Society of St.Vincent de Paul

Safeguarding Policy SVP

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Introduction and Overview

1. Introduction

How to Use this Policy

You can read this policy from start to finish or jump to the section that you need right now. Here is a quick overview to help you find your way with a further breakdown in the contents page above.

Part 1 Introduction:

We explain why we have the policy, what areas the policy covers as well as explaining some of the terms used in the policy.

Part 2 Safeguarding in the South:

We explain Child and Adult Safeguarding in the Republic of Ireland and the steps that we need to take for safeguarding in SVP.

Part 3 Safeguarding in the North:

We explain Child and Adult Safeguarding in Northern Ireland (Derry, Tyrone, Fermanagh, Armagh, Down and Antrim) and the steps that we need to take for safeguarding in SVP.

Part 4 Other Relevant Information:

We explain what other policies you might need look at that link to Safeguarding as well as providing brief information on them and where to find them.

1.1 Purpose

The Society of St. Vincent de Paul (SVP) actively supports individuals facing poverty and disadvantage. Motivated by our founder, Frederic Ozanam, and our patron, St. Vincent de Paul, we commit to a profound Christian mission. We answer the call to express Christ's love through practical acts of charity, inspired by the Gospel of Matthew: 'I was hungry, and you gave me food.'

SVP is committed to creating a safe, healthy and inclusive environment for all, particularly the children, young people and adults who may be vulnerable that we assist in line with relevant national legislation and policy. We are always committed to ensuring their safety and welfare through upholding children's rights specifically and human rights generally.

Through our network of local Conferences, Areas, Regions, and professional services, SVP provides a variety of supports to potentially vulnerable groups including children, young people and adults who may be vulnerable. These Services include:

- **Home visitation**
- **Prison and Hospital Visitation**
- **Resource centres**
- **Children's Services**
- **Youth programmes**
- **Day services for older adults**
- **Homeless Services**
- **Social Housing**
- **Retail services**

1.2 Scope

This policy is applicable to all SVP members, non-member volunteers, employees, or others acting on behalf of SVP. It is to be implemented in all SVP services and activities.

It applies to working with vulnerable groups which includes children, young people under the age of 18 years, and adults who may be vulnerable, at risk or in need of protection.

The policy is also applicable to all SVP services and activities in both the Republic of Ireland and Northern Ireland. As follows:

- **Section 1 & 4** relates to the Republic of Ireland and Northern Ireland
- **Section 2** relates to the Republic of Ireland only
- **Section 3** relates to Northern Ireland only

1.3 Declaration of Safeguarding Guiding Principles

SVP is committed to creating a safe, healthy and inclusive environment for all, particularly the children, young people and adults who may be vulnerable, at risk, or in need of protection who are linked to SVP. We are committed at all times to ensuring their safety and welfare through upholding children's rights specifically and human rights generally.

Through our network of local Conferences, Areas, Regions, and professional services, SVP provides a variety of supports to potentially vulnerable groups including children, young people and adults who may be vulnerable, at risk, or in need of protection.

The National Membership Committee appoint a Named Person to have responsibility for the development, review and implementation of the Guiding principles and Safeguarding procedures (See section 3.2.1 for further details).

A copy of the declaration of Guiding Principles can be found on the SVP website, www.svp.ie and in Appendix 21.1

1.4 Principles to Safeguard Children and Adults at Risk from Harm

These guiding principles apply to all members, non-member volunteers, Conferences and Committees, employees including CE and FAS participants, students on placement, contractors and any others undertaking the work of SVP.

We will safeguard children, young people and adults who may be vulnerable, at risk, or in need of protection by:

- Reporting concerns to Statutory Authorities who need to know and involving parents, carers, children, young people and adults who may be vulnerable, at risk, or in need of protection.
- Recognising the welfare of the child is of paramount importance.
- Recognising the risks posed to adults who may be vulnerable, at risk, or in need of protection.
- Following carefully the procedures laid down for the recruitment and selection of members, non-member volunteers and employees, including criminal record checks.
- Requiring all people acting on behalf of SVP to conduct themselves in a way that reflects the mission and ethos of SVP.
- We review our guiding principles and safeguarding procedures every two years or sooner if necessary, depending on service provision and any changes in legislation or national policy.
- A full list of Designated Liaison Persons is available at www.svp.ie.

1.5 Glossary of Terms

Abuse: Abuse is any intentional behaviour that harms you or someone else. Specific examples of abuse are defined in Part 2 & 3 relevant to legislation in the area.

An Garda Siochana/ Garda: Ireland Police and Security Service.

Child: Any person under the age of 18 unless the relevant domestic law specifies an earlier age. (UN convention on the Rights of the Child, 1989).

DLP: Designated Liaison Person: A person appointed by SVP to receive safeguarding Concerns, assess concerns in line with national guidance, make formal reports to relevant statutory authorities, act as the main point of contact between the organisation and statuary agencies in relation to safeguarding Concerns.

Home Visitation: Members conduct visits to the homes of people who need help and assistance to listen and see what help or information can be offered by SVP.

Local Conferences: These are formed by Members and set out, organise and facilitate the charity work that takes place on behalf of the society in their area.

Members: These are Volunteers who form a local conference and carry out the work of SVP.

North: For the Purpose of this Policy when referring to "The North" this relates to counties contained within Northern Ireland for legislative purposes (Derry, Antrim, Tyrone, Down, Armagh, Fermanagh).

Prison and Hospital Visitation: Members conduct visits to prisons and Hospitals of people who need help and assistance to listen and see what help or information can be offered by SVP.

Prison Visitor Centres: Provide support to families visiting loved ones in prison.

PSNI: The Police Service or Northern Ireland (PSNI) is the Police force that serves Northern Ireland.

Safeguarding: Putting measures in place to promote and protect the safety, health, wellbeing and human rights of adults at risk, reduce their risk of harm, empower them to protect themselves and support them to live free from abuse, harm and neglect.

Social Housing: Provision of secure and inclusive housing though the volunteer led structure.

South: For the purpose of this policy "The South" Relates to all counties contained within the Republic of Ireland for legislative purposes.

SVP: An abbreviation for 'The Society of St. Vincent de Paul'

Vulnerable Groups: For the purpose of this policy, Vulnerable Groups refer to the combination of Adults at risk and Children.

1.6 Safeguarding and Prevention / Risk Management Approach

The purpose of this Risk Management Approach is to ensure that safeguarding risks to children and adults are identified, assessed, managed and reviewed consistently across all services delivered by the organisation throughout Northern Ireland and the Republic of Ireland. This approach supports a culture of vigilance, prevention and continuous improvement in the protection of those who may be at risk of harm, abuse, neglect or exploitation.

The organisation's approach to risk management is guided by the following principles:

- **Safety First** –
  The welfare and protection of children and adults at risk is the paramount consideration in all decision-making.

- **Proportionality** –
  Risk responses are proportionate to the level and nature of the identified risk.

- **Least Restrictive Response** –
  Actions taken should minimise unnecessary restrictions on the rights, dignity, and autonomy of the person.

- **Transparency & Accountability** –
  Risk decisions are clear, documented and open to review.

- **Collaboration** –
  Risk assessments and responses are developed in partnership with the individual, their family or carers where appropriate, and with relevant statutory agencies.

- **Legal Compliance Across Jurisdictions** –
  All risk processes adhere to statutory safeguarding requirements in:

  – Northern Ireland:
  including the Adult Safeguarding: Prevention and Protection in Partnership (2015), Co-operating to Safeguard Children (2017), and relevant regional policies.

  – Republic of Ireland:
  including the Children First Act 2015, Children First National Guidance 2017, and the HSE Safeguarding Vulnerable Adults Policy (2014/2023 updates).

1.6.1 Identifying Safeguarding Risks

Safeguarding risks may arise from the behaviour of individuals, organisational activities, environmental factors, or external threats. Staff and volunteers must remain alert to indicators of abuse.

Concerns may arise through direct disclosure, observation, incident reports, or third-party information.

1.6.2 Risk Assessment Process

All safeguarding concerns must be assessed promptly using the organisation's standardised risk assessment framework.

Initial Screening

Upon receiving a concern, the **staff member**/ **Volunteer** / **Member** must:

- Ensure the immediate safety of the child or adult.
- Report the concern to the Designated Liaison Person without delay.
- Record information in line with data protection requirements.

Risk Assessment

The **DLP** conducts an assessment considering:

- Nature and severity of the risk
- Likelihood of harm occurring
- Vulnerabilities and strengths of the individual
- Involvement of alleged persons of concern, including their access to others at risk
- Environmental and organisational factors
- Jurisdiction-specific statutory thresholds for reporting

Multi-Agency Involvement

Where statutory thresholds are met, referrals will be made to the appropriate safeguarding authority by the **DLP**:

- **Northern Ireland:**
  Health and Social Care Trust Gateway Team / Adult Protection Gateway Service.
- **Republic of Ireland:**
  Tusla – Child and Family Agency / HSE Safeguarding and Protection Teams.

Police / An Garda Siochana will be contacted immediately where a criminal offence may have occurred.

1.6.3 Risk Management Planning

Where risks are identified, the organisation will develop a written Risk Management Plan that may include:

- Immediate protective actions
- Safety planning with the individual
- Supervision or operational changes
- Restrictions on staff/volunteer activities pending investigation
- Service environment adjustments
- Regular monitoring arrangements
- Multi-agency safety frameworks

Plans must uphold human rights, consider the wishes of the individual, and be proportionate to risk.

1.6.4 Monitoring and Review

Risk assessments and Risk Management Plans must be:

- Reviewed after any significant incident or new information
- Formally reviewed at intervals proportionate to the assessed level of risk
- Updated whenever risk increases, reduces or changes in nature

The Governance Committee will review risk management records periodically to ensure quality and compliance.

1.6.5 Record and Information Sharing

All information relating to safeguarding risk's must be:

- Recorded accurately, promptly, and securely via CRM
- Shared only on a need-to-know basis
- Compliant with data protection legislation in both jurisdictions (UK GDPR and Irish Data Protection Acts)
- Shared with statutory partners in line with legal duties to protect children and adults from harm

1.6.6 Training and Competence

All staff and volunteers must receive safeguarding training appropriate to their roles, including:

- Recognising risk indicators
- Responding to concerns
- Completing Dynamic risk assessments
- Legal obligations in NI and ROI
- Information-sharing protocols

Refresher training is required at intervals set by the organisation's safeguarding training framework.

1.6.7 Governance and Accountability

Ultimate accountability for risk management lies with the Board of Trustees. The Board ensures:

- Adequate safeguarding governance structures
- Oversight of high-risk cases
- Regular review of risk trends and organisational performance
- Compliance with all cross-jurisdictional safeguarding duties

The DLP's with guidance from the Safeguarding Manager are responsible for operational implementation and escalation.

1.7 Roles and Responsibilities

All Staff, Volunteers, Students and Members of SVP share responsibility for the following:

- Upholding safeguarding as a core organisational priority.
- Promoting a safeguarding culture that respects dignity, autonomy, and inclusion.
- Recognising and responding appropriately to adult safeguarding concerns.
- Ensuring cooperation with Tusla, NI Trust Gardaí, PSNI and other relevant statutory partners.
- Supporting audits, reviews, learning processes, and policy updates.
- Engaging individuals in safe, respectful, and transparent practice.
- Maintaining accurate, confidential safeguarding records in line with GDPR.
- Engaging adults in safe, respectful, and transparent practice.

In cases where a vulnerable person discloses abuse to a staff member or volunteer, it is vital that staff/volunteers know how to react appropriately.

All Staff / Volunteers should be made aware of to the following guidelines:

DO

- Stay calm.
- Listen attentively.
- Express concern and acknowledge what is being said.
- Reassure the person – tell the person that s/he did the right thing in telling you.
- Let the person know that the information will be taken seriously and provide details about what will happen next, including the limits and boundaries of confidentiality.
- If urgent medical / police / Garda help is required, call the emergency services.
- Ensure the immediate safety of the person.
- If you think a crime has occurred be aware that medical and forensic evidence might be needed. Consider the need for a timely referral to the police service and make sure nothing you do will contaminate it.
- Let the person know that they will be kept involved at every stage.
- Record in writing (date and sign your report) and report to the DVP.
- Act without delay.

DO NOT

- Stop someone disclosing to you.
- Promise to keep secrets.
- Press the person for more details or make them repeat the story.
- Gossip about the disclosure or pass on the information to anyone who does not have a legitimate need to know.
- Contact the alleged person to have caused the harm.
- Attempt to investigate yourself.
- Leave details of your concerns on a voicemail.
- Delay.

1.7.1 National Management Council

The National Management Council (NMC) is the main national governance body for the SVP, and the charity trustees as per the Charity Act 2009. **It has overall responsibility Safeguarding within SVP and ensures:**

- Appropriate policies and procedures are approved and resourced.
- Safeguarding risks are considered within organisational risk management.
- Oversight of the National Safeguarding Committee.

The NMC has established a number of subcommittees to assist it with its work, one of which is the National Safeguarding Committee.

1.7.2 National Safeguarding Committee

The National Safeguarding Committee will consist of representatives from each SVP Region, and the Safeguarding Regional Representative is nominated by the Regional President. External professionals working in the area of safeguarding and governance will also be invited to join the Committee. The group will include at least one delegate from Northern Ireland to represent the differing legislative and jurisdictional framework.

It is the role and responsibility of the committee:

- To develop an Annual National Safeguarding Strategy and present it to the NMC for consideration and approval. The strategy should incorporate current NMC objectives, incorporate achieving compliance with any legislative requirements and industry best practice, and reflect SVP values.
- Develop an annual work plan, derived from the national strategy which would identify specific goals and actions to be achieved on an annual basis, in consultation with Regional Councils.
- Prepare an annual report for the NMC which sets out a description of how the previous annual safeguarding strategy has been implemented in the previous year, giving an analysis which identifies trends and the key issues faced by the Society and proposals for addressing these issues.
- Review and evaluate progress in the implementation of the national strategy.
- To draft, and present to the NMC for approval, national policies on safeguarding including Garda Vetting / Access NI checking.
- To periodically review existing national safeguarding policies and, if appropriate, propose changes for adoption by the NMC.
- To assess levels of compliance with existing national safeguarding policies and report to the NMC.
- Serve as a formal mechanism to exchange ideas and concerns related to safeguarding.
- Serve as a communications vehicle between the regions and the national structure.

1.7.3 Staff / Members / Volunteers / Students

All personnel working with children and adults at risk must:

- Be familiar with the Child Safeguarding Statement relevant to their location.
- Complete mandatory Safeguarding training.
- Understand how to recognise signs of abuse or neglect.
- Report any child protection concerns or adults safeguarding concerns to the Designated Liaison Person immediately.
- Comply with safe practice guidelines, risk assessments, and supervision requirements.
- Act in a respectful, non-judgemental, and person-centred manner.

Staff / Members / Volunteers and Students working with children and adults at risk should

- **Be alert:** Pay attention to behaviour, physical signs, and changes in children.
- **Record:** Note facts clearly; avoid assumptions or interpretations.
- **Report:** Immediately inform the Designated Liaison Person (DLP) of any concern.
- **Cooperate:** Support investigations by Tusla / NI Trust or An Garda Síochána / PSNI if required.
- **Participate in training:** Engage in any training provided by SVP in relation to Safeguarding.
- **Respect** the adult's wishes, rights, and privacy where the matter concerns a adult at risk.
- **Seek guidance** when unsure.

1.7.4 Safeguarding and Compliance Manager

The Safeguarding and Compliance Manager is available to support and promote the safety and welfare of all vulnerable groups in SVP.

It will be their role and responsibility to:

- Have responsibility and oversight of Garda Vetting and Access NI processes.
- Provide advice, support, and case management for DLP's.
- Provide advice, support, and case management of serious incidents, safeguarding complaints, retrospective disclosures, death in service reviews etc.
- Provide advice, support for National Safeguarding Committee – including quality assurance process.

1.7.5 Regional Presidents

Regional Presidents provide senior leadership and governance oversight at regional level.

Their responsibilities include:

- Championing a safeguarding culture across all regional activities.
- Ensuring the regional implementation of the Child Safeguarding Statement and this policy on safeguarding within the society.
- Holding Regional Coordinators accountable for safeguarding compliance.
- Reviewing safeguarding risks identified within their region and supporting risk reduction strategies.
- Ensuring appropriate escalation to National Office, the national Safeguarding Committee and the DLP where necessary.
- Participating in governance reviews, safeguarding committees, or advisory groups as required.
- Ensuring volunteers and elected officers uphold safe practice standards.
- Supporting communication with members, families, and external partners on safeguarding matters where appropriate.

1.7.6 Regional Co-Ordinators

Regional Coordinators play a critical role in ensuring the consistent implementation of safeguarding practices across their designated geographic area.

They are responsible for:

- Providing local oversight of safeguarding practices and ensuring regional compliance with the Child Safeguarding Statement and adult safeguarding practices.
- Supporting staff, volunteers and members to understand and follow procedures for recognising and reporting concerns.
- Acting as the first point of contact for regional safeguarding queries and conducting the role of Designated Liaison Person (DLP).
- Ensuring induction, supervision, and day-to-day practice reflect safeguarding standards.
- Monitoring completion of Garda Vetting / Access NI for all regional staff and volunteers.
- Supporting the implementation of corrective actions following safeguarding audits or reviews.
- Ensuring safeguarding training completion within their region.
- Supporting staff and volunteers in recognising and reporting concerns.
- Monitoring risk assessments.

1.7.7 Relevant Departments

Children and Adult Family Services

The Children and Family Services department is available to support and promote best practice and compliance within relevant services that provide direct services to Children and Families.

It will be their role and responsibility to:

- Developing, reviewing, and updating safeguarding policies, procedures, and practice guidelines relevant to children and families' services.
- Ensuring staff working in family support, outreach, or community programmes are trained and aware of their safeguarding responsibilities.
- Providing expert consultation to the DLP on concerns involving complex family dynamics.
- Supporting early identification of risks through family assessments, engagement activities, and program reviews.
- Ensuring programmes are designed with embedded safeguarding considerations (e.g., supervision ratios, safe environments, accessibility).
- Working collaboratively with Tusla – Child and Family Agency, relevant Health Service Executive services, the appropriate Health and Social Care Trust, schools, and community partners in safeguarding matters.
- Ensuring documentation standards, confidentiality, and data protection are maintained within family services.
- Provide advice, support and updates to the Safeguarding Manager– including quality assurance processes.
- Maintain the DLP list for all Children and Family Services and ensure same is in place within the SVP Website.
- Maintain the list of Mandated persons and ensure this is reviewed Yearly.
- Oversight on the Local Child Safeguarding statements and ensuing same are in place and visible on the SVP website.

Membership Support (Home Visitation)

This department supports safe participation and safeguarding awareness among the organisation's members.

Responsibilities include:

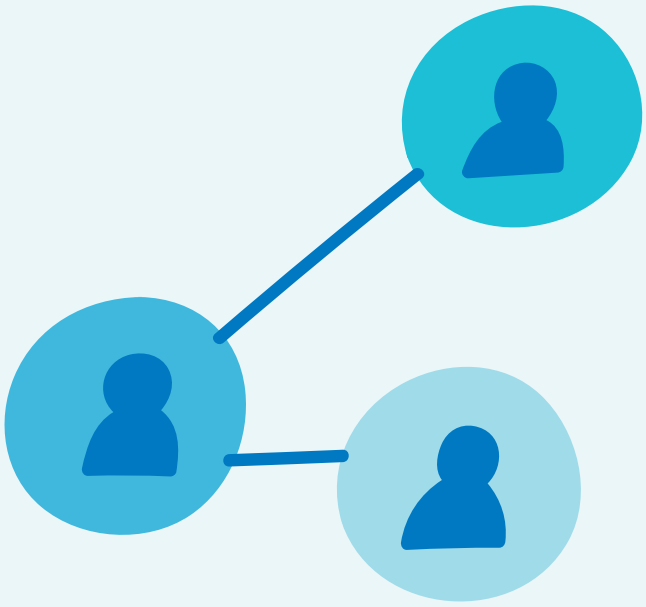
- Ensuring safeguarding policies are communicated clearly to all members.
- Providing guidance to members on codes of conduct, reporting pathways, and safe engagement with children and Adults at risk.
- Ensuring registration, induction, and renewal processes include safeguarding compliance checks.
- Supporting Garda Vetting and Access NI processes and ensuring members undertaking relevant work complete vetting before participation.
- Monitoring member adherence to safeguarding expectations at events, activities, and meetings.
- Collaborating with the DLP and Regional Coordinators when safeguarding concerns arise.
- Maintenance of induction, training and refresher training for lists for members.

Youth Development (Young SVP)

The Youth Development department is available to support and promote best practice and compliance within the Colleges and school that provide direct services to Children and adults at risk.

It will be their role and responsibility to:

- Developing, reviewing, and updating safeguarding policies, procedures, and practice guidelines relevant to Young SVP.
- Ensuring Young SVP Members are trained and aware of their safeguarding responsibilities.
- Supporting early identification of risks through program reviews.
- Ensuring programmes are designed with embedded safeguarding considerations (e.g., supervision ratios, safe environments, accessibility).
- Working collaboratively with Tusla – Child and Family Agency, relevant Health Service Executive services, the appropriate Health and Social Care Trust, schools, and community partners in safeguarding matters.
- Ensuring documentation standards, confidentiality, and data protection are maintained within young SVP.
- Provide updates to the Safeguarding Manager including quality assurance processes.



1.7.8 Role of the Designated Liaison Person (Also known as Designated officer)

The Designated Liaison Person (DLP) is the central point of contact for all child protection and adult at risk concerns.

Under the Children First Act 2015 and Children First Guidance (2017). The DLP is responsible for:

- Receiving and documenting safeguarding concerns from staff, volunteers, or third parties.
- Providing guidance and support to staff and volunteers.
- Assessing concerns and determining whether they meet the threshold for reporting to Tusla as a mandated report or Social Care Trust.
- Submitting Mandated Reports through the secure Tusla portal / Social Care Trust.
- Consulting with Tusla Duty Social Work teams where thresholds are unclear.
- Making non-mandated welfare referrals when concerns do not meet the mandated threshold but still require support.
- Contacting An Garda Síochána / PSNI immediately when there is evidence of a crime or immediate danger.
- Maintaining secure records of all concerns, decisions, and actions.
- Ensuring confidentiality is upheld in accordance with data protection legislation.

A list of all DLP's across the Society can be found on the **SVP Website Safeguarding | St. Vincent de Paul – Ireland | SVP**

For more details on the role and responsibility of DLP's see:

- Section 3.2.3 Reasonable Grounds for Concern (ROI)
- Section 3.3 Responding to and Reporting Chid Safeguarding Concerns (ROI)
- Section 4.2 Recognising Adult Safeguarding Concerns (ROI)
- Section 4.4 Responding and Reporting a Safeguarding concern (ROI)
- Section 6.4 Responding to and Reporting Child Safeguarding Concerns (NI)
- Section 7.3.2 Responding to and Reporting a Safeguarding Concern (NI)

1.7.9 Mandated Persons (ROI only)

Under the Children First Act 2015, certain roles within SVP may meet the criteria for mandated persons (e.g., social care workers, psychologists, nurses, teachers, youth workers depending on qualifications).

Mandated persons have two main legal obligations. These are:

- To report the harm of children above a defined threshold to Tulsa.
- To assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report (known as 'mandated assisting').

All mandated persons must:

- Understand their personal legal obligation to report child protection concerns at or above the threshold of harm to Tusla.
  - A mandated person is required to report any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed. Harm is defined as assault, ill-treatment, neglect or sexual abuse, and covers single and multiple instances.
- Work jointly with the DLP to ensure all mandated reports are submitted correctly and promptly.
- Keep the DLP informed of all mandated concerns.
- Participate in staff training to maintain updated knowledge of reporting procedures.

For a full list of people who are classified as mandated persons under the Children First Act 2015 (ROI) see: www.tusla.ie.

For more information on reporting concerns, see:
Section 3.3 Responding to and Reporting Child Safeguarding Concerns

Procedure for Maintaining a List of Mandated Persons. (ROI Only)

SVP will maintain an up-to-date Mandated Persons Register, which includes:

- Full name
- Role/position
- Basis for mandated status (professional qualification or statutory role)
- Contact details
- Date added to the register
- Record of mandated persons training completion

Maintenance and Review

- SVP has a register of mandated persons.
- The register is maintained by Manager in individual departments with oversite from Child and Adult Family services.
- Updated whenever a new mandated person joins or leaves.
- Reviewed annually.
- Integrated into staff induction and role description processes.

Communication

All individuals identified as mandated persons will:

- Receive written confirmation of their status.
- Be provided with Children First statutory guidance.
- Attend mandated Children First e-learning and any additional training.

Data Protection

- The register is confidential, stored securely, and accessible only to authorised personnel.
- Information is processed under GDPR (vital interests and legal obligations).

Safeguarding in the South

2. Legislative Framework (ROI)

SVP is committed to complying with all safeguarding legislation, regulations, and national guidance applicable in the Republic of Ireland. The following framework outlines the statutory duties relating to the protection of children and adults at risk in community-based services.

2.1 Child Safeguarding Legislation National Guidance and Standards

Children's First defines a Child as

"A child is a person under the age of 18 years who is not and has not been married"

Children First Act 2015

The Children First Act 2015 places statutory obligations on certain professionals and organisations to safeguard children from harm. Key provisions relevant to this organisation include:

- **Mandated Reporting:** Mandated persons must report concerns that meet or exceed the statutory threshold of harm to Tusla – Child and Family Agency.
- **Child Safeguarding Statement:** Relevant organisations must develop, publish, and implement a Child Safeguarding Statement with a risk assessment.
- **Cooperation with Tusla:** Organisations and mandated persons must cooperate with Tusla in the course of child protection or welfare assessments.

Children First: National Guidance for the Protection and Welfare of Children (2017)

This national guidance provides best practice standards and further interpretation of the Children First Act. It outlines:

- How to recognise signs of abuse or neglect.
- Thresholds and processes for reporting concerns.
- Roles and responsibilities of organisations, volunteers, mandated persons, and Designated Liaison Persons (DLPs).
- Requirements for safe recruitment, staff training, and supervision.

The organisation follows both statutory and non-statutory requirements described in the Guidance.

Protections for Persons Reporting Child Abuse Act 1998

This Act offers legal protection for individuals who, in good faith, report concerns about abuse of a child. It prevents penalisation or civil liability for reports made sincerely and without malicious intent.

The United Nations Convention on the Rights of the Child

Is an international human rights treaty setting out the civil, political, economic, social and cultural rights of the child. It provides the overarching framework to guide the development of local laws, policies and services so that all children and young people are nurtured, protected and empowered. Each of the 41 Articles in the Convention detail a different type of right, all of which interact to form one integrated set of rights for children and young people. All Articles of the Convention are important and inter-relate to each other: those Articles with particular relevance for this policy include:

- **Article 3 (Best Interests of the Child)** the best interests of the child must be a primary consideration for all actions concerning children taken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies. This includes ensuring the child is given the protection and care necessary for their well-being, taking into account the rights and duties of others towards them. Organisations, services and facilities responsible for the care or protection of children must conform to appropriately set standards.
- **Article 4 (Protection of rights)** Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled. This involves assessing their social services, legal, health and educational systems, as well as funding for these services. Governments must help families protect children's rights and create an environment where they can grow and reach their potential.
- **Article 12 (Voice of the Child)** A child who is capable of forming his or her own views has the right to express those views freely in all matters which affect them, those views being given due weight in accordance with their age and maturity. This is particularly the case for any judicial and administrative proceedings affecting them. A child can either give their views directly, or have their views represented appropriately on their behalf.
- **Article 19 (Protection from all forms of violence):** Governments should ensure that children are properly cared for and their right to be protected from harm and mistreatment is upheld.
- **Article 20 (Children deprived of family environment):** Children who cannot be looked after by their own family have a right to be looked after properly by people who respect their ethnic group, religion, culture and language.
- **Articles 34 and 36 (Exploitation):** Governments should protect children from all forms of exploitation.
- **Article 39 (Rehabilitation of Child victims):** Children who have been harmed should receive help to recover and reintegrate into society. Children and young people have the right to express their opinions and to have those opinions heard and acted upon when appropriate. The child's views, however, will not necessarily determine the course of action to be taken, as ultimately, those with parental responsibility are responsible for keeping the child safe and must act in the best interests of the child. The Convention obliges States to encourage and support parents to exercise their parental responsibilities. However, if parents neglect their responsibilities or are unable to provide a satisfactory standard of care, the State is obliged to intervene to make decisions and take actions to safeguard children and young people when it is necessary to do so.

2.2 Adult Safeguarding Legislation National Policy and Standards

Assisted Decision-Making (Capacity) Act 2015 (as amended)

This legislation underpins the organisation's approach to supporting adults who may have fluctuating or diminished decision-making capacity.

Key principles include:

- Presuming capacity unless proven otherwise.
- Supporting individuals to make their own decisions as much as possible.
- Applying the least restrictive intervention necessary to protect the person.
- Ensuring respect for autonomy, dignity, and human rights.

The Act guides how staff engage with adults around consent, information sharing, and safeguarding interventions.

HSE Safeguarding Vulnerable Adults Policy (2014; updated department of health framework 2025)

Although not legislation, this national policy is the authoritative framework for adult safeguarding in Ireland. It outlines:

- Definitions of abuse, neglect, and exploitation.
- Pathways for reporting concerns to HSE Safeguarding and Protection Teams (Vulnerable Persons).
- Expectations for organisations engaging in regulated or unregulated community work.
- Requirements for person-centred safety planning, risk assessment, and multi-agency involvement.

The organisation adheres fully to the policy and any updated HSE procedures.

2.3 Safguarding Duties across Children and Adults

Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012

The Act applies equally to Adults at risk, making it a criminal offence to withhold relevant information about serious offences (e.g., assault, sexual offences, exploitation) from the Gardaí.

This Act makes it a criminal offence to withhold information from An Garda Síochána in relation to serious offences against a child. All staff and volunteers must be aware of their legal duties to report information that may assist in preventing or prosecuting such offences.

Data Protection Acts 1988–2018 and GDPR

These laws govern the handling, storage, and sharing of personal and sensitive information.
For safeguarding:

- Information may be shared without consent where necessary to protect a child or adult from harm.
- Records must be factual, secure, and retained only as long as necessary.
- The principles of proportionality and necessity apply to all information exchanges.

National Vetting Bureau (Children and Vulnerable Persons) Acts 2012–2016

These Acts establish the legal requirement for mandatory Garda vetting of:

- Employees
- Volunteers
- Contractors
- Anyone engaged in relevant work with children

The organisation ensures that no individual undertakes relevant work prior to completion of vetting and maintains a robust re-vetting schedule.

2.4 Organisational Responsibilities Under the Framework

SVP will:

- Ensure full compliance with all relevant legislation and statutory guidance.
- Maintain a Designated Liaison Person (DLP) for safeguarding concerns.
- Provide mandatory safeguarding training for all staff and volunteers based on their roles.
- Ensure Garda vetting for all relevant personnel.
- Collaborate with Tusla, HSE Safeguarding and Protection Teams, and An Garda Síochána as appropriate.
- Maintain clear policies, procedures, and risk management practices aligned with national standards.
- Promote the rights, dignity, autonomy, and participation of children and Adults at risk in all safeguarding work.

3. Child Safeguarding (ROI)

This section outlines the organisation's statutory responsibilities for safeguarding children in the Republic of Ireland, in accordance with the Children First Act 2015, Children First National Guidance for the Protection and Welfare of Children (2017), and all relevant national standards.

3.1 Child Safeguarding Statement

Child Safeguarding Statement –
defined in the Children First Act 2015, this is a statement which includes a written assessment of risk of harm to children while availing of the service, and the measures that will be taken to manage any identified risks.

SVP has developed a Child Safeguarding Statement that:

- Outlines the nature of our services and the potential risks to children.
- Identifies the specific safeguarding measures we have put in place to manage and reduce risks.
- Sets out our procedures for safe recruitment, staff supervision, reporting concerns, and responding to allegations.
- Ensures compliance with mandated reporting requirements and cooperation with Tusla – Child and Family Agency.

The Child Safeguarding Statement is:

- Approved by The National Safeguarding Committee and reviewed every two years, or sooner if significant changes occur.
- Maintained at a National level for the Child Safeguarding Statement as well as individual Safeguarding Statements based on relevant services
- All Safeguarding Statements are all available to view on the SVP website **Safeguarding | St. Vincent de Paul – Ireland | SVP**
- Shared with all staff, volunteers, contractors, and partner organisations.

3.1.1 Relevant Person

As a provider of a relevant service under the Children First Act 2015 (ROI), SVP is required to appoint a relevant person.

SVP appoints a Relevant Person who is responsible for:

- Being the primary point of contact for the Child Safeguarding Statement.
- Ensuring the Statement is properly displayed and communicated.
- Responding to requests from Tusla or members of the public regarding safeguarding arrangements.
- Supporting the DLP in ensuring compliance across all services.

This role is carried out nationally by an appointee of the National President and National Management Council.

Each Relevant Service will also appoint a Relevant Person for their individual service.

3.1.2 Named Person

SVP also designates a Named Person (or internal safeguarding lead) for children in the Republic of Ireland who:

- Acts as a senior oversight figure for safeguarding implementation.
- Supports the DLP and Deputy DLP with complex or high-risk cases.
- Ensures adequate training, supervision, and resources are provided for safeguarding.

To assist with this, the SVP has appointed a named person – SVP Safeguarding and Compliance Manager to develop guiding principles and safeguarding procedures.

3.2 Recognising Child Safeguarding Concerns

SVP is committed to ensuring the safety and welfare of all children in our services. All staff, volunteers, and members must be able to recognise potential child protection concerns and respond appropriately. This section outlines the types of abuse, circumstances that make children more vulnerable, and the basis for raising concerns.

3.2.1 Types of Abuse and How They Might be Recognised.

Types of Child Abuse

Children may be harmed in many ways. The following are forms of abuse:

Type of Abuse	Definition	How to recognise
Physical Abuse	• Physical abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. • It may occur as a single incident or as a pattern of incidents. • A reasonable concern exists where the child's health and/ or development is, may be, or has been damaged as a result of suspected physical abuse.	• Physical punishment • Beating, slapping, hitting or kicking • Pushing, shaking or throwing • Pinching, biting, choking or hair-pulling • Use of excessive force in handling • Deliberate poisoning • Suffocation • Fabricated/induced illness • Female genital mutilation
Emotional Abuse	Emotional abuse is the systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Once-off and occasional difficulties between a parent/carer and child are not considered emotional abuse. Abuse occurs when a child's basic need for attention, affection, approval, consistency and security are not met, due to incapacity or indifference from their parent or caregiver. Emotional abuse can also occur when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional abuse is not easy to recognise because the effects are not easily seen. A reasonable concern for the child's welfare would exist when the behaviour becomes typical of the relationship between the child and the parent or carer.	• Rejection • Lack of comfort and love • Lack of attachment • Lack of proper stimulation (e.g. fun and play) • Lack of continuity of care (e.g. frequent moves, particularly unplanned) • Continuous lack of praise and encouragement • Persistent criticism, sarcasm, hostility or blaming of the child • Bullying • Conditional parenting in which care or affection of a child depends on his or her behaviours or actions • Extreme overprotectiveness • Inappropriate non-physical punishment (e.g. locking child in bedroom) • Ongoing family conflicts and family violence • Seriously inappropriate expectations of a child relative to his/her age and stage of development It should be noted that no one indicator is conclusive evidence of emotional abuse. Emotional abuse is more likely to impact negatively on a child where it is persistent over time and where there is a lack of other protective factors.

Type of Abuse	Definition	How to recognise

Sexual Abuse	Sexual abuse occurs when a child is used by another person for his or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or penetrative sex) or exposing the child to sexual activity directly or through pornography.
	
	Child sexual abuse may cover a wide spectrum of abusive activities. It rarely involves just a single incident and, in some instances, occurs over a number of years. Child sexual abuse most commonly happens within the family, including older siblings and extended family members.
	
	Cases of sexual abuse mainly come to light through disclosure by the child or his or her siblings/friends, from the suspicions of an adult, and/or by physical symptoms.
	
	In relation to child sexual abuse, it should be noted that in criminal law the age of consent to sexual intercourse is 17 years for both boys and girls. Any sexual relationship where one or both parties are under the age of 17 is illegal. However, it may not necessarily be regarded as child sexual abuse. Details on exemptions for mandated reporting of certain cases of underage consensual sexual activity can be found in Chapter 3 of Children First: National Guidance for the Protection and Welfare of Children.
		• Any sexual act intentionally performed in the presence of a child
		• An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification
		• Masturbation in the presence of a child or the involvement of a child in an act of masturbation
		• Sexual intercourse with a child, whether oral, vaginal or anal
		• Sexual exploitation of a child, which includes:
		  • Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography [for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means]
		  • Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act
		  • Showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse
		• Exposing a child to inappropriate or abusive material through information and communication technology
		• Consensual sexual activity involving an adult and an underage person

Type of Abuse	Definition	How to recognise
Neglect	Child neglect is the most frequently reported category of abuse, both in Ireland and internationally. Ongoing chronic neglect is recognised as being extremely harmful to the development and well-being of the child and may have serious long-term negative consequences. Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and safety. Emotional neglect may also lead to the child having attachment difficulties. The extent of the damage to the child's health, development or welfare is influenced by a range of factors. These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect. Neglect is associated with poverty but not necessarily caused by it. It is strongly linked to parental substance misuse, domestic violence, and parental mental illness and disability. A reasonable concern for the child's welfare would exist when neglect becomes typical of the relationship between the child and the parent or carer. This may become apparent where you see the child over a period of time, or the effects of neglect may be obvious based on having seen the child once.	• Children being left alone without adequate care and supervision • Malnourishment, lacking food, unsuitable food or erratic feeding • Non-organic failure to thrive, i.e. a child not gaining weight due not only to malnutrition but also emotional deprivation • Failure to provide adequate care for the child's medical and developmental needs, including intellectual stimulation • Inadequate living conditions – unhygienic conditions, environmental issues, including lack of adequate heating and furniture • Lack of adequate clothing • Inattention to basic hygiene • Lack of protection and exposure to danger, including moral danger, or lack of supervision appropriate to the child's age • Persistent failure to attend school • Abandonment or desertion
Child Sexual Exploitation (CSE)	Child Sexual Exploitation (CSE) is a form of child abuse. It occurs when a child or young person is manipulated, coerced, or forced into taking part in sexual activity in exchange for something they need or want, such as affection, gifts, money, alcohol, drugs, accommodation, or status CSE can involve individuals or groups, can happen online or in person, and may take place over a short or long period of time. Children may not recognise that they are being exploited and may not see themselves as victims.	• Unexplained gifts, money, or new possessions • Changes in behaviour, mood, or appearance • Going missing or staying out late without explanation • Being secretive about relationships or online activity • Substance misuse • Associating with older individuals or unknown adults • Decline in attendance or engagement The presence of one indicator does not necessarily mean CSE, but patterns or multiple indicators should raise concern.

3.2.2 Circumstances Which Make Children More Vulnerable to Harm

Some children are at higher risk due to their circumstances. Staff Members and volunteers should be alert to children who may be:

- Experiencing family stress, domestic violence, substance misuse, or parental mental health issues.
- Living in care, foster homes, or temporary accommodation.
- Experiencing social isolation or exclusion.
- Children with disabilities or additional needs.
- Children who have previously experienced abuse.
- Exposed to bullying, harassment, or online exploitation.
- Living in areas of high risk, such as neighbourhoods with crime or substance misuse prevalence.

Note: Vulnerability does not mean a child will be abused, but extra care and monitoring are required.

3.2.3 Reasonable Grounds for Concern

Staff members and volunteers must act when they have reasonable grounds for concern about a child's welfare or safety. Reasonable grounds can include:

1. Direct observation of harm, injury, or neglect.
2. Disclosure by the child (telling a staff member or volunteer about abuse).
3. Signs or symptoms consistent with abuse (physical marks, behaviour changes, withdrawal, anxiety).
4. Information from another person who is concerned about the child.
5. Patterns of behaviour or circumstances that indicate a child may be at risk (frequent absences, poor hygiene, unexplained aggression, fearfulness).

Important: You do not need proof to report a concern. Reasonable suspicion is sufficient to raise the matter with the Designated Liaison Person (DLP).

3.3 Responding to and Reporting Child Safeguarding Concerns

This section outlines the procedures all staff, members volunteers, contractors, and representatives must follow when responding to, recording, and reporting any concern, suspicion, disclosure, or allegation of child abuse or welfare concerns relating to a child in the Republic of Ireland.

The organisation is committed to ensuring that all concerns are acted upon promptly, proportionately, and in line with statutory obligations under the Children First Act 2015 and Children First: National Guidance (2017).

3.3.1 Reporting a Safeguarding Concern

Immediate response

Ensure the child's immediate safety.

- If a child is at immediate risk of harm, contact An Garda Síochána (999/112) without delay.

Listen and respond supportively if a child discloses.

- Stay calm, do not promise secrecy.
- Reassure the child they were right to tell you.
- Avoid leading questions, use open, clarifying prompts only.
- Record the disclosure as soon as possible in the child's own words.

Do not investigate or interview.

- Staff / volunteers should not attempt to verify facts, interview the child, or contact the alleged perpetrator or family (unless directed by Tusla or Gardaí).

Report the concern internally immediately.

- Notify the DLP or Deputy DLP on the same working day, or immediately if urgent.

Internal Reporting

All safeguarding concerns must reported to the DLP, by phone call and follow up with a written report on request. The report should include:

- Date, time, and nature of the concern.
- Details of the child and family (if known).
- Exact words of any disclosure.
- Observations (not interpretations).
- Names of any witnesses.
- Actions taken and by whom.

All records must be stored securely and confidentially in line with GDPR and safeguarding data protocols.

DLP reporting Role

The DLP is responsible for:

- Reviewing all concerns and assessing whether they meet the threshold for reporting to Tusla – Child and Family Agency.
- Submitting reports to Tusla using the Tusla Portal or the Child Protection and Welfare Report Form (CPWRF).
- Informing An Garda Síochána if a child is at immediate risk.
- Providing advice, support, and direction to staff and volunteers.
- Keeping accurate safeguarding records via CRM
- Managing internal follow-up and communication with National Office, Regional Coordinators and Regional Presidents.

The DLP will consult with Tusla if uncertain about whether a concern requires a formal report.

The DLP will:

- Submit the report via Tusla's Secure Online Portal, or
- In urgent situations, contact the local Tusla Duty Social Work Office by phone and follow up in writing.

Tusla will assess the information and determine what action is required.

Reporting to An Garda Síochána

If there is:

- Immediate danger, or
- A criminal offence suspected (e.g., sexual abuse, physical assault),

The DLP or staff member must immediately contact An Garda Síochána.

This does not replace reporting to Tusla – both agencies may need to be contacted.

3.3.2 Guidance on Dealing with Disclosures of Abuse

Children may disclose abuse directly, indirectly, or through their behaviour. All staff and volunteers must respond supportively, calmly, and in line with Children First.

Immediate Response

- Listen attentively without displaying shock or disbelief.
- Allow the child to speak at their own pace.
- Use open prompts (e.g., "Do you want to say anything else?").
- Avoid leading questions, suggestions, or investigating.
- Reassure the child that they have done the right thing by telling you.
- Do **not** promise secrecy. Explain that you must inform someone who can help keep them safe.

Ensuring Safety

- If the child is at immediate risk, contact An Garda Síochána (999/112) without delay.
- Inform the DLP as soon as possible on the same working day.

Recording the Disclosure

- Write down the child's exact words as soon as practical.
- Record your observations objectively, including date, time, and context.
- Sign and date the record.

Reporting the Disclosure

- Provide the record to the DLP immediately so they can determine if a report to Tusla is required (mandated or non-mandated).

Do not contact the child's parents unless advised by the DLP.

3.3.3 Guidance on Talking to Parents about Concerns SVP have about a Child Availing of Services

Where a safeguarding concern arises about a child who is currently availing of SVP services, communication with parents or guardians should be handled sensitively, professionally, and in line with Children First.

When to Speak with Parents

- In general, parents/guardians should be informed of concerns relating to their child unless doing so may:
  - Place the child at further risk.
  - Compromise an ongoing statutory investigation,
  - Result in the child or family disengaging from necessary supports.
  - Put a staff member, volunteer, or another child at risk.
- The Designated Liaison Person (DLP) will decide whether contact with parents is appropriate and when it should take place.

How to Approach the Conversation

- Ensure the discussion takes place in a private, safe, and respectful environment.
- Be factual, objective, and avoid speculation or assumptions.
- Focus on the child's safety and wellbeing as the primary concern.
- Use clear, non-judgemental language, describing what has been noticed or disclosed rather than labelling behaviour.
- Reassure parents that the concern is being handled appropriately and that SVP is acting in the child's best interests.
- Do not accuse or confront parents about suspected abuse.
- Do not share names of other individuals involved, confidential information, or details of who made the report.

If Parents React Negatively

- Remain calm and reaffirm that the primary responsibility is the child's safety.
- Do not enter into arguments or debates.
- If the situation escalates or becomes unsafe, end the meeting and seek support from management or Gardaí if needed.
- Inform the DLP immediately.

Recording the Conversation

- Document what was said, by whom, and any actions agreed.
- Store records securely and share only on a need-to-know basis.

3.3.4 Disclosures of Historical Abuse

A disclosure of historical abuse is when an adult or young person reports abuse, they experienced as a child, or when a child discloses abuse that occurred in the past but may no longer presents an immediate risk.

Importance of Responding

- Disclosures of historic abuse must always be taken seriously.
- Historical abuse may indicate that:
  - A perpetrator may still pose a risk to children today.
  - Other children may currently be at risk.
  - The victim may require emotional or therapeutic support.

Responding to a Disclosure

- Listen respectfully and supportively.
- Acknowledge the difficulty of sharing their experience.
- Avoid judgement, disbelief, or probing questions.
- Explain the limits of confidentiality and that the information may need to be reported if a child could currently be at risk.

Reporting Requirements

- Historical abuse must be reported to the DLP.
- If the alleged perpetrator may still have access to children, the DLP will submit a report to Tusla.
- If a criminal offence is alleged, the DLP may also inform An Garda Síochána.
- Adults disclosing historical abuse should be informed of their right to report directly to Gardaí and to access support services.

Support for the Individual

- Offer information on appropriate support services (e.g., counselling, survivor support organisations).
- Record the disclosure factually and securely.

3.3.5 Mandated Reporting.

Certain staff may be Mandated Persons under the Children's First Act 2015.

Where a Mandated Person believes that a child:

- Has been, is being, or is at risk of being abused, or
- Has been, is being, or is at risk of being neglected,

they must make a mandated report to Tusla.

Mandated persons in the organisation:

- Must inform the DLP as soon as practicable.
- May submit a joint report with the DLP.
- Retain their legal duty to ensure the report is submitted.

3.3.6 Mandated Assisting.

Under the Children First Act 2015, "Mandated Assisting" refers to the legal duty placed on organisations and professionals to cooperate fully with Tusla during assessments and inquiries following a mandated report.

What Mandated Assisting Involves

When requested by Tusla, mandated persons and the organisation must:

- Provide relevant information they hold about the child or family,
- Attend meetings, case conferences, or strategy discussions where appropriate,
- Share records or documentation that may assist the assessment, in line with GDPR,
- Support Tusla in assessing risk and planning for the child's safety.

Responsibilities of Mandated Persons in SVP

- Cooperate with Tusla's requests in a timely and transparent manner.
- Seek guidance from the DLP if unsure what information may be shared.
- Maintain accurate written records of all communications and actions taken.

Limits and Safeguards

- Information shared must relate solely to child protection or welfare.
- Information must be handled securely and proportionately.
- Mandated assisting does not require conducting investigation - Tusla remains responsible for the statutory assessment.

Refusal to Assist

Failure to engage in mandated assisting can be a breach of statutory duty and may lead to legal or organisational consequences. Any concerns about requests from Tusla must be escalated to the DLP.

4. Adult Safeguarding (ROI)

This section outlines the organisation's responsibilities for safeguarding adults at risk in the Republic of Ireland, in accordance with the National Policy Framework for Adult Safeguarding in the Health and Social Care Sector (2025), relevant HSE guidance, the Assisted Decision-Making (Capacity) Act 2015, Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures" (2014) and all applicable legislation and national standards.

SVP is committed to promoting the safety, wellbeing, dignity, autonomy, and rights of adults who may be at risk of abuse or neglect while availing of our services.

Adult Safeguarding is defined as,

"Putting measures in place to promote and protect the safety, health, wellbeing and human rights of adults at risk, reduce their risk of harm, empower them to protect themselves and support them to live free from abuse, harm and neglect."

National Policy Framework for Adult Safeguarding in the Health and Social Care Sector. 2025

4.1 Types of Abuse and How They May Occur

Core definitions for Safguarding adults at risk is outlined in the National Policy Framework for Adult Safeguarding in the health and Social Care Sector 2025 as outlined below.

4.1.1 Definition of an Adult at Risk (Vulnerable Adult)

An adult (person aged 18 or over) who:

- needs help to protect themselves or their interests at a particular time, whether due to circumstances or personal characteristics, and
- may be at risk of experiencing harm by another party.

Although this abuse definition focuses on acts of abuse by individuals, abuse can also arise from inappropriate or inadequacy of care or programmes of care.

An adult at risk may be subjected to more than one form of abuse at any given time.

This definition excludes self-neglect which is an inability or unwillingness to provide for oneself.

4.1.2 Definitions of Abuse

A single or repeated act, or omission, which violates a person's human rights or causes harm or distress to a person. Abuse may take a variety of forms.

Abuse may be perpetrated as the result of deliberate intent, negligence, ignorance or lack of insight or knowledge and can arise from acts of abuse by individuals and also from inappropriate or inadequate care or programmes of care.

Abuse may be a single incident or a pattern over time.

Types of Abuse that May Affect Adults

Adults at risk may be harmed in many ways. The following are forms of abuse:

Type of Abuse	Definition and How to Recognise
Physical Abuse	Physical abuse is when someone deliberately hurts a person physically It may occur as a single incident or as a pattern of incidents. **Physical Abuse can be:** • Physical punishment • Beating, slapping, hitting or kicking • Pushing, shaking or throwing • Pinching, biting, choking or hair-pulling • Use of excessive force in handling • Deliberate poisoning • Misuse of medication • Suffocation • Fabricated/induced illness • Female genital mutilation
Emotional Abuse (Includes bullying and Coercive control)	**Emotional Abuse:** This involves systematic emotional or psychological ill-treatment, where a person's basic needs for attention, affection, and security are not met, leading to psychological trauma. **Bullying:** This is a form of emotional abuse where an individual is subjected to repeated verbal, physical, or psychological harm by another person, often in a school or workplace setting. **Coercive Control:** This refers to a pattern of controlling and coercive behaviours that exploit and isolate a person, making it difficult for them to leave the relationship. It can include threats, intimidation, and manipulation. **Emotional Abuse can be:** • Threats of harm or abandonment • Deprivation of contact • Humiliation • Blaming • Controlling • Intimidation • Coercion • Harassment • Verbal abuse • Isolation or withdrawal from services or supportive networks

Sexual Abuse	Sexual Abuse is defined as any form of non-consensual sexual activity. **Sexual Abuse can be:** • Rape – Unlawful sexual intercourse without consent. • Sexual assault – Any sexual act that a person did not consent to, including groping and forced kissing. • Aggravated sexual assault – sexual assault aggravated by serious violence or the threat of serious violence or is such as to cause severe injury humiliation or degradation or a grave nature to the victim. • Sexual Harassment – Any unwanted verbal, non-verbal, or physical conduct of a sexual nature in a workplace or other setting. • Female Genital Mutilation – Female genital mutilation is defined as the partial or total removal of the external female genitalia, or any practice that purposely changes or injures the female genital organs for non-medical reasons. The practice is internationally recognised as a human rights violation of women and girls.
Neglect (Acts of Omission)	Neglect and Self-neglect are acts of omission on necessary care. **Neglect can be:** • include ignoring medical or physical care needs. • failure to provide access to appropriate health, social care or educational services. • the withholding of the necessities of life such as medication, nutrition and heating.
Financial or material abuse	Theft, fraud, exploitation, pressure in connection with wills, property or inheritance, or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Discriminatory abuse	Ageism, racism, sexism, abuse based on a person's disability, and other forms of harassment, slurs or similar treatment.
Institutional abuse	May occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve Poor standards of care, rigid routines, inadequate responses to complex needs occurring in residential care, nursing homes, acute hospitals, and in-patient settings.
Domestic abuse	Refers to the use of physical or emotional force or threat of physical force, including sexual violence in close adult relationships. This includes violence perpetrated by a spouse, partner, son or daughter or any other person who has a close or blood relationship with the victim. The term 'domestic violence' goes beyond actual physical violence. It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone.

4.2 Recognising Adult Safeguarding Concerns

Adults may be more vulnerable where there is:

- Social isolation or dependency.
- Poverty or housing insecurity.
- Disability, illness, or cognitive impairment.
- Substance misuse.
- Domestic abuse or coercive control.
- Reliance on informal or unregulated care.

Vulnerability does not remove rights or autonomy. It is critical that the rights of vulnerable persons to lead as normal a life as possible is recognised, in particular deprivation of the following rights may constitute abuse:

- Liberty
- Privacy
- Respect and dignity
- Freedom to choose
- Opportunities to fulfil personal aspirations and realise potential in their daily lives
- Opportunity to live safely without fear of abuse in any form
- Respect for possessions

People with disabilities and older people may be particularly vulnerable due to:

- Diminished social skills
- Dependence on others for personal and intimate care
- Capacity to report
- Sensory difficulties
- Isolation
- Power differentials

4.2.1 Who May Abuse?

Anyone who has contact with an adult at risk may be abusive, including a healthcare or social care worker or volunteer, a member of their family or community, a friend or informal carer.

It is important to also note that abuse can happen at any time in any setting.

- **Family Abuse –**
  Abuse of a vulnerable person by a family member.
- **Professional/ person of power Abuse –**
  Misuse of power and trust by professionals / volunteers and a failure to act on suspected abuse, poor care practice or neglect.
- **Peer Abuse –**
  Abuse, for example, of one adult with a disability by another adult with a disability.
- **Stranger Abuse –**
  Abuse by someone unfamiliar to the vulnerable person.

4.2.2 Recognise Abuse

Recognising abuse requires vigilance, professional curiosity, and an understanding of how capacity and consent interact with safeguarding risk.

Abuse may be identified through:

- Direct disclosure by the adult.
- Disclosure by a third party.
- Observation of physical or behavioural indicators.
- Changes in mood, presentation, or circumstances.
- Financial irregularities.
- Patterns of missed appointments or sudden withdrawal from services.
- Signs of fear, coercion, or controlling behaviour.

Abuse is not always visible and may be subtle or cumulative.

4.2.3 Capacity and Consent

Adults are presumed to have decision-making capacity unless proven otherwise in accordance with the Assisted Decision-Making (Capacity) Act 2015.

A person-centred approach requires that:

- Adults are supported to make their own decisions wherever possible.
- An unwise decision does not in itself indicate lack of capacity.
- Capacity is decision-specific and time-specific.
- All practicable supports must be provided to maximise decision-making ability.

Consent must be:

- Informed
- Voluntary
- Given by a person with capacity
- Specific to the decision in question

Where an adult has capacity and declines intervention, their wishes must be respected unless:

- There is risk of serious harm to the person or others.
- A criminal offence may have occurred.
- There are overriding public interest or legal obligations.

Where there are concerns regarding capacity, this must be addressed in line with Section 4.5 of this policy.

4.3 Promoting Welfare

Promoting welfare is central to Adult Safeguarding and requires proactive measures to enhance safety, inclusion, dignity, and wellbeing.

SVP promotes welfare by:

- Embedding safeguarding in service design and delivery.
- Ensuring respectful, rights-based engagement.
- Reducing social isolation and marginalisation.
- Supporting access to health, housing, advocacy, and community services.
- Encouraging participation and voice in decision-making.
- Identifying and addressing safeguarding risks early.

Adult Safeguarding is not solely reactive, it requires creating environments where abuse is less likely to occur.

4.3.1 Principles

Adult Safeguarding within SVP is guided by the principles outlined in the National Policy Framework for Adult Safeguarding in the Health and Social Care Sector (2025) and national guidance.

These include:

- **Rights-Based Approach**
  Safeguarding practice must respect human rights, dignity, autonomy, equality, and diversity.
- **Person-Centred Practice**
  The adult's views, wishes, feelings, beliefs, and desired outcomes must be central to decision-making.
- **Empowerment**
  Adults are supported to make informed choices and exercise control over their lives.
- **Proportionality**
  Responses to safeguarding concerns must be proportionate to the level of risk and least restrictive of rights.
- **Protection**
  Appropriate and timely action must be taken where there is risk of abuse or neglect.
- **Prevention**
  Organisations must act to reduce the likelihood of abuse occurring.
- **Partnership**
  Effective safeguarding requires collaboration with statutory agencies, families, advocates, and community partners.
- **Accountability**
  Clear governance, recording, and oversight structures must support safeguarding practice.

4.3.2 Prevention and Early Intervention

Prevention and early intervention are critical to reducing harm.

SVP will:

- Promote Safeguarding awareness among staff, volunteers, and members.
- Ensure mandatory Safeguarding training is completed.
- Carry out risk assessments relevant to services and activities.
- Implement safe recruitment and vetting procedures.
- Maintain clear codes of conduct.
- Encourage open reporting cultures without fear of reprisal.
- Monitor patterns, trends, and near misses.
- Respond to early indicators of risk before harm escalates.
- Support adults to access advocacy and community supports.

Early intervention may include:

- Informal supports.
- Mediation.
- Increased monitoring.
- Referral to appropriate community or statutory services.
- Consultation with HSE Safeguarding and Protection Teams.

4.3.3 Non Engagement

Particular challenges arise in situations where concerns exist regarding potential abuse of a vulnerable person and that person does not want to engage or co-operate with interventions. This can be complex particularly in domestic situations. Where an adult indicates that they do not wish to engage or cooperate with the Society or the Statutory Authorities (HSE and An Garda Síochána), and these agencies continue to have concerns, the issue of capacity needs to be considered and in that regard the following will be noted:

- There is a presumption that all adults have capacity.
- An adult who has capacity has the right not to engage with SVP or any services, if they so wish.
- If there is a concern that an adult is vulnerable and may or may not have the capacity to make decisions, the Society and Statutory Authorities may well have obligations towards them.
- The Society should consider whether the non-cooperation of the individual may be due to issues of capacity, is voluntary or if it could stem from for example some form of coercion.

Decisions as to the appropriate steps to deal with such cases need to be made on a case-by-case basis and with appropriate professional advice. It is also important to identify the respective functions and contributions of relevant agencies which include An Garda Síochána, HSE and local authorities. Inter-agency collaboration is particularly important in these situations.

4.4 Responding and Reporting a Safeguarding Concern

All safeguarding concerns must be taken seriously and acted upon promptly.

4.4.1 Responding to a disclosure

Immediate Response

Where there is immediate danger:

- Contact emergency services and/or An Garda Síochána without delay.
- Take reasonable steps to ensure immediate safety.

Reporting Procedure

1. Any staff member, volunteer, or member who becomes aware of a concern must report it without delay to the Designated Liaison Person (DLP).
2. The concern must be recorded factually, including:
   - Date, time, and location.
   - What was observed or disclosed.
   - Exact words used where possible.
   - Any immediate actions taken.
3. The DLP will:
   - Assess the level of risk.
   - Consider capacity and consent.
   - Consult with the HSE Safeguarding and Protection Team where appropriate.
   - Determine whether referral to statutory services is required.
   - Ensure proportionate and person-centred action.
4. Where a crime is suspected, An Garda Síochána will be informed.

Confidentiality

Information will be shared on a need-to-know basis and in line with GDPR and data protection requirements. Confidentiality must not prevent appropriate reporting where there is risk of harm.

Safeguards for those who Raise Concerns

The Common Law provides a defence, in particular circumstances, to individuals who make verbal or written statements of a kind which could expose their author to a claim of defamation if such statements were made in different circumstances.

The defence exists in recognition of the fact that there are circumstances in which individuals have to be able to speak freely without fear of adverse legal consequences.

In general, the privilege covers situations where the maker of the statement has a duty to speak or is obliged to protect some interest.

The duty in question does not have to be a strictly legal one: a moral or social duty to make the statement or report is sufficient. The recipient of the statement must have a corresponding duty to receive the statement.

The defence only applies where the individual who makes the statement is not motivated by malice in making his statement.

In circumstances where an individual has a duty to speak and does so without malice, he can be assured that the defence of qualified privilege will protect him from any defamation claim to which his statement could possibly give rise. The defence will apply, for example, when an employee reports to his line manager (or HR manager or some specially designated person), his bona fide suspicion that a fellow employee member or volunteer may have committed an act of abuse in the course of the latter's employment / duties.

4.4.2 Anonymous and Historical Concerns

SVP recognises that safeguarding concerns may be reported anonymously or may relate to incidents that occurred in the past (historical concerns). All such concerns must be taken seriously and responded to in a proportionate and appropriate manner.

Anonymous Concerns

An anonymous concern is one where the identity of the person raising the concern is unknown or withheld.

While anonymous reports may limit the ability to seek clarification or gather further information, they must not be disregarded.

On receipt of an anonymous concern, the Designated Liaison Person (DLP) will:

- Record the concern in line with safeguarding recording requirements.
- Assess the information available to determine the level of potential risk.
- Consider whether the adult at risk can be identified.
- Consult with the HSE Safeguarding and Protection Team where appropriate.
- Determine whether referral to statutory services, including An Garda Síochána, is required.
- Consider whether internal risk mitigation measures are necessary.

The absence of a named referrer does not remove the organisation's responsibility to assess and, where necessary, act to protect adults at risk.

Historical Concerns

A historical concern refers to abuse or neglect that occurred in the past, which may or may not have been previously reported.

Historical concerns may be disclosed:

- Directly by the adult affected.
- By a third party.
- By a current or former staff member, volunteer, or member.
- Through review of records or organisational learning processes.

When responding to a historical concern, the DLP will:

- Listen respectfully and acknowledge the disclosure.
- Clarify whether the person alleged to have caused harm is currently in contact with adults at risk.
- Assess whether there is any current risk to others.
- Consider the wishes of the person making the disclosure, including consent to referral.
- Consult with the HSE Safeguarding and Protection Team as appropriate.
- Report to An Garda Síochána where a criminal offence is suspected.

Where the alleged perpetrator is currently involved in SVP activities, appropriate precautionary measures may be implemented pending further assessment, in line with fair procedures and natural justice.

SVP acknowledges that disclosures of historical abuse may have significant emotional impact. Individuals will be treated with dignity and respect and, where appropriate, signposted to relevant support services.

The passage of time does not remove the organisation's responsibility to assess risk and take appropriate safeguarding action where required.

4.5 Decision Making Capacity

SVP recognises that decision-making capacity is governed by the Assisted Decision-Making (Capacity) Act 2015.

Capacity refers to a person's ability to:

- Understand information relevant to a decision.
- Retain that information long enough to make the decision.
- Use or weigh that information as part of the decision-making process.
- Communicate their decision (by any means).

Presumption of Capacity

All adults are presumed to have capacity unless assessed otherwise.

Supported Decision-Making

Where a person experiences difficulty with decision-making, supports must be provided, which may include:

- Providing information in accessible formats.
- Allowing time for reflection.
- Involving trusted persons.
- Signposting to advocacy services.
- Recognising formal decision-support arrangements under the Act.

When Capacity is in Question

If there are reasonable grounds to believe an adult may lack capacity in relation to a specific safeguarding decision:

- A functional assessment of capacity may be required.
- The least restrictive option must be pursued.
- Any intervention must respect the person's rights, will, and preferences as far as possible.
- Statutory services may need to be consulted.

Lack of capacity does not remove a person's right to dignity, respect, and safeguarding protection.

Safeguarding in the North

5. Legislative Framework (NI)

SVP is committed to ensuring full compliance with all safeguarding legislation, regulations, and regional guidance applicable in Northern Ireland. This framework outlines the statutory duties relating to the protection of children and adults at risk of harm within community-based services.

5.1 Child Safeguarding National Guidance and Standards

The Children Order 1995 defines a 'Child' as a person under the age of 18.

Obligations to safeguard children and young people and promote their welfare are contained in both international and domestic law. It is for each organisation and/or individual to be aware of the legislation and how it applies to them or can be used by them in their work to safeguard children and young people.

The United Nations Convention on the Rights of the Child is an international human rights treaty setting out the civil, political, economic, social and cultural rights of the child. It provides the overarching framework to guide the development of local laws, policies and services so that all children and young people are nurtured, protected and empowered. Each of the 41 Articles in the Convention detail a different type of right, all of which interact to form one integrated set of rights for children and young people. All Articles of the Convention are important and inter-relate to each other: those Articles with particular relevance for this policy include:

- **Article 3 (Best Interests of the Child)** the best interests of the child must be a primary consideration for all actions concerning children taken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies. This includes ensuring the child is given the protection and care necessary for their well-being, taking into account the rights and duties of others towards them. Organisations, services and facilities responsible for the care or protection of children must conform to appropriately set standards.
- **Article 4 (Protection of rights)** Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled. This involves assessing their social services, legal, health and educational systems, as well as funding for these services. Governments must help families protect children's rights and create an environment where they can grow and reach their potential.
- **Article 12 (Voice of the Child)** A child who is capable of forming his or her own views has the right to express those views freely in all matters which affect them, those views being given due weight in accordance with their age and maturity. This is particularly the case for any judicial and administrative proceedings affecting them. A child can either give their views directly, or have their views represented appropriately on their behalf.
- **Article 19 (Protection from all forms of violence):** Governments should ensure that children are properly cared for and their right to be protected from harm and mistreatment is upheld.
- **Article 20 (Children deprived of family environment):** Children who cannot be looked after by their own family have a right to be looked after properly by people who respect their ethnic group, religion, culture and language.
- **Articles 34 and 36 (Exploitation):** Governments should protect children from all forms of exploitation.
- **Article 39 (Rehabilitation of Child victims):** Children who have been harmed should receive help to recover and reintegrate into society. Children and young people have the right to express their opinions and to have those opinions heard and acted upon when appropriate. The child's views, however, will not necessarily determine the course of action to be taken, as

Ultimately, those with parental responsibility are responsible for keeping the child safe and must act in the best interests of the child. The Convention obliges States to encourage and support parents to exercise their parental responsibilities. However, if parents neglect their responsibilities or are unable to provide a satisfactory standard of care, the State is obliged to intervene to make decisions and take actions to safeguard children and young people when it is necessary to do so.

Children (Northern Ireland) Order 1995 (the Children Order)

Is the principal statute governing the care, upbringing and protection of children in Northern Ireland. It applies to all those who work with and care for children, whether parents, paid carers or volunteers. The Children Order provides the legislative framework within which this policy operates. It covers the full range of safeguarding activity, including the promotion of a child's welfare, assessment of a child's needs, provision of support for children and families, protection of children, and powers to assume or secure parental responsibility for children when required. Each of these duties and powers is discussed in more detail where relevant within this policy.

SVP works in alignment with the Order and cooperates fully with HSC Trusts.

Co-operating to Safeguard Children and Young People in Northern Ireland (2017)

This regional guidance outlines:

- Definitions and indicators of abuse and neglect.
- Roles and responsibilities of organisations, staff, and volunteers.
- Threshold guidance for referrals to statutory services.
- Multi-agency coordination through the Safeguarding Board for Northern Ireland (SBNI).

The guidance sets the benchmark for safeguarding children within SVP.

Safeguarding Board Act (Northern Ireland) 2011

This Act established the Safeguarding Board for Northern Ireland (SBNI) with statutory responsibility to:

- Coordinate and ensure the effectiveness of safeguarding work across agencies.
- Promote learning from case management reviews.

SVP aligns its safeguarding systems with SBNI standards and regional learning.

Criminal Law Act (Northern Ireland) 1967

Under this Act, all individuals have a legal duty to provide information to the police about a relevant offence. In safeguarding contexts, this supports reporting concerns to the Police Service of Northern Ireland (PSNI) where a crime may have been committed.

Protection of Freedoms Act 2012 (Vetting and Barring Scheme)

Northern Ireland follows the UK-wide disclosure and barring framework, requiring:

- Enhanced AccessNI checks for those working with children.
- Consideration of information held by the Disclosure and Barring Service (DBS).

SVP ensures no staff member or volunteer engages in regulated activity without appropriate vetting.

The Human Rights Act (1998) incorporates the European Convention on Human Rights (ECHR) into UK legislation. State authorities must use their powers reasonably and proportionately to protect children and young people, and the ECHR holds them responsible for inhuman or degrading treatment inflicted within their jurisdiction. Professionals across all public authorities, including government departments, local councils, hospitals, schools and the police must respect the ECHR, as must private bodies in specific circumstances.

The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 as amended by the Protection of Freedoms Act 2012 provides the legislative framework for the establishment of a Disclosure and Barring Service and requirements relating to individuals who work with children and adults at risk. This legislation defines 'regulated activity' with children and prevents persons on barred lists from engaging in regulated activity.

The Children's Services Co-operation Act (Northern Ireland) 2015 places a requirement on individuals and organisations providing children's services to children to co-operate with each other to devise and implement cross cutting strategies. The Act is key to ensuring improved outcomes for children by supporting, enhancing and encouraging co-operation so that services are integrated from the point of view of the child or young person.

SVP works in alignment with the Order and cooperates fully with HSC Trusts.

Co-operating to Safeguard Children and Young People in Northern Ireland (V2.1 2024)

This regional guidance outlines:

- Definitions and indicators of abuse and neglect.
- Roles and responsibilities of organisations, staff, and volunteers.
- Threshold guidance for referrals to statutory services.
- Multi-agency coordination through the Safeguarding Board for Northern Ireland (SBNI).

The guidance sets the benchmark for safeguarding children within SVP.

Safeguarding Board Act (Northern Ireland) 2011

This Act established the Safeguarding Board for Northern Ireland (SBNI) with statutory responsibility to:

- Coordinate and ensure the effectiveness of safeguarding work across agencies.
- Promote learning from case management reviews.

SVP aligns its safeguarding systems with SBNI standards and regional learning.

Protection of Freedoms Act 2012 (Vetting and Barring Scheme)

Northern Ireland follows the UK-wide disclosure and barring framework, requiring:

- Enhanced AccessNI checks for those working with children.
- Consideration of information held by the Disclosure and Barring Service (DBS).

In particular, all organisations that provide services to children and young people which fall within the definition of 'regulated activity' must ensure they comply fully with the requirements of the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 as amended by the Protection of Freedoms Act 2012.

SVP ensures no staff member or volunteer engages in regulated activity without appropriate vetting.

Information sharing, for child protection purposes, is critical. DoH published Guidance on Information Sharing for Child Protection Purposes in August 2021 and revoked the Department's Circular, HSS CC 3/96. The Guidance sets out high level principles and guidance that staff in HSCT children's social services should follow when considering sharing information for child protection purposes.

5.2 Adult Safeguarding National Policy and Standards

Adult Safeguarding: Prevention and Protection in Partnership (2015)

Although policy-based rather than legislative, this framework is the regional standard for adult safeguarding. It sets out:

- Definitions of adults at risk and adults in need of protection.
- Indicators of abuse, neglect, exploitation, and harm.
- Roles of the Designated Adult Protection Officer (DAPO) and safeguarding partners.
- The duty to report concerns to HSC Adult Protection Gateway Services.

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

SVP adheres fully to this framework in all adult safeguarding matters.

The Mental Capacity Act (Northern Ireland) 2016 (Partially commenced 2019–2023)

This Act introduces a modernised legal framework for:

- Decision-making for adults who lack capacity.
- Ensuring interventions are in the person's best interests and least restrictive.
- Protecting individuals through statutory safeguards such as Deprivation of Liberty Safeguards (DoLS).

SVP applies the Act's principles when supporting adults with impaired or fluctuating capacity.

The Health and Personal Social Services (Northern Ireland) Order 1972

This legislation underpins the responsibilities of HSC Trusts, including:

- Duties to investigate adult safeguarding concerns.
- Powers relating to the provision of support or protective services.

SVP cooperates fully with trust safeguarding teams during investigations.

Protection of Vulnerable Groups and Disclosure Requirements

Under UK-wide safeguarding legislation:

- Adults working in regulated activity must undergo AccessNI enhanced checks.
- The organisation must refer individuals to the Disclosure and Barring Service (DBS) where they pose a safeguarding risk and meet the referral criteria.

NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP – Adult Safeguarding Operational Procedures Adults at Risk of Harm and Adults in Need of Protection (Sept 2016)

- The responsibility for enacting the procedures to protect adults from harm caused by abuse, neglect or exploitation is principally the responsibility of Health and Social Care Trusts (HSC Trusts) and, where a crime is suspected or alleged, the Police Service of Northern Ireland (PSNI).
- The responsibility for enacting the procedures to protect adults from harm caused by abuse, neglect or exploitation is principally the responsibility of Health and Social Care Trusts (HSC Trusts) and, where a crime is suspected or alleged, the Police Service of Northern Ireland (PSNI).

However, Safeguarding is everyone's business. These procedures are intended for use by all organisations working with, or providing services to, adults across the statutory, voluntary, community, independent and faith sectors. This includes paid staff and volunteers. They describe what organisations need to do to provide a safe environment and how to respond appropriately to situations where an adult is at risk of being harmed or abused.

These procedures should be read in conjunction with all other relevant policies, such as:

- Adult Safeguarding: Prevention to Protection in Partnership Policy (DHSSPS 2015)
- Protocol for Joint Investigation of Adult Safeguarding Cases (NIASP 2016)

Safeguarding is a broad continuum of activity. It ranges from the empowerment and strengthening of communities, through prevention and early intervention, to risk assessment and management, including investigation and protective intervention. At all stages along this continuum, Safeguarding interventions will aim to provide appropriate information, supportive responses and services which become increasingly more targeted and specialist as the risk of harm increases. Safeguarding includes activity which prevents harm from occurring and activity which protects adults at risk where harm has occurred.

5.3 Safguarding Duties across Children and Adults

Data Protection Act 2018 / UK GDPR

Safeguarding information is processed under the lawful bases of:

- Vital interests
- Public task
- Legitimate interests

Information may be shared without consent where necessary to protect a child or adult from harm, in line with data minimisation and necessity principles.

Criminal Justice and Police Obligations

Where there is suspicion that a criminal offence has been committed:

- The organisation must report this to the Police Service of Northern Ireland (PSNI).
- Staff/ Volunteers must not conduct investigative interviews themselves.

Duty to Cooperate with Statutory Agencies

The organisation must cooperate with:

- HSC Trusts (children's services and adult protection services)
- SBNI
- PSNI
- Regulatory bodies and inspectors

5.4 Organisational Responsibilities Under the Framework

SVP will:

- Ensure policies and procedures comply with all legislation and regional guidance.
- Maintain trained Designated Liaison Persons (DLPs) for children and adults.
- Provide mandatory safeguarding training for all staff and volunteers based on their role.
- Ensure AccessNI vetting for all relevant roles.
- Work collaboratively with HSC Trusts, SBNI, and PSNI.
- Promote a culture of prevention, early identification, dignity, and human rights.

6. Child Safeguarding (NI)

6.1 Introduction

This policy is relevant to all SVP members and employees who provide an SVP service occasionally or regularly, in the northern six counties. It takes cognisance of the different child and adult at risk Safeguarding legislation, policies and structural differences that currently exist between the Republic of Ireland and Northern Ireland. It is complimented by a number of appendices which are Northern Ireland specific. The policy describes the key principles that pertain to safe practice when dealing with Safeguarding children, young people and adults at risk issues. It provides details on the current legal threshold for key agencies (PSNI and Social Services) to intervene to protect children or provide family support services. It also contains the policy definitions of the categories of child abuse and adult at risk abuse and reporting mechanisms that apply in Northern Ireland. It contains a definition of an 'adult at risk and adult in need of protection', as outlined in current policies and protocols that are used by agencies to intervene and protect such adults. It also includes some guidance on how SVP personnel may recognise a child or adult at risk of abuse or neglect, record such concerns and report them to the Statutory Authorities.

6.2 Principles

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

- **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.

6.3 Recognising Child Safeguarding Concerns

SVP is committed to ensuring the safety and welfare of all children in our services. All staff, volunteers, and members must be able to recognise potential child protection concerns and respond appropriately. This section outlines the types of abuse, circumstances that make children more vulnerable, and the basis for raising concerns.

6.3.1 Types of Abuse and How They Might be Recognised

Type of Abuse	Definition	How to Recognise
Physical Abuse	Physical abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents.	• Physical punishment • Beating, slapping, hitting or kicking • Pushing, shaking or throwing • Pinching, biting, choking or hair-pulling • Use of excessive force in handling • Deliberate poisoning • Suffocation • Fabricated/induced illness • Female genital mutilation
Emotional Abuse	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.	• Rejection • Lack of comfort and love • Lack of attachment • Lack of proper stimulation (e.g. fun and play) • Lack of continuity of care (e.g. frequent moves, particularly unplanned) • Continuous lack of praise and encouragement • Persistent criticism, sarcasm, hostility or blaming of the child • Bullying • Conditional parenting in which care or affection of a child depends on his or her behaviours or actions • Extreme overprotectiveness • Inappropriate non-physical punishment (e.g. locking child in bedroom) • Ongoing family conflicts and family violence • Seriously inappropriate expectations of a child relative to his/her age and stage of development It should be noted that no one indicator is conclusive evidence of emotional abuse. Emotional abuse is more likely to impact negatively on a child where it is persistent over time and where there is a lack of other protective factors.

Type of Abuse	Definition	How to Recognise
Sexual Abuse	Sexual abuse occurs when a child is used by another person for his or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or penetrative sex) or exposing the child to sexual activity directly or through pornography. Child sexual abuse may cover a wide spectrum of abusive activities. It rarely involves just a single incident and, in some instances, occurs over a number of years. Child sexual abuse most commonly happens within the family, including older siblings and extended family members. Cases of sexual abuse mainly come to light through disclosure by the child or his or her siblings/friends, from the suspicions of an adult, and/or by physical symptoms.	• Any sexual act intentionally performed in the presence of a child. • An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification. • Masturbation in the presence of a child or the involvement of a child in an act of masturbation. • Sexual intercourse with a child, whether oral, vaginal or anal. **Sexual exploitation of a child, which includes:** • Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography [for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means]. • Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act. • Showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse. • Exposing a child to inappropriate or abusive material through information and communication technology. • Consensual sexual activity involving an adult and an underage person.

Type of Abuse	Definition	How to Recognise
Neglect	Child neglect is the most frequently reported category of abuse, both in Ireland and internationally. Ongoing chronic neglect is recognised as being extremely harmful to the development and well-being of the child and may have serious long-term negative consequences. Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and safety. Emotional neglect may also lead to the child having attachment difficulties. The extent of the damage to the child's health, development or welfare is influenced by a range of factors. These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect. Neglect is associated with poverty but not necessarily caused by it. It is strongly linked to parental substance misuse, domestic violence, and parental mental illness and disability. A reasonable concern for the child's welfare would exist when neglect becomes typical of the relationship between the child and the parent or carer. This may become apparent where you see the child over a period of time, or the effects of neglect may be obvious based on having seen the child once.	• Children being left alone without adequate care and supervision. • Malnourishment, lacking food, unsuitable food or erratic feeding. • Non-organic failure to thrive, i.e. a child not gaining weight due not only to malnutrition but also emotional deprivation. • Failure to provide adequate care for the child's medical and developmental needs, including intellectual stimulation. • Inadequate living conditions – unhygienic conditions, environmental issues, including lack of adequate heating and furniture. • Lack of adequate clothing. • Inattention to basic hygiene. • Lack of protection and exposure to danger, including moral danger, or lack of supervision appropriate to the child's age. • Persistent failure to attend school. • Abandonment or desertion.

Type of Abuse	Definition	How to Recognise
Exploitation	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.	• Unexplained gifts, money, or new possessions. • Changes in behaviour, mood, or appearance. • Going missing or staying out late without explanation. • Being secretive about relationships or online activity. • Substance misuse. • Associating with older individuals or unknown adults. • Decline in attendance or engagement. The presence of one indicator does not necessarily mean CSE, but patterns or multiple indicators should raise concern.

6.3.2 Circumstances Which Make Children More Vulnerable to Harm

Co-operating to Safeguard Children and Young People in Northern Ireland (2024) identifies circumstances where children and young people maybe more vulnerable to harm and includes;

- Looked After Children
- Children/Young People who go Missing
- Young people in Supported Accommodation
- Young People who are Homeless
- Private Fostering
- Domestic Violence and Abuse
- Children of Parents with Additional Support Needs (includes alcohol and substance misuse, parents/carers experiencing mental health difficulties)
- Separated, Unaccompanied and Trafficked Children and Young People
- Children/Young People with Disabilities
- Lesbian, Gay, Bi-Sexual or Transgender Young People
- Pre-birth Risk

For further guidance please refer to Co-operating to Safeguard Children and Young People in Northern Ireland (2024)

6.3.3 Significant Harm

There are no absolute criteria on what constitutes significant harm. Article 50(3) of the Children Order states that "where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child". Sometimes, a single traumatic event may constitute significant harm. More often, significant harm is a compilation of childhood adversities and or abuse which has a negative impact on the child's physical, social, emotional and psychological development. The decision as to whether significant harm is present will require a careful application of professional judgement based on the nature of the concern, all available information about the child and the family, and the views and opinions of the child or young person, family members and other professionals.

6.4 Responding to and Reporting Child Safeguarding Concerns

6.4.1 Reporting a Safeguarding Concern

Under no circumstances should any individual member of SVP staff or volunteer or the organisation itself attempt to deal with the problem of abuse alone. It is important that everyone in the SVP is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is a task for the professional agencies (Social Services and the PSNI) following a referral to them regarding a concern about a child.

The primary responsibilities of the person who first suspects or is told of abuse, is to report it and to ensure that their concern is taken seriously.

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. This includes parents or family members seeking help, concerned friends and neighbours, professionals and individuals from statutory or voluntary organisations. Even where individuals are unsure about whether a concern needs to be referred, they can contact the HSCT to obtain advice. Advice can also be obtained from the NSPCC helpline. Referrals outsidenormal working hours should be made to the Regional Emergency Social Work Service (RESWS).

Where the child or young person is already known to HSCT, the concern should, where possible, be raised with the social worker involved with the child or young person.

Where an allegation of child abuse is made, by any person, or, where grounds exist to suspect that a child is being abused, the referring professional should not in these circumstances be conducting further enquiries or passing information to other parties until after the outcome of the joint assessment between HSCT and the PSNI has been completed in accordance with the Joint Protocol or other relevant policy and procedures. Any subsequent action taken under the Joint Protocol should be taken in liaison with the PSNI.

6.4.2 Guidance on Dealing with Disclosures of Abuse

Immediate Response

Ensure the child's immediate safety.

If a child is at immediate risk of harm, contact PSNI without delay.

Listen and respond supportively if a child discloses.

- Stay calm, do not promise secrecy.
- Reassure the child they were right to tell you.
- Avoid leading questions, use open, clarifying prompts only.
- Record the disclosure as soon as possible in the child's own words.

Do not investigate or interview.

Staff / volunteers should not attempt to verify facts, interview the child, or contact the alleged perpetrator or family (unless directed by PSNI or HSCT).

Report the concern internally immediately.

Notify the DLP or Deputy DLP on the same working day, or immediately if urgent.

Internal Reporting

All safeguarding concerns must report to the DLP, by phone call and follow up with a written report on request. The report should include:

- Date, time, and nature of the concern.
- Details of the child and family (if known).
- Exact words of any disclosure.
- Observations (not interpretations).
- Names of any witnesses.
- Actions taken and by whom.

All records must be stored securely and confidentially in line with GDPR and Safeguarding data protocols.

DLP Reporting Role

The DLP is responsible for:

- Reviewing all concerns and assessing whether they meet the threshold for reporting to HSCT.
- Contact the Relevant HSCT Gateway Service. Each HSCT area has a Gateway Team that deals with child protection referrals.
- When making the report, give as much detail as possible:
  - Child's name, age, and address
  - Parent/guardian details
  - Nature of the concern (what you saw, heard, or were told)
  - Any immediate risks to the child
  - Your own contact details (you can request anonymity, but professionals are encouraged to give their name)
- Informing PSNI if a child is at immediate risk. (Call 999)
- Providing advice, support, and direction to staff and volunteers.
- Keeping accurate safeguarding records via CRM.
- Managing internal follow-up and communication with National Office, Regional Coordinators and Regional Presidents.

The DLP will consult with HSCT if uncertain about whether a concern requires a formal report.

The DLP will:

- Submit the report via HSCT Secure Online Portal, or
- HSCT will assess the information and determine what action is required.

Reporting to PSNI

If there is:

- Immediate danger, or
- A criminal offence suspected (e.g., sexual abuse, physical assault)

This does *not* replace reporting to HSCT – both agencies may need to be contacted.

6.4.3 Disclosure of Historical Abuse

A disclosure of historical abuse is when an adult or young person reports abuse, they experienced as a child, or when a child discloses abuse that occurred in the past but may no longer presents an immediate risk.

Importance of Responding

- Disclosures of historic abuse must always be taken seriously.
- Historical abuse may indicate that:
  - A perpetrator may still pose a risk to children today.
  - Other children may currently be at risk.
  - The victim may require emotional or therapeutic support.

Responding to a Disclosure

- Listen respectfully and supportively.
- Acknowledge the difficulty of sharing their experience.
- Avoid judgement, disbelief, or probing questions.
- Explain the limits of confidentiality and that the information may need to be reported if a child could currently be at risk.

Reporting Requirements

- Historical abuse must be reported to the DLP.
- If the alleged perpetrator may still have access to children, the DLP will submit a report to Tusla.
- If a criminal offence is alleged, the DLP may also inform PSNI.
- Adults disclosing historical abuse should be informed of their right to report directly to PSNI and to access support services.

Support for the Individual

- Offer information on appropriate support services (e.g., counselling, survivor support organisations).
- Record the disclosure factually and securely.

7. Adult Safeguarding (NI)

7.1 Principles

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

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

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

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

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

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

7.2 Definitions and Categories of Abuse

7.2.1 Definitions and Categories of Abuse

Definition of An Adult at Risk / Adult in Need of Protection

In Northern Ireland, as per the Adult Safeguarding Prevention & Protection in Partnership July 2015 an "Adult at risk of harm" is a person aged 18 or over whose exposure to harm through abuse, exploitation or neglect may be increased by their; (a) personal circumstances, AND/OR (b) life circumstances.

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

A. personal characteristics

and/or

B. life circumstances

AND

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

AND

D. where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

In order to meet the definition of an 'adult in need of protection' either (A) or (B) must be present, in addition to both elements (C), and (D)

7.2.2 Definition of Abuse

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

Abuse is the misuse of power and control that one person has over another. It can involve direct and indirect contact and can include online abuse.

SVP staff and volunteers are regularly in contact with adults at risk will have a duty to report any direct allegations, or concerns they may have about the alleged or suspected abuse.

Adults at risk may be harmed in many ways. The following are forms of abuse:

Type of Abuse	Definition and How to Recognise
Physical Abuse	Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty. Female genital mutilation (FGM) is considered a form of physical and sexual abuse. It may occur as a single incident or as a pattern of incidents.
Psychological / Emotional Abuse	Psychological / emotional abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.
Sexual Violence and Abuse	Sexual abuse is 'any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability). Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non -consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.
Neglect (Acts of Omission)	Neglect occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the capacity to assess risk.
Financial or Material Abuse	Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception. This may include exploitation.

Type of Abuse	Definition and How to Recognise
Discriminatory Abuse	Ageism, racism, sexism, abuse based on a person's disability, and other forms of harassment, slurs or similar treatment.
Institutional Abuse	Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside Health and Social Care (HSC) provision. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.
Domestic Abuse	Refers to the use of physical or emotional force or threat of physical force, including sexual violence in close adult relationships. This includes violence perpetrated by a spouse, partner, son or daughter or any other person who has a close or blood relationship with the victim. The term 'domestic violence' goes beyond actual physical violence. It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone.
Exploitation	Exploitation is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking. This list of types of harmful conduct is neither exhaustive, nor listed here in any order of priority. There are other indicators which should not be ignored. It is also possible that if a person is being harmed in one way, he/she may very well be experiencing harm in other ways.

The Safeguarding Adults:

Prevention and Protection in Partnership Policy does not include self-harm or self-neglect within the definition of an 'adult in need of protection'. Each individual set of circumstances 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.

7.3 Recognising Adult Safeguarding Concerns

If you are concerned about the protection or welfare of an adult at risk in Northern Ireland, contact the Regional Designated Liaison Person in your Region.

7.3.1 Recognise Abuse

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

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

SVP is committed to compliance in practice with these requirements.

7.3.2 Responding and Reporting a Safeguarding Concern

In SVP, take any immediate action required to ensure the adult at risk of harm is safe and inform the DLP without delay. The designated officer will make a decision as to when it is appropriate to speak with the adult at risk of harm about the concerns and any proposed actions. They must then report the concerns and any action taken to the services appointed person or Adult Safeguarding Champion.

All HSC Trusts must have a single point of access for receipt of referrals regarding concerns about adults who may be at risk **http://www.hscboard.hscni.net/niasp/niasp-contact2/**

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

Each HSC Trust will have an Adult Protection Gateway Service which will receive adult protection referrals. Referrals outside normal working hours should be made to the Regional Emergency Social Work Service (RESWS).

If an adult at risk does not want a referral made to the HSC Trust or PSNI, the AS Corappropriate person must consider the following:

- Do they have capacity to make this decision?
- Have they been given full and accurate information in a way which they understand?
- Are they experiencing undue influence or coercion?
- Is the person causing harm a member of staff, a volunteer or someone who only has contact with the adult at risk because they both use the service?
- Is anyone else at risk from the person causing harm?
- Is a crime suspected or alleged?

These factors will influence whether a referral without consent needs to be made. If in doubt, contact the HSCTrust Gateway service for advice and guidance.

7.4 Decision Making Capacity

Adults at risk of harm should be central to decisions regarding any actions to prevent or protect them from harm. The adult's reasons for refusal to consent to a referral to the HSC Trust for assessment and support should be explored with them. Consent may be over-ridden in some cases, for example, where the individual lacks the capacity to appreciate the nature of the concerns and the potential consequences to them of not addressing those concerns, where there is a potential risk to others or in the public interest.

If you have any concerns that the adult at risk may not have capacity to consent or may be coming under pressure to refuse consent, you should refer to the HSC Trust key worker or HSC Trust Adult Protection Gateway team.

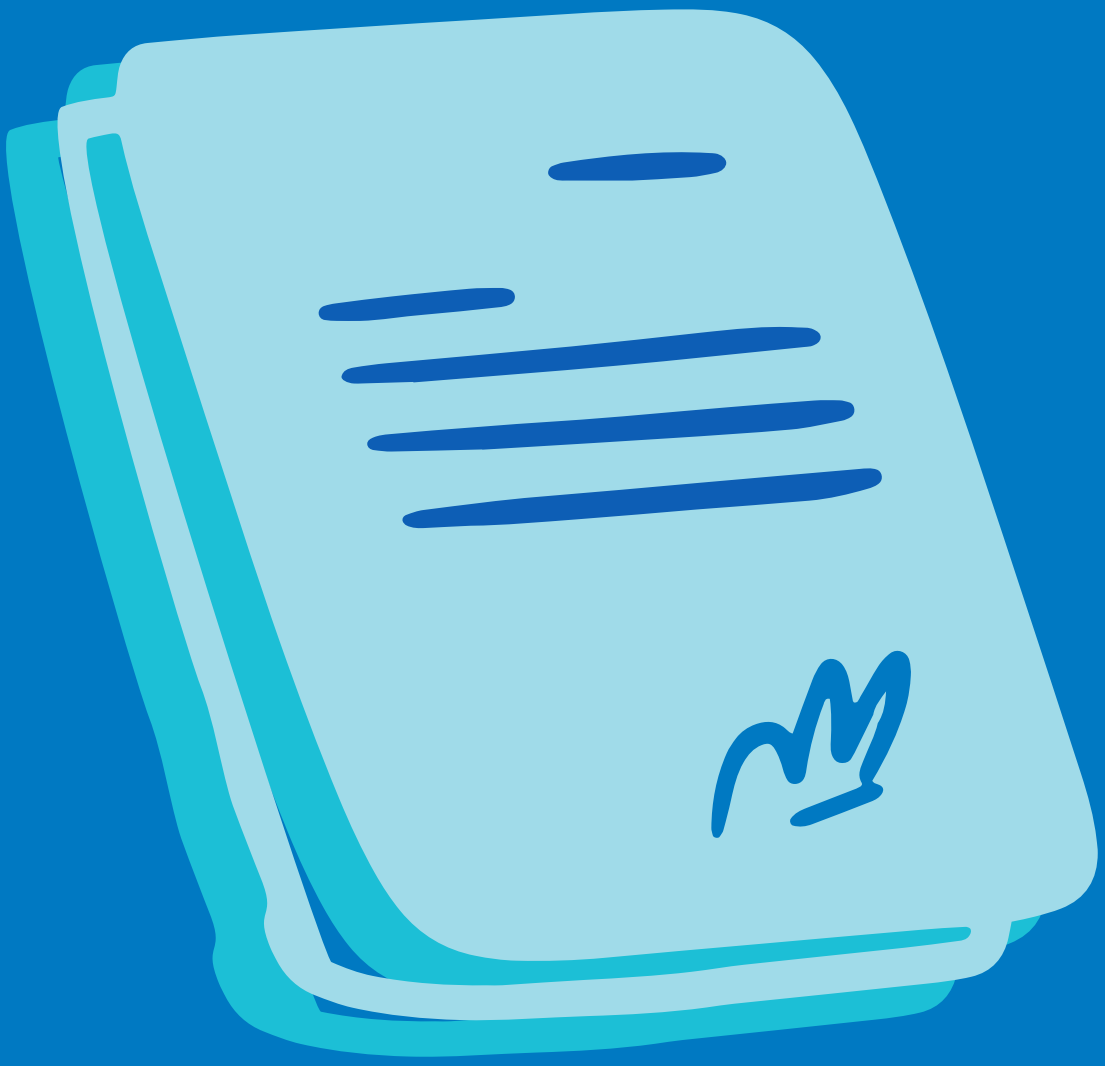
The Mental Capacity Act (Northern Ireland) 2016 provides a statutory framework for people who lack capacity to make a decision for themselves and for those who now have capacity but wish to make preparations for a time in the future when they lack capacity.

The Mental Capacity Act does not provide someone with a power to deprive a person of their liberty. Rather, it provides a protection from a liability that would normally occur in relation to a deprivation of liberty where a person aged 16 and over lacks capacity if the criteria for deprivation are met and the safeguards and additional safeguards have been put in place.

Anyone who is depriving someone of their liberty must either have a lawful authority to act (such as an authorisation under the Mental Health Order) or must be protected from liability under the Act and the Deprivation of Liberty Safeguards.

As the Mental Capacity Act does not provide powers to act, but rather protection from liability, the persons making the reports, statements, applications and authorisations do not carry any specific liabilities.

Other Relevant Information



8. Code of Conduct

Having a Code of Conduct in place helps employees/members/volunteers to focus on supporting children, young people, adults who may be vulnerable, at risk or in need of protection in their everyday work. It also assists in trying to focus on the participants and their needs.

The Code of Conduct sets out the boundaries which employees, members and volunteers are expected to adhere to when working with children or adults who may be vulnerable, at risk or in need of protection. It also clarifies how to communicate/work with participants in a way which respects their right to be listened to, treated with respect and treated fairly.

The Code of Conduct limits the risk of abuse, misinterpretation or unintentional harm occurring.

SVP respects the rights, dignity and worth of every human being. We have a Code of Conduct for all employees, members and volunteers to achieve this.

This Code outlines best practice in keeping vulnerable groups safe. It offers guidance for the best possible safety of children, young people, adults who may be vulnerable, at risk or in need of protection and employees, members and volunteers.

The Code is designed to remove any ambiguity and to give employees, members and volunteers greater confidence and freedom while carrying out their SVP work. Everybody acting on behalf of the Society must respect the rights, privacy and dignity of those whom we assist, themselves and all other employees, members and volunteers.

SVP values and respects the people we assist. We do this by listening to participants and involving them in decision making as appropriate and valuing their contribution. This is reflected in the person-centred ethos of our organisation.

8.1 Code of Behaviour between Staff, Members, Volunteers and Children

General Code of Conduct

- Everybody acting on behalf of the Society – members, non-member volunteers, and employees will carry SVP ID which includes both name and photo. In situations where there is direct contact with the public, and it is considered suitable e.g holiday centres, hostels, crèches or youth clubs, members, non-member volunteers will wear name badges.
- Physical punishment of children, young people adults is not permissible under any circumstances.
- Verbal abuse is not permissible under any circumstances.
- Communication, comment / discussions / jokes of a sexual nature in the presence of vulnerable groups is never acceptable.
- The Society carries out all volunteer work in pairs. Therefore, there must be two members, non-member volunteers present for all interactions with vulnerable groups.
  - Should an exceptional emergency situation arise where it is necessary to be alone with a child, young person, adult who may be vulnerable, at risk, in need of protection the individual acting on behalf of The Society should give careful consideration as to the necessity of the interaction and to the safety of all involved. If it is absolutely imperative to continue another member, non-member volunteer should be informed of the situation immediately, by telephone if necessary. A written note outlining the situation and that the meeting took place, including the reasons for it, should be made and referred to the Conference President or Service Manager.
  - A child, young person or adult at risk, or in need of protection should never be left in a dangerous or unsuitable position because there is no second person available.
  - Special arrangements may exist in specialist services – homeless services, children's services, social housing and holiday centres – see local guidance.
- Those acting on behalf of the Society must never take vulnerable groups to their own homes.
- Volunteers and employees should not undertake any car or minibus journey alone with vulnerable groups.
  - In the event of an emergency, where it is necessary to make a journey with a child, young person or adult who may be vulnerable, at risk, or in need of protection the person acting on behalf of SVP should inform another SVP representative in advance about the details of the journey, times etc., a record of this should be made and parents or guardians should be informed as soon as possible
- Vulnerable groups should not work or remain in SVP properties unless there are at least two adults present.
- Vulnerable groups to be treated with equal respect, favouritism is not acceptable.
- People acting on behalf of the Society should not engage in or tolerate any behaviour – verbal, psychological or physical – that could be constructed as bullying or abusive.
- A disproportionate amount of time should not be spent with any particular child, young person, adult who may be vulnerable, at risk, or in need of protection.
- Under no circumstances should people acting on behalf of the Society give alcohol, tobacco, or non-prescription drugs to vulnerable groups.
- Only age-appropriate language, material on media products (camera phones, internet, and video) and activities should be used when working with vulnerable groups.

- Under no circumstances should an employee or member take photos of children or adults on their personal devises.
  - Any pictures of Children should not be taken or shared unless written consent is received from their legal guardians – see Child and Family handbook for details.
  - Any pictures of adult clients should not be taken or shared without explicit consent.
  - In the event consent has been received pictures should only be taken on a SVP devise and should follow GDPR policy.
- It is important that if an employee/volunteer has a concern about the behaviour of another employee/volunteer that they report these concerns to the Designated Liaison Person. Where the concern relates to the DLP, reports should be made to another senior manager. For more on reporting see "*Section 3 for ROI 4 for NI*"
- It is the responsibility of all members, non-member volunteers, and employees to report any breach of this code of conduct to the Conference, Area or Regional President or the Service Manager.

Social Media and ICT

The Organisation recognises that the use of social media, digital communication and information and communication technology (ICT) can present safeguarding risks for children, young people and adults at risk if not managed appropriately.

Comprehensive social media and ICT policies are in place within the SVP's HR Policies and Members Policies see further details in

- **Employees**
  - Social Media Policy
  - IT internet and Phone Usage Policy
  - Online Communications Policy
- **Members**
  - Online Communications Guide
  - Social Media Policy
  - Information Booklet

These Policies set out detailed standards, expectations and procedures for the appropriate use of digital technologies. These policies apply to all staff, volunteers, members, trustees and contractors.

For the purposes of safeguarding, all online and ICT-based interactions with service users must:

- Uphold the same professional boundaries and standards of conduct expected in face-to-face contact.
- Be appropriate, transparent and accountable.
- Respect confidentiality, privacy and data protection requirements.
- Avoid one-to-one private communication with children, young people or adults at risk outside of agreed and authorised service arrangements.

Any safeguarding concern arising from the use of social media or ICT, including boundary issues, inappropriate communication, online abuse, exploitation or cyberbullying, must be reported immediately in line with this Safeguarding Policy and the Organisation's reporting procedures.

The Society will:

- Display the Code of Conduct in the place of activity.
- Ensure the Code of Conduct is communicated to employees, volunteers, parents/ guardians, children and adults at risk.
- Make a copy available to parents, guardians, children, young people, adults who may be vulnerable, at risk or in need of protection and visitors.
- Ensure employees/volunteers are clear that the organisation's expectations of their behaviour with vulnerable groups make them less vulnerable to erroneous allegations of abuse.
- Where appropriate get the children/ adults at risk or in need of protection involved in discussing and drawing up the Code of Conduct for employees and volunteers.
- Breaches of the Code will not be tolerated, and may result in investigation, suspension, disciplinary action or termination of the volunteer's/ employee's contract of engagement.

In addition:

- Our Code of Conduct will be used as a tool in training to discuss and consider expectations of employees'/volunteers' conduct, including in induction training for all new employees/ volunteers.
- Our Code of Conduct can provide a useful tool in staff supervision. It provides an agreed language and framework to discuss practice issues that may arise in day-to-day work.
- Managers have a responsibility to supervise and support employees/volunteers to ensure the Code is being adhered to.
- Our Code of Conduct includes an explicit declaration about employees'/volunteers' responsibilities to report breaches of the Code to management. This should be emphasised in on-going training, induction and staff meetings.
- Managers need to listen and respond appropriately to reports of breaches of the code.
- Having developed and implemented the Code for employees and volunteers, the Society has clearly identified boundaries regarding acceptable and unacceptable practice. This makes it much easier to address issues of poor practice, should they arise. Disciplinary action will be taken where appropriate.

For further information related to the code of conduct see:

- The Rule for the Society of St. Vincent de Paul, Ireland
- SVP employee Handbook
- Trustees Handbook for members of NMC
- Dignity and Respect in SVP
- Home Visitation Handbook

Note: Code of conduct (forthcoming) SVP strategic plan 2024–2028: New SVP Ireland Code of Conduct – Charter to be developed and rolled out across all conferences and services.

9. Communication

9.1 Purpose of the Communications Strategy

The purpose of this Safeguarding Communications Strategy is to ensure that SVP communicates clearly, consistently, and accessibly about its commitment to safeguarding children and young people.

This strategy supports the Organisation to:

- Promote a strong safeguarding culture.
- Ensure children, families, staff, volunteers, and stakeholders understand safeguarding expectations.
- Enable concerns, disclosures, and complaints to be raised safely and appropriately.
- Meet the requirements of the Children First Act 2015 and Tusla's Child Safeguarding: A Guide for Policy, Procedure and Practice.

Safeguarding communications are guided by the principles of transparency, child-centred practice, inclusion, and accountability.

9.2 Guiding Principles

All safeguarding communications will:

- Put the child first and prioritise their safety and wellbeing.
- Be clear, age-appropriate, culturally sensitive, and accessible.
- Promote openness and trust, not fear or blame.
- Respect confidentiality and data protection.
- Be consistent with organisational values and safeguarding procedures.
- Encourage early reporting of concerns.

9.3 Key Audiences

Safeguarding communications are tailored for the following audiences:

1. Children and Young People
2. Parents, Guardians, and Families
3. Staff and Volunteers
4. Board Members and Senior Management
5. Partner Organisations and Funders
6. The Wider Community

9.4. Key Safeguarding Messages

Across all audiences, the following messages are communicated:

- The SVP is committed to protecting children and young people from harm.
- Safeguarding is everyone's responsibility.
- Children and adults at risk have the right to be safe, listened to, and respected.
- There are clear procedures for raising concerns or making complaints.
- Concerns will be taken seriously, handled appropriately, and responded to promptly.
- No one will be penalised for raising a safeguarding concern in good faith.

9.5 Communication with Children and Young People

SVP will:

- Provide child-friendly safeguarding information, including:
  - What safeguarding means
  - What behaviour is acceptable and unacceptable
  - Who they can talk to if they feel unsafe or worried
- Use age-appropriate formats, such as:
  - Easy-read leaflets
  - Posters
  - Visual guides
  - Group discussions or workshops
- Clearly identify trusted adults within the Organisation.
- Encourage children and young people to voice concerns and participate in feedback.
- Ensure children know they will be believed, supported, and taken seriously.

9.6 Communication with Parents and Guardians

Parents and guardians will be informed about Safeguarding through:

- The Organisation's Safeguarding Statement.
- Clear explanations of:
  - Safeguarding policies and procedures
  - Reporting concerns or complaints
  - Codes of behaviour
- Information provided:
  - On the Organisation's website
  - During registration or induction
  - At meetings, events, or programmes
- Reassurance that safeguarding concerns are managed in line with Children First guidance and legislation.

9.7 Communication with Staff and Volunteers

The Organisation will ensure that all staff and volunteers:

- Receive safeguarding information as part of induction.
- Have easy access to:
  - The Safeguarding Policy
  - Codes of Behaviour
  - Reporting procedures
  - Details of the Designated Liaison Person (DLP)
- Receive ongoing safeguarding training and updates.
- Are informed of:
  - Their responsibilities under the Children First Act 2015
  - The importance of recording and reporting concerns
- Are encouraged to raise concerns without fear of reprisal.

Safeguarding updates will be communicated through:

- Team meetings
- Internal emails or newsletters
- Training sessions
- Support structures

9.8 Communication with NMC and National Office

NMC and National Office will:

- Receive regular safeguarding reports, including:
  - Safeguarding activity (anonymised)
  - Training compliance
  - Policy reviews and updates
- Be informed of any serious safeguarding incidents, in line with governance procedures.
- Ensure safeguarding communications are adequately resourced and prioritised.
- Promote a top-down safeguarding culture.

9.9 External Communications and Public Information

SVP will:

- Publish its Safeguarding Statement on its website and in public-facing materials.
- Clearly display:
  - Safeguarding commitment statements
  - Contact details for raising concerns
- Ensure safeguarding is considered in:
  - Media communications
  - Social media use
  - Marketing and fundraising activities
- Respond to safeguarding-related media enquiries through designated senior personnel only.

9.10 Responding to Safeguarding Concerns and Disclosures

All safeguarding communications relating to concerns or disclosures will:

- Be handled sensitively, promptly, and confidentially.
- Follow the Organisation's safeguarding procedures.
- Be reported to relevant external services where required (Tusla/ National Trust, An Garda Siochana, PSNI).
- Sharing information on a "need to know" basis only.
- Be documented accurately and securely.

Children and adults will be informed about:

- What will happen after a concern is raised.
- Who will be involved.
- The limits of confidentiality.

9.11 Accessibility and Inclusion

Safeguarding communications will:

- Be available in plain English.
- Ensure no child or adult is excluded from understanding Safeguarding information.

9.12 Review and Monitoring

This Safeguarding Communications Strategy will:

- Be updated in line with:
  - Legislative changes
  - Tusla guidance
  - Learning from safeguarding incidents or reviews
- Include feedback from:
  - Children and young people
  - Families
  - Staff and volunteers

9.13 Safe Supervision

Management and supervision of employees and volunteers after appointment is equally important to keep vulnerable groups safe.

Supervision of employees/volunteers helps maintain best practice and safeguards those availing of our services.

All employees should have regular reviews of their practice to ensure that they improve over time. Conducting an annual appraisal of work is also important to allow for the recognition of good work and to help to develop skills further, line managers are responsible for same.

The Society also carries out a review at the end of a probationary period. At this review a manager will check that the employee/ volunteer understands the guiding principles and Safeguarding procedures.

Supervision Responsibilities

In SVP, the responsibility for providing supervision lies with the Conference President and / or Project Manager. It should be provided on a regular basis. Supervision of all those who carry out the work of SVP is an essential part of ensuring the welfare of vulnerable groups.

Functions of Supervision

Supervision provides a regular, structured opportunity to discuss work, review practice and progress and plan for future development.

The main functions of supervision are:

- Management / conference presidents to hold the employee/volunteer accountable for practice to ensure safe, quality, care for children, adults at risk and families.
- Support for the individual employee/volunteer in what may be a demanding and potentially stressful working environment. This may involve debriefing which addresses the emotional impact of such work.
- Learning and development of each individual to identify their knowledge base, attitude, learning style and skills.
- To identify learning needs and the strengths and weaknesses of the employee/volunteer.
- To plan and set targets for on-going development.
- Mediation to ensure healthy engagement with, and communication between, the individual and the organisation.

Supervision Process

Supervision involves arranging to see members and employees at regular intervals, whether on their own or in small groups.

Supervision will include the opportunity to provide feedback and support. This will involve arranging to observe those working with vulnerable groups at regular intervals, on their own or in small groups, and giving all who act on behalf of the Society the opportunity to raise any questions they may have, to highlight any problems they are experiencing or to present any suggestions for change that they may wish to make.

Supervision also allows managers to assess the need for change in policies or practice, or for additional training. It is important that supervision procedures include the opportunity to identify and address sources of anxiety or stress for individuals, and for members and employees to raise any concerns they may have regarding a child, young person or adult who may be vulnerable, at risk or in need of protection.

For further information see:
SVP Probation Policy

10. Anti-Bullying Approach

SVP is committed to providing a safe, respectful and inclusive environment for all children, young people and adults who may be vulnerable, at risk or in need of protection, as well as for staff, volunteers and members. SVP adopts a zero-tolerance approach to bullying in any form.

Bullying behaviour is inconsistent with SVP values and will not be tolerated. All concerns relating to bullying will be taken seriously, responded to promptly and managed in line with this Safeguarding Policy and relevant organisational procedures.

10.1 Definitions and Features of Bullying

Part of empowering children, young people and adults who may be vulnerable, at risk or in need of protection is ensuring that they are protected from bullying behaviour while attending activities and services in SVP.

Bullying can be defined as repeated aggression, whether verbal, psychological or physical, conducted by an individual or group against others. It is behaviour that is intentionally aggravating and intimidating.

Bullying may include, but is not limited to:

- Physical aggression
- Cyberbullying
- Damage to property
- Intimidation
- Isolation or exclusion
- Name-calling
- Malicious gossip
- Extortion

Bullying can also take the form of identity-based abuse, including behaviour related to gender, sexual orientation, race, ethnicity, disability or religious belief. With developments in modern technology, bullying may occur through non-contact means such as mobile phones, social media, the internet and other digital platforms.

10.2 Types of Bullying Behaviour and How They May be Recognised

Bullying of any kind is unacceptable in SVP. All individuals should feel safe to raise concerns and be confident that incidents will be addressed promptly and effectively.

Bullying may take the following forms:

- **Emotional:**
  being unfriendly, excluding, tormenting, threatening gestures, hiding belongings
- **Physical:**
  pushing, kicking, hitting, punching or any use of violence
- **Racist:**
  racial taunts, graffiti or gestures
- **Sexual:**
  unwanted physical contact or sexually abusive comments
- **Homophobic / Transphobic:**
  behaviour or language focused on sexual orientation or gender identity
- **Verbal:**
  name-calling, sarcasm, spreading rumours, teasing
- **Cyber:**
  misuse of email, messaging apps, social media, online forums, or mobile phone threats; misuse of camera or video facilities

Anyone who becomes aware that bullying may be occurring is expected to report it to the leader or person in charge.

10.3 Circumstances Which May Make Children / Adults at Risk More Vulnerable to Bullying

Certain factors may increase vulnerability to bullying, including but not limited to:

- Age, disability or additional support needs
- Mental health difficulties
- Social isolation or lack of support networks
- Experience of trauma or adversity
- Differences in appearance, culture, language, identity or belief
- Dependence on others for care or support

SVP recognises the increased responsibility to safeguard individuals who may be more vulnerable to bullying behaviours.

10.4 Preventing Bullying Behaviour

SVP has a responsibility to prevent, identify and respond to bullying behaviour. This includes:

- Promoting a culture of respect and inclusion
- Providing clear guidance on expected behaviour
- Ensuring concerns can be raised safely
- Responding promptly and proportionately to incidents

Bullying causes harm and distress. No one deserves to be bullied, and everyone has the right to be treated with dignity and respect.

Where bullying occurs, the following actions may be taken:

- Bullying incidents will be reported to the leader / person in charge / conference president
- Incidents will be recorded in line with organisational procedures
- Parents/carers may be informed where appropriate
- In serious cases, external agencies, including An Garda Síochána or PSNI, may be consulted
- The behaviour will be investigated and stopped as quickly as possible
- Support will be offered to those affected
- Where appropriate, efforts will be made to support the person engaging in bullying behaviour to change
- Apologies and restorative approaches may be used where suitable
- Disciplinary measures, including suspension or exclusion, may be considered
- Incidents will be monitored to ensure bullying does not recur

10.5 Reporting and Management of Bullying

All bullying concerns must be reported to the appropriate leader or person in charge / conference president.

A bullying concern may become a safeguarding concern where:

- The behaviour is persistent, severe or escalating
- There is a power imbalance involving a child or adult at risk
- The behaviour involves abuse, exploitation or significant harm
- There is a failure to protect a vulnerable individual

Where a bullying incident meets the threshold for a safeguarding concern, it must be managed in line with the Safeguarding Reporting Procedures outlined in this policy, including referral to statutory authorities where required.

11. Dealing with Allegations Against Staff/Volunteers

SVP recognises its duty of care to children, young people and adults at risk and is committed to responding appropriately to allegations, concerns, or disclosures of abuse, neglect, or inappropriate behaviour made against staff, volunteers, or members.

All such concerns will be managed in line with:

- Children First: National Guidance for the Protection and Welfare of Children (ROI)
- Tusla – Child and Family Agency reporting requirements
- HSE Safeguarding Vulnerable Persons at Risk of Abuse (ROI)
- Safeguarding Board for Northern Ireland (SBNI) procedures
- Relevant HR Disciplinary Procedures
- Trust in Care processes

The safety and welfare of the child or adult at risk is paramount and takes precedence over all other considerations.

11.1 Procedure for Reporting Allegations or Concerns in Respect of Staff / Members / Volunteers

The procedure for reporting child protection concerns or adult at risk protection concerns will be utilised see Safeguarding in the South and Safeguarding in the North for details

Action taken in reporting an allegation of abuse against an employee or volunteer should be based on an opinion formed reasonably and in good faith.

When an allegation is received it should be assessed promptly and carefully.

It will be necessary to decide whether a formal report should be made to the Statutory Authorities (HSE, Túsla and An Garda Síochána, PSNI).

- In the case of children this decision should be based on reasonable grounds for concerns as per Section 3 and 6 of this documents.
- In the case of adults at risk this will be done in partnership with the adult at risk where possible.
- Please note that mandated persons should follow the agreed reporting procedure outlined in Section 3.2.9
- Parents/guardians should be informed of any action planned while having regard to the confidentiality rights of others, such as the person against whom the allegation has been made.

For Children (ROI/NI):

"Reasonable grounds for concern" may include situations where a child:

- Has been harmed, or is likely to be harmed, physically, emotionally, or sexually.
- Is experiencing neglect.
- Is showing signs or behaviours consistent with abuse.
- Discloses abuse or harm directly or via another person.
  Even a single incident may constitute reasonable grounds for concern if it suggests potential harm.

For Adults at Risk (ROI/NI):

"Reasonable grounds for concern" exist where an adult:

- Is experiencing, or at risk of, abuse, neglect, exploitation, or harm.
- Is dependent on others for care or unable to protect themselves.
- Discloses abuse or there are indicators suggesting abuse.
  Concerns should be reported even if the information comes indirectly (family, staff, other service users).

In both cases, the threshold for reporting is low – staff and volunteers do not need proof of abuse, only reasonable grounds for concern.

11.2 Types of Allegations

Allegations may include situations where a staff member, volunteer, or member is alleged to have:

- Behaved in a way that has harmed, or may have harmed, a child or adult at risk.
- Possibly committed a criminal offence against a child or adult at risk.
- Behaved towards a child or adult at risk in a way that indicates unsuitability to work with them.
- Breached professional boundaries or engaged in inappropriate conduct.

11.3 Reporting Procedures

In the event of an allegation against a staff member or volunteer the following steps should take place:

1. **Immediate Action:**
   Ensure the alleged victim and any other vulnerable individuals are safe.
2. **Do Not Investigate:**
   Staff or volunteers should not attempt to gather evidence or question the alleged perpetrator.
3. **Documentation:**
   Record the allegation factually, contemporaneously, and confidentially.
4. **Statutory Notification:**
   Where the DLP determines that reasonable grounds exist, the allegation must be reported to the appropriate statutory authority without delay.
5. **Internal Notification:**
   The Safeguarding and Compliance manager will be notified who will notify the HR/line manager and national president to implement interim protective measures and follow disciplinary procedures in parallel where appropriate.

This procedure ensures that all allegations against staff, volunteers, or members are handled promptly, consistently, and in line with statutory safeguarding guidance, while protecting both the alleged victim and the rights of the individual against whom the allegation is made.

11.4 Relationship Between Safeguarding and Disciplinary Processes

Safeguarding procedures and HR disciplinary procedures operate separately but in parallel, where appropriate:

- Safeguarding focuses on the protection and welfare of the child or adult at risk
- HR disciplinary actions address employment or membership matters
- Statutory agencies lead any investigation that may involve criminal or safeguarding concerns

No internal investigation will compromise statutory safeguarding or criminal investigations.

11.5 Procedure for Dealing With the Employee or Volunteer

When the Designated Liaison Person / Designated Officer/ Line Manager becomes aware of an allegation of abuse against an employee or volunteer, s/he should inform the Safeguarding and Compliance Manager.

The Safeguarding and Compliance Manager will inform the Regional President. Following consultation with the relevant Statutory Authorities the Safeguarding and Compliance Manager and the Regional President together will privately inform the employee or volunteer of the fact that an allegation has been made against them and the nature of the allegation.

The employee or volunteer should be afforded an opportunity to respond and informed that a full written note will be kept of same.

It is the role of the Safeguarding and Compliance Manager to provide advice, information, supervision and support on a case by case and need to know basis to both parties i.e. the Designated Liaison Person / Designated Officer/ Line Manager in respect of the child, young person or adult at risk and the Regional President in respect of the employee or volunteer against whom the allegation is made.

11.6 Duty Of Care to This Whom We Assist

When an allegation is made against an employee or volunteer, the following steps should be taken:

- When an allegation is made against an employee/ volunteer a quick resolution should be sought for the benefit of all concerned.
- The first priority should be to ensure that no child, young person or adult at risk is exposed to unnecessary risk. As a matter of urgency protective measures will be agreed while taking account of the employee/ volunteer's right to due process. 'Protective measures' do not presume guilt.
- Protective measures should be proportionate to the level of risk involved and should not unreasonably penalise the employee or volunteer financially or otherwise unless necessary to protect children or adults at risk.
- Where protective measures, such as suspension are implemented, it is important that the case is dealt with in a specific time frame. Where suspension is considered to be disproportionate to the level of risk involved other actions will be considered e.g. greater supervision or change of role where there is no contact with children or adults at risk.
- In the case of employees Human Resources will be informed by the Safeguarding and Compliance Manager. They should privately inform the employee/volunteer that an allegation has been made against him or her and the nature of the allegation.
- The employee/volunteer should be afforded an opportunity to respond. Human Resources should note the response and pass on this information if making a formal report to the Statutory Authorities. The employee/ volunteer should be offered the option to have representation at this stage and should be informed that any response may be shared with the Statutory Authorities.
- The procedures for dealing with allegations of abuse against employees/volunteers should be objectively applied in a consistent manner.
- All stages of the process must be recorded.
- Close liaison should be maintained between the employer and the Statutory Authorities (where appropriate). While they will not provide advice on employment matters, advice and consultation with regard to risk to children/ adults at risk can be sought.
- Any action following an allegation of abuse against an employee or volunteer will be taken in consultation with the Statutory Authorities (HSE, Túsla and An Garda Síochána) and an immediate meeting will be arranged for this purpose.
- SVP will take care to ensure that any actions or investigations do not prejudice or compromise the statutory investigation or assessment. The Safeguarding and Compliance Manager, Regional President and Designated Liaison Person will work in close co-operation to ensure this.
- The Regional President and Safeguarding and Compliance Manager will maintain close contact with the person against whom the allegation has been made and support will be provided as necessary, independent counselling and support will be offered.
- The Conference President will be informed of the allegation where appropriate when possible.
- Any action taken should consider the applicable employment contract and the rules of natural justice. This means that Tusla usually will not share the detail of any assessment regarding allegations of abuse against an employee/ volunteer until he/she has had an opportunity to fully respond to the allegation and any findings or decisions of Tusla.
- Disciplinary Procedures will apply.
- If the allegation proves to be substantiated in Northern Ireland, referrals will be made to the Disclosure and Barring Service (DBS) if a staff member or volunteer has caused harm or poses a risk of harm to children or adults. Referrals should be made to the DBS following internal procedures, when the organization permanently removes the individual from regulated activity (or would have done had he/she not left). The individual may be put on the Children's Barred List or the Adult's Barred List.

There will be situations in which suspicions or allegations may turn out to be unfounded. It is very important that everyone in the Society knows that if they raise a concern reasonably and in good faith which, following an investigation, is not validated they have not in any way been wrong in their initial action.

12. Information Sharing and Record Keeping

Record keeping is of critical importance in this area of work. The ability to protect children, young people, adults at risk or in need of protection requires accurate records to be maintained.

It is essential that all members, non-member volunteers and employees of the Society keep records of all children, young person, adult at risk protection concerns, this will include contacts, consultations and any actions taken. Details must be recorded factually, accurately, non-speculatively, objectively and legibly.

Paper Records in relation to child, young person and adults at risk or in need of protection concerns should be stored in a locked cabinet when stored in paper format

- All concerns should be logged on CRM DLP section by the DLP who took the notification and managed same. It's important that these are logged as soon as possible on CRM as it allows for oversite and access to records by approved individuals in absence of the DLP
- Access should be available to Designated Liaison Person, Safeguarding and Compliance Manager, Regional President, National President. They should be stored indefinitely.
- Completed and closed case files in relation to historical abuse issues and internal allegations will be held at both Regional and National Offices.

Not with-standing, the requirement of all involved in child and adult at risk protection to share relevant information, records are nevertheless confidential. They do not belong to individuals and are the property of SVP at all times as per Data Protection legislation.

13. Confidentiality

13.1 Commitment to Confidentiality

SVP is committed to respecting and protecting the confidentiality and privacy of all children, young people, adults at risk, volunteers, staff, and any other individuals engaged with our services. Information shared in the context of safeguarding will be handled sensitively, lawfully, and in accordance with data protection legislation.

Confidentiality is a key element of trust. However, it is not absolute and must be balanced with our duty to safeguard individuals from harm.

13.2 Legal and Regulatory Framework

The organisation processes personal data in line with:

- The General Data Protection Regulation (GDPR)
- The Data Protection Act 2018 (Republic of Ireland)
- The UK GDPR and Data Protection Act 2018 (Northern Ireland, where applicable)
- Guidance from the Data Protection Commission (Ireland) and relevant UK regulators

Safeguarding-related data is treated as special category personal data and receives a higher level of protection.

13.3 Information Sharing and Safeguarding

Information relating to safeguarding concerns will only be shared where:

- It is necessary to protect a child, young person, or adult at risk.
- There is a legal obligation to share the information.
- There is a serious risk of harm to the individual or others.

Information will be shared on a need-to-know basis only, with relevant internal safeguarding personnel and/or statutory authorities (e.g. Tusla, HSE, An Garda Síochána, PSNI, Health and Social Care Trusts), in line with national guidance.

Where possible and appropriate, individuals will be informed that information is being shared. However, consent is not required where seeking consent would place an individual at further risk or impede a safeguarding response.

13.4 Data Minimisation and Accuracy

Only information that is relevant, necessary, and proportionate to the safeguarding concern will be recorded or shared. All safeguarding records will be:

- Accurate and factual
- Clearly dated and attributed
- Kept separate from general personnel or membership files where possible
- Opinions will be clearly identified as such.

13.5 Secure Storage and Access

Safeguarding information will be stored securely, whether in electronic or paper format. Access is restricted to authorised personnel with a legitimate safeguarding role, such as the Designated Liaison Person (DLP, Safeguarding and Compliance Manager, Regional President, Regional Coordinator, National President.

Appropriate technical and organisational measures are in place to prevent unauthorised access, loss, misuse, or disclosure.

13.6 Retention and Disposal

Safeguarding records will be retained in accordance with the organisation's Data Retention Schedule and relevant legal requirements. Safeguarding records will be stored indefinitely

13.7 Responsibilities of Volunteers and Staff

All volunteers, staff, and representatives of the organisation must:

- Respect confidentiality at all times.
- Not promise confidentiality where a safeguarding concern is disclosed.
- Report safeguarding concerns in line with this policy.
- Complete mandatory safeguarding and data protection training.

Breaches of confidentiality or data protection may result in disciplinary action.

13.8 Link to GDPR and Data Protection Policies

This section should be read in conjunction with the organisations:

- Data Protection Policy

These documents provide further detail on how personal data is processed, individuals' rights under GDPR, and how to raise data protection concerns.

14. Recruitment and Selection Procedures

SVP recognises that safer recruitment and selection is a key element in safeguarding children, young people and adults who may be vulnerable, at risk or in need of protection.

From a safeguarding perspective, SVP is committed to taking all reasonable steps to ensure that only suitable individuals are recruited to work with or have access to vulnerable groups. This applies across the organisation, including employees, volunteers and members, and is supported by clearly defined recruitment, vetting, induction and training processes.

Detailed recruitment procedures are set out in:

- The Employee Handbook and HR Recruitment and Selection Policy
- The Volunteer and Membership Policies
- The Garda Vetting (GV) Policy
- The Access NI Policy
- The Visitation Handbook

This Safeguarding Policy sets out the safeguarding principles that underpin those processes.

14.1 Safer Recruitment Principals

SVP's recruitment and selection processes are designed to:

- Promote the safety and welfare of vulnerable groups
- Prevent unsuitable individuals from gaining access to children or adults at risk
- Ensure fairness, transparency and consistency across all regions

As part of safer recruitment, SVP applies the following safeguarding measures, as appropriate to the role:

- Clear role descriptions outlining responsibilities and safeguarding expectations
- A formal application process
- Reference checking
- Vetting in accordance with legal requirements in the relevant jurisdiction
- Induction and safeguarding training prior to or at commencement
- Ongoing supervision and support

14.2 Recruitment and Selection – Employees, Volunteers and Members

All employees, volunteers and members involved in SVP activities are subject to a recruitment and selection process appropriate to their role and level of contact with vulnerable groups.

From a safeguarding perspective, this includes:

- Completion of an application process relevant to the role
- Identity verification in line with vetting requirements
- Garda Vetting / AccessNI checks as required (see GV & Access NI Policy for details)
- Reference checks for relevant roles
- Completion of an induction process, including safeguarding information
- Completion of mandatory safeguarding training prior to or shortly after commencement
- A probationary or trial period, where applicable

Further detail on recruitment procedures is outlined in the relevant HR, Volunteer and Membership policies.

14.3 Induction, Training and Ongoing Support

Following appointment, SVP ensures that all employees, volunteers and members:

- Receive an induction appropriate to their role, including safeguarding responsibilities
- Are made aware of this Safeguarding Policy and reporting procedures
- Complete mandatory safeguarding training (see Section 15)
- Receive ongoing supervision and support in line with organisational procedures

For roles involving home visitation, additional guidance and training requirements are outlined in the Visitation Handbook.

14.4 Under 18s as Employees or Volunteers

SVP actively encourages young people to engage in its activities. However, due to the nature of some services, additional safeguards apply where individuals under 18 are involved.

From a safeguarding perspective:

- Individuals under 18 must have written consent from a parent, guardian or carer
- They must undergo an appropriate recruitment and induction process
- They must be supervised at all times by an adult employee or volunteer
- They must never have unsupervised access to children or adults at risk
- These requirements will be clearly communicated to young volunteers and their parents/guardians

14.5 Safeguarding and Unsuitability

SVP has a responsibility to take appropriate action where a person is assessed as presenting a risk to vulnerable groups. This may include:

- Not progressing an application
- Withdrawing an offer of role or placement
- Taking action in line with disciplinary or Trust in Care procedures
- Reporting concerns to statutory authorities where required

15. Training

All people carrying out the work of SVP will receive training in safeguarding vulnerable groups (children, young people, adults who may be vulnerable, at risk, in need of protection), including information about how to respond to suspicions and allegations of abuse.

To maintain high standards and good practice generally, training will be provided on an ongoing basis. The nature of the training will depend on the range of activities provided by the Conference or Service and the needs of the members, volunteers and employees.

Training type	Role
Online safeguarding in home visitation module and face to face induction training	Home Visitation members Membership Support Officers
Child Protection Awareness Programme	Volunteers working directly with children
Safeguarding adults at risk	Volunteers working directly with adults at risk
Children First Foundation	Employees working directly with children Mandated Persons Volunteers in children's residential environment
Children First DLP training	Designated Liaison Persons in all areas of SVP work
Safeguarding adults at risk for DLP'S	Designated Liaison Persons in all areas of SVP work
Specialist Safeguarding training relevant to specialist service provision	Available on discussion with relevant National Manager
Refresher training	Every 3 years or sooner as required

15.1 Ensuring Safeguarding Training is Consistent with Legislation

SVP will ensure that the content of any training accessed or delivered about safeguarding vulnerable groups is consistent with:

For the Republic of Ireland:

- Children First: National Guidance for the Protection and Welfare of Children, the Children First Act 2015 and Child Safeguarding: A Guide for Policy, Procedure and Practice. Tusla also provides Best Practice Principles for Organisations in Developing Children First Training Programmes (available at www.tusla.ie)
- Safeguarding Vulnerable Persons At Risk Of Abuse National Policy And Procedures 2014 (Republic of Ireland)

For Northern Ireland:

- The Children (Northern Ireland) Order 1995
- Safeguarding Vulnerable Groups (NI) Order
- 2007 (as amended by the Protection of Freedoms Act 2012)
- Co-operating to Safeguard Children and Young People (2016)

15.2 Keeping Training Records

SVP gathers and retains a record of training information including:

- Date and name of training programmes delivered.
- Names of employees/volunteers who attended and their position within the organisation.
- Details of employees/volunteers who did not receive training but need to complete it.
- Number of employees/volunteers trained.
- Training programmes completed by each employee/volunteer (e.g. induction, child safeguarding training, DLP training, refresher training, etc.);
- The names of the trainers who delivered the programme and the organisation they were from.

16. Working Safely with Participants

16.1 Keeping a Register

- Have criteria for membership of the organisation.
- Have a registration system for each participant.
- Keep a record on each participant, including address, contact number, emergency contact details and relevant emergency medical information if required.

16.2 Record Keeping

The Society will keep up-to-date records of the following:

- Attendance.
- Accidents (accident records should be reviewed regularly and any unusual patterns reported to senior management).
- Incidents.
- Consent forms.
- Any complaints or grievances.

16.3 Consent

Those acting on behalf of the Society should ensure that signed consent from parents, guardians or carers is obtained prior to the participation of children, young people in events, activities and groups.

In the case of adults who may be vulnerable, at risk or in need of protection, consent should also be obtained from parents, guardians or carers if legally the adult does not have the capacity to give consent themselves. (See section 2.2 & 5.2 for further details)

Parents or guardians should be asked to indicate any specific dietary requirements and/or medical or special needs.

16.4 Health and Safety

The Society will ensure that:

- Any buildings being used are safe and meet required standards.
- There is sufficient heating and ventilation.
- Food preparation areas, where they exist, are sanitary and meet food safety requirements.
- Toilets, shower areas and washing facilities are too standard and meet the accessibility requirements of all members.
- Fire precautions are in place.
- First aid facilities and equipment are adequate.
- There is access to a phone.
- Equipment is checked regularly.
- Insurance cover is adequate.

16.5 Accidents and Incidents

The Society will ensure that:

- Activities being undertaken are suitable for the abilities, ages and experience levels of the participants; vulnerable groups should not be excluded from any activities.
- Equipment and facilities meet appropriate safety and quality standards and are appropriate to the needs of the participants.
- Activities are risk assessed and that appropriate responses to identified risks are planned and implemented.
- Where protective equipment is deemed necessary, it should be used.
- Any injuries should be recorded with a note of the action taken. The Society maintains an accident/incident book with a specific incident form for completion by employees/volunteers. Due regard must be given to confidentiality Parents/guardians will be notified by the appropriate person, of injuries/illnesses which might occur.
- Insurance cover is adequate to the organisation's needs.

There are recording mechanisms in place to detail any accidents or incidents which may occur. In differentiating between the two it is useful to note that an incident does not usually involve any casualty or the loss of life, while an accident will involve some form of injury.

Incidents will be recorded separately from accidents as they may need to be referred to when considering suspected child abuse or neglect.

16.6 Safe Supervision

Vulnerable groups are less likely to experience accidents or incidents if they are supervised properly. Activities should be organised to maximise participation, fun and learning in a way that minimises risk.

The Society will ensure that:

- A work schedule is displayed so that everyone knows who is on duty or volunteering in an activity.
- Vulnerable groups are not left unattended.
- Adequate numbers of employees/volunteers are available to supervise the activities (best practice would indicate that there are male and female employees/volunteers present to supervise coeducational activities)
- Employees/volunteers know at all times where children, adults who may be vulnerable, at risk or in need of protection are and what they are doing.
- Any activity using potentially dangerous equipment has constant supervision by an employee/volunteer.
- Dangerous behaviour is never allowed.

16.7 Guiding a Code of Behaviour for Participants in Activities

It is good practice to involve vulnerable groups participating in SVP activities in developing a Code of Behaviour for their own participation, where possible. A Code of Behaviour for participants helps to explain their rights and responsibilities, when taking part in SVP activities.

Should a child, young person or adult who may be vulnerable, at risk, or in need of protection display challenging or disruptive behaviour, it should be dealt with as follows:

- More than one SVP employee or volunteer should be involved.
- A record should be made describing what happened, the circumstances of the incident, who was involved, if any injury was sustained or property damaged and how the situation was resolved.
- In some situations, for instance repeated patterns of behaviour, or where behaviour which poses a risk to a vulnerable participant or others, further measures may need to be taken and working in partnership with parents, guardians or carers is essential.

16.8 Ratios

Safe ratios of employees/volunteers to participants should be specified, taking account of the nature of the activity, age, level of ability of the participants and relevant policy, insurance or legislative requirements.

When an activity or event consists of more than one gender where possible supervision from all present genders should be provided.

- **Children 0-4 years:**
  minimum of two adults and a ratio 1:3
- **Children 5-12 years:**
  minimum of two adults and a ratio 1:8
- **Children 12 and above:**
  minimum of two adults and a ratio 1:10

There should be one additional adult for every 10 extra children / young people.

Where an activity involves swimming and the children are under eight years of age then the ratio must be one adult to one child.

The ratio of workers to children with disabilities is dependent on the needs of the individual.

The ratio of children to adults on trips away and overnight stays must also be considered in the context of the needs of the children.

There are times when one-to-one work with children, young people, adults who may be vulnerable, at risk or in need of protection is appropriate and these instances are specified in the Code of Conduct for the relevant service within the Society. Any employee/ volunteer undertaking one-to-one work with a child or adult at risk must adhere to the SVP Code of Conduct.

Where one-to-one work is used, it is safe practice to have agreements in place between SVP and the parents/carer regarding the reasons for the one-to-one work, the duration and the content of the sessions.

16.9 Working in Partnership with Other Agencies

In SVP we may work in collaboration or partnership with another organisation such as:

- Work on a one-off basis around a particular event, project or initiative
- Work on a medium to long term basis
- Accessing the services of employees/ volunteers from another organisation
- Use or rental of non-SVP premises.

It is important, that there is a clear understanding and agreement as to each organisation's guiding principles and safeguarding procedures. This may necessitate developing a protocol, agreed by the various parties, which will operate for the duration of the collaborative work.

Everyone involved should be aware of their roles and responsibilities in relation to the safety and wellbeing of children and adults at risk and of any changes to their usual practice as a result of partnership working.

When working in partnership with another agency, there is a risk that employees /volunteers may be confused about to whom they should report incidents or suspected protection or welfare concerns. There is also a risk of confusion about who is responsible for passing on such concerns to the Statutory Authorities. When using facilities or services provided by another organisation, or working in partnership, it is important to always follow SVP reporting procedures for protection or welfare concerns, in addition to any reporting protocol agreed with the other organisation/agency.

Where SVP collaborates and/or shares facilities with another organisation, it is essential that there is clarity on the reporting procedure to be followed in cases of incidents or suspected protection or welfare concerns. Always speak to the SVP DLP if you have any concerns.

16.10 Managing Overnight Trips

If the activities involve use of off-site facilities or staying away from home overnight, consideration should be paid to the following:

- Safe methods of transport.
- Adequate insurance to cover all aspects of the trip.
- Written parental consent (for each individual trip).
- Any information about the participants which may be relevant to staying away overnight, e.g. allergies, medical problems, special needs, etc.
- Number of employees/volunteers required to adequately supervise participants at all times.
- Appropriate and well supervised sleeping arrangements.
- Respect for the privacy of children, young people, adults who may be vulnerable, at risk or in need of protection in dormitories, changing rooms, showers and toilets.

The following guidance is for employees/ volunteers who are involved in organising residential/day trips away for children and adults who may be vulnerable, at risk or in need of protection.

16.10.1 Planning and Documentation

Ensure consent forms are signed and received from parents/guardians, as appropriate, prior to departure.

- Ensure that all necessary medical forms are filled out detailing medical conditions, allergies and/ or procedures that may need to be looked after during the trip.
- Ensure you have adequate insurance cover for the trips and activities involved.
- The selection process for choosing the participants to come on the trip must be fair and transparent.
- Follow proper recruitment procedures when selecting employees/volunteers to go on the trip, allowing enough time for police vetting and reference checks which may be outside the jurisdiction.
- Ensure that all employees/volunteers have received adequate safeguarding training and are aware of the Society's guiding principles and safeguarding procedures.
- Ensure that emergency contact phone numbers for parents/guardians and/or next of kin are documented and available at all times.
- All employees/volunteers should be given clear roles and responsibilities for the trip.
- There should be one person appointed as the overall leader of the group who will have final decision-making authority during the trip.
- Check health and safety issues relating to the accommodation such as emergency evacuation for upstairs rooms, accessibility of rooms and corridors for mobility of the participants.
- Ensure that single-gender dormitories/rooms are used.
- Ensure that only children/young people of similar age share sleeping accommodation
- Ensure all employees/volunteers have a list of all the participants' accommodation allocation
- Employees, volunteers and other adults at the venue should never enter participants' accommodation without knocking first.

Prepare an information pack for participants including the programme of activities, emergency information and contact details

- It is essential that the participants are involved in every aspect of the process, where appropriate and practical. It could be an ideal opportunity for them to share the responsibility for the trip/ activities that take place.
- A Code of Behaviour for the children, young people, adults at risk in need of protection, should be signed by the parents/guardians, as appropriate.

16.10.2 Accommodation

In the planning stage check the proposed sleeping arrangements for participants, employees/volunteers and other support personnel.

- Ensure separate sleeping areas for adult volunteers / employees and children, young people, adults at risk, or in need of protection.
- At no time should participants sleep in the same rooms as volunteers or employees.
- Check health and safety issues relating to the accommodation such as emergency evacuation for upstairs rooms, accessibility of rooms and corridors for mobility of the participants.
- Ensure that single-gender dormitories/rooms are used.
- Ensure that only children/young people of similar age share sleeping accommodation.
- Ensure all employees/volunteers have a list of all the participants' accommodation allocation.
- Employees, volunteers and other adults at the venue should never enter participants' accommodation without knocking first.

16.10.3 Preparing Participants and Programme

Prepare an information pack for participants including the programme of activities, emergency information and contact details.

- It is essential that the participants are involved in every aspect of the process, where appropriate and practical. It could be an ideal opportunity for them to share the responsibility for the trip/ activities that take place.
- A Code of Behaviour for the children, young people, adults at risk in need of protection, should be signed by the parents/guardians, as appropriate.
- Ensure one employee/volunteer is appointed group leader, they will have various responsibilities including making a report following the trip.
- There should be a plan for communication with parents/guardians, next of kin and participants to inform them of travel and accommodation details, activities, special requirements, medical requirements, special dietary needs and any other necessary details. This can take the form of meetings or written correspondence.

16.10.4 Emergency Procedures

- Have clear emergency procedures should you need to curtail your trip; have an emergency fund and know where the participants, employees and volunteers are at all times.
- Participants should be under reasonable supervision at all times and should never go unsupervised without prior permission.
- Have a back-up plan if the programme changes for any reason.
- Bring a medical/first aid kit with you.
- Employees/volunteers should ensure they have the contact details of senior management and the Designated Liaison Person with them while on the trip.

16.10.5 Monitoring and Evaluation

To put an effective monitoring and evaluation system in place, each of the following should be addressed:

Systems for monitoring and evaluation should be developed prior to the trip and agreed among the team.

- Monitoring and evaluation should be carried out with the participants, employees and volunteers.
- There should be daily evaluations with the participants, employees and volunteers.
- Carry out a full and final evaluation which should be a real exercise to learn from.
- Review the risk assessment from the planning process to see if there are any areas that need to be addressed.
- Make sure there is a system for keeping records and reports during the trip.

17. Vetting Procedure

SVP recognises that vetting is a critical Safeguarding measure to help protect children, young people and adults who may be vulnerable, at risk or in need of protection.

From a Safeguarding perspective, SVP requires that appropriate vetting is completed before individuals commence roles that involve access to, or potential contact with, vulnerable groups. Vetting is one element of SVP's wider safer recruitment and Safeguarding framework and does not replace the need for supervision, training or adherence to Safeguarding procedures.

17.1 Vetting Requirements

Vetting applies, as appropriate, to employees, volunteers, members and others engaged in SVP activities, depending on the nature of their role and level of contact with vulnerable groups.

- In the Republic of Ireland, vetting is carried out in accordance with Garda Vetting legislation and procedures.
- In Northern Ireland, vetting is carried out in accordance with AccessNI requirements.

Full details of vetting processes, eligibility, renewals, disclosures and data handling are set out in:

- The SVP Garda Vetting Policy, and
- The SVP AccessNI Vetting Policy
- The SVP International Vetting Policy

These policies must be read in conjunction with this Safeguarding Policy.

17.2 Safeguarding Considerations

From a safeguarding perspective:

- Vetting must be completed and cleared prior to role commencement, unless a formal risk-assessed exception is approved in line with SVP procedures.
- Vetting information will be assessed proportionately, taking account of the role, the information disclosed and safeguarding risk.
- Vetting outcomes may inform:
  - Role suitability
  - Additional safeguards or supervision
  - Decisions not to progress or continue an appointment

A vetting disclosure in itself does not automatically result in exclusion; however, SVP reserves the right to determine suitability based on safeguarding risk.

17.3 Confidentiality and Information Handling

All vetting information will be:

- Managed confidentially.
- Stored securely.
- Accessed only by authorised personnel
- Handled in compliance with data protection legislation.

17.4 Vetting and Ongoing Safeguarding

Vetting is not a one-off safeguard. It operates alongside:

- Induction and mandatory safeguarding training.
- Supervision and ongoing support.
- Clear codes of conduct and reporting procedures.

Any safeguarding concerns arising after vetting has been completed must be reported and managed in line with this Safeguarding Policy, regardless of vetting status.

18. Governance and Oversight

18.1 Implementation, Monitoring and Review of SVP's Principles and Procedures

SVP is committed to ongoing monitoring of these principles and procedures through the following processes:

The Safeguarding Manager will

- Review the content in line with any relevant policy and legislative developments.
- Review the content in line with advice, guidance or training received.

The National Safeguarding Committee will

- Conduct an annual quality assurance process and report to National Management Council. The purpose of Safeguarding Quality Assurance Process is to:
  - To ensure the safety and welfare of vulnerable groups.
  - To support and resource members/ employees.
  - To ensure compliance with legislation and guidance.
  - To reassure NMC as trustees of SVP.
  - To maintain good reputation of and trust in SVP.

This will take place by:

- Conference self-evaluation questionnaire.
- Service self-evaluation questionnaire.
- Safeguarding quality checks per region, area of special work – facilitated by Safeguarding Reps / Special Work's.
- Statistics regarding Designated Liaison Person reports.
- Review of safeguarding serious incidents.
- Option for unannounced visit as required.
- Feedback from vulnerable groups – children, young people, adults who may be vulnerable, at risk or in need of protection.

19. Complaints Procedure

SVP has a Complaints Policy which outlines how complaints can be raised, managed, and resolved in a fair and transparent manner.

Information on how to make a complaint is available in the Complaints Policy, which can be accessed at: **The SVP Website – Feedback & Complaints | St. Vincent de Paul - Ireland | SVP**

However, where a complaint raises concerns about the safety or welfare of a child, young person, or adult at risk, it will not be managed solely under the Complaints Policy. Instead, the matter will be responded to in line with this Safeguarding Policy and the organisation's Safeguarding procedures.

Safeguarding concerns will be prioritised, managed by the Designated Liaison Person (DLP) or Deputy DLP, and, where appropriate, reported to the relevant statutory authorities.

20. Sources and Resources

20.1 Child Safeguarding Information Sources ROI

https://www.svp.ie/safeguarding/

https://www.tusla.ie/

https://www.tusla.ie/uploads/content/Tusla_-_Child_Safeguarding_-_A_Guide_for_Policy,_Procedure_and_Practice.pdf

Policy written taking into account the National Guidance on good communication in health and Social Care - National Guidance on Good Communication in Health and Social Care: Using Plain Language

How do I report a concern about a child?Tusla - Child and Family Agency

https://www.tusla.ie/uploads/content/Children_First_National_Guidance_2017.pdf

https://www.oireachtas.ie/en/bills/bill/2014/30/

https://www.tusla.ie/children-first/child-safeguarding-statement-compliance-unit-csscu-closed/

https://www.tusla.ie/uploads/content/Final_2019_Addendum_CF_Guidance.pdf

https://www.tusla.ie/uploads/content/Child_Safeguarding_Resource_List.pdf

https://www.tusla.ie/uploads/content/4214-TUSLA_Guide_to_Reporters_Guide_A4_v3.pdf

https://www.tusla.ie/uploads/content/CFIAS_Safeguarding_Children_Through_Their_Involvement.pdf

Tusla_Child_Protection_Handbook2.pdf

20.2 Adult Safeguarding Information Sources ROI

https://safeguardingireland.org/

https://safeguardingireland.org/wp-content/uploads/2026/02/DSS-FAQ-Document-Hi-Res-FINAL.pdf

https://safeguardingireland.org/wp-content/uploads/2025/12/National_Policy_Framework_for_Adult_Safeguarding__in_the_Health_and_Social_Care_Sector_English.pdf

https://safeguardingireland.org/wp-content/uploads/2025/10/Guidance_document_for_Safeguarding_2025-DCD_and_DCOP.pdf

https://safeguardingireland.org/wp-content/uploads/2026/01/Voice-Matters-MAY-2025.pdf

https://safeguardingireland.org/wp-content/uploads/2024/01/HSE_Consent_Policy_2022_v1.2_-_Jan_2024.pdf

https://sageadvocacy.ie/about/

https://assets.gov.ie/static/documents/Dealing_with_Adult_Retrospective_Disclosures_of_Childhood_Abuse_Addendum_Eng.pdf

www.hse.ie

20.3 Child Safeguarding Information Sources NI

- Belfast HCC Trust 028 9050 7000*
- Northern HSC Trust 0300 123 4333*
- Northern Gateway Team
- (Ballycastle, Ballymoney, Portrush, Coleraine) 028 7032 5462
- Central Gateway Team
- (Ballymena, Magherafelt, Cookstown) 028 7965 1020
- South Eastern Gateway Team
- (Antrim, Carrickfergus, Newtownabbey, Larne) 028 9334 0165
- Southern HSC Trust 0800 783 7745*
- Craigavon & Banbridge Gateway Team
- (Craigavon, Banbridge, Dromore, Lurgan, Portadown, Gilford) 028 3834 3011
- Armagh & Dungannon Gateway Team
- (Armagh, Coalisland, Dungannon, Fivemiletown, Markethill,
- Moy, Tandragee, Ballygawley) 028 8771 3506
- Newry & Mourne Gateway Team option 1
- (Newry City, Bessbrook, Annalong, Rathfriland, Warrenpoint,
- Crossmaglen, Kilkeel, Newtownhamilton) 028 3082 5000
- South Eastern HSC Trust 0300 100 0300*
- Greater Lisburn Gateway Team
- (Lisburn, Dunmurry, Moira, Hillsborough) 028 9060 2705
- North Down & Ards Gateway Team
- (Bangor, Newtownards, Ards Peninsula, Comber) 028 9181 8518
- Down Gateway Team
- (Downpatrick, Newcastle, Ballynahinch) 028 4461 3511
- Western HSC Trust 028 71314090

20.4 Adult Safeguarding Information Sources NI

- Belfast (028) 9504 1744 (028) 9504 9999
- Northern (028) 2563 5512 (028) 9504 9999
- South Eastern (028) 9250 1277 (028) 9504 9999
- Southern (028) 37564423 (028) 9504 9999
- Western (028) 7161 1366 (028) 9504 999
- Regional Emergency Social Work Service 028 9504 9999
  This is an emergency service to be used only when you need a social worker urgently, after hours.
  The RESWS will provide services for the following groups: Children and young people, Older people, People with mental health problems, People with learning difficulties, People with physical disabilities, Families and carers of all these groups .

21. Appendix

This Safeguarding Policy operates in line with other SVP Policies, including but not limited to:

- HR Policies
- Garda Vetting Policy
- Access NI Policy
- Home Visitation Policy and Handbook
- Local Policies for Special Work Services

21.1 SVP Declaration of Guiding Principals

Declaration of Safeguarding Guiding Principals

Name of Organisation: Society of St Vincent de Paul

We provide the following services / activities to children, young people and adult at risk:

- Home visitation
- Prison and Hospital Visitation
- Resource centres
- Children's Services
- Youth programmes
- Day services for older adults
- Homeless Services
- Social Housing
- Retail services

Our organisation believes that the best interests of children, young people and adults at risk attending our services are paramount. We believe that all persons attending our services have the right to be protected, treated with respect, listened to and to have their views taken into consideration in all decisions affecting them.

Our guiding principles are underpinned by *Children First: National Guidance for the Protection and Welfare of Children*, *Tulsa's Child Safeguarding: A Guide for Policy, Procedure and Practice, the United Nations Convention on the Rights of the Child and current legislation such as the Children First Act 2015, Child Care Act 1991, Protections for Persons Reporting Child Abuse Act 1998 and the National Vetting Bureau Act 2012, Assisted Decision-Making (Capacity) Act 2015 (as amended), HSE Safeguarding Vulnerable Adults Policy (2014; Updates Dep of Health Framework 2025) Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012, Protections for Persons Reporting Child Abuse Act 1998, The Children Order 1995 defines a 'child' as a person under the age of 18, Children (Northern Ireland) Order 1995 (the Children Order), Co-operating to Safeguard Children and Young People in Northern Ireland (2017), Safeguarding Board Act (Northern Ireland) 2011, Criminal Law Act (Northern Ireland) 1967, Protection of Freedoms Act 2012 (Vetting and Barring Scheme), The Human Rights Act (1998), The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, The Children's Services Co-operation Act (Northern Ireland) 2015, Co-operating to Safeguard Children and Young People in Northern Ireland (V2.1 2024), Safeguarding Board Act (Northern Ireland) 2011, Protection of Freedoms Act 2012 (Vetting and Barring Scheme), Adult Safeguarding: Prevention and Protection in Partnership (2015), The Mental Capacity Act (Northern Ireland) 2016 (Partially commenced 2019–2023), The Health and Personal Social Services (Northern Ireland) Order 1972, Protection of Vulnerable Groups and Disclosure Requirements, NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP-Adult Safeguarding Operational Procedures Adults at Risk of Harm and Adults in Need of Protection (Sept 2016).*

Our guiding principles apply to all paid staff, volunteers, members, committee/board members and students on work placement within our organisation.

All committee/board members, staff, volunteers, members and students must sign up to and abide by these guiding principles and our child safeguarding procedures.

We will review our guiding principles and child safeguarding procedures every two years or sooner if necessary, due to service issues or changes in legislation or national policy.

Society of St.Vincent de Paul

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