



## **BROTHERS OF CHARITY SERVICES IRELAND**

### **NATIONAL POLICY FOR THE SAFEGUARDING OF VULNERABLE ADULTS AT RISK OF ABUSE**

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This National Policy is to be read in conjunction with the Brothers of Charity Services Ireland National Procedures for the Safeguarding of Vulnerable Adults at Risk of Abuse 2015NP06(b) Revision 6

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## **Ethos**

*'We are committed to working with people with an intellectual disability to claim their rightful place as valued citizens. Inclusion is a fundamental principle that underlies all aspects of our work. We believe in the intrinsic value of every person and we aim to further the dignity of all associated with our services.'*

*'We continue the Brothers of Charity Services' tradition of being open to the best contemporary influences. We want to be inspired by the most creative ideas ...and to ask how we give them concrete expression.'*

**The Brothers of Charity Services Ethos (2001), Going Forward Together**

## **Introduction**

The Brothers of Charity Services Ireland have a responsibility to protect and promote the welfare of those they provide support to and to provide a safe environment. This responsibility also extends to ensuring that all individuals are treated with dignity and respect at all times.

The aim of this policy is to provide guidance to the Brothers of Charity Services Ireland (BOCSI) on its duties and responsibilities in relation to the protection and welfare of vulnerable adults supported by our Services. The Brother of Charity Services Ireland must make available to all personnel working with or associated with the Brothers of Charity Services, the procedures to be followed in the event of them suspecting, witnessing, having a concern, or it being made known to them that abuse has taken place, or is currently taking place involving any adults in our service. This may include physical, sexual, psychological /emotional abuse, neglect, financial, institutional and discriminatory abuse.

It is the duty of all those working within the Brothers of Charity Services Ireland to be fully aware of the policy and procedures and to understand their own professional responsibilities. This policy and procedures will be reviewed and amended as necessary in light of emerging good practice and changes in the law in relation to issues of abuse.

The Brothers of Charity Services Ireland National Policy for the Safeguarding of Vulnerable Adults at Risk of Abuse addresses

- Steps that need to be taken for the prevention of abuse and the protection of people supported by the Services, and
- Procedures to be adhered to when it is suspected, observed, alleged, or disclosed that a person supported by the Services may have been abused, or where there are abuse concerns.

### **1.0 Principles on which the National Policy is based**

Good Practice means a commitment to keeping adults with a disability safe from harm and exploitation and to upholding their rights. This commitment is underpinned by the acknowledgement that all BOCSI services have a duty of care to intervene in circumstances where a person is being abused or is suspected of being abused.

This policy is underpinned by a number of guiding principles relevant to the safeguarding of adults with a disability:



- People supported by our Services are treated with dignity and respect at all times.
- This policy is derived from, and in compliance with, the Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures, Incorporating Services for Elder Abuse and for Persons with a Disability (HSE 2014).
- The Brothers of Charity Services Ireland have a *zero tolerance approach* to all forms of abuse.
- Each person in our Services is supported using a person centred approach to live a full and valued life in a safe environment; having opportunities for choice; personal development; fulfilling relationships, and is protected from exploitation and abuse.
- Staff adhere to high standards of care and behaviour in their interaction with people supported by the Services.
- Staff are made aware and understand their duty and professional responsibility to report any suspicion or allegation of abuse, or concern in relation to abuse, in accordance with the policies and procedures of the Services.
- Each person's autonomy and right to privacy and confidentiality is respected. All adults with a disability should feel safe and live without fear of violence, neglect or abuse in any form.
- The BOCSI adheres to the principle of empowerment recognising the right of the individual to self-determination in so far as is possible, even if this entails some degree of 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.
- The right of people supported by the Services to autonomy or self-determination must be considered in the context of his/her corresponding right not to be abused.
- Staff assume an important advocacy role in enabling people to know their rights and voice their concerns. It will not be the role of an advocate to make decisions for adults with a disability but rather to ensure that individuals have access to all the relevant and accurate information to support them to be able to make informed choices.

## **2.0 Scope of Policy**

This Policy outlines the responsibilities and the necessary procedures for the management of allegations and suspicions of abuse. This includes concerns against:

- Staff
- Volunteers
- Third Parties
- Families
- People supported by the Brothers of Charity Services Ireland
- Host Carers
- Students

This policy/ procedures will take account of all forms of abuse



### 3.0 Responsibility of the Brothers of Charity Services Ireland

The Brothers of Charity Services Ireland have clear and explicit procedures in place which are consistent with this policy document and which must be followed in the event of concerns, in relation to physical abuse, sexual abuse, emotional abuse, neglect, financial or institutional and discriminatory abuse involving any persons in the Services. These procedures will be made available to all staff working with, or associated with the BOCSI. The procedures will be explained during the induction of all new staff or volunteers.

***It is the duty of the BOCSI to ensure that their staff are fully aware of this National Policy document and that staff understand their own legal and professional responsibilities.***

### 4.0 Definitions

#### 4.1 What Constitutes Abuse?

Abuse may be defined as “As any act, or failure to act, which results in a breach of a vulnerable persons human rights, civil liberties, physical and mental integrity, dignity or general well-being, 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<sup>1</sup>

There are seven broad categories of abuse which can be used to illustrate the type of behaviour which may constitute abuse:

- Physical
- Sexual
- Psychological/Emotional
- Financial
- Institutional
- Neglect.
- Discriminatory

While these categories give an indication of the different forms of abuse, it does not comprise an exhaustive list. A more detailed definition of abuse is given in Appendix 1.

#### 4.2 Vulnerable Person

A Vulnerable person means a person:

a) who

(i) is suffering from a disorder of the mind, whether as a result of mental illness or dementia, or

(ii) has an intellectual disability, which is of such a nature or degree as to severely restrict the capacity of the person to guard himself or herself against serious exploitation or abuse, whether physical or sexual, by another person,  
**or**

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<sup>1</sup> HSE National Safeguarding Policy 2014 instead

(b) who is suffering from an enduring physical impairment or injury which is of such a nature or degree as to severely restrict the capacity of the person to guard himself or herself against serious exploitation or abuse, whether physical or sexual, by another person or to report such exploitation or abuse to the Garda Síochána or both<sup>2</sup>.

#### 4.3 Staff

For the purpose of this document the term “staff” includes all staff that are paid and unpaid.

#### 4.4 Zero Tolerance

*Zero tolerance implies that **any form of abuse** is unacceptable and should never be normalised or ignored even if the impact and intent appears not to be significant. The focus of a zero tolerance approach is to ensure all concerns **deemed to meet the definition of abuse**, as set out in the HSE Safeguarding Vulnerable Adults at Risk of Abuse policy, 2014, are considered and assessed appropriately.*

### 5.0 Purpose and Objectives of this Policy

This Policy recognises that people with an intellectual disability may be more vulnerable to abuse by others. In recognition of this fact it is the intention of this policy to set out the responsibilities and procedures of the BOCSI to reduce the likelihood of abuse occurring, and to ensure that effective action is taken in response to suspicions, concerns or allegations of abuse.

Staff need to be aware of circumstances that may leave an adult with a disability vulnerable to abuse and they must be able to recognise the possible signs of abuse. They need to be alert to the demeanour and behaviour of the people supported and to changes that may indicate that something is wrong.

It must not be assumed that an adult with a disability is necessarily vulnerable; however it is important to identify the added risk factors that may lead to vulnerability.

People supported by the services have a right to :

- be accorded the same respect and dignity as any other adult.
- be given access to knowledge and information in a manner which they can understand in order to help them make informed choices;
- be provided with information on, and practical help in keeping themselves safe and protecting themselves from abuse;
- live safely without fear of any form of violence;
- have their money, goods and possessions treated with respect and to receive equal protection for themselves and their property through the law;
- be given guidance and assistance in seeking help as a consequence of abuse;
- to have their will and preference considered about how they wish to proceed in all matters relating to their own safeguarding;
- be supported in bringing a complaint under any existing complaints procedures;

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<sup>2</sup> Criminal Justice (withholding information on offences against Children and Vulnerable Persons Act 2012)



- have alleged, suspected or confirmed cases of abuse investigated promptly and appropriately;
- receive support, education and counselling following abuse if required.
- seek redress through appropriate agencies if appropriate .

For additional risk factors please see appendix 2

## 6.0 Prevention of Abuse

Effective prevention in safeguarding is not about over-protective paternalism or risk averse practice.

Building blocks for the prevention of abuse include:

- a human rights approach;
- access to advocacy;
- a well trained workforce;
- a framework for confidentiality and information sharing across Services;
- needs and risk assessments to inform people's choices;
- accessible safeguarding information.

For the purposes of this policy, prevention is considered under the following headings:

- Organisational culture;
- Policies and procedures;
- Identifying people at risk of abuse;
- Recruitment and selection of staff;
- Induction
- Staff supervision
- Training and education of staff;
- People supported by the Services and their families

### 6.1 Organisational Culture

*Culture manifests what is important, valued and accepted in an organisation. It's not easily changed nor is it susceptible to change merely by a pronouncement, command or declaration of a new vision. At its most basic it can be reduced to the observation the way things are done around here<sup>3</sup>*

Key to the successful prevention of abuse is an open culture with a genuinely person-centred approach to care/support,

It is important that the Services create and nurture an open culture where people can feel safe to raise concerns. The importance of good leadership is essential in determining the culture of services and modelling good practice. All managers should be skilled, competent and confident in their responsibilities. It is imperative for the safeguarding of adults with a disability that senior management create a culture of zero tolerance, inclusion, transparency and

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<sup>3</sup> Office of the Ombudsman, Complaints and Complaint Handling, Ombudsman.gov.ie



openness in the provision of services that permeates through all levels and grades of staff.

## **6.2 Policies and Procedures**

All staff must be aware of this policy, have a working knowledge of same, and a commitment to its aims. Staff should be encouraged to provide feedback on any areas of the safeguarding policy that need to be reviewed. Managers have a particular oversight and assurance role in relation to adherence to this policy by all involved with the organisation.

National Policies and Procedures which directly support this safeguarding policy are:

- National Procedures for the Safeguarding of Vulnerable Adults at Risk of Abuse
- National Procedures for the Investigation of Allegations against Staff Members of Abuse of Vulnerable Adults or Children

There are additional policies under the following headings that assist in the safeguarding of people supported by the Services from abuse:

- Recruitment and Selection of Staff;
- Staff training and development policy;
- Intimate Care;
- Safe Administration of Medication;
- Management of the personal assets of people supported by the Services
- Lone Working;
- Complaints;
- Incident Reporting;
- Code of Practice for all persons who support adults using the Brothers of Charity Services Ireland;
- Confidentiality;
- Personal Development to include Friendships and Relationships etc.;
- Restrictive Practice.

This list is not exhaustive.

## **6.3 Identifying People at Risk of Abuse**

Identifying risk factors can help to prevent abuse by raising awareness among staff. If staff are aware of risk factors, they can use these insights to develop effective risk assessments and prevention strategies.

Additional risk factors include diminished social skills / judgement, diminished capacity, physical dependence (for example need for help with personal hygiene and intimate body care) a lack of education about appropriate sexual behaviour, as well as lack of knowledge about how to protect against abuse.

The identification of risk factors associated with abuse can help point the way to developing appropriate prevention strategies. Some of the common risk factors include:

- Low staffing levels and / or high use of agency staff;
- Lack of Policy Awareness;
- Geographically isolated services;
- A neglected physical environment;

- Weak Management;
- Lack of Leadership.

#### **6.4 Recruitment and Selection of Staff**

The BOCSI is guided by Policies and Procedures with regard to the Recruitment and Selection of Staff.

The Services are also committed to providing staff with the necessary supervision, support and training to enable them to provide the highest standards of care.

- 6.4.1** The Services must have a comprehensive and defined process for the selection and recruiting of staff and volunteers, in line with legislative requirements and best practice.

#### **6.4.2 Induction**

All new staff are required to undergo an induction process to ensure that they are clear about the standards of care expected from them and any protocols/procedures to be followed when interacting with people supported by the Services.

The Line manager will ensure that all new staff receive information on where to access the most up to date copy of this policy upon commencement of employment.

It is the responsibility of the line manager to go through the policy and procedure on commencement of employment

It is mandatory that all new staff shall undertake HSEland Safeguarding of Adults at Risk of Abuse and Children First Training

All staff members are obliged to read and adhere to the Safeguarding policies procedures within the BOCSI.

#### **6.4.3 Staff supervision and employee feedback**

Staff supervision, staff development and support is an important means of communicating policies and reinforcing awareness about abuse as well as supporting staff. The Services must:

- Have a structure and process in place for support and supervision appropriate to the post/role;
- Provide the support and supervision that is essential to ensure that staff feel supported in the work they do, and that the organisation is confident that individuals are carrying out the work to the required standard.
- To ensure that Safeguarding is part of the support and supervision agenda and discussion

#### **6.5 Safeguarding awareness training and education**

##### **6.5.1 Staff**

The BOCSI must:

- Ensure that all staff have completed mandatory HSEland Adult safeguarding training and Children First



- Ensure that all staff attend BOCSI information session on Safeguarding Vulnerable Persons at Risk of Abuse
- Identify additional safeguarding training needs of their staff;
- Maintain comprehensive staff training records to ensure and demonstrate that all staff and volunteers have been appropriately trained in safeguarding adults with disabilities;

#### **6.5.2 People supported by the Services and their Families**

Each new person supported by the Services and his/her family/carer will be made aware of this policy document on joining the Service and advised where they can access the document, by the local Service Manager or delegate

### **7.0 Complaints Procedure**

The Brothers of Charity Services Ireland has in place a Complaints Policy and Procedure, which is readily available and accessible.

In all incidences related to the reporting of abuse allegations, the Procedures linked to this policy supersede the Complaints Procedure.

### **8.0 Protection, Treatment and Counselling**

Treatment and counselling services should be available for persons supported by the service who may have been the victims of abuse or who may have been the person causing concern, where necessary or required

In some circumstances treatment and counselling may be more appropriately available from outside the Services. Each Regional Service should identify how the decision is made in regard to this and recognise and respect the individual's right to choose.

### **9.0 Designated Officer**

Each Regional Service will appoint Designated Officer/s who are responsible for assessing concerns relating to safeguarding vulnerable adults, in accordance with the HSE, Safeguarding Vulnerable Persons at Risk of Abuse, (HSE 2014). The Designated Officer/s must be knowledgeable about the protection of vulnerable adults and they must be supported to undertake any training considered necessary to keep themselves updated on new developments.

The name of the Designated Officer/s must be included in the regional procedures document and be available and on display throughout the service.

The duties and responsibilities of the Designated Officer are outlined in Appendix 3

Each Director of Service/Service Leader is responsible for ensuring that there is an appropriate governance structure to support the Designated Officer/s in their role and provide support, supervision, oversight and continuous professional development.



## **10.0 The Management of Abuse Allegations**

All suspicions, allegations or disclosures of alleged abuse, past or present including any anonymous allegation of abuse should be brought to the attention of the relevant Line Manager and escalated to the Designated Officer if appropriate.

### **10.1 Management and Monitoring Group**

Each Regional Service will have in place a Management and Monitoring Group whose role is to be a resource to the Designated Officer on all matters pertaining to reported abuse concerns.

This Group will be appointed by the Director of Service/Service Leader and comprise of the Designated Officer (who will be the chairperson of the Group) and at least two or more suitably qualified and skilled professional people from the Multidisciplinary team and/or Senior Management who are experienced in the area of abuse. The Group must give a commitment to be available to the Designated Officer formally or informally on request, on a regular basis, either as a Group or as individual members with particular expertise. Membership of the Management and Monitoring Group should be drawn from within the local services itself but should be free to include external expertise.

The duties and responsibilities of the Management and Monitoring Group are outlined in Appendix 4.

### **10.2 Allegations against a Staff Member**

The Trust in Care HSE Document 2005 states *“Where allegations of abuse of a person who uses services are made against a staff member, the welfare and safety of the person who uses services is of paramount importance. It is also acknowledged that staff members may be subjected to erroneous or vexatious allegations which can have a devastating effect on the person’s health, career and reputation and family”*. Brothers of Charity Services *“are therefore committed to safeguarding the rights of the staff member against whom allegations of abuse are made to a fair and impartial investigation of the complaint”*

The management of allegations of abuse against staff will involve two pathways

- (i) Follow the procedures outlined in Trust in Care and the Brothers of Charity National Procedures for the Investigation of Allegations against Staff of Abuse of Vulnerable Adults or Children 2016/NP20 which accompanies this policy document. These procedures will be made known to every staff member. Each Regional Service through the Human Resources Department should identify personnel who are trained to undertake investigations in respect of abuse allegations or concerns
- (ii) The Designated Officer will conduct a preliminary screening in accordance with the Brothers of Charity National Procedures for the Safeguarding of Vulnerable Adults at Risk of Abuse (2015 NP06b).

### **10.3 Allegations against a person who is supported by the Brother of Charity Services Ireland**

Appropriate supports will be identified for any person who is supported and is alleged to be causing concern.

If the referral is determined as community based referral the Designated Officer, or Service Manager will refer the allegation /concern to the HSE Safeguarding Team using the HSE Safeguarding Community Pathway form.

If the referral relates to a person in the community who is not supported by the services of the BOC, the Designated Officer will refer to the HSE safeguarding team using the above mentioned HSE form.

If the referral relates to a service setting the Designated Officer will arrange for a Preliminary Screening to be carried out. This preliminary screening will be in line with the National Procedures for the Safeguarding of Vulnerable Adults at Risk of Abuse. This may be followed by a further assessment in respect of any alleged victim, or person causing concern. The individual against whom an allegation is made has a right to access a support person and a right to be made aware of the content of any allegation concerning them.

The safety of individuals is a priority and the Designated Officer must seek to ensure that the service where the concern is identified provide appropriate safeguards to help minimise risk.

#### **10.4 Allegations against a Volunteer/Adult Host Carers**

Where an allegation of abuse is reported against a volunteer/adult host carer, the Designated Officer will arrange for a preliminary screening to be carried out. If following the screening it is considered that abuse may have occurred, the Management and Monitoring Group will be informed and the relevant statutory bodies, namely, the HSE and the Gardai will be notified if required.

In circumstances where concerns remain regarding the volunteer's conduct or where the volunteer has not adhered to the Code of Conduct for Volunteers as outlined in the Volunteer Policy, the volunteer's work within the Brothers of Charity Services Ireland may be terminated.

Where concerns remain regarding a host carer's conduct and the host carer has not adhered to the good practice guidelines, their contract with the Brothers of Charity Services Ireland may be terminated.

#### **10.5 Allegations against a family member and third parties**

As this is a community based allegation the Designated Officer will refer the allegation to the HSE Safeguarding Team.

#### **10.6 Communication with Family/Guardian**

If appropriate:

- The family /nominated person should be informed of the allegation as soon as is practicable and with consent of the person supported by the Services;
- It will be the discretion of the Services as to how this information is communicated to the family/guardian;
- The Designated Officer/Service Manager or an appropriate nominee is responsible for liaising with the family;
- The family/guardian will be advised that a screening is being completed if appropriate
- The family/guardian will be advised of the protective measures/ supports provided to the person supported by the service if appropriate.



- The impact of the alleged abuse on families should be considered. Where the evaluation indicates that there is a need for family support, relevant information in relation to support will be provided.

## **10.7 Communication with the HSE**

It will be the responsibility of the Services to:

- Submit the preliminary screening to the HSE Safeguarding and Protection Team and agree any actions with them.
- If necessary, request the assistance of the HSE with regard to the carrying out further assessments. At times the Services may not have the capacity to carry out certain investigations/assessments. In these cases the Director of Services/Services Leader and the relevant local HSE Disability Manager will make a decision as to how best to proceed;

## **10.8 Communication with an Garda Síochána**

10.8.1 The Gardaí must be notified once it is suspected that the alleged abuse may be criminal in nature; this may become apparent at the time of disclosure or following the outcome of the screening process. It is important that the Services are familiar with the content and requirements of the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 and are clear with regard to their reporting obligations under the Act. Offences against vulnerable persons for purposes of offence under Section 3 of the Act are detailed in Schedule 2.

10.8.2 The obligation under this Act is to disclose information once there is knowledge or belief on the part of the employee that an offence has been committed and where there is no defence to withhold that information. It is up to the Gardaí and the Director of Public Prosecution's (DPP) office to determine the strength and relevance of the disclosure and determine whether in fact an offence has been committed and whether somebody should be charged and prosecuted with same.

10.8.3 Outside the requirements of the 2012 Act, the Services must also comply with any other reporting obligations they may have. In the event of the Services requiring clarity with regard to the criminality of an offence, the relevant Brothers of Charity Services Ireland Regional Service should contact the relevant Garda Superintendent's office to seek their advice and guidance. A note of this discussion should be made and kept on file.

10.8.4 It is important to note that any alleged abuse that may be criminal in nature must be reported to the Garda Superintendent's office with responsibility for the location where the abuse allegedly occurred. In the event of not knowing the location of where the alleged abuse occurred then the Garda Superintendent's office with responsibility for where the victim of the alleged abuse normally resides should be contacted.

10.8.5 It will be the responsibility of each Brothers of Charity Services Ireland local area to:

- Make formal communication with the Gardaí.
- Use form CP4 to facilitate this contact.
- Assist the Gardaí with the investigation if so requested;



### **10.9 Communication with the Health Information and Quality Authority (HIQA)**

The person in charge of a Designated Centre must inform HIQA of any allegation, suspected or confirmed of abuse of any resident, any allegation of misconduct by the registered provider or by staff in accordance with the Health Act 2007 (Care and Support of Residents in designated centres for persons (Children and Adults) with Disabilities) Regulations 2013

Part 8 of the regulations, Notification of Incidents states in 31 (1) "*The person in charge shall give the Chief Inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre*"

***Adverse events identified includes: any allegation, suspected or confirmed of abuse of any resident, any allegation of misconduct by the registered provider or by staff***

### **10.10 Communication with Wards of Court**

Where the individual is a Ward of Court the service must ensure that the Office of the Ward of Court and or committee of the person is informed.

### **10.10 Management of a person supported by the Services wishing to return to an environment where there is a serious concern pertaining to abuse**

In the event of an individual wishing to return to a place where there is a significant risk of them being abused, for example in the family home, the Brothers of Charity Services Ireland currently does not have the legal authority to prevent them returning to that environment if he or she so wishes.

In the event of this scenario occurring, every effort must be made by the Brothers of Charity Services to safeguard the person supported by the Services from abuse and have in place monitoring arrangements that will help minimise this risk.

The Services should provide appropriate supports to the frontline staff in situations where risk continues to exist. The Designated Officer must inform the Director of Services and senior management of this position.

It may be useful to engage the services of the National Advocacy Service (NAS) to work with and support the person supported by the Services with his/her decision making.

The right of the person supported by the Services to autonomy or self-determination must be considered in the context of his/her corresponding right not to be abused.

The H.S.E must be informed of these circumstances.

### **10.11 Cases of Self Neglect**

In cases where there are concerns of self-neglect the Brother of Charity Services will use Section 3 of the HSE National Policy for the Safeguarding Vulnerable Persons at Risk of Abuse 2014

### **10.12 Management of anonymous allegations**

In the event of receipt of an anonymous allegation the Services must be satisfied in so far as is possible that no person supported by the Services is at current risk.

**All anonymous referrals, verbal or non-verbal should be reported to the Designated Officer on the Adult Safeguarding referral form as soon as possible.**

### **10.13 Retrospective Disclosures by Adults**

Children First: National Guidance for the Protection and Welfare of Children (2017, p.23) specify how to deal with retrospective allegations of abuse as follows:

*“Some adults may disclose abuse that took place during their childhood. Such disclosures may come to light when an adult attends counselling, or is being treated for a psychiatric or health problem. If you are, for example, a counsellor or health professional, and you receive a disclosure from a client that they were abused as a child, you should report this information to Tusla, as the alleged abuser may pose a current risk to children.*

*If, as a mandated person, you provide counselling, it is recommended that you let your clients know, before the counselling starts, that if any child protection issues arise and the alleged perpetrator is identifiable, you must pass the information on to Tusla. If your client does not feel able to participate in any investigation, Tusla may be seriously constrained in their ability to respond to the retrospective allegation.*

*The reporting requirements under the Children First Act 2015 apply only to information that you, as a mandated person, received or became aware of since the Act came into force, whether the harm occurred before or after that point. However, if you have 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.”*

### **10.14 Reports of concerns towards Children**

Any concerns in relation to the protection and welfare of children should be reported in line with Children First: National Guidance for the Protection and Welfare of Children 2017 and the Brothers of Charity National Policy and Procedure for the Welfare and Protection of Children.

### **10.15 Human Rights**

The Brothers of Charity Services Ireland Ethos enshrines the belief that all human beings, are born free and equal in dignity and rights. It commits all those working on behalf of the Brothers of Charity Services Ireland to support the people who use these services in protecting and exercising their civil, political, economic, personal, social and cultural rights and fundamental freedoms, in accordance with national laws and international human rights conventions, declarations and standards.

### **10.16 Protected Disclosures**

Section 103 of the Health Act 2007 and the Protected Disclosures Act 2014 provide for the making of protected disclosures by health services employees. If an employee reports a workplace concern in good faith and on reasonable grounds in accordance with the procedures outline in the legislation it will be treated as a protected disclosure. This means that if an employee feels that they have been subjected to detrimental treatment in relation to any aspect of their employment as a result of reporting their concern they may seek redress.



## **11.0 Support**

Each Director of Service/Service Leader is responsible for ensuring that support is available for:

- (a) People who are or who have been subject to Safeguarding Concerns;
- (b) Alleged persons causing safeguarding concerns who are in receipt of a service;

Where families are effected by an allegation of abuse it is important that they are directed to the appropriate support services.

The Designated Officer will ensure that the Safeguarding Plan will be provided to relevant managers for ongoing review

The HR Department will have responsibility for ensuring staff members who have an involvement in any allegation are offered support.

## **12.0 Filing System for Records of Allegations and Investigations**

The National Records Management Policy outlines the arrangements for the security of confidential or privileged files. A system of cross-referencing confidential files to main service delivery files should be in place.

The implementation of the Records Management Policy and, in particular, provision for the maintenance of confidential files, will be adequately resourced so as to ensure that these records are maintained to an appropriate professional standard.

Files in relation to allegations against staff should be held in the Human Resources office.

### **12.1 A Register of all Allegations of Abuse**

The Services will maintain a Register of all allegations. The register should record the following:

- Name
- Pin Number
- Gender
- Date of Birth
- Date of allegation
- Abuse type
- Abuse Settings
- Gender of alleged person causing concern
- Relationship of person causing concern to person subject to safeguarding concern
- Garda notification
- HSE notification
- Status of case
- Outcome/actions taken



### **13.0 The National Designated Officers Group**

The National Designated Officers Group of the Brothers of Charity Services Ireland will meet at least quarterly.

The National Designated Officers Group will meet with the BOCSI National Lead in Safeguarding as required to raise any pertinent issues such as training needs, gaps in service provision, development of policies, and to ensure a consistent approach to the welfare and protection of vulnerable adults.

### **14.0 Annual Statistics**

In line with good practice, each Designated Officer will submit annual statistics to their Director of Service/Service Leader.

The Director of Service/Service Leaders will forward an annual report to the National Chief Executive.

### **15.0 Evaluation and Audit**

At the direction of the National Chief Executive, an audit of adherence to the Policy and Procedures for the Safeguarding of Adults with a Disability from Abuse, and the management of allegations and will be carried out in one region of the Brothers of Charity Services Ireland every second year.

### **16.0 Review**

This policy document will be reviewed at intervals not exceeding three year or more regularly as required in the light of experience of its operation and in response to changing legislation or guidance from appropriate Agencies.

The responsibility for the review of this policy document rests with the National Chief Executive and the National Leadership .

### **17.0 Bibliography**

- Going Forward Together Brothers of Charity Services 2001
- The Withholding information on offences against Children and Vulnerable Persons Act 2012
- Health Information and Quality Authority (HIQA). The National Standards for Residential Services for Children and Adults with Disabilities. Dublin 2013
- Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures, Social Care Division, (HSE 2014)
- HSE National Consent Policy 2024
- Assisted Decision Making (Capacity) Act 2015

## Appendix 1                      Types of Abuse

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

<b>Type of Abuse: Physical</b>	
<b>Definition</b>	<b>Physical abuse</b> includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
<b>Examples</b>	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.
<b>Indicators</b>	Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained / long absences at regular placement. Person Supported appears frightened, avoids a particular person, demonstrates new atypical behaviour, asks not to be hurt.

<b>Type of Abuse: Sexual</b>	
<b>Definition</b>	<b>Sexual abuse</b> 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.
<b>Examples</b>	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 Person Supported. Exposure to pornography or other sexually explicit and inappropriate material.
<b>Indicators</b>	Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs and human bite marks.  Person Supported demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.

<b>Type of Abuse: Emotional / Psychological (including Bullying and Harassment)</b>	
<b>Definition</b>	<b>Psychological abuse</b> 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.
<b>Examples</b>	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.



<b>Indicators</b>	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.
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<b>Type of Abuse: Financial</b>	
<b>Definition</b>	<b>Financial or material abuse</b> includes theft, fraud, exploitation, pressure in connection with wills property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
<b>Examples</b>	Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the Person Supported for financial gain, putting pressure on the Person Supported in relation to wills property, inheritance and financial transactions.
<b>Indicators</b>	No control over personal funds or bank accounts, misappropriation of money, valuables or property. No records or incomplete records of spending. Discrepancies in the Person Supported's internal money book, forced changes to wills. Not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.

<b>Type of Abuse: Institutional</b>	
<b>Definition</b>	<b>Institutional abuse</b> 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
<b>Examples</b>	People supported are treated collectively rather than as individuals. Person supported's right to privacy and choice not respected. Staff talking about the Persons supported personal or intimate details in a manner that does not respect a person's right to privacy.
<b>Indicators</b>	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.

<b>Type of Abuse: Neglect</b>	
<b>Definition</b>	<b>Neglect</b> 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.
<b>Examples</b>	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.
<b>Indicators</b>	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.

<b>Type of Abuse: Discriminatory</b>	
<b>Definition</b>	<b>Discriminatory abuse</b> includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatments.
<b>Examples</b>	Shunned by individuals, family or society because of age, race or disability. Assumptions about a person's abilities or inabilities
<b>Indicators</b>	Isolation from family or social networks



## **Appendix 2      Added risk factors for adults with a disability**

- Diminished social skills/ judgement;
- Physical dependence (for example need for help with personal hygiene and intimate care);
- Lack of education about appropriate sexual behaviour as well as a lack of knowledge about how to protect against abuse;
- Sensory difficulties;
- Isolation;
- Dependence on good will of carers;
- Power differences;
- Contact with multiple care services and carers;
- Fear of not being believed;
- Perceived limited reliability as witnesses;
- Frequent staff turnover.

### **Barriers for a person who uses services to reporting/disclosing abuse or neglect**

Barriers may occur due to some of the following:

- Fear on the part of the person who uses services of having to leave their home or service because they raised an issue or an allegation;
- A lack of awareness that what they are experiencing is abuse;
- A lack of clarity as to whom they should talk to;
- Lack of capacity to report the incident;
- Fear of an alleged abuser;
- Fear of the consequences of raising/disclosing abuse (such as not being believed );
- Limited verbal and other communication skills.

### **Other possible abusive practices/behaviours<sup>4</sup>**

The following is a list depicting behaviours and attitudes to adults with a disability that are considered to be abusive practices in a care setting.

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<sup>4</sup> Brothers of Charity. Policy for the Protection and Welfare of Adults with a Learning Disability from Abuse in the Brothers of Charity Services Galway, 15<sup>th</sup> April 2011

- Threatening to hurt the person;
- Using any form of physical punishment;
- Denial of food, basic rights or privileges;
- Excessive use of force when feeding or toileting;
- Intrusiveness or disregard for a person who uses services privacy;
- Rude or offensive remarks considered demeaning by a person who uses services;
- Excessively or inappropriately using restraint procedures;
- Using medication to sedate an adult for agency convenience;
- Constantly being critical;
- Treating the adult as a child;
- Always making unilateral decisions for the individual person;
- Being indifferent when providing intimate care;
- Denying the right to privacy;
- Controlling access to friends, family and neighbours;
- Engaging in socially inappropriate routines such as having adults ready for bed in their pyjamas immediately after the evening meal or getting people up too early for the sake of the service;
- Discouraging contact with an advocate;
- Denying or making light of abuse;
- Withdrawing food or meals including supper or dessert as a punishment;
- Leaving the person unattended or in conditions of discomfort for example in wet clothes for periods of time;
- Excessive control over access to phone, TV or news;
- Using the persons own property or money as a reward or punishment in a behaviour programme.
- Limiting access to financial information resulting in unnecessary impoverishment.
- Use of seclusion in an unplanned manner on an ongoing basis.



### **Appendix 3      Duties and Responsibilities of the Designated Officer**

- Be responsible for dealing with any concerns about the protection of vulnerable adults and the investigation of allegations or suspicions of abuse.
- Follow the procedures in relation to allegations as outlined in the Procedures for the Safeguarding of Adults with Disability from Abuse.
- Convene and chair the Management and Monitoring Group (Designated Team)
- Convene and chair Protection and Safeguarding meetings as required
- Identify the relevant person to carry out the role of Safeguarding Plan Co-ordinator
- Ensure that he/she is knowledgeable about the protection of vulnerable adults and that he/she undertakes any training considered necessary to keep him/her updated on new developments.
- In the event of an allegation against a family member, a third party, volunteer or host carer, to arrange an initial screening and to make any notifications to HSE or the Gardai as may be deemed necessary.
- Identify the appropriate person to liaise with families of the alleged victim or person causing concern. If they are in receipt of supports from the BOCSI
- Notify the Director of Services and senior management where there are significant risks of abuse occurring to individuals
- Liaise with management regarding any necessary follow up support being offered to individuals who use our services and their families who are or may have been victims of abuse.
- Liaise with management regarding any necessary follow up support being offered to persons causing concern, or those affected by any allegation of abuse
- Maintain up to date records of the all allegations of abuse and ensure that these records are maintained in a secure and confidential manner.
- Submit annual statistics to the Director of Services
- Attend National Safeguarding ( Designated ) Meeting of which the chair will rotate every two years

## **Appendix 4**

### **Role and Responsibilities of Management and Monitoring Group (Designated Team)**

The Management and Monitoring Group (Designated Team) will:

- Be a resource to the Designated Officer on all matters pertaining to reported abuse concerns
- Receive, from the Designated Officer, all relevant information referred, pertaining to allegations from disclosure to the preliminary screening report etc.
- Consider concerns which are referred to the group and using reports and findings from the Screening process.
- Ensure the provision of feedback to the relevant service manager regarding the outcome of the meeting
- Be informed of notifications of alleged abuse to the Gardai, HSE or NIMS (National Incident Management System)
- Request any additional information/documentation. Review recommendations of Safeguarding Plans;
- Confirm case status e.g. ongoing or closed;
- Consult with appropriate colleagues; if required
- Maintain a written record of all meetings;
- Conduct review meetings as appropriate.



## **Appendix 5 - Role of the Service Manager**

- Ensure that the National policy and procedures is made available to all employees and volunteers and to all persons accessing services their advocates/families in an accessible format..
- Promote the culture of a zero tolerance approach to any type of abuse or abusive practice.
- Ensure that all employees/volunteers receive the appropriate training with regard to the implementation of this policy.
- Ensure safeguarding is part of the induction programme for everyone involved in the service.
- Ensure that any concerns or allegations of abuse are managed in accordance with this policy.
- Ensure that all Formal Safeguarding Plans are reviewed

## **Appendix 6      Membership of the Working Group**

Breda Golden, National Head of Advocacy, Safeguarding, Quality and Training

Jo Rynne, Principal Social Worker, Designated Officer, Clare

Kieran Barrett, Social Work Team Leader, Designated Officer, Cork

Michael Flood, Head of Social Work, West Region

Padraig Rooney, Social Work Team Leader, Designated Officer, Roscommon

Karen Lyons, Social Work Team Leader, Designated Officer, Limerick.

Olivia Cummins, Social Work Team Leader, Designated Officer, Galway

Katie Campbell, Social Work Team Leader, Designated Officer, Galway

Jackie Taylor, Social Work Team Leader, Designated Officer, South East

