavailable, either deputy can be contacted and will follow through with the role of DLP as outlined in this policy.

9.2 The Designated Liaison Person (and deputies in her absence) are responsible for:-

- Being the organisations point of contact for all child protection issues and concerns of employees and volunteers
- Recording all concerns raised relating to child protection on behalf of the organisation
- Making the formal report to the HSE using the standard reporting template in **Appendix Four if required**
- Providing a point of contact for outside agencies
- Following up and liaising with the employee or volunteer who raised the concern.
- Ensuring that they are knowledgeable about child protection and undertake training where necessary.
- Advise the organisation regarding training and best practice needs relating to child protection.

10. Confidentiality and Record Keeping

10.1 It is the responsibility of all individuals to take due regard to issues of confidentiality and the exchange of information regarding child protection.

10.2 Where child protection and welfare concerns exist, information is to be shared on a 'need to know' basis and concerns discussed directly with the DLP and not with other staff members.

- 10.3 No undertaking of secrecy can be offered to any individual who discloses abuse or if any abuse is witnessed.
- 10.4 Sharing information regarding child protection issues is not a breach of data protection or confidentiality and is required of all employees and volunteers.
- 10.5 Parents and children have a right to know if their personal information is being shared with outside agencies (eg Garda or HSE) unless this puts the child at further risk.
- 10.6 All records (case notes etc) relating to an individual that may be relevant to a child protection concern should be kept in a safe and confidential manner, in locked files, in the regional offices. Where a child protection concern is raised, the DLP will keep the details in a locked file in the Head Office.. Records will be kept in a manner compliant with Epilepsy Ireland Data Protection Statement and Data Protection Acts. Access to records will be made available to DLP and Deputy DLPs only and are considered confidential within the management team.
- 10.7 All information will be made available if requested by the HSE Child and Family Services where child protection issues arise.
- 10.8 Information will be shared, if required at formal child protection and welfare meetings as organised by the HSE Child and Family Services. Meetings will be attended by employee or DLP if required.

11. Safe Recruitment Procedures

- 11.1 A component of child protection involves ensuring that the organisation operates safe and professional recruitment procedures of employees and volunteers, to safeguard the protection of children.
- 11.2 All recruitment will follow the recruitment practices set out in the employee handbook.
- 11.3 All positions will be recruited for with a panel of no less than two individuals using an agreed set of criteria.
- 11.4 All employees, and volunteers who are working directly with children under 18 years, are required to undertake Garda Vetting.
- 11.5 In the circumstance that a prospective employee's Garda Vetting form raises concern, the management of the organisation will follow specific criteria regarding suitability in the event of disclosure. This criteria for suitability will be held by HR/CEO PA.
- 11.6 A minimum of two references will be secured on all posts before employment is offered.
- 11.7 A confirmation of identity – copy of passport or driving licence – along with the person's name, address and signature must be secured before employment commences.
- 11.8 The child protection policy and procedures should be introduced to employees during the induction process. Volunteers (working with children under 18) should also receive a copy of the policy before commencing their roles.
- 11.9 Factors which would exclude applicants include (but are not limited to):-

- Suspicion or conviction of inappropriate behaviour against children/young people.
- If all relevant documentation is not submitted.
- When one or both referees do not recommend the applicant.
- If qualifications cannot be verified if required.

12. Safe Management of Workers

- 12.1 Epilepsy Ireland is committed to supervision and staff support. All employees who undertake community work are provided with supervision with the Director of Services on a quarterly basis. All employees are provided with an annual appraisal. In addition, Community Resource Officers will attend CRO meetings at least twice per year and regional meetings at least twice per year.
- 12.2 However in the case of child protection concerns, employees and volunteers are requested to make immediate contact with the DLP and not wait for a structured meeting to bring up these concerns. Follow up support for the staff member may be offered during supervision and best practice issues arising from a concern may be brought to broader meetings by the Director of Services if required.

13. Training and Induction regarding Child Protection

- 13.1 All workers will receive a copy of the child protection policy and will be expected to sign that they have read and understood its contents.
- 13.2 The Child Protection Policy is included on the Induction Checklist for new workers and for volunteers working with under 18's.
- 13.3 Frontline Staff (CRO's) will be provided with Children First Training 1 day course as developed by HSE.
- 13.4 Office and non-frontline staff will be provided with half day information sessions as developed by the HSE/or by the organisation.
- 13.5 The Designated Liaison Person / Deputy DLP's will be provided with the relevant training as developed by the HSE.
- 13.6 Training requirements will be reviewed and updated on a regular basis in line with legislative requirements.

14. Procedure for allegation of abuse against a worker

- 14.1 Epilepsy Ireland recognise that the majority of our work is with adults over 18 and we are not in situations unaccompanied with under 18's very often, therefore the following procedure is not a high risk factor in the organisation. The Code of Behaviour between Workers and Children (section 10) sets out best practice guidelines that employees and volunteers are expected to follow, to protect both themselves as workers and any children we are in contact with.
- 14.2 However, in the unlikely event where an allegation of abuse is put forward against a worker, Epilepsy Ireland will take the matter very seriously and will respond according to the procedures set out herein.
- 14.3 When an allegation of abuse is received, it will be passed at once to the CEO who will immediately nominate a member of the management team to carefully and promptly assess the complaint and consider it in conjunction with the DLP. The

person who is dealing with the procedures relating to the child (Formal Reporting) will be a different member of the management team to the person undertaking the procedures relating to the employee or volunteer. Both persons will be members of the management team.

- 14.4 Action taken in reporting an allegation of child abuse against an employee should be based on an opinion formed 'reasonably and in good faith'. It will be necessary to decide whether a formal report should be made to the HSE Child and Family Services. This decision will be made based on reasonable grounds of concern, as listed in point 3.8 in this policy.
- 14.5 Where an allegation against an employee/volunteer is made, Epilepsy Ireland is obliged to inform that worker privately of the fact that the allegation has been made and the nature of the allegation. The employee or volunteer has a right to respond and this information should be included in any formal report to the HSE or An Garda Siochana.
- 14.6 The first priority is to ensure that no child is exposed to unnecessary risk, and with immediate effect, the employee will be requested to have no further contact, by any means, with the child or with other children within their working environment. All other measures taken should be reasonable and not unnecessarily penalise the employee, except to protect children. There will be no delay in reporting to HSE/An Garda Siochana where a clear concern is evident. Parents of the child should be informed.
- 14.7 Any actions taken should be guided by procedures in this document, the disciplinary procedures of the organisation, the employment contract, and the rules of natural justice. Epilepsy Ireland will liaise closely with HSE/An Garda Siochana in any external investigation undertaken.
- 14.8 In the circumstance of an allegation, an investigation into the matter will be undertaken. The investigation will be documented in writing, and may involve interviews with any relevant parties and presentation of a final report to CEO/ Board. Consultation with HSE Child and Family Services and An Garda Siochana may occur if relevant. The employee will be given fair opportunity to respond to the allegation during the investigation.
- 14.9 During the course of the investigation, the employee may be put on leave of absence with full pay if deemed appropriate by management. This decision is at the discretion of management.
- 14.10 The investigation (undertaken by a nominated member of management) will follow procedures in line with good practice HR procedures for investigations. This will include interviewing all relevant parties, documenting all interviews, reviewing all relevant evidence, offering the right of response to all parties before final decisions are made, and ensuring that the rules of natural justice is employed.
- 14.11 Where the allegation is against a member of management, a more senior employee or a board member will be assigned the investigator role.
- 14.12 In the circumstance where there found to be a case to answer, the employee will be subject to the organisations disciplinary procedures, as outlined in the Employee Handbook.

- 14.13 In the circumstance where there is found to be a case to answer, the management team will contact, in conjunction with the DLP, the HSE Child and Family Services and make a formal report.
- 14.14 The management team will seek legal advice if deemed appropriate.

15. Code of behaviour between workers and children

- 15.1 Our workers are expected to ensure that they have no unsupervised access to children on a one-to-one basis. Access to children should occur in group settings, most commonly with other adults present, and we do not provide a one-to-one service to children where the parent or guardian is not present, with the exception of the provision of one-to-one services to 16 and 17 year olds where parental consent has been received in writing.
- 15.2 In addition, no overnight trips with under 18's are to be engaged with.
- 15.3 For Family Fun Days and any other group or conference event, parents are expected to be present and must sign the Epilepsy Ireland standard consent form stating that they are responsible for the child on the day.
- 15.4 For Youth events, where parents are not present, The Epilepsy Ireland Standard Consent form must be signed by parents giving permission for the young person to attend. In this circumstance, the worker must ensure that every adult working for Epilepsy Ireland (local volunteers etc) has read and signed the Child Protection policy before commencing the event. However, in this circumstance of a youth event with under 18's, workers are expected to remain in a group environment in this circumstance. All one-to-one discussions should happen in a public place. It is not acceptable to bring an under 18 into a private room for any reason. The exception to this will be in the event of a seizure or medical emergency if required if this is deemed appropriate by worker on site.
- 15.5 For youth events where under 18's are present, the team from Epilepsy Ireland must consist of Garda Vetted individuals. Additional volunteers used on the day who are not Garda Vetted, must be known to the CRO and have read & signed the Child Protection Policy.
- 15.6 School Talks do not need a consent form as the school is responsible for the decision to have Epilepsy Ireland present. A school teacher or other adult should be present in the room when the talk is being given. The employee should endeavour to make sure any one-to-one conversations with children in the school setting are held in the presence of another adult.
- 15.7 Where under 18's are volunteering at fundraising or awareness raising - for example street collections, rose week, photocalls etc, - members of staff should only engage in public places and preferably where possible with a second adult present. Staff should be sensitive to protecting themselves in these circumstances and be vigilant with ensuring they are not alone with an under 18 except for where it is necessary in the course of the work.
- 15.8 All photographs taken of children at events can only be used by Epilepsy Ireland if a parent or guardian has signed the Epilepsy Ireland Standard consent form and understands what the use of the photograph will be.

- 15.9 Where Epilepsy Ireland is inviting children to attend an event (e.g. Family Fun Days or Youth Conferences) a risk assessment of the venue relating to safety for children specifically must be undertaken. The venue must have their own insurance to cover the activity or event, and the employee must discuss the event with the Director of Services prior to final decisions being made. (see 10.13 for further detail).
- 15.10 Epilepsy Ireland workers should be aware of the following when working with children:-
- Workers should be sensitive to the risks involved in participating in contact sports or other activities where physical contact may occur.
 - While physical contact is a valid way of comforting, reassuring and showing concern for children, it should only take place when it is acceptable to all persons concerned and in a public environment (e.g. when others are present).
 - Workers should never physically punish or be in any way verbally abusive to a child, nor should they tell jokes of a sexual nature in the presence of children.
 - Workers should be sensitive to the possibility of developing favouritism, or becoming over involved or spending a great deal of time with any one child.
 - Children should be encouraged to report cases of bullying to either a designated person, or a worker of their choice. Complaints must be brought to the attention of management.
 - Everyone involved in the organisation should respect the personal space, safety and privacy of individuals.
 - Lifts cannot be given to children.
- 15.11 All children will be treated equally in line with the Equal Status Acts 2000-2004.
- 15.12 Acceptable behaviour when working with children:-
- Using the child's name, listening to, and valuing the child's contribution.
 - Behaving in a professional manner at all times.
 - Respecting the rights, dignity, safety, personal space and welfare of the child.
 - Respecting the wishes and choices of the parents / guardians of the child (except in cases of suspected child abuse).
 - Protecting themselves as workers from malicious allegations by following procedures outlined and endeavouring to deliver care in a manner and environment that protects them.
- 15.13 Examples of unacceptable behaviour when working with children:- (not limited to this list)
- Spending time alone with a child (under 18) except one-to-one contact with a 16 or 17 year old with a parents consent.
 - Engaging in any kind of rough play, horse play, physical contact that could lead to injury or questionable intent.
 - Any kind of touch which is inappropriate.
 - Give out personal information about yourself including personal contact details.
- 15.14 All employees undertaking Family Fun Days and other group outings are requested to pay attention to health and safety matters making sure that a risk assessment is completed which assesses the following :-
- Any buildings being used are safe and meet required standards
 - There is sufficient heating and ventilation
 - Toilets, shower areas and washing facilities are up to standard

- Fire precautions are in place
 - First aid facilities and equipment are adequate
 - There is access to a phone
 - Equipment is checked regularly if in use on the day
 - Insurance cover is adequate
 - Are there any safety risks specifically relating to children
- 15.15 All children should be supervised at all times. Children are less likely to experience accidents or other harms if they are supervised properly. Activities should be organised so that they maximise participation, fun and learning, but also safety. So it is important to ensure that children are not normally left unattended and that adequate numbers of workers and volunteers (and parents) are available to supervise the activities. Workers should make parents aware that they should know where their children are and what they are doing at all times. Dangerous behaviour is not allowed. In the case of serious incidents of challenging behaviour, the worker may request the parent and child to leave the group.
- 15.16 Workers should be aware of managing discipline and challenging behaviour. The use of discipline with children should, as far as possible, be in the form of positive reinforcement. Rules about discipline and sanctions should be put in place by parents not Epilepsy Ireland employees as parents will be in attendance at Family Fun Days with the child. Sometimes, children can be disruptive and their behaviour can be challenging. When it happens, it can put the safety of the child him or herself at risk, as well as that of other children and workers. It is recommended that parents are reminded to manage their child's behaviour in the group environment. A record is kept if an incident occurs, describing what happened, the circumstances, who was involved, and any injury to a person or to property and how the situation was resolved.
- 15.17 If at any time, the behaviour of a worker or volunteer is of concern to another worker or volunteer regarding managing children and child protection and safety, it is expected that the employee will raise the issue with the Director of Services without delay.
- 15.18 The ratio of children to supervising adults at any Epilepsy Ireland event where children are to be managed separately from their parents, or where the event is only for children, should be discussed with the Director of Services in advance of the event.
- 15.19 Where children are being supervised by a 'subcontractor' organisation but the event is organised by, and the responsibility of, Epilepsy Ireland, the worker must ensure that the 'subcontractor' or agency involved has provided their Child Protection Policy, a written confirmation that all of the staff present on the day hold Garda Clearance, and provide a copy of their risk/safety policy. In addition, evidence of full insurance should be provided to the worker. The Director of Services should be consulted at the earliest stages of the planning process.
- 16. Parental involvement/ information sharing**
- 16.1 The organisation is committed to involving parents/guardians by sharing with them the principles of good practice outlined in **Appendix Five**. This document should be made available by CRO's to all parents whose children are involved in Family Fun Days or other activities for children run by Epilepsy Ireland.

- 16.2 All regional offices are requested to print the information in **Appendix Five** and display in a public place in their offices.

17. Involving children/ information sharing

- 17.1 Children have the right to know that the organisation is operating a Child Protection Policy and employees can explain to individual children the components of this policy in an age appropriate way, and taking into consideration any special communication needs that they may have. Young people who are under 18 and wish to read the policy are entitled to do so.
- 17.2 Employees can explain to children that we work to protect the rights of the child, that they have a right to be treated with respect, listened to, and have their views taken into consideration.
- 17.3 Children should be reminded of their right to make a complaint at any event that they are attending, and the worker should explain the process for making a complaint to them.

18. Complaints procedure for parents/carers/children

- 18.1 Epilepsy Ireland operates a complaints procedure which is available on the Epilepsy Ireland website (www.epilepsy.ie) or by request to any employee of the organisation.

19. Accident / Incident Procedures

- 19.1 All workers operate within the organisations Health and Safety policy. Where an incident happens, the employee is requested to contact their manager to document the situation. Where an accident happens, the Accident Form should be completed and submitted to the Health and Safety Officer (Mary Malone).
- 19.2 Where an event is taking place off site, it is the responsibility of the employee to ensure adequate First Aid equipment and provisions are provided by the hosting organisation or venue.

20. Appendices

Appendix One:	Types, signs and symptoms of Abuse
Appendix Two:	Guidelines for responding to disclosures of Abuse
Appendix Three:	HSE Contact Details
Appendix Four:	EI internal reporting form
Appendix Five:	Standard Reporting Template for the HSE
Appendix Six:	Good Practice Principles – Information for parents
Appendix Seven:	Epilepsy Ireland Standard Consent Forms
Appendix Eight:	Event Risk Assessment Form

APPENDIX ONE: Types, Signs and Symptoms of Child Abuse

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual 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 in Appendix 1. In the *Children First: National Guidance*, 'a child' means a person under the age of 18 years, excluding a person who is or has been married.

The following sections have been edited for Epilepsy Ireland workers ease of reference and reading. Please refer to 'Children First: National Guidelines (2011)' for further information regarding any topic detailed below.

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

Harm can be defined as the ill-treatment or the impairment of the health 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. 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. 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 is normally to be found in the *relationship* between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. Examples may include:

- (i) the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
- (ii) conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
- (iii) emotional unavailability of the child's parent/carer;
- (iv) unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child;
- (v) premature imposition of responsibility on the child;
- (vi) unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself or herself in a certain way;
- (vii) under- or over-protection of the child;
- (viii) failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development;
- (ix) use of unreasonable or over-harsh disciplinary measures;
- (x) exposure to domestic violence;
- (xi) exposure to inappropriate or abusive material through new technology.

Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning. Examples of these include insecure attachment, unhappiness, low self-esteem, educational and 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.

Physical abuse of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

Physical abuse can involve:

- (i) severe physical punishment;
- (ii) beating, slapping, hitting or kicking;
- (iii) pushing, shaking or throwing;
- (iv) pinching, biting, choking or hair-pulling;
- (v) terrorising with threats;
- (vi) observing violence;
- (vii) use of excessive force in handling;
- (viii) deliberate poisoning;
- (ix) suffocation;
- (x) fabricated/induced illness (*see Appendix 1 for details*);
- (xi) allowing or creating a substantial risk of significant harm to a child.

Sexual abuse 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:

- (i) exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
- (ii) intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;

- (iii) masturbation in the presence of the child or the involvement of the child in an act of masturbation;
- (iv) sexual intercourse with the child, whether oral, vaginal or anal;
- (v) sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modeling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse;
- (vi) 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 and 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.

Child neglect or abuse can often be difficult to identify and may present in many forms. A list of indicators of child abuse is contained in Appendix 1. 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.

Guidelines for recognition

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:

- (i) considering the possibility;
- (ii) looking out for signs of neglect or abuse;
- (iii) recording of information.

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. It should also be considered if the child seems distressed without obvious reason or displays persistent or new behavioural problems. The possibility of child abuse should also be considered if the child displays unusual or fearful responses to parents/carers or older children. A pattern of ongoing neglect should also 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, for example, by informing the HSE Children and Family Services. The child should not be interviewed in detail about the alleged abuse without first consulting with the HSE Children and Family Services. This may be more appropriately carried out by a social worker or An Garda Síochána. Less obvious signs could be gently explored with the child, *without direct questioning*. Play situations, such as drawing or story-telling, may reveal information.

Some signs are more indicative of abuse than others. These include:

- (i) disclosure of abuse by a child or young person;
- (ii) age-inappropriate or abnormal sexual play or knowledge;
- (iii) specific injuries or patterns of injuries;
- (iv) absconding from home or a care situation;
- (v) attempted suicide;
- (vi) underage pregnancy or sexually transmitted disease;
- (vii) signs in one or more categories at the same time. For example, signs of developmental delay, physical injury and behavioural signs may together indicate a pattern of abuse.

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 and acted upon, for example, by informing the HSE Children and Family Services, it is important to establish the grounds for concern by obtaining as much information as possible. Observations should be accurately recorded and should include dates, times, names, locations, context and any

other information that may be relevant. Care should be taken as to how such information is stored and to whom it is made available.

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 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, abuse may take the form of deprivation of basic rights, harsh disciplinary regimes or the inappropriate use of medications or physical restraints.

Points to remember

- The severity of a sign does not necessarily equate with the severity of the abuse. Severe and potentially fatal injuries are not always visible. Neglect and emotional and/or psychological abuse tend to be cumulative and effects may only be observable in the longer term. Explanations that are inconsistent with the signs should constitute a cause for concern.
- Neglect is as potentially fatal as physical abuse. It can cause delayed physical, psychological and emotional development, chronic ill-health and significant long-term damage. It may place children at serious risk of harm. It may also precede, or co-exist with, other forms of abuse and must be acted upon.
- Experiencing recurring low-level abuse may cause serious and long-term harm. Cumulative harm refers to the effects of multiple adverse circumstances and events in a child's life. The unremitting daily impact of these circumstances on the child can be profound and exponential, and diminish a child's sense of safety and well-being.
- Child abuse is not restricted to any socio-economic group, gender or culture. All signs must be considered in the wider social and family context. Serious deficits in child safety and welfare transcend cultural, social and ethnic norms, and must elicit a response.
- Challenging behaviour by a child or young person should not render them liable to abuse. Children in certain circumstances may present management problems. This should not leave them vulnerable to harsh disciplinary measures or neglect of care.
- Exposure to domestic violence is detrimental to children's physical, emotional and psychological well-being. The adverse effects of domestic violence have been well established. While the impact of neglect is most profound on young children, it also adversely affects adolescents. Neglect renders young people liable to risk-taking behaviors, such as running away, early school leaving, anti-social behavior, mental health and addiction problems, including the risk of suicide.
- It is sometimes difficult to distinguish between indicators of child abuse and other adversities suffered by children and families. Deprivation, stress, addiction or mental health problems should not be used as a justification for omissions of care or commissions of harm by parents/carers. The child's welfare must be the primary consideration.
- Neglectful families may be difficult to engage. Research shows that families may be reluctant to seek help in response to experiencing the factors associated with neglect.
- Families where neglect and abuse are prevalent may go to considerable lengths to deceive professionals. It is important for professionals to approach cases with a wary trustfulness, seek evidence to substantiate claims of improvement and speak with the children concerned individually.
- Social workers need good observation and analytical skills in order to be able to understand the nature of the relationship between a parent and child, to understand signs of non-compliance, to work alongside a family and to come to safe and evidence-based judgements about the best course of action.
- Working in the area of child abuse and neglect is dealing with uncertainty. Social workers and other professionals should adopt a 'respectful uncertainty' on parental reporting of improvement until supported by clear evidence.

Signs and symptoms of child abuse

Signs and symptoms of neglect

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

Child neglect should be suspected in cases of:

- abandonment or desertion;

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

Characteristics of neglect

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

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

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

Signs and symptoms of emotional neglect and abuse

Emotional neglect and abuse is found typically in a home lacking in emotional warmth. It is not necessarily associated with physical deprivation. The emotional needs of the children are not met; the parent's relationship to the child may be without empathy and devoid of emotional responsiveness. Emotional neglect and abuse occurs when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional neglect and abuse is not easy to recognise because the effects are not easily observable. Skuse (1989) states that 'emotional abuse refers to the habitual verbal harassment of a child by disparagement, criticism, threat and ridicule, and the inversion of love, whereby verbal and non-verbal means of rejection and withdrawal are substituted'.

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

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

Signs and symptoms of physical abuse

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

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

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

Signs and symptoms of sexual abuse

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

Cases of sexual abuse principally come to light through:

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

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

Non-contact sexual abuse (offensive sexual remarks, obscene phone calls, voyeurism are examples)

Sexual contact (touching intimate body parts, penetrative sex are examples)

Sexual exploitation (sexual victimisation, child pornography, child prostitution are examples)

The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and defecation on the victim. In some cases, physical abuse is an integral part of the sexual abuse; in others, drugs and alcohol may be given to the victim.

It is important to note that physical signs may not be evident in cases of sexual abuse due to the nature of the abuse and/or the fact that the disclosure was made some time after the abuse took place.

Carers and professionals should be alert to the following physical and behavioural signs:

- bleeding from the vagina/anus;
- difficulty/pain in passing urine/faeces;
- an infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease.

Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area;

- noticeable and uncharacteristic change of behaviour;
- hints about sexual activity;
- age-inappropriate understanding of sexual behaviour;
- inappropriate seductive behaviour;
- sexually aggressive behaviour with others;
- uncharacteristic sexual play with peers/toys;
- unusual reluctance to join in normal activities that involve undressing, e.g. games/swimming.

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

- mood change where the child becomes withdrawn, fearful, acting out;
- lack of concentration, especially in an educational setting;
- bed wetting, soiling;
- pains, tummy aches, headaches with no evident physical cause;
- skin disorders;
- reluctance to go to bed, nightmares, changes in sleep patterns;
- school refusal;
- separation anxiety;
- loss of appetite, overeating, hiding food.

Particular behavioural signs and emotional problems suggestive of child abuse in older children (aged 10+ years) include:

- depression, isolation, anger;
- running away;

- drug, alcohol, solvent abuse;
- self-harm;
- suicide attempts;
- missing school or early school leaving;
- eating disorders.

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

Peer Abuse

In some cases of child abuse, the alleged perpetrator will be another child. In such situations, it is particularly important to consider how the HSE Children and Family Services and other agencies can provide care for both the child victim *and* the child abuser. In a situation where child abuse is alleged to have been carried out by another child, the child protection procedures should be adhered to for both the victim *and* the alleged abuser – i.e. it should be considered a child care and protection issue for *both* children.

Peer Abuse Sexual abuse by children and young people

Research shows that teenagers perpetrate a considerable proportion of child sexual abuse. Such cases should be referred to the HSE Children and Family Services.

Bullying

Bullying can be defined as repeated aggression – whether it be verbal, psychological or physical – that is conducted by an individual or group against others. Bullying behaviour when perpetrated by adults, rather than children, could be regarded as physical or emotional abuse. However, other major forms of child abuse, such as neglect and sexual abuse, are not normally comprehended by the term 'bullying'. Serious instances of bullying behaviour should be referred to the HSE Children and Family Services.

APPENDIX TWO: Guidance on responding to disclosure of abuse

This is general advice for workers on how to deal with a disclosure of abuse. It does not constitute a comprehensive investigative interview, which should not be undertaken by Epilepsy Ireland workers. Such an interview must be undertaken by the appropriate specialist staff.

Initial guidance for staff – It is important that you refer the person to specialist services for abuse if a disclosure occurs. Often these specialist services operate the Children First reporting procedures directly. When this is the case, we will be in contact with the agency to gain clarity regarding their reporting obligations. Contact the Designated Liaison Person if in any doubt.

Receive

- ▶ Listen to what is being said, keep calm and do not display shock or disbelief
- ▶ Explain the duty under Children First guidelines that you have – which is to report abuse when it is disclosed to you.
- ▶ Let the person speak freely without pushing for information
- ▶ Take notes

Reassure

- ▶ Offer immediate support, understanding and reassurance
- ▶ Do not promise confidentiality; you have a duty to refer. Explain that you cannot keep it a secret
- ▶ Reassure the person that they have done the right thing by telling you and that it is not their fault

React

- ▶ Do not “interrogate” for full details
- ▶ Do not ask “leading” questions that may invalidate evidence in any later prosecution in court
- ▶ Do ask open questions like “Anything else to tell me?”
- ▶ Do not criticise the perpetrator. The client may love him/her and reconciliation may be possible
- ▶ Explain what you have to do next and to whom you have to talk
- ▶ Keep in contact with the client

Report

- ▶ Follow the reporting procedures for dealing with a suspicion of abuse and contact the DLP (or deputies) as soon as possible.

APPENDIX THREE: National contacts for HSE Children and Family Services

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

DUBLIN NORTH Health Centre, Cromcastle, Coolock, Dublin 5 (01) 816 4200

(01) 816 4244

DUBLIN NORTH

CENTRAL

Social Work Office, 22 Mountjoy Square, Dublin 1

Social Work Office, Ballymun Health Centre, Dublin 11

(01) 877 2300

(01) 846 7236

DUBLIN NORTH WEST Health Centre, Wellmount Park, Finglas, Dublin 11

Social Work Department, Rathdown Road, Dublin 7

(01) 856 7704

(01) 882 5000

DUBLIN SOUTH EAST Social Work Department, Vergemount Hall, Clonskeagh, Dublin 6

(01) 268 0320

(01) 2680333

DUBLIN SOUTH CITY Duty Social Work Carnegie Centre, 21-25 Lord Edward Street, Dublin 2

Public Health Nursing, 21-25 Lord Edward Street, Dublin 2

Family Support Service, 78B Church House, Donore Avenue, Dublin 8

(01) 648 6555

(01) 648 6730

(01) 416 4441

DUBLIN SOUTH WEST Milbrook Lawn, Tallaght, Dublin 24 (01) 452 0666

(01) 427 5000

DUBLIN WEST Social Work Department, Bridge House, Cherry Orchard Hospital, Ballyfermot,

Dublin 10

(01) 620 6387

DUBLIN SOUTH Social Work Department, Our Lady's Clinic, Patrick Street, Dun Laoghaire, Co. Dublin

(01) 663 7300

CARLOW Carlow Social Work Office, Ground Floor, St. Dymphna's Hospital, Athy Road, Co. Carlow

(059) 913 6587

CAVAN HSE Community Child and Family Services, Drumalee Cross, Co. Cavan (049) 437 7305

(049) 437 7306

CLARE Clare Duty Social Worker, River House, Gort Road, Ennis, Co. Clare

Social Work Department, Shannon Health Centre, Shannon, Co. Clare

Social Work Department, Kilrush Health Centre, Kilrush, Co. Clare

(065) 686 3935

(Mon – Fri, 2pm - 5pm)

(061) 718 400

(065) 905 4200

CORK North Cork Social Work Department, 134 Bank Place, Mallow, Co. Cork

North Lee Child Lee Social Work Department, (adjacent to Shopping Centre), Blackpool, Co. Cork

South Lee Social Work Department, St. Finbarr's Hospital, Douglas Road, Cork
 West Cork Social Work Department, Coolnagarrane, Skibbereen, Co. Cork
 (022) 54100
 (021) 492 7000
 (021) 492 3001
 (028) 40447
 DONEGAL Links Business Centre, Lisfannon, Buncrana, Co. Donegal (East Team)
 Euro House, Killybegs Road, Donegal, Co. Donegal (West Team)
 Social Work Department, Millennium Court, Pearse Road, Letterkenny,
 Co. Donegal (East Central Team and West Central Team)
 (074) 932 0420
 (074) 972 3540
 (074) 912 3672
 (074) 912 3770
 GALWAY Galway City, Social Work Department, Local Health Office, 25 Newcastle Road,
 Galway, Co. Galway
 Galway County, Tuam Social Work Department, Health Centre, Vicar Street,
 Tuam, Co. Galway
 Loughrea Social Work Department, Health Centre, Loughrea, Co. Galway
 Ballinasloe Social Work Department, Health Centre, Brackernagh, Ballinasloe,
 Co. Galway
 Oughterard Social Work Department, Health Centre, Oughterard, Co. Galway
 (091) 546366
 (093) 37200
 (091) 847820
 (090) 964 6200
 (091) 552200
 KERRY Social Work Department, HSE Community Services, Rathass, Tralee, Co. Kerry
 Killarney Social Work Department, St. Margaret's Road, Killarney, Co. Kerry
 (066) 712 1566
 (064) 663 6030
 KILDARE Social Work Department, St Mary's Craddockstown Road, Naas, Co. Kildare (045)
 873200
 (045) 882 400
 KILKENNY Social Work Office – Child Care Department, Child Youth and Families,
 Carlow/Kilkenny, HSE South, St. Canice's Hospital, Dublin Road, Kilkenny,
 Co. Kilkenny
 (056) 778 4057
 (056) 778 4532
 LIMERICK Social Work Department, Ballynanty Health Centre, Ballynanty, Limerick
 (East Team), Co. Limerick
 Social Work Department Rostown Health Centre, Rostown Terrace, Old Clare
 Street, Limerick (East Team) , Co. Limerick
 Parkbeg Social Work Department, Parkbeg House, 2 Elm Drive, Caherdavin
 Lawns, Ennis Road, Limerick, Co. Limerick
 Social Work Department, Southill Health Centre, O'Malley Park, Southill,
 Limerick, Co. Limerick
 Newcastlewest Social Work Department, Newcastlewest Health Centre,
 Newcastle West, Co. Limerick.
 (061) 457 100
 (061) 417 622
 (061) 483 091
 (061) 206 820

(061) 209 985
 (069) 62155
 LAOIS Social Work Department, Child and Family Centre, Portlaoise, Co. Laois (057) 869 2567
 (057) 869 2568
 LEITRIM Social Work Department, Community Care Office, Leitrim Road, Carrick on Shannon, Co. Leitrim
 (071) 965 0324
 LONGFORD Social Work Department, Tivoli House, Dublin Road, Co. Longford (043) 335 0584
 LOUTH Social Work Department, Local Health Care Unit, Wilton House, Stapleton Place, Dundalk, Co. Louth
 Ballsgrove Health Centre, Ballsgrove, Drogheda, Co. Louth
 (042) 939 2200
 (041) 983 8574
 (041) 983 3163
 MAYO Ballina Social Work Team, Ballina Health Centre, Mercy Road, Ballina, Co. Mayo
 Castlebar Social Work Team, St. Mary's Headquarters, Castlebar, Co. Mayo
 Swinford Social Work Team, Swinford Health Centre, Aras Attracta, Swinford, Co. Mayo
 (096) 21511
 (096) 248 41
 (094) 902 2283
 (094) 905 0133
 MEATH Community Social Work Services, Enterprise Centre, Navan, Co. Meath
 Community Social Work Services, Child and Family Centre, Navan, Co. Meath
 Community Social Work Services, Dunshaughlin Health Care Unit, Dunshaughlin, Co. Meath
 (046) 909 7817
 (046) 907 8830
 (01) 802 4102
 MONAGHAN Social Work Department, Local Health Care Unit, Rooskey, Co. Monaghan
 (047) 30426
 (047) 30427
 OFFALY Social Work Department, Derry Suite, Castlebuildings, Tara Street, Tullamore, Co. Offaly
 (057) 937 0700
 ROSCOMMON Social Work Team, Abbeytown House, Abbey Street, Roscommon, Co. Roscommon
 Social Work Team, Roscommon PCCC, Lanesboro' Road, Roscommon, Co. Roscommon (Roscommon Area)
 Social Work Team, Health Centre, Elphin Street, Boyle, Co. Roscommon (Boyle Area)
 Social Work Team, New HSE Offices, Knockroe, Castlerea, Co. Roscommon (Castlerea Area)
 (090) 662 6732
 (090) 663 7528
 (090) 663 7529
 (071) 966 2087
 (090) 663 7851
 (090) 663 7842
 SLIGO Sligo Town and surrounding areas: Markievicz House, Barrack Street, Sligo,

Co. Sligo
 South County Sligo: One Stop Shop, Teach Laighne, Humbert Street,
 Tubercurry, Co. Sligo
 (071) 915 5133
 (071) 912 0062
 NORTH TIPPERARY North Tipperary Duty Social Work Team, Civic Offices, Limerick Road,
 Nenagh,
 Co. Tipperary
 North Tipperary Child Protection Services: Social Work Department, Annbrook,
 Nenagh, Co. Tipperary
 St. Mary's Health Centre, Parnell Street, Thurles, Co. Tipperary
 (067) 46 636
 (067) 41 934
 (0504) 24 609
 SOUTH TIPPERARY South Tipperary Child Protection Services: Social Work Team, South
 Tipperary
 Community Care Services, Western Road, Clonmel,
 Co. Tipperary
 (052) 617 7302
 (052) 617 7303
 WATERFORD Waterford: Social Work Service, Waterford Community Services, Cork Road,
 Co. Waterford
 Dungarvan and surrounding areas: Social Work Department, Dungarvan
 Community Services, St. Joseph's Hospital, Dungarvan, Co. Waterford
 (051) 842827
 (058) 20906
 WESTMEATH Social Work Department, Athlone Health Centre, Coosan Road, Athlone,
 Co. Westmeath
 Social Work Department, Child and Family Centre, St. Loman's, Springfield,
 Mullingar, Co. Westmeath
 (090) 648 3106
 (044) 934 4877
 WEXFORD Gorey Health Centre, Hospital Grounds, Gorey, Co. Wexford
 Enniscorthy Health Centre, Millpark Road, Enniscorthy, Co. Wexford
 New Ross Health Centre, Hospital Grounds, New Ross, Co. Wexford
 Social Work Department, Ely House, Ferrybank, Co. Wexford
 (053) 943 0100
 (053) 923 3465
 Contact through
 Ely House below
 (053) 912 3522 Ext. 201
 WICKLOW Social Work Department, HSE Glenside Road, Wicklow Town, Co. Wicklow
 Bray: Social Work Department, The Civic Centre, Main Street, Bray,
 Co. Wicklow
 Delgany: Social Work Department, Delgany Health Centre, Delgany,
 Co. Wicklow
 (0404) 60800
 (01) 274 4180
 (01) 274 4100
 (01) 287 1482

APPENDIX FOUR: REPORTING CHILD PROTECTION CONCERNS (Internal Epilepsy Ireland Form)

This form is to be used by workers who have a concern regarding child abuse and need to record a particular incident or situation that they have come across. This form must be filled out confidentially and submitted to the DLP.

Please outline your concerns in this box. (use extra paper if required)

Details of the person making the complaint to you (if applicable):

Name:

Address:

Date of birth (if known):

Next of Kin:

Details of worker completing this form:

Name:

Position:

Date submitted to DLP:

PLEASE EMAIL THIS FORM TO DLP DIRECTLY ALONG WITH MAKING A PHONE CALL TO REPORT.

SECTION FOR DLP (Designated Liaison Person) (not to be completed by worker)

Date that report was submitted:

Further details discussed with worker:

Details of decision made regarding situation and actions taken:

Decision reported back to worker:

Decision reported back to CEO: (date of conversation)

This form should be kept confidentially in Head Office. No copies should be kept locally on region office sites. This report is subject to court orders / Commissioner orders where information must be disclosed and HSE requirements of information Sharing

STANDARD REPORT FORM*(For reporting CP&W Concerns to HSE)***6. Relationships**

Details of Mother		Details of Father	
Name:		Name:	
Address: (if different to child)		Address: (if different to child)	
Telephone Nos.		Telephone Nos.	

7. Household composition

Name	Relationship	DOB	Additional information, e.g. school/occupation/other

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

	Name	Address
Social Worker		
PHN		
GP		
Hospital		
School		
Gardaí		
Pre-School/Crèche/YG		
Other (specify):		

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

Relationship to child:	Age	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Name:	Occupation:				
Address:					

10. Details of person completing form

Name:	Occupation:	
Signed	Date:	

APPENDIX SIX: INFORMATION FOR PARENTS ATTENDING EPILEPSY IRELAND SERVICES

PRINCIPLES OF GOOD PRACTICE – INFORMATION FOR PARENTS

- Epilepsy Ireland acknowledge the rights of children to be protected, treated with respect, listened to and have their own views taken into consideration.
- We recognise that the welfare of children must always come first, regardless of all other considerations.
- We operate a child protection policy and where awareness is raised regarding the possibility of child abuse, we will operate procedures which protect the child. The child protection policy is available to parents/guardians by request to any employee of the organisation.
- We are committed to adopting the safest possible practices to minimise the possibility of harm or accidents happening to children and protect workers from the necessity to take risks and leave themselves open to accusations of abuse or neglect.
- We adopt and consistently apply clearly defined methods of recruiting staff and volunteers
- We respond to and record any accidents and complaints relating to working with children.
- We believe that early intervention with children who are vulnerable or at risk may prevent serious harm from happening to them at a later stage.
- We are aware that a child's age, gender and background affect the way they experience and understand what is happening to them.
- We provide child protection training for workers.
- We work from a policy of openness with parents which involves consulting them about everything that concerns their children, and encouraging them to get involved with the organisation wherever possible.
- We do not work with children under 18 in unsupervised circumstances, with the exception of the provision of one-to-one support services to 16 and 17 year olds where parents/ guardians have given their consent.
- Parents/Guardians are required to sign consent and responsibility forms when attending Family Fun Days and other activities for children.
- We co-operate with any other child care and protection agencies and professionals by sharing information when necessary and working together towards the best possible outcome for the children concerned.
- We make links with other relevant organisations in order to promote child protection and welfare policies and practices.



PARENTAL CONSENT AND RESPONSIBILITY FORM

For all events with children/teens under 18 and one-to-one working with teens aged 16/17 years.

Name, Date and Location of EVENT:	Home Address:
Name of Child/Person under 18:	Contact Phone Number of parent:
Date of Birth of Child/Person under 18:	Emergency Contact Phone Number (if different):
Parent / Guardian Name:	Email Address:

Please tick the boxes to indicate your agreed consent:

<u>Responsibility for the child/teenager when the Parent and Children are together at an event:</u> I understand that the child/teenager named above remains my sole responsibility for the duration of the event and that Epilepsy Ireland is not responsible for my child.	Yes No Not applicable <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Permission to attend for the teenager when they may be at an event without a parent:</u> I understand that the teenager named above is attending the Epilepsy Ireland event named above and I have given permission for him/her to attend this event.	Yes No Not applicable <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Permission to attend one-to-one support sessions when a teenager attends (16 – 17 years only) without a parent:</u> I understand that the teenager named above will be attending one-to-one support sessions with the community resource	Yes No Not applicable <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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I, _____ (Name of Parent/Guardian) have given my permission
and consent based on this consent form (3 pages)

Signed: _____

(Parent/Guardian)

Date: _____

Appendix Eight



RISK ASSESSMENT FORM

This form should be completed by the staff member responsible for running an event where children under 18 years of age will be present and where not being run on Epilepsy Ireland premises.

I have attended the premises and have checked the following:

Sufficient light, heat & ventilation YES / NO

Building is safe and clean YES / NO

Toilets are clean, regularly checked & showers, washing facilities are up to standard YES / NO

Fire precautions and equipment is in place YES / NO

First Aid facilities and equipment is in place YES / NO

The building has its own insurance cover YES / NO

Equipment is checked regularly by staff members YES / NO

There are no safety risks specifically related to children YES / NO

(e.g. dangerous equipment, public access to venue etc)

There is an identified room/safe space for managing seizures YES/NO

Where any issue has been identified, write here what you will do about it to reduce the risk:

Venue location: _____

Signed (CRO/staff member): _____

Date of visit: _____