



# **Young People and Adults Safeguarding Policy**

## DOCUMENT MANAGEMENT

The purpose of this section is to provide details of the official versions and controls relating to the management of the Young People and Adults Safeguarding Policy

### KEY PERSONNEL

Role	Name	Grade	Responsibility
Author	Mary McCann	Quality & Policy Manager	Draft/Review
Manager	David Cowan	Head of Employment Services	Review
Owner	Board	-	Approval

### DOCUMENT HISTORY

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## **Young People and Adults Safeguarding Policy**

### **1. Introduction**

- 1.1.** Usel is committed to striving to provide an environment which is free from the risk of harm to individuals and those who may be in need of protection, in order to safeguard young people and adults.
- 1.2.** Within this policy the term 'safeguarding' is used in its widest sense, that is, to encompass both activity which prevents harm from occurring in the first place and activity which protects individuals at risk where harm has occurred or is likely to occur without intervention.
- 1.3.** This Policy provides clear guidance on the procedures to follow in the event of a suspicion or allegation that an adult or young person appears to be at risk of abuse, exploitation or neglect.
- 1.4.** This Policy is intended for all staff and contractors who provide employment support or an activity that leads to the adult or young person being considered at risk of harm or in need of protection at that particular time
- 1.5.** It applies to young people aged 16-18 (aged 21 if leaving care) and adults aged 18+ (as defined by [www.legislation.gov.uk/ukpga/2006/47/section/59](http://www.legislation.gov.uk/ukpga/2006/47/section/59)).

### **Legal Framework**

- 1.6.** Usel's policy has been informed by the Northern Ireland Executive's Adult Safeguarding Prevention and Protection in Partnership Policy (July 2015) (<https://www.healthni.gov.uk/sites/default/files/publications/dhssps/adultsafeguarding-policy.pdf>)

### **2. Purpose**

- 2.1.** To provide advice and guidance to Usel staff when interacting with individuals who are carrying out an activity or receiving support in circumstances where the individuals may be considered vulnerable at that particular time.
- 2.2.** To ensure Usel has an adequate policy and procedures to protect individuals with whom we come into contact.
- 2.3.** To promote and maintain the rights of all people and safeguard them from abuse, exploitation or neglect.

2.4. To work within the relevant legislative framework.

2.5. To incorporate the principles of good practice into the provision of direct employment / employment support.

2.6. To highlight the importance of inter-agency working.

### 3. Guiding Principles

3.1. Safeguarding individuals is complex and challenging. The focus of any intervention must be on promoting a proportionate, measured approach to balancing the risk of harm with respecting the adult's or young person choices and preferred outcome for their own life circumstances. UseL upholds the principle of respect for the rights of people who are entitled to:

- Privacy
- Be treated with respect and dignity
- Lead an independent life and be enabled to do so
- Be able to choose how to lead their lives
- The protection of the law
- Have their rights upheld regardless of religious belief, political opinion, race, age, marital status, sexual orientation, gender, disability or caring responsibilities.
- Have the opportunity to fulfil personal aspirations and realise potential in all aspects of daily life
- Input, where appropriate, from the views of others who have an interest in his or her safety or well-being

### 4. Definitions

4.1. **Adults who may be considered 'At Risk of Harm' and 'In Need of Protection'.** 'It is not possible to definitively state when an adult is at risk of harm, as this will vary on a case by case basis. The following definition is intended to provide guidance as to when an adult may be at risk of harm, in order that further professional assessment can be sought. An 'Adult at risk of harm' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- personal characteristics AND/OR
- life circumstances. (Appendix 1)

4.2. Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain.

4.3. Life circumstances may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

**4.4.** An 'Adult in need of protection' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased:

- by their personal characteristics AND/OR
- by their life circumstances AND
- by their inability to protect their own well-being, property, assets, rights or other interests; AND
- where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

In order to meet the definition of an 'adult in need of protection' either (a) or (b) must be present, in addition to both elements (c), and (d).

(<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/adultsafeguarding-policy.pdf> July 2015).

**4.5.** It is important that staff/contractors/volunteers are aware of this policy when interacting with individuals, especially in external settings. Should they be concerned about any suspected abuse they must follow the reporting procedures set out in this policy.

**4.6.** While Usel's work to support service users no longer falls within the definition of Regulated Activity as defined by the Safeguarding Vulnerable Groups (NI) Order 2007 and the Protection of Freedoms Act 2012, we recognise that many are vulnerable in the true sense of the word. As such it is important that all service users are treated with dignity and respect and free from abuse while we support them.

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

- Health Care - Regulated health care professionals or those acting under the direction or supervision of a health care professional, for example, doctors, nurses, health care assistants, physiotherapists.
- Personal Care - Assistance with washing, dressing, eating, drinking and toileting, or teaching someone to do one of these tasks.
- Social Work - Provision of social work by a social care worker which is required in connection with any health services or social services.
- Assistance with General Household Matters - Includes helping a person with their cash, bills or shopping because of their age, illness or disability.
- Assistance in the Conduct of a Person's Own Affairs - Including enduring power of attorney, or deputies appointed under the Mental Health Order.
- Conveying - Conveying adults because of age, illness or disability to, from or between places where they receive healthcare, personal care or social work.

**4.8.** From **10 September 2012** regulated activity relating to young people includes:

- Unsupervised activities: teaching, training, instructing, caring for or supervising children, providing advice/guidance on wellbeing, driving a vehicle only for children
- Work for a limited range of establishments (specified places) with opportunity for contact with children for example schools, children's homes, childcare premises, children's hospital. Work undertaken by supervised volunteers in these places is not regulated activity
- Work under 1 or 2 is regulated activity if undertaken regularly. Regular means carried out by the same person frequently (once a week or more) or on 4 or more days in a 30 day period or overnight.
- Relevant personal care, for example washing or dressing, or health care by or supervised by a professional; (even if carried out once)
- Registered childminding and foster care
- NB: the day to day line manager/supervisor of an individual in regulated activity is also in regulated activity.

**4.9. Adult Safeguarding:** Prevention and Protection in Partnership" does not include selfharm or self-neglect within the definition of an 'adult in need of protection'. Each case will require a professional HSC assessment to determine the appropriate response and consider if any underlying factors require a protection response. For example, self-harm may be the manifestation of harm which has been perpetrated by a third party and which the adult feels unable to disclose.

**4.9.1. Abuse (Adult):** The current definition of abuse is derived from regional guidance issued by the Management Executive, Department of Health & Social Services, in 1996 which states that abuse is:

"The physical, psychological, emotional, financial or sexual maltreatment, or neglect of an individual by another person. The abuse may be a single act or repeated over a period of time. It may take one form or multiple forms. The lack of appropriate actions can also be a form of abuse. Abuse can occur in a relationship where there is an expectation of trust and can be perpetrated by a person/persons, in breach of that trust, who have influence over the life of a dependant, whether they be formal or informal carers, staff or family members or others. It can also occur outside such a relationship" (accessed Dec 2016)

**4.9.2. Abuse (Child):** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more

rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

**4.9.3** Forms of abuse can be categorised as follows:

- Physical abuse (including inappropriate restraint or use of medication)
- Sexual abuse
- Psychological or Emotional abuse
- Neglect
- Discriminatory Abuse
- Institutional Abuse
- Financial (Adult)
- Exploitation (Adult)
- Domestic violence and abuse (Adult)
- Human trafficking/Modern Slavery (Adult)
- Hate Crime (Adult)

**4.10.** Points to consider when dealing with individuals who have the potential to be at a risk of harm and those who may be in need of protection:

- A person is not to be treated as unable to make a decision unless all practicable steps to help him do so have been taken without success.
- A person should not be considered as being unable to make a decision merely because he makes an unwise decision.
- An act done or decision made under the legislation for, or on behalf of, the person who lacks capacity, must be done, or made, in his/her best interest.
- Before any action is taken, or decision made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's right and freedom of action.
- Under this legislation a person is deemed to lack capacity in a matter if, at the same time, he is unable to make decisions for himself in relation to the matter because of an impairment of, or a disturbance in the function of, the mind or brain. It does not matter whether the impairment or disturbance is permanent or temporary.

**4.11.** A person is deemed unable to make a decision for himself if he cannot:

- Understand the information relevant to the decision
- Retain that information
- Communicate his decision (by speech, gesture, signing or any other means).

- 4.12.** Where a person is deemed unable to make a decision every reasonable and practicable effort must be made to encourage and permit the person to participate, or to improve his ability to do so as fully as possible in any act done for him / her and decision affecting him / her. If it is decided that an adult does not have capacity, then staff should act in a way which is in that person's best interests; i.e. what is necessary to promote health or wellbeing or prevent deterioration, consistent with existing legislation.

## **5. Preventing Abuse**

- 5.1.** There are a number of steps that staff/contractors/volunteers can take to reduce the risk of abuse occurring or the potential for abuse situations to occur. These are:
- Employing rigorous recruitment practices that include Enhanced ACCESS (NI) checking for all service delivery staff, contractors and volunteers as appropriate.
  - Informing staff, contractors and volunteers of this policy at recruitment/appointment stage.
  - Requiring all service delivery staff and contractors to undertake mandatory training, which is updated as required.
  - Providing all service delivery staff with these guidelines at induction stage. These provide practical guidance for staff on:
    - The types of abuse
    - Recognising abuse
    - Reporting suspected or alleged abuse.
  - Encouraging staff, contractors and volunteers to be vigilant and report all concerns.
  - Instructing service delivery staff/contractors/volunteers on how they can best design out sole access to individuals who have the potential to be at a risk of harm and those who may be in need of protection within their job or voluntary role.
  - Promoting a culture of openness and transparency.
  - Having clear service standards and policies and procedures.
  - Ensuring service users have access to the Complaints Procedure.
  - Having an effective risk assessment process.
  - Having an effective quality management system.
- 5.2.** Staff, contractors and volunteers may be protected from false accusations by making sure that everyone is aware, as a general rule that they should not:
- Spend excessive amounts of time, away from others, with individuals who have the potential to be at a risk of harm and those who may be in need of protection;



- Transport individuals who have the potential to be at a risk of harm and those who may be in need of protection in their car on journeys; and
  - Take individuals who have the potential to be at a risk of harm and those who may be in need of protection into their home.
- 5.3.** Usel makes it clear to staff, contractors and volunteers they should never:
- Allow or engage in inappropriate touching of any form;
  - Make sexually suggestive comments to individuals who have the potential to be at a risk of harm and those who may be in need of protection;
  - Engage in sexually provocative activity;
  - Engage in rough physical activity;
  - Let allegations that an individual who has the potential to be at a risk of harm and those who may be in need of protection make go unchallenged or unrecorded
  - Do things of a personal nature for individuals that they can do for themselves.

## **6. Information Sharing for Safeguarding Purposes**

- 6.1.** In normal circumstances observing the principle of confidentiality will mean that information is only passed on to others with the consent of the service user. However, where there is concern about abuse, the service user needs to be made aware that information has to be shared with statutory agencies in order to protect them and also to potentially protect others or investigate an alleged or suspected criminal offence even if they are not happy for this to happen.

## **7. Key Roles in Usel**

- 7.1. Adult Safeguarding Champion (ASC):** held by ESF Project Manager Mary McCann. The main responsibilities of the ASC are summarised as follows:
- To ensure that only suitable individuals are recruited by Usel.
  - to ensure that where a client is placed into a recognised post for a placement or employment opportunity that subject to satisfying the relevant criteria, they are subject to Enhanced Access NI vetting.
  - to provide information and support for staff on adult safeguarding within the organisation;
  - to ensure that the organisation's adult safeguarding policy is disseminated and support implemented throughout the organisation;
  - to advise within the organisation regarding adult safeguarding training needs;

- to provide advice to staff, contractors or volunteers who have concerns about the signs of harm, and ensure a report is made to HSC Trusts where there is a safeguarding concern;
- to support staff to ensure that any actions take account of what the adult wishes to achieve – this should not prevent information about any risk of serious harm being passed to the relevant HSC Trust Adult Protection Gateway Service for assessment and decision making;
- to establish contact with the HSC Trust Designated Adult Protection Officer (DAPO), PSNI and other agencies as appropriate;
- to ensure accurate and up to date records are maintained detailing all decisions made, the reasons for those decisions and any actions taken;
- to compile and analyse records of reported concerns to determine whether a number of low-level concerns are accumulating to become significant; and make records available for inspection.

**7.2. Appointed Person(s):** Held by Head of Employment Services (David Cowan) and Head of Manufacturing & Recycling (Scott Jackson).

- This role ensures that there are points of contact internally within Ussel where an allegation can be directed, and information collated to be passed to external agencies.

**7.3. Designated Safeguarding Officer:** Held by TFS Deputy Manager, Shelly Higgins. (Deputy: Life Skills Tutor/Lead IV Claire Vaughan)

- We have a Designated Safeguarding Officer with responsibility for Children (under 18 years old). They should be contacted for information, advice and reporting of concerns, disclosures or allegations of abuse relating to children (under 18 years old).

**7.3.1. The role of the Designated Safeguarding Officer is to:**

- Receive information from any staff, volunteers, children, parents or carers who have safeguarding concerns and record it.
- Assess the information promptly and carefully, clarifying and obtaining more information about the matter as appropriate.
- Record statements and information relating to any safeguarding issues. Store all information and recording in a secure manner and in accordance with Data Protection Act 1998.
- Advise the Adult Safeguarding Champion (ASC) of identified cases.
- Report concerns to PSNI/Social Services in the absence/unavailability of the ASC or in the instance of an immediate threat to a person(s) safety or welfare.

#### **7.4. Designated Safeguarding Panel/ Criminal Disclosures Panel:**

- We have a designated safeguarding panel comprising of three managers: ESF Project Manager, Head of Employment Services, Head of Manufacturing & Recycling. The role of the Designated Safeguarding Panel is to determine in conjunction with external professionals (PSNI, NIACRO, PBNI) any risk associated with applications from participants/learners with backgrounds of unspent criminal activity, or for certain courses background of both spent and unspent criminal activity. The panel then determines whether or not the associated risk can be safely managed, i.e. whether or not the applicant is approved for the admissions and enrolment process.

### **8. Procedure for Responding to Reports and Incidents of Abuse or Alleged Abuse**

- 8.1.** Usel has a number of processes in place to ensure any report of alleged or actual abuse is handled efficiently and effectively. (see Appendix 2)
- 8.2.** Usel **does not engage in the investigation of alleged abuse**, where such an allegation is made Usel's HR policies shall operate in parallel to the statutory bodies who will investigate the actual abuse allegation.
- 8.3.** The role of the staff member responding to a report of abuse must only **record** the information and **not** investigate the circumstances. The account given must only be that of the person making the report and the response given. Leading questions must not be asked, nor a discussion entered into with either the alleged victim or alleged perpetrator. Safeguarding Do's and Don'ts (Appendix 3) acts as a reminder to staff when dealing with a safeguarding concern. All company mobile phones have a link to "Safeguarding Do's and Don'ts".
- 8.4.** The alleged person at risk must be made aware of who you will pass the information on to and be advised that their report will be followed up by Usel's Appointed Person / Adult Safeguarding Champion / Designated Safeguarding Officer/Deputy Safeguarding Officer in conjunction with relevant organisations. **It is the role of the relevant professional agencies to decide if abuse has occurred or not.**

### **9. Procedure for Reporting Suspected Abuse:**

- 9.1.** Everyone working within a safeguarding role has a duty to report suspected, alleged or confirmed incidents of abuse. Concerns about abuse must be reported immediately. The Safeguarding Concern Record may be used (Appendix 4).

- 9.2.** Practical guidance for anyone suspecting abuse are covered in the Safeguarding Do's and Don'ts (Appendix 3).
- 9.3.** All staff have a responsibility to recognise cases of abuse and report concerns to an Appointed Person or ASC without delay. If the person is under 18 then report the safeguarding concern to the Designated Safeguarding Officer, if they are over 18 then report to the Appointed Person or Safeguarding Champion.
- 9.4.** Usel's Appointed Person / Adult Safeguarding Champion / Designated Safeguarding Officer will agree the subsequent action and who will undertake it.
- 9.5.** Usel's Appointed Person / Adult Safeguarding Champion / Designated Safeguarding Officer/ Deputy Safeguarding Officer may seek advice from the appropriate Health & Social Care Trust's Gateway Team.
- 9.6.** Usel's Appointed Person / Adult Safeguarding Champion / Designated Safeguarding Officer/Deputy Safeguarding Officer will liaise with the appropriate Health & Social Care Trust's Adult Protection Gateway Team.
- 9.7.** The Chief Executive Officer (CEO) should be informed of all cases of suspected, alleged or confirmed incidents of abuse. The CEO is not permitted to hinder external disclosure.
- 9.8.** If the allegations relate to another employee, the staff member will inform the Usel's Appointed Person / Adult Safeguarding Champion / Designated Safeguarding Officer/ Deputy Safeguarding Officer who will follow normal internal disciplinary policy.
- 9.9.** Concerns about suspected abuse by staff should also be reported to the relevant local Health & Social Care Trust Designated Adult Protection Officer via the Usel Adult Safeguarding Champion.
- 9.10.** N.B. The Public Interest Disclosure (Northern Ireland) Order 1998 provides for the active safeguarding and protection of what are commonly known as "Whistleblowers".
- 9.11. Actions:**
- On receiving an alert of an allegation or suspicion of abuse, the Appointed Person / Adult Safeguarding Champion / Designated Safeguarding Officer/ Deputy Safeguarding Officer should check that the individual who has the potential to be at a risk of harm and/or who may be in need of protection immediate needs are being met

i.e. that they are in no immediate danger and that medical assistance, if deemed necessary, has been sought.

- All reporting of suspected, alleged or confirmed incidents of abuse must be made to the Appointed Person / Adult Safeguarding Champion / Designated Safeguarding Officer/ Deputy Safeguarding Officer.
- Initial contact can be made immediately by telephone but should be confirmed in writing within 2 working days. The Adult Safeguarding Champion should then acknowledge receipt of the referral within 2 working days.
- Records should be stored so that the information can be easily collated and is tamper proof (In best practice, a hard-backed bound book should be used for any complaints against staff members and signed off and dated annually, even if blank, by the Manager and designated member or Chairperson of the Board.)

#### **9.12. Guidance notes:**

- **The first priority should always be to ensure the immediate safety and protection of** the individual who has the potential to be at a risk of harm and/or who may be in need of protection.
- This may involve calling the relevant emergency services, or in consultation with the individual, if they can move to an environment 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 3 working days.
- Situations arising outside of normal hours and requiring immediate intervention should be passed on to the appropriate Out of Hours Social Work Service (Appendix 5).
- The Duty Social Worker should give priority to the protection of the individual and Usel staff then report the situation to the appropriate Adult Safeguarding Champion or an Appointed Person at the earliest opportunity when Usel's office re-opens.

#### **9.13. Reports Against Usel Staff/Contractors/Volunteers**

- Allegations against staff /contractors/ volunteers will be treated seriously and dealt with appropriately through Usel's Disciplinary Policy & Procedures.
- Disciplinary investigations must be conducted separately from any enquiry or investigation under the Young People and Adults Safeguarding Policy; although there may be a need for simultaneous action and for the co-ordination and sharing of information.

**9.14. The Health & Social Care Trust Gateway Teams have responsibility for:**

- Establishing the substance of the suspected, alleged or known abuse
- Establishing that the individual falls within the scope of the policy
- Deciding whether further investigation is necessary
- Considering issues of consent and capacity
- Usel should be satisfied that the above is carried out and the CEO must be kept informed of all action being taken.

**9.15. Usel does not have any investigative powers in relation to suspected, alleged or confirmed incidents of abuse.**

**9.16. The appropriate agency to lead the investigation will be the Health and Social Care Trust.**

**10. Associated Policies**

**10.1. The following policies should be read in conjunction with this policy:**

- The Anti-Bullying Policy;
- Positive Behaviour Policy;
- Disciplinary Procedure;
- Lone Mobile Working Policy;
- Acceptable Use of IT Policy;
- Social Media Policy;
- Whistleblowing Policy;
- Onboarding Policy;
- Code of Conduct;
- Health & Safety Policy ;
- Data Protection Policy;

**11. Review**

**11.1. This policy will be reviewed annually, unless changes are required due to changes in current legislation.**

**Appendix 1: Definition of Personal Characteristics AND/OR Life Circumstances of 'An Adult at Risk of Harm'**

<http://www.legislation.gov.uk/ukpga/2012/9/section/66> accessed Dec 2016

- 1) Each of the following is a regulated activity relating to vulnerable adults—
  - a) the provision to an adult of health care by, or under the direction or supervision of, a health care professional,
  - b) the provision to an adult of relevant personal care,
  - c) the provision by a social care worker of relevant social work to an adult who is a client or potential client,
  - d) the provision of assistance in relation to general household matters to an adult who is in need of it by reason of age, illness or disability,
  - e) any relevant assistance in the conduct of an adult's own affairs,
  - f) such activities—
    - 1) involving, or connected with, the provision of health care or relevant personal care to adults, and
    - 2) not falling within any of the above paragraphs, as are of a prescribed description.
- 2) Health care includes all forms of health care provided for individuals, whether relating to physical or mental health and also includes palliative care and procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition.
- 3) A health care professional is a person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.
  - (3A) Any reference in this Part of this Schedule to health care provided by, or under the direction or supervision of, a health care professional includes a reference to first aid provided to an adult by any person acting on behalf of an organisation established for the purpose of providing first aid.
  - (3B) Relevant personal care means—
    - (a) physical assistance, given to a person who is in need of it by reason of age, illness or disability, in connection with—
      - (i) eating or drinking (including the administration of parenteral nutrition),
      - (ii) toileting (including in relation to the process of menstruation),
      - (iii) washing or bathing,
      - (iv) dressing,
      - (v) oral care, or
      - (vi) the care of skin, hair or nails,
    - (b) the prompting, together with supervision, of a person who is in need of it by reason of age, illness or disability in relation to the performance of any of the activities listed in paragraph (a) where the person is unable to make a decision in relation to performing such an activity without such prompting and supervision, or
    - (c) any form of training, instruction, advice or guidance which—
      - (i) relates to the performance of any of the activities listed in paragraph (a),

(ii) is given to a person who is in need of it by reason of age, illness or disability, and

(iii) does not fall within paragraph (b).

(3C) Relevant social work has the meaning given by section 55(4) of the Care Standards Act 2000 and social care worker means a person who is a social care worker by virtue of section 55(2)(a) of that Act.

(3D) Assistance in relation to general household matters is day to day assistance in relation to the running of the household of the person concerned where the assistance is the carrying out of one or more of the following activities on behalf of that person—

(a) managing the person's cash,

(b) paying the person's bills,

(c) shopping.

(3E) Relevant assistance in the conduct of a person's own affairs is anything done on behalf of the person by virtue of—

(a) lasting power of attorney created in respect of the person in accordance with section 9 of the Mental Capacity Act 2005,

(b) an enduring power of attorney (within the meaning of Schedule 4 to that Act) in respect of the person which is—

(i) registered in accordance with that Schedule, or

(ii) the subject of an application to be so registered,

(c) an order made under section 16 of that Act by the Court of Protection in relation to the making of decisions on the person's behalf,

(d) the appointment of an independent mental health advocate or (as the case may be) an independent mental capacity advocate in respect of the person in pursuance of arrangements under section 130A of the Mental Health Act 1983 or section 35 of the Mental Capacity Act 2005,

(e) the provision of independent advocacy services (within the meaning of section 248 of the National Health Service Act 2006 or section 187 of the National Health Service (Wales) Act 2006) in respect of the person, or

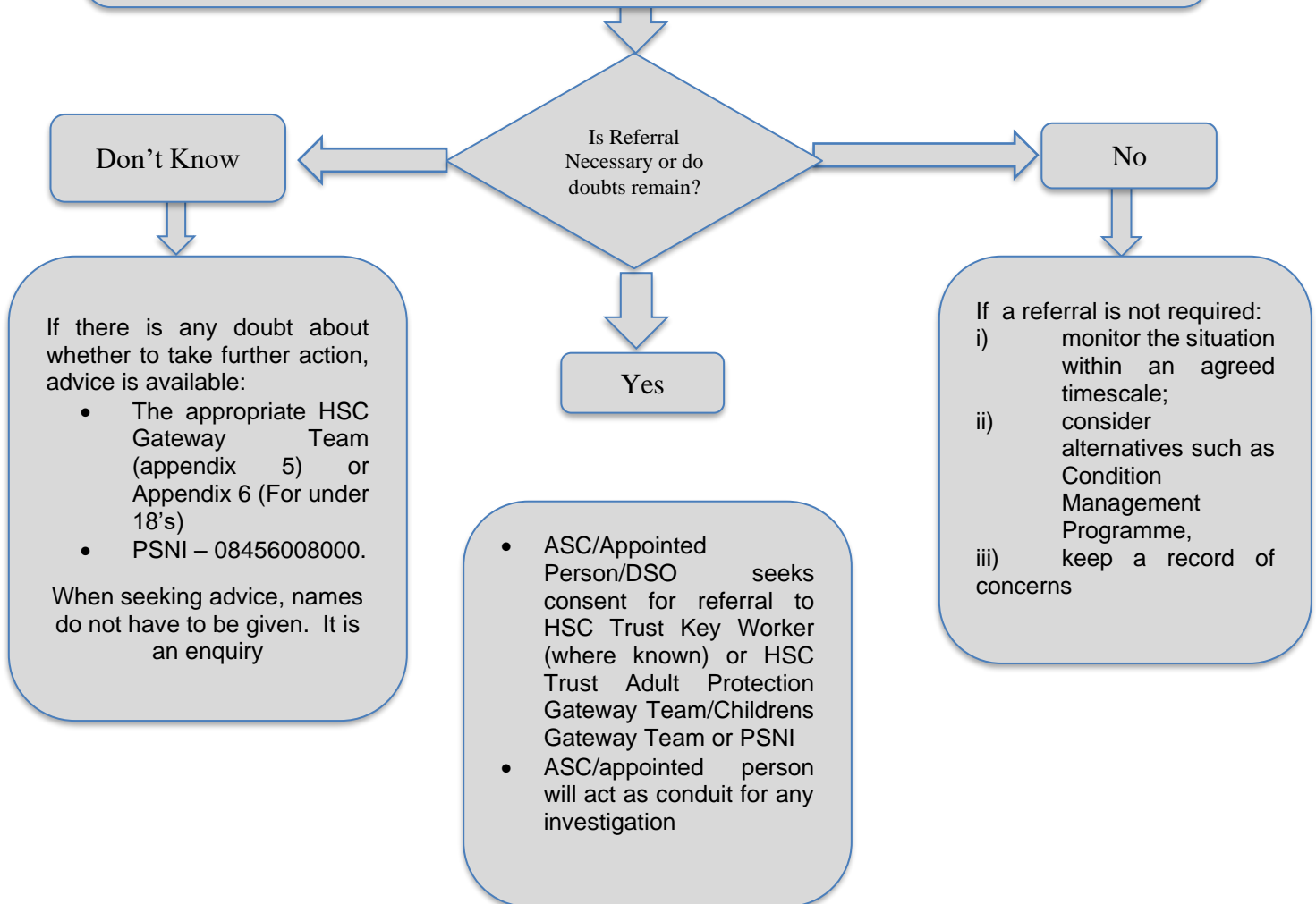
(f) the appointment of a representative to receive payments on behalf of the person in pursuance of regulations made under the Social Security Administration Act 1992.”



## Appendix 2: Procedure for Safeguarding Reporting

Young person or adult at risk makes a disclosure to staff member or staff member has concerns about them either because of one observation or several observations over a period.  
**Staff member does not investigate - BUT MUST ACT PROMPTLY.**

Staff member refers matter to a member of Usel's Safeguarding Team (Adult Safeguarding Champion or Appointed Person, please see Safeguarding poster below). If the person is under 18 then the safeguarding concern should be reported to the Designated Safeguarding Officer/Deputy Safeguarding Officer, if they are over 18 then report to the Appointed Safeguarding Champion. The staff member discusses their concerns, and full notes will be recorded using the Safeguarding Concern Record Form (appendix 4). The ASC or appointed person will ensure immediate safety of person at risk



### **Appendix 3: Safeguarding Do's and Don'ts**

#### **Do**

- ✓ Remain calm, approachable and receptive
- ✓ Listen Carefully without interrupting
- ✓ Acknowledge you understand how difficult this may be
- ✓ reassure them that they have done the right thing in telling you
- ✓ let them know that you'll do everything you can to help them
- ✓ Call for emergency service if urgent medical/police help is needed
- ✓ Report concerns to the Adult Safeguarding Champion or an Appointed Person without delay
- ✓ Make a written record of exactly what has been said

#### **Don't**

- ❖ Promise to keep secrets or confidentiality
- ❖ Ask leading or probing questions
- ❖ Be judgemental or overreact
- ❖ Challenge the alleged abuser
- ❖ Investigate the concern yourself
- ❖ Do anything that could disturb evidence e.g. do not tidy up or encourage the person to bathe
- ❖ Discourage anyone from reporting concerns
- ❖ Leave details of your concerns on a voicemail

#### **Appendix 4: Safeguarding Concern Record**

This form can be used, by anyone, to raise a concern or report an issue relating to the safeguarding of individuals. Please complete the form in as much detail as possible and append any supporting information if applicable. DON'T delay submitting the form just because all of the information is not complete.

It should be noted that the information disclosed on this form will be regarded as confidential; however, it should be understood that concerns related to safeguarding may provide sufficient grounds for sharing of the information with other agencies in accordance with your own Safeguarding Policy and relevant legislation.

<b>Name of person reporting concern and contact details</b>	
<b>Position of person reporting concern</b>	
<b>Location (office/contract)</b>	
<b>Name of individual who concern relates to</b>	
<b>Address of individual who concern relates to</b>	
<b>Date of birth of individual who concern relates to</b>	
<b>Name and address of carer or guardian</b>	
<b>Is this a client/staff/other (please explain)</b>	
<b>Other parties involved (i.e clients/staff/other)</b>	
<b>Date &amp; Time reported</b>	
<b>Reported to</b>	

**Safeguarding concern**

Please include dates and locations and a full description of any concern including any witnesses (continue on a separate sheet if necessary). Whilst gathering this information do not make assumptions or make suggestions.

Signed (the person making the disclosure) \_\_\_\_\_

Date \_\_\_\_\_

Form Submitted by: \_\_\_\_\_

Date \_\_\_\_\_

### **Safeguarding Concern Record**

To be completed by the Adult Safeguarding Champion (ASC) /Appointed Person/Designated Safeguarding Officer (DSO)/ Deputy Safeguarding Officer (DDSO)

<b>Name of ASC/Appointed Person/ DSO/DDSO</b>	
<b>Date alerted</b>	
<b>Date advice given</b>	
<b>Name of person advice given to</b>	

<b>Agreed Actions</b>

<b>Outcome</b>

<b>Follow - up</b>

Any information held will be processed in accordance with the terms of the Data Protection Act 1998. The information disclosed above will be held and processed securely and will be retained in accordance with the USEL records retention policy.

## Appendix 5:






### Contacting the Adult Protection Gateway Service

You can telephone the service in each Trust area.

HSC Trust	areas covered	9.00am - 5.00pm telephone number	out-of-hours emergency telephone number
Western Adult Protection Gateway Service	Londonderry/Derry, Limavady, Strabane, Omagh, Enniskillen	028 7161 1366	028 9504 9999
Southern Adult Protection Gateway Service	Craigavon, Banbridge, Dromore, Lurgan, Portadown, Gilford, Armagh, Coalisland, Dungannon, Fivemiletown, Markethill, Moy, Tandragee, Ballygawley, Newry, Bessbrook, Annalong, Rathfriland, Warrenpoint, Crossmaglen, Killeel, Newtownhamilton	028 3756 4423	028 9504 9999
Belfast Adult Protection Gateway Service	Greater Belfast area	028 9504 1744	028 9504 9999
Northern Adult Protection Gateway Service	Antrim, Carrickfergus, Newtownabbey, Larne, Ballymena, Cookstown, Magherafelt, Ballycastle, Ballymoney, Portrush, Coleraine	028 9441 3659	028 9504 9999
South Eastern Adult Protection Gateway Service	Lisburn, Dunmurry, Moira, Hillsborough, Bangor, Newtownards, Ards Peninsula, Comber, Downpatrick, Newcastle, Ballynahinch	028 9250 1227	028 9504 9999

Source: <https://www.nidirect.gov.uk/articles/who-contact-if-you-suspect-abuse-exploitation-or-neglect>

## Appendix 6 Northern Ireland Health and Social Care (HSC) Trusts Gateway Services for Children's Social Work

Belfast HSC Trust			
Telephone (for referral)	028 90507000		
Areas	Greater Belfast area		
Further Contact Details (for ongoing professional liaison)	 <b>Greater Belfast Gateway Team</b> 110 Saintfield Road Belfast BT8 6HD		
Website	<a href="http://www.belfasttrust.hscni.net/">http://www.belfasttrust.hscni.net/</a>		
Out of Hours Emergency Service (after 5pm each evening at weekends, and public/bank holidays)	028 95049999		
South Eastern HSC Trust			
Telephone (for referral)	03001000300		
Areas	Lisburn, Dunmurry, Moira, Hillsborough, Bangor, Newtownards, Ards Peninsula, Comber, Downpatrick, Newcastle and Ballynahinch		
Further Contact Details (for ongoing professional liaison)	 <b>Greater Lisburn Gateway Team</b> Stewartstown Road Health Centre 212 Stewartstown Road Dunmurry Belfast, BT17 0FG Tel: 028 90602705	<b>North Down Gateway Team</b> Family Resource Centre James Street Newtownards, BT23 4EP Tel: 028 91818518	<b>Down Gateway Team</b> Children's Services 81 Market Street Downpatrick, BT30 6LZ Tel: 028 44613511
Website	<a href="http://www.sehscni.net/">http://www.sehscni.net/</a>		
Out of Hours Emergency Service (after 5pm each evening at weekends, and public/bank holidays)	028 95049999		
Northern HSC Trust			
Telephone (for referral)	03001234333		
Areas	Antrim, Carrickfergus, Newtownabbey, Larne, Ballymena, Cookstown, Magherafelt, Ballycastle, Ballymoney, Portlough and Coleraine		
Further Contact Details (for ongoing professional liaison)	 <b>Central Gateway Team</b> Unit 5A, Toome Business Park Hillhead Road Toomebridge, BT41 3SF Tel: 028 7955 1620	<b>South Eastern Gateway Team</b> The Beeches 78 Avondale Drive Ballyclare, BT39 9DB Tel: 028 94424377	<b>Northern Gateway Team</b> Coleraine Child Care Team 7A Castlerock Road Coleraine, BT51 3HP Tel: 028 7032 5462
Website	<a href="http://www.northerntrust.hscni.net/">http://www.northerntrust.hscni.net/</a>		
Out of Hours Emergency Service (after 5pm each evening at weekends, and public/bank holidays)	028 94468833		
Southern HSC Trust			
Telephone (for referral)	08007837745 (Free phone number from landlines only)/02837415285(Central number)		
Areas	Craigavon, Banbridge, Dromore, Lurgan, Portadown, Gifford, Armagh, Coalisland, Dungannon, Fivemiletown, Markethill, Moy, Tandragee, Ballygawley, Newry City, Bessbrook, Annalong, Rathfriland, Warrenpoint, Crossmaglen, Kilskeel, Newtownhamilton		
Further Contact Details (for ongoing professional liaison)	 <b>Craigavon/Banbridge Gateway Team</b> Brownlow H&SS Centre 1 Legahory Centre Craigavon, BT65 5BE Tel: 028 37560707	<b>Newry/Mourne Gateway Team</b> Dromalane House Dromalane Road Newry, BT35 8AP Tel: 028 37564700	<b>Armagh/Dungannon Gateway Team</b> E Floor South Tyrone Hospital Carland Road Dungannon, BT71 4AJ Tel: 028 37565345
Website	<a href="http://www.southerntrust.hscni.net/">http://www.southerntrust.hscni.net/</a>		
Out of Hours Emergency Service (after 5pm each evening at weekends, and public/bank holidays)	028 95049999		
Western HSC Trust			
Telephone (for referral)	028 71314090		
Areas	Derry, Limavady, Strabane, Omagh and Enniskillen		
Further Contact Details (for ongoing professional liaison)	 <b>Derry Gateway Team</b> Whitehill, 106 Irish Street Derry, BT47 2ND Tel: 028 71314090 Fax: 028 71314091	<b>Omagh Gateway Team</b> Tyrone and Fermanagh Hospital 1 Donaghmore Road Omagh, BT79 0NS Tel: 028 82835156 Fax: n/a	<b>Enniskillen Gateway Team</b> 2 Coleshill Road Enniskillen BT74 7HG Tel: 028 66344103 Fax: n/a
Website	<a href="http://www.westerntrust.hscni.net/">http://www.westerntrust.hscni.net/</a>		
Out of Hours Emergency Service (after 5pm each evening at weekends, and public/bank holidays)	028 95049999		

Source:

<https://www.nidirect.gov.uk/sites/default/files/publications/GatewayServiceTeamContactDetails.pdf>

