



NARRATIVE 4

Child Protection

SAFEGUARDING POLICY

Created in 2016 in reference to:

- **CHILDREN FIRST: National Guidance for the Protection and Welfare of Children (2011)**
- **Tusla Interim Guide for the Development of Child Protection and Welfare Policy (2015)**
 - **Our Duty of Care- the Principles of Good Practise for the Protection of Children and Young People**

'We must not pass the baton when we are concerned about a child, we must hold that concern together, collectively!' 'Always Children First

We at Narrative 4 are committed to safeguarding the well-being of children who are participating in events run both in the centre and at off-site locations. We undertake to provide a child-centred approach to our work and provide a safe environment and experience, where the welfare of the child/young person is paramount. Narrative 4 acknowledges the rights of children to be protected, treated with respect, listened to and their views taken into consideration. We will adhere to the recommendations of ***Children First: National Guidelines for the Protection and Welfare of Children***, published by the Department of Health and Children. We have implemented procedures covering:

- Code of behaviour for all staff
- Reporting of suspected or disclosed abuse
- Confidentiality
- Recruitment and selecting staff
- Managing and supervising staff
- Involvement of primary carers
- Allegations of misconduct or abuse by staff
- Complaints and comments
- Incidents and accidents
- Appendix 1- Useful contacts
- Appendix 2 – Definitions of Child Abuse

This policy will be reviewed on 1st June 2026 by the Director of Narrative 4 Ireland and in between these dates if required.

Signed by Rachel Gleeson _____
(Designated Liaison Person)

Signed on behalf of the Board : _____
Colum McCann.

Date: 01 June 2026

Narrative 4 (N4) Ireland) CHILD PROTECTION POLICY

Scope

This policy is applicable to all staff employed by Narrative 4 and also applies to all volunteers, including writers and artists, as well as at both centre-based programmes and external Narrative 4-sponsored events and activities. It is the responsibility of the Regional Director to ensure that every new staff member and volunteer:

1. Receives a copy of the Narrative 4 Safeguarding Policy
2. Understands and signs the Code of Behaviour
3. Receives training on the subject matter

CODE OF BEHAVIOUR FOR STAFF

We expect everyone working with children in a paid or voluntary capacity for Narrative 4 to take every possible precaution to avoid situations that could be misinterpreted and/or a breach of either the Child Protection Policy or Health and Safety Policy. By setting out appropriate and inappropriate behaviour, this code will not only help to protect children, but also staff, interns and volunteers at Narrative 4

All Narrative 4 staff and free-lancers must respect and implement the following codes of behaviour when dealing with children and young people:

CHILD-CENTRED APPROACH

- Treat all children and young people equally;
- Listen to and respect children and young people;
- Involve children and young people in decision-making, as appropriate;
- Provide encouragement, support and praise (regardless of ability);
- Use appropriate language (physical and verbal);
- Have fun and encourage a positive atmosphere;
- Offer constructive criticism when needed;
- Treat all children and young people as individuals;
- Respect a child's or young person's personal space;
- Discuss boundaries on behaviour and related sanctions, as appropriate, with children and young people and their primary carers;
- Agree group 'contract' before beginning session;
- Encourage feedback from group;
- Use age-appropriate teaching aids and materials;
- Lead by example;
- Be aware of a child's or young person's other commitments when scheduling after school activities, e.g., school or exams;
 - Be cognisant of a child's or young person's limitations, due to a medical condition for example;
- Create an atmosphere of trust;
- Respect differences of ability, culture, religion, race and sexual orientation.

GOOD PRACTICE

- Each child/young person participating in Narrative 4 workshops or activities must be registered (name, address, phone, special requirements, attendance, emergency contact);
- Primary carers, visitors and facilitators are made aware of the Child protection policy and procedures.
- Narrative 4 Ireland has emergency and health and safety procedures in place and all staff are made aware of these
- Narrative 4 is inclusive of children and young people with special needs;
- Staff working with children must plan and be sufficiently prepared, both

mentally and physically;

- Staff must report any concerns to the Designated Liaison Person (Rachel Gleeson) and follow reporting procedures;
- Narrative 4 has an anti-bullying policy. Staff must encourage children and young people to report any bullying, concerns or worries and to be aware of anti-bullying policy.
- Staff should observe appropriate dress and behaviour;
- Narrative 4 evaluates work practices on a regular basis;
- Staff must report and record any incidents and accidents;
- Narrative 4 updates and review policies and procedures regularly;
- Narrative 4 staff working with children must keep primary carers informed of any issues that concern their children;
- Staff must ensure proper supervision based on adequate ratios according to age, abilities and activities involved;
- To ensure clear communication between Freelance Project Staff and Narrative 4 all staff hired to work with children as part of their remit with Narrative 4 must read and accept the N4 Child Protection Policy
- Narrative 4 puts in place a written agreement with any external organisation that an artist is working with;
- Staff should not be passive in relation to concerns, i.e., don't 'do nothing';
- Staff should not let a problem get out of control;
- Staff should not take a session on his/her own. If this is not possible then it should be in an open environment with the **full knowledge and consent of primary carers**;
- Staff should avoid if at all possible giving a lift to a child/young person and if a lift is given then it is essential that primary carers are informed;
- Staff should maintain awareness around language and comments made. If something is said that may have caused offence or upset, then it should be addressed in a sensitive manner .
- Writers, artists and volunteers doing one-off or sessional work will be issued with an information pack and required to sign a copy of the Narrative 4 child protection policy.

INAPPROPRIATE BEHAVIOUR

- Staff should avoid spending excessive amounts of time alone with children/young people;
- Staff should not use or allow offensive or sexually suggestive physical and/or verbal language.
- Staff must not single out a particular child/young person for unfair favouritism, criticism, ridicule, or unwelcome focus or attention;
- Staff should not allow/engage in inappropriate touching of any form;
- Staff should not hit or physically chastise children/young people;
- Staff should not socialise inappropriately with children/young people, e.g., outside of structured organisational activities.

PHYSICAL CONTACT

- Seek consent of child/young person in relation to physical contact (except in an emergency or a dangerous situation);
- Avoid horseplay or inappropriate touch;
- Check with children/young people about their level of comfort when doing touch exercises.

HEALTH AND SAFETY

- Don't leave children unattended or unsupervised;
- Manage any dangerous materials;
- Provide a safe environment;
- Be aware of Narrative 4 accident procedure and follow accordingly.

CHILD PROTECTION POLICY REPORTING PROCEDURES

WHO TO CONTACT ABOUT ISSUES RELATED TO CHILD PROTECTION AND VULNERABLE ADULT WELFARE

Rachel Gleeson has been designated as the person to contact if you have an issue or concern about any aspect of a child's or young person's safety and welfare. It is the responsibility of this person to support and advise staff about policy and procedures in relation to child protection and to ensure that procedures are followed. It is also the responsibility of the Designated Liaison Person to liaise with the Health Service Executive or Gardaí where appropriate.

Rachel Gleeson can be contacted at Narrative 4, 58 O'Connell Street, Limerick.
Rachel@Narrative4.ie
061- 315656

Vicki Nash, A Limerick based board member can be contacted
vicki@narrative4.ie
086-2517086

Everyone must be alert to the possibility that children with whom they are in contact may be suffering from abuse or neglect. There are four recognised forms of child abuse: neglect, physical abuse, emotional abuse and sexual abuse¹. It's not your responsibility to decide whether a child is being abused or neglected, but you must act on your concerns. We do understand that it may be very difficult for you to take this step but Narrative 4 will support anyone who raises a legitimate concern in good faith. The protection and welfare of the child must always be the paramount concern.

RECORDING PROCEDURES

Narrative 4 has a system and mechanism for recording concerns about the protection of children and young people. All incidents and actions should be

recorded in the incident book. The incident book and all supporting records are kept in the Manager's office.

The incident book and records are accessible to Rachel Gleeson, they are stored securely and confidentiality is maintained.

Staff should record the following information in relation to children and young people:

- Suspicions;
- Concerns;
- Worrying observations;
- Behavioural changes;
- Actions and outcomes.

DEALING WITH A DISCLOSURE

- Stay calm and listen to the child/young person, allow him or her enough time to say what s/he needs to say;
- Don't use leading questions or prompt details;
- Reassure the child/young person but do not promise to keep anything secret;
- Don't make the child/young person repeat the details unnecessarily; • Explain to the child/young person what will happen next (explanation should be age-appropriate).

REPORTING PROCEDURES

- The reporting procedure has been made known and is accessible to all staff;
- The person who expresses the concern should be involved and kept informed;
- Actions and outcomes must be noted;
- Record all details, including the date, time and people involved in the concern or disclosure and the facts in the incidence book (kept in the front office)
- Information recorded should be factual. Any opinions should be supported by facts;
- Inform the Designated Liaison Person or his or her deputy, if unavailable; • The most appropriate person should discuss the concern or consult with primary carers. Parents, carers or responsible adults should be made aware of a report to the Health Service Executive unless it is likely to put the child/young person at further risk;
- The Designated Liaison Person may contact the Health Service Executive Duty Social Work Department for an informal consultation prior to making a report;
- Information will be shared on a strictly 'need to know' basis
- If there are reasonable grounds for concern as outlined above, the Designated Liaison Person will contact the Duty Social Worker in the Health Service Executive area using the standard reporting form available from the Health Service Executive. Reports to the Duty Social Worker can be made verbally initially and then followed by the standard reporting form. Reports should be made to the Health Service Executive

without delay;

- If the Designated Liaison Person or Deputy Designated Liaison Person is not available, contact the local Duty Social Worker of the Health Service Executive directly;
- In case of emergencies outside of Health Service Executive Social Work Department hours, contact the Gardaí. In situations that threaten the immediate safety of a child/ young person, it may be necessary to contact the Gardaí.

CHILD PROTECTION POLICY CONFIDENTIALITY STATEMENT

We in Narrative 4 Ireland are committed to ensuring peoples' rights to confidentiality. However, in relation to child protection and welfare we undertake that:

- Information will only be forwarded on a 'need to know' basis in order to safeguard the child/young person;
- Giving such information to others for the protection of a child or young person is not a breach of confidentiality;
- Narrative 4 (Ireland) cannot guarantee total confidentiality where the best interests of the child or young person are at risk;
- Primary carers, children and young people have a right to know if personal information is being shared and/or a report is being made to the Health Service Executive, unless doing so could put the child/young person at further risk;
- Images of a child/young person will not be used for any reason without the consent of the parent/carers (however, we cannot guarantee that cameras/videos will not be used at public performances);
- Procedures will be put in place in relation to the use of images of children/ young people;

CHILD PROTECTION POLICY RECRUITMENT AND SELECTION POLICY STATEMENT

- Narrative 4 will ensure that staff are carefully selected, trained and supervised to provide a safe environment for all children and young people, by observing the following principles:
 - Roles and responsibilities will be clearly defined for every job (paid or voluntary);
 - Posts will be advertised widely;
 - We will endeavour to select the most suitably qualified personnel;
 - Candidates will be asked to sign a declaration form;
 - At least two written references that are recent, relevant, independent and verbally confirmed will be necessary;
 - Staff will be selected by a panel of at least two (or more) representatives

through an interview process;

- No person who would be deemed to constitute a 'risk' will be employed;
- Some of the exclusions would include:
 - any child-related convictions;
 - refusal to sign declaration form;
 - insufficient documentary evidence of identification;
 - concealing information on one's suitability to working with children;
- There will be a relevant probationary period;
- All staff will be required to consent to Garda clearance vetting procedure (narrative 4 nominated person is Rachel Gleeson).

STAFF MANAGEMENT POLICY STATEMENT

To protect both staff (paid and voluntary) and children/young people, we undertake that:

New staff will:

- Take part in a mandatory induction training session;
- Be made aware of the organisation's code of conduct, child protection procedures, and the identity and role of who has been designated to deal with issues of concern;

All staff will:

- Undergo a probationary or trial period.
- Receive an adequate level of supervision and review of their work practices;
- Be expected to have read and signed the Child Protection Policy Statement;

CHILD PROTECTION POLICY POLICY STATEMENT ON THE INVOLVEMENT OF PRIMARY CARERS

Narrative 4 (Ireland) is committed to being open with all primary carers.

We undertake to:

- Advise primary carers of our child protection policy;
- Inform primary carers and schools of all activities and potential activities;
- Issue contact/consent forms where relevant;
- Comply with health and safety practices;
- Operate child-centred policies in accordance with best practice;
- Adhere to our recruitment guidelines;
- Ensure as far as possible that the activities are age-appropriate;
- Encourage and facilitate the involvement of parent(s), carer(s) or responsible adult(s), where appropriate.

If we have concerns about the welfare of the child/young person, we will: •

Respond to the needs of the child or young person;

- Inform the primary carers on an on-going basis unless this action puts the child or young person at further risk;
- Where there are child protection and welfare concerns we are obliged to pass these on to the Duty Social Worker and, in an emergency, the Gardaí;
- In the event of a complaint against a member of staff, we will immediately ensure the safety of the child/young person and inform primary carers as appropriate.

As a child-centred organisation, we are committed to putting the interest of the child/young person first. To that end we will:

- Contact local Health Service Executive and Gardaí where there is a child protection welfare concern;
- Encourage primary carers to work in partnership with us under the guidelines set out by our organisation to ensure the safety of their children;
- Have a designated contact person available for consultation with primary carers in the case of any concern over a child or young person's welfare.

CHILD PROTECTION POLICY DEALING WITH AN ALLEGATION AGAINST STAFF

Two separate procedures must be followed:

1. In respect of the child/young person Rachel Gleeson will deal with issues related to the child/young person.
2. In respect of the person against whom the allegation is made the Chairperson of the Board of Directors will deal with issues related to the staff member.

- The first priority is to ensure that no child or young person is exposed to unnecessary risk;
- If allegations are made against the Designated Liaison Person, then the Deputy Designated Liaison Person should be contacted;
- The reporting procedures outlined in Section 3 of these guidelines should be followed. Both the primary carers and child/young person should be informed of actions planned and taken. The child/young person should be dealt with in an age-appropriate manner;
- The staff member will be informed as soon as possible of the nature of the allegation;
- The staff member should be given the opportunity to respond;
- The chairperson/head of the organisation should be informed as soon as possible;
- Any action following an allegation of abuse against an employee should be taken in consultation with Health Service Executive and Gardaí;
- After consultation, the chairperson/head of the organisation should advise the person accused and agreed procedures will be followed.

CHILD PROTECTION POLICY COMPLAINTS AND COMMENTS PROCEDURE

In the event of complaints or comments:

- Complaints or comments will be responded to within 2 weeks;
- Rachell Gleeson has responsibility for directing complaints/comments to the appropriate person;
- Verbal complaints will be logged and responded to.

CHILD PROTECTION POLICY ACCIDENTS PROCEDURE

- NARRATIVE 4 maintains an up-to-date register of the contact details of all children/young people involved in the organisation;
- Children/young people's details should be cross-referenced between the incident book and file;
- External organisations with whom the NARRATIVE 4 has dealings must provide proof that they have public liability insurance;
- First-aid boxes are available and regularly re-stocked;
- The location of the first-aid boxes are made known to staff;
- Availability of first-aid is in accordance with the NARRATIVE 4's Health and Safety guidelines. The location of accident/incident books is made known to staff;
- Children and young people are advised of risks of dangerous material;
- Record details of risky equipment used and take steps to minimise risk;

Appendix 1

NARRATIVE 4 (IRELAND) – CHILD PROTECTION POLICY IMPORTANT CONTACT DETAILS

HSE Information Line – 1850 24 1850 or www.hse.ie

**Tusla – Child and Family Agency,
The Brunel Building,
Heuston South Quarter,
Saint John's Road West,
Dublin 8.
D08 X01F
Phone: 01 7718500
Email: info@tusla.ie**

TULSA Limerick - 061 457102

**Health Service Executive area
Social work contact details**

**Limerick West: 061 – 483996 061 – 483778
Unit 3 St. Camillus's
Shelbourne Road
Limerick**

**Limerick East: Rixtown,
Cappamore, Moyross, Ballynanty 061 – 483711 (3-5pm) 061 –
483757**

**Henry Street Gardaí
061 212400**

Appendix 2

Definition and Recognition of Child Abuse²

2.1 Types of child abuse

1. 2.1.1 This chapter outlines the principal types of child abuse and offers guidance on how to recognise such abuse. Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. More detail on each type

of abuse is given in Appendix 1.

2. 2.1.2 In the *Children First: National Guidance*, ‘a child’ means a person under the age of 18 years, excluding a person who is or has been married.

2.2 Definition of ‘neglect’

1. 2.2.1 Neglect can be defined in terms of an *omission*, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care.

2. 2.2.2 Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is *significant* is determined by the child’s health and development as compared to that which could reasonably be expected of a child of similar age.

3. 2.2.3 Neglect generally becomes apparent in different ways *over a period of time* rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.

4. 2.2.4 The *threshold of significant harm* is reached when the child’s needs are neglected to the extent that his or her well-being and/or development are severely affected.

2.3 Definition of ‘emotional abuse’

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

1. (i) the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
2. (ii) conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
3. (iii) emotional unavailability of the child’s parent/carer;
4. (iv) unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child;
5. (v) premature imposition of responsibility on the child;
6. (vi) unrealistic or inappropriate expectations of the child’s capacity to understand something or to behave and control himself or herself in a certain way;
7. (vii) under- or over-protection of the child;

• CHILDREN FIRST: National Guidance for the Protection and Welfare of Children (2011)

8. (viii) failure to show interest in, or provide age-appropriate opportunities for, the child’s cognitive and emotional development;

9. (ix) use of unreasonable or over-harsh disciplinary measures;

10. (x) exposure to domestic violence;

11. (xi) exposure to inappropriate or abusive material through new technology.

2.3.2 Emotional abuse can be manifested in terms of the child’s behavioural, cognitive, affective or physical functioning. Examples of these include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour. The *threshold of significant harm* is reached when abusive interactions dominate and become *typical* of the relationship between the child and the parent/carer.

2.4 Definition of ‘physical abuse’

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

Physical abuse can involve:

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

2.5 Definition of 'sexual abuse'

2.5.1 Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. Examples of child sexual abuse include:

1. (i) exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
2. (ii) intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
3. (iii) masturbation in the presence of the child or the involvement of the child in an act of masturbation;
4. (iv) sexual intercourse with the child, whether oral, vaginal or anal;
5. (v) sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modeling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse;
- (vi) consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years for both boys and girls. An Garda Síochána will deal with the criminal aspects of the case under the relevant legislation.

2.5.2 It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offence of sexual assault.

2.6 Recognising child neglect or abuse

2.6.1 Child neglect or abuse can often be difficult to identify and may present in many forms. A list of indicators of child abuse is contained in Appendix 1. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than child abuse. All signs and symptoms must be examined in the context of the child's situation and family circumstances.

2.7 Guidelines for recognition

1. 2.7.1 The ability to recognise child abuse can depend as much on a person's willingness to accept the possibility of its existence as it does on their knowledge and information. There are commonly three stages in the identification of child neglect or abuse:

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

Stage 1: Considering the possibility

2. 2.7.2 The possibility of child abuse should be considered if a child appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the child seems distressed without obvious reason or displays persistent or new behavioural problems. The possibility of child abuse should also be considered if the child displays unusual or fearful responses to parents/carers or older children. A pattern of ongoing neglect should also be considered even when there are short periods of improvement.

Stage 2: Looking out for signs of neglect or abuse

3. 2.7.3 Signs of neglect or abuse can be physical, behavioural or developmental. They can exist in the relationships between children and parents/carers or between children and other family members/other persons. A cluster or pattern of signs is more likely to be indicative of neglect or abuse. Children who are being abused may hint that they are being harmed and sometimes make direct disclosures. Disclosures should always be taken very seriously and should be acted upon, for example, by informing the HSE Children and Family Services. The child should not be interviewed in detail about the alleged abuse without first consulting with the HSE Children and Family Services. This may be more appropriately carried out by a social worker or An Garda Síochána. Less obvious signs could be gently explored with the child, *without direct questioning*. Play situations, such as drawing or story-telling, may reveal information.

4. 2.7.4 Some signs are more indicative of abuse than others. These include:

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

5. 2.7.5 Many signs of abuse are non-specific and must be considered in the child's social and family context. It is important to be open to alternative explanations for physical or behavioural signs of abuse.

Stage 3: Recording of information

6. 2.7.6 If neglect or abuse is suspected and acted upon, for example, by informing the HSE Children and Family Services, it is important to establish the grounds for concern by obtaining as much information as possible. Observations should be accurately recorded and should include dates, times, names, locations, context and any other information that may be relevant. Care should be taken as to how such information is stored and to whom it is made available.

2.8 Children with additional vulnerabilities

2.8.1 Certain children are more vulnerable to abuse than others. Such children include those with disabilities, children who are homeless and those who, for one reason or another, are separated from their parents or other family members and who depend on others for their care and protection. The same categories of abuse – neglect, emotional abuse, physical abuse and sexual abuse – are applicable, but may take

a slightly different form. For example, abuse may take the form of deprivation of basic rights, harsh disciplinary regimes or the inappropriate use of medications or physical restraints (*see also Chapter 8*).

2.9 Fatal child abuse

1. 2.9.1 In the tragic circumstances where a child dies as a result of abuse or neglect, there are four important aspects to be considered: criminal, child protection, bereavement and notification.

2. 2.9.2 Criminal aspects: This is the responsibility of An Garda Síochána and they must be notified immediately. The Coroner must also be notified and his or her instructions complied with in relation to post-mortems and other relevant matters.

3. 2.9.3 Child protection aspects: These will be particularly relevant if there are other children in the family/ in the same situation, and will therefore require immediate intervention by the HSE Children and Family Services to assess risk.

4. 2.9.4 Bereavement aspects: The bereavement needs of the family must be respected and provided for and all family members should be given an opportunity to grieve and say goodbye to the deceased child.

5. 2.9.5 Notification aspects: The HSE should notify the death of a child to the National Review Panel and to the Health Information and Quality Authority in accordance with the HIQA's *Guidance for the Health Service Executive for the Review of Serious Incidents, including deaths of children in care* (HIQA, 2010):

- all deaths of children in care, including natural causes;
- all deaths of children known to the child protection system;
 - serious incidents involving a child in care or known to the child protection services.

Managers and staff should cooperate fully with any review undertaken to establish the facts of the case and any actions that should be taken, to identify learning that will improve services in the future and to provide assurance to the public (*see Chapter 5, Section 5.20*)



ALL VOLUNTEERS TO SIGN DOCUMENT

***Acknowledgement that we have read and understood the Child
Protection Policy of NARRATIVE 4 (Ireland)***

Sign and Date _____

Sign and Date _____

Sign and Date _____

Sign and Date _____

Sign and Date _____

Sign and Date _____

Sign and Date _____

Sign and Date _____

Sign and Date _____

Sign and Date _____