



Mental Health Ireland

SAFEGUARDING VULNERABLE ADULTS POLICY

| <i>Version</i> | <i>Revision Date</i> | <i>Revised by</i> | <i>Section Revised</i> | <i>Reason for Revision</i> |
|----------------|----------------------|-------------------|------------------------|----------------------------|
| 1.0 | September 2023 | Maria Walsh-Healy | Entire Document | New Policy |
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Document Control

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| <i>Document Owner:</i> Maria Walsh-Healy | <i>Document No:</i> 017 | <i>Status:</i> Approved | <i>Date Approved:</i> 22/03/2024 |
| <i>Security Classification:</i> High/Medium/ Low | <i>Next Review Date:</i> March 2025 | <i>Version:</i> V1.0 | <i>Department:</i> Operations |

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Revision Date: March 2024

Approval by Board: Approved

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1 Introduction

Safeguarding the well-being of adults is priority to Mental Health Ireland. Adults who may be considered as vulnerable are protected by law from physical, sexual, psychological, financial, discriminatory abuse and neglect.

Mental Health Ireland is not a service provider and as such does not directly provide services to vulnerable adults.

As an organisation, and as a result of our activities, staff and volunteers of Mental Health Ireland may come into contact with vulnerable adults and so it is crucial that we are fully compliant with all relevant safeguarding guidance and legislation.

1.1 Policy Governance

This Policy adheres to the following standard of governance and compliance:

The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulation 2013.

HSE Policies for Managing Allegations of Abuse against Staff Members

HSE National Consent Policy

HSE Safety Incident Management Policy

Children First: National Guidance for the Protection and Welfare of Children

Charities Act 2009

The Ombudsman Act 1980

Under EU General Data Protection Regulation

National Vetting Bureau (Children and Vulnerable Persons) Act 2012

2 Safeguarding Vulnerable Adults Statement

The HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures underpins the contents of this document in order to minimise the negative impacts of risk, while respecting and upholding the human rights and inherent dignity of all people involved with Mental Health Ireland.

2.1 Definition of a Vulnerable Person.

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

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may be restricted in capacity to guard himself / herself against harm or exploitation or to report such harm or exploitation’.

2.2 Defining Abuse

The definition of abuse in accordance with Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (p. 8) is, “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”.

2.3 Types of Abuse

2.3.1 Physical

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

2.3.2 Sexual abuse

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.

2.3.3 Psychological abuse

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.

2.3.4 Financial or material abuse

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.

2.3.5 Discriminatory abuse

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

2.3.6 Neglect and acts of omission.

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.

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2.3.7 Institutional abuse

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.

3.0 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.

3.1 Familial Abuse

This relates to abuse of a vulnerable person by a family member.

3.2 Professional Abuse

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

3.3 Peer Abuse

Peer abuse can occur from one vulnerable adult to another vulnerable adult.

3.4 Stranger Abuse

Stranger abuse is abuse by someone unfamiliar to the vulnerable person.

4.0 Where and Why can abuse occur?

Abuse can occur at any time in any setting. Therefore, Mental Health Ireland staff ensure that while performing activities in Mental Health Ireland premises, HSE premises or community settings, safeguarding protocols are followed at all times.

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.

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5.0 Rights afforded to vulnerable persons.

All persons have a right to lead a purposeful life, with normal expectations of liberty, privacy, dignity and respect, freedom of choice, freedom to aspire and realise potential, live without fear of abuse and 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.

6.0 Contributory Risk Factors

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. People with disabilities and some older people may be in environments or circumstances in which they require safeguards to be in place to mitigate against vulnerability which may arise. As vulnerability increases responsibility to recognise and respond to this increases.

Vulnerable persons require protection against risk of harm neglect or abuse due to certain mitigating circumstances. Organisations can contribute or exacerbate these risks as outlined below.

6.1 Personal risk factors

- Diminished social skills / judgement.
- Diminished capacity.
- Physical dependence.
- Need for help with personal hygiene and intimate body care.

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- Lack of knowledge about how to defend against abuse.

6.2 Organisational risk factors

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

7.0 Barriers for Vulnerable Persons Disclosing Abuse

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

- Fear on the part of the vulnerable adult 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.

8.0 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 may 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.

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Anyone responding to a vulnerable adult making such a disclosure should take the following steps.

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

8.1 Reporting Procedures

Following a disclosure of abuse, staff /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 and any other significant factors and note any visible marks on the individual making the report or any signs you observed.
- Record the event, sign, and date all reports and indicate the time the notes were made.
- Ensure that the information is treated with the utmost confidence.
- Allegations should not be investigated by employees/volunteers.
- Employees/volunteers should pass that report to the Designated Officer(s) in Mental Health Ireland.
- The vulnerable adult should not 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 the person is in immediate danger you should contact the Gardaí in the first instance.
- Employees / Volunteers should identify their nearest Garda station, contact them directly or call 999.

9.0 Suspected abuse concerns

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At certain times, staff or volunteers may suspect abuse is occurring without receiving a disclosure of abuse. Suspicion of abuse results when the staff member or volunteer has reasonable grounds for concern. The following steps should then be taken:

- Record the facts as you know them. Include the person's name, address, the nature of the concern, allegation, or disclosure.
- Speak with your Designated Safeguarding Officer who will try to ensure that no situation arises that could cause any further risk to the vulnerable adult.

10.0 Designated Officer(s)

In accordance with Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (p. 41) Mental Health Ireland 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 appropriate manager 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 manager and other personnel in addressing the issues arising.
- Maintaining appropriate records.

The Designated Officers are detailed below:

Designated Officer:

Maria Walsh-Healy

Email: maria@mentalhealthireland.ie

Mobile: 087 4277497

Office: 01 284 1166

Deputy Officer:

Lisa Manley

Email: lisa@mentalhealthireland.ie

Office: 01 284 1166

Direct Dial: 01 584 2773

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11.0 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.

The Statutory Agencies in this regard are the HSE, National Safeguarding Office and An Garda Síochána.

12.0 Allegations of abuse made against Mental Health Ireland Staff

If an allegation is made against an employee /volunteer of Mental Health Ireland, we will ensure that everyone involved is treated fairly and that the person at risk of abuse is protected at all times. Regardless of the presence of a staff member, Mental Health Ireland Designated Officer will follow the appropriate reporting steps as mentioned above.

Additional to this the Designated Officer will inform the staff / volunteer manager and HR executive to commence an independent investigation and provide supports if required to the staff / volunteer. The same person will not deal with both the report for the vulnerable adult and investigation for the staff / volunteer. In this regard, Mental Health Ireland, as an organisation are ensuring that they are responding appropriately, promptly and in the best interest of all parties, while protecting the vulnerable person from additional harm. Any action taken should be guided by agreed procedures, the applicable employment contract, and the rules of natural justice. The Chief Executive Officer of Mental Health Ireland and the Chairperson of the Board should be informed about the allegation as soon as possible. When an allegation of abuse of a vulnerable adult by an employee/volunteer during the execution of that person's duties has been made, a senior manager will inform the employee/volunteer of the following:

- The fact that an allegation has been made against him or her.
- The nature of the allegation.

The employee/volunteer will be afforded an opportunity to respond. Records of the response and all interactions pertaining to the allegation will be kept, as these may be requested by the HSE Safeguarding & Protection Team within the HSE.

13.0 National Contacts for HSE Safeguarding & Protection Teams

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For Safeguarding reports or advise, please see:

http://www.hse.ie/eng/services/list/4/olderpeople/elderabuse/Protect_Yourself/Protect.html

14.0 Criminal Justice (Withholding Of Information On Offences Against Children And Vulnerable Persons) Act 2012

Mental Health Ireland 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.

14 Safeguarding Training

All Mental Health Ireland staff and volunteers are given access to HSEland e-learning portal and are required to complete certain trainings as mandatory compliance training for their roles. Mandatory safeguarding training is required for both:

Safeguarding Vulnerable Adults at Risk of Abuse

And

An Introduction to Childrens First.

The Operations, Compliance and Governance Manger along with the Designated Liaison Person, Deputy Liaison person and HR executive ensure that records of completion are obtained and maintained every 3 years as a minimum.

15 Garda Vetting.

In order to comply with National Vetting Bureau (Children and Vulnerable Persons) Act 2012-2016 Mental Health Ireland ensures 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. Mental Health Ireland completes re-vetting every 3 years for all active employees and volunteers in relevant roles.

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16.0 Record Keeping & GDPR

All disclosures are treated in the strictest of confidence. Written and hard copy records will be held on file in a secure location, access to which is restricted to The CEO, Operations, Governance and Compliance Manager, Designated Officer and their deputy.

Confidentiality is of upmost importance to Mental Health Ireland.

Mental Health Ireland holds an active Data Protection Policy and is contracted to an external Data Control agency to ensure GDPR is upheld.

Key principles of Data Protection Rules are that data is:

1. Obtained and processed fairly.
2. Kept only for one or more specified, explicit, and lawful purposes.
3. Used and disclosed only in ways compatible with these purposes.
4. Kept safe and secure.
5. Kept accurate complete and up to date.
6. Adequate, relevant, and not excessive.
7. Retained for no longer than is necessary for the purpose or purposes for which it was collected.
8. Provided to data subjects on request. Provide/give a copy of his or her personal data to any individual on request.

For personal data to be processed lawfully, certain conditions will be met. These include, among other things.

- Requirements that the data subject has consented to the processing.
- That the processing is necessary for the legitimate interest of the data controller or the party to whom the data is disclosed.
- Where there is sensitive personal data being processed, the data subject's explicit consent to the processing of such data will be acquired.

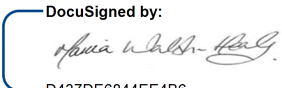
For more information, please see the Mental Health Ireland Data Protection Policy, via the Staff & Volunteer Policy Hub or by emailing info@mentalhealthireland.ie.

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Policy signed by Author:  _____ Maria Walsh-Healy
DocuSigned by:
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Date: 22/3/2024

Approval by Chairperson:  _____ Hugh Kane
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39F58C9D43AB43F...

Date: 24/3/2024

Approval by board Member:  _____ Robert O'Connell
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Date: 28/3/2024
