

# Dialogue for Diversity & ACRE

## Child Protection & Vulnerable Adults Policy and Procedures

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### **1. Introduction and aim of this policy.**

Community Support is committed to the care, welfare and protection of those whom we assist and support. This policy outlines the following:

1. What is meant by 'Child Abuse' and 'Vulnerable Adult Abuse'?
2. How to respond to a concern of abuse of a child/ren or vulnerable adult.
3. Code of Conduct for volunteers.
4. Procedures to be followed in the recruitment, selection and management and support of Mentors and other volunteers.

### **2. Policy Statement:**

Abuse is a violation of an individual's human and civil rights; it can take many forms. All volunteers in Community Support are committed to practice which promotes the welfare of all, in particular children, young people and vulnerable adults whom we assist, and safeguard them from harm.

Staff and volunteers in our organisation accept and recognise our responsibilities to develop awareness of the issues that cause children, young people and vulnerable adults harm, and to establish and maintain a safe environment for them. We will not tolerate any form of abuse wherever it occurs or whoever is responsible. We are committed to promoting an atmosphere of inclusion, transparency and openness and

are open to feedback from the people who use our services, carers, advocates, our staff and our volunteers with a view to how we may continuously improve our services/activities.

Community Support Project will endeavour to safeguard children, young people and vulnerable adults by:

- Adhering to our safeguarding children, young people and vulnerable adults policy and ensuring that it is supported by robust procedures;
- Carefully following the procedures laid down for the recruitment and selection of staff and volunteers;
- Providing effective management for staff and volunteers through supervision, support and training;
- Implementing clear procedures for raising awareness of and responding to abuse by reporting concerns to statutory agencies that need to know, while involving children, young people, vulnerable adults, carers, parents appropriately and any other appropriate personnel who are involved with the Mentees, as appropriate.
- Ensuring general safety and risk management procedures are adhered to.
- Promoting full participation and having clear procedures for dealing with concerns and complaints;
- Managing personal information, confidentiality and information sharing;
- Safeguarding children, young people and vulnerable adults by implementing a code of behaviour for all involved with the organisation.
- Recognising that the welfare of children is of paramount importance.
- Recognising the risks posed to vulnerable adults.

*We will review our policy, procedures, code of behaviour and practice at regular intervals, at least once every three years.*

### **3. Useful definitions.**

#### **Definition of a child:**

The Children (NI) Order 1995 defines a 'Child' as a person under 18 years of age, (unless the young person is married).

#### **Definition of a Vulnerable Adult:**

The Northern Ireland definition of a 'Vulnerable Adult' is;

'Any person aged 18 years or over who is, or may be, unable to take care of him or herself or who is unable to protect him or herself against significant harm or exploitation. This may be because he or she has a mental health problem, a disability, a sensory impairment, is old and frail, or has some form of illness. Because of his or her vulnerability, the individual may be in receipt of a care service in his or her own home, in the community or be resident in a residential care home, nursing home or other institutional setting.'

*Ref: Department of Health Social Service and Public Safety (2009)- Adult Abuse*

– Guidance for staff.

## **CHILD ABUSE.**

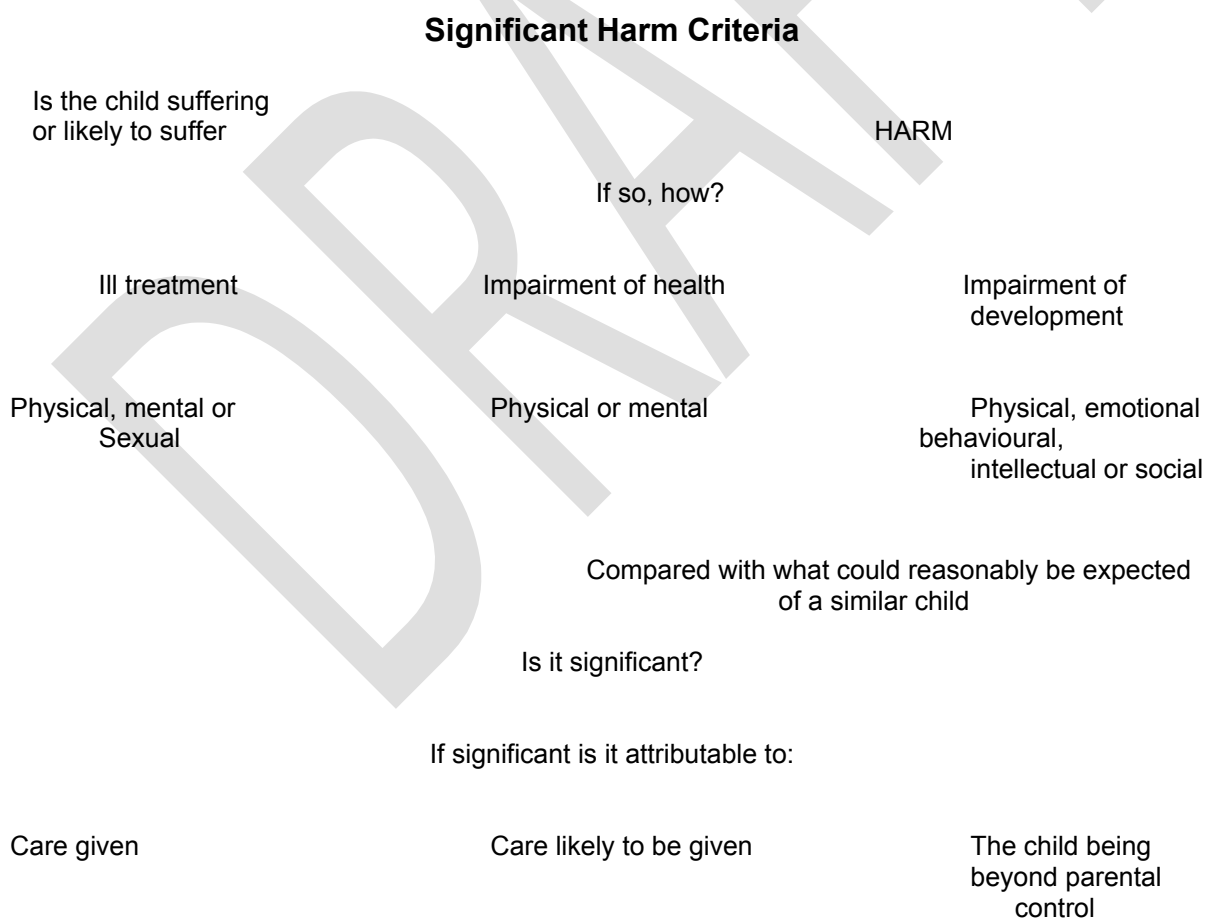
### **Recognising child abuse and what to do about it.**

#### **4. Child Protection and Safeguarding:**

The Children (NI) Order 1995 is underpinned by a set of principles that effect how the legislation is used in practice. In some cases the principles can conflict and ultimately a family proceedings court may have to decide on the emphasis placed on each of them. The five Principles of this legislation are usually referred to as the 5 P's:

- Paramountcy of the child (has to be our paramount concern);
- Parental Responsibility;
- Prevention (family support services);
- Partnership (between agencies and the state and families);
- Protection ('significant harm' concept).

The diagram below may assist mentors to give consideration as to how a child may suffer significant harm:



**NOT** what it would be reasonable to expect a parent to give him/her

**Ref: DHSSPS (2003), Co-operating to Safeguard Children**

## **5. Definitions and recognition of 'child abuse'.**

Community Care volunteers have a legal and moral obligation to ensure that children are safe and protected from any form of abuse or neglect.

The Children (NI) Order 1995 introduced the concept of 'significant harm' as a legal threshold for the state authorities, that is Social services, PSNI and NSPCC, who must investigate all allegations of child abuse and neglect, if there is 'reasonable cause' to suspect that a child under the age of 18 years has 'suffered or likely to suffer significant harm'.

Good child protection practice means ensuring that Community Support volunteers know how to recognise a child protection concern.

**The Volunteers are not responsible for deciding whether or not abuse has occurred, but they have a responsibility to be alert to signs or indicators of abuse and behaviour by children or Mentees that suggests something may be wrong.**

When there are concerns or where allegations are made, people may feel anxious about contacting Social Services or the PSNI, or about passing on information to anyone else. These should be discussed with your Coordinator. Failure to act could be very dangerous for the child. Neither the mentor or the Coordinator are not in a position to make an assessment as to whether a child has been abused and the concerns or information may be only a small fraction of the full picture

In child protection cases the child's welfare is paramount, irrespective of parents or other alleged perpetrators human rights. Children may be abused in many settings, within a family, in an institutional or community setting, by those known to them, or more rarely, by a stranger. You may think of parents and other adult carers as abusers but children can also be abused by other, usually older, children. There are also different types of abuse and a child may suffer more than one of them.

**The main categories of abuse used in Northern Ireland are defined as:**

### **Physical Abuse**

Physical abuse is the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

### **Emotional Abuse**

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may involve causing children frequently to feel frightened or in danger or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance misuse may expose children to emotional abuse.

## **Sexual Abuse**

Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

## **Neglect**

Neglect is the persistent failure to meet a child's physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate foods, shelter and clothing, failing to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive. In addition, please note in relation to the physical punishment of children: Article 2 of the Law Reform (Miscellaneous Provisions) (NI) Order 2006 came into operation in Northern Ireland under this the smacking of children by their parents is not illegal in Northern Ireland. However, if they mark or bruise a child, parents (or other carers) charged with allegedly assaulting their children can't use the defence of "reasonable chastisement", if the assault caused an injury requiring any degree of medical treatment.

## **6. How could a child protection incident involve me?**

As a Community Support volunteer you may become aware that a child is suffering harm or abuse in a variety of way:

- You may receive information from a mentee which may indicate the potential for risk to a child or children.
- You may receive information indirectly from a child or adult, that they strongly believe a child has been abused.
- You may receive information from a 'third party' about a child or family that Community Support may or may not be involved with.
- You may be aware that a parent's ability to safeguard or look after their children may become impaired through substance misuse, (including alcohol), mental health issues or domestic violence in the home. (Our Children and Young People – Our Shared Responsibility (2006) DHSSPS).
- Something in the behaviour of one of the Community Support volunteers may concern you in the way they relate to a child, or they may be in breach of the code of conduct.

## **7. Responding to, reporting and recording a concern / incident:**

### **Responding:**

In the event that a volunteer encounters a case of alleged or suspected abuse of a child, it is important that they **do not decide** if abuse has or has not occurred. Neither should they attempt to deal with a case of alleged or suspected abuse alone. It is for Social Services and PSNI to decide, following a referral and assessment.

The main responsibility for the volunteer who encounters the alleged or suspected abuse is to record it and report it to the Coordinator who will in turn report it to the Gateway Team (Social Services) or PSNI (Public Protection Unit). Any notes the

volunteer has made regarding the matter should be made available to the Statutory Authorities and kept in a secure place.

### **Reporting Procedures**

If a concern arises about a child or young person or if a complaint is made about the behaviour of a Community Support volunteer, the following reporting procedures must be followed:

1. When a concern arises, the information is given **immediately** and directly to the coordinator. If this is not appropriate then the volunteer must contact the Chairperson of the Management Committee.
2. Details of contact for the Coordinator and Chairperson are shown below.

<b>Brian Lennon (CS Coordinator)</b>	<b>07834997011</b>
<b>Aileen Oates (CS Chairperson)</b>	<b>07815865704</b>
<b>Brendan Mac Partlin (MSS Coordinator)</b>	<b>07519698841</b>

3. The Coordinator will inform the civil authorities without delay. Contact information for the civil authorities can be found in Appendix 1.
4. The guiding principle is that the safety of the child or young person is always the most important consideration. Any safeguarding allegation or concern should be treated seriously.
5. In Northern Ireland the relevant civil authorities are the PSNI and the Health and Social Care Trust.

### **Initial Contact Procedure**

1. All those involved in dealing with a safeguarding allegation or suspicion, are required to record their conversations and actions. This includes the Coordinator and, if reporting on behalf of a complainant, the person who reported the abuse or concern to the Coordinator.

### **It is not the role of the volunteer or coordinator to investigate!**

2. In cases of emergency, where a child or young person appears to be at immediate risk, an immediate report should be made to the Health and Social Care Trust.
3. Whenever a concern is raised and it is possible and practical, take notes during the conversation. Always ask permission to do this and explain the importance of recording all information. Where it is not appropriate to make notes at the time, make a written record as soon as possible afterwards and in any case before the end of the day.
4. Explain to the child/person raising the concern what will happen next. Indicate who will be made aware of the information given by them. Leave contact details of the Coordinator in case the referrer needs to ask questions later.
5. All safeguarding concerns must be reported to either the PSNI or the relevant Health and Social Care Trust.

### **Responding to a child making an allegation of abuse**

Children will occasionally tell an adult that they are being abused if they feel they can trust this person. This happens for many reasons but the important thing to remember is that they are telling that person in the hope that he/she will act to stop the abuse happening, even if they ask the individual not to do anything with that information. Find an opportunity to explain that it is likely that this information will need to be shared with others and at the end of the discussion tell them what you plan to do next and with whom this information will be shared. If a child begins to tell you about abuse it is important that you:

**Do:**

- stay calm;
- listen carefully and take the child seriously;
- only ask questions for clarification if you are unclear what the child is saying;
- allow the child to continue at his/her own pace;
- reassure the child that, in disclosing the abuse, he/she has done the right thing;
- tell the child that he/she is not to blame for the abuse;
- assure him/her of help and support;
- report the child's disclosure to the Coordinator.

As soon as possible, write down everything that you were told by the child, using his/her own words to describe the abuse. Sign and date this record and pass it onto the Coordinator immediately.

**Do not:**

- dismiss the concerns;
- panic;
- probe for more information/ask other questions;
- 'promise not to tell anyone' or say 'you'll keep it a secret';
- make comments about the accused person;
- make assumptions or speculate;
- disclose details of the allegation to anyone else other than those stated in this document.

In the absence of the Coordinator or Chairperson refer the complaint to the relevant statutory agency – Health and Social Care Trust/PSNI.

**Anonymous allegations or concerns**

Anonymous complaints are to be treated carefully. Anxiety and fear may prevent some people from revealing their identity. It can be difficult to act on information within these procedures unless at some point the name of the person raising the concern/making an allegation is known. The person raising the concern should be informed that anonymity might restrict the ability of professionals to assess information if a child is at risk or to intervene to protect a child. Openness should be encouraged as far as possible.

**Listening to a person who admits abusing a child**

A person who admits an offence against a child or young person must always be told that **such information cannot be kept confidential**. If such an admission is made, even where the admission relates to something which happened a long time ago, the person to whom it is disclosed **must** refer the matter to the Coordinator as soon as

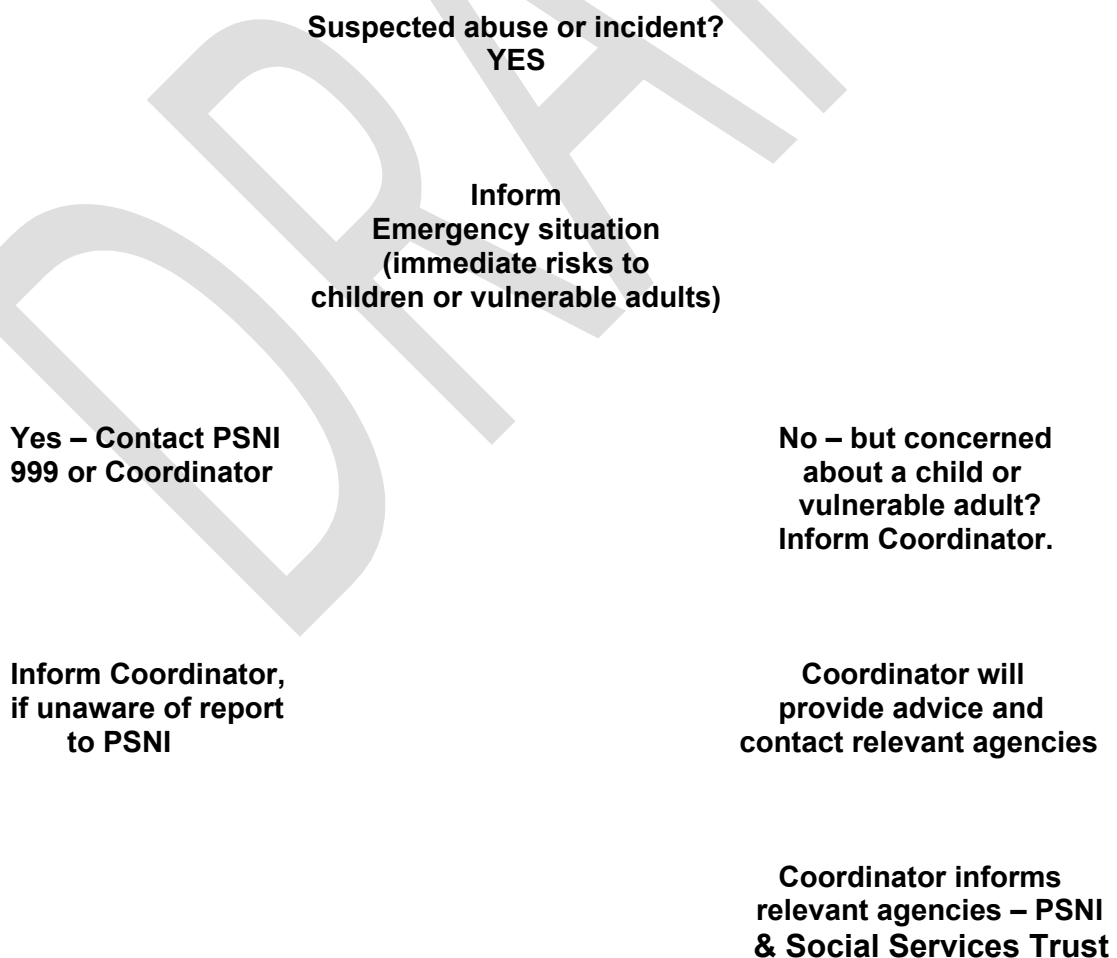
possible. This must be done regardless of the length of time since the incident took place.

The Coordinator will follow the procedures for referral to the Health and Social Care Trust/PSNI.

#### **8. Confidentiality:**

Confidentiality in relation to child protection is conditional and is usually shared on a 'need to know' basis. While it may be difficult to share concerns about parents, colleagues, or indeed young people, which affect important working relationships, it is essential that considerations of confidentiality should not be allowed to override the right of children to be protected from harm. The prompt flow of accurate information can often be for the benefit and safety of all concerned. Significant information should only be shared internally and externally with appropriate personnel and agencies on a need-to-know basis. The alleged perpetrator must not be informed of the concerns as this may interfere with a potential PSNI investigation.

### **Reporting Procedure Flow Chart.**



## **ADULT ABUSE.**

Everyone is entitled to have their civil and human rights upheld and to live a life free from abuse and neglect. All concerns, allegations and disclosures must be taken seriously and dealt with appropriately. When there are concerns or where a disclosure or allegation is made, people often feel anxious about passing on the information to someone else.

Concerned individuals may ask themselves, “What if I am wrong?” and this may hold them back from taking action. It is important for volunteers to know that they are *not responsible for deciding whether or not abuse has occurred* and neither are they *responsible for conducting an investigation*. This is the role of the appropriate authorities. However volunteers do need to pass on any concerns they have.

Some types of abuse, including assault (sexual or physical) theft and fraud are criminal offences that should be reported to the police and health and social care trust.

### **Recognising adult abuse and what to do about it:**

#### **9. Who is a ‘Vulnerable Adult’?**

Through their work with Community Support, volunteers will come in contact with adults who may be considered to be ‘vulnerable’

#### **The Northern Ireland definition of a ‘Vulnerable Adult’ is;**

‘Any person aged 18 years or over who is, or may be, unable to take care of him or herself or who is unable to protect him or herself against significant harm or exploitation.

This may be because:

- he or she has a mental health problem.
- a disability (learning or physical).
- a sensory impairment.
- is old and frail.
- has some form of illness.

Because of his or her vulnerability, the individual may be in receipt of a care service in his or her own home, in the community or be resident in a residential care home, nursing home or other institutional setting.

Vulnerable adults are protected against criminal acts in the same way as any other person. Where there is reasonable suspicion that a criminal offence may have occurred, it is the responsibility of the police to investigate and make decisions about what action should be taken. The police should always be consulted about criminal matters

#### **10. Recognising ‘Vulnerable Adult’ abuse:**

##### **What is abuse?**

Abuse is a violation of an individual’s human and civil rights by any other person or persons.

Abuse is defined as: *'The physical, psychological, emotional, financial or sexual maltreatment or neglect of a vulnerable adult by another person. The abuse may be a single act or repeated over a period of time. It may take one form or a multiple of forms. The lack of appropriate action can also be a form of abuse. Abuse can occur in a relationship where there is a breach of that trust, by persons who have influence over the life of a dependant, whether they be formal or informal carers, staff or family members or others. It can also occur outside such a relationship'.* Department of Health and Social Services Guidance 2006.

Abuse can take many forms including the following:

**Physical Abuse:**

**Including:** hitting, slapping, pushing, burning, giving a person medicine that may harm them, restraining or disciplining a person in an inappropriate way.

**Possible signs:** fractures, bruising, burns, pain, marks, not wanting to be touched.

**Psychological Abuse:**

**Including:** emotional abuse, verbal abuse, humiliation, bullying and the use of threats.

**Possible signs:** being withdrawn, too eager to do everything they are asked, showing compulsive behaviour, not being able to do things they used to, not being able to concentrate or focus.

**Financial or Material Abuse:**

**Including:** misusing or stealing the person's property, possessions or benefits, cheating them, using them for financial gain, putting pressure on them about wills, property, inheritance or financial transactions.

**Possible signs:** having unusual difficulty with finances, not having enough money, being too protective of money and things they own, not paying bills, not normal home comforts.

**Sexual Abuse:**

**Including:** direct or indirect sexual activity where the vulnerable adult cannot or does not consent to it.

**Possible signs:** physical symptoms including genital itching or soreness or having a sexually transmitted disease, using bad language, not wanting to be touched, behaving in a sexually inappropriate way, changes in appearance.

**Neglect or Acts of Omission:**

**Including:** withdrawing or not giving the help that a vulnerable adult needs, so causing them to suffer.

**Possible signs:** having pain or discomfort, being very hungry, thirsty or untidy, failing health, changes in behaviour.

**Discriminatory Abuse:**

**Including:** the abuse of a person because of their ethnic origin, religion, language, age, sexuality, gender or disability.

**Possible signs:** the person not receiving the care services they require, their carer being overly critical or making insulting remarks about the person, the person being made to dress differently from how they wish.

**Institutional Abuse:** This can happen when an organisation, where the person is living or receiving care from, fails to ensure that the necessary processes and systems are in place to safeguard vulnerable adults and maintain good standards of care and service.

**Including:** lack of training of staff and volunteers, lack of or poor quality supervision and management, poor record keeping and liaison with other agencies, low staff morale and high staff turnover.

**Possible signs:** vulnerable adult has no personal clothing or possessions, there is no care plan, the person is often admitted to hospital, or there are instances of staff/volunteers having treated the person badly or unsatisfactorily or acting in a way that causes harm, poor staff morale and high staff turnover and lack of clear lines of accountability and consistency of management.

If there are concerns about a vulnerable adult's wellbeing which are not dealt with under vulnerable adult safeguarding procedures they should be reported to the local Health & Social Care Trust. **A record of this referral should be retained.**

#### **11. Where might abuse of a vulnerable adult take place?**

Abuse can happen anywhere:

- In someone's own home.
- In a carers home.
- Within day care, residential care, nursing care or other institutional settings.
- At work or in educational settings.
- In rented accommodation or commercial premise.
- In public places

#### **12. Who might abuse?**

This could be anyone who has contact with the vulnerable person – it could be a partner, spouse, child, relative, friend, advocate, informal carer, a member of a church, healthcare, social care or other worker, a peer or, less commonly, a stranger.

**Domestic/Familial Abuse:** This is the abuse of a vulnerable adult by a family member such as partner, son, daughter or sibling.

**Professional Abuse** The misuse of power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems. Possible signs of professional abuse include:

- Entering into inappropriate relationships with a vulnerable adult
- Failure to refer disclosure of abuse
- Poor, ill- informed or outmoded care practice
- Failure to support a vulnerable adult to access health/care treatment
- Denying a vulnerable adult access to professional support and services such as advocacy
- Inappropriate response to challenging behaviours
- Failure to whistle blow on issues when internal procedures to highlight issue are exhausted.

**Peer Abuse** This is the abuse of one vulnerable adult by another vulnerable adult within a care setting. It can occur in group or communal settings, such as day care centres, clubs, residential care homes, nursing homes or other institutional settings.

**Stranger Abuse** A vulnerable adult may be abused by someone who they do not know such as a stranger, a member of the public or a person who deliberately targets vulnerable people. Every organisation should have procedures in place for dealing with concerns raised by staff and volunteers and for reporting those concerns. In Northern Ireland this will be to the local HSC Trust or PSNI where appropriate.

#### **13. What would cause you concern or suspicion about abuse?**

There are a number of ways in which you might become concerned or suspicious that a vulnerable adult is suffering or, has suffered, harm.

- The vulnerable adult may tell you directly.
- Someone else may tell you of their concerns or some incident that causes you concerns.
- A vulnerable adult may show some signs of physical injury for which there appears to be no credible or satisfactory explanation.
- A vulnerable adult's demeanour/behaviour may cause you to suspect that something does not feel right, or possible abuse has taken place.
- The behaviour of another individual close to the vulnerable adult makes you feel uncomfortable (this may be another staff member, volunteer, or leader of an activity or family member).
- Through general good neighbourliness and social guardianship.

Being alert to possible abuse plays a significant role in ensuring that vulnerable adults are safeguarded and it is important that **all** concerns about possible abuse are reported.

#### **14. What if a vulnerable adult discloses abuse?**

Where this happens, it is important that volunteers know how to respond and do so in accordance with the following guidelines:

##### **DO**

- Stay calm
- Listen very carefully.
- Reassure the person - tell him/her they did the right thing in telling you
- Let them know that the information will be taken seriously and give them information about what will happen next
- If urgent medical/police help is needed, call the emergency services
- Ensure the immediate safety of the person
- Be aware that medical and forensic evidence might be needed
- Let the person know that they will be kept informed at every stage
- Give the person contact details so that they can report any further issues or ask any questions that may arise.
- Explain that you must tell Community Support Coordinator immediately.
- Explain that what you have heard or seen, has given rise to your concerns.
- Record in writing (date and sign your record) and report to the Coordinator.
- Act without delay.

##### **DO NOT**

- Stop someone disclosing to you
- Promise to keep secret what they tell you
- Press the person for more details or make them repeat the story
- Gossip about the disclosure or pass any information about this to anyone who does not have a legitimate need to know
- Under any circumstances, contact the alleged abuser
- Attempt to initiate an investigation yourself
- Leave details of your concern on a voicemail or by e-mail
- Delay in responding

**Checking Out:** There may need to be some initial “checking out” with the vulnerable adult who has disclosed information to you in order to ensure his/her safety. For example, if a volunteer notices a bruise on a vulnerable adult's arm, it would be

appropriate to ask “I see you have a bruise on your arm. How did that happen?” Then listen. However, be careful not to start investigating. It is important that volunteers understand the clear distinction between “checking out” and an investigation.

***Do not start investigating by asking questions that relate to the detail, or circumstances of the alleged abuse, beyond initial checking out, listening and expressing your concern.***

**If all mechanisms for reporting allegations of abuse have been exhausted without your concerns being taken seriously, it should be noted that the Public Interest Disclosure (NI) Order 1998 provides for the active safeguarding and protection of what are commonly known as ‘whistle-blowers’.**

**15. Recording and Reporting adult abuse to social services:**

**Recording:** A written record must be kept in relation to the incident – how the concerns came to light; who advised of the concerns/allegations; brief notes on what was said; who the matter was reported to. All records relating to concerns/allegations of suspected or actual abuse of a vulnerable adult must be dated and signed and stored by the Community Support Coordinator in a safe and secure place and in the event of a criminal investigation, the original record given to the PSNI.

**Sharing of Information:** All vulnerable adults and where appropriate their carers or advocates, need to be made aware that the operation of multi-disciplinary and inter-agency procedures will, on occasions, require the sharing of information with PSNI or HSC Trust in order to protect a vulnerable adult or others, or to investigate an alleged suspected criminal offence. Information **must not** be shared with the alleged perpetrator as this may interfere with a potential criminal investigation.

The duty to protect takes precedence over individual confidentiality if a person or others are at serious risk of harm or have been seriously harmed. But information sharing will be proportional and on a ‘need to know’ basis. The person will be advised before the information is shared and with whom it will be shared.

## **Reporting Procedure Flow Chart.**

**Suspected abuse or incident?  
YES**

**Inform  
Emergency situation  
(immediate risks to  
children or vulnerable adults)**

**Yes – Contact PSNI  
999 or Coordinator**

**No – but concerned  
about a child or  
vulnerable adult?  
Inform Coordinator.**

**Inform Coordinator,  
if unaware of report  
to PSNI**

**Coordinator will  
provide advice and  
contact relevant agencies**

**Coordinator informs  
relevant agencies – PSNI  
& Social Services Trust**

**16. Confidentiality:**

All information relating to concerns/allegations /suspicions about a vulnerable adult should be treated as confidential and should only be communicated on a 'need to know' basis. This information should not be shared with anyone inside or outside Community Support, unless they are involved in the case. The Coordinator will advise on a 'need to know basis' who should have access to records. Where a crime is suspected, confidential information may be disclosed to the PSNI and the HSC Trust for such purposes.

**USEFUL CONTACT DETAILS:**

**ADULT SERVICES:**

**PSNI:**

Tel: 999 (in emergency only)  
0845 600 8000

This is a centralised number. Ask to be put through to the police station which serves the area where the incident/alleged incident took place.

**Social Services:**

The Health and Social Care Trusts in Northern Ireland have Adult Safeguarding services in all Trusts. Anyone reporting a concern or making an allegation of abuse should contact this service in the Trust which serves the area where the incident/alleged incident took place. Contact information for the service in each Trust is outlined below:

**Southern Health and Social Care Trust:** Tel: 028 3083 2650  
028 3083 5000 (after 5.00pm)

**South Eastern Health and Social Care Trust:** Tel: 028 9266 5181  
028 9056 5444 (after 5.00pm)

**NI Trust Out of Hours Service:** Tel: 028 9504 9999

**Northern Ireland Regional Emergency Social Work Service: Tel: 028 950 49999**  
(This service is available outside normal office hours including weekend and public holidays i.e. 5pm to 9am Monday to Thursday and 5pm Friday to 9am Monday. There is 24 hour cover over public holidays.)

**Help for adults:** Tel: 08007837745

**CHILDREN & FAMILY SERVICES:**

**PSNI:**

Tel: 999 (in emergency only)  
0845 600 8000

This is a centralised number. Ask to be put through to the police station which serves the area where the incident/alleged incident took place.

The Health and Social Care Trusts in Northern Ireland have Gateway services in all departments including the Children's Social Work department. Anyone reporting a concern or making an allegation of abuse should contact this service. Contact information for these departments in each of the five Health and Social Care Trusts are outlined below:

**GATEWAY SERVICES:** Tel: 08007837745

(Gateway is a social work service for children and families.)

**NSPCC - CHILDLINE:** Tel: 08001111

### **SOUTHERN HEALTH AND SOCIAL CARE TRUST**

Gateway Services (Armagh, Coalisland, Ballygawley, Dungannon, Markethill, Moy, Portadown and Newry)

Tel: 08007837745 (9.00am to 5.00pm)

Out of hours Emergency Service

Tel: 02838334444 (ask for duty social worker)

### **NORTHERN HEALTH AND SOCIAL CARE TRUST**

Gateway Services (Cookstown, Lissan, Magherafelt and Pomeroy)

Tel: 03001234333 (9.00am to 5.00pm)

Out of hours emergency service

Tel: 02894468833 (ask for duty social worker)

### **WESTERN HEALTH AND SOCIAL CARE TRUST**

Gateway Services (Carrickmore and Beragh)

Tel: 02871314090 (9.00am to 5.00pm)

Out of hours emergency service

Tel: 02871345171 (ask for duty social worker)

### **RAPE CRISIS & SEXUAL ABUSE CENTRE (NI)**

29 Donegal Street

Belfast

BT1 2FG

Helpline: 02890 329002

Phone: 02890329001/2

**CODE OF CONDUCT.**

Safeguarding is regarded as central to the wellbeing of children, young people and vulnerable adults. 'Best Practice' promotes an ethos and provides a set of practical policies and procedures to support their development in ways which will promote their security, confidence and independence. It is necessary that the following Code of Conduct be applied as a minimum standard in order to support Policy and Procedures in the area of the safeguarding of children, young people and vulnerable adults. In relation to children, young people and vulnerable adults, volunteers and DFD personnel:

- will treat these individuals and each other with courtesy, dignity and respect;
- will take care to treat each individual with equal respect, favouritism is not acceptable;
- will always engage with them in an open manner;
- will not spend a disproportionate amount of time with any particular individual or group of individuals;
- will not use physical punishment under any circumstances;
- will not verbally abuse any individual;
- will not engage in, or tolerate any behaviour – verbal, psychological or physical - that could be construed as bullying or abusive;
- will avoid inappropriate language and/or sexually suggestive comments, including telling jokes of a sexual nature, either towards these individuals or among themselves;
- will use age-appropriate language, media materials and activities and never use any sexually explicit or pornographic material;
- will develop appropriate guidelines in relation to the use of computers, videos, the Internet, cameras and camera phones;
- will ensure an appropriate and adequate ratio of adults to children and young people;
- will avoid being alone with an individual e.g. in relation to travel, meetings, home visits, remaining in churches or parish property, where two adults should be present;
- will maintain adequate, gender-appropriate, supervision for males and females;
- will not give alcohol, tobacco, drugs or other illegal substances to individuals under any circumstances;
- will not consume alcohol or tobacco while having responsibility for, or in the presence of, those in their care;

- will not use drugs or other illegal substances under any circumstances;
- will respect their physical integrity at all times;
- will not engage in inappropriate physical contact of any kind - including tough physical play, physical reprimand and horseplay (tickling, wrestling);
- will respect their right to privacy at all times;
- will always act with particular care regarding privacy in locations such as toilets, changing areas etc;
- will not perform tasks of a personal nature for individuals while they are in changing areas (e.g. in the locker room);
- will seek permission from parents/guardians for the taking/use of photographs, the generating of computer images and the making/showing of video recordings of events;
- will not give their personal details to individuals and only the named leader will hold personal details of individuals;
- will only contact individuals via their parents/guardians.

It is important that all possible steps are taken to prevent unsuitable people working with children and other vulnerable groups. While the vast majority of people who want to work with children and other vulnerable groups are well-motivated, good recruitment and selection procedures will help screen out those who are not suitable and enhance the prospects of identifying the best person for the post. You will find below a list of recommended steps to take to ensure safe recruitment practices.

### **Contact with children/vulnerable adults**

What contact with children/vulnerable adults will the job involve?

Will the employee have unsupervised contact with children/vulnerable adults or hold a position of trust?

What other forms of contact will the person have with children/vulnerable adults e.g. email, telephone, letter, Internet?

### **Defining the role**

Have the tasks and skills necessary for the job been considered?

Does the job description make reference to working with and having responsibility for children/vulnerable adults?

### **Key selection criteria**

Has a list of essential and desirable qualifications, skills and experience been developed?

### **Written application**

Have all applicants been asked to supply information in writing including personal details, past and current work/volunteering experience?

Have you developed application forms?

### **References**

Are applicants asked to supply the names of two referees who are not family members and ideally, who have first-hand knowledge of the applicant's experience of work/contact with children/vulnerable adults?

Are referees asked specifically to comment on the applicant's suitability to work with children/vulnerable adults?

Are all references provided in writing and followed up with a telephone call if appropriate? Is the identity of referees verified?

### **Vetting procedure**

Has the vetting procedure that you will need for your selected applicant been considered? ( AccessNI vetting.)

Has the applicant been informed that you will need to conduct essential background checks before they take up any appointment?

**NB.** Has the applicant been informed that you will need to conduct essential background checks before they take up any appointment? NB. Basic DBS checks may be accepted for voluntary positions however it is dependant on the role as to whether a higher level of check is required.

If a volunteer will be working directly with children or any other vulnerable group, they will need an enhanced DBS check.

## **Records**

Are details kept of the selection and induction process on the personnel file of the person appointed?

Are references kept on file as part of the record of the recruitment process?

## **Confidentiality**

Is information about the applicant only seen by those directly involved in the recruitment process?

Are applicants reassured that information about them, including information about convictions, will be treated in confidence and not used against them unfairly?

## **Interview**

Have at least two representatives from the organisation been identified to meet with an applicant to explore information contained in their application?

Have the applicant and the application forms been carefully considered, highlighting points to raise in interview, including:

the applicant's attitudes towards working with children/vulnerable adults;

areas you want to explore in more detail;

gaps in employment history;

vague statements or unsubstantiated qualifications;

frequent changes of employment.

## **Declaration**

Have applicants been asked to sign a declaration stating that there is no reason why they would be considered unsuitable to work with children/vulnerable adults?

Have applicants been asked to declare any past criminal convictions and cases pending against them?

## **Identification**

Have applicants been asked for photographic documentation to confirm their identity e.g. driving licence, passport?

Is documentation relating to the applicant's identity and relevant qualifications checked at interview?

## **Qualifications**

Are applicants asked for documentation to confirm qualifications?

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