

## Appendix 1 Categories of Abuse

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or lack of insight and ignorance. A person may experience more than one form of abuse at any one time.

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

Type of Abuse: Physical	
<b>Definition</b>	The use of physical force, threat of physical force or mistreatment of one person by another which may or may not result in actual physical harm or injury.
<b>Examples</b>	<p>Physical abuse includes hitting, slapping, pushing, shaking, burning, scalding, pulling hair, kicking, exposure to heat or cold, force feeding, misuse of medication, inappropriate restraint or sanctions.</p> <p>Physical abuse includes all forms of physical force contact which results in harm to another person including excessive force in the delivery of personal care, forced feeding, rough handling, unwarranted physical pressure (gripping, squeezing) shaking, misuse of incontinence wear, hitting with a weapon or implement, misuse of medication, failing to give medication, poisoning, restricting activities or forcing activities .</p> <p>Includes inappropriate deprivation of liberty (e.g. being locked in /forced confinement in an area), denied treatment or experiencing threat of physical violence.</p>
<b>Indicators</b>	Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. Service user appears frightened, avoids a person, demonstrates new atypical behaviour; asks not to be hurt.

**Type of Abuse: Sexual**

**Definition**

Any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling; coercive, exploitative, harmful, or unwanted that is inflicted on anyone.

**Examples**

Abusive acts of a sexual nature include but are not limited to rape and sexual assault, indecent exposure, intentional touching, fondling, molesting, sexual harassment or sexual acts to which the adult has not consented, or could not consent, or into which he or she was compelled to consent.

Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping), exposure of the sexual organs and any sexual act intentionally performed in the presence of a service user. Examples of behaviours include inappropriate touch anywhere, masturbation of either or both persons, penetration or attempted penetration of the vagina, anus or mouth, with or by penis, fingers or other objects

Exposure to pornography or other sexually explicit and inappropriate material including enforced witnessing of sexual acts or sexual media harassment.

Inappropriate and sexually explicit conversations, remarks, threats, intimidation, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs or video footage, making someone watch sexual acts or pornography, making someone participate in sexual acts or being included in the production of sexual images/videos, or grooming.

Female genital mutilation (FGM) is considered a form of physical and sexual

	<p>abuse.</p> <p>Includes digital/social media and online sexual abuse/ production of sexual image</p>
<b>Indicators</b>	<p>Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs and human bite marks.</p> <p>Service user demonstrates atypical behaviour patterns such as sleep disturbance,</p> <p>Incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.</p>

<b>Type of Abuse: Emotional/Psychological (including Bullying and Harassment)</b>	
<b>Definition</b>	Behaviour that is psychologically harmful of another person and which inflicts anxiety or mental distress by threat, humiliation or other verbal/non-verbal conduct.
<b>Examples</b>	<p>Emotional or psychological abuse includes failing to value the individual, abuse of power in which the perpetrator places their opinion/view/judgement as superior to the individual, harsh value judgements, conveying to the individual that they are worthless, unloved, inadequate, or a nuisance.</p> <p>Abusive acts of a psychological nature include, but are not limited to, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, patronising approaches to care and support for example 'elder speak' or spoken to like a child, intolerance of religious or religious beliefs, intolerance of cultural beliefs, and in the case of married/co-habiting couples enjoy the right to shared and appropriate accommodation.</p>

	<p>Failure to show interest in or provide opportunities for a person’s emotional development or need for social interaction.</p> <p>Outpacing – where information /choices are provided too fast for the adult to understand, putting them in a position to do things or make choices more rapidly than they can tolerate.</p> <p>Denying the individual, the opportunity to express their views in a manner which is comfortable to them, deliberately silencing them or ignoring them or their communications written or spoken, making subjective comment about the way an individual chooses to express themselves, imposing unrealistic expectations on the individual.</p> <p>Behaviours include deprivation of liberty, persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone’s personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance.</p> <p>Includes risk of abuse via technology.</p>
<p><b>Indicators</b></p>	<p>Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness / hopelessness, Extreme low self-esteem, tearfulness, self-abuse or self-destructive behaviour.</p> <p>Challenging or extreme behaviours – anxious/ aggressive/ passive/withdrawn.</p> <p>The carer-person in need of care relationship may be vulnerable to abuse in both directions, neither deliberate but can be very harmful. Co-dependent relationships need to be considered as a new phenomenon with older persons at potential risk from relatives with mental health or addiction issues</p>

Type of Abuse: Financial or material abuse	
<b>Definition</b>	<p>The unauthorised and improper use of funds, property or any resources including pensions, or others statutory entitlements or benefits.</p> <p>Financial abuse involves an act or acts where a person is deprived of control of their finances or personal possessions or exploited financially by another person or persons.</p>
<b>Examples</b>	<p>This may include theft, coercion, fraud, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. It may also involve misuse of power of attorney, and not contributing to household costs where this was previously agreed.</p> <p>.Misusing or stealing the person’s property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the service user for financial gain, putting pressure on the service user in relation to wills property, inheritance and financial transactions.</p> <p>Examples include theft, fraud, exploitation, the misuse of property, possessions, bank accounts, grants, cash or benefits; internet scamming, phone scamming, putting someone under pressure in relation to their financial arrangements or property, including wills; denial of access to money or property, not contributing to household costs, use of bank and credit cards without permission, running up debts, forged signatures, deliberately over charging for activities/required treatments/therapies.</p>
<b>Indicators</b>	<p>No control over personal funds or bank accounts, misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the service user’s internal money book, forced changes to</p>

	wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.
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**Type of Abuse: Organisational**

<b>Definition</b>	<p>The mistreatment of people brought about by the poor or inadequate care or support or systemic poor practices that affects the whole care setting</p> <p>This can occur in any organisation or service, within and outside Health and Social Care provision. Organisational abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place.</p> <p>Organisational abuse can be brought about by poor or inadequate care or support services, or systematic poor practice that affects the whole care setting. It can occur when individual's wishes and needs are sacrificed for the smooth running of a group, service or organisation.</p>
<b>Examples</b>	<p>It can be a one-off incident or repeated incidents; it can be neglect or poor standards of professional practice, which might be because of culture, structure, policies, processes or practices within the organisation. Systematic and repeated failures culturally inherent within the organisation or service may be considered as organisational abuse.</p> <p>It can result in a failure to afford people the opportunity to engage socially and be involved in hobbies/activities that are meaningful to them, which in turn results, in a failure for their psycho-social needs to be met</p> <p>Service users are treated collectively rather than as individuals. Service user's right to privacy and choice not respected. Staff talking about the</p>

	service users personal or intimate details in a manner that does not respect a person's right to privacy.
<b>Indicators</b>	<p>Routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm.</p> <p>Lack of or poor-quality staff supervision and management. High staff turnover. Lack of training of staff and volunteers. Poor staff morale. Poor record keeping. Poor communication with other service providers. Lack of personal possessions and clothing, being spoken to inappropriately, etc.</p> <p>On-going poor clinical supervision, weak governance of staff and breaches of professional codes of practices can be indicatives of institutional abuse.</p> <p>Absence of visitors, family and friends discouraged from visiting, lack of flexibility and choice for service users.</p>

<b>Type of Abuse: Neglect</b>	
<b>Definition</b>	Neglect occurs when a person withholds or fails to provide appropriate and adequate care and support which is required by another person. It may through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.
<b>Examples</b>	Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, social activities, leisure/ educational opportunities, adequate nutrition and heating. Neglect includes ignoring need, either physical or

	<p>medical, knowing that a need exists, but choosing to not address that need, thereby leaving the person at risk of deterioration in health and wellbeing.</p> <p>Neglect includes withdrawing or not giving help that adult needs so causing them to suffer e.g. malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance. Neglect also includes not meeting the social, psychological or spiritual needs and not addressing required environmental factors/adaptations to adequately meet the needs of the adult.</p>
<b>Indicators</b>	<p>Poor personal hygiene, dirty and dishevelled in appearance e.g. unkempt hair and nails.</p> <p>Poor state of clothing. Non-attendance at routine health appointments e.g. dental, optical, chiropody etc. socially isolated i.e. has no social relationships.</p> <p>Whilst there is a positive duty to provide care when in receipt of state carer's allowance there is no legal obligation on carers to continue in caring role. Assessment of indicators needs to be mindful of identifying carer stress where the carer cannot cope or manage with the responsibilities.</p>

<b>Type of Abuse: Discriminatory</b>	
<b>Definition</b>	Unequal treatment , harassment or abuse of a person based on age, disability, race, ethnic group, gender, gender identity, sexual orientation, religion
<b>Examples</b>	<p>Being treated differently by individuals, family, organisations or society because of age, race or disability. Assumptions about a person's abilities or inabilities.</p> <p>Not speaking directly to the person but instead addressing the person they're with</p>
<b>Indicators</b>	Isolation from family or social networks.

Type of Abuse: On line or Digital Abuse	
<b>Definition</b>	This where the abuse and exploitation interaction occurs on line or in a social media context.
<b>Examples</b>	<p>Include risk of abuse via technology including exposure and uploading of inappropriate abusive material without consent</p> <p>Includes digital/social media and online sexual abuse/ production of sexual images, online financial abuse, theft of personal information</p>
<b>Indicators</b>	

Type of Abuse: Human trafficking/modern slavery	
<b>Definition</b>	Human trafficking/modern slavery involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting.
<b>Examples</b>	Victims of human trafficking/ modern slavery can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities. The response to adults at risk experiencing human trafficking/modern slavery will always be to report the incident to An Garda Siochana.
<b>Indicators</b>	

### ***Position on self-neglect***

The Adult Safeguarding Adult Policy does not include self-harm or self-neglect within the definitions of an 'adult at risk of abuse'. Each individual set of circumstances will require a professional assessment to determine the appropriate response and consider if any underlying factors require a protection response. For example, self-harm may be a manifestation of harm which has been perpetrated by a third party and which the adult feels unable to disclose.

Please find link to allied policy on the management of self-neglect on .....

### **Context of Abuse**

#### **Familial Abuse**

Abuse 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.

#### **Stranger Abuse**

Abuse by someone unfamiliar to the adult

#### **Abuse between peer service users:**

Harm perpetrated upon one service user by another service user. In relation to the response to such a context it is important to consider contextual factors such as impact, intent, capacity, behaviour support and living arrangements within services.

Please see the link to the practice handbook for guidance on the response to abusive interaction between service users.....

#### **Domestic abuse:**

Domestic violence or abuse is 'threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member'.

Domestic violence and abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent

and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography. Honour based violence is within the remit of domestic abuse.

The response to any adult facing this situation will usually require a referral to specialist domestic violence services. Domestic abuse, whether physical, psychological or sexual between spouses or other intimate partner relationships is only considered within the safeguarding service where it is alongside other forms of abuse experienced by an adult (who may be) at risk of abuse.

### **Hate Crime**

Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

### **Identity Abuse:**

This is where an abuser can use an individual's sexual orientation, gender identity or HIV status to control and manipulate a person with the threat of 'outing' to family, friends, work colleagues etc. In such contexts, the person being abused would be concealing their sexuality. This is used by the abuser as a mechanism to control.

## Appendix 2 Guidance to Staff on immediate steps when a concern is raised

### How concerns come to light:

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 HSE or agency/organisation complaints process.

The alleged person causing concern may be, for example, a family member, a member of the public, an employee of the HSE or in an organisation providing services. Abuse can take place anywhere - in a service operated by the HSE or in an organisation funded by the HSE. The concern/complaint may also arise in the person's own home or other community setting.

If unsure that an incident constitutes abuse or warrants actions, the Safeguarding Specialist is available for consultation.

The following are key responsibilities and actions for **any staff member or volunteer** who has a concern in relation to the abuse or neglect of an adult at risk of abuse.

These responsibilities must be addressed on the **same day** as the alert is raised.

#### ***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.

### ***Listen, Reassure and Support.***

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

### ***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.

### ***Record and Preserve Evidence.***

Preserve evidence through recording and take steps to preserve any physical evidence (if appropriate).

**As soon as possible on the same day**, 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 staff;
- 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 photocopiable 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.

### ***Report & Inform.***

Report to Initial Assessor / Line Manager/ Safeguarding Co-ordinator as soon as possible. This must be reported on the **same day** as the concern is raised. The **Line Manager** must ensure the care, safety and protection of the victim and any other potential victims, where appropriate. 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. In the absence of the Initial Assessor / Line Manager or Safeguarding Co-ordinator, the Service Manager must be informed immediately.

## Appendix 3 Quality and Patient Safety Oversight

### Quality and Patient Safety oversight of Adult Safeguarding:

The HSE will ensure that there is an adequate quality and safety oversight of the application of Adult Safeguarding procedures. Safeguarding Specialist can fulfil this professional oversight role and identify any key safeguarding issues trends or themes that may highlight a significant service delivery or compliance concern.

In light of the varying governance and supervisory capacity across Health and Social Care services whilst there is a singular procedure for assessment and protection planning there are two oversight quality assurance approaches.

### Quality Assurance –Prescriptive Oversight

In this approach the HSE Safeguarding Specialist will physically review, monitor and agree with every initial assessment form and safeguarding plan. Therefore the following monitoring and proportionate oversight methodology would apply:

### Oversight Steps:

1. Within 3 working days of the safeguarding concern arising the Safeguarding Co-Coordinator will ensure that a copy and outcome of the Safeguarding Initial Assessment is notified to the HSE Safeguarding Specialist
2. The Safeguarding Specialist will review and process for agreement with outcome
3. The Safeguarding Plan should be formulated, even in a preliminary form, and implemented if required within three weeks of the Safeguarding Initial Assessment being completed. The Safeguarding Co-Coordinator ensures that the safeguarding plan is submitted to the HSE Safeguarding Specialist for agreement
4. Responsibility for the actions of monitoring and review of the Safeguarding Plan sit with the Safeguarding Co-ordinator after this point

**Timescale:**

Within 3 working days of the safeguarding concern arising the Safeguarding Co-Coordinator will ensure that the safeguarding Initial assessment is completed and notified to the HSE Safeguarding Specialist

The Safeguarding Plan should be formulated, even in a preliminary form, and implemented within three weeks of the Safeguarding Initial Assessment being completed.

A Safeguarding Plan Review should be undertaken at appropriate intervals and must be undertaken within six months of the Safeguarding Plan commencing and, at a minimum, at six monthly intervals thereafter or on case closure.

Note: At any point in the process, it may be appropriate to consult with the HSE Safeguarding Specialist or An Garda Síochána. In such instances, a written note must be kept of any such consultation.

**Quality Assurance – Proportional Oversight**

In this Proportional Quality Assurance process certain key assurances and processes are in place. In this context the HSE Safeguarding Specialist does not need to physically review, monitor and agree every initial assessment form and safeguarding plan. The following monitoring and proportionate oversight methodology would apply:

- The Safeguarding Designated Manager would ensure that all safeguarding procedures are followed and data is generated
- The Safeguarding Designated Manager would ensure that all safeguarding data is inputted within the set timeframes to the agreed reporting data point
- Output data would be analysed by the HSE on the types and numbers of initial assessments and safeguarding plans drafted
- There would be quarterly Quality Assurance monitoring review meeting between the relevant Safeguarding Specialist and Designated Manager for Safeguarding to review the operation of safeguarding standards and

proportional oversight. This process would identify any key safeguarding issues, trends or themes that may highlight a significant service delivery or compliance concern. Experiences from practice, positive and negative, can be used to facilitate learning arising from specific situations to enable services to develop and be in a better position to safeguard adults at risk from abuse and neglect.

HSE would be assured of the following Quality Assurance standards of Community Based Assessing and Co-Ordination Professionals:

- Professionals have well developed reporting and governance structures
- Professionals have statutory registration
- Professionals have strong clinical supervision and accountability via line management system

In addition the HSE would need additional assurance of the following Quality Assurance standards within day and residential services that may be considered for proportional oversight. Services would need to consistently:

- Meet Regulatory standards on Adult Safeguarding
- Demonstrate good evidence to HSE Risk Management of strong effective internal incident management processes with robust review and learning
- Demonstrate good evidence of a strong internal risk management system
- Show good evidence of staff continuous development in relation to adult safeguarding