



# VULNERABLE ADULT SAFEGUARDING POLICY

December 2022

## Revision History

<b>Revision</b>	<b>Date of Release</b>	<b>Purpose</b>
Initial Draft	December 2022	Initial Release

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## Introduction

Outhouse is the LGBT+ community resource centre in Dublin. Since 1997 we have worked with LGBT+ people, including adolescents and children, to create a vibrant and safe space for LGBT+ people, groups & organisations that is inclusive of the diversity within our communities. As part of that work, we strive to ensure that adults who access Outhouse are safe from harm.

Outhouse operates in a culture where there is a zero tolerance of any form of abuse. This policy should be read in tandem with Outhouse's Child Protection and Welfare Policy together with all legislative requirements under which Outhouse operates.

This policy applies to all staff, including senior managers, volunteers, and contractors we may engage in our work and board members.

Outhouse does not subscribe to the view that adults are inherently vulnerable persons. However, as the term vulnerable adult and vulnerable person are used in laws and policies to describe some persons with disabilities, it is necessary for us to use the terminology of vulnerability when setting out our policies and procedures.

### Definition of a vulnerable person

The Health Service Executive (HSE) considers a vulnerable person as an adult who may be restricted in capacity to guard themselves against harm or exploitation or to report such harm or exploitation. This may arise as a result of physical or intellectual impairment and risk of abuse may be influenced by both context and individual circumstances.<sup>1</sup>

## Roles and Responsibilities

### Designated Officer

In accordance with Safeguarding Vulnerable Persons at Risk of Abuse National Policy, Outhouse has appointed its CEO as the designated officer for the purposes of this policy.

The designated officer is responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons.
- Ensuring the appropriate manager is informed and collaboratively ensuring necessary actions are identified and implemented.
- Ensuring reporting obligations are met.

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<sup>1</sup> Safeguarding vulnerable persons at risk of abuse, National Policy and Procedures, HSE 2014

- Other responsibilities, such as conducting preliminary assessments, and further investigations, may be assigned within a specific service.

## Procedures for responding to concerns of abuse of vulnerable adults

1. Outhouse's Designated Officer is its CEO. All concerns/ reports of abuse must be immediately notified to the designated officer and in the event of their unavailability to the most Senior Manager on duty that day.
2. In the event of a disclosure of abuse, secrecy cannot be promised. The person should be made aware that Outhouse has an obligation to report disclosures of abuse, risk of abuse, historical abuse, risk of self-harm or where there is a legal obligation to report.
3. An allegation or disclosure of abuse may be made by a person themselves, a relative, a member of the public or anonymously. In addition, you may observe abuse or unusual behaviour indicating abuse.
4. Keep detailed, dated records of disclosures of abuse and any action taken in relation to the allegation. Make this record on the same day as the disclosure.
5. Key actions to undertake on day one include:
  - a. Ensure the person subject to/at risk of abuse is safe.
  - b. Obtain Garda or medical support if required.
  - c. Listen to and support the person. **Do not** make promises of secrecy or support, make judgements, appear shocked, or press the person for more details.
6. When taking a record of the allegation, it is important to obtain accurate, relevant information if possible:
  - a. Name and details of the person, including phone number and address.
  - b. Details of the alleged abuse, what, when, where, by whom, impact on the individual etc.
  - c. Is capacity a potential issue, has the person an advocate?
  - d. Is the person in immediate risk. What actions have you taken to mitigate this risk.
  - e. Has there been a need to refer to emergency services.
  - f. Any immediate support or health needs.
7. **On the same day** report the incident to your designated officer or in their absence the most senior manager on duty.
8. The designated officer will contact the person disclosing the abuse to check what steps have been taken to ensure their immediate safety.

9. The designated officer will report the allegation of abuse to the local safeguarding team **within 3 days**. Tusla will be notified if the allegation is historical in nature.
10. It is the responsibility of the designated officer to ensure any allegations of abuse are dealt with in accordance with this policy.

## Guiding Principles<sup>2</sup>

- i. Safeguarding is everyone's responsibility
- ii. Everyone must have a 'zero tolerance' approach to any form of abuse.
- iii. The duty to report safeguarding concerns rests with the person who has the concern.
- iv. There should be no delay in reporting a safeguarding concern.
- v. It is necessary to ensure the immediate safety of the adult at risk of abuse.
- vi. There should be no delay in implementing a Safeguarding Protection Plan.
- vii. Good collaborative working is central to safeguarding. All parties should share relevant information that is known to them within the rules of data protection and client confidentiality.
- viii. Any information shared about an adult must be managed appropriately and shared/ processed on the basis of 'necessity' with the HSE/ HSE funded services and relevant statutory authorities.
- ix. Safeguarding should be founded on an approach where the adult is at the heart of all decisions and actions.
- x. A health or social care professional already known to the adult at risk of abuse, or assigned to them, should be involved in the management of the concern, where possible and appropriate.
- xi. Considerations of capacity and consent are central to adult safeguarding. The right of a person to make decisions and remain in control of their life must be respected.

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<sup>2</sup> HSE Adult Safeguarding Policy, HSE 2019

## Recording and retention of information

All disclosures, allegations or reported incidents of abuse should be recorded in a factual and accurate manner. Where a person makes a disclosure, the report should be written in the words that are as close as possible to the individual's own words. Volunteers and staff should be careful about not giving their own interpretation of what the individual said.

All Outhouse records will be stored in a safe and secure location. Outhouse should be mindful of the Data Protection Act, GDPR, and the Freedom of Information Act. Access to these records will only be through the Designated Officer.

Documents cannot be amended. All new developments in the case will require additional recordings to be completed to accompany the existing documents. These documents belong to Outhouse and not to the person who made the report.

It is important for all Outhouse volunteers/ employees to be aware that when an individual makes a report to the statutory authorities, it is possible that they may be called to give evidence should legal action be taken. It is therefore important to record details of disclosure and any other relevant information that may have been heard and seen.

The following records will be created and maintained with respect to adult safeguarding:

<b>Record</b>	<b>Retention Period</b>	<b>Requirement</b>	<b>Action</b>	<b>Designated Owner</b>
<i>Information, data, or records</i>	<i>Period for keeping record and organisational notes.</i>	<i>Purpose of retention</i>	<i>Destroy, archive, review, etc.</i>	<i>Who</i>
Allegations/ Complaints of Abuse <i>(regardless of outcome)</i>	Permanent	Best Practice	Archive	Designated Officer

## Confidentiality

Confidentiality, privacy and dignity are important in the work of Outhouse. However, confidentiality is not an absolute right. In cases where there is a risk of harm or abuse of another person, secrecy cannot be guaranteed

and should never be promised. Information about an allegation of abuse or neglect should only be shared with relevant people.

## Allegations against a staff member or volunteer

If an allegation is made against a staff member or a volunteer, two separate procedures will be followed:

1. The reporting procedure in respect of the individual reporting the abuse
2. The procedure for dealing with the staff member or volunteer

These procedures, should be followed in the event of suspicion or disclosure of abuse against an employee or volunteer (including a Board member). In this situation, Outhouse will, and must have, due regard for the rights and interest of the individual reporting abuse on one hand, and those of the person against whom the allegation is made on the other hand.

The Designated Officer will deal with the staff member, volunteer, or Board member in question, and will deal with the reporting procedure in respect of the individual reporting the abuse.

The Designated Officer is obliged to disclose any conflicts or loyalty or interest in respect of any safeguarding concern or issue to the Chair of the Board, failure to do so may result in disciplinary action up to and including dismissal.

Where a potential conflict of interest or loyalty has been identified a suitably qualified individual from the Board or external to the organisation may be appointed to assume responsibility from the Designated Officer for the investigation.

Staff or volunteers may be subjected to erroneous or malicious allegations; therefore, any allegation of abuse should be dealt with sensitively, and support provided for staff as well as the individual reporting abuse, including counselling where necessary. However, the primary goal is to protect the individual reporting abuse while taking care to treat the staff member/volunteer fairly.

When the Designated Officer becomes aware of an allegation of abuse by a member of staff or a volunteer, if appropriate, they will privately inform that person of the following:

- The fact that an allegation has been made against them.
- The nature of the allegation.



The employee/volunteer should be afforded an opportunity to respond. The Designated Officer will note the response and pass on this information to the local HSE Safeguarding and Protection Team.

When an allegation of abuse is received, it should be assessed promptly and carefully by the Designated Officer. Action taken in reporting an allegation of abuse against an employee should be based on an opinion formed 'reasonably and in good faith'.

The first priority is to ensure that no vulnerable adult is exposed to unnecessary risk. The Designated Officer will, as a matter of urgency take any necessary protective measures. These measures should be proportionate to the level of risk and should not unreasonably penalise the employee or volunteer, unless necessary to protect vulnerable adults or children.

Pending the outcome of any possible investigation by the HSE, TUSLA and/or Gardaí, the staff member / volunteer may:

- Be re-assigned to duties that do not involve contact or access to children / young people or vulnerable adults, depending on the nature of the allegation.
- Be suspended with pay.

The staff member / volunteer will be offered counselling should the need arise. Any action taken will be guided by the below agreed procedures, the applicable employment contract and the rules of natural justice.

Should the allegation be concerning the CEO or Designated Officer, the Chairperson of the Board or designate shall take on the responsibility of making decisions as laid out in this policy.

Should the allegation be concerning the Chairperson of the Board, the Deputy Chairperson of the Board or designate shall take on the responsibility of any responsibilities and powers conferred on the Chair by this policy.

The first priority will be to ensure that no vulnerable adult or child is exposed to unnecessary risk and as such any necessary protective measures will be taken, *e.g.* suspension of the staff member/volunteer. These measures will be proportionate to the level of risk and will not unreasonably penalise the worker financially or otherwise unless necessary to protect children.

- It may be necessary for the Designated Officer to seek legal advice for any action following an allegation against a staff member/volunteer. A meeting may need to be arranged with the TUSLA/ HSE/ Gardaí to discuss the allegation.
- The Designated Officer will inform the person accused of the outcome of the above consultation.

- Pending the outcome of the investigation by TUSLA, HSE and/or Gardaí, the staff member/volunteer may be suspended, or re-assigned to duties that do not involve contact or access to young people or vulnerable adults.

All staff should take care to ensure that actions taken by them do not undermine or frustrate any investigations/ assessments that may be conducted by the HSE or TUSLA or An Garda Síochána. It is strongly recommended that staff maintain a close liaison with the statutory authorities to achieve this.

The Designated Officer should be notified of the outcome of any investigation and/or assessment. This will assist them in reaching a decision about the action to be taken in the longer term concerning the employee.

## Barriers to reporting abuse

Be aware of the following barriers that vulnerable adults face in reporting abuse:

- Fear on the part of the service user of having to leave their home or service as a result of disclosing abuse.
- 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 understand and report the incident.
- Fear of an alleged abuser.
- Ambivalence regarding a person who may be abusive.
- Limited verbal and other communication skills.
- Fear of upsetting relationships.
- Shame and/ or embarrassment.

## Retrospective disclosures by adults

Historical abuse should be taken seriously, no matter how long ago the incident occurred. Note, historical child abuse must be reported to Tusla under Children First. [The relevant procedures on reporting retrospective disclosures by adults is contained in the Child Protection and Welfare Policy.](#)

## Recruitment procedures

- Outhouse follows a thorough recruitment process for employees and volunteers.
- Volunteers and employees complete an application form and sign a declaration of suitability to work with young people and vulnerable adults.

- A minimum of two people interviews volunteers and employees.
- References are checked for volunteers and employees, and written references are kept on file by Outhouse.
- The identity of volunteers and employees is verified.
- Volunteers and staff undergo Garda Vetting per the Vetting Act.
- Job descriptions are furnished to volunteers and employees.
- Volunteers and employees are required to undertake induction and other training.
- Volunteers and employees all complete a probationary period with Outhouse, after which their role within the organisation will be reviewed.

## Vetting

To mitigate against a risk of abuse or harm, Outhouse requires staff and volunteers to be vetted in accordance with the requirements of the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 prior to taking up their position. All team members are required to undertake 'Safeguarding Adults at Risk of Abuse' and 'An introduction to Children First' training as part of their mandatory induction.

## Code of behaviour for staff and volunteers

Outhouse is committed to creating safe and fun opportunities for young people to voluntarily participate in activities and programmes of their choice. Outhouse recognises the role of volunteers and employees in building positive relationships with young people that are engaging, supportive and challenging.

**All staff and volunteers are bound by a code of conduct and acceptance of any role or contract with the organisation will be contingent on acceptance of and signing this code.**

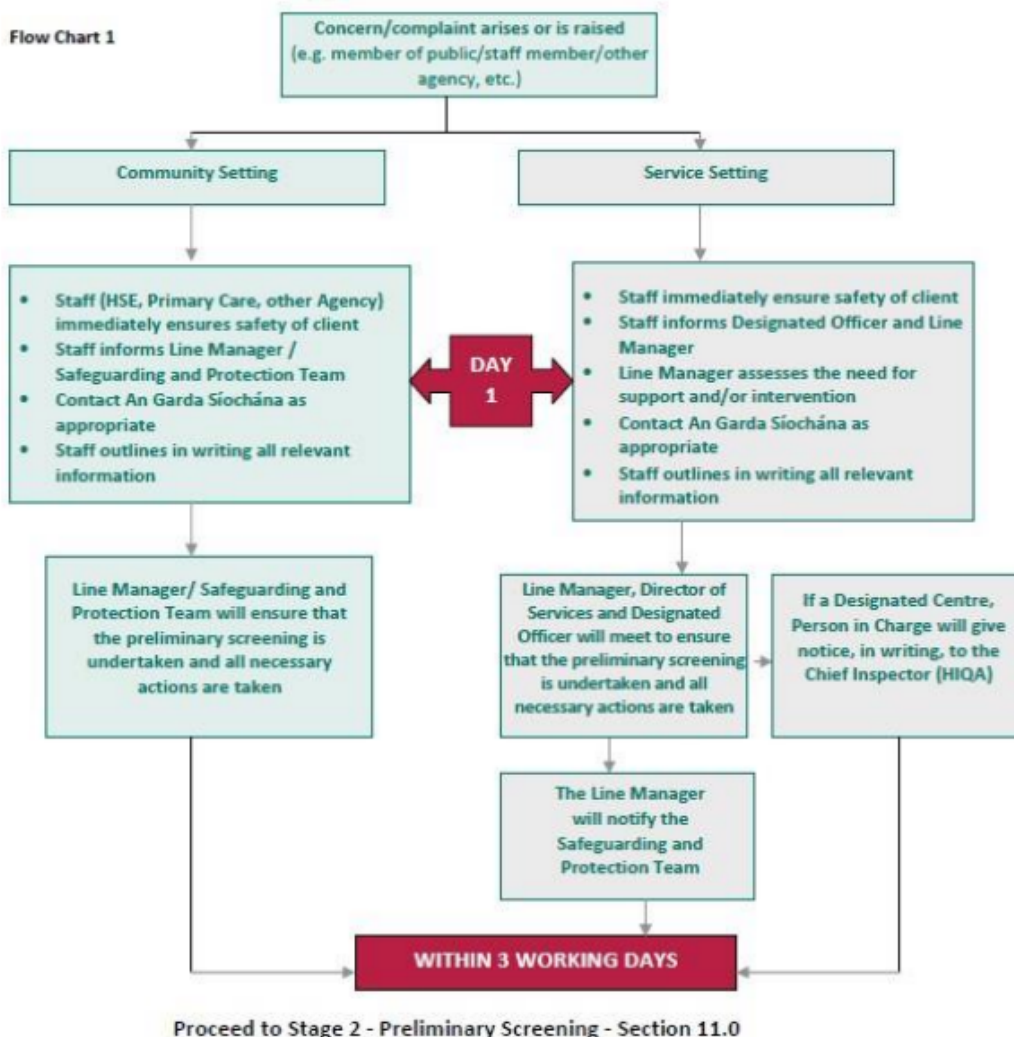
## Appendices

### Appendix 1 - HSE Safeguarding Teams

[HSE Safeguarding Teams](#)

### Appendix 2 - Flow chart of a safeguarding concern

## Stage 1- Concern Arises.



**NOTE:** At any stage in the procedure, if there are significant concerns in relation to a vulnerable person, the Chief Officer (CO) of the Community Healthcare Organisation must be notified immediately. The CO must immediately notify the Director of Social Care. Notification to, and advice from, the National Incident Management Team should be considered in such circumstances and consideration as to whether the concern should be investigated using the HSE Safety Incident Management Policy (2014).

## Appendix 3 - Definitions of abuse

Abuse may be defined as “any act, or failure to act, which results in a break of a vulnerable person’s human rights, civil liberties, physical or 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. Abuse may take a variety of forms.<sup>3</sup> Abuse can also arise due to inadequate care or institutional practices.

Various forms of abuse include:

**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 they were 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.<sup>4</sup>

A person may be subjected to abuse by family, professionals who work with them, their peers, or a stranger.

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<sup>3</sup> The National Standards for Residential Services for Children and Adults with Disabilities, HIQA 2013

<sup>4</sup> Safeguarding vulnerable persons at risk of abuse, National Policy and Procedures, HSE 2014