

Policy title:	Safeguarding Vulnerable Groups Policy – Northern Ireland
Outcome:	TXM Healthcare Ltd endeavours to ensure the safety and security of vulnerable groups with whom its staff, contractors, and temporary workers come into contact with.
Target Audience:	All TXM members meaning TXM Healthcare staff, whether employed full-time or part-time, paid, or unpaid, granted practising privileges, volunteers, students, and external contractors. This may also be provided to clients, service users, and members of the public.
Authorised by:	Ciaran Maynes - Registered Manager TXM Healthcare Ltd
Approved by:	Ciaran Maynes - Registered Manager TXM Healthcare Ltd
Date issued:	22 August 2023
Next review date:	22 August 2024 (Or before if there is a change in practice or circumstances)

Policy Statement

TXM Healthcare is committed to ensuring the safety and security of vulnerable groups with whom its staff, contractors, and temporary workers come into contact, and as such we have in place stringent safeguards to protect the patients, young people, children, colleagues, and customers with whom we work.

This policy also covers the practices and reporting procedures for our employees, contractors, and temporary workers should they suspect that any form of abuse is taking place.

This policy is drawn from all relevant legislation and guidance including:

- The Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003.
- Area Child Protection Committees' Regional Policy & Procedures (2005).
- The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007.
- The Regional Adult Safeguarding Prevention & Protection Partnership Policy (July 2015)
- Adult Safeguarding Operational Procedures (2016)
- Co-operating to safeguard Children and Young People in Northern Ireland (2016)

It is also based on advice and guidance taken from relevant regulatory agencies including the RQIA, Department for Health, Social Services and Public Safety (DHSSPS), the Nursing & Midwifery Council, and regional protocols issued by Health & Social Services Boards and HSC Trusts in Northern Ireland.

The company's aim is to provide a service that enables all patients to feel happy and secure and to allow parents, families, carers, and other relevant parties to feel confident that the people providing the services are trustworthy, responsible, and will do everything they can to keep the vulnerable person/child safe from harm by ensuring:

- The status of all staff, contractors, and temporary workers taking part in any regulated activity is checked via the AccessNI procedure.
- We do not engage an employee, contractor, or temporary worker to take part in regulated activity if they are on any of the barred lists.
- That if we dismiss or remove an employee, contractor, or temporary worker because they have harmed a vulnerable person or child, or we would have done so if they had not left, we would inform the RQIA and AccessNI.
- We conduct an enhanced Access NI check for every employee and temporary nurse/midwife taking part in a regulated activity. This check must be carried out before the employee or temporary nurse/midwife commences any regulated activity and thereafter annually. Candidates will not be allowed to participate in regulated activity without a valid enhanced AccessNI check.
- Employees and temporary nurses are trained to understand the diverse types of abuse, the indicators for each of these, and the procedures to follow in the event that they suspect such abuse is taking place.
- We consistently update training to reflect statutory guidance and good practice guidance including where and how to report any concerns relating to suspected abuse or neglect.
- Where a patient, family member, friend, or neighbour makes repeated allegations, each one is treated without prejudice and risk assessed. If appropriate, action is taken to protect staff and others from unfounded allegations.
- We assist participating authorities in meeting their obligations by reporting suspected risks or actual abuse or neglect where appropriate to the authority itself, the relevant regulatory body, AccessNI, and the Police if a criminal offence may have occurred within 24 hours of becoming aware of the situation.

We have a zero-tolerance approach to dealing with abuse and neglect.

Scope Of the Policy

It is the duty of all employees, contractors, and temporary workers to comply with this policy. All employees, contractors, and temporary workers are made fully aware of this policy and of their duties and responsibilities under the above legislation as part of the company's induction program and mandatory safeguarding training.

This policy applies to all vulnerable persons and children regardless of sex; race (including colour, nationality, ethnic or national origin); religion or belief; age; disability; marital status and civil partnership; sexual orientation; gender reassignment; pregnancy, and maternity.

Responsibilities

All employees have a responsibility to accept their personal involvement in applying it and must be familiar with the policy and ensure that it is followed by both themselves and employees and temporary workers for whom they have a responsibility.

Disciplinary action may be taken against any employee who acts in breach of this policy. Disciplinary action may include summary dismissal in the case of a serious breach of this policy or repeated breaches. In other cases, it may include a warning, oral or written. Such action will be taken in accordance with the Company's disciplinary procedure. For temporary workers on contract for services, the assignment may be terminated immediately, and the temporary worker may not be offered further work until the outcome of the inquiry has been completed.

Breaches of this policy may also result in the employee being held personally liable if legal action is taken concerning safeguarding issues.

Definitions

Vulnerable Persons

The definition of a vulnerable person is a person aged 18 or over and who has needs for care and support and is experiencing or is at risk of abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of the experience of abuse or neglect.

Children

A child is a person under the age of 18.

Safeguarding and Promoting the Welfare of Children

Safeguarding and promoting the welfare of children is defined within this policy as protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

Regulated Activity

An individual is engaged in regulated activity if they are providing any of the following activities as part of their role:

- Healthcare.
- Personal care.
- Social work.
- Assistance with cash, bills, or shopping.
- Assistance with the conduct of their own affairs.
- Conveying services.

In addition, regulated activity also includes where an individual is providing "unsupervised" teaching, training, supervision, caring for, or supervision of vulnerable persons where these activities are undertaken frequently. Frequently is determined as:

- Once a month or more.
- Three or more days in any 30-day period.
- Overnight between the hours of 2 am and 6 am.

Relevant Conduct

Relevant conduct is an action or inaction that has harmed or placed a vulnerable person at risk of harm. Relevant conduct in relation to vulnerable persons is conduct which:

- Endangers a vulnerable person or child or is likely to harm them.
- If repeated against or in relation to a vulnerable person, would endanger them or would be likely to endanger them.
- Involves sexual material relating to children (including possession of such material).
- Involves sexually explicit images depicting violence against a person (including possession of such images), if it appears to DBS that the conduct is inappropriate.
- Is of a sexual nature involving a vulnerable person, if it appears to DBS that the conduct is inappropriate.

Specific Examples of Relevant Conduct Include:

- Psychological/emotional harm caused by an action or inaction that causes mental anguish.
- Financial harm is usually associated with the misuse of money, valuables, or property.
- Physical harm caused by any physical action or inaction that results in discomfort, pain, or injury.
- Sexual harm such as coercion or force to take part in sexual acts.
- Neglect caused by failure to identify and/or meet care needs.
- Verbal harm which includes any remark or comment that causes distress.

Harm

All forms of ill-treatment and impairment of, or an avoidable deterioration in physical or mental health and impairment of physical, intellectual, emotional, social, or behavioural development.

Furthermore, a person's conduct endangers a child if they:

- Harm a child.
- Cause a child to be harmed.
- Put a child at risk of harm.
- Attempt to harm a child.
- Incite another to harm a child.

Harm Test

To satisfy the harm test there needs to be credible evidence of a risk of harm to a vulnerable person or child such as statements made by an individual regarding conduct/behaviour, etc. For a case to be considered as a risk of harm, relevant conduct may not have occurred but there must be tangible evidence rather than just a "feeling" that a person represents a risk.

Procedures

Safe Recruitment Procedure

When recruiting staff, contractors, or temporary workers to take part in regulated activities involving vulnerable persons and/or children, we will ensure that the following:

- Provision of a Safeguarding Champion who is fully trained in current legislation, policy, and best practice to lead all aspects of safeguarding and embed new Regional Operational Safeguarding Procedures.
- Operational staff are trained in safeguarding and are aware of their obligations in relation to raising concerns and reporting poor practice with the client, RQIA, Adult Protection Gateway Service/Gateway Service Team (Children), NMC or if appropriate Police Service of Northern Ireland.
- Interviews are conducted by trained staff who have received guidance in relation to current legislation and best practice pertaining to the recruitment and placement of candidates who are to take part in regulated activity.
- The candidate's personal identity will be verified by checking an original form of recent photographic identification.
- Registrations will be checked with the NMC and qualifications and training relevant to the role being recruited will be verified by checking original certificates and validating these for authenticity with the awarding body or UK NARIC.
- A thorough biographical interview will take place to establish the candidate's employment history and identify any gaps in employment.
- A minimum of 2 written employment references will be obtained covering a minimum of the most recent 3 years of employment and verification will be sought for any gaps in the candidate's employment history of over 2 weeks duration.
- All nurses will be checked against the adults and children's barred lists to confirm that they are not barred from participating in regulated activity.
- An AccessNI and barring check will be undertaken prior to the commencement of each assignment. Rechecks will be undertaken annually for longer-term assignments. Nurses will not be allowed to participate in a regulated activity without a valid enhanced AccessNI check in place.
- Candidates will be required to complete an application form which includes a declaration stating that there is no reason why they should be considered unsuitable to work with vulnerable persons or children (including past convictions, cautions, bind-overs, or pending cases) and that they have not been barred from carrying out regulated activity.

Informing Vulnerable Persons of Their Rights

Where our services are provided on client premises (e.g., a hospital), we will operate according to the policies and procedures of that institution/organisation, and it is expected that the child/vulnerable person will have been informed of their rights by that institution/organisation and that the institution/organisation will provide independent support and advice to the person concerned.

Identifying Potential Abuse

Abuse is the violation of an individual's human rights and can take the form of a single act or repeated acts and includes maltreatment by inflicting harm or failing to prevent harm.

The main types of abuse relating to vulnerable persons include:

- Physical.
- Domestic.
- Sexual.
- Emotional/psychological.
- Financial.
- Modern slavery.
- Discriminatory.
- Organisational.
- Neglect or acts of omission.
- Self-neglect.

The main types of abuse relating to children include:

- **Physical** - This is when a child is hurt or injured by a child or an adult. Physical abuse includes hitting, shaking, throwing, kicking, punching, and other ways of inflicting pain or injury such as poisoning, drowning, or smothering. It also includes giving a child harmful drugs or alcohol. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.
- **Sexual** - This is when a child is forced or enticed to take part in sexual activities by an adult (irrespective of whether the child is aware of what is happening). Sexual abuse can include physical contact kissing, touching, vaginal or anal intercourse, and oral sex. Encouraging a child to look at or become involved in the production of pornographic images or watch sexual activity is also sexual abuse. It also includes grooming a child in preparation for abuse
- **Emotional/Psychological** – Persistent emotional maltreatment to cause severe adverse effects on the child's emotional development. This is when adults deny children love or affection, or constantly threaten or humiliate them. Sarcasm, degrading punishments, and ignoring a child are also forms of emotional abuse and undermine a child's confidence and sense of self-worth. It may also include not giving the child opportunities to express their views, deliberately silencing them or making fun of what they say or how they communicate, and may feature age or developmentally inappropriate expectations being imposed (e.g. interactions that are beyond a child's developmental capability, overprotection, limitation of exploration and learning, preventing participation in normal social interaction, bullying or cyberbullying, hearing or seeing ill-treatment of another, causing fear, exploitation or corruption of children).
- **Neglect** - This is when a child's basic need for love, food, clothing, warmth, safety, education, and medical attention is not met by parents or carers. It also includes failure to protect a child from physical or emotional harm and ensuring adequate supervision.
- **Discrimination** - Bullying, racism, and other types of discrimination are forms of child abuse. Like other kinds of abuse, they can harm a child physically and emotionally.

All nurses are expected to look out for the common symptoms or indicators associated with the different types of abuse and neglect.

There is no way to identify someone who will hurt a vulnerable person or child. People who pose a threat can be skilled at making sure no one knows. There are warning signs, however, so look out for someone who:

- Pays an unusual amount of attention to a vulnerable person, child, or groups of children, and provides presents, money, or favours;
- Seeks out vulnerable people or children, for example, deaf or disabled children, and tries to spend time alone with a single vulnerable person or child or a particular group of children on a regular basis;
- Takes a vulnerable person, child, or small group of children to places where the group doesn't usually meet or have activities, such as at their home;
- Is vague about where they have worked or when they were employed;
- Avoids co-working or supervision of his or her work;
- Encourages secretiveness about his or her activities with vulnerable people or children;
- Talks or behaves inappropriately towards vulnerable people or children.

Typical signs for each of the above include:

Physical Abuse – the signs of this are often evident but can be hidden by both the victim and the abuser. Any unexplained injuries should always be fully investigated. Evidence to look out for includes:

- Cuts, lacerations, puncture wounds, open wounds, bruises, welts, discoloration, black eyes, burns, bone fractures, broken bones, and skull fractures.
- Untreated injuries in various stages of healing or not properly treated.
- Poor skin condition or poor skin hygiene.
- Dehydration and/or malnourishment without illness-related cause.
- Loss of weight.
- Soiled clothing or bed.
- Broken glasses/frames, physical signs of being subjected to punishment, or signs of being restrained.
- Inappropriate use of medication, overdosing or under-dosing.
- A vulnerable person or child telling you they have been hit, slapped, kicked, or mistreated.
- Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.

Sexual Abuse - very often the behaviour of a vulnerable person or child, even if they are confused, will tell you that something is wrong. Even with dementia, people can often make their feelings known to you if you take the time to listen, observe and take notice. It is the capacity to believe that sexual abuse is possible, (without automatically seeing it everywhere), that will increase the potential to detect and respond to it when it happens. Some of the physical signs to watch for are:

- Bruises around the breasts or genital area.
- Unexplained STDs.
- Unexplained vaginal or anal bleeding.
- Difficulty in walking or standing.
- Marked changes in behaviour.

- Torn, stained, or bloody underclothing.
- A vulnerable person or child telling you they have been sexually assaulted or raped.

If you suspect sexual abuse, do NOT wash the body or clothing. Do NOT let time drift by while you think about your course of action. Inform this immediately to the nurse in charge of the shift and they will refer the matter to the Local Authority Social Services Department and the Police as they are the experts and will have the skills, knowledge, and equipment to respond appropriately and sensitively.

Emotional/Psychological Abuse - this can have a profound impact on an individual's mental health. They can feel trapped, threatened, humiliated, used, or a combination of all these. Most signs, therefore, relate to someone's mental state, and changes in behaviour such as:

- Helplessness.
- Hesitation to talk openly.
- Implausible stories.
- Confusion or disorientation.
- Anger without apparent cause.
- Sudden change in behaviour.
- Emotionally upset or agitated.
- Unusual behaviour (sucking, biting, or rocking).
- Unexplained fear.
- Denial of a situation.
- Extremely withdrawn and noncommunicative or nonresponsive.
- A person telling you they are being verbally or emotionally abused.

Neglect - this will often be manifested in the physical, social, or health circumstances of the person. Examples may include:

- Dirt, faecal or urine smell, or other health and safety hazards in a person's living environment.
- Rashes, sores, or lice.
- Inadequate clothing.
- Malnourishment or dehydration.
- Untreated medical conditions.
- Poor personal hygiene.
- Evidence of the withholding of medication or over-medication of the person.
- Evidence of a lack of assistance with eating and drinking.
- Unsanitary and unclean conditions.

In considering neglect it is also important to recognise that there are occasions when someone will choose a particular lifestyle that is considered by others to be poor. There is a difference between a chosen pattern of behaviour and neglect by others that causes deterioration in a person's circumstances and condition. It should also be remembered that neglect can be intentional or passive (i.e. where the 'perpetrator' is doing his/her best but cannot provide the level of care and support that is needed). From the perspective of the 'victim,' the impact is the same, and they experience abuse. Where abuse is intentional it is likely that the following signs will be apparent as the abuser may:

- Try to prevent the person from speaking for themselves or seeing others without them being present.
- Display attitudes of indifference or anger toward the person, or the obvious absence of assistance.
- Blame the person (e.g. accusation that incontinence is a deliberate act).
- Display aggressive behaviour (threats, insults, harassment) toward the person.
- Have a previous history of abuse of others.
- Display inappropriate affection toward the vulnerable person/child.
- Display flirtatious behaviour, or coyness, etc that might be possible indicators of inappropriate sexual relationships.
- Create social isolation of the family or isolation or restriction of activity of the person.
- Create conflicting accounts of incidents by family, supporters, or the person.
- Display inappropriate or unwarranted defensiveness.

Financial Abuse – the signs of financial abuse may include:

- Signatures on cheques etc that do not resemble the person's signature or are signed when the person cannot write.
- Sudden changes in bank accounts, including unexplained withdrawals of large sums of money by a person accompanying the older person.
- The inclusion of additional names on an older person's bank account.
- Abrupt changes to, or the sudden establishment of, wills.
- The sudden appearance of previously uninvolved relatives claiming their rights to a person's affairs or possessions.
- The unexplained sudden transfer of assets to a family member or someone outside the family.
- Numerous unpaid bills, or overdue rent, when someone else is supposed to be paying the bills.
- Unusual concern by someone that an excessive amount of money is being expended on the care person's care.

- Lack of amenities, such as TV, personal grooming items, and appropriate clothing, that the person should be able to afford.
- The unexplained disappearance of funds or valuable possessions such as art, silver, or jewellery.
- Deliberate isolation of a person from friends and family, resulting in one particular individual having total control.

Discrimination - Bullying, racism, and other types of discrimination are forms of abuse. Like other kinds of abuse, they can harm a person physically and emotionally.

Modern Slavery - slavery is called a hidden crime because it can be difficult to identify a victim. Some common signs include where the person:

- Is fearful, anxious, depressed, submissive, tense, or nervous/paranoid.
- Exhibits unusually fearful or anxious behaviour.
- Appears withdrawn/struggles to interact.
- Avoids eye contact.
- Is reluctant to seek help.
- Lacks health care/dental care.
- Appears malnourished.
- Shows signs of physical and/or sexual abuse, physical restraint, confinement, or torture.
- Is not allowed to travel on their own.
- Seems under the control of others (including money/documentation).
- Has few or no personal possessions.
- Is not allowed or able to speak for themselves (a third party may insist on being present and/or translating).

Safeguards & Arrangements to Ensure Staff Are Aware of The Issues And Processes

We, employees and temporary nurses follow all the instructions, guidance, policies, and procedures provided by the participating authority. Induction training will also be provided to all employees and temporary workers engaged to undertake the regulated activity with Children/Vulnerable Persons including but not limited to:

- Training in relation to safeguarding and handling of reporting of alleged or suspected abuse/harmful behaviour.
- Risk management to prevent abuse/harmful behaviour.
- Actions to be taken in the event of alleged or suspected abuse.
- The company's Complaints and Escalation process.
- The company's Whistleblowing policy.
- Current legislation and best practices.

All employees, contractors, and temporary workers will be appropriately supervised.

Confidentiality & Record Keeping

In most cases, confidentiality will mean that information relating to alleged or suspected abuse is only passed onto others with the consent of the individual concerned, however, it should be recognised that in order to protect Children and Vulnerable Persons it may be necessary on occasion to share information that might normally be regarded as confidential in order to investigate an alleged or suspected offense, particularly if the individual/individuals are in serious danger or are incapable of making an informed decision.

All staff, contractors, and temporary workers will receive training in this area prior to commencing the job/their first assignment.

Reporting & Response to Suspected, Alleged, Or Confirmed Cases of Abuse

All suspected, alleged, or actual incidents of abuse must be reported to the nurse in charge of the shift.

It is important to make a written record of what you have seen, been told, or have concerns about (as soon as possible on the same day). This report should include:

- The date and time when the disclosure was made, or when you were told about/witnessed the incidents.
- Who was involved, any other witnesses including service users and other staff?
- Exactly what happened or what were you told, in the persons own words keeping it factual and not interpreting what you saw or were told.
- The views and wishes of the vulnerable person.
- The appearance and behaviour of the vulnerable person and/or the person making the disclosure.
- Any injuries observed.
- Any actions and decisions to this point.
- Any other relevant information, e.g., previous incidents that have caused you concern.

This information will assist the client and/or regulatory bodies when conducting their investigations into suspected, alleged, or actual abuse. We will retain written records including the initial allegations, evidence, investigations, and the outcome.

SAFEGUARDING VULNERABLE GROUPS POLICY – NORTHERN IRELAND



Please note that you should always follow the Safeguarding Policy where you are placed to work and if you are unsure where to find this, please contact the nurse in charge of the shift. Any employee, temporary worker, family member, carer, healthcare professional, or any other individual with concerns about possible abuse should report the matter to the nurse in charge of the shift. Where it is suspected that such abuse may be caused by another staff member, then reporting the matter will be done in accordance with the Client's Whistleblowing Policy.

We expect our employees and temporary nurses to take all possible steps to cooperate with investigations by any statutory bodies such as the participating authority, RQIA, NMC, AccessNI, and the Police if involved.

If you do not believe that the nurse in charge of the shift has dealt with the matter properly, you can take it further by making a protected disclosure to the RQIA by telephone, email, or letter using the following contact details:

Telephone: (028) 9051 7500

Email: info@rqia.org.uk

Address: Regulation and Quality Improvement Authority (RQIA), 9th Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT.

Website: www.rqia.org.uk.

If you provide the RQIA with information anonymously, they will be unable to invite you to discuss your concerns, nevertheless, they will still act on the information provided. If you disclose your identity and contact details, but provide this information in confidence, the RQIA will respect your request for anonymity as far as possible, however, this may not be possible in every circumstance, as they may have to share information with a third party that could require the identification of the source.

You can also report the matter to another prescribed body including the [Adult Protection Gateway Service](#) or [Gateway Service Team \(children\)](#), NMC, or if appropriate the Police Service of Northern Ireland. We expect our employees and temporary nurses to take all possible steps to cooperate with investigations by any such statutory bodies.

If the situation is an emergency and a vulnerable person or child is in immediate danger, you should call for assistance immediately. Thereafter you should give any necessary first aid required and contact appropriate emergency services if necessary. If the abuser remains present and poses a threat to you, you are not expected to put yourself at risk.

Safeguards

We require you to follow all the instructions, guidance, policies, and procedures provided by the client. Induction training will also be provided to anyone engaged to undertake the regulated activity with vulnerable persons or children, including but not limited to:

- Training in relation to safeguarding and handling of reporting of alleged or suspected abuse.
- Risk management to prevent abuse.
- Actions to be taken in the event of alleged or suspected abuse.
- The company's complaints and escalation process.
- The company's Whistleblowing policy.
- Current legislation and best practices.

All employees, contractors, and temporary workers will be appropriately supervised.

Review

This policy will be reviewed regularly and may be altered from time to time considering legislative changes or other prevailing circumstances.

Policy Ownership

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