



ParentingNI

SAFEGUARDING POLICIES



ParentingNI

CHILD PROTECTION POLICY

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**Any reference to staff throughout this policy includes staff and sessionals.*

Parenting NI Policies and Procedures adhere to legislation and follow best practice. Policies and procedures are subject to review and revision. The Board of Trustees is responsible for agreeing the content of all policies and procedures and staff must ensure compliance.

PRINCIPLES AND GUIDELINES FOR STAFF

Scope of Policy

This policy details the processes that must be followed in respect of children in need of protection. It does not cover other responses to children in need. It does however, reflect a growing recognition that the Child Protection Process is closely integrated with family support services thus enabling a range of prevention, support and protection services to be offered and tailored to meet the specific assessed needs of children and families.

Parenting NI has a separate policy on Adults at Risk of Harm.

Introduction

Parenting NI takes a holistic approach to safeguarding by promoting the welfare of children and young people, and protecting them from significant harm. Parenting NI's Child Protection Policy considers safeguarding in a wider context than child protection, which includes identifying potential harm that may impact on the child's welfare, personal development and well-being. Work is underpinned by the UNCRC, which embraces the child's right to be protected. The organisation considers that the effectiveness of safeguarding relates to interagency working and robust procedures. Safeguarding Board for Northern Ireland (SBNI) Procedures Manual
<http://www.proceduresonline.com/sbni/>

Parenting NI also ensure that all procedures are checked against the 7 standards in 'Getting it Right?'
<http://www.belfasttrust.hscni.net/pdf/Volunteer-Now-getting-it-right-2011.pdf>

Definition of Significant Harm

The Children Order defines 'harm' as ill-treatment or the impairment of health or development. The Order states that 'ill-treatment' includes sexual abuse, forms of ill-treatment which are physical and forms of ill-treatment which are not physical; 'health' means physical and / or mental health; and 'development' means physical, intellectual, emotional, social or behavioural development.

There is no absolute definition of 'significant harm', as this will be assessed on a case by case basis. Article 50(3) of the Children Order states that "where the question of whether harm suffered by a child is significant turns to the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child".

*Department of Health Co-operating to Safeguard Children and Young People in Northern Ireland
August 2017*

Definition of a child

In Northern Ireland, to promote best practice, the definition of a child or young person is a person under 18 years of age, as set out in the Children (NI) Order 1995 and the United Nations Convention on the Rights of the Child.

Child Protection Policy statement

The welfare of the child is of paramount consideration.

It is the policy of Parenting NI to safeguard the welfare of all children by protecting them from physical, sexual and emotional harm, exploitation or neglect. We are committed to making sure that our staff are carefully selected, trained and supervised. (See policies on staff recruitment.)

Staff in this organisation accept and recognise our responsibilities to develop awareness on the issues which promote the welfare of children and protects them from harm.

We will endeavour to safeguard children by:

- Adopting child protection guidelines through a code of behaviour for staff.
- Ensure policies and procedures are followed
- Sharing information about child protection and good practice with children, parents and staff.
- Sharing information about concerns with relevant agencies (on a need to know basis) and involving parents and children appropriately.
- Use UNOCINI and advise on use of UNOCINI
- Following carefully the procedures laid down for recruitment and selection of staff.
- Ensuring all staff are thoroughly vetted (through interview, identification, references and AccessNI Enhanced Disclosure).
- Providing effective management for staff through supervision, support and training.
- Ensuring safety procedures are adhered to.

We are also committed to reviewing our policy, procedures and best practice on a 3 yearly basis (or more often if changes in legislation occur).

Recruitment and Selection

Within Parenting NI, Staff Recruitment Procedures have been developed to consistently apply a thorough and clearly defined method of recruiting staff. Parenting NI follows good practice guidelines in the recruitment and selection process as set out in Our Duty To Care to ensure children are safeguarded. This includes obtaining references for potential staff and carrying out AccessNI Enhanced Disclosure with barred lists checks for those working in regulated activity.

- Job description and personnel specification prepared.
- Post advertised.
- Applicants shortlisted against measurable essential criteria.
- If any part of scoring criteria is not met, the shortlisting panel will cease process for that applicant.
- Shortlisted applicants interviewed with testing of safeguarding experience, if relevant to post.
- Shortlisted applicants interviewed with IT testing ability, if relevant to post.
- Successful candidate advised, stipulating that they will not be accepted to post until satisfactory references have been received and AccessNI check carried out.
- References taken up.

- ID confirmed using AccessNI guidelines. Photocopy taken of photographic ID.
- Enhanced Disclosure Application with barred lists checks submitted to AccessNI.

Parenting NI's responsibilities

Everyone in the organisation has a responsibility to report anything (to the Designated Officer), which causes him/her to feel concerned. This means being aware of the attitudes of staff and of interactions between them and children and with each other. We should all be alert to any unusual incidents and activities that take place when we feel that staff are putting themselves in a vulnerable position.

Parenting NI will ensure everyone in the organisation is aware they have a responsibility to be alert to signs (whether verbal or visual) that all is not well with a child by:

- Providing a thorough induction programme, which covers training for staff on child protection issues.
- Providing support and supervision throughout all staff probationary periods.
- Ensuring Safeguarding Training – Child Protection full day (at least 6 hours) certified training is carried out for relevant staff every 3 years. Mandatory for all Designated Safeguarding Officers and direct services staff. Parenting NI will ensure that sessional workers (freelance) have up-to-date safeguarding training.
- Ensuring Safeguarding Training – Child Protection half day non certified training is carried out every 3 years for all other staff in Administration, Communications, Business Development, Finance and Operations.
- Ensuring relevant staff undertake certified Designated Officer training every 3 years (at the discretion of the staff member and line manager). Mandatory for Chief Executive, Head of Services and Operations, and Education and Support Services Manager.
- Ensuring that UNOCINI training is undertaken once for relevant staff. Mandatory for Chief Executive and Head of Services and Operations.
- Ensuring certified Asist training is carried out once for direct services staff.
- Ensuring ACE training is carried out for direct services staff.
- Ensuring Signs of Safety training is carried out for direct services staff.
- Acknowledging parents are responsible for their children's welfare at all times.

PSNI Requesting Information

Refer to Appendix 1 in Information Sharing Policy.

Code of behaviour on child protection for Parenting NI staff

Staff have a responsibility to ensure the following code of behaviour is fully observed.

Parents who are accompanied by children/young people need to be aware that:

- Staff are not trained childcare workers.
- While Parenting NI welcomes parents and children, parents should be made aware that their children/young people are their responsibility and not that of Parenting NI.
- Due to confidentiality and Parenting NI's aim to improve parent/child relationships, parents will be unable to avail of the session/programme they are attending if they are accompanied by their child or teenager.

- In the case of any direct support of the child/young person, the parent must sign a contract to agree to this intervention being carried out.

Staff should NOT do any parenting action such as

- Take the child to the toilet.
- Feed a baby.
- Take children alone on car journeys – however short.
- Take a child to a bus stop, train station.
- Take a child home.
- Lift a child/baby.

Exemptions may be made in emergency situations e.g. if a child's parent becomes ill.

Any request to the staff member by parent/carer/child to be involved in this or any similar activity should be refused and the staff member should discuss alternative action with their line manager.

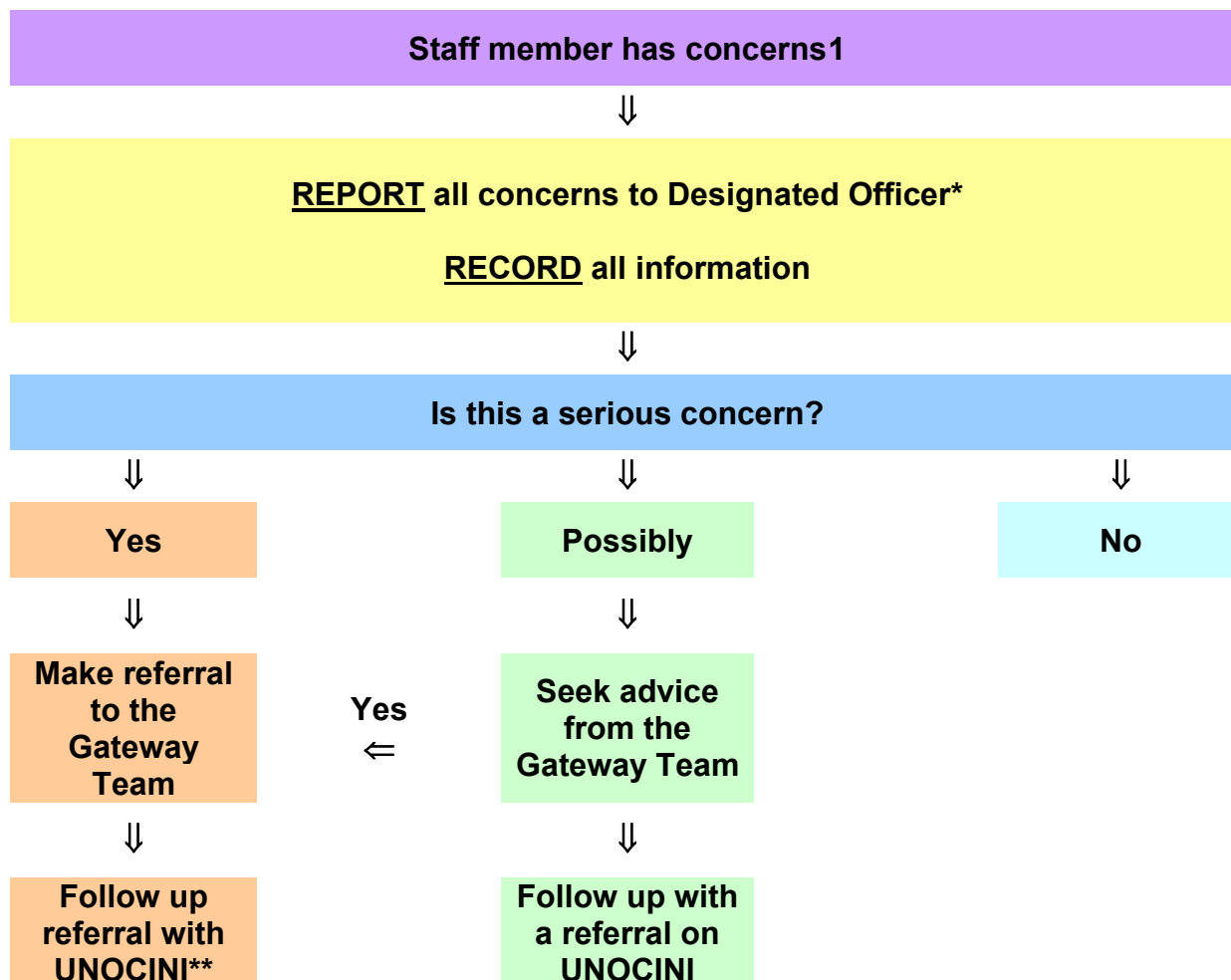
Staff should NEVER:

- engage in rough physical games including horseplay.
- engage in sexually provocative games.
- allow or engage in inappropriate touching of any form.
- make sexually suggestive comments about or to a child even in fun.
- allow disclosures a child makes to go unreported or unrecorded.
- do things of a personal nature for children that they can do themselves.

If any parent/carer/young person wants to make a complaint they should follow the procedures outlined in Parenting NI's Grievance and Complaints Procedure.

PARENTING NI'S REPORTING PROCEDURES

It is **not** Parenting NI's responsibility to investigate possible instances of abuse of children however **it is** a statutory responsibility to report on any child protection concerns. (See also flowchart in Appendix 3 – Parenting NI identifies child/vulnerable adult at risk/serious crime [intended or committed])



* Designated Officers for Parenting NI are the Head of Services and Operations, Chief Executive and Education and Support Services Manager. The Designated Officer is responsible for acting as a source of advice on child protection matters, for co-ordinating action within Parenting NI and for liaising with Health and Social Care Trusts and other agencies about suspected or actual cases of child abuse.

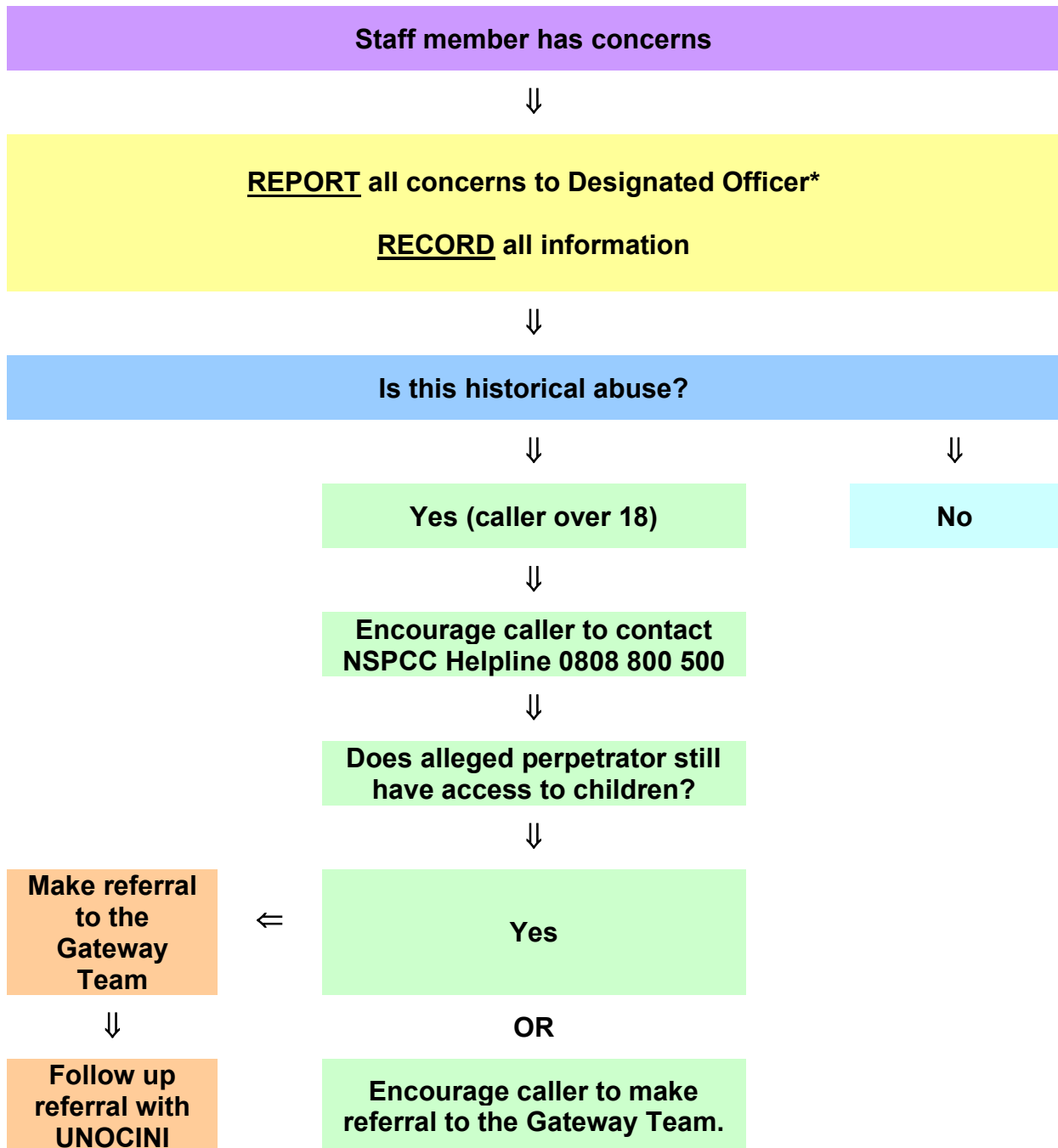
**UNOCINI – Understanding Needs of Children in Northern Ireland, Assessment framework for making referrals to Social Services (relevant staff will be trained to use UNOCINI as a referral tool).

1 Concern – worried that abuse may be occurring.

Disclosure – making information known.

Allegation – a claim that someone has done something illegal or wrong, typically one made without proof. When an allegation is made, staff need to ensure that they keep an open mind on the matter.

PARENTING NI'S REPORTING PROCEDURES FOR HISTORICAL ABUSE



DETAILED PROCEDURES CONCERNING CHILD PROTECTION

Procedure to be followed when calls to Parenting NI fall within the definitions of abuse

Introduction

The Northern Ireland Executive government is responsible for child protection in Northern Ireland. They set policy, legislation and statutory guidance on how the child protection system should work.

The Safeguarding Board for Northern Ireland (SBNI) co-ordinates, and ensures the effectiveness of, work to protect and promote the welfare of children. The Board includes representatives from health, social care, the police, the probation board, youth justice, education, district councils and the NSPCC. The SBNI is responsible for development of policies and procedures to improve how different agencies work together.

Policy in Northern Ireland that provides the guidance is:

1. Understanding the Needs of Children in Northern Ireland (UNOCINI) – assessment framework provides a clear process for assessing the needs of a child and for ensuring that these needs are addressed. It is designed to be used by all practitioners providing services for children and families.
2. Co-operating to Safeguard Children and Young People in Northern Ireland (2016) – provides the overarching policy framework for safeguarding children and young people in the statutory, private, independent, community, voluntary and faith sectors. Outlines how communities, organisations and individuals must work both individually and in partnership to ensure children and young people are safeguarding as effectively as possible.
3. Guidance to the Safeguarding Board for Northern Ireland (SBNI) – sets out how SBNI co-ordinates and ensures the effectiveness of its member agencies. Co-operating to Safeguard Children and Young People in Northern Ireland, 2017

Parenting NI has followed best practice guidelines and relevant legislation, as outlined above, to establish its Child Protection Policy and procedures. Members of staff will be required to sign a declaration to state that they have read and fully understand Child Protection Policy.

Procedure

- In any situation where it is believed there is the risk of, or actual harm caused to a child or young person/vulnerable adult, the staff member must immediately discuss the case with a Designated Officer, who will decide on appropriate action. (A professional with specialist knowledge may be consulted for guidance). Staff should have contact details of Designated Officers readily available.
- Parenting NI's Confidentiality Policy and limits of confidentiality should be explained to all clients at the start of each contact.
- If it is decided that the concern will be referred to the Gateway Team the staff member will aim to gain the consent of the client; provided this does not compromise the welfare of a child or a possible criminal investigation.

- If the client withholds consent the client will be informed that the case must be referred to the Gateway Team.
- In the case of a young person disclosing abuse:
 - Listen, rather than question directly.
 - Offer him/her reassurance without making promises and take what the child says seriously.
 - Never stop a child who is freely recalling significant events.
 - Stay calm and do not overreact.
 - Explain what you have to do and whom you have to tell.
 - Do not question or interrogate the child.
 - Record the discussion accurately using as far as possible the child's own words as soon as possible after the event, even if it is information you do not fully understand.
 - Contact the Designated Officer to discuss the concern.
- All child protection case notes should be filed in a separate file labelled child protection.

Referrals

- 'At Risk of Significant Harm' cases will be immediately referred to the Duty Child Protection Social Worker at the Gateway Team.
- The Gateway Team should be contacted to let them know we will be sending a UNOCINI.
- Confirmation of referral will be sent from Parenting NI to the Gateway Team on a UNOCINI form within 24 hours.
- The Gateway Team will take responsibility for consulting with the GP and other relevant professionals and where appropriate may close the case. They will also be responsible for informing the police if appropriate.
- After referral the Gateway Team will take responsibility for coordinating the case or closing the case.
- Gateway should acknowledge a written referral within 5 working days of receipt. If Parenting NI have not heard from Gateway/Social Services within 7 days the Designated Officer will contact them directly.
- When appropriate, Parenting NI and the Gateway Team will agree on areas of contact/work to be done with client/family and this will be made clear to client/family.

Child Protection Conferences

If a request is made to Parenting NI by Social Services to attend a case conference, the Designated Officer will consider each request and ensure that the following procedures are adhered to:

- a) The family is informed of our attendance
- b) It will be made clear to the family and to those present at the Child Protection conference that Parenting NI is an independent organisation which is present solely to contribute to the discussion.

'All relevant parties will be informed of our Information Sharing Policy'

Definitions

- Concern – worried that abuse may be occurring
- Disclosure – making information known

- Allegation – a claim that someone has done something illegal or wrong, typically one made without proof. When an allegation is made, staff need to ensure that they keep an open mind on the matter.

Contacting the Gateway Team

- To contact the Gateway Team in the event that the Designated Officers are not available in an emergency.
 - Gateway Team, Belfast – 028 9050 7000 (between 9am and 5pm)
 - Gateway Team, Derry~Londonderry – 028 7131 4090 (between 9am and 5pm)
 - Out of Hours Duty Social Worker – 028 9504 9999

PROCEDURES FOR DISCLOSURES DURING GROUP SESSIONS

If an individual makes a disclosure/allegation* during a group session about themselves or about someone else who may be at risk you must take the following action:

- The person disclosing/alleging will have chosen the place to talk therefore this should be respected – however it may be necessary to pause the group session and move to a quieter place away from the group.
- Explain that you may not be able to keep what they have told the group in confidence e.g. if a child protection issue has been raised.
- Re-refer all group members to the confidentiality agreement that should have been discussed at the start of the group.
- Do not investigate the issue or question the individual yourself.
- Talk to the individual at the end of the session and provide them with contact numbers for other support organisations, if appropriate (e.g Victim Support, Women's Aid, The Nexus Institute etc).
- If you have child protection concerns report the case immediately according to Parenting NI's reporting procedures (see pages 7 and 8).

** Disclosures/Allegations may include Children at risk-Child Protection, Rape, Sexual Abuse and / or Domestic Violence or Abuse.*

DEFINITIONS OF ABUSE

The following is an extract from 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) by Department of Health.

Co-operating to Safeguard Children and Young People in Northern Ireland provides the overarching policy framework for safeguarding children and young people in the statutory, private, independent, community, voluntary and faith sectors. It outlines how communities, organisations and individuals must work both individually and in partnership to ensure children and young people are safeguarded as effectively as possible.

Safeguarding children and young people is everyone's business, however, this policy is of particular importance to, and must be adhered to by, those who provide services to children, young people and families. It applies to those who work with children and young people, whether in paid or voluntary capacities.

Safeguarding in Context

Within this policy, the term safeguarding is intended to be used in its widest sense, encompassing the full range of promotion, prevention and protection activity. Effective safeguarding activity will:

- **Promote** the welfare for the child and young person;
- **Prevent** harm occurring through early identification of risk and appropriate, timely intervention; and
- **Protect** children and young people from harm when this is required.

Types of Abuse

Harm can be suffered by a child or young person by acts of abuse perpetrated upon them by others. Abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health, or if they live in a home where domestic abuse happens. Abuse can also occur outside of the family environment. Evidence shows that babies and children with disabilities can be more vulnerable to suffering abuse.

Although the harm from the abuse might take a long time to be recognisable in the child or young person, professionals may be in a position to observe its indicators earlier, for example, in the way that a parent interacts with their child. Effective and ongoing information sharing is key between professionals.

Harm from abuse is not always straightforward to identify and a child or young person may experience more than one type of harm or significant harm. Harm can be caused by:

Neglect	Is the failure to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter that is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse.
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Physical Abuse Is deliberately physically hurting a child. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Sexual Abuse Occurs when others use and exploit children sexually for their own gratification or gain or the gratification of others. Sexual abuse may involve physical contact, including assault by penetration (for example, rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

Exploitation² Is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature.

Emotional Abuse Is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

Bullying The Northern Ireland Anti-Bullying Forum (NIABF) defines bullying as the repeated use of power by one or more persons intentionally to hurt, harm or adversely affect the rights and needs of another or others.

Bullying is a form of unacceptable behaviour, but not all unacceptable behaviour can be considered bullying. NIABF

² Although 'exploitation' is not included in the categories of registration for the Child Protection Register, professionals should recognise that the abuse resulting from or caused by the exploitation of children and young people can be categorised within the existing CPR categories as children who have been exploited will have suffered from physical abuse, neglect, emotional abuse, sexual abuse or a combination of these forms of abuse.

believes that all bullying behaviour usually has the following features:

- It is repetitive and persistent
- It is intentionally harmful
- It involves an imbalance of power, leaving someone feeling helpless to prevent it or put a stop to it
- It causes distress.

Understanding the features of bullying can help others identify and categorise the behaviours. It is important to open a conversation to determine the nature, frequency, duration and perception of the child being bullied.

All unacceptable behaviour must be challenged, whether it is bullying or not.

There are many different ways that bullying behaviour can be displayed. This could include:

- Being called nasty names, teased, made fun of, threatened or put down
- Being hit, kicked, punched, tripped up or knocked over
- Having belongings stolen or damaged
- Having rumours or gossip spread about you or people talking about you behind your back
- Being left-out, excluded or isolated
- Being forced to do something you don't want to do or know that is wrong

IDENTIFICATION OF ABUSE

Introduction

All professionals working with children or their families need to be aware of the indicators of child abuse. Where a professional is unsure but has concerns that a child may have been harmed or may be at risk of being harmed it is essential that they consult with, and share information, with other relevant professionals.

The following signs and symptoms should be considered as a guide and are not to be used as a checklist. In all cases there needs to be an assessment of the nature of the injury or allegation in relation to the explanation offered and the family circumstances. Injuries alone are not always conclusive. Suspicion should be raised by:

- delay in seeking treatment
- inadequate or discrepant explanations
- a lack of any explanation for injuries
- injuries of different ages
- a history of previous injury
- failure to thrive
- the parent showing little or no anxiety about the child's condition
- the parent coldly blames the child
- evidence of marital violence
- evidence of factors associated with child abuse e.g. alcohol or drug abuse

The following information from the National Institute for Health and Care Excellence (NICE), unless otherwise stated, is endorsed by DHSSPS as guidance valid for Northern Ireland (September 2010). Full guidance can be found on the NICE website - <http://pathways.nice.org.uk/pathways/when-to-suspect-child-maltreatment>

This guidance provides a summary of clinical features associated with child maltreatment (alerting features) that may be observed when a child presents to healthcare professionals. Its purpose is to raise awareness and help healthcare professionals who are not specialists in child protection to identify children who may be being maltreated. It does not give healthcare professionals recommendations on how to diagnose, confirm or disprove child maltreatment. The advice in this guideline covers the alerting features in children and young people (under 18 years) of: physical, sexual and emotional abuse; neglect; and fabricated or induced illness.

Physical Features

Alerting features that should prompt you to consider child maltreatment i.e. maltreatment is one possible explanation for the alerting feature:

- Any serious or unusual injury with an absent or unsuitable explanation
- Cold injuries e.g. swollen, red hands or feet, in a child, with no medical explanation
- Hypothermia in a child, with an unsuitable explanation
- Oral injury in a child, with an absent or unsuitable explanation

Alerting features that should prompt you to suspect child maltreatment i.e. serious level of concern about the possibility of child maltreatment but not proof of it:

- Bruising in the shape of a hand, ligature, stick, teeth mark, grip or implement
- Bruising or petechiae (tiny red or purple spots) not caused by a medical condition
- Human bite mark thought unlikely to have been caused by a young child
- Lacerations, abrasions or scars
- Burn or scald injuries
- One or more fractures in a child if there is no medical condition that predisposes to fragile bones
- Intracranial injury (external force traumatically injures the brain)
- Retinal haemorrhages
- Signs of spinal injury
- Intra-abdominal or intrathoracic (chest) injury

Sexual Abuse

Sexual abuse can be very difficult to identify. Children who are sexually abused may:

Stay away from certain people

- they might avoid being alone with people, such as family members or friends
- they could seem frightened of a person or reluctant to socialise with them.

Show sexual behaviour that's inappropriate for their age

- a child might become sexually active at a young age
- they might be promiscuous
- they could use sexual language or know information that you wouldn't expect them to.

Have physical symptoms

- anal or vaginal soreness
- an unusual discharge
- sexually transmitted infection (STI)
- pregnancy

NSPCC, 2016

Child Sexual Exploitation

Child sexual exploitation (CSE) differs from child abuse in that it predominantly impacts children of a post-primary age; includes some form of “exchange” so young people see themselves as complicit in the abuse; there are 3 different forms of CSE – organised abuse, commercial sexual exploitation of children and risk posed by e-technologies.

Signs and symptoms of CSE include:

- Acquisition of money, clothes, mobile phone etc without plausible explanation;
- Leaving home/care without permission;
- Persistently going missing or returning late;
- Receiving lots of texts/phone calls prior to leaving;
- Agitated/stressed prior to leaving home/care;
- Returning distraught/ dishevelled or under the influence of substances;
- Requesting the morning after pill upon return;
- Truancy from school;
- Inappropriate sexualised behaviour for age;
- Physical symptoms or infections e.g. bruising, bite marks, sexually transmitted infections;

- Concerning use of the internet;
- Entering or leaving cars driven by unknown adults or by taxis;
- New peer groups;
- Significantly older 'boyfriend' or 'girlfriend';
- Increasing secretiveness around behaviours;
- Low self-esteem;
- Change in personal hygiene (greater attention or less);
- Self harm and other expressions of despair;
- Evidence or suspicion of substance misuse.

Whilst these indicators can be usefully used to identify potential risk, it is important to note that their presence does not necessarily mean that CSE is occurring. More importantly, nor does their absence, mean that it is

Safeguarding Board NI, October 2014

Emotional Abuse

Alerting features that should prompt you to consider child maltreatment i.e. maltreatment is one possible explanation for the alerting feature:

- Any behaviour or emotional state in a child which is inconsistent with their age and developmental stage
 - Fearful or withdrawn
 - Low self-esteem
 - Aggressive or oppositional behaviour
 - Habitual body rocking
 - Indiscriminate contact or affection-seeking
 - Over-friendliness to strangers
 - Excessive clinginess
 - Persistently resorting to gaining attention
 - Demonstrating excessively 'good' behaviour to prevent parental or carer disapproval
 - Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
 - Coercive controlling behaviour towards parents or carers
 - Very young children showing excessive comforting behaviours when witnessing parental or carer distress
- Child or young person regularly has responsibilities that interfere with essential normal daily activities e.g. school attendance
- Marked change in behaviour or emotional state
- Repeated, extreme or sustained emotional responses
- Dissociation displayed by a child i.e. transient episodes of detachment that are outside the child's control and that are different from day dreaming, seizures or deliberate avoidance of interaction.
- Deliberate self-harm
- Child or young person who has run away from home or care, or is living in alternative accommodation without the full agreement of parents or carers
- Unusual, unexpected or developmentally inappropriate response by a child to a health examination or assessment e.g. extreme passivity, resistance or refusal.
- Secondary day- or night-time wetting in a child, which persists despite adequate assessment or management
- Deliberate wetting by a child

- Encopresis (repeatedly defecating a normal stool in an inappropriate place) or repeated, deliberate smearing of faeces by a child.

Alerting features that should prompt you to suspect child maltreatment i.e. serious level of concern about the possibility of child maltreatment but not proof of it:

- Child who repeatedly scavenges, steals, hoards or hides food
- Indiscriminate, precocious or coercive sexual behaviour
- Repeated or coercive sexualised behaviours

Neglect

Alerting features that should prompt you to consider neglect i.e. maltreatment is one possible explanation for the alerting feature:

- Severe or persistent infestations e.g. scabies or head lice
- Parents or carers who do not administer essential prescribed treatment for their child
- Parents or carers who fail to obtain NHS treatment for their child's tooth decay
- Parents or carers who repeatedly fail to attend essential follow-up appointments that are necessary for the health and wellbeing of their child
- Parents or carers who persistently fail to engage with relevant child health promotion programmes which include immunisation, health and development reviews, and screening
- Child who is consistently dressed in clothes or shoes that are inappropriate e.g. for the weather or child's size
- Failure to thrive
- Child or young person is not being cared for by a person who is able to provide adequate care
- Animal bite on an inadequately supervised child
- Injury e.g. a burn or ingestion of a harmful substance, if the explanation suggests lack of appropriate supervision

Alerting features that should prompt you to suspect neglect i.e. serious level of concern about the possibility of child maltreatment but not proof of it:

- Medical advice is not sought, compromising the health and wellbeing of a child, including if they are in ongoing pain
- Child who is persistently smelly and dirty
- Repeated observation or reports of any of the following home environments that are in the parents' or carers' control:
 - Poor standard of hygiene that affects the child's health
 - Inadequate provision of food
 - Living environment that is unsafe for the child's developmental stage

Clinical Presentations

Alerting features that should prompt you to consider child maltreatment:

- Unusual pattern of presentation to and contact with healthcare professionals, or frequent presentations or reports of injuries
- Poor school attendance that the child's parents or carers know about that is not justified on health (including mental health) grounds, and home education is not being provided
- Bleeding from the nose or mouth in an infant who has an apparent life-threatening event and a medical explanation has not been identified
- Hyponatraemia if a medical explanation has not been identified

- A near-drowning incident that suggests a lack of supervision

Alerting features that should prompt you to suspect child maltreatment:

- Repeated apparent life-threatening events in a child, if the onset is witnessed only by one parent or carer and a medical explanation has not been identified
- Poisoning in a child
- Child has a near-drowning incident with an absent or unsuitable explanation

Fabricated or Induced Illness (Munchausen's Syndrome by Proxy)

This is the form of abuse where the history or physical signs are fabricated by the parent or carer. This can lead to the child being harmed in the course of the creation of physical symptoms and can lead to unnecessary and often harmful investigations and treatment.

Parent – or carer – child interactions

Alerting features that should prompt you to consider child maltreatment:

- Potentially harmful parent – or carer – child interactions (emotional abuse)
- Emotional unavailability and unresponsiveness from the parent or carer towards a child (emotional neglect)
- Parent or carer prevents you or another healthcare professional from speaking to the child or young person alone when it is necessary for the assessment of the child or young person
- Parents or carers punishing a child for wetting despite professional advice that the wetting is involuntary

Alerting features that should prompt you to suspect child maltreatment:

- Persistent harmful parent – or carer – child interactions (emotional abuse)
- Persistent emotional unavailability and unresponsiveness from the parent or carer toward a child (emotional neglect)

Domestic Violence and Abuse

The definition of domestic violence and abuse as set out in the NI Government's Stopping Domestic and Sexual Violence and Abuse Strategy is: "threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member."

'Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.'

'Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.'

There is increasing evidence that violence between couples within the home is a feature in families where child abuse has occurred. It is also clearly the case that children seeing or hearing such violence taking place must suffer to some extent emotionally and in terms of their social development. Professionals must therefore

consider evidence that domestic violence is occurring as a reason to have concerns about the welfare of the children within the family. Whilst it may not be of sufficient reason to initiate the formal child protection procedure these concerns should be shared with other relevant professionals, and addressed with the family in an appropriate manner.

Children with Special Needs and Disabilities (up to the age of 21)

Behaviour and physical symptoms are sometimes seen as the result of a child's impairment rather than a result of abuse or neglect and this can lead to a failure to make an appropriate referral. Signs and symptoms of abuse in children with special needs and disabilities can include:

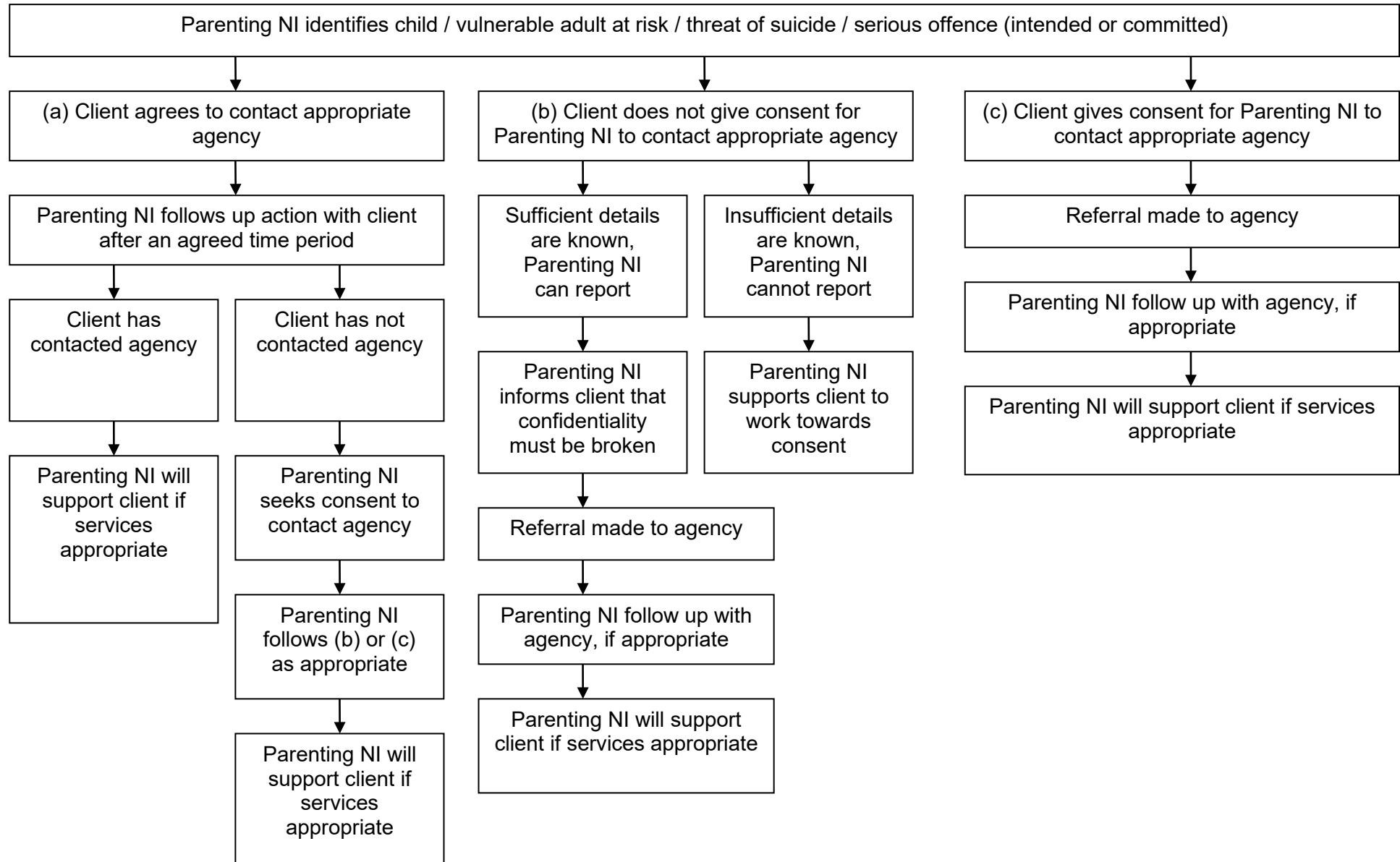
- An unwillingness to be in the same room with certain people
- An unwillingness to go to certain places, e.g. school, a social activity
- Withdrawn, isolated behaviour
- Complaining about missing possessions
- Becoming easily distracted
- Causing damage to property
- Disruptive behaviour
- A change in attitude
- An unexplained illness
- Bruising or torn clothes
- A key person knowing the child/young person identifies a change

Children and Young People, Protection Procedure Manual, Mencap

When calls to Parenting NI fit into the definitions of abuse the procedures on p7 will be followed.

REPORTING DISCLOSURES

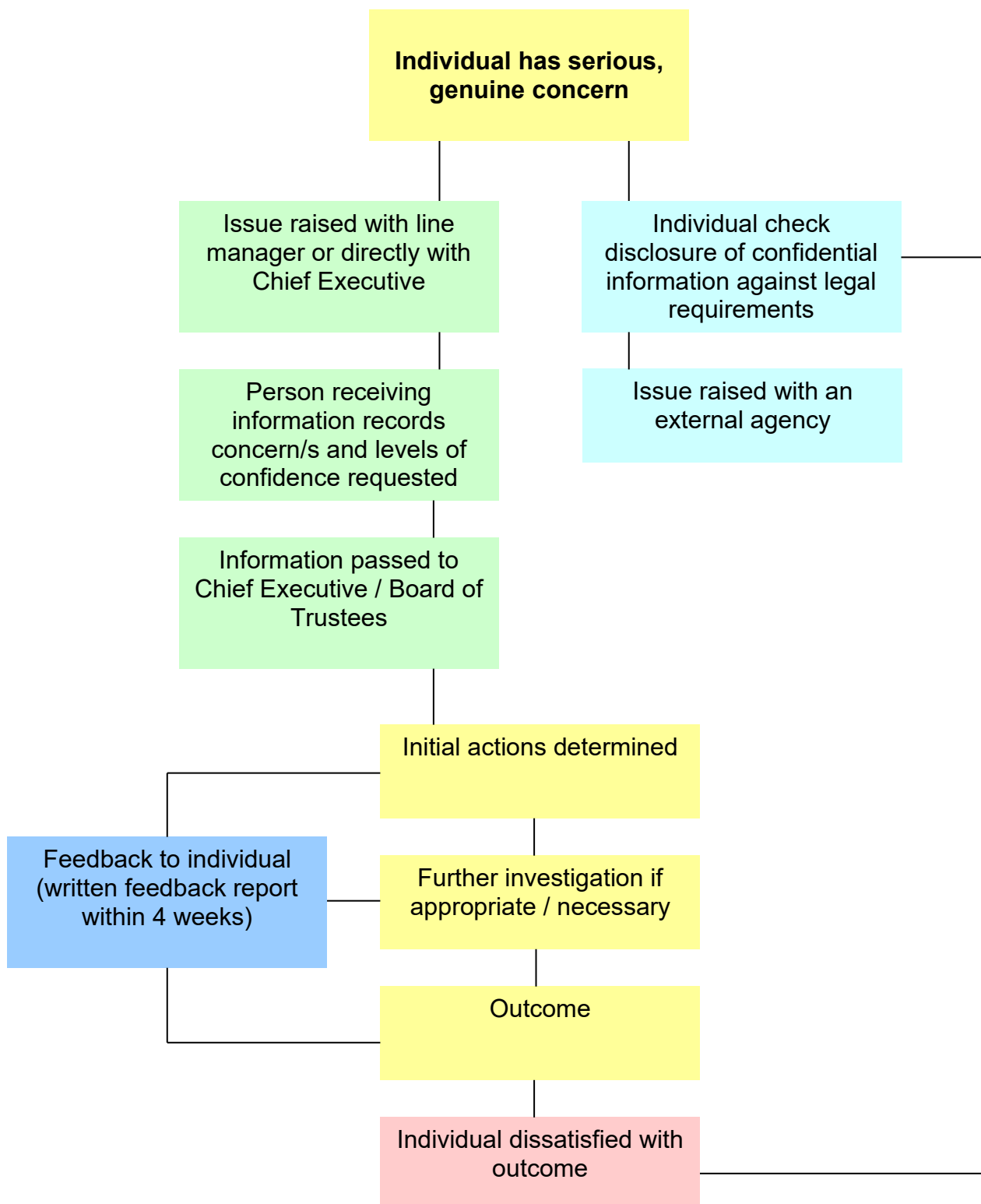
APPENDIX 3



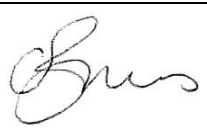
WHISTLEBLOWING (See Public Interest Disclosure Policy)

Parenting NI's Public Interest Disclosure Policy is intended to help those people who have major concerns over any wrong-doing (intentional or unintentional) within Parenting NI relating to unlawful conduct, financial malpractice, dangers to the public or the environment.

Summary Procedure for Staff Raising Concerns about Safeguarding



DOCUMENT CONTROL FOR CHILD PROTECTION POLICY

Version	Status	Sponsor(s)/Author(s)
11	Final	Office Manager
Amendments	January 2010; May 2010; December 2011; February 2013 – Amended to include Reporting Disclosures flowchart March 2014; Aug 2014 – definition of a child and NIABF definition of bullying added. Procedures for children accompanying parents amended; Mar 2015 – requirements for staff requiring Child Protection training amended in line with good practice guidelines. April 2017 – fully reviewed and amended. June 2019 – fully reviewed and amended. May 2023 – updated following re-structure.	
Document objectives: Sets out the approach taken within Parenting NI to safeguard the welfare of all children by protecting them from physical, sexual and emotional harm or neglect. We are committed to making sure that our staff and volunteers are carefully selected, trained and supervised.		
Intended Recipients: All staff and sessionals.		
Group/Persons Consulted: Senior Management Team, Chief Executive,		
Monitoring Arrangements and Indicators: Register maintained of staff reading PNI Policy and Procedures in relation to child protection Safeguarding Meetings Safeguarding Case Records Report to Chief Executive and Board of Trustees within Board Report		
Approving Body and Date Approved	Board of Trustees 19 th September 2019	
Date of Issue	January 2009	
Review Date	June 2021	
Contact for Review	Sharon McWhirter	
Chief Executive signature		



ParentingNI

Adults at Risk of Harm Policy

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**Any reference to staff throughout this policy includes staff and sessionals.*

Parenting NI Policies and Procedures adhere to legislation and follow best practice. Policies and procedures are subject to review and revision. The Board of Trustees is responsible for agreeing the content of all policies and procedures and staff must ensure compliance.

PRINCIPLES AND GUIDELINES FOR STAFF

Introduction

Parenting NI takes a holistic approach to safeguarding by promoting the welfare of adults at risk, and protecting them from significant harm from abuse, exploitation or neglect. Parenting NI's Adults at Risk of Harm policy considers safeguarding in a wider context than protection of adults at risk, which includes identifying potential harm from abuse, exploitation or neglect that may impact on the adult's welfare, personal development and well-being. The organisation considers that the effectiveness of safeguarding relates to interagency working and robust procedures.

This policy requires all Parenting NI Board of Trustees and staff 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.

By introducing this policy Parenting NI aims to raise awareness of adults at risk of harm from abuse, exploitation or neglect, 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 the Health and Social Care Board (HSCB), and the Police Service for Northern Ireland (PSNI) where a crime is alleged or suspected. However, the responsibility of preventing harm is shared more widely.

Policy Statement

Abuse is a violation of an individual's human and civil rights; it can take many forms. The Board of Trustees and staff in Parenting NI are committed to practice which promotes the welfare of an adult who is at risk of harm and safeguards them from harm and compliance with the requirements of The Safeguarding Vulnerable Groups (NI) Order 2007 and the Adult Safeguarding: Prevention and Protection in Partnership (Department of Health and Department of Justice 2015), the policy for adult safeguarding in Northern Ireland.

Board of Trustees and staff in Parenting NI accept and recognise their responsibilities to develop awareness of the issues that cause an adult who is at risk of harm, and to establish and maintain a safe environment for them. We will not tolerate any form of abuse wherever it occurs or whoever is responsible. We are committed to promoting an atmosphere of inclusion, transparency and openness and are open to feedback from the people who use our services, carers, advocates and staff with a view to how we may continuously improve our services.

We will endeavour to safeguard adults who are at risk of harm by:

- Adhering to our Adults at Risk of Harm policy and ensuring that it is supported by robust procedures;
- Carefully following the procedures laid down for the recruitment and selection of staff;
- Providing effective management for staff through supervision, support and training;
- Implementing clear procedures for raising awareness of and responding to abuse within the organisation and for reporting concerns to statutory agencies that need to know, while involving carers and adults at risk of harm appropriately (see Appendix 1);
- Ensuring general safety and risk management procedures are adhered to;

- Promoting full participation and having clear procedures for dealing with concerns and complaints;
- Managing personal information, confidentiality and information sharing;
- Implementing a code of behaviour for all involved with the organisation, including visitors; and
- Ensuring relevant staff undertake Designated Officer training every 3 years (at the discretion of the staff member and line manager). Mandatory for Chief Executive, Head of Services and Operations, and Education and Support Services Manager.

Parenting NI will review this policy, procedures, code of behaviour and practice in line with changes to legislation or every two years.

It is the policy of Parenting NI to safeguard adults at risk of harm by acknowledging that all adults have the right to live a life free from abuse and exploitation. The organisation is committed to upholding these rights by creating and maintaining an environment which aims to ensure, as far as possible, that adults avail of Parenting NI's services are kept free from abuse and exploitation.

Implementation

The Chief Executive has specific responsibility for the effective implementation of this policy.

This policy will be clearly displayed and new members of the Board of Trustees and staff will be made aware of the policy during induction.

Definition of an Adult at Risk of Harm

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 personal characteristics and/or life circumstances.

'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.'

Definition of Abuse

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.'

Action on Elder Abuse 1993

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 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.

Forms of abuse can be categorised as follows:

- Physical abuse (including inappropriate restraint or use of medication);
- Sexual violence and abuse
- Psychological / emotional abuse
- Financial abuse
- Neglect and acts of omissions
- Institutional abuse
- Discriminatory abuse
- Exploitation
- Hate crime
- Human trafficking
- Domestic violence and abuse

Incidents of abuse may be multiple, either to one person in a continuing relationship or service context, or to more than one person at a time. Any or all types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

Harm

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.

Serious Harm

Serious harm may include the degree, extent, duration and frequency of harm. 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 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 take 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.

Underpinning Principles

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

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.

This includes Human Rights considerations, particularly in relation to Article 2 "the Right to Life", Article 3 "Freedom from Torture" (including humiliating and degrading treatment), and Article 8 "Right to Family Life" (one that sustains the individual).

Individual Rights

These principles assume that adults at risk of harm from abuse, exploitation or neglect have the right to:

- Be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs
- Be given access to knowledge and information which they can understand to help them make informed choices
- Information about, and practical help in, keeping themselves safe and protecting themselves from abuse
- Live safely, without fear of violence or abuse in any form
- Have their money, goods and possessions treated with respect, and to receive equal protection for themselves and their property through the law
- Guidance and assistance in seeking help as a consequence of abuse
- Be supported in making their own decisions about how they wish to proceed in the event of abuse and to know their wishes will only be over-ridden if it is considered necessary for their own safety or the safety of others
- Be supported in bringing a complaint under any existing compliant procedure
- Be supported in reporting the circumstances of any abuse to independent bodies
- Have alleged, suspected or confirmed cases of abuse investigated urgently
- Receive appropriate support, education, counselling, therapy and treatment following abuse
- Seek legal advice or representation on their own behalf
- Seek redress through appropriate agencies
- Have their rights respected and to have their family, informal carers or advocates act on their behalf as appropriate.

Confidentiality

In normal circumstances observing the principle of confidentiality will mean that information is only passed on to others with the consent of the service users. However, it should be recognised that in order to protect adults at risk of harm, it may be necessary, in some circumstances, to share information that might normally be regarded as confidential.

All adults at risk of harm and, where appropriate, their carers or representatives need to be made aware that the operation of multi-disciplinary and inter-agency procedures will, on occasion, require the sharing of information in order to protect an adult at risk of harm or others, or to investigate an alleged or suspected criminal offence (see Reporting Disclosures – Appendix 1).

Alerting

Alerting refers to the responsibility to recognise abusive situations and inform the Designated Officer within Parenting NI. It plays a major role in ensuring the protection of adults at risk of harm and it is important that all concerns about possible abuse, however trivial, should be reported. An alert may come from any person who has knowledge or a reasonable suspicion that an adult at risk of harm has been, or is at risk of being abused.

Referral

All referrals should be made to the appropriate Designated Officer. This contact may be made by telephone in the first instance, but should be confirmed in writing within two working days.

When deciding the level of urgency of any referral, the degree of apparent risk should be the deciding factor. Some cases of abuse will require a rapid response and service provision must allow for this.

The first priority should always be to ensure the immediate safety and protection of the adult at risk of harm. This may involve calling the relevant emergency service or considering, with the adult at risk of harm, if they can move to a place where they feel safe. Life threatening situations, such as severe physical abuse, require an immediate response. In all other circumstances, allegations of abuse should be the subject of an initial investigation within three working days.

Situations arising outside of normal office hours and requiring immediate intervention should be passed on to the appropriate Out of Hours Social Work Service. The Duty Social Worker should give priority to the protection of the adult at risk of harm and report to the appropriate Designated Officer at the earliest opportunity when offices re-open.

Complaints

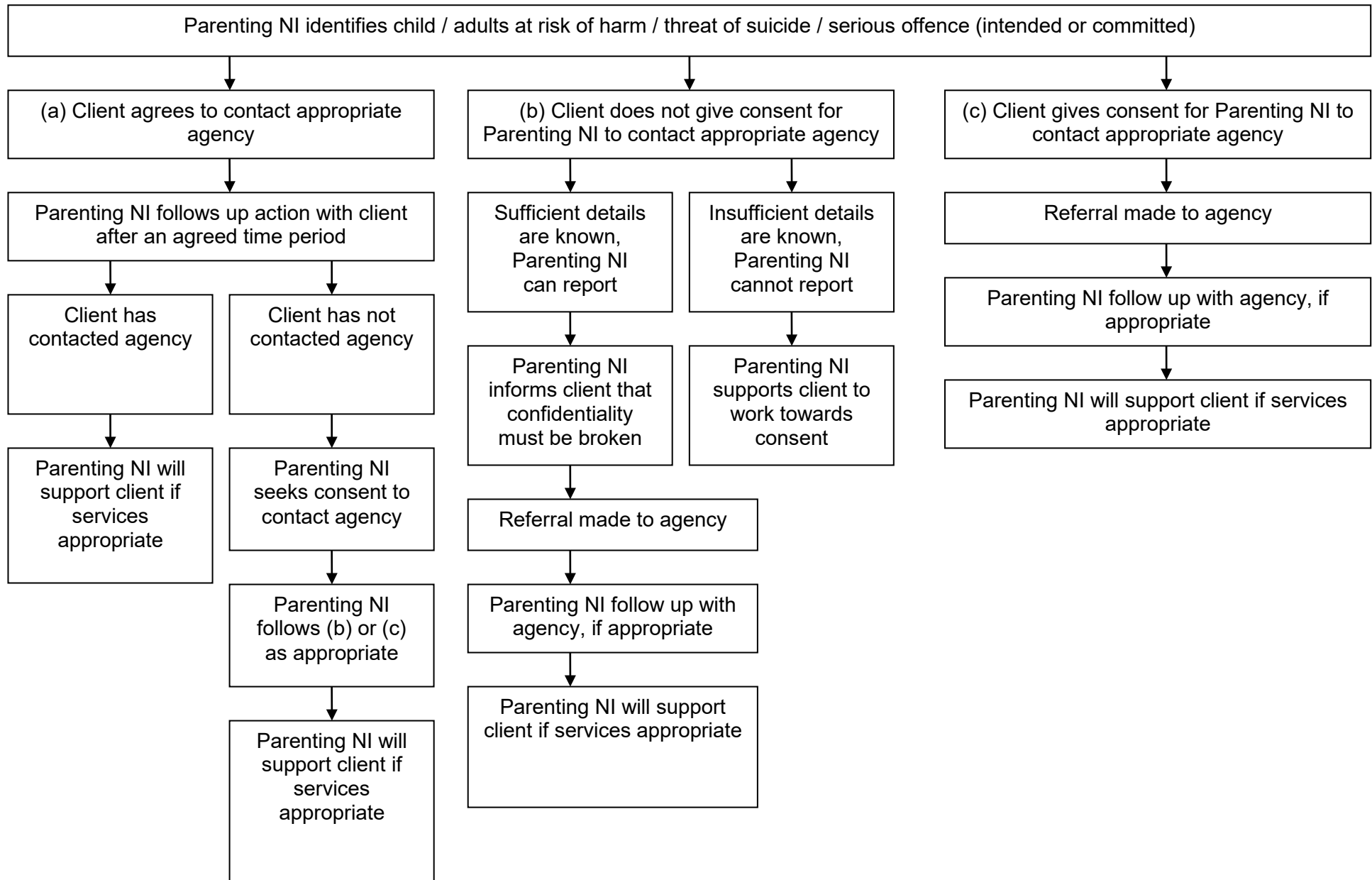
If a client has a complaint, the complainant should formalise his/her complaint in a letter to the Chief Executive. The complaint will be investigated. A responding letter will be sent to the complainant. If the complainant is still dissatisfied, the complainant will be referred to the Board of Trustees

Recruitment and Selection

Within Parenting NI, Staff Recruitment Procedures have been developed to consistently apply a thorough and clearly defined method of recruiting staff. Parenting NI follows good practice guidelines in the recruitment and selection process to ensure children and adults at risk of harm are safeguarded. This includes obtaining references for potential staff, and carrying out AccessNI Enhanced Disclosure checks for those working in regulated activity.

- Job description and personnel specification prepared
- Post advertised
- Applicants shortlisted against measurable essential criteria
- If any part of scoring criteria is not met, the shortlisting panel will cease process for that applicant.
- Shortlisted applicants interviewed with testing of safeguarding experience, if relevant to post.
- Shortlisted applicants interviewed with IT testing ability, if relevant to post.
- Successful candidate advised, stipulating that they will not be accepted to post until satisfactory references have been received and AccessNI check carried out.
- References taken up
- ID confirmed using AccessNI guidelines. Photocopy taken of photographic ID
- Enhanced Disclosure Application Form submitted to AccessNI.

Reporting Disclosures



DOCUMENT CONTROL FOR ADULTS AT RISK OF HARM POLICY

Version 5	Status Final	Sponsor(s)/Author(s) Head of Services and Operations
Amendments	Reviewed and amended February 2013 Reviewed and amended May 2016 Reviewed and amended June 2019 May 2023 – updated following restructure.	
Document objectives: Sets out the approach taken within Parenting NI to safeguard adults at risk of harm, which includes identifying potential harm from abuse, exploitation or neglect that may impact on the adult's welfare, personal development and well-being. We are committed to making sure that our staff are carefully selected, trained and supervised.		
Intended Recipients: All staff and sessionals		
Group/Persons Consulted: Senior Management Team, Chief Executive,		
Monitoring Arrangements and Indicators: Safeguarding Meetings Safeguarding Case Records Report to Chief Executive and Board of Trustees within Board Report		
Approving Body and Date Approved	Board of Trustees 19 th September 2019	
Date of Issue	February 2010	
Review Date	June 2021	
Contact for Review	Head of Services and Operation	
Chief Executive signature		