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# Safeguarding Vulnerable Adults Policy

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## Offaly Traveller Movement

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Approval date: **June 2021**

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Revision date: **June 2024\***

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1.Responsibility for approval of policy	<i>Board of Management</i>
2.Responsibility for implementation	<i>Managing Director</i>
3.Responsibility for ensuring review	<i>Managing Director</i>
4.Applicable to	<i>OTM Employees</i>

## **1 INTRODUCTION**

Offaly Traveller Movement (OTM) is fully committed to safeguarding the well-being of adults by protecting them from physical, sexual, psychological, financial, discriminatory abuse and neglect. OTM accepts that all matters concerning vulnerable adults, the welfare and protection of such adults is paramount and acknowledges that all adults have the right to be safe and to live a life free from abuse. All persons are entitled to this right, regardless of their circumstances.

## **2 SAFEGUARDING VULNERABLE ADULT STATEMENT**

Offaly Traveller Movement aims to adhere to the HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures and to minimise the negative impacts of risk, while respecting and upholding the human rights and inherent dignity of all people involved with OTM. OTM declare a **'No Tolerance'** approach to any form of abuse and promote a culture which supports this ethos. All policies and procedures promote welfare, reflect inclusion and transparency in the provision of services, and promote a culture of safeguarding.

## **3 A VULNERABLE PERSON**

**A vulnerable person is defined in the HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedures (p.3) as:**

*'an adult who may be restricted in capacity to guard himself/herself against harm or exploitation or to report such harm or exploitation'*

## **4 DEFINING ABUSE**

Offaly Traveller Movement understands the definition of abuse in accordance with Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (p. 8).

*'any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general wellbeing, 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'*

## 5. TYPES OF ABUSE

- **Physical abuse** - includes hitting, slapping, pushing, kicking and 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.
- **Discriminatory abuse** - includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
- **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.
- **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. (See Appendix 1)
- **Coercive control** - is a persistent pattern of controlling, coercive and threatening behaviour including all or some forms of domestic abuse (emotional, physical, financial, sexual, including threats) by a boyfriend/girlfriend, partner, husband/wife or ex-partner. Coercive control can damage a person's physical and emotional well-being.

## 6. 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.

**Abuse can happen at any time in any setting.**

## **7. VULNERABLE PERSONS - SPECIAL CONSIDERATIONS**

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

Adults who become vulnerable have the right:

- To be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs.
- To be given access to knowledge and information in a manner which they can understand in order to help them make informed choices.
- To be provided with information on, and practical help in, keeping themselves safe and protecting themselves from abuse.
- To live safely without fear of violence in any form.
- To have their money, goods and possessions treated with respect and to receive equal protection for themselves and their property through the law.
- To be given guidance and assistance in seeking help as a consequence of abuse.
- To be supported in making their own decisions about how they wish to proceed in the event of abuse and to know that their wishes will be considered paramount unless it is considered necessary for their own safety or the safety of others to take an alternate course, or if required by law to do so.
- To be supported in bringing a complaint.
- To have alleged, suspected or confirmed cases of abuse investigated promptly and appropriately.
- To receive support, education and counselling following abuse.
- To seek redress through appropriate agencies.

## **8. BARRIERS FOR VULNERABLE PERSONS DISCLOSING ABUSE**

Barriers to disclosure may occur due to some of the following:

- 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.
- 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.

## **9. HOW TO RESPOND TO A DISCLOSURE OF ABUSE**

A vulnerable adult may carefully select a person to confide in. That chosen person will be someone they trust and have confidence in. It is important that a vulnerable adult who discloses abuse feels supported and facilitated in what may be a frightening and traumatic process for them. A vulnerable adult may feel perplexed, afraid, angry, despondent and guilty. It is important that any negative feelings they have are not made worse by the kind of response they receive. A vulnerable adult who divulges abuse has engaged in an act of trust and their disclosure must be treated with respect, sensitivity, urgency and care.

**It is of the utmost importance that disclosures are treated in a sensitive and discreet manner. Anyone responding to a vulnerable adult making such a disclosure should take the following steps.**

- (a) Take what the vulnerable adult says seriously.
- (b) React calmly, as over-reaction may intimidate the vulnerable adult and increase any feelings of guilt that they may have.
- (c) Reassure the vulnerable adult that they were correct to tell somebody what happened.
- (d) Listen carefully and attentively.
- (e) Never ask leading questions.
- (f) Use open-ended questions to clarify what is being said and try to avoid having them repeat what they have told you.
- (g) Do not promise to keep secrets.
- (h) Advise that you will offer support but that you must pass on the information.
- (i) Do not express any opinions about the alleged abuser to the person reporting to you.
- (j) Explain and make sure that the vulnerable adult understands what will happen next. Do not confront the alleged abuser.

## 10. REPORTING PROCEDURES

Following a disclosure of abuse, employees/volunteers should:

Write down immediately after the conversation what was said, including all the names of those involved, what happened, where, when, if there were any witnesses, any other significant factors and note any visible marks on the individual making the report or any signs you observed.

- (a) Record the event, sign and date all reports and indicate the time the notes were made.
- (b) Ensure that the information is treated with the utmost confidence.
- (c) Allegations should not be investigated by employees/volunteers.
- (d) Employees/volunteers should pass that report to the Designated Officer(s) in OTM.

Under no circumstances should a vulnerable adult be left in a situation that exposes him or her to harm or to risk of harm. In the event of an emergency where you think a vulnerable adult is in immediate danger you should contact the Gardaí in the first instance.

### **What Does an Employee/Volunteer do if they suspect or have reasonable grounds for concern that a vulnerable adult is being abused?**

Try to ensure in so far as is possible that no situation arises that could cause any further risk to the vulnerable adult.

- Record the facts as you know them. Include the person's name, address, the nature of the concern, allegation or disclosure. Employees/volunteers should pass that report to the Designated Officer(s) in OTM.

### **Designated Officer(s)**

In accordance with Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (p. 41) Offaly Traveller Movement has appointed a Designated Officer & Deputy Designated Officer who are responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons
- Collating basic relevant information
- Ensuring the Managing Director is informed and collaboratively ensuring necessary actions are identified
- Ensuring all reporting obligations are met (internally to the service and externally to the statutory authorities)

- Supporting the Managing Director and other personnel in addressing the issues arising.
- Maintaining appropriate records.

**Designated Officers:**

<b>NAME:</b>	<b>NAME:</b>
Tel:	Tel:
Mob:	Mob:
Email:	Email:

## **11. CONFIDENTIALITY**

All information regarding concern for a vulnerable adult should be shared on ‘a need to know’ basis in the interests of the person concerned. The provision of information to the statutory agencies for the protection of a vulnerable adult is not a breach of confidentiality or data protection. Employees/volunteers should not give any undertakings regarding secrecy.

## **12. GUIDANCE FOR OTM DEALING WITH AN ALLEGATION OF ABUSE**

If an allegation is made against an employee/volunteer within OTM, we will ensure that everyone involved gets a proper response. This involves making sure that two separate procedures are followed:

- the reporting procedure in respect of the vulnerable adult;
- the procedure for dealing with the employee/volunteer

The same person will not deal with both of the above.

When an allegation of abuse is received against employees/volunteers it will be assessed promptly and carefully by OTM. Action taken in reporting an allegation of the abuse of a vulnerable adult against an employee/volunteer should be based on an opinion formed reasonably and in good faith. It is necessary to decide whether a formal report should be made to the relevant Safeguarding & Protection Team within the HSE. This decision should be based on reasonable grounds for concern, as outlined earlier in this policy document.



The first priority is to ensure that no vulnerable adult is exposed to unnecessary risk. OTM, as an employer, will as a matter of urgency take any necessary protective measures. These measures will be proportionate to the level of risk and will not unreasonably penalise the employee/volunteer financially or otherwise, unless necessary to protect any vulnerable adults. Where protective measures penalise the employee/volunteer it is important that early consideration be given to the case.

Any action taken should be guided by agreed procedures, the applicable employment contract and the rules of natural justice.

The Managing Director of Offaly Traveller Movement, is informed about the allegation as soon as possible. When OTM becomes aware of an allegation of abuse of a vulnerable adult by an employee/volunteer during the execution of that person's duties, The Managing Director of OTM will inform the employee/volunteer of the following:

- (i) the fact that an allegation has been made against him or her;
- (ii) the nature of the allegation.

The employee/volunteer will be afforded an opportunity to respond. The Managing Director of Offaly Traveller Movement will note the response and pass on this information to the OTM VBOM and if making a formal report to the relevant Safeguarding & Protection Team within the HSE.

Everyone in Offaly Traveller Movement will take care to ensure that actions taken by them do not undermine or frustrate any investigations/assessments conducted by the relevant Safeguarding & Protection Team within the HSE or An Garda Síochána. The Managing Director of OTM will maintain a close liaison with the statutory authorities to achieve this.

Offaly Traveller Movement should be notified of the outcome of an 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.

**Note:** The reporting procedure in respect of the child will be dealt with by the OTMs Designated Person(s) unless there is any reason why this is not possible. In the event that it is not appropriate for the Managing Director to carry out the responsibilities above, the Chairperson of Offaly Traveller Movement will do so.

### **13. NATIONAL CONTACTS FOR SAFEGUARDING & PROTECTION TEAMS WITHIN THE HSE**

[http://www.hse.ie/eng/services/list/4/olderpeople/elderabuse/Protect Yourself/Protect.html](http://www.hse.ie/eng/services/list/4/olderpeople/elderabuse/Protect%20Yourself/Protect.html)

### **14. DATA/INFORMATION**

All information concerned with the reporting and subsequent assessment of concerns or allegations of alleged abuse is subject to service user confidentiality. However, information regarding or allegations of abuse cannot be received with a promise of secrecy. A person providing such information should, as deemed appropriate, be informed that disclosures of information to appropriate others can occur if:

1. A vulnerable person is the subject of abuse and/or
2. The risk of further abuse exists and/or
3. There is a risk of abuse to another vulnerable person(s) and/or
4. There is reason to believe that the alleged person causing concern is a risk to themselves and/or
5. A legal obligation to report exists.

All staff are aware that failure to record, disclose and share information in accordance with this policy is a failure to discharge a duty of care. In making a report or referral, it is essential to be clear whether the vulnerable person is at immediate and serious risk of abuse and if this is the case, it is essential to outline the protective actions taken. The report/referral may also contain the views and wishes of the vulnerable person where these have been, or can be, ascertained. The role of an advocate or key worker may be important in this regard.

### **15. CRIMINAL JUSTICE (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012**

Offaly Traveller Movement understands that failure to record, disclose and share information about alleged abuse is a failure to discharge a duty of care and that it may be an offence under the Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012 to withhold information in such instances).

## **16. STAFF RECRUITMENT PROCESS**

In order to comply with National Vetting Bureau (Children and Vulnerable Persons) Act 2012-2016 Offaly Traveller Movement requires that all employees/volunteers who undertake relevant work or activities as defined in Schedule 1 Parts 1 & 2 of the Act are vetted by the National Vetting Bureau. It is the policy of OTM that all employees/volunteers who undertake relevant work or activities as defined in Schedule 1 Parts 1 & 2 of the Act will be re-vetted every 3 years (See OTMs Vetting Policy)

***Ratified by the Board of Management on:*** \_\_\_\_\_

***Signed by Chairperson:*** \_\_\_\_\_

Lilly Ward

## Appendix 1

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

Type of Abuse: Physical	
<b>Definition</b>	<b>Physical abuse</b> includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
<b>Examples</b>	Hitting, slapping, pushing, burning, inappropriate restraint of adult or confinement, use of excessive force in the delivery of personal care, dressing, bathing, inappropriate use of medication.
<b>Indicators</b>	Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. Service user appears frightened, avoids a particular person, demonstrates new atypical behaviour; asks not to be hurt.

Type of Abuse: Sexual	
<b>Definition</b>	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.
<b>Examples</b>	Intentional touching, fondling, molesting, sexual assault, rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of a service user. Exposure to pornography or other sexually explicit and inappropriate material.
<b>Indicators</b>	Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs and human bite marks.  Service user demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.

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

<b>Examples</b>	<p>Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance. Failure to show interest in, or provide opportunities for a person's emotional development or need for social interaction. Disrespect for social, racial, physical, religious, cultural, sexual or other differences. Unreasonable disciplinary measures / restraint. Outpacing – where information</p> <p>/choices are provided too fast for the vulnerable person to understand, putting them in a position to do things or make choices more rapidly than they can tolerate.</p>
<b>Indicators</b>	<p>Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness / hopelessness, Extreme low self esteem, tearfulness, self abuse or self destructive behaviour.</p> <p>Challenging or extreme behaviours – anxious/ aggressive/ passive/withdrawn.</p>
<b>Type of Abuse: Financial</b>	
<b>Definition</b>	<p>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.</p>
<b>Examples</b>	<p>Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the service user for financial gain, putting pressure on the service user in relation to wills property, inheritance and financial transactions.</p>
<b>Indicators</b>	<p>No control over personal funds or bank accounts, misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the service users internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.</p>

<b>Type of Abuse: Institutional</b>	
<b>Definition</b>	<p><b>Institutional abuse</b> may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.</p>
<b>Examples</b>	<p>Service users are treated collectively rather than as individuals. Service user's right to privacy and choice not respected. Staff talking about the service users personal or intimate details in a manner that does not respect a person's right to privacy.</p>
<b>Indicators</b>	<p>Lack of or poor quality staff supervision and management. High staff turnover. Lack of training of staff and volunteers. Poor staff morale. Poor record keeping. Poor communication with other service providers. Lack of personal possessions and clothing, being spoken to inappropriately, etc.</p>

Type of Abuse: Neglect	
<b>Definition</b>	Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.
<b>Examples</b>	Withdrawing or not giving help that a vulnerable person needs so causing them to suffer e.g. malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance.
<b>Indicators</b>	Poor personal hygiene, dirty and dishevelled in appearance e.g. unkempt hair and nails. Poor state of clothing. non attendance at routine health appointments e.g. dental, optical, chiropody etc. socially isolated i.e. has no social relationships.

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

**HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedures (p.60)**

