

**SVP RECOGNISING AND
REPORTING WELFARE AND
PROTECTION CONCERNS
ABOUT CHILDREN OR ADULTS
WHO MAY BE VULNERABLE**

National Safeguarding Policy and Procedures October 2018



Society of St Vincent de Paul



I CONTENTS

1. SVP RECOGNISING AND REPORTING WELFARE AND PROTECTION CONCERNS ABOUT CHILDREN	6
1.1 Introduction	6
1.2. Recognising child abuse	7
1.3 Responding to a concern or allegation of abuse	11
1.4. Reporting concerns	12
2. SVP RECOGNISING AND REPORTING WELFARE AND PROTECTION CONCERNS ABOUT ADULTS WHO MAY BE VULNERABLE	17
2.1 Introduction	17
2.2 Definition of a vulnerable adult	17
2.3 Vulnerable adult abuse	17
2.4 Building blocks for safeguarding and promoting welfare	19
2.5 Recognising abuse	21
2.6 Responding to a disclosure	23
2.7 Reporting concerns or allegations of abuse of vulnerable people	24
2.8 Preliminary screening	24
3. RESPONDING TO ALLEGATIONS AGAINST VOLUNTEERS OR EMPLOYEES	27
3.1 Reporting procedure in respect of the child, young person or vulnerable adult	27
3.2 Procedure for dealing with the employee or volunteer	28
3.3 Duty of care to those whom we assist	28
3.4 Support for employees/volunteers	29



SVP Declaration of Safeguarding Guiding Principles

SVP is committed to creating a safe, healthy and inclusive environment for all, particularly the children, young people and adults who may be vulnerable that we assist. We are committed at all times to ensuring their safety and welfare through upholding children's rights specifically and human rights generally.

Through our network of local Conferences, Areas, Regions, and professional services, SVP provides a variety of supports to potentially vulnerable groups including children, young people and adults who may be vulnerable.

These services include:

HOME VISITATION

PRISON AND HOSPITAL VISITATION

RESOURCE CENTRES

CHILDREN'S SERVICES

YOUTH PROGRAMMES

DAY SERVICES FOR OLDER ADULTS

HOMELESS SERVICES

SOCIAL HOUSING

RETAIL SERVICES.

SVP BELIEVES THAT THE BEST INTERESTS OF VULNERABLE GROUPS, INCLUDING CHILDREN, AVAILING OF OUR SERVICES ARE PARAMOUNT.

These guiding principles apply to all members, non member volunteers, Conferences and Committees, employees including CE and FAS participants, students on placement, contractors and any others undertaking the work of SVP.

We will safeguard children, young people and vulnerable adults by:

- » Reporting concerns to Statutory Authorities who need to know and involving parents, carers, children, young people and vulnerable adults appropriately;
 - » Recognising the welfare of the child is of paramount importance;
 - » Recognising the risks posed to adults who are vulnerable;
 - » Following carefully the procedures laid down for the recruitment and selection of members, non member volunteers and employees, including criminal record checks;
 - » Requiring all people acting on behalf of SVP to conduct themselves in a way that reflects the mission and ethos of SVP;
- We review our guiding principles and safeguarding procedures every two years or sooner if necessary depending on service provision and any changes in legislation or national policy.
- A full list of Designated Liaison Persons is available at www.svp.ie

1. SVP RECOGNISING AND REPORTING WELFARE AND PROTECTION CONCERNS ABOUT CHILDREN

1.1 INTRODUCTION

This policy is applicable to all SVP members, non-member volunteers, employees, or others acting on behalf of SVP. It is to be implemented in all SVP services and activities e.g. home visitation, youth development, special works including homeless services, retail, services for children / vulnerable adults, Regional offices, National office and shared services.

This section should be read in conjunction with *Children First: National Guidance for the Protection and Welfare of Children (2017)*

In the Children First Guidance 2017 'a child' means a person under the age of 18 years, who is not or has not been married.

Child welfare and protection policy is based on a legal framework provided primarily by the Child Care Act 1991 and Children First Act 2015.

There are a number of key principles that inform best practice for those working or volunteering with children, these are:

- ⊙ The safety and welfare of children is everyone's responsibility.
- ⊙ The best interests of the child should be paramount.
- ⊙ The overall aim in all dealings with children and their families is to intervene proportionately to support families to keep children safe from harm.
- ⊙ Interventions by the state should build on existing strengths and protective factors in the family.
- ⊙ Early intervention is key to getting better outcomes. Where it is necessary for the State to intervene to keep children safe, the minimum intervention necessary should be used.
- ⊙ Children should only be separated from parents/guardians when alternative means of protecting them have been exhausted.
- ⊙ Children have a right to be heard, listened to and taken seriously. Taking account of their age and understanding, they should be consulted and involved in matters and decisions that may affect their lives.
- ⊙ Parents/guardians have a right to respect, and should be consulted and involved in matters that concern their family.
- ⊙ A proper balance must be struck between protecting children and respecting the rights and needs of parents/guardians and families. Where there is a conflict the child's welfare must come first.
- ⊙ Child protection is a multiagency, multidisciplinary activity. Agencies and professionals must work together in the interest of children.

1.2. RECOGNISING CHILD ABUSE

1.2.1 Reasonable grounds for concern

In SVP you should always talk to the Designated Liaison Person (DLP) (see www.svp.ie for details) if you have reasonable grounds for concern that a child may have been, is being, or is at risk of being abused or neglected.

Reasonable grounds for a child protection or welfare concern include:

- ⊙ Evidence, for example an injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way.
- ⊙ Any concern about possible sexual abuse.
- ⊙ Consistent signs that a child is suffering from emotional or physical neglect.
- ⊙ A child saying or indicating by other means that he or she has been abused.
- ⊙ Admission or indication by an adult or a child of an alleged abuse they committed.
- ⊙ An account from a person who saw the child being abused.

Guidance for individuals named as 'mandated persons' in SVP is available in Section 1.4.2 of this policy.

1.2.2 Types of child abuse and how they may be recognised

Child abuse can be categorised in to four different types as outlined on pages 8 and 9 overleaf.

It is important to remember that:

- ⊙ A child may be subjected to one or more forms of abuse at any given time.
- ⊙ Abuse may be carried out by another child. In such cases, it is a child welfare and protection issue for both children and child protection procedures should be followed both for the alleged abuser and victim.
- ⊙ It is not necessary for you to prove that child abuse has occurred in order to make a report. It is important to establish 'reasonable grounds for concern' (see section 2.1 above). The Designated Liaison Person and/or National Safeguarding Manager is available to provide information, advice, support and supervision and to assist in establishing reasonable grounds.
- ⊙ Even if you are not sure whether your concern falls under the definitions of abuse below, you should still report it. The Child Protection and Welfare Practice Handbook defines a child welfare concern as "a problem experienced directly by a child, or the family of a child, that is seen to impact negatively on the child's health, development and welfare, and that warrants assessment and support, but may not require a child protection response"



NEGLECT

Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and safety. Emotional neglect may also lead to the child having attachment difficulties. The extent of the damage to the child's health, development or welfare is influenced by a range of factors. These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect.

The following are features of child neglect:

- ⊙ Children being left alone without adequate care and supervision.
- ⊙ Malnourishment, lacking food, unsuitable food or erratic feeding.
- ⊙ Non-organic failure to thrive, i.e. a child not gaining weight due not only to malnutrition but also emotional deprivation.
- ⊙ Failure to provide adequate care for the child's medical and developmental needs, including intellectual stimulation.

- ⊙ Inadequate living conditions – unhygienic conditions, environmental issues, including lack of adequate heating and furniture.
- ⊙ Lack of adequate clothing.
- ⊙ Inattention to basic hygiene.
- ⊙ Lack of protection and exposure to danger, including moral danger, or lack of supervision appropriate to the child's age.
- ⊙ Persistent failure to attend school.
- ⊙ Abandonment or desertion.



EMOTIONAL ABUSE

Emotional abuse is the systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Once-off and occasional difficulties between a parent/carer and child are not considered emotional abuse. Abuse occurs when a child's basic need for attention, affection, approval, consistency and security are not met, due to incapacity or indifference from their parent or caregiver. Emotional abuse can also occur when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional abuse is not easy to

recognise because the effects are not easily seen. A reasonable concern for the child's welfare would exist when the behaviour becomes typical of the relationship between the child and the parent or carer.

Emotional abuse may be seen in some of the following ways:

- ⊙ Rejection.
- ⊙ Lack of comfort and love.
- ⊙ Lack of attachment.
- ⊙ Lack of proper stimulation (e.g. fun and play).
- ⊙ Lack of continuity of care (e.g. frequent moves, particularly unplanned).
- ⊙ Continuous lack of praise and encouragement.
- ⊙ Persistent criticism, sarcasm, hostility or blaming of the child.
- ⊙ Bullying.
- ⊙ Conditional parenting in which care or affection of a child depends on his or her behaviours or actions.
- ⊙ Extreme overprotectiveness.
- ⊙ Inappropriate non-physical punishment (e.g. locking child in bedroom).
- ⊙ Ongoing family conflicts and family violence.
- ⊙ Seriously inappropriate expectations of a child relative to his/her age and stage of development.



PHYSICAL ABUSE

Physical abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents. A reasonable concern exists where the child's health and/or development is, may be, or has been damaged as a result of suspected physical abuse.

Physical abuse can include the following:

- ⊙ Physical punishment.
- ⊙ Beating, slapping, hitting or kicking.
- ⊙ Pushing, shaking or throwing.
- ⊙ Pinching, biting, choking or hair-pulling.
- ⊙ Use of excessive force in handling.
- ⊙ Deliberate poisoning.
- ⊙ Suffocation.
- ⊙ Fabricated/induced illness.
- ⊙ Female genital mutilation.



SEXUAL ABUSE

Sexual abuse occurs when a child is used by another person for his or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or

penetrative sex) or exposing the child to sexual activity directly or through pornography.

Child sexual abuse may cover a wide spectrum of abusive activities. It rarely involves just a single incident and in some instances occurs over a number of years. Child sexual abuse most commonly happens within the family, including older siblings and extended family members.

Cases of sexual abuse mainly come to light through disclosure by the child or his or her siblings /friends, from the suspicions of an adult, and/or by physical symptoms.

Examples of child sexual abuse include the following:

- ⊙ Any sexual act intentionally performed in the presence of a child.
- ⊙ An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification.
- ⊙ Masturbation in the presence of a child or the involvement of a child in an act of masturbation.
- ⊙ Sexual intercourse with a child, whether oral, vaginal or anal.
- ⊙ Sexual exploitation of a child, which includes:

- » Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography [for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means.
 - » Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act.
 - » Showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse.
- ⊙ Exposing a child to inappropriate or abusive material through information and communication technology.
 - ⊙ Consensual sexual activity involving an adult and an underage person.

In relation to child sexual abuse, it should be noted that in criminal law the age of consent to sexual intercourse is 17 years for both boys and girls. Any sexual relationship where one or both parties are under the age of 17 is illegal. However, it may not necessarily be regarded as child sexual abuse.

1.2.3 Circumstances which may make children more vulnerable to harm

Some children may be more vulnerable to abuse than others. Also, there may be particular times or circumstances when a child may be more vulnerable to abuse in their lives. In particular, children with disabilities, children with communication difficulties, children in care or living away from home, or children with a parent or parents with problems in their own lives may be more susceptible to harm.

The following list is intended to help you identify the range of issues in a child's life that may place them at greater risk of abuse or neglect. You should consider these factors as part of being alert to the possibility that a child may be at risk of suffering abuse, and in reporting reasonable grounds for concern.

It is important to remember that the presence of any of these factors does not necessarily mean that a child in those circumstances or settings is being abused.

Parent or carer factors:

- ⊙ Drug and alcohol misuse
- ⊙ Addiction, including gambling
- ⊙ Mental health issues
- ⊙ Parental disability issues, including learning or intellectual disability
- ⊙ Conflictual relationships
- ⊙ Domestic violence
- ⊙ Adolescent parents

Child factors:

- ⊙ Age
- ⊙ Gender
- ⊙ Sexuality
- ⊙ Disability
- ⊙ Mental health issues, including self-harm and suicide
- ⊙ Communication difficulties
- ⊙ Trafficked/Exploited
- ⊙ Previous abuse
- ⊙ Young carer

Community factors:

- ⊙ Cultural, ethnic, religious or faith-based norms in the family or community which may not meet the standards of child welfare or protection required in this jurisdiction

⊙ Culture-specific practices, including:

- » Female genital mutilation
- » Forced marriage
- » Honour-based violence
- » Radicalisation

Environmental factors:

- ⊙ Housing issues
- ⊙ Children who are out of home and not living with their parents, whether temporarily or permanently
- ⊙ Poverty/Begging
- ⊙ Bullying
- ⊙ Internet and social media-related concerns

Poor motivation or willingness of parents/guardians to engage:

- ⊙ Non-attendance at appointments
- ⊙ Lack of insight or understanding of how the child is being affected
- ⊙ Lack of understanding about what needs to happen to bring about change
- ⊙ Avoidance of contact and reluctance to work with services
- ⊙ Inability or unwillingness to comply with agreed plans

1.3 RESPONDING TO A CONCERN OR ALLEGATION OF ABUSE

Abuse may come to light in a number of different ways. A child/young person will sometimes confide in an employee or volunteer that they have been abused or someone may witness incidents which suggest that a child or young person is being harmed. Often it is a case of an employee/volunteer feeling worried and concerned about certain signs they are picking up on, such as poor hygiene; a child/young person always appearing hungry, listless and tired; a lack of suitable clothing; or unexplained physical injuries. Other indicators may be related to the child/young person's behaviour such as being aggressive, impulsive, or withdrawn. A cluster or pattern of signs is more likely to be indicative of neglect or abuse. More detail regarding signs and symptoms of abuse is available at www.tusla.ie.

Remember, reasonable grounds for a child protection or welfare concern include:

- ⊙ Evidence, for example an injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way.
- ⊙ Any concern about possible sexual abuse.
- ⊙ Consistent signs that a child is suffering from emotional or physical neglect.
- ⊙ A child saying or indicating by other means that he or she has been abused.
- ⊙ Admission or indication by an adult or a child of an alleged abuse they committed.
- ⊙ An account from a person who saw the child being abused.

1.3.1 Responding to a disclosure

Where a child or young person discloses abuse to a person working or volunteering in any capacity in SVP, it is important that the situation is handled sensitively and compassionately. It should be borne in mind that the child may feel they have taken a huge risk in disclosing the abuse.

The following approach is suggested as best practice for dealing with these disclosures.

- ⊙ React calmly.
 - ⊙ Listen carefully and attentively.
 - ⊙ Take the child seriously.
 - ⊙ Reassure the child that they have taken the right action in talking to you.
 - ⊙ Do not promise to keep anything secret.
 - ⊙ Ask questions for clarification only. Do not ask leading questions.
 - ⊙ Check back with the child that what you have heard is correct and understood.
 - ⊙ Do not express any opinions about the alleged abuser.
 - ⊙ Ensure that the child understands the procedures that will follow.
 - ⊙ Make a written record of the conversation as soon as possible, in as much detail as possible.
 - ⊙ Treat the information confidentially, subject to the requirements of *Children First: National Guidance for the Protection and Welfare of Children (2017)* and legislation.

In responding to a disclosure and considering confidentiality, bear in mind:

- ⊙ Questions should be supportive and for the purpose of clarification only.
- ⊙ Avoid leading questions, such as asking whether a specific person carried out the abuse. Also, avoid asking about intimate details or suggesting that something else may have happened other than what you have been told. Such questions and suggestions could complicate the official investigation.
- ⊙ Confidentiality – do not promise to keep secrets.

At the earliest opportunity, tell the child/young person that:

- ⊙ You acknowledge that they have come to you because they trust you.

- ⦿ You will be sharing this information only with people who understand this area and who can help. There are secrets which are not helpful and should not be kept because they make matters worse. Such secrets hide things that need to be known if people are to be helped and protected from further on-going hurt.

It should be noted that by refusing to make a commitment to secrecy to the child/young person, you do run the risk that they may not tell you everything (or, indeed, anything) there and then. However, it is better to do this than to tell a lie and ruin the child/young person's confidence in you. By being honest, it is more likely that the child/young person will return to you at another time.

1.3.2 Retrospective disclosure

The term retrospective abuse refers to abuse that an adult discloses that took place during their childhood. Those who have been abused in their childhood may not disclose the abuse until many years, or even decades later. SVP is committed to creating a caring and responsive atmosphere in which people can disclose child abuse, regardless of how long ago it took place. Such disclosures should be reported as the alleged abuser may pose a current risk to children.

- ⦿ In the case of an adult retrospectively disclosing child abuse perpetrated outside the Society, it is important that the initial response is characterised by compassion and sensitivity. The person making the allegation should be informed that SVP's policies and procedures require the person receiving the allegation to report to the Designated Liaison Person, who will consult with Túsła to consider any existing risk to children.
- ⦿ Record in writing, all relevant information received including, for example, dates, times, names, location, context.
- ⦿ Inform the Designated Liaison Person of the allegation, who will report to the Statutory Authorities (Túsła and An Garda Síochána), and inform the National Safeguarding Manager on a need to know basis

- ⦿ The National Safeguarding Manager is available to provide information, advice, support and supervision and to assist in establishing reasonable grounds.

In the case of an adult retrospectively disclosing child abuse perpetrated within the Society, a sensitive response should also be adopted and the matter referred to the Designated Liaison Person who will inform the Statutory Authorities (Túsła and An Garda Síochána) and the National Safeguarding Manager who will raise the matter as a serious incident with the National Secretary and the National Co-ordinating Committee.

Consideration will be given to any current risks to children.

For further guidance see Section 3 of this document (Responding to Allegations against Employees or Volunteers). The Society is committed to providing a pastoral response to alleged victims. The National Safeguarding Manager is available to meet with victims should they wish. All alleged victims will also be given details of the National Counselling Service for Adults who have experienced child abuse (see www.hse.ie for more information).

Túsła has a specific reporting form for retrospective disclosures. See www.tusla.ie

1.3.3 Adults who may pose a risk to children

Employees or volunteers working with or treating persons with mental health difficulties, intellectual disability, addiction or domestic violence issues, or working in the probation services, must consider the welfare and safety of any children in that person's family and/or children in regular contact with that person. If concerns meet the threshold of reasonable grounds for reporting to Túsła you should follow SVP's reporting procedures, even if the identity of the child(ren) is unknown.

1.4. REPORTING CONCERNS

If you are concerned about the protection or welfare of a child or young person, contact the Designated Liaison Person in your Region (see www.svp.ie for Designated Liaison Persons' Contact Details).

Regardless of how a concern comes to an employee/volunteer's attention, it must be reported to the Designated Liaison Person.

1.4.1 Designated liaison persons

The role of a Designated Liaison Person is to receive child protection and welfare concerns from employees/volunteers and to report concerns which meet the threshold of 'reasonable grounds for concern' to Túsła.

Each Region in SVP, through the Regional President, will appoint a DLP and Deputy DLP. The National Safeguarding Manager must be informed at all times as to whom these individuals are. Individual services may also appoint a Designated Liaison Person as appropriate and where there is an identified need.

The name and contact details of the DLP and their Deputy should be made known to everyone involved in the Region and its activities (members, employees, children and young people, parents and guardians). The most up to date list of DLP's is available on the SVP website www.svp.ie.

It will be their role and responsibility to:

- ⦿ To promote awareness of and support compliance with SVP's safeguarding policies and procedures.
- ⦿ To act as a Resource for any person involved in the Region (employee, volunteer, child, young person, parent or guardian) who has concerns about any aspect of child or vulnerable adult protection (past or present).
- ⦿ To receive information on or concerns about possible risks to children and vulnerable adults.
- ⦿ To act as a liaison person with the Statutory Authorities (Túsła and An Garda Síochána) responsible for child or vulnerable adult protection issues.
- ⦿ To make referrals to the Statutory Authorities (Túsła and An Garda Síochána).
- ⦿ To maintain ongoing contact with the Statutory Authorities (Túsła and An Garda Síochána).

- ⦿ To ensure that a complete written record is kept in relation to the complaint or concern, including subsequent action taken by the Society, all communications with Túsła and An Garda Síochána, and the outcome of the referral.
- ⦿ To inform the Regional President of concerns, cases, and decisions on a need to know basis taking into consideration the principles of confidentiality.
- ⦿ To prepare regular reports for Regional Council in relation to statistics and types of concerns and cases reported and referred, taking into consideration the principles of confidentiality.
- ⦿ To meet and review the role annually with the Regional President and National Safeguarding Manager.
- ⦿ To inform and discuss all concerns, cases and decisions with the National Safeguarding Manager on a need-to-know basis..

In terms of reporting the DLP in consultation with the person who raised the concern, will decide if reasonable grounds for concern exist. If reasonable grounds for concern exist the DLP will report to the Túsła Duty Social Worker. If the DLP decides not to make a report, the employee/volunteer with the reasonable concern is still entitled to make a report to Túsła under *Children First: National Guidance for the Protection and Welfare of Children 2017* should they wish to do so. The individual employee has protections under the Protection for Persons Reporting Child Abuse Act 1998, should they report independently.

Reports can be made to Túsła in person, by telephone or in writing to the local Child Protection and Welfare Duty Social Work Service in the area where the child lives. Contact details for Túsła Child Protection and Welfare Duty Social Work Services can be found on the Túsła website, www.tusla.ie. If you make the report verbally, you should follow it up by completing the Child Protection and Welfare Report Form. This can be found on the Túsła website: www.tusla.ie

The ability of the Statutory Authorities to assess suspicions or allegations of child abuse will depend on the amount and quality of information conveyed to them by DLPs reporting their concerns. In light of this a Child Protection and Welfare Report Form is available through Túsła and must be used when making a report (See www.tusla.ie).

If you think a child is in immediate danger, and you cannot contact your DLP and/or Túsła, you should contact An Garda Síochána. Under no circumstances should a child or young person be left in a dangerous situation pending the intervention of Túsła.

1.4.2 Mandated persons

Mandated persons are people who have contact with children and/or families and who, because of their qualifications, training and/or employment role, are in a key position to help protect children from harm.

- ⦿ List of mandated persons working in SVP is available from National Safeguarding Manager.
- ⦿ Roles include, Managers Homeless Services, employees in ECCE as defined by the Child Care Act 1991, Youth Development Officers.
- ⦿ For a full list of people who are classified as mandated persons under the Children First Act see: www.tusla.ie

The Children First Act 2015 places a legal obligation on 'mandated persons' to report child protection concerns at or above a defined threshold to Túsła.

Mandated persons have two main legal obligations. These are:

1. To report the harm of children above a defined threshold to Túsła;
2. To assist Túsła, if requested, in assessing a concern which has been the subject of a mandated report (known as 'mandated assisting')

Harm' is defined in the Children First Act 2015: "harm' means, in relation to a child—:

- (a) assault, ill-treatment or neglect of the child in a manner that seriously affects or is likely to seriously affect the child's health, development or welfare, or

- (b) sexual abuse of the child, whether caused by a single act, omission or circumstance or a series or combination of acts, omissions or circumstances, or otherwise.

A mandated person is required to report any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed. Harm is defined as assault, ill-treatment, neglect or sexual abuse, and covers single and multiple instances. The four types of abuse are described above in Section 1.2. The threshold of harm for each category of abuse at which mandated persons have a legal obligation to report concerns is outlined in *Children First National Guidance for the Protection and Welfare of Children (2017)*.

If, as a mandated person, you have a concern about a child, you should make a decision as to whether the concern meets the threshold for a mandated report or not. If you are satisfied that this threshold has been reached, you should clearly identify on the report that it is a mandated report made under the Children First Act 2015.

If you are in doubt about whether your concern reaches the legal definition of harm for making a mandated report Túsła can provide advice in this regard. You can find details of who to contact to discuss your concern on the Túsła website www.tusla.ie.

If your concern does not reach the threshold for mandated reporting, but you feel it is a reasonable concern about the welfare or protection of a child, you should report it to Túsła.

In addition:

- ⦿ Best practice requires that the DLP is informed of all such reports; If reporting independent of the organisational DLP, the mandated persons should inform the DLP that a report under the Children First Act 2015 has been made.
- ⦿ It is important to note that the statutory obligation of mandated persons to report under the Children First Act 2015 must be discharged by the mandated person and cannot be discharged by the DLP on their behalf.

- ⦿ Mandated persons can make a joint mandated report with their DLP or another person, mandated or otherwise.
- ⦿ The mandated person retains their right to report independently, should the DLP choose not to report the concern. The provisions of the Protections for Persons Reporting Child Abuse Act 1998 would apply in this circumstance.

Please note: mandated persons must make mandated reports on the Child Protection and Welfare Report Form.

1.4.3 Joint reporting

A joint report can be made if two persons have concerns about the same child. A mandated person can also make a report jointly with another person, whether that person is mandated or not.

1.4.4 Dual reporting

Under the Criminal Justice (withholding of information on offences against children and vulnerable persons) Act 2012, information about a serious specified offence committed against a child must be reported to An Garda Síochána as soon as it is practicable to do so. This requirement is in addition to any reporting requirements of the Children First Act 2015.

1.4.5 Confidentiality and information sharing

Where child protection and welfare concerns arise, information must be shared on a 'need to know' basis in the best interest of the child/young person with the relevant statutory authorities and with parents/guardians. No undertakings regarding secrecy can be given. Those working with children/young people and families and in adult services should make this clear to parents/guardians and to the child/young person.

The proportionate provision of information to the statutory agencies necessary for the protection of a child is not a breach of confidentiality or data protection.

Parents/guardians and children/young people have a right to know if personal information is being shared. However, you do not need to inform the family that a report is being made, if by doing so the child will be placed at further risk or in cases where the family's knowledge of the report could

impair Túsla's ability to carry out an assessment. Also, it is not necessary to inform the family if the person making the report reasonably believes it may place them at risk of harm from the family.

Any information provided to the Statutory Authorities will remain confidential. The official policy is that those receiving such information will only disclose it where the welfare of the child or person in need requires it and then only to those with a legitimate 'need to know'. Túsla will provide written acknowledgement of the referral to the Designated Liaison Person. Details will only be passed on to the relevant people within the Statutory Authorities (Túsla and An Garda Síochána).

1.4.6 Record keeping

You should record all significant conversations and interactions about your involvement in the lives of children and young people to show that the conversations and interactions took place and the agreed actions to be taken.

- ⦿ Record keeping is of critical importance in this area of work. The ability to protect children requires accurate records to be maintained. It is essential that all employees and volunteers of the Society keep contemporaneous records of all child protection concerns – this will include contacts, consultations and any actions taken.
- ⦿ Observations will be accurately recorded and should include dates, times, names, locations, context and any other information which may be relevant. Details must be recorded factually, accurately, non-speculatively, objectively and legibly.
- ⦿ Records in relation to child protection concerns should be stored in a locked cabinet. Access is available on a need to know basis to DLPs, National Safeguarding Manager, Regional President, National President. They should be stored indefinitely.
- ⦿ Completed and closed case files in relation to historical abuse issues and internal allegations will be held with the National Safeguarding Manager at National Office.

- ⊙ Notwithstanding, the requirement of all involved in child protection to share relevant information, records are nevertheless confidential.
- ⊙ They do not belong to individuals and are the property of SVP at all times as per Data Protection and Freedom of Information legislation.

SVP employees and volunteers will also cooperate with Túsła in the sharing of records, where a child protection or welfare issue arises. An example of this could be information needed for a child protection conference or strategy meeting or information important for the assessment of risk to a child. Records will be used for the purpose for which they are intended only, and will be shared only on a need-to-know basis only in the best interests of the child or young person.

SVP records certain concerns which, following consideration, do not initially meet reasonable grounds for concern. Concerns which do not initially meet reasonable grounds for concern may, upon review, show patterns or clusters which may heighten the level of concern.

1.4.7 Seeking advice and informal consultations

If any person has misgivings about the safety or welfare of a child they may consult the Designated Liaison Person who will consult Túsła's Duty Social Worker to seek advice through initiating an informal consultation. This could be just a telephone call and provides an opportunity to discuss the query in general and to decide whether a formal referral is warranted. The Designated Liaison Person needs to state explicitly that they are not making a report, that they are giving details of a concern, but no identifying information in relation to a child or family.

1.4.8 Túsła response and feedback

Once Túsła receives a report its first consideration is always the immediate safety of the child. Túsła checks all reports and information on the day they are received and categorises them.

Túsła will acknowledge reports that are made about children and will usually contact the reporter for further information. While seeking to cooperate

fully with professional reporters Túsła must balance this with the wishes, consent and permission of parents or carers and the child. Where possible feedback will be provided to reporters. However, in some cases, to protect the privacy of the child and family it may not always be possible to inform the reporter on the outcome of a Túsła assessment of the child.

1.4.9 Cases not referred

A suspicion or concern which is not supported by any objective indication of abuse or neglect would not constitute a reasonable suspicion or reasonable grounds for concern. However, these suspicions will be recorded or noted internally by the Designated Liaison Person as future suspicions may lead to the decision to make a report and earlier suspicions may provide important information for the Statutory Authorities.

The Designated Liaison Person can inform the National Safeguarding Manager and together they will consult the Statutory Agencies (Túsła and An Garda Síochána) for advice on how this should be handled.

If a decision is made not to report a concern to Túsła the following steps will be taken:

- ⊙ The reasons for not reporting are to be recorded.
- ⊙ If any actions are taken as a result of the concern these should be recorded.
- ⊙ The person who raised the concern will be given a clear written explanation of the reasons why the concern is not being reported to Túsła.
- ⊙ The employee or volunteer will be advised that if they remain concerned about the situation they are free to make a report to Túsła or An Garda Síochána.
- ⊙ The employee or volunteer who raised the concern will also be reassured that if they do choose to further pursue the matter by consulting with, or reporting to, the Statutory Authorities, they are covered by the Protections for Persons Reporting Child Abuse Act 1998 once they report "reasonably and in good faith".

2. SVP RECOGNISING AND REPORTING WELFARE AND PROTECTION CONCERNS ABOUT ADULTS WHO MAY BE VULNERABLE

2.1 INTRODUCTION

This policy is applicable to all SVP members, non-member volunteers, employees, or others acting on behalf of SVP. It is to be implemented in all SVP services and activities e.g. home visitation, youth development, special works including homeless services, retail, services for children / vulnerable adults, Regional offices, National office and shared services.

This section should be read in conjunction with Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures, HSE (2014).

2.2 DEFINITION OF A VULNERABLE ADULT

A vulnerable person is an adult who is restricted in capacity to guard himself/herself 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.

2.3 VULNERABLE ADULT ABUSE

Abuse may be defined as “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 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” (from the Health Information and Quality Authority (HIQA).

Although this abuse definition focuses on acts of abuse by individuals, abuse can also arise from inappropriate or inadequacy of care or programmes of care.

A vulnerable adult may be subjected to more than one form of abuse at any given time.

This definition excludes self-neglect which is an inability or unwillingness to provide for oneself.

See Section 2.4.1 for more information.

2.3.1 Definition of Abuse and Types

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.

Domestic abuse refers to the use of physical or emotional force or threat of physical force, including sexual violence in close adult relationships. This includes violence perpetrated by a spouse, partner, son or daughter or any other person who has a close or blood relationship with the victim. The term 'domestic violence' goes beyond actual physical violence. It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone.

2.3.2 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. It is important to also note that abuse can happen at any time in any setting.

- ⊙ **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.

2.3.3 Vulnerable Persons – Special Considerations

Abuse of a vulnerable person may be a single act or repeated over a period of time. They may be subject to more than one form of abuse at any given time. The lack of appropriate action can also be a form of 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.

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.

2.3.4 Non-engagement

Particular challenges arise in situations where concerns exist regarding potential abuse of a vulnerable person and that person does not want to engage or co-operate with interventions. This can be complex particularly in domestic situations. Where an adult indicates that they do not wish to engage or cooperate with the Society or the Statutory Authorities (HSE and An Garda Síochána), and these agencies continue to have concerns, the issue of capacity needs to be considered and in that regard the following will be noted:

- ⊙ There is a presumption that all adults have capacity.
- ⊙ An adult who has capacity has the right not to engage with SVP or any services, if they so wish.
- ⊙ If there is a concern that an adult is vulnerable and may or may not have the capacity to make decisions, the Society and Statutory Authorities may well have obligations towards them.
- ⊙ The Society should consider whether the non-cooperation of the individual may be due to issues of capacity, is voluntary or if it could stem from for example some form of coercion.

Decisions as to the appropriate steps to deal with such cases need to be made on a case by case basis and with appropriate professional advice. It is also important to identify the respective functions and contributions of relevant agencies which include An Garda Síochána, HSE and local authorities. Inter-agency collaboration is particularly important in these situations.

2.4 BUILDING BLOCKS FOR SAFEGUARDING AND PROMOTING WELFARE

2.4.1 Principles

Vulnerable persons have a right to be protected against abuse and to have any concerns regarding abusive experiences addressed. They have a right to be treated with respect and to feel safe.

The following principles are critical to the safeguarding of vulnerable persons from abuse:

- ⊙ **Human Rights:** in particular, all persons have a fundamental right to dignity and respect.
- ⊙ **Person-centredness:** This places the person as an individual at the heart and centre of any exchange requiring the provision or delivery of a service. Services are organised around what is important to the person from his / her perspective.
- ⊙ **Culture:** It is important that service providers create and nurture an open culture where people can feel safe to raise concerns. Key to the successful safeguarding of vulnerable persons is an open culture with a genuinely person-centred approach to care/support, underpinned by a zero-tolerance policy towards abuse and neglect.
- ⊙ **Advocacy:** Advocacy assumes an important role in enabling people to know their rights and voice their concerns including potentially, or actually, abusive situation. Individuals need access to accurate information to allow them to be able to make informed choices.
- ⊙ **Confidentiality:** All vulnerable persons must be secure in the knowledge that all information about them is managed appropriately and that there is a clear understanding of confidentiality among all service personnel. The effective safeguarding of a vulnerable person often depends on the willingness of the employees/volunteers in statutory and voluntary organisations involved with vulnerable persons to share and exchange relevant information. All information regarding concerns or allegations of abuse or assessments of abuse of a vulnerable person should be shared, on 'a need to know' basis in the interests of the vulnerable person, with the relevant statutory authorities and relevant professionals. No undertakings regarding secrecy can be given. Those working with vulnerable persons should make this clear to all parties involved. However, it is important to respect the wishes of the vulnerable person as much as is reasonably practical.

All information concerned with the identification and reporting of vulnerable adult abuse is subject to SVP's usual best practice guidance on confidentiality. Where a vulnerable adult has capacity, their consent should be sought prior to disclosing information to another agency / Statutory Authorities.

- ⊙ **Empowerment:** This is a principle which recognises the right of the individual to lead as independent a life as possible and that supports the individual in every practical way to realise that right.
- ⊙ **Collaboration:** It is imperative that all service providers develop, support and promote interagency collaboration as a key component of adult safeguarding.

2.4.2 Prevention and Early Intervention

The following can help:

- ⊙ People being informed of their rights to be free from abuse and supported to exercise these rights, including access to advocacy.
- ⊙ A well trained workforce operating in a culture of zero tolerance to abuse.
- ⊙ A sound framework for confidentiality and information sharing across service providers.
- ⊙ Needs and risk assessments to inform people's choices.
- ⊙ A range of options for support to keep people safe from abuse tailored to people's individual needs.
- ⊙ Services that prioritise both safeguarding and independence.
- ⊙ Multi-disciplinary team work, interagency co-operation and information sharing.
- ⊙ Recognising Abuse.

2.4.3 Risk Management

- ⊙ The assessment and management of risk should promote independence, real choices and social inclusion of vulnerable adults.

- ⊙ Risks change as circumstances change.
- ⊙ Risk can be minimised but not eliminated.
- ⊙ Identification of risk carries a duty to manage the identified risk.
- ⊙ Involvement with vulnerable persons, their families, advocates and practitioners from a range of services and organisations helps to improve the quality of risk assessments and decision making.
- ⊙ Defensible decisions are those based on clear reasoning.
- ⊙ Risk-taking can involve everybody working together to achieve desired outcomes.
- ⊙ Confidentiality is a right, but not an absolute right, and it may be breached in exceptional circumstances when people are deemed to be at risk of harm or it is in the greater public interest.
- ⊙ The standards of practice expected of employees/volunteers must be made clear by their Service Manager/Conference, Area, or Regional President.
- ⊙ Sensitivity should be shown to the experience of people affected by any risks that have been taken and where an event has occurred.

SVP endeavours to have an effective procedure for assessing and managing risks with regard to all relevant activities and programmes. Identifying risk factors can help to prevent abuse by raising awareness among employees/volunteers and service managers of the people in their care/support who may be most at risk of abuse.

Common personal risk factors include:

- ⊙ Diminished social skills / judgement.
- ⊙ Diminished capacity.
- ⊙ Physical dependence.
- ⊙ Need for help with personal hygiene and intimate body care.
- ⊙ Lack of knowledge about how to defend against abuse.

Common organisational risk factors include:

- ⊙ Low staffing levels.
- ⊙ High staff turnover.
- ⊙ Lack of policy awareness.
- ⊙ Isolated services.
- ⊙ A neglected physical environment.
- ⊙ Weak / inappropriate management.
- ⊙ Staff competencies not matched to service requirements.
- ⊙ Staff not supported by training/ongoing professional development.

2.5 RECOGNISING ABUSE

Abuse can be difficult to identify and may present in many forms. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than abuse. All signs and symptoms must be examined in the context of the person's situation and family circumstances.

All employees and volunteers need to be aware of circumstances that may leave a vulnerable person open to abuse and must be able to recognise the possible early signs of abuse. They need to be alert to the demeanour and behaviour of adults who may become vulnerable and to the changes that may indicate that something is wrong.

It must not be assumed that an adult with a disability or an older adult is necessarily vulnerable; however it is important to identify the added risk factors that may increase vulnerability.

The possibility of abuse should be considered if:

- ⊙ A vulnerable person appears to have suffered a suspicious injury for which no reasonable explanation can be offered.
- ⊙ The vulnerable person seems distressed without obvious reason or displays persistent or new behavioural difficulties.
- ⊙ The vulnerable person displays unusual or fearful responses to carers.

- ⊙ An employee/volunteer forms an opinion or directly observes an incident.
- ⊙ A vulnerable person, relative or friend discloses an incident.
- ⊙ An allegation of abuse may be reported anonymously or comes to attention through a complaints process.

A pattern of ongoing neglect should also be considered even when there are short periods of improvement. Financial abuse can be manifested in a number of ways, for example, in unexplained shortages of money or unusual financial behaviour.

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 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.

Employees and volunteers must be alert to the fact that abuse can occur in a range of settings and, therefore, must make themselves aware of the signs of abuse and the appropriate procedures to report such concerns or allegations of abuse.

2.5.1 Self-neglect

Self-neglect is the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently. Self-neglect can be non-intentional, arising from an underlying health condition, or intentional, arising from a deliberate choice and is understood as follows:

- ⊙ A vulnerable person's profound inattention to health or hygiene, stemming from an inability, unwillingness, or both, to access potentially remediating services.
- ⊙ The result of an adult's inability, due to physical and /or mental impairments or diminished capacity, to perform essential self-care tasks.
- ⊙ The failure to provide for oneself the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain.
- ⊙ Self-neglect in vulnerable adults is a spectrum of behaviours defined as the failure to, (a) engage in self-care acts that adequately regulate independent living or, (b) to take actions to prevent conditions or situations that adversely affect the health and safety of oneself or others.

Groups that may present with self-neglecting behaviours may include:

- ⊙ Those with lifelong mental illness.
- ⊙ Persons with degenerative neurocognitive disorders such as dementia or affective disorders such as depression.
- ⊙ Those whose habit of living in squalor is a long-standing lifestyle with no mental or physical diagnosis.
- ⊙ Self-neglect is common among those who consume large quantities of alcohol; the consequences of such drinking may precipitate self-neglect.
- ⊙ Those who live alone, in isolation from social support networks of family, friends and neighbours.

Responding to cases of self-neglect poses many challenges. The seriousness of this issue lies in the recognition that self-neglect in vulnerable persons is often not just a personal preference or a behavioural idiosyncrasy, but a spectrum of behaviours associated with increased morbidity, mortality and impairments in activities of daily living. Therefore, self-neglect referrals should be viewed as alerts to potentially serious underlying

problems requiring evaluation and treatment. Family, friends and community have a vital role in helping vulnerable people remain safe in the community. Visiting, listening and volunteer driving are examples of ways to reduce isolation.

People wish to respect autonomy and may not wish to be intrusive. However, if concerned or aware of a significant negative change in behaviour, do consider making contact or alerting services.

2.5.2 Capacity and consent

All persons should be supported to act according to their own wishes. Only in exceptional circumstances (and these should be communicated to the service user when they occur) should decisions and actions be taken that conflict with a person's wishes, for example to meet a legal responsibility to report or to prevent immediate and significant harm. As far as possible, people should be supported to communicate their concerns to relevant agencies.

It is necessary to consider if a vulnerable person gave meaningful consent to an act, relationship or situation which is being considered as possibly representing abuse. While no assumptions must be made regarding lack of capacity, it is clear that abuse occurs when the vulnerable person does not or is unable to consent to an activity or other barriers to consent exist, for example, where the person may be experiencing intimidation or coercion. For a valid consent to be given, consent must be full, free and informed.

2.6 RESPONDING TO A DISCLOSURE

A concern regarding concerns or allegations of abuse of a vulnerable person may come to light in one of a number of ways:

- ⦿ Direct observation of an incident of abuse.
- ⦿ Disclosure by a vulnerable person.
- ⦿ Disclosure by a relative/friend of the vulnerable person.
- ⦿ Observation of signs or symptoms of abuse.
- ⦿ Reported anonymously.

- ⦿ Come to the attention as a complaint through the SVP complaints process.

When responding to a disclosure, the following approach is suggested as best practice:



If the Vulnerable Adult has made a direct disclosure of abuse or is upset and distressed about an abusive incident listen to what he/she says and ensure he/she is given the support needed.

Do not:

- ⦿ Appear shocked or display negative emotions.
- ⦿ Press the individual for details.
- ⦿ Make judgments.
- ⦿ Promise to keep secrets.
- ⦿ Give sweeping reassurances.

In responding to a disclosure and considering confidentiality:

- ⦿ Questions should be supportive and for the purpose of clarification only.
- ⦿ Do not promise to keep secrets. Inform the person that you will be sharing this information only with people who understand this area and who can help.

It is important that a vulnerable person is supported in making his/her own decisions about how he/she wishes to deal with concerns or complaints. The vulnerable person should be assured that his/her wishes concerning a complaint will only be overridden if it is considered essential for his/her own safety or the safety of others or arising from legal responsibilities.

2.6.1 Anonymous and Historical Complaints

All concerns or allegations of abuse must be assessed, regardless of the source or date of occurrence. The quality and nature of information available in anonymous referrals may impact on

the capacity to assess and respond appropriately. Critical issues for consideration include:

- ⦿ The significance / seriousness of the concern / complaint.
- ⦿ The potential to obtain independent information.
- ⦿ Potential for ongoing risk.

In relation to historical complaints the welfare and wishes of the person and the potential from ongoing risk will guide the intervention. Any person who is identified in any complaint, whether historic or current, made anonymously or otherwise, has a right to be made aware of the information received.

2.7 REPORTING CONCERNS OR ALLEGATIONS OF ABUSE OF VULNERABLE PEOPLE

Immediate Protection

Take any immediate actions to safeguard anyone at immediate risk of harm including seeking, for example, medical assistance or the assistance of An Garda Síochána, as appropriate.

Report and Inform

Report to DLP/Designated Officer/Line Manager as soon as possible. He/she must check with the person reporting the concern as to what steps have been taken (as above) and instigate any other appropriate steps.

Detection and Prevention of Crime

Where there is a concern that a serious criminal offence may have taken place, or a crime may be about to be committed, contact An Garda Síochána immediately. Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed with An Garda Síochána.

Record and Preserve Evidence

Preserve evidence through recording and take steps to preserve any physical evidence (if appropriate). As soon as possible, make a detailed written record of what you have seen, been told or have concerns about and who you reported it to. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The report will need to include:

- ⦿ When the disclosure was made, or when you were told about/witnessed this incident/s.
- ⦿ Who was involved and any other witnesses, including service users and other employees/volunteers.
- ⦿ Exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told.
- ⦿ Any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- ⦿ Include as much detail as possible.
- ⦿ Make sure the written report is legible and of a photocopyable quality.
- ⦿ Make sure you have printed your name on the report and that it is signed and dated.
- ⦿ Keep the report/s confidential, storing them in a safe and secure place until needed.

2.8 PRELIMINARY SCREENING

2.8.1 Role of Designated Liaison Person / Designated Officer / Line Manager

Each activity providing services to people who may be vulnerable will appoint a DLP/ Designated Officer who will be 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.
- ⦿ Other responsibilities, such as conducting preliminary assessments and further investigations, may be assigned within a specific service.

In some instances in SVP eg home visitation the role of Designated Officer is carried out by the Designated Liaison Person (DLP). All concerns/ reports of abuse must be immediately notified to the DLP/DO and in the event of their unavailability to the senior person on duty.

If you are concerned about the protection or welfare of a vulnerable adult, contact the Designated Liaison Person/ Designated Officer/ Line Manager in your Region or service.

When the Designated Liaison Person / Designated Officer/ Line Manager receives a report about suspected or actual abuse, they should consider the wishes of the vulnerable adult and if there are reasonable grounds for reporting to the Statutory Authorities (HSE and An Garda Síochána).

They may inform and discuss the matter with the National Safeguarding Manager within the Society.

Together they will consider the possible options for the protection of the vulnerable adult through *preliminary screening*. This will mean:

- ⦿ Clarifying or getting more information about the matter.
- ⦿ Consulting with the vulnerable adult to hear his/her wishes etc.
- ⦿ Where there is any doubt or uncertainty, consulting with the Statutory Authorities to obtain their advice on the situation.
- ⦿ Where there are concerns about the diminished capacity of the vulnerable adult, considering assessment of decision making capacity in the context of the abuse allegations and the risk posed to the person.

- ⦿ Making a formal referral to the Statutory Authorities.

All these steps will be carried out with the support and direction of the National Safeguarding Manager.

In accordance with the principles set out in this policy, it is recognised that adults have the right to self-determination and to make decisions, even if this means that they remain at risk. Where there are concerns regarding diminished capacity consideration should be given to requesting a specialist assessment of the person's decision making capacity in the context of the abuse allegations and the risk posed to the person.

The outcome of the Preliminary Screening may be that:

A. No grounds for reasonable concerns

exist: SVP records certain concerns which, following consideration, do not initially meet reasonable grounds for concern. Concerns which do not initially meet reasonable grounds for concern may, upon review, show patterns or clusters which may heighten the level of concern.

B. Additional information required.

This should be specified and a plan put in place to follow-up within a specified time.

C. Reasonable grounds for concern exist.

A report should be made to the Statutory Authorities. In relevant services a safeguarding plan will also be developed.

A suspicion, which is not supported by any objective indication of abuse or neglect, would not constitute a reasonable suspicion or reasonable grounds for concern. However, these suspicions will be recorded or noted internally by the Regional Designated Liaison Person/ Designated Officer/ Line Manager as future suspicions may lead to the

decision to make a report and earlier suspicions may provide important information for Statutory Authorities. A full written record of all decisions will be maintained by the Designated Liaison Person/ Designated Officer/ Line Manager.

In the absence of the Designated Liaison Person / Designated Officer / Line Manager, the Service Manager must be informed immediately.

2.8.2 Record Keeping

- ⦿ Record keeping is of critical importance in this area of work. The ability to protect vulnerable people requires accurate records to be maintained. It is essential that all employees and volunteers of the Society keep contemporaneous records of safeguarding concerns – this will include contacts, consultations and any actions taken.
- ⦿ Observations will be accurately recorded and should include dates, times, names, locations, context and any other information which may be relevant. Details must be recorded factually, accurately, non-speculatively, objectively and legibly.
- ⦿ Due consideration for the respect to privacy of vulnerable people SVP work with must be considered within the limits of confidentiality.
- ⦿ SVP employees and volunteers will also cooperate with the Statutory Authorities (HSE and An Garda Síochána) in the sharing of records where a safeguarding issue arises. Records will be used for the purpose for which they are intended only and will be shared only on a need-to-know basis only in the best interests of the person.
- ⦿ Records in relation to vulnerable adult protection concerns should be stored in a locked cabinet. Access is available on a need to know basis to Designated Liaison Persons/ Designated Officer/ Line Manager and the National Safeguarding Manager.
- ⦿ Completed and closed case files in relation to historical abuse issues and internal allegations will be held by the National Safeguarding Manager.
- ⦿ Notwithstanding the requirement of all involved in vulnerable adult protection to share relevant information, records are nevertheless confidential.
- ⦿ They do not belong to individuals and are the property of SVP at all times as per Data Protection and Freedom of Information legislation.

3 | RESPONDING TO ALLEGATIONS AGAINST VOLUNTEERS OR EMPLOYEES

An allegation of abuse may relate to a person who works or volunteers with children/vulnerable adults who has:

- ⊙ Behaved in a way that has or may have harmed a child/vulnerable adult.
- ⊙ Possibly committed a criminal offence in relation to a child/vulnerable adult.
- ⊙ Behaved towards a child/ vulnerable adult or children/ vulnerable adults in a way that indicates they may pose a risk of harm to a child/ vulnerable adult.
- ⊙ Behaved in a way that is contrary to SVP's code of conduct /behaviour for employees and volunteers.
- ⊙ Behaved in a way that is contrary to professional practice guidelines.

If an allegation is made against an employee or volunteer the Society has a dual responsibility in respect of both the child/vulnerable adult and the employee/volunteers, and as such there are two separate procedures to be followed.

3.1 REPORTING PROCEDURE IN RESPECT OF THE CHILD, YOUNG PERSON OR VULNERABLE ADULT

Where an employee or volunteer of the Society becomes aware of an allegation of abuse by an employee or volunteer they should refer to the Designated Liaison Person/ Designated Officer/ Line Manager immediately.

The procedure for reporting child protection concerns or vulnerable adult protection concerns will be utilized (Sections 1 and 2 respectively).

Action taken in reporting an allegation of abuse against an employee or volunteer should be based on an opinion formed reasonably and in good faith.

When an allegation is received it should be assessed promptly and carefully.

It will be necessary to decide whether a formal report should be made to the Statutory Authorities (HSE, Túsła and An Garda Síochána).

In the case of children this decision should be based on reasonable grounds for concerns as per Section 1.2.1 of this document and *Children First: National Guidance for the Protection and Welfare of Children (2017)*.

In the case of vulnerable adults this will be done in partnership with the vulnerable adult where possible.

Please note that mandated persons should follow the agreed reporting procedure outlined in Section 1.4.2.

Parents/guardians should be informed of any action planned while having regard to the confidentiality rights of others, such as the person against whom the allegation has been made. Túsła's National Policy and Procedure for Responding to Allegations of Abuse and Neglect will be applied by Túsła when assessing allegations of abuse made against employees or volunteers.

3.2 PROCEDURE FOR DEALING WITH THE EMPLOYEE OR VOLUNTEER

When the Designated Liaison Person / Designated Officer/ Line Manager becomes aware of an allegation of abuse against an employee or volunteer, s/he should inform the National Safeguarding Manager.

The National Safeguarding Manager will inform the Regional President. Following consultation with the Statutory Authorities (HSE, Túsła and An Garda Síochána), the National Safeguarding Manager and the Regional President together will privately inform the employee or volunteer of the fact that an allegation has been made against them and the nature of the allegation.

The employee or volunteer should be afforded an opportunity to respond and informed that a full written note will be kept of same.

It is the role of the National Safeguarding Manager to provide advice, information, supervision and support on a case by case and need to know basis to both parties i.e. the Designated Liaison Person / Designated Officer/ Line Manager in respect of the child, young person or vulnerable adult and the Regional President in respect of the employee or volunteer against whom the allegation is made.

3.3 DUTY OF CARE TO THOSE WHOM WE ASSIST

When an allegation is made against an employee or volunteer, the following steps should be taken:

- ⊙ When an allegation is made against an employee/volunteer a quick resolution should be sought for the benefit of all concerned.
 - ⊙ The first priority should be to ensure that no child, young person or vulnerable adult is exposed to unnecessary risk. As a matter of urgency protective measures will be agreed while taking account of the employee/volunteer's right to due process. 'Protective measures' do not presume guilt.
 - ⊙ Protective measures should be proportionate to the level of risk involved and should not unreasonably penalise the employee or
- volunteer financially or otherwise unless necessary to protect children or vulnerable adults. Where protective measures, such as suspension are implemented, it is important that the case is dealt with in a specific time frame. Where suspension is considered to be disproportionate to the level of risk involved other actions will be considered e.g. greater supervision or change of role where there is no contact with children or vulnerable adults.
- ⊙ In the case of employees Human Resources will be informed by the National Safeguarding Manager. They should privately inform the employee/volunteer that an allegation has been made against him or her and the nature of the allegation.
 - ⊙ The employee/volunteer should be afforded an opportunity to respond. Human Resources should note the response and pass on this information if making a formal report to the Statutory Authorities. The employee/volunteer should be offered the option to have representation at this stage and should be informed that any response may be shared with the Statutory Authorities.
 - ⊙ The procedures for dealing with allegations of abuse against employees/volunteers should be objectively applied in a consistent manner.
 - ⊙ All stages of the process must be recorded.
 - ⊙ Close liaison should be maintained between the employer and the Statutory Authorities (where appropriate). While they will not provide advice on employment matters, advice and consultation with regard to risk to children/vulnerable adults can be sought.
 - ⊙ Any action following an allegation of abuse against an employee or volunteer will be taken in consultation with the Statutory Authorities (HSE, Túsła and An Garda Síochána) and an immediate meeting will be arranged for this purpose.

- ⊙ SVP will take care to ensure that any actions or investigations do not prejudice or compromise the statutory investigation or assessment. The National Safeguarding Manager, Regional President and Designated Liaison Person will work in close co-operation to ensure this.
- ⊙ The Regional President and National Safeguarding Manager will maintain close contact with the person against whom the allegation has been made and support will be provided as necessary, independent counselling and support will be offered.
- ⊙ The Conference President will be informed of the allegation when possible.
- ⊙ Any action taken should consider the applicable employment contract and the rules of natural justice. This means that Tusla usually will not share the detail of any assessment regarding allegations of abuse against an employee/volunteer until he/she has had an opportunity to fully respond to the allegation and any findings or decisions of Tusla.
- ⊙ SVP Disciplinary Procedures will apply.

There will be situations in which suspicions or allegations may turn out to be unfounded. It is very important that everyone in the Society knows that if they raise a concern reasonably and in good faith which, following an investigation, is not validated they have not in any way been wrong in their initial action.

3.4 SUPPORT FOR EMPLOYEES/ VOLUNTEERS

Employees or volunteers will be made aware of the appropriate authorities outside the organisation to whom they should report if they are inhibited, for any reason, in reporting an incident internally or where they are dissatisfied with the internal response, including the Protected Disclosures Act 2014.

Employees or volunteers working with children/vulnerable adults may feel vulnerable to accusations of abuse. There may have been occasions when erroneous or untrue allegations have been made against employees /volunteers. This might have been because of a misunderstanding of what has happened or a genuine mistake. Any allegation of abuse against employees or volunteers should be dealt with sensitively and support provided by the organisation for both the employee or volunteer who allegedly abused a child/vulnerable adult and the employee or volunteer who reported the alleged abuse. Appropriate levels of confidentiality must be ensured.

It is very important that all employees/volunteers know that if they raise a concern which, through the process of investigation is not validated, they have not in any way been wrong in their initial action.

FOR MORE INFORMATION SEE:

www.svp.ie

[www.svp.ie /safeguarding/](http://www.svp.ie/safeguarding/)

www.tusla.ie

www.hse.ie

[www.hse.ie/eng/about/who/socialcare/
safeguardingvulnerableadults/](http://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/)

[www.hse.ie/eng/services/list/4/
olderpeople/elderabuse/protect-yourself/
safeguarprotectteams/](http://www.hse.ie/eng/services/list/4/olderpeople/elderabuse/protect-yourself/safeguarprotectteams/)

www.safeguardingcommittee.ie



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