



**Young Farmers'
Clubs of Ulster**

SAFEGUARDING CHILDREN AND YOUNG PEOPLE PROTOCOL

Young Farmers' Clubs of Ulster
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Section 1

Introduction to Young Farmers' Clubs of Ulster

The Young Farmers' Clubs of Ulster (YFCU) was founded in 1929 and is an open, non-political body operating by means of an association of individual clubs throughout Northern Ireland. YFCU is the largest rural youth organisation in Northern Ireland. It provides a support network to young people to the rural community and offers members a range of training opportunities, competitions, travel and exchanges.

YFCU is an organisation for young people run by young people between the ages of 12 and 30 years old. Executive County and Club officials are all elected annually within the membership.

Vision:

The Young Farmers' Clubs of Ulster's vision is of a robust rural community which recognises and values all young people as key stakeholders.

Mission:

Our mission is to encourage individual development. Creativity, initiative and contribution for the benefit of members, the Association, industry and community.



CHILD AND VULNERABLE ADULTS IN NEED OF PROTECTION POLICY AND PROCEDURES

This Safeguarding Protocol is a working document to incorporate the policy and procedures as set out in the Child and Vulnerable Adult Protection Policy and Procedures (revised August 2015). All members of staff should refer to this document and be familiar with the content.

CONTEXT

Child and Vulnerable Adult Protection Policy and Procedures (revised August 2015). is set within the context of:

- YFCU Child Protection Policy
- YFCU Adult in Need of Protection Policy
- The Children (NI) Order 1995

ROLES AND RESPONSIBILITIES

YFCU's Child and Vulnerable Adult Protection Team is:

- Designated Child Protection Officer : Stephen Doohy
- Deputy Designated Officer: Gillian McKeown

Suicide Intervention Risk Assessment Tool

1. *Have they taken a fatal overdose/fatal injury and losing consciousness?*

YES –this needs reported immediately to the Designated Officer

2. *Do they wish the organisation to seek medical help or contact Lifeline?*

YES – this will be done immediately by the worker/volunteer.

- Record on Disclosure Form and report to Designated Officer immediately, who will report appropriately.
- If the answer is NO to these but you feel there is still some risk – Record Risk Below and talk to the Designated Officer for advice as soon as is reasonably practical.

What is the Risk?

Who is at Risk?

What Safeguards are in Place?

Staff/Member/Volunteer Name _____ Date _____

Designated Officer _____ Date _____

Child Protection and Adults in Need of Protection

Risk Assessment Tool

1. *Is there a child and/or vulnerable adult at risk of harm currently at serious risk?*

YES – this needs reported immediately by Designated Officer

2. *Do they or their parent/guardian wish the organisation to report the risk?*

YES – this will be done immediately by Designated Officer

3. *Does perpetrator potentially have access to other children /adults in need of protection and pose a risk to them?*

YES – this needs reported immediately by Designated Officer.

- Record on “Child Protection and Adult in Need of Protection Disclosure form” and report to Designated Officer immediately, who will report appropriately.
- If the answer is NO to these but you feel there is still some risk – Record Risk Below and talk to the Designated Officer for advice as soon as is reasonably practical.

What is the Risk?

Who is at Risk?

What Safeguards are in Place?

Staff/Volunteer/Member _____ Date _____

Designated Officer _____ Date _____

Adults in Need of Protection Disclosure Form

Call Number <u>or Referral Number</u> :	Time		Date			
Name of Staff/Volunteer/Member						
Name of Contact/ <u>Referral/Parent</u> /Officer Disclosing						
Consent given	YES NO – Staff Member to Explain reporting to proceed					
Adult at Risk of harm Name DOB Address						
Nature of any injury and is/was medical attention required?						
Brief description of actual / alleged abuse /potential risk						
Immediate Action Taken						
Staff/Volunteer/Member Signature _____						
Follow up Actions by Designated Safeguarding Officer						
Social Services/PSNI Contacted						
PSNI Contacted	Yes	No	Social Worker Name	Contact Number		

Designated Safeguarding Officer Signature _____ Date _____

Suicide Risk Disclosure Form

Call Number <u>or Referral Number</u> :	Time		Date			
Name of Staff/Volunteer/Member						
Name of Contact/ <u>Referral/Parent</u> /Officer Disclosing						
Consent given	YES NO – Staff/Volunteer/Member to Explain reporting to proceed					
Person at Risk of harm Name DOB Address						
Nature of any injury and is/was medical attention required?						
Brief description of actual / alleged abuse /potential risk						
Immediate Action Taken						
Staff Member Signature _____						
Follow up Actions by Designated Safeguarding Officer						
Social Services/PSNI Contacted						
PSNI Contacted	Yes	No	Social Worker Name	Contact Number		
Designated Safeguarding Officer Signature _____				Date _____		

Child Protection Disclosure Form

Call Number <u>or Referral Number</u> :	Time		Date			
Name of Staff/Volunteer Member						
Name of Contact/ <u>Referral/Parent</u> /Officer Disclosing						
Consent given	YES NO – Staff/Volunteer/Member to Explain reporting to proceed					
Child's Name Age/DOB Address						
Nature of any injury and is/was medical attention required?						
Brief description of actual / alleged abuse /potential risk						
Immediate Action Taken						
Staff/Volunteer/Member Signature _____						
Follow up Actions by Designated Safeguarding Officer						
Gateway Contacted						
PSNI Contacted	Yes	No	Social Worker Name	Contact Number		

Designated Safeguarding Officer Signature _____ Date _____



Child Protection – Record Sheet

Date and Time	Context	Child/ Young Persons Details	People Present	Description of exactly what was observed
		<u>School:</u> <u>DOB:</u> <u>Other:</u>		<u>What the child/ young person said:</u> <u>Where the incident happened:</u> <u>When it took place:</u> <u>Who else was there:</u> <u>What you observed:</u> <u>Other:</u>
Date and Time	Action Taken/ Outcome			

Signed: _____

Date: _____

Risk Assessment

Risk assessment is an on-going process. If you feel that the caller or a third party may be at risk it is important that you follow the **Safeguarding Flowchart**:

Initially remind the caller of our confidentiality policy and the limitations of confidentiality using the following statement:

“Everything you tell me is confidential unless you tell me that you or someone else is at serious risk of harm. In this case we are legally and professionally required to pass this information to the appropriate outside agency.”

It is important to check the individual’s understanding of the above statement. The statement should be made in a conversational way so as not to alarm them.

Make a full assessment of the ‘at risk’ situation. If you believe the person to be suicidal, check out if they have planned how, when and where. If you believe a third party to be at risk of harm from the individual make a similar assessment. Do not be afraid to be direct in your questioning.

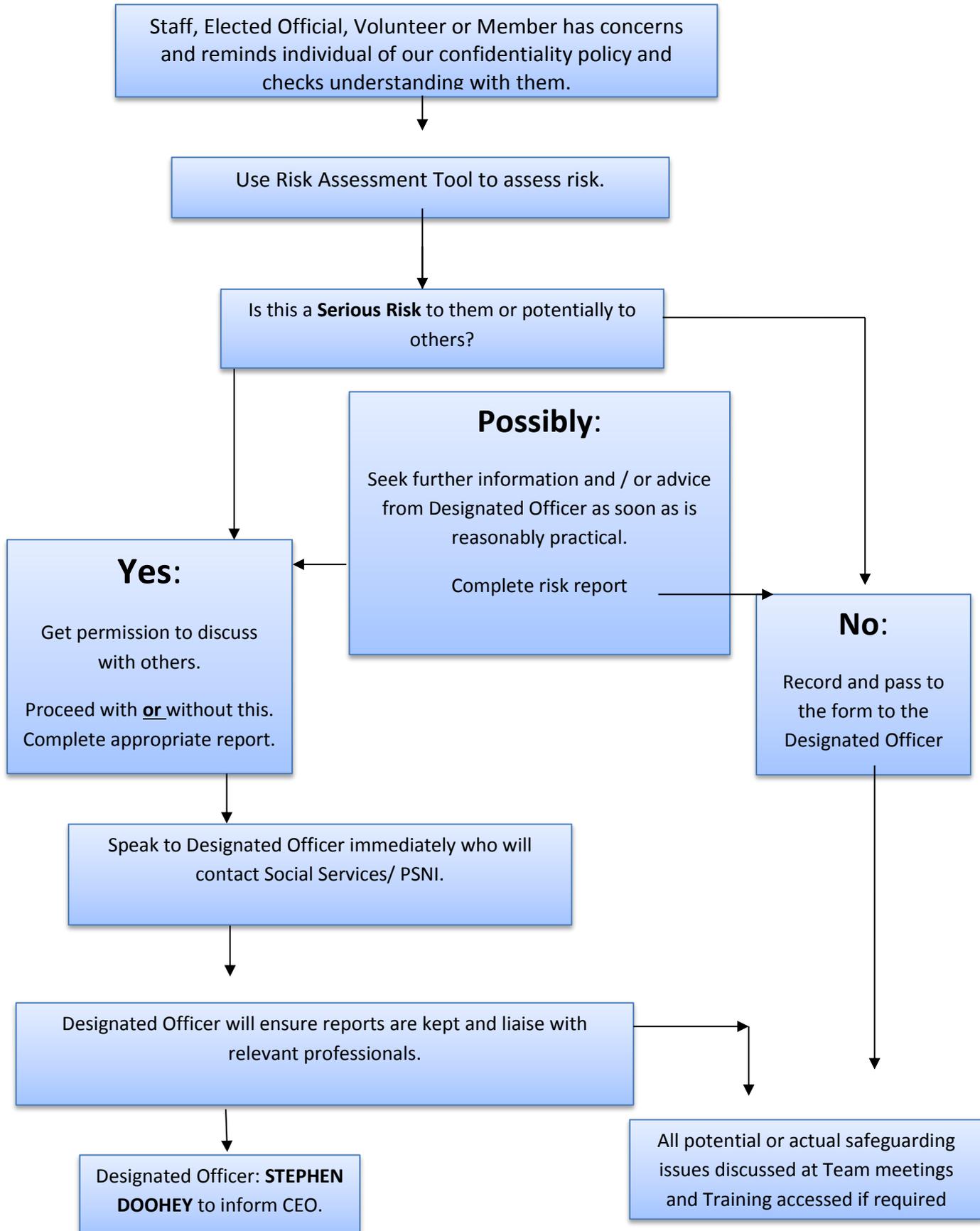
Check out support systems. When they are experiencing suicidal thoughts, who could they contact for support? Give caller the Lifeline number (in Northern Ireland) **0808 8088000** or offer to make the call to Lifeline for them. The Samaritans number for both Northern Ireland and the South of Ireland is **116 123** again 24/7. If you feel that the person is at significantly ‘high risk’ and they have stated they intend to take their own life, or there is risk of abuse of a child or adult in need of protection, or they intend to commit a serious crime, the helpline worker should ask the person’s permission to contact their GP, PSNI, Social Services etc. If the person refuses permission, the helpline worker must remind the person of the confidentiality agreement, and the circumstances in which they agreed confidentiality could be broken. The helpline worker should then inform the person of the steps that will be taken:

- Contact Designated Officer
- If staff/member or volunteer has details of person ‘at risk’ – pass these to Designated Officer who will phone the relevant external agency.
- Complete the appropriate Risk Assessment Tool Form and/or Disclosure Form

It is imperative that each contact with GP, PSNI, Social Services etc. is recorded – date, time, contact person, contact number, content of discussion, decisions made.

All of this information should be recorded on Disclosure Form.

Safeguarding Reporting Procedure



Risk Assessment Guidelines

Risk assessment is a **continuous process**. It starts with the first contact with the individual and continues throughout subsequent contact. Below are some considerations when assessing risk:

- Risk is dynamic, changing and responsive to changes in circumstances.
- It can be minimised but not entirely eliminated.
- Identification of risk carries with it the responsibility to do something about it.
- Assessment information and clinical decision making can be enhanced by multi-professional multi-agency collaboration.
- Defensible decisions are based on clear reasoning and are measured and appropriately documented.
- Risk taking can engage positive collaboration with good outcomes.
- Confidentiality may be breached when there is significant risk of serious harm to self or others

WHY RISK ASSESS?

- To aid the reduction of distress and promote wellbeing
- To promote the safety of the individual child, young person or adult in need of protection, their family/carer and the public
- To fulfil our aim to be an organisation that is proactive in its approach community safety
- To maintain public confidence in YFCU
- To maintain organisational and professional accountability
- To fulfil organisational responsibilities
- To follow policy and guidelines

The questions below can be used as a guideline and you are not expected to ask them all. They can be helpful to bear in mind when assessing risk:

RISK OF SUICIDE

Level of hopelessness?

Any thoughts of ending life?

How strong are these thoughts?

Any plans made to end life?

Method of suicide?

Assess circumstances that are likely to make things worse – e.g. alcohol/drug taking

Assess willingness to turn to help if crisis occurs

What supports are in place now?

Would he/she tell you if things changed?

What would they do if it did?

Assess risk to others.

EMOTIONAL STATE

Internal questions –

What are you noticing about the way the person is presenting emotionally?

How does that help you as part of the assessment?

Is the person very quiet/talkative?

Does he/she seem to be emotionally connected/disengaged?

How does listening to the caller affect you emotionally?

How do you show this emotion?

If you have any concerns about working with him/her – why? – and how does this contribute to the assessment?

CHILD PROTECTION ISSUES

Is there a child currently at risk?

What is the risk?

Does he/she wish to report the risk themselves and/or take other action?

What time period will be agreed upon doing this and who will the organisation contact to check reporting/action has been done?

Does he/she need help in reporting the risk?

Does the client wish the organisation to report the risk?

MENTAL HEALTH ISSUES

Have you any history of mental health issues? E.g. depression, anxiety

Have you ever had any contact with mental health services? e.g. CPN, psychiatrist

Are you on any medication?

Is this a long standing problem?

Do you have a social worker and/or are you identified as a vulnerable adult

CHECKLIST QUESTIONS

Have I got enough information to make a decision? If not, what else do I need to know or do?

If not, why not? If yes, why yes? Give rationale for decision

Do I need to consult with other professionals or a manager about any issues raised?

Have I got permission to talk to outside agencies?

CHILD AND VULNERABLE ADULT PROTECTION ¹

SIGNS AND SYMPTOMS OF POSSIBLE ABUSE

This is not a definitive list any signs or symptoms raising concern should be reported.

SEXUAL – involves forcing a child or young person to take part in sexual activities.

Young people may:

- Be chronically depressed
- Be suicidal
- Use drugs or drink to excess
- Have a tendency to self-harm
- Become anorexic or bulimic
- Run away frequently
- Be inappropriately seductive towards adults and/or peers
- Be fearful about certain people like relatives or friends
- Not be allowed to go out socially or have friends around
- Find excuses not to go home or to a particular place
- Be unable to concentrate or seem to be in a world of their own
- Have a "friend who has a problem" and tell about friend's abuse
- Have chronic ailments such as stomach pains and headaches
- Exhibit sudden changes in schoolwork habits or truant
- Be withdrawn, isolated or excessively worried
- Have outbursts of anger or irritability
- Be reluctant to participate in PE or Games
- Repeat obscene words or phrases
- Talk or write about sexual matters

¹ Appendix 1 (Child Protection and Vulnerable Adults Policy)

CHILD SEXUAL EXPLOITATION (CSE)

SBNI defines Child Sexual Exploitation (CSE) as “a form of sexual abuse in which a person(s) exploits, coerces and/or manipulates a child or young person into engaging in some form of sexual activity in return for something the child needs or desires and/or for the gain of the person(s) perpetrating or facilitating the abuse”.

Possible indicators of child sexual exploitation include: being seen with older men; truancy; addiction to cigarettes, drugs and alcohol; alienation from friends; teenage pregnancy.

PHYSICAL - involves the deliberate physical injury to a child or young person or the neglectful failure to prevent physical injury or suffering.

Young people may:

- Have unexplained or recurrent injuries, burns or bald patches
- Give improbable excuses to explain injuries
- Refuse to discuss injuries
- Have untreated injuries
- Keep arms and legs covered in hot weather
- Be reluctant to receive medical help
- Be frightened of physical contact
- Be reluctant to participate in PE or Games
- Admit to punishment which appears excessive
- Be frightened of parents being contacted
- Be frightened to go home
- Have a tendency to self-harm
- Be aggressive towards others
- Run away from home
- Play truant from School

EMOTIONAL – involves the persistent emotional ill treatment or rejection of a child or young person such as causes severe and persistent adverse effects on the child’s emotional development.

Young people may:

- Over-react to mistakes
- Develop sudden speech disorders
- Become aggressive
- Become passive
- Be attention seeking
- Be extremely frightened of parents being contacted
- Steal compulsively
- Be extremely frightened of new situations
- Be excessively dependent
- Be involved in drug or solvent abuse

NEGLECT – involves the persistent failure to meet a child or young person’s physical, emotional or psychological needs, likely to result in significant harm.

Young people may:

- Be noticeably hungry
- Be noticeably tired
- Wear dirty clothes
- Have poor personal hygiene
- Have no social relationships
- Have untreated medical problems
- Be frequently absent
- Be frequently late

RISK OF SIGNIFICANT HARM – involves a child or young person whose own behaviour, such as consumption of alcohol or illegal drugs places the child at risk of significant harm.

GUIDELINES

Children and young people with learning disabilities are vulnerable to abuse because the abuser may expect it to be difficult for these children to report what has happened. Extra care should be taken to interpret correctly apparent signs of abuse.

- Ensure that the child or young person is safe from risk
- React calmly without displaying shock or disbelief
- Reassure the child or young person and tell him/her that s/he is not to blame
- Try to control feelings about the alleged perpetrator
- Listen and accept what is said
- Do not comment on it
- Avoid investigation or interrogation of pupil
- Ask questions for clarification only
- Do not promise confidentiality to child or young person – tell them that only those persons who need to know will be told
- Keep written notes of the incident including time/date/location/non-verbal behaviour/ physical signs/ to whom referral was made – as close to incident occurring as possible
- Use the words the child or young person uses
- Check out understanding of what has happened with the child or young person
- Get support – inform the Designated Officer (or Deputy) as soon as possible

It should be noted that it is **NOT** the responsibility of YFCU staff to make extensive enquiries about a suspected case of child abuse. This is the responsibility of PSNI and DHSPS in Northern Ireland.

Procedures for YFCU Staff and Volunteers

If there is a concern about Child and Vulnerable Adult in Need of Protection there are two routes for procedures:

- 1.** When working in the community YFCU staff, volunteers and members must seek out the support of the Designated Officer and report any incidents or disclosures to them. In the event of being unable to contact the Designated Officer they need to contact the CEO.
- 2.** When working and participating in activities throughout the organisation all YFCU staff, members and volunteers must inform an elected representative in the first instance and then the Designated Officer or in their absence the CEO.