

# **Safeguarding Vulnerable Persons at Risk of Abuse**

## National Policy & Procedures

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Incorporating Services  
for Elder Abuse and for  
Persons with a Disability

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**Social Care Division**

**Frequently  
Asked Questions**

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Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

*“All adults have the right to be safe and to live a life free from abuse. All persons are entitled to this right, regardless of their circumstances. It is the responsibility of all service providers, statutory and non-statutory, to ensure that, service users are treated with respect and dignity, have their welfare promoted and receive support in an environment in which every effort is made to promote welfare and to prevent abuse.”*

### **Q 1 What is ‘Safeguarding Vulnerable Persons at Risk of Abuse’ about?**

‘Safeguarding Vulnerable Persons at Risk of Abuse’ is a new national policy on the protection of vulnerable people from abuse and neglect. It has been produced by the HSE’s Social Care Division which is responsible for the provision of services for older persons and persons with a disability. This policy is for staff from all HSE and HSE funded services and builds on, and incorporates, existing policies and procedures in HSE Disability and Elder Abuse services and in a range of other Disability Service providers.

### **Q 2 What do you mean by a ‘vulnerable person’?**

A Vulnerable Person, in the context of this new policy, is an adult who may be restricted in capacity to guard himself / herself against harm or exploitation or to report such harm or exploitation. The restriction of capacity may arise as a result of physical or intellectual impairment vulnerability to abuse is influenced by both context (e.g. social or personal circumstances) and individual circumstances.

### **Q 3 Why is this new national policy necessary?**

A core governance responsibility of all services is to ensure that safeguarding policies and procedures and associated practices are in place and appropriate to the services provided. The Social Care Division is committed to safeguarding vulnerable persons from abuse and a key priority for 2014 was to publish one policy spanning both older persons and disability services. ‘Safeguarding Vulnerable Persons at Risk of Abuse’ now provides one overarching policy to which all agencies will subscribe and implement in their place of work ensuring;

- a consistent approach to protecting vulnerable people from abuse and neglect
- all services have a publicly declared **‘No Tolerance’** approach to any form of abuse
- a culture which supports this ethos is promoted

#### Q 4 Who was consulted when preparing this new policy?

Extensive consultation and engagement took place over a number of months with a range of key stakeholders including; the National Elder Abuse Steering Committee, Dedicated officers for the Protection of Older People, the Governance Group for Disability Services, the National Federation of Voluntary Bodies, HIQA and the Commissioner for Older People in Northern Ireland. In developing the new policy, it was important to build on existing expertise and experience and for this to be incorporated into the document which is underpinned by a number of principles, including respect for human rights, person centeredness, culture, advocacy, confidentiality, empowerment and collaboration.

#### Q 5 Who does this policy apply to?

With the establishment of the Social Care Division, which provides services to Older Persons and Persons with Disabilities, a consistent approach is required to ensure vulnerable adults are protected from abuse. In this context, there was a valuable opportunity to develop an overarching policy to safeguard and protect clients of Disability Services and Older persons' Services from abuse and neglect.

Building on this expertise and learning, this policy and procedures now addresses the issue of safeguarding in respect of all vulnerable persons across the Social Care Division, encompassing older people and persons with a disability.

The work undertaken at national and local levels in both Care Groups has highlighted the importance of public awareness and professional expertise regarding abuse of vulnerable persons. This has helped to improve the quality of life for vulnerable persons who may be at risk of abuse.

This policy applies to person's that, as a result of physical or intellectual impairment, may be at risk of abuse which may be influenced by both context and individual circumstances. Because of one's vulnerability, the individual may be in receipt of a care service in his or her own home, in the community or be resident in a residential care home, nursing home or other setting. Equally, the person may not be in receipt of a care service.

This policy **does not apply** to the safeguarding of children and those with concerns in this regard should work in conjunction with *Children First: National Guidance for the Protection and Welfare of Children*.

A vulnerable adult (as defined by this policy) may be availing of the HSE mental health and/or acute hospital services, therefore in time it is envisaged that this policy will become part of the governance of all HSE Divisions.

## **Q 6 What Services are covered by this policy document?**

The Social Care Division provides services to both care groups of Older Persons and Persons with Disabilities. In this context this Policy and Procedure applies:

- To all statutory and public funded non-statutory service providers (including for-profit organisations) with responsibility for the provision of health and social care services to vulnerable persons. It applies to all staff and volunteers.
- Across all service settings, including domestic, alternative family placements, residential care, respite services, day care and independent living (associated support services such as transport are also included).
- To all other relevant directly provided HSE services.
- In situations where formal health or social care services are not in place but where concerns have been raised, by example neighbours, family members and members of the public in relation to the safeguarding of an individual and a health and/or social service response is required.

## **Q 7 Who is responsible for the Implementation of this Policy?**

At national level the responsibility for leading implementation of this Policy and Procedure rests with the HSE Social Care Division.

At operational level the Chief Officer of the Community Healthcare Organisation (CHO) will be supported by the Head of Social Care and the Safeguarding and Protection Team (Vulnerable Persons). These staff will have overall responsibility for implementation of this policy and procedure within their administrative area, and, will ensure that each manager of relevant HSE services and the manager of each relevant HSE funded service will undertake the following:

- Communicate this policy to all staff and volunteers.
- Ensure that service specific procedures are developed, implemented and reviewed in compliance with this national policy.
- Ensure that all adults with a disability and older people in receipt of health and/or social care services and their parents / advocates, are informed of local policies / procedures / protocols for safeguarding.

In addition the Head of Social Care will have overall responsibility for the promotion of the welfare of vulnerable persons and ensuring that policies, procedures and systems within the CHO and relevant organisations are operating effectively in order to ensure appropriate responses to concerns of and allegations regarding abuse of vulnerable persons.

## **Q 8 What policies are to be followed until this policy document have been fully implemented and the new structures are in place?**

From now on this new policy applies to both care groups in the Social Care Division - Older Persons and Persons with Disabilities. For disability services the new policy should be adhered to with immediate effect in respect of reporting, assessment, investigating and management of alleged abuse cases. However, while the new structures are being put in place, for older people the Elder Abuse policy will continue to be utilised.

## **Q 9 What alleged abuse situations are covered by this policy?**

### **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.

## **Q 10 Who has the potential to be abusive to vulnerable adults?**

Anyone who has contact with a vulnerable person may be abusive, including a member of their family, community (known/unknown to the client), a friend, informal carer, healthcare / social care, other workers and members of other organisations.

### **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.

## **Q 11 Where might abuse occur?**

Abuse can happen at any time in any setting.

Abuse of a vulnerable person may be a single act or repeated over a period of time.

## **Q 12 If an alleged abuse case is reported to me does the information have to remain confidential?**

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 interest of the vulnerable person, with the relevant statutory authorities and relevant professionals.

No undertakings regarding secrecy can be given. Those working with vulnerable persons should make this clear to all parties involved. However, it is important to respect the wishes of the vulnerable person as much as is reasonably practical.

## **Q 13 If a person with diminished capacity reports an abuse allegation, how will the person be supported?**

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. For a valid consent to be given, consent must be full, free and informed.

It is important that a vulnerable person is supported in making his/her own decisions about how he/she wishes to deal with alleged abuse concerns. The vulnerable person should be assured that his/her wishes concerning an allegation will only be overridden if it is considered essential for his/her own safety or the safety of others or arising from legal responsibilities.

In normal circumstances, observing the principle of confidentiality will mean that information is only communicated to others with the consent of the person involved. However, all vulnerable persons and, where appropriate, their carers or representatives, need to be made aware that the operation of safeguarding procedures will, on occasion, require the sharing of information with relevant professionals and statutory agencies in order to protect a vulnerable person or others.

#### **Q 14 How will people working outside of the HSE know how / where to report an alleged abuse case?**

**An alleged abuse case can be reported to any HSE staff member at any time.** For elder abuse cases the current elder abuse policy and procedures will be adhered to. For Disability Services the procedures for the reporting, assessment, investigation and management of alleged abuse cases outlined in this policy will be adhered to. Once the policy has been fully implemented this document will then also supersede the current elder abuse policy document.

#### **Q 15 When will the Community Healthcare Organisation Safeguarding and Protection Team for Vulnerable Persons be in place?**

The Social Care Division is currently working with all the relevant stakeholders to have the new CHO structures in place by in Q 1 2015. There will be ongoing discussions with staff and other stakeholders in respect of populating the Safeguarding and Protection Teams as soon as possible.

#### **Q 16 What is the Role of the Safeguarding and Protection Team (Vulnerable Persons)?**

##### **Safeguarding and Protection Team (Vulnerable Persons).**

In each CHO, a Safeguarding and Protection Team (Vulnerable Persons) is being developed to support the objectives of this Policy.

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.

### **Q 17 Who will cases of alleged abuse be reported to?**

Each service (HSE and funded) providing social care services to people who may be vulnerable will appoint a Designated Officer to whom the alleged abuse cases will be reported. The Designated Officer will support the Line Manger/Safeguarding and Protection Team in dealing with the allegation.

The Designated Officer will be responsible for:

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

The Designated Officer will usually be a relevant professional or work in a supervisory / management role.

All concerns/reports of abuse must be immediately notified to the Designated Officer and in the event of their unavailability, to the Service Manager.

### **Q 18 Who will keep the Records of alleged abuse cases?**

The Line Manger, Community Healthcare Organisation Safeguarding and Protection Team for Vulnerable Persons and the Designated Officer must keep detailed and accurate records of concerns or allegations of abuse and of any subsequent actions taken. Local procedures should also contain the necessary documentation to facilitate record keeping.

### **Q 19 Who will receive training on this new policy document?**

All staff working with vulnerable adults will receive training to ensure they are aware of the new policy and their responsibility with the reporting, assessment, investigating and management of alleged abuse cases.



**Q 20 As a staff member of a Service Provider when should I notify an external stakeholder about an alleged abuse case?**

**An Garda Síochána:**

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.

**HIQA:**

In designated centres there is a requirement for the person in charge of a designated centre to report in writing to the Chief Inspector (HIQA) within 3 working days any adverse incident when the injury is deemed to be a consequence of an alleged, suspected or confirmed incident of abuse.

**Q 21 Are the HSE working with external agencies in respect of launching this new policy?**

The Social Care Division is agreeing protocols with key external agencies i.e. HIQA/An Garda Síochána in respect of the procedures outlined in this policy. In addition these agencies will be aware, from the disability services perspective, that this new policy should be adhered to with immediate effect. However, while the new structures are being put in place, for older people the Elder Abuse policy will continue to be utilised.

**Q 22 As a member of the public who can I tell if I suspect a relative, neighbour or a friend is being abused?**

You can inform any HSE staff member if you suspect abuse is occurring in your community. You can tell the local GP (even if the GP is not that person's Doctor), public health nurse, district nurse, physiotherapist, occupational therapist, manager of the local HSE service. In the event that you do not know any of these people you can ask a neighbour or a member of your community if they will assist you with making contact with the HSE.

**Q 23 How can I recognise if abuse is occurring to a vulnerable person in my community?**

Abuse can be difficult to identify and may present in many forms. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than abuse. All signs and symptoms must be reported to the HSE to be examined in the context of the person's situation and family circumstances.

## **Q 24 If I become aware of or suspect a historical abuse case what should I do?**

All concerns or allegations of abuse regarding abuse must be assessed, regardless of the source or date of occurrence. Report the alleged case to the HSE. The quality and nature of information available may impact on the capacity to assess and respond appropriately. 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.

In relation to anonymous reporting of an alleged case, any person who is identified in an anonymous or historic complaint has a right to be made aware of the information received.

## **Q 25 Who has the responsibility to gather the information in respect of an alleged abuse case?**

The Designated Officer or an appropriate staff member nominated by the Service Manager will be appointed to manage the intra and/or inter-agency safeguarding procedure and processes, including co-coordinating assessments.

The person referred should be contacted at the earliest appropriate time. Consent to share or seek information should be addressed at this stage. It is important to remember that in the process of gathering information, no actions should be taken which may put the person/s referred or others at further risk of harm or that would contaminate evidence.

## **Q 26 What happens if the alleged abuse case involves a staff member?**

In situations where the allegation of abuse arises in respect of a member of staff of the HSE or a Non Statutory Organisation funded by the HSE, then the *HSE Policies for Managing Allegations of Abuse against Staff Members* will be followed.

## **Q 27 What happens if the alleged abuse case involves a service user?**

In the event that the concerns or allegations of abuse identified a service user, the plan must ensure that relevant professional advice on the appropriate actions is sought which may include, for example, a behavioural support programme.

The rights of all parties must receive individual consideration, with the welfare of the vulnerable person being paramount.

**Q 28 When reasonable grounds for concern have been established what happens next?**

If it is determined that abuse of a vulnerable person may have occurred, the responsibilities towards all relevant parties must be considered and addressed. These may include:

- The vulnerable person.
- The family of the vulnerable person.
- Other vulnerable persons, where appropriate.
- The perpetrator, particularly if a service user.
- Staff.

The needs of the vulnerable person is the paramount consideration and a formal Safeguarding Plan must be developed which addresses the therapeutic and support needs arising from the experience and the protective interventions aimed at preventing further abuse.

**Q 29 Are there any additional resources afforded to the implementation of this policy?**

The Social Care Division has secured an additional € 1.2m, which will be utilised for the development of the Safeguarding and Protection Teams.

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