

TITLE: Safeguarding of Vulnerable Adults from Abuse Policy and Procedure	REFERENCE NO: SS-001
OWNER: Chief Executive	REVISION NO: 3
AUTHOR: Director of Person Support Services	EFFECTIVE FROM: 04.06.2019
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SCOPE: Organisational

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AUTHORISED FOR IMPLEMENTATION: Chief Executive

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RATIFIED BY: Executive Management Team

Policy

In the social care model of supported living for people with disabilities it is the responsibility of the service to ensure that the people who use the service, herein after referred to as individuals, are supported to make choices about their lives.

St Margaret's is committed to promoting the well-being of individuals and providing a supportive environment where they are treated with dignity and respect. St Margaret's is also highly committed to their staff and to providing them with the necessary supervision, support and training to enable them to provide the highest standards of support.

Furthermore, the organisation determines that abuse, neglect and mistreatment within the service will not be tolerated under any circumstances.

This policy details St. Margaret's commitment to the safeguarding of all people within the service, the process which is applied where allegations or concerns are raised and the standard of support to be upheld.

St Margaret's promotes the welfare of all individuals by means of education, staff training and the implementation of a process for staff to act on any concerns they may have for an individual's welfare in a timely manner.

St Margaret's considers the duty of all those employed or involved with the organisation to take all reasonable measures to prevent or reduce the risk of abuse of all individuals with whom they come into contact in the course of their employment, involvement/placement within the service. We acknowledge our responsibility to ensure that all legislation and statutory guidance concerning safeguarding of individuals is adopted, including reporting any safeguarding issues which are alleged, suspected or disclosed. St Margaret's seek to put in place systems of best practice and procedures that safeguard all staff members and individuals from unfounded allegations.

Definitions

Abuse: 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 exploitive.

"The harming of another individual by a service, organisation or person who is in a position of power, trust or authority over that person. The harm may be physical, emotional, psychological, sexual, institutional, financial mistreatment, bullying, harassment or neglect of that individual". Cheshire Ireland 2006

Vulnerable Adult – Someone who is or may be in need of support services by reason of disability, age or illness; and is or may be unable to take care of or unable to protect themselves against significant harm or exploitation.

Scope of Policy

This policy applies to all employees and agents of the service; this includes Individualised Services and Residential Services staff, agency staff, volunteers and board members.

All individuals using the services of St. Margaret's are to be safeguarded from abuse, neglect, mistreatment and exploitation. The scope encompasses abuse or allegations of abuse as defined by the HSE National Policy for the Safeguarding of Vulnerable Adults.

This policy is completed in line with the HSE National Policy for Safeguarding of Vulnerable Adults and current legislation.

The policy is supported by the **HSE National Policy for Safeguarding Vulnerable Adults (see Easy Read Leaflet at Appendix I)** which outlines the individual and organisational safeguards required to protect and promote the safety and rights of individuals, the **Adult Safeguarding What it Means for YOU (Appendix II)**, and the **Complaints Policy and Procedure (PC-010)**.

Purpose of Policy

- To support and safeguard individuals from abuse, neglect and mistreatment.
- To report any concerns of abuse in line with legislation.
- To create awareness of signs of abuse and those who may be at risk.
- To outline the indicators of abuse in line with the National Policy for the Safeguarding of Vulnerable Adults.
- To ensure a uniform, professional response to the identified risk.
- To define role and responsibility of employees in protecting and maintaining safety of individuals.
- To provide staff with best practice guidelines and safe working practices to minimise potential risk situations that could be misinterpreted and allegations.
- To provide accessible training and capacity building for individuals within the service to support understanding and awareness of Safeguarding of Vulnerable Adults.
- To support the staff to maintain their professional relationships with the individuals receiving support.

List of Abusive Interactions, Treatment and Attitudes

The following is a list of the most common forms of abusive interactions, treatments and attitudes. It is not intended as a complete or exhaustive list.

The following table provides definitions, examples and indicators of abuse with which all staff members must be familiar.

Type of Abuse: Physical	
Definition	Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
Examples	Hitting, slapping, pushing, burning, inappropriate restraint of adult or confinement, use of excessive force in the delivery of personal care, dressing, bathing, inappropriate use of medication.
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.
Type of Abuse: Sexual	
Definition	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, buttocks, STDs and human bite marks. Service user demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.
Type of Abuse: Emotional/Psychological (including Bullying and Harassment)	
Definition	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, not responding to calls for assistance or deliberately responding slowly to a call for assistance. Failure to show interest in or provide opportunities for a person's emotional development or need for social interaction. Disrespect for social, racial, physical, religious, cultural, sexual, or other differences. Unreasonable disciplinary measures / restraint. Outpacing – where information/choices are provided too fast for the vulnerable person to understand, putting them in a position to do things or make choices more rapidly than they can tolerate.
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.
Type of Abuse: Financial	
Definition	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.
Type of Abuse: Institutional	
Definition	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.
Type of Abuse: Neglect	
Definition	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 disheveled in appearance e.g. unkempt hair and nails. Poor state of clothing. non-attendance at routine health appointments e.g. dental, optical, chiropody etc. socially isolated i.e. has no social relationships.

Type of Abuse: Discriminatory	
Definition	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.

Barriers to disclosure may include:

- Complacency: they may not recognise that the behaviour is abuse or neglect due to its long term and seemingly accepted "normal" practice.
- A lack of awareness that what they are experiencing or seeing is abuse.
- Fear of reprisals from abuser or others.
- Fear of being punished by "being put out", ignored or isolated.
- In the case of a relative or friend, a fear of losing that social connection.
- Shame.
- Fear of "biting the hand that feeds them".
- Lacking the ability to complain.
- Lacking the knowledge on how to complain or raise a concern.

The service will provide training, guidelines and support processes for staff regarding their responsibility in this regard.

St Margaret's have the following in place:

- Designated (Safeguarding) Officers (DOs)
- A Safeguarding Committee
- A recruitment process in line with the Recruitment and Selection Policy that ensures that all reasonable steps are taken to actively safeguard individuals.
- A staff induction process to ensure that newly recruited staff members read, understand and sign the Safeguarding of Vulnerable Adults Policy & Procedure.
- Completion of HSE Safeguarding of Vulnerable Adults Training and Children's First Training and refresher training for all staff.
- A system to raise awareness of safeguarding issues with individuals in an accessible manner through supervision, support, training, assistance and advice.
- A structure, led by the DO to ensure any safeguarding concerns, allegations or disclosures will be raised by any member of staff and managed appropriately and in compliance with legislation.
- A system to centrally log any individual's safeguarding issues and to record the progress of any safeguarding cases.
- An audit framework for safeguarding incidents in order to identify additional training needs.
- A system whereby the Safeguarding policy and procedure are readily available in an accessible format to individuals and their advocates.
- A system whereby senior management teams monitor and decide on safeguarding training needs with reference to:
 - Risk factors relating to the nature of the activity they carry out
 - Regulatory and Service Funder requirements

St Margaret's expects that all of our staff will approach their work, perform their duties and conduct themselves in a professional and ethical manner at all times. As a general rule staff should treat individuals with the same degree of courtesy and respect with which they themselves would wish to be treated.

Guiding Principles in Vulnerable Adult Safeguarding and Welfare

- Citizenship confers a status on an individual whereby their fundamental right to dignity and respect and other basic human rights as well as their rights to participation in society are upheld and supported by the Constitution, by Ireland's human rights treaty commitments and by the laws of the State.
- Person centredness is that principle which places the person as an individual at the heart and centre of any exchange requiring the provision or delivery of a service. Services are organised around what is important to the person from their perspective.
- Empowerment is that principle which recognises the right of the individual to lead as independent a life as possible and that supports the individual in every practical way to realise that right.

- Self-direction recognises the right of the individual to self-determination to the greatest extent possible including where this entails risk. Abiding by the principle means ensuring that risks are recognised and understood and minimised as far as possible, while supporting the person to pursue their goals and preferences.
- In accordance with the principles set out in this policy, it is recognised that adults have the right to self-determination and to make decisions, even if this means that they remain at risk. Where there are concerns regarding diminished capacity, consideration should be given to requesting a specialist assessment of the individual's decision-making capacity in the context of the abuse allegations and the risk posed to the person.
- Equity should be applied in relation to transactions with and services to vulnerable adults. Resources and services should be provided to vulnerable people on the basis of need, using the principle of proportionality.
- Safeguarding best interests recognises the vulnerability of individuals where they are unable to make their own decisions and/or safeguard themselves, their assets, their bodily integrity and ensures appropriate and accountable safeguarding for them.

Management of an Allegation of Abuse against a Staff Member

In situations where the allegation of abuse arises in respect of a member of staff, the HSE Policies for Managing Allegations of Abuse against Staff Members will be followed (Trust in Care). The safety of the individual is paramount, and all protective measures proportionate to the assessed risk must be taken to safeguard the welfare of the individual. 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 in the first instance with An Garda Síochána.

Individuals (Using the Service) must be:

- Recognised as individuals, addressed by their own names, encouraged to do things for themselves and be given an opportunity to understand and be understood.
- Treated with respect, addressed with respect, included in conversation, and involved in making decisions about themselves.
- Offered choices, listened to and ensured access to communication tools, if required.
- Provided with a safe environment.
- Assured confidentiality except where there is a risk to themselves or others or suspicion that an individual is at risk. In this instance, confidentiality cannot be guaranteed, and issues arising should be reported to the Team Leader in the first instance.

Staff must:

- Ensure that relations with individuals should be on a professional basis at all times and within the requirements of the job. While the development of friendly, trusting relationships is important, undue over-familiarity should be avoided.
- Always refer to individuals by name (and never by disability).
- Treat all information confidentially, except for those who have a need to know.
- Respect the wishes and choices of individuals. Seek advice from your Team Leader if you need it.
- Intervene as and where appropriate if they witness any abusive behaviour between individuals.
- Respect the wishes of an individual if they do not wish a confidence to be disclosed to a parent/support worker. Exceptions might be:
 - If the person is a Ward of Court
 - If the safety of the individual is at risk (e.g. the individual expresses suicidal thoughts)
 - If the safety of others is at risk
 - If there is a legal requirement to disclose (e.g. abuse of a child, etc.)
- Always seek advice if they are unsure or have any concerns about appropriate behaviour to individuals.

Prevention

While research on what works to prevent abuse in practice has, to date, focused primarily on children, people with intellectual disabilities, older persons and institutional settings, the Commission for Social Care Inspection (CSCI) identified some of the following building blocks for prevention and early intervention:

- People being informed of their rights to be free from abuse and supported to exercise these rights, including access to advocacy;
- A well-trained workforce operating in a culture of zero tolerance to abuse;

- A sound framework for confidentiality and information sharing across service providers;
- Needs and risk assessments to inform people's choices;
- A range of options for support to keep people safe from abuse tailored to people's individual needs;
- Services that prioritise both safeguarding and independence;
- Multi-disciplinary teamwork, interagency cooperation and information sharing
- Robust policies which are regularly reviewed.

Designated Officer (Safeguarding Officer): In addition to the responsibilities outlined within the policy and procedure, the Designated Officer (DO) must:

- Act as liaison with statutory services in matters relating to vulnerable adult safeguarding.
- Ensure that they are knowledgeable about safeguarding and undertake any training considered necessary to ensure that they are kept updated on new developments.
- Act as a resource person to the organisation providing support and guidance in matters relating to vulnerable adult safeguarding.
- Take the lead role in the reporting of vulnerable adult safeguarding referrals to the statutory services and ensure that the procedures are followed systematically and thoroughly.
- Take the lead role in the follow up of vulnerable adult safeguarding referrals to the statutory services in Ireland as required and ensure that the procedures are followed systematically and thoroughly.
- Take a lead role in the monitoring, auditing and assessing compliance with the Safeguarding of Vulnerable Adults from Abuse policy.
- Coordinates the activities of the Team Leader and provides advice and guidance as required.
- Maintains a centralised log of all raised safeguarding issues.
- Identifies any further training needs based on review of data.
- Seek to ensure that any recommendations from investigations (internal & external) are acted on appropriately
- Chair the Quarterly Safeguarding Committee meetings
- Ensure the monthly and annual Safeguarding and Children's First audits are completed in line with National Policy.

Confidentiality

The effective safeguarding of vulnerable adults often depends on the willingness of those involved with vulnerable adults to share and exchange relevant information. It is, therefore, critical that there is a clear understanding of professional and legal responsibilities with regard to confidentiality and the exchange of information.

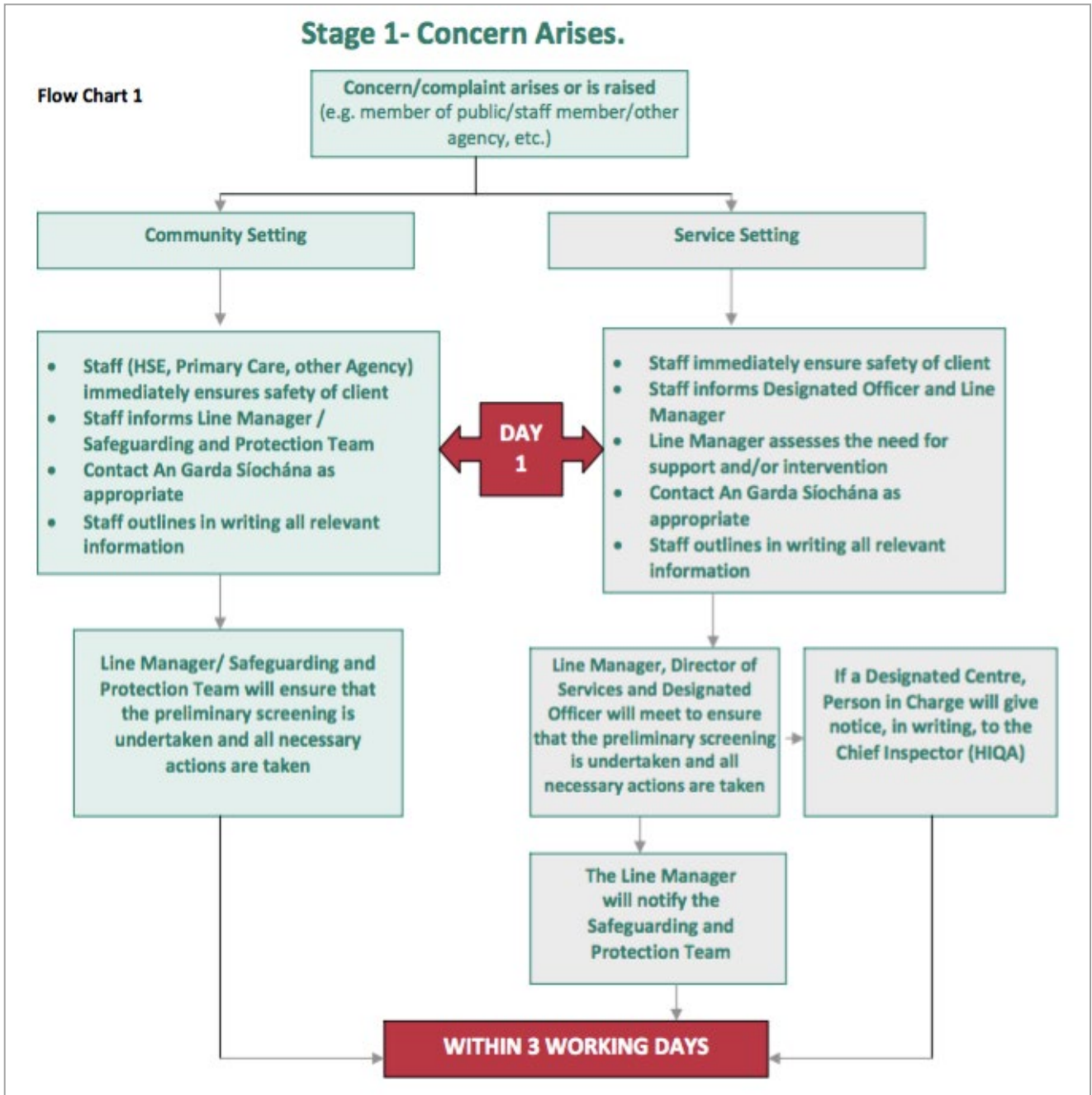
No absolute undertakings regarding confidentiality can be given. Witnesses or others providing information cannot be guaranteed confidentiality, although they must be assured that all information received will be treated in an appropriate and respectful manner.

Ethical and statutory codes of legislation concerned with confidentiality and data protection provide general guidance. However, they are not intended to limit or prevent the exchange of information between different professional staff with responsibility for ensuring the safeguarding and welfare of vulnerable adults.

The provision of information to the statutory agencies for the safeguarding of vulnerable adults is not a breach of confidentiality or data protection. However, all information regarding concern or assessment of abuse or neglect should be shared on 'a need to know' basis in the interests of the adult with the relevant statutory authorities.

Procedure - Receiving an Allegation, Disclosure or Suspicion of Adult Abuse

Abuse may become apparent in a number of different ways. Outlined below are the three most common – disclosure, allegation or a raised concern or suspicion. The principles and procedures for dealing with all three are the same. Once a disclosure, allegation or a raised concern is brought to the attention of a staff member it should be submitted to the DO immediately and absolutely within a maximum of 24 hours. No time limit is placed on reporting allegations, concerns or disclosures of abuse; therefore, historical allegations will be dealt with in the same manner.



Allegation of abuse

An allegation of abuse can present in a number of different ways:

An allegation can be made by:	An allegation can be made against:
An individual subject to the abuse	An individual
A staff member witness to the abuse	A staff member
An individual witness to the abuse	A third party contractor
A member of the public witness to the abuse	A member of the public
An external organisation	An external organization
A family member/support worker/carer/next of kin	A family member/support

This is not an exhaustive list.

Disclosure of Abuse

The following steps should be followed if an individual discloses abuse:

When information is offered in confidence the member of staff will need to act with sensitivity in responding to the disclosure. The member of staff will need to reassure the individual and retain their trust, while explaining the procedure and the possible consequence, which will necessarily involve others being informed. It is important to tell the individual that everything possible will be done to safeguard and support them but not to make promises that cannot be kept, e.g. promising not to tell anyone else. The welfare of the individual is regarded as the first and paramount consideration. In so far as is practicable, due consideration will be given, having regard to age and understanding, to the wishes of the individual.

Receive

- Listen to what is being said, without displaying shock or disbelief.
- Remain calm.
- Take all disclosures seriously.
- Try and ensure that the individual is allowed to speak about the disclosure in an environment that respects the confidentiality of the matter and all individuals involved in the matter.
- Ensure that the different communication, language or literacy needs of the individual are catered for.
- Ensure that the language and wording used in conducting the interview are understood by and accessible to the individual.
- Ensure that any particular communications assistance required by the individual is made available for the interview.
- Take notes on the details of the disclosure as they are presented without expressing any opinion on these facts.

Reassure

- Reassure the individual but do not make promises you may not be able to keep like, "I'll stay with you," or "Everything will be all right now".
- Do not promise confidentiality: you have a duty to refer. Explain to the individual that you will need some help to deal with what they have told you.
- Do reassure and attempt to alleviate guilt if the individual refers to it.

React

- React to the individual only as far as is necessary for you to establish whether or not you need to refer this matter.
- Do not 'interrogate' for full details.
- Do not stop the individual recalling significant events, but don't make them repeat the story unnecessarily.
- Do not ask 'leading' questions such as "Did s/he touch your private parts?" Such questions may undermine the quality of the evidence obtained by you for the purposes of any subsequent prosecution.
- Do ask open questions i.e. questions that encourage the individual to volunteer information rather than to answer "yes" or "no"
- Do not criticise the alleged perpetrator.
- Do explain what you have to do next and to whom you have to talk.

Record

- Make notes at the time and write them up as soon as possible. Where notes are written up some time after the disclosure of abuse/interview with the individual, the date and time of making the note should also be recorded. The note should be marked "retrospective note".
- Do not destroy these original notes.
- Record the date, time, place, any noticeable non-verbal behaviour and the words used by the individual. If the individual uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words.
- Any injuries or bruises noticed should be recorded on a body map, showing their position and extent.
- Record statements and observable things, rather than your interpretations or assumptions.
- Complete the internal reporting document in conjunction with your Team Leader and submit to the DO immediately and absolutely within a maximum of 24 hours. Ensure to submit all supporting documentation with this report.

- The Preliminary screening should be entered on the HSE Safeguarding Portal within 3 working days.
- A PDF copy of the digital form should be downloaded and saved into the individuals' Safeguarding directory.
- A copy of the PDF should be emailed to St Margaret's shared email address for safeguarding communication (safeguarding@irl-iasd.ie).
- The safeguarding tracking spreadsheet must be updated both in the cover sheet tab and the individuals' tab.
- All responses from the HSE Safeguarding teams are through the portal and only to the DO who submitted the original Preliminary Screening; this can be reallocated to another DO via the portal.
- Formal Safeguarding plans (FSP), when required should be undertaken, implemented and submitted to the local HSE Safeguarding Team within 21 days via the portal on the date referenced in the response (PSF3)
- The Safeguarding Committee reviews all submissions and safeguarding plans on a quarterly basis.

Concern of Abuse

There may be instances when no specific allegation or disclosure of abuse arises. However, you may have concerns that some form of abuse may be occurring as a result of observed indicators.

A concern is clearly different from an allegation, and in each situation, it is important to define which category the relevant incident falls into. However, given the potential vulnerability of an individual it is important to ensure that all staff address any concerns and act on them appropriately and fairly in relation to all parties involved.

The principles and procedures for dealing with raised concerns of abuse are the same as those applicable to abuse which is alleged or disclosed.

Employees of HSE and agencies funded by the HSE to provide Health and Social Services on its behalf, people in receipt of assistance under section 39 of the Health Act 2004 (as amended by the Health Act 2007) or section 10 of Child Care Act 1991 or a body established under the Health (Corporate Bodies) Act may make protected disclosures of information to the HSE.

Employees are required to set out details of the subject matter of the disclosure in writing on the Protected Disclosure Form and submit it to the HSE appointed Authorised Person at:
HSE Authorised Person, P.O. Box 11571, Dublin 2. Tel: 01-6626984

Responsibility

All Staff: Safeguarding of individuals from all forms of abuse.

Designated Liaison Person: All information related to the incident must be recorded. It must be factual with details such as what was observed or alleged, the date, time and place of the observation or alleged act.

All documents will form part of the investigative process and criminal proceeding where applicable.

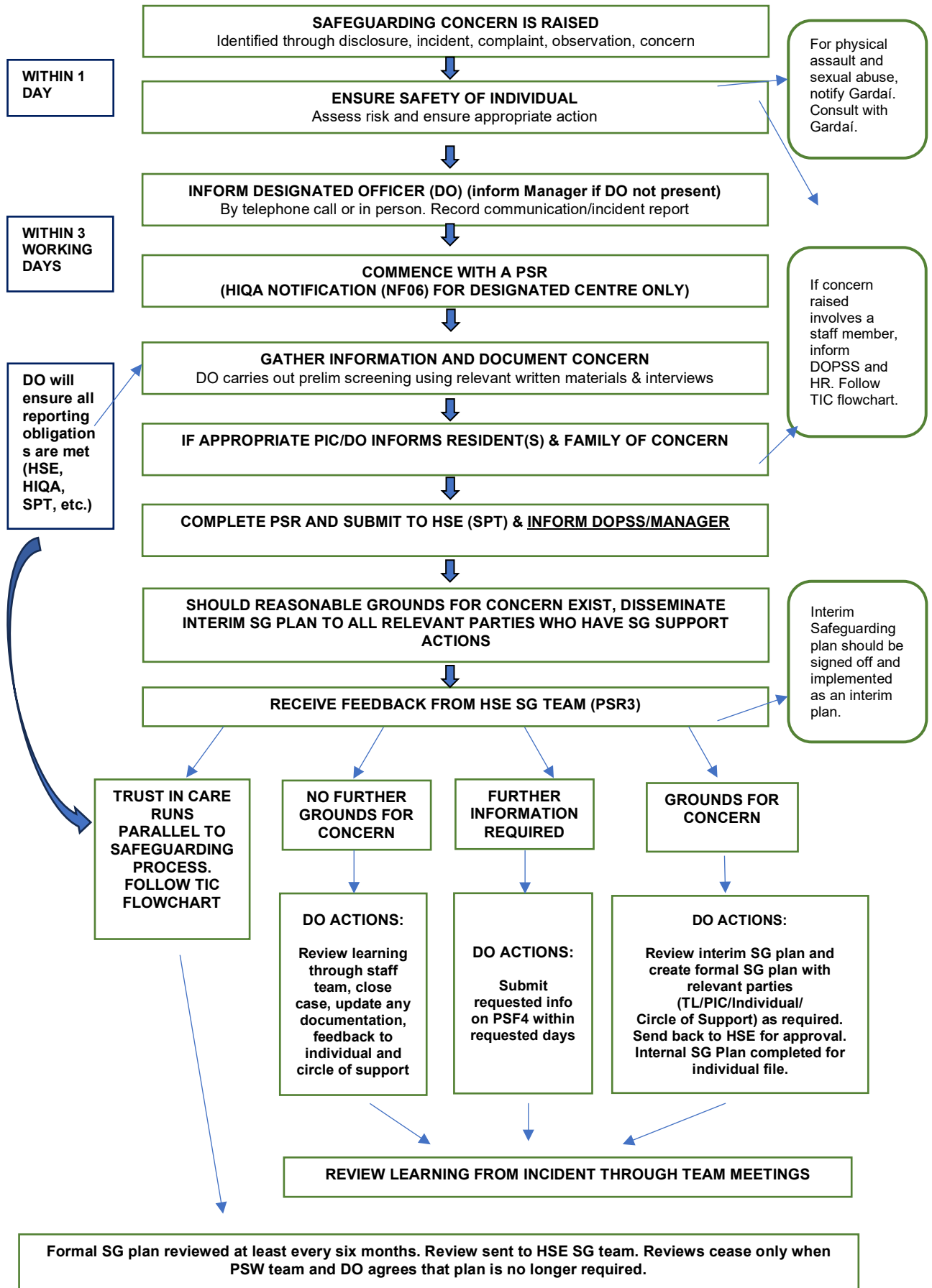
All information in relation to the investigation should be treated confidentially.

Preliminary Screening Report must be submitted to the HSE Safeguarding Team within 3 working days.

Procedure for notifying HIQA

Any allegation suspected or confirmed abuse of any individual who uses St Margaret's residential service must be notified on Form NF06 to HIQA within 3 working days of the alleged abuse taking place. **(HIQA Notification Form NF06).**

SAFEGUARDING REPORTING PROCESS



Person Support Team:

- To maintain the safety and well-being of individuals at all times.
- To familiarise themselves and comply with relevant standards, policy and procedures.
- To be aware that they have a duty to alert managers of any concerns, suspicions or allegations of abuse.
- To support individuals to understand their rights.
- To support individuals in voicing their concerns or complaints and/or to advocate for them as appropriate.
- Where there are issues relating to the point immediately above, the person is obliged to act in the best interest of the safety and well-being of the individual.
- To maintain the confidentiality of the issue throughout the process.
- To make every effort to ensure an abuse free environment.
- To actively participate in all relevant training as assigned.

Team Leaders

- To actively promote safeguards to individuals.
- To continuously strive to achieve the highest standard of support.
- To identify and address poor practice according to protocol.
- To ensure Person Support Workers are aware of service expectations in regard to safeguarding of individuals.
- To provide individuals with opportunities to discuss concerns or queries in a safe and respectful manner.
- To ensure the policy, supporting procedures and guidelines are made available to individuals in a format that can be understood.
- To ensure relevant training requirements for the above are met and contribute to same as required.
- To deploy staff in a way that a) deters collusive relationships and b) creates potential opportunities for disclosure.
- To conduct preliminary investigation of any allegation or suspicion of abuse in accordance with policy.
- To inform the Director of Person Support Services (DOPSS) of any allegation or suspicion of abuse immediately.

Person Support Manager:

- Communication and education of staff regarding prevention of abuse.

Director of Person Support Services and Person in Charge (May not be the same person)

- Ensure that policies and procedures supporting the safeguarding of individuals from all forms of abuse are available and in line with best practice guidance.
- Adherence to the process for the prevention of individual abuse.
- To create an environment of individualised support and empowerment where people feel confident and safe to report all concerns.
- To ensure a just response to allegations of abuse, neglect and/or mistreatment through the application of robust reporting and investigation procedures.
- To conduct/assign conduction of investigations as per Complaints Policy (PC-010).
- To provide guidelines and support processes for complainants and staff in such circumstances where it is necessary that the wishes of the person must be overridden to prevent further harm.
- To inform relevant parties such as family members, next of kin, An Garda Síochána, HSE, TUSLA as applicable.
- To ensure safety and security of individuals and staff in line with best practice.
- To provide framework, guidelines and support mechanisms for all parties concerned.
- To provide comprehensive audit on complaints and related interventions.
- To maintain and support a culture where abuse cannot be tolerated.

References

HSE Trust in Care Policy (2005)
GM-003 Internal and External Communication Process
GM-007 Risk Management Policy and Procedure
HR-002 Developing and Distributing Job Descriptions
HR-037 Recruitment and Selection
HR-045 Induction and Probation Policy and Procedure
HR-041 Education, Development and Training Policy and Procedure
HR-006 Management of Independent Practitioners, Volunteers, Students and Trainers
HR-008 Staff Performance Appraisal and Professional Development Plans

SS-009 Security of Individual Accounts and Personal Property
HD-012 Personal Care Support Policy
SS-005 Preventing the Use of Restrictive Procedures Policy and Procedure
SS-004 Rights Based Approach to Behaviour Support and Emotional Wellbeing
SS-021 Right Relationship Policy
PC-002 Respecting the Privacy and Dignity
PC-007 Availability and Communication of Information Policy and Procedure
PC-010 Responding to Complaints Policy and Procedure
PC-011 Provision of Advocacy Services Policy and Procedure
PC-017 Maximising People using the service Autonomy and Independence
PC-020 Human Rights Policy and Procedure

Appendices

Appendix I: HSE National Policy for Safeguarding Vulnerable Adults Easy Read Leaflet

Appendix II: Adult Safeguarding – What it Means for You

Appendix I: HSE National Policy for Safeguarding Vulnerable Adults Easy Read Leaflet

The leaflet is a vertical document with a teal background on the left and a white background on the right. The teal section contains text and a small illustration of a hand writing 'Know Your Rights'. The white section features the HSE logo, contact information for the HSE information line, and the National Safeguarding Office logo. The background of the right side shows a blurred image of a person in a white coat, possibly a healthcare worker, interacting with someone.

What is abuse?

Abuse is when someone hurts you, frightens you or treats you badly. There are lots of different types of abuse. Abuse can happen to anyone, anytime, at any place. Abuse can make you feel sad, scared, angry, worried or stressed.



One of our most important rights is that you have a Right to Feel Safe. You should have a good quality of life where you feel safe.

You should feel safe wherever you are; in your home, in work, in your centre or out on the street with your friends. Sometimes if you don't feel safe, abuse might be happening to you.

Every individual has rights that are protected by our law. Just some of these rights include:

- The Right to Privacy
- The Right to Education
- The Right to be Part of your Community

The HSE information line
1850 24 1850
Operates from 8am to 8pm Monday to Saturday and you will be provided with details on local services and staff that can assist you.

Website: www.hse.ie/safeguarding

You can also get in touch with
Leigh Gath
Confidential Recipient
on
LoCall 1890 100 014
Mobile 087 6657 269

ARE YOU WORRIED ABOUT YOUR SAFETY?

Information Leaflet



National Safeguarding Office

2018

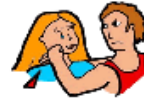


Seirbhís Aifinite
Níós Fearr
& Forbairt

Building a
Better Health
Service

What are the types of abuse?

Physical abuse includes when someone hurts your body. It can involve being pushed, shoved, kicked or slapped.



Sexual abuse is any sort of sexual contact that you have not agreed to. It can include somebody touching you and asking you to keep it a secret.

Financial abuse includes when anybody takes your money or belongings when you don't want them to. It can also involve coming under pressure to give someone some of your belongings or money.



Psychological abuse includes when someone speaks to you badly. It can involve being threatened or being frightened of someone.

Neglect includes not having enough food, clothes or heat. You might be stopped from getting an education or training



Discriminatory abuse is when someone treats you badly because something about you is different. It might be because of your age, gender, race, disability, religion, sexuality, appearance or your culture.

Institutional abuse is when you are treated badly in the place you live in. This can include; being told what time to go to bed, not being allowed to do things that you enjoy, or being told what you can eat and drink.



Who do I talk to if I am worried about abuse to me or someone else?

Talk to a family member, staff member or friend you can trust.

What is the national policy on safeguarding?

This is the way all staff and services in the country work together to keep vulnerable people safe from abuse.

Who are the Safeguarding and Protection Team?

We are a team of social workers who work with services, families and community organisations to stop abuse and to try to make sure you are safe.

We work with people who are over the age of 18, who may be at risk of abuse. We will assist you in making sure your voice is heard in all decisions.

If you have a worry that abuse may be happening to you or someone you know, then you should contact:



Appendix II: Adult Safeguarding – What it Means for YOU

Adult Safeguarding

What it means for YOU

Adult Safeguarding means keeping you safe from abuse. St Margaret's will ensure that you have a right to be treated with respect and dignity at all times and this includes being free from abuse, mistreatment or neglect.



St. Margaret's Network
Independence, Autonomy, Self-direction

Always talk to someone if you are worried or afraid

WHAT IS ABUSE?

Abuse is any behaviour that violates your dignity.
(Adult Safeguarding Policy)

Emotional Abuse

This is where a person is treated differently and unfairly. It can be deliberate neglect.



Neglect

This is where the people who should be supporting you to look and feel your best are not doing what they should be doing with you or on your behalf.



Financial Abuse

This is when someone steals from you or uses your money without your consent.



Sexual Abuse

Sexual abuse is when someone tries to touch you in ways that make you feel uncomfortable with or without your permission.



Physical Abuse

Physical abuse is when someone hits you or speaks to you rudely or causes you to be afraid.



Bullying

This is where someone keeps doing or saying mean or hurtful things to have power over you.



Harassment

This is where someone picks on you because of something like your religion, sex, culture, colour, disability, etc.



Human Rights

This is where the rules of the service deprive you of things like feeling safe, privacy and your independence.



BE SAFE

Some of the things St Margaret's do to keep you safe.
We make sure that:

- Everyone is assessed and qualified to do their job.
- Staff know what abuse is and what to do to support you to be safe.
- Staff know how to support you in the best way possible.
- You can have the support of an advocate.
- Staff know how to support you to be well and safe.
- Staff know what to do if they are worried about you.
- Staff know how to support you to know your rights and responsibilities.
- Your service supports you in your life.
- Your concerns are listened to and dealt with in a fair way.
- Your concerns are dealt with privately and respectfully.

STAY SAFE - Always talk to someone if you are worried or afraid.
You have a right to be treated with dignity and respect.