



Glenview Health and Leisure Club

Child Safeguarding Policy



Declaration of Guiding Principles

The objective of this policy is to provide guidelines on Child Protection and Safeguarding to all people working in the Glenview Health and Leisure Club, including swim teachers, fitness instructors, receptionists, cleaning staff, managers and any voluntary personnel.

This policy also applies to groups using the club for activities that involve young people under the age of 18 years. This manual has been compiled in accordance with the following National Guidelines: Children First – National Guidelines for the Protection and Welfare of Children (Department of Health & Children, 2011) Our Duty of Care – (Department of Health & Children) The Protection for Persons Reporting Child Abuse Act, 1998. Child Care Act, 1991 (Early Years Services) Regulation 2016 The Code of Ethics and Good Practice for Children's Sport (update 2005).

Name of organisation: Glenview Hotel and Glenview Health and Leisure Club.

Services/activities provided for children and young people: Group Swimming Lessons, 1-1 Swimming Instruction, Children's Multi Activity Camps, Gymbos Drop in Creche Facility.

Our guiding principles apply to all paid staff and students on work placement within our organisation. All staff and students must sign up to and abide by these guiding principles and our child safeguarding procedures.

We will review our guiding principles and child safeguarding procedures every year or sooner if necessary due to service issues or changes in legislation or national policy.

Our Designated Child Liaison Person is **Deborah Farrell**.

Our Deputy Designated Liaison Person is **Declan Crean**

Declaration of Guiding Principles

We believe that:

1. Our priority to ensure the welfare and safety of every child and young person who attends our service is paramount.
2. Our guiding principles and procedures to safeguard children and young people reflect national policy and legislation and we will review our guiding principles and child safeguarding procedures every two years.
3. All children and young people have an equal right to attend a service that respects them as individuals and encourages them to reach their potential, regardless of their background.
4. We are committed to upholding the rights of every child and young person who attends our service, including the rights to be kept safe and protected from harm, listened to and heard.
5. Our guiding principles apply to everyone in our organisation.
6. Staff must conduct themselves in a way that reflects the principles of our organisation.

This policy brings together two really important themes for our children and young people; being fit and active and keeping safe.

Leisure activities can and do have a very powerful and positive influence on children / young people. They can provide valuable opportunities for success, enjoyment, achievement, personal and social development and development of positive life skills.

They can help develop their self-esteem, leadership and teamwork skills. They contribute to a healthy lifestyle by encouraging children's / young people's physical, mental and emotional wellbeing. Leisure activities can also provide children / young people with a role model, and a significant, trusted adult whom they can confide in.

Having this trusted adult is very important to the welfare of many children. It helps promote their confidence, self-esteem, resilience and ability to manage difficult circumstances. It can promote positive outcomes for them. In all of these ways, leisure activities protect and safeguard our children.

We also want to ensure, as much as possible, that our leisure centre facilities are fun, friendly, safe and positive places for children so The Glenview Health and Leisure Club has produced a Child Safeguarding Policy. It aims to ensure that all necessary steps are taken to protect the children and young people (all those under 18) who participate in leisure activities at all levels. The policy establishes leisure facilities' responsibilities in relation to child protection and safeguarding.

Child Admission Policy

The Glenview Health and Leisure Club is a family friendly club and welcomes children of all ages to swim or participate in one of the many activities for children organised by the club. In order to ensure a safe and welcoming environment for all we have implemented the following child admission policy,

- Membership for person's aged 16 years and under can only be accepted as an addition to an adult club member from their immediate family.
- Children under the age of 16 (members and hotel guests) must be accompanied when using the club.
- Children under 16 may only use the pool during the designated children's swimming hours 9am-12.30pm and 2pm-7pm Monday to Friday and 8am-8pm Saturdays and Sundays.
- Child members must have their membership keyrings swiped at reception.
- Children must be supervised when in the club and leisure club staff will not tolerate noisy and disrupting behaviour from unsupervised children.
- Children under the age of 16 are not permitted to use the sauna, steam room, jacuzzi or hot tub.
- Lifeguards cannot and should not be expected to replace the care and supervision of a parent. Children must be supervised in the water at all times by a responsible adult with a maximum ratio of 2 children to one adult if the children are competent in the water and a 1-1 ratio if the children are weak swimmers or under the age of 4 years.
- During swimming lessons children should be brought to the changing rooms and the parent/guardian should remain on the premises during the duration of the lesson.
- All children must be signed in at reception and also with their swimming instructor at the start of each lesson.
- Parents / Guardians of all children attending swimming lessons for the first time, must fill in a consent form and health history questionnaire on behalf of the child.
- Parents/ Guardians must remain on the Health Club premises for the duration of the swimming lesson.
- Children's Use of Changing Rooms Issues can arise for other users when a child of the opposite sex has to share the dressing room with the person minding them. All users are asked to be mindful of this and to use the family changing rooms located in both the Male and Female Changing rooms when changing with younger children if desired. Children aged 8 years and over should use the correct changing rooms.
- Parents are not permitted to take photo's of their children in the pool area or changing rooms and should be aware of taking photos with other children in the image within the public areas of the club.

- Parents must fill out and sign a camp registration form and should make sure they fill out a photography consent form stating whether they do or do not give consent for camp staff to take photos of camp activities that may include their child.

Gymbos Creche

Procedure for resident's children:

- Children must be booked into diary with parent's room number noted.
- When parents and children arrive at Gymbos they must open and close security gate.
- They must sign their child in the signing in/out book. At this stage the following must be discussed with parents: Any special requirements, Snack policy, Any plans for walks or fire drills.
- Important information must be noted beside the child's name in the signing in/ out book. Childcare staff must then open the inside gate and welcome the child in.
- Parents on leaving must close the security gate. When collecting their child parents must open and close security gate, sign their child out in the signing in/out book. Give receipt to childcare staff.
- Childcare staff must ensure that they recognise the child's parent if any doubt ask for identification. Parent who signed child in must collect child unless previously agreed with childcare staff.
- Childcare staff must communicate to parents any important details regarding their child's visit to Gymbos.
- Childcare staff must then open the inside gate and hand child over to parents. Childcare staff must ensure that the inside gate is closed and that parents close security gate after them.

Procedure for leisure club member's children:

- Leisure club members will generally be attending Gymbos a number of times each week.
- New starters must be given the opportunity to settle in even if this means parents remain in the room for time with child generally there is no charge for first visit of 20 – 30 minutes to try out facilities.
- Leisure club members must be given a copy of the information pack for parents and must sign for same on parents information pack form.
- A registration form for each child must be filled in and any special requirement discussed with parents.
- On a daily basis when child is attending Gymbos they should be booked into diary with parents name. Priority must be given to children who are booked into diary.
- When parents and children arrive at Gymbos they must open and close security gate. They must sign their child in the signing in/out book. At this stage the following must be discussed with parents: Any special requirements, any plans for walks or fire drills. Important information must be noted beside the child's name in the signing in /out book. Information regarding details held on registration form must be updated on child's registration form. Snack bags, changing bags etc must be left on the

shelves provided. Childcare staff must then open the inside gate and welcome the child in. Parents on leaving must close the security gate. When collecting their child parents must open and close security gate, sign their child out in the signing in out book. Give receipt to childcare staff. Childcare staff must ensure that they recognise the child's parent if any doubt ask for identification. Childcare staff must communicate to parents any important details regarding their child's visit to Gumbos. Childcare staff must then open the inside gate and hand child over to parents. Childcare staff must ensure that the inside gate is closed and that parent's close security gate after them.

General Safety

- Childcare staff must be actively involved with the children from the time they arrive to leaving.
- Childcare staff must observe children at all times.
- Children are not allowed to climb on tables, chairs, shelves, etc.
- Bathroom door must be kept closed when not in use.
- Scissors etc must be kept out of the reach of children too young to use them.
- Gate must be kept locked.
- In the event of a medical emergency parents must be called to Gymbos and medical attention sought immediately

GENERAL

- Staff must be fully aware of the requirements and recommendations for the operation of a pre school facility as laid out in the child care (pre school services) regulations 2006.
- Staff must make themselves familiar with the policies and procedures for the operation of Gymbos service.
- Staff must at all times adhere to Policies, Procedures, Insurance and Health board regulations.
- A copy of all staff qualifications must be kept in the locked filing cabinet and be made available on request to parents and health board officials.

- A copy of the child care act 1991 and the child care (pre school services) regulations 2006 must be kept in the locked filing cabinet and be made available on request to parents and health board officials.
- A copy of the insurance schedule must be kept in the locked filing cabinet and be made available on request to health board officials.
- Comfortable clothing such as tracksuit should be worn as good clothes can get destroyed with paint and glue etc.

Staff signing in and out procedure;

Staff must sign in and out in the Leisure centre sign in/out folder.
Booking diary for day and key access to Gymbos must be collected from the hotel reception and returned to reception when leaving

Child signing in/out and registration procedure;

Gymbos accepts children aged 1 to 8 years for a maximum of 8 children per 2 hour slot.

General hours of operation Monday – Friday 9.00 – 12.30.

The cost per hour is €3.00 - €6.00 for two hours.

Gymbos is offered to children of residents and leisure club members while they are using hotel facilities. Parents must be on premises at all times when children are in Gymbos.

- Fire door must be kept closed.
- Filing cabinet must be kept locked.
- All cleaning materials must be kept in locked cabinet.

Parents must **not** under any circumstances leave the premises.

Fire Safety:

A fire drill must take place once a month to comply with regulations. Details of same must be filled in on fire drill form.

A sign must be placed on door to inform parents that a fire drill is taking place in the event of them wishing to collect their child.

It must be explained to children that they will be going outside for a walk and that they can return to the room in a while to play with toys.

Each month a different route must be chosen and children take out calmly to the designated assembly point in the car park.

Security

Staff must be aware of the security policy.

No child must be handed out to anyone unknown to staff. If in doubt ask for identification and check registration form to see if they have been named on same.

For residents: person who signed child in must sign them out unless previously agreed with childcare staff.

Medical

Staff must be fully aware of the medical policy and adhere to the exclusion policy.

In the event of a communicable disease being diagnosed parents of other children who have attended Gymbos with diagnosed child must be informed verbally of diagnosis and a notice must be placed on parent's notices.

Medication can be administered by childcare workers while a child is attending Gymbos. Lesley Rath (supervisor) and Deborah Farrell are authorised to administer urgent medications. Parents will be given a record of the medicines administered. A copy of this record will be kept by the creche.

All medicines will be stored on a high shelf in the creche, out of children's reach, at all times.

In the event of a child being diagnosed with meningitis or meningococcal septicaemia staff must inform parents as soon as they are informed and must co-operate fully with the communicable disease control consultants. Every effort must be made by staff to keep parents up to date on information received. The childcare supervisor in consultation with the leisure manager will make decisions regarding the operation of Gymbos in the event of a child being diagnosed with meningitis or meningococcal septicaemia.

Children with special needs can be facilitated by Gymbos. It is the responsibility of the childcare staff to ensure they understand the condition by asking parents details of same.

If a child vomits they must be looked after immediately and parents called to Gymbos. Other children must be kept away from area. Vomit must then be cleaned up while wearing rubber gloves, area must be disinfected and room aired.

It is the responsibility of childcare staff to inform parents when collecting their child if they have observed any medical symptom while the child was in their care in Gymbos.

Glenview Health and Leisure Club Child Safeguarding Policy

Risk Assessments

Risk Assessment 1 – Children’s Swimming Lessons

1. Hazard/Risk

There are a couple of risks/hazards for children associated with group swimming lessons including,

- A. Slips, trips and falls on pool deck
- B. Drowning
- C. Injury in pool due to clash of limbs with other class participants
- D. Minor head injury due to children banging head on wall
- E. Bullying and or horseplay in pool

2. Risk Description

- A. Risk of child slipping on pool deck due to wet surface or tripping on steps.
- B. Risk of child drowning in pool during swimming lessons due to being weak swimmer or getting fatigued
- C. Risk of child clashing arms or legs with another child.
- D. Risk of bumping head off the wall whilst doing backstroke.
- E. Risk of a child being verbally or physically bullied in a class by the other swimmers.

3. Existing Control of risk/hazard

- A. Signs and notices displayed to enforce no running rule, children to be supervised by parents in changing rooms and on pool deck until they are handed over to swimming teacher. Parents advised to get children to wear pool shoes when in wet areas.
- B. Children are supervised throughout the class by the teacher. Class sizes are kept small and classes are run in suitable water depth for the ability of the class.
- C. The swimming instructors organise their class so that children only swim one at a time and this greatly reduces the risk of children clashing limbs.
- D. As the class swim one at a time the teacher can easily supervise backstroke drills and each swimmer is given a reference point on the ceiling where they turn back onto their front so that they do not collide with the wall.
- E. Children are supervised by their parent as far as their class, the changing rooms are checked by staff after lessons to ensure no messing and as the class sizes are small the swimming instructor can easily ensure that there is no bullying or rough horseplay during the class.

4. Action/Comment

The Glenview Swim Academy lessons are well planned and organised with structured classes run by experienced teachers. The layout of the classes has been well thought out to ensure the safety of the children in the swimming classes.

Risk Assessment 2: 1-1 Swimming Instruction

1. Hazard/Risk

There are a couple of risks/hazards for children associated with 1-1 swimming lessons including,

- A. Slips, trips and falls on pool deck
- B. Child feeling uncomfortable with having their legs and arms moved by the teacher to demonstrate a stroke.

2. Risk Description

- A. Risk of child slipping on pool deck due to wet surface or tripping on steps.
- B. Risk of swimming instructor being accused of touching a child inappropriately whilst instructing them in the pool.

3. Existing Control of risk/hazard

- A. Signs and notices displayed to enforce no running rule, children to be supervised by parents in changing rooms and on pool deck until they are handed over to swimming teacher. Parents advised to get children to wear pool shoes when in wet areas.
- B. Children in 1-1 swimming lessons will sometimes need to be shown by the instructor how to do a movement and the teacher should be aware that any of these movements where the teacher will need to be in contact with the child should be done in clear view of the child's parent/guardian and at no time should the teacher move the child into an area of the pool where there is not a clear view. The instructor should speak to the parent/guardian and let them know that they will be in contact with the child during the class and explain why. Also the instructor should inform the child of what they are going to do.

4. Action/Comment

The 1-1 swimming lessons are well organised and to reduce any risk associated with 1-1 lessons we have implemented a code of conduct document that needs to be signed by the parent and the instructor and clearly sets out the rules, regulations and guidelines for lessons.

Risk Assessment 3: Multi Activity Camps

1. Hazard/Risk

- A. Slips, trips and falls during activities such as games and sports activities
- B. Outdoor Activities – environment, weather, location.
- C. Camp Swim time
- D. Indoor activities – arts and crafts and indoor games

2. Risk Description

- A. There is a risk of children slipping, tripping or falling during both indoor and outdoor games and activities.
- B. Risk of injury to one of the children due to being outside. This may be due to the location the activity is taking place, the weather conditions or other environmental factors such as bug bites etc.
- C. Risk of child slipping on pool deck due to wet surface or tripping on steps. Risk of child drowning in pool during camp swim time due to being weak swimmer or getting fatigued
- D. Risk of injury to child when participating in indoor games or activities or risk of child being injured by products used in arts and crafts sessions.

3. Existing Control

- A. Camp instructors to ensure controlled supervision of children during games and activities. Instructors to give clear rules and instructions for games and activities and ensure no unruly behaviour.
- B. Camp instructors to ensure outdoor area is suitable to use for the intended activity. Instructors to ensure area is clear from any identifiable hazards. Instructors to ensure children are wearing suitable clothing for the weather conditions including sun cream when required.
- C. Signs and notices displayed to enforce no running rule, children to be supervised by parents in changing rooms and on pool deck until they are handed over to swimming teacher. Camp instructors to supervise children in changing rooms and on pool deck.
- D. Camp instructors to ensure indoor area is suitable to use for the intended activity. Instructors to ensure area is clear from any identifiable hazards. Instructors ensure products used in arts and crafts sessions are suitable for child use and are used correctly.

4. Action/Comment

The Glenview Health and Leisure Club multi activity camps are well organised and managed. There is a clear plan for each day and week but a designated SOP needs to put in place going forward.

Risk Assessment 4: Gymbos Creche

Hazard/Risk

- A. Main door. Entrance. Children getting out of the creche.
- B. Cleaning materials; toilet cleaner, surface sprays, floor cleaner, Milton.
- C. Electric Plugs.
- D. Hot radiators. Sharp radiator corners and rims.
- E. Fire exit.
- F. Bathroom door kept closed
- G. Hot tap
- H. Nappy changing.
- I. Choking

Risk Description

- A. Children exiting the creche door if the door is left open or unattended
- B. Risk of poisoning.
- C. Electrocution. Children could put their fingers or toys into open, live plugs.
- D. Children could be burned from hot radiators. Children could potentially injure themselves on the hard edges of the radiators.
- E. Needing to make an emergency exit in the event of a fire or emergency.
- F. Child entering the bathroom unattended
- G. Burning / scalding a child
- H. Staff injury from bending and leaning and illness from dealing with faeces.
- I. Child choking on small items or parts of toys

Existing Control

- A. Door gate in place with childproof controls.
- B. All cleaning products are kept in a closed cabinet at all times. Or on a high shelf, out of reach of all children in the bathroom
- C. Plug covers are used in all open plugs.
- D. Radiator covers.
- E. Fire door is kept clear at all times
- F. The bathroom door is kept closed unless a child requests to use the bathroom
- G. The tap is temperature controlled and higher up, out of children's reach. Constant supervision.

- H. A nappy changing fold out table is available for staff use and Gloves are provided for hygiene purposes.
- I. No small toys allowed in creche and all toys and games checked for damage where a small part could become a choking hazard.

Action/Comment

- A. This gate is kept closed at all times to keep children safe and inside the creche.
- B. Cleaning products are only used during cleaning times when zero children are present. The room is kept well ventilated at all times.
- C. Plugs are checked regularly and kept in the plugs at all times, unless in use.
- D. Radiator covers are checked regularly for cracks or breaks.
- E. The fire door is kept clear and checked regularly to prevent any danger during an emergency.
- F. Make sure temp control is checked by maintenance monthly.
- G. Children are under constant supervision while using the bathroom and during hand washing.
- H. Further training for staff could be organised.
- I. Ensure staff are first aid trained with a focus on paediatric first aid.

Risk Assessment 5: Children using Changing Rooms

1. Hazard/Risk

- A. Children left unattended in changing rooms and adults using same changing rooms as young children
- B. Slips trips and falls on wet floor areas or around showers
- C. Children banging heads on open locker doors
- D. Children being injured by razors etc not being disposed of into bins

2. Risk Description

- A. Children over the age of 8 using changing rooms unattended may be at risk from other adults using the same changing rooms.
- B. Risk of child slipping on wet floor tiles in changing rooms or in wet slippery tiles in the shower area.
- C. Children are at risk at banging heads off locker doors when locker doors are left open
- D. Children may be at risk of getting cut due to adult members leaving razors around after shaving.

3. Existing Control

- A. The changing rooms are open plan with no areas where children can be alone with children apart from the toilet cubicles. The changing rooms are well light and are checked regularly by staff members.
- B. The changing rooms are checked regularly by staff who squeegee any excess water and dry the floors. There is matting in the high risk wet areas and signage informing people not to run.
- C. The changing rooms are checked regularly by staff and locker doors are closed.
- D. The changing rooms are checked regularly by staff who check for any dangerous items. Notices are also posted at the sink area informing members to dispose of any unwanted razors into the bins provided.

4. Action/Comment

The changing rooms are very child friendly with an open plan design and clear access to the toilets, showers and pool area. The changing rooms are checked regularly by staff members to ensure that the area is clean and safe and also check each area for anything out of the ordinary.

Reporting Suspected Abuse

The purpose of this policy is to inform staff on the standard procedure of reporting suspected child abuse.

Responsibility

Glenview Leisure Club and Gympo's Childcare staff must be alert to the possibility that children with whom they are contact with may be subject to abuse. Concerns should be reported to the health board or other relevant bodies. This is the responsibility of childcare staff in the Glenview Hotel as well as any staff member who may be in contact with children.

The guiding principles in regard to reporting child abuse is summarised below:

- The safety and well-being of the child must take priority.
- Reports should be made without delay to the health board.
- While the basis of concern must be established as comprehensively as possible, children or parents should not be interviewed in detail about the suspected abuse.

Any reasonable suspicion of child abuse must elicit a response. Ignoring the signals or failing to intervene may result in on-going or further harm to the child. Children may suffer long-lasting emotional and/or psychological harm as a result of neglect, emotional abuse or sexual abuse. Physical abuse and neglect can be fatal, and some children may be permanently disabled or disfigured as a result of child abuse.

If a person has misgivings about the safety of a child and would find it helpful to discuss their concerns with a professional, they should not hesitate to contact someone in the health board such as a social worker, public health nurse or staff in a health centre to discuss the matter. This should help them to decide whether or not to formally report their concerns to the health board.

Basis for reporting to a Health Board

The relevant body should always be informed when a person has reasonable grounds for concern that a child may have been abused, or is being abused, or is at risk of abuse.

The following examples would constitute reasonable grounds for concern:

- Specific indication from the child that (s)he was abused;
- An account by a person who saw the child being abused;
- Evidence, such as *an injury or behaviour* which is consistent with abuse and unlikely to be caused another way;
- An injury or behaviour which is consistent both with abuse and with an innocent explanation but where corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern

of injuries, an implausible explanation, other indications of abuse, dysfunctional behaviour;

- Consistent indication, over a period of time that a child is suffering from emotional or physical neglect.

A suspicion which is not supported by any objective indication of abuse or neglect would not constitute a reasonable suspicion or reasonable grounds for concern.

It is important that any person reporting suspected child abuse to the health board should establish the basis for their concerns. At the same time, they should not interview the child or the child's parents/carers in any detail about the alleged abuse without first consulting the health board; this may be more appropriately carried out by the health board social worker or An Garda Síochána.

Standard Reporting Procedure

If child abuse is suspected or alleged, the following steps should be taken by members of the public or professionals who come into contact with children:

- A report should be made to the health board in person, by phone or in writing. Each health board area has a social worker on a duty for a certain number of hours each day. The duty social worker is available to meet with, or talk on the telephone, to persons wishing to report child protection concerns. (There is a list of contact numbers in **Appendix Three**).
- It is generally most helpful if persons wishing to report child abuse concerns make personal contact with the duty social worker. This will facilitate the social worker in gathering as much information as possible about the child and his or her parents/carers.
- **In the event of an emergency, or the non availability of health board staff, the report should be made to An Garda Síochána. This may be done at any Garda Station.**

Information Required when a Report is Being Made

The ability of the Health Board and/or An Garda Síochána to assess suspicions or allegations of child abuse will depend of the amount and quality of information conveyed to them by persons reporting their concerns. **As much as possible of the following detail should be given in the Standard Reporting Form or by telephone:**

- Accurate identifying information as far as it is known. This should include the names, addresses and ages of the child and all children in the family as well as the parents'/carers' names of addresses;
- Name and address of the person alleged to be causing harm to the child;
- A full account of what constitutes the grounds for concerns about the welfare and protection of the child or children;
- Source of any information which is being discussed with the health board;

- Dates when the concern arose, or the particular incident occurred;
- Any explanation offered to account for the risk, injury or concern;
- The child's own statement, if relevant;

Any other information regarding difficulties which the family may be experiencing. These may include illness, recent bereavement or separation, financial situation, addiction, disability, mental health problem;

- Any factors which may be considered supportive or protective of the family. These may include helpful family members, neighbours, useful services or projects with whom they have contact;
- Name of child or children's school;
- Name of child and/or family's general practitioner;
- The reporter's own involvement with the child and parents/carers;
- Details of any action already taken about the risk or concern;
- Names and addresses of any agencies or key persons involved with the parents/carers;
- Identity of reporters including family name, address, telephone number, occupation, and relationship with the family.

Any **professional** who suspects child abuse should inform the parents/carers if a report is to be submitted to the Health Board or An Garda Síochána unless doing so is likely to endanger the child.

In cases of emergency, where a child appears to be at immediate and serious risk, and a duty social worker is unavailable, An Garda Síochána should be contacted. **Under no circumstances should a child be left in a dangerous situation pending Health Board intervention.**

Common Impediments to the Reporting of Child Abuse

Child Abuse is a difficult and, to some people, distasteful subject. There is a common tendency to believe that it happens only to 'other people'. The identification of child abuse is frequently linked to personal experiences, values or beliefs, and there may be a reluctance to acknowledge its existence. The belief that parents or other persons in charge of children would actually hurt or neglect them is not easy to sustain. It is easy, therefore, to deny, minimise or explain away any signs that a child is being harmed, even when evidence exists. At times, it is hard to distinguish between abusive situations and those where other social problems such as unemployment, poverty, poor housing, mental illness or isolation are present. Sympathy for families in difficult circumstances can sometimes dilute personal or professional concerns about the safety and welfare of children.

Reluctance to act on suspicions about child abuse can often stem from uncertainty and fear. Members of the public or professionals may be of repercussions, afraid of being thought insensitive, afraid of breaking confidence, or afraid of being disloyal. Knowledge and information about child abuse will help to overcome reluctance to take action; so too will confidence in the child protection services.

The *Protections for Persons Reporting Child Abuse Act, 1998* provides immunity from civil liability to persons who report child abuse "reasonably and in good faith" to designated officers *of health boards or any member of An 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.