



**RELIGIOUS
SISTERS
OF CHARITY**
The love of Christ urges us on

IRISH PROVINCE

SAFEGUARDING VULNERABLE ADULTS POLICY

Draft Guidance Safeguarding Vulnerable Adults Policy

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Draft Guidance: Safeguarding Vulnerable

Adults Policy

The RSC recognise that there are many people with whom RSC personnel have contact and who require special care and attention. We believe that all RSC personnel, including religious, staff and volunteers must carry out their ministry respecting the rights of the individual in line with the gospel values and human rights legislation.

1. Context where RSC's and staff might have contact with vulnerable adults:

Health Care Facilities

- follow HSE guidelines

Education- All schools Primary and Secondary follow DES guidelines

Companies

CCMA – St Agnes Community Centre for Music and the Arts.

Sonas Apc

Mary Aikenhead Day Centre in Walkinstown - follow HSE Guidelines

St. Margaret's Services in Donnybrook – follow HSE Guidelines

Oasis Counselling Centre- follow HSE and RSC Guidelines

Mary Aikenhead Day Centre in Donnybrook – follow HSE and RSC Guidelines

Ministries directly under the RSC follow RSC Guidelines

All communities follow RSC Guidelines

Kairos Counselling Centre in Walkinstown follow RSC Guidelines

2. Definition & Underpinning Principles

The Principles which underpin our work with vulnerable people are based on gospel values and are rooted in respect for the rights of vulnerable adults who are entitled to have access to information, choice, support, safety, privacy and confidentiality. In order to ensure that these principles are embedded in ministry with vulnerable adults, the RSC will induct, train and support those who minister to vulnerable adults. The training includes knowledge around abuse and exploitation of vulnerable adults and how to work safely, ensuring that any potential risks to both the vulnerable adult and the worker are recognised and managed. This training takes places every 3 years.

Definition

Definition as set out in **National Vetting Bureau (Children and Vulnerable Persons) Act 2012-2016 -**

“Vulnerable Person” means a person, other than a child, who—

- a) is suffering from a disorder of the mind, whether as a result of mental illness or dementia,
- b) has an intellectual disability,
- c) is suffering from a physical impairment, whether as a result of injury, illness or age, or
- d) has a physical disability,

this is of such a nature or degree—

as to restrict the capacity of the person to guard himself or herself against harm by another person, or

- (i) that results in the person requiring assistance with the activities of daily living including dressing, eating, walking, washing and bathing.

Abuse of a vulnerable person may be a single act or repeated over a period of time. It may comprise one form or multiple forms of abuse.

The lack of appropriate action can also be a form of abuse.

Abuse may occur in a relationship where there is an expectation of trust and can be perpetrated by a person who acts in breach of that trust. Abuse can also be perpetrated by people who have influence over the lives of vulnerable persons, whether they are formal or informal carers or family members or others. It may also occur outside such relationships.

Abuse of vulnerable persons may take somewhat different forms and therefore physical abuse may, for example, include inappropriate restraint or use of medication.

Vulnerable persons may also be subject to additional forms of abuse such as financial or material abuse and discriminatory abuse.

It is critical that the rights of vulnerable persons to lead as normal a life as possible is recognised, in particular deprivation of the following rights may constitute abuse:

- Liberty
- Privacy
- Respect and dignity
- Freedom to choose
- Opportunities to fulfil personal aspirations and realise potential in their daily lives
- Opportunity to live safely without fear of abuse in any form
- Respect for possessions

People with disabilities and older people may be particularly vulnerable due to:

- Diminished social skills
- Dependence on others for personal and intimate care
- Capacity to report
- Sensory difficulties
- Isolation
- Power differentials

3. Recognising when Adults may be at risk of harm

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or lack of insight and ignorance.

A person may experience more than one form of abuse at any one time.

The following are the main categories/types of abuse.

Types of Abuse

Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.

Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.

Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Institutional abuse may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.

Who May Abuse?

Anyone who has contact with a vulnerable person may be abusive, including a member of their family, community or a friend, informal carer, healthcare/social care or other worker.

Familial Abuse

Abuse of a vulnerable person by a family member.

Professional Abuse

Misuse of power and trust by professionals and a failure to act on suspected abuse, poor care practice or neglect.

Peer Abuse

Abuse, for example, of one adult with a disability by another adult with a disability.

Stranger Abuse

Abuse by someone unfamiliar to the vulnerable person.

Where might abuse occur?

Abuse can happen at any time in any setting.

Accidents, incidents and near misses

All facilities must have an accident/incident book

Lessons can be learned from accidents, incidents and/or near misses. As a result, our organisations have in place a procedure for reporting accidents, incidents and near misses that occur.

Accidents, incidents and near misses, particularly those which are recurring, can be indicators of organisational risk, including risk to safeguarding, which needs to be managed.

4 Consent and Capacity

The RSC seek to work in the best interests of the vulnerable adult and with her consent. Sisters, staff and volunteers should always be mindful of the need for vulnerable adults to consent to, and to be comfortable with, any proposed activity/service.

What is consent?

Consent is a clear indication of a willingness to participate in an activity or to accept a service.

The consent of a vulnerable adult is considered valid only if:

- she has the capacity to consent, that is she can understand and weigh up the
- information needed to make the decision; and

- sufficient information has been given to her in an appropriate way on which to base the decision; and
- consent has been given on a voluntary basis, that is, free from coercion or negative influence.

How can consent be given?

The vulnerable adult may signal consent verbally, by gesture, by willing participation or in writing.

Decisions with more serious consequences will require more formal consideration of consent and appropriate steps should always be taken to ensure that consent is valid.

Obtaining consent does not mean that a signature on a form is necessary on every occasion.

Consent is a process - it results from understanding through dialogue and the provision of information. Consent may be expressly given or, alternatively, it may be signalled by a person's conduct.

What if the person does not have the capacity to give consent?

Sisters, staff and volunteers should always remember that no one can give or withhold consent on behalf of another adult unless special provision for particular purposes has been made for this, usually in law. In certain situations, the need for consent may be overridden.

It may be possible to intervene in the life of a vulnerable adult who cannot give valid consent but only in very particular circumstances, for very specific purposes and in accordance with laws governing this kind of intervention.

This would be appropriate, for example, in circumstances where a vulnerable adult is in a residential home/community house and is being asked to agree to transfer to a nursing home where her needs will be better served.

Such decisions should involve wide consideration and consultation, for instance by the Provincial and local leaders, family members, and health and social care professionals.

A more formal assessment of consent should be completed involving a written record of the process in arriving at the decision and the rationale.

5 Creation of Safe Environments

Where the RSC has responsibility for the care of vulnerable adults, we will ensure that the environment is safe and we will minimise the risk of harm and abuse. We do this through:

1. Recruitment: Ensuring that the people recruited to work with vulnerable adults are suitable
2. Providing guidance to our members, employees and volunteers on how to create safe environments (e.g. training, induction, code of conduct, hazard assessment)
3. Providing physically safe environments
4. Having systems of governance and supervision in place, including a complaints policy and a whistle-blowing policy

Recruitment & Supervision of Staff

Where the RSC are recruiting people to work directly with vulnerable adults, the 'safe recruitment' procedure should be adhered to.

Safe recruitment involves:

- There is an application form that includes information about past work and volunteering
- Two written references are sought and verified
- There is a role description and a code of conduct
- A Confidential Declaration Form requesting information on previous convictions and investigations must be completed
- A Verification of Identity must be completed
- Garda Vetting is carried out.

Garda Vetting

Since April 2016, the National Vetting Bureau (Children and Vulnerable Persons) Act 2012-2016 provides a statutory basis for the vetting of persons carrying out work with children and vulnerable adults. Garda Vetting must be “conducted in respect of any person who is carrying out work or activity, a necessary and regular part of which consists mainly of the person having access to, or contact with, children or vulnerable persons.”

Induction

Where staff are recruited to work with vulnerable persons, they will receive our safeguarding policy and procedures, an information session and a general induction to the organisation, their roles and responsibilities. This induction is completed by their line manager/Local Leader.

Supervision and oversight of RSC employees and volunteers is an important aspect of safeguarding. Risk is substantially greater in environments where there is a high degree of one-to-one work. Reporting arrangements to line manager needs to be clearly stipulated.

Additional safeguarding procedures and protocols may be necessary at local level, depending on the nature of the service provided to vulnerable persons. For example, intimate care of vulnerable adults, hazard/risk assessment of activities.

6. Responding to and Reporting Concerns & Allegations

RSC Staff and volunteers will continue to follow the existing procedures in operation in Church managed care establishments and health setting establishments.

Initial concerns:

There may be a need for initial “checking out” with the vulnerable adult if there are concerns, for example, if a member of staff or volunteer notices any of the signs indicated in Section 4 it may be appropriate to ask what happened or what is wrong.

Care needs to be taken not to investigate; this should be avoided by not asking questions beyond initial checking out and listening to the words of the alleged victim for factual accuracy.

- a) A detailed written record should be made by the person receiving the initial concern/allegation and passed to the relevant person e.g. Provincial, Local Leader or Designated Person
- b) All concerns, suspicions and allegations should be taken seriously and reported to the relevant person
- c) That person will establish if the concern relates to a safeguarding issue/ whether there are reasonable grounds for concern and whether to report the concerns directly to the relevant civil authorities. Consultation may take place with these authorities to establish if the threshold for notification has been reached.
- d) Threshold for reporting should be based on an assessment of whether there are reasonable grounds for concern. The following examples would constitute reasonable grounds for concern:

- Specific indication from the vulnerable adult that he/she was harmed/abused
- An account by a person who saw the vulnerable adult being abused
- Evidence, such as an injury or behaviour which is consistent with abuse and unlikely to be caused in any other way
- An injury or behaviour which is consistent both with abuse and an innocent explanation but where there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indications of abuse, dysfunctional behaviour
- Consistent indication, over a period of time, that the vulnerable adult is suffering from emotional or physical neglect

e) The relevant person will take whatever steps are necessary to ensure the safety of the alleged victim and all parties to prevent risk of further potential abuse. In this regard the Designated Person will ensure that consultation takes place both with the /Provincial, Social Services and the Gardaí/ and the family/care service provider of the alleged victim (if appropriate) and/or the person alleged to have caused harm to the vulnerable adult in order:

- To decide on the steps necessary to ensure the safety and emotional well-being of the parties involved
- To ensure that the relevant people are informed of the concerns and are briefed.

f) If the concern or allegation relates to the behaviour of RSC personnel, the disciplinary procedure as outlined in the RSC Staff Handbook may be instigated.

Anonymous Allegations

As there are often good reasons why people choose not to initially disclose their name when making an allegation, preliminary enquiries should be made into anonymous allegations. However, the person making the allegation should be informed that it will be difficult to complete a formal investigation without their name attached, unless there is supporting evidence.

Mandatory Reporting

Beyond the scope of this guidance document on reporting, all citizens should be aware that it is a legal requirement throughout the island of Ireland for any person who knows or believes that a serious offence has been committed including an offence relating to Rape, Sexual Assault and False Imprisonment to report such information to the police authorities. The legislation referring to this is the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012.

Confidentiality & Record Keeping

It is important that RSC members, staff and volunteers understand the importance of confidentiality. All information relating to concerns/suspicions/allegations about a vulnerable adult should be treated as confidential and should only be communicated on a “need to know” basis. This information should not be shared with anyone, unless they are involved in the case. Only the relevant personnel need to be involved. The Designated Liaison Person will advise on who needs to know and who should have access to records.

Appropriate management of complaints requires that a record be kept by the Local Leader/Manager/Provincial of any complaints which they deal with.

The Data Protection Act 1988 governs the recording of and retention of data about people. Records will be kept no longer than necessary in accordance with the Act. Individuals have the right to request and have access to certain personal data.

Records relating to concerns/allegations against all personnel should record that the concern has been passed to the civil authorities.

Records relating to recruitment and creating safe environments as suggested above must be maintained in Centre/Congregational Offices.

APPENDIX 1

Whistle-Blowing policy

All Religious Sisters of Charity members, staff and volunteers must acknowledge their individual responsibility to bring matters of concern to the attention of their supervisor/ Local Leader/Provincial/manager or manager of another agency, whichever is relevant in the given situation.

Although this can be difficult to do, it is particularly important where the welfare of vulnerable persons may be at risk.

Reasons for whistle-blowing

- Each individual has a responsibility to raise concerns about unacceptable practice or behaviour.
- To prevent the problem worsening or widening.
- To protect or reduce risks to others.
- To prevent oneself from becoming implicated.

What stops people from whistle-blowing

- Fear of starting a chain of events that spirals out of control.
- Disrupting the work or project.
- Fear of getting it wrong.
- Fear of repercussions or damaging careers.
- Fear of not being believed.

How to raise a concern

Whistle-blowing can be about a range of concerns, not just safeguarding.

It is important to:

- Voice any concerns, suspicions or uneasiness as soon as possible. The earlier a concern is expressed the sooner and easier action can be taken;
- Try to pinpoint exactly what practice is giving concern and why;
- Approach your immediate Local Leader/supervisor/manager/Provincial;
- If your concern is about your immediate Local Leader/supervisor/manager, please contact your DLP for advice;
- Make sure a satisfactory response is secured – don't let matters rest;
- Ideally, concerns should be placed in writing, outlining the background and history, giving names, dates, locations and any other relevant information;
- You are not expected to prove the truth of your complaint, but you need to demonstrate sufficient grounds for concern.

What happens next?

- You should be given information on the nature and progress of any enquiries resulting from your concern.
- Your supervisor/Local Leader/Manager has a responsibility to protect you from harassment or victimisation.
- No action will be taken against you if the concern proves to be unfounded and was raised in good faith.
- Malicious allegations will be considered a disciplinary offence.
- Follow up if the person to whom you reported has not responded within a reasonable period of time, and if that follow up is not acted upon, report the matter to the next line Manager/or to relevant statutory authorities.

APPENDIX 2

Complaints procedure for safeguarding concerns that are NOT allegations of abuse

A complaint is defined as a grievance and/or the raising of a concern about breaches of codes of behaviour. Allegations or suspicions of abuse do not fall into this category of general complaints. This complaints procedure is not for use by RSC personnel who would use the whistle-blowing procedure to raise their complaint.

All complaints will be taken seriously and dealt with fairly and confidentially. Efforts will be made to quickly and informally resolve complaints through discussion.

To proceed with making a complaint, the following steps should be taken:

First step

All complaints of this nature (not allegations of abuse) should be resolved using an open dialogue with the Religious Sisters of Charity personnel involved. If resolution is not possible, the following step should be taken.

Second step

1. The Line Manager/Supervisor/Local Leader should be contacted by completing a complaints form. The complaint should be dealt with within a reasonable time frame.
2. A letter acknowledging receipt of the complaint to be sent to the complainant.
3. All complaints to be thoroughly investigated.
4. The Line Manager/Supervisor/Local Leader may organise a meeting to discuss and hopefully resolve the complaint. This communication may also take place by telephone if a meeting is not possible.

5. The Line Manager/Supervisor/Local Leader will write to the complainant to confirm what took place and to set out any solutions that were agreed upon.
6. If a meeting is not agreeable or possible, the Line Manager/Supervisor/Local Leader will issue a detailed written reply to the complainant, setting out their suggestions for resolving the matter
7. If the complainant is still not satisfied at this point, they should contact the relevant Line Manager/Supervisor/Local Leader again.

At the conclusion of this step, the Line Manager/Supervisor/Local Leader may decide to take further action on the complaint. If, however, he/she decides not to take further action, the process is completed.