



CONGREGATION OF THE MOST HOLY REDEEMER – THE REDEMPTORISTS

Safeguarding of Vulnerable Adults Policy
(Adults at Risk of Abuse)

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1. STATEMENT OF POLICY

The Redemptorists are committed to the policies of the Catholic Church and those of the countries in which we minister. We accept and recognise our responsibilities to inform ourselves of the issues that cause harm to adults and to establish and maintain a safe, person-centred environment. We will strive to safeguard adults at risk of abuse and will report concerns of abuse in line with best practice and national policy requirements.

In his Apostolic Letter “Vos Estis Lux Mundi” Pope Francis stresses the importance of protecting vulnerable people and putting in place “concrete and effective” actions that involve everyone in the Church, to ensure the effectiveness of the Church’s mission.

We accept all civil and ecclesiastical requirements governing how we should treat adults, and we commit ourselves to compliance with the policy set out here.

This Policy and Procedure has been developed in line with the Health Information and Quality Authority (HIQA) and the Mental Health Commission (MHC) National Standards for Adult Safeguarding 2019, the HSE Final Draft Adult Safeguarding Policy 2019 (yet to be implemented), the HSE Safeguarding Adults at Risk of Abuse National Policy and Procedures 2014, as well as legislation related to safeguarding.

2. SCOPE AND PURPOSE OF POLICY

This Policy is to be complied with by all members of The Redemptorists in Ireland, employees and volunteers in our places of residence and Ministry who care for adults.

The Purpose of this Policy is to help protect adults at risk of abuse from harm by:

- Setting out the Principles and Procedures which must underpin all our contact with adults;
- Providing a framework for how our members, staff and volunteers should relate to members of the Congregation in Ireland who may be at risk of abuse in one or more recognised ways;
- Creating a climate in which all our members may live in mutual respect and where differences in strengths and vulnerabilities are accepted.

3. SAFEGUARDING PRINCIPLES

The 11 fundamental safeguarding principles, as set out by the HSE and adopted by the Congregation are that:

- 1) Safeguarding is everyone's responsibility.
- 2) Everyone must have a 'zero tolerance' approach to any form of abuse.
- 3) The duty to report safeguarding concerns rests with the person who has the concern.
- 4) There should be no delay in reporting a safeguarding concern.
- 5) It is necessary to ensure the immediate safety of the adult at risk of abuse.
- 6) There should be no delay in implementing a Safeguarding Protection Plan.
- 7) Good collaborative working is central to safeguarding. All parties should share relevant information that is known to them, within the rules of data protection and confidentiality.
- 8) Any information about an adult at risk of abuse must be managed appropriately and shared/processed on the basis of "necessity" with the HSE/HSE funded services and relevant statutory authorities.
- 9) Safeguarding should be founded on an approach where the adult is at the heart of all decisions and actions.
- 10) A health or social care professional already known to the adult at risk of abuse, or assigned to them, should be involved in the management of the concern, where possible and appropriate.
- 11) Considerations of capacity and consent are central to adult safeguarding. The right of a person to make decisions and remain in control of their life must be respected.

These principles guide our response to concerns or allegations of abuse.

4. KEY DEFINITIONS

The majority of adults can protect themselves and may simply need advice or guidance. Others may require support to protect themselves and require plans to reflect actions which reduce the risk of potential abuse. A minority of people cannot protect themselves adequately from abuse and will require an additional protection.

Safeguarding should also be viewed as responding to concerns to prevent abuse from occurring.

The Redemptorists recognises that there are a number of adults who may be described as being "at risk of abuse".

Adult at Risk of Abuse: For the purpose of this policy the definition of an adult "at risk of abuse" is aged 18 years or over, who is:

- At risk of experiencing abuse, neglect, or exploitation by a third party and
- Lacks mental or physical capacity to protect themselves from harm at this time in their lives.

Abuse: Abuse is a single or repeated act, or omission, which violates a person's human rights or causes harm or distress to a person. For the purposes of this policy, abuse is understood to mean abuse by a third party.

Harm: The impact of abuse, exploitation or neglect on the person. Harm arises from any action, whether by a deliberate act or an omission, that may cause impairment of physical, intellectual, emotional, or mental health and wellbeing.

These definitions are aligned with the Final Draft HSE Adult Safeguarding Policy (2019).

5. CONSENT AND CAPACITY

It is important that all members , employees and volunteers understand the issues of consent and capacity in order to establish an individual's ability to give meaningful consent.

Consent is a clear indication of a willingness to participate in an activity or to accept a service. The person may signal consent verbally, by gesture or in writing. Decisions with more serious consequences will require more formal consideration of consent and appropriate steps should always be taken to ensure that consent is valid.

The consent of an adult is considered valid ONLY if:

- They have the capacity to consent, i.e. they can understand and weigh up the information needed to make the decision.
- Sufficient information has been given to them, in an appropriate way, on which to base the decision.
- Consent has been given on a voluntary basis that is free from coercion or negative influence.

If any of these three factors are absent, consent cannot be considered to be valid.

No other person such as a family member, friend or carer (and no organisation) can give or refuse consent on behalf of an adult who lacks capacity to consent unless they have formal legal authority to do so.

Any doubts or concerns about whether the consent of a person is valid, or whether they have the capacity to consent, they should bring this to the attention of the Provincial, who will seek professional advice and consult with the relevant statutory authorities if there are safeguarding concerns.

The Assisted Decision-Making (Capacity) Act 2015

The Assisted Decision-Making (Capacity) Act 2015 was signed into law on the 30th of December 2015 and came into effect on 26th April 2023.

The Act reforms Ireland's Capacity legislation which has been in place since the 19th century. It establishes a modern statutory framework to support decision-making by adults who have difficulty in making decisions without help.

Once the Act is commenced in its entirety, it will impact on the approach to consent and capacity and this policy will need to be reviewed and updated in line with the phased commencement of the Act.

6. CONFIDENTIALITY AND ITS LIMITATIONS

Members, employees and volunteers should treat all information relating to concerns, allegations or suspicions around the abuse of an Adult, as confidential. This information should only be communicated on a need-to-know basis and, in most circumstances, with the consent of the Adult.

Members, employees and volunteers should be clear that in circumstances where they have concerns about an individual's safety and welfare, or the safety of others, they should pass on information, in line with this policy and procedure, which they may have been told in

confidence.

All records relating to issues, concerns or allegations of a safeguarding nature will be maintained and stored securely.

Sharing information with statutory agencies.

Data protection legislation including the General Data Protection Regulation (the GDPR) and the Data Protection Act 1988 to 2018 (together the "Legislation") provide rules which apply to the collection, use and processing of personal information concerning individuals ("data subjects").

In adult safeguarding, situations arise where the sharing of information does not always require consent to process the personal data of the adult. In these situations, certain conditions are met and there is a legal basis for processing such personal data.

A person raising a safeguarding concern should, as appropriate, be informed that disclosures of information to others, including An Garda Síochána and the HSE, can occur where certain considerations pertain including situations where:

- An adult at risk is the subject of repeated abuse.
- The risk of further abuse exists.
- There is reason to believe that a crime may have been committed.
- There is a risk of abuse to another adult at risk of abuse.
- There is reason to believe that the person alleged to be causing concern is a risk to themselves/others.
- There is an existing legal obligation to report such as Criminal Justice (Withholding of Information on Offences against Children and Adults) Act 2012.

While respecting an adult's right to self-determination, situations can arise where information is suggestive of abuse and/or of a crime, although the adult with decision-making capacity has indicated that they do not wish for a safeguarding intervention or wish to make a statement of complaint. If the threat or the risk of abuse is of a serious nature to the adult or another person, the DLP can consult with the HSE Safeguarding and Protection team for advice and guidance.

When sharing information regarding a concern of abuse, it is essential to be clear whether the adult is at immediate and serious risk of abuse. If this is the case, it is essential to outline the protective actions to be taken and already in place. The will and preference of the adult at risk, where these have been, or can be ascertained, must be included.

7. ROLES & RESPONSIBILITIES – SAFEGUARDING ADULTS AT RISK OF ABUSE.

The Redemptorists, their employees and volunteers have a duty to protect Adults from any form of abuse. Such responsibility requires that members of our Congregation, staff and volunteers follow the guidance outlined in this Safeguarding Policy.

The Provincial has the following responsibilities in relation to this policy.

- To ensure that our policy on safeguarding adults at risk of abuse with whom we interact, is working effectively.
- To ensure that implementation of this policy is regularly monitored and reviewed.
- To liaise with the DLP and make decisions on specific concerns.
- Review on a quarterly basis all concerns or allegations of abuse and their current status.
- Ensure that service providers have in place arrangements to support the implementation of this Policy as specified in the service agreement/contract
- To ensure that training is made available to those in key roles
- If a complaint or allegation of abuse concerns an employee, the Congregation will invoke the relevant HR policies and procedures which apply without delay to ensure that the employee is afforded due process.
- If a complaint or allegation of abuse concerns a member of the Redemptorists the Provincial will invoke the relevant procedures which will be applied without delay, and it is a separate process from the taking of any timely safeguarding measures that may be necessary for the safety and welfare of the adult.

The DLP has the following responsibilities in relation to this policy.

- To receive, respond to, manage and record all concerns or allegations of abuse regarding adults from start to finish in an appropriate and swift manner, and ensure that all the relevant information is collated.
- To ensure all reporting obligations are met, both internally, and to any relevant statutory authorities.
- To provide regular information on the progress of any enquiry to the Provincial and others as appropriate.
- To liaise with statutory agencies for the purposes of safeguarding adults at risk of abuse e.g. HSE, An Garda Siochana.
- To ensure the policy is available to all Members, staff and volunteers and information sessions are undertaken every 3 years on the policy.
- The DLP must ensure the care, safety, and protection of the adult at risk of abuse and any other adults potentially at risk, where appropriate.
- They must check with the person reporting the concern as to what steps have been taken (as above) and initiate any other appropriate measures.
- Ensure that the adult at risk of abuse is not in imminent danger and that any medical or Garda assistance required has been obtained.

- Determine whether or not the concern is of a safeguarding nature. This may involve gathering of the information but not investigating.

The role of Members, Employees and Volunteers

- Promote the welfare of adults in all interactions.
- Be aware of, and comply with, this *Safeguarding Adults at risk of Abuse Policy*.
- Support an environment in which Adults 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 adults to report any type of abuse or abusive practice.
- Ensure that any concerns or allegations of abuse are reported in accordance with policy.

8. RECOGNITION OF ABUSE

All Members, employees and volunteers must be clearly informed about what constitutes harm/ abuse of an adult and must be able to recognise the signs of harm/abuse. There are several forms of abuse, any or all of which may occur 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 information provides definitions, examples and indicators of abuse, (not exhaustive) with which all must be familiar.

Physical Abuse.

Definition: The use of physical force, the threat of physical force or mistreatment of one person by another which may or may not result in actual physical harm or injury.

Sexual Abuse.

Definition: Any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling; coercive, exploitative, harmful, or unwanted towards another person.

Emotional/Psychological Abuse (including Bullying and Harassment).

Definition: Behaviour that is psychologically harmful to another person and which inflicts anxiety or mental distress by threat, humiliation or other verbal/non- verbal conduct.

Financial or Material Abuse.

Definition: The unauthorised and improper use of funds, property or any resources including pensions, or others statutory entitlements or benefits. Financial abuse involves an act or acts where a person is deprived of control of their finances or personal possessions or exploited financially by another person or persons.

Organisational Abuse.

Definition: The mistreatment of people brought about by the poor or inadequate care or support or systemic poor practices that affect the whole care setting. This can occur in any organisation or service, within and outside Health and Social Care provision.

Organisational abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place. Organisational abuse can be brought about by poor or inadequate care or support services, or systematic poor practice that affects the whole care setting. It can occur when an individual's wishes and needs are sacrificed for the smooth running of a group, service or organisation.

Neglect.

Definition: The withholding of or failure to provide appropriate and adequate care and support which is required by another person. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.

Discriminatory Abuse.

Definition: Unequal treatment, harassment or abuse of a person(s) based on age, disability, race, ethnic group, gender, gender identity, sexual orientation, religion, family status or membership of the travelling community.

Online or Digital Abuse.

Definition: An abusive or exploitative interaction occurring online or in a social media context.

Human trafficking/Modern Slavery.

Definition: Human trafficking/modern slavery involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting.

(Refer to Appendix 1 which sets out examples and indicators for each type of abuse).

Abuse can happen in many different contexts or settings including the following:

- Familial Abuse - Abuse by a family member/ community member.
- Professional Abuse - Misuse of power and trust by employed staff, health and social care professionals and failure to act on suspected abuse, poor care practice or neglect.
- Stranger Abuse - Abuse by someone unfamiliar to the adult
- Abuse between Peers - Harm perpetrated upon one adult by another adult. In relation to the response to such a context, it is important to consider contextual factors such as impact, intent, decision making capacity, behaviour support and any other relevant arrangements.

9. RESPONDING TO CONCERNS OR ALLEGATIONS OF ABUSE TO ADULTS AT RISK

It is recognised that abuse can happen at any time, in any setting and therefore this policy has provided a procedural process for all to respond and report their concerns of abuse or the risk of abuse.

These procedures are outlined below. Being alert to potential abuse plays a major role in ensuring that adults are safeguarded, and it is important that all concerns about possible abuse are reported.

Concerns or allegations of abuse may come to light in one of a number of ways:

- Direct observation of an incident of abuse;
- Disclosure by the adult themselves;
- Disclosure by a relative/friend;
- Observation of signs or symptoms of abuse;
- Anonymous reporting;
- Concerns raised through a complaint process;
- During the course of engagement with the adult.

Abuse can take place anywhere. If unsure that an incident may constitute abuse or warrants actions, the DLP is available for consultation/ advice/ support.

Remember

- Safeguarding is everyone's responsibility
- Everyone must have a zero-tolerance approach to any form of abuse.
- The duty to report safeguarding concerns rests with the person who has the concern.
- There should be no delay in reporting a safeguarding concern.
- It is necessary to ensure the immediate safety of the adult at risk of abuse.

Steps to be taken on the same day when concerns come to light are:

The following are key responsibilities and actions for anyone who has a concern in relation to the abuse or neglect of an adult at risk of abuse.

1. Take Immediate Action to Protect

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

2. Listen, Reassure and Support

If the adult at risk of abuse has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what they says and ensure they are given the support

needed. It is important to engage with the them in their preferred communication method. Advise them of the concern as you understand it and always seek to ascertain her will and preference.

3. Report & Inform

- For all concerns of abuse of adults at risk of abuse the DLP must be notified of the concern on the same day, with a clear written record to be completed without delay.
- The DLP will refer any concern of abuse of an adult at risk of abuse to the HSE Safeguarding and Protection Team and/or An Garda Síochána.
- If the person allegedly causing the concern is a staff member, volunteer or a member of the congregation, then the congregation leadership must additionally be informed as well as the DLP.
- The Redemptorists will cooperate with the HSE Safeguarding and Protection Team and/or An Garda Síochána.
- If a Members, who may be an adult at risk of abuse, receives services from the HSE, or a Private Provider or Contractor and a cause for concern arises with regard to them in relation to a staff member (including a volunteer), the DLP will inform and report the matter to the Safeguarding Coordinator of the Employee's organisation. However, the DLP is required to be kept informed, on the basis of necessity, regarding decisions and outcomes in respect of the safeguarding and protection plan.

4. Response to Possible Crime

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

5. Record and Preserve Evidence

Preserve evidence through recording and take steps to preserve any physical evidence (if appropriate).

If the safeguarding adult concern also raises a concern over the safety or welfare of a child TUSLA and/or An Garda Síochána must be notified, in accordance with the Children First National Guidance for the Protection and Welfare of Children.

Follow Up Actions

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. Where possible try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The written record should include details of:

- When the disclosure was made, or when you were told about/witnessed this

incident/s;

- Who was involved and any other witnesses, including other adults at risk of abuse and 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, for example previous incidents that have caused you concern.

Remember

- To include as much detail as possible;
- Make sure the written account is legible and of a photocopiable quality;
- Make sure you have printed your name on the report and that it is signed and dated;
- Keep all records confidential, storing them in a safe and secure place until needed.

RECORDING

It is important that all concerns or allegations of abuse including the risks and risk-reducing measures are recorded and kept under review. Some degree of risk-taking is an essential part of fostering independence. In a culture of positive risk taking, risk assessment should involve everyone affected, including adults, Members, employees, carers and volunteers.

RESPONDING TO DISCLOSURES OF ABUSE

In situations where an adult discloses abuse, it is important that Members, Employees and Volunteers respond appropriately and in accordance with the following guidelines:

Do

- Stay Calm
- Listen and hear
- Express concern and sympathy about what has happened
- Reassure the person – tell him/her that they did the right thing in telling you
- Let the person know that the information will be taken seriously and give information about what will happen next
- If urgent medical help is required, call 999
- Ensure the immediate safety of the person
- Be aware that forensic evidence might be needed
- Record what you have seen or what you have been told in writing, and include as much detail as possible
- Date and sign the report
- Report the matter to the DLP on the same day.
- Act without delay.

Do Not

- Stop someone disclosing to you
- Appear shocked or display negative emotions
- Promise to keep secrets
- Press the person for more details or make them repeat the story
- Make judgements
- Give sweeping reassurances
- Gossip about the disclosure or pass any information about this to anyone who does not have a legitimate need to know
- Contact the alleged abuser
- Attempt to investigate yourself
- Leave details of your concern on a voice mail or by email
- Delay in reporting the matter.

If the concern is considered to be a concern of abuse to an adult at risk of abuse, the DLP will report the matter to the HSE Safeguarding and Protection Team and/or An Garda Siochana on the same day

If the concern is considered not to be a concern of abuse, there is no requirement to refer to a statutory authority. A confidential record will be kept of the concern raised, the action taken and the reasons for not referring to the civil authorities.

The Redemptorists recognises that the welfare of the adult is the paramount concern. Therefore, those dealing with such allegations will do so sensitively and will act in a careful and measured way.

1. Where there is doubt or uncertainty the DLP will consult with the Provincial , and if necessary, the relevant statutory agencies;
2. Where a discussion has taken place and it is decided that a referral should not be made to a statutory agency, this will be recorded, and the file will be stored securely. This is important in case concerns are raised in the future which, when taken together, indicate that an adult is being harmed and protective action is required.
3. In situations where advice of the statutory agency was sought and where they consider the concern to be of a safeguarding nature a formal written referral will always be made by the DLP.
4. The DLP will be available as required to assist the investigation/inquiries undertaken by the statutory agencies.

COMPLAINTS

There is a difference between a complaint and a concern of abuse. Some complaints might raise concerns of abuse and such situations are required to be addressed by this Safeguarding Adults at Risk of Abuse Policy and Procedure.

ANONYMOUS AND HISTORICAL COMPLAINTS

All concerns or allegations of abuse must be reported to the DLP, regardless of the source or date of occurrence.

Critical issues for consideration include:

- The significance/seriousness of the concern/complaint.
- The potential to obtain independent information.
- Potential for ongoing risk.

In relation to historical complaints the welfare and wishes of the person and the potential for ongoing risk will guide the intervention. Any person who is identified in any complaint, whether historic or current, made anonymously or otherwise, has a right to be made aware of the information received. The HSE Safeguarding and Protection Teams and TUSLA Child and Family Agency can advise and guide on the most effective course of action, depending on the level of current risk to adults and children.

10. LEGISLATION/STANDARDS/GUIDANCE

Criminal Justice Legislation

An Garda Síochána must be informed if it is suspected that the concern or complaint of abuse may be criminal in nature; this may become apparent at the time of disclosure or following the outcome of the preliminary assessment.

The Criminal Justice (Withholding of Information on Offences against Children and Adults) Act 2012

The Criminal Justice (Withholding of Information on Offences against Children and Adults) Act 2012 came into force on 1st August 2012. It is an offence to withhold information on certain offences against children and adults from An Garda Síochána.

The Domestic Violence Act 2018

The Domestic Violence Act 2018 replaces the Domestic Violence Act 1996 and the Domestic Violence (Amendment) Act 2002 and brings in positive and significant changes. Existing provisions on domestic violence are brought together in one piece of legislation to make the legislation easier to use.

National Vetting Bureau (Children and Adults) Acts 2012-2016

Under these Acts it is compulsory for employers to obtain vetting disclosures in relation to anyone who is carrying out relevant work with children or vulnerable adults. The Acts create penalties for persons who fail to comply with their provisions. Statutory obligations on employers in relation to Garda vetting requirements for person working with children and vulnerable adults are set out in the Acts.

Protected Disclosure Act 2014

Under the Act, you make a protected disclosure if you are a worker and you disclose relevant information in a particular way. Information is relevant if it came to your attention in connection with your work and you reasonably believe that it tends to show wrongdoing.

Assisted Decision Making (Capacity) Act 2015

This Act has significant implications for the provision of safe person-centred approaches, based on respecting the individual rights of each person. The Act supports decision making and maximising a person's capacity to make decisions, whilst the legislation also seeks to safeguard an individual's right to participate in decisions that affect their life, where they may lack or do lack capacity to make decisions unaided.

The Health Act (2007)

This Act gave the legislative basis for the formation of HIQA and provides direction in regard to related matters.

11. RELATED POLICIES

Within the Area there are other policies which link with this Safeguarding Adults at Risk of Abuse Policy. This is a demonstration of how embedded we intend safeguarding to be within our ethos and structures and of how we intend it to inform all our procedures relating to adults.

- Constitutions and Statutes of The Redemptorists
- Garda Vetting policy
- Whistleblowing policy

12. Glossary of Terms:

Abuse

A single or repeated act, or omission, which violates a person's human rights or causes harm or distress to a person. For the purposes of this policy, abuse is understood to mean abuse by a third party.

Adult at Risk of Abuse

A person over 18 years of age who is:

- At risk of experiencing abuse, neglect, or exploitation by a third party and
- Lacks mental or physical capacity to protect themselves from harm at this time in their lives.

Throughout this document, when the word 'adult(s)' is used, it means 'adults at risk of abuse'.

Decision Making Capacity

Is a person's ability to understand, at the time that a decision is to be made, the nature and consequences of the decision to be made by him or her, in the context of the available choices at that time. A person is presumed to have capacity unless proven otherwise.

Exploitation

The deliberate maltreatment, manipulation or abuse of power and control over another person in order to take advantage of another person or situation.

Harm

The impact of abuse, exploitation or neglect on the person. Harm arises from any action, whether by a deliberate act or an omission, that may cause impairment of physical, intellectual, emotional, or mental health and well-being.

Person Allegedly Causing Concern

The person against whom a safeguarding concern has been raised or has alleged to have caused abuse to an adult at risk of abuse

Safeguarding

Putting measures in place to promote people's human rights and their health and wellbeing and empowering them to protect themselves. The express focus of this policy is on the process of preventing, recognising, responding, reporting and addressing concerns of abuse.

Safeguarding Concern

Information in relation to the possibility of occurrence of any of the specified types of abuse.

Safeguarding and Protection Team

HSE social work led team that has a central role in the co-ordinated response to concerns of abuse regarding adults at risk.

Self-neglect

A spectrum of behaviours defined as the failure to, (a) engage in self-care acts that adequately regulate independent living or (b) take actions to prevent conditions or situations that adversely affect the health and safety of oneself or others.

Zero Tolerance

The requirement that there should no acceptance of abuse or neglect in any circumstance.

Signed

Name

Date

13. Appendix:

Definitions and Categories of Abuse (HSE)

The following table provides definitions, examples and indicators of abuse, (not exhaustive) with which all must be familiar.

Type of Abuse: Physical

Definition: The use of physical force, the threat of physical force or mistreatment of one person by another which may or may not result in actual physical harm or injury.

Examples: Physical abuse includes hitting, slapping, pushing, shaking, burning, scalding, pulling hair, kicking, exposure to heat or cold, force-feeding, misuse of medication, inappropriate restraint or sanctions.

Physical abuse includes all forms of physical force contact which results in harm to another person including excessive force in the delivery of personal care, forced feeding, rough handling, unwarranted physical pressure (gripping, squeezing) shaking, misuse of incontinence wear, hitting with a weapon or implement, misuse of medication, failing to give medication, poisoning, restricting activities or forcing activities.

Includes inappropriate deprivation of liberty (e.g. being locked in/forced confinement in an area), denied treatment or experiencing threat of physical violence

Indicators: 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 person, demonstrates new atypical behaviour; asks not to be hurt.

Type of Abuse: Sexual

Definition: Any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling; coercive, exploitative, harmful, or unwanted towards another person.

Examples: Abusive acts of a sexual nature include but are not limited to rape and sexual assault, indecent exposure, intentional touching, fondling, molesting, sexual harassment or sexual acts to which the adult has not consented, or could not consent, or to which he or they was compelled to consent.

Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping), exposure of the sexual organs and any sexual act intentionally performed in the presence of another without their consent. Examples of behaviours include inappropriate touch anywhere, masturbation of either or both persons, penetration or attempted penetration of the vagina, anus or mouth, with or by a penis, fingers or other objects. Exposure to pornography or other sexually explicit and inappropriate material enforced witnessing of sexual acts, sexual media harassment. Inappropriate and sexually explicit conversations, remarks, threats, intimidation, inappropriate looking/ touching, sexual teasing/innuendo, grooming, taking sexual photographs/video footage, making someone watch sexual acts/ pornography, making someone participate in sexual acts. Includes digital/ social media and online sexual abuse/ production of sexual images.

Female genital mutilation (FGM) is considered a form of both physical and sexual abuse.

Indicators: Trauma to the genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STIs and human bite marks.

An adult demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes in eating patterns, inappropriate or unusual sexual behaviour and anxiety attacks.

Indicators of sexual exploitation would include poor concentration, withdrawal, sleep disturbance. Other indicators include excessive fear/apprehension of, or withdrawal from, relationships. Fear of receiving help with personal care and reluctance to be alone with a particular person could also be indicators.

Type of Abuse: Emotional/Psychological (including Bullying and Harassment)

Definition: Behaviour that is psychologically harmful to another person and which inflicts anxiety or mental distress by threat, humiliation or other verbal/non-verbal conduct.

Examples: Emotional or psychological abuse includes failing to value the individual, abuse of power in which the perpetrator places their opinion/view/judgement as superior to the individual, harsh value judgements, conveying to the individual that they are worthless, unloved, inadequate, or a nuisance.

Abusive acts of a psychological nature include, but are not limited to threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, patronising approaches to care and support for example 'elder speak' or spoken to like a child, intolerance of religious beliefs, intolerance of cultural beliefs, and in the case of married/cohabiting couples denying the right to shared and appropriate accommodation.

Failure to show interest in or provide opportunities for a person's emotional development or need for social interaction.

Outpacing – where information /choices are provided too fast for the adult to understand, putting them in a position to do things or make choices more rapidly than they can tolerate.

Denying the individual, the opportunity to express their views in a manner which is comfortable to them, deliberately silencing them or ignoring them or their communications written or spoken, making a subjective comment about the way an individual chooses to express themselves, imposing unrealistic expectations on the individual.

Behaviours include deprivation of liberty, persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing or invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance.

Includes risk of abuse via technology.

Indicators: 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 or withdrawn.

The carer-person in need of care relationship may be vulnerable to abuse in both directions, neither deliberate but can be very harmful. Co-dependent relationships need to be considered as a new phenomenon with adults at risk of abuse and a potential risk from relatives with mental health or addiction issues.

Type of Abuse: Financial or material abuse

Definition: The unauthorised and improper use of funds, property or any resources including pensions, or others statutory entitlements or benefits.

Financial abuse involves an act or acts where a person is deprived of control of their finances or personal possessions or exploited financially by another person or persons.

Examples: This may include theft, coercion, fraud, undue pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. It may also involve the misuse of power of attorney, and not contributing to household costs where this was previously agreed.

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 or putting pressure on the service user in relation to wills property, inheritance and financial transactions.

Examples include theft, fraud, exploitation, the misuse of property, possessions, bank accounts, grants, cash or benefits; internet scamming, phone scamming, putting someone under pressure in relation to their financial arrangements or property, including wills; denial of access to money or property, not contributing to household costs, use of bank and credit cards without permission, running up debts, forged signatures, deliberately overcharging for services activities/required treatments/therapies.

Indicators: 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 user's 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: Organisational

Definition: The mistreatment of people brought about by the poor or inadequate care or support or systemic poor practices that affect the whole care setting.

This can occur in any organisation or service, within and outside Health and Social Care provision. Organisational abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

Organisational abuse can be brought about by poor or inadequate care or support services, or systematic poor practice that affects the whole care setting. It can occur when an individual's wishes and needs are sacrificed for the smooth running of a group, service or organisation.

Examples: It can be a one-off incident or repeated incidents; it can be neglect or poor standards of professional practice, which might be because of culture, structure, policies, processes or practices within the organisation. Systematic and repeated failures culturally inherent within the organisation or service may be considered as organisational abuse.

It can result in a failure to afford people the opportunity to engage socially and be involved in hobbies/activities that are meaningful to them, which in turn results in a failure for their psycho-social needs to be met.

It can occur when 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.

Indicators: Inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. 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. Weak governance of staff and breaches of professional codes of practices can be indicative of institutional abuse. The absence of visitors, family and friends discouraged from visiting, lack of flexibility and choice for service users.

Type of Abuse: Neglect

Definition: The withholding of or failure to provide appropriate and adequate care and support which is required by another person. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.

Examples: 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, social activities, leisure/ educational opportunities or adequate nutrition and heating. Neglect includes ignoring need, either physical or medical, knowing that a need exists, but choosing to not address that need, thereby leaving the person at risk of deterioration in health and wellbeing.

Neglect includes withdrawing or not giving help that an adult needs causing them to suffer for example 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. Neglect also includes not meeting the social, psychological or spiritual needs and not addressing required environmental factors/adaptations to adequately meet the needs of the adult.

Indicators: Poor personal hygiene, dirty and dishevelled in appearance e.g. unkempt hair and nails. Poor state of clothing. Non-attendance at routine health appointments for example dental, optical, chiropody, social isolation.

Whilst there is a positive duty to provide care when in receipt of state carer's allowance there is no legal obligation on carers to continue in the caring role. Assessment of indicators needs to be mindful of identifying carer stress where the carer cannot cope or manage with the responsibilities.

Type of Abuse: Discriminatory

Definition: Unequal treatment, harassment or abuse of a person based on age, disability, race, ethnic group, gender, gender identity, sexual orientation, religion, family status or membership of the travelling community.

Examples: Being treated differently by individuals, family, organisations or society because of any of the above. Assumptions about a person's abilities or inabilities. Not speaking directly to the person but addressing an accompanying person.

Indicators: Isolation from family or social networks. Indicators of psychological abuse may also be present.

Type of Abuse: Human trafficking/Modern Slavery

Definition: Human trafficking/modern slavery involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting.

Examples: Victims of human trafficking/ modern slavery can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities. Any concerns that an adult at risk may be a victim of human trafficking/modern slavery must be reported to An Garda Síochána.

Indicators: People who have been trafficked may believe that they must work against their will. Victims may be unable to leave their work environment and show signs that their movements are being controlled. Victims may show fear or anxiety. They may be subjected to violence or threats of violence against themselves or against their family members. They may suffer injuries that appear to be the result of an assault.

Type of Abuse: Online or Digital Abuse

Definition: An abusive or exploitative interaction occurring online or in a social media context.

Examples: Includes risk of abuse via technology including exposure and uploading of inappropriate abusive material without consent. Includes digital/social media and online sexual abuse/ production of sexual images, online financial abuse, theft of personal information and persuasion towards self-harm.

Indicators: Becoming withdrawn, suddenly behaves differently, anxious, clingy, depressed, aggressive, problems sleeping, eating disorders. The exploitation on an online or digital platform can have a serious impact on the victim.

This impact can result in the victim soiling their clothes, taking unnecessary risks, missing education/ training, changing eating habits, developing obsessive behaviours, having nightmares, increasing drug/alcohol usage.