Kare Promoting Inclusion for People with Intellectual Disabilities

Safeguarding of Vulnerable Persons at risk of Abuse.

Kare Policy Document.

Policy Owner: *Principal Social Worker.*

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- *Revision history available at the end of the document.*

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Section 1.

1.1 Background to the Policy

Kare is committed to keeping adults who use its services and supports safe from harm and exploitation, and to upholding their rights. Kare adopts a "**ZERO Tolerance**" approach to any form of abuse to promote a culture of respect and dignity for each individual using Kare Services and Supports.

This policy is underpinned by the National Policies and Legislative framework detailed in Appendix 4.

1.2 Aim of the Policy

The aim of this policy is to provide guidance on the safeguarding of adults who use Kare's service and supports from abuse, and to outline the procedures for reporting and managing concerns, suspicion, or knowledge of abuse.

The aim of this policy is to provide clear guidance on the safeguarding and protection of adults who use our services and supports, ensuring that their rights, dignity, independence, and wellbeing are upheld at all times.

It is designed to support staff, volunteers, and stakeholders in understanding their roles and responsibilities in preventing, identifying, and responding to all forms of abuse, including physical, emotional, sexual, financial, and neglect.

Ultimately, this policy aims to ensure that all adults using our services feel safe, supported, and empowered, and that any risk of abuse is effectively managed through robust procedures and a commitment to continuous improvement in safeguarding practices.

Safeguarding is a shared responsibility, and we are committed to taking appropriate action to protect all adults at risk from harm, in partnership with relevant statutory and community bodies.

1.3 Scope of the Policy:

People working on behalf of Kare, including employees, Community Employment and Local Training Initiative participants, volunteers, students, and Board members, are

required to adhere to this policy. Staff who work across different agencies should adhere to this policy in relation to Kare services.

The policy is applicable to the reporting and management of concerns or suspicions of abuse of an adult i.e., 18 years of age or older, using Kare's services and supports or any safeguarding issue that Kare staff witness or are made aware of.

Kare recognise that our responsibility to safeguard vulnerable adults extends beyond those directly linked to our services. In line with our core values, we acknowledge our 'duty to care' and to report any concerns regarding the safety or wellbeing of vulnerable adults we may encounter in the course of our work even if they are not currently receiving supports from Kare.

1.4 Non-Scope:

- Concerns or suspicions of abuse of children under 18 years of age, will be reported and managed under the Child Protection and Welfare Policy.
- Young Adult Team members follow policies related to the organisation in which they are providing a service.

1.5 General Policy Statements

1.5.1 Kare recognises a person may be abused by anyone who has contact with them including by a family member, friend, staff member, peer, stranger, through a practice, or a group. Kare acknowledges that the rights of all individuals involved in an abusive situation should be protected, including the rights of an alleged abuser.

1.5.2 Kare promotes and upholds a culture of zero tolerance towards all forms of abuse (see appendix 1), ensuring that any concerns raised are taken seriously.

1.5.3 The views, wishes and desires of the adult at risk of abuse must be obtained so that any decisions that are made fully reflect their will and preference. However, the obligation to report abuse remains.

1.5.4 Kare respects the right of a vulnerable adult to decide, not to make a formal statement of complaint to the Gardai, however, staff are obliged by law to notify An Garda Siochana if they suspect that a concern of abuse may be criminal in nature, regardless of whether the individual at risk wishes to pursue a complaint.

1.5.5 It is an offence to withhold information on certain offences against vulnerable persons from An Garda Síochána under the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012.

1.5.6 Offences include rape, Sexual assault, false imprisonment, assault causing harm, theft, fraud, coercion, forgery, or misuse of funds/assets and human trafficking.

1.5.7 No undertakings of secrecy can or should be given. Those working with persons at risk must clearly communicate this limitation to all parties involved at the earliest appropriate opportunity.

1.5.8 It is possible to share confidential information with relevant others, without breaching data protection legislation, when this is necessary to protect a person at risk from harm.

1.5.9 Where differing views arise in determining whether an allegation is of a safeguarding nature the matter will be escalated to the Complaints and Safeguarding Oversight Group, which will hold responsibility for final decision-making, ensuring alignment with organisational policy, national frameworks, and the safety and rights of the individuals.

1.6 Roles and Responsibilities

1.6.1 All Staff members will ensure that:

- In the first instance ensure the immediate safety and welfare of the person affected.
- They promote a culture of zero tolerance to abuse.
- Staff will ensure the privacy of the person the allegation is made against is protected at all times.
- All staff have a duty of care and a clear responsibility to report any concerns or suspicions of abuse, including retrospective allegations), (for all persons at risk/vulnerable persons that they become aware of through the course of their work regardless of whether they use Kare services)
- Staff must remain vigilant to the possibility that an individual using the service may have experienced abuse in the past, including prior to joining Kare's services.
- Staff in specific locations may be required to complete Body Marks Guideline Training module on LEAP as identified by the needs of the location and their line manager. https://leap.kare.ie/login/index.php
- Staff who observe allegations / receive an allegation of abuse are responsible to report the allegation and record the allegation on CID as soon as possible.

- It is their responsibility to attend Safeguarding training as required by Kare **(APPENDIX 3)** and ensure its up to date.
- Follow any safeguarding plans relevant to their location or relevant to the service users they are working with.
- Staff may seek support from the Designated Officer for advice and support when they have any concerns in relation to abuse of an adult using Kare's services and supports.
- Staff must verbally inform their line manager or delegate (On-Call) of any allegation of abuse at the earliest opportunity.

1.6.2 Line Managers will ensure that:

- Ensure the organisational Safeguarding poster is displayed in the building. Keeping Me Safe Poster.pdf
- Ensure Safeguarding information is made available to people at risk of abuse through the SU meeting and additional formats as appropriate for the service. e.g. Safeguarding Adults at Risk of Abuse Explainer Video
- Their staff have up to date training in the Safeguarding of person at risk, run monthly training reports and book training as applicable.
- Develop safeguarding plan, in consultation with DO when required identifying immediate and ongoing actions to ensure safety of the individual. This plan will be completed as soon as practicable but not more than 2 days after the reported event to ensure onward reporting requirements are met with external agencies.
- Share safeguarding plans with relevant staff as appropriate.
- Discuss and reflect on team learning from safeguarding incidents and agreed safeguarding actions at staff team meetings. Information documented in minutes learning and reflections should not disclose personal information of anyone involved in any safeguarding reports.
- Carry out preliminary screening for Trust in Care following consultation with HR as per Trust in Care Policy.
- Ensure appropriate risk assessments are in place and location risk register updated to reflect the safeguarding concerns.
- Ensure appropriate measures are in place for both parties where concerns of peer to peer to abuse are raised.

- Oversee implementation of safeguarding plan.
- Leader will convene Case review/s in line with Case Review Guideline Procedures
- Review and determine appropriate resources required to manage or mitigate any risks identified in consultation with the operations manager as appropriate.
- Review trends and significant events that are occurring related to safeguarding in their areas of responsibility (same persons/times etc) at the leader/operation's monthly meetings.
- Ensure an individual is informed of the allegation as appropriate and where consent is given the family may be informed.
- Based on the family communication plan / level of risk and ability to safeguard themselves a decision may be made to inform the individual's family
- Ensure appropriate regulatory requirements are met.

1.6.3 The Designated Officer will:

- Kare DO will report all concerns or allegations of abuse regarding an adult using the service and other vulnerable people/people at risk that they become aware of through the course of their work to the HSE Safeguarding and Protection Team.
- keep up to date with legislation, regulation, national policy, and best practice in relation to the protection of adults at risk of abuse vulnerable people.
- have the appropriate training to carry out their role as Designated Officer.
- ensure people who use the service have access to information in matters relating to safeguarding.
- Support others to ensure safeguarding measures are in place in the event of an allegation of abuse.
- Support relevant others to ensure an individual and/or their family are informed of the allegation as appropriate, in line with the principles of Open Disclosure. And that the Consent of individual or based on risk and their ability to safeguard themselves. **(Please see Kare Statement on Open Disclosure)**
- To approve safeguarding plans submitted by the line manager for onwards notification to the SPT.
- Bring cases / concerns to the risk escalation forum
- To complete requests from the SPT including requests for additional information / full plan.

- consult with An Garda Siochana as relevant.
- Be available for consultation with Line Mangers and/or HR in relation to Trust in Care investigations
- ensure all records in relation to an allegation of abuse are stored securely on Kare CID

  Note **(Trust In Care information are not stored on CID relating to staff members)
- Where an anonymous allegation of abuse is received, Kare will take appropriate action to ensure the safety and welfare of the individual concerned and endeavour to investigate the allegation to the fullest extent possible.

1.6.4 The Operations Manager will:

- Discuss and review Safeguarding Concerns and Safeguarding Plans with Leader at monthly Management meetings.
- Review the information and heightened risk identified in consultation with DO, Leader and other relevant people.
- Review and determine appropriate resourcing required to manage or mitigate any risks identified to implement Safeguarding plans.
- Ensure Trust in Care procedures are followed in the event of an allegation against a staff member.
- Participate in carrying out an Investigation as requested.
- In the absence of the leader the Operations Manager will act as delegate for the responsibilities of the Leader.
- Bring cases / concerns to the risk escalation forum

1.6.5 CEO will:

- appoint Designated Officers to coordinate the organisation's response to concerns, suspicions and allegations of abuse and make decisions on the actions required to safeguard the individual.

1.6.6 Board Quality Risk and Safety subcommittee responsibility

- In line with the terms of reference of the group:
  - Ensure the organisation has a robust Quality management system in place.
  - Review reports from External regulatory bodies e.g. HIQA, TUSLA, HSA

- Monitor trends in compliance
- Review trends in:
  - Safeguarding
  - Complaints
  - Protected disclosures
  - Data Breaches
- Promote a culture of continuous improvement that is aligned with core organisational values

1.6.7 Complaints & Safeguarding Oversight

Safeguardingandcomplaintsoversight@kare.ie

- Ensure the Organisation has a robust Safeguarding management process in place. - Review and approve Adult safeguarding policies and procedures ensuring they align to HSE framework.
- Be involved in training decisions related to safeguarding where required.
- Review the organisational quarterly data related to safeguarding and provide a summary which will be shared with the board subcommittee on quality risk and safety on:
  - The data
  - What the data means
  - What we need to do as a result of the data analysis to improve the organisation.
  - How the data links with the organisation Risk management process
  - Ensure the Organisation has a robust Safeguarding management process in place.
- Review and approve Adult safeguarding policies and procedures ensuring they align to HSE framework.
- Review and approve Child protection policy and Child safeguarding statement ensuring they align to Children's First.
- Reflect on national inquiries/ reports and the learnings from these for application in our own organisation
- Learnings from HIQA inspections and the action plan implementation
- Escalation of concerns or potential concerns in the future to the Risk escalation forum for wider organisation discussion.
- Supporting and promotion of zero tolerance to abuse across the organisation

- Make recommendations on training related to safeguarding where required.
- Provide guidance to locations on safeguarding as well as give direction Make recommendations to locations on reviewing risk register, further discussion, case review, escalation, actions required. Including initiating after action review
- Review the organisational quarterly data related to safeguarding and provide a summary which will be shared with the board subcommittee on quality risk and safety on:
- The data
- What the data means
- What we need to do as a result of the data analysis to improve the organisation.
- How the data links with the organisation Risk management process.

1.6.8 Kare Risk Escalation Forum

- To oversee the management of escalated areas of concern across Kare and to provide a level of assurance to the organisation that there are appropriate and effective systems in place to manage risk to ensure people are free from harm and are provided with a high quality service.
- Ensure the Organisation has a robust escalation management process in place.
- Review and monitor organisational risks and compliance with regulatory standards including HIQA, TUSLA, HSA.
- Ensure effective oversight of internal audits, incidents, complaints, safeguarding concerns, and restrictive practices.
- Identify and address overdue risk register updates and ensure robust risk control measures are in place.
- Analyse operational trends including staff movements, audit performance, and service delivery pressures.
- Promote a collaborative, solutions-focused approach involving relevant stakeholders.
- Operations to identify trends, such as staff changes, transfer requests, low percentage of compliance with internal audits, follow up on referrals, recommendations, case reviews.
- Ensure decisions are guided by Kare’s values and principles.
- Provide clear, trackable outcomes through SMART action documentation.

Section 2 Procedures

2.1 Prevention of Abuse:

2.1.1 Kare will provide information and awareness for people who use the service with regard to protection and keeping safe as appropriate. Information and related training will be identified through planning with an individual and in an accessible format.

2.1.2 People providing services to SU are obliged to complete mandatory training. This training is required to be completed every three years. Failure to have up to date safeguarding training may affect your ability to work in a frontline role

2.1.3 The easy read version of this policy called ‘Keeping Me Safe’ is available to adults who use Kare’s services and supports and communicated to individuals in line with their preferred communication style. An easy to read leaflet is also available on Kare Connect and Kare’s website.

2.1.4 Each frontline service will maintain a risk register which has a Location Risk Assessment – Abuse and Non-Accidental Injury. Where there are safeguarding concerns, this should be reflected in the Location Risk Assessment and the risk rating increased accordingly, and unmanaged or ongoing risk escalated as necessary. (Please Refer to Risk Management Policy)

2.2 Initial Response to Concerns or allegations of Abuse

2.2.1 At the time a staff member becomes aware of a safeguarding concern, staff will take any immediate actions to safeguard anyone at immediate risk of harm, including medical assistance as appropriate.

2.2.2 If the Person at Risk 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

- Listen attentively.
- Take notice of body language
- Clarify what you have been told

- Take the concern seriously
- Explain confidentiality

2.2.3 Verbally inform your line manager or delegate (on call) in their absence.

2.2.4 Formally document a safeguarding report on CID. Staff will make a detailed written record on Kare CID, (including where notified by a volunteer) of what they have seen, been told or have concerns about and who they reported it to, at the earliest possible opportunity.

The report will need to include:

- 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;
- What steps were taken to ensure the immediate safety of the person.

Remember to:

- include as much detail as possible;
- keep the report/s confidential, storing them in a safe and secure place until needed
- use clear, concise language and in a factual manner
- use full names, don't make assumptions, don't investigate, gather the facts as known at the time.
- Where a safeguarding is relation to a staff member or of a sensitive nature, the form should be restricted by answering yes to "does this event need to be restricted from viewing?." (see section 2.6 below for additional information)

2.2.5 Where there is a concern that a serious criminal offence may have taken place, or a crime may be about to be committed, staff will seek the assistance of An Garda Síochána

2.2.6 Where An Garda Siochana advises a criminal offence may have been committed, Kare staff will support the individual to report the matter to An Garda Siochana.

2.2.7 The line manager will assess the need for support and/or intervention and check

with the person reporting the concern as to what steps have been taken and instigate any other appropriate steps.

2.2.8 Kare will offer support an individual who uses its services/supports, who is affected by abuse to access appropriate supports and/or counselling in the aftermath of their abusive experience.

2.2.9 If the Person allegedly causing concern attends Kare services/supports, they will also be offered support as appropriate.

2.2.10 The Designated Officer will report the concern to the HSE Safeguarding and Protection Team within three working days after he/she has been informed of the concern.

2.2.11 The Line Manager will report the concern to HIQA, if the concern relates to a designated centre, within three working days.

2.2.12 The (NIMS) administrator will report the concern to the National Incident Management system (NIMS) within 3 working days of being notified of the incident.

2.2.13 During the Initial review of report – where deemed not an allegation of abuse – the form is closed off and returned to the leader of the service for local actioning or the form may be closed by the DO as the event will be managed through anther process – complaints / H&S etc.

2.3 Development of the Preliminary Screening Form (PSF)

2.3.1 The Leader and Designated Officer are responsible for ensuring that the Preliminary Screening takes place. The Preliminary Screening will take account of all relevant information which is readily available to establish:

- If an abusive act could have occurred and
- If there are reasonable grounds for concern.

This process should be led by the Designated Officer and the Leader and completed, if possible, within 3 working days following the report per reporting obligations.

2.3.2 The report on the Preliminary Screening will be assessed by the Designated Officer

in consultation with the Leader who will decide on appropriate actions and prepare a written plan for each action through the safeguarding report on Kare CID. The Preliminary Screening form will have the questions answered on the form with clear rational as to the next steps to be taken.

2.3.3 The preliminary screening is submitted to the HSE Safeguarding and Protection Team via the HSE Adult Safeguarding Portal

2.3.4 Request for further information may be required by the HSE Safeguarding and Protection Team through the Designated Officer.

2.3.5 The leader will consult with their Line Manager regarding any additional resources required to mitigate the risk.

2.4 The Full Safeguarding Plan. (FSP)

2.4.1 A Safeguarding Plan will be informed by the Preliminary Screening and at the request of the Safeguarding Protection Team.

This will be developed on Kare CID (When new form launched - through the Safeguarding form) by the leader in consultation with the DO and will outline the planned actions that have been identified to address the needs and minimise the risk to the person at risk of abuse.

2.4.2 The safeguarding plan may include any of the following but is not limited to;

- Review / development of an individual risk assessment
- Implement control measures arising from the risk assessment
- Call a Case review
- Risk register review
- Review of existing support plans for the person at risk of abuse
- Review or implementation of Local informal processes
- Formal inquiry linked to another process for example Trust in Care
- An Independent inquiry
- Escalation to internal organisational oversight groups
- Clinical referral

*** the actions above may also be applied in cases where the PACC is a peer.

2.4.3 The leader with the staff team will oversee the implementation of actions related to the safeguarding plan to mitigate the risk and reduce the potential for reoccurrence.

2.4.4 Review of the safeguarding plan will occur as requested by the SPT.

2.5 Oversight and learning from incidents

2.5.1 The leader will discuss learning form Safeguarding concerns at staff meetings and document this on the meeting template

2.5.2 Staff will discuss safeguarding awareness / easy read policy with people at risk of abuse at least bi-annually, and this will be minuted on the SU meeting minutes.

2.5.3 The leader will discuss safeguarding concerns and where relevant discuss safeguarding plans with their line manager (Operations Manager) through their monthly management meetings.

2.5.4 Where deemed appropriate the leader may invite the DO to support the staff team in relation to safeguarding concerns.

2.5.5 The complaints and safeguarding oversight group will review potential trends and correspond with relevant services and offer support as appropriate.

2.5.6 The complaints and safeguarding oversight group will maintain an action plan in response to national reports/ internal reports/ inspections and other sources as relevant and as appropriate implement actions / changes to policy for the organisation.

2.5.7 The leader will review the Safeguarding location risk assessment on the risk register reflecting on the level of risk for the service including frequency and impact of safeguarding concerns.

2.5.8 An After-Action Review (AAR) may take place following a safeguarding concern. It is a structured process used to debrief and reflect on an incident. It supports learning, accountability, and service improvement by analysing what happened, why it occurred, and what improvements are required to reduce future risk and

strengthen practice. AARs should be conducted in accordance with Kare's Incident Management Policy and associated governance procedures.

2.6 Criteria for restricting a Safeguarding form

When completing a Safeguarding Notification on CID, you will be asked whether the workflow requires restriction.

Selecting **"restricted"** means the workflow will only be visible to those specifically named within the safeguarding notification process. It will not be accessible by all staff who normally have access to CID records.

The Designated Officer (DO) can apply or remove a restriction setting where it is assessed that restriction is — or is not — required based on safeguarding risk, proportionality, and governance requirements.

2.6.1 When You Should Select "Restricted"

- Sensitive personal information is recorded
- Risk of retaliation, intimidation, or distress if widely visible
- Allegation involves a staff member or peer
- Protects the identity of the person reporting the incident (especially in whistleblowing or grievance cases)
- There is potential legal, HR, or disciplinary follow-up
- Investigation integrity could be affected by wider access
- High-risk or serious safeguarding concern
- Privacy and dignity considerations are significant

2.6.2 When Restriction May Not Be Necessary

Restriction may not be required where:

- Concern is low risk and already widely known operationally
- No sensitive personal or allegation details included
- Wider operational visibility is necessary for safety and implementation of plan

2.7 Non-Service User Safeguarding

2.7.1 Where a concern related to a person who is not a service users of Kare, the form Non-SU Safeguarding is used for recording any allegation of abuse or unexplained body mark to a vulnerable Adult or Child who is not a Kare Service User. (as per definition of vulnerable persons – may include older parent restricted in ability to protect themselves)

2.7.2 This marks the end of the reporting staff's role and this will form here on be managed by the DO.

2.7.3 The Designated Officer is responsible for ensuring appropriate onward reporting to the Safeguarding Protection Team.

2.8 Procedure for Volunteers

2.8.1 Volunteers will notify immediately any concern to a staff member and will provide a written report to accompany the Kare CID report submitted by the staff member receiving the report.

Appendix 1. Definitions

Kare recognises a Person at Risk is defined as *'an adult who may be restricted in capacity to guard himself / herself against harm or exploitation or to report such harm or exploitation.' (*Safeguarding Person at Risk of Abuse 2014)

Kare acknowledges abuse is defined as "*any act, or failure to act, which results in a breach of a person at risk '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." (HIQA, 2013)*

- Zero tolerance - Any form of abuse is unacceptable and should never be normalised or ignored even if the impact and intent appears not to be significant. All concerns must be raised and assessed appropriately.
- PACC- Person allegedly causing concern
- Peer, for the purposes of this policy 'a peer' refers to another Individual using Kare services.
- Preliminary screening – is an interim safeguarding plan to reduce or prevent further risk
- Safeguarding plan -outlines the measures taken to reduce or prevent further risk.

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

Type of Abuse:	**Sexual**
Definition:	Any behaviour (physical, psychological, verbal, online) perceived to be of a sexual nature which is controlling, coercive or unwanted. Sexual abuse includes rape and sexual assault, or sexual acts to which the person at risk has not consented, or could not consent, or into which he or she was compelled to consent.
Example:	Rape, sexual assault, sexual acts to which the adult has not consented to or was compelled to consent o, indecent exposure, forced viewing of explicit material. Intentional touching, fondling, molesting, sexual assault, rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of an Individual. Exposure to pornography or other sexually explicit and inappropriate material.
Indicators:	Injuries to the body, sexually transmitted infections, fear of receiving help with personal care, atypical sexual behaviour, a direct account from anyone. Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs, and human bite marks. Individual demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.

Type of Abuse:	**Emotional/Psychological (including Bullying and Harassment)**
Definition	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.
Example:	Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance. Failure to show interest in or provide opportunities for a person's emotional development or need for social interaction. Disrespect for social, racial, physical, religious, cultural, sexual, or other differences. Unreasonable disciplinary measures / restraint. Outpacing – where information /choices are provided too fast for the person at risk to understand, putting them in a position to do things or make choices more rapidly than they can tolerate
Indicators:	Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness / hopelessness, Extreme low self-esteem, tearfulness, self-abuse, or self-destructive behaviour. Challenging or extreme behaviours – anxious/ aggressive/ passive/withdrawn.

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

Type of Abuse:	**Organisational Abuse**
Definition	The mistreatment of people brought about by systematic poor practices that affect the whole care setting
Example:	Failure to afford people the opportunity to engage socially and be involved in hobbies/ activities that are meaningful to them People are treated collectively rather than as individuals Right to privacy and choice is not respected
Indicators:	rigid routine Lack of choice and flexibility Poor quality staff supervision and management High staff turnover Staff competencies not matched to individual needs

Type of Abuse:	**Financial** or material
Definition:	The unauthorised and improper use of funds, property or any resources including pensions, or other statutory entitlements or benefits. 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**.**
Example:	Theft, undue pressure in connection with wills, property, inheritance or financial transactions, Misuse or property, possessions or benefits, cheating or manipulating the adult for financial gain. Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the Individual , manipulating the Individual for financial gain, putting pressure on the Individual in relation to wills property, inheritance, and financial transactions.
Indicators:	No control over personal funds or bank accounts, refusal to spend money, insufficient monies to meet normal expenses. misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the Individual 's internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.

Type of Abuse:	**Neglect**
Definition:	Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition, and heating.
Example:	Withdrawing or not giving help that a person at risk 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.
Indicators:	Poor personal hygiene, dirty and dishevelled in appearance e.g., unkempt hair and nails. Poor state of clothing. non-attendance at routine health appointments e.g., dental, optical, chiropody etc. socially isolated i.e., has no social relationships.

Type of Abuse:	**Online or digital**
Definition:	An abusive or exploitative interaction occurring online or in a social media context.
Example:	Digital/social media/ online sexual abuse
Indicators:	Uploading or inappropriate abusive material without consent (may include coercion/blackmail). Online financial abuse, theft of personal information Persuasion towards self-harm

Type of Abuse:	**Discriminatory**
Definition:	Unequal treatment, harassment or abuse of a person based on age, disability, race, ethnic group, gender identity, sexual orientation, religion, family status, or membership of the travelling community. Discriminatory abuse includes ageism, racism, sexism, which based on a person's disability, and other forms of harassment, slurs, or similar treatment.
Example:	Being treated differently by individuals, family, organisations or society because of nay of the above. Assumptions about a person's abilities or inabilities. Not speaking directly to the person but addressing an accompanying person. Shunned by individuals, family or society because of age, race, or disability. Assumptions about a person's abilities or inabilities.
Indicators:	Isolation from family or social networks. Diagnosis, or age influencing choices being offered.

Type of Abuse:	**Human Trafficking / modern slavery**
Definition:	Involves the acquisition and movement of people by improper means, such as force, thereat or deception, for the purposes of exploiting them
Example:	Domestic servitude, forced criminality, forced labour, sexual exploitation, organ harvesting

Appendix 2.

Staff who receive a disclosure of abuse from an adult using the service should:

Ensure immediate safety of individual

- take a sympathetic, non-reactive view
- explain that they are treating the matter seriously and will try and take steps with regard to protection of the person.
- explain that they cannot give a guarantee of complete confidentiality and that you have a professional duty to share the information with a Manager in Kare and/or the Designated Officer as soon as possible
- note as much information as possible, allowing the person space to talk without feeling the need to pressure, press or complete the statement. It is ok to ask open questions clarifying information
- write as accurate an account as possible of what the person has said, where possible noting the person's exact words. CID
- date and sign all documentation.
- verbally report the matter to a manager or the Designated Centre as soon as possible
- submit a written report through CID safeguarding workflow as soon as possible
- avoid discussing the matter with other staff members without the permission of the relevant Line Manager.

Appendix 3 Training

Staff in Kare will have safeguarding training as follows:

- All employees must complete training in HSELAND Safeguarding Person at risk is at Risk of Abuse module and every 3 years. The date of completion will be recorded on their Training Record. Staff having completed HSELand Safeguarding Adults at Risk of Abuse' should sent their certificate to training@kare.ie
- Kare provide the opportunity for staff to attend an in person safeguarding workshop which is booked through the training department. This training needs to be booked in by your Line Manager.

New employees with current HSE Safeguarding Training

A new employee who has current HSE Safeguarding Training, will:

- Leaders are responsible to ensure as part of the induction process new staff are inducted into their service which includes, an induction on Kare's Safeguarding Reporting procedures. This will cover an overview of the policy and reporting on CID.

Appendix 4 Policies and Legislative framework

National Policies and Legislative Framework

- Safeguarding Person at Risk of Abuse – National Policy and Procedures Trust in Care- HSE 2005 https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf Protections for Persons Reporting Child Abuse Act 1998 Children First, National Guidance for the Protection and Welfare of Children (2017)
- Health Act 2007 Part 2, 8 (1) & (31 (1) (F)).
- Freedom of Information Acts 1997 and 2003
- Data Protection Acts 1988 and 2003, DPIA in Place with CHO7/ CHO8 SPT
- Criminal Justice (Withholding Information on offences against Children and Person at risk) Act 2012
- Criminal Law (Sexual Offences) Act, 2017 (Section 21)
- National Standards for Residential Services for Children and Adults with disabilities HIQA
- Protected Disclosures Act 2014/Open disclosure
- UN Convention on Rights of People with Disabilities
- Assisted Decision-Making Capacity Act 2015
- Safeguarding Vulnerable Adults Statement - Young Adult Disability Team (YADT)

Kare's Risk Management Policy **(Risk Management policy)** provides an overall framework for managing the risk of abuse of individuals who use Kare's services and supports. Other Kare policies which support the prevention of abuse include:

- Managing Individuals' monies/property
- Matters relating to Sexuality
- Personal/Intimate Care
- Safe Administration of Medication
- Supporting people with behaviours that Challenge
- Restrictive Practises Policy
- Risk Management policy
- Child Welfare and Protection policy

Policy Revision History.

Rev. No.	Approved by the OMT	Approved by Kare Board.	Launched at Heads of Units	Operational Period
Rev 1	Nov. 2005	N/A	Nov. 2005	Nov 2005-Feb 2014
Rev 1.1	March 2014	-	Heads of Units informed by email	Mar 2014 – July 2014
Rev 2	July 2014	July 2014 (Preliminary approval)	July 2014	July 2014 – Oct 2014
Rev 2.1	November 2014	October 2014	November 2014	Nov 2014 – Dec 2014
Rev 2.2	Amended to update DLP/DDLP; approval not required	Jan 2015–Mar 2015		
Rev 2.3	Policy title changed from Protecting Individuals to Safeguarding Person at risk of Abuse			
	March 2015	March 2015	April 2015	April 2015
Rev 3	April 2015	N/a – minor change to process flow	April 2015	April 2015 - May 2017
Rev 4	May 2017	June 2017	June 2017	June 2017 – Jan 2018
Rev 4.1	October 2017	October 2017	Feb 2018 (By email)	Feb 2018 – Oct 2018
Rev 4.2	October 2018	N/a – no change to policy	n/a	October 2018 – May 2022