

AFPA

ACUPUNCTURE FOUNDATION PROFESSIONAL
ASSOCIATION



CHILD PROTECTION AND WELFARE POLICY & PROCEDURES

JUNE 2012

Introduction

This child protection and welfare policy document was aimed to ensure best practice and promote common standards in relation to child protection among AFPA members. The current procedures have been drawn up using: *Children First: National Guidance for the Protection and Welfare of Children* (2011); *Child Protection and Welfare Practice Handbook* (2011) and *Our Duty to Care: Principles of Good Practice for the Protection of Children and Young People* (2002).

Throughout the document:

Child Protection Concern – when there are reasonable grounds for believing that a child may have been, is being, or is at risk of being physically, sexually or emotionally abused or neglected. *Child Protection and Welfare Practice Handbook (2011) Page 5.*

Child Welfare Concern – a problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child’s health, development and welfare, and that warrants assessment and support, but may or may not require a child protection response. *Child Protection and Welfare Practice Handbook (2011) Page 6.*

Abuse - refers to the four recognized, categories of abuse, i.e. neglect, physical abuse, emotional abuse and sexual abuse;

Child - refers to a person under the age of 18 years, excluding a person who is or has been married. *Children First: National Guidance for the Protection and Welfare of Children (2011) Paragraph 2.1.2.*

Parent - refers to parent, guardian and caregiver

Disclaimer: The Acupuncture Foundation Professional Association (AFPA) has taken all reasonable care in relation to the accuracy of the information in this document. The information is intended as a guide only and does not purport to be a legal interpretation. The AFPA does not make any warranties regarding the accuracy or completeness of the data

The AFPA recommends that when their acupuncturist members require legal advice they should contact their own Solicitors/Legal Advisors and when acupuncturist members require information on child welfare and protection they contact the Health Service Executive or the Gardai.

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Child Protection and Welfare Statement

The members of the AFPA are actively committed to a child-centred approach to working with children and young people and undertake to provide a safe and nurturing environment where the welfare of the child is paramount. By promoting their rights members of the AFPA will support children to participate in matters that affect their lives. The AFPA believes that children should be safe and protected in all aspects of their lives and that best practice in relation to child protection and welfare must be at the core of providing acupuncture care.

The AFPA adheres to the recommendations of *Children First: National Guidance for the Protection and Welfare of Children* (2011) Department of Children and Youth Affairs; the *Child Protection and Welfare Practice Handbook* (2011) HSE and *Our Duty to Care: Principles of Good Practice for the Protection of Children and Young People* (2002) HSE by implementing best practice procedures on:

- Confidentiality;
- Reporting both child protection and child welfare concerns;
- Code of Behavior for all AFPA members;
- Comments and Complaints;
- Allegations of misconduct or abuse by AFPA members;

This policy will be reviewed on

Signature of AFPA support person.....

Date.....

Confidentiality

The AFPA is committed to ensuring peoples' rights to confidentiality. However, in relation to child protection and welfare the AFPA undertakes that:

- The AFPA member will refer child protection concerns appropriately to the HSE/ Gardai.
- No undertakings regarding secrecy can be given by the AFPA member where there is a child protection concern. AFPA members that are working with a child and his / her family will always make this clear to all parties;
- The AFPA member will cooperate fully with the HSE Child and Family Services on the sharing of its records where a child welfare or protection issue arises. Sharing information in this way is not a breach of confidentiality and total confidentiality can never be guaranteed where the best interests of the child are at risk;
- The AFPA member will take full account of all legal requirements when handling information regarding child protection concerns and will access legal advice as required;
- There are clear procedures in place in relation to keeping records of child protection and welfare concerns or reports. Records will be kept securely in a fireproof filing cabinet for 6 years. Access to these records will be managed by the AFPA member.
- Information in relation to child protection and welfare will only be shared on a 'need to know' basis and for AFPA members will always be in the best interest of the child;
- Parents / primary carers and children have a right to know if personal information is being shared and / or a report is being forwarded to the HSE. They will be told unless doing so would put the child at further risk.

Reporting Procedures

If any child that an AFPA member comes in contact with is identified as being at risk of harm the AFPA member must act. 'It is the responsibility of all agencies working with

children and for the public to recognize child protection concerns and share those with the agencies responsible for assessing or investigating them, not to determine whether the child protection concerns are evidenced or not'. *Children First: National Guidance for the Protection and Welfare of Children (2011) Paragraph 3.7.3.*

The Criminal Justice Act, 2006 introduced the criminal charge of 'reckless endangerment of children'. It states that 'a person having authority or control over a child or abuser, who intentionally or recklessly endangers a child by (a) causing or permitting any child to be placed or left in a situation which creates a substantial risk to the child or being a victim of serious harm or sexual abuse or (b) failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation, is guilty of an offence'.

GUIDELINES FOR RECOGNISING CHILD NEGLECT OR ABUSE

Protecting children and young people is everyone's responsibility and AFPA members must be alert to the possibility that children with whom they are in contact with may be experiencing abuse and / or neglect. A definition of the four types of abuse with a list of indicators is contained in Appendix 2. Commonly there are three stages in the identification of child neglect or abuse:

- Considering the possibility;
- Looking out for signs of neglect or abuse;
- Recording of information.

Children First: National Guidance for the Protection and Welfare of Children (2011)

Paragraph 2.7.1.

REASONABLE GROUNDS FOR CONCERN

AFPA members must follow the reporting procedures outlined below if they have a concern about the protection or welfare of a child or young person that they are working with. Each of the following constitutes reasonable grounds for concern:

- An injury or behaviour that is consistent both with abuse and an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse;

- Consistent indication over a period of time that a child is suffering from emotional or physical neglect;
- Admission or indication by someone of an alleged abuse;
- A specific indication from a child that he or she was abused;
- An account by a person who saw the child being abused;
- Evidence (e.g. injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way.

AFPA members are self employed acupuncturists and must take on the individual responsibility of reporting their concerns of abuse. Applicants for membership to the AFPA must sign up to this child protection/ child welfare document in order to be accepted for membership. The AFPA member can consult with the HSE duty social worker and discuss the situation that is presented to him/her. The AFPA member may choose not give the name of the child/ family in this initial consultation, but may check out if there are reasonable grounds for concern and seek advice about reporting the child protection concern. If advised to report this concern by the duty social worker then the AFPA member needs to use the Standard Reporting Form to make the Report to the HSE.

It is best practice to inform parents that a report is being made, unless to do so would put the child further at risk. AFPA members are thus advised to discuss with the HSE duty social worker as to what is in the best interest of the child in any particular case and to follow their advice, in relation to communication with the parent/ guardian/caregiver.

Definitions of abuse and guidelines for responding to a child that discloses are outlined in Appendix 2 and 4 respectively. A child should never be left in a situation that exposes him / her to harm. If a child protection or welfare concern arises the steps below will be followed:

- The AFPA member may seek advice from the HSE Children and Family Services' Duty Social Worker to decide whether a formal referral is required. The situation may just require ongoing monitoring;
- If there are reasonable grounds for concern the AFPA member will make a formal report to the HSE Children and Family Services' Social Work Service without delay, using the Standard Report Form (Appendix 3). The form may be downloaded from www.hse.ie/go/childrenfirst or www.worriedaboutachild.ie;

- If the concern is urgent and there is imminent risk to a child, the AFPA member will make the report by telephone and then follow it up with the completed form;
- In an emergency outside of the HSE office hours, where the immediate safety of a child is threatened, An Garda Síochána will be contacted;
- If the AFPA member is not available the person who has a concern, received a disclosure or witnessed an incident, should contact the HSE Children and Family Services' Social Work Service or An Garda Síochána directly;
- Where there is a concern about a potential risk to children posed by a specific person, even if the children are unidentifiable, the AFPA member will report the concerns to the HSE Children and Family Services.

In addition:

- If a report is to be submitted to the HSE Children and Family Services or to An Garda Síochána, the AFPA member will inform the primary carers - unless doing so would put the child at further risk. *Children First: National Guidance for the Protection and Welfare of Children* (2011), Paragraph 3.2.9.

THIRD PARTY REFERRALS

If an AFPA member receives information regarding a suspicion of child abuse / welfare from a third party he/she must then consult appropriately with the HSE Children and Family Services. The source of the information will be made aware that the information will be acted upon in the usual manner.

RETROSPECTIVE DISCLOSURE

If an adult discloses that s/he was abused as a child and if it is possible that the alleged abuser is still in contact with and / or responsible for children, the AFPA member should consult the matter with the HSE Children and Family Services.

PROTECTED DISCLOSURE

Protected disclosure provides legal safeguards for people who want to report serious concerns they have about standards of safety or quality in Irish health and social care services and was introduced into legislation via the Health Act, 2007. A disclosure to an authorised person is protected if that disclosure is made by (a) an employee of HSE, (b)

other public health agencies, (c) service providers or bodies funded by the HSE, if it is made in good faith, on reasonable grounds and in accordance with the procedures outlined in the legislation.

RECORDS AND SHARING INFORMATION

- All details in relation to a child protection or welfare concern including the date, time, people involved in the concern, disclosure or incident and actions and outcomes will be recorded and held securely by the AFPA member. As much information as possible will be obtained to establish the grounds for concern. With each individual case, whether or not a formal report was made to the HSE Children and Family Services' Social Work Service and the reasons for doing so, or not doing so, will also be noted;
- In cases where neglect is indicted over time there may be no requirement for a formal report to be made to the HSE initially. However, a chronological record of the evidence or symptoms in the child that gave rise to the concern will be maintained. Thus records of incidents /observations may become significant if a pattern of neglect / abuse emerges and may become part of the record of a child welfare or child protection concern;
- Access to records and the extent to which information will be shared will be managed by the AFPA member. It is a legal requirement for an acupuncturist to hold patient records for 6 years.
- The AFPA has a policy of cooperating fully with the HSE Children and Family Services on sharing the AFPA member's records where a child welfare or protection issue arises;

TRAINING

AFPA will consider what the appropriate level of training is for AFPA members. This will be in accordance with the new Children First Act (to be in law autumn of 2012). The AFPA will then develop its training strategy in relation to child protection.

**Code of Behaviour for AFPA members
That work with Children**

The AFPA promotes a child centred-approach to creating a safe environment for children and young people. AFPA members are provided with clear good practice guidelines on what is acceptable behaviour when working with children and young people.

EQUALITY STATEMENT

The AFPA is committed to providing equal opportunities for all children and young people regardless of their gender, age, culture, disability, religious beliefs, family status, sexual orientation or membership of the Traveller community.

AFPA MEMBERS WILL

- Only give acupuncture to children under the age of 16 in the presence of their parent or carer;
- Behave in a respectful manner towards children;
- Listen to and value children's opinions and beliefs;
- Include children in appropriate decision making;
- Create a safe, inclusive, accessible environment;
- Recognise and nurture the individual potential of all children;

AFPA MEMBERS WILL NOT

- Bully children;
- Spend excessive amounts of time alone with children away from others.
Acupuncture appointments with individual children or young people will take place in the presence of their parent or adult carer;
- Shout at or show aggression towards children,
- Subject children to any form of verbal, physical, emotional or sexual abuse;
- Show favouritism towards individuals;
- Have inappropriate physical contact with children outside of their therapeutic physical contact;

- Tell jokes of a racist, sexual or derogatory nature;
- Refuse to act on a child welfare concern about someone in their care;
- Engage in slugging or joking that belittles children.

TOUCHING

- Touching will be in response to the need of the child and not the need of the adult;
- Touching should always be with the child’s permission – resistance from the child will be respected;
- Breasts, buttocks and groin should always be avoided (except when deemed appropriate for acupuncture treatment, with carer/parental permission and in their presence);
- Touching should be open and not secretive;
- Any touching should be governed by the developmental stage of the child
- Tasks of a personal nature will only be undertaken with the utmost of discretion in an emergency situation; for very young children or disabled children and always with the full understanding and consent of the parents.

Comments and Complaints Procedure

See Complaints Procedures in AFPA Code of Ethics

Procedure for Addressing Allegations of Abuse against An AFPA member

See Complaints Procedures in AFPA Code of Ethics.

Note: A member should contact the AFPA if there is an allegation of abuse against a member of the AFPA. They should inform the current chairperson of the AFPA.

REFERENCES

Department of Children and Youth Affairs (2011) *Children First: National Guidance for the Protection and Welfare of Children*. Dublin: Stationery Office.

Available at:

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

Health Service Executive (2011) *Child Protection and Welfare Practice Handbook*. Dublin: Stationery Office. Available at:

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

Volunteer Now / DHSSPS – N.I. (2009) *Getting it Right – Standards of practice for the protection of Children and young people*, (3rd Edition). Available at:

<http://www.volunteernow.co.uk/fs/doc/publications/getting-it-right-standards-of-practice-for-protection-of-cyp.pdf>

Department of Health and Children (2002) *Our Duty to Care - The Principles of Good Practice for the Protection of Children and Young People*. Dublin: Stationery Office.

Available at: http://www.dcy.gov.ie/documents/publications/ODTC_Full_Eng.pdf.

Fact sheets available at:

http://www.dcy.gov.ie/documents/publications/ODTC_FactSheets_Eng.pdf

Government of Ireland (2000) *The National Children's Strategy: Our Children - Their Lives*. Stationery Office, 2000.

Available at:

<http://www.dcy.gov.ie/documents/Aboutus/stratfullenglishversion.pdf>

The SRF is available to download at: www.hse.ie/go/childrenfirst

Further information available at: www.hse.ie/go/childrenfirst

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Appendix 1

Protecting and Promoting Children's Rights

Acupuncturist members of the AFPA have a responsibility to promote children's rights by:

- Treating them with dignity, sensitivity and respect;
- Making time to listen, talk to and get to know the children;
- Helping children to be safe and happy
- Enabling children to regard their bodies as their own property;
- Encouraging them to express feelings, fears and experiences openly;
- Knowing about the principles and practices of child protection including their legal duties;
- Never engaging in sexually provocative behaviour or making suggestive comments, even in fun;
- Respecting children's privacy in bathrooms and in treatment rooms;
- Sensitively ensuring that children know about the child protection policy;
- Always responding to complaints or allegations;
- Helping children realise the difference between confidentiality and secrecy;
- Being sensitive to the fact that some children are more vulnerable and have special needs;

Our Duty to Care: Principles of Good Practice for the Protection of Children and Young People (2002) p.6.

Appendix 2

Definitions and Indicators of Child Abuse

1. NEGLECT

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. Neglect generally becomes apparent in different ways over a period of time rather than at one specific point.

Harm can be defined as the ill-treatment or 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. The threshold of significant harm is reached when the child's needs are neglected to the extent that his / her well-being and / or development are severely affected.

INDICATORS OF NEGLECT

- 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
- Behavioural signs e.g. overactive, aggressive, poor coping skills, impulsive behaviour, indiscriminate friendliness, withdrawn, poor social skills development, bed wetting, soiling or destructive behaviours, substance misuse, running away, sexual promiscuity, self harm, offending behaviours.

Further detail available from: *Children First: National Guidance for the Protection and Welfare of Children*, Department of Children and Youth Affairs 2011 and *Child Protection and Welfare Practice Handbook*, HSE 2011.

2. EMOTIONAL ABUSE

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.

Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning. The threshold of significant harm is reached when abusive interactions dominate and become typical of the relationship between the child and the parent / carer.

INDICATORS OF EMOTIONAL ABUSE

- 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 rooms
- 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.

Further detail available from: *Children First: National Guidance for the Protection and Welfare of Children*, Department of Children and Youth Affairs 2011 and *Child Protection and Welfare Practice Handbook*, HSE 2011.

3. PHYSICAL ABUSE

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

INDICATORS OF PHYSICAL ABUSE

- Bruises
- Fractures
- Swollen joints
- Burns / scalds
- Abrasions / lacerations
- Haemorrhages
- Damage to body organs
- Poisonings – repeated (prescribed drugs, alcohol)
- Failure to thrive
- Coma / unconsciousness
- Death.

Further detail available from: *Children First: National Guidance for the Protection and Welfare of Children*, Department of Children and Youth Affairs 2011 and *Child Protection and Welfare Practice Handbook*, HSE 2011.

4. 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.

INDICATORS OF SEXUAL ABUSE

- 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 persistent vaginal discharge or warts / rash in the genital area
- Noticeable and uncharacteristic change in 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

Further detail available from: *Children First: National Guidance for the Protection and Welfare of Children*, Department of Children and Youth Affairs 2011 and *Child Protection and Welfare Practice Handbook*, HSE 2011.

Appendix 3

Standard Reporting Form and Guidance Notes

FORM NUMBER: CC01:01:00

STANDARD REPORT FORM

(For reporting CP&W Concerns to HSE)



A. To Principal Social Worker/Designate: _____

1. Date of Report

2. Details of Child

Name:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Address:		DOB		Age	
		School			
Alias		Correspondence address (if different)			

3. Details of Persons Reporting Concern(s)

Name:		Telephone No.	
Address:		Occupation:	
		Relationship to client:	
Reporter wishes to remain anonymous	<input type="checkbox"/>	Reporter discussed with parents/guardians	<input type="checkbox"/>

4. Parents Aware of Report

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

5. Details of Report

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

FORM NUMBER: CC01:01:00

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 (<i>specify</i>):		

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:	

Guidance Notes for Standard Report Form

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

This reporting form is for use by:

- Any professional, individual or group involved in services to children, including HSE personnel, who becomes aware of a child protection or welfare concern, or to whom a child protection or welfare concern is reported.
- Professionals and individuals in the provision of child care services in the community who have service contracts with the HSE.
- Designated Liaison Persons in a voluntary or community agency

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

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

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

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

If you are unsure if you should report your concerns, please telephone the HSE duty social worker and discuss your concerns with them. (See below).

National Contact Details for HSE Children and Family Services

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

HSE Area	Address	Telephone No.
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	(066) 712 1566
	Killarney Social Work Department, St. Margaret's Road, Killarney, Co. Kerry	(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	(061) 457 100
	Social Work Department Roxtown Health Centre, Roxtown Terrace, Old Clare Street, Limerick (East Team) , Co. Limerick	(061) 417 622 (061) 483 091
	Parkbeg Social Work Department, Parkbeg House, 2 Elm Drive, Caherdavin Lawns, Ennis Road, Limerick, Co. Limerick	(061) 206 820
	Social Work Department, Southill Health Centre, O'Malley Park, Southill, Limerick, Co. Limerick	(061) 209 985
	Newcastlewest Social Work Department, Newcastlewest Health Centre, Newcastle West, Co. Limerick.	(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	(042) 939 2200
	Ballsgrove Health Centre, Ballsgrove, Drogheda, Co. Louth	(041) 983 8574 (041) 983 3163
MAYO	Ballina Social Work Team, Ballina Health Centre, Mercy Road, Ballina, Co. Mayo	(096) 21511 (096) 248 41
	Castlebar Social Work Team, St. Mary's Headquarters, Castlebar, Co. Mayo	(094) 902 2283
	Swinford Social Work Team, Swinford Health Centre, Aras Attracta, Swinford, Co. Mayo	(094) 905 0133
MEATH	Community Social Work Services, Enterprise Centre, Navan, Co. Meath	(046) 909 7817
	Community Social Work Services, Child and Family Centre, Navan, Co. Meath	(046) 907 8830
	Community Social Work Services, Dunshaughlin Health Care Unit, Dunshaughlin, Co. Meath	(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	(090) 662 6732
	Social Work Team, Roscommon PCCC, Lanesboro' Road, Roscommon, Co. Roscommon (Roscommon Area)	(090) 663 7528 (090) 663 7529
	Social Work Team, Health Centre, Elphin Street, Boyle, Co. Roscommon (Boyle Area)	(071) 966 2087
	Social Work Team, New HSE Offices, Knockroe, Castlereah, Co. Roscommon (Castlereah Area)	(090) 663 7851 (090) 663 7842

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

Appendix 4

Guidelines for Responding to a Disclosure

- 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 in their own language and at their own pace;
- Conceal any signs of disgust, anger or disbelief;
- Accept what the child has to say – false disclosures are very rare;
- It is important to differentiate between the person who carried out the abuse and the act of abuse itself. The child quite possibly may love or strongly like the alleged abuser while also disliking what was done to them. It is important therefore to avoid expressing any judgement on, or anger towards, the alleged perpetrator while talking with the child;
- 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 they have disclosed.

Appendix 5

Protections for Persons Reporting Act, 1998

The Protection for Persons Reporting Child Abuse Act, 1998 provides immunity from civil liability to persons who report child abuse “reasonably and in good faith” to the HSE or and Garda Síochána. This means that, even if a reported suspicion of child abuse proves unfounded, a plaintiff who took an action would have to prove that the reporter had not acted reasonably and in good faith in making the report.

Its main provisions are:

1. The provision of immunity from civil liability to any person who reports child abuse “reasonably and in good faith” to designated officers of Health Boards or any member of the Garda Síochána;
2. The provision of significant protections for employees who report child abuse. These protections cover all employees and all forms of discrimination up to and including, dismissal;
3. The creation of a new offence of false reporting of child abuse where a person makes a report of child abuse to the appropriate authorities “knowing that statement to be false”. This is a new criminal offence designed to protect innocent persons from malicious reports.

However, where a person reports abuse or makes a complaint their anonymity cannot be guaranteed and their identity may be revealed as part of investigations and considerations by the HSE, An Garda Síochána and the Courts.

Appendix 6

AFPA COMMENT / COMPLAINT FORM

YOUR DETAILS

Name: _____

Address: _____

Telephone: _____

You do not have to provide us with your telephone number but it will be easier for us to get in touch if you do.

NATURE OF YOUR COMMENT / COMPLAINT

What is your comment / complaint about?

When did what you are commenting on / complaining about take place?

Give details of your comment / complaint

e.g. Background / what you think the AFPA member failed to do or did wrongly / how you suffered as a result

Signature: _____ **Date:** _____