

# Safeguarding Vulnerable Adults Policy

---

Statement: All adults have the right to be safe from harm and must be able to live free from fear of abuse, neglect and exploitation. The purpose of this policy is to outline the duty and responsibility of staff, volunteers and trustees working on behalf of the organisation in relation to Safeguarding Vulnerable Adults. Additionally, the purpose of this policy is to protect all vulnerable adults affected by APA/CVM's work. The policy also aims bring awareness to the issue of vulnerable adults on behalf of the organisations' staff, volunteers and representatives. In reviewing this policy, all representatives of APA/CVM should be made aware of methods for protecting vulnerable adults from abuse so that they may conduct themselves in an appropriate manner and take preventative measures of protection on behalf of vulnerable adults everywhere. Additionally, this policy should seek to inform all projects so that they are designed with protection in mind. Every project implemented by APA/CVM should include carefully selected components that aim to prevent the abuse of vulnerable adults and support their protection.

Objectives: With this policy, APA intends to:

- Explain the responsibilities the organisation and its staff, volunteers and trustees have in respect of vulnerable adult protection.
- Provide staff with an overview of vulnerable adult protection.
- Provide a clear procedure that will be implemented if vulnerable adult protection issues arise.
- Educate APA/CVM representatives about the necessity to protect vulnerable adults so that they will be informed, aware and prepared to prevent instances of abuse arising when possible.

Staff, Volunteer, and Trustee Roles: All staff, volunteers and trustees working on behalf of the organisation have a duty to promote the welfare and safety of vulnerable adults. Staff, volunteers and trustees may receive disclosures of abuse and observe vulnerable adults who are at risk. This policy will enable staff/volunteers to make informed and confident responses to specific adult protection issues.

# **1. Legal Frameworks**

## **1.1. Ireland (from Age Action Policy)**

There is no specific legal recognition of elder abuse in Ireland. There is recognition that some adults are vulnerable and legislation relating to the reporting of certain offences against vulnerable adults has been enacted. The Criminal Justice (Withholding Information on Offences Against Children and Vulnerable Adults) Act 2012 makes it an offence for certain groups and organisations to withhold information on crimes against children and vulnerable adults, and complements section 9 of the Offences Against the State (Amendment) Act 1998 which already prescribes penalties for those with information on serious crimes against adults who do not disclose this information to the Garda. The crimes include murder, rape, sexual assault, assault, assault causing harm, assault causing serious harm, threats to kill or cause serious harm, endangerment, false imprisonment, incest and various human trafficking offences. Prescribed persons are nurses and midwives, doctors, social workers and psychologists. While APA is not a prescribed organisation under the 2012 Act, and, as an organisation, has no statutory reporting duties, as a best practice, it mandates that its staff members and volunteers should report any instances of abuse of vulnerable adults. The 1998 Act is very rarely used in this context and it remains to be seen whether the 2012 Act will result in any successful prosecutions.

Legislation which may be applied to elder abuse includes all relevant aspects of the criminal law for offences against the person and against property such as the following:

- The Domestic Violence Act 1996 which allows barring and safety orders to be made against spouses, cohabitants and adult children in cases of domestic violence
- The European Convention on Human Rights Act 2003
- The specified and unspecified rights under the Constitution
- Wardship proceedings under the Lunacy Regulations (Ireland) Act 1871
- The Assisted Decision Making (Capacity) Bill 2013, will repeal the Lunacy Regulations and introduce various safeguards for older people who may lack or partially lack the ability to make decisions for themselves.
- The Powers of Attorney Act 1996 into sections on Enduring Powers of Attorney.

Institutional abuse may represent a poor standard of care and both the HSE and HIQA (established by the Health Act 2007) can investigate. HIQA is responsible for both inspecting and registering residential care homes for older people.

## **1.2. United Kingdom**

- Kent and Medway Multi-Agency Adult Protection Policy, Protocols and Guidance (May 2005): Can be found at [www.kent.gov.uk](http://www.kent.gov.uk) following links to Adult Protection
- Human Rights Act 1998, the Mental Capacity Act 2005 and Public Interest Disclosure Act 1998
- Data Protection Act 1998, Freedom of Information Act 2000, Safeguarding Vulnerable Groups Act 2006, Deprivation of Liberty Safeguards, Code of Practice 2008
- The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who

have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they must go about this.

- The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).
- The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

## 2. Definitions

### 2.1 Abuse

Definition: **Abuse** is a violation of an individual's human and civil rights by another person or persons (Kent and Medway Safeguarding Vulnerable Adults, 2010).

Abuse of a vulnerable adult may consist of a single act or repeated acts. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot, consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the individual.

Concerns about abuse may be raised and reported to the social services agency as a result of a single incident or repeated incidents of abuse. However, for some clients the issues of abuse relate to neglect and poor standards of care. They are ongoing and if ignored may result in a severe deterioration in both physical and mental health or even death.

Anyone who has concerns about poor care standards and neglect in a care setting may raise these within the service, with the regulatory body and/or with the social services agency.

Where these concerns relate to a vulnerable adult living in their own home, with family or with informal care givers, they must be reported to the social services agency. These reports must be addressed through the adult protection process, and a risk assessment must be undertaken to determine an appropriate response to reduce or remove the risk.

### 2.2. Vulnerable Adults

Definition: For the purpose of this policy, the term **adult** refers to a person aged 18 years or over.

Definition: The term **vulnerable adult** refers to an adult 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". ('No Secrets' March, Department of Health, 2000).

This could include people with learning disabilities, mental health problems, older people and people with a physical disability or impairment. It is important to include people whose condition and subsequent vulnerability fluctuates. It may include an individual who may be vulnerable as a consequence of their role as a care giver in relation to any of the above.

It may also include victims of domestic abuse, hate crimes and anti-social abuse behaviour. The persons' need for additional support to protect themselves may be increased when complicated by additional factors, such as, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness.

A vulnerable adult may include individuals or groups of people who are marginalised or lack recognition and, as a result, do not have institutional support. This may include but is not limited to sex workers, bar workers, domestic workers, immigrants, refugees, victims of gender-based violence, victims of female genital mutilation, victims of human trafficking, victims of early marriage, and more. These individuals either not have rights or do not know their rights and are consequently vulnerable to exploitation.

Many vulnerable adults may not realise that they are being abused. For instance, an elderly person, accepting that they are dependent on their family, may feel that they must tolerate losing control of their finances or their physical environment. They may be reluctant to assert themselves for fear of upsetting their care givers or making the situation worse.

### **2.3. Significant Harm**

Definition: **Significant harm** includes not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development (“Who Decides, The Law Commission, 1997).

### 3. Types of Abuse and Procedures

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it.

The Department of Health in its 'No Secrets' 2000 report suggests the following as the main types of abuse:

- **Physical abuse** - including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- **Sexual abuse** - including rape and sexual assault or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting.
- **Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or material abuse** - including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Neglect and acts of omission** - including 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.
- **Discriminatory abuse** - including race, sex, culture, religion, politics, that is based on a persons' ability, age or sexuality and other forms of harassment, slurs or similar treatment, hate crime.
- **Institutional abuse** - Institutional abuse although not a separate category of abuse in itself, requires specific mention simply to highlight that adults placed in any kind of care home or day care establishment are potentially vulnerable to abuse and exploitation. This can be especially so when care standards and practices fall below an acceptable level as detailed in the contract specification.
- **Multiple forms of abuse** - Multiple forms of abuse may occur in an ongoing relationship or an abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

#### 3.1. Domestic Abuse

Definition: **Domestic Abuse** is defined as any incident of threatening behavior, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been, intimate partners or family members, regardless of gender or sexuality (Home Office, 2004).

**Domestic violence** is physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can also include forced marriage and so-called “honour crimes”. Domestic violence may include a range of abusive behaviours, not all of which are in themselves inherently “violent” (Women’s Aid).

Most research suggests that domestic violence occurs in all sections of society irrespective of race, culture, nationality, religion, sexuality, disability, age, class or educational level. Both definitions would therefore also include incidents where extended family members may condone or share in the pattern of abuse, for example in the form of forced marriage, female genital mutilation and crimes rationalized as punishing women for bringing ‘dishonour’ to the family.

It is important to recognise that Vulnerable Adults may be the victims of Domestic Abuse themselves or be affected by it occurring within their household. This is likely to have a serious effect on their physical and mental wellbeing. Where Vulnerable Adults are victims of Domestic Abuse, they may need extra support to plan their future. The violence or threat of violence may continue after a victim has separated from the abuser. It is important to ensure that all the vulnerable people in this situation have appropriate support to enable them to maintain their personal safety.

A separate Domestic Abuse Protocol is in place between Police, Social Services and Health. Incidents reported by the Garda through the domestic abuse protocols will be addressed under the adult protection processes if it is considered that a vulnerable adult may be at risk of abuse. (See Joint Police, Social Services and Health protocol for dealing with cases of domestic abuse where vulnerable adults are involved).

Children: It is essential that the needs of any children within an abusive or domestic violence situation where there is a vulnerable adult involved are considered and acted upon. Please contact the Lead for Safeguarding or Senior Manager and/or the local social services Safeguarding Children’s team.

### **3.2. Procedure in the Event of a Disclosure**

It is important that vulnerable adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously. This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that a vulnerable adult has been abused. Promises of confidentiality must not be given as this may conflict with the need to ensure the safety and welfare of the individual. A full record shall be made as soon as possible of the nature of the allegation and any other relevant information. See Appendix E for the Vulnerable Adults Standard Referral Form.

### **3.3. Responding to an Allegation**

Any suspicion, allegation or incident of abuse must be reported to the Designated Adult Protection Lead or Senior Manager on that working day where possible. The nominated member of staff shall telephone and report the matter to the appropriate local adult social services duty social worker. A written record of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority adult social services department within 24 hours. In the event of an incident or disclosure:

Do...

- Make sure the individual is safe.
- Assess whether emergency services are required and if needed call them.
- Listen.
- Offer support and reassurance.
- Ascertain and establish the basic facts.
- Make careful notes and obtain agreement on them.
- Ensure notation of dates, time and persons present are correct and agreed.
- Take all necessary precautions to preserve forensic evidence.
- Follow procedures as outlined in this document.
- Explain areas of confidentiality.
- Immediately speak to your manager for support and guidance.
- Explain the procedure to the individual making the allegation.
- Remember the need for ongoing support.

Do not...

- Confront the alleged abuser.
- Be judgmental or voice your own opinion.
- Be dismissive of the concern.
- Investigate or interview beyond that which is necessary to establish the basic facts.
- Disturb or destroy possible forensic evidence.
- Consult with persons not directly involved with the situation.
- Ask leading questions.
- Make assumptions.
- Make promises.
- Ignore the allegation.
- Elaborate in your notes.
- Panic.

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the designated Vulnerable Adult Protection Officer. It should also be noted that all staff and volunteers associated with APA are mandatory reporters according to Irish law.

The APA/CVM Representatives must follow established local country procedures once an allegation has been reported and ensure that a confidential, thorough, immediate and impartial

investigation and resolution are performed. Procedural actions by the APA / CVM Representative include, but are not limited to:

1. Taking immediate preventative action if there is risk to a vulnerable adult/vulnerable adults.
2. Following respective country law requirements on reporting the incident to external authorities
3. Performing an internal investigation (which may include interviews of witnesses and others)
4. Collecting factual information, gathering documentation and informing the headquarters
5. An APA/CVM Representative who has been brought under investigation internally by a report to the Focal Persons or by official law enforcement authorities of the respective country for the abuse of a child will immediately be temporarily suspended with pay until the investigation is complete and have no access to beneficiary children of the APA and CVM projects or in its activities during the course of the investigation
6. The person will be informed that allegations have been made against him/her and given an opportunity to respond
7. The individual alleged to have violated this policy will have the opportunity to present his or her view of the events in question before any determination of guilt or innocence has been reached

The investigation team will be composed of the 2 Focal Persons with the possibility of a third member to be appointed by the chairperson/president in Ireland or Italy and the director or the country representative for Ethiopia or Tanzania. This team will consider the incident top priority until the incident is closed and should undertake the following:

1. The team will develop a detailed written investigation plan based on established respective country procedures.
2. The team will submit a written report (findings, recommendations, actions) to the appropriate Representatives.
3. Following the completion of the investigation, both the person(s) bringing the allegation and the person(s) alleged of a violation will be informed of the results of the investigation.
4. In cases where a person is determined to be guilty of charges brought against him/her, the Focal Persons and/or CEO should report the accused to both local authorities and authorities in the individual's country of origin (in cases where they are not natives to the place where the abuse took place).

APA/CVM reserve the right, in the event an employee is discharged for proven vulnerable adult abuse, to disclose such information if requested by a prospective employer. Disclosures shall be made in accordance with applicable country laws and/or customs.

APA/CVM will not tolerate any form of coercion, intimidation, reprisal or retaliation against any representative / employee who makes a report regarding possible violations of the Safeguarding Vulnerable Adults Policy or any person who provides information or assistance in an investigation.

The APA chairperson and the CVM president, director, country representative or deputy representative are responsible for implementing all recommended / approved actions.

### **3.4. Confidentiality**

Vulnerable adult protection raises issues of confidentiality, which must be clearly understood by all. Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of vulnerable adults with other professionals, particularly investigative agencies and adult social services. Clear boundaries of confidentiality will be communicated to all.

All personal information regarding a vulnerable adult will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form. If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies. Within that context, the adult must, however, be assured that the matter will be disclosed only to people who need to know about it.

Where possible, consent must be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority. Where a disclosure has been made, staff must let the adult know the position regarding their role and what action they will have to take as a result. Staff must assure the adult that they will keep them informed of any action to be taken and why. The adults' involvement in the process of sharing information must be fully considered and their wishes and feelings taken into account.

### **3.5. Role of Key Individual Agencies**

Health Service Executive (Ireland): The Irish Health Service Executive's Social Care Division instituted a policy for "Safeguarding Vulnerable Persons At Risk of Abuse" in 2014. The policy applies to all statutory and public-funded non-statutory service providers, which includes APA. The policy publicly declares "no tolerance" for the abuse of vulnerable adults and maintains the following six principles: human rights, person-centeredness, advocacy, confidentiality, empowerment and collaboration.

The Garda: The Garda play a vital role in Safeguarding Adults with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

### **3.6. Roles and Procedures for Staff**

Designated Vulnerable Adult Protection Officer: The role of the designated officer is to deal with all instances involving adult protection that arise within the organisation. They will respond to all vulnerable adult protection concerns and enquiries. The designated Vulnerable Adult Protection Lead for the organisation is the Deputy CEO. Should you have any suspicions or concerns relating to Adult Protection, contact the APA office at 01 4064316 or via email at info@apa.ie or accounts@apa.ie.

Managers: The role of the Managers is to support the member of staff, trustee or volunteer involved with the incident and to ensure the correct procedures are followed. The manager could, if agreed upon with the person dealing with the incident, make contact with the designated Adult Protection Lead in the first instance. The manager must ensure that all those within their team are familiar with the organisation's vulnerable adult protection procedures and ensure that all staff members undertake training, where appropriate.

Training: Training will be provided, as appropriate, to ensure that staff are aware of these procedures. Specialist training will be provided for the member of staff with vulnerable adult protection responsibilities.

Complaints Procedure: The organisation has a complaints procedure available to all staff, volunteers and trustees.

Recruitment Procedure: The organisation operates procedures that take account of the need to safeguard and promote the welfare of vulnerable adults, including arrangements for appropriate checks on new staff, volunteers and trustees where applicable.

### 3.7. References and Other sources

- **“Safeguarding Vulnerable Persons At Risk of Abuse”**:  
<https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults>
- **“No Secrets” Report**: The first national policy developed for the protection of vulnerable adults in the UK, for use by all health and social care organisations and the police. It introduced guidance around local multi-agency arrangements and was issued under Section 7 of the Local Authority Social Services Act 1970. Its implementation is led by local authorities with social services responsibilities.
- [http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_4002849](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_4002849)
- **Action on Elder Abuse (AEA)**: A charity working to protect, and prevent the abuse of, vulnerable older adults.
- <http://www.elderabuse.org.uk>
- **The Centre for Policy on Ageing**: Established in 1947 by the Nuffield Foundation with a remit to focus on the wide-ranging needs of older people
- <http://www.cpa.org.uk/index.html>
- **Health Service Executive Ireland**:  
<https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/>

- National Policy:  
<https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf>

## **Appendix E: Vulnerable Adults Standard Referral Form**

*Initial cause for concern form, which must be discussed with Manager/Safeguarding Lead or Member of the Senior Management Team ideally within 24 – 48 hours or as soon as is reasonably possible.*

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Name of individual that cause for concern is about:** \_\_\_\_\_

**Age (if known):** \_\_\_\_\_

**Address (if known):** \_\_\_\_\_

**Describe your concern and action taken in as many details as possible:**

---

---

---

---

**Observations to support cause for concern:**

---

---

---

---

**Description and location of any visible marks, bruising etc.**

---

---

---

---

**Name of alleged abuser, relationship with person (if known):** \_\_\_\_\_

**Name of person completing form:** \_\_\_\_\_

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

**Manager Name:** \_\_\_\_\_

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

**Safeguarding lead or Senior Manager Name:** \_\_\_\_\_

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date: