



# **Safeguarding Policy**

**August 2019**

## **Introduction**

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely;

The Children (NI) Order 1995  
The Safeguarding Board (NI) Act 2011  
The Safeguarding Vulnerable Groups (NI) Order 2007  
Digital Economy Act 2017  
Criminal Law Act (NI) 1967

This policy should be read alongside of all our policies and procedures but in particular:

The Staff Policies and Procedures Handbook  
The Lone working Policy  
The Complaints policy  
The Communications Policy  
The Digital and Social Media policy  
The Confidentiality Policy  
The Data Protection and Retention Policy

## **Vulnerable Adults Statement**

Abuse is a violation of an individual's human and civil rights; it can take many forms. The staff, volunteers and Board of Directors in Positive Life are committed to practices that promote the welfare of vulnerable adults and safeguard them from harm.

Staff, volunteers and Board of Directors in our organisation accept and recognise our responsibilities to develop awareness of the issues that cause 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, staff, volunteers and Board of Directors with a view to how we may continuously improve our services/activities.

We will endeavour to safeguard vulnerable adults by:

- adhering to our safeguarding vulnerable adult policy and ensuring that it is supported by robust procedures;
- carefully following the procedures laid down for the recruitment and selection of staff, volunteers and Board of Directors;
- providing effective management for staff, volunteers and Board of Directors through supervision, support and training;
- implementing clear procedures for raising awareness of and responding to abuse within the organisation and for reporting concerns to statutory agencies that need to know, while involving carers and vulnerable adults appropriately;
- 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; and
- safeguarding vulnerable adults by implementing a code of behaviour for all involved with the organisation, including visitors.

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

## 1. What is a vulnerable adult?

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 they have 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.

The rights of vulnerable adults to live a life free from neglect, exploitation and abuse are protected by the Human Rights Act 1998. Specifically, a vulnerable adult's right to life is protected (under Article 2, ECHR); their right to be protected from inhuman and degrading treatment (under Article 3, ECHR); and their right to liberty and security (under Article 5, ECHR).

### 1.1 Abuse

Abuse may consist of a single or multiple acts. Abuse can include: physical, financial, material, sexual, psychological, discriminatory, institutional or emotional acts. It may be an act of neglect or an omission to act, or may occur when a vulnerable adult is persuaded to enter into a financial or sexual transaction to he or she has not consented or cannot consent. Abuse can take place in any setting, public or private, and can be perpetrated by anyone.

### 1.2 Signs of abuse

Physical abuse can include hitting, slapping, pushing, burning, giving a person medicine that may harm them, restraining or disciplining a person in an inappropriate way. Signs include:

- unexplained recurrent injuries or burns;
- bruising in well protected areas, or clusters from repeated striking;
- injury shape similar to an object;
- improbable excuses or refusal to explain injuries;
- wearing clothing to cover injuries;
- chronic running away;
- fear of medical help or examination;
- self-destructive tendencies;
- aggression towards others;
- fear of physical contact;
- weight loss due to malnutrition, or rapid weight gain;
- recurring crises/hospital visits;

Psychological abuse can include emotional abuse, verbal abuse, humiliation, bullying and the use of threats. Signs include:

- being withdrawn;
- too eager to do everything they are asked;
- showing compulsive behaviour or unexplained changes in behaviour;
- not being able to do things they used to or making self-deprecating comments;
- not being able to focus or concentrate / lack of sleep;
- self-harming;
- onset of depression, anxiety and/or panic attacks;
- suicidal ideation;
- drug or alcohol misuse - development of risk taking behaviour / Lack of concern for self;
- deprivation of liberty including false imprisonment through fear or coercion;

Financial or material abuse includes 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 are:

- having unusual difficulty with finances;
- being too protective of money and things they own;
- not paying bills;
- not having normal home comforts;
- unexplained bank withdrawals or bank transfers;
- reluctance of carer to provide basic food and clothes;
- unusual reliance on carer to make financial decisions;

Sexual abuse includes direct or indirect sexual activity where the vulnerable adult cannot or does not consent to it. Possible signs are:

- disclosure or partial disclosure (uses of phrases such as 'It's a secret') or feeling shame or embarrassment when making a disclosure about an encounter);
- medical problems – a Sexually Transmitted Infection (STI);
- other extreme reactions such as depression, self-mutilation, suicide attempts, running away, overdoses or anorexia;
- personality changes such as becoming insecure or clingy;
- risk taking behaviour / lack of concern for self;
- being isolated and withdrawn;
- inability to concentrate;
- lack of trust or fear of someone they know well;
- sexual exploitation (involving exploitative situations and relationships where people receive something for performing or allowing sexual activities).

Neglect or acts of omission includes withdrawing or not giving the help that a vulnerable adult needs, so causing them to suffer. Possible signs are:

- having pain or discomfort;
- being very hungry ;
- thirsty or untidy;
- failing health;
- changes in behaviour;
- over-sedation;
- lack of concern on the part of the carer for persons wellbeing

Discriminatory abuse includes the abuse of a person because of their ethnic origin, religion, language, age, sexuality, gender or disability. Possible signs are:

- the person not receiving the care services they require;
- their carer being overly critical or making insulting/harassing remarks about the person;
- the person being made to dress differently from how they wish

Institutional abuse can happen when the 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. Factors of this type of abuse includes lack of training of staff, volunteers and Board of Directors, 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 are:

- vulnerable adult has no personal clothing or possessions;
- there is no care plan for him/her;
- s/he is often admitted to hospital;
- there are instances of staff/volunteers/Board of Directors having treated him/her badly or unsatisfactorily or acting in a way that causes harm;
- poor staff morale;
- high staff turnover and lack of clear lines of accountability and consistency of management

Sometimes there may be concerns about a vulnerable adult's well-being, which are not dealt with under vulnerable adult protection procedures. Where such concerns arise, they should be reported to the local HSC Trust, as the person concerned may benefit from assessment and intervention. A record of a referral of this nature to a HSC Trust should be maintained. Relevant contact numbers for each of the HSC Trusts can be accessed through: [www.hscni.net](http://www.hscni.net).

## **2. Values and principles**

Guiding this policy is a set of principles that underpin the rights of a vulnerable adult. They are:

- access to information and knowledge – all vulnerable adults will have access to information that they can understand to make an informed choice, including access to expert knowledge and advocacy, as required;
- choice – all vulnerable adults will have the opportunity to select independently from a range of options based on clear and accurate information;
- confidentiality – all vulnerable adults will know that information about them is managed appropriately and there is a clear understanding of confidentiality and its limits among staff/volunteers/Board of Directors;
- consent – all vulnerable adults have the right to be supported to make their own decisions and to give or withhold their consent to an activity or service. Consent is a clear indication of a willingness to participate in an activity or to accept a service. It will be signalled in writing. No one can give, or withhold, consent on behalf of another adult unless special provision for particular purposes has been made for this, usually by law;
- dignity and respect – all vulnerable adults will be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs;
- equality and diversity – all vulnerable adults will be treated equally and their background and culture will be valued and respected;
- fulfilment – all vulnerable adults will be invited to engage in activities and offered services that enable them to fulfil their ability and potential;
- independence – all vulnerable adults will have as much control as possible over their lives whilst being safeguarded against unreasonable risks;
- privacy – all vulnerable adults will be free from unnecessary intrusion into their affairs; and there will be a balance between the individual's own safety and the safety of others;
- safety – all vulnerable adults will feel safe, and live without fear of violence, neglect or abuse in any form;
- support – all vulnerable adults will be supported to report any form of abuse and to receive appropriate support following abuse for as long as may be required

## **3. Employment**

Positive Life will follow good practice procedures for the recruitment and selection of staff, volunteers, associates and Board of Directors to minimise risk. Positive Life will ensure that each position comes with a clear job description and personal specification and there will be an open recruitment procedure. An interview process suitable for the role will take place for

those who meet the criteria. Positive Life will seek written references from reputable sources for all employees and volunteers and will undertake Access NI checks for all successful candidates. For positions where an application form is not necessary (for example, a student placement or a therapist's position) a Declaration Form (DF) will be completed which requires them to declare if they have been convicted of a criminal offence, been bound over or subject to a caution, and consent to an Access NI check.

Due to the nature of the work of the organisation, all positions within the organisation are exempt from the provision of the Rehabilitation of Offenders (NI) Order 1978 by virtue of the Rehabilitation of Offenders (NI) Order 1979. Applicants are, therefore, not entitled to withhold information about 'convictions' (or otherwise) which for other purposes are 'spent' under the above provisions. In the event of employment any failure to disclose such 'convictions' (or otherwise) could result in dismissal or disciplinary action by Management.

The information provided by applicants is only made available to the recruitment panel if the candidate is to be considered for a position within the organisation. All applicants are also required to provide two written references from previous employers before any offer of employment is made.

### **3.1 Induction Procedure**

All members of staff, associates, volunteers and Board of Directors appointed to Positive Life will complete an induction programme, where they will be introduced to the organisation's policies and procedures (including this Vulnerable Adults Policy) and made aware of their role within the organisation.

Members of staff, associates, volunteers and Board of Directors will be given appropriate training as part of their induction, which will, if necessary include Vulnerable Adults Training.

All members of staff, are required to complete a satisfactory 3 month probationary period after which, they will meet with their Line Manager for assessment and feedback. After this meeting their position will either be confirmed in writing, be given feedback on areas for improvement (to be reviewed within an agreed timeframe) or have their position terminated. Positive Life reserves the right to terminate a position before the completion of a satisfactory 3 month probation period. Staff will have yearly appraisals with their Line Manager and will also have continued access to support and supervision.

## **4. Confidentiality**

Staff, volunteers and Board of Directors should recognize that in order to protect vulnerable adults, it may be a legal obligation, in some circumstances, to share information that might



normally be regarded as confidential. When there are multi-disciplinary and inter-agency operations, there may be occasions when the sharing of information is required to protect the vulnerable adult. All clients, vulnerable adults and carers will be made aware of Positive Life's Confidentiality Policy and Data Protection Policy.

#### **4.1 Consent and Capacity**

In considering what action should be taken about alleged or suspected abuse it is important to consider whether the vulnerable adult gave meaningful consent to the act, relationship or situation constituting the alleged or suspected abuse and whether the person now gives meaningful consent to any preventable action, investigation or report to the PSNI.

### **5. Reporting Concerns**

It is not Positive Life's responsibility to identify and investigate possible incidences of abuse. It has a responsibility to report any vulnerable adults concerns. Therefore, Positive Life has a procedure in place for dealing with vulnerable adults concerns, disclosures or allegations so that all staff, service providers, volunteers, service users, Board of Directors are supported through the process of reporting a disclosure or allegation. Any concerns should be reported to the Chief Executive.

The role of the Information & Support Services Manager is to make contact with local statutory agencies such as the Social Services and PSNI and to report any allegations against staff/volunteers/service providers/Board of Directors, disclosures or concerns which have been recorded and passed to them. They also have to ensure that the vulnerable adult is not in any immediate danger.

All concerns should be reported to the Chief Executive using the Reporting Form (RF) no matter how insignificant they may seem. All vulnerable adults concerns should be reported in writing. If the concern is first reported orally, then then should fill out a Reporting Form.

In the case of an allegation against the Chief Executive, this should be reported to the Chair of the Board.

Included in the Reporting Form should be the name and age (DOB) of the person concerned, the date, time and location of the concerns arising, whether the person reporting witnessed the abuse first hand or whether they are third party and recording the facts, and distinguishing between reported fact and opinion in order to be consistent with best practice in recording.

Once in writing the concerns may be reported to:

- police;
- relevant Health and Social Care Trust;
- social Services Gateway Team (if involving children);
- independent Safeguarding Authority (Disclosure and Barring Service) 01325 953 795;
- regulation and Quality Improvement Authority (RQIA) 028 9051 7500

If it is decided that a referral to the HSCNI [or an HSC Trust] will not be made at this point, you should record the decision not to refer and the reasons for not making a referral. In these circumstances, the situation should be monitored so that a referral can be made if the situation deteriorates. Again, your decision to monitor the situation and the outcome of monitoring, e.g. further concerns coming to light, should be recorded.

It is important to remember that while you may not have a safeguarding concern at this point, the local HSC Trust might be able to offer other services.

If a referral is made, as a minimum, the information required will include:

- the name and address of the vulnerable adult and his/her current location;
- the nature of the harm;
- the need for medical attention (if any);
- the reasons for suspicions of abuse;
- any action already taken;
- any other information that may be useful to an investigation e.g. information related to the alleged perpetrator and his/her location and whether or not the vulnerable adult is aware of/has agreed to the referral.

All referrals should be made to the appropriate HSC Trust Designated Officer. The contact may be made by telephone in the first instance, but should be confirmed in writing under confidential cover within two working days.

## **5.1 Disclosure**

A disclosure is when a vulnerable Adult tells a staff member, volunteer, service provider or Board of Director that they have been or are being harmed or abused in some way. This may be through physical, sexual, emotional abuse, or through neglect or bullying.

If a vulnerable adult tells you about abuse:

- stay calm and be reassuring;
- find a quiet place to talk;
- believe in what you are being told;
- listen, but do not press for information;

- say that you are glad that the person has told you;
- say that you will do your best to protect and support them;
- acknowledge that they may have angry, sad or even guilty feelings about what happened, but stress that the abuse was not the person's fault;
- record in writing;
- act without delay

There may be occasions where a child makes a disclosure about the abuse of a vulnerable adult or gives rise to concern about the safety of a vulnerable adult. It is important to remember that the child may also equally be at risk:

- remain calm and find a quiet place to talk;
- listen carefully to the child without expressing your own views;
- reassure them that they have done the right thing;
- reassure them that you believe what they are saying;
- explain to the child what you will do next, if age appropriate explain that you need to report what you have been told to someone who will be able to help;
- do not delay in reporting the abuse and follow the reporting guidelines below;
- it may be necessary depending on the disclosure to contact the NSPCC and consider a referral to the Gateway Team (Social Services) if you believe the risk to the child or vulnerable adult is immediate

All disclosures must be reported to the Chief Executive using the Reporting Form (RF).

In the case of an allegation against the Chief Executive, this should be reported to the Chair of the Board using the Reporting Form (RF).

## **5.2 Reports about members of staff, volunteers or Board of Directors**

Any concerns or disclosures about a member of staff, volunteer or Board of Director will be dealt with the utmost seriousness. The concerns should be reported to the Chief Executive.

The Chief Executive will seek immediate advice from the local Health and Social Care Team.

The Chief Executive may decide to suspend the individual until the investigation is complete. The Board of Directors will be informed and decide upon measures upon whether the concerns have been found to be justified.

## **5.3 Whistleblowing**

Whistleblowing occurs when a staff member/volunteer/Board of Director raises a concern about misconduct, illegal or underhand practices by individuals and/or an organisation; or

about the way care and support is being provided, such as practices that cause harm or the risk of harm to others or are abusive, discriminatory or exploitative. This will include situations where a staff member's/volunteer's/Board of Director's concerns are not acted upon by the Chief Executive.

Positive Life has a whistle-blowing policy, which makes it clear that:

- the organisation takes poor or malpractice seriously;
- staff, volunteers or Board of Directors have the option to raise concerns outside of line management structures;
- staff, volunteers or Board of Directors are enabled to access confidential advice from an independent source;
- the organisation will, where possible, respect the confidentiality of a member of staff, volunteer or Board of Director when raising a concern;
- when and how concerns may be raised outside the organisation (e.g. with a regulator);
- it is a disciplinary matter both to victimise a bona fide whistleblower and for someone to maliciously make a false allegation

You should ensure that staff/volunteers/Board of Directors are aware of and have confidence in your whistleblowing procedure and regularly review how the procedure works in practice.

## 5.4 Vulnerable Adult Abuse Report Form

Please answer all relevant questions as fully as you can.

Work location	
Name of Vulnerable Adult	
Age/Date of Birth	
Gender	
Names of carers (if known)	
Home address (if known)	
Please complete those sections below that are relevant.	
<b>1. Disclosure by a vulnerable adult</b>	
When was the disclosure made (dates and times)?	
Who did the vulnerable adult make the disclosure to?	
What did the vulnerable adult actually say?	
<b>2. Indicators</b>	
Describe any signs or indicators of abuse (with times and dates)	
Has the vulnerable adult alleged that any particular person is the abuser (if so, please record details and the relationship, if any, to the vulnerable adult below)	
<b>3. Concerns expressed by another person about a vulnerable adult</b>	
Record the concerns that were passed to you (with dates and times) and if possible ask the person who expressed the concerns to confirm that the details as written are correct	
<b>4. Details of any immediate action taken, e.g. first aid, etc</b>	
<b>5. Has the vulnerable adult expressed any reservations about you talking to the Chief Executive about the matter?</b>	

<b>6. Does the vulnerable adult have any particular needs, e.g. communication, etc?</b>	
<b>Signatures</b>	
<b>Name</b>	
<b>Signed</b>	
<b>Date</b>	
<i>To be signed by the person reporting the concern</i>	
<b>Name</b>	
<b>Job title</b>	
<b>Signed</b>	
<b>Date</b>	
<b>Date received and actioned by Designated Officer</b>	
<i>To be signed by the Designated Officer</i>	
<b>Name</b>	
<b>Job Title</b>	
<b>Signed</b>	
<b>Date received and actioned by Chief Executive</b>	
<i>To be signed by Chief Executive</i>	
<b>Name</b>	
<b>Job Title</b>	
<b>Signed</b>	
<b>Date</b>	

There is also a form for the Chief Executive to report the abuse to the relevant Health and Social Care Trust and their Designated Officer.

## 5.5 Risk Assessment

Assessing and managing risks to vulnerable adults is integral to Positive Life's risk management strategy.

Risk of harm can be posed by actions and inactions in many different situations such as:

- intimidation and other threatening behaviours;
- behaviours resulting in injury, neglect, abuse, and exploitation by self or others;
- the misuse of medication;
- the misuse of drugs or alcohol;
- aggression and violence;
- suicide or self-harm;
- a person's impairment or disability; or
- accidents, for example, whilst out in the community or participating in a social event or activity

For the individual, the level of risk, that is the likelihood of an event occurring and the impact it might have depends on the nature of the person, their relationships with others, the choices open to them and the circumstances in which they find themselves.

For the organisation, the level of risk will depend on

- the balance achieved between the right of a vulnerable adult to be safeguarded;
- the duty of care owed to the vulnerable adults served by the organisation; the duty of care owed by the organisation to its staff/volunteers/Board of Directors;
- the legal duties of statutory bodies and service providers; and
- the right of vulnerable adults to make informed lifestyle choices and take part in activities

No endeavour or activity, or indeed interaction, is entirely risk free and even with good planning, it may be impossible to completely eliminate risks from any activity, service or interaction. Positive Life will carry out risk assessment on all activities undertaken by vulnerable adults.

However, having in place good risk assessment and management practices is essential to reduce the likelihood and impact of identified risks. In some situations, living with a risk can be outweighed by the benefit of having a lifestyle that the individual really wants, values and freely chooses. In such circumstances, risk-taking can be considered to be a positive action. Consequently, as well as considering the dangers associated with risk, the potential benefits of risk-taking have to be considered.

## **6. Code of Conduct**

All staff, volunteers, clients, visitors and Board of Directors are made aware of Positive Life's Code of Conduct and the organisation ensures that all users adhere to this code. This will ensure that Positive Life provides a safe environment for those who it assists. Policies are in place to deal with any issues of abuse.



## Vulnerable Children Statement

Positive Life believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practice in a way that protects them.

This policy has been created to protect children and young people who receive Positive Life services. This includes the children of adults who use our services.

We want to make sure that the welfare of children and young people that we are in contact with is treated as a priority and that everyone who uses Positive Life is treated equally and that their views are heard.

We want to reassure parents that this organisation views children's welfare as paramount.

We want to give staff, volunteers, associate workers and Board of Directors clear direction, to give them confidence in what they do and to help protect them as well as the children they encounter.

We recognise that:

- the welfare of the child is paramount;
- all children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse;
- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues;
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare

### 1.1. What is Abuse?

Abuse of a child occurs when someone is neglected, harmed or not provided with proper care. Children may be abused in many settings, in a family, in an institutional or community setting, by those known to them, or more rarely, by a stranger. There are different types of abuse and a child may suffer more than one of them.

### 1.2. What are the types of abuse?

**Physical abuse** is the deliberate physical injury to a child, or the willful 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** 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 a child that they are worthless or unloved, inadequate, or valued

only insofar as they meet the needs of another person. It may involve causing a child to frequently feel frightened or in danger, or the exploitation or corruption of a child. 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 or carer substance use may expose a child to emotional abuse.

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

**Neglect** is the persistent failure to meet a child's emotional and or physical needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate food, 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.

## **2.0 Child Safeguarding and Positive Life**

Positive Life offers a wide range of services. Inevitably, this can involve working with children in many different guises, for example:

- Through the training programme;
- Through provision of support services;
- Through the HIV and Sexual Health Helpline.

It is therefore important that Positive Life has a clear response when a child has suffered significant harm or is likely to suffer significant harm, which is the aim of this Child Safeguarding Policy.

This policy will be reviewed every three years.

Due to the nature of the organisation's work, some of these children may be under stress and anxiety.

Any staff member, volunteer, service provider or Board of Director that has concerns that a child has suffered or is likely to suffer significant harm should write down their concerns and notify the Designated Officer.

In the case of an allegation against a Designated Officer, this should be reported to the Deputy Designated Officer.

## **2.1 Employment Procedure**

As part of Positive Life's recruitment and selection procedure, applicants applying for staff or voluntary positions within the organisation are required to declare if they have been

convicted of a criminal offence, been bound over or subject to a caution, and consent to an Access NI check. For positions where an application form is not necessary (for example, a student placement or a therapists position) a Declaration Form (DF) will be completed which requires them to declare if they have been convicted of a criminal offence, been bound over or subject to a caution, and consent to an Access NI check. Due to the nature of the work for the organisation, all positions within the organisation are exempt from the provision of the Rehabilitation of Offenders (NI) Order 1978 by virtue of the Rehabilitation of Offenders (NI) Order 1979. Applicants are, therefore, not entitled to withhold information about 'convictions' (or otherwise) which for other purposes are 'spent' under the above provisions. In the event of employment, any failure to disclose such 'convictions' (or otherwise) could result in dismissal or disciplinary action by Management. The information provided by applicants is only made available to the recruitment panel if the candidate is to be considered for a position within the organisation. All applicants are also required to provide two written references from previous employers before any offer of employment is made.

## **2.2 Induction Procedure**

All members of staff, volunteers, associates and Board of Directors appointed to Positive Life will complete an induction programme, where they will be introduced to the organisation's policies and procedures (including this Child Safeguarding Policy), and made aware of their role within the organisation.

Members of staff, volunteers, associates and Board of Directors will be given appropriate training as part of their induction, which will, if necessary include Child Protection Training.

All members of staff, are required to complete a satisfactory 6 month probationary period, (volunteers and associates 6 months) after which, they will meet with their Line Manager for assessment and feedback. After this meeting their position will either be confirmed in writing, be given feedback on areas for improvement (to be reviewed within an agreed timeframe) or have their position terminated. Positive Life reserves the right to terminate a position before the completion of a satisfactory 6 month probation period.

## **2.3 Reporting Concerns**

It is not Positive Life's responsibility to identify and investigate possible incidences of child abuse. It is a statutory responsibility to report child safeguarding concerns. Therefore, Positive Life has a procedure in place for dealing with concerns, disclosures or allegations so that all staff, service providers, volunteers, Board of Directors, service users, children and parents are supported through the process of reporting a disclosure or allegation.

All concerns should be reported to the Designated Officer, using the Reporting Form (RF) no matter how insignificant they may seem.

In the case of an allegation against a Designated Officer, this should be reported to the Deputy Designated Officer.

## **2.4 What might constitute a concern about a child?**

A concern relates to the possibility of a child suffering harm. Indicators of this might include:

- Sudden, unexpected or worrying changes in behaviour
- Physical signs or symptoms that maybe indicative of abuse
- Worrying remarks made by a child
- A situation where a child is exposed to potential harm or risk

## **2.5 What is a disclosure?**

A disclosure is when a child tells a staff member, volunteer, service provider or Board of Director that they have been or are being harmed or abused in some way. This may be through physical, sexual, emotional abuse, or through neglect or bullying.

All disclosures must be reported to the Designated Officer using the Reporting Form (RF).

In the case of an allegation against a Designated Officer, this should be reported to the Deputy Designated Officer using the Reporting Form (RF).

## **2.6 What is a concern or allegation about the behaviour of staff, volunteers, service providers or Board of Directors?**

Inappropriate or unacceptable behaviour or communication, favouritism or negligence are examples of what may constitute a concern about the conduct of a member of staff, volunteer, service provider or the Board of Directors.

Any such allegation that reports specific, unacceptable behaviour where a child has been harmed or abused in some way must be reported to the Designated Officer using the Reporting Form (RF).

In the case of an allegation against a Designated Officer, this should be reported to the Deputy Designated Officer using the Reporting Form (RF).

## **2.7 Recording**

All concerns and disclosures or allegations should be recorded in writing on the appropriate form (available from the Designated Officer) and passed to the Designated Officer, or the Deputy Designated Officer using the Reporting Form (RF).

### **2.7.1 Accident Recording**

All accidents should be recorded in the accident book, and reported to the First Aid Officer.

## **2.7.2 What is a Designated Officer?**

The role of the Designated Officer is to make contact with local statutory agencies such as the Social Services and PSNI and to report any allegations against staff/volunteers/service providers/Board of Directors, disclosures or concerns which have been recorded and passed to them.

## **3.0 Behaviour towards Children**

### **3.1 What is a Child?**

The definition of a child is anyone who is under the age of 18 (eighteen) years.

### **3.2 Behaviour**

Staff, volunteers, associates and the Board of Directors should not make physical contact with a child, unless in circumstances where this is unavoidable contact.

### **3.3. Unacceptable Behavior**

Any member of staff, volunteer, associate, Board of Director or any other person considered to be involved with Positive Life, whether paid or not, must not:

- Be alone with a child away from others, unless doors are open and they are visible to others.
- Take a child to their home or place of work if the child will be alone with them
- Have a child with whom they are working to stay overnight unsupervised
- Sleep in the same room or bed as a child with whom they are working with
- Remove any part of a child's clothing
- Fondle, hold, kiss, hug or touch a child in an inappropriate or culturally insensitive way.
- Allow themselves to be placed in a compromising or vulnerable position with a child
- Cause deliberate physical injury to a child or fail to take reasonable care to prevent physical injury or suffering
- Cause a child to feel frightened or in danger

### **3.4 Special Arrangements**

Positive Life offers a wide and expanding range of therapies and services to people living with HIV, their partners, families and carers.

**3.4.1 Aromatherapy Massage** requires that a client remove their clothing, and, be in a room with a closed door with the Therapist. It also involves the therapist placing their hands on the client's body. Before a child accesses this therapy, the Therapist and a member of the Support Services team will inform the client what is involved with the therapy, and, a chaperone (preferably the client's parent or guardian) will be present during the therapy.

**3.4.2 Reiki** requires that a client be in a room with a closed door with the Therapist. It also involves the therapist placing their hands on the client's body. Before a child accesses this therapy, the Therapist and a member of the Support Services team will inform the client what is involved with the therapy, and, a chaperone (preferably the client's parent or guardian) will be present during the therapy.

**3.4.3 Acupuncture** is an invasive procedure. It may require a client to remove some of their clothing, and, be in a room with a closed door with the Therapist. It involves the therapist placing acupuncture needles into the client's body and/or magnets onto the client's body. Invasive acupuncture is not offered to anyone under 18. Magnetic seeds will be used in place of needles. Before a child accesses this therapy, the Therapist and a member of the Support Services team will inform the client what is involved with the therapy, and, a chaperone (preferably the client's parent or guardian) will be present during the therapy.

**3.4.4 Needs Assessments** require that a client be in a room with a closed door with the Support Services Coordinator. A chaperone (preferably a member of the Support Services team) will be present during needs assessments with children.

**3.4.5 One-to-one meetings** require that a client be in a room with a closed door with another person. A chaperone (preferably a member of the Support Services team) will be present during one-to-one meetings with children.

**3.4.6 Counselling** requires that the client be in a room with a closed door with the Counsellor. Before a child accesses this service, the Counsellor and a member of the Support Services team will inform the client what is involved with the therapy.

#### **3.4.7 Activity Consent**

Positive Life will gain information relating to children in relation to membership and consent for activities, day trips and residentials. This will be obtained by a parent or guardian completing an activity consent form (ACF).

Parents or guardians will be informed of the confidentiality policy operating within Positive Life when completing an activity consent form. The confidentiality policy outlines the limits of confidentiality, when information must be passed on and to whom.

## **4.0 Record Keeping**

Record keeping is an essential part of Positive Life's responsibility and is vital to good child safeguarding practice.

The subject of any record has the right to request access to all information kept about them from Positive Life. Records may also be required to be disclosed in court proceedings.

All records pertaining to individuals will be written contemporaneously and will:

- provide the chronology of the case;
- use clean, straightforward language;
- not use abbreviations;
- be comprehensive and accurate;
- differentiate among fact, opinion and judgement;
- clearly show decisions taken by the agency and cross agencies;
- be legible;
- be signed and dated by the appropriate person

## 5.0 Contact Details

Designated Safeguarding Officer (DSO)  
Information and Support Services Manager  
02890 249268

Deputy DSO  
Information and Support Services Officer  
02890 249268

CEOP (Child exploitation and on-line protection command)  
[www.ceop.police.uk](http://www.ceop.police.uk)

NSPCC Helpline  
0808 800 5000

HSC Trust Adult Protection Gateway Service

During normal working hours (9am – 5pm) - **Tel. 028 9504 1744**  
Regional Emergency Social Work Service (5pm – 9am) – **Tel. 028 9504 9999**

**Activity Consent Form**

Please complete this form and return it to Positive Life.

A signed consent form is a condition of participation in this activity in those under the age of 18 or vulnerable adult.

Activity:

**Personal Information**

Child's Name:

Address:

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Postcode

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Home Telephone  
Number (inc code)

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Mobile Telephone  
Number

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**Health Information**

The child/adult has the following medical condition(s) and requires the following medication

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GP Name

GP Telephone Number  
(inc code)

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**Declaration**

I am willing for my child to participate in this activity and confirm that he/she is willing to participate as fully as possible. Furthermore (please tick one of the following)

*I permit my child only to travel on transport that has been designated as official for the purpose of this event/activity:*

Yes  No

*Or, I permit my child to travel in either private vehicles or any other transport that has been designated official for the purposes of this event/activity:*

Yes  No

Signature

Date

Print Name

Relationship to individual\*

\* Consent must be provided by the person with parental responsibility

Name of person  
completing the form:

**CONCERNS:**

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Signed

Date

**This section is to be completed by the Designated Officer or Deputy Designated Officer on receiving the CPR Form.**

Name of Officer

completing the form:

**ACTION TAKEN:**

Handwritten notes section with 20 horizontal lines.

Signed

Date

