



PROTECTION OF VULNERABLE ADULTS

October 2020

TÚSLA

An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

CONTENTS

- 1. Policy Statement**
 - 2. Recognition of abuse**
 - 3. Responsibilities of designated persons**
 - 4. Procedures**
 - 5. Dealing with issues of self-neglect**
 - 6. Training**
- APPENDIX 1:** Sample Incident Report Form
- APPENDIX 2:** Sample Referral Form to HSE

1. POLICY STATEMENT

This policy will enable BRiLL FRC to demonstrate its commitment to keeping safe the vulnerable adults with whom it works. BRiLL FRC acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse.

It is important to have the policy and procedures in place so that staff, volunteers, service users and the Voluntary Board of Directors (VBODs) can work to prevent abuse and know what to do in the event of abuse.

From time to time in the course of its work activities, BRiLL FRC may be supporting or working with vulnerable adults through its support to specific groups or the inclusion of vulnerable adults in programmes or activities.

The Policy Statement and Procedures have been drawn up in order to enable BRiLL FRC to:

- Promote good practice and work in a way that can prevent harm, abuse and coercion occurring;
- Ensure that any allegations of abuse or suspicions are dealt with appropriately and the person experiencing abuse is supported;
- Stop the abuse occurring.

For the purposes of this Policy and Procedures, the HSE (Social Care Division) considers a vulnerable adult to be:

- A person over the age of 18 years who is restricted in capacity to guard himself/herself against harm or exploitation, or to report such harm or exploitation.

Vulnerable adults may also be:

- Receiving or in need of community care services because of learning, physical or mental disability, age, or illness;
- Unable to take care of themselves or protect themselves against significant harm or exploitation.

The Policy applies to all staff, including senior managers, VBODs, paid staff, volunteers, sessional workers, students, and anyone working on behalf of BRiLL FRC.

BRiLL FRC understands that adults who become vulnerable have the right to:

- Be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs;
- Be given access to knowledge and information in a manner which they can understand, in order to help them to make informed choices;
- Be provided with information on, and practical help in, keeping themselves safe and protecting themselves from abuse;
- Live safely without fear of violence in any form;
- Have their money, goods and possessions treated with respect and to receive equal protection for themselves and their property through the law;
- Be given guidance and assistance in seeking help as a consequence of abuse;
- Be supported in making their own decisions about how they wish to proceed in the event of abuse, and to know that their wishes will be considered paramount, unless it is considered necessary for their own safety or the safety of others to take an alternate course, or if required by law to do so;
- Be supported in bringing a complaint;
- Have alleged, suspected or confirmed cases of abuse investigated promptly and appropriately;
- Receive support, education and counselling, following abuse;
- Seek redress through appropriate agencies.

BRiLL FRC will ensure that:

- All VBODS members, trustees, staff, volunteers, service users, and carers/families are familiar with this policy and procedures;
- It acts within its confidentiality policy and will usually gain permission from service users before sharing information about them with another agency;
- It makes a referral to the appropriate adult services as and when appropriate;
- Ensure that the Designated Named Person understands his/her responsibility to refer incidents of adult abuse to the relevant statutory agencies (Gardaí/ HSE).

The Designated Named People for the protection of vulnerable adults within the organisation are:

No 1 Name: Glenn Lynch

Role: Manager

Work telephone number: 085 8771772

No 2 Name: Hugh Delahunty
Role: Youth Education Coordinator
Mobile number: 085 8771721

No 3 Name: Ray Power
Role: Social Economy Manager
Work telephone number: 087 2529698

The appropriate personnel within the HSE Safeguarding and Protection Team (Vulnerable Persons) to be contacted in the event of a disclosure/incident, or for support and advice on implementing this policy and procedures, is:

- **Name:**
- **Role:**
- **Contact number:**

Contact in nearest Garda Station:

- **Name:**
- **Role:**
- **Contact Number:**

2. RECOGNITION OF ABUSE

2.1 Introduction

BRiLL FRC is committed to the belief that the protection of vulnerable adults from harm and abuse is everybody's responsibility and the aim of these procedures is to ensure that all managers, VBODs members, staff, students and volunteers act appropriately in response to any concern around adult abuse.

2.2 Preventing abuse

BRiLL FRC is committed to putting in place safeguards and measures to reduce the likelihood of abuse taking place within the services it offers and that all those involved within the organisation will be treated with respect.

Therefore, this policy needs to be read in conjunction with the following policies:

- Equal Rights and Diversity;
- Volunteers;
- Complaints;
- Confidentiality;
- Disciplinary and Grievance Policy in the Staff Handbook;
- Data Protection;
- Recruitment and Selection;
- Any other relevant policies that the organisation has in place;

BRiLL FRC is committed to safe recruitment policies and practices for paid staff and volunteers, ensuring that references are taken up and that adequate training on Safeguarding Vulnerable Adults is provided for staff and volunteers. The VBODs will be required to ensure that staff and volunteers have two references and that Garda Vetting procedures are undertaken.

Information will be available about complaints procedures and Safeguarding Adults Policy Statement will be available to service users and their carers/families.

2.3 Recognising the signs and symptoms 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 wellbeing, 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”*.

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.

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, and the withholding of the necessities of life such as medication, adequate nutrition and heating;
- **Discriminatory abuse** includes ageism, racism, sexism, abuse 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.

Abuse may take a variety of forms. This definition excludes self-neglect, which is an inability or unwillingness to provide for oneself. However, the HSE in its national Policy Framework acknowledges that people/organisations may come into contact with individuals living in conditions of extreme self-neglect and have a policy in place to address this issue.

Anyone who has contact with a vulnerable person may be abusive. This can include but is not limited to:

- Familial 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, for example, of one adult with a disability by another adult with a disability;
- Stranger abuse – abuse by someone unfamiliar to the vulnerable person.

3. RESPONSIBILITIES OF DESIGNATED PERSONS

BRiLL FRC has an appointed individual who is responsible for dealing with any safeguarding adult concerns. In their absence, a deputy will be available for workers to consult with. The Designated Named Person(s) are outlined in the Policy Statement above.

Should either of these named people be unavailable then management committee members, staff, should contact directly the designated person from the HSE, contact details in Policy Statement above.

The roles and responsibilities of the **named person(s) within BRiLL FRC** are to:

- Ensure that all staff including volunteers, students and VBODS are aware of what they should do and who they should go to if they have concerns that a vulnerable adult may be experiencing, or has experienced abuse or neglect;
- Ensure that concerns are acted on, clearly recorded and referred to appropriate service;
- Follow up any referrals and ensure the issues have been addressed;
- Consider any recommendations from the process followed;
- Reinforce the utmost need for confidentiality and to ensure that staff and volunteers are adhering to good practice with regard to confidentiality and security. This is because it is around the time that a person starts to challenge abuse that the risks of increasing intensity of abuse are greatest;
- Ensure that staff and volunteers working directly with service users who have experienced abuse, or who are experiencing abuse, are well supported and receive appropriate supervision.

The role and responsibilities of the **HSE Safeguarding and Protection Team** (Vulnerable Persons) will be to:

- Provide an advice service to any person who may wish to report a concern or complaint of alleged abuse of a vulnerable person;
- Receive reports of alleged abuse of vulnerable persons on behalf of the HSE;
- Support and advise services in responding to reports of alleged abuse;
- Assess and manage complex cases of alleged abuse;
- Provide training to staff;
- Maintain information/records;
- Collect and collate data in a consistent format;
- Participate in assurance processes.

Designated Officer within the Safeguarding Protection Team will be responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons;
- Ensuring the appropriate manager is informed and collaboratively ensuring necessary actions are identified and implemented;
- Ensuring that reporting obligations are met;
- Other responsibilities, such as conducting preliminary assessments and further investigations, may be assigned within a specific service.

4. PROCEDURES

4.1 Responding to people who have experienced or are experiencing abuse

BRiLL FRC recognises that it has a duty to act on reports, or suspicions of abuse or neglect. It also acknowledges that taking action in cases of adult abuse is never easy.

How to respond if you receive an allegation:

- Reassure the person concerned;
- Listen to what they are saying;
- Inform the Designated Named Person in your organisation;
- Record what you have been told/witnessed as soon as possible;
- Remain calm and do not show shock or disbelief;
- Assure them that the information will be treated seriously;
- Do not start to investigate or ask detailed or probing questions;
- Do not promise to keep it a secret.

If you witness abuse, or if abuse has just taken place, the priorities will be to:

- Call an ambulance, if required;
- Call the Gardaí, if a crime has been committed;
- Preserve evidence;
- Keep yourself, your staff, volunteers and service users safe;
- Inform the Designated Named Person in your organisation;
- Record what happened under the name of the place/file/log where safeguarding adult concerns are recorded.

All situations of abuse or alleged abuse will be discussed with the Designated Named Person or their deputy.

If it is appropriate and there is consent from the individual, or there is a good reason to override consent, such as risk to others, a referral (alert) will be made to the appropriate service.

If the individual experiencing abuse does not have capacity to consent, a referral will be made without that person's consent, in their best interests.

4.2 Dealing with concerns

A concern regarding fears or allegations of abuse of a vulnerable person may come to light by means of:

- 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;
- Anonymous reporting;
- A complaint through the HSE or agency/organisation complaints' process.

The alleged perpetrator may be, for example, a family member, a member of the public, an employee of the HSE, or in an organisation providing services. Abuse can take place anywhere – in a service operated by the HSE or in an organisation funded by the HSE. The concern/complaint may also arise in the person's own home or other community setting. If unsure whether an incident constitutes abuse or warrants actions, **the Safeguarding and Protection Team (Vulnerable Persons) is available for consultation.**

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

- Immediate protection: take any immediate actions to safeguard anyone at immediate risk of harm, including seeking medical assistance or the assistance of An Garda Síochána, as appropriate;
- Listen, reassure and support: if the vulnerable adult has made a direct disclosure of abuse, or is upset and distressed about an abusive incident, listen to what they say and ensure that they are 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;
- 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;
- Record evidence;
- 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 what concerns you have, and who you reported the matter 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 the 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 that the written report is legible and of good quality;
- Ensure that you have printed your name on the report and that it is signed and dated;
- Keep the report(s) confidential, storing them in a safe and secure place until needed.

Report and inform:

- Report to the Designated Officer/Line Manager as soon as possible;
- This must be reported on the same day that the concern is raised;
- The Line Manager must ensure the care, safety and protection of the victim and any other potential victims, where appropriate;
- They must check with the person reporting the concern as to what steps have been taken (as above) and instigate any other appropriate steps;
- The Designated Officer or Line Manager must report the concern to the Safeguarding and Protection Team (Vulnerable Persons) within three working days after being informed of the concern;
- 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.

5. DEALING WITH ISSUES SELF-NEGLECT

Family, friends and community have a vital role in helping vulnerable people remain safe in the community. Visiting, listening and volunteer-driving are examples of ways to reduce isolation. People wish to respect autonomy and may not want to be intrusive. However, if concerned or aware of a significant negative change in behaviour, consider making contact or alerting the services. The purpose of this section is to offer guidance to staff/volunteers of BRiLL FRC who may have become aware of concerns regarding extreme self-neglect.

Cases of self-neglect may require multi-disciplinary and/or multi-agency involvement. This applies to all HSE services and those organisations in receipt of funding from the HSE.

5.1 Definitions of Self-neglect

Self-neglect is the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently. It can include:

- A vulnerable person's profound inattention to health or hygiene, stemming from an inability, unwillingness, or both, to access potentially remediating services;
- The result of an adult's inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks;
- The failure of a person to provide for themselves the goods or services, including medical services, that are necessary to avoid physical or emotional harm or pain.

Self-neglect in vulnerable adults is a spectrum of behaviours defined as the failure to:

- (a) Engage in self-care acts that adequately regulate independent living;
- (b) Take actions to prevent conditions or situations that adversely affect the health and safety of themselves or others.

5.2 Groups that may present with self-neglecting behaviours

- Those with lifelong mental illness;
- People with degenerative neurocognitive disorders such as dementia or affective disorders such as depression;
- Those whose habit of living in squalor is a longstanding lifestyle with no mental or physical diagnosis;
- Those who consume large quantities of alcohol, with the consequences of such drinking possibly precipitating self-neglect;
- Those who live alone, in isolation from social support networks of family, friends and neighbours;
- Self-neglect can be non-intentional, arising from an underlying health condition, or intentional, arising from a deliberate choice.

5.3 Guiding principles

- Self-neglect occurs across the life span. There is a danger in targeting vulnerable people and the decisions they make about their lifestyle, which society may find unacceptable;
- The definition of self-neglect is based on cultural understandings and challenges cultural values of cleanliness, hygiene and care. It can be redefined by cultural and community norms and professional training;
- A threshold needs to be exceeded before the label of self-neglect is attached. Many common behaviours do not result in action by social or health services or the courts;
- People should distinguish between self-neglect, which involves personal care, and neglect of the environment, manifested in squalor and hoarding behaviour;
- People should recognise the community aspects or dimensions rather than having a purely individualistic focus on capacity and choice. Some self-neglecting behaviour can have a serious impact on family, neighbours and surroundings;

- People should recognise the importance of protection from harm and not just “non-interference” in cases of refusal of services. Building trust and negotiation is critical for successful intervention;
- Interventions need to be informed by the vulnerable person’s beliefs regarding the stress experienced by care givers, including family members, and must address the underlying causes;
- Assumptions must not be made regarding lack of mental capacity and, as far as possible, people must be supported in making their own decisions.

5.4 Procedures

Concerns regarding extreme neglect can arise for a variety of people in diverse circumstances. It is critical to remain open to considering the possibility that a vulnerable person may not be acting in their own interest and that their welfare is being seriously compromised. The organisation should therefore consider the following issues:

- Whether the possibility of extreme self-neglect is a professional responsibility and a service to the person;
- Whether the concerns are with appropriate people and directly with the vulnerable person themselves;
- If concerns cannot be addressed directly, should they should be addressed to the Safeguarding and Protection Team (Vulnerable Persons), who will assist in an assessment of the severity of the situation.

Approach:

As far as possible and appropriate, the Safeguarding and Protection Team (Vulnerable Persons) will support professionals and services in undertaking assessment and intervention.

Assessment:

On receiving a report of concern about a vulnerable person neglecting themselves, BRiLL FRC will begin the process of preliminary assessment and will:

- Establish whether the vulnerable person is aware of the referral and their response to the person making the referral;
- Consult with other health and social care professionals in order to gain further information;
- Establish the areas of concern, i.e. the manifestations of self-neglect and the perception of those making the referral of the potential harm to which the vulnerable person and/or others are exposed;

- Establish if there have been any previous attempts to intervene and the outcome of such attempts/interventions;
- Discuss with the contact person in the Safeguarding and Protection Team the possibility of establishing a multidisciplinary strategy meeting, where a decision can be reached on the person best placed to take a lead role. A comprehensive assessment may need to be undertaken another by a relevant specialist;
- In the event of a multidisciplinary team being established, BRiLL FRC should be willing to attend and respond as appropriate to any care plan developed with the agreement and cooperation of the vulnerable person themselves.

6. TRAINING

Some training may be required for the organisation to come up to speed with this issue. Advice should be sought from suitable HSE personell;

Seek further advice and information from the appropriate HSE personnel on completion of this Policy

This Protection of Vulnerable Adults Policy was discussed and agreed at a meeting of the VBODS on _____.

Signed: _____
Chairperson

Review History:

Developed July 2019
Ratified 30/9/2020

Review Date: October 2023*

(* unless more urgent review need identified)

Confidential Recipient for Vulnerable Persons

A Confidential Recipient is an independent person appointed by the HSE to receive, refer and examine concerns and allegations of abuse, negligence, mistreatment or poor care practices in HSE or HSE funded residential care facilities in good faith from patients, service users, families, other concerned individuals and staff members.

www.hse.ie/confidential/

APPENDIX 1

SAMPLE INCIDENT REPORT FORM

SAMPLE INCEDENT REPORT FORM

Person completing the form:

Role:

Name of organisation:

Telephone numbers:

Details of incident/suspected or actual abuse

To be completed by staff/volunteer reporting the incident supported by the designated lead officer within the organisation responsible for safeguarding vulnerable adults

Date of alleged incident/harm:

Area where incident/harm took place:

Time of alleged incident/harm:

Name of person who reported the alert:

Date:

Details of those involved:

Details of alleged victim:

Name and address of GP:

Name:

Address:

Ethnic origin:

Date of birth:

Nature of alleged victim's vulnerability:

Telephone numbers:

Any other details (e.g. communication needs):

Details of alleged perpetrator

Ethnic origin:

Name :

Relationship to victim:

Address:

Are they a vulnerable adult? Yes/No

Alleged perpetrator's vulnerability (if applicable):

Date of birth:

Telephone numbers:

Any other details:

If the alleged perpetrator is a staff member, please provide staff details (e.g. job role, employer, address of place of work):

Have you made the victim aware that details of the incident are being recorded and will be investigated?

Yes _____ No _____

If not, why not?

Type of abuse (please tick one or more box, as required):

✓			
Sexual		Physical	
Emotional		Neglect or omission	
Psychological		Financial/material	
Discriminatory abuse		Institutional	
Other (i.e. suspicious death of a service user)			

Description of alleged incident/alleged harm, detailing all people involved, including witnesses:

On this page please give a detailed description of the incident (please include times) and any other comments you feel are relevant. If necessary attach further pages.

Describe what action you took immediately after the incident/allegation of harm (e.g. administered first aid, asked perpetrator to leave, took victim to secure area):

Were the Gardaí called?

Yes _____ No _____

Were any other emergency services called? If yes, which service(s)?

Yes _____ No _____

Names and badge numbers of Gardaí:

Outcome (response time, taken to hospital, etc.):

Are any other agencies involved?

Yes _____ No _____

Please provide details of agencies:

Are there any capacity issues?

Yes _____ No _____

Please provide details:

Has the victim made any previous referrals/alerts?

Yes _____ No _____

Please provide details (e.g. dates, type of abuse):

Is the victim in immediate danger of further abuse?

Yes _____ No _____

Have any immediate actions been identified to reduce the potential for further abuse?

Yes _____ No _____

Has an initial assessment been made to determine further potential risk to the victim?

Yes _____ No _____

What actions have been taken to reduce the potential for further abuse?

Are there any risks to others? (e.g. vulnerable adults, children)

Yes _____ No _____

Please provide details (include anyone with whom this information has been shared, e.g. Children's Social Care, Gardaí):

Signed:

Date:

Time:

This form must be sent to the: _____ Adult Social Care Direct team/or allocated social worker within 24 hours of the suspected or actual abuse, or as soon as possible after they have been made aware of the incident.

This form can be emailed to: _____

This must be accompanied a phone call to: _____

This is a confidential document and should be stored securely according to your own organisation's procedures. It is your responsibility to ensure that this is done.

APPENDIX 2

SAMPLE REFERRAL FORM TO HSE



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

SEND FORM TO:

Email:

Phone No:

REFERRAL FORM FOR COMMUNITY-BASED REFERRALS

SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY AND PROCEDURES

There is duty of care to report allegations or concerns, regardless of whether the client has given consent.

The referrer should take any immediate actions necessary, as per policy, in relation to seeking An Garda Síochána or medical assistance.

Vulnerable person's details:

Name: _____ Date of birth: _____

Address: _____

Marital status: _____ Contact Phone Number :/Mobile: _____

Does anyone live with client: Yes No If yes, who?: _____

Medical history and any communication support needs (as understood by referrer):

Details of the person's vulnerability (as understood by referrer):

Is the client aware this referral is being made? Yes No

Has the client given consent? Yes No

Is there another nominated person they want us to contact? If so, please give details:

Name: _____ Contact details: _____

Relationship to vulnerable person: _____

GP contact details:

Name: _____ Telephone: _____

Primary care team details (i.e. social worker, PHN):

Any other key services/agencies involved with client (please include name and contact):

Details: _____

Details of allegation/concern: Please tick as many boxes as relevant:

Physical abuse

Financial/material abuse

Psychological/Emotional abuse

Neglect/acts of omission

Sexual abuse

Discriminatory abuse

Extreme self-neglect*

Institutional abuse

(An extra sheet/report can be included if required)

Details of concern:

Details of person allegedly causing concern (if applicable)

Name: _____ Relationship to vulnerable person: _____

Address: _____

Is this person aware of this referral being made: Yes No

Details of person making referral:

Name: _____ Job title (if applicable): _____

Agency/address: _____

Landline number _____ Mobile number: _____

Signature: _____ Date: _____