

SAFEGUARDING OF VULNERABLE PERSONS AT RISK OF ABUSE

KARE POLICY DOCUMENT				
Policy Owner: Principal Social Worker				
<i>Rev. No.</i>	<i>Approved by Heads of Units/OMT</i>	<i>Approved by KARE Board</i>	<i>Launched at Heads of Unit</i>	<i>Operational Period</i>
Rev 1	Nov. 2005	N/A	Nov. 2005	Nov 2005-Feb 2014
Rev 1.1	March 2014	-	Heads of Units informed by email	Mar 2014 – July 2014
Rev 2	July 2014	July 2014 (Preliminary approval)	July 2014	July 2014 – October 2014
Rev 2.1	November 2014	October 2014	November 2014	Nov 2014 – Dec 2014
Rev 2.2	Amended to update DLP/DDLP; approval not required			Jan 2015–Mar 2015
Rev 2.3	Policy title changed from Protecting Individual s to Safeguarding Vulnerable persons at risk of Abuse			
	March 2015	March 2015	April 2015	April 2015
Rev 3	April 2015	N/a – minor change to process flow	April 2015	April 2015 - May 2017
Rev 4	May 2017	June 2017	June 2017	June 2017 – Jan 2018
Rev 4.1	October 2017	October 2017	Feb 2018 (By email)	February 2018 – October 2018
Rev 4.2	October 2018	N/a – no change to policy		October 2018 -
Rev 4.3	November 2021			
Rev 4.4	October 2022	n/a – no change to policy		

Section 1.

1.1. Background to the Policy

KARE is committed to keeping adults who use its services and supports safe from harm and exploitation, and to upholding their rights. KARE adopts a “**ZERO Tolerance**” approach to any form of abuse and aims to promote a culture of respect and dignity for each individual using KARE Services and Supports

This policy was first developed in 2005 with the aim of offering protection to adults using KARE’s services and supports and of providing staff with guidelines when protection becomes a concern. The policy has been revised to bring it in line with current national guidelines, policies, regulations and legislation and to update the procedures for managing concerns or allegations of abuse.

This policy is underpinned by the following National Policies and Legislative framework:

- Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures Trust in Care- HSE 2005_
<https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf>
Protections for Persons Reporting Child Abuse Act 1998 [Children First, National Guidance for the Protection and Welfare of Children](#) (2017)
- Health Act 2007 Part 2, 8 (1) & (31 (1) (F)).
- Freedom of Information Acts 1997 and 2003
- Data Protection Acts 1988 and 2003, DPIA in Place with CHO7/ CHO8 SPT
- Criminal Justice (Withholding Information on offences against Children and Vulnerable persons) Act 2012
- Criminal Law (Sexual Offences) Act, 2017 (Section 21)
- National Standards for Residential Services for Children and Adults with disabilities HIQA
- Protected Disclosures Act 2014
- UN Convention on Rights of People with Disabilities
- Assisted Decision Making Capacity Act 2015
- Safeguarding Vulnerable Adults Statement - Young Adult Disability Team (YAT)

KARE’s Risk Management Policy ([Risk Management policy](#)) provides an overall framework for managing the risk of abuse of individuals who use KARE’s services and supports. Other KARE policies which support the prevention of abuse include:

- Managing Individuals’ monies/property
- Matters relating to Sexuality
- Personal/Intimate Care
- Safe Administration of Medication
- Supporting people with behaviours that Challenge
- Restrictive Practises Policy
- Risk Management policy
- Child Welfare and Protection policy

1.2. Aim of the Policy

The aim of this policy is to provide guidance on the safeguarding of adults who use KARE’s service and supports from abuse, and to outline the procedures for reporting and managing concerns, suspicion, or knowledge of abuse.

KARE’s Designated Officers are:

Insert photo here	Name: Role: Tel: Mobile: Email:	Insert photo here	Name: Role: Tel: Mobile: Email:
Insert photo here	Name: Role: Tel: Mobile: Email:	Insert photo here	Name: Role: Tel: Mobile: Email:

1.3. Scope of the Policy:

People working on behalf of KARE, including employees, Community Employment and Local Training Initiative participants, volunteers, students, contractors and Board members, are required to adhere to this policy. Staff who work across different agencies should adhere to this policy in relation to KARE services.

The policy is applicable to the reporting and management of concerns or suspicions of abuse of an adult i.e. 18 years of age or older, using KARE's services and supports or any safeguarding issue that KARE staff witness or made aware of.

Concerns or suspicions of abuse by a KARE staff member/person working on behalf of KARE i.e. a paid employee, a Community Employment or Local Training Initiative participants, a volunteer, a contractor or a KARE Board member will also be managed in accordance with the Trust in Care policy.

We recognise we have a responsibility to report concerns of vulnerable adults who are not linked to our service that we encounter as part of our role within KARE

Non-Scope:

- Concerns or suspicions of abuse of children under 18 years of age, will be reported and managed under the Child Protection and Welfare Policy.
- Complaints of a non-safeguarding nature are reported and managed through KARE's Managing Complaints Policy
- Young Adult Team members follow policies related to the organisation in which they are providing a service.

1.4. Details of the Policy.

1.4.1 General Policy Statements

- 1.4.1.1 KARE recognises 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)
- 1.4.1.2 KARE acknowledges abuse is 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)
- 1.4.1.3 KARE recognises that abuse may come in many forms. People may experience one or more types of abuse at any one time. See [Appendix 1](#).
- 1.4.1.4 KARE recognises a person may be abused by anyone who has contact with them including by a family member, friend, staff member, peer, stranger, through a practice, or a group.
For the purposes of this policy ‘a peer’ refers to another Individual using KARE services.
- 1.4.1.5 KARE will appoint Designated Officers to coordinate the organisation’s response to concerns, suspicions and allegations of abuse and make decisions on the actions required to safeguard the individual.
- 1.4.1.6 In any situation where there is a concern of abuse, suspected or confirmed, KARE’s primary concern will be the safety and well-being of the adult using its services and supports.

1.4.1.7 KARE acknowledges that the rights of all individuals involved in an abusive situation should be protected, including the rights of an alleged abuser.

1.4.1.8 Staff should endeavour to minimise the risk of abuse whilst promoting choice and independence of the Individual. The views, wishes and desires of the adult at risk of abuse must be obtained so that any decisions made fully reflect their will and preference, and they are involved in all decisions to the extent possible within their capacity.

Staff should recognise their duty to protect the adult from the risk of harm with the duty to promote and enable the adult's wellbeing and preference

1.4.1.9 All KARE staff have an obligation to report all allegations of abuse in line with legislation/regulatory requirements. It is acknowledged that it can be difficult to recognise abuse, but all concerns, allegations, suspected or confirmed, must be reported to line Manager/DO. KARE CID is used for recording of all information related to an allegation of abuse.

1.4.1.10 KARE will report all concerns or allegations of abuse regarding an adult using the service to the HSE Safeguarding and Protection Team.

1.4.1.11 Where there is an indication that the abuse is of a criminal nature the Designated Officer will discuss the reporting of the abuse to An Garda Siochana with the vulnerable adult and their family/representative as appropriate.

The Designated Officer/designate have an obligation to consult or immediately report with a Garda Siochana where necessary, to establish if a criminal offence may have been committed and therefore should be reported. Where A Garda Siochana advises a criminal offence may have been committed, KARE staff will support the individual to report the matter to An Garda Siochana or where relevant report the matter on behalf of the individual in line with the Withholding Information Act 2012.

KARE respects the right of a vulnerable adult to decide, when approached by a Garda Siochana, not to make a statement of complaint.

KARE has an obligation to report even if this is not in line with the person's wishes.

- 1.4.1.12 KARE will support an individual who uses its services/supports, who is a victim/survivor of abuse to access appropriate supports and/or counselling in the aftermath of their abusive experience. If the alleged perpetrator attends KARE services/supports, they will also be offered support.
- 1.4.1.12 Where an anonymous allegation of abuse is received, KARE will take appropriate action to ensure the safety and welfare of the individual concerned
- 1.4.1.13 KARE will maintain a database of reported allegations of abuse to enable it to effectively manage and learn from such incidents.
- 1.4.1.14 KARE's Complaints and Safeguarding Oversight group will monitor trends in relation to allegations of abuse. The Group will review incidents/ allegations and data on a quarterly basis and will report trends to the KARE Board of Management

1.4.2 Prevention of Abuse:

- 1.4.2.1 KARE will provide information and skills-based training for people who use the service with regard to protection and keeping safe as appropriate. The need for such information and related training will be identified through planning with an individual, and provided in a way that meets their needs e.g. in an accessible format.
- 1.4.2.2 KARE will ensure that the appropriate checks are conducted when recruiting employees and volunteers, including Gardaí vetting and reference checking.
- 1.4.2.3 KARE will ensure that all employees satisfactorily complete a probation period.
- 1.4.2.4 KARE will ensure that staff and volunteers are given information and training on the protection of vulnerable adults as part of their Induction Programme.

1.4.2.5 KARE provide mandatory training on Safeguarding of Vulnerable Persons at Risk of Abuse Policy to all staff through HSE LanD and LEAP. This training is required to be completed every three years.

1.4.3 Responding to allegations of abuse:

- 1.4.3.1 Staff are required to report any concerns, suspicions, or information they have regarding an individual who uses KARE's services and supports being abused, in line with the procedures set out in this policy. [See Appendix 2](#)
- 1.4.3.2. Staff should seek support from the Designated Officer when they have any concerns in relation to abuse of an adult using KARE's services and supports.
- 1.4.3.3 Staff should respond to a person using the service who alleges that they have been abused in a sympathetic, non-reactive manner.
- 1.4.3.4 All information regarding concerns or allegations of abuse of a vulnerable person should be shared on 'a need to know' basis in the interests of the vulnerable person, with the relevant statutory authorities and relevant professionals. No undertakings of secrecy can be given. Those working with vulnerable persons should make this clear to all parties involved. However, it is important to respect the wishes of the vulnerable person as much as is reasonably practical. It is possible to share confidential information with the appropriate authorities without breaching data protection laws.
- 1.4.3.5 Information in relation to allegation of abuse should only be shared on a need-to-know basis and as required to meet legislation/regulatory obligations e.g., the requirement to report to the HSE Safeguarding Team. Sharing/giving information to others for the protection of a vulnerable person is not a breach of confidentiality. All persons supported

must be secure in the knowledge that all information about them is managed appropriately and that there is a clear understanding of confidentiality among all staff.

- 1.4.3.6 The views, wishes and desires of the adult at risk of abuse must be obtained so that any decisions that are made fully reflect their will and preference. However, the obligation to report abuse remains
- 1.4.3.7 Where there is information indicating that an abuse may have occurred, or may take place in the future, it is the duty of all KARE's staff to offer protection from further intentional abuse and to support the person concerned to protect themselves.
- 1.4.3.8 The Designated Officer will consult with and report allegations of abuse of a person who uses KARE's service and supports to the HSE Safeguarding and Protection Team as required by legislation.
- 1.4.3.9 The Designated Officer may also consult with/report an allegation of abuse of a person who uses KARE's service and supports to An Garda Siochana where relevant.
- 1.4.3.10 Staff will record information relating to an allegation of abuse on KARE CID, in a clear, concise, and factual manner, at the earliest possible opportunity, ensuring written reports are signed and dated. [Link to module on report writing when available](#)
- 1.4.3.11** Each location risk register has a Location Risk Assessment – Abuse and Non-Accidental Injury. Where there are safeguarding concerns, this should be reflected in the Location Risk Assessment and the risk rating increased accordingly. All new controls to minimise or eliminate the risk must also be included. The location Risk assessment must be reviewed regularly in line with Safeguarding action plans, and unmanaged or ongoing risk escalated as necessary- ([Please Refer to Risk Management Policy](#))
- Any Individual Risk assessment or Safeguarding plan developed as a result of safeguarding incidents must include all relevant staff involved/ consulted in the development of such plans (e.g., social worker, Leader etc)

1.4.3.12 The Complaints and Safeguarding Oversight Group will appoint an Investigation Team to carry out an Inquiry into an allegation of abuse when required. The team will include the Designated Officer and relevant Managers and/or Clinicians as deemed appropriate.

1.4.3.13. Staff should be aware of the possibility that a Individual using the service could be or has been abused, even some time ago e.g., before they joined KARE's service, and should be alert for indications of abuse, and have a duty to report this.

1.4.4 Roles and Responsibilities

1.4.4.1 CEO will appoint a Designated Officer/s.

1.4.4.2 Line Managers will ensure that:

- A culture of zero tolerance for any type of abuse or abusive practice is promoted.
- People who use the service and their family/advocate are informed of this policy
- The easy read version of this policy called 'Keeping Me Safe' is made available to adults who user KARE's services and supports
- Their staff have up to date training in the Safeguarding of vulnerable persons at risk.
- Liaise with DO and identify actions, and agree interim safeguarding plan
- Share safeguarding action plans with relevant staff as appropriate
- Ensure appropriate risk assessments are in place and location risk register updated to reflect the safeguarding concerns.
- Oversee implementation of safeguarding plan
- Leader will call Case review/s where relevant
- Receive induction on KARE's Safeguarding Reporting procedures from their Line Manager prior to commencing work in a KARE unit.

1.4.4.3 Staff members will ensure that:

- They promote the welfare of adults who use the service
- They are aware of the signs and indicators of abuse
- They are familiar with and comply with this policy including the procedures for reporting and managing any reasonable concerns/suspensions/ allegations of abuse.
- Attend Safeguarding training as required by KARE [APPENDIX 3](#)
- Follow any safeguarding plans relevant to their location or relevant to the service users they are working with plan
- Promote a zero-tolerance culture of abuse
- They support people who use the service to report concerns

1.4.4.4 **The Designated Officer will:**

- keep up to date with legislation, regulation, national policy, and best practice in relation to the protection of vulnerable people
- have the appropriate training to carry out their role as Designated Officer
- ensure people who use the service have access to information and training in matters relating to safeguarding.
- work with others to ensure interim safeguarding measures are in place in the event of an allegation of abuse
- work with relevant others to ensure an individual and/or their family are informed of the allegation as appropriate, in line with the principles of Open Disclosure. And that the Consent of individual or based on risk and their ability to safeguard themselves . ([Please see KARE Statement on Open Disclosure](#))
- work with relevant others to gather the necessary information to complete a Preliminary Screening of the allegation.
- Develop a Safeguarding plan

- Monitor the implementation of Safeguarding Plans.
- consult with and report concerns/allegations of abuse to the HSE Safeguarding Team as required
- consult with and report concerns/allegations of abuse to An Garda Siochana as relevant .
- ensure all records in relation to an allegation of abuse are stored in a Confidential File with restricted access. – Adverse events on KARE CID
- support the Investigation Team to carry out an effective investigation and reach a conclusion as to whether the allegations are substantiated, unsubstantiated or inconclusive.
- review and determine appropriate resources required to manage or mitigate any risks identified

1.4.4.5 The Operations Manager will:

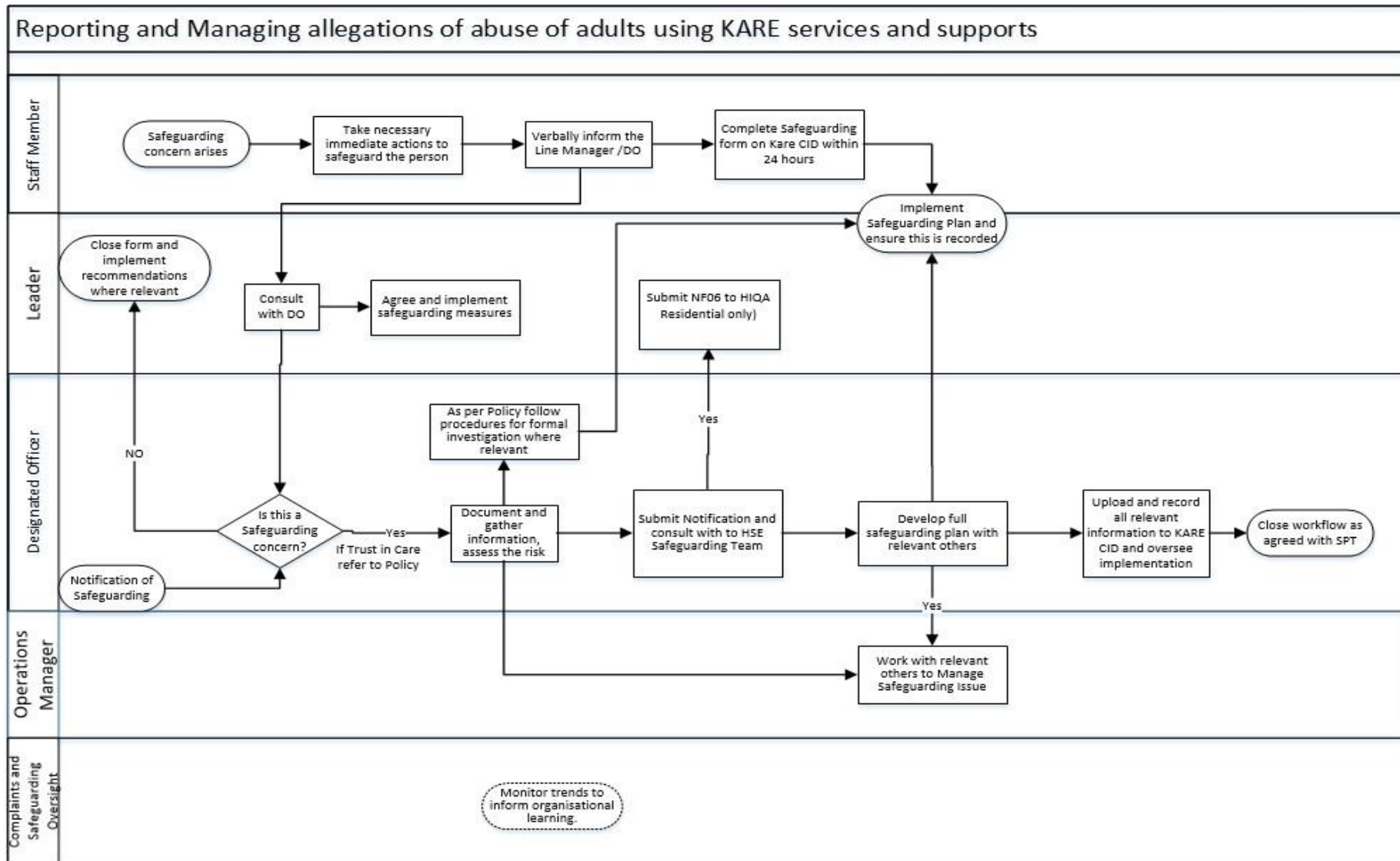
- Discuss and review Safeguarding Concerns and Safeguarding Plans with Leader at monthly Management meetings.
- Review trends and significant events that are occurring related to safeguarding in their areas of responsibility– same persons/times etc
- Communicate this with DO
- Plan the gathering of information for the Preliminary Screening and Safeguarding plan
- Review the information and heightened risk identified in consultation with DO , Leader and other relevant people.
- Review and determine appropriate resourcing required to manage or mitigate any risks identified to implement Safeguarding plans
- Ensure Trust in Care procedures are followed in the event of an allegation against a staff member.
- Work with the Designated Officer to develop and implement the Safeguarding Plan
- Participate in carrying out an Inquiry as requested

1.4.4.6 Serious Incident Management – Internal Inquiry

When a Safeguarding allegation is potentially criminal in nature and/or of significant level of harm to the Individual, at that point a formal inquiry may be necessary – A Serious Incident Management team will be formed, led by the Quality, Risk and Safety Manger. This team may require the support of expert personnel within from within KARE to help with and/or guide investigation e.g., Finance, Clinical, HR depts.

- If a need for further investigation/internal inquiry is identified the investigation procedure must be followed. A detailed terms of reference must be approved by the CEO and implemented. All investigators must have completed investigation training. A record of all activities completed as part of the investigation must be kept in line with the retention schedule.
- At this stage the Investigation will be led by the Quality , Risk and Safety Department. This can be identified by a number of avenues including but not limited to the Designated officer, the Complaints and safeguarding oversight committee,
- The CEO and DO will be given the formal report and the agreed action plan/ recommendations following completion of the investigation.
- The record will be uploaded to CID as part of the relevant workflow, and maintained with access restricted to the operations manager for the area, the QRS manager, the DO, the CEO , Sharing of the record beyond this must be with the knowledge and consent of the service user involved, or for the purpose of informing a criminal investigation if deemed necessary.
- The designated officer will discuss with relevant others who will consult with the individual or inform the family as relevant.

Section 2 Process



Appendix 1.

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.

Example: 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.
Individual using KARE Services and Supports 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.

Example: 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 Individual. 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.

Individual 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.

Example: 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.

Example: Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the Individual , manipulating the Individual for financial gain, putting pressure on the Individual 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 Individual 's 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 inpatient settings, and may involve poor standards of care, rigid routines, and inadequate responses to complex needs.

Example: Individual s are treated collectively rather than as individuals. Individual 's right to privacy and choice not respected. Staff talking about the Individual s 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.

Example: 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.

Example: 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

Guidelines for staff who receive an allegation of abuse from an adult using the service - Refer to LEAP Module on Safeguarding. [\(Allegations of Abuse\)](#)

Staff who receive an allegation of abuse from an adult using the service should:

- take a sympathetic, non-reactive view
- explain that they are treating the matter seriously and will try and take steps with regard to protection of the person.
- explain that they cannot give a guarantee of complete confidentiality and that you have a professional duty to share the information with a Manager in KARE and/or the Designated Officer as soon as possible.
- note as much information as possible, allowing the person space to talk without feeling the need to pressure, press or complete the statement.
- write as accurate an account as possible of what the person has said, where possible noting the person's exact words. CID
- date and sign all documentation.
- verbally report the matter to a manager or the Designated Centre as soon as possible
- submit a written report through the Issues and Concerns reporting system as soon as possible

- avoid discussing the matter with other staff members without the permission of the relevant Line Manager.

Appendix 3 Training

Staff in KARE will have safeguarding training as follows:

- All employees must complete training in HSELAND Safeguarding Vulnerable Persons at Risk of Abuse module and KARE Safeguarding Vulnerable Person at Risk of Abuse Processes and Procedure Module on Leap every 3 years. The date of completion will be recorded on their Training Record. Staff having completed HSELand Safeguarding Adults at Risk of Abuse' should send their certificate to training@kare.ie . On completion of this module Staff should then complete the module on Leap within three weeks.

New employees with current HSE Safeguarding Training

A new employee who has current HSE Safeguarding Training, will:

- receive induction on KARE's Safeguarding Reporting procedures from their Line Manager prior to commencing work in a KARE unit.