



**IRISH ASSOCIATION OF HUMANISTIC &
INTEGRATIVE PSYCHOTHERAPY**

**Guidance for IAHIP members relating to Children First National
Guidance for the Protection and Welfare of Children (2011)* and
Child Protection and Welfare Concerns**

*Throughout the remainder of this document this will be referred to simply as Children First

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Background

Child protection and legal issues feature prominently in queries to the Ethics committee. Ethical practice obliges all of us to consult the IAHIP code of Ethics, and to be familiar with existing and forthcoming changes to legislation. The development and publication of this updated Guidance to IAHIP members arises due to the publication of Children's First 2011 which outlines that the legislative framework within which we work is changing, to protect children and unlike the 2009 Guidance specifically mentions other professionals. For example;

“Professionals and agencies working with adults who for a range of reasons may have serious difficulties meeting their children's basic needs for safety and security should always consider the impact of their adult client/patient's behavior on a child and act in the child's best interests” (Children's First, 2011).

“While some professionals may not define their core role as a ‘child protection one’ (e.g. professionals who may be working primarily with adults in the household), their information and involvement may be crucial in ascertaining and managing present and future risks to a child or young person” (Child Protection and welfare practice handbook).

In the area of a client reporting retrospective abuse to one of our members, the Guidance specifically states

“It is essential to establish whether there is current risk to any child who may be in contact with the alleged abuser revealed in such disclosure”(Children First, 3.6.1)

This guidance will set a standard that will support therapists to recognize, respond to and report child protection and welfare concerns. Children First 2011 requires that all professions and organizations whose work brings them either into contact with children or who are in a position of receiving information about children to consider the safety and well being of the child.

The aim of this Guidance is to facilitate therapists that they are:

- satisfied that they have safeguarded the child
- supporting their client to the best of their ability
- adhering to the IAHIP code of Ethics
- abiding by the National Guidance For the Protection and Welfare of Children (Children First 2011)

The Guidance stresses self care and the core function of Supervision and Peer support in matters of disclosure of abuse and reporting child protection and welfare concerns. This Guidance also brings attention to the relevant sections of the IAHIP Code of Ethics, names pertinent Government Publications and legislations, names new documents and agencies currently being developed and includes Appendices and References.

This document is intended to assist all our members to meet their obligations under Children First, 2011 while complying with the Ethical standards of IAHIP. Members employed by statutory or non statutory bodies will also need to familiarize themselves with their organizations policies and procedures in relation to Children First 2011.

Standard

- ☛ Members will take responsibility to inform and update themselves in regard to current and ongoing developments in relation to child protection and welfare.
- ☛ Members will reflect on how their practice responds to child protection and welfare concerns.
- ☛ Members will familiarize themselves with the definitions of Child Abuse (Neglect, Emotional Abuse, Physical Abuse, Sexual Abuse), the Indicators signifying the possibility of risk to a child and the criteria for a “grounded child protection and welfare concern”.
- ☛ Members will acknowledge there may be an increased requirement for supervision, self care and containment in circumstances where a report may need to be made to the Health Services Executive (HSE) and or the Gardai.
- ☛ Members will be aware that they are the designated liaison person under Children’s First 2011 for reporting neglect or abuse disclosed to them in their own practice.

Procedure

1. Emotional Holding and Containment

One of the basic tenets of psychotherapy is that therapists provide their clients with “therapeutic holding”. Where a client discloses their own experience of childhood abuse or an awareness of the abuse of a third party, either a child or adult, the therapist must attend to the welfare of the client, while adhering to the requirements of Children First 2011.

It is always a useful support to a therapist’s work to be in contact with colleagues. While upholding the confidentiality of the client, a therapist should access support from colleagues who may have expertise relevant to the issues raised by their client. It is recommended that you have a personalized plan compiled which could include contact numbers of possible support people should the need arise.

2. Contract with client and limits of confidentiality

In accordance with IAHIP code of ethics 6.1 and 6.2 members are required to indicate the limits of confidentiality to their clients. In situations where a client is referencing abuse to themselves or to another, the member needs to review the limits of confidentiality again with the client. As per Children First 2011, no undertakings of secrecy can be countenanced. “The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection”. 3.9

3. Supervision

In accordance with IAHIP code of ethics all members are required to be in regular supervision and work within their areas of competency (codes 8.1, 9.2 and 9.3.).

Where an issue of reasonable grounds for a child protection or welfare concern arises, we recommend the therapist must first and always consult with their supervisor. If in a supervision consultation it becomes clear that additional skills or expertise are required to deal with the situation it is incumbent on the member and their supervisor to seek this. Supervisors need to recognize and act when they feel they are being asked to work outside of their competency and seek extra support/supervision or information to work effectively with their supervisees.

The disclosure of abuse, child protection and welfare concerns, usually gives rise to anxiety in therapists and supervisors. As the therapist works to hold the wellbeing of their client to the fore as well as holding the safety of children as a priority the supervisor seeks to work collaboratively with the therapist to hold and contain all the ethical, therapeutic and child protection and welfare issues involved.

The supervisor and therapist must maintain “ the guiding principle” in regard to responding to and reporting child protection and welfare concerns, that “the safety and well being of children must take priority and where necessary reports should be made without delay to the HSE Children and Family Services” (Children First 2011, Sect. 3.2.5). Therapists can request support and seek advice from the relevant HSE Duty Social Worker (see section Reporting) It is this obligation alongside our therapeutic responsibility to hold the client that is likely to cause the most anxiety to psychotherapists.

4. Record keeping

Record keeping should be factual and to the point. It is essential that if references to possible, abuse are noted in the therapist’s clinical notes but are not reported, then the practice reasons for such a departure from the Children first Guidelines 2011 needs to be clearly documented. The raising of such issues in supervision should also be noted. Once discussions, whether formal or informal have begun with the Gardai or Children and Family services (HSE) care should be taken to record all names and actions proposed. These records may be subpoenaed and should support any course of action the therapist has undertaken as a consequence of a child protection and welfare concern emerging within the therapeutic process.

5. Disclosure

Many of the queries coming to the offices of IAHIP are in regard to retrospective disclosures (please see Section 3.6, Children First).

As part of a proactive and protective mindset it is the duty of the therapist to establish if there may be children at risk. Children’s First requires therapists to elucidate if there are reasonable grounds for concern that a child may be at risk of abuse or neglect, to document same accurately and to report the facts they do have to the HSE. It is possible that the client may not wish to make a report at this time.

It is the remit of the HSE to provide the necessary support and monitoring of children at risk and investigate reports. It is the remit of the Gardai to investigate and prosecute a criminal offence against a child or vulnerable person. The HSE and the Gardai do liaise closely on reports of sexual or physical offences, particularly where children are concerned. All suspicions of abuse that meet the reasonable grounds for concern criteria should be passed onto the HSE Duty Social Worker.

6. Reporting

Definition of a Child under the Act “child” means “a person under the age of 18 years, excluding a person who is or has been married”, discloses information to you and you form the judgment that your client, the child as defined above is in danger you must immediately report it to the HSE.

In private Practice the psychotherapist in receipt of this information is the “Designated liaison person for reporting neglect to abuse”. Normally a phone call to the local duty Social Worker is used to highlight your concern, take note of the social worker’s name. It is imperative to then forward your concern in writing also, using the *Standard Reporting Form* to the same social worker.

However, a lot of the time disclosures from clients are incremental, detail emerges gradually. It is our responsibility as therapist to check that our clients while disclosing to us are moving towards integration and that we endeavor to support a pace of work that does not lead to further fragmentation of their personality or of their relationship with us. A Therapist may confer/consult at any time with a Senior duty Social Worker regarding emerging allegations without names or formally reporting. This consultation may later facilitate a therapist and their client to formally report when the emerging facts amount to a “grounded child protection or welfare concern”

The authors of this guidance recognise that the existing *Standard Reporting Forms* in Children First 2011 (appendix 3) does not serve the purpose of the therapist reporting retrospective disclosure, where names of children or parents etc. are not known. However the recommendation is to use the forms and amend e.g. Child’s name N/A. The obligation is to document on the form, in free text, the facts you do have available to you. Children First 2011 requires you to report any reasonable grounds for concern, regardless of the wishes of your client to the HSE Children & Families Social Work Service. (See appendix 2). Advice from HSE in October 2013 is that suitable forms in regard to retrospective disclosure are in the process of being designed.

7. Insurance company advice

Some insurance companies offer free legal advice to their members. Members should check in advance how this service is offered and what is expected of them in availing of this.

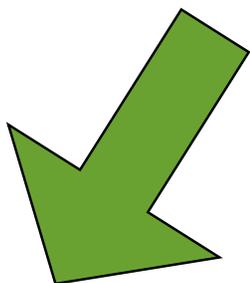
Existing and Pending legislative Framework

1. Children First: National guidance for the protection and Welfare of Children, 2011. (Legislation pending and will be known as The Children First Bill).
2. The Criminal Justice (withholding of information on offenses against Children and vulnerable persons) Act 2012.
3. The Protection for Persons Reporting Child Abuse Act 1998.
4. Child Care Act 1991.

Flow chart for reporting

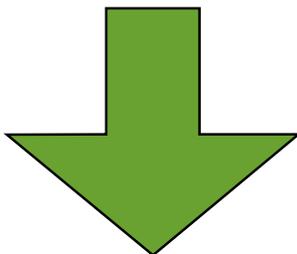
Examples:

Client discloses retrospective abuse.
Therapist holds concern re parental behaviours that may indicate risk to children.
Child discloses information of concern.

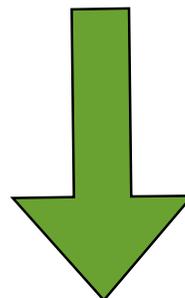


Therapist needs to elicit if there are currently children at risk.

Limits of confidentiality are reiterated as per client/therapist contract. Client is supported to make a formal report.



At any time or if in doubt relevant advice in respect of the disclosure can be sought from the HSE Duty Social worker.



Therapist identifies “grounded concern.”

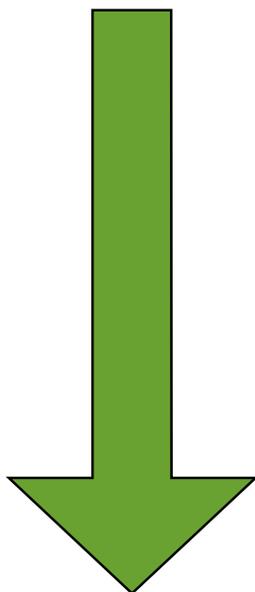
Therapist accesses supervision, relevant advice and support for self while concurrently addressing statutory & legal obligations.

Where client is unable to make a report at this time, therapist explains they are bound to make a report.

Designated person is contacted if applicable/available.

The allegation is reported to the Duty Social Worker, HSE Children & Family Services.

The Standard reporting form is forwarded to the same social worker with whom the allegation was made.



What do you do in a case where the contact person from the HSE does not recommend making a report yet the therapist holds a valid concern?

The therapist should put their concerns in writing to the duty Care Social Worker and/or Team Leader.

1. Children First National Guidance for the Protection and Welfare of Children 2011.*

Children First will be put on a statutory footing when new legislation the Children First Bill is enacted (Date of same not known). The reporting of child abuse concerns where there are reasonable grounds for concern will be mandatory. It is envisaged that the DCYA will publish guidance on Mandatory reporting which will relate the criteria for mandatory reporting. Children First 2011 has been updated to reflect new policy, legislation and the setting up of a number of new organizations e.g.

- Child and Family Support Agency (CFSA)
- Department of Children and Youth Affairs (DOCYA)
- Health Information and Quality Authority, Social Service Inspectorate (HIQA)

In particular therapists are directed to chapters 2, 3, 4 and 5 of Children First 2011. Chapter 2 defines in detail Neglect, Emotional, Physical and Sexual Abuse. **Bullying** is included as a feature of abuse for the first time. Chapter 3 gives the basis for reporting concerns i.e., “when a person has reasonable grounds for concern” and details the reporting procedures. Chapter 4 deals with, interagency cooperation: Roles and responsibilities of organizations and personnel working with children and Chapter 5 outlines the management of child protection and welfare concerns once a report is made.

What constitutes reasonable grounds for concern under Children First 2011?

The focus of Chapter 2, Definition and Recognition of Child Abuse, gives many examples of what might constitute abuse when working directly with children. Section 2.2 is included here and reads:

- An injury or behavior that is consistent with both abuse and an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse
- Consistent indication over a period of time that a child is suffering from emotional or physical neglect.
- Admission or indication by someone of an alleged abuse
- A specific indication from a child that he or she was abused
- An account from a person who saw the child being abused.
- Evidence (e.g., injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way.

The IAHIP is recommending that where a concern begins to emerge causing increased unease and anxiety to the therapist, and/or between therapist and Supervisor, that children may be at risk, then reporting to the HSE must begin to be actively considered. As previously stated a therapist may informally consult with a social worker regarding emerging allegations without stating names,

Children First allows for this: “Before deciding whether or not to make a formal report, you may wish to discuss your concerns with a health professional or directly with HSE Children and Family services”(3.4.2) This consultation may help to facilitate a client or therapist to formally report when emerging facts amount to a ‘grounded child protection or welfare concern’

Basis for reporting concerns Chapter 3

- “The HSE Children and Family Services should always be informed when a person has *a reasonable grounds* for concern that a child may have been, is being or is at risk of being abused or neglected”. 3.2.2
- “Child protection concerns should be supported by evidence that indicates the possibility of abuse or neglect” 3.2.3
- “A concern about *a potential risk* to children posed by a specific person, even if the children are unidentifiable, should also be communicated to the HSE Children and Family Service”. 3.2.4
- “An increasing number of adults are disclosing abuse that took place during their childhoods. Such disclosures often come to light when adults attend counselling. **It is essential to establish whether there is any current risk to any child who may be in contact with the alleged abuser revealed in such disclosures**” 3.6.1

What response might a member of IAHIP expect from HSE when they have reported a concern?

- “The HSE child and family services are obliged to treat seriously all child protection and welfare concerns, whatever their source, and to consider carefully and fairly the nature of the information reported” (5.14.1)
- “people who report or discuss their concerns about care and protection of children with HSE staff should be informed of the likely general steps to be taken by the professionals involved”. 5.16.1
- “Non HSE agencies or professionals may have relevant information to contribute to the assessment of a child protection and welfare concern. These may include general practitioners, teachers, counsellors...” (5.2.6)

It is important that we recognise that while we have an obligation to report concerns to the HSE section (5.2.6) above and (5.8) below give us a right to be listened to and included. If you have a client reporting a sexual offence against themselves or another to the HSE, they will be interviewed by HSE Children and Families Personnel. If your client wishes you can accompany them.

“A child protection conference is an interagency interprofessional meeting conveyed by the designated person within the HSE.”

2. The Criminal Justice (withholding of information on offenses against children and vulnerable person’s) Act 2012.

What IAHIP members need to know about this legislation

1. The introduction of this act in 2012 made it an offence for any person to fail to notify the Garda Síochána where the person has information which he or she knows or believes might be of material assistance in securing the prosecution or conviction of Schedule 1 and 2 offences. As a practicing psychotherapist you may have a defence against reporting. (See Appendix 2.)

2. This Act creates new entities ‘ Prescribed Organizations’ and ‘Prescribed Persons’ which may be relevant to our members who work full time or on a sessional basis specifically with children in organizations that provide services to children or vulnerable persons as described in the Act. Professional associations such as IAHIP do not fulfill the criteria to be a prescribed organization

Reporting under the Withholding of Information Act.

If a Child or vulnerable person (See Appendix 2 for a definition of vulnerable person) reports to you that they have been the victim of a serious sexual offence, e.g. a rape you have a responsibility to report to the Garda Síochána. If your client does not wish to make a report and your judgment is that there are good practice reasons not to do so at this time, e.g., further danger to your client you may have what is termed “a defence” i.e. you cannot be prosecuted under the Withholding of information Act for not reporting. You must document all pertinent details including your rationale for not reporting at a particular time in your case notes. However it is important to note that your defence is only in relation to the Withholding of Information act and not in relation to your responsibilities under Children’s First .

For detailed information of this Act provided to the National Network of Rape Crisis Centres by Mr David Brennan of the Department of Justice and Equality and applicable to our member refer to Appendix 1 and 2 at the end of this guidance. We print it here with his permission.

3. The Protection for Persons Reporting Child Abuse Act 1998.

This act provides immunity from civil liability to any person, and protection to employees, who reports child abuse “reasonably and in good faith” to designated officers of the HSE or any member of the Garda Síochána. The Act also introduced a new offense of false reporting, which is designed to protect innocent persons from malicious reports.

4. Child care Act 1991.

The purpose of the child care act 1991 is to “update the law in relation to the care of children who have been assaulted, ill treated, neglected or sexually abused, or who are at risk”.

Summary

This guidance served to provide up to date information in regard to the protection and welfare of children and vulnerable persons and alert members to the relevant existing and pending legislations. It directed members to the concept of a grounded concern with regard to an emerging child welfare and protection issue and the process of reporting to H/DCYA was outlined. Attention to the difficult balancing of our therapeutic responsibility to our clients at a time when protecting children must become a priority is stressed as is the need for regular and good supervision and collegial support.

It highlighted the different reporting requirements demanded by Children’s first 2011 and the Withholding of information Act 2012. The authors are mindful that whereby the majority of members will work exclusively with adults there is a cohort of members who also work with children and more comprehensive information is detailed in Children First 2011. For all members the importance of reading the full text of Children First 2011 is encouraged. The legislation to enact Children First 2011 is awaited.

Table of existing and pending Legislative Framework.

Name of document/Publication **Short Description**
Web Address

<p>Children First: National Guidance for the protection & Welfare of Children. 2011.</p>	<p>The Children's First Guidelines will probably have the most application to IAHIP members. Whereby changes have been made since the 2009 document, the significant change will be the fact that this Guidance will shortly be put on a statutory footing.</p> <p>This means that reporting of “grounded concerns” of child abuse will be mandatory. The 2011 updated document reflects new policy and legislation. It outlines the roles of the Department of Children and Family affairs, HIQA and other relevant bodies.</p> <p>It also reflects the growing awareness of the impact of ongoing neglect on children and includes bullying as a feature of abuse for the first time.</p> <p>The most relevant chapters for Psychotherapists are Chapters 2,3 &4.</p>
<p>The Criminal Justice (Withholding of information on offenses against Children and Vulnerable Persons) Act 2012.</p>	<p>The 2012 Act closes a loophole in the existing legislation because it includes sexual offences in the definition of serious offences.</p>
<p>The Protection for Persons Reporting Child Abuse Act 1998</p>	<p>This act provides immunity from civil liability to any person who reports child abuse “reasonably and in good faith” to designated officers of the HSE or any member of the Garda Siochana. The Act also introduced a new offence of false reporting, which is designed to protect innocent persons from malicious reports.</p>
<p>http://www.hse.ie/go/childrenfirst</p>	
<p>I.A.H.I.P. Code of ethics and practice</p>	
<p>http://www.worriedaboutachild.ie</p>	
<p>Child Protection and welfare Practice Handbook. http://www.hse.ie/go/childfirst</p>	
<p>Child Care Act 1991.</p>	<p>The purpose of the child care act 1991 is to “update the law in relation to the care of children who have been assaulted, ill treated, neglected or sexually abused, or who are at risk”.</p>
<p>Freedom of Information Acts 1997 & 2003</p>	<p>These Acts enable members of the public to obtain access, to the greatest extent possible consistent with the public interest and the right to privacy, to information in the possession of public bodies.</p>

Appendix 1.

Criminal Justice (Withholding of information on offences against children and vulnerable persons) Act 2012)

What is the purpose of the 2012 Act?

Since 1998, the Criminal Justice (Offences Against the State) (Amendment) Act has made it an offence for any person to fail to notify the Garda Síochána where the person has information which he or she knows or believes might be of material assistance in securing the prosecution or conviction of a serious offence. A “serious offence” in the context of the 1998 Act includes murder, manslaughter, abduction or a serious assault causing physical injury to a person.

The 2012 Act closes a loophole in the existing legislation because it includes sexual offences in the definition of serious offences. Until now there was no offence of failing to report a sexual offence against a child or vulnerable person. This Act creates such an offence. A full list of the serious offences covered by the Act is contained in the schedules to the Act.

If the victim of an offence covered by the 2012 Act does not want to report the offence to the Gardaí, am I obliged to report it?

If the victim has stated that they do not want to report an offence to the Gardaí, then a person who has been informed of that fact has **a defence** under the Act. The Act also provides that the victim themselves cannot be prosecuted for failing to notify the Gardaí regarding the offence.

What other defences does the Act provide for?

The Act also establishes some limited defences for persons, such as a parent or guardian or medical professional who is acting in the interests of the health and well-being of the child or vulnerable person. These defences only apply in circumstances where the victim does not have the capacity to report an offence themselves, either because of their age or a mental or physical incapacity.

The Act mentions “Prescribed organisations”. What does this mean?

It is important that victims who do not want to report an offence to the Gardaí are not dissuaded from seeking treatment or therapy in respect of injury or harm that they have suffered. Persons who are victims of such violence can be extremely traumatised and often need treatment or therapy for a prolonged period before they can make a decision whether or not they want the offence reported to the Gardaí.

The Act therefore allows the Minister to prescribe such organisations, and to prescribe certain classes of persons within those organisations who are providing services in respect of the harm or injury that a child or vulnerable person has suffered. By being “prescribed” the organisations and the relevant persons are provided with a defence against prosecution so long as a decision not to report an offence to the Garda Síochána can be shown to be in accordance with the interests of the health and well-being of the victim.

What are the criteria before an organisation can be “prescribed”?

An organisation must provide treatment, therapy or other services to children or to vulnerable persons who have suffered injury or harm as a result of the offences covered by the Bill. The Act defines these services in section 5(10) as:

”services relating to –

- the resolution, through guidance, counselling or otherwise, of personal, social or psychological problems,
- the care of persons in need of protection, guidance or support, being services that require a person providing them to exercise skill or judgement”

An organisation providing services solely to adults (other than vulnerable persons) would not require the defences provided by the Act. Equally, organisations providing services to children or vulnerable persons, but who do not provide services to children or vulnerable persons in respect of injury resulting from physical or sexual abuse cannot be prescribed.

What are the criteria before persons can be prescribed?

In order for a category or class of persons to be prescribed they must be providing services, as defined above, to children or vulnerable persons who have suffered injury or harm arising from physical or sexual abuse. Persons providing more general services such as administration, residential accommodation, domestic or catering services would not be considered to come within the remit of section 6 of the Act.

Is there a Link Between the Criminal Justice (Withholding of Information...) Act 2012 and the Children First Bill?

The Government is bringing these two separate and distinct measures in recognition of the very separate and distinct roles of the Garda Síochána and the HSE with regard to the protection of children and vulnerable persons. Only the Gardaí can investigate a criminal offence against a child or vulnerable person. It is the role of the HSE to provide the necessary supports and monitoring of children at risk. This Act addresses the role of the Garda Síochána. It requires that any person who has evidence that a person has committed a serious offence against a child or vulnerable person must provide the Gardaí with that information so that the Gardaí can investigate that alleged crime. The Children First Bill will address the role of the HSE. It will require that relevant persons in a position to assess children at risk of abuse must provide the HSE with the information necessary to monitor and provide supports to a child who may have been abused. Any criminal investigation will be conducted in a parallel investigation by the Gardaí.

How Does an Organisation Apply to be Prescribed?

An organisation can apply to be prescribed by completing an application form supplied by the department of Justice and Equality and sending it to Mr David Brennan of the Criminal Law division, Montague House Montague Street Dublin.

Appendix 2

WITHHOLDING OF INFORMATION 2012

Different categories of people referred to in this Act

- **“child”**: person under the age of 18;
- **“vulnerable person”**: **a person who**: has a mental illness or dementia, or is intellectually disabled, or who has a physical disability, in any case which is “of such a nature or degree as to severely restrict the capacity of the person to guard himself or herself against serious exploitation or abuse, whether physical or sexual, by another person, or to report such exploitation or abuse to An Garda Síochána or both”
- **“prescribed organisation”**: one providing services to children and/or vulnerable persons who have suffered injury, harm or damage as a result of physical or sexual abuse.
- **“prescribed person”**: a person either employed, or “otherwise engaged”, (for example, on a sessional/contract basis or a volunteer basis), by a prescribed organisation, to provide services in respect of the injury caused by an offence against children or vulnerable persons, which require the exercise of skill and judgment.
- **“designated professions”** are: **registered** medical practitioners, nursing staff, psychologists and social workers – unregistered professionals in any of these categories cannot avail of the defences specific to members of “designated professions”.

The Offences

The legislation makes it an offence for anyone to

- **“fail to disclose”** information “as soon as reasonably practicable” to An Garda Síochána,
- **“without reasonable excuse”** (not defined by the Bill, quite deliberately to allow for unforeseen situations not otherwise covered), if you
 - “know or believe” that a “offence has been committed by another person against a child or vulnerable person” (NOT simply have a hunch/suspect/ surmise/hear rumour of, etc.), AND
 - you have information about this offence which you “**know or believe**” might be of “**material assistance**”, (help to arrest, prosecute or convict the person concerned) AND
 - this information relates to an offence **covered by the Bill** (offences against the person with a **maximum penalty of five years or more** and listed in the Appendix and in the Schedules to the Bill).

Defences

General Defences

- If the client is the victim of the offence and indicates that they do not want you to report it to An Garda Síochána, you don’t have to, **unless** that client belongs to certain categories of **vulnerable person** as defined by the Act **or**, in certain circumstances, when the victim is a child under the age of 14.
- There is also a separate **general defence** of “reasonable excuse”. For example, the fear of a parent that her violent (ex) partner might harm their children or herself has been cited as a reasonable excuse for failure to disclose his violence to An Garda Síochána.
- In addition to “reasonable excuse”, there is also a **general defence** to the offence of withholding information, that means other existing rules of criminal law continue to be valid as good reasons not to report. One example of this is legal professional privilege.

· Please note that the client/victim her/himself does **not** have to report what happened to them to An Garda Síochána.

Specific Defences

· A “**prescribed person**” (i.e. counsellors and others providing services within **prescribed organisations** specifically for the injury caused to children or vulnerable persons), does not have to report what is told to them by clients about offences committed against themselves, if the client indicates that that is not what they want, generally speaking. In so doing, the prescribed person must have reasonable grounds for forming the view that the offence should not be disclosed to An Garda Síochána.

“ The view must be based on the protection of the health and well-being of that child or vulnerable person, **and**

“ the prescribed person must act in a manner and apply the standards of practice and care “that can reasonably be expected of a prescribed person.”.

· In addition to prescribed persons and organisations, there is also a separate list of “**designated professions**” to whom similar provisions apply.

References:

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