

SAFEGUARDING POLICY AND PROCEDURES

Version	2
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Date of Review	Amendments
8 August 2022	
March 2023	Inclusion of safeguarding children under 18.
July 2023	Referral flowchart included.

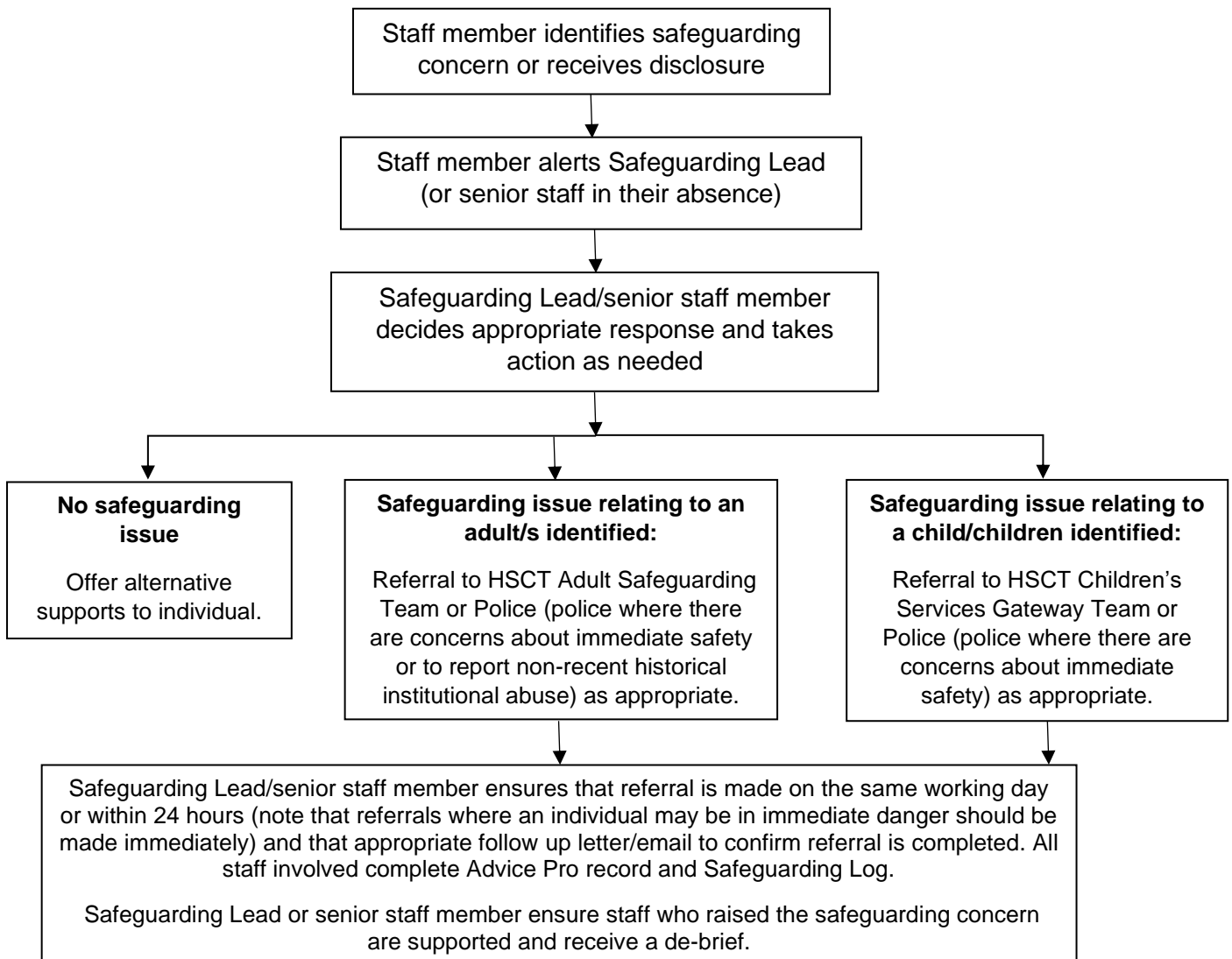
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1. PREFACE

1.1. For ease of reference COSICA’s Referral Flowchart and contact details for referral agencies are provided below as well as in ANNEX 3. Please note that these must be read in conjunction with the policy in full.

1.2. Referral Flowchart



1.3 Statutory agency contact details

Adult Safeguarding Gateway Services

	Telephone	Email
Health and Social Care Trust	(Monday to Friday between 9.00am and 5.00pm)	(Monitored Monday to Friday – 9.00am to 5.00pm)
Belfast	028 9504 1744	adultsguarddutydesk@belfasttrust.hscni.net
Northern	028 94413659	randal.mchugh@northerntrust.hscni.net
South Eastern	028 9250 1227	adultprotectiongatewayteam@setrust.hscni.net
Southern	028 3756 4423	adultsafeguard.team@southerntrust.hscni.net
Western	028 7161 1366	adultsafeguarding.referral@westerntrust.hscni.net

Regional Emergency Social Work Services

Monday to Friday between 5.00pm and 9.00am, plus Saturday and Sunday (24hrs)

Telephone – 028 9504 9999 or 0800 1979 995

Child Safeguarding Gateway Services

Health and Social Care Trust	Telephone (Monday to Friday between 9.00am and 5.00pm)
Belfast	028 9050 7000
Northern	0300 1234 333
South Eastern	0300 1000 300
Southern	0800 7837 745
Western	028 7131 4090

Regional Emergency Social Work Services

Monday to Friday between 5.00pm and 9.00am, plus Saturday and Sunday (24hrs)

Telephone: 028 9504 9999 or 0800 1979 995

Police Service Northern Ireland (PSNI)

In an emergency call: 999

2. BACKGROUND

- 2.1. Under the Historical Institutional Abuse (Northern Ireland) Act 2019 (HIANI 2019) the principal aim of COSICA is to represent the interests of Victims and Survivors of historical institutional childhood abuse, defined as any person who suffered abuse while a child and while resident in an institution between 1922 and 1995.
- 2.2. COSICA's additional statutory functions and duties in relation to Victims and Survivors of historical institutional childhood abuse are set out in the Historical Institutional Abuse (Northern Ireland) Act 2019.

The aim of the COSICA Office Safeguarding Policy and Procedures is to provide clarity and consistency to staff in fulfilling their responsibilities regarding safeguarding. This includes not only the duty to victims and survivors but also to ensure staff are protected as they carry out their work.

- 2.3. These Safeguarding Policy and Procedures relate to delivery of our services to victims and survivors and sets out our responsibility for appropriate action and accountability in relation to the following legislation:
 - Criminal Law (NI) Act 1967
 - Children (NI) Order 1995
 - Disability Discrimination Act 1995
 - Public Interest Disclosure (NI) Order 1998
 - Safeguarding Vulnerable Groups (SVG) (NI) Order 2007 (as amended by the Protection of Freedoms Act 2012)
 - Sexual Offences (NI) Order 2008
 - Data Protection Act 1998; and the following guidance:
 - [Adult Safeguarding Prevention and Protection in Partnership](#) – this 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 aims to improve safeguarding arrangements for adults who are at risk of harm from abuse, exploitation or neglect; and
 - [Co-operating to Safeguard Children and Young People in Northern Ireland | Department of Health \(health-ni.gov.uk\)](#)
- 2.4 The COSICA Office is committed to reviewing our safeguarding policy and procedures for the protection of victims and survivors every three years.

3. VALUES AND PRINCIPLES

3.1. Our safeguarding policy and procedures are underpinned and guided by a number of values and principles:

- **Access to information and knowledge** – we will ensure that all victims and survivors have information and knowledge about the information and support we offer them. We will also ensure that they are aware of our safeguarding policy and procedures.
- **Choice** – victims and survivors will have the opportunity to choose how they want to engage with the COSICA Office based on clear and accurate information from our organisation.
- **Confidentiality** – information provided by victims and survivors will be managed appropriately and kept in accordance with the Data Protection Act (1998) and UK General Data Protection Regulations (UKGDPR).
- **Dignity and respect** – all victims and survivors involved with the COSICA Office will be treated with dignity and respect.
- **Equality and diversity** – all victims and survivors will be treated with equity and their background and culture will be respected.
- **Independence** – information and support provided by the COSICA Office will respect the independence for victims and survivors.
- **Safety** – the COSICA Office will create an environment where all victims and survivors feel safe.

4. POLICY STATEMENT

- 4.1 The COSICA Office staff accept and recognise their responsibilities to develop awareness of the issues that may cause harm, and to establish and maintain a safe environment for all. Staff at all levels within the COSICA's Office are responsible for its application and implementation.
- 4.2 We will not tolerate any form of abuse and are committed to act in accordance with the principles in this policy.
- 4.3 This Safeguarding Policy and Procedures are exclusive to the COSICA Office. They cover all functions of COSICA's Office where staff have contact with victims and survivors in the course of their duties including delivery of services to clients and relevant staffing issues.

- 4.4 Staff in the COSICA Office will endeavour to safeguard victims and survivors and others, including children under 18 years, by:
- complying with this Safeguarding Policy and Procedures, and other corporate policies including the Code of Ethics;
 - adhering to the required procedures for recruitment, selection, vetting and aftercare of staff;
 - providing effective management for staff through supervision, support and training;
 - sharing information and good practice about the protection of victims and survivors with key partners;
 - sharing information about relevant concerns with appropriate agencies;
 - implementing effective procedures for assessing and managing risk with regard to safeguarding victims and survivors;
 - implementing clear procedures for receiving comments and suggestions and for dealing with concerns and complaints;
 - personal information, confidentiality and information sharing will be managed in accordance with UKGDPR and TEO Departmental policies;
 - ensuring staffing levels are adequate to meet NICS Health and Safety requirements.

5. POLICY SCOPE

Confidentiality and Duty of Care

The COSICA Office operates in compliance with obligations under the Data Protection Act 1998 and UK General Data Protection Regulations. This includes ensuring the confidential treatment of personal information belonging to victims and survivors. However, when an individual who is at risk of harm is identified, their welfare must be of paramount consideration.

In such cases, the right of confidentiality is not absolute and should be balanced against the welfare of the individual/public. Where possible, reasonable steps will be taken to obtain the individual's agreement for information to be disclosed. Confidential information will only be disclosed to those in a position to safeguard and will be restricted to the details necessary to provide the required assistance.

In circumstances where there may be reason to think that the individual lacks capacity to consent to a safeguarding action, or withholds their consent, the advice of the Lead Safeguarding Contact/senior staff member (or in their absence the Commissioner) must always be sought.

Definitions

5.1. For the purposes of this policy the following definitions have been used. The Northern Ireland Safeguarding Partnership (Adult Safeguarding Prevention and Protection in Partnership policy document 2015) defines:

- “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: (i) personal characteristics (may include, but are not limited to, age, disability, illness, physical or mental infirmity and impairment of, or disturbance in, the functioning of the mind or brain); and/or (ii) life circumstances (may include, but are not limited to, isolation, socioeconomic factors and environmental living conditions);”
- “An ‘Adult in need of protection’ is an adult at risk of harm (above) i) who is unable to protect their own well-being, property, assets, rights or other interests; and ii) where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.”

5.2. Factors which can increase the vulnerability of victims and survivors include situations where there is:

- social/emotional isolation;
- a pattern of violence which exists or has existed in the past;
- drugs/alcohol use;
- stress on relationships;
- an illness that causes unpredictable behaviour;
- a person experiencing communication difficulties; and
- an existence of persistent financial problems.

5.3. The Office may also be in contact with or have concerns/disclosures relating to harm to children and young people under 18 years old. Co-operating to Safeguard Children and Young People (2017) sets out that this includes:

A child in need of protection is a child who is at risk of, or likely to suffer, significant harm which can be attributed to a person or persons or organisation, either by an act of commission or omission; or a child who has suffered or is suffering significant harm as defined in [Article 50 of the Children Order](#).

The guidance notes that children can be subjected to harm and abuse within any family, form of care or wider community and societal environment.

However, children can be more vulnerable where they are very young or have a disability, live in an environment where domestic abuse, parental mental health difficulties or substance use is present or where they are 'looked after' or in care.

- 5.4. All staff have a responsibility to be aware of the above and the factors which may increase the vulnerability of children and victims and survivors and to adhere to the guidance contained in this policy. The above list is not exhaustive.
- 5.5. The COSICA Office recognises that abuse of individuals can happen to anyone in our society. Our staff take seriously and act upon any information made available to them about actual, potential or suspected abuse. In addition, the COSICA Office aims to protect staff from false accusations of abuse, including through adherence to the Code of Behaviour (Annex One).
- 5.6. The following sections provide policy and procedures to ensure that staff exercise good practice in relation to protecting individuals who use our services.
- 5.7. In addition, all COSICA Office staff will act in accordance with the relevant NICS policies relating to standards of conduct.

6. UNDERSTANDING AND IDENTIFYING ABUSE

- 6.1. There are a number of possible physical and behavioural indicators of abuse of which staff must be aware. It is important to remember that abuse can happen anywhere and an abuser can be anyone who has contact with or access to an individual.
- 6.2. Historical Institutional Abuse is defined in the Historical Institutional Abuse (Northern Ireland) Act 2019. Section 2(2) of the Act describes the types of abuse which the Redress Board can consider. These include: (a) having suffered sexual, physical or emotional abuse or neglect or maltreatment; (b) having witnessed one or more other children suffer abuse of a kind referred to in paragraph (a); (c) having otherwise been exposed to a harsh environment; or (d) having been sent to Australia under the programme commonly known as the "Child Migrants Programme".
- 6.3. Outside of Historical Institutional Abuse the following are defined as forms of abuse:

Physical abuse

Physical abuse may include hitting, shaking, throwing, biting, poisoning, threatening behaviour, burning or scalding, attempted drowning or suffocating, etc. It includes restraining or disciplining in an inappropriate way and the use of medication. Indicators may include fractures/bruising (for which the explanation seems inconsistent), self-harming, pain, burns, repeated attendance at GP surgery/hospital and delay between injury and seeking medical attention.

Emotional abuse

Emotional abuse includes verbal abuse, humiliation, harassment, intimidation and threatening or insulting behaviour. It includes making a child/adult feel worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. 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 opportunity to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying. It may involve causing a child/adult to frequently feel frightened or in danger, or the exploitation or corruption of a child/ adult. Over-protection can also be a form of abuse. Some level of emotional abuse is involved in all types of ill treatment though it may occur alone. Indicators may include being withdrawn, lack of socialising, nervousness when approached, the child/ adult being too eager to do everything they are asked, compulsive behaviour and lack of concentration//focus.

Sexual abuse

Sexual occurs when others use and exploit children or adults sexually for their own gratification or gain or the gratification of others. Sexual abuse may involve physical contact, including assault by penetration (for example, rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can those under 18. Sexual abuse involves forcing, enticing or grooming a child/ adult to take part in sexual activities, whether or not the child or adult is aware of what is happening or where the adult cannot or does not consent to it.

Neglect

Neglect is the failure to meet the basic needs of a child/adult, likely to result in significant harm. It may involve a parent or carer failing to provide adequate foods, shelter and clothing, failing to protect a child/adult from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include neglect of or unresponsiveness to a child's basic emotional needs. Indicators may include being hungry/thirsty, weight loss, being unclean or untidy, isolation and inadequate supervision and experiencing pain/discomfort.

Exploitation

Exploitation is the intentional ill-treatment, manipulation or abuse of power and control over a child, young person or adult; to take selfish or unfair advantage of an individual 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/adult trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children or adults for the purpose of exploitation. Exploitation can be sexual in nature.

Further categories of abuse which adults can experience:

Financial abuse

This includes misusing or stealing an individual's money/benefits or possessions and pressure about wills/ property or inheritance. Indicators may include having unusual difficulty with finances, being protective of money and possessions, not paying bills, not having normal home comforts and refusing care because of finances.

Domestic Abuse

Domestic Abuse is an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer. It is very common. Domestic abuse can include, but is not limited to, the following:

- Coercive control (a pattern of intimidation, degradation, isolation and control with the use or threat of physical or sexual violence);
- Psychological and/or emotional abuse;
- Physical or sexual abuse;
- [Financial and/or economic abuse](#);
- Harassment and stalking;
- Online or digital abuse,

Institutional abuse – non historical

This is when an organisation fails to ensure that the necessary processes and systems are in place to safeguard service users and maintain good standards of care. It includes lack of training for staff/volunteers, poor supervision and management, poor record keeping and inappropriate use of rules, custom and practice. Indicators may include no personal clothing/possessions for the service user, no care plan for him/her, repeated admissions to hospital, poor staff morale and high staff turnover, lack of clear lines of accountability and instances of staff/volunteers treating service users unsatisfactorily.

Discriminatory abuse

This is abuse of a person because of their ethnic origin, religion, language, age, disability, gender or sexuality. Indicators may include being refused access to services, being excluded inappropriately, not receiving the care services required, someone making critical or insulting remarks about the individual, and hate crimes.

Bullying

Bullying in itself is not a form of abuse, but a child/adult who is bullied may be suffering any of the types of abuse defined above. It may take many forms and can be from individuals, groups and communities but the main types are: physical (eg, hitting, kicking, theft); verbal (eg, sectarian/racist remarks, name calling); indirect (eg, spreading rumours) and cyber (eg, online). The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to the extent that it affects an individual's health and development or, at the extreme, causes them significant harm. In these circumstances bullying should be considered as abuse and treated as such.

Other protection issues

There may be other protection issues that may present themselves, eg, suicide, self-harm, self-neglect, etc.

7. RESPONSE TO SAFEGUARDING CONCERNS INCLUDING CLEAR AND IMMEDIATE RISK OF HARM AND/OR CRIME

When concerns arise about potential safeguarding issues the staff member should be able to:

- **Recognise:** identify that the child/adult may be describing abuse even when they may not be explicit; recognise the signs and symptoms of abuse; or hear reports about abuse by people associated with the individual.
- **Respond:** Stay calm, listen and show empathy. Show reassurance to them that it will be taken seriously and explain that there is a duty to report the issues internally and what may happen next.
- **Record:** write up notes of the conversation clearly and factually as soon as possible, using Advice Pro and the Safeguarding Log at **Annex 2**. Try to capture as much of the conversation verbatim as possible.
- **Report:** All COSICA staff have a duty to report any disclosure, report or suspicions of abuse or harm without delay to the Safeguarding Lead or a senior member of staff.

At no time must any COSCIA staff assume an investigative role.

No staff member should start any investigation or confront or make contact with the alleged perpetrator.

7.1 Disclosure of historical abuse

If a caller makes disclosure about someone who had abused them as a child, please advise them that they can:

- call the police on 101 and ask to speak to a member of the PSNI's **Central Referral Unit (CRU)** who will refer the disclosure to the **Non Recent Child Abuse Team**. This is a specialist team within the PSNI that is dedicated to historical abuse investigations. They can provide information on the investigative process and are trained to deal appropriately and sensitively with the difficulties survivors may face when you are considering making a report to police. They can also provide information about other support agencies to help you if required.
- Alternatively make contact by email on CRU@psni.police.uk.
- The Office has a duty to refer identifiable disclosures of abuse to police or the relevant Health and Social Care Trust. The Office will always seek to take this action with the consent of victims and survivors but there may be occasion when a referral must be made without consent.

7.2 Disclosure/concern for a child

- If you think a child is in immediate danger, inform the Safeguarding Lead immediately (or the Head of Office or Commissioner) and contact the police on **999**. If you are concerned about a child who is not in immediate danger, you should share your concerns with the Safeguarding Lead or a senior member of staff immediately.
- The Safeguarding Lead will decide on next steps including contacting the relevant [Health and Social Care Trust \(HSCT\) Gateway Services team](#). In circumstances that are not an emergency, the [HSCT gateway services team](#) is the first point of contact for all new referrals to children's social services. 9am – 5pm 028 9050 7000; Out of hours emergency service – 028 9504 9999

Social Services will assess the situation and take action to protect the child as appropriate either through statutory involvement or other support. Not reporting a relevant offence to the police, including those against children, is an offence in Northern Ireland.

7.3 Disclosure/concern for an adult in need of protection or at risk (including risk of suicide)

Adult in Need of Protection

- If the caller discloses that they or another adult that they have contact with is at immediate risk or danger, inform the Safeguarding Lead/Line Manager (or Head of Office or Commissioner if they are not available) immediately. They can contact PSNI on 999 to report this.

- If you are concerned that the caller or another adult that they are referring to may be at risk (but is not in immediate danger), inform the Safeguarding Lead/Line Manager (or Head of Office or Commissioner if they are not available). They will decide on next steps including reporting this to the [Adult Protection Gateway Service](#) which operates in the relevant Health & Social Care Trust.

Disclosure of Suicidal Thoughts

- There may be occasions where a caller is distressed, perhaps because this is the first time they have discussed abuse that they experienced as a child or they have ongoing mental health and addiction issues. You should remain calm and listen to the caller's concerns, and inform them about services that can support them including:

GP	The caller's GP can assess their needs and will be able to decide the best course of action. The GP may treat the person directly or refer them to mental health services.
Lifeline 0808 808 8000 www.lifelinehelpline.info Deaf and hard of hearing Textphone users can call Lifeline on 18001 0808 808 8000.	Lifeline is the Northern Ireland crisis response helpline service for people who are experiencing distress or despair. Calls to Lifeline are free to people living in Northern Ireland who are calling from UK landlines and mobiles.
The Samaritans Call 116 123, or email jo@samaritans.org.	Free, confidential calls.

- Where a caller indicates that there is an immediate risk to their lives by suicide, please remain calm and listen to them with a reassuring tone, keeping them talking. Alert the Safeguarding Lead/Line Manager immediately. Explore services they may be in contact with, such as GP, mental health services, that we could contact on their behalf. Highlight the importance of ensuring they have help and are safe. Seek details such as phone number and address, details of any medications that may have been taken. Safeguarding/Line Manager can provide this to police/ambulance as needed. If this caller has been in contact before, further contact details may be recorded on AdvicePro.

7.4 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 by the COSICA Lead Safeguarding contact.

- 7.5 The referral should be made by phone by the staff member or Safeguarding Lead contact within 24 hours. This should be followed up in writing (including by email) and the referrer will make a record of the contact made with statutory services. All details should be recorded on Advice Pro with a copy of the Safeguarding Log (containing brief information) saved in Content Manager. See referral flowchart in Annex 3.
- 7.6 The Lead Safeguarding contact will ensure staff who raised the concern are supported; appropriate follow up with social services or PSNI will be actioned if applicable and any actions recorded.
- 7.7 Following any distressing interaction, the Line Manager and COSICA Lead safeguarding contact should facilitate an informal meeting with the staff member(s) as soon as possible, preferably before the end of the same working day. The purpose should be to check that all appropriate actions have been completed in relation to the safe and effective management of the safety or wellbeing of an individual.
- 7.8 The manager should also discuss with the staff member(s) whether they feel that they need or would benefit from further support, such as that provided by INSPIRE under the Employee Assistance Programme, and if so, provide them with the following information:

Inspire is 24 hours a day, 7 days a week confidential telephone counselling service with professional Counsellors offering help with a wide range of personal and work-related problems.

Freephone contact number: 0800 3895 362.

Staff members also have access to external supervision.

8 LEAD AGENCIES AND CONTACTS FOR SAFEGUARDING

- 8.1 HSC Trusts and the PSNI are the lead agencies with responsibility for safeguarding.
- 8.2 Each HSC Trust will have a Child and Adult Safeguarding Gateway Service which will receive referrals. Referrals outside normal working hours should be made to the Regional Emergency Social Work Service (RESWS). Referrals will be accepted from any source, irrespective of Programme of Care boundaries.
- 8.3 HSC Trusts will be the lead agency in terms of the co-ordination of joint safeguarding responses. Within each HSC Trust, responsibility for Child and Adult Protection rests with the Executive Director of Social Work, or equivalent, and the lead profession within HSC Trusts is social work.

- 8.4 In circumstances where a crime is alleged or suspected, a referral to the PSNI should be made by telephoning 101, or in an emergency, 999. Both numbers are accessible on a 24 hour, 7 days per week basis. The PSNI will be the lead criminal investigative agency and will progress a criminal investigation where required.
- 8.5 The PSNI will be the lead criminal investigation agency and a report should be made to the PSNI where a crime is alleged or suspected. Within PSNI, responsibility for Child and Adult Protection rests with the Chief Superintendent who has responsibility for the Public Protection Branch.

8.6 Links and Contacts

Listed below are contact details and links to organisations that provide advice and help.

- [Health and Social Care Trust Services](#)
- [Health and Social Care Trust Adult Protection Gateway Services](#)
- [Emergency](#)
- [Health and Social Care Trust Child Protection Gateway Services](#)

Health and Social Care Trust Services

<u>Name</u>	<u>Description</u>	<u>Date</u>
<u>HSC Trust Adult Service Contacts For Adults At Risk</u>	This document contains contact details for the five Health and Social Care Trusts' Adult Services for Adults at Risk.	11 June 2018

Adult Safeguarding Gateway Services

	Telephone	Email
Health and Social Care Trust	(Monday to Friday between 9.00am and 5.00pm)	(Monitored Monday to Friday – 9.00am to 5.00pm)
Belfast	028 9504 1744	<u>adultsguarddutydesk@belfasttrust.hscni.net</u>
Northern	028 94413659	<u>randal.mchugh@northerntrust.hscni.net</u>
South Eastern	028 9250 1227	<u>adultprotectiongatewayteam@setrust.hscni.net</u>
Southern	028 3756 4423	<u>adultsafeguard.team@southerntrust.hscni.net</u>
Western	028 7161 1366	<u>adultsafeguarding.referral@westerntrust.hscni.net</u>

Child Safeguarding Gateway Services

Health and Social Care Trust	Telephone (Monday to Friday between 9.00am and 5.00pm)
Belfast	028 9050 7000
Northern	0300 1234 333
South Eastern	0300 1000 300
Southern	0800 7837 745
Western	028 7131 4090

Regional Emergency Social Work Services

Monday to Friday between 5.00pm and 9.00am, plus Saturday and Sunday (24hrs)

Telephone – 028 9504 9999 or 0800 1979 995

Police Service Northern Ireland (PSNI)

In an emergency call: 999

To report non-emergency concerns and non-recent institutional childhood abuse call: 101

8.7 COSICA Safeguarding Contacts

Lead Safeguarding Contact	Denise Morgan	Head of Policy and Research
Additional Safeguarding Contact	Senior staff member (or in their absence the Commissioner)	

CODE OF BEHAVIOUR

All COSICA Office staff are expected to agree to the following code of behaviour in relation to the safeguarding of victims and survivors:

- treat all victims and survivors with dignity and respect;
- adopt a person centred approach treating every victim and survivor as an individual;
- listen to victims and survivors and communicate with them appropriately;
- Professional practice indicates that information giving should take approximately 10-15 minutes, where support is being provided this may take longer but the use of breaks should be considered if sessions require longer and are intense in nature;
- be aware of your role as a professional and the boundaries within which you should work’
- ensure your personal contact details are not given to victims and survivors;
- referral to specific services such as Victims & Survivors Support Service should be considered where financial concerns are raised;
- ensure that any physical contact is open and not secretive and in response to the need of the victim or survivor;
- enter details of any injury to a client or colleague which occurs on premises where the COSICA Office is located in the office incident/accident book and have this witnessed by a colleague or if working alone, then by the reception staff at Queen’s Court or the premises officer.
- follow the reporting procedures in recording any allegations a client makes;
- maintain confidentiality at all times;
- information provided by victims and survivors will be managed appropriately and kept in accordance with the Data Protection Act (1998) and General Data Protection Regulations (GDPR);
- explain to clients how their information is gathered and processed and how they can access it, and
- adhere to all relevant guidelines including Section 6 of the NICS Standards of Conduct set out below on the Personal Use of Social Media Outside Work.

Personal Use of Social Media Outside Work

- You should be aware that whilst using your own electronic communication device, certain behaviour in your personal capacity as a member of the public could have a detrimental impact on the COSICA Office. Therefore, you need to be careful not to disclose official information without authority.
- Do not bring the COSICA Office into disrepute by your contributions to social media sites. Disrepute means online behaviour that could lead to embarrassment or cause harm to the reputation of the COSICA Office. Articles or contributions to forums about the work of the COSICA Office must be cleared with the Commissioner. Do not comment at all on controversial issues connected with the responsibility of Ministers.
- Do not make comments about colleagues or clients who are entitled not to have their rights infringed or their reputation damaged by contributions made to electronic communications.
- Do not use or disclose any protectively marked information you have obtained in the course of your work in the COSICA Office. For example, do not make reference to customers or commercial contracts.
- In addition to the above, members of COSICA Office **must not** approach, provide advice or respond to clients through personal social media or accept 'friend' invitations on Facebook or other social media platforms. All such requests must be deleted immediately without exception.

Communication with Clients; Text Messaging

Any communication with clients should be by email or by telephone. Staff of the COSICA Office are reminded that should they send or receive text messages to or from clients, such messages would be required to be printed off and stored with client records.

Breaching the Policy may result in disciplinary procedures and ultimately dismissal. If the breach constitutes harm/risk of harm to a child or adult, it may mean referral to the Health and Social Care (HSC) Trust.

Follow up actions:

Report to Adult Safeguarding Contact completed?

Yes

No

Advice Pro updated?

Yes

No

Written follow up to confirm referral completed?

Yes

No

Staff de-brief completed?

Yes

No

COSICA staff member/Title/ Signature/ Date: _____

COSICA staff member/Title/ Signature/ Date: _____

Referral Flowchart

