

# Policy for Safeguarding Vulnerable Persons at Risk of Abuse

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## 1.0 Overview

Localise Youth Volunteering operates a ‘No Tolerance’ approach to any form of abuse and promotes an internal culture which supports this ethos.

It is known that older people and persons with disability can become vulnerable to abuse, even in settings which are intended to be places of care, safety and support.

Localise staff and volunteers are trained in Children’s First, and have the knowledge to respond to child protection and welfare concerns. Localise works with and for many vulnerable groups of adults. Localise, in the course of their work, are in care settings such as hospitals, nursing homes, and other residential and day care settings. Some adult volunteers for Localise may also be classed as vulnerable adults.

Safeguarding adults can be complex. It is important to acknowledge that there may be different responses based on the concern.

There should be a presumption of decision-making capacity unless proven otherwise and a person has a right to make decisions which other people may consider as unwise. The autonomy of the individual must be respected as much as possible.

This Policy and Procedure applies to all Localise staff and Localise Volunteer Leaders, as well as its Board Members.

## 2.0 Definitions

### vulnerable Adult

A Vulnerable Person is an adult who may be restricted in capacity to guard themselves 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.

Common personal risk factors include:

- diminished social skills / judgement
- diminished capacity
- physical dependence
- need for help with personal hygiene and intimate body care
- lack of knowledge about how to defend against abuse.

Environmental risks may include high staff turnover in a service, low staff ratios, institutionalised care and isolation.

The term “disability” for the purposes of this policy applies to persons who have physical, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with other

### 2.2 Types of Abuse

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or lack of insight and ignorance. A person may experience more than one form of abuse at any one time. The following are the main categories/types of abuse.

Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.

Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

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

Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, 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.

More information, including signs and symptoms about these can be found in the appendix.

## **2.3 Who Might Abuse?**

Anyone who has contact with a vulnerable person may be abusive, including a member of their family, community or a friend, informal carer, healthcare/ social care or other worker.

Familial Abuse: Abuse of a vulnerable person by a family member.

Professional Abuse: Misuse of power and trust by professionals and a failure to act on suspected abuse, poor care practice or neglect.

Peer Abuse: Abuse, for example, of one adult with a disability by another adult with a disability.

Stranger Abuse: Abuse by someone unfamiliar to the vulnerable person.

## **2.4 Disclosure and Observation**

A concern regarding concerns or allegations of abuse of a vulnerable person may come to light in one of a number of ways:

- Direct observation of an incident of abuse.
- Disclosure by a vulnerable person.
- Disclosure by a relative/friend of the vulnerable person.
- Observation of signs or symptoms of abuse.
- Reported anonymously

Localise staff and volunteers are often in care settings and may observe abuse or mistreatment of residents/clients. Localise also has vulnerable adults who work with them in volunteer leader capacities. Localise has to be aware of its obligations and duty of care to these volunteers too.

## **3.0 Procedures**

### **3.1 Confidentiality**

All vulnerable persons must be secure in the knowledge that all information about them is managed appropriately and that there is a clear understanding of confidentiality among all service personnel.

All information regarding concerns or allegations of abuse or assessments of abuse of a vulnerable person should be shared, on 'a need to know' basis in the interests of the vulnerable person, with the relevant statutory authorities and relevant professionals.

### **3.2 Capacity**

A key challenge arises in relation to work with vulnerable persons regarding capacity and consent. It is necessary to consider if a vulnerable person gave meaningful consent to an act, relationship or situation which is being considered as possibly representing abuse. While no assumptions must be made regarding lack of capacity, it is clear that abuse occurs when the vulnerable person does not or is unable to consent to an activity or other barriers to consent exist, for example, where the person may be experiencing intimidation or coercion. For a valid consent to be given, consent must be full, free and informed.

The following are key responsibilities and actions for any staff member or volunteer who has a concern in relation to the abuse or neglect of a vulnerable adult. These responsibilities must be addressed on the same day as the alert is raised.

### **3.3 Immediate Protection**

Take any immediate actions to safeguard anyone at immediate risk of harm including seeking, for example, medical assistance or the assistance of An Garda Síochána, as appropriate.

### **3.4 Listen, Reassure and Report**

If the Vulnerable Adult has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what he/she says and ensure he/she is given the support needed.

Do not:

- Appear shocked or display negative emotions
- Press the individual for details
- Make judgments
- Promise to keep secrets
- Give sweeping reassurances

### **3.5 Detection and Prevention of Crime**

Where there is a concern that a serious criminal offence may have taken place, or a crime may be about to be committed, contact An Garda Síochána immediately.

### **3.6 Record and Preserve Evidence**

Preserve evidence through recording and take steps to preserve any physical evidence (if appropriate). As soon as possible on the same day, make a detailed written record of what you have seen, been told or have concerns about and who you reported it to. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The report will need to include:

- when the disclosure was made, or when you were told about/witnessed this incident/s;
- who was involved and any other witnesses, including service users and other staff;
- exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told;
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- include as much detail as possible;
- make sure the written report is legible and of a photocopyable quality;
- make sure you have printed your name on the report and that it is signed and dated;
- keep the reports confidential, storing them in a safe and secure place until needed.

### **3.7 Report and Inform**

Report to the Designated Liaison Person or Deputy Liaison Person as soon as possible. This must be reported on the same day as the concern is raised. The Cat Scanlon must ensure the care, safety and protection of the victim and any other potential victims, where appropriate. He/she must check with the person reporting the concern as to what steps have been taken (as above) and instigate any other appropriate steps. In the absence of the Designated Officer / Line Manager, the Service Manager must be informed immediately.

The following must be done by the Line Manager and/or Designated Officer: The Designated Officer or Line Manager must report the concern to the Safeguarding and Protection Team (Vulnerable Persons) within three working days after he/she has been informed of the concern.

If the concern relates to a designated centre, the Line Manager must notify HIQA in writing within three working days on the appropriate form.

The Line Manager must also notify Tusla immediately if there are concerns in relation to children.

Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed with An Garda Síochána.

### **3.8 Safeguarding Protection Teams**

Learn more about Safeguarding Protection Teams from the HSE [here](#).

The Safeguarding and Protection Team will:

- Receive reports of concerns and complaints regarding the abuse of vulnerable persons.
- Support services and professionals to assess and investigate the concern(s) / complaint(s) and develop intervention approaches and protection plans.
- Directly assess particularly complex complaints and coordinate service responses.
- Support, through training and information, the development of a culture which promotes the welfare of vulnerable persons, and the development of practices which respond appropriately to concerns or allegations of abuse of vulnerable persons.
- Maintain appropriate records.

### **3.8 HIQA**

In the case of suspected abuse occurring in designated centres, such as care and nursing homes or hospitals, Localise shall contact HIQA for advice.

## **4.0 Localise Adult Volunteering Safe Guarding**

Localise Adult Volunteers who would be classed as vulnerable require Localise staff to be aware of group dynamics, individual needs, and to ensure the safety of all. All volunteers need to be safeguarded from inappropriate conversations, jokes, name calling and exclusionary behaviour. It is important to note that the vulnerable adult volunteer may also be the perpetrator of such actions towards others.

### **4.1 Vulnerable Adult: Safeguarding**

If Localise staff or volunteers observe or become aware of a vulnerable adult being the victim of inappropriate behaviour, they must speak with the adult volunteer to ensure their safety and comfort. They must ascertain how they are, how they feel and what Localise can do to help. Staff must then raise the incident with their line manager. If determined to be appropriate in the event of a serious incident, Localise staff can contact their next of kin with the support of their line manager.

### **4.2 Vulnerable Adult: Perpetrator**

All adult volunteers sign up to agree to Localise's Volunteer Code of Conduct. If a vulnerable adult is determined to be the perpetrator, the Code of Conduct must be followed, as well as both informal discussions and formal discussion with Localise staff and management.

*Localise will not tolerate any name calling, abuse, physical violence or discrimination from any of its adult volunteers and they may be asked to leave the group immediately and asked to not return as a volunteer.*

## **5.0 Roles and Responsibilities**

### **5.1 Role of Frontline Personnel**

Promote the welfare of vulnerable person in all interactions.

- Be aware of the services policy and any local procedures, protocols and guidance documents.
- Comply with the policy and procedure to ensure the safeguarding of vulnerable persons from all forms of abuse.
- Support an environment in which vulnerable persons are safeguarded from abuse or abusive practices through the implementation of preventative measures and strategies.
- Avail of any relevant training and educational programmes.
- Be aware of the signs and indicators of abuse.
- Support vulnerable persons to report any type of abuse or abusive practice.
- Ensure that any concerns or allegations of abuse are reported in accordance with the policy.

### **5.2 Role of Line Managers**

Ensure that a local policy for the safeguarding of vulnerable persons is in place and is compliant with this national policy.

- Ensure that local procedures are developed to support the implementation of HSE policy and procedures.
- Promote a culture of zero tolerance for any type of abuse or abusive practice.
- Ensure that the policy and procedures is made available to all employees and volunteers and to all persons accessing services and their advocates/families in an accessible format.
- Maintain a record of all employees and voluntary staff members “sign off” on policies/procedures/guidelines pertaining to the safeguarding of vulnerable persons.
- Ensure that all employees / volunteer staff receive the appropriate training with regard to the implementation of this policy.
- Ensure safeguarding is part of the Induction Programme for everyone involved in the service.
- Ensure that any concerns or allegations of abuse are managed in accordance with the policy.

## **6.0 References**

- <https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf>

## 7.0 Appendix

Type of Abuse: Physical	
<b>Definition</b>	Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
<b>Examples</b>	Hitting, slapping, pushing, burning, inappropriate restraint of adult or confinement, use of excessive force in the delivery of personal care, dressing, bathing, inappropriate use of medication.
<b>Indicators</b>	Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. Service user appears frightened, avoids a particular person, demonstrates new atypical behaviour; asks not to be hurt.

Type of Abuse: Sexual	
<b>Definition</b>	Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.
<b>Examples</b>	Intentional touching, fondling, molesting, sexual assault, rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of a service user. Exposure to pornography or other sexually explicit and inappropriate material.
<b>Indicators</b>	Intentional touching, fondling, molesting, sexual assault, rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of a service user. Exposure to pornography or other sexually explicit and inappropriate material.

Type of Abuse: Emotional/Psychological (including Bullying and Harassment)	
<b>Definition</b>	Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks
<b>Examples</b>	Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance. Failure to show interest in, or provide opportunities for a person's emotional development or need for social interaction. Disrespect for social, racial, physical, religious, cultural, sexual or other differences. Unreasonable disciplinary measures / restraint. Outpacing – where information/choices are provided too fast for the vulnerable person to understand, putting them in a position to do things or make choices more rapidly than they can tolerate.
<b>Indicators</b>	Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness / hopelessness, Extreme low self esteem, tearfulness, self abuse or self destructive behaviour. Challenging or extreme behaviours – anxious/ aggressive/ passive/withdrawn.

Type of Abuse: Financial	
<b>Definition</b>	Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
<b>Examples</b>	Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the service user for financial gain, putting pressure on the service user in relation to wills property, inheritance and financial transactions.
<b>Indicators</b>	No control over personal funds or bank accounts, misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the service users internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.

Type of Abuse: Institutional	
<b>Definition</b>	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
<b>Examples</b>	Service users are treated collectively rather than as individuals. Service user's right to privacy and choice not respected. Staff talking about the service users personal or intimate details in a manner that does not respect a person's right to privacy.
<b>Indicators</b>	Lack of or poor quality staff supervision and management. High staff turnover. Lack of training of staff and volunteers. Poor staff morale. Poor record keeping. Poor communication with other service providers. Lack of personal possessions and clothing, being spoken to inappropriately, etc.

Type of Abuse: Neglect	
<b>Definition</b>	Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.
<b>Examples</b>	Withdrawing or not giving help that a vulnerable person needs so causing them to suffer e.g. malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance.
<b>Indicators</b>	Poor personal hygiene, dirty and dishevelled in appearance e.g. unkempt hair and nails. Poor state of clothing. non attendance at routine health appointments e.g. dental, optical, chiropody etc. socially isolated i.e. has no social relationships.

Type of Abuse: Discriminatory	
<b>Definition</b>	Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
<b>Examples</b>	Shunned by individuals, family or society because of age, race or disability. Assumptions about a person's abilities or inabilities.
<b>Indicators</b>	Isolation from family or social networks.