

TITLE: Safeguarding and Responding to Allegations of Abuse (Adult Policy)

(Formerly “Responding to Allegations of Abuse” –SS-002 and
“Safeguarding and Protection from Abuse” SS-001)
Encompassing Trust In Care Policy

SCOPE: All services provided to adults by Reach Deaf Services

REVIEWED BY: Safeguarding, Protection and Welfare committee

Claire Bowe Head of Care

Linda Tierney Head of Adult Services

Tara McBreen, CEO

AUTHOR(S) /(OWNER): Reach Deaf Services

SIGNATURE(S)

DATE:

APPROVED BY/ (LEAD): CEO

SIGNATURE(S):

DATE:

Foreword

Please note this policy may have been superseded by the HSE Adult Safeguarding Policy 2019 which at time of writing was in the final stages of been implemented. Until then The Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures 2014 remains in effect and to which this policy refers too.

HSE Adult Safeguarding Policy 2019 can be found here:

<https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/draft%20policy.pdf>

Please check with management at time of reading if Adult Safeguarding Policy 2019 has been implemented. If Adult Safeguarding Policy 2019 has been implemented please seek advice from management. If not please continue to follow this policy and The Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures 2014

1.0 Purpose

The purpose of this policy is to provide guidance on the safeguarding from abuse, those adults who avail of Reach Deaf Services boarding and supported living community service and to outline the procedures for reporting and managing concerns, suspicion or knowledge of abuse.

2.0 Persons Affected

2.1 People working on behalf of Reach Deaf Services, including employees, volunteers, contractors, students and Board members are required to adhere to this policy.

2.2 Concerns or suspicions of non-accidental injury/abuse of children under 18 years of age attending Reach Deaf Services will be reported and managed under the Child Safeguarding and Protection Policy.

2.3 Boarders who turn 18 while in still in the service. Parents and boarders will be informed of the changes and how this impacts on reporting prior to the child turning 18

3.0 Definitions

Note: The procedures outlined in this policy apply to **all** adults who avail of services across Reach Deaf Services. However, in the context of this policy, when applying the procedures, a distinction **may** be made between an adult who is unable to safeguard him/herself, and one who is deemed to have the skill, means or opportunity to keep him/herself safe, but chooses not to do so. (National standards for Adult safeguarding 2019 HIQA).

There may also be situations where after assessment and consultation in the context of an abusive situation, a service user may be deemed as a vulnerable adult or a person at risk of harm.

3.1. A Vulnerable Person is defined as “*an adult who may be restricted in capacity to guard himself / herself against harm or exploitation or to report such harm or exploitation*”.
(Safeguarding Vulnerable Persons at Risk of Abuse 2014)

3.2 An adult at risk of harm is a person who is aged 18 years or older who needs help to protect themselves from harm at a particular time

3.3 Reach Deaf Services acknowledges abuse to be defined as *“any act, or failure to act, which results in a breach of a vulnerable person’s human rights, civil liberties, physical and mental integrity, dignity or general wellbeing, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms.”* (HIQA, 2013).

3.4 Reach Deaf Services recognises that abuse may come in many forms. For the purpose of safeguarding adults using the service, Reach Deaf Services categorises forms of abuse using the following headings:

Physical abuse: Includes hitting, slapping, pushing, kicking, and 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.

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

Discriminatory abuse: Discriminatory abuse occurs when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult at risk, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, and race or ethnic origin.

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.

See appendix 1 for the indicators of abuse.

4.0 Policy

4.1 This Policy has been adapted from The Health Service Executive's (HSE) *The Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures 2014*. Please also familiarise yourself with the document *National Standards for Adult Safeguarding 2019* available here:

<https://www.hiqa.ie/sites/default/files/2019-12/National-Standards-for-Adult-Safeguarding.pdf>

Reach Deaf Services has appointed Linda Tierney, Head of Adult Services (Community Service) and Claire Bowe, Head of Care(Boarding Campus) as the Designated Officers (Designated Officer) to coordinate the organisation's response to concerns, suspicions and allegations of abuse and thereafter make decisions on the actions required.

4.2 In any situation where there is a concern, suspected or confirmation of abuse, Reach Deaf Services' primary concern will be the safety and well-being of the adult accessing the service.

4.3 Reach Deaf Services acknowledges that the rights of all individuals involved in an abusive situation should be protected, including the rights of an alleged abuser.

4.4 Reach Deaf Services will endeavour to deal with all allegations of abuse in confidence and information will only be shared on a need to know basis, in the interests of the person. Giving information to others for the protection of a person is not a breach of confidentiality.

4.5 In line with the HSE *The Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures 2014*, Reach Deaf Services will inform the HSE Safeguarding and Protection Team of an allegation of abuse towards an adult service user.

4.6 Where there is an indication that the abuse is of a criminal nature, the Designated Officer (Designated Officer) will discuss the reporting of the abuse to an Garda Síochána with the adult concerned and their family/representative, as appropriate. If the individual agrees to report the matter to an Garda Síochána, Reach Deaf Services will act as a support, if so wished by the adult/family. Reach Deaf Services staff will respect the right of the adult concerned to make an informed decision to refuse to report the matter to An Garda Síochána. However, there may be an obligation for the service to report an incident, to the relevant authorities in respect of a staff member, where there is a possibility that another person or persons are at risk or as a requirement set out by regulation, legislation and or service level agreements. Where an offence has taken place against an adult who has been deemed vulnerable, this must be reported to An Garda Síochána.

4.7 Reach Deaf Services will support an individual who attends our service, who is a victim/survivor of abuse to access appropriate supports and/or counselling in the aftermath of their abusive experience.

Anonymous allegations

All anonymous concerns or allegations of child abuse must be assessed and reported to TUSLA, regardless of the source or date of occurrence and must have happened when the alleged victim was under the age of 18.

The quality and nature of information available in anonymous referrals 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.

Historical allegations

All historical concerns or allegations of child abuse must be assessed and reported to TUSLA, regardless of the source or date of occurrence and must have happened when the alleged victim was under the age of 18..

In relation to historical complaints, the welfare and wishes of the person and the potential for ongoing risk will guide the intervention.

It is important to be aware that 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 by the appropriate authorities *if they are still employed or still availing of the service*. This will happen only with the consent of An Garda Síochána where a criminal investigation is taking place. Where an allegation of abuse is made against an ex-employee or a person who is no longer availing of the service will be contacted directly by the relevant authorities.

The reporting requirements under the Children First Act 2015 apply only to information that mandated persons received or became aware of since the Act came into force, whether the harm occurred before or after that point. However, if there is a reasonable concern about past abuse, where information came to your attention before the Act and there is a possible continuing risk to children, you should report it to Tusla under this Guidance

Please see link below for more details

<https://www.tusla.ie/uploads/content/Children First National Guidance 2017.pdf>

4.8 Reach Deaf Services will report suspicions/allegations of abuse to HIQA, in line with regulatory requirements where one of our services is appointed as a designated centre.

4.9 Where an anonymous allegation of abuse is received, Reach Deaf Services will take appropriate action to ensure the safety and welfare of the individual concerned.

4.10 Reach Deaf Services will maintain a database of reported suspicions/allegations of abuse to enable the service to effectively manage and learn from such incidents. A report on ongoing and closed cases is submitted to the Board at each Board meeting.

5. Prevention of Abuse;

Reach Deaf Services will:

- 5.1 Provide information to people who use the service, with regard to protection and staying safe. This policy is available upon request. A user friendly-complaints form is available for all service users and boarders. All information is made accessible through ISL.
- 5.2 Ensure that the appropriate checks are conducted when recruiting employees and volunteers, including Gardaí vetting and reference checking. Review of current staff's Garda vetting occurs every three years.
- 5.3 Ensure that all employees satisfactorily complete a probation period before being given a permanent contract of employment.
- 5.4 Ensure that staff and volunteers are given on-going training on matters relating to the safeguarding of adults including refresher training on prevention, identification and reporting of abuse.
- 5.5 Ensure staff have appropriate training and education in Intimate Care, Safe Administration of Medication, Management of Service Users Money/Property, Complaints, Incident Reporting, Working Alone (HSE guidelines) Confidentiality, Advocacy and Bullying and Harassment.

6.0 Procedures

6.1 Staff who have reasonable suspicion or witness or receive an allegation of abuse from a person using the service should:

- Take a sympathetic, non-reactive view
- Support the adult to communicate, to the best of their ability, using the appropriate communication e.g. use of ISL and or interpreters where required.
- Explain that they are treating the matter seriously and will take steps to protection of the person.
- Explain to the person that they cannot give a guarantee of complete confidentiality and that they have a professional duty to share the information with their Line manager or other appropriate senior person, as soon as possible.
- Will record/note as much information, as is reasonably possible, yet, allowing the person space to talk without feeling the need to pressure, press or complete the statement.
- Write as accurate an account of what the person says, using the word of the person, where possible. The support of an interpreter may be required to do this.
- Date and sign all documentation.
- Do not discuss the matter with other staff members, without the permission of the relevant line manager.

- 6.2 Staff will report the suspicion/allegation to their line manager without delay, person on call or directly to the Designated Officer. They may also report directly to the statutory authorities, if they feel it is in the best interest of the person to do so (i.e. HSE or An Garda Siochana).
- 6.3 Staff must take immediate actions to ensure the immediate safety of the individual concerned. Where relevant, they will work with the line manager to assess the need for medical intervention and preserve any evidence.
- 6.4 The staff member will submit the issues/ concerns as soon as practicable to the Designated Officer, before going off shift. In the absence of the Designated Officer they would report to their direct line manager or the person on call.
- 6.5 The Designated officer will decide if there is a reasonable suspicion of abuse. In some situations, further assistance to determine this maybe needed, in such cases the Designated Officer should seek assistance externally from the HSE Safeguarding team
- a) If there is no reasonable suspicion of abuse the Designated Officer will decide if any further action is required e.g. investigate as a complaint, carry out risk assessment etc.
 - b) If there is a reasonable suspicion of abuse: The Designated Officer will ensure that the preliminary screening in line with the HSE Trust in Care policy is initiated
- 6.6 On receipt of the issues/concerns, in writing, the Designated Officer will arrange for a Preliminary Screening to be carried out immediately to establish if abuse could have occurred. In the majority of situations, the Designated Officer will appoint a team leader but may appoint another member of the wider management team. This Preliminary Screening will take the form of brief discussions/phone/video calls with relevant people e.g. keyworker, clinicians etc. Where necessary, further information will be requested. The outcome of the screening will be a decision on whether:
- a) No Grounds for reasonable concern exist.
 - b) Additional information required (this should be specified).
 - c) Reasonable grounds for concern exist.
- 6.7 Where a reasonable grounds for concern exist Reach Deaf Services will initiate the investigation procedures in line with the HSE Trust in Care policy and the employee handbook. These processes will be secondary to any criminal process that may need to take place.
- 6.8 The Designated Officer will sign off on a safeguarding plan, including who needs to be informed e.g. Family/Guardian, HSE Disability Services Manager and/or An Garda Siochana.
- 6.9 The Designated Officer will ensure that the inform HSE Safeguarding & Protection Team are informed
- 6.10 The Designated Officer will gather all relevant records related to the Preliminary Screening and file them in a Confidential File. This file will be stored in a secure cabinet in the Head of Care/Head of Adult Services office.

6.11 Throughout the process the Designated Officer will ensure that all parties are cognisant of the Assisted Decisions Making Act and may seek advice where necessary.

6.12 Where staff has a concern under Protected Disclosure, please refer to Reach Deaf Services Policy on Protected Disclosure. Where staff have a child protection concern, they should refer to Reach Deaf Services Child Protection and Welfare Policy.

7.0 Responsibilities of Staff and Management

7.1. The Designated Officer is appointed to respond to all queries regarding the safeguarding of adults.

7.2. Team Leaders/Care Managers will be responsible for ensuring that people who use the service and their family are informed of this policy and that it is available upon request.

7.3 Where there is a designated centre, the PIC is required to report, in writing to HIQA, within three (3) working days any adverse incident when the injury is deemed to be a consequence of an alleged, suspected or confirmed incident of abuse.

7.4 HR in conjunction with the Head of Adult Services and Head of Care will be responsible for ensuring that staff have up to date training in the safeguarding of persons at risk of abuse.

7.5. All Staff members will ensure they are familiar with and comply with this policy, including the procedures for reporting and managing any reasonable concerns/suspicions/allegations of abuse.

7.6 The Designated Officer of each service is responsible for ensuring that their staff are aware of and have read this policy.

7.7 The manager of each service will ensure that staff are aware, familiar and receive annual training on the HSE Trust in Care policy.

8.0 Responsibility of the Designated Officer (Designated Officer)

8.1 Stay up to date with legislation, regulation, national policy and best practice in relation to the protection of vulnerable people.

8.2 Have up to date formal training, where available, in carrying out their role as Designated Officer.

8.3 Ensure people who use the service have access to information on matters relating to safeguarding.

8.4 Coordinate a Preliminary Screening into a suspicion/allegation of abuse and work with line managers in carrying out the Screening to establish if abuse could or could not have occurred.

8.5 Support the Health Service Executive (HSE) Investigation Team to carry out an effective investigation and reach a conclusion as to whether the allegations are substantiated, unsubstantiated or inconclusive.

8.6 Liaise with the statutory bodies such as the HSE and an Garda Síochána if necessary.

8.7 Ensure all records in relation to an allegation of abuse are stored in a confidential file, with restricted access.

9.0 Record Keeping

9.1 Clear, accurate and detailed recording of information and observations is essential. Facts should be distinguished from professional opinions and observations. The source of all information should be clearly recorded. Records may be requested under the Freedom of Information Act and/or subpoenaed to court. Recording should be contemporaneous and kept up to date. While the case is active, records should be securely stored in a way that they are easily retrievable, at short notice.

9.2. A folder containing adult welfare or concerns is kept in a locked filing cabinet in the Head of Care/Head of Adult Service office depending on which service the incident . An electronic list (Excel documents) of these concerns is also kept on a password protected computer. All records are kept in line with Reach Deaf Services care Record Management and Storage Policy

10.0 Monitoring of Policy and External Reporting Obligations:

10.1 The Designated Officer will maintain records of activity relating to the safeguarding of Adults and will provide an update to the CEO every 6 weeks or more frequently if there are concerns in a specific area. The Board will be provided with updates at each board meeting of same and will review in terms of service compliance to policy. The CEO may ask for the Designated Officer of each service to provide updates at Safeguarding Committee, DLP Committee, and Board Meetings. The Safeguarding, Protection and Welfare committee remit is to ensure Boarding and Community services has appropriate structures and protocols in place to ensure appropriate safeguarding of Adults. The DLP committee facilitate the DLPs for Holy Family School for the Deaf and Boarding Services to meet with representatives of the diocesan Child Safeguarding and Protection Service (CSPS) on a regular (3 times annually) collaborative basis to discuss child protection and welfare issues that arise in the course of their work with the children who attend the schools on the campus and reside in the boarding

Appendix 1

The following provides definitions, examples and indicators of abuse with which all staff members must be familiar with. These have been taken from the *HSE National Policy on the Safeguarding Vulnerable Persons at Risk of Abuse Policy 2014*.

Type of Abuse: Physical

Definition Physical abuse includes hitting, slapping, pushing, kicking, and 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, and 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 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.

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.

Appendix 2: Names and contact details of Designated Officer and Designated Officers**Designated Officer (Designated Officer) – Community Service**

Linda Tierney – Head of Adult Services

Phone: 0876215655

Designated Officer (Designated Officer) – Boarding Campus

Claire Bowe – Head of Care

Phone: 0871656186