



Safeguarding Policy

For

Vulnerable Adults

**ATD Fourth World – Ireland
Company Limited By Guarantee**

1. Introduction

ATD Fourth World Ireland is committed to the safeguarding, protection and welfare of all vulnerable adults that it interacts with in the course of its work.

ATD Fourth World Ireland works in partnership with people who experience poverty and marginalisation. Volunteers and staff have contact with adults and children through visits at home and in the community where often a relationship of trust and regard develops. ATD Fourth World staff and volunteers may have concerns of abuse or neglect regarding another, or a person we know may disclose abuse or neglect.

This is an interim procedure for the protection and welfare of vulnerable adults that we engage with in the course of our work and is based on the principles and approach set out in *Children First: National Guidance for the Protection and Welfare of Children (Department of children and Youth Affairs, 2012)*. The procedure is intended for use by all staff and volunteers of our charity in the event of concerns or allegations of abuse arising in relation to a vulnerable adult who is a participant in our movement.

Eventually this procedure will be integrated into the organisation's protection and welfare policy and procedure for children, young people and vulnerable adults.

2. Definition of Vulnerable Adult

The *Withholding of Information on Offences Against Children and Vulnerable Persons Bill 2012* defines a vulnerable adult as person who is "suffering from either a mental, intellectual or physical disability, which is of such a nature as to severely restrict the capacity of that person to guard against serious exploitation or abuse or in the case of physical disability to report such to the Garda".

A vulnerable adult is also defined as a person "who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation". (*Consultation Paper: Who Decides? Lord Chancellor's Department, United Kingdom; 1997*).

3. Guiding Principles in Vulnerable Adult Protection 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. Such rights include the entitlement to shelter, food, protection, security, health, access to education, a basic living standard, and for one's voice to be heard.

✓ **Person-centredness** is that principle which places the person as individual at the heart and centre of any exchange requiring the provision or delivery of a service. Services and approaches are organised around what is important to the person from his / her 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-directedness** recognises the right of the individual to self-determination to the greatest extent possible including where this entails risk. Abiding by this 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.

✓ **Equity** should be applied in relation to transactions with and to vulnerable adults. Resources and services should be provided to vulnerable people on the basis of need, using the principle of proportionality.

In accordance with the principles set out in this procedure, it is recognised that adults have the right to self-determination and to make decisions, even if this means that

they remain at risk. Nonetheless, where there is a clear and immediate risk to the safety and protection of the vulnerable adult (e.g. an expression of suicide), there is an obligation on the service to intervene or report, as appropriate. Whenever possible, such interventions should be aimed at securing the active agreement and participation of the vulnerable adult to the putting in place of appropriate measures which seek to reduce the degree of risk or harm to the vulnerable adult.

Where there are concerns regarding diminished capacity, consideration should be given to requesting a specialist assessment of the person's decision making capacity in the context of the abuse allegations and the risk posed to the person.

Safeguarding best interest recognises the vulnerability of individuals where they are unable to make their own decisions and / or protect themselves, their assets, their bodily integrity and ensures appropriate and accountable protection for them.

4. Definitions of Abuse

This section outlines the principal types of vulnerable adult abuse. In general terms, vulnerable adult abuse is any mistreatment that violates a person's human and civil rights. The abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering. A vulnerable adult may be subjected to more than one form of abuse at any given time

As with child abuse, vulnerable adult abuse is categorised into four different types: neglect, emotional abuse, physical abuse, and sexual abuse. An adult may be subjected to one or more forms of abuse at any given time.

Neglect can be defined in terms of an omission, where the adult suffers significant harm or impairment by being deprived of the necessities of life such as food, clothing, warmth, or by ignoring medical or physical care needs, or preventing access to health, social care or educational services. What is of importance here is not so much a one-off incident of neglect but rather patterns of neglect over time, and where there is an absence of a reasonable explanation.

Emotional or psychological abuse is normally found in the relationship between an adult and another adult person/s rather than in a specific event or pattern of events. It includes, for example, being put down, being constantly criticized, being referred to using derogatory language, or being constantly controlled and monitored.

Physical abuse is any form of non-accidental injury or injury which results from wilful or neglectful behaviour to safeguard a vulnerable adult. Examples include hitting, pushing, pinching, shaking, misusing medication, scalding, restraint, hair pulling.

Sexual abuse occurs when a vulnerable adult is exploited or used by another person for his or her gratification or sexual arousal, or for that of others. It may involve rape, sexual assault, or sexual acts to which the vulnerable adult has not or could not have consented, or to which they were pressurised into consenting.

Additional forms of abuse specific to vulnerable adults are: **Financial or material abuse** such as theft, fraud or exploitation, pressure in connection with wills, property, or inheritance, misuse of property, possessions or benefits. It can also include the control of person's finances by another, not being allowed to have independent income, the withholding of money to pay for essential items, or using the recession to justify abuse.

Discriminatory abuse such as that based on race or sexuality or a person's disability and other forms of harassment or slurs.

Institutional abuse can sometimes happen in residential homes, nursing homes, hostels, holiday centres or hospitals when people are mistreated because of poor or inadequate care, neglect and poor practice that affects the whole of that service.

Domestic abuse refers to the use of physical or emotional force or threat of physical force, including sexual violence in close adult relationships. This includes violence perpetrated by a spouse, partner, son or daughter or any other person who has a close or blood relationship with the victim. The term 'domestic violence' goes beyond actual physical violence. It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone. See Appendix 1 for more detailed indicators of vulnerable adult abuse.

5. Responding to and Reporting Vulnerable Adult Protection Concerns

If you, as a staff member or volunteer, are concerned about the protection or welfare of a vulnerable adult, then you have a duty to act. Initially, you should contact the National Coordinator and/or ATD Fourth World Ireland's Designated Liaison Person for Child and Vulnerable Adult Protection (contact details will be given to staff members on their induction).

A vulnerable adult may approach you directly to speak about concerns or to disclose an allegation of abuse. Alternatively, a third party may approach you about concerns they have in relation to a vulnerable adult.

Should this happen, please be mindful of the following guidance:

- Listen calmly and respectfully to what the adult is saying
- Be aware that the disclosure is difficult for the adult.
- The adult has probably approached you because s/he trusts you.
- Pay careful attention to what is being said to you.
- Be non-judgmental
- It is not our role to investigate; ask only questions which help you to understand the situation better.
- Avoid leading questions e.g. intimate details of the abuse.
- Do not ask questions that might complicate a future investigation by the statutory authorities.
- Do not pressurize in any way and allow the person to disclose as much or as little as he/she wishes.

- Do not communicate shock, disbelief, anger or disgust.
- Accept what the adult is telling you.
- Offer reassurance to support the adult.
- Do not give a commitment to secrecy. Explain that only people who need to know and who are authorised to handle such matters will be informed. While there may be a risk that the adult will not reveal everything on being told this, honesty is the best policy.

As soon as possible after the adult has expressed his/her concerns or communicated a disclosure, write up an account of what was said to you. Be sure to:

- ✓ Keep it factual – do not try to interpret or to speculate.
- ✓ Record the exact words used by the adult as closely as possible.
- ✓ Sign and date your record.

Pass on your written account to the Designated Liaison Person, as appropriate. In some cases, the DLP will need to take immediate action, so prompt communication and recording is very important.

The DLP and National Coordinator need to ensure that supports are offered to the vulnerable adult following a disclosure by using a multi-disciplinary and inter-agency approach, as appropriate.

All information relating to concerns or allegations of abuse of a vulnerable adult should only be shared on a need-to-know basis; otherwise, it is to be treated in strict confidence and privacy.

The DLP, on receiving a report about suspected or actual abuse, should consider the wishes of the vulnerable adult (i.e. the principle of self-determination) and if there are reasonable grounds for reporting to the Statutory Authorities. The DLP may need to seek clarification or get more information about the matter before deciding / acting. The DLP may have to take account of concerns about the diminished capacity of the

vulnerable adult, especially in regard to the decision-making ability of the adult in the context of the abuse allegation and the risk posed to the person.

The consent of a vulnerable adult must be sought prior to disclosing or reporting information to another agency or to the Statutory Authorities unless there are exceptional circumstances. If there are reasonable grounds for reporting, the adult may be encouraged himself/herself to report, but in any event, the DLP must make a formal report to the Statutory Authorities.

A suspicion, which is not supported by any objective indication of abuse or neglect, would not constitute a reasonable suspicion or reasonable grounds for concern, and so would not be reported. However, these suspicions should be recorded internally by the service as future suspicions may lead to the decision to make a report and earlier suspicions may provide important information to the Statutory Authorities.

Currently, there are no national guidelines in the Republic of Ireland in relation to vulnerable adult abuse similar to the procedures that are available in relation to child abuse. Incidents of physical and sexual assault, fraud and financial exploitation are crimes and should be reported to the Gardai.

The **Protection for Persons Reporting Child Abuse Act 1998** provides immunity from civil liability to any person who reports child / vulnerable adult abuse 'reasonably and in good faith' to designated officers of the HSE or any member of An Garda Síochána. The Act also provides significant protection for employees who report abuse.

While confidentiality can be requested by the vulnerable adult in the event of a report being made to the Statutory Authorities, there is no guarantee of confidentiality being given by the authorities.

6. Responding to Allegations Against Staff / Volunteers (past and present)

If an allegation is made against a staff member or volunteer of ATD Fourth World Ireland, this should be immediately reported by the National Coordinator to the Chair of the Board of Management. The procedures covering such allegations, as outlined in the *ATD Fourth World Ireland's Child Protection and Welfare Policy* (Chapter 10), shall be followed.

Produced: February 2013.

Appendix 1: Indicators of Vulnerable Adult Abuse

'Protecting our Future', the report of the Working Group on Elder Abuse, published in September 2002, outlined the following possible indicators of elder abuse.				
Psychological	Neglect	Financial	Physical	Sexual
Demoralisation	Dehydration	Unexplained or sudden inability to pay bills	Bruises or cuts, particularly to mouth, lips, gums, eyes, ears)	Trauma about the genitals, breasts, rectum, mouth
Depression	Malnutrition	Unexplained or sudden withdrawal of money from accounts	Abrasions	Injury to face, neck, chest, abdomen, thighs, buttocks
Feelings of hopelessness / helplessness	Inappropriate clothing	Funds diverted for someone else's use	Scratches	Presence of sexually transmitted disease
Disrupted appetite /sleeping pattern	Poor hygiene	Being charged for unsolicited work or significantly overcharged for work done	Burns (inflicted by cigarettes, matches, rope, iron, immersion in hot water)	
Tearfulness	Unkempt appearance	Unexplained disappearance of possessions	Sprains	
Excessive fears	Under/over medicated	No funds for food, clothes, services	Dislocations	
Agitation	Unattended medical needs	Refusal to spend	Fractures	
Resignation	Exposure to danger / lack of supervision		Hair loss (possible hair pulling)	
Confusion	Absence of required aids, including reading glasses,		Missing teeth	
Unexplained paranoia				

	dentures Pressure sores	money Disparity between living conditions and assets Extraordinary interest by family member in person's assets Making dramatic financial decisions	Eye injuries e.g. black eye	
--	----------------------------	--	-----------------------------	--

Appendix 2: Contact Details of HSE Children & Family Services and Senior Case Workers for Elder Abuse

DUBLIN NORTH	Health Centre, Cromcastle, Coolock, D 5 816 4200/816 4244
DUBLIN NORTH CENTRAL	Social Work Office, 22 Mountjoy Square, Dublin 1 (01) 877 2300 Social Work Office, Ballymun Health Centre, D11 846 7236
DUBLIN NORTH WEST	Health Centre, Wellmount Park, Finglas, Dublin 11 856 7704 Social Work Department, Rathdown Road, Dublin 7 882 5000
DUBLIN SOUTH EAST	Social Work Dept, Vergemount Hall, Clonskeagh, D 6 268 0320 / 2680333
DUBLIN SOUTH CITY	Social Work, Carnegie Centre, Lord Edward St, D2 648 6555
DUBLIN SOUTH WEST	Milbrook Lawn, Tallaght, Dublin 24 452 0666 /427 5000

DUBLIN WEST

Social Work Dept, Bridge House, Cherry Orchard
Hospital, Ballyfermot, Dublin 10 620 6387

DUBLIN SOUTH

Social Work Dept, Our Lady's Clinic, Patrick
St., Dun Laoghaire, Co. Dublin 663 7300

**HSE Information line on 1850 24 1850
(Monday to Saturday, 8am-8pm)**

HSE Senior Case Workers for Elder Abuse

Dublin North West

Pauline Ducray, Anam Cara, St. Canices Road, Glasnevin, Dublin 11 Tel 01 7044460 / 087
9145206 Email pauline.ducray@hse.ie

North Central Dublin

Des Flynn, General Manager, HSE DNE, HSE North Central Dublin, Civic Centre, Ballymun,
Dublin 9 Tel: 01 8467139 Email: gmdnc@hse.ie

North Dublin

Ms. Marcella Pokorna, Senior Case Worker for the Protection of Older People, HSE DNE,
HSE North

Dublin, Coolock Health Centre, Cromcastle, Road, Coolock, Dublin 5 Tel 01 816 0316
Email: marcella.pokorna@hse.ie

Dublin South East

Frank McHugh, Balally Primary Care Centre, Rockfield Business Park, Balally, Dundrum,
Dublin 14 Tel 01

292 4500 / 01 2924535 Emailfrank.mchugh1@hse.ie

Dublin South City

Bernadette Casey, St. Mary's Community Unit, Richmond Hill, Rathmines, Dublin 6 Tel 01
498 7114

Email bernadette.casey1@hse.ie

Dublin South West

Kristen Murphy, Old County Road Health Centre, Crumlin, Dublin 12 Tel 01 415 4895
Email kristen.murphy@hse.ie

Dublin West

Aisling Coffey, Unit 11, Social Work Department, Cherry Orchard Hospital, Ballyfermot,
Dublin 10 Tel: 01 620 6274 Email aisling.coffey@hse.ie

Appendix 3: Useful Numbers of External Support Services

<i>Service</i>	<i>Type</i>	<i>Contact Number</i>
1Life Helpline (24/7)	Suicide Support	1800247100
Aware	Mental Health/ Depression	1890 303302
Barnardos	Children/Family Supports	4530355
Daughters of Charity Child & Family Services	Children/Family Supports	8425100
Childline	Phone listening Service, also online	1800 666666
I.S.P.C.C.		6767960
Advice Helpline	Mental Health	2493333
Parentline		1890 927277
Pieta House	Mental Health/Self harm	8648899
Rape Crisis Centre		1800 778 888
The Samaritans	General Crises Support	1850 609090
Teenline		1800 833634
Women's Aid	Domestic Violence	1800341900
Rainbows	Bereavement Support	4734175