Safeguarding
Best Practice Guidelines
For Arts Sector Organisations
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FOREWORD

The Arts Council of Northern Ireland is the lead development agency for the arts in Northern Ireland. We are the main support for artists and arts organisations offering a broad range of funding opportunities through our Exchequer and National Lottery funds.

The Arts Council is committed to providing a high level of service to all its clients whether individual artists or arts organisations.

The Arts Council believes that:

- The welfare of the child, young person and vulnerable adult is paramount.
- All children, young people and vulnerable adults whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity have the right to protection from abuse.
- All suspicions and allegations of abuse should be taken seriously and responded to swiftly and in an informed manner.
- Staff and volunteers should be clear on how to respond appropriately.

Organisations which develop procedures and guidelines in relation to the protection of children, young people and vulnerable adults help to reduce the possibility of abuse.

The Arts Council would like to thank Volunteer Now and those members of the working group for giving their time and expertise to ensuring that the overarching child protection guidelines presented provide a relevant and informative resource for organisations to ensure that their own guidelines and policies represent good practice in relation to working with children, young people and vulnerable adults.

Gavin O’Connor
Arts Development Officer
INTRODUCTION

An organisation working with children, young people and vulnerable adults should aim to provide activities that will encourage learning and developmental opportunities and assist them to develop new skills within a safe environment. By developing Safeguarding procedures and guidelines, organisations will help to minimise the potential for abuse and create a positive environment for everyone involved. A Safeguarding policy is therefore designed to protect children, young people and vulnerable adults from harm and abuse, protect workers against false allegations and protect the reputation of the organisation.

There is a moral obligation on anyone who is involved with children, young people and vulnerable adults to provide them with the highest possible standard of care.

There is a legal responsibility, under the common law Duty of Care, for all organisations to take reasonable steps to ensure the safety and wellbeing of all children in their care.

The fundamental principle in childcare law and practice is that the welfare of the child must always be the paramount consideration in decisions taken about them. This is set out in The Children (NI) Order 1995, which provides the legislative basis for child protection practice in Northern Ireland and which is underpinned by the standards of the United Nations Convention on the Rights of the Child.

The Volunteer Development Agency now known as Volunteer Now developed overarching Safeguarding guidelines on behalf of the Arts Council of Northern Ireland, for use by organisations within the arts sector in Northern Ireland. This resource document outlines legislative and good practice guidelines for working with children, young people and vulnerable adults. Organisations should take these guidelines and adapt them to suit their specific activities and organisational structure.

A steering group was formed as part of the review and development process. We would like to acknowledge the following individuals and extend our gratitude for their valued input:
• Gavin O’Connor (Arts Council of Northern Ireland)
• Chris Ledger (Arts Council of Northern Ireland)
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• Amanda Jane Prow (Waterside Theatre)

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Our Duty To Care Team
Volunteer Development Agency

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TERMS USED IN THE GUIDELINES

Throughout this document, the following applies when reference is made to:

**Child/children** – to promote best practice, the definition adopted is a person under 18 years of age, as defined under The Children (NI) Order 1995 and the United Nations Convention on the Rights of the Child.

**Disability** - the Disability Discrimination Act 1995 defines disability as “a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day to day activities”.

**Parent/Guardian** - individuals who have parental responsibility for children, as defined by The Children (NI) Order 1995.

**Parental responsibility** (defined by The Children (NI) Order 1995) - the natural mother always has parental responsibility. The natural father gains parental responsibility:
- If married to mother at time of birth or subsequently marries her.
- Through an Agreement witnessed by solicitor or a Parental Responsibility Order.
- Post 15 April 2002 if they jointly register the child’s birth.

**Worker(s)** – anyone who is engaged in work or voluntary activity with children, whether as a paid employee or as a volunteer

**Regulated position** (defined by The Protection of Children and Vulnerable Adults (NI) Order 2003) - those who, in the course of their normal duties, care for, train, advise, counsel or supervise, or are in sole charge of children as well as the supervisors/managers of individuals in regulated positions. Management Boards and Governing Bodies of organisations involved with children are also included.

**Regulated activity** On the 10th September 2012, new safeguarding arrangements came into effect in Northern Ireland, arising from the Protection of Freedoms Act. This includes a new and more limited definition of regulated activity which will reduce the number and scope of positions which are eligible for a criminal record check with Barred List information.

**What is regulated activity?**

- Any activity of a specified nature that involves contact with children or vulnerable adults frequently, intensively and/or overnight. (Such activities include teaching, training, care, supervision, advice, treatment and transportation.)

- Any activity allowing contact with children or vulnerable adults that is in a specified place frequently or intensively. (Such places include schools and care homes.)

- Fostering and childcare.
• Any activity that involves people in certain defined positions of responsibility. (Such positions include school governor, director of social services and trustee of certain charities.) ‘Regulated activity’ is when the activity is frequent (once a month or more) or ‘intensive’ (takes place on three or more days in a 30-day period).

How does ‘regulated activity’ work?

• Anyone providing a regulated activity must be registered with the ISA.

• It will be a criminal offence, punishable by up to five years in prison, for a barred individual to take part in a regulated activity for any length of time.

• It will be a criminal offence for an employer to take on an individual in regulated activity if they fail to check that person’s status.

• It will be a criminal offence for an employer to allow a barred individual, or an individual who is not yet registered with the ISA, to work for any length of time in any regulated activity.

What does this mean for domestic employees, e.g. private tutors and care workers?

• It will be an offence for a barred individual to take part in any regulated activity in domestic circumstances.

• Domestic employers do not have to check an individual they wish to employ – such as a home tutor, nanny or carer – but the new scheme will give them the opportunity to check the status of an individual (with his/her consent) if they wish to do so.

What is a ‘controlled activity’?

• Frequent or intensive support work in general health settings, the NHS and further education. (Such work includes cleaners, caretakers, shop workers, catering staff, car park attendants and receptionists.)

• Individuals working for specified organisations (e.g. a local authority) who have frequent access to sensitive records about children and vulnerable adults.

• Support work in adult social care settings. (Such jobs include day centre cleaners and those with access to social care records.)

‘Controlled activity’ is when this type of activity is ‘frequent’ (once a month or more) or ‘intensive’ (takes place on three or more days in a 30-day period).

How does ‘controlled activity’ work?
• It will be a criminal offence for an employer to take on an individual in a controlled activity if they fail to check that individual’s status.

• An employer can permit a barred individual to work in a controlled activity only if sufficient safeguards are put in place.

The following is a summary of regulated activity relevant to those working with children in the arts sector. The full definition of regulated activity (i.e. work that a barred person must not do) is defined in the Safeguarding Vulnerable Groups (NI) Order 2007, as amended by the Protection of Freedoms Act 2012. Working in a paid or voluntary capacity with children is regulated activity if (a) it is one of the activities listed below, (b) it is done “regularly”.

(a) The activities include:
- Teaching, training or instruction;
- Care or supervision;
- Advice or guidance provided wholly or mainly for children relating to their physical, emotional or educational well-being;
- Moderating a public electronic interactive communication service likely to be used wholly or mainly by children;
- Driving a vehicle being used only for conveying children and carers or supervisors;

Day to day management or supervision on a regular basis of a person carrying out one of the activities listed above is also a regulated activity.

Activities that are excluded from the definition of regulated activity are:
- Activity or participation of children that is merely incidental to what would normally be an adult activity.
- Supervised activity - an individual who is under reasonable day to day supervision by another person engaging in regulated activity.
- Activity by a person in a group assisting or acting on behalf of, or under direction of, another person engaging in regulated activity in relation to children. This is the “peer exemption”.

(b) ‘Regularly’ is defined as: carried out by the same person frequently (once a week or more often), or on 4 or more days in a 30-day period, or overnight*.

Definition of “overnight”: - In relation to teaching, training or instruction; care or supervision; or advice or guidance, it is also regulated activity if carried out (even once) at any time between 2am and 6am and with an opportunity for face-to-face contact with children.

What will change?
- Regulated activity will be redefined and the scope of positions which fall into this category reduced*. Only staff and volunteers working in the redefined regulated activity will require a check against the relevant barred list to be completed prior to their appointment. Staff and volunteers outside of regulated activity, but who have significant contact with children/young people, can access an Enhanced Disclosure check without a check against the relevant barred list.

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• Controlled activity, registration and continuous monitoring will be repealed – these aspects of the Vetting and Barring Scheme were never implemented and will now be abolished.
• The functions of the Independent Safeguarding Authority (ISA) and the Criminal Records Bureau (CRB) will merge to establish one new agency – the Disclosure and Barring Service (DBS).
• The DBS will have responsibility for disclosure and barring in England and Wales, and extend its barring functions to Northern Ireland.
• Statutory guidance on supervision of activity with children produced. Public consultation has taken place on the draft guidance and further details will be issued in due course.

What will not change?
• There is no change to the requirement for organisations to make a check against the relevant Barred List before employing/offering a volunteering role in regulated activity
• There is no change to the requirement to refer to the ISA/DBS, any individual who has harmed, or who poses a risk of harm to vulnerable groups
• There is no change to the AccessNI service in Northern Ireland or its functions in providing disclosure certificates.

What is the new definition of regulated activity relating to children and young people?

From 10 September 2012 regulated activity relating to children includes:

1. Unsupervised activities: teaching, training, instructing caring for or supervising children, providing advice/guidance on well being, driving a vehicle only for children.

2. Work for a limited range of establishments (specified places) with opportunity for contact with children for example schools, children’s homes, childcare premises, children’s hospital. Work undertaken by supervised volunteers in these places is not regulated activity.

Work under 1 or 2 is regulated activity if undertaken regularly. Regular means carried out by the same person frequently (once a week or more) or on 4 or more days in a 30 day period or overnight.

3. Relevant personal care, for example washing or dressing, or health care by or supervised by a professional; (even if carried out once)

4. Registered child-minding and foster care.

The largest impact on arts organisations is from the new definition of Regulated Activity. It is imperative that an arts organisation understands the new definition so they can apply it as outlined above.
The tricky part of the new definition is in understanding if someone is unsupervised. In the arts sector the concept of supervision can be difficult to define. Government has stipulated that the level of supervision would be determined by the organisation to the degree that was reasonable to protect children.

Arts organisation you have been entrusted with the responsibility of defining supervision in a way that is appropriate for their own specific context and environment.

There may be additional statutory and/or sector guidance but you should now define supervision so that you have a workable definition of Regulated Activity which can be applied immediately.

**What is the new definition of regulated activity relating to adults?**
The new definition of regulated activity for adults no longer labels adults as ‘vulnerable’. Instead the definition identifies the activities that, if an adult needs them, lead to that adult being considered vulnerable at that particular time. This means that the focus is on the activity or service required by the adult – not the setting in which the activity or service is received. The focus is removed from the personal characteristics or circumstances of the adult receiving an activity or service.

There are **six categories of workers who fall into the new definition of regulated activity** relating to adults. Those who provide:

1. **Health Care**
Regulated health care professionals or those acting under the direction or supervision of a health care professional, for example, doctors, nurses, heath care assistants, physiotherapists.

2. **Personal Care**
Assistance with washing, dressing, eating, drinking and toileting, or teaching someone to do one of these tasks.

3. **Social work**
Provision of social work by a social care worker which is required in connection with any health services or social services.

4. **Assistance with general household matters**
Includes helping a person with their cash, bills or shopping because of their age, illness or disability.

5. **Assistance in the conduct of a person’s own affairs**
Including enduring power of attorney, or deputies appointed under the Mental Health Order.

6. Conveying
Conveying adults because of age, illness or disability to, from or between places where they receive healthcare, personal care or social work.

There is no requirement for a person to do any of the identified activities a certain number of times before they are engaging in regulated activity.

Process

Employers and voluntary organisations will retain the responsibility to request an Enhanced Disclosure certificate with a Barred List check for any individual they wish to appoint into regulated activity. It is an offence to knowingly employ a barred person in regulated activity in a paid or unpaid capacity.

Employers and voluntary organisations can request an Enhanced Disclosure certificate without a Barred List check for those individuals they intend to appoint in positions which are no longer defined as regulated activity, but where there is a significant degree of contact with vulnerable groups.
SAFEGUARDING POLICY STATEMENT

A Safeguarding policy statement should highlight an organisation’s commitment to practice that promotes the welfare of children, young people and vulnerable adults and protects them from harm.

A Safeguarding policy and related procedures and practice should be reviewed at regular intervals, at least once every three years.

An organisation can endeavour to safeguard by:

• following carefully the procedures laid down for recruitment and selection of staff and volunteers;

• providing effective management for staff and volunteers through supervision, support and training;

• reporting concerns to statutory agencies who need to know and involving parents/guardians and children, young people and vulnerable adults appropriately;

• adopting Safeguarding guidelines through a code of behaviour;

• sharing information about Safeguarding and good practice with children, young people, vulnerable adults, parents/guardians, staff and volunteers;

• ensuring general safety procedures are adhered to.

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RECRUITMENT AND SELECTION

Robust recruitment and selection procedures will help organisations to screen out unsuitable individuals and prevent them from working with children, young people and vulnerable adults. Organisations should recruit and appoint all workers in accordance with relevant current legislation and actively seek to equally offer employment and volunteering opportunities according to their Equal Opportunities Policy. The following information outlines legislative requirements and good practice guidelines for safer recruitment and selection in relation to Safeguarding, as well as issues pertaining to other fundamental organisational policies (e.g. Recruitment and Selection Policy).

Organisations should:

• provide a clearly defined job/volunteer role description for all staff and volunteer positions.

• identify if a job/volunteer role is ‘regulated’ as defined under the Safeguarding Vulnerable Groups (NI) Order 2007, as amended by the Protection of Freedoms Act 2012.

• adhere to an open recruitment process and advertise all positions to ensure their availability to the whole community.

• use an application form to gather key information from an interested candidate in relation to the position. The job/volunteer role description should be sent to all candidates, along with information about the organisation and a copy of its Safeguarding policy.

• require applicants working with children and young people to declare any past (including spent) criminal convictions, cautions and cases pending against them under the Rehabilitation of Offenders (Exceptions) Order (NI) 1979. Applicants should be asked to sign a declaration form stating that there is no reason why they should be considered unsuitable to work with children. This information must be dealt with in a confidential manner and not used to discriminate against applicants unfairly.

• short-list applicants according to their suitability for the position. Ultimately, the best person for each position should be appointed and all applicants fairly treated.

• interview all applicants for positions which will lead them into contact with children, young people and/or vulnerable adults whether voluntary or paid, before the position is offered. At least two representatives should interview the short listed applicants.

• ask applicants to provide two references.

• take up at least two references in writing for the preferred candidate, one of which should be from a previous employer or volunteer coordinator. An organisation should
ask questions that relate directly to a person’s suitability for working with children, young people and/or vulnerable adults.

- following a conditional offer of employment/volunteering appointment, an AccessNI check should be requested on the preferred applicant. An Enhanced Disclosure Certificate is required for Regulated Positions (www.accessni.gov.uk).

- consider the results of the disclosure check and confirm or withdraw an offer of employment/volunteering role, based on the information received.

- issue an Employment Contract to staff or a Volunteer Agreement to volunteers.

- workers may be contracted for a project that requires regular input over a period of time (i.e. their input will be a couple of days per month or one week every couple of months, as opposed to consecutive days for a specified period). An organisation should consider the implications of these ‘breaks in employment’ (i.e. the period of time in between their input into the project). An organisation may consider developing a consultancy contract as a viable option to cover a specified period of time, where an individual will regularly undertake duties within a given role and project.

- decide how long a consultancy contract will be valid for, taking issues such as ‘breaks in employment’ into account and ensuring that safeguards for protecting children, young people and vulnerable adults are maximised at all times. Standard good practice would be to request an AccessNI check every twelve months for workers who are contracted on a consultancy basis. Organisations should ensure that this is applied consistently to all workers (e.g. if an organisation contracts workers on a consultancy basis for a period of twelve months, it should check all contracted workers once a year and before contracts are renewed).

- in all instances, an AccessNI check must be carried out on the preferred candidate prior to confirming their offer of employment or volunteering position. A new check should be carried out prior to renewing a consultancy contract or in such instances where an individual is contracted, in a paid or voluntary capacity, in another role during their current contract.

- AccessNI checks for volunteers are mostly free of charge.

Organisations should bear in mind that while an AccessNI check is a crucial element for screening out unsuitable individuals, the results of a check are only valid for the day on which it is undertaken. Therefore, the importance of other procedures and guidelines should be implemented at all times (e.g. robust recruitment and selection procedures, effective management of workers, development and implementation of guidelines such as code of behaviour).
“What if an organisation is going to use a facilitator from overseas?”

Access NI is unable to obtain overseas criminal records or other relevant information. If an organisation is recruiting from overseas and wishes to check an individual’s criminal record, Access NI will only be able to provide details of offences committed in the UK. An individual who has recently moved to the UK may not appear on any of the records searched by Access NI. It is the responsibility of an organisation to consider and evaluate the risks involved in these circumstances.

Organisations that intend using workers from overseas may wish to contact the country’s representative in the UK. Contact details for those countries that have a representative in the UK can be found on the Foreign and Commonwealth Office website (www.fco.gov.uk). Organisations may also consider examining the website of the Police Force of the country of origin. Many countries allow their citizens to obtain certificates of good conduct or extracts from their criminal records, which could be provided to organisations. The level of information will vary from country to country and such certificates should be treated with caution as it is difficult to confirm authenticity or completeness.

Information source & further guidance: www.accessni.gov.uk

Robust recruitment and selection procedures should be followed in all instances (e.g. taking references), as well as following supervision and support procedures, code of behaviour etc. All workers should be made aware of, and understand, an organisation’s child protection policy, procedures and guidelines.

“Never assume that an individual is safe to work with children, even if they have been known to an organisation for a number of years. A robust recruitment and selection procedure will help to screen out unsuitable individuals and safeguard children against harm and abuse. The recruitment and selection procedure should be applied consistently to all workers.”

“What impact will the forthcoming changes to legislation have on our organisation?”

From 12 October 2009, the Safeguarding Vulnerable Groups (NI) Order 2007 established new safeguarding arrangements aimed at strengthening protection for children, young people and vulnerable adults in workplace situations. This legislation fully replaced the Protection of Children and Vulnerable Adults (NI) Order 2003.

A Vetting and Barring Scheme is central to the new legislation, which requires individuals who are working (in a paid or unpaid capacity) in specified positions (i.e. Regulated or Controlled Activity) to register and pay a registration fee. There is a requirement for organisations to check whether an individual working in a specified position is registered with the Vetting and Barring Scheme prior to employing them in a paid or unpaid capacity. Organisations must not employ an individual to carry out regulated activity if they are not registered with the Vetting and Barring Scheme. Organisations will always need to check an individual’s status before employing them (in a paid or unpaid capacity) in a post they are applying for. The new scheme will allow registered individuals to be continuously monitored. An organisation will be able to register an interest in its workers, to receive notification if a worker is subsequently barred. There will also be a requirement for organisations to refer relevant information to the Vetting and Barring Scheme. Offences will also apply for not meeting the requirements created by the legislation.


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EFFECTIVE MANAGEMENT OF STAFF AND VOLUNTEERS

Organisations should ensure that all workers are aware of organisational policies and procedures.

Induction

Organisations should introduce all new workers to organisational policies, procedures, guidelines and activities. Workers should know and understand the boundaries within which they must operate and sign a contract to acknowledge that they have received, read and understood the relevant policies. All workers should receive a copy of the Safeguarding policy and any queries should be identified and addressed.

Training

In addition to induction training, all workers should receive training that is specific to their roles. Staff and volunteers (including Designated Officers and Management Committee members) should receive Safeguarding training to include a basic awareness and understanding of issues to be able to recognise the symptoms of possible abuse. They should know how to react, respond and report in the correct manner and deal with issues such as confidentiality. Staff and volunteers should receive clear guidelines on appropriate behaviour with children, young people and/or vulnerable adults.

Probationary/trial period

All new appointments (paid and unpaid) should be conditional on a satisfactory period of work. Staff should have a probationary period and all volunteers should undergo a trial period. Positions should not be confirmed until an organisation is confident that the applicant is suitable for the position. This will be undertaken within an agreed period of time, at the end of which the post should be reviewed and confirmed or not.

Support and supervision

Workers should meet their line manager/supervisor at regular intervals to assess their progress and identify any additional training needs. This provides support for workers and gives them an opportunity to talk, in confidence, about any uncertainties or problems they may have. Sessions can be used to look at relevant policies as required, such as the Safeguarding policy.

Support and supervision sessions can be formal (e.g. a meeting) or informal (e.g. observation of workers) and conducted on a one-to-one basis or in small groups. An organisation should select the best method for its structure and workers and may decide to use a combination of methods that are time bound and role specific (e.g. a formal, one-to-one meeting with workers every three months with a group meeting every six months, supported by ongoing observation and informal chats).

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If the person observing a worker has a concern, the process may become more formal, depending on the seriousness of the incident. For example, after witnessing something which has given them cause for concern, the line manager/supervisor may speak to the worker to resolve the issue, making a note of this in the worker’s file. If necessary, the line manager/supervisor may then arrange to meet with the worker to discuss the issue in more detail and decide on an appropriate course of action (e.g. future training).

A written record of formal support and supervision sessions should be kept in a confidential file by the manager/supervisor.

**Appraisal/review**

Staff should be appraised and volunteers reviewed no less than once every twelve months, with the aim of reviewing the achievements over the last year and identifying any difficulties or gaps. The session should also identify future support, training and development needs.
REPORTING CONCERNS

Organisations should highlight its dedication to ensuring that staff and volunteers respond appropriately to concerns, allegations or disclosures of abuse and harm, by:

• providing guidelines about what constitutes suspicion or a safeguarding concern;
• providing guidelines about how to respond to concerns and disclosures;
• developing a procedure for recording and reporting information in a confidential manner;
• appointing a Designated Officer to deal with safeguarding issues.

What may constitute a concern about a child?

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

• sudden, unexplained or worrying changes in behaviour (e.g. becoming withdrawn, displaying sudden outbursts of temper or displaying inappropriate sexual awareness for their age).
• physical signs or symptoms that may be indicative of abuse (e.g. unexplained or suspicious injuries or for which the explanation given seems inconsistent, or physical appearance such as weight loss for no apparent/guardian reason or a dirty or unkempt appearance).
• worrying remarks made by a child.
• a situation where a child has been exposed to potential risk of harm.

Due to the nature of expressivity involved with all arts forms, workers should be aware that children may express their emotions in different ways. Any concerns about a child should be reported in line with the reporting procedure.

The following may be applicable for working with children with a disability:

• the nature of the disability may appear to ‘explain’ signs and symptoms (e.g. bruising, inappropriate sexual behaviour).
• a child may often be more dependant on adults (e.g. physical contact & support needs, intimate care) and may be cared for by a number of adults.
• a child may be unable to recognise abusive behaviour and differentiate between appropriate and inappropriate touch.
• children with communication or language difficulties may be unable to convey an experience to others and it may be difficult to convey information to a child.
• workers may have a greater reluctance to accept that children with a disability can be abused.

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What is a disclosure?

A disclosure is when a child tells a worker that they have been or are being harmed or abused in some way. This may constitute physical, sexual or emotional abuse, or neglect or bullying.

Dealing with disclosure

If a child makes a disclosure, it is important that workers:

• stay calm - do not panic!
• reassure the child that they have done the right thing in telling.
• listen to what the child is saying, do not rush them or ask leading questions.
• do not promise to keep secrets, as the child’s welfare is paramount and they must pass this information on to their Deputy/Designated Officer.
• record in writing what was said and/or observed as soon as possible so that they do not forget any information and try to write exact words if possible.
• report without delay within the reporting procedure.
• record they made the report.

What is a concern or allegation about the behaviour of a worker?

Inappropriate or unacceptable behaviour or communication, favouritism or negligence, or a breach in the code of behaviour may constitute a concern about the conduct of a worker.

An allegation about a worker occurs when a child, parent/guardian or another worker reports specific unacceptable behaviour where a child has been harmed or abused in some way.

Responding to concerns, disclosures and allegations

Workers should be aware that signs and symptoms are not a checklist or definite indicators that abuse or harm has occurred, as other areas of a child’s life may affect their behaviour at a given moment (e.g. separation anxiety, homesickness or bereavement). In some instances, it may be appropriate for a worker to check out a concern with the child, parent/guardian, colleagues or supervisor.

Similarly, there will be times when it is inappropriate to do so, particularly (but not exclusively) in relation to a disclosure or an allegation. It is not the worker’s responsibility to investigate a concern or decide if abuse or harm has occurred. Workers simply need to ensure that all information is passed to the Deputy/Designated Officer without delay.

All concerns, disclosures and allegations should be recorded and passed to the Deputy/Designated Officer as outlined in the reporting procedure, no matter how insignificant they may seem and regardless of whether they relate to situations internal or external to an organisation (i.e. any concerns connected to a family or school situation should be noted as well as concerns within an organisation).
Organisations should develop a pro forma to capture information and improve consistency (Our Duty to Care, Appendix 19).

If there is an emergency and the Deputy/Designated Officer cannot be contacted, workers should know to contact Social Services, the PSNI or the NSPCC directly. These contact numbers should be contained within an organisation's child protection policy and also be easily available in around the premises.

An organisation should also set up a confidential record, which should be kept separate from the ongoing records concerning a child’s progress and development.

**Designated Officers**

Organisations should appoint a Designated Officer and, if resources and organisational structure allow for it, a Deputy Designated Officer. A Designated Officer should complete specialist training to deal with child protection concerns, disclosures and allegations. Their role is to:

- provide information and advice on training requirements in relation to child protection.
- ensure that child protection policy and procedures are being followed.
- contact local statutory organisations (Social Services Gateway Team, the PSNI and/or NSPCC) about concerns and make a formal referral, if applicable. The general procedure is that the Deputy/Designated Officer will contact a statutory organisation by phone and follow this up in writing.

Appointing a Designated Officer and a Deputy Designated Officer means that if one Designated Officer is on holiday/off sick or if an allegation is made against them, this can be reported to the other Designated Officer. If an organisation does not have the capacity to appoint two individuals to this role, it should clearly outline the reporting procedure in the instance that the Designated Officer cannot be contacted or an allegation is made against them.
Allegations about a member of staff/volunteer

An allegation against a worker must be referred to the Deputy/Designated Officer, who should then pass it on to the head of the organisation.

Organisations should develop a reporting procedure to deal with an allegation against a Deputy/Designated Officer. In the case of an allegation against one of the Designated Officers, a referral should be made to the other Designated Officer, an identified individual in a senior position (e.g. the Chairperson) or directly to a statutory agency. For example:

As well as following child protection procedures and reporting allegations to the appropriate authorities (if appropriate), an organisation’s own internal disciplinary procedure should be followed (Our Duty to Care, Appendix 21). The Deputy/Designated Officer will deal with the child protection procedure and the head of the organisation will deal with the disciplinary procedure.

The Deputy/Designated Officer should liaise closely with statutory agencies and seek advice with regards possible concerns. There may be instances when an allegation may not necessarily lead to a referral to a statutory agency. For example, a one-off incident may be considered to be a training matter (e.g. a worker shouting at a child that has misbehaved - the worker may have family issues at home and be under a considerable amount of stress as a result and/or may not be confident with behaviour management, in which case training should be sourced and code of behaviour revisited with the worker). Serious incidents should be referred to the PSNI.

If a referral about a criminal offence is made to the PSNI and it instigates a criminal investigation, an organisation should not conduct an internal investigation or gather evidence that could prejudice a criminal investigation.
Referral to Independent Safeguarding Authority.

Arts organisations need to be aware of their duty under the Safeguarding Vulnerable Groups (NI) 2007 Order to refer information to the Independent Safeguarding Authority (ISA) in certain circumstances.

In all cases there are two conditions, both must be met to trigger a referral to the ISA by a regulated activity provider. A referral must be made to the ISA when a regulated activity provider, such as an employer or volunteer coordinator:

a. withdraws permission for an individual to engage in regulated activity, or would have done so had that individual not resigned, retired, been made redundant or been transferred to a position which is not regulated activity; because

b. they think that the individual has:
   • engaged in relevant misconduct;
   • satisfied the Harm Test; or
   • received a caution or conviction for a relevant offence.

If both conditions have been met the information must be referred to the ISA. The referral should be made to the ISA when the regulated activity provider has gathered sufficient evidence as part of their investigations to support their reasons for withdrawing permission to engage in regulated and in following good practice, consulted with their Health and Social Care Trust and or PSNI Child Abuse Investigation Unit if appropriate”.

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CODE OF BEHAVIOUR

Organisations should develop a code of behaviour for workers to ensure the safety and welfare of children. It should outline acceptable and unacceptable behaviours which all workers are expected to adhere to and they should be encouraged to highlight any issues or areas about which they are uncertain. Failure to comply with the code of behaviour should result in disciplinary action (staff) and sanctions (volunteers).

A code of behaviour should be explained to all new members, both children and adults (parents/guardians and workers). Workers must ensure it is applied consistently so that children know what to expect and to encourage acceptable behaviour. Workers should also ensure that they focus on their role and take their responsibilities seriously at all times.

Examples for a code of behaviour for workers

<table>
<thead>
<tr>
<th>Do</th>
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<tbody>
<tr>
<td>• Be supportive, approachable and reassuring.</td>
</tr>
<tr>
<td>• Show respect, be patient and listen to children.</td>
</tr>
<tr>
<td>• Respect a young person’s right to personal privacy.</td>
</tr>
<tr>
<td>• Treat and value children as individuals.</td>
</tr>
<tr>
<td>• Treat children with consistency, fairness and equality.</td>
</tr>
<tr>
<td>• Set a good example by using appropriate attitude, demeanour &amp; language at all times.</td>
</tr>
<tr>
<td>• Wear clothing that is appropriate to the art form and artistic need.</td>
</tr>
<tr>
<td>• Offer support and empathy in a manner appropriate to age, stage and gender of a child - always in an open and transparent/guardian manner and within context e.g. if child distressed.</td>
</tr>
<tr>
<td>• Ensure that any time spent with children takes place in as open a setting as possible.</td>
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<tr>
<td>• Provide clear instruction, clarify meaning and establish clear boundaries.</td>
</tr>
<tr>
<td>• Involve children in the decision making process as much as possible (e.g. activities).</td>
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<tr>
<td>• Focus on the child and what they really want to do (i.e. it is more damaging to push a child who is not ready, for example, to take part in a performance).</td>
</tr>
<tr>
<td>• Encourage leadership, responsibility and participation in activities.</td>
</tr>
<tr>
<td>• Encourage children to do as much as possible for themselves and instil confidence - support them to make choices and to find acceptable ways to express their feelings. This will enable children to have the self-confidence and vocabulary to resist inappropriate approaches.</td>
</tr>
<tr>
<td>• If there is a need to change clothes, separate changing facilities should be used.</td>
</tr>
</tbody>
</table>

Some activities may involve discussion about sensitive topics, such as drugs, bullying or racism. Workers should ensure that such activities are appropriate to the age and stage of the children in the group, within context and only allow this to take place with guidance and within a controlled environment (e.g. a role play activity).

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Some art forms will require a greater amount of physical contact than others. Please see guidelines on Physical Contact (page 22) and Appendix One.

### Never

- **Show favouritism towards a child.**
- **Promise to keep secrets.**
- **Belittle or demean children or other workers.**
- **Shout at/argue with children or other workers in a humiliating/patronising/threatening manner.**
- **Embarrass, ignore or single out a child.**
- **Give unnecessary orders or orders which humiliate/instigate fear in others.**
- **Allow or engage in inappropriate touching (hugging, kissing, hitting, smacking etc.)**
- **Engage in sexually provocative/inappropriate games (including horseplay). Any contact activities must be part of the planned activities for the group and clearly supervised.**
- **Make sexually suggestive comments about or to a child, even in jest.**
- **Abuse privileges/own position.**
- **Give your personal contact details to children; organisational details should be used instead.**
- **Text/telephone/e-mail children on a one-to-one basis unless with parental consent and for a specific purpose.**
- **Invite/accept invites from children for social networking websites.**
- **Let allegations a child makes/a concern go unrecorded or leave issues unresolved.**
- **Teach or give instruction that is outside your remit.**
- **Be under the influence, or recovering from the effects of, alcohol/illegal substances.**
- **Leave children unsupervised.**
- **Allow children to use language that is deemed inappropriate or offensive to others within the group.**
- **Do things of a personal nature for children that they can do themselves.**
- **Take children to your home (or their own home if a parent/guardian/carer is not there to meet them).**

Workers should be positive role models for children in areas such as friendliness, care, respect and courtesy. Workers should praise and endorse desirable behaviour, such as kindness and willingness to share, and avoid situations where a worker’s attention is received only in return for undesirable behaviour.

Shouting at a child in a threatening, patronising or derogatory manner is unacceptable; however, appropriate shouting within the context of an activity (e.g. 

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rehearsals or a theatre performance) may be required when children need to be alert and ready to respond. In many instances, workshops and technical rehearsals involve loud music, participants are excited and boisterous, the environment is often chaotic and the schedule may be running behind time. The importance of following direction and instruction given by the artistic team in these situations may make shouting appropriate and contextual as part of the learning process for participants.
Examples for a code of behaviour for children

A code of behaviour (or a group agreement) should be developed for children which outlines appropriate and inappropriate behaviours (including language), which should be valid for the duration of a group’s involvement with an organisation (e.g. on an annual basis or for a one-off workshop). It is good practice to involve children in developing a code of behaviour that is specific to their activity. The following key principles should apply:

<table>
<thead>
<tr>
<th>Do</th>
<th>Do not</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Wear clothing that is appropriate to the activity.</td>
<td>• Shout.</td>
</tr>
<tr>
<td>• Include and encourage the participation of other group members.</td>
<td>• Swear or use inappropriate language.</td>
</tr>
<tr>
<td>• Listen to others.</td>
<td>• Make fun of others.</td>
</tr>
<tr>
<td>• Ask questions if you are unsure about something.</td>
<td>• Exclude or make assumptions about others.</td>
</tr>
<tr>
<td>• Respect other children and adults at all times.</td>
<td>• Fight/push/pull/hit/nip/bite – even in fun.</td>
</tr>
<tr>
<td>• Use allocated toilet and changing facilities.</td>
<td>• Tell jokes or stories that are rude or may offend or hurt others.</td>
</tr>
<tr>
<td>• Tell a leader straight away if you (or another child) feel uncomfortable or frightened by the actions or words of another adult or child.</td>
<td>• Run in corridor areas/backstage.</td>
</tr>
<tr>
<td>• Say ‘no’ if you feel uncomfortable at any time (e.g. during an activity).</td>
<td>• Keep bullying or inappropriate behaviour a secret.</td>
</tr>
<tr>
<td>• Follow safety guidelines and instructions for an activity.</td>
<td>• Promise to keep secrets.</td>
</tr>
</tbody>
</table>

A specific code of behaviour should be drawn up with a group and its importance explained, with regards ensuring their safety while participating in an activity. Organisations should consider the most effective method for developing a code of behaviour and how best to encourage input from children. A variety of processes may be used to develop a code or behaviour; however, organisations should ensure the key elements are covered and that the needs and safety of the group participants are of paramount importance. Some organisations develop a code of behaviour at the first meeting, while other organisations wait until group members have met on a couple of occasions before developing guidelines.

Depending on the age and stage of the group, the content should be discussed with members to ensure they understand and agree with the boundaries and understand the sanctions for breaching it. Some organisations ask group members to sign a master copy to demonstrate their commitment to the code of behaviour. While the discussion should be led by a worker to ensure the key points are covered, it is useful to compile a code of behaviour using the words and phrases of the children within a group. In doing so, an organisation will encourage children to take ownership of their code of behaviour and minimise the necessity to impose sanctions.

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If it is necessary to review and amend the content of the code of behaviour at any time, an organisation should do so with the knowledge of those to whom it applies. Organisations should also adapt a code of behaviour according to the context of an activity (e.g. a daytrip or residential).

Organisations should also consider how best to include a child who has been known to pose a risk to others. In such instances, an organisation should undertake an assessment and ensure it consults with the child as well as those who know the child well (e.g. parents/guardians, teachers, social workers).

Organisations working with children and adults (aged 18 and over) should develop and implement procedures and provide guidance to protect all participants. Organisations should ensure that all participants are aware of, and adhere to, the code of behaviour. If supervisory responsibilities are to be given to a participant, they should be subject to an AccessNI check (www.accessni.gov.uk).

Participants aged 18 and over should be made aware of issues such as appropriate behaviour (including language and topics of conversation) and being a good role model to the younger participants within the group. Daytrips and residential activities should be carefully planned, with particular attention given to accommodation needs and supervision of group members.
Physical contact

There will be instances when physical contact with a child is unavoidable. Organisations should provide guidance about what is considered acceptable and unacceptable physical contact. Some examples include:

**Appropriate**
- Context dependent touch within a controlled and supervised environment (e.g. demonstrations for dance, music, drama, craft - or singing e.g. a teacher demonstrating a breathing technique).
- Administration of first aid (with parental consent and only by a trained first-aider).
- Assistance to avoid embarrassment (e.g. offering to help a child to their feet if they fall).
- Support & guidance for performing arts such as drama, dance, circus and musical theatre (e.g. lifting/positioning/spotting).
- Offering comfort to a distressed child, in response to the child’s needs.
- Preventing injury (e.g. catching a falling child, appropriate restraint).
- Handshake and ‘hi-fives’
- Group hug at the end of class/following a performance as a means of congratulations.
- Undertaking personal care (e.g. for very young or disabled children) only with the full consent of parents/guardians and, if possible, by a worker of the same gender. In an emergency, personal care should only be undertaken with the full consent of a leader/supervisor and parents/guardians should be fully informed as soon as possible, if it was not possible to contact them beforehand.
- Fitting/checking/fixing microphones and sound equipment.
- Taking measurements/fittings for costume.
- Emergency costume repairs (e.g. while a child is wearing a costume during a performance).
- Fitting harnesses/checking safety equipment for ‘flying’.
- Assisting children with planned costume changes in the wings/backstage.

**Inappropriate**
- Touch which is unnecessary/unexplained/out of context/out of normal environment/in response to adult’s needs/without consent.
- Sustained and prolonged ‘appropriate’ touch.
- Kissing and hugging.
- Touch in breast, groin or buttocks.
- Horseplay (adults – child; between peers).
- Sexual gestures.
- Slapping/hitting (even in jest).
- Holding hands (unless in context e.g. assisting very young children with crossing the road).

In addition, physical touch should only occur:
- after the type of contact within an activity and reason for it has been explained to the child.
- when the child’s consent has been gained.
- in an open and transparent/guardian manner, preferably in view of others.
- when it is appropriate to the age and developmental stage of the child.
- in response to the particular needs of the child.
- when it is not in breach of appropriate physical contact guidelines.
- as lightly and sensitively as possible.
- care should also be taken to avoid standing behind the child whenever possible.
A worker who feels something may have been misconstrued should address this without delay with the child/other workers and tell a leader/supervisor.

Workers should bear in mind that children are individuals and any resistance from a child should be respected. A worker should not pressurise a child to continue with a particular activity if the child communicates or displays anxiety or distress. Similarly, children will display their feelings in different manners and some may be more affectionate than others; in these instances, it is important that workers are familiar with the behaviour and needs of a particular child and that all contact takes place in an open and transparent/guardian setting to minimise the risk of a circumstance being misconstrued and to provide safeguards for that child.

To minimise the circumstance for physical contact, it may be appropriate for workers to demonstrate on another adult, with permission (e.g. positioning of arms), or to put children into pairs/small groups and provide advice and feedback on the process. Ultimately, this will be dictated by the nature of the activity.

Workers must remember that the safety of a child comes first. One example is a circus tutor who has been appointed to ‘spot’ a child to prevent injury if the child falls. If, when catching the child, the tutor accidentally touches the child in an inappropriate way/place, they should address any issues or embarrassment with the child once that child is safe and make a note of it in their end of session report. It is important to remember that the safety of children is paramount and that common sense must prevail in all instances.

**Reasonable force**

Organisations should develop a policy on reasonable force to provide guidance to workers. Workers may encounter a circumstance when it is necessary to restrain a child to prevent injury to them (e.g. child who is about to walk in front of a moving vehicle) or others (e.g. child attacks another child or worker). In all instances, reasonable force should only be used in emergency situations when it is necessary to do so and only the minimum force should be used.

Workers should receive guidance and training regarding the use of reasonable force, if necessary (e.g. to safely break up a fight). Organisations should provide guidelines that include a definition of reasonable force, situations that may require reasonable force, types of reasonable force, acceptable and unacceptable force and reporting procedures for any incidents.

‘Therapeutic Crisis Intervention’ can also be used to diffuse a situation. Further guidance can be sought from the Department of Education (NI) ([www.deni.gov.uk](http://www.deni.gov.uk)), Barnardos ([www.barnardos.org.uk](http://www.barnardos.org.uk)) or PSNI ([www.psni.police.uk](http://www.psni.police.uk)).
Anti-bullying

Organisations working with children should be committed to providing a caring, friendly and safe environment. Bullying is unacceptable and children are encouraged to tell a leader about any incidents so these can be dealt with promptly and effectively.

Bullying is defined as the use of aggression with the intention of hurting another person, resulting in pain and distress to the victim and which will negatively impact on their wellbeing. In many instances, there are three parties involved – the bully, the victim and the onlooker.

Bullying can be categorised as:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>Being unfriendly, excluding, tormenting (e.g. hiding possessions, threatening gestures).</td>
</tr>
<tr>
<td>Physical</td>
<td>Pushing, kicking, hitting, punching or any use of violence against another person.</td>
</tr>
<tr>
<td>Racist</td>
<td>Racial taunts, graffiti, gestures.</td>
</tr>
<tr>
<td>Disability</td>
<td>Gestures, taunts and exclusion on the grounds of disability.</td>
</tr>
<tr>
<td>Gender</td>
<td>Unfriendliness and exclusion.</td>
</tr>
<tr>
<td>Sexual</td>
<td>Unwanted physical contact or sexually abusive comments.</td>
</tr>
<tr>
<td>Homophobic</td>
<td>Because of, or focusing on, the issues of sexuality.</td>
</tr>
<tr>
<td>Verbal</td>
<td>Name-calling, sarcasm, spreading rumours, teasing.</td>
</tr>
<tr>
<td>Cyber</td>
<td>Internet, e-mail and internet chat room misuse; mobile phone threats by text messaging, Bluetooth and phone calls; misuse of associated technology i.e. camera and video facilities.</td>
</tr>
</tbody>
</table>

Every child has the right to be treated with respect - no one deserves to be a victim of bullying and children who are bullying others need to learn different ways of behaving. Bullying of any kind should not be tolerated.

Organisations should decide on reporting procedures, for example:

- report incidents of bullying to a leader without delay.
- the leader should make a record of the report.
- an investigation into the bullying behaviour/threats should be undertaken and the bullying quickly stopped.
- an attempt should be made to help the bully/bullies change their behaviour.
- in serious cases, parents/guardians should be informed and asked to attend a meeting to discuss the problem.
- if necessary, the PSNI may be consulted.
Some possible outcomes are:

- to ask the bully/bullies to make a genuine apology.
- to reconcile the children, if possible.
- in serious cases, to consider suspension or exclusion.
- after the bullying has been investigated and dealt with, the situation should be monitored to ensure a repeat incident does not take place.
Disability and additional needs

Organisations should equally welcome children with and without a disability to participate in activities. It should consult with parents/guardians, the child and workers to identify and assess additional needs on an individual basis to provide appropriate learning opportunities for all children.

Organisations should establish systems to observe and maintain records and, with parental input, monitor an individual child’s needs and progress. If a child’s needs cannot be met without the support of a one-to-one worker, it should source funding to employ one and/or make reasonable adjustments (e.g. an organisation may be able to approach a funding agent to request financial assistance to enable participation). To avoid delaying a child’s participation, an organisation may identify potential funding agents in advance.

Organisations should try to maximise inclusion by:

- planning the inclusion of a child with additional needs in advance, with regards to accessibility and inclusion for the activity, venue, equipment, transport and sanitary/changing/catering facilities.

- involving the child, parents/guardians, workers and support organisations with regards gathering information, planning and reviewing.

- minimising fuss when including a child with additional needs and taking care to avoid singling them out.

- ensuring appropriate supervision ratios are maintained at all times.

- asking parents/guardians to provide detailed information about medical, dietary and intimate care needs to ensure the comfort, safety and privacy of their child.

- only giving out information on a need to know basis and with strictest confidentiality.

In all instances, it is important that organisations remember that a child with additional needs is a child first.

Further guidance can be sought from the Arts and Disability Forum (www.artsanddisability.com), Disability Action (www.disabilityaction.org), Early Years (www.nippa.org) and NSPCC (www.nspcc.org.uk).
Sanctions

A breach of procedures and guidelines must be taken seriously and workers, children, parents/guardians and other service users should note the following:

- staff in breach of guidelines should be disciplined in line with the Disciplinary Procedure.

- an organisation should follow guidelines for dealing with difficult situations for volunteers who breach policy, as outlined in their Volunteer Agreement.

- sanctions should be developed for children who breach a group agreement, anti-bullying policy or instructions for an activity or task. These should be related to the seriousness of the incident and may include challenging difficult behaviour, taking time out from participating in an activity or temporary suspension from the organisation. Contacting the child’s parents/guardians should also be considered in some instances and in the most extreme cases, it may be necessary to consider permanent suspension. Early intervention and dialogue with children should minimise the need to apply more serious sanctions.

- basic guidelines should be provided to other service users (including parents/guardians, spectators and user groups) to facilitate the safety of children. Service users should be asked to abide by these and a breach should be reported to a leader/supervisor without delay.
SHARING INFORMATION

Good communication helps to foster an environment in which children will be protected from harm. Systems should be established to provide opportunities for sharing information with children, parents/guardians and workers. Furthermore, parental involvement should be welcomed and encouraged.

Organisational good practice would be to:

• ensure all parents/guardians, children, workers and other service users are aware of policies, procedures and guidelines relevant to them, including the child protection policy. Written information should be circulated and it may be useful to produce a leaflet containing key information (e.g. codes of behaviour, reporting procedure, important contact numbers). The Child Protection Policy Statement should also be displayed on the wall in a prominent place.

• keep parents/guardians and children fully informed about meetings, workshops, training, events and specific activities (including any particular requirements e.g. wear suitable/old clothing).

• regularly circulate updated information about activities and events through publicity leaflets/news sheets/letters etc.

• provide regular feedback to parents/guardians about their child’s progress, verbally and in writing.

• hold meetings and events in accessible and appropriate venues.

• welcome and consider suggestions from parents/guardians and children (verbal/written) and undertake short surveys to assess services.

• explain the complaints procedures to parents/guardians, children and volunteers and the grievance procedure to staff.

• encourage parental assistance with special events.

• produce and circulate a flyer with key points in advance of events; highlight key points at the start of an event (e.g. policy on photographs and videos) and place posters around the venue to remind individuals about the organisation’s commitment to good practice in relation to child protection.

• hold a pre-term meeting with workers, tutors and user groups to outline child protection responsibilities.

• inform children, parents/guardians and workers about sanctions that apply to breaching codes of behaviour.
• extract key information from the full child protection policy as a quick reference guide for workers (e.g. code of behaviour, dealing with disclosure, reporting procedure, emergency contact numbers).

Organisations that provide services and activities within another setting (e.g. art or drama sessions within a school) should establish a process for informing the host venue of their child protection procedures. Child protection policies should be exchanged so that both organisations can familiarise themselves with the procedures and guidelines of the other organisation, and any differences should be discussed in advance of a session and a definitive procedure agreed upon. For example, the agreed reporting procedure may be that any child protection concerns are reported through the host organisation’s procedure but, if the visiting organisation is not satisfied that it has been appropriately dealt with, then it will deal with the concern via its own procedure.

Organisations should hold a preliminary meeting with the host venue to explain the activities that will be undertaken and the process for interacting with the children. Organisations should take time to explain the rationale behind the techniques that will be used within a given art form and emphasise the benefits to the children.

Particular attention should be given to how the workshop facilitators operate and how they deliver a session within the guidelines of the organisation’s child protection policy (this is particularly important if the art form requires using techniques that would not be used by the host organisation’s workers to interact with children). By improving a host organisation’s understanding of how and why a particular approach is taken, organisations may reduce any conflict of interest between workshop facilitators and workers from the host organisation.

The responsibilities of the visiting and host organisations, the child protection procedures to be used and the specific details of the sessions should be negotiated and agreed upon in advance of a sessions, including:

- date(s).
- time(s).
- workshop facilitator(s) and contact details.
- name of supervising worker(s) who will be present at the session and contact details.
- workshop venue set-up and location.
- workshop activities.
- code of behaviour for workshop facilitators and workers from host organisation.
- code of behaviour for children.
- reporting procedures for concerns.
- supervision requirements (e.g. worker from the host organisation will greet and escort the facilitator to the workshop venue and must be present for the duration of the session and in the instance that a worker will be unavailable on the day, another worker will be present) and guidance on the required level of input from the host organisation’s worker (e.g. the
workshop facilitator will manage all aspects of the session and the host organisation’s worker will observe, unless asked for input or assistance).

- procedure for communicating any changes to a session (e.g. different workers).

This information should be written into a formal agreement and sent to the head of the host organisation, who should then confirm that they agree to the workshop taking place and provide the names of workers from the host organisation who will be involved in organising the workshop (e.g. venue set-up, session supervision).

An organisation should then write to these workers and outline the key information to avoid confusion on the day of the workshop. The host organisation’s worker(s) should be asked to speak to a workshop facilitator if they have a concern about the approach used during an activity.
Parental consent

An organisation needs to gain information about children in its care and parental consent in relation to medical/dietary requirements, activities, day trips and emergency situations. Consent must be given by those with Parental Responsibility.

Records should be maintained and updated regularly for the following information:

- names, addresses and contact numbers for parents/guardians.
- information about health issues/medication/dietary requirements.
- parental consent for all activities/emergency situations (including emergency contact numbers).

  - A generic consent form can be used to gain parental consent for regular activities, which are outlined on the form for a given time period (e.g. a dance school gaining parental consent at the start of the school year for a child to participate in ballet and tap classes).

  - In addition, a new consent form should be issued to parents/guardians for any specialist activities over and above the normal ones (e.g. a residential weekend, a visit to another dance school or a theatre, chaperoning a child for an audition).

Organisations should make parents/guardians aware of their commitment to ensuring the safety and welfare of all children and the requirement to know of any medical, dietary or behavioural conditions in relation to a child. The need to provide an organisation with all information (even that which is not considered significant) should be clearly communicated, in order to minimise placing a child and/or others at risk of harm. Organisations should make every effort to communicate to all involved, regardless of language and communication needs.

An organisation should highlight its commitment to inclusiveness, pointing out that a condition is very unlikely to preclude a child from being involved and that efforts will be made to provide appropriate methods of support. It should work closely with the child, parents/guardians and support organisations (if appropriate) to maximise a child’s participation.

Organisations should provide as much information about regular activities as possible (e.g. wearing make-up and dressing up) and specify any requirements that parents/guardians, and children, should be aware of (e.g. to wear old clothing to participate in painting and craft activities and loose clothing when engaging in dance or free movement activities, for example). Guidelines should also be given, for example, with regards to inappropriate and/or unacceptable clothing (e.g. football tops).
Equal Opportunities policy

The United Nations Convention on the Rights of the Child (1991) states “it is the State’s obligation to protect children from any form of discrimination and to take positive action to promote their rights.” An organisation should make activities and events accessible to children and families from all sections of the local community.

Good practice would be to:

• widely circulate information about activities and events in local communities and in more than one language, where appropriate.

• welcome individuals from all cultural, ethnic, religious and social groups, with and without disabilities.

• ensure that all literature is available in large print.

• monitor the gender and ethnic background of children to avoid exclusion and foster respect and awareness.

• be flexible to accommodate the needs of individual children and families e.g. regarding attendance patterns.

• promote and encompass cultural diversity within the local community.
Complaints procedure

The complaints procedure applies to children, parents/guardians and other service users. Most complaints are made constructively and can be effectively resolved at an early stage. Organisations need to have a written complaints procedure in place to ensure all complaints are taken seriously and dealt with in a fair, consistent and confidential manner. An organisation should communicate its complaints procedure to everyone it is involved with and outline who a complaint can be made to (e.g. a leader, Designated Officer or Manager).

• Informal stage

This may be appropriate when the complainant simply wants to raise awareness and resolve a specific issue. This is generally undertaken through dialogue and a written record should be kept on file.

• Formal stage

All organisations should advise individuals who they can write to if they wish to make a formal complaint. Everyone has the right to appeal a decision made regarding a complaint and an organisation should consider how to facilitate this.

Grievance procedure for staff and volunteers

Workers who have a complaint should follow the formal grievance procedures of an organisation. This should be shared with workers at their induction and they have the right to appeal a decision made regarding a grievance and an organisation should consider how to facilitate this.

Further guidance can be sought from the Labour Relations Agency (www.lra.org.uk).
Confidentiality

Information gathering and reporting procedures can bring an organisation and its workers into contact with confidential information. Organisations need to develop a confidentiality policy to ensure information about health, additional needs, family circumstances, a child’s development and behaviour should be treated in the strictest of confidence. All individuals associated with an organisation (i.e. workers, service users, user groups, parents/guardians, children) should be advised of its confidentiality policy and required to respect it.

Organisations respect confidentiality by:

- only allowing parents/guardians access to any files and records held on their own children but not those of other children.

- not discussing individual children with anyone other than their parents/guardians, except for the purpose of curriculum planning. In some instances, this may be appropriate and necessary for sharing a concern, as outlined in the Reporting Concerns section.

- ensuring that information received from parents/guardians will not be used inappropriately and, even then, will only be communicated on a need to know basis. Workers should follow reporting procedures in relation to a child protection concern.

- recording any anxieties and evidence relating to a child’s personal safety in a confidential file, accessible only to Deputy/Designated Officer.

The issue of confidentiality should be raised at the induction stage and reviewed regularly at team meetings and support and supervision meetings. Any breach of confidentiality may lead to sanctions being imposed.

In all instances, the welfare and safety of children is of paramount consideration and only in strict circumstances when the child’s welfare is at risk should confidentiality be overridden.
Record keeping

Organisations need to consider their responsibility in relation to the gathering, storage and sharing of information in light of the following eight Data Protection Principles (“the Principles”) in the Data Protection Act, sometimes referred to as the Principles of “good information handling”.

‘Personal data:

1. shall be processed fairly and lawfully.

2. shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.

3. shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.

4. shall be accurate and, where necessary, kept up to date.

5. processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.

6. personal data shall be processed in accordance with the rights of data subjects under this Act.

7. appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

8. personal data shall not be transferred to a country or territory outside the European Economic Area, unless that country or territory ensures an adequate level of protection of the rights and freedoms of data subjects in relation to the processing of personal data.’

An organisation should consider the following and ensure its confidentiality policy has written guidance on:

• what personal information is needed from parents/guardians;
• how that information is stored securely;
• who should have access to information;
• how long information should be kept;
• with whom information can be shared (on a need to know basis).
GENERAL SAFETY AND MANAGEMENT OF ACTIVITIES

Organisations should provide a healthy and safe environment for children, workers and other service users. This can be accomplished by effectively planning and managing activities so as to minimise opportunities for children to suffer harm while in the care of an organisation.

Good general management and administration practices will help to ensure the smooth and responsible running of your organisation. As a starting point, organisations should consider adopting health and safety guidelines in relation to:

- required standards for premises and equipment.
- heating and ventilation.
- sanitation facilities.
- fire precautions.
- emergency numbers and telephone access.
- ensuring adequate insurance cover.
- first aid.

First Aid

Organisations need to consider having an accessible first aid kit available at all activities. The first aid kit should be regularly checked to ensure it is complete and in date. There should also be a named first aider who should be easily contactable.

In the absence of a first aider in an emergency situation, leaders would be expected to use their best endeavours to ensure the welfare of children in their care. The DfES Guidance on First Aid for Schools states that “in general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency”.

Groups will also need to consider potential first aid issues in relation to disabled children or children who have particular illnesses of allergies, and make appropriate arrangements. If it is necessary for workers to administer medicine to children, this should be done with written parental consent.

A number of organisations provide advice and information to assist groups in formulating a policy on first aid (e.g. St John’s Ambulance).
Developing procedures for dealing with accidents, incidents and emergencies

It is important that there are clearly defined procedures for reporting incidents or accidents and that all workers are made aware of these. It is important that everyone should know who to report to and the need to complete an accident/incident report form. Records should be kept up-to-date and signed by witnesses. It should be reported to those with parental consent.

Guidelines for emergency procedures should be developed, understood and communicated to workers and children. Regular fire drills should be held, with alternative routes explored and accurate records kept. A list of emergency telephone numbers should be widely displayed in key areas (e.g. beside telephones, in the front office and kitchen).

Transport

Organisations should ensure that any transport used should be roadworthy, fit for purpose and covered by the appropriate insurance.

Insurance

Organisations should ensure that insurance is up-to-date and adequate for transport, activities and public liability.
Management of Activities

Activities should be planned so that they are safely managed and take into account participant numbers, age range, type of activity, venue/location and the particular needs of individual children (e.g. in relation to disability).

An important factor in ensuring the general safety of activities is to undertake a risk assessment, by identifying any hazards that could potentially cause harm and assessing the risks associated with each hazard. This should apply to planning a workshop or event as well as daytrips and residentials and may be undertaken using a pro-forma.

If there are doubts about the venue/equipment/health of child to participate, a worker should follow specified procedures before continuing (e.g. contact their supervisor without delay and before allowing the activity to commence). A contingency plan should be in place in the instance that an activity is postponed, for which parental consent should be gained in advance.

A risk assessment should take account of the following:

- **Competency and qualification of leaders**

  Leaders should be competent to undertake the activities they are leading. Careful recruitment, selection, induction, training, code of behaviour and supervision will assist in ensuring this. Where an activity is led by a qualified leader (e.g. a specialist activity such as swimming instruction), qualifications should be up to date and verifiable.

- **Safety of equipment**

  Equipment should be safe and only used for the purpose for which it was intended. It should also be appropriate for the age and ability of the participants. It should be checked regularly, for which the responsibility may be delegated to specific workers. Organisations should provide guidelines about what to do if a piece of equipment is faulty (e.g. it should be immediately removed from use and either repaired or replaced). Children should also be made aware of the safe use of equipment to minimise misuse and potential harm.

- **Supervision of children**

  Making arrangements for the proper supervision of children is one of the most effective ways of minimising opportunities for children to suffer harm. There are a number of practical matters for organisations to consider, including the age of participants, gender, group size, activity type, venue, particular needs of individual participants and contingency plans (e.g. if leaders are diverted away from group activities to deal with an emergency).
Supervision ratios should be met and maintained at all times. Ratio requirements will vary according to a number of factors, including age, size of group, the venue and the particular activity. Early years ratios are legally prescribed while the ratios for the youth work sector are recommended guidelines (please see links below).

To ensure that ratios meet the minimum guidelines, suitable individuals may be identified in advance who can be contacted in extreme emergencies to ensure ratios are maintained (e.g. if a worker is removed from an activity). Organisations should be satisfied that these individuals are suitable to work with children before recruiting them onto a relief list. This should be undertaken in accordance with the Recruitment and Selection procedure.

Organisations should decide, in advance, a system for dropping off and collecting children, taking the age and stage of participants into account. This should be outlined and effectively communicated to individuals with parental responsibility.

Organisations should consider implementing a collection system and provide guidelines for workers (e.g. if the venue has a car park and some parents/guardians are waiting in their cars because they have young children with them, appointed workers could be made available to chaperone children to their cars).

In some instances, for example managing a particularly large group of participants, it may be useful to allocate an appointed worker as the point of contact for a small number of children. Parents/guardians could be introduced to the worker for their child and the worker made aware of any essential information (e.g. medical details, additional needs).

Organisations may decide that, in the event of a parent/guardian being unable to accompany a child to an audition, a worker should be appointed as a chaperone. This must only be undertaken with written parental consent and organisations should consider the impact on supervision ratios and ensure these are maintained.

It may be suitable to designate a mobile telephone for use by parents/guardians and children in an emergency situation. Parents/guardians should be given this telephone number, advised about times for use and asked to respect the fact that it is for all group members and only applies in an emergency.

Further guidance can be sought from Early Years (www.nippa.org) and Our Duty to Care (Appendix 27).
Safely including disabled children

Organisations should have an equal opportunities policy that will outline its commitment to including all children.

Attention should be given to access requirements and taking practical steps to include all children. On a practical level, organisations should strive to make venues and activities as accessible as possible to disabled children.

Workers may be reluctant about including disabled children because of a lack of knowledge and fear of ‘doing the wrong thing’. Organisations can often allay these fears through contact with disabled children and by providing training on disability issues.

Organisations should contact support organisations specific to the disability for specialist guidance and information.

Further guidance can be sought from the Arts and Disability Forum (www.artsanddisability.com), Disability Action (www.disabilityaction.org), Early Years (www.nippa.org) and NSPCC (www.nspcc.org.uk).
Daytrips and Residentials

Daytrips and residentials will encompass different activities than usually take place within an organisation. It is therefore essential that organisations undertake advance preparation and take a number of factors into consideration, including:

- **Clear roles and responsibilities**

  The successful planning and implementation of a daytrip or residential requires contribution from a number of key people. Careful coordination and clarity of roles and responsibilities is essential (e.g. group leaders, workers, parents/guardians and children).

  It is also good practice for organisations to assign responsibility for organising daytrips and residentials to one worker and, if possible, to appoint a central contact person who can access all details for the venue, activities and emergency contact details for parents/guardians in case of emergency (e.g. a worker who is not participating on the daytrip or residential but will remain at base).

  Organisations should also outline who has authority for agreeing to daytrips and residentials, depending on the type of visit (e.g. permission for a short trip during normal hours may be approved by the leader in charge, whereas residentials need the authorisation of the management committee).

  Attention should also be given to ratios for general supervision, specific activities and contingency plans to best meet the needs of individual children.

- **Schedule planning and information sharing**

  A risk assessment should be undertaken for all elements of the visit, including the planned activities, accommodation, logistics and contingency plans.

  Organisations should consult with children and parents/guardians about arrangements for the visit and endeavour to accommodate their views as much as possible. In addition, information should be circulated to parents/guardians, children and workers (e.g. timetables, schedules, activities, venue and transport) and any issues should be dealt with in advance of a visit. Organisations should also ensure that activities, transport arrangements and venues are adequate for children with a disability.

  As daytrips and residentials are in addition to the ‘normal’ activities taking place, organisations must ensure that parental consent is obtained for all aspects of the visit (e.g. scheduled and contingency activities, emergency procedures) and health details for all participants are correct and up to date. Health forms need to be completed and include details about medications being taken etc.
Organisations should also obtain information from parents/guardians in relation to specific activities and practical issues (e.g. issues about a swimming activity may include the child is unable to swim and needs to use floats, the child has a fear of water or the child has a veruca).

\textbullet{} **Policies, procedures and guidelines**

Organisations may be visiting or staying at a venue which already has its own child protection policy and procedures in place (e.g. an Education and Library Board activity centre). If this is the case, a decision should be taken in advance of the visit as to which child protection policy to use (i.e. the organisation’s own policy or that of the venue they are visiting). A copy of the child protection policy and procedures from the venue/host organisation should be requested in advance of the visit and any changes to an organisation’s own procedures for the purpose of the visit should be decided upon and clearly communicated to workers, children and parents/guardians. This is particularly important with regards the procedures for reporting concerns and code of behaviour.

Organisations should also develop additional emergency procedures in relation to the visit and associated activities (e.g. dealing with an accident/illness/lost child). Responsibility for welfare issues during the visit (e.g. access to first aid) should be designated to a leader. Procedures should be clearly communicated to all workers who will be present during the visit.

It is essential that organisations ensure equality of opportunity for all individuals involved in the visit. This will include ensuring that disabled children have access to all activities or, where this is not possible, that alternative activities will be available.

A code of behaviour for workers and a code of behaviour for children should be drawn up for the purpose of the visit and clearly communicated to parents/guardians, children and workers. This should involve input from workers and children to include procedures in relation to the planned activities. For example:

- workers must never enter children’s bedroom facilities alone. They should knock the door, advise the children they will be entering and always have another member of staff with them.

- in the event that children are allocated to small groups and given free time, it is essential they return to the designated meeting point at the required time.

Sanctions and related procedures should be developed for dealing with breaches of a code of behaviour (e.g. if a child is to be sent home, this should involve being collected by a parent/guardian).
Photography and videos

Organisations wanting to record an activity or event should firstly consider the associated issues and develop a policy on taking and using photographic and/or moving images. This should include the type of images that will appropriately represent an organisation, how the images will be used (e.g. in a quarterly newsletter, or a seasonal events programme) and the process for selecting an image. Consideration should also be given to the length of time an image may be used and how it may be used in the future (e.g. for a celebration event). Additional consideration should apply to the use of images on a website.

Parental consent should be requested in advance of an activity or event, as not all parents/guardians may want their child to appear in photographs and/or videos. Information regarding the purpose and use of the images should also be outlined.

Organisations should ask parents/guardians and other spectators to adhere to organisational policy and procedures in relation to taking photos and videos. Children and parents/guardians should be aware that they can report concerns to the leader.

Organisations that decide not to permit photography or recording by spectators may decide to appoint a photographer and/or a videographer to capture an event. Parental consent for children to appear in photographs and/or videos is required and the appointed individual should be briefed in advance about children for whom parental consent has not been given.

Organisations that do not permit photography or recording, either with specialist equipment or with a mobile phone, may decide to impose sanctions on spectators in breach of this request and these should be clearly communicated to all individuals.

The following guidelines apply to using photographic and video equipment:

- provide a clear brief about appropriate content and behaviour.
- issue an I.D. pass to the photographer/videographer, to be worn at all times.
- inform parents/guardians/children that a photographer/videographer will be present.
- obtain written consent from parents/guardians and children in relation to taking and using photographs and/or moving images.
- do not permit unsupervised access to children or one-to-one sessions.
- do not allow sessions outside the remit of the event/brief or at a child’s home.
- if the child is named, avoid using their photograph.
- if a photograph is used, avoid naming the child.
• only appropriate images of children in suitable dress should be used, to reduce the risk of inappropriate use. Some activities have a greater risk of potential misuse than others (e.g. a dance activity where children are wearing leotards). In these instances, the content of the photograph should focus on the activity as opposed to a particular child and should avoid full face and body shots.

• a procedure should be developed for reporting the use of inappropriate images to reduce the risks to children. This should be in line with an organisation’s child protection procedures, ensuring the Deputy/Designated Officer is informed as well as Social Services and/or the PSNI.

Guidelines outlining the conditions for using images should be developed for host organisations, if appropriate (e.g. a host organisation wanting to use a photograph of a group activity to demonstrate the range of venue facilities it has to offer, should use the photograph acknowledging the context within which it was taken and without altering the image).

Consideration should also be given to the storage and movement of images (e.g. all images are kept on a computer accessed only by an appointed worker and all requests to use an image must be made to this person).

Some organisations may decide to take photographs during an audition, to prompt visual recognition during the selection process at a later date. If so, this should be explicitly communicated in advance and should only take place with parental consent and the consent of the child.

Further guidance can be sought from the Northern Ireland Photographic Association (www.nipher.co.uk) and the Professional Photographers Association of Northern Ireland (www.ppani.co.uk).
APPENDIX A
SECTOR SPECIFIC ISSUES

The following issues have been identified in addition to those that already appear in the child protection policy. Please note that, while an issue has been categorised into a particular art form, it may also apply to others.

Art & Craft

• Ensure that there are clear guidelines for workers (e.g. guidance relating to technique / hand positioning), written parental consent has been sought and the child’s permission received before any physical contact occurs, following specific written procedures at all times.

• Attention should be given to the type of materials and tools used, the safe storage of materials, dealing with an emergency (e.g. spillage or medical – contact with skin / eyes or an allergic reaction).

Circus

• Supply clear, written guidelines for workers (e.g. correct spotting techniques and positioning) and ensure the child’s permission is received before any physical contact occurs. Organisations should also consider delivering practical training sessions with regards to physical contact (e.g. demonstrating good practice to workers in spotting, positioning and teaching techniques).

• Supply clear, written guidelines regarding worker-participant ratios for all groups involved (i.e. the workshop provider and the host organisation).

• It is essential to provide clear guidelines about who is responsible for checking the safety of the equipment in advance of a session (e.g. which worker and from which organisation, if applicable).

• Parents/guardians should be made aware of the need to fit/alter costumes and sound equipment, sometimes at very short notice during a performance and while being worn by the child. Provide guidelines to workers to whom this is applicable and ensure parental consent has been sought in advance.

Dance & Drama

• Ensure that there are clear guidelines for workers (e.g. positioning, posture), written parental consent has been sought and the child’s permission has been received before any physical contact occurs, following specific written procedures at all times.

Early Years

• Arts activities within an early year’s context will have different issues that should be considered (e.g. physical contact, communication).
• Guidelines should be developed for workers engaging with children in the pre-
school sector (e.g. artists engaging in creative play).

Literature

• In addition to ensuring the content and language is appropriate to the age and
stage of the group, make sure it will not exclude, offend or degrade any participants.

Music & Choral

• Ensure there are clear guidelines for workers and written parental consent has
been gained for one-to-one tuition (e.g. singing lessons, music instruction). It may be
necessary to make minor structural alterations to ensure visibility (e.g. to
accommodate a drummer using a soundproofed room within a workspace, it may be
necessary to install a window) and provide written guidelines to workers regarding
physical contact (e.g. regarding breathing technique for singing, teaching a child to
play the guitar).

• If a child is learning to play a musical instrument (e.g. guitar or cello), both the
parents/guardians and the child should understand that it will involve an element of
physical contact and be aware of the precise nature of the contact. This should be
undertaken at the first lesson and any uncertainties addressed.

• Should physical contact be necessary as part of a vocal lesson or demonstration,
ensure that the child is aware of the need for and is comfortable with the contact by
informing them of any actions that need to be taken during the course of the lesson
and respecting any resistance. As with musical instruments, necessary and
appropriate physical contact should be discussed at the outset with
parents/guardians and children.

• Consideration should be given to the content of lyrics and the appropriateness for
the age groups, as well as the type of instruments being used (e.g. some
instruments, such as the tin whistle and flute, may be viewed as culturally specific).

• Wherever possible, ensure there is more than one adult present during activities
with children, or at least that you are within sight or hearing of others. In the case of
individual singing or instrumental lessons, all rooms should have a glass-paneled
door.

• Types of appropriate touch include:
  o touching a musician’s head/neck/torso to demonstrate correct breathing and
    singing technique.
  o holding hands in a circle.
  o clapping hands with a tutor.
  o in the case of instrumental teaching, demonstrating correct fingering/posture
    on an instrument.

Theatre/Performance

Previous version July 2015
This version December 2015
• Ensure that productions with inappropriate content for under 18’s are clearly marked as such and remind the audience of this prior to the commencement of a performance. A theatre may wish to reserve the right to request identification from individuals as required. If so, this should be clearly communicated.

• If you offer venue facilities to other user groups, you should ‘vet’ the content of the production as much as possible by providing clear, written guidelines via a contract with the user group and asking them to provide an outline of production details.

• It is inappropriate to involve child actors in ‘sexualised’ stage roles and/or to dress child actors in ‘sexualised’ outfits and/or use inappropriate language/content.

• It is essential to clearly highlight a user group’s responsibility to ensure it does not breach child protection policy, procedures and guidelines and understands the sanctions related to a breach in contract. This also applies to visiting performers (e.g. if using a hypnotist, the venue must provide clear written guidelines regarding appropriate and inappropriate content if children - under 18’s - will be in audience and if so, that it is the hypnotist’s responsibility to ensure all participants selected from the audience are aged 18 and over and that the content is appropriate for children. It should be clearly stated that the responsibility for ‘checking’ a participant’s age lies with the hypnotist and if they are in any doubt, that the participant should not be selected).

• It is essential to provide clear guidelines about who is responsible for checking the safety of equipment, props in advance of a production (e.g. the user group as opposed to the venue).

• To avoid confusion, written guidelines should appear in the contract for user groups with regards responsibility for maintaining supervision ratios lie (i.e. with the user group or with the venue) and the sanctions related for breaching this safety feature.

• To ensure the safety of children taking part in a production, colour coded ID passes may be used to outline area access, highlight who is meant to be there and what their responsibilities are (e.g. area - backstage, dressing room; role – sound technician, wardrobe department, chaperone/supervisor).

• It may be necessary to contract an external security company to manage large events. If so, the contract should clearly state that all workers of the security company are suitable to work in the vicinity and will be properly briefed on child protection procedures and guidelines. It should also outline who has responsibility for implementing this.

• Parents/guardians should be made aware of the need to fit/alter costumes and sound equipment, sometimes at very short notice during a production while being
worn by the child. In these instances, it is necessary to provide guidelines to workers to whom this is applicable and ensure parental consent has been sought.

• Ensuring that performance exposure is a positive experience involves prior preparation, assessing the readiness and willingness of child, and creating a supportive environment (including the audience). One example of how this can be achieved is to ensure that an audience is aware of the background to a project or performance, if applicable (e.g. a youth group attending a performance by children with disabilities or a cross community project should understand the nature of the performance, which may be achieved by providing information to leaders and supervisors in advance so they can support the youth group’s understanding and develop respect for the performers).

• Identifying supportive individuals within the audience (e.g. parents/guardians, family members, key workers) can have an immensely positive impact upon a child in terms of their sense of achievement, confidence and wellbeing.

• Restricting the use of and/or disallowing unauthorised cameras and videos in workshops or performances as outlined in the Photography and Videos section. However, the use of mobile phones during public performances is difficult to monitor and supervising workers should be properly briefed and sanctions, if applicable, effectively communicated to workers and the audience in advance.

• Appropriate supervision backstage and in dressing room areas is essential. It may be effective to establish additional systems (e.g. using walkie-talkie contact) to assist supervision, particularly for a large group or according to a venue (e.g. dark areas behind stage) or performance (e.g. long waits between scenes).

Visual/Film

• It is essential that parental consent is explicitly sought prior involving children in photography or films. The exact nature of the activity should be highlighted in detail, as should information regarding how/where the material will be used.

• If the material is to be used on the internet, stringent guidelines should be established and adhered to.
APPENDIX B

Safeguarding Information contained within ACNI Funding Applications

Please advise if you organisation is registered with Access NI       Yes     No
If yes please provide;

Date of registration:
Access NI Registration Number :
Name of your organisations Lead Signatory :

If you have answered No to the above please advise if your organisation is registered with an umbrella body to obtain Access NI checks.   Yes    No
If yes please provide;

Name of Umbrella Body:
Date of registration :

If you have answered NO to both the above questions please advise why your organisation does not require disclosure checks available within N Ireland.

• Enhanced disclosure with a barred checklist – must be used for all posts that fall into regulated activity with children, young people and vulnerable adults.
• Enhanced disclosure without a barred list check can be applied for when a post falls outside regulated activity but the post holder has regular contact with children, young people and vulnerable adults.
• Standard disclosure check
• Basic disclosure

___________________________________________________________________
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## Arts Council of Northern Ireland

**Safeguarding Checklist 2013**

**Organisation Name:**

**Funding Programme:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Types of evidence</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
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</table>
| Does your organisation have a safeguarding statement agreed by senior management. | Copy of statement  
Statement promoted to stakeholders  
Promoted on web site |    |    |          |
| Does your organisation have written procedures for recruitment and selection of staff and volunteers? | Written job description  
Written application form to include request for references and self declaration.  
Record of interview  
Follow-up on written references |    |    |          |
| Are all staff and volunteer appointments subject to the appropriate safeguarding checks and these are properly recorded. | Access NI reference check recorded  
Written list of roles that are “regulated” within the organisation  
Proof of ID request |    |    |          |
| Does your organisation provide access to Safeguarding training for Designated Officer, staff and volunteers? | Written list of information provided to staff on induction.  
Copy of letters/memos/certificate outlining safeguarding training provided to staff.  
Data-base of those trained  
Learning outcomes from safeguarding training.  
Name of designated Safeguarding Officer (Please provide name of body in comments) |    |    |          |
| Does your organisation regularly re-evaluate and update your safeguarding training and education? | Copy of letters/memos/certificate outlining safeguarding training provided to staff. |    |    |          |
| Does your organisation have written procedures for reporting protection concerns, disclosures and allegations? | Written procedures for reporting concerns to Designated Officer and statutory services  
Pro formas/written guidance. |    |    |          |
| Are the procedures for reporting concerns communicated to staff, volunteers, children, young people and vulnerable adults? | Confirmation from staff (especially recently recruited) that they have received safeguarding training and written reporting procedures |    |    |          |
| Does your organisation have an open complaints process that includes guidelines on a disciplinary process? | Copy of complaints, disciplinary and appeals process.  
Evidence of how this is communicated to stakeholders |    |    |          |
<p>| Does your organisation have written procedures for Designated Officers? | Written documents stating the name and up to date contact details of Designated Officers (Please name Designated Safeguarding Officer(s) in comments) |    |    |          |</p>
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<th>Question</th>
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<tr>
<td>Are the contact details of Designated Officers communicated to staff/volunteers/children / young people and vulnerable adults?</td>
<td>Written evidence to support that staff, members and volunteers are aware of who to contact and how. Confirmation from staff/volunteers</td>
</tr>
<tr>
<td>Do you have a written Code of Behaviour?</td>
<td>Written Code of Behaviour Evidence this is communicated to all stakeholders</td>
</tr>
<tr>
<td>Do you have a written Safeguarding policy and procedures, endorsed and approved by Management Board?</td>
<td>Written Policy Statement and associated procedures Please advise when last reviewed and updated.</td>
</tr>
<tr>
<td>Do you communicate your Safeguarding policy statement to staff/volunteers/children/young people/ vulnerable adults and parents?</td>
<td>Confirmation from staff/ volunteers/children/ vulnerable adults and parents that they received a copy or know where to access the policy</td>
</tr>
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</table>

**SAFEGUARDING PROTECTION POLICY STATEMENT**

It is a requirement of the funding conditions under the Annual Support for Organisations Programme that an organisation which comes into contact with children and young people either directly through its programme or indirectly through its services commits to a Safeguarding Policy. Therefore, this Statement MUST be adopted by your organisation if any aspect of your work is aimed at children, young people and vulnerable adults.

**Note:**
In addition to signing this statement you are also required to submit a copy of your Child Protection/Safeguarding Policy and Procedures (see Enclosures section). Please note Policy and Procedures which are older than 3 years will not be accepted. If your Policy and Procedures are older than 3 years please review and update to ensure your policy and procedures are in line with best practice and legislation relating to protection issues.

We (name of organisation) ………………………………………………………………… are committed to practice which protects children, young people and vulnerable adults from harm. Staff, volunteers and artists in this organisation accept and recognise their responsibilities relevant to safeguarding children, young people and vulnerable adults and will endeavour to carry these out by:

- having an awareness of the issues which cause children, young people and vulnerable adults harm;
- adopting safeguarding guidelines for staff, leaders, volunteers and artists;
- providing information about safeguarding and good practice to children, parents, staff, volunteers and artists;
- sharing information about concerns with children, young people, vulnerable adults parents and others who need to know;
- following carefully the appropriate procedures and recruitment and selection of helpers (staff, volunteers, artists) and the management of the group;
- undertaking appropriate training;
- keeping safeguarding policies under regular review; and
- providing safeguarding information as required to management committees/funders.

This Safeguarding Policy statement was formally adopted by us on (insert date)………………

Authorised Signature ………………………………………………… Date ……………………………

Previous version July 2015
This version December 2015
Please refer to the Arts Council’s Safeguarding Best Practice Guidelines For Arts Organisations to ensure your own guidelines and policy represent good practice in relation to working with children, young people and vulnerable adults.

Please see the Arts Council’s web site, from the Home page click on About the Arts then click on Youth Arts, see Publications and Information for a link to the Safeguarding Best Practice Guidelines.

## CHILD PROTECTION POLICY CHECKLIST

### RECRUITMENT & SELECTION

<table>
<thead>
<tr>
<th></th>
<th>MET</th>
<th>NOT MET</th>
<th>ACTION / When? What? Who?</th>
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1. Is there reference to job/role descriptions?
2. Is there reference to open recruitment process?
3. Is there reference to Application form?
4. Is there reference to Declaration form?
5. Is there reference to Interview?
6. Is there reference to written references?
7. Is there reference to regulated position?
8. Is there reference to AccessNI checks?
## EFFECTIVE MANAGEMENT

<table>
<thead>
<tr>
<th>MET</th>
<th>NOT MET</th>
<th>ACTION / When?</th>
<th>ATTAINED Date</th>
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</thead>
</table>

1. Is there reference to Induction?  
   - to organisational policies  
   - to their role  
   - acknowledgement of induction

2. Is there reference to Probationary (staff)/Trial (volunteers) period?  
   - agreed timeframe  
   - confirm post in writing

3. Is there reference to Training?  
   - Particular skills (as appropriate)  
   - Child protection

4. Is there reference to procedures for supervision and support?

5. Is there reference to Annual Appraisal/Review?

## REPORTING CONCERNS

<table>
<thead>
<tr>
<th>MET</th>
<th>NOT MET</th>
<th>ACTION / When?</th>
<th>ATTAINED Date</th>
</tr>
</thead>
</table>

1. Does your policy refer to Designated Officer(s)?

2. Does your policy refer to the Designated Officer’s role and responsibilities?

3. Does your policy refer to/outline your recording systems for child protection:  
   - concerns  
   - disclosures  
   - allegations against staff/volunteers?

4. Does your policy refer to/outline your systems for reporting child protection concerns?

5. Does your policy outline what you mean by confidentiality and its limits?

6. Does your policy refer to referral to the DWC (NI) List?
## CODE OF BEHAVIOUR

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
</tr>
<tr>
<td>Does your policy contain positive statements about how you expect workers to behave towards children?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td></td>
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<tr>
<td>Does your policy outline behaviours to be avoided?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
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<tr>
<td>3</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Does your policy outline unacceptable behaviours?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
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<td>4</td>
<td></td>
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<td></td>
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<tr>
<td>Does your policy refer to anti bullying guidelines?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
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<td>5</td>
<td></td>
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<td></td>
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<tr>
<td>Does your policy refer to guidelines relating to physical contact?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
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<td>6</td>
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<td></td>
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<tr>
<td>Does your policy refer to guidelines relating to additional needs?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your policy outline sanctions?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
</tr>
<tr>
<td>- For staff/volunteers</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
</tr>
<tr>
<td>- For children</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is it tailored to your activities?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
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</table>

## SHARING INFORMATION

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<tr>
<td>1</td>
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<tr>
<td>Does your policy refer to information sought from parents/guardians?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
</tr>
<tr>
<td>2</td>
<td></td>
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<tr>
<td>Does your policy refer to a complaints procedure for:</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
</tr>
<tr>
<td>Children?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
</tr>
<tr>
<td>Staff/volunteers?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
</tr>
<tr>
<td>Parents/guardians?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
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<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Does your policy outline how information is shared with:</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
</tr>
<tr>
<td>Children?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
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<tr>
<td>Parents/guardians?</td>
<td></td>
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<td>What? Who?</td>
<td>Date</td>
</tr>
<tr>
<td>Staff/volunteers?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
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<tr>
<td>4</td>
<td></td>
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<tr>
<td>Does your policy inform staff/volunteers what and how written records should be kept?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
</tr>
<tr>
<td>5</td>
<td></td>
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<tr>
<td>Does your policy inform staff of the grievance procedure?</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your policy inform volunteers, parents/guardians &amp; children of your complaints</td>
<td></td>
<td></td>
<td>What? Who?</td>
<td>Date</td>
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</tbody>
</table>

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This version December 2015
### GENERAL SAFETY & MANAGEMENT OF ACTIVITIES

<table>
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<tr>
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<th>NOT MET</th>
<th>ACTION / When?</th>
<th>WHO?</th>
<th>ATTAINED Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Do you have a named or appointed first aid person?</td>
<td></td>
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<tr>
<td>2</td>
<td></td>
<td></td>
<td>Do you have procedures for recording:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>- accidents</td>
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<td></td>
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<td></td>
<td>- incidents?</td>
<td></td>
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<td>3</td>
<td></td>
<td></td>
<td>Do you ensure transport is roadworthy and adequate for purpose?</td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
<td>Do you have adequate and up to date insurance?</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td></td>
<td></td>
<td>Do you have written procedures for dealing with emergencies?</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td></td>
<td></td>
<td>Do you have regular fire drills?</td>
<td></td>
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<td>7</td>
<td></td>
<td></td>
<td>Do you have up to date list of emergency telephone numbers?</td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td></td>
<td></td>
<td>Do you ensure that workers are qualified and competent in their role?</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td></td>
<td></td>
<td>Do you have someone responsible for ensuring safety of equipment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td>Do you have guidance for supervision of children?</td>
<td></td>
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<tr>
<td>11</td>
<td></td>
<td></td>
<td>Do you carry out a risk assessment for daytrips and residential?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td>Do you have supervision ratios for daytrips and residential?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td>Do you use your child protection reporting procedures or those of where you are having the daytrip/residential?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td>Do you have guidelines for sleeping arrangements for residential?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX D
### USEFUL CONTACTS

**Useful Contacts**

<table>
<thead>
<tr>
<th><strong>ACE (Advisory Centre for Education)</strong></th>
<th><a href="http://www.ace-ed.org.uk">www.ace-ed.org.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice on bullying</td>
<td>Helpline 0808 800 5793</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Anti-bullying Alliance</strong></th>
<th><a href="http://www.antibullyingalliance.org">www.antibullyingalliance.org</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Behaviour Management</strong></th>
<th><a href="http://www.parenting-ed.org">www.parenting-ed.org</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Bullying</strong></th>
<th><a href="http://www.bullying.co.uk">www.bullying.co.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Good advice for children on bullying is outlined here - how to recognise it, and what to do if you are the victim or know of someone who is. For those unwilling to tell anybody, help is available on the site via email.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Child Exploitation Online Protection</strong></th>
<th><a href="http://www.ceop.gov.uk">www.ceop.gov.uk</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Child Protection in Sport Unit (CPSU)</strong></th>
<th><a href="mailto:pstephenson@nspcc.org.uk">pstephenson@nspcc.org.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Newsletter email “subscribe” to <a href="mailto:cpsu@nspcc.org.uk">cpsu@nspcc.org.uk</a></td>
<td><a href="http://www.thecpsu.org.uk">www.thecpsu.org.uk</a></td>
</tr>
<tr>
<td></td>
<td>028 90351135</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Childline Northern Ireland</strong></th>
<th><a href="http://www.childline.org.uk">www.childline.org.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Got a problem? Childline has helped hundreds of thousands of children in trouble or danger. If you feel you can't face ringing them, check out their website. There are fact sheets on many subjects including bullying.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Helpline 0800 11 11</td>
</tr>
<tr>
<td></td>
<td>1st Floor, Queens House , 14 Queen Street, Belfast  BT1 6ED. Tel: 0870 336 2945</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Children's Law Centre</strong></th>
<th><a href="http://www.childrenslawacentre.org">www.childrenslawacentre.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Philips House, York St, Belfast, BT15 1AB</td>
<td><strong>CHALKY</strong> Helpline 0808 808 5678</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Counselling for young people</strong></th>
<th><a href="http://www.contactyouth.org">www.contactyouth.org</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Department Of Culture Arts and Leisure</strong></th>
<th><a href="http://www.dcalni.gov.uk">www.dcalni.gov.uk</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Domestic Violence</strong></th>
<th><a href="http://www.womensaid.org.uk">www.womensaid.org.uk</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Drugs and alcohol</strong></th>
<th><a href="http://www.contactyouth.org">www.contactyouth.org</a></th>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Health</strong></th>
<th><a href="http://www.kidsallergies.co.uk">www.kidsallergies.co.uk</a></th>
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<table>
<thead>
<tr>
<th><strong>Health and Social Care Trust Gateway Teams</strong></th>
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</table>

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| Belfast HSC Trust Gateway Team | 028 90507000 |
| Northern HSC Trust Gateway Team | 0300 1234333 |
| South-Eastern HSC Trust Gateway Team | 0300 1000300 |
| Southern HSC Trust Gateway Team | 08007837745 |
| Western HSC Trust Gateway Team | 028 71314090 |

**Out of Hours Contact**

There will be a recorded message at each of the above numbers which will provide Emergency Out of Hours numbers.

| Internet Safety | www.iwf.org.uk |
| Kidscape | www.kidscape.org.uk 020 7730 3300 |
| National Children’s Bureau | www.ncb.org.uk |
| NI Anti-Bullying Forum | www.niabf.org.uk |
| NI Commissioner for Children & Young People | www.niccy.org |
| NSPCC Child Protection Helpline | www.nspcc.org.uk Helpline 0808 800 5000 |
| Parentline Plus | www.parentlineplus.org.uk Freephone 0808 800 2222 |
| Parents Advice Centre | www.parentsadvicecentre.org Freephone 0808 8010 722 |
| Parents Centre | www.parentscentre.gov.uk |
| Special Education Needs | www.throughtheroof.org |
| Sport Northern Ireland | www.sportni.net Tel: 028 90381222 |
| Suicide and self-harm | www.pipsproject.com www.samaritans.org |
| There4Me | www.there4me.org.uk |

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Volunteer Now  
028 90236100

For further information on developing Safeguarding policy and procedures are provided in the documents Our Duty to Care and Getting it Right available at www.volunteering-ni.org

PSNI Child Abuse Investigation Units

From 31 March 2008, Child Abuse Investigation Units have replaced the CARE units.

A District (North and West Belfast) 028 9070 0604

B District (South and East Belfast) 028 9025 9832

C District (Castlereagh, Carryduff, Dundonald) 028 9056 1767

D District (Lisburn, Antrim, Newtownabbey, Carrickfergus) 028 9448 2633

Out of Hours Emergency Social Work Service

Belfast Trust 028 9056 5444

Northern Trust 028 9446 8833

Southern Trust Craigavon & Dungannon 028 3833 4444 / Newry 028 3083 5000

South Eastern Trust 028 9056 5444

Western Trust Enniskillen 028 6638 2000 / Omagh 028 8283 3100 / L'Derry 028 7134 5171

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Useful organisations

AccessNI
Tel: 028 9025 9100
www.accessni.gov.uk

Child Care Policy Directorate
DHSSPS
Tel: 028 9052 2131 / 028 9052 2644 / 028 9052 8288
www.dhsspsni.gov.uk

Children's Law Centre
Tel: 028 9024 5704
www.childrenslawcentre.org

Kidscape
Tel: 020 7730 3300
www.kidscape.org.uk

Early Years
Tel: 028 9066 2825
www.nippa.org

NSPCC
Northern Ireland Divisional Office
Tel: 028 9035 1135
www.nspcc.org.uk

Volunteer Now
Tel: 028 9023 6100
www.volunteering-ni.org

YouthNet
Tel: 028 9033 1880
www.youthnetni.org.uk
APPENDIX E
SUPPORTING DOCUMENTATION

PUBLICATIONS

An Introduction to the Children (NI) Order 1995
Available from: The Stationery Office (028 9023 8451)

Buskers Guide to Inclusion
Available from: www.commonthreads.org.uk

Choosing To Protect – April 2008 Version
A guide to using the Protection of Children, Northern Ireland [POC (NI)] Service

Cooperating to Safeguard Children
Volume 6, Regulations and Guidelines of the Children (NI) Order 1995
Available from: The Stationery Office (028 9023 8451)

Creative Youth Partnerships
Child Protection Code of Practice
Available from: www.cypni.org.uk

Getting It Right
Standards of Good Practice for Child Protection
Available from: www.volunteering-ni.org

Our Duty to Care
Principles of good practice for the protection of children and young people
Available from: www.volunteering-ni.org
WEBSITES

Anti bullying

- Bullying Online www.bullying.co.uk
- Kidscape www.kidscape.org.uk
- Anti-bullying Alliance www.anti-bullyingalliance.org.uk
- ChildLine www.childline.org.uk

First aid

- British Red Cross www.redcross.org.uk
- St John’s Ambulance www.sja.org.uk
- Department for Education & Skills (DfES) www.dfes.gov.uk/publications

Protecting children online

- Child Exploitation and Online Protection Centre (CEOP) www.ceop.gov.uk
- Internet Watch Foundation (IWF) www.iwf.org.uk
- Stop it Now! www.stopitnow.org.uk
- Childnet International www.childnet-int.org
- Department for Education & Skills (DfES) www.safety.ngfl.gov.uk/schools
- Get Safe Online www.getsafeonline.org
APPENDIX F

Adult Safeguarding

Prevention and Protection in Partnership

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Foreword by the Minister for Health, Social Services and Public Safety

As each of us goes through life we encounter many challenges. For the most part we are able to overcome them, equipped with our experiences, knowledge and with support from friends or family.

The challenges of dealing with abuse, exploitation or neglect should never arise, but they can and they do. The harm caused can have a devastating and long-lasting impact on victims, their families and carers.

Unfortunately, some adults are more at risk of harm than others. Safeguarding adults at risk is a priority for the Northern Ireland Executive and a Programme for Government commitment.

As far as possible, the aim of the policy is to prevent harm from occurring in the first place, to offer effective protection to those who are harmed and to provide them access to justice.

This policy makes it clear that we must not tolerate harm to adults caused by abuse, exploitation or neglect. It promotes partnership working for the purpose of safeguarding and seeks to keep adults safe wherever they live and whenever they access services.

It is acknowledged that safeguarding adults is complex and challenging and requires the careful exercise of professional judgement.

I want to acknowledge the very positive contribution to safeguarding delivered by a wide range of organisations across the statutory, voluntary, community, independent and faith sectors. I believe this adult safeguarding policy sets the way forward for all of us to work together to improve adult safeguarding practice.

I am confident that the implementation of this policy will prevent and reduce the risk of harm and improve safeguarding outcomes and I commend it to you.

Simon Hamilton MLA
Minister for Health, Social Services and Public Safety
Foreword by the Minister of Justice

As Ministers we are committed to ensuring that steps are taken to identify those who may be at risk of harm and, working together with others, improve the safeguards that are in place to protect them. Along with other institutions and bodies, we can provide increased protections and ensure that where a crime has been committed support services and access to justice are available. There are many areas in which adult safeguarding issues are of interest to the criminal justice sector, including a range of crime types such as domestic and sexual violence, hate crime and human trafficking among others. The publication of this adult safeguarding policy improves the safeguards that are in place and, in conjunction with a range of changes to the criminal justice system in recent years, means that more support is available for those who are unfortunate enough to become a victim of crime.

Recent improvements to the criminal justice system mean that those that are at risk of harm and the victim of crime are provided with additional support and entitlements. A victim and witness care unit has been established, providing victims of crime with a single point of contact for as much of the criminal justice system as possible. Registered intermediaries schemes are enabling those with significant communication difficulties to give evidence to the police and at court. In addition, a range of special measures continue to be available to enable vulnerable and intimidated victims and witnesses give their best evidence to both the police and at court. A Victim Charter has also been published, setting out the services to be provided to, and entitlements of, victims of crime as they move through the criminal justice process. This will be placed on a statutory footing later this year.

While it will never be possible to remove the potential for harm to occur, what we can do is ensure that there is effective support and protection for those individuals who have been subject to harm as they move through the criminal justice process. We can also provide increased access to justice for victims and their families when harm does occur and a crime has been committed. We want to place a greater focus on early intervention, protection and enabling those who suffer harm to have a greater voice within the justice process. The publication of the new adult safeguarding policy is a key development in this area.

David Ford MLA
Minister of Justice
1. INTRODUCTION

Everyone has a fundamental right to be safe. Whatever the cause, and wherever it occurs, harm caused to adults by abuse, exploitation or neglect is not acceptable. This policy emphasises that safeguarding is everyone’s business and that as good citizens we should all strive to prevent harm to adults from abuse, exploitation or neglect.

The aim of this policy is to improve safeguarding arrangements for adults who are at risk of harm from abuse, exploitation or neglect. It has been jointly developed and published by the Department of Health, Social Services and Public Safety (DHSSPS) and the Department of Justice (DOJ) on behalf of the Northern Ireland Executive. It sets out how the Northern Ireland Executive intends adult safeguarding to be taken forward across all Government Departments, their agencies and in partnership with voluntary, community, independent and faith organisations. A key objective is to reduce the incidence of harm from abuse, exploitation or neglect of adults who are at risk in Northern Ireland; to provide them with effective support and, where necessary, protective responses and access to justice for victims and their families. The policy contributes to fulfilment of a Northern Ireland Executive Programme for Government commitment to deliver a package of measures to safeguard children and adults who may be at risk of harm and to promote a culture where safeguarding is everyone’s business.

The policy requires a cross-departmental approach within government because the delivery of improved safeguarding outcomes is the business of us all, as individuals, as members of communities, as providers of services, and as Government Departments responsible for the delivery of strategies and policies which directly or indirectly impact on the lives of all adults including those at risk. The policy requires us to put all individuals who may be at risk at the centre, to listen to and respect their views, and to work in partnership with them and on an inter-agency basis to create a society which has a zero-tolerance of harm to the most vulnerable adults living in Northern Ireland.

Within this policy the term ‘safeguarding’ is used in its widest sense, that is, to encompass both activity which prevents harm from occurring in the first place and activity which protects adults at risk where harm has occurred or is likely to occur without intervention.

By introducing this policy we aim to raise awareness of harm to adults at risk, define what harm is, how it manifests itself and importantly how we respond to it. The act of protecting against harm is principally the responsibility of Health and Social Care Trusts (HSC Trusts), and the Police Service of Northern Ireland (PSNI) where a crime is alleged or suspected. However the responsibility of preventing harm is shared more widely. It extends beyond statutory providers of services to the voluntary and community sector, financial institutions, the legal profession, faith-based organisations, independent health and social care providers, carers and all citizens.
2. WHAT DO WE MEAN BY SAFEGUARDING

The majority of adults live full, independent lives free from harm caused by abuse, exploitation or neglect. However, there is a growing recognition that some adults, for a wide variety of reasons, may have been harmed or may be at risk of harm. The full extent of the incidents of harm caused to adults in Northern Ireland is not known but it is suspected to be significantly under-reported.

The language of adult safeguarding previously focused on protection and used the term ‘vulnerable adult.’ This was widely misinterpreted, often used out of context and, for some, the term implied weakness on the part of the adult, which many found unacceptable. This policy moves away from the concept of ‘vulnerability’ and towards establishing the concept of ‘risk of harm’ in adulthood. It places the responsibility for harm caused with those who perpetrate it. Harm resulting from abuse, exploitation or neglect violates the basic human rights of a person to be treated with respect and dignity, to have control over their life and property, and to live a life free from fear. Harm can have a devastating and long lasting impact on victims, their families and carers. It is the impact of an act, or omission of actions, on the individual that determines whether harm has occurred. Any action which causes harm may constitute a criminal offence and/or professional misconduct on the part of an employee.

Adult safeguarding is based on fundamental human rights and on respecting the rights of adults as individuals, treating all adults with dignity and respecting their right to choose. It involves empowering and enabling all adults, including those at risk of harm, to manage their own health and well-being and to keep themselves safe. It extends to intervening to protect where harm has occurred or is likely to occur and promoting access to justice. All adults at risk should be central to any actions and decisions affecting their lives.

Safeguarding adults is complex and challenging. The focus of any intervention must be on promoting a proportionate, measured approach to balancing the risk of harm with respecting the adult’s choices and preferred outcome for their own life circumstances. The right of a person with capacity to make decisions and remain in control of their life must be respected. Consideration of ‘capacity’ and ‘consent’ are central to adult safeguarding, for example, in determining the ability of an adult to make lifestyle choices, such as choosing to remain in a situation where they risk being harmed or where they choose to take risks. There should always be a presumption of capacity to make decisions unless there is evidence to suggest otherwise and current guidance for professionals in respect of determining capacity should be followed (see section 12). However there are also some circumstances when it may be necessary to consider the protection and rights of others, and overriding the withholding of consent may be necessary to ensure the protection of others.

Preventative Safeguarding includes a range of actions and measures such as practical help, care, support and interventions designed to promote the safety, well-being and rights of adults which reduce the likelihood of, or opportunities for, harm to occur. Effective preventative safeguarding requires partnership
working, that is, individuals, professionals and agencies working together to recognise the potential for, and to prevent, harm. Prevention is therefore the responsibility of a wide range of agencies, organisations and groups; indeed it is the responsibility and concern of us all as good citizens and neighbours. All professionals and service providers across the public, private, statutory, voluntary, community, independent, and faith sectors that come into contact with adults, including those who may be at risk of harm, must be alert to the individual’s needs and any risks of harm to which they may be exposed. Prevention will strive towards early intervention to provide additional supports at all levels for adults whose personal characteristics or life circumstances may increase their exposure to harm.

**Protective Safeguarding** will be targeted at adults who are in need of protection, that is, when harm from abuse, exploitation or neglect is suspected, has occurred, or is likely to occur. The protection service is led by HSC Trusts and the PSNI. The input of other individuals, disciplines or agencies may be required, either in the course of an investigation of an allegation of harm or in the formulation and delivery of a care and protection plan.

Figure 1 shows the continuum of adult safeguarding activity from prevention to protection.

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**Figure 1:** THE ADULT SAFEGUARDING CONTINUUM

- **Prevention**
  - Services provided to all adults by the public and private sector, accessible by all. Community and voluntary activities and social welfare provided by voluntary, community, independent and faith sector organisations.
- **Safeguarding Response**
  - Targeted Services - provided by a range of statutory, voluntary, community, independent and faith sector organisations.
- **Protection**
  - Protection Services - led by HSC Trust Social Workers and/or PSNI.

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**Adults at Risk**

**Adults in Need of Protection**
3. THE AIMS OF THIS POLICY

This policy aims to:

- promote zero-tolerance of harm to all adults from abuse, exploitation or neglect;

- influence the way society thinks about harm to adults resulting from abuse, exploitation or neglect by embedding a culture which recognises every adult’s right to respect and dignity, honesty, humanity and compassion in every aspect of their life;

- prevent and reduce the risk of harm to adults, while supporting people’s right to maintain control over their lives and make informed choices free from coercion;

- encourage organisations to work collaboratively across sectors and on an inter-agency and multi-disciplinary basis, to introduce a range of preventative measures to promote an individual's capacity to keep themselves safe and to prevent harm occurring;

- establish clear guidance for reporting concerns that an adult is, or may be, at risk of being harmed or in need of protection and how these will be responded to;

- promote access to justice for adults at risk who have been harmed as a result of abuse, exploitation or neglect;

- promote a continuous learning approach to adult safeguarding.

3.1. WHO IS THIS POLICY FOR?

The policy is intended to assist organisations, their staff and volunteers who are in contact with or providing services to adults across the statutory, voluntary, community, independent and faith sectors. While it is intended to be applied by managers, employees and volunteers in the course of the delivery of services and organisational activity, it can also be applied by individuals acting as responsible citizens at home and in local communities.

There is an expectation that all organisations and their staff will work in partnership as they apply this policy to their work with adults who may be at risk of harm or in need of protection. Appendix 1 lists some examples of organisations for whom this policy may have specific relevance, however this is not intended to be an exhaustive list.
4. UNDERPINNING PRINCIPLES

All Adult Safeguarding activity must be guided by five underpinning principles:

**A Rights-Based Approach:** To promote and respect an adult’s right to be safe and secure; to freedom from harm and coercion; to equality of treatment; to the protection of the law; to privacy; to confidentiality; and freedom from discrimination.

Agencies and professionals who intervene in the lives of adults at risk should be guided by current best practice, the law and respect for rights set out in the European Convention on Human Rights\(^1\) and enshrined in domestic law by the Human Rights Act 1998\(^2\), acting in accordance with relevant UN and EU Conventions\(^3\) on the Rights of Persons with Disabilities and the UN Principles for Older Person’s 1991\(^4\). Any intervention to safeguard an adult at risk should be human rights compliant. It should be reasonable, justified, proportionate to the perceived level of risk and perceived impact of harm, carried out appropriately, and be the least restrictive of the individual’s rights and freedoms. It cannot be arbitrary or unfair, and all adults should be offered the same services on an equal basis.

**An Empowering Approach:** To empower adults to make informed choices about their lives, to maximise their opportunities to participate in wider society, to keep themselves safe and free from harm and enabled to manage their own decisions in respect of exposure to risk.

For adults at risk of harm, empowerment is a process through which individuals are: enabled to recognise, avoid and stop harm; facilitated to make decisions based on informed choices including provision of support for those who lack capacity to make decisions; assisted to balance taking risks with quality of life decisions; supported and enabled to seek redress; and for adults who have been harmed, a process whereby they are enabled to recover their self-confidence and self-determination and make informed choices about how they wish to live their lives.

**A Person-Centred Approach:** To promote and facilitate full participation of adults in all decisions affecting their lives taking full account of their views, wishes and feelings and, where appropriate, the views of others who have an interest in his or her safety and well-being.

A person-centred approach is a way of working with an individual to identify

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3. Relevant Conventions include *The UN Convention on the Rights of Persons with Disabilities*, *the UN Convention on the Elimination of Discrimination Against Women* (CEDAW), and the *EU Istanbul Convention* on domestic and sexual violence against women
how he or she wishes to live their life and what support they require. A person-centred approach to adult safeguarding demonstrates respect for the rights of the individual at its core, in particular, respect for the right of the individual to make their own informed choices and decisions. A person-centred approach should result in the individual making informed choices about how he or she wants to live and about what services and supports will best assist them, with cognitive and communication support being provided where necessary. Where the person lacks capacity to make a decision, best interest decisions should be made by professionals which take all available information into account, including information about previously expressed preferences or choices made by the person being safeguarded.

**A Consent-Driven Approach:** To make a presumption that the adult has the ability to give or withhold consent; to make informed choices; to help inform choice through the provision of information, and the identification of options and alternatives; to have particular regard to the needs of individuals who require support with communication, advocacy or who lack the capacity to consent; and intervening in the life of an adult against his or her wishes only in particular circumstances, for very specific purposes and always in accordance with the law.

Consideration of consent is central to adult safeguarding in determining the ability of an adult at risk to make lifestyle choices, including choosing to remain in a situation where they risk being harmed; determining whether a particular act or transaction is harmful or consensual; and determining to what extent the adult can and should be asked to take decisions about how best to deal with a given safeguarding situation. For consent to be valid, the decision needs to be informed, made by an individual with capacity to make decisions and made free from coercion, constraint or undue influence. Each decision must be considered on its own merits as an adult may possess capacity to make some decisions but not others and/or the adult's lack of capacity to make decisions may be temporary rather than permanent. A consent-driven approach to adult safeguarding will always involve making a presumption that the adult at the centre of a safeguarding decision or action has the capacity to give or withhold consent unless it is established otherwise (see section 12).

**A Collaborative Approach:** To acknowledge that adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community, independent and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood. Working in partnership and a person-centred approach will work hand-in-hand.

Harm resulting from abuse, exploitation or neglect can be experienced by adults in a range of circumstances, regardless of gender, age, class or ethnicity. Adults who are at risk, suitably supported, must be central to the partnership, either as participants in preventative activities or protection intervention, or as contributors to decision-making in connection with the development of safeguarding policy, strategy and procedures. Where it is not possible for the adult at risk to contribute directly as participants or contributors,
consideration must be given as to how they can be suitably supported to ensure that they are involved at an appropriate level. Successful adult safeguarding requires effective arrangements for all involved to work together. The strength of a collaborative approach will depend on the commitment and support from the highest level to safeguarding adults at the highest level.
5. KEY DEFINITIONS

The risk of harm occurs in all socio-economic, racial and ethnic groups, regardless of gender, age or sexual orientation. All adults at risk should be supported and empowered to minimise their own exposure to risk and to find their own balance between taking risks and making the most of the strengths in their own life circumstances.

The definition of an 'adult at risk of harm' takes account of a complex range of interconnected personal characteristics and/or life circumstances, which may increase exposure to harm either because a person may be unable to protect him/herself or their situation may provide opportunities for others to neglect, exploit or abuse them. It is not possible to definitively state when an adult is at risk of harm, as this will vary on a case by case basis. The following definition is intended to provide guidance as to when an adult may be at risk of harm, in order that further professional assessment can be sought.

An ‘Adult at risk of harm’ is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

a) personal characteristics

AND/OR

b) life circumstances

Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain. Life circumstances may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

An ‘Adult in need of protection’ is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

a) personal characteristics

AND/OR

b) life circumstances

AND

c) who is unable to protect their own well-being, property, assets, rights or other interests;

AND

d) where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.
In order to meet the definition of an ‘adult in need of protection’ either (a) or (b) must be present, in addition to both elements (c), and (d).

The decision as to whether the definition of an ‘adult in need of protection’ is met will demand the careful exercise of professional judgement applied on a case by case basis. This will take into account all the available evidence, concerns, the impact of harm, degree of risk and other matters relating to the individual and his or her circumstances. The seriousness and the degree of risk of harm are key to determining the most appropriate response and establishing whether the threshold for protective intervention has been met.

Figure 2 below shows where the definitions sit on the continuum of adult safeguarding activity.

**Figure 2:** ADULT SAFEGUARDING - DEFINITIONS

<table>
<thead>
<tr>
<th>Services accessible to all</th>
<th>Targeted Services</th>
<th>Protection Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A person aged 18 or over</strong></td>
<td><strong>Threshold for assessment of need / risk</strong></td>
<td><strong>Threshold for protection screening</strong></td>
</tr>
<tr>
<td><strong>Adult at risk of harm</strong></td>
<td><strong>Adult in need of protection</strong></td>
<td></td>
</tr>
<tr>
<td>Who MAY be more exposed to harm through abuse, exploitation or neglect due to:</td>
<td>AND</td>
<td>Who is unable to protect themselves</td>
</tr>
<tr>
<td>a) Personal characteristics</td>
<td>AND</td>
<td>The action or inaction of another person is causing or is likely to cause harm</td>
</tr>
<tr>
<td>b) Life Circumstances</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Harm** is the impact on the victim of abuse, exploitation or neglect. It is the result of any action whether by commission or omission, deliberate, or as the result of a lack of knowledge or awareness which may result in the impairment of physical, intellectual, emotional, or mental health or well-being.

The full impact of harm is not always clear from the outset, or even at the time it is first reported. Consideration must be given not only to the immediate impact of harm and risk to the victim, but also the potential longer term impact and the risk of future harm.

Harmful conduct may constitute a criminal offence or professional misconduct.

A number of factors will influence the determination of the seriousness of harm. A single traumatic incident may cause harm or a number of ‘small’ incidents may accumulate into ‘serious harm’ against one individual, or reveal persistent or recurring harm perpetrated against many individuals.
The judgement of what constitutes ‘serious harm’ is a complex one and demands careful application of professional judgement against a number of criteria.

Assessments conducted by or on behalf of statutory HSC professionals (see section 10) should include consideration of the following:

a) the impact on the adult at risk;
b) the reactions, perceptions, wishes and feelings of the adult at risk;
c) the frailty or vulnerability of the adult at risk;
d) the ability of the adult at risk to consent and participate in the decision making process;
e) the illegality of the act(s);
f) the nature, degree and extent of harm;
g) the pattern of the harm-causing behaviour;
h) previous incidents, including any previous HSC Trust involvement
i) the level of threat to the adult at risk’s right to independence;
j) the apparent intent of the alleged perpetrator and extent of premeditation;
k) the relationship between the alleged perpetrator and the adult at risk;
l) the context in which the alleged harm takes place;
m) the risk of repetition or escalation of harm involving increasingly serious acts relating to this individual or other adults at risk; and
n) the factors which mitigate the risk through service provision or wider arrangements.

There are no absolute criteria for judging when harm has become ‘serious harm’; however this decision should include consideration of the degree, severity, duration and frequency of harm. The seriousness of harm depends on the impact experienced by the individual. Particularly careful consideration must be given to cases where the adult is unable to understand the impact harm is having on them. This will demand the application of professional judgement to consider all of the available evidence, the concerns and the wishes of the individual and to determine the seriousness of harm and the most appropriate intervention.

**Abuse** is ‘a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights’.

Abuse is the misuse of power and control that one person has over another. Abuse may be perpetrated by a wide range of people, including those who are usually physically and/or emotionally close to the individual and on whom the individual may depend and trust. This may include, but is not limited to, a partner, relative or other family member, a person entrusted to act on behalf of the adult in some aspect of their affairs, a service or care provider, a neighbour, a

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5 Action on Elder Abuse: definition of abuse 1993 which can be accessed at: [http://www.elderabuse.org.uk/Mainpages/Abuse/abuse.html](http://www.elderabuse.org.uk/Mainpages/Abuse/abuse.html). This was later adopted by the World Health Organisation - [http://www.who.int/ageing/projects/elder_abuse/en/](http://www.who.int/ageing/projects/elder_abuse/en/)
a health or social care worker or professional, an employer, a volunteer or another service user. It may also be perpetrated by those who have no previous connection to the victim.

The main forms of abuse are:

**Physical abuse**
Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty.

**Sexual violence and abuse**
Sexual abuse is any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

**Psychological / emotional abuse**
Psychological / emotional abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

**Financial abuse**
Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

**Institutional abuse**
Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside the HSC sector. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them

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6 The definitions of ‘sexual violence and abuse’ and ‘domestic violence and abuse’ will be amended to reflect those included within their revised strategies once published.
at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

**Neglect** occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk.

This policy does not include self harm or self neglect within the definition of an 'adult in need of protection'. Each case will require a professional Health and Social Care (HSC) assessment to determine the appropriate response and consider if any underlying factors require a protection response. For example self harm may be the manifestation of harm which has been perpetrated by a third party and which the adult feels unable to disclose.

**Exploitation** is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

This list of types of harmful conduct is not exhaustive, nor listed here in any order of priority. There are other indicators which should not be ignored. It is also possible that if a person is being harmed in one way, he/she may very well be experiencing harm in other ways.

### 5.1. Related Definitions

There are related definitions which interface with Adult Safeguarding, each of which have their own associated adult protection processes in place.

**Domestic violence and abuse**

Domestic violence and abuse is threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation. Domestic violence and abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age,
gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography.

**Human trafficking**
Human trafficking involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

**Hate crime**
Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person’s actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

Victims of domestic violence and abuse, sexual violence and abuse, human trafficking and hate crime are regarded as adults in need of protection. There are specific strategies and mechanisms in place designed to meet the particular care and protection needs of these adults and to promote access to justice through the criminal justice system. It is essential that there is an interface between these existing justice led mechanisms and the HSC Trust adult protection arrangements described in this policy.
6. THE ADULT SAFEGUARDING INFRASTRUCTURE

The Northern Ireland Adult Safeguarding Partnership (NIASP) and five Local Adult Safeguarding Partnerships (LASPs) were established under the Adult Safeguarding in Northern Ireland, Regional and Local Partnership Arrangements (2010)\(^7\). They are collaborative partnerships with a responsibility for adult safeguarding in Northern Ireland. The partnerships are tasked by DHSSPS, with the support of the DOJ, with the delivery of improved adult safeguarding outcomes by way of a strategic plan\(^8\), operational policies and procedures and effective practice, which will be developed and implemented in accordance with this policy. An outline of the structure is provided in Figure 3 below.

![Figure 3: ADULT SAFEGUARDING STRUCTURE IN NORTHERN IRELAND](image)

6.1. The Northern Ireland Adult Safeguarding Partnership (NIASP)

The NIASP is a regional collaborative body led by the Health and Social Care Board (HSCB). It is supported in its work by all its constituent members, who have made a commitment to adult safeguarding. The membership is drawn from the main statutory, voluntary, community, independent and faith organisations involved in adult safeguarding across the region and includes

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representation from service providers and users. The NIASP is responsible for promoting and supporting a co-ordinated and multi-agency approach and for creating a culture of continuous improvement in adult safeguarding practice and service responses. The NIASP strategy promotes ownership of adult safeguarding issues within all partner organisations and across all professional groups and service areas.

The HSCB has lead responsibility for the effective working of the NIASP, which is chaired by the Director of Social Care and Children’s Services, or a nominated deputy. The Chair ensures that safeguarding matters are brought to the attention of the appropriate Directors in the HSCB and the Public Health Agency (PHA). The Chair is accountable to the HSCB and is responsible for ensuring that there are robust governance arrangements in place and compliance with the HSCB’s responsibility for Delegated Statutory Functions.

Each member representative is accountable to their employing organisation and should be of sufficient seniority to bring adult safeguarding issues to the attention of NIASP and to make decisions on behalf of their organisation. Each representative should ensure that any actions and decisions taken by the NIASP are shared and implemented as appropriate within their organisation.

6.2. Local Adult Safeguarding Partnerships (LASPs)

The five LASPs are located within, and accountable to, their respective HSC Trusts. Their role is to implement the NIASP Strategic Plan, policy and operational procedures locally. Each LASP has responsibility to promote all aspects of safeguarding activity in its area and to promote multi-disciplinary, multi-agency and interagency cooperation, including the sharing of learning and best practice. They will be visible within, and engage locally with, communities to raise the profile of adult safeguarding.

The LASP is chaired by the HSC Trust’s Executive Director of Social Work or a senior designated nominee. It is responsible for ensuring that there are robust governance arrangements in place and ensuring compliance with the agreed statutory functions delegated by the HSCB.

Each partner organisation should be represented at a sufficiently senior level so that the LASP is effective in the implementation of guidance, policy and procedures at a local level, including engagement with service users, families, carers and the wider public. Each representative should be sufficiently senior to represent his/her organisation’s views, to make decisions on its behalf and to ensure that safeguarding issues are dealt with in line with the organisation’s established governance arrangements. Each representative should ensure that any actions and decisions taken by the LASP are shared and implemented as appropriate within their organisation.
7. THE CONTINUUM OF SAFEGUARDING – PREVENTION TO PROTECTION

Safeguarding is a broad continuum of activity. It ranges from the empowerment and strengthening of communities, through prevention and early intervention, to risk assessment and management, including investigation and protective intervention. At all stages along this continuum, safeguarding interventions will aim to provide appropriate information, supportive responses and services which become increasingly more targeted and specialist as the risk of harm increases. Presenting safeguarding activity in this way is intended to reflect the importance of prevention and early intervention, both as a means of improving the safety and quality of life and outcomes for all adults and reducing the risks of incidents of harm and need for more intrusive protection interventions. This is not intended to suggest that any stage or intervention along the continuum is mutually exclusive of the others. Throughout the continuum it is essential to recognise the importance of promoting empowerment and self-determination and the rights of all adults to make informed lifestyle choices.

Figure 4 below shows adult safeguarding interventions as a continuum of activity.

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Local communities and services provided to the adult population are the starting point of the adult safeguarding continuum. Individuals will in the first instance be supported by their families and friends and by local community involvement and support. Using community development approaches, and working in partnership with local communities and organisations, we must build stronger, self-reliant communities and effective working relationships that promote people’s rights, challenge inequalities and improve local support. Building safer communities involves helping adults to minimise their own exposure to the risk of harm from abuse, exploitation or neglect by empowering, equipping and enabling them to keep themselves safe, while at the same time enabling them to live their lives and pursue their interests to the fullest extent possible. Within communities there are a range of public and private services which will be available to and accessed by all adults.

This policy advocates that where there are potential interfaces with adults who
may be at risk of harm, the organisations delivering such services should consider how adult safeguarding may be relevant to them and the actions they can take to prevent harm arising from abuse, exploitation or neglect to those using their services.

Within communities there are recreational social, sporting or educational activities available to all adults provided by a range of organisations across the statutory, voluntary, community, independent and faith sectors. Organisations providing these activities contribute to safeguarding adults by ensuring that these activities are delivered in a way which keeps adults safe. These organisations will need to assure themselves and everyone who comes in contact with them, that the organisation is committed to best safeguarding practice and to uphold the rights of all adults to live a life free from harm from abuse, exploitation and neglect. These organisations should have in place a culture of zero-tolerance of harm to adults which necessitates: the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation or neglect manifests itself; and being willing to report safeguarding concerns. This extends to recognising and reporting harm experienced anywhere, including in the person’s own home, in any care setting, in the community, and within organised community or voluntary activities (see section 8).

Voluntary, community, faith and independent service and/or activity providers are at the forefront of preventative safeguarding responses within the community. To be effective, preventative safeguarding requires everyone in society to work as partners, that is, individuals, families, carers, professionals and agencies working together to keep individuals safe and to prevent harm from abuse, exploitation or neglect.

One of the key ways of preventing escalation of the risk of harm is to intervene early. Early intervention is part of the safeguarding continuum and provides help and support to prevent problems reaching a point where a protection response becomes necessary.

In circumstances where community based activities can no longer meet the needs of an adult, or where there are emerging safeguarding concerns, contact should be made with the local HSC Trust for a professional assessment of needs and/or risks. All actions or interventions must be person centred and put the adult in need or at risk of harm at the centre of decision making.

If the concern relates to serious harm a referral may be made directly to the Adult Protection Gateway Service.

Very often it is the General Medical Practitioner (GP) who will be the first point of contact for adults and their families where an individual’s needs are changing and they require further support. GPs and other allied health professionals, such as opticians, pharmacists, dentists or therapists, have a key role in the identification of risks of harm and ensuring appropriate referral to the HSC Trust for a further assessment of needs and/or risks.

Targeted services are services delivered specifically to ‘adults who may be at
risk’ in order to meet assessed needs and/or address risks. The scale and intensity of service provision and intervention is likely to increase in proportion to the level of assessed need or risk. As the level of need or risk increases HSC Trusts may need to take action to prevent or manage any identified need or risk of harm, through provision of a service such as domiciliary based care, supported living, residential or nursing care. Targeted services will normally be delivered by, commissioned or contracted by, HSC Trusts. However voluntary, community, independent and faith sector organisations may provide services targeted specifically at groups of adults at risk for recreational, social, sporting or educational purposes.

Targeted services include all services which fall under the definition of Regulated Activity contained within Schedule 2 of the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007\(^9\). This includes all health and social care services, whether delivered by statutory or independent providers, such as hospitals and GPs.

Many adults at risk will spend most of their time where they live, particularly those adults with restricted mobility and/or limited capacity to make decisions. These people may be more heavily dependent upon targeted services and the support of others, and their level of risk may increase as they spend much of their time in their home, often alone, or with the same people surrounding them, and with greater dependency on individuals or carers.

All targeted service providers, must be zero-tolerant of harm. There is an expectation that providers of targeted services will have robust governance and safeguarding procedures in place within their organisations to ensure that care is delivered in a way which instils confidence amongst those who use the service, staff, management, regulators and the public.

There is an expectation that commissioners of services will require, by way of service level agreements or contracts, the providers of targeted services to have robust governance and safeguarding regimes in place. There is an expectation that as employers, both service providers and commissioners must also ensure their organisations promote zero-tolerance of harm to adults within the workplace.

As the risk of harm increases, the safeguarding response required to mitigate it also increases. At the higher end of the safeguarding continuum is the **Adult Protection Gateway Service**. This service is provided for ‘adults in need of protection’, that is, those adults for who harm from abuse, exploitation or neglect, is a reality either because it has already occurred or, without intervention, is at serious risk of occurring. Protection interventions are led by social workers within the HSC Trusts and/or PSNI officers; the latter primarily where a crime or criminal act is alleged or suspected. These lead agencies will engage with the adult in need of protection in the first instance. They will also require information, action and support from other disciplines, agencies and organisations to assist with an adult protection or criminal investigation, or to contribute to the development and delivery of a care and protection plan for an

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adult in need of protection.
8. PREVENTION – PROMOTING SAFER COMMUNITIES AND SAFER ORGANISATIONS

The prevention of harm requires the promotion and creation of:

- **safer communities**, that is, safe places for all adults to live in, including those who may be at risk; and
- **safer organisations**, that is, safe places where all adults, including those who may be at risk, access and receive services or participate in organised activities.

Whether living in communities or working or volunteering in organisations, each of us needs to be zero-tolerant of potentially harmful behaviours against others, and when we suspect something is wrong, to report it (see section 10).

Figure 5 shows where safer communities sit on the Adult Safeguarding continuum.

![Figure 5: THE ADULT SAFEGUARDING CONTINUUM - SAFER COMMUNITIES](image)

**8.1. Safer Communities**

A key objective of this policy is to promote safer communities for adults to live in and safer organisations for them to be actively part of. The more socially isolated people are the greater the risk of harm arising from abuse, exploitation or neglect. The creation of safer communities for all adults is the responsibility of central and local government; of statutory sector service providers; and of voluntary, community, independent and faith sector providers. Local communities, neighbours and citizens also have a key role to play.

Empowerment is key to the promotion of safer communities and the prevention of harm. We should seek to connect people with the resources, activities and services that promote involvement and minimise opportunities for people to cause harm to others. Communities should aim to create opportunities to encourage and empower people to participate as fully as possible in their communities and broader society. Safer communities can play a vital signposting role in connecting people with local resources and supports that...
enable them to resolve their own problems and challenges.

There are a number of strands to the creation of safer communities that will greatly contribute to the prevention of harm.

**Effective Health and Social Care Policies and Strategies**

Being fit and well means people are better placed to ensure their personal safety. Initiatives which:

- aim to prevent slips, trips and falls;
- promote healthy eating, exercise and the sensible use of alcohol;
- ensure good dental and eye care;
- promote personal resilience, self awareness and independence;
- encourage and assist people where necessary to feel safe in their own home

all contribute to assisting people to be better able to address their personal well-being and safety. This requires effective health and social care planning and implementation, robust public health strategies and responses, and commissioning and delivery underpinned by standards frameworks\(^{10}\) which set out the care that patients, clients, their carers and wider family can expect to receive.

**Effective Community Safety Policies and Strategies**

People who feel safe in their homes and community are more likely to feel in control of their lives and to take positive steps to ensure their personal safety. A number of types of crime – such as doorstep crime; distraction burglaries; bogus callers; rogue traders; cold callers and cyber crime are of particular concern with regard to adults at risk in our communities. The work of voluntary and community groups is critical to help adults who may be at risk to live safer lives and minimise their exposure to risk of harm through the promotion of local initiatives to provide information and support.

The ‘Building Safer, Shared and Confident Communities – A Community Safety Strategy for Northern Ireland 2012-2017’\(^{11}\) contains commitments to reduce fear of crime and help people to feel safer through regional and local programmes to increase trust and confidence. Through engagement with the voluntary and community sector, the strategy aims to:

- improve understanding of fear of crime and deliver tailored projects to reduce fear;
- promote intergenerational projects to bring old and young together to increase confidence;
- promote positive perceptions of young people; and
- engage with the media on reporting of crime and anti-social behaviour and its impact on fear and confidence.

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The Policing and Community Safety Partnerships (PCSPs)\textsuperscript{12} which operate in each council area are central to the delivery of safer communities. Each PCSP works with its local community to identify and address issues of concern in the local area and PCSP Policing Committees work with local PSNI to develop local policing plans and monitor their performance in enhancing community safety in their area. They also work to secure the co-operation of the public to prevent crime and enhance community safety.

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\textbf{Effective Awareness of Adult Harm and Abuse and Responsibility to Report} \\

Adult abuse is underreported. People may not report their concerns for a number of reasons, including not recognising it for what it is or fear of ‘getting it wrong’. It is a reality that the adult who is at risk is often dependent on the person whose behaviour is, either intentionally or unintentionally, causing the harm.

Public awareness campaigns and education programmes can help the public to recognise that adult harm and abuse is unacceptable in a civilised society and encourages the reporting of concerns to the HSC Trust and the Adult Protection Gateway Service. Education programmes in schools and colleges encompassing ‘good citizenship’ principles and social responsibilities can help begin the shift towards a society which is zero-tolerant of adult harm.

Many public and private service providers within the community are well placed to identify early indications that an adult may be at risk, for example banks or legal services such as solicitors. Providers of services who are in a position of trust, in particular GPs and providers of primary care services, will have access to information regarding adults which may suggest they are at risk of harm. Service providers should be aware of the signs of harm to adults within their respective sectors, and should ensure organisational procedures are in place to guide staff when concerns are identified. All those working to provide services to the community generally have a responsibility to refer concerns to their local HSC Trust, and to cooperate and share information where necessary with any adult safeguarding investigations.

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\subsection*{8.2. Safer Organisations}

The continuum of adult safeguarding outlines the wide range of organisations involved in people’s lives, from the small community activity groups through to larger organisations and statutory services. All organisations should ensure that any service they deliver is underpinned by the principles of respect and treating others with dignity (see section 4). This is the first and crucial step to ensuring that services are high quality, that the focus is on the individual receiving the service which may help to provide support and that harm is prevented. Increasing levels of need and risk are likely to lead to greater targeting of service provision, which, in turn, requires a heightened awareness of risk of harm and more robust measures will be required to prevent harm.

Robust governance arrangements are key to an organisation’s ability to keep adults safe from harm. A range of governance arrangements exist, which should not and cannot operate in isolation. No single governance measure will ensure the safety of adults at risk. Both internal governance and external measures are vital to ensure that safeguarding concerns are identified early.

\textsuperscript{12} Further information on PCSPs can be obtained from \url{www.pcsps.org}
and escalated to enable appropriate action to be taken. Governance arrangements must be brought together to provide a level of assurance to managers and leaders that the organisation is doing all it can to keep adults in receipt of its services safe from harm.

Each organisation will have its own internal governance arrangements depending on the size of the organisation and the nature of its activities. The governance arrangements should be proportionately robust to enable managers at all levels, including the Chief Executive and Board members where applicable, to assure themselves that the organisation is delivering a safe, high quality service to all, and that it is effectively adhering to the adult safeguarding expectations appropriate to the organisation.

Senior managers should create a culture where staff and volunteers feel that their role and contribution is valued and that they are empowered, and supported in decision making by line managers. Senior management must ensure good governance is cascaded throughout the organisation. Line managers should ensure decisions taken by their staff which relate to adult safeguarding are consistent with organisational safeguarding policies.

Where an organisation permits, by way of contracts or otherwise, the use of its facilities or services by third parties to provide services or activities to adults, assurances should be sought from the third party that it is adhering to the appropriate level of governance as described below.

8.3. Minimum Safeguarding Expectations

At a minimum, any public service, voluntary, community, independent or faith organisation providing recreational social, sporting or educational activities or services will be expected to safeguard adults who may be at risk by:

- recognising that adult harm is wrong and that it should not be tolerated;
- being aware of the signs of harm from abuse, exploitation and neglect;
- reducing opportunities for harm from abuse, exploitation and neglect to occur; and
- knowing how and when to report safeguarding concerns to HSC Trusts or the PSNI.

8.4. Internal Governance – Policy and Procedures

The following policies and procedures are the building blocks of good governance that contribute to safe high quality care and they should be robustly implemented by any organisation.

These are essential for any organisation delivering, commissioned or contracted to deliver targeted services.

- Robust selection and recruitment procedures;
- Effective management, support, supervision and training of staff;
- Procedures for responding to, recording and reporting safeguarding
concerns in a timely manner to the HSC Trusts;
• Procedures for cooperating within the organisation and with others as required to address safeguarding concerns;
• Procedures for assessing and managing risks;
• Management of reporting and escalating untoward/adverse incidents;
• Procedures for managing comments, complaints and suggestions;
• Procedures on the management of records, confidentiality, and the sharing of information, (see section 14);
• A written code of behaviour/conduct;
• A disciplinary policy, including referral to regulatory bodies where relevant; and
• A whistle-blowing policy.

Care and Service Standards

All providers of targeted services are required to have in place the above governance arrangements and, depending on the nature and level of the service delivered, providers may also be required to ensure compliance with care and/or service standards and regulations against which they will be inspected or audited. Where there are breaches in compliance with standards or regulations and the quality of care or the safety of service users is compromised, the role of inspection and that of the relevant regulator is critical in addressing the safeguarding concern and the prevention of harm.

All organisations providing targeted services to adults who may be at risk must have the above governance arrangements in place, supported by the implementation of an adult safeguarding policy.

Adult Safeguarding Policy

The Adult Safeguarding Policy will clearly demonstrate the organisation’s commitment to a zero tolerance of adult harm. The policy must be owned and supported by senior management and be accessible to all within the organisation.

A key element of the adult safeguarding policy will be the nomination of Adult Safeguarding Champions (ASC)\(^3\). An ASC must be accessible to all service areas in the organisation as a source of advice and guidance. The nominated ASCs should be senior people within the organisation, suitably trained, experienced and skilled to carry out the role (see section 15).

The role of the Adult Safeguarding Champion is:
• to provide information and support for staff on adult safeguarding within the organisation;
• to ensure that the organisation’s adult safeguarding policy is disseminated and support implementation throughout the organisation;

\(^3\) The term Adult Safeguarding Champion is intended to encompass the roles of the ‘Nominated Manager’ referred to in the Volunteer Now Standards and Guidance document ‘Safeguarding Vulnerable Adults – a Shared Responsibility’ and the role of the ‘Alerting Manager’ in the NIASP Adult Safeguarding Strategic Plan 2013-2018.
• to advise within the organisation regarding adult safeguarding training needs;
• to provide advice to staff or volunteers who have concerns about the signs of harm, and ensure reporting to HSC Trusts where there is a safeguarding concern (see section 10);
• to support staff to ensure that any actions take account of what the adult wishes to achieve – this should not prevent information about any risk of serious harm being passed to the relevant HSC Trust Adult Protection Gateway Service for assessment and decision-making;
• to establish contact with the HSC Trust Designated Adult Protection Officer (DAPO) (see section 11), PSNI and other agencies as appropriate;
• to ensure accurate and up to date records are maintained detailing all decisions made, the reasons for those decisions and any actions taken;
• to compile and analyse records of reported concerns to determine whether a number of low-level concerns are accumulating to become significant; and make records available for inspection.

Where the ASC is not immediately available, this should not prevent action being taken or a referral being made to the HSC Trust in respect of any safeguarding concern.

Figure 6 below shows the relationship between safer communities, safer organisations and the increasing governance arrangements.

As the level of need or risk and service intervention increases, more robust governance measures and requirements will apply.
9. EXTERNAL GOVERNANCE

9.1. Commissioning/ Subcontracting Arrangements

Services for adults at risk may be commissioned or sub-contracted by a range of organisations across the statutory, voluntary, community, independent or faith sectors. This may include, for example, commissioning by the NIHE, local councils, PSNI and other justice organisations, or the HSC sector. Any organisation which commissions or sub-contracts provision of a service for adults at risk to another third party organisation retains responsibility and accountability for the quality of the provision of that service.

The HSCB, HSC Trusts and the PHA may commission or purchase health and social care services from third party providers, whether from the voluntary, community, independent or faith sectors. This will include GP and other primary or health care services, such as private hospitals, nursing or residential care, supported housing, day care or domiciliary care services.

It is critical that all commissioning or subcontracting organisations ensure that it is a condition of all contracts or service level agreements with service providers that there are robust governance arrangements in place within those provider organisations to ensure that adults at risk are safe from harm and receive a high quality service.

HSC Trusts must provide advice and guidance to adults who may be at risk who are commissioning their own care, for example those in receipt of direct payments or self directed support, outlining what they should expect from their service provider in terms of governance arrangements and good safeguarding practice.

Those who have a role in the management and monitoring of contracts have a responsibility:
- to specify and issue contracts for the purchase of services commissioned to address identified needs;
- to acquire and maintain a sufficient level of knowledge about adult safeguarding relevant to their role;
- to require that all services meet their safeguarding requirements described in this policy and other standards of quality set by the DHSSPS;
- to work closely with service providers to assist them to address ongoing concerns that may relate to contractual/service level agreement requirements;
- to monitor the quality of the performance of service providers and identify any deterioration in standards of care and risks this may present;
- to regularly audit the third party service provider to ensure the service is being delivered in accordance with the contract and this policy;
- to escalate any concerns about the provision of care to the care manager / key worker or senior management; and
• where requirements are not being met, to use appropriate reporting mechanisms to ensure adults at risk are kept safe, and where necessary impose appropriate sanctions.

All professionals with responsibility for carrying out the care management process and function must:

• ensure that needs and risks to the adult at risk are identified and assessed, taking account of their views and preferences;
• ensure that there is a personalised care plan detailing the needs of the adult and specifying how the service provided will safely meet the needs and mitigate any risks identified;
• ensure the care plan is being implemented as agreed by the service provider;
• ensure that the care plan is reviewed regularly, as specified in the Care Management Guidance, or more frequently as required in order to respond to changing needs and/or risks;
• ensure a safe and high quality service is provided, noting any patterns emerging which suggest that there may be a cause for concern and acting upon any such concerns;
• ensure that they are informed of any incidents, accidents or “near misses” in respect of the individuals for whom they have commissioned care;
• ensure that they are informed of any changes in financial circumstances that come to the attention of the HSC Trust;
• ensure that they are informed of any complaints made and action taken to address them;
• analyse trends to identify patterns which may indicate low-level concerns or poor quality care issues which may accumulate to indicate that there is a risk of harm; and
• escalate concerns which may indicate serious harm or risk of serious harm to an adult at risk (see section 10).

9.2. Professional Regulation

Regulatory bodies are responsible for establishing and operating statutory schemes of regulation underpinned by professional standards and Codes of Conduct relating to the conduct and practice of their respective professions. They maintain registers of workers who meet those standards and this information is publicly available. Within the health and social care sector for example, doctors, nurses, social workers and allied health professionals must register with their respective regulatory body before being able to practice. Where risks of harm to a service user are identified, all professionals must act in accordance with any professional Code of Conduct agreed with their regulatory body.

A person who is the subject of an investigation by their regulatory body may also be under investigation in respect of an adult protection investigation. Where both investigations run in parallel, the adult protection investigation must take precedence to ensure that the rights and safeguarding needs of adults at
risk are being protected and the integrity of any criminal investigation is maintained.

9.3. Legal Requirements

Where there are statutory requirements linked to safeguarding or quality of service provision, all organisations will need to be assured that they are fully compliant with the requirements of the law.

Of particular relevance to adult safeguarding is the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, which seeks to protect children and vulnerable adults from harm caused by those who work closely with them. Schedule 2 of this Order contains a definition of Regulated Activity, and anyone engaging in Regulated Activity should have their suitability checked through AccessNI prior to employment.

The Disclosure and Barring Service\(^\text{14}\) (DBS) is responsible for maintaining the list of individuals barred from engaging in Regulated Activity with children and vulnerable adults across England, Wales and Northern Ireland. A regulated activity provider must refer anyone to the DBS who has harmed or poses a risk of harm to a child or a ‘vulnerable adult’ and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will decide whether the person should be barred from working in regulated activity with children, or adults, or both.

It is an offence to knowingly engage a barred person in regulated activity and it is an offence to engage or offer to engage in regulated activity if you are barred.

Within the health and social care sector, HSC Trusts, voluntary, community, independent and faith sector providers must be assured that they are fully compliant with the duty of quality imposed on them by the Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003\(^\text{15}\) and the Regulations made under that Order.

9.4. Regulation

There is a broad range of regulators, auditors and inspectorates which are relevant to adult safeguarding. Each has a specific role in measuring and ensuring that organisations comply with their own particular service or quality standards and the regulatory framework within which they operate.

Regulation, inspection and audit should make clear the expectation that service providers must meet the relevant quality standards, detect failings in provision


\(^\text{15}\) The 2003 Order can be accessed at: http://www.legislation.gov.uk/nisi/2003/431/contents
of care or services early, and take appropriate action when sub-standard care is found.

Regulation needs to be responsive and proportionate, with the aim of ensuring public confidence in the services provided. This can only be achieved by a highly coordinated, integrated and expert regulatory system employing intelligent and thoughtful inspection. It will require the ability to apply both qualitative and quantitative judgement and to take effective enforcement action when necessary.

The Role of Regulation and Quality Improvement Authority (RQIA)

The RQIA is the independent regulator of the health and social care sector and has an important role in promoting continuous improvement in the quality and safety of care delivered across the range of health and personal social services. RQIA registers and inspects a range of services described in the Health and Person Social Services (Quality, Improvement and Regulation) Order (Northern Ireland) 2003. These services are subject to regulation and are provided by both the statutory and independent sectors. RQIA’s regulatory function operates within a framework of regulations and standards produced by DHSSPS.

RQIA inspections and reviews are conducted across a range of HSC settings in the statutory, independent and voluntary sectors. RQIA has a specific role in inspecting mental health and learning disability hospital wards. RQIA, through its inspections and reviews, makes an independent assessment of the safety, quality and availability of health and social care services. Within the regulated care sector, inspections may be announced or unannounced, and examine compliance with regulations and minimum standards in the areas of care, medicines management, estates and finance. Other inspections or reviews can be commissioned and conducted across a range of health and personal social services. Where the service inspected is not meeting the required quality standards, or where compliance issues or concerns are identified, there are a range of robust sanctions and powers available to RQIA.

The RQIA has a key preventative role in adult safeguarding practice. As the independent regulator, RQIA has both a responsibility and the authority to ensure that safety and quality of care concerns which put service users at risk are addressed in the services which they inspect. The RQIA also has a key role in service improvement with the aim of encouraging improvement in the quality of the services they inspect and securing public confidence in the provision of those services by keeping the Department of Health, Social Services and Public Safety informed of their availability and their quality.

Governance information is essential to RQIA in the conduct of its inspections and reviews. It assists with the assessment of the service with specific regard to safeguarding performance. There are core governance elements which should be included in all inspections conducted within regulated services. These are the number, nature and outcome of:

- complaints made;
- safeguarding concerns raised with the Adult Safeguarding Champions;
- notifiable incidents or accidents which occurred as appropriate to that
Information collected during inspections and other information which may come
to the attention of the RQIA, from a range of sources, including statutory
notifications, must be collated and analysed to ensure trends are identified. In
particular, information on complaints, notifiable incidents and accidents should
be triangulated as these are key indicators of risk to service users. Inspectors
should be aware that a number of low-level concerns could suggest patterns or
trends which accumulate to a risk of serious harm to one or more adults.

Enforcement action is an essential element of the responsibilities of RQIA.
There is a range of enforcement options which RQIA can use to ensure
compliance with regulations and minimum standards, to effect improvements
and to afford protection to service users. In most circumstances, and where
appropriate, RQIA will make recommendations and requirements for quality
improvement through regulation and inspection activity. Where a service is
identified as being at risk of failing to meet minimum standards and/or comply
with regulations, RQIA will consider the various options to enable the registered
establishment or agency to make the necessary improvements. RQIA will
normally adopt a stepped approach to enforcement. However, this would not
rule out the option of moving directly to legal action, including prosecution, if the
circumstances require. RQIA may increase inspection activity to monitor
compliance and ensure that the necessary improvements are being made.
RQIA may escalate enforcement actions at any time, proportionately and in
relation to the level of risk to service users and the seriousness of any breach
of regulation. RQIA will follow up enforcement action to ensure that quality
improvements are achieved. In certain circumstances, where there is deemed
to be a risk of serious harm to service users, RQIA may take urgent action.
Such circumstances include, but are not exclusive to, those falling under the
Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of
Vulnerable Adults (2009). This may involve, where necessary, using its powers
to cancel registration and/or to seek the urgent closure of a registered service.
RQIA publishes its enforcement policy and procedures online, along with
copies of its inspection reports.¹⁶

The RQIA will notify any serious concerns in relation to the quality of service
provision or risk of harm to an individual/s to the relevant HSC Trust or the
PSNI, and will be a key partner contributing to investigations with the other
agencies to protect adults at risk who are in receipt of a regulated service.

¹⁶ RQIA publications are available on www.rqia.org.uk
10. REFERRAL PATHWAY FOR SAFEGUARDING CONCERNS

If there is a clear and immediate risk of harm or a crime is alleged or suspected, the matter should be referred directly to the PSNI or HSC Trust Adult Protection Gateway Service.

However in most circumstances there will be an emerging safeguarding concern which should normally be referred to the HSC Trust, for a professional assessment. It will be a matter for HSC professionals to judge whether the threshold for an adult protection intervention has been met, or whether alternative responses are more appropriate. Referrals can be made from any source.

Figure 7 shows the pathway for reporting emerging safeguarding concerns through targeted HSC services and if necessary to the HSC Trust adult protection service.

![The Adult Safeguarding Continuum - Prevention to Protection](image)

All HSC Trusts must have a single point of access for receipt of referrals regarding concerns about adults who may be at risk, and will promote and publicise contact arrangements within its area. HSC Trust arrangements must accommodate referrals which do not obviously fit existing Programme of Care structures, ensuring there are no safeguarding gaps.

10.1. Risk Assessment

When any risk of harm is identified, a risk assessment must be undertaken to establish the degree of risk of harm to that individual and to others. It is the responsibility of suitably qualified statutory HSC professionals to undertake such risk assessments once a concern has been raised. In certain circumstances HSC Trusts may ask another organisation to conduct risk assessments on its behalf.

HSC professionals are required to put the individual’s needs and wishes at the
heart of the risk assessment process, and to use their expert skills and professional judgement so that the most appropriate and preferred course of action or outcome is found for each individual.

Assessment is a process which focuses on the individual and their circumstances at the time, recognising that needs and risks can change over time. Assessment will analyse and be sensitive to the changing levels of need and risk faced by an individual. It may require specialist assessments or expert opinion to inform the evidence gathering. All information should be analysed to determine the nature and level of risk. The assessment will inform a proportionate response based on the views and wishes and the preferred outcomes of the individual.

In gathering information to inform the assessment, professionals should be aware that this may also be required as part of a criminal investigation. Therefore it is critical to ensure that any potential evidence that may be later required by the PSNI is not compromised.

In making professional judgements, due regard should be given to the capacity of the adult to make informed choices, free from duress, pressure or undue influence and their capacity to make decisions to protect themselves from harm. All adults, including those at risk will always be assumed to have capacity to make decisions unless it has been determined otherwise (see section 12) and, ideally, a referral to the HSC Trust should be made with the adult’s agreement and full participation. However, there may be circumstances in which the person concerned about an adult at risk may not be best placed to seek their consent to a referral being made, or the adult at risk is clearly stating that they do not want a referral to be made. Whilst the wishes of the adult should always be the paramount consideration, it is important to remember that there will be circumstances when other factors may be overriding, for example, where undue influence or coercion is suspected to have influenced the adult’s decision or other people may be at risk. The inability to obtain an adult’s consent in these circumstances should not prevent or delay concerns about that adult being reported to adult protection services. A balance must also be struck between an individual’s human rights and the need to intervene to protect them from harming themselves or others.

Consideration should be given to the vulnerability of the alleged perpetrator. It is possible that a risk assessment may also be required for the perpetrator.

The analysis of risk will be central to decisions about future intervention. Any safeguarding intervention is not about being risk averse, nor simply about eliminating risk; adult safeguarding is about empowering and supporting people to make decisions that balance acceptable levels of risk in their lives. This may mean that individuals choose to live with risks or to take risks. The exercise of professional judgement in determining the level of risk of harm and whether a referral for an adult protection intervention is required is critical.

Where professionals have contact with an adult at risk they may have opportunities to identify risk of harm. Within the HSC sector this may be for example a GP, District Nurse, Social Worker or another Allied Health Professional, or may be within acute or hospital settings. Professionals must be
alert to signs of harm and escalate their concerns to the Adult Protection Gateway Service with the local HSC Trust (see section 11).

Figure 8 illustrates the factors for consideration in determining whether harm has become ‘serious harm’.

Where a risk assessment concludes that the adult is at risk of serious harm, or has experienced serious harm (see section 5), then consideration must be given to whether the threshold for referral to Adult Protection Gateway Service has been met.

10.2. Determining Whether the Thresholds for Referral to Adult Protection Gateway Service Are Met

In the majority of cases where serious harm has been identified, the thresholds for Adult Protection Gateway Service will be met. However it must be remembered that in some circumstances referral into the Adult Protection Gateway Service may not be the most appropriate response. This may include, for example, a peer on peer incident where capacity is an issue and alternative responses are more appropriate (see below). At all times the least intrusive and most effective response should guide the intervention. The following thresholds are intended as a guide.

Thresholds are not intended to be used as exclusion criteria, but should be used positively to assist professional judgements about making referrals into the HSC Trust Adult Protection Gateway Service, and, critically, to enable informed decisions in respect of the most appropriate or proportionate safeguarding response.

The threshold for referral to the HSC Trust Adult Protection Gateway Service is
likely to be met if one or a number of the following characteristics are met:

- the perceptions of the adult(s) concerned and whether they perceive the impact of harm as serious;
- it has a clear and significant impact on the physical, sexual, psychological and/or financial health and well-being of the person affected;
- it has a clear and significant impact, or potential impact, on the health and well-being of others;
- it involves serious or repeated acts of omission or neglect that compromise an adult’s safety or well-being;
- it constitutes a potential criminal offence against the adult at risk;
- the action appears to have been committed with the deliberate and harmful intent of the perpetrator(s);
- it involves an abuse of trust by individuals in a position of power or authority; and
- it has previously been referred to a regulated service provider for action, and has not been sufficiently addressed.

If there is doubt about whether the threshold for Adult Protection has been reached, the concern should be discussed with the HSC Trust Adult Protection Gateway Service and a DAPO will advise whether the matter meets the threshold for referral into the Adult Protection Gateway Service.

Where a criminal act is either alleged or suspected, a report must be made to the PSNI.

10.3. A Determination that the Threshold for Referral to Adult Protection Gateway Service is Not Met – Alternative Safeguarding Responses

Where it is determined that the threshold for Adult Protection has not been met, other alternative courses of action should be explored with the adult. At all times the least intrusive and most effective response should be made. This is a matter for professional judgement, taking account of the individual circumstances and the wishes and views of the adult and may include:

a) escalation to the service manager to address any issues about the quality of service provision;

b) referral to the RQIA for action as the regulator in respect of quality of care concerns or where concerns have been raised and there has been a lack of action by the service provider;

c) referral to a care manager/key worker for re-assessment and review of service user/carer’s needs, views and care plan, or where appropriate a mental capacity assessment;

d) action taken under complaints procedures;

e) action taken under human resources/disciplinary procedures and referral to professional bodies, statutory regulatory bodies and/or the Disclosure and Barring Service where appropriate;

f) referral to an advocacy service;

g) referral to another service;

h) a risk management intervention in relation to self neglect;
i) a strategy to manage risks within a complex group living environment and the management of challenging behaviour;

j) no further action required;

or a combination of two or more of the above.

Where an HSC Trust Adult Protection Gateway Service has agreed an alternative course of action, there must be mechanisms in place to ensure that those given lead responsibility to take certain actions report back to the DAPO on the outcome of the actions taken. All organisations involved in contributing to alternative courses of action will be expected to cooperate fully with HSC Trusts.

Figure 9 below shows where the thresholds sit in relation to the continuum of safeguarding activity.

Any safeguarding concerns relating to breaches of regulations or non-compliance with care or service standards are matters for the regulator, regardless of whether the threshold of serious harm has been reached. The HSC Trust should raise such concerns with the RQIA and will then coordinate an interagency response. The role of RQIA in inspection and regulation is outlined in section 9 and will be critical in the identification and prevention of safeguarding concerns or incidents in a proportionate manner to prevent unnecessary engagement of the Adult Protection Gateway Service.
11. ADULT PROTECTION SERVICES

Figure 10 shows the Adult Protection Service on the safeguarding continuum.

HSC Trusts and the PSNI are the lead agencies with responsibility for adult protection.

Each HSC Trust will have an Adult Protection Gateway Service which will receive adult protection referrals. Referrals outside normal working hours should be made to the Regional Emergency Social Work Service (RESWS). Referrals will be accepted from any source, irrespective of Programme of Care boundaries.

HSC Trusts will be the lead agency in terms of the co-ordination of joint Adult Protection responses. Within each HSC Trust, responsibility for the Adult Protection rests with the Executive Director of Social Work, and the lead profession within HSC Trusts is social work.

In circumstances where a crime is alleged or suspected, a referral to the PSNI should be made by telephoning 101, or in an emergency, 999. Both numbers are accessible on a 24 hour, 7 days per week basis. The PSNI will be the lead criminal investigative agency and will progress a criminal investigation where required.

The PSNI will be the lead criminal investigation agency and a report should be made to the PSNI where a crime is alleged or suspected. Within PSNI, responsibility for Adult Protection rests with the Chief Superintendent who has responsibility for the Public Protection Branch.¹⁷

¹⁷ Responsibility for Adult Safeguarding within PSNI is subject to organisational change. Changes will be reflected within the policy once completed.
A Joint Protocol will guide interagency referral, consultation and information exchange and working arrangements and will provide clarity in respect of the roles of the PSNI and HSC Trusts in the delivery of the adult protection response. The Joint Protocol will outline when and how other agencies will be engaged for the purpose of an adult protection investigation and protection planning.

Regional adult protection procedures for HSC Trusts will be developed by the HSCB, endorsed by the NIASP and LASPs and implemented across the region to ensure that adult protection responses and practice are consistent across all HSC Trust areas. HSC Trusts will be responsible for implementing these procedures on behalf of the HSCB.

PSNI is guided by current the Association of Chief Police Officers (ACPO) guidance ‘Safeguarding and Investigating the Abuse of Vulnerable Adults 2012’ as well as established protocols such as Safeguarding Vulnerable Adults (Regional Adult Protection Policy and Procedural Guidance) 2006 and ‘Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults’ NIASP 2009. The Public Protection Branch (PPB) will be responsible for triaging reports under Joint Protocol arrangements. When a PPB passes the adult protection response to another branch of PSNI, the PPB will retain oversight and ensure ongoing engagement and communication with other partners under Joint Protocol.

All operational adult safeguarding policies, procedures and protocols in support of this policy must be consistent with the underpinning principles contained in section 5 of this policy.

11.1. Adult Protection Process

Each adult protection intervention is likely to be unique and the response made must allow for flexibility and individualised decision-making. It is important that each adult protection intervention is conducted without undue delay, remains outcome focused, rather than process driven, and is subject to ongoing monitoring and review at an appropriately senior level. At all stages throughout the adult protection intervention, consideration should be given to whether the threshold for the Adult Protection Gateway Service continues to be met. Any action necessary to address immediate protection needs of the adult must be taken regardless of which stage of the process has been reached.

Each intervention will be made in accordance with an agreed process. A typical protection process is contained in figure 11 below encompassing 6 distinct stages. While presented in stages, the process is not intended to be linear in nature. It is possible that some stages will run in parallel and it may also require moving between stages in both directions. This policy does not advocate specific timescales for progressing through the stages of the protection process, because it is important that flexibility is maintained to allow for professional decision making. There can be complex issues to be managed such as fluctuating capacity to make decisions and complex investigations that may require interagency collaboration and consultation including cooperation with any PSNI investigations. Nonetheless, it is important that all adult
protection interventions are progressed in a timely manner, and must not be allowed to drift unnecessarily.

Figure 11 shows the six stages of the Adult Protection Process.

At every stage the adult’s human rights must be considered, and evidence of this recorded. The adult’s rights, needs, views and wishes, should be central to the protection intervention to ensure that they receive the support needed to achieve an agreed outcome.

Processes and procedures in themselves will not protect, people and good practice will.

A **Designated Adult Protection Officer** (DAPO) will be responsible for the management of each referral received by a HSC Trust. DAPOs will be in place both within the Adult Protection Gateway Service, and within core services teams. Following initial screening by the Adult Protection Gateway Service, a DAPO in core services may be asked to manage the referral going forward.

Every DAPO must:
- be social work qualified;
- be working in a minimum of a band seven;
- have first line management responsibilities, or in a senior practitioner role;
- be suitably experienced; and
- have undertaken the necessary training (see section 15).
The role of the DAPO is to:

- make sure the needs, safety and wishes of the adult at risk are kept central to any actions and decisions taken;
- screen the referral;
- make contact with PSNI if a crime is alleged or suspected, or there is an immediate risk of harm to an adult at risk;
- make key decisions including whether the threshold for protection intervention has been met;
- manage and coordinate the adult protection intervention;
- ensure that any risks to the adult(s) and others potentially at risk are assessed and agreed actions taken;
- analyse needs and risk assessments to determine the most appropriate course of action;
- inform and involve other agencies as necessary, and work with them to plan and carry out actions taken;
- be responsible for coordinating the sharing of information between agencies;
- ensure the support needs of the adult at risk and others affected are considered throughout;
- ensure appropriate documentation and records are fully completed, including records of all decisions taken;
- make sure the adult at risk and the referrer are given regular feedback, insofar as this is possible;
- analyse the adult safeguarding data within their service area and contribute to the governance arrangements as appropriate; and
- ensure that the connections are made with related interagency mechanisms such as:
  - Multi Agency Risk Assessment Conference (MARAC)
  - Domestic and sexual violence services
  - Public Protection Arrangements in Northern Ireland framework (PPANI)
  - Human trafficking procedures
  - Hate Crime Practical Action Scheme
  - The Office of Care and Protection (or equivalent)
  - Child Protection Gateway Service
  - Business Services Organisation Counter-Fraud Unit.

The DAPO may decide to close the adult protection process at any stage if:

- it is agreed that further investigation, assessment or intervention is not required to protect the adult at risk;
- the DAPO decides that an alternative safeguarding response is more appropriate, proportionate and effective to address the concern identified;
- a Protection Plan has been agreed and is in place and is effectively addressing the needs of and the risks to the adult; or
- the adult chooses to withdraw from the protection process.

Where the safeguarding concern relates to the quality of care provided to an adult in receipt of a regulated HSC service, the DAPO will engage the RQIA to
ascertain whether the provider is in breach of regulation or minimum standards. The RQIA will act on all safeguarding concerns where there are breaches of standards or regulation and, where necessary, use their powers of improvement or sanction to ensure that the provider addresses any breach of the minimum standards to the satisfaction of RQIA.

The PSNI will be the lead agency when a criminal investigation is required, and any other related investigations or assessments must be coordinated with the PSNI. Responsibility for coordinating, and communicating the outcome of, the criminal investigation lies with the Detective Inspector PPB. A criminal investigation will take precedence over any other adult safeguarding process. For example, a disciplinary process should not commence until after the conclusion of an adult protection criminal investigation by the PSNI, or following approval by PSNI.

11.2. Large Scale and/or Complex Investigations

A large-scale adult protection investigation may be initiated when a number of adults at risk have allegedly been abused or patterns or trends are emerging which suggest serious concerns about the quality of care, which put the safety of service users at risk.

This could include any of the following:
- multiple concerns within one service provider;
- one person is suspected of causing harm to multiple adults and/or in a number of settings;
- a group of individuals are alleged to be causing harm to one or more adults;
- where care arrangements are complicated by cross-boundary considerations.

A large-scale adult protection investigation is likely to involve a range of organisations, and potentially a number of individual adult protection interventions.

Complex (i.e. organised or multiple) abuse is defined as abuse involving one or more abusers and a number of related or non-related adults at risk. The abuser concerned may be acting with others to abuse adults at risk, may be acting in isolation, or may be using an institutional framework or position of authority to access adults at risk for abuse.

Such abuse can occur both as part of a network of abuse across a family or community and within institutions such as residential or nursing homes, supported living facilities, day support settings and in other provisions such as voluntary groups. There may also be cases of adults at risk being abused through the use of the internet. Such abuse is profoundly traumatic for the adults at risk who are involved. The investigation of large scale and/or complex abuse requires specialist skills from PSNI and HSC Trust staff.

Every investigation will require careful and thorough planning, effective inter-agency working and attention to the needs of the adult(s) involved. Some
investigations become extremely complex because of the number of people or places involved and the timescale over which the abuse is alleged to have occurred.

On receipt of information which may indicate organised or multiple abuses, the HSC Trust Designated Officer should immediately consider whether a report to the PSNI is appropriate, initiate a joint strategy meeting and, where necessary, establish a Strategy Management Group (SMG) to oversee the process of investigation. Core representatives of SMG are:

- PSNI;
- HSC Trust nominated DAPO;
- a senior manager from the relevant adult programme of care; and
- RQIA (where the allegation relates to a regulated service).

Appropriate legal advice will be necessary and should be sought through PSNI and HSC Trust legal advisers.

The SMG will:

- establish the principles and practice of the investigation, draw up an investigation plan and ensure regular review of progress against that plan;
- establish and manage an Investigative Team within their respective agencies;
- ensure co-ordination between the key agencies and Investigative Team;
- address the issue of resourcing individual investigations;
- act in a consultative capacity to those professionals who are involved in the investigation;
- draw up a media strategy that will address who will take responsibility for responding to the media;
- agree communication strategy/liaison with victims/families and carers involved in the investigation;
- agree level of information sharing, where appropriate to do so, with the proprietor and the staff of the facility/service under investigation;
- at the conclusion of the investigation, discuss salient features of the investigation with a view to making recommendations for improvements either in policy or in practice.

11.3. Operational Protection Policies and Procedures

The HSCB’s regional operational adult protection procedures will underpin this policy and provide guidance to support good practice and sound professional decision making. Procedures will be subject to regular review.

Operational policies and procedures should:

a) clarify roles, responsibilities and expectations at all levels;

b) outline the importance of, and interface with, the Joint Protocol;

c) provide procedures for inter-agency working across the full range of organisations;

d) provide a consistent framework to guide adult protection interventions;
e) promote flexibility and a focus on outcome;
f) describe how the threshold of serious harm is applied at each stage of the process to enable the most proportionate response to be identified;
g) provide guidance on the management of adult protection referrals where more than one HSC Trust is involved;
h) encourage reflective professional practice;
i) support robust decision making;
j) strengthen professional line management and governance arrangements;
k) outline procedures for integration with the other investigations (see the role of the DAPO earlier in this section);
l) define information exchange procedures;
m) outline record keeping requirements; and
n) describe how large scale and/or complex investigations should be conducted.

12. CONSENT AND CAPACITY

12.1. Consent

Consideration of consent is central to adult safeguarding. Consent is a clear indication of a willingness to participate in an activity or to accept a service, including a protection service. It may be signalled verbally, by gesture, by willing participation or in writing. No one can give, or withhold, consent on behalf of another adult unless special legal provision for particular purposes has been made for this.

For consent to be valid, it must be given voluntarily by an appropriately informed person who is able to consent to the intervention being proposed. In cases where the individual lacks capacity, decisions will usually be made on behalf of the individual in accordance with current legal provisions.

A consent-driven approach to adult safeguarding will always involve:
- a presumption that the adult at the centre of a safeguarding decision or action is able to give or withhold consent unless it is established otherwise;
- acknowledging that an adult who lacks capacity to make a decision cannot give consent but that he or she should still be involved in decision-making as far as possible and given appropriate support;
- acknowledging that everyone who has capacity to make a certain decision has the right to pursue a course of action that others may judge to be unwise, but that sometimes a balance must be struck between an individual’s human rights and the need to intervene to protect others;
- providing support to an adult where they have withheld consent and this has been overridden;
- ensuring consent/non-consent is informed through the provision of full and accurate information, making sure that the information is conveyed in a way which the adult fully understands and taking all practicable steps to help the person make and communicate the decision; and
understanding that the choices and decisions made by the individual at any one time are not seen as irrevocable or non-negotiable.

Where there is a concern that an adult may be at risk of, or experiencing, harm and there are concerns about coercion or undue influence, this should be referred to the HSC Trust in accordance with section 11.

12.2. Capacity

An adult will always be assumed to have capacity to make a decision unless it is suspected otherwise. Capacity can fluctuate, and is both issue and time specific, therefore should be kept under regular review in connection with any safeguarding intervention, in particular a protection intervention.

Where there is a reasonable doubt regarding the capacity of an adult to make a specific decision or series of decisions, a referral must be made to the HSC Trust. The organisation or individual making the referral may need to consider any reasonable and proportionate interim steps necessary to protect the adult pending further enquiries by the HSC Trust. An HSC professional within the HSC Trust will conduct a capacity assessment in accordance with existing legislation and guidance.

Lack of capacity

Tensions between an adult’s autonomy and the need to intervene to keep an adult safe makes deciding whether or not to intervene when an adult lacks capacity to make a decision particularly difficult, and one that must always requires professional judgement in respect of the individual circumstances of the adult.

Where an adult lacks capacity to make a certain decision, they should be supported so they can be involved to the fullest extent in the decision that affects their life. Any interventions and actions taken by the HSC Trust must be in the best interests of the person being safeguarded, and in accordance with existing legislation and policy. HSC Trusts should, where appropriate, consult relevant family members or carers when considering action to be taken regarding an adult who lacks capacity to make a decision.

12.3. Lack of Consent

In some circumstances it may be necessary for the withholding of consent to be overridden. Where consent to intervene is not provided by the adult at risk, action to progress a case may still be taken in circumstances where there is a strong overriding public interest, or where a crime is alleged or suspected. This may happen when:

- the person causing the harm is a member of staff, a volunteer or someone who only has contact with the adult at risk because they both use the service; or
- consent has been provided under undue influence, coercion or duress;
- other people are at risk from the person causing harm; or
• a crime is alleged or suspected.

In these circumstances, the adult should be informed of that decision, the reason for the decision, and reassured that as far as possible no actions will be taken which affect them personally without their involvement. Consideration should be given to any support the adult may need at this time, as they may be distressed by the prospect of their information being shared without their consent.

12.4. Advocacy

Advocacy involves enabling people to say what they want, to have their views heard, and empowering them to speak up for themselves. It informs the person about their options and helps them to take action when necessary to have their voice heard and secure their rights.

Whilst advocacy is a social work role, the use of independent advocacy services to support the adult at risk in making their choices may be appropriate, particularly for those who have difficulty being heard or expressing their views, or where there are conflicting interests. This is particularly the case where HSC staff, professionals or family are of the opinion that what the person wants is not in their best interests.

Advocacy can assist adults to be involved in, and influence, decisions taken about their care. It helps to ensure that the adult at risk remains central to the decision making process. Advocacy should not make decisions on behalf of the adult at risk, but always work in partnership with the adult they are supporting. People who are lack capacity to make a decision rely more heavily on others for many aspects of their care, treatment and support, and have the potential to benefit more from advocacy services to assist them exercise their rights.
13. **ACCESS TO JUSTICE: SUPPORT FOR VICTIMS**

Where a crime is alleged to have occurred there is a duty on PSNI to investigate. There are also a range of mechanisms in place to support a victim when giving a statement to the PSNI, evidence at court and in terms of emotional and practical support services more generally. The provision of these services requires effective cooperation across a range of organisations including the PSNI, HSC Trusts, the Public Prosecution Service and voluntary sector service and support providers.

Where a crime is reported to the PSNI a victim of crime information leaflet is available which provides contact details of general support services such as Victim Support NI and NSPCC Young Witness Service, as well as specialist support services, including for families bereaved through murder or manslaughter, victims of domestic and sexual violence, victims of trafficking and young victims of crime among others. The PSNI can refer victims of crime to Victim Support NI, where referral to specialist support services is also available dependent on the needs of the individual. Where an individual has concerns about their safety they should refer this to the police.

Victims of crime can have access to additional support to help them give evidence, as part of criminal proceedings where a person is under the age of 18, or where the quality of the evidence is likely to be affected because the person has mental health issues, learning or communication difficulties, a neurological disorder or a physical disability. Additional support is also available to those victims who are intimidated and the quality of whose evidence is likely to be affected because of fear or distress about testifying, for example, where the person is a victim of domestic violence, hate crime, trafficking, exploitation, bullying or abuse by professionals or carers or family members.

For these types of victims the PSNI will carry out interviews in accordance with ‘Achieving Best Evidence in Criminal Proceedings’ guidance. This sets out good practice in interviewing victims and witnesses and in preparing them to give their best possible evidence in court, so that they have an opportunity to access justice and provide their best evidence. Such interviews are normally video recorded.

Victims will have their needs assessed by the PSNI or Victim and Witness Care Unit (which provides a single point of contact from the point when the case file is transferred from the PSNI to the Public Prosecution Service).

Additional support at court, such as special measures\(^{18}\), may be applied for by the Public Prosecution Service, with final decisions taken by the judge on their availability. More than one special measure may be granted in a particular case, with this again a decision for the judge. The special measures, as set out below, include:

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- screens/curtains in the courtroom so the victim does not have to see the defendant;
- a live video link allowing evidence to be given away from the courtroom, which also allows for a support to be present with the witness in the live link room;
- giving evidence in private, where the case involves a sexual offence, a slavery or human trafficking offence, or the person is deemed to be intimidated;
- video recorded statements – these allow the main evidence to be given using a pre-recorded video statement;
- using communication aids, such as alphabet boards (where the person’s evidence is likely to be affected due to a learning or communication difficulty, mental health issue, physical disability etc.); and
- removal of wigs or gowns.

Another special measure is assistance from a communication specialist (a Registered Intermediary) when a person is telling the police what happened to them or is giving evidence in court. Registered Intermediaries are professionals with specialist skills in communication. The role of Registered Intermediaries is to facilitate the giving of evidence rather than provide a general support role. They assist a vulnerable person, who has a significant communication difficulty, during the criminal justice process if their communication difficulties would diminish the quality of their evidence. The Registered Intermediaries Schemes pilot is helping vulnerable people have access to justice where it may not have been possible before.

As well as help when giving evidence victims also have access to a range of general support services. Victim Support NI\(^{19}\) helps people who have been a victim of, or a witness to, a crime. They provide emotional support, information and practical help to victims, witnesses and others affected by crime through compensation, community and witness services. Victim Support NI can also refer victims to specialist support services, where appropriate and available.

A Victim Charter provides victims of crime with relevant information, sets out what their entitlements are and the standards of service that they can expect to receive as they move through the criminal justice process. It will also make clear to service providers exactly what their duties are in ensuring victims receive the right level of service. The Charter provides information on the support services that are available to victims of crime, including specialist services.

\(^{19}\) Further information on Victim Support NI can be found at: [www.victimsupportni.co.uk/](http://www.victimsupportni.co.uk/)
14. INFORMATION MANAGEMENT AND INFORMATION SHARING

14.1. Information and Record Management

Information associated with adult safeguarding is likely to be of a personal and sensitive nature and its use is governed by the common law duty of confidentiality. At all times ‘personal data’ and ‘sensitive personal data’ must be managed in accordance with the law, primarily the Data Protection Act 1998 (DPA) and the Human Rights Act 1998 which, among other things, gives individuals the right to respect for private and family life, home and correspondence.

The eight principles of the DPA state that personal data must be:

• processed fairly and lawfully and only for purposes compatible with the reason(s) for which the information was originally obtained;
• adequate, relevant and not excessive for the purposes for which it is processed;
• accurate and kept up to date;
• not kept for longer than is necessary;
• processed in line with the rights of the data subject;
• held securely; and
• not transferred to other countries outside the EEA without adequate protection.

All organisations providing targeted services to adults at risk must have an information management policy and associated governance arrangements in place which complies with the DPA and the Human Rights Act 1998. These policies must include the procedures to be followed by staff and volunteers in relation to:

• information management, including recording of information, its secure storage, and how this can be accessed and by whom;
• sharing information outside of the organisation for safeguarding purposes, and how requests for information will be considered and assessed (see Information Sharing for Safeguarding Purposes below);
• training to be provided to staff in relation to their duties under the DPA;
• subject access requests;
• complaints about information management; and
• identified breaches of data protection within the organisation.

Good records management standards and practices are required for the organisation to ensure confidentiality and that the security of service user information is respected. Many professionals are governed by a Code of Practice or Code of Conduct issued by the professional body with which they are registered, which will contain guidance on information management to support organisational policies. Guidance for voluntary, community,

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independent and faith sector organisations on the management of records, confidentiality and sharing of information is available in the Volunteer Now guidance document ‘A Shared Responsibility’\textsuperscript{21}. ‘Good Management Good Records’\textsuperscript{22} provides guidance for those who work within or under contract to Health and Social Care statutory organisations on the required standards of practice in the management of records.

14.2. Information Sharing for Safeguarding Purposes

In relation to adult safeguarding, the duty to share information about an individual can be as important as the duty to protect it. Effective safeguarding will depend on information being made available to those who need it at the right time. Proportionate information sharing may be required to prevent harm to the adult at risk or to others, and can facilitate preventative or early intervention approaches.

It is important that confidentiality is not confused with secrecy. Proportionality is the key in respect of the risks associated with deciding whether or not to share information.

Organisations and professionals should not give assurances of absolute confidentiality in adult safeguarding where there are concerns about risk of harm to one or more adults, nor should it be assumed that someone else will pass on information which may be critical to the prevention of harm to an adult.

Information sharing is one form of data processing, and as such is covered by principles and requirements of the DPA. The Information Commission’s Office (ICO) has published a statutory Data Sharing Code of Practice\textsuperscript{23} to assist organisations to comply with the DPA. The code is applicable to all organisations involved in sharing personal data, whether this is within different branches of the same organisation, or with a third party organisation. It contains guidance in factors to consider when deciding whether or not to share personal data, including checklists to assist organisations in their decision making.

Organisations that collect or hold personal data or sensitive personal data should explain in advance to the data subject how their information will be used, including under what circumstances the information might be shared. Guidance on how this can be undertaken is contained in the Privacy Notices Code of Practice\textsuperscript{24} published by the ICO.

Targeted services providers must have procedures for staff and volunteers on how to share information in compliance with the DPA and the ICO Code of

\textsuperscript{21} ‘Safeguarding Vulnerable Adults: A Shared Responsibility’ can be accessed at: \url{http://www.volunteernow.co.uk/fs/doc/publications/vn-sva-web-full-colour.pdf}

\textsuperscript{22} ‘Good Management Good Records’ can be accessed at: \url{http://www.dhsspsni.gov.uk/index/gmgr.htm}

\textsuperscript{23} The Data Sharing Code of Practice can be accessed at: \url{https://ico.org.uk/media/for-organisations/documents/1068/data_sharing_code_of_practice.pdf}

\textsuperscript{24} The ‘Privacy Notices Code of Practice’ can be accessed at: \url{https://ico.org.uk/media/for-organisations/documents/1610/privacy_notices_cop.pdf}
Practice. Decisions about what information should be shared and with whom should be taken on a case by case basis, and in accordance with organisational information management policies and the legal framework, and in line with this policy. The management interests of an organisation should not override the need to share information for safeguarding purposes.

If anyone has concerns about risk of harm to an adult, they should seek advice from the relevant HSC Trust or the PSNI.

Personal data may be shared when:

- the adult has given his or her valid consent (which in the case of sensitive personal data must be explicit); or
- where information sharing is necessary for matters of life or death or for the prevention of serious harm to the individual; or
- where sharing is necessary for the purposes of the administration of justice; or
- where sharing information is for public or statutory duties.

Where the decision is made to share information without consent, the organisation must ensure that the adult is clearly informed of what information will be shared, why it will be shared, and who it will be shared with, providing this does not increase the risk to the adult. Organisations should avoid asking for consent to share information when it is likely that a decision will be taken to share the information regardless of whether consent is given. Any sharing of information must meet conditions under Schedules 2 and 3 of the Data Protection Act.

If there is reason to believe that sharing information due to a statutory duty to disclose may increase the risk of harm, or where there is doubt about whether the organisation can or should share information, the organisation may wish to obtain legal advice.

Good record keeping of decision making is essential in cases where information sharing is being considered. Staff should maintain records of the information gathered which explains and justifies their decisions.

14.3. Sharing Information Between Agencies

Effective safeguarding cannot be achieved without organisations working collaboratively to ensure the safety of the adult at risk is prioritised. Working together is dependent on there being a clear framework for doing so, and adult safeguarding should be based on good communication across sector and agency boundaries.

The effective and timely sharing of information between organisations is essential to deliver high quality adult safeguarding services focused on the needs of the adult.

Agencies and organisations which are required to share information on a regular basis to safeguard adults at risk must have Information Sharing
Agreements (ISAs) in place which identify key members of staff and contact points within the organisation through which information can be channelled, including out of normal working hours. The agreements should be agreed at Board/Director level and subject to regular review.

Member organisations of NIASP have all signed an information sharing agreement. This agreement will stipulate when information may be shared without the subject’s consent.

An ISA should outline how organisations have agreed to share information and ensure compliance with legal requirements. The purpose of an ISA is:

- to facilitate the secure exchange of information in an appropriate format, where necessary, to ensure the health, well-being and safeguarding of adults at risk;
- to provide a framework for the secure and confidential sharing of personal data between the partner organisations;
- to promote consistency of information sharing across partner organisations; and

- to support professional decision making in individual cases.

When an HSC Trust has a contract or commissioning arrangement with a third party organisation, the contract or commissioning agreement must state how the third party organisation must handle any personal data obtained through provision of the service. This must include how the information will be securely stored, managed, disposed of, and where appropriate shared, in compliance with the DPA and the Human Rights Act 1998.
15. SAFEGUARDING TRAINING

Effective adult safeguarding requires a specific level of knowledge, expertise and skill and understanding. Adult safeguarding is complex and must be delivered by a confident, competent and trained workforce, which includes those working in a voluntary or unpaid capacity.

NIASP has a responsibility to develop an inter-agency and inter-disciplinary approach to adult safeguarding training and practice development. NIASP will develop and agree a Regional Adult Safeguarding Training Framework which will specify learning outcomes and core content to meet a range of identified training needs within partner organisations.

The framework will provide a number of levels of training which reflect the varying levels of expertise required and the differing needs of organisations across the safeguarding continuum. The appropriate level of training will be determined by the roles and responsibilities of the individual.

Service providers should use the NIASP framework to identify and set out training and development pathways for their staff and volunteers, to ensure they have the appropriate skills and knowledge to engage in preventative activity and respond to safeguarding concerns commensurate with their role. This may involve a combination of formal training events, and time for staff to reflect on their own practice and the practice of others. Records should be maintained of all training and development undertaken by staff and volunteers.
16. A CONTINUOUS LEARNING APPROACH

All practitioners, agencies and organisations involved in work with adults at risk must ensure that the highest possible standards of care, support and protection are provided and maintained at all times, and improvements identified and put in place on a continuous basis. The NIASP will foster a culture of collaborative learning and continuous practice and service improvement in connection with adult safeguarding. This will require knowledge and understanding of the ‘system’ at the front-line, the identification of and exploration of learning from cases with different outcomes for adults at risk of harm, or adults who have been harmed and the implementation of learning from both. The emphasis should be on learning for the purpose of positive proactive change and improvement. It will require the support of staff who will be responsible for the implementation of change.

The NIASP will promote a culture of continuous improvement and collaborative learning to improve outcomes for adults who may be at risk and their experience of the adult protection responses.

This does not mean that those responsible for harming an adult at risk by an act of commission or omission should not be held to account. A range of accountability mechanisms already exist, including disciplinary mechanisms. These should be used where it is appropriate to do so.

The ultimate aim is to establish a system which promotes continuous learning and improvement to:

- establish whether there are lessons to be learned about the way in which local professionals, agencies and organisations work together to safeguard adults at risk;
- identify clearly what those lessons are, how they will be acted upon, by whom and by when, and what is expected to change as a result;
- improve multi-disciplinary and interagency working, and promote better approaches to prevention, protection and support of adults at risk.

The NIASP will seek the full support, cooperation and participation of its member organisations to identify opportunities for learning and to bring these to the attention of the NIASP.
This policy is of specific relevance to:

- all NI Government Departments, their agencies and arm’s length bodies;
- local councils;
- the Health and Social Care Board and Health and Social Care Trusts;
- Business Services Organisation;
- The Northern Ireland Ambulance Service HSC Trust;
- The Public Health Agency;
- The Northern Ireland Adult Safeguarding Partnership and the five Local Adult Safeguarding Partnerships;
- The Police Service of Northern Ireland;
- The Public Prosecution Service;
- The Probation Board for Northern Ireland;
- Policing and Community Safety Partnerships;
- The Northern Ireland Prison Service;
- The Northern Ireland Housing Executive;
- The Social Security Agency;
- regulatory and Inspection bodies across all sectors, including: Criminal Justice Inspection Northern Ireland, the Regulation and Quality Improvement Authority, The Education and Training Inspectorate, the General Teaching Council for Northern Ireland, the Northern Ireland Social Care Council, the General Medical Council, the Nursing and Midwifery Council and the Charities Commission;
- schools;
- Domestic and Sexual Violence Partnerships;
- voluntary and community organisations who work with, provide services to, or engage in, activities with adults;
- voluntary and community organisation umbrella bodies;
- Faith organisations and communities;
- care staff agencies;
- organisations and individuals who provide personal care funded through direct payments or through an individual’s own funds;
- carers;
- Carers NI and other advocacy groups representing carers;
- housing associations;
- supported housing providers, the Northern Ireland Federation of Housing Associations Private landlords;
- accommodation providers;
- financial institutions, including: banks, Post Offices and building societies;
- credit unions;
- professions, including solicitors and barristers;
- The Office of Care and Protection;
- Northern Ireland Courts and Tribunal Service;
- independent Providers of health and social care service, including: General Medical Practitioners, pharmacists, dentists, private hospitals, private sector providers of domiciliary care, residential and nursing care homes, independent counsellors and independent therapist services;
• Allied Health Professionals and their regulatory bodies;
• opticians;
• further and higher education institutions;
• advice groups and helplines; for example, disability groups such as Disability Action and Action for Hearing Loss;
• Self help, user and advocacy groups;
• leisure facilities; and
• members of the public.
## Glossary

<table>
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<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Access NI</td>
<td>AccessNI is a criminal history disclosure service in Northern Ireland. By law some employers must check your criminal history before they recruit. When asked by these employers, AccessNI supplies criminal history information about job applicants, volunteers and employees.</td>
</tr>
<tr>
<td>Adult Protection Gateway Service</td>
<td>The <strong>Adult Protection Gateway Service</strong> is the central referral point within the HSC Trust for all concerns about an adult who is, or may be, at risk.</td>
</tr>
<tr>
<td>Care Plan</td>
<td>A care plan sets out the assessed care and support needs of an individual and how those needs will be met to best achieve the individual’s desired outcome. The individual should be fully involved in the development of the care plan.</td>
</tr>
<tr>
<td>Care Management</td>
<td>Care Management embraces the key functions of: case finding; case screening; undertaking proportionate, person-centred assessment of individual's needs; determining eligibility for service(s); developing a care plan and implementing a care package; monitoring and reassessing need and adjusting the care package as required.</td>
</tr>
<tr>
<td>Child Protection Gateway Service</td>
<td>The <strong>Child Protection Gateway Service</strong> is the central referral point within the HSC Trust for all concerns regarding the safety and welfare of children.</td>
</tr>
<tr>
<td>CJINI</td>
<td>Criminal Justice Inspection Northern Ireland is the independent statutory inspectorate with responsibility for inspecting all aspects of the criminal justice system in Northern Ireland apart from the judiciary. It also inspects a number of other agencies and organisations that link into the criminal justice system. CJI is funded by the Department of Justice and the Chief Inspector reports to the Minister for Justice.</td>
</tr>
<tr>
<td>Delegated Statutory Functions</td>
<td>Delegated Statutory Functions refer to all requirements of legislation with which statutory HSC organisations must comply. In successive legislation, the Health and Social Care Board (HSCB) is designated as ‘The Authority’ that is required to fulfill all relevant statutes. The HSCB delegates this responsibility to HSC Trusts under legally binding schemes referred to as ‘Schemes for the Delegation of Statutory Functions’.</td>
</tr>
<tr>
<td>Designated Adult Protection Officer</td>
<td>A social worker within the HSC Trust with responsibility for managing and co-ordinating the adult protection process. The DAPO must:</td>
</tr>
</tbody>
</table>
• be social work qualified;
• be working in a minimum of a band seven;
• have first line management responsibilities, or in a senior practitioner role;
• be suitably experienced; and
• have undertaken the necessary training.

<table>
<thead>
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<tbody>
<tr>
<td>DHSSPS</td>
<td>The Department of Health, Social Services and Public Safety.</td>
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<tr>
<td>DOJ</td>
<td>The Department of Justice.</td>
</tr>
<tr>
<td>Direct Payments</td>
<td>Direct payments are paid by an HSC Trust to people who have been assessed by an HSC Trust to meet the eligibility criteria for assistance from social services. A payment is made in lieu of the service so that the person can arrange and pay for their own care and support services instead of receiving them directly from the HSC Trust.</td>
</tr>
<tr>
<td>ETI</td>
<td>The Education and Training Inspectorate. The organisation which provides inspection services and information about the quality of education being offered including that within schools, further education and work-based learning, where adults at risk may be enrolled.</td>
</tr>
<tr>
<td>HSCB</td>
<td>The Health and Social Care Board. This is the body responsible for arranging or ‘commissioning’ a comprehensive range of modern, effective and safe health and social services for the people of Northern Ireland.</td>
</tr>
<tr>
<td>HSC Trust</td>
<td>Health and Social Care Trust. There are five Health and Social Care Trusts in Northern Ireland, providing local and regional health and social care services to the Northern Ireland public. The use of “HSC Trust” in the Policy document refers to the following five HSC Trusts: The Belfast Trust, The South Eastern Trust, The Southern Trust, The Northern Trust, The Western Trust.</td>
</tr>
<tr>
<td>Joint Protocol</td>
<td>The Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults 2009. The Protocol sets out a framework for joint working in a complex area of practice and emphasises the need to involve all other relevant agencies in information sharing, early assessment and the planning process. The overall aim of the Protocol is to prevent abuse by promoting a multi-agency approach to the protection of vulnerable adults, and to ensure that they receive equitable access to justice in a way that promotes their rights and well-being.</td>
</tr>
<tr>
<td><strong>LASP</strong></td>
<td>Local Adult Safeguarding Partnerships. The five local multi-agency, multi-disciplinary partnerships located within their respective HSC Trusts.</td>
</tr>
<tr>
<td><strong>MARAC</strong></td>
<td>A MARAC is a Multi-Agency Risk Assessment Conference. It is a forum for local agencies to meet with the aim of sharing information about the highest risk cases of domestic violence and abuse and to agree a safety plan around victims.</td>
</tr>
<tr>
<td><strong>National Referral Mechanism</strong></td>
<td>A framework which exists to assist in the formal identification of victims of human trafficking and help to coordinate support to potential victims to appropriate service. The Department of Justice (DOJ) funds organisations to provide this support to adult potential victims of human trafficking. The PSNI are the lead agency in managing this response. However, consideration should be given to use of the Joint Protocol arrangements.</td>
</tr>
<tr>
<td><strong>NIASP</strong></td>
<td>The Northern Ireland Adult Safeguarding Partnership. The regional multi-agency, multi-disciplinary partnership that brings together representatives from organisations and communities of interest who have a significant contribution to make to adult safeguarding.</td>
</tr>
<tr>
<td><strong>Office of Care and Protection</strong></td>
<td>Office of Care and Protection is the department of the Court with responsibility for the administrative work associated with Part VIII of the Mental Health Order. This includes matters relating to enduring or lasting powers of attorney, and court-appointed deputies.</td>
</tr>
<tr>
<td><strong>PBNI</strong></td>
<td>Probation Board for Northern Ireland. PBNI works alongside statutory and other partners to minimise the risk of harm posed by offenders. PBNI is a Non Departmental Public Body of the Department of Justice (DOJ).</td>
</tr>
<tr>
<td><strong>PCSP</strong></td>
<td>Police and Community Safety Partnerships. Local bodies made up of Councillors and independent people in each Council area. PCSPs work with their community to identify issues of concern in the local area and potential solutions, and prepare plans to address these concerns.</td>
</tr>
<tr>
<td><strong>Personal data</strong></td>
<td>Personal data means data which relate to a living individual who can be identified – (a) from those data, or (b) from those data and other information which is in the possession of, or is likely to come into the possession of, the data controller, and includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual. It is important to note that, where the ability to identify an individual depends partly on the data</td>
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<tr>
<td>Term</td>
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<tr>
<td>PPANI</td>
<td>Public Protection Arrangements Northern Ireland. The purpose of the PPANI framework is to reduce the risks posed by sexual and violent offenders when they are released into the community in order to protect the public, including previous victims, from serious harm.</td>
</tr>
<tr>
<td>PPT</td>
<td>Public Protection Team. These are located in police stations throughout Northern Ireland.</td>
</tr>
<tr>
<td>Programme of Care</td>
<td>The structure in HSC Trusts within which social care is commissioned and delivered in Northern Ireland.</td>
</tr>
<tr>
<td>Protection Plan</td>
<td>A plan agreed with the adult at risk (or the person representing them or their best interests) detailing the actions to be taken, with timescales and responsibilities, to support and protect the person from harm.</td>
</tr>
<tr>
<td>PSNI</td>
<td>The Police Service of Northern Ireland.</td>
</tr>
<tr>
<td>RQIA</td>
<td>The Regulatory and Quality Improvement Authority. Northern Ireland's independent health and social care regulator, responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.</td>
</tr>
</tbody>
</table>
| Sensitive Personal Data | Sensitive Personal Data means personal data consisting of information as to—
(a) the racial or ethnic origin of the data subject,
(b) his political opinions,
(c) his religious beliefs or other beliefs of a similar nature,
(d) whether he is a member of a trade union (within the meaning of the M1Trade Union and Labour Relations (Consolidation) Act 1992),
(e) his physical or mental health or condition,
(f) his sexual life,
(g) the commission or alleged commission by him of any offence, or
(h) any proceedings for any offence committed or alleged to have been committed by him, the disposal of such proceedings or the sentence of any court in such proceedings. |

Sensitive Personal Data has a higher threshold when considering whether or not it can be shared.
and carries higher requirements for secure management.
Bibliography

The list below contains a list of sources used during the development of this policy. There may have been other documents which were reviewed during the course of the policy development which have been omitted, and where these are identified these will be included in future updates of this document.

<table>
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<th>Document Title</th>
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<tr>
<td>Adult Support and Protection: Ensuring Rights and Preventing Harm</td>
<td>Edinburgh, Lothian and Borders Executive Group</td>
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<tr>
<td>Evidence Review – Adult Safeguarding</td>
<td>Institute of Public Care</td>
</tr>
<tr>
<td>Haringey Safeguarding Adults Multi Agency Information Sharing Protocol</td>
<td>Haringey Council</td>
</tr>
<tr>
<td>Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse.</td>
<td>Social Care Institute for Excellence with the Pan London Adult Safeguarding Editorial Board</td>
</tr>
<tr>
<td>Protecting our Older People in Northern Ireland: A Call for Adult Safeguarding Legislation</td>
<td>Commissioner for Older People for Northern Ireland</td>
</tr>
<tr>
<td>Safeguarding Adults: a National Framework of Standards for good practice and outcomes in adults protection work</td>
<td>The Association of Directors of Social Services</td>
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<td>Safeguarding Vulnerable Adults Regional Adult Protection Policy and Procedural Guidance</td>
<td>Health and Social Care Board</td>
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<td>Safeguarding Vulnerable Adults A Shared Responsibility</td>
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