



## **Child & Vulnerable Adults Protection Policy**

February 2010

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CHY 10070 ~ NI X0/1021/91

*Some of the text in this guide was adapted from material published by the Department of Health and Children (Ireland), GOAL, Home-Start Ireland, EveryChild UK, CIDP and the Irish Sports Council.*

# Child & Vulnerable Adults Protection Policy

## 1. About Comber

Comber is an Irish registered NGO which was established in 1990 to work with children and adults in Romania. During the course of its work, Comber recruits volunteers and staff to work with beneficiaries in Romania. Comber aims to safeguard children and vulnerable adults from abuse and exploitation in all that we do.

## 2. Our Policy

Comber recognises the rights of children<sup>1</sup> and vulnerable adults<sup>2</sup> to protection from abuse, violence and exploitation. Comber is committed to providing a safe environment for children and vulnerable adults who come into contact with Comber representatives.<sup>3</sup>

The Board of Trustees is responsible for ensuring that the organisation follows effective protection procedures which retain the ethos of Comber and fit in with local statutory procedures.

Comber is committed to ensuring that organisation representatives are aware of our policy in relation to protection of children and vulnerable adults.

Children and vulnerable adults need protection for many reasons, including protection from the effects of poverty, disadvantage, exclusion and violence. This policy is specifically concerned with protecting children or vulnerable adults from abuse by a Comber representative.

This policy will be reviewed every three years or as appropriate.

## 3. What is Abuse?

Defining abuse is a difficult and complex issue. A person may abuse by inflicting harm, or failing to prevent harm.

**Abuse of vulnerable adults** can constitute the physical, psychological, emotional, financial or sexual maltreatment or neglect of a vulnerable adult by another person. The abuse may be a single act or repeated over a period of time, it may take one form or a multiple of forms. The lack of appropriate action can also be a form of abuse.

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<sup>1</sup> Children are defined as persons under 18 years of age as defined by UN Convention on the Rights of the Child.

<sup>2</sup> A 'Vulnerable Adult' is a person aged 18 or older who, by reason of mental or other disability, age or illness is, or may be unable to take care of him or herself, or unable to protect him or herself against 'significant harm' or 'exploitation'.

<sup>3</sup> Representative means any person coming into contact with a child/ vulnerable adult while acting on Comber's behalf. This includes staff, volunteers and board members.

Irish guidelines<sup>4</sup> recognise four categories of child abuse:

- **Physical Abuse:** physical abuse is any form of non-accidental injury or injury which results from wilful or neglectful failure to protect a child. Examples include hurting or injuring a child, inflicting pain, poisoning, shaking or otherwise causing physical harm to the child.
- **Sexual Abuse:** sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. This includes direct or indirect sexual exploitation or corruption of children by involving them (or threatening to involve them) in inappropriate sexual activities.
- **Emotional abuse:** emotional abuse is normally to be found in the relationship between a care-giver and a child rather than a specific event or pattern of events. It occurs when a child's need for affection, approval, consistency and security are not met, for example repeatedly rejecting children, humiliating them, frightening them or denying their worth and rights as human beings.
- **Neglect:** neglect is defined as the persistent failure to meet a child's basic physical and physiological needs. This can be defined in terms of an omission, where a child's health, safety, development or welfare is being avoidably impaired by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults or medical care.

See Appendix 3 & 4 for further guidelines and indicators.

#### **4. Appropriate Conduct for Representatives**

Comber is aware that children or adults it comes into contact with may be particularly vulnerable for a number of reasons including;

- Intellectual or physical disability
- Mental health problems
- Dependence on State/NGO provision
- Communication difficulties
- Previous experience of abuse
- Fear of not being believed
- Fear and uncertainty regarding the future.

Representatives should be aware that many children and adults we come into contact with are vulnerable to abuse and may have been abused in the past. It is important that Comber representatives are aware of this and maintain appropriate standards of behaviour and conduct around children/ vulnerable adults, even if others do not expect it.

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<sup>4</sup> *Children First Guidelines*, published by the Department of Health and Children, Ireland (1999).

Like all of us, how people with disabilities are perceived, valued and treated by others affects their well being. Having the right relationship within services is therefore an essential foundation for ensuring people's safety, protection and welfare. The right relationship is the behaviour or dynamic that should exist between the staff and volunteers in the organisation providing the service and the people who use the service. It involves people using the service being seen and treated with respect, dignity and value so the staff and volunteers can determine, as much as possible, the support required by the people who use the service and how they are to be supported.

## **5. Procedures**

### **5.1 Disclosures and Suspicions made known to Representatives**

A disclosure is defined as a specific allegation of abuse made against a named individual. A suspicion is when concern is expressed about abuse that may have taken place or concern that abuse may take place.

Through their work for Comber, an allegation or suspicion of child or vulnerable adult abuse may be made known to a representative.

- If this suspicion or allegation relates to a Comber representative(s), procedures as outlined below should be followed.
- Otherwise, representatives are advised to follow statutory regulations and refer to the complaint to the appropriate local partner organisation, authorities or child protection agencies. In these situations the Designated Person will be available to advise the representative. The safety and protection of the child or vulnerable adult should be the paramount concern.

*This policy is specific to protecting children and vulnerable adults from Comber representatives.*

### **5.2 Allegations against Representatives**

Comber has a Standard Referral Form (see Appendix 1) which should be used to report suspected or alleged abuse by a Comber representative. This form is available on our website and on request from the office.

In making a report on suspected or actual abuse, the individual should ensure that the first priority is always for the safety and welfare of the child and/or vulnerable adult.

Reports may be made by any concerned person who has reason to believe a Comber representative has abused a child or vulnerable adult; including co-workers or colleagues, parents, social workers, carers or stakeholders. Children or vulnerable adults can also disclose to an adult who may make a report on their behalf.

The form should be completed and forwarded to the Designated Person at Comber as soon as possible after the abuse is identified.

The reporting procedure for dealing with disclosures, concerns or allegations of abuse within Comber is outlined in the following steps:

- Comber representatives or third parties who have received a disclosure of abuse or who have concerns of abuse, should bring it to the attention of the Designated Person as soon as possible.
- The Designated Person will assess and review the information that has been provided as quickly and effectively as possible. The DP may contact the HSE or other relevant authorities for informal advice relating to the allegation, concern or disclosure.
- Any staff member/volunteer implicated in an investigation will be suspended from work without prejudice, pending the results of the investigation. It should be made clear that this suspension does not imply guilt but rather protects all parties whilst an investigation is undertaken.
- Parents/guardians of the child or vulnerable adult will be informed of the allegation, concern or disclosure where possible, unless doing so is likely to endanger the child/ adult.
- The Chairperson of the Board of Trustees will be advised of the allegation, who will then communicate to the alleged perpetrator that an allegation has been made against him/her and the nature of the allegation. The representative about whom the allegation has been made will be offered the opportunity to respond to the allegations. This response should be documented, signed by both parties and retained.
- It is essential in reporting any case of alleged/suspected abuse that the principle of confidentiality applies. The information should only be shared on a 'need to know' basis and the number of people that need to be informed should be kept to a minimum.

After consultation with the Chairperson of the Board of Trustees and relevant authorities, the Designated Person will then take one of two options:

- On the basis that there are reasonable grounds for concern (as outlined in Appendix 3), report the allegation, concern or disclosure to the relevant statutory authorities or

- Not make a formal report to the authorities but keep a record of the concerns on file. The reasons for not reporting the allegation, concern or disclosure will be clearly recorded. The representative or third party who made the initial report will be informed if a formal report is not being made to the authorities and it is open to him/her to make a formal report themselves, directly to the relevant authority if they feel this is necessary.

Where, following an initial investigation, the representative is not reported to the authorities but is found to have been engaged in poor practice (e.g. shouting at a child/vulnerable adult), the representative should be warned about the poor practice and it may constitute grounds for termination of the relationship. This will be decided by the Board of Trustees.

In an emergency a report should be made directly to the Police.

The Designated Person will retain up-to-date contact details of appropriate referral authorities.

- In Ireland, concerns should be referred to the HSE Child Protection Social Work Services in the relevant area.
- In Romania, concerns should be referred to the Police. Referrals can also be made, where appropriate, to Autoritatea Națională pentru Persoanele cu Handicap (ANPH) and/or Direcția Generală de Asistență Socială și Protecția Copilului (DGASPC).

## **6. Designated Person**

The Designated Person is responsible for being familiar with the principles of good practice for the protection of children and vulnerable adults and the implementation and monitoring the Child and Vulnerable Adults Protection Policy of Comber.

The Designated Person is responsible for co-ordinating action within the organisation when a concern arises and reporting any suspicion or disclosure of abuse to the appropriate services.

The Designated Person is responsible for recording and retaining all relevant documentation in relation to protection issues that arise.

The Designated Person should receive appropriate Child Protection training and support for his/her role if required.

If there is an allegation or suspicion in relation to the Designated Person, the Chairperson of the Board of Trustees will deal with all aspects of the case, including the reporting procedure.

The Designated Person/s for Comber is:

Name	Phone Number	Email
Ms. Fiona Dowling, Executive Director (Ireland)	+353868186107	fiona@comber.ie

### **7. Record Keeping**

The Designated Person is responsible for keeping the records related to Child and Vulnerable Adult Protection in secure storage, such as:

- Any disclosures, concerns or allegations of abuse;
- The follow up to any complaints, disclosure, concerns or allegations, including informal advice from the relevant authorities or agencies, official reports and the minutes of any meetings in relation to reports.
- Signed acceptance forms of the Comber Child and Vulnerable Adult Protection Policy by staff, volunteers and Trustees.
- All Garda Vetting Forms and related correspondence.

Other staff / Trustees may access files as appropriate to their role, though this will be kept to a minimum.

### **8. Prevention**

Comber will select volunteers, staff and trustees based on their suitability for the role available. Checks for suitability may include:

- CV; Interview; References; Garda Vetting; Evidence of professional qualifications

Where appropriate to their role, volunteers, staff and trustees should sign a declaration stating that they comply with Comber's Child and Vulnerable Adults Protection Policy and that there is no reason that they cannot work with children (see Appendix 2).

### **9. Communication and Implementation**

This policy and appendices are in English and will be translated into Romanian by the end of 2010. The policy is also available on the organisation website ([www.comber.ie](http://www.comber.ie)).

Comber will support its partner organisations to develop appropriate child protection policies and procedures where required.

Comber will review and evaluate its Child Protection policy every three years or as appropriate.

Amendments and additions to the policy will be recorded.

**APPENDIX 1:  
COMBER CHILD & VULNERABLE ADULT PROTECTION REFERRAL FORM**

Your name: .....

Email address: .....

Telephone number: .....

Your relationship to Comber – if relevant:

.....

Your relationship to the child/ adult concerned - if relevant:

.....

.....

Name of child/ adult:

.....

Age and date of birth of child/ adult:

.....

Who does the child/ adult live with?

.....

.....

Address/place of residence of child/ adult (and telephone no. if available):

.....

.....

Are you reporting your own concerns or passing on those of somebody else? Give details.

.....

.....

Brief description of what has prompted the concerns (include dates and times of any specific incidents):

.....

.....

.....

**Observations made by you: Physical signs? Behavioural signs? Indirect signs?**

.....  
.....  
.....

**Have you spoken to the child/adult? If so, what was said?**

.....  
.....

**Has anybody been alleged to be the abuser? If so, give details.**

.....  
.....  
.....

**Have you consulted an external agency or reported this to anyone else?**

.....  
.....  
.....

**Give details (name of person, name of organisation, date and time).**

.....  
.....  
.....

**Does the child/adult require medical attention?**

.....  
.....  
.....

**Signature.....**

**Date.....**

**Please return this form in strict confidence to:**

Ms. Fiona Dowling, Comber, Ashfield House, Derry Road, Co. Laois, Ireland

Or email to [fiona@comber.ie](mailto:fiona@comber.ie) Fax: 00353-578736219

**APPENDIX 2:**

**Acceptance of Comber Child & Vulnerable Adult Protection Policy**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number \_\_\_\_\_

I have read Comber's Child & Vulnerable Adult Protection Policy and agree to abide by its contents.

Signature \_\_\_\_\_

Date \_\_\_\_\_

There is no reason why I would be considered unsuitable to work with children or vulnerable adults.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **APPENDIX 3:**

### **Recognising Child Abuse**

#### **Definition and Possible Physical and Behavioural Indicators of Child Abuse**

##### **Neglect**

Neglect can be defined in terms of an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, medical care. Neglect generally becomes apparent in different ways over a period of time rather than at one specific point.

Possible indicators of this type of abuse are:

- Frequent minor or serious injuries
- Untreated illness
- Hunger, lack of nutrition
- Tiredness
- Inadequate and inappropriate clothing
- Lack of supervision
- Low self esteem
- Lack of peer relationships

##### **Emotional**

Emotional abuse is normally to be found in the relationship between a care-giver and a child rather than in a specific event or pattern of events. It occurs when a child's need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms.

Possible indicators of this type of abuse are:

- Unreasonable mood and/or behavioural changes;
- Aggression, withdrawal or an 'I don't care attitude';
- Lack of attachment;
- Low self esteem;
- Attention seeking;
- Depression or suicide attempts;
- Persistent nightmares, disturbed sleep, bedwetting, reluctance to go to bed;
- A fear of adults or particular individuals e.g. family member, baby-sitter or indeed excessive clinginess to parents/carers;
- Panic attacks.

##### **Physical**

Physical abuse is any form of non-accidental injury or injury which results from wilful or neglectful failure to protect a child.

Possible indicators of this type of abuse are:

- Frequent bruising, fractures, cuts, burns and other injuries;
- Torn clothing;
- Bite marks burns or welts;

- Bruises in places difficult to mark e.g. behind ears, groin;
- Undue or unnecessary fear;
- Aggressiveness or withdrawn;
- Absconding frequently from home.

### **Sexual**

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

Possible indicators of this type of abuse are:

- Over affectionate or inappropriate sexual behaviour;
- Age inappropriate sexual knowledge given the child's age, which is often demonstrated in language, play or drawings;
- Fondling or exposure of genital areas;
- Hints about sexual activity;
- Unusual reluctance to join in normal activities which involve undressing, e.g. games/swimming.

### **Indicators of Abuse are Not Facts**

It is important to stress that no one indicator should be seen as conclusive in itself of abuse; it may indeed indicate conditions other than child abuse. A cluster or pattern of signs is likely to be more indicative of abuse. Signs must also be considered in the child's social and family context as child abuse is not restricted to any socio economic group, gender or culture. It is important to always be open to alternative explanations for possible physical or behavioural signs of abuse.

### **Reasonable Grounds for Concern**

The ability to recognise child abuse depends as much on a person's willingness to accept the possibility of its existence as it does on their knowledge and information. Child abuse can often be difficult to identify and may present in many forms.

It is important to stress that no one indicator should be seen as conclusive in itself of abuse. All signs and symptoms must be examined in the total context of the child's situation.

The statutory authorities should always be informed when a person has reasonable grounds for concern that a child may have been abused, or is being abused, or is at risk of abuse. A suspicion that is not supported by any objective indicator of abuse or neglect would not constitute reasonable grounds of for concern.

The following examples would constitute reasonable grounds for concern:

- specific indication from the child that s/he was abused;
- an account by the person who saw the child being abused;
- evidence such as injury or behaviour which is consistent with abuse and unlikely to be caused in any other way;
- an injury or behaviour, which is consistent both with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indications of abuse, dysfunctional behaviour;
- consistent indication, over a period of time, that a child is suffering from emotional or physical neglect.

A suspicion, not supported by any objective indication of abuse or neglect, does not constitute a reasonable suspicion or reasonable grounds for concern.

**Reacting in the immediate aftermath of a disclosure of abuse:**

- Keep calm and do not appear shocked;
- Do not promise not to tell anyone, explain that you will need to tell someone who can take appropriate action but that it will be dealt with confidentiality;
- Never ask leading questions, instead repeat the last words the child has said in a questioning manner;
- Reassure the child that they are not to blame;
- Reassure the child that they were right to tell you;
- Let the child know what you are going to do next.

*(Children First 1999, 4.3.2 and 4.3.3)*

## **Appendix 4: Abuse of Vulnerable Adults: Types of Abuse, Definitions and Indicators**

### **Physical Abuse**

**Definition:** Physical abuse is the control by violence or battery of another person or threat to use such means. It includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

#### **Indicators**

These include:

- Bruises
- Dislocations
- Lacerations
- Marks left by a gag
- Abrasions
- Hair loss
- Scratches
- Missing teeth
- Burns
- Eye injuries
- Sprains
- Fractures

### **Sexual Abuse**

**Definition:** Sexual abuse is the domination and control of the body of the victim. It includes rape and sexual assault, or sexual acts to which the vulnerable adult has not consented, or could not consent to, or where he/she was compelled to consent.

#### **Indicators include:**

- Sexually transmitted infections and human bite marks

#### **Non physical indicators include:**

- Noticeable and uncharacteristic change in behaviour
- Hints about sexual activity
- Inappropriate seductive behaviour
- Sexually aggressive towards others
- Unusual reluctance to join in activities involving undressing
- Clinging
- Isolation
- Nightmares
- Phobias
- Depression
- Eating and sleeping disorders
- Fear of being left alone with a particular person (family, staff, others)

### **Psychological Abuse (including emotional abuse)**

**Definition:** This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling intimidation, coercion, harassment, verbal abuse, isolation or withdrawal of services or supportive networks.

#### **Indicators include:**

- Demoralisation
- Depression
- Feelings of helplessness/hopelessness

- Disrupted appetite/sleeping patterns
- Tearfulness
- Excessive fears
- Agitation
- Resignation
- Confusion
- Unexplained paranoia
- Strong ambivalent feelings towards someone

### **Financial or Material Abuse**

**Definition:** This includes theft, fraud, exploitation, pressures in connection with wills, property, inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.

**Indicators** include:

- Unexplained or sudden inability to pay bills;
- Unexplained or sudden withdrawal of money from accounts;
- Funds diverted to someone else's use;
- Damage to property;
- Unexplained disappearance of possessions;
- No funds for food, clothes or services;
- Refusal to spend money;
- Disparity between living conditions and assets;
- Extraordinary interest by family member in older person's assets;
- Making dramatic financial decisions.

### **Neglect and Acts of Omission**

**Definition:** This includes ignoring medical or physical needs, failure to provide access to appropriate health, social care or educational services, or withholding the necessities of life, such as medication, adequate nutrition and heating.

**Indicators** include:

- Dehydration
- Malnutrition
- Inappropriate clothing
- Poor hygiene
- Unkempt appearance
- Under or over medicated
- Unattended medical needs
- Exposure to danger and/or lack of supervision
- Absence of required aids e.g. glasses or dentures
- Pressure sores

### **Institutional Abuse**

**Definition:** Inappropriate practices or systems employed by or within the organisation which deny people using the service, their right to choice, privacy and independence.

**Indicators**

These include:

- Staff become desensitised through lack of management and supervision and accept as reasonable, practices which could be deemed inappropriate outside the organisation;
- Staff and management do not listen to, hear and respond appropriately to views of people using the service;
- The organisation cannot respond within a reasonable timeframe or appropriately to complaints made;
- People using the service are treated collectively rather than as individuals;
- The person's right to privacy and choice are not respected e.g. the practice of entering a person's room without knocking and getting a response;
- Talking about individual's personal or intimate details in a manner that does not respect a person's right to privacy.

These also include:

- Poor record keeping i.e. reports /records unavailable;
- Failure to account for incidents/accidents and falls etc.;
- Unsatisfactory response to complaints;
- Service users appearing frightened/depressed/ anxious;
- Staff ordering people around or shouting at them;
- Poor moving and handling practices;
- Lack of stimulation in daily activity;
- Service users reluctant to talk about their care, visitors/visiting professionals made to feel uncomfortable and unwelcome and lack of opportunity to see service user alone;
- Locks/ties on the outside doors, ties on chairs;
- Furniture in rooms positioned to restrict movement;
- Clothing dirty;
- Poor drug administration systems.

*Extract from "Protection of Vulnerable Adults Policy" (The Catholic Institute for Deaf People) - September 2008: 6-9.*