



National Safeguarding Office

2016

Information for Families on: “Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures”.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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What is this policy?

In December 2014 the HSE Social Care Division- the part of the HSE that is involved in delivering services to older persons and persons with a disability- introduced this policy and process. It tells us about the need to have a zero tolerance approach towards abuse of vulnerable people and what to do if someone has a concern that a vulnerable person is being abused. The policy talks about safeguarding;

So, what is Safeguarding?

Safeguarding adults is about protecting those at risk of harm from suffering abuse or neglect. Abuse can happen anywhere. It can happen at home, in a residential or nursing home, in a hospital, at work or in the street.



What is a Vulnerable Person?

According to this policy a vulnerable person is “an adult who may be restricted in capacity to guard him/her self against harm or exploitation or to report such harm or exploitation.”

Restriction of capacity may arise as a result of physical or intellectual impairment. Vulnerability to abuse is influenced by both context and individual circumstances.

In other words someone can be vulnerable to abuse at some stage in their lives, depending on their age, disability or need for support.

And what do you mean by abuse?

The following definitions describe the various types of abuse, some examples and indicators. Indicators are what might alert us to considering if abuse could be taking place.

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

Examples: Use of violence, pushing, burning, inappropriate restraint of adult or confinement, use of excessive force in the delivery of personal care, dressing, bathing, inappropriate use of medication.

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

Examples in practice:

David cares for his partner who has a long term illness. Sometimes David gets impatient and angry and hits her

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.

Examples: Intentional touching, fondling, molesting, sexual assault, rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of a service user. Exposure to pornography or other sexually explicit and inappropriate material.

Indicators: Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs or buttocks. Presence of STDs or human bite marks. Service user demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, and changes to eating patterns, inappropriate or unusual sexual behaviour, and anxiety attacks.

Example in practice:

James has learning disabilities and attends a day centre. Another adult touches him in an intimate way that James doesn't like

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.

Examples: Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone's personal space. Unresponsiveness or not responding to calls for assistance, deliberately responding slowly to a call for assistance. Failure to show interest in, or provide opportunities for a person's emotional development or need for social interaction. Disrespect for social, racial, physical, religious, cultural, sexual or other differences. Unreasonable disciplinary measures or restraint. Outpacing – where information and choices are provided too fast for the vulnerable person to understand, putting them in a position to do things or make choices more rapidly than they can tolerate.

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/withdrawn.

Example in practice:

Margaret is disabled and needs help to live at home. Her carers have threatened her by saying she will have to live in a residential home if she doesn't make their job easier

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.

Examples: Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the service user for financial gain, putting pressure on the service user in relation to wills property, inheritance and financial transactions.

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 users internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.

Example in practice:

Mary's daughter takes her pension to do the shopping. Mary does not have any control over what is bought or does not get any of the money herself

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.

Examples: 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: 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.

Example in practice:

Susan lives in a residential home. Sometimes care workers lose patience and shout at her. She is often left on her own for long periods of time without a drink and rushed through her evening meal if she takes too long. She is put to bed at 7pm because the home is short staffed



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

Examples: Withdrawing or not giving help that a vulnerable person needs so causing them to suffer e.g. malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance.

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 e.g. dental, optical, chiropody etc. socially isolated i.e. has no social relationships.

Example in practice:

James lives at home and is looked after by his son. Sometimes there is no food in the house and James is not allowed to have the heating on

Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Examples: Shunned by individuals, family or society because of age, race or disability. Assumptions about a person's abilities or inabilities.

Indicators: Isolation from family or social networks.

Example in practice:

John has learning and physical disabilities. Other people call him names and shout at him because he looks and walks differently to other people



What do I do if I have a concern about a family member being abused?

If the family member is living outside of their own home, for example in a residential service such as a nursing home, community house with other residents, attending a day service or availing of respite care you can contact the *Designated Officer* and Manager in that service.

What's a Designated Officer?

Under this policy, each service – that is anywhere that offers a service to an older person or a person with a disability, is required to have a Designated Officer(s). This person(s) receives any concern of abuse raised and is responsible for coordinating what happens next. There should be notices around the service detailing the name and contact numbers of the Designated Officer(s). It's a good idea to ask who the Designated Officer is in the service.

If you don't know, raise your concern with the manager of the service.

If your family member lives in their own home contact the *Safeguarding and Protection Teams* in your own area. These are teams of Social Workers who work in the area and have

specific responsibility for safeguarding vulnerable adults. The list of contact details is at the end of this leaflet.

You can also contact your local public health nurse, GP or other health professional. If the situation is urgent and you are worried about the person's immediate harm you may need to contact the Gardaí.



But what if I don't want to talk to the service in case it has repercussions for my family member?

You should have confidence that a concern of abuse will be followed up appropriately and without delay. If however you have reservations you can contact the Safeguarding and Protection Team directly yourself. If your family member is living in a residential service for people with disabilities and in certain cases residing in mental health or older persons units you can contact the *Confidential Recipient*. The HSE set up the position of *Confidential Recipient* to help patients, service users, families etc to raise concerns and issues around the care and treatment of individuals who are in the care of HSE or agencies who are funded by the HSE.

Contact details for the *Confidential Recipient*:

Leigh Gath

The Office of the Confidential Recipient for Vulnerable Persons

Training Services Centre, Dooradoyle, Limerick.

Lo Call 1890 100 014

Mobile 087 6657269

Email: leigh.gath@hse.ie

You can contact HSE Complaints Process “*Your service your say*” and/or HIQA at [**concerns@higa.ie**](mailto:concerns@higa.ie) or telephoning: **021 240 9646**.

You may also contact the HSE Information Line on:

1850 24 1850

[**www.healthcomplaints.ie**](http://www.healthcomplaints.ie) provides information on how to make a complaint or give feedback about health and social care services in Ireland.

In other words, there are several ways that you can raise a concern of abuse about a family member. It is very important that you raise your concern with someone so that the issue can be dealt with.

Who can pass on a concern of abuse of a vulnerable person?

Anybody, including the vulnerable person themselves.

What about confidentiality?

All vulnerable persons must be secure in the knowledge that all information about them is managed appropriately and that there is a clear understanding of confidentiality (HSE 2015:17). People should know what information will be recorded, what the information will be used for and with whom it might be shared.

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.

If the information suggests that a criminal act may have taken place, the Gardaí will be notified.

It is important that a vulnerable person is supported in making his/her own decision about how he/she wishes to deal with a concern of abuse. 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. No undertakings regarding secrecy can be given.

You can download a copy of the HSE Safeguarding Policy by logging on to:

<http://www.hse.ie/eng/services/publications/corporate/persons atriskofabuse.pdf>

HIQA :

<https://www.hiqa.ie/>

Tel: (021) 240 9646 or Email: concerns@hiqa.ie

SAGE:

Support and Advocacy Service for Older People

24 Ormond Quay Upper, Dublin

Tel: (01) 536 7330 or Email: info@sage.thirdageireland.ie

And 1850719400 from 8am to 10pm daily.

Inclusion Ireland:

A national rights-based advocacy organisation that is committed to the promotion of the rights of people with an intellectual disability and their families.

www.inclusionireland.ie

Tel: (01) 85559891 or Email: info@inclusion

CONTACTS DETAILS FOR SAFEGUARDING AND PROTECTION TEAMS

CHO Area	Covering	Address	Email Address	Telephone
1	Sligo Leitrim, Cavan, Monaghan and Donegal	Ballyshannon Health Campus, An Clochar, College Street, Ballyshannon, Co. Donegal	<u>Safeguarding.cho1@hse.ie</u>	071 9834660
2	Roscommon, Galway and Mayo	La Nua, Castlepark Road, Ballybane, Galway.	<u>Safeguarding.cho2@hse.ie</u>	091-748488
3	Clare, Limerick and N.Tipp/East Limerick	Health Centre, Tyone, Nenagh, Co. Tipperary.	<u>Safeguarding.cho3@hse.ie</u>	067- 46470
4	Kerry and Cork	Block 22, St Finbarr's Hospital, South Douglas Road, Cork.	<u>Safeguarding.cho4@hse.ie</u>	021-4923967
5	South Tipp, Carlow, Kilkenny, Waterford and Wexford	HSE Offices, Dublin Road, Lacken, Kilkenny City, Co. Kilkenny	<u>Safeguarding.cho5@hse.ie</u>	056-7784325
6	Wicklow, Dun Laoghaire and Dublin South East	Ballinteer Health Centre, Ballinteer Avenue, Ballinteer, Dublin 16.	<u>Safeguarding.cho6@hse.ie</u>	01-2164511
7	Kildare, Wicklow, Dublin West, Dublin South City and Dublin South West	Beech House, 101-102 Naas Business Park, Naas, Co. Kildare.	<u>Safeguarding.cho7@hse.ie</u>	045-981810
8	Laois, Offaly, Longford, Westmeath, Louth and Meath	Ashbourne Primary Care Centre, Declan Street, Ashbourne, Co. Meath.	<u>Safeguarding.cho8@hse.ie</u>	01- 6914632
9	Dublin North, Dublin North Central and Dublin North West.	St. Mary Hospital, Phoenix Park, Dublin 20.	<u>Safeguarding.cho9@hse.ie</u>	01-6250447
