



Adult Protection Policy

Standard Operating Procedure

SOP Title:

Standard Operating Procedure for the management of Adult Protection

Document reference number	ADP1	Document developed by	Kieran Keon
Revision number	One	Document approved by	Board of directors, StepIn
Approval date	December 2013	Responsibility for implementation	All staff (paid and voluntary) and board members
Revision date	December 2014.	Responsibility for review and audit	Board of directors, StepIn

1. PURPOSE

The purpose of this policy is to raise awareness about the vulnerability and possibility of abuse. The purpose of the document is to:

1. Raise the awareness of employees and volunteers on how to recognise abuse and neglect
2. Provide a reporting procedure where there is a concern that a network member is being abused
3. Provide a procedure for responding to allegations of harm or abuse
4. When referring to service users in this policy the age range is for all adults over the age of 18 years

The first consideration of StepIn Supported Living Networks is the welfare of its members combined with support for their families, friends, other network members, volunteers and support workers. The welfare of the network member is always of paramount importance.

StepIn recognises that adults with additional needs can be vulnerable due to communication difficulties, limited understanding and their dependency on others for support. As a person acting in a supporting capacity on behalf of StepIn Supported Living Networks (such as volunteers, contract support staff, FAS workers etc) it is necessary that you become familiar with the documents **“Children First: National Guidelines for the Protection and Welfare of Children“** (2011), **“Our Duty To Care”**, (2002), **“Trust in Care, Policy for Health Service Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse against Staff Members”** (2005), along with StepIn Supported Living Networks’ own procedures.

StepIn Supported Living Networks has adopted the **“Trust in Care”** policy and procedures. The organisation also endorses the aims of this policy which are:

- (i) Preventative: to outline the importance of the proper operation of adult protection and human resource policies in communicating and maintaining high standards of care amongst health service staff and others engaged in a caring capacity;
- (ii) Procedural: to ensure proper procedures for reporting suspicions or complaints of abuse and for managing allegations of abuse against health service staff in accordance with natural justice. StepIn Supported Living Networks’ adult protection procedures will be used in conjunction with Trust In Care procedures.

StepIn Supported Living Networks adult protection procedures are clear in dealing with specific complaints or concerns. It is essential that procedures

in these cases are followed.

There may be difficulties for you when you have concerns or suspicions, but have no specific evidence to support your concerns. It is essential if this situation arises that you discuss your concerns with the appropriate personnel (manager or social worker). You can be assured that these will be treated in strictest confidence and also that you will be supported and assisted. It is vital for the protection of everyone within StepIn Supported Living Networks that any concerns you may have are addressed.

1.2 SCOPE

The policy and procedure applies to all adults who are users of StepIn Supported Living Networks' services and staff or other persons acting on its behalf.

1.3 RESPONSIBILITY

All StepIn Supported Living Networks workers, volunteers, board members and other persons acting on its behalf – as per this procedure.

Furthermore, all staff and others employed in a supporting and caring capacity have a responsibility to make themselves aware of adult protection procedures and to ensure that allegations of abuse are responded to. This may involve:

- Noting concerns of abuse and recording appropriately;
- Reporting concerns onward in accordance with this policy;
- Sharing information where appropriate;
- Taking part in multidisciplinary meetings with partner agencies;
- Ensuring any role assigned in a care plan is adhered to;
- Seeking/attending adult protection training.

1.4 RELEVANT LEGISLATION

- Protection for Persons Reporting Child Abuse Act (1998)
- Protected Disclosures of Information (S.103, Health Act 2007) Data Protection Act (1988) and (2003)
- Disability Act (2005)
- Freedom of Information Acts (1997) and (2003) Health Act (1970) & (2004)
- Health Act 2004 (Complaints) Regulations 2006

1.5 OTHER REFERENCES

- “Children First: National Guidance for the Protection and Welfare of Children” 2011; “Trust in Care: Policy for Health Service Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse against Staff Members,” 2005.
- “Our Duty of Care: The Principles of Good Practice for the Protection of Children and Young People. Department of Health and Children,” 2002
- “HIQA National Quality Standards – Residential Services for People with Disabilities,” 2009
- StepIn Supported Living Networks Complaints Procedures for Staff, Family Members and members
- StepIn Supported Living Networks Recruitment Procedures
- StepIn Supported Living Networks Policy on Confidentiality
- StepIn Supported Living Networks Accident Incident Reporting Procedure
- StepIn Supported Living Networks Intimate Care Policy and Procedures

1.6 GENERAL INFORMATION

Abuse is defined as “a single or repeated act or lack of appropriate action occurring which causes harm or distress to a vulnerable adult or violates their human and/or civil rights (Action on Adult Abuse Guidelines, HSE/VOLUNTARY AGENCY, 2005).

The definitions of abuse outlined below are adapted from those used in “Trust in Care,” 2005 (P25–26). Refer also to Children First, 1999 (P31–35).

2. DEFINITIONS AND RECOGNITION OF ABUSE

2.1 NEGLECT

Neglect may include an act or omission, where a person is routinely deprived of food, clothing, entitlements, warmth, hygiene, intellectual stimulation, medical or physical care, supervision and safety, attention from care givers. Neglect generally becomes apparent over a period rather than at one specific point.

2.2 EMOTIONAL/ PSYCHOLOGICAL ABUSE

Emotional abuse may arise in the relationship between a care giver and a person. It can be a consequence of the person's needs for affection, approval, consistency and security not being met. Examples of emotional abuse may include:

- i. persistent criticism, sarcasm, hostility or blaming;
- ii. Unresponsiveness;
- iii. Failure to show interest in, or provide appropriate opportunities for, person's cognitive and emotional development or need for social interaction;
- iv. Use of unreasonable disciplinary measures or restraint;
- v. disrespect for differences based on social class, gender, race, culture, disability, religion, sexual orientation or membership of the Traveller Community.

These examples are not exhaustive

2.3 PHYSICAL ABUSE

Physical abuse is any form of non-accidental injury that causes harm or could

cause harm to a person. It may involve:

- i. hitting, shaking, slapping, burning or biting;
- ii. deliberate poisoning;
- iii. giving inappropriate medication, alcohol or illegal substances;
- iv. suffocation;
- v. the use of excessive force in delivering personal care e.g. dressing, bathing, administering medication.

These examples are not exhaustive

2. SEXUAL ABUSE

Sexual abuse occurs when a person is used by another, where there is a significant disparity in status, ability and/or capacity, for his/her gratification or sexual arousal. Examples of sexual abuse include:

- i. intentional touching, fondling or molesting;
- ii. inappropriate and sexually explicit conversations or remarks;
- iii. exposure of the sexual organs or any sexual act intentionally performed in the presence of the network member;
- iv. exposure to pornography or other sexuality explicit and inappropriate material;
- v. sexual assault;
- vi. sexual exploitation of a person, including any behaviours, gestures or expressions that may be interpreted as being seductive or sexually demeaning
- vii. consensual or unconsensual sexual activity between a StepIn staff member/agent against a member

These examples are not exhaustive.

2.5 FINANCIAL AND LEGAL ABUSE

Financial & Legal Abuse is defined as the willful misuse of a person's money,

property or possessions. This can include:

- i. Misuse of benefits and income
- ii. Lack of access to personal allowances
- iii. Mismanagement of a member's accounts
- iv. Denial of legal advice and representation
- v. Theft of Property

2.6. DISCRIMINATORY ABUSE

Discriminatory abuse includes racism, sexism, ageism and other forms of harassment or slurs

2.7 INSTITUTIONAL ABUSE

Institutional Abuse is defined as any system, programme, policy, procedure or individual interaction with a person that abuses, neglects or is detrimental to his or her well being.

See Appendix 8 for full definitions and examples from "Children First" (P31–35).

3.0 GUIDELINES FOR RECOGNITION OF ABUSE

Awareness and acceptance of the possibility of abuse is the first step in recognising its existence. It is important to be aware that abuse may originate from many different sources: home, community, services and those abusers may be peers, family members or staff.

The three stages of recognition are:

- a) Considering the possibility
- b) Looking out for signs of abuse

c) Recording concerns and related information in detail.

All concerns must be discussed with the appropriate Supported Living Coordinator and Social Worker. Retrospective disclosures by adults or older children of abuse that took place in the past should be notified to the Designated Person who will notify the HSE/Voluntary Agency as there could be current risk to any child who may be in contact with the alleged abuser. There may also be a risk to vulnerable adults.

We all have anxiety about reporting concerns but the primary role of the person who first suspects or is told about abuse is to report it. The person who first encounters a case of suspected or disclosed abuse is not responsible for deciding whether or not abuse has taken place. In cases where a StepIn network member discloses that they have been abused or say something which could be an indicator of such abuse, it is important that they are listened to; told that they were right to tell and that this information will be reported on to Social Work, to someone who can help. A StepIn support person cannot agree to keep such information secret (see “Guidelines on Handling a Disclosure”).

It is important that support people do not take action themselves except in the case of an emergency, unless this has been agreed following consultation with Social Work/Designated Person.

4. CONFIDENTIALITY

Where network member protection concerns arise, information must be shared on “a need to know” basis in the best interests of the member. Sharing information in this regard is not a breach of confidentiality. People who report concerns in good faith are protected from civil liability by the “Protection for Persons Reporting Child Abuse Act,” 1998 and “Protected Disclosures of Information” (S103), Health Act 2007.

5. NETWORK MEMBERS DISCLOSING ABUSE PROCEDURE

It is important that a network member who discloses abuse feels supported and facilitated in what, for him or her, may be a frightening and traumatic process. He or she may feel perplexed, afraid, angry, despondent and guilty. A network member who divulges abuse makes a profound act of trust and should be treated with respect, sensitivity and care.

It is important to remember and adhere to the following:

1. React calmly, as over-reacting may alarm the person and compound negative feelings.
2. Listen carefully and attentively; be sure to observe carefully and take the person seriously.
3. Reassure the person that he/she has taken the right action in telling.
4. Do not express any opinions about the alleged abuser.
5. Do not make false promises. Do not commit to keeping it a secret. See section 4.3 on Capacity and Consent
6. Do not ask the network member to repeat the story unnecessarily.
7. Ask questions only for the purpose of clarity. Be supportive, but do not ask leading questions or seek intimate details beyond those volunteered by the person. Detailed investigative interviews will be carried out, if necessary by HSE/Voluntary Agency staff or by a member of An Garda Siochana
8. Check with the network member that what has been heard and understood by you is accurate.
9. Explain and ensure that the network member understands the procedures which may follow and ensure that you discuss with them what they would like to happen next. StepIn has an obligation to follow up with any concerns but we must respect the wishes of all network members. Please refer to Section 4.4 for guidelines on how to handle a concern.
10. Make a record of the conversation using the network member's own words as soon as possible, in as much detail as possible.

Note: Please refer to the StepIn Internal Adult Protection Reporting Form in Appendix 2 of this document for guidance and assistance with recording this information.

6. CAPACITY AND CONSENT

Where concerns exist about adult protection, due regard must be given to an adult's mental capacity to make decisions or to consent as to what is happening to them. An adult may have the capacity to make these decisions or they may have diminished capacity: For example, through dementia or a learning disability. In such situations, they may be less able to protect themselves, or to avoid risk situations or to understand what is happening to them. In circumstances where there is defined/documentated evidence of a person's diminished capacity. StepIn believes it has a duty of care to report abuse and therefore requires its employees/ volunteers to report such concerns in line with this procedure.

In situations where the network member has the capacity to understand what is happening to them and informs a staff member/volunteer about abuse/neglect, the staff member, while respecting the network member's rights, must not agree to confidentiality and must inform the network member that they will be bringing this information to the attention of their Supported Living Coordinator and following StepIn procedure as outlined in this policy.

StepIn acknowledges that network members, who are vulnerable, may experience barriers when it comes to reporting or disclosing abuse or neglect. Network members may be either unwilling to report abuse or co-operate with investigations due to a number of issues such as:

- A lack of capacity to report
- A fear of the abuser

- A lack of awareness of help available or how to access such help
- A lack of awareness that what they are experiencing is abuse or neglect

This can raise some ethical issues for staff/volunteers in respecting the network member's right to self determination and staff/volunteers exercising their duty of care to protect a person from abuse or neglect and report incidents of abuse. It may be necessary for staff/volunteers to override the wishes of the network member in order to prevent serious harm for example in cases of serious physical or sexual assault. However, the final decision whether to report the concern outside of the organisation must be made with the network member in all cases. If the network member refuses to report to the outside authorities, every effort must be made to support this person and work with them to empower them to make the right decision to rectify any abuse they may be experiencing.

7.0. STEPIN ADULT PROTECTION REPORTING PROCEDURE

The primary responsibility of the person who first suspects or is told of abuse is to ensure the safety of the person. The network member's welfare and safety must be the employee/volunteer's overriding and paramount concern.

It is not the responsibility of the employee/volunteer to prove the allegation. All concerns/suspicions should be reported using StepIn's Adult Protection Structure and Reporting Procedure as outlined below

Any employee/volunteer who is concerned about the safety or wellbeing of a network member or receives an allegation of abuse should record their concerns/information and report the matter as soon as possible to their Supported Living Coordinator. If for any reason the employee/volunteer does not wish to contact the Supported Living Coordinator, they must report their concern to the Services Manager.

The following procedure should be followed when dealing with any suspicion/ allegation of abuse of an adult network member:

1. All information relating to a concern or allegation of adult abuse must be treated in the strictest confidence.
2. Where an employee/volunteer has reason to be concerned about the safety or welfare of any adult network member that they come in contact with in the course of their work, they must report it to their Supported Living Coordinator. If the Supported Living Coordinator cannot be contacted, a member of the StepIn board must be contacted.
3. The adult network member that is at the centre of the concern must be kept informed and be involved at all stages of the decision making process. This is very important as they are an adult and need to be consulted at every stage.
4. If the adult network member is likely to be at risk of serious or immediate harm or has just experienced significant harm, the Supported Living Coordinator should be informed immediately that this has been discovered.
5. The incident(s) which raised the concern must be documented accurately by the employee/volunteer as soon as possible after it occurs. Only factual details should be recorded, an employee/volunteer's feelings should not be part of this record. The employee should store the record in a private secure place until it is handed over to the Supported Living Coordinator.
6. The Supported Living Coordinator will discuss the report and make a decision with the consent of the adult on whether the identified concern is reported on to the HSE/Voluntary Agency/Gardai.

7. The employee/volunteer will be informed of the decisions of the Supported Living Coordinator/Services Manager.
8. If the employee/volunteer is dissatisfied with a decision not to refer to the HSE/Voluntary Agency, they may contact the HSE/Voluntary Agency directly themselves, but must notify the Supported Living Coordinator of their actions
9. At any time if the Supported Living Coordinator is unsure as to whether they should refer or not, they should seek advice/consultation with the HSE/Voluntary Agency disability manager in the adults area, or the Senior Case Worker
10. Consideration will also be given to the adult network member's next of kin being notified. The Supported Living Coordinator will provide direction on how this will be done as particular care should be taken, especially if this will cause increased risk for the adult network member. Consideration will also be given to the wishes of the adult network member and their capacity to consent
11. The Supported Living Coordinator will liaise with the statutory authorities (HSE/Voluntary Agency and Gardai) on behalf of StepIn on any ongoing matters related to the referral
12. Employees and volunteers may be required to attend a case discussion or case conference if requested by the HSE/Voluntary Agency
13. The Supported Living Coordinator may at any time seek advice and guidance from the area manager for Disability Services in the relevant HSE/Voluntary Agency area of the Senior Case Worker (for Elder Abuse)

14. An employee/volunteer who witnesses another employee/volunteer engaging in inappropriate behaviour towards a network member should intervene or seek help to stop the behaviour. The employee./volunteer should ensure that the network member is not in any immediate danger and receives the necessary treatment and support.

15. Any allegation of abuse made against an employee/volunteer will be managed by the Supported Living Coordinator which will include the manager of human resources.

7.1. PROTECTION TO PERSONS REPORTING ABUSE

An employee/volunteer is protected from a claim of defamation in reporting their concerns provided they comply with the procedure outlined within this policy.

StepIn is also committed to ensuring that employees and volunteers will be protected and supported in raising adult protection concerns.

(see Appendix 3)

7.2. CONFIDENTIALITY AND RECORD-KEEPING

It is essential that all information within StepIn and the information exchanged between HSE/VOLUNTARY AGENCY and An Garda Siochana is treated with the utmost confidentiality in order to safeguard the privacy of the network members and families concerned and to avoid prejudicing any subsequent legal proceedings. Information should only be shared with individuals who need to know and are involved in the reporting procedure for dealing with suspicions or allegations of abuse.

APPENDIX 1

The StepIn Board

The board of management is responsible for supporting adult protection concerns.

The board is responsible for:

- Supporting the Supported Living Coordinator with adult protection concerns if necessary
- Ensuring that the procedures outlined in this policy are complied with
- Establishing contact with local HSE/Voluntary Agency if required
- Participating in team discussions as required

Supported Living Coordinator

All Supported Living Coordinators have a duty to ensure the safe operation of all services to adults and that the guidance and procedures outlined in this document are complied with. Supported Living Coordinators are also responsible for:

- Ensuring that adult protection concerns are reported in line with the Adult Protection Policy
- Ensuring that employees/volunteers are aware of their responsibilities in reporting adult protection concerns
- Ensuring that employees/volunteers are supervised and supported appropriately
- Supporting staff who raise adult protection concerns
- Liaising with the StepIn Board.

APPENDIX 2

Private and Confidential

Internal Adult Protection Reporting Form

In case of emergency or outside HSE/Voluntary Agency office hours, contact should be made with An Garda Siochana

Please read these instructions carefully:

The Reporting Form is to be used by employees/volunteers who need to record a particular concern or incident that they have come across. This record is to be filed securely until it is passed on to the Supported Living Coordinator who will manage the process for dealing with the concern. In the case of allegations of abuse, this information will assist in assessing the level of risk to the person or support service required.

Instructions for filling out this form:

- Please fill in as much information and detail as is known to you
- Do not record your opinions, only use facts that have been witnessed by you or disclosed to you
- If the information requested is not known to you, please do not investigate but state '**not known**'
- Write clearly insuring that the record can be read as this may be presented to the appropriate agencies as part of the report

- Be sure to sign and date the form

Do not leave this form lying around or on a desk. File it securely until it is handed over to the Supported Living Coordinator in your region. If it is posted please mark it 'strictly confidential'. Do not fax this form.

(See overleaf for form template)



StepIn ADULT PROTECTION PROCEDURE REPORTING FORM

*** Note a separate form must be filled out for each concern being reported.**

Details of Person (Network Member):

Name: _____

Date of Birth if known:

Address:

Next of
Kin: _____

Details of
Witnesses _____

Date of Incident: _____ **Time of Incident:**

Record the Detail of the Reported Incident/Reason for suspicion or concern:

(Please use Continuation Sheet, if necessary)

Place of Incident:



Details of Person Recording Concerns:

Name: _____

Position in StepIn:

Address:

Telephone Number: _____

Details of the Supported Living Organiser that this form has been passed on to:

Name: _____

Date:

Date Form Passed On: _____

Received by Hand or Post:

StepIn and the HSE/Voluntary Agency aim to work in partnership. If you are making this report in confidence you should note that StepIn and the HSE/Voluntary Agency cannot guarantee absolute confidentiality as:

- A Court could order that information be disclosed;
- Under the Freedom of Information Acts, 1997 and 2003, the Information Commissioner may order that information be disclosed.

Appendix 3

Defence of Qualified Privilege

The Common Law provides a defence, in particular circumstance, to individuals who make verbal or written statements of a kind, which could expose their author to a claim of defamation if such statements were made in different circumstances. The defence exists in recognition of the fact that there are circumstances in which individuals have to be able to speak freely without fear of adverse legal consequences.

Qualified privilege is a possible defence against a defamation claim where the person who makes a report of suspected abuse makes the report to an appropriate person only and does so from good motives and where it is reasonable to make the complaint in the circumstances.

In general, qualified privilege attaches to communications where the informant (employee/volunteer) has a legal, moral or social duty to communicate the information (report of abuse, neglect etc) and the recipient (StepIn) has a similar duty to receive it

Appendix 4

Some Potential Indicators of Adult Abuse

Psychological abuse	Neglect	Financial abuse
Demoralisation	Dehydration	Unexplained sudden inability to pay bills
Depression	Malnutrition	Unexplained or sudden withdrawal of money from accounts
Feelings of Hopelessness/ Helplessness	Inappropriate clothing	Funds diverted for someone else's use
Disrupted Appetite/ Sleeping Patterns	Poor Hygiene	Damage to property
Tearfulness	Unkempt appearance	Unexplained disappearance of possession
Excessive Fears	Under/Over medication	No funds for food, clothes, services
Agitation	Unattended medical needs	Absence of required aids, medication
Resignation	Exposure to danger/lack of supervision	Refusal to spend money
Confusion	Absence of required aids including glasses, dentures etc.	Disparity between living conditions and assets
Unexplained Paranoia	Pressure sores	Extraordinary interest by family member in older people's assets
Strong ambivalent feelings towards the abuser		Making dramatic financial decisions

Physical abuse	Sexual abuse
<p>Bruises (on different surface areas; may reflect shape of weapon; whether clustered or not)</p> <p>Laceration (particularly to mouth, lips, gums, eyes, ears)</p> <p>Abrasions</p> <p>Scratches</p> <p>Burns (inflicted by cigarettes, matches, rope, iron, immersion in hot water)</p> <p>Sprains</p> <p>Dislocation, fractures</p> <p>Marks left by a gag</p> <p>Hair loss (possible hair pulling)</p> <p>Eye injuries (black eye, detached retina)</p>	<p>Bruises (on different surface areas; may reflect shape of weapon; whether clustered or not)</p> <p>Laceration (particularly to mouth, lips, gums, eyes, ears)</p> <p>Abrasions</p> <p>Scratches</p> <p>Burns (inflicted by cigarettes, matches, rope, iron, immersion in hot water)</p> <p>Sprains</p> <p>Dislocation, fractures</p> <p>Marks left by a gag</p> <p>Hair loss (possible hair pulling)</p> <p>Eye injuries (black eye, detached retina)</p>

Note: This list of possible examples should not be considered a complete list of possible indicators but used as a way of alerting staff/volunteers that abuse may be occurring.

Adult Protection policy signed and dated

Signed: _____

StepIn Chairperson

Date: _____