Roles and Responsibilities of General Practitioners under Children First: National Guidance for the Protection and Welfare of Children

Since January 2014 the statutory responsibility for promoting and protecting the welfare of children moved from the HSE to the Child and Family Agency. The Child and Family Agency and An Garda Síochána are now the two statutory agencies tasked with the protection of children.

Children First: National Guidance for the Protection and Welfare of Children (2011) is the National Guidance which promotes the safety and well-being of all children. The policy document is intended to assist people in identifying and reporting child abuse and neglect and outlines how to deal effectively with concerns.

One of the key messages is that the safety and welfare of children is everyone’s responsibility and children will live safer lives where everyone is attentive to their wellbeing. It outlines the roles and responsibilities of the health sector including those of general practitioners to protect children. It highlights the role and responsibilities of the Child and Family Agency and An Garda Síochána as the two agencies with the statutory responsibility for child protection. It sets out specific protocols for Primary Care Teams, General Practitioners, Social Workers in the Child and Family Agency, An Garda Síochána and other front line staff in dealing with suspected abuse and neglect of children.

The Children First Act 2015 places elements of the Children First: National Guidance for the Protection and Welfare of Children (2011) on a statutory footing. The Act which is being commenced on a phased basis provides for a number of key child protection measures;

- A requirement on organisations providing services to children to keep children safe and to produce a Child Safeguarding Statement;
A requirement on defined categories of persons (mandated persons) to report child protection concerns over a defined threshold to the **Child and Family Agency** (the Agency);

A requirement on mandated persons to assist the Agency in the assessment of a child protection risk, if so requested to do so by the Agency;

The abolition of the defence of ‘Reasonable Chastisement. This section of the Act has been commenced and from 11\(^{th}\) December 2015 a person who administers corporal punishment to a child will no longer be able to rely of the defence of reasonable chastisement in the courts.

Putting the Children First Interdepartmental Group on a statutory footing. This was commenced on 1\(^{st}\) May 2016.

**Development of Policies and Procedures**


Section 1.3 notes that every service both private and public that is providing services to children or that is in regular contact with children should;

- Ensure best practice in the recruitment of staff or volunteers which includes Garda vetting, taking up of references, good HR practices in interviewing, induction training, probation and ongoing supervision and management;
- Ensure that staff members are aware of how to recognise signs of child abuse or neglect;
- Develop guidance for staff and or/volunteers who may have reasonable grounds for concern about the safety and welfare of children involved with the organisation. These procedures should not deviate from the current Children First: National Guidance but may offer further elaboration to ensure local relevance and applicability. It is the responsibility of each organisation to ensure that such guidance and procedures are in place; (See **Tusla Interim Guide for the Development of Child Protection and Welfare Policy, Procedures and Practices 2015**)
- Identify a **Designated Liaison Person** to act as a liaison with outside agencies and a resource person to any staff member or volunteer who child protection concerns. The Designated Liaison Person is responsible for reporting
allegations or suspicions of child abuse to the Child and Family Agency or to An Garda Síochána.

What does Children First: National Guidance for the Protection and Welfare of Children 2011 say about the Role and Responsibilities of General Practitioners? (Section 4.9)

General practitioners (GPs) and Primary Care Teams are in a good position to identify indications of abuse and neglect or signs of family stress that may point, at an early stage, to a risk of child abuse. GPs may have certain knowledge of the family backgrounds of their patients, which may enable them to make a particular contribution to abuse prevention, child protection and the long-term support of the child and family.

Primary Care Teams and GP practice staff should receive appropriate training in the recognition of child abuse and in the operation of local procedures.

While GPs have responsibilities to all their patients, Children First states that the welfare of a child must be paramount. Whenever a GP becomes concerned that a child may be at risk of, or the subject of, abuse of any kind, it is essential that these concerns are discussed with / notified to the Child and Family Agency without delay.

Where clinical uncertainty exists, GPs may need to discuss their concerns with other professionals who are experienced in working with child abuse cases. GPs should therefore be aware of how to contact the relevant personnel for expert advice.

Where, following such discussion, a GP is satisfied that there are reasonable grounds for suspecting that a child is being, or has been, abused or neglected, he or she should immediately inform the Child and Family Agency in accordance with the standard reporting procedure (see Children First Chapter 3).
Key Considerations for General Practitioners

Principles for Best Practice in Responding to Child Protection and Welfare Concerns

- The welfare of children is paramount
- Children have a right to be heard
- Parents/carers have a right to respect
- A proper balance must be struck between protecting children and respecting the needs/rights of parents/carers and families. Where there is conflict, the child’s welfare must come first.
- Early intervention is paramount
- When working with adults who for a range of reasons may have serious difficulties meeting their children’s basic needs for safety and security, professionals should always consider the impact of their adult client/patient’s behaviour on a child and act in the child’s best interest.
- Develop a child protection and welfare policy which is consistent with Children First National Guidance 2011.
- Working together: The prevention, detection and treatment of child abuse and neglect requires a coordinated multidisciplinary approach. (Children First National Guidance). GPs often have a key role in families where there are child protection concerns.
- Where an adult patient discloses historic abuse consideration must be given to current risk to any child, including unidentified children, from the alleged abused. If you have concerns or if you’re unsure, contact the Child and Family Agency Duty Social Worker.

If a General Practitioner has a child protection or welfare concern

1. Check if reasonable grounds for concern exist:
   - 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.

2. Record the concern.

3. Consult with the Duty Social Worker in the Child and Family Agency if needed at this point. (Remember to check all past presentations of the child, be aware of indicators of abuse; patterns over time may be significant to this current presentation).

4. If reasonable grounds for concern exist, report to Duty Social Worker in the Child and Family Agency in the area where the child resides without delay. A report should be made using the Standard Report Form. If there is a serious and or immediate risk to a child, make the report by telephone and then follow it up with the form. The quality of the information provided will influence the ability of the Child and Family Agency to respond.

5. Inform and consult with Parents (and the child where appropriate) as soon as possible unless doing so would endanger the child or create acuity of risk to child or other person. Record their responses.

6. Record outcomes and all decisions.


8. Following a report to the Duty Social Worker, the Child and Family Agency may request you to attend a meeting, provide further reports or contribute to an assessment of the concerns where appropriate.

9. If a child is at immediate risk and the Duty Social Worker cannot be contacted, please contact An Garda Síochána.

Training for General Practitioners in Children First

“Information on “An Introduction to Children First”: The HSE E-Learning Module” provides information and guidance about the mandatory Children First training module.

For any queries in relation to Children First please contact the HSE Children First National Office on childrenfirst@hse.ie
Links
HSE Children First Website:  www.hse.ie/childrenfirst
Child and Family Agency:  www.tusla.ie
Department of Children and Youth Affairs:  www.dcyagov.ie

Children First Legislation
This Information Sheet will be kept under review and will be further updated in accordance with the Children First Act 2015 as it is commenced.