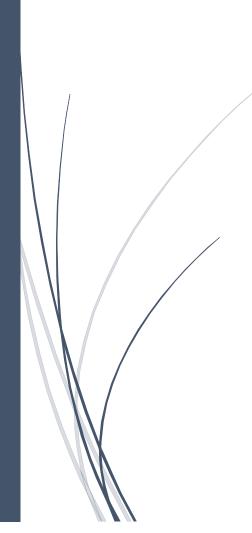
# SAFEGUARDING VULNERABLE ADULTS POLICY



# DE LA SALLE ORDER



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# Foreword

For many years now, the De La Salle Brothers of the District of Ireland, Great Britain and Malta has put a lot of effort into safeguarding children. And this work is ongoing - we must not become complacent when it comes to safeguarding children and those who work with them. But we now need to turn our minds to the safeguarding of vulnerable persons as well.

Our Safeguarding Office, in consultation with various committees and individuals within our Order, and outside of it, has developed this '**De La Salle Safeguarding Vulnerable Adults Policy** and Procedures (2022)'.

We are mindful that as well as dealing with vulnerable persons in our external ministries in other settings, we also interact with vulnerable persons who are members of our Order and live in our communities.

I urge all Brothers and co-workers to read this document, some of which will be re-stating what you already know and endorsing what you already practice. But it will also prompt you to consider areas that you may not have given much thought to up to now.

Brother Ben Hanlon

Provincial

09/01/2022

# 1. INTRODUCTION

The De La Salle Order recognises the right of Vulnerable Persons to live their lives free from any form of abuse. It accepts its moral and legal obligations to protect Vulnerable Persons who are members of the Congregation, as well as those with whom De La Salle Brothers interact in their various ministries. The safeguarding procedures outlined in this document provide guidance on how to interact safely with Vulnerable Persons to prevent abuse happening, and on what to do when there is a concern that abuse has happened or is happening.

## 2. POLICY STATEMENT

De La Salle personnel (Brothers, employees, volunteers, and those in formation) will respond appropriately to knowledge/concerns/allegations of abuse of which they become aware. The Order is committed to abide by civil and church laws and regulations governing Vulnerable Persons. It will disseminate this Safeguarding Vulnerable Persons Policy and Procedures to its communities and provide appropriate training on its implementation.

# 3. SCOPE AND PURPOSE OF POLICY

This Safeguarding Policy applies to all De La Salle personnel.

The purpose of this policy is to help protect Vulnerable Persons from harm by:

- *a*) Setting out the principles which underpin contact with Vulnerable Persons.
- *b)* Outlining the Procedures which provide guidance on how to interact safely with Vulnerable Persons.
- *c)* Providing clear directions on how to handle a concern regarding the safety of a Vulnerable Person.

# 4. PRINCIPLES UNDERPINNING THIS POLICY

The Order respects the right of Vulnerable Persons to:

- a) Safety: To live free from abuse or fear of abuse
- **b)** Information: To have access to sufficient information to allow them to make informed choices.
- c) Choice: To have opportunities to choose from a range of realistic options.
- d) Confidentiality: To have personal information about them handled sensitively.

- e) **Consent**: To be supported in making their own decisions, while acknowledging that giving consent depends on the capacity of the person to understand and accept the consequences of making such a decision.
- f) **Respect:** To be afforded the same respect as other people.
- g) Fulfilment: To engage in activities which allow them to live fulfilled lives.
- **h) Independence**: To retain as much control as possible over their lives while avoiding unreasonable risks to themselves and others.
- i) Privacy: To be free from unnecessary intrusion into their affairs.

## 5. DEFINITION OF 'VULNERABLE PERSON'?

There are a number of definitions of 'Vulnerable Person' in use - in the Republic of Ireland, in Northern Ireland, and in church organisations – see APPENDIX 1.

Because allegations of the abuse of Vulnerable Persons in the Republic of Ireland is reported to the Heath Service Executive (HSE) the definition of a Vulnerable Person provided by the Social Care Division of the HSE will be used throughout this document. It defines a Vulnerable Person as:

".. 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". (HSE National Policy & Procedures on Safeguarding Vulnerable Persons at Risk from Abuse 2014).

# 6. CODE OF PROFESSIONAL CONDUCT

6.1 Vulnerable Persons are encountered in a range of situations, locations, ministries.

The following Code of Professional Conduct is meant as a guide in ministries of various kinds.

- ✓ Always treat Vulnerable Persons with dignity and respect.
- ✓ Value them as unique individuals.
- ✓ Treat them fairly.
- ✓ Build up and maintain their trust and confidence.
- ✓ Encourage them to reach their full potential.
- ✓ Promote their independence while protecting them, as far as possible, from danger.
- $\checkmark$  Ensure that physical contact is appropriate to the task in hand.
- ✓ Provide personal care sensitively and with respect for the individual's dignity and privacy.
- ✓ Seek to resolve challenging situations.
- ✓ Respect diversity in beliefs and practices.

- ✓ Be aware of language barriers and other communication difficulties.
- $\checkmark$  Report any safeguarding concerns to the appropriate person.
- ✓ Inform another person if you are accessing/using a Vulnerable Person's money on their behalf. Keep careful records of any financial dealings.
- ✓ Report suspicions of financial abuse to the appropriate person.
- ✓ Report any inappropriate or dangerous behaviour on the internet that involves a Vulnerable Person, to the appropriate person.
- ✓ Encourage Vulnerable Persons to tell someone if they encounter anything that makes them feel unsafe or threatened.

## **6.2** Avoid:

- × Contact with vulnerable persons in inappropriate settings or at inappropriate times.
- × Spending excessive amounts of time alone with a Vulnerable Person.
- × Taking a Vulnerable Person alone on a journey.
- × Situations which generate a conflict of interest e.g., taking advantage of a friendship with a vulnerable person to further one's own personal or business interests.

### 6.3 Never:

- × Harm or place at risk of harm, a Vulnerable Person by omission or commission.
- × Make inappropriate comments/jokes about a Vulnerable Person.
- × Engage in sexually provocative games or make sexually suggestive comments to a Vulnerable Person.
- × Form inappropriate relationships with Vulnerable Persons.
- × Borrow money from, or loan money to, a Vulnerable Person.
- Disclose personal details of Vulnerable Persons', or their families, except to the appropriate authorities.
- × Photograph/video a Vulnerable Person, without his/her valid consent.
- × Accept excessive gifts or favours from a Vulnerable Person.

## Self-Care:

Given the many demands made on the time and energy of people in the caring professions, care-of-self is essential to maintain an adequate level of professionalism; for further guidance, see APPENDIX 2.

# 7. CONSENT AND CAPACITY

#### 7.1 Consent

For consent to be valid, it must be full, free, and informed. The consent of a Vulnerable Person is considered valid if:

- They have the *capacity* to consent <u>and</u>
- Consent has been given on a voluntary basis i.e. free from coercion. If any of these factors are absent, consent cannot be considered valid.

Normally, no one can give or withhold consent on behalf of another adult.

## 7.2 Capacity

The Assisted Decision-Making (Capacity) Act 2015 states that: "a person's capacity shall be assessed on the basis of his or her ability to understand, at the time that a decision is to be made, the nature and consequences of the decision to be made by him or her in the context of the available choices at that time."

According to the Act a person lacks the capacity to decide if:

"he or she is unable to ...

- a) Understand the information relevant to the decision,
- b) Retain that information long enough to make a voluntary choice
- *c)* Use or weigh that information as part of the process of making the decision, or communicate his or her decision ... or, if the implementation of the decision requires the act of a third party, to communicate ... with that third party".

If the Vulnerable Person is unable to give informed consent, due to lack of capacity, professional staff and/or designated persons should be consulted as envisaged in the 2015 Act referenced above, should occur. The Act refers to the capacity to make a decision at a specific time and in relation to a specific matter. Poor professional practice can creep in by capacity assessments being made in one circumstance and then applied in another, potentially eroding the right of a vulnerable person to the opportunity to make a decision on their own behalf. Reflective practice is necessary to ensure that assumptions are not made regarding the capacity or lack thereof of a vulnerable person to make a decision. Each decision must be regarded as unique.

## 7.3 Obedience

De La Salle Brothers are governed by **THE RULE of the Brothers of the Christian Schools 2015** and take a vow of obedience. In certain circumstances where, after due consultation between a Brother and the Provincial, agreement is not reached on a course of action, the Provincial may use his authority to over-ride the wishes of the Brother, be he a 'vulnerable person' or not – see relevant Articles 34 and 35 in Chapter 3 of **THE RULE**. See also APPENDIX 3

# 8. ABUSE

### 8.1 Definition of Abuse

Abuse is defined in this Safeguarding Vulnerable Persons Policy 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 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" (Protecting our Future, Report of the Working Group on Elder Abuse, September 2002)

People with certain disabilities and <u>some</u> older people may be particularly vulnerable due to:

- Dependence on others for personal / intimate care
- Restricted capacity to communicate
- Isolation
- Power differentials

### 8.2 Forms of Abuse

- Physical abuse
- Sexual abuse
- Psychological / emotional abuse
- Financial abuse
- Institutional abuse
- Neglect
- Discrimination
- Professional abuse
- Peer abuse
- Stranger abuse
- Domestic abuse
- Exploitation / Intimidation

#### 8.3 Who Abuses?

Anyone who has contact with a Vulnerable Person, may be 'an abuser', including a member of their own family or Community, a friend, carer, or another worker.

#### 8.4 Where might abuse occur?

Abuse can happen anywhere – in family home, in community residences, in ministry settings, etc.

#### 8.5 Recognising abuse

No one indicator should be regarded as evidence 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. Abuse can take many forms:

#### 8.6 Forms of Abuse

Forms of Abuse:	Indicators
<b>PHYSICAL</b> The use of physical force, the threat of physical force, mistreatment of one person by another which may or may not result in actual physical harm or injury.	<ul> <li>Unexplained injuries or inconsistent explanation for injuries, bruises</li> <li>Unexplained absences from a residential placement / home</li> <li>Avoiding a particular person</li> <li>Asking not to be hurt</li> </ul>
<b>SEXUAL</b> Any behaviour (physical, psychological, verbal, virtual/ online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or unwanted towards another person.	
EMOTIONAL/PSYCHOLOGICAL Including BULLYING/HARASSMENT) Behaviour that is psychologically harmful to another person and which causes anxiety or distress by threat, humiliation.	<ul> <li>Mood swings, sleeplessness, helplessness /hopelessness</li> <li>Extreme low self-esteem, tearfulness, self-abuse, self-destructive behaviour</li> <li>Challenging or extreme behaviour</li> </ul>
<b>FINANCIAL</b> The unauthorised and improper use of funds, property or any resources including pensions, or other statutory entitlements or benefits. Financial abuse involves an act where a person is deprived of control of their finances or personal possessions or is exploited financially by another person.	<ul> <li>Lack of records or records incomplete regarding spending</li> <li>Forced changes to wills</li> <li>Insufficient money for day-to-day expenses.</li> </ul>
<b>INSTITUTIONAL</b> The mistreatment of people brought about by poor or inadequate care or support or systemic poor practices that affect a whole care setting.	<ul> <li>Lack of or poor-quality staff, supervision, and management</li> <li>High staff turnover/Poor staff morale</li> <li>Lack of training of staff and volunteers</li> <li>Poor record keeping</li> <li>Needs of residents neglected</li> </ul>
<ul> <li>NEGLECT</li> <li>The withholding of or failure to provide appropriate and adequate care and support which is required by another person. It may be through a lack of knowledge or awareness, or through failure to take reasonable action given the Information and facts available to them at the time.</li> <li>Self-neglect is the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently while having the means to do so.</li> </ul>	<ul> <li>Poor state of clothing</li> <li>Non-attendance at routine health appointments</li> <li>Socially isolated</li> <li>Malnourished</li> </ul>

DISCRIMINATORY	<ul> <li>Isolation from family or social networks</li> </ul>
Unequal treatment, harassment or abuse of a person based on age, disability, race, ethnic group, gender, gender identity, sexual orientation, religion, family status.	<ul> <li>Indicators of psychological abuse may also be present</li> <li>Treated unfairly on the basis of race, sexual orientation etc</li> </ul>
<b>PROFESSIONAL ABUSE</b> A misuse of power and trust by professionals; a failure to act on suspected abuse; poor care practice or neglect. Inappropriate use of rules, practices, customs. Accepting inappropriate gifts from a vulnerable person.	<ul> <li>Not attending to the needs of all fairly and with respect</li> <li>Poor care practice</li> <li>Inappropriate relationships with a Vulnerable Person</li> <li>Denying a Vulnerable Person access to professional support and services</li> <li>Inappropriate responses to challenging behaviour</li> </ul>
<b>PEER ABUSE</b> The abuse of one Vulnerable Person by another Vulnerable Person. It can occur in group /communal settings such as day care centres, clubs, residential care homes, nursing homes or other institutional settings.	<ul> <li>Unexplained, unusual bruises</li> <li>Fear of another member</li> <li>Unwillingness to be close to a particular person</li> <li>Being repeatedly the subject of negative remarks</li> </ul>
STRANGER ABUSE A Vulnerable Person may be abused by someone whom they do not know - a	<ul> <li>A fear of strangers</li> <li>Fear of leaving home</li> </ul>
member of the public or a person who deliberately targets vulnerable people.	<ul> <li>Fear of being home alone.</li> </ul>
member of the public or a person who deliberately targets vulnerable	<ul> <li>Fear of being home alone.</li> <li>Fear of a family member</li> </ul>

# 9. **DISCLOSURES**

**9.1** A disclosure may come directly from the Vulnerable Person or sometimes indirectly by:

- *a)* Vulnerable Person, showing signs of physical injury for which there does not appear to be a satisfactory or credible explanation.
- *b*) A Vulnerable Person's unexplained changed of behaviour or demeanour.
- c) The behaviour of a person close to a Vulnerable Person arousing suspicion.

*d)* Disclosure from a family member or other concerned person

De La Salle personnel need to be sensitive to, and aware of, such indirect indications that abuse may be occurring.

## 9.2 Responding to Disclosures of Abuse

When a person discloses abuse to De La Salle personnel, it is important that such disclosures are responded to in accordance with the following guidelines:

## Do

✓ Stay Calm.

- ✓ Listen carefully.
- ✓ Reassure the person that they did the right thing in telling you.
- ✓ Let the person know that the information will be taken seriously
- ✓ If urgent medical/HSE/Garda help is required, call the emergency services to ensure the Immediate safety of the person.
- ✓ Record what you have seen or what you have been told in writing, and include as much detail as possible, as soon as possible.
- ✓ Date and sign the report and give it to the line-manager and DLP soon as possible.
- $\checkmark$  Give them information about what will happen next.

# **Do Not**

- × Stop someone disclosing to you.
- × Appear shocked or display negative emotions.
- × Help disclosure by filling gaps or finishing sentences for the Vulnerable Person.
- × Promise to keep secrets.
- × Press the Vulnerable Person for more details; only ask questions to clarify the facts.
- × Make judgements or give sweeping reassurances.
- × Talk about the disclosure or pass any information about it to anyone who does not have a legitimate need to know.
- × Contact the alleged abuser or attempt to investigate it yourself.
- × Leave details of the concern/allegation where it can be seen by others.
- × Delay in reporting the matter.

Complainant and respondent will be informed that they are entitled to seek legal and professional support, as well as canonical advice for priests and religious persons.

# 9.3 Whistleblowing

If an employee reports a workplace concern in good faith and on reasonable grounds and to the appropriate person, it will be treated as a 'protected disclosure'. This means that if an employee feels that they have been subjected to detrimental treatment in relation to any

aspect of their employment, because of reporting their concern, they may seek redress. In addition, employees are not liable for damages as a consequence of making a protected disclosure.

The exception is where an employee has made a report which s/he could reasonably have known to be false. (Section 103 of the Health Act 2007 and the Protected Disclosures Act 2014).

# 10. **RECORDING**

**10.1** All records relating to issues, concerns or allegations of a safeguarding nature will be maintained and stored securely by the DLP and/or HR department.

## **10.2** Accidents, incidents or near misses

Accidents, incidents, near misses which involve Vulnerable Persons will be reported to the Line-Manager as well as the Community Director who will determine how the matter should be dealt with. An Incident/Accident Form (APPENDIX 12) should be completed and stored in the relevant file in the Community.

### 10.3 Confidentiality

All information relating to concerns, allegations, or suspicions regarding the abuse of a Vulnerable Person, will be treated as confidential. This information should only be communicated on a need-to-know basis.

Regard should be had for the provisions of the Data Protection Acts when confidential information is to be shared. If in doubt legal advice should be obtained.

The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons Act 2012) came into force on 1st August 2012. Under this Act it is an offence to withhold information on certain offences against children and vulnerable persons from An Garda Síochána.

Where there is a concern about an individual's safety, or the safety of others, that concern may be passed to an appropriate person even though that information may have been shared in confidence.

# **11. REPORTING**

The response from the Order to an allegation/complaint of abuse of a vulnerable person by\_De La Salle personnel must be consistent, regardless of relationships. When responding to an allegation made against De La Salle personnel the Order has a dual responsibility — to the complainant and to the respondent.

## **11.1** Reporting an Allegation / Complaint against De La Salle Personnel

1) Details of the incident should be forwarded to the DLP who will inform the Provincial.

- 2) The DLP, in consultation with the line manager and Provincial, will establish if the allegation / concern is a safeguarding issue and whether there are reasonable grounds for that allegation / concern / complaint to be reported to the statutory authorities.
- 3) If the issue meets the threshold for reporting to the statutory authorities, the DLP will consult with them to ensure that any action by the Order does not prejudice their investigation.
- 4) Following consultation with the statutory authorities, the respondent may be informed by the DLP and line-manager of the allegation that has been made against her/him.
- 5) The Provincial, after consultation with relevant personnel, will decide on the most appropriate way forward. It may be necessary to take protective measures:
  - a) In the case of a De La Salle Brother, it may involve stepping aside from ministry.
  - b) Where an employee or volunteer is the respondent, s/he may be suspended while the allegation is being investigated. Any action taken in respect of an employee or volunteer will be in accordance with industrial relations procedures agreed with the De La Salle Management.
  - c) A written record of meetings and consultations will be compiled by the DLP and a confidential case file will be opened and stored securely.

## **11.2** Allegation/ concerns regarding a Member of another Church Body

Any person who receives such an allegation/has such a concern should inform the DLP of that other church body.

## **11.3** Allegation/concern arising from ministry in a hospital or similar institution

Inform the DLP of that hospital or institution.

## 11.4 Allegation/concern regarding non-church personnel

Inform the statutory authorities.

# 12. OUTCOMES

# **12.1** As a result of the investigation, the allegation may or may not be substantiated.

It is important to distinguish between poor professional practice and abuse. Poor practice may be remediated by a number of interventions if the respondent is amenable e.g., more supervision, refresher training, be given different role etc.

Abuse is a serious issue and must be reported to the relevant authorities for investigation.

## **12.2** Allegation substantiated: individual reinstated

The circumstances of the case may be such that the individual can be reinstated e.g., poor practice. The individual may be subjected to appropriate disciplinary sanctions, training/retraining be provided, and support or supervision arrangements be put in place.

#### 12.3 Allegation unsubstantiated – no ongoing concerns

The individual may be reinstated and provided with support as appropriate. Lessons which have been learned should inform future training programmes.

#### **12.4** Anonymous Allegations

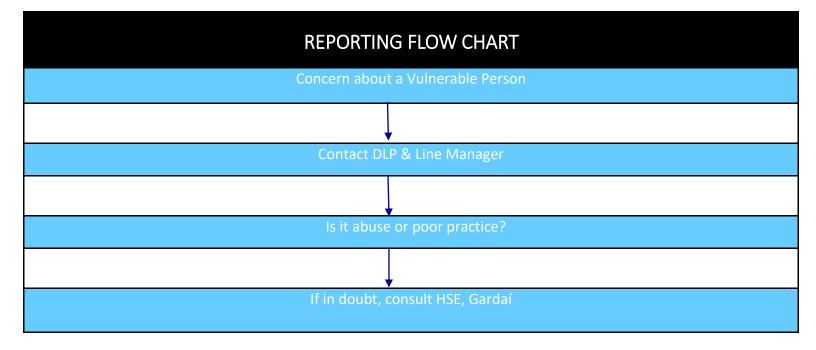
Enquiries will be made into anonymous allegations. However, they may not progress into a formal investigation unless there is supporting evidence. A record will be retained of the allegation made and of any enquiries carried out.

### 12.5 Grievance Procedure for Complainants

If a Vulnerable Person or their representative is dissatisfied with <u>how</u> their allegation of abuse was handled by the Congregation, a grievance procedure is in place to deal with their stated dissatisfaction – see **APPENDIX** 5.

### 12.6 Grievance Procedure for Employees

Employee may appeal the decision of the De La Salle under the Order's Disciplinary Process. Outcome of appeal is the final step in this Disciplinary Process. The De La Salle Order has a staff Handbook for employees in Miguel House and its Pastoral Centres with a chapter relating to Grievance Procedures. An employee may initiate an action under these Grievance Procedures. The decision at the end of the Grievance Procedures is binding on all parties in the dispute.





- 1. DLP informs the Provincial
- 2. DLP informs Statutory Authorities
- 3. Provincial considers if respondent should be asked to step aside from ministry
- 4. Statutory Authorities investigate the issue
- 5. When investigation completed Collection of Proofs resumes

Final decision by Provincial reministry of respondent

#### Alleged Poor Practice by De La Salle Brother

- 1. DLP informs Provincial, Community Director /Manager
- 2. The Provincial organises an internal inquiry
- 3. Provincial considers if De La Salle Brother should be asked to step aside from ministry while inquiry is in progress
- 4. Outcome of inquiry is considered by Provincial and District Council

5. Based on outcome of inquiry the Brother may be returned to ministry. However, he may be directed to do extra training or supervision before returning to similar or different ministry

#### Alleged Abuse by Employee

a. DLP informs Provincial

6.

- b. DLP reports to Statutory Authorities
- c. Provincial considers if employee should be suspended, with or without pay, while enquiry is in progress.
- d. Statutory investigation proceeds.
- e. Based on outcome of statutory investigation Provincial and HR dept. decide on whether employee should be disciplined under the Order's Disciplinary Process, up to and including dismissal, or re-instated under certain conditions.
- f. Employee may appeal the decision of the Provincial/HR dept. under the Order's Disciplinary Process. Outcome of appeal is the final step in this Disciplinary Process.
- g. Employee may initiate an action under the Order's Grievance Procedure. The decision at the end of Stage 3 of the Grievance Procedure is binding on all parties in the dispute.

#### Alleged Poor Practice by Employee

- a. DLP informs Provincial
- b. Provincial initiates an internal enquiry.
- c. Provincial considers if employee should be suspended on with pay while enquiry is in progress.
- d. Provincial initiates enquiry in line with De La Salle employment policy.
- e. Outcome of enquiry communicated to employee. Based on outcome of the inquiry the Provincial decides on whether employee should be disciplined under the Order's Disciplinary Process, up to and including dismissal, or re-instated under certain conditions.
- f. Employee may appeal the decision of the inquiry under the Order's Disciplinary Process. Outcome of appeal is the final step in this final step in this Disciplinary Process.
- g. Employee may initiate an action under the Order's Grievance Procedure. The decision at the end of Stage 3 of the Grievance Procedure is binding on all parties in the dispute.

	SAFEGUARDING PERSONNEL	
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0044 7525 115487	083 039 5834	
De La Salle Brothers, 121 Howth Road, Dublin D03 XN15	01 8331815	
USEFUL	WEBSITES	
National Board for Safeguarding Children in the Catholic Church in Ireland (NBSCCCI)	GARDA: www.gardai.ie Freefone: 1800 555 222	
www.safeguarding.ie	GNPSB_SCMU@garda.ie PSNI: <u>zcru@psni.pnn.police.uk</u> Phone: 101	

# **REPUBLIC OF IRELAND**

- 1. Criminal Justice (Withholding of information on Offences against Children and Vulnerable Persons) Act 2012 Places a legal requirement on any person who knows or believes that a scheduled offence has been committed to report such information to An Garda Síochána.
- A Vulnerable Person is defined as a person: "who
  - a) Is suffering from a disorder of the mind, whether as a result of mental illness or dementia.
  - b) Has an intellectual disability, which is of such a nature or degree as to severely restrict the capacity of the person to guard himself or herself against serious exploitation or abuse whether physical or sexual by another person.
  - c) Is suffering from an enduring physical impairment or injury which is of such a nature or a degree to severely restrict the capacity of the person to guard himself or herself against serious exploitation or abuse, whether physical or sexual by another person or to report such exploitation or abuse to the Garda Síochána or both.

#### 2. National Vetting Bureau (Children and Vulnerable Persons) Act, 2012-2016

# The National Vetting Bureau Acts make it mandatory for people working with Children or Vulnerable Persons to be vetted by the Garda Siochána, National Vetting Bureau.

#### A Vulnerable Person is defined as:

"a person other than a child who

- a) Is suffering from a disorder of the mind whether as a result of mental illness or dementia.
- *b*) Has an intellectual disability.
- c) Is suffering from a physical impairment, whether as a result of injury, illness or age, or
- *d)* Has a physical disability which is of such a nature or degree as to restrict the capacity of the person to guard himself or herself against harm by another person, or
- e) That results in the person requiring assistance with the activities of daily living, including dressing, eating, walking, and bathing.

# NORTHERN IRELAND

# 1. The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 & The Protection of Freedoms Act 2012

This defines regulated activity with children and adults. Regulated activity is work which a barred person must not undertake.

## 2. The Criminal Law Act (Northern Ireland) 1967

This creates an obligation on citizens to provide the police with any information they may have if they suspect a serious crime has been committed.

## 3. Adult Abuse – Guidance for Staff (NIO, DHSSPS 2009).

"A vulnerable Person is any person aged 18 years or over who is, or may be, unable to take care of him or herself or who is unable to protect him or herself against significant harm or exploitation. This may be because he or she has a mental health problem, a disability, a sensory impairment, is old and frail or has some form of illness. Because of his or her vulnerability the individual may be in receipt of a care service in his or her home, in the community or be resident in a residential home, nursing home or other institutional setting".

Since 2009 this definition has been further refined: in public policy references are to 'adults at risk of harm' and 'adults in need of protection'.

In Northern Ireland there has been a move away from the concept of 'vulnerability' towards establishing the concept of 'risk of harm' in adulthood.

# CHURCH DEFINITIONS OF VULNERABLE PERSON(S)

## 1. Apostolic Letter: Vos Estes Lux Mundi

"Vulnerable person" means: any person in a state of infirmity, physical or mental deficiency, or deprivation of personal liberty which, in fact, even occasionally, limits their ability to understand or to want or otherwise resist the offence.

# SELF-CARE

To deliver a professional service, De La Salle personnel need to accept their limitations and failures, and recognise that they cannot do everything or fulfil all the requests and expectations of others.

De La Salle personnel need to:

- a) Be aware of their own personal needs and how to meet them outside of the work context
- b) Be able to access resources for their own spiritual and emotional development
- c) Take care of their physical and mental health
- d) Recognise the warning signs of boundary violations
- e) Avail of help and professional supervision
- f) Accept constructive feedback from colleagues
- g) Have a good life-balance between work, recreation, and prayer
- h) Cultivate appropriate friendships

As professional people, with privileged access to the intimate details of the lives of others, the highest standards of ethical practice are expected and required.

In its exercise of Self Care and to assist the Brothers in their Self Care the De La Salle Order has employed an Outreach Health Coordinator.

# **THE RULE** OF THE BROTHERS OF THE CHRISTIAN SCHOOLS

#### Article 51

The community shows affectionate concern for the Brothers who are elderly, sick, discouraged or distressed, so that all may feel supported by the love of Jesus Christ. Keenly aware of the obligations of fraternal friendship the Brothers are especially attentive to those who are undergoing the ordeal of illness, or whom the Lord is preparing to call to himself. At the appropriate time they invite them to ask for the sacrament of the sick.

#### Article 33

Inspired by the example of the Founder (John Baptiste De La Salle) who, submitted his own wishes to the discernment of "The Body of the Society" the Brothers live out their obedience in the spirit of availability. Each Brother gives priority to common projects over his own plans, and considers his own interests of secondary importance.

#### Article 110

Following the example of John Baptiste De La Salle who, from the beginning of the Institute involved the "principal Brothers" in a process of consultation, discernment and decision-making, the Brothers exercise authority in a spirit of co-responsibility and subsidiarity. Those who hold authority encourage initiative and a sense of s responsibility in each of the Brothers in the areas under their charge.

#### Article 110.2

At all levels of the Institute, Brothers called upon to exercise authority allow themselves to be guided by the Spirit as they seek and accomplish the will of God. They also accept the views of the Brothers as a means of perceiving together God's plan.

#### Article 110.3

On the completion of a process of listening, fraternal discussion and community discernment, it falls to those who exercise authority to assume all their responsibilities by making decisions and by encouraging the initiatives necessary for the smooth running of the communities, the Districts and the Institute, in accordance with its charism.

# **APPENDIX 4:**

# **DUTY OF CARE**

The De La Salle Order recognises that the welfare of the Vulnerable Person is of paramount concern.

It is also recognising that hasty or ill-informed decisions can irreparably damage an individual's reputation, confidence, and career. Therefore, those dealing with allegations of abuse will do so sensitively and will act in a careful and measured way. Where there is doubt or uncertainty the Designated Liaison Person will consult with the Provincial.

Where a discussion has taken place and it is decided that a referral should not be made to a statutory agency, the fact of, and reason for, this will be recorded, and the file will be stored securely. This is important in case concerns are raised in the future which, when taken together, may indicate that a Vulnerable Person is being harmed and protective action is required.

In situations where advice of the statutory agencies was sought and where they consider the concern to be of a safeguarding nature, a formal written referral will made by the Designated Liaison Person (DLP).

The DLP will be available as required to assist the investigation undertaken by the statutory agencies.

# **APPENDIX 5:**

# **RISK MANAGEMENT**

Some degree of risk-taking is a normal part of every person's life, including that of a vulnerable person.

Some accidents, incidents and near misses concerning vulnerable persons may be indicators of abnormal risks being taken and should investigated and appropriate action taken to minimize the risk of future harm.

#### Risk can be minimised by:

- *a*) Implementing safe recruitment and selection procedures.
- *b)* Ensuring that De La Salle Personnel are aware of indicators of abuse.
- c) Being able to respond to concerns about actual, alleged, or suspected abuse.
- *d*) Ensuring that newly appointed members are properly inducted
- *e)* Promoting a culture of inclusion and openness throughout the Province and within the ministries/services/activities provided.
- *f)* Ensuring that De La Salle Personnel are aware of how personal data in relation to Vulnerable Persons and abuse of them is to be handled.

# **APPENDIX 6:**

# **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 may be caused by:

- a) A person's profound inattention to health or hygiene, stemming from an inability and/or unwillingness to access the relevant services.
- *b)* A person's inability, due to physical and /or mental impairments to perform essential self-care tasks.
- *c)* A failure to provide for oneself the goods or services necessary to avoid physical or emotional harm.

#### Who Might Self-neglect?

- People with lifelong mental illness, dementia, or severe depression
- Those whose habit of living in squalor is a long-standing lifestyle
- Persons addicted to alcohol, drugs etc.
- Self-neglect can be intentional, arising from a deliberate choice.

#### **Evidence of Serious/Severe Neglect:**

#### Personal Appearance:

- a) Dirty hair, long nails, soiled clothing
- *b)* Multiple pressure ulcers; Insect infestation.

#### Functioning:

- a) Cognitive impairment
- b) Delusional, slow / no response to emergencies.

#### Medical needs:

- a) Untreated conditions
- b) Appears ill or in pain.

#### Environment

- a) Dilapidated dwelling; human /animal waste
- *b*) Rotting food; multiple uncared for pets.

#### Nutrition

a) Lack of food

*b)* Limited range of food groups; long past expiry dates.

## What to do:

If concerns cannot be addressed directly with the Vulnerable Person or his/her family, they should be referred to the Safeguarding and Protection Team (Vulnerable Persons) of the HSE.

# APPENDIX 7:

# NON-ENGAGEMENT

Although a vulnerable person may show signs of abuse, he/she may refuse to engage with the complaints process for many reasons. When a vulnerable person refuses to cooperate and the DLP believes there is a risk of harm, statutory bodies will be consulted to ascertain the best course of action to take.

Further investigations will be needed to ensure that a vulnerable person has not been coerced into non-disclosing which would result in abuse continuing or intensifying.

Reasons why a vulnerable adult may not want to co-operate:

- 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.
- Fear of having to leave their home or service because of disclosing abuse.
- Ambivalence regarding a person who may be abusive.
- Limited verbal and other communication skills.
- Fear of upsetting relationships.
- Shame and/or embarrassment.
- Fear that they will not be believed
- Lives in an environment where abuse is a regular occurrence without fear of repercussions.

When a vulnerable adult has capacity to consent, they have the right not to engage with the HSE. However, if capacity is diminished or HSE feel they need to intervene, they will act on behalf of the vulnerable adult as they have a duty of care. There needs to be robust protocols in place to prevent contact between the alleged abuser(s) and the vulnerable person until a full investigation is completed.

As each case is unique it needs to be treated as such and, seek professional advice from external bodies such as An Garda Síochána and HSE.

# APPENDIX 8

# **ROLES & RESPONSIBILITIES:**

## 1. THE HSE SAFEGUARDING AND PROTECTION TEAM:

- Receives reports of concerns / complaints regarding the abuse of vulnerable persons.
- Supports professionals in assessing concern(s)/complaint(s).
- Develops intervention approaches and protection plans.
- Directly assesses particularly complex complaints and coordinates service responses.
- Supports, through training and information, the development of a culture which promotes the welfare of vulnerable persons.

## 2. PROVINCIAL

- Has overall responsibility for safeguarding in the Province.
- Appoints safeguarding personnel to develop safeguarding policies and procedures.
- Provides for the delivery of appropriate training.
- Liaises with the Safeguarding Office (and Safeguarding Committee) to ensure that all safeguarding issues are dealt with professionally.

# 3. SAFEGUARDING COORDINATOR AND ADMINISTRATOR

- Ensure that a policy for the safeguarding of vulnerable persons is in place and is compliant with national policies and church guidance.
- Ensure that local safeguarding procedures are developed Promote a culture of zero tolerance for any type of abuse or abusive practice.
- Ensure that the policy and procedures are made available to all De La Salle personnel.
- Maintain a record of all relevant Agreement Forms signed to indicate adherence to this policy and procedures.
- Ensure that De La Salle personnel are offered appropriate training and records attendance.

- Ensure that safeguarding is part of the Induction Programme for new members.
- Ensure that any concerns or allegations of abuse are managed in accordance with this policy and procedures.

## 4. DESIGNATED LIAISON PERSON (DLP)

- Receives, responds to, manages, and records all concerns or allegations of abuse regarding Vulnerable Persons and ensures that all the relevant information is collated.
- Ensures that all reporting obligations are met, both internally, and to the relevant statutory authorities.
- Provides regular information on the progress of any enquiry to the Provincial Leader and others as appropriate.

# 5. LOCAL SAFEGUARDING REPRESENTATIVES

- Raise awareness of the needs of Vulnerable Persons in their Communities.
- Ensure, as far as possible, that Vulnerable Persons are safeguarded from all forms of abuse in their communities and promote best practice in this regard.
- Highlight the names and contact details of the DLP.

## 6. THE SAFEGUARDING COMMITTEE

- Ensures that safeguarding policies and procedures are in place and up to date
- Ensures that appropriate training is provided
- Reports to the Provincial annually.

## 7. De La Salle PERSONNEL

- Promote the welfare of Vulnerable Persons in all interactions with them.
- Know, and comply with, the Order's policy and procedures on Safeguarding Vulnerable Persons.
- Support an environment in which Vulnerable Persons are safeguarded from abuse or abusive practices.
- Avail of relevant training
- Be aware of the indicators of abuse
- Support Vulnerable Persons to report any type of abuse or abusive practice

• Ensure that any concerns or allegations of abuse are reported in accordance with this policy.

### 8. TRAINERS

The De La Salle Order's authorised trainers provide relevant training which includes:

- Discussion of this Safeguarding Policy and Procedures
- Exploration of different forms of abuse and how to recognise them
- Discussion of issue of capacity and consent
- Guidance on the reporting process
- Discussion of safe working practices
- Induction of new personnel which will include all the above plus:
- Information on the ethos of the Province
- Meeting relevant safeguarding staff
- Signing an Agreement Form indicating that they understand this policy and procedures and will abide by them.
- Dealing sensitively with information about alleged abuse / confidentiality.

## 9. AGENCY STAFF

Provincial leadership will ensure that agency staff has relevant training provided by their organisation, in line with best practice. Proof of such training should be supplied to the Order prior to the agency contract being finalised.

# **GRIEVANCE REGARDING HANDLING OF COMPLAINT:**

If a Vulnerable Person or his/her representative is dissatisfied with how their allegation of abuse was handled by the Order, the following procedures are in place to deal with their stated dissatisfaction. Complaints that cannot be satisfactorily resolved by the Order will be referred for examination to persons not involved in the original decisions or actions. Such examination should have regard not only for the Order's Vulnerable Adult Safeguarding Policy and Procedures, but also for considerations of equity and good administrative practice.

This guidance is not a reinvestigation of the allegation, but a method of attempting to resolve complaints relating to <u>how</u> the original allegation was handled by the Order. This process has three stages. If the complainant is dissatisfied with the outcome at the completion of a stage, then the next stage is initiated in the ongoing attempt to resolve the issue.

#### Stage 1

Efforts should be made to resolve complaints informally, if possible, through an open dialogue between the complainant and the person with whom s/he is dissatisfied. However, if the complainant is not happy with the outcome of these discussions, then the Congregation will advise that it is open to him/her to move to Stage 2 of the complaints process.

#### Stage 2

- a) The complainant writes to the Order, setting out what her/his complaint is and how they would like it to be addressed.
- b) A letter acknowledging receipt of the complaint should be sent by the Order to the complainant within seven days, enclosing a copy of this complaint's procedure.
- c) All complaints should be thoroughly investigated by a complaints' officer, appointed by the Order, and who is someone other than the person who dealt with the complainant's original allegation of abuse.
- d) This complaints' officer may organise a meeting with the complainant to try and resolve the issue. The complainant may invite a person to accompany them to any arranged meeting. Only if a meeting is not possible and/or the complainant does not wish to attend a meeting, this communication may take place by telephone. This direct communication with the complainant should take place, if possible, within fourteen days of the letter acknowledging receipt of the complaint.
- e) Within seven days of the meeting or discussion with the complainant, the complaints' officer will send written minutes to the complainant of what was discussed, and of any actions that were

agreed.

- f) If the complainant is not agreeable to a meeting or discussion, or for some reason cannot participate in either, the complaints' officer will issue a written response to the complainant within twenty-one days of acknowledging receipt of the letter of complaint, setting out recommendations for resolving the matter.
- g) Whatever process is used; the Order will endeavour to ensure that no more than eight weeks is taken to consider the complaint and to propose a resolution to the complainant.
- h) If there is no resolution at Stage 2, and if the complainant wishes to proceed further, a written request for a review can be sent to an External Reviewer. This option of progressing to Stage 3 should be confirmed in writing to the complainant.

## Stage 3

- a) At the conclusion of Stage 2, and if the complainant wishes to proceed to Stage 3, s/he should set out in writing to the External Reviewer the nature of the original complaint about how their allegation was dealt with, how they experienced Stage 1 and Stage 2 of this complaints' process, and how they would now like their complaint addressed.
- b) The request by the complainant to the External Reviewer for a review should be made within three months of the conclusion of Stage 2.
- c) The External Reviewer will advise the Order that the request has been made
- d) Any review will be an independent evaluation of whether the proper procedures have been followed, and whether the appropriate standards and best practice guidance have been adhered to.
- e) To assist the review process, the Order will make available to the External Reviewer all written information about how the complainant's original allegation of abuse was investigated, as well as the written records of how Stage 1 and Stage 2 of the complaints' process was conducted, and of the proposals made for a resolution of the complaint.
- f) To assist this review process, the Order will make available for interview all Church personnel involved in the handling of the original allegation.
- g) The External Reviewer will compile a written report on their findings and make recommendations. This report will then be shared with the Order prior to submission to all parties.
- h) With the approval of the Order the External Reviewer will submit the written report to all involved parties, with recommendations of actions to be taken within specified time frames. The sending out of this report marks the completion of the complaints' process.
- i) The Order will bear all reasonable costs of the review.

# **ACCIDENT / INCIDENT REPORT FORM**

# 1. Venue/Activity/Group/Event:

Date/Time: \_\_\_\_\_\_

Name of Group Leader/Person responsible: \_\_\_\_\_\_

Names of others present: \_\_\_\_\_\_

# 2. Location of Incident:

Nature of Incident: \_\_\_\_\_\_

Name of Vulnerable Person involved: \_\_\_\_\_\_

Contact details of family member: \_\_\_\_\_\_

Telephone No: \_\_\_\_\_

Details of Incident/Accident: \_\_\_\_\_\_

# 3. Action taken both during and following incident

# 4. Date and time of people contacted

# 5. Other relevant information

6. Signed \_\_\_\_\_

7. Dated \_\_\_\_\_\_

# FOR OFFICE USE ONLY

Any Follow-up Action required?

Signed and Dated

# **HSE REFERRAL FORM**

There is duty of care to report allegations or concerns regardless of whether client has given consent.

Referrer should take any immediate actions necessary as per policy in relation to seeking An Garda Síochána or medical assistance.

Vulnerable Person's Details:			
Name:		DOB:	
Address:			
Marital Status:		mber:	
Does anyone live with client: Yes <pre>Does</pre> No <pre>Does</pre>	If yes, who	?	
Medical history and any communication supp	oort needs (as	understood by referrer):	
Details of the person's vulnerability (as under	stood by refe		
Is client aware this referral is being made?			
Has client given consent?	Yes 🗆	No 🗆	
Is there another nominated person they want	t us to contac	t, if so, please give details?	0
Name:			
Contact Details:			

Relationship to vulnerable person:	
GP Contact Details:	
Name:	Telephone:
Primary care team details i.e. social worker, PHN,	etc.
Any other key services/agencies involved with clie Details:	ent (Please include Name and Contact):
Details of allegation/ concern: Please tick as many	
Physical abuse	Financial/material abuse
Psychological/Emotional abuse	Neglect/acts of omission
Sexual abuse 🗆	Discriminatory abuse
Extreme Self Neglect*	Institutional abuse
Details of concern: (extra sheet can be included if	you wish)
(*If self-neglect is being referred, please complete Details of Person Allegedly Causing Concern (if ap	e the attached presence of indicators of extreme self-neglect)
Name:	
Relationship to vulnerable person:	
Address:	
Is this person aware of this referral being made:	Yes  No  No

Details of person making referral:		
Name: Job Title (if applicable):		
Agency/Address:		
Landline:	Mobile:	
Signature:	Date:	

Data Protection Advice: If the person allegedly causing concern is a staff member, please use initials & work address only.

# Glossary

Collection of Proofs	Investigation by the Order of allegations against a religious after criminal process has concluded.
Canon Law	The laws of the Catholic Church
DLP	Designated Liaison Person – to liaise between the complaint and the church/civil authorities
HSE	Health Service Executive
Provincial	Leader of the De La Salle Congregation
De La Salle Order	Brothers and those in formation i.e. preparing for entry to religious life as a Brother
De La Salle Communities	Groups of De La Salle living together e.g., Belfast: Glanaulin Community, Castletown Monastery Community, Castletown Miguel House, Dublin: Howth Road Community, Benildus House and Waterford - St. Stephen's Community
De La Salle Personnel	De La Salle Brothers, Employees, Volunteers
Statutory Authorities	State Agencies are public sector bodies that have a statutory obligation to perform specific tasks on behalf of the Government e.g. An Garda Síochána, PSNI, Tusla and HSCT.

# **HSE SAFEGUARDING & PROTECTION TEAMS**

Dublin North, Dublin North City, Dublin Northwest St Mary's Hospital, Phoenix Park, Dublin 20 Tel: 076-6959528 Email: Safeguarding.cho9@hse.ie Laois, Offaly, Longford, Westmeath, Louth, and Meath Ashbourne Primary Care Centre, Unit 12, Killegland Walk, Declan Street, Ashbourne, Co. Meath Tel: 01 6914632 Email: safeguarding.cho8@hse.ie Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West Beech House, 101-102 Naas Business Park, Naas, Co. Kildare Tel: 045 920410 Email: Safeguarding.CHO7@hse.ie Wicklow, Dun Laoghaire, and Dublin South East Ballinteer Health Centre, Ballinteer Avenue, Ballinteer, Dublin Tel: 01 2164511 Email: Safeguarding.cho6@hse.ie South Tipperary. Carlow, Kilkenny, Waterford, Wexford HSE Offices, Dublin Road, Lacken, Kilkenny, Co. Kilkenny Tel: 056-7784325 Email: Safeguarding.cho5@hse.ie Kerry and Cork Unit 24/25 Doughcloyne Industrial Estate, Wilton, Cork. T12Y821 Tel: 021 4927550 Email: Safeguarding.cho4@hse.ie Clare, Limerick, North Tipperary, and East Limerick Tyrone Health Centre, Tyrone, Nenagh, Co. Tipperary Tel: 067 46470 Email: Safeguarding.cho3@hse.ie Galway, Roscommon, and Mayo Lá Nua, Ballybane, Castlepark Road, Galway Tel: 091 748432 Email: Safeguarding.cho2@hse.ie Donegal, Sligo, Leitrim, Cavan, and Monaghan HSE Office, Community Health Care Organisation Area 1, Ballyshannon Health Campus, An Clochar, Ballyshannon,