

National Children's Advisory Council

Advice to the Minister **on** **Implementation of Children First** **And Vetting**

INTRODUCTION

The Council has been requested by The Minister of State with Responsibility for Children, Brian Lenihan TD, to provide feedback and advice with regard to how successfully 'Children First' the National Child Protection Guidelines are being implemented on the ground and also to give advice in relation to the arrangements for vetting staff working with children.

Background

As a consequence of the many legislative and service developments and in particular the Child Care Act 1991, the Government recognised the need to update the Child Abuse Guidelines issued by the Department of Health in 1987. A number of high profile child abuse inquiries during the 1990's also highlighted the need to review and strengthen existing child protection arrangements.

A multi-disciplinary working group was established in 1998 to review the guidelines and included representatives of the Departments of Health and Children, Education and Science, Justice, Equality and Law Reform, the Health Boards, An Garda Síochána, the Voluntary Sector, the Unions and the Northern Ireland Social Services Inspectorate.

Following extensive consultation, the 'Children First' National Guidelines for the Protection and Welfare of Children were published by the Department of Health and Children in September 1999. Their primary objective was:

To improve the identification, reporting, assessment, treatment and management of child abuse cases.

The other objectives included:-

- **To facilitate effective child protection work by emphasising the importance of family support services and the need for clarity of responsibility between the various professional disciplines.**
- **To maximise the capacity of staff in organisations to protect children effectively.**
- **To consolidate inter-agency co-operation based on clarity of responsibility, co-ordination of information and partnership arrangements between disciplines and agencies.**

In his foreword to Children First, the Minister of State with Special Responsibility for Children, Frank Fahey TD indicated that the National Guidelines should be applied "consistently by Health Boards, Government Departments and by organisations which provide services to children". He noted the importance of the enactment of The Protections for Persons Reporting Child Abuse Act 1998 which provided statutory immunity for persons reporting child abuse "reasonably and in good faith". The Minister pledged the Government's commitment to full implementation of 'Children First' including a public information campaign and the provision of resources for training in child protection and the use of the guidelines.

Methodology

The National Children's Advisory Council welcomed the opportunity to provide advice to the Minister on these matters and contracted Lynne Peyton, an Independent Childcare Consultant with extensive experience of drafting, implementing and evaluating childcare policy, to assist them with a consultation exercise to inform their response.

The following methodology was employed.

- A presentation by the Department of Health and Children with regard to the implementation process and progress to date on Children First.
- The establishment of a Reference Group to oversee the project.
- The issue of a questionnaire to elicit the views of all members of Council.
- A telephone conference with the Young People Representatives on Council.
- A meeting with representatives of the ISPCC's Junior Advisory Council.
- Consultation with officials in the Departments of Health and Children; Department of Education and Science and Department of Social and Family Affairs.
- A meeting with the Health Board Executive's Children First Resource Team and consultations with Information and Advice Officers.
- A joint meeting with representatives of An Garda Síochána and the Department of Justice, Equality and Law Reform.
- Consultation with representatives of the Department of Health and Social Services and Public Safety (Northern Ireland) and the Police Service for Northern Ireland.
- Review of relevant policy and guidelines.
- Submissions by Academic Institutions and Professional Associations, including Dublin Institute of Technology and National Association of Social Workers.

Given the limited timescale, it was agreed initially that consultation would focus on the experiences of the members of the Council and the agencies they represented as well as officials in relevant Government Departments and An Garda Síochána.

In line with the Council's commitment to consult with young people, a meeting was held with representatives of the ISPCC's Junior Advisory Council. In addition to their participation in discussion at Council meetings, the young people representatives on the National Children's Advisory Council also took part in a telephone conference with the Consultant.

As many of the agencies represented on Council had limited experience of Children First, consultation was subsequently extended to include members of the Health Boards Executive's Children First Resource Group, representatives of the department of Education and Science as well as Health Board Information and Advice Officers. A full list of those who provided

information in either face to face meetings or through telephone consultations is included at appendix 1 and the Council would like to record its appreciation to all those who contributed.

Council recognises that this report cannot do justice to either the extent of the progress made in implementing Children First nor to the complexities of the issues involved in child protection practice. However, although the exercise was limited in its scope, we are confident that it will complement the reports currently being produced by the National Children First Advisory Committee and the Social Services Inspectorate. Hopefully it will assist with identifying the challenges still to be addressed in ensuring that children are afforded the protection envisaged by the full implementation of the guidelines.

The findings and recommendations are reported under two separate sections. The first deals with an assessment of the findings and issues in relation to the impact of Children First and makes a number of recommendations, while the second takes a similar approach to the arrangements for vetting staff working with children.

Feedback from the various groups is summarised at Appendices 2-6

SECTION 1 - IMPACT OF CHILDREN FIRST

Following the launch of Children First, there was considerable investment in creating the necessary child care infrastructure within the Health Boards, appointing staff to specialist posts, disseminating guidelines, briefing and providing training for Health Board staff and, through the Information and Advice Officers, assisting with training and support for staff and volunteers in the voluntary and community sectors.

The National Children First Advisory Committee was established to lend support to the implementation process and to ensure a consistent approach among the Health Boards. Its role was advisory rather than executive and it was envisaged that the committee would wind up in December 2002.

While much has been achieved, it seems that the implementation of the Guidelines is still at an early stage and the Council is concerned that there appear to be some fundamental weaknesses in the current arrangements which need to be addressed, in order to ensure that children are adequately safeguarded.

Through consultation with the range of groups and organisations the following issues have been identified :-

National Support, Monitoring and Evaluation

- While the Department of Health and Children has the lead role in driving Children First, the Inter-Departmental working arrangements are not clear. There is a lack of clarity about the responsibilities of other departments such as Education and Science and Justice, Equality and Law Reform for the implementation of Children First.
- There does not appear to be a coherent medium/long term strategy with year on year plans for the implementation review and monitoring of these comprehensive challenging and resource-intensive guidelines.
- Differential compliance among Health Boards with the requirements of Children First and a lack of clarity about ultimate accountability for the discharge by Health Boards of their responsibilities to fully implement Children First.

Accountability for achieving Children First Requirements

- Children First, Paragraph 6.3.1 notes that: "Central Government through the Department of Health and Children takes responsibility for setting objectives and standards, monitoring and inspecting services and outcomes and ensuring that resources are available to achieve these tasks".
- The Department of Health and Children have confirmed their commitment to the full implementation of Children First, and both the Department and the Health Boards see this as a priority.
- Health Boards have been given extensive additional responsibilities as a consequence of the Children First Guidelines and have made significant progress in their implementation.

However, in view of the reported differences in compliance with elements of Children First among Health Boards, there needs to be clarification as to how Boards, through their service level agreements with the Department of Health and Children, can be required to achieve specific requirements within agreed timescales.

- Monitoring to date appears to have concentrated on compliance with systems and procedures. There appears to be little evidence of evaluation against the objectives of Children First to improve the recognition, reporting, assessment and treatment of child abuse, to clarify roles, to facilitate inter-agency work and to ensure a consistent approach.

Inter-Agency Cooperation

- 'Children First' can only be achieved with full inter-disciplinary and multi-agency collaboration and co-operation at all levels. The membership of the current National Children First Advisory Group is limited to Health Board Child Care Managers/Regional Directors of child care and a Principal Officer at the Department of Health and Children.
- A key objective of Children First was to consolidate inter-agency cooperation and clarify the responsibilities of different agencies and disciplines. An important mechanism for achieving effective inter-agency cooperation was the establishment of Regional and Local Child Protection Committees (Appendix 2) yet these have been set up in only 2 out of 10 Health boards.
- Specifically, Regional Child Protection Committees are charged with responsibility to develop, monitor and review inter-agency policies and procedures, while Local Child Protection Committees should ensure that these policies and procedures are implemented. Although Local Child Protection Committees have been set up in most Community Care Areas it is difficult to see how they can be effective without the context provided by the Regional Committee. Many non-Health Board respondents were unsure whether local policies and procedures had been produced.
- Other responsibilities of Regional Child Protection Committees include the development of multi-disciplinary training strategies, commissioning research, and raising public awareness, and these are all areas which appear to be somewhat neglected to date.

Awareness Raising

- There appears to be limited awareness of Children First, its objectives and requirements, among children and young people. Although limited, the consultation with young people revealed a disturbing absence of explicit reference within post primary schools, to child abuse prevention programmes, such as Stay Safe. They were also unaware of child protection policies within clubs and organisations or of arrangements whereby young people could make a complaint or talk to a designated person in the event of problems or difficulties.
- Parents representatives groups report a lack of awareness among parents about both Children First and the Department of Education's Child Protection Policy and Procedures. They feel strongly that parents should be made aware of the requirements of clubs, church and community-based organisations to have Child Protection Procedures. They are aware of

difficulties in agreeing guidelines for the post primary sector with the Teachers' Unions. Parents are also concerned that staff and volunteers do not have access to appropriate training.

- While awareness among Health Board staff across disciplines appears to be good, the level of awareness of Children First among voluntary organisations and community groups is variable. The Health Boards' Children First Information and Advice Officers appear to have been successful in supporting voluntary organisations, but there are issues about lack of capacity to resource the extent of needs of the voluntary/community sector. The Coordinator for Child Protection within the Irish Sports Council has had a lead role in creating awareness among Sports Governing Bodies and sports clubs, but this appears to be an isolated initiative.
- Current arrangements for awareness raising and training staff in the voluntary and community sector are applied differentially, and discriminate against children who attend groups which are not funded by Government Departments or Health Boards.

Child Protection in Schools

- It was not possible to identify a named individual within the Department of Education and Science with a lead role in Child Protection. Responsibility appears to fall to the In-Career Development Unit, which coordinates teacher training.
- There is a clear commitment within the primary sector to provide high quality relevant and consistent training for primary school teachers on the use of the Child Protection Policy and Procedures, as part of the PSHE support service. However the current strategy only targets a percentage of teachers and it is not clear how the remainder of teachers and other groups, such as special needs classroom assistants, are to be trained in the recognition and reporting of neglect and abuse.
- There is obvious anxiety among teachers with regard to their role in reporting child protection concerns and further thought needs to be given as to how they might be supported with access to advice in individual cases.
- Stay Safe is overseen by a multi-disciplinary steering committee which meets under the auspices of the In-career Development Unit of the Department of Education and Science. It is not clear how schools who are not currently offering the Stay Safe programme are discharging their responsibilities for ensuring that children are provided with the information and tools necessary for their protection.
- Representatives of the National Parents Councils - Primary and Post Primary had little awareness of 'Children First', the Department of Education's Child Protection Guidelines and Procedures or of any initiatives within schools. Comment was also received about the paucity of information available to parents generally and they were concerned about the potential for parents to be confused by the various guidelines for different organisations.

Impact Analysis and Research

- There is little evidence of published research to consider the impact of the Guidelines on practice or to examine the outcomes for children and families. Audit and research is necessary to determine the impact of interventions, to assess the effectiveness of services and hence to inform future practice and policy.
- Work funded by the National Children's Office, the Health Board Executive Agency and the Health Boards and undertaken by Helen Buckley in the Social Services Department at Trinity College, demonstrates the considerable progress in a range of family support and child protection interventions over the past ten years. A range of initiatives and models of practice are explored within the research projects undertaken by students on the Postgraduate Diploma in Child Protection and Welfare Course. Buckley also identifies many areas which still need to be addressed, including *inter alia*, ambivalence among professionals as regards neglect; problems associated with inter-agency cooperation; the need for culturally relevant practice as Irish Society becomes increasingly more diverse; parental involvement in child protection case conferences; and the role of the public health nurse in assessment and support of vulnerable families.

Training

- Specific Children First training is apparently no longer available to new Health Board staff and awareness of the guidelines is expected to be included within induction by their line manager. This can lead to variable experiences and it is difficult to ensure the quality of such training.
- There does not appear to be any mechanism for refresher training or for updating staff on best practice.
- In some areas training for staff in the voluntary and community sector is limited to those groups or posts which are funded by Health boards.
- The importance of training for volunteers is often overlooked.

Quality Assurance

- There are no explicit standards for child protection practice.
- The Social Services Inspectorate (SSI) has had a role in monitoring the implementation of Children First and is in the process of submitting a final report. There does not appear to at present to be any plan for SSI either to develop standards for child protection work, nor to inspect social work or interagency practice in this area of work.

RECOMMENDATIONS

National Support, Monitoring and Evaluation

- The final reports of the Children First Advisory Committee and the Social Services Inspectorate's Monitoring Report should be considered by an appropriate Inter-Departmental Forum, as well as by the HeBE Chief Executives, in order to determine the best way of providing ongoing support to achieve full and standardised implementation of Children First on a national basis and within an agreed timescale.
- Rather than standing down the National Children First Advisory Committee, consideration should be given to extending its remit to include review, monitoring and evaluation of the Guidelines and the responsibility for drawing up and overseeing a strategic plan to achieve full implementation. The Committee would benefit from enhanced membership to ensure fitness for role, and consideration should be given to involving relevant departments as well as representatives of the voluntary sector, community sector, sport, An Garda Síochána and education partners.
- It is essential that parents representatives and young people should also be involved, either directly or through substructures/focus groups.
- The relationships between the "National Children First Committee", or whatever its new title, and the Regional Child Protection Committees and local Child Protection Committees should be clarified.

Review of 'Children First' Guidelines

- The arrangements and timetable for the review of the content of Children First Guidelines, scheduled to take place in 2003 should be clarified. The Review should be undertaken by an appropriate multi-disciplinary committee, as noted above.
- This should include mechanisms for consulting with children and young people and their parents.
- Care should be taken to ensure that the guidelines reflect the responsibilities of all Government Departments in protecting the rights and bests interests of children. This should include, for example, the Department of Social and Family Affairs and the Department of Justice, Equality and Law Reform as the responsibilities of these staff require them to be sensitive to the protection needs of children and young people, for example the Customs and Immigration Section.
- The review should take particular account of the needs of children from minority communities and different cultural backgrounds.
- Guidelines with regard to the needs of children with disabilities should be reviewed and extended.

Accountability for Achieving Children First Requirements

- There should be an appropriate independent mechanism within Government which ensures that each Department and its agents, fully discharges its obligations under Children First.
- Responsibilities for implementing Children First should be explicit within service agreements.
- Reporting and accounting mechanisms for all agencies and organisations should be clear.

Inter-agency Cooperation

- Appropriate departments, agencies and groups should be represented on the National Children First Committee.
- Regional Child Protection Committees (RCPCs) should be established as a matter of urgency. In view of the fact that fewer than half of the Regional Committees have been established there is a need to urgently review the reasons for this delay and if necessary these could be raised with relevant departments or the proposed Inter Departmental Group.
- Membership should be at appropriate levels and a commitment given by individuals and their agencies to attendance.
- Each RCPC should be supported in team-building and in producing a plan of work for 2003/4.
- An audit should be conducted of Local Child Protection Committees, identifying membership and seeking feedback on work to date, including successes and constraints. This information should inform a support package for Local Child Protection Committees.

Awareness Raising 'Children First'

- A concentrated effort is needed to raise awareness among children, parents and the general public.
- There should be a public education campaign aimed at
 - a) Encouraging and supporting the identification and reporting of concerns by both adults and young people
 - b) Informing parents and young people of the requirements and responsibilities of schools, clubs, sporting and church-based organisations to have child protection procedures in place and named individuals with lead responsibility for child protection
 - c) Encouraging parents and young people to ask for copies of school policies and club procedures and to become actively involved in their implementation
- A variety of mechanisms should be used to create awareness and to make child protection a high profile national issue. These should include appropriate use of radio and television; and be combined with a schools-based strategy for children and parents; local focus groups, hosted by organisations with existing consultation arrangements for example National Youth

Council, Children's Rights Alliance, Barnardos, Focus Ireland, ISPCC, Pavee Point and County and City Development Boards.

- Care should be taken to ensure that materials aimed at increasing awareness among children and young people are child friendly and sensitive to children with special needs including those with disabilities, communication and comprehension difficulties and children for whom English is not their first language.

Child Protection in Schools

- In view of the need for a "whole school" approach to child protection and the close involvement of parents and children in devising and implementing school child protection policy and procedures, it is recommended that the Department of Education and Science identify a senior officer with a lead role for child protection.
- The Department of Education and Science should urgently produce Guidelines for the Post-Primary sector.
- Relevant training should be made available to all teachers and classroom assistants in the first instance and thereafter for ancillary staff.
- Options for providing support for teachers in identifying and reporting abuse should be considered, including the potential for a helpline.
- A timescale should be agreed with the Education Partners for the production by every school of its Child Protection Guidelines and these should reflect appropriate involvement of Parents, Children, Teachers and Boards of Management.
- Boarding schools and Special schools should have guidelines in place as a matter of urgency.

Impact Analysis and Research

- The extent to which Children First is having an impact on the identification and reporting of child abuse cases should be evaluated. Success factors might include an increased volume of reports as well as a spread of reporting agencies.
- Work is underway within the Health Boards Executive to design a national database to collect relevant Children First information. It is essential that the data captured facilitates an evaluation of the progress made in achieving the key objectives of Children First. The data set should ensure that the source of child protection reports to Health Boards is captured and analysed.
- As regards assessment and treatment, evaluation will require research into the outcomes for child and families of interventions and should include the child's perspective.
- The application of the Health Boards/Garda protocol for investigations should also be evaluated in the context of a sample of cases.

- The DOH should link with the Children's Research Centre, Trinity College, Dublin and other academic institutions with regard to developing an appropriate programme of research.

Quality Assurance

- There should be agreed arrangements for internal evaluation/audit as well as external inspection of adherence to child protection guidelines by all agencies.
- The Department of Health should, in conjunction with the Social Services Inspectorate and the Health Boards, develop and publish comprehensive standards for child protection practice.
- A timetable should be agreed for rolling inspections by SSI against specific standards, and be appropriately resourced.
- Issues identified in the context of these inspections should be raised with the Boards and DOHC with resultant action plans to address them.
- Local and Regional Child Protection Committees should conduct periodic audits of compliance with standards within each Community Care Area. Clarity of responsibility should be agreed with local CPCs perhaps focusing in particular on auditing compliance with **inter-agency** protocols for investigation and case management.

Promoting Best Practice

- Models of good practice for dissemination, training, assessment, treatment and case management should be identified and promoted, to assist the roll out of the guidelines. Some Health Boards have had a lead role in training while others have considerable experience of effective multi-agency working. Examples of effective practice should be promoted.
- Evidence of good practice within the Community and Voluntary Sector should also be identified and used to support developments in other agencies. Of particular note is the Irish Sports Council, which has developed a strategic and comprehensive model for ensuring that ultimately all children who participate in sport in Ireland are adequately safeguarded. (Appendix 8)

SECTION 2 VETTING

Introduction

While there is no statutory basis for vetting, there is recognition at the highest levels within Government of the need to undertake criminal record checks on those with substantial access to children. The policy is set out in Department of Health letters to Chief Executive Officer in each Health Board entitled 'Recruitment and Selection of Staff to Children's Residential Centres operated by Voluntary Bodies' (1994) and 'Recruitment and Selection Procedures' (1995) (Appendix 9). While the 1994 circular relates only to staff in childrens homes, the 1995 circular expands arrangements for the provision of Garda clearance for employees in the Health Service "where they would have substantial access to children and vulnerable individuals" and to employees in external agencies funded by Health Boards.

Recent Developments

In 1998 the Garda Commissioner was asked to review arrangements and as a consequence of his recommendations a Central Vetting Unit (CVU) was established which became operational in January 2002. The Central Vetting Unit's initial remit was to clear the backlog of requests and to expand the service on a phased basis to the community and voluntary sector. This centralised arrangement, run by dedicated staff, has proven successful and the timescale for responding to requests has decreased from over 10 weeks to approximately 2 weeks. A considerable percentage of applications have previous addresses in other jurisdictions throughout the UK and abroad, and these take slightly longer. Where checks reveal that an individual is known to the Garda or another police force, the circumstances have to be thoroughly followed up with the local officers to ensure accuracy.

The service is comprehensive in that the Central Vetting Unit has access to all Garda records across the country and can access information about convictions and incidents (prosecutions pending, failed or lapsed) in respect of the subject of a request.

Currently criminal record checks are only carried out on full time employees of Health Boards where there is substantial unsupervised access to children and on staff in childcare voluntary organisations funded by Health Boards. The Garda hold a list of organisations which can apply on behalf of their staff. The criteria for inclusion on this list is not clear.

The Central Vetting Unit collates statistics on the various types of requests and the number of requests. The Unit processes over 1500 requests for criminal record checks every week and on average over 8000 every month. Health Boards are the main users of the service, with the Jury Service also generating significant requests.

An additional demand is the increasing number of section 4 applications for self-disclosure, under the Data Protection Act. Applicants receive a certificate that states whether or not they have any convictions. While this is not intended to be used for employment purposes, the number of requests for section 4 applications rose from approximately 1000 in 1999 to approximately 7000 in 2002. The Unit is further stretched by the fact that the Special Olympics has generated over 14,000 requests to date. However this requirement highlights the international norm for vetting standards.

In view of the current levels of demand, the CVU feels it is not currently in a position to extend the availability of vetting to the community and voluntary childcare sector. An Garda Síochána

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and the Department of Justice, Equality and Law Reform recognises the inherent risks within current arrangements and are establishing a working group to determine effective and cost efficient arrangements for extending the service to all those with a defined level of access to children.

Issues

- There appears to be a certain lack of awareness among statutory and voluntary organisations with regard to the content of the 1994 and 1995 recruitment and selection procedures, which set out the arrangements for achieving Garda clearance (criminal record checks).
- This limited provision is available only to permanent employees of Health Boards "where they would have substantial access to children and vulnerable individuals" or "where Health Boards fund the provision of services in respect of children and vulnerable individuals by external agencies".
- It is concerning that the interpretation of substantial access to children is a matter for prospective employers and there does not appear to be evidence of any attempts to monitor whether this interpretation has been applied consistently either within or between Health Boards.
- The situation is particularly confusing with regard to access to Garda clearance arrangements for staff in voluntary and community organisations. In some cases voluntary organisations can apply directly to the Central Vetting Unit, while other voluntary and community groups apply through the Health Boards.
- Apparently only organisations funded by Health Boards under Section 10 of the Child Care Act can apply to have staff vetted. This discriminates against children receiving childcare in other organisations.
- The Department of Justice, Equality and Law Reform are funding the National Childcare Strategy, which involves the creation of new childcare places mainly in the voluntary community and private sectors. There is considerable concern within the early years sector that only posts funded under the strategy have been subject to vetting while significant numbers of staff working with very young children, often in the same facility, do not come under the requirements.
- Student placements within Social Work settings are being compromised because vetting has not been extended to academic and training organisations. The Irish Association of Social Care Educators indicate that the situation is critical and that there is a real danger that Social Work students will not be able to obtain the necessary work experience to complete their training.
- There is currently no requirement to vet teachers and a reported resistance from Teachers Unions.
- Staff in a wide range of other public sector facilities involving access to children are not vetted for example staff in leisure centres, park wardens, public libraries .

- The level of vetting carried out in Ireland falls far below the standard within Northern Ireland and the UK, as well as in many European countries. The need for standardised arrangements throughout Ireland and in a Pan-European context is evidenced by the recent example of the Special Olympics.
- In Northern Ireland the Criminal Records office provides criminal records checks on anyone who comes in direct contact with children or vulnerable adults. Groups currently vetted include all staff in statutory, voluntary and community child care and children's organisations, all sports clubs, childminders, daycare staff, adopters and foster carers, taxi and bus drivers, teachers, classroom assistants and ancillary staff, volunteers, students in all relevant occupations, Health Board staff, and staff in nursing and care homes. The CRO within PSNI processes around 8000 checks a month although this rises to 15000 in September/October to include checks on students at the beginning of the academic year.
- The importance of criminal records checks is demonstrated in Northern Ireland statistics where an average of 6.5% of applications each month reveal a previous criminal record.
- Liaison and cooperation between An Garda Síochána, New Scotland Yard and PSNI is good and each assists with background checks on a cross jurisdictional basis. However An Garda Síochána do not share information on convicted sex offenders with the other jurisdictions and this would assist with monitoring the movement of convicted offenders and limit the potential for them to gain employment in other countries.
- Unlike the Pre-employment Consultancy Service (PECS) in the North there is no mechanism within the South for alerting prospective employers to staff with relevant employment history. Both DHSSPS and Department of Education in Northern Ireland keep registers of health and social services/voluntary sector and education employees who have been dismissed, demoted or moved from employment involving contact with children. All applications for Criminal Records Checks are checked against these lists. The fact that there has never been a match suggests the deterrent effect of the list is strong.

Recommendations

- As a first step the purpose of vetting and the standard to be achieved must be agreed. If this is "staff who have substantial access to children" then "substantial access" must be clearly defined and explicit guidance provided as to which disciplines and posts require staff to be vetted. The situation for students in social work, social care, nursing, medicine and professionals allied to medicine must be clarified and be consistent with the requirements of student placements.
- Arrangements should be made urgently for all relevant academic and training organisations to access checks directly from the Garda.
- The standard must be applied equally to all relevant employment positions and volunteering opportunities, regardless of the employer or setting. In line with the UN Convention on the Rights of the Child, Human Rights and Equality Legislation, all children should have an equal opportunity to access care or services within high quality provision in which there are appropriate safeguards. Ensuring that those with convictions for offences against children are not able to access employment with childcare services is an essential safeguard.

- Extension of existing arrangements is required urgently and should be based on:-
 - an assessment of need for additional resources within the Central Vetting Unit
 - an option appraisal as to the most efficient mechanisms for requesting checks and for responding to inquiries
 - a plan for achieving full implementation of the agreed standard within an agreed timescale.
- In order to maximise existing resources there should be liaison between HeBE and the Garda to ensure improved arrangements with Health Board Personnel Departments, which minimise duplication and time wasting. This will combat the incidents of multiple applications for the same individual.
- The Council supports the establishment of a short life working group by the Department of Justice, Equality and Law Reform and recommends this includes relevant stakeholders including representatives from Department of Health and Children, Health Boards and Department of Education and Science - other interests should be consulted as appropriate. Their agenda should include an examination of the administrative arrangements for criminal records checks in other jurisdictions eg Scotland, Northern Ireland. Consideration should also be given to running checks using Personal Public Service Numbers (PPSN) as a cross check for applicants' date of birth.
- The standard should also be applied to all non nationals who wish to take up posts working with children, eg South African Social workers and staff in a variety of disciplines whose country of origin is Northern Ireland, other UK jurisdictions or Europe. This will require inter country protocols such as that agreed with NI.
- Consideration should be given to placing vetting on a statutory basis. Provisions in The Protection of Children and Vulnerable Adults (NI) Bill, will make it an offence for someone with an offence against children to apply for employment working with children and for an agency to employ anyone with a conviction for an offence against children.
- Vetting arrangements should urgently be extended to the Education and Youth Sectors.
- Consideration should be given to a Pre-employment Consultancy Service within education, the youth sector and health/social services to retain information on individuals who have been removed by their employers from posts involving access to children.
- The adequacy of existing arrangements for sharing information on convicted sex offenders should be considered by an appropriate Inter-Departmental Forum, with due regard to the recommendations of NSPCC's report - CUPICSO - Collection and Use of Personal Information on Convicted Sex Offenders.
- A standard form should be developed for requesting references from previous employers, and should include information about the character and performance of the candidate. Specifically it should ask the question 'Would you re-employ this candidate?'
- The introduction of good recruitment procedures and vetting not only ensure a safe environment for children but also offers security, protection and a form of accreditation for

staff and volunteers. This aspect of vetting should be promoted with staff representative organisations.

CONCLUSIONS

The Council recognises the progress to date in implementing Children First guidelines and in establishing a Central Vetting Unit. It is conscious of the many demands on Health Boards and others to deliver a wide range of initiatives. However in view of the State's responsibility to children, as endorsed by legislation and guidance which recognises that the child's welfare is the paramount concern, we feel that there needs to be a fresh drive to achieve the requirements and hence the objectives of Children First.

This new initiative needs to be strategic, long term, inter-agency and with clear measurable outcomes. It needs to be properly resourced, supported and monitored by Central Government.

Young people need to be aware of the guidelines and given the information and tools to protect themselves from abuse.

Parents should be empowered to support the efforts of schools, churches and organisations attended by their children, to achieve the requirements of Children First.

Barriers to effective implementation such as staff shortages and industrial relations must be identified and addressed.

Without exception, all those who are appointed to positions of trust with children, either as paid employees in the statutory voluntary and community sectors or as volunteers, must be subject to rigorous selection procedures which include vetting.

The Council welcomes the opportunity to comment on these matters and would be keen to offer its support, as appropriate, in the future.

Appendix 1

A Reference Group was established to oversee the project and included:-

- Alison Keogh, National Children's Office
- Paul Gilligan, ISPCC
- Cathy Kenna, National Parents Council - Primary
- Ray Dooley, Children's Rights Alliance
- Anne Marie Hughes, Irish Sports Council
- Mary Cahill-Kennedy, People with Disabilities in Ireland
- Suzanne Connolly - Barnardos

Meetings were held with the following:

- ISPCC Junior Advisory Council
- National Children's Office - Alison Keogh, Frances Spillane
- Department of Health and Children - Catherine McManus, Legislation Unit
- Department of Health and Children - Bernie McDonnell, Childcare Policy Unit
- Social Services Inspectorate - Andrew Fagan
- People with Disabilities in Ireland - Mary Cahill-Kennedy
- HeBE, Children First Resource Group - Austin Warters, Siobhan Keogh, Linda Gallagher
- NSPCC - Colin Reid
- DHSSPS (NI) Childcare Branch - Eilis McDaniel,
- An Garda Síochána- Chief Superintendent Tom O'Gorman, Superintendent Liam Coen, Sgt Bob Reynolds, Sgt Des McHale
- Department of Equality, Justice and Law Reform - Barry O'Hara, Barry O'Connor

Telephone consultations:

- National Children's Advisory Council- Young People Representatives
- ISPCC - Paul Gilligan, Caroline O'Sullivan
- Colgan Associates - Anne Colgan
- Irish Sports Council - Anne Marie Hughes
- Department of Social and Family Affairs - Catherine Hazlett
- SWAHB - Mary Tallon , Advice and Information Officer
- Department of Health and Children - Noel Usher
- Department of Education and Science - Noel Doyle
- DES, Primary Curriculum Support Team - Mary McDonald
- Child Abuse Prevention Programme - Patricia Shanahan
- Post Primary Curriculum Support Team - John Lahisse
- NWHB - Patricia Claxton, Information and Advice Officer
- Criminal Records Bureau, Police Service of Northern Ireland - Sgt Linda Tweedie
- National Parents Council - Primary - Cathy Kenna

Appendix 2

Presentation by Department of Health and Children

The National Advisory Group on the Implementation of Children First which consists of Management representation from all Health Boards and Department of Health and Children has responsibility for identifying priority areas for implementation and, for promoting a common approach.

Priority Areas for Implementation included:-

- Distribution of the Guidelines
- Developing a structure in each Board to support implementation
- Development of training supports
- Implementing Garda/Health Board protocol for investigation
- Establishing the Child Protection Notification System
- Setting up Child Protection Committees
- Provision of advice and support to all voluntary agencies
- Review, evaluate and improve local Health Board Guidelines
- Development of family support planning

Progress to Date includes:-

- Infrastructure to support Health Boards (9.334m euro additional funding to date) .
- Distribution of Guidelines to all Health Board employees
- Appointment of Training and Implementation Officers and Information and Advice Officers within each Health Board
- Joint Garda/Health Board training
- Joint Teacher/Health Board training
- Training programmes for Health Board staff
- Local Child Protection Committees established in 25 out of 32 Community Care Areas
- Regional Committees established in 2 out of 10 Health Boards.
- Child Protection Notification System - Guidance issued to all Boards and purpose of the system clarified
- Assistance for Voluntary and Community Groups through the appointment of Information and Advice Officers and the publication of Our Duty to Care
- A dedicated Children's Resource Team within the Health Board Executive
- Publication of internal guidance by some voluntary groups and the Irish Sports Council

Appendix 3

Consultation with Social Services Inspectorate, Advice and Information Officers and HeBE Children First Resource Team

The National Children First Advisory Group is currently compiling its final report in conjunction with the HeBE Children First Resource Team. The Social Services Inspectorate is also preparing a final monitoring report which looks at the extent to which Health Boards have delivered against their service plan commitments as regards Children First. Both of these reports are to be submitted by the end of December 2002 and the National Children's Advisory Council's report will presumably be read in conjunction with them. Clearly the implementation of Children First has been a massive task, requiring huge commitment from Health Boards. The guidelines have been made available to many thousands of staff and a two tier training programmes offered, with additional training for those with responsibility for assessment, investigation and management of child protection cases.

However there have been some difficulties and a number of significant issues have been identified by the 'Children First' Advisory Committee and/or Social Services Inspectorate. These include:-

- Confusion around the purpose and use of the Child Protection Notification System
- Delays in recruiting to key 'Children First' positions
- Difficulties in recruitment and retention of social work staff in childcare departments and in residential care
- The lack of an out of hours service to respond to child protection concerns and reports
- The need for an agreed, commonly applied Supervision Policy
- Delays in establishing some local child protection committees and in particular Regional Child Protection Committees (only 3 out of 10 have been established)
- The lack of a consistent national approach, with different child protection systems within and between Boards
- Variable inter-agency working arrangements in different areas

The Social services Inspectorate has particular concerns that, due to staffing difficulties, temporary and agency staff in children's residential units are not always vetted prior to commencing employment.

The Council feels it is unnecessary duplication to rehearse the detail of these issues, which will be covered in depth in the reports of other Committees. Council concurs with the need for clarification and resolution of these difficulties and would endorse the need for a consistent national approach by all Health Boards.

Children First Implementation Officers and Information and Advice Officers have been appointed in each Health Board and have been critical to the implementation process. Their role is (a) to assist voluntary and community organisations to develop policies and procedures in line with Children First through information, training and development and (b) to promote positive links with the Health Boards around good practice in child protection and welfare.

There are 17 Information and Advice Officers, of whom half are permanent while others are on secondment. They meet monthly to promote a national approach and to develop relationships with key interest groups such as disability and Travellers organisations. "Keeping Safe" training has been undertaken with priority sectors, including pre-school groups, national disability agencies, sporting organisations and groups experiencing disadvantage. Key constraints are the volume of training requests and the turnover of projects and of staff. They recognise the need to review progress nationally, plan strategically for the longer term, review the policy and procedures, involve users, and to create better databases and information systems.

Appendix 4

Feedback from Members of National Children's Advisory Council

A Questionnaire was circulated to all members of the Council seeking their views with regard to the impact of 'Children First' Guidelines on their organisations. It looked specifically at the extent to which certain key elements of 'Children First' had been implemented including:

- Distribution of guidelines to the extent that these are generally available to all organisations and individuals working with children
- An effective and accessible training programme
- Development of localised guidelines
- Establishment of Local Child Protection Committees within Community Care areas
- The adequacy of vetting arrangements

This revealed that:-

Awareness of the guidelines among professionals working with children in either the statutory or voluntary sector was generally perceived to be high.

Similarly, community and voluntary groups who were affiliated to a professional organisation such as Irish Pre-Schools Playgroup Association had good awareness of the guidance and its requirements. However sometimes awareness among community and voluntary organisations was felt to be patchy especially where these were local groups. Volunteers in community, church and sporting organisations are often wary of the guidelines because they have not had training and have misconceptions.

There was no knowledge among Council members of any training or briefings for parents. Parents representatives reported little awareness among parents of the requirements of organisations to have policies and staff training. Concern was expressed about the potential for confusion given the number of guidelines and publications

It was generally felt that awareness among children and young people was low and that schools had too much discretion with regard to covering child abuse prevention and similar topics. Some schools provided comprehensive and appropriate information for children while others largely ignored the issues. Parents are not sufficiently empowered to address this effectively. Childcare organisations like Barnardos make young people and parents aware of their child protection guidelines.

There was a lack of clarity about the extent to which Health Boards have produced local guidelines.

While the content of training was generally very good, organisations working with more marginalised groups such as Travellers and other minority groups suggested that training needed to be more culturally relevant. Training for Health Board Child Protection Officers should include training on racial and discriminatory abuse and its harmful impact on children. Concerns were identified about inconsistency of opportunity to access training and about the lack of multi-disciplinary training opportunities. In some Boards training is only available to childcare providers funded by the Health Board under Section 10.

As regards experiences of reporting concerns to Health Boards, a common issue was lack of feedback on cases to referrers or cases not being dealt with because of staff shortages. The ineffectiveness of the Child Protection Notification system and staff feelings of isolation were also noted.

While improvements in the availability of family support services were acknowledged, there are still geographical areas where no services exist and where there is little early intervention. Services for Travellers are still very limited.

While clearly the structures, training and service developments within childcare achieved to date should have had an impact on the aim of improving the identification, reporting, assessment, treatment and management of child abuse, there was a sense that much more needs to be achieved. Much of the evidence is anecdotal as there does not appear to be any formal mechanism for feedback or evaluation.

As regards vetting it was felt this should be extended to include anyone working with children and should include volunteers. Vetting is only one aspect of the recruitment and selection process and once appointed adequate supervision is essential.

Appendix 5

Consultation with young people

- Meeting with members of the ISPCCC Junior Advisory Council in Dublin
- Telephone Conference with Young People Representatives on NCAC

Consultation focused on young people's experiences within school, youth organisations and community groups and activities. In particular it explored whether they had received information and advice with regard to keeping themselves safe from bullying and abuse. They were also asked about who they would talk to in the event they had concerns, and for their suggestions on how the current situation could be improved. On the issue of vetting, young people were asked about the kind of selection process and checks needed on people working with children.

There was general awareness of bullying as an issue and all of their schools had covered this although not all had an explicit bullying policy. Apart from the Stay Safe Programme in primary schools, there was little experience of child protection policies or codes within schools and none within their youth organisations or sporting activities. Generally young people could identify an adult to whom they felt they could go if they had problems or concerns, eg the junior tennis or junior golf coach. Within school, young people felt they could talk to their year teacher, guidance teacher or the home/school liaison teacher. Only 1 school had a Schools Council with pupil representatives from each year.

In discussing neglect, the young people on ISPCCC's Junior Advisory Council drew attention to the neglect of their school and community. School buildings were in poor repair and they lacked adequate equipment. They felt disadvantaged in comparison to schools in more advantaged neighbourhoods. They were angry about the risks associated with joyriding, and about the lack of safe play space and activities. They complained about the ineffectiveness of the Garda and the local Council in dealing with the drug dealers, "junkies" and joyriders who made it dangerous for them to walk around within their own community.

As regards vetting, young people were fairly consistent that all those working with children should be vetted. Some felt a criminal records check was sufficient and felt it would be wrong to give information about allegations or charges against which there had been no conviction. They also felt that only relevant convictions should be passed on.

It was felt that this situation could be improved by a variety of measures including public awareness-raising and greater access and commitment to training for staff and volunteers in youth groups and for young people themselves. Messages should be simple and emphasise that young people should talk to someone if they have concerns or if they are uncomfortable or unhappy. It was also felt that more use could be made of television and radio and reference was made to the potential to use the "soaps" to handle important issues as well as through public education programmes.

While recognising the value of videos and other training materials, young people recommended bringing 'real' people to talk to children as the most effective way of putting messages across eg, a joyriding accident victim or an HIV victim.

Young people also advocated greater use of helplines such as Childline and easier access to counselling services which respected children's rights to confidentiality.

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Appendix 6

Consultation with representatives of the Department of Education and Science on implementing 'Child Protection Procedures & Guidelines'

In view of the lack of awareness of Children First among young people themselves and among parents, as reported by the representatives of the National Parents Council - Primary and Post Primary, the Council consulted with representatives of the Department of Education and Science.

Background

Child Protection Guidelines and Procedures, for use in Primary Schools, were issued by the Minister for Education and Science in April 2001. Based on 'Children First', they were intended to give direction and guidance to all teachers and school management authorities in protecting children and in dealing with allegations of abuse. The Department gave a commitment to ensuring suitable training programmes were provided to all teachers and especially to teachers designated as Liaison Persons. With regard to the status of the guidelines,

Paragraph 1.1.4 states

"it is incumbent on school authorities and teachers to adhere to these guidelines in dealing with allegations or suspicions of child abuse. The Department of Education and Science, the Health Boards and Partners in Education are in agreement that these guidelines should be followed at all times."

Progress

Responsibility for the design and delivery of appropriate training was given to the Primary Curriculum Support Unit who organised training for the designated liaison teacher in every primary school during April to June 2001. Schools were also advised to send a letter to all parents advising that the school intended following the Department of Education and Science Guidelines. This initiative was fully supported by the Irish National Teachers' Organisation (INTO) and training for designated liaison teachers was seen as compulsory. In the next phase, further training days will be organised for school staff and places offered on a *pro rata* basis to every school in the Spring of 2003. This year it is hoped that a small leaflet will be made available for parents.

The Stay Safe Child Abuse Prevention Programme, that was developed in the early 1990's, is co-funded by the Department of Health and Children and Department of Education and Science and is offered to every primary school in the country. Support is offered to schools by the National Coordinator with regard to staff training; parents meetings; and Board of Management support. At the start of each school year, the Programme Coordinator sends a letter to every school, with a proforma to identify their current situation and needs. In recent times the programme has received many additional requests for teacher training due to both the issue of the new child protection guidelines and the imminent inclusion of a child abuse prevention programme within the Social, Personal and Health Education (SPHE) curriculum. However, take up of Stay Safe across the country has been variable with some very committed schools who undertake refresher training every two years while others are not offering the programme at all. It is estimated that 25% of primary schools are not yet providing Stay Safe and this issue is currently being explored by the Steering Committee which oversees the Child Abuse Prevention Programme. It is hoped that with mandatory inclusion of child abuse prevention in the curriculum, the remaining schools will adopt this or a similar child abuse prevention programme.

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The situation is much less encouraging within the post primary sector where there has not as yet been any agreement with the Teachers Unions and other Educational Partners to implement the guidelines in 'Children First'. Post primary schools are still working to the Department of Education and Science circular "Procedures for Dealing with Allegations or Suspicions of Child Abuse" (1992), and have received little or no training. There appears to be considerable interest within the Department of Education Inspectorate and the In-Career Development Unit with regard to taking forward child abuse prevention programmes for children and providing appropriate training for teachers but as yet there is no agreement as to how this is to be achieved.

The Youth Sector has recently issued its guidance and an implementation plan for dissemination and training is being developed.

Appendix 7

1 Principle Tasks of Regional Child Protection Committee

- i. To promote and review progress on arrangements to prevent child abuse;
- ii. To develop, monitor and review inter-agency and inter-professional child protection policies and procedures;
- iii. To monitor multi-disciplinary co-operation and bring any concerns to the local Child Protection Committees;
- iv. To identify the inter-disciplinary and inter-agency training needs and promote the development of an inter-disciplinary and inter-agency training strategy;
- v. To keep under review ways of raising public awareness of child abuse and mechanisms to express concerns about child abuse;
- vi. To initiate research on the prevention and treatment of child abuse;
- vii. To review significant issues arising from the handling of cases and reports from inquiries;
- viii. To develop a strategy for the provision of therapeutic services to perpetrators of abuse.

2 Principal Tasks of Local Child Protection Committee

- i. To monitor and review the implementation at community care level of arrangements to prevent child abuse;
- ii. To implement procedures and policies developed by the Regional Child Protection Committee for inter-agency and inter-professional co-operation at a local level;
- iii. To review the operation of inter-agency and inter-professional co-operation at a local level;
- iv. To provide a forum for a sharing of knowledge and experience by professionals on child protection at a local level;
- v. To keep under review ways of raising public awareness of child abuse and mechanisms to express concerns about child abuse at a local level.

Appendix 8

A Model of Good Practice

Irish Sports Council - Implementation Strategy for Child Protection Policy and Procedures

Following the formation of the Irish Sports Council in 1999 a Code of Good Practice was developed in response to the Children First Guidelines accompanied by a comprehensive implementation strategy to ensure all sport was child friendly and safe. Increasingly misconceptions are being addressed and clubs are realising that the Code protects staff as well as children.

The key success factors of this model are:

- Explicit Standards -Code of Good Practice for Children in Sport in Ireland (Nov 2000)
- Formal adoption by the Sports Council
- Dedicated post of Child Protection Coordinator
- Strategic and long term approach and planning
- Partnership with - Health Boards and Governing Bodies of sports
- Shared responsibility - Sports Council and Governing Bodies
- Training Plan/Programme and agreed Curriculum delivered through "training the trainers" approach (Keeping Safe Training pack developed for use by voluntary and community groups in N.I.)
- Ongoing review of impact of Code and arrangements for feedback
- Recognition of the need for monitoring and evaluation (arrangements under consideration)
- Linked to grant application process

Appendix 9

DOH Circulars on Vetting

- To be scanned in.