

# **Safeguarding: A Guideline for Students, Volunteers & Contractors**



**St Francis Hospice Dublin**



## **Introduction**

This booklet gives information that you, as volunteers, contractors or students on placement in St Francis Hospice, will need regarding Child Safeguarding and Safeguarding of Vulnerable Persons at Risk of Abuse. The information here is drawn from St Francis Hospice policy documents and the relevant legislation. If you have any questions or concerns after reading this booklet, please ask your Line Manager.



- Section 1      Child Safeguarding**
- Section 2      Safeguarding Vulnerable Persons at Risk of Abuse**
- Section 3      Your Responsibilities**
- Section 4      Procedures for You to Follow**

## Section 1 – Child Safeguarding

St. Francis Hospice Dublin (SFHD) is committed to safeguarding the wellbeing of all the children and young people who come in contact with our services. SFHD is committed to offering psychosocial care to children, whether they are our patients, or relatives of someone under our care.



### What is Child Safeguarding?

**Safeguarding** is a fundamental right of all children, without exception, to be respected, cared for and protected.

**Safeguarding** means creating a safe environment for all children. **Safeguarding** is a way of protecting children from abuse or neglect.

Child Safeguarding is part of your responsibility in SFHD. This means you are part of providing a safe environment for children, respecting the rights and needs of children, as well as knowing what to do if you are concerned about a child or witness abuse.

**Please Note: *Under Irish law a child means an unmarried person under the age of eighteen years.***

## **Children in St Francis Hospice Dublin**

Children are welcome to visit the hospice at any time. We have play rooms in each in-patient unit for children. All children visiting the hospice must be supervised by a parent or carer at all times. The only exception to this is that 16 and 17 year olds may visit unaccompanied with prior parent/guardian consent.

If you find a child who is not being supervised, you must contact staff, who will help you locate the parent or guardian. Always remain in public areas with the child until a parent is located.

## **Safe Practice when Working with Children**

You might meet children when they come to the hospice to visit a relative in our in-patient unit, or when they visit the hospice in relation to fundraising or as part of a school group or choir. If you visit patients at home, you may also meet relatives who are children. Very occasionally, the child may be the patient of SFHD. Sometimes children need help and support to understand what is happening to their relative. Staff routinely provide information to parents/guardians to

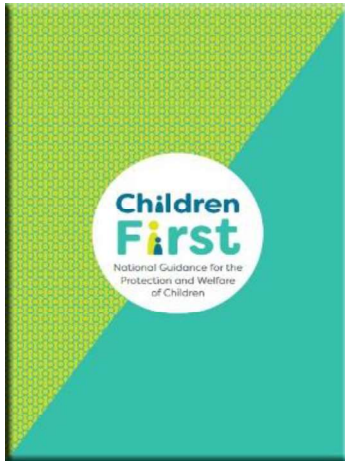
help them support their child/children. Age appropriate written information for children may also be provided to families. At times, extra support may be needed and this can be provided by the Social Work team. We always need to get parental consent before we work with children or share medical information.

### **Child Safeguarding Versus Child Protection**

Child Safeguarding is something for which we **ALL** have responsibility. Child Protection is normally the responsibility of the statutory services, e.g. Social Workers from the Tusla and the Gardai.

*“It is everyone’s responsibility to protect children and young people and to do our best to keep them safe. Despite our best efforts, we cannot, unfortunately, prevent all abuse from taking place. What we can do is work together to help make our children’s lives safer.”*

Dr. Katherine Zappone  
National Guidance for the  
Protection and Welfare of Children



The Children First Act, 2015 sets out responsibilities for staff and volunteers to act on any concerns of child welfare or abuse that come to your attention. The Act also places a responsibility on organisations to have processes and procedures in place to support staff and volunteers.

SFHD has a Child Safeguarding Statement, which is available on our website or in a leaflet. This lets patients and families know the steps SFHD takes to ensure all children who access our services will be safeguarded. We also have two policies in relation to child safeguarding, and they are summarised in this booklet.

### **What is Child Protection?**

Parents, or carers, have primary responsibility for the care and protection of their children. When parents, or carers, cannot fulfil this responsibility, it may be necessary for the Child and Family Agency of the state, which is known as Tusla to intervene to help support a child and their family.

## Child Abuse

Child abuse can take many different forms, as outlined below:

**Neglect** is when a child suffers harm to his or her development by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation, care or affection from adults.

**Emotional Abuse** is normally found in the relationship between a care-giver and a child rather than in a specific event. It occurs when a child's need for affection, approval, consistency and security are not met. For example, you may be surprised to know that a child witnessing domestic violence is suffering emotional abuse.

**Physical Abuse** is any form of non-accidental injury as a result of neglect or failure to protect a child from danger. It can also be an injury inflicted on purpose.

**Sexual Abuse** occurs when a child is used by another person for his or her gratification or sexual arousal or for that of others.

**Retrospective disclosure:** Children who have been sexually abused often do not tell. In fact, many do not disclose their abuse until they are adults. Such disclosures may come to light when an adult attends counselling, or is being treated for a health problem. You still need to report this information to the line manager or supervisor in the area you are working in and the DLP, as the alleged abuser may pose a current risk to children.

## **Protections for Persons Reporting Child Abuse Act, 1998**

In your role SFHD, you are covered by this Act. You are not deciding whether or not abuse has taken place, you are passing on the information to the appropriate people in SFHD for follow up to take place.

Members of the public who report concerns of child abuse are legally protected from civil liability, provided they made the report reasonably and in good faith.

The Line Manager or supervisor in the area or team you are working on is always open to discuss any concerns that you may have. In the event that you feel inhibited for any reason from reporting your concerns to your immediate Line Manager or if you feel that inappropriate or insufficient action has been taken, you should raise the matter with the Designated Liaison Person. You could also talk to a more senior member of management, or the Volunteer Services Manager who will support you to do this.

**The biggest myth about child abuse** is that the dangers to children come from strangers. In most cases, the perpetrator is someone the parent or child knows, and is often trusted by the child and family.

*“Things have not only to be seen to be believed,  
but also have to be believed to be seen.”*

(Stan Goach 1990)



## Section 2 - Safeguarding Vulnerable Persons at Risk of Abuse

You may encounter vulnerable persons at risk of abuse while you are involved in SFHD. Vulnerable persons may include adults with intellectual disability, dementia, or older adults with life limiting conditions.

SFHD's policy on safeguarding vulnerable persons at risk of abuse is summarised in this booklet. The purpose of this policy is to promote and sustain a person-centred approach across the service to safeguarding vulnerable persons at risk of abuse.

### Definitions

The National Policy on Safeguarding Vulnerable Persons at Risk of abuse uses a specific definition:

***A vulnerable person "is an adult who may be restricted in capacity to guard himself/herself against harm or exploitation or to report such harm or exploitation. Restriction of capacity may arise as a result of physical or intellectual impairment. Vulnerability to abuse is influenced by both context and individual circumstances."*** (HSE 2014:3)

Vulnerable people may be susceptible to various types of abuse. Abuse may be defined as "any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general well-being, whether

intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms.” (HSE 2014:8)

Abuse may occur in a relationship where there is an expectation of trust and can be perpetrated by a person who acts in breach of that trust. Abuse can also be perpetrated by people who have influence over the lives of vulnerable persons.

### **Categories of Abuse**

**Physical Abuse** is hitting, slapping, punching, kicking, and misuse of medication, restraint or inappropriate sanctions.

**Sexual Abuse** may include rape, sexual assault or sexual actions to which the older adult has not consented, or could not consent, or into which he or she was compelled to consent.

**Psychological Abuse** may include emotional abuse, threats of harm or abandonment, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

**Financial or Material Abuse** may include theft, fraud, exploitation pressure in connection with wills, property or inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.

**Neglect and Acts of Omission** include ignoring medical or physical needs, failure to provide appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.

**Discriminatory Abuse** includes racism, ageism, sexism, and other forms of harassment, slurs or similar treatment.

**Institutional Abuse** may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.

### **Section 3 – Your Responsibilities**

You should be aware of the possible indicators of abuse. If you become concerned for the safety or welfare of a child or a vulnerable person at risk of abuse, you must intervene appropriately and report this to the line manager or supervisor in the area where you work immediately.

You do not have to decide whether or not it is abuse. Your line manager/supervisor will support you in making a note about the concern and will contact the person in SFHD with responsibility for co-ordinating the response to any safeguarding concerns, known as the Designated Liaison Person (DLP) in relation to children or the Designated Officer (DO) in relation to vulnerable adults. The DLP/DO will follow up and will make an assessment about whether a case needs to be referred to Tusla (the

state agency with statutory responsibility for the protection of children), or to the Safeguarding and Protection team of the HSE, in the case of vulnerable adults.

### **Designated Liaison Person**

In SFHD, the Designated Liaison Person (DLP) is available to address any concerns within the organisation with regard to Child Safeguarding and Child Protection. Your line manager will bring any concerns you raise to the attention of the DLP. You can also contact the DLP directly at any stage.

<b>DLP</b>	<b>Niamh Finucane</b>	<b>086 2273786</b>
<b>Deputy DLP</b>	<b>Anne Casey</b>	<b>086 0403377</b>
<b>Deputy DLP</b>	<b>Fidelma Beirne</b>	<b>086 0112733</b>

Contact through your line manager/supervisor or the social work secretary (01) 8327535.

***If out of hours, speak to the senior manager on duty***

### **Designated Officer**

In SFHD, the Designated Officer (DO) is available to address any concerns within the organisation with regard the Safeguarding of Vulnerable Persons at Risk of Abuse. Your line manager will bring any concerns you raise to the attention of the DO. You can also contact the DO directly at any stage. ***If the concern arises out of hours, speak to the senior manager on duty.***

<b>DO</b>	<b>Niamh Finucane</b>	<b>086 2273786</b>
<b>DO</b>	<b>Mark Kelly</b>	<b>086 0130781</b>

Contact through your line manager/supervisor or the social work secretary (01) 8327535.

## Section 4 – Procedures for You to Follow

Everyone in SFHD has the same responsibility to respond to disclosures of abuse or to witnessing abuse or neglect of children or vulnerable adults.

Whether you witness an incident of suspected abuse or neglect, or you receive a disclosure of suspected abuse, here are the procedures you need to follow:

- 1. Take any immediate steps that are practical to ensure the immediate safety of the person if you witness abuse.**
- 2. Report the matter as soon as possible to the Line Manager/Supervisor on the team you are working on. *You must report all disclosures of abuse immediately, no matter when they happened.***
- 3. The Line Manager/Supervisor will make contact with the DLP or DO, who will discuss the concern and make plans for any follow up required.**
- 4. Make a detailed written report as soon as possible on the same day. This report must include:**
  - when the disclosure was made, or abuse witnessed
  - who was involved
  - any witnesses
  - exactly what happened or what was disclosed
  - any other relevant information.
- 5. Sign and date the report. Give it to the Line Manager/Supervisor who will give to the DLP/DO.**

## **How to Respond to a Disclosure of Abuse**

- Stay calm, listen carefully and patiently.
- Only take the information offered, do not ask for details.
- Just listen, don't fill in words or finish sentences.
- Try not to transmit your anger, shock or embarrassment.
- You will be sharing this information; don't agree to keep it secret or confidential.
- Explain that you will be informing your Line Manager and that this will be followed up appropriately.

## **When a Disclosure is by a Child**

- Take what they say seriously; children rarely lie about abuse.
- Be aware that the child may have been told not to tell; they may be frightened of what might happen now that they have told someone.
- They may feel responsible for or guilty about the abuse.
- Tell the child that it's not their fault and that you are glad they've told you.
- Explain that you will have to talk to somebody who can help and that this will be followed up.

## What Not to Do

- **Don't** offer an opinion, but respond empathically.
- **Don't** tell them stories about other people.
- **Don't** tell them that everything will be fixed.
- **Don't** make judgements about the alleged abuser.
- **Don't** attempt to investigate.
- **Don't** tell anyone except the Line Manager in your particular area. The line manager will guide you about who else may need to know.

If the allegation is made against a volunteer, the Volunteer Services Manager will contact the volunteer to advise them of the allegation. The Volunteer Services Manager, in collaboration with the Designated Liaison Person or Designated Officer will make a plan to address the concerns and advise the volunteer of this.

### Remember:

**At the end of any disclosure,  
follow the 5-step procedure outlined  
on page 13 of this booklet.**

**“Safeguarding is everybody’s business –  
so never, ever do nothing.”**

**(Lord Laming: Victoria Climbié Report, 2003)**



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