Safeguarding Young People, Children and Adults at Risk

Policy & Procedure

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March 2022	None
May 2019	Updated to reflect staffing changes and updated procedures in flowchart at Page 13.

1. Introduction

1.1. The Commission has derived this policy and procedures from the principles and guidance outlined in the following two documents:-

- DHSSPS publication Co-Operating to Safeguard Children and Young People, March 2016
- Department of Health, Social Services and Public Safety – 'Adult Safeguarding – Prevention and Protection in Partnership' July 2015

Safeguarding Children

1.2. Safeguarding children and young people is everyone's business. Within this policy, the term Safeguarding is intended to be used in its widest sense, encompassing the promotion, prevention and protection of children and young people

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

Safeguarding Adults

1.3. The term Safeguarding Adults is intended to be used in its widest sense, encompassing activity that **prevents** harm and **protects** vulnerable adults who are at risk.

- 'Preventative Safeguarding – "Effective preventative safeguarding requires partnership working, that is, individuals, professionals and agencies working together to recognise the potential for, and to prevent, harm' (DHS - Adult Safeguarding Policy 2015)
- Protective safeguarding – "Protecting adults from abuse, exploitation or neglect

1.4. This policy includes the Commission's commitment to uphold the pledge of the Department of Health, Social Services and Public Safety, who, in 2006 developed a ten year strategy for children and young people in Northern Ireland.

1.5. The pledge: a ten year strategy for children and young people in Northern Ireland 2006 - 2016 says children should;

- be living in a society which respects their rights
- be healthy
- enjoy learning and achieving

- have safety and stability
- have economic and environmental well being
- be contributing positively.

2. Application

2.1. This policy and procedures comes into immediate effect.

2.2. This policy applies to all members of staff within the Commission for Victims and Survivors Northern Ireland including senior managers and the board who all have a duty to safeguard children and adults at risk and therefore will comply with this policy and procedures when they have concerns.

2.3. The Commission recognises that in respect of children and young people;

- The welfare of the child is paramount
- All children regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse
- Some children are additionally vulnerable because of the impact of their experiences, their level of dependency, communication needs or other issues
- Working in partnership with children, young people, their parents, carers and other agencies is essential for promoting children and young people's welfare.

2.4. In respect of adults at risk the Commission recognises that;

- adult harm is wrong and that it should not be tolerated
- all staff must be aware of the signs of harm from abuse, exploitation and neglect
- staff must know how and when to report safeguarding concerns
- All adults regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to be safe and secure

3. Safeguarding Children Principles

3.1. The DHSSPS publication Co-Operating to Safeguard Children and Young People, March 2016 advises strategies, policies, procedures and services to safeguard children should be based on the following principles:

- **The child or young person's welfare is paramount** and this overrides all other considerations. A proper balance must be struck between protecting children and respecting the rights and needs of parents and families; but where there is a conflict, the child's interests are paramount.

- **The voice of the child or young person should be heard** - children 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.
- **Parents are supported to exercise Parental Responsibility (PR) and families helped to stay together** - parents/carers have a right to respect and should be consulted and involved in matters which concern their families. Actions taken should be in the best interest of the child.
- **Partnership** – Safeguarding is a shared responsibility and to ensure sound decisions are made effective sharing of information is key to bring all the pieces of the jigsaw together.
- **Prevention** – Introduction of timely supportive measures to prevent problems occurring or getting worse.
- **Response should be proportionate to the circumstances** – all 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** – Where a parent or carer is not meeting the needs of the child then that child 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 circumstances, the risks to which they are exposed, and their assessed needs. (DHSSPS publication Co-Operating to Safeguard Children and Young People, March 2016).

3.2. The primary responsibility for safeguarding children rests with their parents, who should ensure that children are safe from danger in the home and free from risk from others. Some parents or guardians cannot always ensure this degree of safety and it may be necessary for statutory agencies to intervene to ensure that the child is protected. But this can only be achieved if others identify concerns and refer or inform those agencies at the earliest opportunity.

3.3. Therefore, in the course of their work, where the engagement with young people or children occurs, Commission staff should;

- be alert to potential indicators of abuse, neglect or failure to thrive
- be alert to the risks which individual abusers, or potential abusers, may pose to children
- share, and help to analyse information so that informed assessments can be made of each child's needs and circumstances

- contribute to whatever actions are required to safeguard the individual child and promote his welfare.

4. Legal Framework

4.1. Obligations to safeguard children and young people and promote their welfare are outlined in both international and domestic law. Click on the links for more details.

- United Nations Convention for the Rights of the Child
- The Children (Northern Ireland) Order 1995
- The Children's Services Co-Operation Act (Northern Ireland) 2015
- Safeguarding Vulnerable Groups (Northern Ireland) Order 2007

5. Key Definitions

Safeguarding v Child Protection

5.1. Safeguarding starts with early identification of concerns to begin a process of activity to promote children and young people to grow up safely and securely where their development and wellbeing is not adversely affected and ultimately prevent them from harm. Whereas Child protection is specific to the activity that is undertaken by statutory agencies to protect children or young people that have suffered significant harm or are likely to suffer significant harm as defined by Article 50 Children Order 1995

Child

5.2. For the purposes of this guidance a child is any person under the age of 18 years**.**

Child in Need

5.3. Article 17 of the The Children (Northern Ireland) Order 1995 sets out the interpretation of a child in need. In essence the article imposes a general duty on Health and Social Care Trusts (HSCT) to provide various services for children in need within there are and states a child shall be considered to be 'in need' if:-

- 'He' is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services;
- 'His' health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- 'He' is disabled

5.4. Family in relation to such a child in need, includes any person who has Parental Responsibility for the child and any other person with whom they have been living.

5.5. To assist HSCTs to determine whether a child or young person is in need, consideration must be given to;

a) What will happen to a child or young persons' development and health without services being provided; and
b) The likely effect the services will have on the child or young person's standard of health and development

5.6. For more details about HSCT's responsibilities under Article 17 and 18 of the The Children (Northern Ireland) Order 1995 refer to page 11 of the DHSSPS publication Co-Operating to Safeguard Children, March 2016.

What is Child Abuse?

5.7. Child abuse is not always identifiable and a child or young person may experience more than one type of abuse. The key four areas are;

- Physical abuse
- Emotional abuse
- Neglect
- Sexual abuse
- Exploitation

5.8. **Physical Abuse is** the deliberate physical hurting of a child. It might present itself in different forms, including hitting, slapping, biting, pinching, shaking, throwing poisoning, burning or scalding, drowning or suffocating

5.9. **Emotional Abuse** is the persistent emotional maltreatment of a child. It is also referred to as psychological abuse and it can have sever and persistent adverse effects on a child's emotional development. It may involve the deliberate telling to a child that they are useless or unloved and inadequate. It may include on-line bullying or persistent exposure to domestic abuse. Emotional abuse are often subjected to other forms of abuse.

5.10. **Neglect** is the failure to provide for a child's basic needs, whether it be inadequate food, clothing, hygiene, supervision or shelter that could lead to serious impairment of a child health or development. It can also include failure to seek medical attention at the earliest opportunity.

5.11. **Sexual Abuse** occurs when others use and exploit children sexually for their own gratification or gain or gratification of others. It may include physical contact, including assault be penetration or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. Sexual abuse can includes no-contact activities such as those that occur on line by forcing children to look at indecent images, or watch sexual activities, encouraging children to behave in inappropriate ways or grooming a child in preparation for abuse. It is important to note that sexual abuse is not solely perpetrated by adult males, females can commit acts of sexual abuse as can children and young people.

5.12. **Exploitation** is the intentional ill-treatment, manipulation abuse of power and control over a child or young person.

5.13. **For Signs and Symptoms of child abuse view Appendix C**

Significant Harm

5.14. There is no definition of 'Significant Harm' as this can only be assessed on a case by case basis. 'Significant Harm' is the threshold that allows statutory intervention by social services (see Article 66 of the Children's Order). The Children Order defines 'harm' as:-

" 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"
Article 50(3) of the Children Order

Parental Responsibility

5.15. Having parental responsibility (PR) means "having all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property" - **Article 5 -7 The Children Order 1995**

Who has PR?

- Childs father and mother if married to each other at the time of birth.
- Childs father if acquired via a court order
- Where mother and father of child are not married then mother will have PR and the father shall obtain PR for the child if;
  - He becomes registered as the child father
  - Father and child's mother make an agreement
  - The court, on fathers application, agrees an order that he shall have PR

5.16. For more information regarding Parental responsibility and who can have PR please refer to **Article 5 -7 The Children Order 1995**

6. Safeguarding Adults at Risk

6.1. The majority of adults live full, independent lives free from harm and abuse, however there is a growing recognition that some adults are at risk of harm. Harm is defined as;

- abuse - Physical / sexual / emotional
- exploitation
- neglect

6.2. There is a need amongst all agencies and those that come into contact with adults to recognise early signs of risk of harm and know where and how to report those concerns. For further guidance refer to Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 and Department of Health document - Adult safeguarding prevention and protection in partnership policy document

6.3. The five underpinning principles for safeguarding adults set out in the DoH document are;

- **To have a rights based approach** to promote and respect an adult's right to be safe and secure; to freedom from harm and coercion; to equality of treatment, to the protection of the law; to privacy; to confidentiality; and freedom from discrimination
- **Have 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 form 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
- **A consent driven approach**: To make a presumption that the adult has the ability to give or withhold consent; to make informed choices; to help inform choice through the provision of information, and the identification of options and alternatives; to have particular regard to the needs of individuals who require support with communication, advocacy or who lack the capacity to consent; and interviewing 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 all agencies.

Key Definitions

6.4. The following is intended to provide some guidance in terms of when an adults may be at risk of harm to assist in the decision to make a referral or passing on the concern to another agency. The following has been taken from the Department of Health document - Adult safeguarding prevention and protection in partnership policy document

6.5. An '**Adult at risk of harm'** is any person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

a) **Personal characteristics,** which may include but not limited to
- Age
- Disability
- Speech
- Educational needs,
- Illness
- Mental or physical frailty
- Impairment of or disturbance in the functioning of the mind / brain

AND / OR

b) **Life circumstances,** which may include but not limited to harm through abuse, exploitation or neglect which may be increased by their; isolation
- Socio-economic factors
- Environmental living conditions

6.6. An **'Adult in need of protection'** is as above and includes the following:-

a) Who is **unable to protect** their own well-being, property, assets, rights or other interests

AND

b) Where the **action or inaction** of another person or persons is causing or is likely to cause, him/her to be harmed

Harm and Abuse

6.7. The definition of 'Harm' and 'Abuse' is similar to that as defined under the area of safeguarding children above. The only difference in terms of Adults at risk is that '**Harm'** means serious harm rather than significant harm and in terms of Abuse the list is the same as for children however financial abuse is included in terms of adults at risk.

6.8. The judgement of what constitutes serious harm is a matter for the HSC professionals who will need to carry out an assessment to determine what assistance, protection the adult at risk requires.

7. Procedure for Reporting Concerns

7.1. This section outlines the elements of the procedure that Commission staff must follow if they identify during the course of their work, safeguarding concerns relating to a child or young person or concerns are identified that an adult is at risk.

7.2. There are two elements to this and they are;

a) Alerting
b) Referring

7.3. In any situation, where a member of staff has an emergency concern that medical attention is required or risk to life is apparent then they should immediately alert the most senior member of staff available. It is then their responsibility, as Senior Responsible Officer, to call emergency services and ensure relevant paperwork and action is taken internally within the organisation to report the incident. See Flow Chart at Page 13.

Alerting

7.4. Alerting refers to the responsibility to recognise situations in which a child's welfare may be threatened or an adult is at risk and inform the Chief Executive Officer.

7.3 It is important that all concerns about possible threats, or concerns of abuse however trivial, should be reported.

7.4 An alert may come from any person who has knowledge or a reasonable suspicion that a child / or adult has been, or is at risk of, being abused. In a situation where a staff member has concerns, they should report this immediately to the Chief Executive Officer. The details must be recorded and filed appropriately in according to the Retention of information policy of the Commission.

7.5 If the allegations relate to another employee, the staff member should alert the Chief Executive Officer. If the allegations relate to the Chief Executive Officer then report direct to the Commissioner.

7.6 Members of the public wishing to remain anonymous, or persons providing information who do not wish to be identified, should be aware that, while anonymity will be honoured as far as possible, it cannot be unconditionally guaranteed. They should be made aware that they may be required to give evidence, or their name may have to be disclosed in Court. On receiving an alert of an allegation or suspicion of abuse, the line manager should check that the child or young person's or adults immediate needs are being met; i.e. that they are in no immediate danger and that medical assistance, if deemed necessary, has been sought.

7.7 The Chief Executive Officer will make the final decision in terms of what matters will be referred to social care. When a staff member witnesses, hears or observes concerns relating to a child, young person or adult those concerns must be recorded in writing on the appropriate form and emailed to the Chief Executive Officer.

7.8 The following information will be required for the form;

- name and address
- date of birth (if known) or estimated age
- name of school if known
- Name of parents / person with parental Responsibility (if child or young person)
- nature of the concern
- Location of where those concerns were raised

7.9. There may be times when more urgent action is required and should that occur then immediate contact must be made with the Chief Executive Officer. In the absence of the Chief Executive Officer contact the Commissioner so that the necessary services can be informed to take the required safeguarding action. (See flow chart below and appendix A for gateway service contact details).

Making a referral

7.10. The responsibility of making a referral to social services is for the Chief Executive Officer. The first contact may be made by telephone in the first instance, but should be confirmed in writing within 24 hours using the UNOCINI referral form which is then sent to the gateway (See appendix E for guide to completing a UNOCINI form). If a child or adult is at immediate risk of harm then contact must be made with the local Gateway service immediately to make the referral.

7.11. At the end of any discussion about a child or adult at risk, the referrer and the person taking the referral within social services should be clear about;

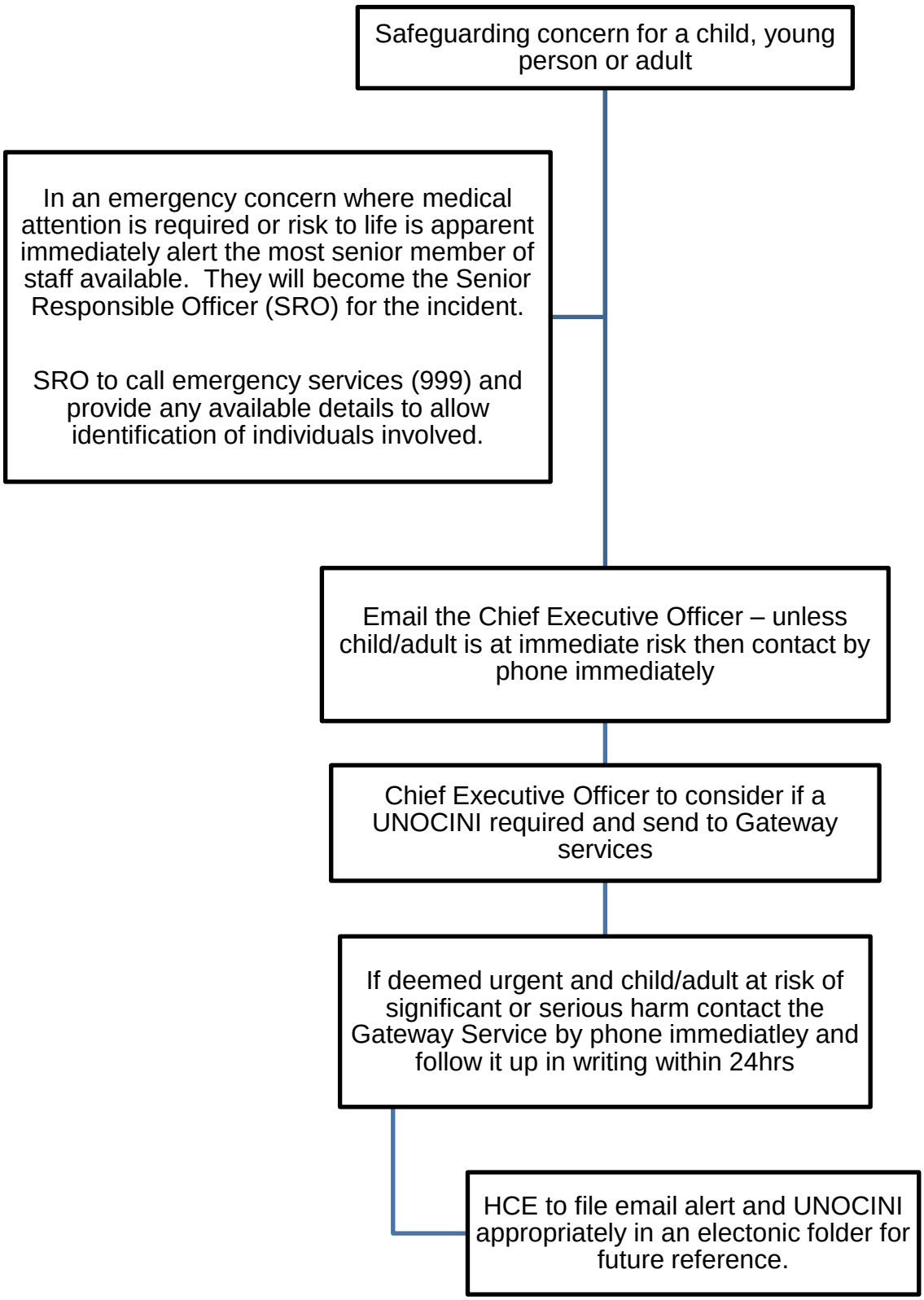
- who will be taking what action, or that no further action will be taken
- the requirement to record the decisions/actions taken by the receiver of the referral
- the requirement to confirm receipt of the referral to the referrer in writing and the actions agreed
- Receipt of a referral from a member of the public should also be acknowledged in writing by the person taking the referral

7.12. If Social Services believe a referral may constitute a crime against a child they will forward it immediately to the police.

7.13. Further action will not be required by Commission staff, unless they are requested to participate further by Social Services. The Commission will be updated as required on action take to protect the child's welfare.

7.14. Further advice can also be sought from the National Society for the Prevention of Cruelty to Children's (NSPCC) free and confidential 24-hour - helpline service on (T) 0808 800 5000.

Reporting a Safeguarding Concern for a Child, Young person or Adult at risk
FLOW CHART



Appendix A (attached)

Gateway Services Teams for Children's Social Work at the Health and Social Care (HSC) Trust in the area that the child lives.

Appendix B – Role of other agencies

Health and Social Services Boards
Health and Social Services Boards (HSS Boards), in consultation with other agencies, have a duty to assess the requirement for, and plan services for children in need as a whole (Children's Services Plans). Boards also have the lead responsibility for the establishment and effective functioning of Area Child Protection Committees (ACPC's) - the multi-agency committee which acts as a focal point for local co-operation specifically to safeguard children considered to be at risk of significant harm.

Health and Social Services Trusts
Where parents are unable to discharge their responsibility for their children adequately, the child's welfare becomes the corporate responsibility of the relevant Health and Social Services Trust (HSS Trust). The Trust should work in partnership with other public agencies, the voluntary sector and, where it does not compromise the well-being of children, with their parents.

Health Services
All health professionals and agencies, including those in the private sector, play an essential part in ensuring that children and families receive the care, support and services they need to promote children's health and development. The universal nature of health provision means that health professionals have an important role to play in supporting children and families in need and are often the first to be aware that families are experiencing difficulties looking after their children.

Youth Service
Education and Library Boards and youth organisations with regional head offices should produce written child protection procedures for their staff, consistent with ACPC and Department of Education guidance. DHSSPS has provided *"Our Duty to Care"* (2000), a good practice guide for voluntary organisations on the principles and practice for the protection of children and young people. Youth and community workers have frequent contact with children and young people, and should be alert to the signs of possible abuse and neglect.

Day Care/After-School Services
Staff in children's day care/after-school services may become aware that a child is suffering, or likely to suffer, significant harm.

Police
The police have a duty and responsibility to investigate criminal offences committed against children. The police's aim will be to;

- find out whether a crime has been committed
- identify those responsible
- secure the best possible evidence for criminal proceedings

In dealing with offences involving a child victim, the police will work in partnership with social services.

Probation Service
The Probation Board for Northern Ireland (PBNI) has a statutory duty to supervise offenders effectively in order to reduce offending and protect the public.

Prison Service
The Northern Ireland Prison Service has procedures for referring children at risk of significant harm to social services.

The Voluntary and Community Sector
Voluntary organisations play an important role in the provision of children's services.

Housing Agencies
The Northern Ireland Housing Executive and housing associations can play an important role in safeguarding children through recognition, referral and the subsequent management of risk. Their staff, through their day-to-day contact with members of the public may become aware of concerns about the welfare of particular children and should immediately inform social services about these concerns.

The Northern Ireland Guardian Ad Litem Agency
The Guardian ad Litem (GAL) is an independent person appointed by the court in nearly all public law cases under the Children Order to represent the child's interests in court proceedings. This role is likely to bring them into contact with families where children are at risk of significant harm.

The Wider Community
All of the agencies mentioned in the paragraphs above can do much to promote a better understanding of their work and to develop a partnership with the wider community by raising public awareness of their work.

Professionals and agencies should be aware of the role that the community, religious and voluntary groups can play in safeguarding children.

Local Government

Local councils in Northern Ireland carry out a range of functions and services through community centres, leisure centres and other community schemes that directly and indirectly involve children.

Staff employed by local councils and those contracted for work with children may become involved in child protection cases either because of suspicions or allegations in respect of their own conduct with children or because, during their duties, they become aware of the possibility of abuse having been perpetrated by others.

The Armed Services

The life of a Service family differs in many respects from that of a family in civilian life. The employing service, specifically the commanding officer, is responsible for the welfare of Service families.

Appendix C – Signs and Symptoms of child abuse

Possible signs of abuse
The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.

Signs of possible physical abuse

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or rough games
- Injuries which have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Bruises, bites, burns and fractures, for example, which do not have an accidental explanation
- The child gives inconsistent accounts for the cause of injuries
- Frozen watchfulness

Signs of possible sexual abuse

- Any allegations made by a child concerning sexual abuse
- The child has an excessive preoccupation with sexual matters and inappropriate knowledge of adult sexual behaviour for their age, or regularly engages in sexual play inappropriate for their age
- Sexual activity through words, play or drawing
- Repeated urinary infections or unexplained stomach pains
- The child is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares which sometimes have overt or veiled sexual connotations
- Eating disorders such as anorexia or bulimia.

Signs of possible emotional abuse

- Depression, aggression, extreme anxiety, changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy
- Obsessions or phobias
- Sudden under achievement or lack of concentration
- Seeking adult attention and not mixing well with other children
- Sleep or speech disorders
- Negative statements about self
- Highly aggressive or cruel to others
- Extreme shyness or passivity
- Running away, stealing and lying

Signs of possible neglect

- Dirty skin, body smells, unwashed, uncombed hair and untreated lice
- Clothing that is dirty, too big or small, or inappropriate for weather conditions
- Frequently left unsupervised or alone
- Frequent diarrhoea
- Frequent tiredness
- Untreated illnesses, infected cuts or physical complaints which the carer does not respond to
- Frequently hungry

Possible effects of abuse

The sustained physical, emotional, sexual abuse or neglect of children can have major long-term effects on all aspects of their health, development and wellbeing. Children can grow up to feel worthless, unlovable, betrayed, powerless, confused, frightened and mistrustful of others. They might feel, wrongly, that the abuse is their fault.

Possible effects of physical abuse

Physical abuse can lead directly to neurological damage, physical injuries, disability and in extreme cases death. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems and learning difficulties.

Possible effects of emotional abuse

If a child suffers sustained emotional abuse there is increasing evidence of adverse long-term effects on their development. Emotional abuse has a significant impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy and can be as important as the other more visible forms of abuse, in terms of its impact on the child. Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

Possible effects of sexual abuse

Disturbed behaviour including self-harm, inappropriate sexual behaviour, sadness, depression and loss of self-esteem have all been linked to sexual abuse. Its adverse effects may last long into adult life. The severity of the impact on the child is believed to increase the longer the abuse continues, the more serious the abuse, the younger the child at the start, and the closeness of the relationship to the abuser. The child's ability to cope with the experience of sexual abuse, once recognised, can be strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection. Some adults who sexually abuse children were themselves sexually abused as children.

Possible effects of neglect

Neglect can seriously impair a child's health, physical and intellectual growth and development, and can cause long term difficulties with social functioning, relationships and educational progress. Extreme cases of neglect can cause death.

NB: - This list is non exhaustive and there can be many signs and symptoms of abuse. In essence if you have a concern report it.

Appendix D – 'No Secrets' Signs and Symptoms of Adults at risk

Physical Abuse **Abusive Action Signs & Symptoms** Hitting. Slapping. Pushing. Kicking. Misuse of medication. Restraint. Inappropriate sanctions. Series of unexplained falls or major injuries. Injuries/bruises at different stages of healing. Bruising in unusual sites e.g. inner arms, thighs. Abrasions. Teeth indentations. Injuries to head or face. Client very passive.	**Sexual Abuse** **Abusive Action Signs & Symptoms** Including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could consent, or was pressured into consenting. Change in behaviour. Overt sexual behaviour or language. Difficulty in walking, sitting. Injuries to genital and/or anal area.
Neglect **Abusive Action Signs & Symptoms** Includes acts of omission. Ignoring physical or medical care needs. Failure to provide access to appropriate health, social care or educational services. Withholding necessities of life e.g. medications, nutrition, heating. Absence of food, heat, hygiene, clothing, comfort. Preventing client to have access to services. Isolation. Absence of prescribed medication	**Psychological Abuse** **Abusive Action Signs & Symptoms** Emotional abuse. Threats of harm or abandonment. Deprivation of contact. Humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks. Withdrawal, depression. Cowering and fearfulness. Change in sleep patterns. Agitation, confusion, change in behaviour. Change in appetite/weight.
Financial Abuse **Abuse Action Signs & Symptoms** Theft, fraud, exploitation. Pressure in connection with wills, property, inheritance or financial transactions. Misuse or misappropriation of property, possessions or benefits. Unpaid bills. Basic needs not being met. lack of cash on day to day basis.	**Institutional Abuse** **Abusive Action Signs & Symptoms** Poor care standards, lack of positive responses to complex needs. Rigid routines. Inadequate staffing. Insufficient knowledge base within service. Inability to make choices or decisions. Agitation if routine broken. Disorientation. Patterns of challenging behaviour
Discriminatory **Abusive Action Signs & Symptoms** Racist, sexist, or that based on a person's disability. Other forms of harassment, slurs or similar treatment. Failure of agencies to ensure that staff receive adequate anti-discrimination practice training. Low self esteem. Withdrawal. Depression. Fear. Anger.	

Risk Indicators
These may be additional indicators that abuse is occurring;

- destruction of physical environment
- turning night into day/sleep disturbance
- chronic incontinence
- extreme physical and/or emotional dependence
- verbal abuse and aggression towards the carer
- changes in personality caused by illness and/or medication
- non-compliance with carers wishes
- obsessive behaviour
- wandering/absconding
- self harm

Where the preceding trigger behaviours by the vulnerable adult are apparent, the following problems exhibited by the carer may increase the risk and likelihood of an abusive situation;

- alcoholism
- mental illness
- stress
- chronic fatigue
- conflicting demands or other family members

There may also be a variety of other contributing factors such as a family history:

- marital violence
- child abuse
- previous relationship difficulties
- conflicting demands of other family members

Family problems:

- housing
- financial
- employment
- lack of support
- lack of respite

Individual unmet needs:

- lack of appropriate opportunities for the experience of all types of
- personal relationships
- lack of appropriate opportunity for individual autonomy or choice
- lack of knowledge of information and support

Organisational factors:

- weak or oppressive management
- inadequate staffing (numbers, competence)
- inadequate staff supervision support
- closed communication

Appendix E – Guide to completing a UNOCINI

GUIDE TO COMPLETING A UNOCINI REFERRAL

All Referrals to Gateway should be made in writing using the UNOCINI Referral Template.

The exception to this is when you are concerned that a child or young person is being abused or that they may be at risk of significant harm. In this instance you should telephone your local Gateway Service to alert them immediately to your concerns. When making an urgent referral by telephone, the Gateway Social Worker will advise you that you will be required to confirm your referral in writing using the UNOCINI Referral template within 24 hours.

COMPLETING THE REFERRAL FORM
Please complete the Referral template as fully as your knowledge allows.
NB The electronic version of the Referral form contains expanding sections to ensure there is enough space for all of the relevant information
Section 1- Child and Young Persons Details

The section requires you to record information on the basic and demographic details related to the child who is subject to the referral. This includes the child or young person's name, address, date of birth, disability (if relevant), ethnicity, religion, communication needs (if relevant), school and GP details. This information is required to ensure that the referral can be recorded and processed effectively.

NB: If your referral relates to a family where there is more than one child, please identify one of the siblings as the core child and record their details in Section 1, and record the details of the siblings in Section 3.

NB: If you are making a telephone referral, you may find it useful to refer to the Referral template as this is the information that the Gateway Social Worker will require.

Section 2a – Referrers Details

This section requires you to record information about yourself, address, designation and contact details as well as the Date of Referral.

Section 2b- Reason for Referral

Please use this section to record the reason for referral to Children's services. Consider what you hope a referral will achieve and the nature of the service you think would benefit the child/family. This section needs to include the needs of the child/children and or risks that you have identified.

Section 2c- Are Immediate Actions necessary to safeguard the child/young person(s)

Please indicate your view about whether immediate action is necessary**.** ***If you believe the child/young person is in immediate danger, then you will be pursuing an urgent referral.***

Section 3a- Primary Carer and Other Household Members

In this section, 'primary carer' means the person(s) who undertakes the day to day care of the child or young person (for example, this could be the mother and/or father, step-parents, grandparents, friend of the family etc. Please include information about any other children who live in the household.

Section 3b- Significant Others (inc family members who are not members of the household.

Please use this section to include any information you are aware of regarding significant others.

Section 4a- Summary of Referrers Previous Involvement

Please use this section to indicate your role with the family and the nature and level of contact to date**,** including if relevant the outcome of any professional assessment undertaken and any strengths, needs and resilience factors identified. In this section, please also record your future plans for involvement with this family.

Section 4b- Referral Consent

Please use this section to record that the children and family are aware of the referral and that consent has been given.

NB: Consent of the parent/carers and/or the young person (if they are competent to give this) must always be given prior to a referral. An exception can be made when you consider that a child is in need of safeguarding and to try and gain consent may increase the risk to a child or young person.
Issues of consent (including when consent is not forthcoming) must always be clearly recorded.

Section 5 Additional Information: Agencies currently working with the child.

Please provide information about any other agencies that you are aware of who are currently involved with the child/family.