



SAFEGUARDING OF CHILDREN AND VULNERABLE ADULTS

Policy and Guidelines

Sinead Hawkins

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1. Introduction

The aims of these guidelines are:

- To set out clearly the steps to be followed when there are concerns about abuse
- To clarify the responsibilities of Foyle International employees with regard to child protection
- To provide information about the nature and indications of abuse
- To develop appropriate responses to children who disclose abuse
- To provide names of contacts who can give advice and assistance

These guidelines apply to all employees, volunteers, agents/partners, students and host families connected with the services offered by the Foyle International and any related projects.

The UN Convention on the Rights of the Child defines a child as everyone under 18 unless, "under the law applicable to the child, majority is attained earlier" (Office of the High Commissioner for Human Rights, 1989). The UK has ratified this convention.

However there are a number of different laws across the UK that specify age limits in different circumstances. These include child protection; age of consent; and age of criminal responsibility.

The definition of a child in child protection guidance

England, Wales, Northern Ireland and Scotland each have their own guidance for organisations to keep children safe. They all agree that a child is anyone who is under the age of 18.

Child protection guidance

Foyle International is follow the guidelines under the publication – “Co-operating to safeguard children and young people in Northern Ireland” Verson 2.0 August 2017 issued by the Department of Health, Social Services and Public Safety. Northern Ireland. Foyle also will

From , “Co-operating to safeguard children and young people in Northern Ireland” Verson 2.0 August 2017 – Department of Health, Social Services and Public.

refer to the newest Policies and Procedures manual online document from SBNI - <http://www.proceduresonline.com/sbni/> last updated: November 2018

Vulnerable groups

Some especially vulnerable young people are entitled to services beyond the age of 18.

Local authorities in England and Wales must keep in touch with care leavers until they are at least 21. They should also provide assistance with education, employment and training. Local authorities in Northern Ireland also have this same duty.

Age of consent

The age of consent (the legal age to have sex) in the UK is 16 years old.

The laws are there to protect children. They are not there to prosecute under-16s who have mutually consenting sexual activity but will be used if there is abuse or exploitation involved.

To help protect younger children the law says anyone under the age of 13 can never legally give consent. This means that anyone engaging in sexual activity with a child who is 12 or younger will be subject to penalties set out under the Sexual Offences Act 2003.

The law also gives extra protection to young people who are 16 to 17 years old. It is illegal to:

- take, show or distribute indecent photographs
- pay for or arrange sexual services
- for a person in a position of trust (for example, teachers, care workers) to engage in sexual activity with anyone under the age of 18.
- Age of criminal responsibility for children
- The age of criminal responsibility in England, Wales and Northern Ireland is 10 years old.

From , “Co-operating to safeguard children and young people in Northern Ireland” Verson 2.0 August 2017 – Department of Health, Social Services and Public.

Criminal responsibility

Criminal responsibility is based on when a child is considered capable of committing a crime and old enough to stand trial and be convicted of a criminal offence.

Northern Ireland the legislation is section 3 of the Criminal Justice (Northern Ireland) Order 1998.

Foyle International approach

These guidelines were amended and adopted by the Foyle International on 28th April and updated again in May 2018.

The designated member of the Foyle International staff with responsibility for the implementation of these guidelines is Sinead Hawkins. She is directly responsible to Paul Murray, the Director of Foyle International. The deputy designated person who will support Sinead in her role is Yvonne Boyle.

Foyle aim to constantly update safeguarding measure by preventing unsuitable people obtaining work in any capacity, whether paid or unpaid, with the vulnerable. Foyle have a robust recruitment and staff selection procedures and provide appropriate training for all staff and volunteers. Access NI complements the child/vulnerable adult protection measures each organisation is required to have.

Certain offences are considered to be so serious that failure to disclose relevant information is a criminal offence in itself. A list of these offences is contained in the Appendix 3 of this document.

The guidelines are designed to provide advice and information for employees for use in everyday situations.

The responsibility for barring decision-making transfer from DHSSPS (Department of Health, Social Services and Public Safety) to the ISA (Independent Safeguarding Authority) from 13 March 2009. Foyle follow requirements to check individuals against the Access NI barred lists.

Abuse can occur inside and outside the family. Many child abusers cultivate an image of respectability and may appear to be extremely co-operative with schools and other agencies. This may foster a belief that such a person could not be an abuser.

From , “Co-operating to safeguard children and young people in Northern Ireland” Version 2.0 August 2017 – Department of Health, Social Services and Public.

Paedophiles will plan and infiltrate social groups, work or voluntary organisations, where they can have access to children. When confronted an abuser's response can take a number of forms e.g. denial, minimisation of the seriousness of the abuse or blaming the victim. These responses are also found in institutions and organisations.

Discussion among colleagues and between agencies can help to create an ethos of child protection, where the interests of the child are paramount.

The information in the guidelines adopted by the Foyle International Safeguarding are based on the the Department of Education for Northern Ireland circulars and the Children (Northern Ireland) Order 1995, and the Protection of Children and Vulnerable Adults (NI) Order 2003 as defined by the DHSSPS, “Co-operating to safeguard children and young people in Northern Ireland” Verson 2.0 August 2017 issued by the Department of Health, Social Services and Public Safety, Northern Ireland. Foyle also will refer to the newest Polices and Procedures manual online document from SBNI - <http://www.proceduresonline.com/sbni/> last updated: November 2018

2. Mission statement

The child protection programme seeks to support the child's development in ways that will foster security, confidence and independence. It is central to the well being of the individual and is therefore an intrinsic part of all aspects of the Foyle International programme of activities.

The aims of the policy are:

- To enhance children's
- Self esteem
- Self confidence
- Assertiveness
- Communication skills
- Personal safety

By developing appropriate skills to make reasoned, informed choices, judgements and decisions.

- To ensure there is a whole-centre policy against bullying through recognition of the abuse of power between adults, between adults and children, and between children.
- To ensure staff/volunteers are well informed about Safeguarding issues
- To ensure that staff/volunteers are well informed about the Foyle International procedures for reporting concerns as outlined in these guidelines.
- To provide a model for appropriate and effective communication between children, staff and parents.
- To promote safe online activities to protect children.
- To promote co-operation with statutory agencies in the multi-agency response to Safeguarding Children and Vulnerable Adults

3. Principles on which this guideline is based

The following principles are reflected in the Children Order and underpin all strategies, policies, procedures, practice and services relating to safeguarding children and young people for Foyle.

- **The child or young person’s welfare is paramount** – The welfare of the child is the paramount consideration for the courts and in childcare practice. An appropriate balance should be struck between the child’s rights and parent’s rights. All efforts should be made to work co-operatively with parents, unless doing so is inconsistent with ensuring the child’s safety.
- **The voice of the child or young person should be heard** – Children and young people have a right to be heard, to be listened to and to be taken seriously, taking account of their age and understanding. They should be consulted and involved in all matters and decisions which may affect their lives and be provided with appropriate support to do so where that is required. Where feasible and appropriate, activity should be undertaken with the consent of the child or young person and, where possible, to achieve their preferred outcome.
- **Parents are supported to exercise parental responsibility and families helped to stay together** – Parents have responsibility for their children rather than rights over them. In some circumstances, parents will share parental responsibility with others such as other carers or the statutory authorities. Actions taken by organisations should, where it is in the best interests of the child, provide appropriate support to help families stay together as this is often the best way to improve the life chances of children and young people and provide them with the best outcomes for their future.
- **Partnership** – Safeguarding is a shared responsibility and the most effective way of ensuring that a child’s needs are met is through working in partnership. Sound decision-making depends on the fullest possible understanding of the child or young person’s circumstances and their needs. This involves effective information sharing, strong organisational governance and leadership, collaboration and understanding between families, agencies, individuals and professionals.
- **Prevention** – The importance of preventing problems occurring or worsening through the introduction of timely supportive measures.
- **Responses should be proportionate to the circumstances** – Where a child’s needs can be met through the provision of support services, these should be provided.

Both organisations and individual practitioners must respond proportionately to the needs of a child in accordance with their duties and the powers available to them.

- **Protection** – Children should be safe from harm and in circumstances where a parent or carer is not meeting their needs, they should be protected by the State.
- **Evidence-based and informed decision making** – Decisions and actions taken by organisations and agencies must be considered, well informed and based on outcomes that are sensitive to, and take account of, the child or young person's specific circumstances, the risks to which they are exposed, and their assessed needs.

4. Definitions of abuse

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.

Children may be abused by a parent, a sibling or other relative, a carer (i.e. a person who has actual custody of a child, such as a foster parent or staff member in a residential home), an acquaintance or a stranger, who may be an adult or a young person. The abuse may be the result of a deliberate act or of failure on the part of a parent or carer to act or to provide proper care, or both. There are five types of child abuse. They are defined as follows:

5. 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:

- Physical abuse;
- Sexual abuse;
- Emotional abuse;
- Neglect; and
- Exploitation.

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.

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.

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.

Exploitation¹ 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

¹ 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.

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 (see section 6).

6. Recognising abuse

Detection of abuse is seldom straightforward and rarely clear cut. It is important therefore, to share concerns with Sinead Hawkins, who is the designated member of staff as detailed in this policy document. Below are some of the physical and behavioural indicators of abuse. However it must be stressed that none of these indicators either singly or in any combination prove conclusively that a child has been abused.

Physical Abuse

Important indicators of physical abuse are bruises or injuries that either unexplained or inconsistent with the explanation given or visible on the “soft” parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern, although this can be more complicated with burns, as these are often delayed in presentation due to blistering taking place sometime later.

Physical Indicators:

- Unexplained bruising, marks or injuries on any part of the body
- Multiple bruises – in clusters, often on the upper arm, outside of the thigh
- Cigarette burns
- Human bite marks
- Broken bones
- Scalds, with upward splash marks,
- Multiple burns with a clearly demarcated edge.

Behavioural Indicators:

- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example in hot weather
- Depression
- Withdrawn behaviour
- Running away from home.

Sexual Abuse

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although physical signs can also be present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

Physical Indicators:

- Pain or itching in the genital area
- Bruising or bleeding near genital area
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down

- Pregnancy.

Behavioural Indicators:

- Sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age, or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as overeating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse
- Suddenly having unexplained sources of money
- Not allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way towards adults.

Emotional Abuse

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, for example then hospitalised or away from their parents' care. Even so, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Behavioural Indicators:

- Neurotic behaviour e.g. sucking, hair twisting, rocking
- Being unable to play
- Poor academic achievement
- Isolation
- Threatened or attempted suicide.

Signs that a child may be being bullied can be:

- Coming home with cuts and bruises
- Torn clothes
- Asking for stolen possessions to be replaced
- Losing dinner money
- Falling out with previously good friends
- Being moody and bed tempered
- Wanting to avoid leaving their home

- Aggression with younger brothers and sisters
- Doing less well at school
- Sleep problems
- Anxiety
- Becoming quiet and withdrawn.

Neglect

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children

Physical Indicators:

- Constant hunger, sometimes stealing food from other children
- Constantly dirty or “smelly”
- Loss of weight, or being constantly underweight
- Inappropriate clothing for the conditions.

Behavioural Indicators:

- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends
- Mentioning being left alone or unsupervised.

From , “Co-operating to safeguard children and young people in Northern Ireland” Version 2.0 August 2017 – Department of Health, Social Services and Public.

- Fear of making mistakes
- Sudden speech disorders
- Self-harm
- Fear of parent being approached regarding their behaviour
- Developmental delay in terms of emotional progress.

Bullying

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

Physical: pushing, kicking, hitting, pinching and other forms of violence or threats

Verbal: name-calling, sarcasm, spreading rumours, persistent teasing

Emotional: excluding, tormenting, ridiculing, humiliating.

Persistent bullying can result in:

- Depression
- Low self-esteem
- Shyness

From “Children protection fact sheet – The definitions and signs of child abuse” NSPCC inform - April 2009

From , “Co-operating to safeguard children and young people in Northern Ireland” Verson 2.0 August 2017 – Department of Health, Social Services and Public.

7. Abuse carried out by children and young people

When abuse of a child is alleged to have been carried out by another child or young person, it is important that the appropriate Child Protection procedures are followed in respect of both the victim and the alleged abuser.

Most cases of physical or emotional ill treatment can be dealt with in the context of bullying, except in the most severe cases where statutory agencies may be involved.

However the problem of sexual abuse by children and young people is increasingly being recognised. Over 50% of adult offenders began sexually abusing prior to the age of 18. The average age of identified juvenile offenders is 12. Sexual abuse involves the abuse of power and is difficult to define when there is little age difference between perpetrator and victim. When sexual activity takes place and there is lack of consent, lack of equality (e.g. size, intellectual capability, strength or age) or coercion, then it is sexual abuse.

Children and young people who sexually abuse may have shown signs of exhibitionism, obsessive involvement with pornography, voyeurism, have made obscene calls or stolen underwear. An abuser may seem isolated, uninvolved with a peer group in acceptable social ways.

Sexual abuse is addictive. It is very important to identify and treat it early.

An abusing child is often an abused child.

It is an important Child Protection function to ensure that such behaviour is treated seriously and is always subject to referral to Child Protection Agencies.

Suzanne Jenkins, Gracewell Clinic, Birmingham, 1996

Gail Ryan, Kempe Institute, Colorado, 1995

8. Indicators of sexual abuse by a child or young people

Background

- Previous therapy
- Witnessed family violence
- Abused (including physical, sexual, emotional and neglect)
- Parental loss
- Feels persecuted by parents, by system
- Substance abuse

Behaviour:

- Inappropriate sexual contact with another child
- Voyeurism
- Obscene calls
- Stealing underwear
- Uninvolved with peer groups in acceptable social ways
- Isolated
- Obsessive interest in pornographic material
- Lack of empathy with others

9. Raising Concerns about abuse

For the designated person responsible for implementing the Foyle International's Child Protection Policy

The designated member of staff is: Sinead Hawkins

If any members of staff have concerns, or are alarmed by a behaviour or incident, they should talk to the designated member of staff responsible; i.e. Sinead Hawkins. If this designated member of staff is not available, or cannot be contacted, then the incident should be reported to either Yvonne Boyle (Deputy Child Protection officer) or the Director, Paul Murray, if failing that then any senior member of staff available.

Procedure to follow when concern has been raised:

Child abuse can come to your attention in a number of ways:

- Concern over a child's appearance, behaviour or physical condition
- A child may volunteer information
- Another child may tell you about what has happened to a friend
- An adult may bring something to your attention

You must react in a professional manner!

- Listen to what is being said
- Take what is said seriously
- At the earliest opportunity make notes especially actual words used

No matter how much you think you are prepared you will always be surprised when an incident occurs. It is difficult but you should not let the child see that you are shocked. The child may have been waiting for an opportunity to speak to you, is probably under great stress and has probably chosen a moment when you are busy or otherwise occupied. Your reaction is of great importance to the child.

From , "Co-operating to safeguard children and young people in Northern Ireland" Verson 2.0 August 2017 – Department of Health, Social Services and Public.

ACT PROMPTLY! Listen to the child without interrupting or showing your surprise. Get the child to tell you what happened in his/her own words. If possible establish what happened, where it happened, when it happened and who did it. Do not ask "why" questions. Make the child aware that you know it is not his/her fault and that he/she has no reason to feel guilty.

- Take the allegation seriously. Support the child for telling you.
- Explain that you have an obligation to refer the matter in order to seek help for the child.
- Do not make promises that you cannot keep.
- Do not give the child a guarantee of total confidentiality regarding the disclosure. This is not within your power - your obligation is to refer the matter to the designated member of staff as detailed.
- Do not investigate.
- Do not dwell too much on the alleged perpetrator. Avoid a "whodunit" approach. The pursuit of evidence is the work of the police.
- Do not be judgmental about information supplied by the child. Do not pre-suppose that the experience was bad or painful.
- At the earliest opportunity make a written record of what happened. Where possible write down the actual words used. Do not write as the child talks to you. Give your whole attention to the child.

Refer the matter to the designated member of staff, Sinead Hawkins

10. The role of the designated member of staff

The designated member of staff, Sinead Hawkins, has specific responsibility for child protection.

In the absence of the nominated person, Yvonne Boyle will act as the designated staff member.

No matter how well you know these guidelines you may still be shocked and unprepared when something happens.

- Listen to the person or child who discloses and support them.
- If a child has disclosed to another individual in the first instance it is inappropriate to cause the child further stress by questioning him/her again. If additional information is required get that individual to talk to the child.
- Remind the person to whom disclosure was made to make a full note of what was said or happened.
- Discuss with the Director and take advice (see Appendix 2 for sources of advice)
- Following the discussion notify Social Services by phone and follow up with the appropriate forms. (see list in Appendix 1)

The role of the Designated Member of Staff is an important one and will include the following duties as part of their responsibilities:

- Bring these guidelines to the attention of all who work in the Foyle International.
- Liaise with the Director when a case of child abuse, either suspected or confirmed, occurs.
- With the consent of the Director contact the relevant Social Services personnel about a case or suspected case of child abuse.
- Attend training courses in child protection and regularly organise similar training for colleagues.
- Be thoroughly familiar with these guidelines.
- Be able to advise other members of staff, volunteers and host families of the child protection policy in theory and practice.

11. Note on referrals

If a referral is made to Social Services a strategy discussion will be held. This is to plan a way forward with regard to the specific incident. When making a referral of a case of suspected or alleged abuse, the designated member of staff should ask to be informed of the timing of the strategy discussion between the statutory agencies which will decide whether and how to investigate. The designated member of staff should clarify with the investigating agencies when, how and by whom the parents will be told that a referral has been made. A member of staff, either the designated member of staff or the member of staff who knows the child best, should be prepared to contribute to the strategy discussion the School's knowledge of the child and of the incident being investigated.

If a case conference is required it will normally be called within 15 days of a referral being made. It is important that someone from the School attends the case conference. This would usually be the designated member of staff, Sinead Hawkins, but any other member of staff who would have a contribution to make to the case conference should also attend.

1. The role of the director of foyle international

The Director (Paul Murray) has a duty to ensure that any matters concerning Child Protection are referred to the statutory agencies, Social Services, NSPCC or Police Service of Northern Ireland (PSNI). The Director must leave all investigative work to these agencies, which have staff specially trained to deal with such investigations.

The Director's role in child protection is of central importance and while day to day child protection matters may be delegated to the designated member of staff, the Director still retains responsibility. It is important therefore that the role of the designated member of staff is clearly understood. A referral to Social Services should be made following consultation between the designated member of staff and the Director.

The Director should:

- ensure that the School has a designated member of staff and that all staff know who this is
- ensure that the School has a written policy for child protection
- regularly meet with the designated member of staff
- support staff, volunteers and host families
- act decisively and promptly
- discuss child protection at staff meetings
- make time available for in service training on child protection matters
- be familiar with these child protection procedures
- keep informed about what the School is doing to protect children
- Maintaining and adopting the latest policy procedures as directed by the DHSSPS.

2. Advice

When the designated member of staff comes to the Director with an incident to be referred the Director may want to talk to someone before initiating the referral procedures. Advice is available from:

Department of Health Social Services and Public Safety

DDC

Child Care Policy Directorate

DHSSPS

Room D1.4, Castle Buildings

Stormont Estate

Belfast

BT4 3SQ

and

The NSPCC

When seeking advice do not name a child. A child should only be named at the referral stage.

12. Procedure for reporting an incident of child abuse

→ Designated Member of Staff is Sinead Hawkins

Child makes a disclosure to a member of staff, or a member of staff has concerns about child either as a result of one observation or many observations over a period of time. Member of staff should make notes of what was said or observed and must ACT PROMPTLY.

13. What happens following a referral

Once a referral has been made, Social Services and the Police will hold a strategy discussion within 24 hours. This can be by telephone. The purpose of the discussion is to:

- Examine the available information about the child and family
- Plan the investigation
- Agree the role of each agency
- Agree the extent of joint investigation

Decisions should be reached on the initial action to be taken, by whom and when, and the arrangements for reporting back. Foyle International should be informed of the outcomes of the discussion. Staff of Foyle International should keep a written record of plans and agreements made with other agencies, including those agreed by telephone. The designated member of staff, Sinead Hawkins, must be aware of all plans and agreements agreed with external agencies. In turn the Director must also be informed of these developments.

Joint Investigations by statutory agencies

Specially trained social workers and police officers from CARE (Child Abuse and Rape Enquiry) teams carry out a joint investigation in order to minimise the trauma for a child. Repeated interviewing can be a further abuse of a child. The police focus on criminal investigation and Social Services on child protection. However, both agencies work on the principle that the child's interests are paramount.

Statutory agencies e.g. Social Services and the police will carry out the investigation. It is not the role of any member of staff to investigate, nor to contact the child's family on a referral. Contact with the family should only be made after arrangement with the statutory agencies.

Foyle International should be kept informed of decisions made by other agencies and the Director should feel free to contact the agencies.

If a child protection case conference is convened this should be held not later than 15 days after initial referral to Social Services. The Director will be invited and should attend or send an appropriate member of staff.

The purpose of the Case Conference is to exchange information and plan together. Its function is to decide whether or not to place a child's name on the Child Protection Register, to draw up a written protection plan and to identify a core group to implement the protection plan.

These decisions should be arrived at by unanimous or majority agreement. Any dissent should be recorded.

A case co-ordinator will be identified from Social Services and will have responsibility for co-ordinating and developing the multi-agency protection plan, and will provide a focus for communication within the core group and with other professionals.

It will be the responsibility of individual agencies to implement the parts of the plan relating to them and to communicate with the key worker and others as necessary.

At the initial case conference, the timing of the review, within three months, will be agreed. Any professional can ask for a case review to be convened earlier than this, should there be a cause for concern.

From , "Co-operating to safeguard children and young people in Northern Ireland" Verson 2.0 August 2017 – Department of Health, Social Services and Public.

14. Reporting procedures in the case of staff being reported for abuse

This is an extremely difficult and sensitive issue. It is essential to have a procedure in place so that the matter can be dealt with quickly and without confusion. Procedures are vital to protect the child but also to protect the member of staff should the complaint be unfounded.

- Once a complaint has been made, the designated member of staff, Sinead Hawkins, must be informed and she must initiate a complaint record. The Director must be informed immediately.
- The Director must conduct an initial assessment, in confidence and urgently, as to whether or not there is enough evidence to warrant further action.
- After a short period of consultation and advice from the appropriate external organisation such as the DHSSPS or NSPCC, it should be decided whether the allegation is unfounded or whether it is warranted.
- Consideration should be given to suspending the person concerned pending investigation.
- If the allegation is deemed to have been warranted, it must be referred at once to POCVA Team at the DHSSPS or the PSNI CARE Team as detailed in the contact list in the Appendix to this document.
- If the allegation is deemed to have been warranted, the person concerned will be dealt with in accordance with the Foyle International's disciplinary procedures.
- If the allegation is unfounded, the staff member must be informed that a complaint was made, it was deemed unfounded and that no further action will be taken.
- The complainant will be advised, in writing, of the action taken and its outcome.

3. Management systems in place to enhance child protection

Recruitment and Selection Procedures

All personnel, whether paid or unpaid, who have direct contact with children and young people, are selected carefully for their suitability for this work. The procedures to ensure that this happens are comprehensively dealt with in Foyle International's policy and procedures document on Recruitment and Selection.

Supervision and Support of Staff and Volunteers

Following good recruitment and selection procedures minimises the risk of unsuitable people obtaining posts working with children and young people. However, It does not eliminate the possibility of abuse within the organisation and constant vigilance is important that:

- all staff and volunteers are familiar with the child protection policy and procedures
- all staff and volunteers are aware of what is expected of them in terms of behaviour
- substantial access to children is restricted to members of staff who have been subject to an Access NI suitability check
- where possible staff and volunteers should not supervise children alone
- unvetted facilitators working in the Foyle International, or on a related activity or programme related to the Foyle International, must ensure that a vetted member of staff is present with them at all times
- children on the premises of the Foyle International are not left in the sole care of administration staff, domestic staff, caretaking and security staff or any other person who has not been subject to an Access NI suitability check

Communication

- Create an open, child-centred environment in which everyone feels comfortable and free to share information.
- Provide parents with information on the organisation, its policies, procedures and activities.

Training

All training needs to be appropriate to the roles people play within an organisation. However, all staff and volunteers who work with children and young people should participate in child protection training, which should include:

- awareness of abuse
- organisational policy and procedures
- skills training
- health and safety awareness

APPENDIX 1

FOYLE INTERNATIONAL

DISCLOSURE OF CRIMINAL BACKGROUND (IN CONFIDENCE)

Under the provisions of Government Policy and Good Company Practice it is requested that a check for any record of convictions, cautions or bind-over orders be carried out in respect of the person mentioned below, who will have significant access to children in the following capacity:

Job Title:

Job Ref No:

Location:

- Section A

FULL ADDRESS TO BE COMPLETED BY THE EMPLOYEE IN BLOCK CAPITALS AND IN BLACK INK

Mr/Mrs/Miss/Ms/Dr (Delete as applicable) Date of Birth: _____

Surname: _____ Place of Birth: _____

Christian Names: _____

Maiden Name: _____ Any other previous surnames: _____

Address: _____

Previous Address (within last 5 years): _____

Have you any convictions/cautions – please tick relevant box yes no

I authorise Foyle International to complete a criminal records check.

Signed _____ Date _____

Return from immediately FAO the Director of Foyle International

- Section B

TO BE COMPLETED BY THE EMPLOYING AUTHORITY

I am satisfied that the particulars given above are accurate and that the

Above-named person has given their written permission for the check to be made and is aware that any spent convictions will be disclosed. I further declare that any information given will be treated in strict confidence and used only in accordance with Foyle International Ltd Company Policy.

Signed _____ Date _____

Paul Murray (Director of Foyle International)

- Section C

TO BE COMPLETED BY POLICE

No trace on the details supplied

The subject may be identical with
the person whose record of
convictions is attached.

Signed _____ Rank _____ Date _____

Please return to Paul Murray, Foyle International

17 – 21 Magazine Street, Derry, BT48 6HH

FOYLE INTERNATIONAL

Confirmation of Notification of Suspected/Admitted/Known Abuse of a Child to the Safeguarding TEAM at DHSSPS

This form should be completed on the basis of the information available and should not be delayed on the basis of incomplete information.

CHILD'S NAME _____

ADDRESS _____

DOB _____

NAME OF PARENT/GUARDIAN _____

ADDRESS (if different from above) _____

TELEPHONE NO. _____

Details of concern or disclosure (giving outline of incident and dates if possible):

ACTION TAKEN Referred by telephone to _____ on _____

Written referral made to

DHSSPS YES NO

NSPCC YES NO

Signature of person making the referral _____

Designation _____ Date _____

This referral form should be posted to the appropriate agency and the envelope marked "Strictly Confidential"

APPENDIX 2

CONTACTS AND PHONE NUMBERS

The Duty Social Worker at:

- Foyle Health and Social Services Trust at Riverview House, Abercorn Road, Derry Tel 028 7126 6111
- Shantallow Health Centre, Racecourse Road, Shantallow, Derry Tel 028 7135 1350
- Waterside Hospital Grounds, Glendermott Road, Waterside, Derry Tel 028 7134 6587
- Limavady Health Centre, Scroggy Road, Limavady Tel 028 7176 3131
- County Buildings Barrack Street, Strabane Tel 028 7138 2403
- Out of office hours at Altnagelvin Area Hospital Tel 028 7134 5171
- Sperrin Lakeland Health and Social Services Trust Tel 028 8224 4127
- Community Services, 2 Coleshill Road, Enniskillen, BT74 7HG Tel 028 6634 4000 (Out of office hours at Erne Hospital Tel 028 6632 4711)
- Health Centre Omagh, Mountjoy Road, Omagh Tel 028 8224 3521 (Out of Office hours at Tyrone County Hospital Tel 028 8224 5211)
- NSPCC 20 Pump Street, Derry, Tel 028 7126 6789, also
NSPCC

Senior Medical Officers

- Dr S Hutton Rosstowney House, Tel 028 7134 6587
- Dr Sharma, Omagh Health Centre Tel 028 8224 3521

Western Education and Library Board

- Designated Officer - Margaret Harte, Education Officer, WELB HQ, 1 Hospital Road Omagh Tel 028 82411411
- Deputy Designated Officer - Tony McGonagle, Chief Education Welfare Officer, WELB HQ, 1 Hospital Road Omagh Tel 028 82411411

PSNI

Strand Road Police Station

81A Strand Road

DERRY

BT48 7AA

Tel 0845 600 8000

Fax 028 71210709

The PSNI Child Abuse and Rape Enquiry (C.A.R.E.) Unit for the North West region.

PSNI C.A.R.E Unit

4 Maydown Road

Derry

BT47 6SJ

Telephone 028 7186 1355

APPENDIX 3

LEGAL DEFINITIONS

1. Offences against the Person Act 1861 Sec.61
Sodomy, which is intercourse by rectum, with a female child or young person, or a male under 16 years

2. Offences against the Person Act 1861 Sec. 62
Attempted sodomy, assault with intent to commit same or indecent assault upon a male being a child or young person, which is attempting the intercourse described at (1) in the above and includes indecent assault for that purpose.

3. Criminal Law Amend. Act 1885 Sec. 4 and Sec.5
 - a. Sexual intercourse with a girl under 14 years
 - b. Between 14 and 17 years

4. Punishment of Incest Act 1908 Sec.2
Any male person having sexual intercourse with a female who is, to his knowledge, either his granddaughter, daughter, sister (half-sister included), or mother in respect of a child or young person.

5. Punishment of Incest Act 1908 Sec. 2
Any female on or above 16 years who with consent permits her grandfather, father, brother (half-brother included), son to have sexual intercourse with her knowing him to be such.

6. Article 9 Sub Sec. 1 of the Criminal Justice Order (NI) 1980
It is an offence for a man to incite to have sexual intercourse with him, a girl under the age of 16 years whom he knows to be his granddaughter, daughter, or sister.

Information about and consent to the ACCESS NI Service check for a volunteer/facilitator inclusion in the Foyle Internationals database.

Foyle International's various programmes and events involves, sometimes, substantial access to children and/or adults with a learning disability. Therefore, it is our policy to ask for a check to be carried out by ACCESS NI. The purpose of this check is to make sure that people are not appointed who might be a risk to children and adults with a learning disability. I am sure that you understand the reasoning behind this policy.

The check will tell us whether you have a criminal record, or whether the DHSSPS holds any other information about you which might have a bearing on your suitability. Any information, which we receive, will be treated confidentially, and will be discussed with you before we make a final decision. After that decision is made the information will be destroyed.

We will only ask you for the check if we are thinking of employing you in a facilitation or volunteering capacity. However you must tell us now if you have ever been convicted of a criminal offence, or cautioned by the police, or bound over. You must include all offences, even minor matters such as motoring offences, and spent convictions, that is, things that happened a long time ago. If you leave anything out it may affect your application. Please complete below to give us this information and return it with your application. The form also asks you to give your written consent to the ACCESS NI Service check. Please note that if you do not consent we will not accept your application. If you would like to talk this form through before completing please contact: Yvonne Boyle (Student Services Manager)

CHILD PROTECTION

During the term of your contract you are required to have contact with juniors (i.e. students under 16 years of age, but not under 12 years of age). By signing this agreement you are declaring that you are fit to be working with juniors and that we are authorised to request a criminal disclosure from the CRB (Criminal Records Bureau).

Under Article 31 and/or a care position as defined in the booklet “Choosing to Protect” relating to Vulnerable Adults (Para 2.2 refers)

I authorise Foyle International to carry out a full police check on me for child protection

.....

Signed by the Employee (Authorisation)

Dated.....

Please Tick here if you have already gone through this process for another organisation

Name of Organisation: