

**SAFEGUARDING CHILDREN AND YOUNG PEOPLE POLICY
(Northern Ireland)**

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1.0 INTRODUCTION

1.1 Policy Statement

SOS Medical is committed to ensuring the safety and security of every child and young person with whom its employees, contractors and temporary workers come into contact and as such we have in place stringent safeguards to protect the children and young people with whom we work.

This policy also covers the practices and reporting procedures for our employees, contractors and temporary workers should they suspect that any form of abuse or neglect is taking place.

The Northern Ireland Executive, through the Department of Health, is responsible for child protection in Northern Ireland. They set out 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.

2.0 Scope of the Policy

It is the duty of all employees, contractors and temporary workers to comply with this policy. All employees, contractors and temporary workers are made fully aware of this policy and of their duties and responsibilities under the relevant legislation as part of the company's induction programme.

This guidance is for all agency workers working for SOS Medical Staffing whether working directly with children and young people or with professionals whose lives or jobs impact children.

This policy applies to all children regardless of sex; race (including colour, nationality, ethnic or national origin); religion or belief; age; disability; marital status and civil partnership; sexual orientation; gender reassignment; pregnancy and maternity.

3.0 Aims

The aims of this policy are:

Inform all staff of SOS Medical Staffing of pathways and procedures if they have safeguarding concerns.

Clarify the roles and responsibilities for all staff including agency workers working with SOS Medical Staffing

Contribute to the prevention of abuse of vulnerable children and young people through raising awareness.

Outline practice and procedures for all parties within the scope of the policy.

Providing a clear framework for action when abuse is suspected.

This guidance is based on the Royal College of Nursing and the NSPCC recommendations for safe practice and the protection of vulnerable young people.

4.0 Relevant legislation (UK & NI)

There is a large amount of legislation to be found underpinning this policy. Legislation is listed below and links can be found at:

<https://learning.nspcc.org.uk/child-protection-system/northern-ireland>

and

www.legislation.gov.uk

- Criminal Law Act 1967
- The Rehabilitation of Offenders Act 1974
- The Children Act 1989 and 2004
- The Children (Northern Ireland) order 1995
- Education Act 1996
- The Police Act 1997
- The Protection of Children Act 1999
- Criminal Justice and Court Services Act 2000
- Care Standards Act 2000
- Human Rights Act 2000
- Education Act 2002
- Education (Health Standards) Regulations 2003
- Sexual Offences Act 2003
- Every Child Matters and the Children Act 2004
- Childcare Act 2006
- Further Education Regulations 2006
- Safeguarding Vulnerable Groups Act 2008 (amended by the Protection of Freedoms Act 2012)
- Childcare (Disqualification) Regulations 2009
- Equality Act 2010
- Safeguarding Board Act 2011
- The Care Act 2014
- The Children & Families Act 2014
- The Education (Independent School Standards) Regulations 2014
- Children's Services Cooperation Act 2015
- Addressing Bullying in Schools Act 2016

- Children and Young People’s Strategy 2019-2029: Working Together to Improve the Wellbeing of Children and Young People Living in Northern Ireland, Delivering Positive, Long-Lasting Outcomes (Department For Education) 2016
- Revised Regional Core Child Protection Policies and Procedures for Northern Ireland (Safeguarding Board for Northern Ireland) 2018
- Understanding the Needs of Children in Northern Ireland Assessment Framework (UNOCINI)

5.0 Definitions

Safeguarding and promoting the welfare of children is defined within this policy as protecting children from maltreatment; preventing impairment of children’s health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

5.1 Child: A child is defined in the Children Act 1989 and Working Together to Safeguard Children 2018 as:

“any person from birth who has not yet reached their 18th birthday. ‘Children’ therefore means ‘children and young people’ throughout this policy. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the Armed Forces, is in hospital, in prison or in custody in the secure estate, does not change their status or entitlement to services or protection”

5.2 Child Protection:

is part of safeguarding and promoting welfare; it refers to the activity taken to protect specific children who are suffering or are likely to suffer significant harm, as defined under Section 47 of the Children Act (1989)

5.3 Children in Need:

are children defined under Section 17 of the Children Act 1989, as those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development or their health or development will be significantly impaired, without the provision of services. It includes children who are disabled.

5.4 Significant harm:

is a concept introduced by the Children Act 1989 as the threshold which justifies compulsory intervention in family life in the best interests of the child.

There are no absolute criteria to define significant harm; it may be a single traumatic event or more commonly a compilation of significant events.

Consideration must be given to the severity of ill treatment, duration and frequency of abuse or neglect, extent of premeditation, and the presence of threat, coercion, sadism, and bizarre or unusual elements.

5.5 Potential source of risk:

Any individual who is believed to be responsible for, or implicated in, the abuse of a child or young person. This may include:

- Relatives and family members;
- Professional staff including teachers;
- Paid care workers;
- Volunteers;
- Neighbours;
- Friends and associates;
- People who deliberately exploit vulnerable people and strangers

5.6 Regulated Activity

An individual is engaged in regulated activity if they are providing any of the following activities as part of their role:

- Healthcare
- Personal care
- Social work
- Assistance with cash, bills or shopping
- Assistance with the conduct of their own affairs
- Conveying services

In addition, regulated activity also includes where an individual is providing “unsupervised” teaching, training, supervision, caring for or supervision of children where these activities are undertaken frequently.

Frequently is determined as:

- Once a month or more
- Three or more days in any 30 day period
- Overnight between the hours of 2am and 6am

5.7 Relevant Conduct

Relevant conduct is an action or inaction that has harmed or placed a child at risk of harm. Relevant conduct in relation to children is conduct which:

- Endangers a child or is likely to endanger a child
- If repeated against or in relation to a child, would endanger a child or would be likely to endanger them
- Involves sexual material relating to children (including possession of such material)
- Involves sexually explicit images depicting violence against a person (including possession of such images), if it appears to DBS that the conduct is inappropriate
- Is of a sexual nature involving a child, if it appears to DBS that the conduct is inappropriate.

Specific examples of relevant conduct include:

- Psychological / emotional harm caused by an action or inaction that causes mental anguish;
- Physical harm caused by any physical action or inaction that results in discomfort, pain or injury;
- Sexual harm such as coercion or force to take part in sexual acts;
- Neglect caused by failure to identify and / or meet care needs.

5.8 HARM

All forms of ill-treatment and impairment of, or an avoidable deterioration in physical or mental health and impairment of physical, intellectual, emotional, social or behavioural development.

A person's conduct endangers a child if they:

- Harm a child;
- Cause a child to be harmed;
- Put a child at risk of harm;
- Attempt to harm a child;
- Incite another to harm a child

6.0 Roles And Responsibilities

All employees have a responsibility to accept their personal involvement in applying it and must be familiar with the policy and ensure that it is followed by both themselves and employees, contractors and temporary workers for whom they have a responsibility.

Registered Practitioners

As a health care practitioner you have a duty of care to all patients. In this instance if a nurse or healthcare professional has direct or indirect contact with children you must be able to identify children and young people who may be vulnerable or at risk of harm or abuse and following the correct protocols and procedures, act accordingly.

A child's protection is paramount in every respect regardless of whether you feel sympathy for the parent or carer.

You must always act on the child's behalf and voice your concerns. This means that you must first know how to identify the children who are at risk and know where to seek advice and support.

- To be familiar with the Safeguarding Vulnerable Children and Young People Policy and procedures of the clinical area you are assigned to work alongside SOS Medical Staffing's own policy.
- To take appropriate action in line with the policies of SOS Medical Staffing including notifying the nurse manager at SOS of any concerns.
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct as per our policy disclosure

Responsibilities of SOS Medical Staffing Senior Management Team

- To ensure office based-staff and agency workers are aware of the Child Protection Policy and are adequately trained.
- To notify the appropriate authorities if abuse is identified or suspected.
- To support the safety of individuals and ensure that all referrals to services and authorities have full information in relation to identified risk and vulnerability and to promote the principles and good practice to all agency workers.
- Ensure all agency workers that have access to or work with children have current Enhanced Access NI in place.
- SOS Medical Staffing acknowledges that this is a sensitive issue for staff and assures all staff and persons working on their behalf that it will fully support and protect anyone, who in good faith, reports a concern that a colleague is, or may be, abusing a vulnerable child.

7.0 ADHERENCE TO SAFER RECRUITING POLICY

SOS Medical Staffing aims to provide a service that enables children to feel happy and secure and to allow parents, families and any other relevant parties to feel confident that the people providing the services are trustworthy, responsible and will do everything they can to keep children safe from harm by ensuring implementation of SOS Medical Staffing's "Safer Recruitment Policy".

- The status of all staff, contractors and temporary workers taking part in any regulated activity is checked against the Access NI register;
- We do not engage an employee, contractor or temporary worker to take part in regulated activity if they are on the children's barred list;
- That if we dismiss or remove an employee, contractor or temporary worker because they have harmed a child, or we would have done so if they had not left, we will inform Social Services, Access NI register, NMC and /or NISCC (whichever is appropriate)
- We obtain an Enhanced Access NI Certificate for every employee and temporary worker taking part in a regulated activity who has provided an original certificate. These must be obtained by SOS Medical prior to the employee or temporary worker commencing any regulated activity.

Candidates will not be allowed to participate in regulated activity without a valid Access NI check;

- Employees, contractors and temporary workers are trained to understand the different types of abuse, the indicators for each of these and the procedures to follow in the event that they suspect such abuse is taking place;
- We consistently update training for employees and temporary workers to reflect statutory guidance and good practice guidance including where and how to report any concerns relating to suspected abuse or neglect and this is normally done on the yearly basis;
- We assist HSC Trusts in meeting their obligations under the Care Act 2014 by reporting suspected risks or actual abuse or neglect where appropriate to the Health and Social Care Trust Safeguarding Team (NI), and the Police (PSNI in NI) if a criminal offence may have occurred within 24 hours of becoming aware of the situation;

SOS Medical has a zero-tolerance approach to dealing with child abuse and neglect.

7.1 Procedure :

Interviews are conducted by Registered Nurses trained in relation to current legislation and best practice pertaining to the recruitment and placement of candidates who are to take part in regulated activity;

- The candidate's personal identity will be verified by checking an original form of recent photographic identification;
- Qualifications and training relevant to the role being recruited will be verified by checking original certificates and validating these for authenticity with the awarding body;
- A thorough biographical interview will take place to establish the candidate's employment history and identify any gaps in employment;
- A minimum of 2 written references will be obtained covering a minimum of the most recent 3 years employment and verification will be sought for any gaps in candidate's employment history of over 3 months duration;
- All candidates will be checked to confirm that they are not barred from participating in regulated activity with children or young people;
- An enhanced Access NI check will be undertaken prior to commencement of regulated activity.

Candidates will not be allowed to participate in regulated activity without a valid enhanced Access NI check which will be audited each month to ensure no negative activity has taken place that affects the candidates appropriateness to work with Adults & Children

- Candidates will be required to complete an application form which includes a declaration stating that there is no reason why they should be considered unsuitable to work with children or young people (including past convictions, cautions, bind-overs or pending cases) and that they have not been barred from carrying out regulated activity

8.0 TYPES OF ABUSE

Abuse is the violation of an individual's human rights and can take the form of a single act or repeated acts and includes maltreatment by inflicting harm or failing to prevent harm by an adult or another child. The main types of abuse relating to children include:

- Physical - This is when a child is hurt or injured by a child or an adult. Physical abuse includes hitting, shaking, throwing, kicking, punching and other ways of inflicting pain or injury such as poisoning, drowning or smothering.

It also includes giving a child harmful drugs or alcohol.

Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child and female genital mutilation.

- Sexual - This is when a child is forced or enticed to take part in sexual activities by an adult (irrespective of whether the child is aware of what is happening).

Sexual abuse can include physical contact kissing, touching, vaginal or anal intercourse and oral sex.

Encouraging a child to look at or become involved in the production of pornographic images or watch sexual activity is also sexual abuse.

It also includes grooming a child in preparation for abuse

- Emotional / Psychological – Persistent emotional maltreatment as to cause severe adverse effects on the child’s emotional development.

This is when adults deny children love or affection, or constantly threaten or humiliate them. Sarcasm, degrading punishments and ignoring a child are also forms of emotional abuse and undermine a child's confidence and sense of self-worth.

It may also include not giving the child opportunities to express their views, deliberately silencing them or making fun of what they say or how they communicate and may feature age or developmentally inappropriate expectations being imposed (e.g. interactions that are beyond a child’s developmental capability, overprotection, limitation of exploration and learning, preventing participation in normal social interaction, bullying or cyberbullying, hearing or seeing ill treatment of another, causing fear, exploitation or corruption of children).

- Neglect - This is when a child's basic need for love, food, clothing, warmth, safety, education and medical attention is not met by parents or carers.

It also includes failure to protect a child from physical or emotional harm and ensuring adequate supervision.

- Discrimination - Bullying, racism and other types of discrimination are forms of child abuse. Like other kinds of abuse they can harm a child physically and emotionally.

- Exploitation - 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. All staff, contractors and temporary workers are expected to look out for the common symptoms or indicators associated with the different types of abuse and neglect.

9.0 METHODS FOR IDENTIFYING POTENTIAL ABUSE:

All staff, contractors and temporary workers are expected to look out for the common symptoms or indicators associated with abuse and neglect. There is no way to identify someone who will hurt children. People who pose a threat of sexual abuse to children can be skilled at making sure no one knows. There are warning signs however, so look out for someone who:

- Pays an unusual amount of attention to a child or groups of children, and provides presents, money, or favours;
- Seeks out vulnerable children, for example, deaf or disabled children and tries to spend time alone with a single child or particular group of children on a regular basis;
- Takes a child or small group of children to places where the group doesn’t usually meet or have activities, such as at their home;
- Is vague about where they have worked or when they were employed;
- Avoids co-working or supervision of his or her work; • Encourages secretiveness about his or her activities with children;

- Talks or behaves inappropriately towards children.

Physical Abuse – the signs of this are often evident, but can be hidden by both the victim and the abuser.

Any unexplained injuries should always be fully investigated. Evidence to look out for includes:

- Cuts, lacerations, puncture wounds, open wounds, bruises, welts, discoloration, black eyes, burns, bone fractures, broken bones, and skull fractures;
- Untreated injuries in various stages of healing or not properly treated;
- Poor skin condition or poor skin hygiene;
- Dehydration and/or malnourished without illness-related cause;
- Loss of weight;
- Soiled clothing or bed;
- Broken eyeglasses/frames, physical signs of being subjected to punishment, or signs of being restrained;
- Inappropriate use of medication, overdosing or under-dosing;
- A child telling you they have been hit, slapped, kicked, or mistreated.

Sexual Abuse - very often the behaviour of a child, even if they are confused, will tell you that something is wrong.

Children can often make their feelings known to you if you take the time to listen, observe and take notice. It is the capacity to believe that sexual abuse is possible, (without automatically seeing it everywhere), that will increase the potential to detect and respond to it when it happens.

Some of the physical signs to watch for are:

- Bruises around the breasts or genital area;
- Unexplained STDs;
- Unexplained vaginal or anal bleeding;
- Difficulty in walking or standing;
- Marked changes in behaviour;
- Torn, stained, or bloody underclothing;
- A child telling you they have been sexually assaulted or raped.

If you suspect sexual abuse:

DO NOT:

wash the child or their clothing.

DO NOT

let time drift by while you think about your course of action.

Inform this **immediately** to the nurse in charge of the shift and they will refer the matter to the Police as they are the experts and will have the skills, knowledge and equipment to respond appropriately and sensitively.

Should you be the nurse in charge of the shift, then please contact SOS Medical and the Child and Adult Safeguarding Champion will be able to assist you as they have full understanding of the local referral pathways and would advise who to contact.

Our 24X7 helpline is: 03333 399 390

Emotional / Psychological Abuse - this can have a profound impact on an individual's mental health. They can feel trapped, threatened, humiliated, used or a combination of all these. Most signs therefore relate to someone's mental state, and changes in behaviour such as:

- Helplessness;
- Hesitation to talk openly;
- Implausible stories;
- Confusion or disorientation;
- Anger without apparent cause;
- Sudden change in behaviour;
- Emotionally upset or agitated;
- Unusual behaviour (sucking, biting, or rocking);
- Unexplained fear;
- Denial of a situation;
- Extremely withdrawn and non communicative or non responsive;
- A person telling you they are being verbally or emotionally abused.

Neglect - this will often be manifested in the physical, social or health circumstances of the child. Examples may include:

- Dirt, faecal or urine smell, or other health and safety hazards in the child's living environment;
- Rashes, sores, or lice;
- Inadequate clothing;
- Malnourishment or dehydration;
- Untreated medical conditions;
- Poor personal hygiene;
- Evidence of the withholding of medication or over-medication of the person;
- Evidence of a lack of assistance with eating and drinking;
- Unsanitary and unclean conditions.

It should also be remembered that neglect can be intentional or passive (i.e. where the 'perpetrator' is doing his/her best but cannot provide the level of care and support that is needed). From the perspective of the 'victim' the impact is the same, and they experience abuse.

Where abuse is intentional it is likely that the following signs will be apparent as the abuser may:

- Try to prevent the child from speaking for themselves or seeing others without them being present;
- Display attitudes of indifference or anger toward the child, or the obvious absence of care;
- Blame the child (e.g. accusation that incontinence is a deliberate act);
- Display aggressive behaviour (threats, insults, harassment) toward the child;
- Have a previous history of abuse of others;
- Display inappropriate affection toward the child;
- Display flirtatious behaviour, or coyness, etc that might be possible indicators of inappropriate sexual relationships;
- Create social isolation of the family, or isolation or restriction of activity of the child;
- Create conflicting accounts of incidents by family, supporters, or the child;
- Display inappropriate or unwarranted defensiveness.

Exploitation - 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.

10.0 Reporting suspicion of abuse procedure

Any member of staff of SOS Medical Staffing who suspects abuse or notice any of the following signs must immediately make their concerns known to the Nurse in Charge of the Unit they are working in, in the first instance, and follow that placements policy for Safeguarding. They must also alert either Ankit Goyal, Director or Lorraine Gallier, Nurse Manager as soon as reasonably practicable. Reporting forms are available on the shared drive.

Advice from the NSPCC (NI) states the following routes for reporting concerns:

If you think a child is in immediate danger, contact the police on 999. If you're worried about a child but they are not in immediate danger, you should share your concerns.

- ***Follow your organisational child protection procedures. Organisations that work with children and families must have safeguarding policies and procedures in place to report concerns about a child. All schools in Northern Ireland should have a designated child protection teacher.***

- **Contact the NSPCC Helpline on [0808 800 5000](tel:08088005000) or by emailing help@nspcc.org.uk. Our trained professionals will talk through your concerns with you and give you expert advice.**
- **Contact the relevant Health and Social Care Trust (HSCT) Gateway Services team. In circumstances that are not an emergency, the [HSCT gateway services team](#) is the first point of contact for all new referrals to children's social services.**
- **Contact the Police Service of Northern Ireland (PSNI). The police can make an emergency protective response if there is an immediate concern about the safety of a child.**

Services will risk assess the situation and take action to protect the child as appropriate either through statutory involvement or other support. This may include making a referral to the local authority.

Not reporting a relevant offence to the police, including those against children, is an offence in Northern Ireland.

Anyone with an immediate concern about the safety or welfare of a child or young person should contact the PSNI without delay so that an emergency protective response can be made.

A referral may also be made directly to the PSNI where a crime is alleged or suspected.

Anyone with a concern about the safety or welfare of a child or young person in circumstances other than an emergency should contact the HSCT Gateway Service in the relevant HSCT(NI)

Any employee, contractor, temporary worker, family member, carer, healthcare professional or any other individual with concerns about possible abuse should report the matter to the nurse in charge of the shift.

The company expects its employees, contractors and temporary workers to take all possible steps to cooperate with investigations by any statutory bodies such as the Local Health and Social Care Trust Child Protection Gateway Team, Safeguarding Lead at SOS Medical, Access NI and the PSNI if involved.

Action should also be taken if it is felt that colleagues are not following SOS Medical Staffing's Safeguarding of Children and Young People Policy and guidelines.

All allegations or suspicions will be treated seriously.

The following guidelines should be adhered to:

- Write down the details of the incident.

Details should include:

- Observations and discussions as they happened
- Record your own judgements, actions and decisions
- Details and outcomes of health care contacts
- Use a body map to identify specific anatomical marks or injuries

- The date and time of the incident and disclosure, chronologically recorded
- The parties who were/may be involved
- What was said and done by whom
- Pass this report in the first instance to the ASC/NIC of the assignment you are working in. The report can be forwarded to Nurse Manager Lorraine Gallier or a director at the earliest opportunity.

SOS Medical will document any further action and investigation.

They will also record:

- Any further action e.g. the suspension of an agency worker
- Where relevant, reasons why there was no referral to a statutory agency.
- The full name of the person(s) reporting and to who reported.
- The report should be stored securely and shared only with those who need to know.
- If the matter relates to poor practice, procedures relating to misconduct will be followed.
- The Nurse Manager or Director will communicate with the placement and the relevant HSC Trust (NI) to ensure the safety of the child and any other person(s) who may be at risk and then proceed with investigating the allegation.

If the incident relates to abuse the matter should be referred to Local Safeguarding Children's Board for the HSC Trust (NI) who may involve the Police, (PSNI) and the employee must be suspended pending the outcome of an investigation into the allegations (carried out by social services).

- The report should be stored securely and shared only with those who need to know.

All referrals made to the HSC Trust (NI), should be confirmed in writing and followed up with a copy of the incident report within 24hrs. The HSC Trust should acknowledge your written referral within one working day of receiving it. Should this not happen, within 3 working days, contact the HSC again.

Please note: It is good practice to record the name of the person contacted to whom concerns were passed and the date and time of the call and subsequent letters sent.

The NSPCC state that the following process will be followed:

“ When the Health and Social Care Trust (HSCT) Gateway Service receives a referral about a child, they will first assess if the child is at immediate risk of danger.

If the child is not in immediate danger, the HSCT Gateway Service should carry out an initial assessment within 10 working days. They will use all the available information to decide what further action is required.

As part of this process, they must consider whether the Joint Protocol should be implemented. This is a framework for joint investigative working between the police and social workers (HSCB, 2016).

Following the results of the assessment, the HSCT Gateway Service may:

- *take no further child protection action if the child hasn't been harmed and isn't considered to be at risk of harm. They may offer additional support instead*
- *make the child a child in need. This means the child and their family are entitled to receive extra support from the relevant agencies*
- *provide additional social work support to the child and their family. A pathway assessment will be carried out to give an in-depth assessment of their needs*
- *provide time-limited intervention.*

Where there are allegations of abuse and neglect, or if a crime is suspected, the HSCT Gateway Service must report the referral to Police Service of Northern Ireland (PSNI) and a strategy discussion must take place within 24 hours to decide how to proceed.

The strategy discussion may involve a range of professionals working with the family. Its purpose is to ensure an early exchange of information and clarify what action needs to be taken by the PSNI and the HSCT (either separately or together)

Staff of SOS Medical Staffing should at all times:

- Stay Calm
- Listen patiently
- Reassure the child they are doing the right thing by telling you.
- Explain what you are going to do
- Report to relevant Manager
- Write a factual account of what you have seen or happened, immediately.

At all times, be compliant with requests for information by the HCS, PSNI and SOS Medical Staffing.

Staff of SOS Medical Staffing should not:

- Appear shocked, horrified, disgusted or angry
- Press the child or young person for details (unless requested to do so)
- Make comments or judgements other than to show concern
- Promise to keep secrets
- Confront the abuser
- Risk contaminating evidence

If the child is at risk of significant harm, a case conference is held. Relevant professionals can then share information, identify risks and outline what needs to be done to protect the child.

The initial case conference should take place within 15 working days of the child protection referral. At this point the responsibility of the case is transferred to the Family Intervention Team.

If professionals at the initial case conference decide a child is at risk of significant harm they will add the child to the child protection register, and draw up a child protection plan.

Case conferences should continue at regular intervals until either:

- the child is no longer considered at risk of significant harm; or
- until the child is taken into care.

Useful Phone Numbers Northern Ireland HSC Gateway Trusts Child Protection Gateway Services

Health & Social Care Trust

Belfast	028 9050 7000
Northern Trust	0300 1234 333
South Eastern	0300 1000 300
Southern	0800 7837 745
Western	028 7131 4090

Regional Emergency Social Work Services

Monday to Friday between 5.00pm and 9.00am, plus Saturday and Sunday (24hrs)

Telephone – 028 9504 9999

11.0 PROCEDURES FOR DEALING WITH ALLEGATIONS OF ABUSE AGAINST MEMBERS OF STAFF

All adults working with children place them in a position of trust. Where it is alleged that any staff member has:

- Behaved in a way that has harmed a child, or
- May have harmed a child or
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children;

It is important that a decision is made about whether the information will be treated as an allegation or a complaint against a staff member. A decision will be taken by the Senior Management Team as to the immediate suspension of the staff member against which the allegation has been made.

Some allegations will be so serious as to require immediate referral to children's social care/police for investigation.

Others may be much less serious and may not warrant consideration under this procedure.

However, it is important to ensure that even apparently less serious allegations are followed up, and that they are examined objectively by someone independent of the organisation concerned.

A member of SOS Medical Staffing's Senior Management Team, either Ankit Goyal or Lorraine Gallier must be informed of all allegations that appear to meet the criteria above so that s/he can consult the police and social care colleagues if appropriate.

They must also be informed of any allegations that are made directly to the police (which must be communicated via the police force designated officer) or to children's social care.

As soon as a staff member/their manager becomes aware of an allegation (or potential allegation), either from an assignment or another agency, it must be reported immediately to one of the above.

12.0 Quality monitoring and Safeguard assurances

SAFEGUARDS

SOS Medical requires its employees, contractors and temporary workers to follow all of the instructions, guidance, policies and procedures provided by the participating authority.

Induction training will also be provided to all employees, contractors and temporary workers engaged to undertake regulated activity with vulnerable persons, including but not limited to:

- Training in relation to safeguarding and handling of reporting of alleged or suspected abuse – All Staff undertaking shifts on behalf of SOS Medical Staffing will be trained to Level 3 and undertake further relevant training specifically pertaining to Northern Ireland via Volunteer Now.

- Risk management to prevent abuse;
- Actions to be taken in the event of alleged or suspected abuse;
- The company's complaints and escalation process;
- The company's Whistleblowing policy;
- Current legislation and best practice.

All employees, contractors and temporary workers will be appropriately supervised.

Monitoring of any Safeguarding issues will be discussed at the Monthly SMT meeting and submitted on the ASC Position Report Annually.

This policy will be reviewed annually or when new legislation is produced.

13.0 BREACH OF THIS POLICY



Disciplinary action may be taken against any employee who acts in breach of this policy.

Disciplinary action may include summary dismissal in the case of a serious breach of this policy or repeated breaches. In other cases, it may include a warning, oral or written.

Such action will be taken in accordance with the Company's disciplinary procedure.

Breaches of this policy may also result in the employee responsible being held personally liable if legal action is taken in relation to safeguarding issues.

Appendix 1- Further Legislation

In Northern Ireland

- Children (Northern Ireland) Order 1995
- Protection of Children & Vulnerable Adults (NI) Order (2003)
- The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
- Safeguarding Board Act (Northern Ireland) 2011
- Department of Health 2008 Standards for Child Protection Services
- Department of Health (2017). Cooperating to Safeguard Children. Belfast: Department of Health
- Department of Health 2018 Safeguarding Board for Northern Ireland Procedures Manual

15.0 Links and References

www.rcn.org.uk/clinical-topics/children-and-young-people/safeguarding-children-and-young-people

www.health-ni.gov.uk/sites/default/files/publications/dhssps/unocini-guidance.pdf

www.education-ni.gov.uk/publications/children-and-young-peoples-strategy-2020-2030

www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland

<https://learning.nspcc.org.uk/child-protection-system/northern-ireland>

www.legislation.gov.uk

[Child abuse and neglect in the UK today | NSPCC Learning](#)

www.volunteernow.co.uk/app/uploads/2019/04/Keeping-Children-Safe-Our-Duty-to-Care.pdf

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