



Vision Sports Ireland Safeguarding Vulnerable Adults

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Vision Sports Ireland for the purposes of this policy and procedures document considers a Vulnerable Person as an adult who may be restricted in capacity to guard himself/herself against harm or exploitation or to report such harm or exploitation.

Restriction of capacity may arise as a result of physical, sensory or intellectual impairment. Vulnerability to abuse is influenced by both context and individual circumstances.

1.0 Introduction

Effective safeguarding requires that services need to be provided through a person centred model of care in a collaborative way with shared responsibility between the service users, their families and carers, health and social care professionals, service organisations and society as a whole.

Vision Sports Ireland is committed to policy and practices which:

- Promote the welfare of vulnerable persons and
- Safeguard vulnerable persons from abuse.

Vision Sports Ireland, with Sport Ireland as a key funding body, takes guidance from both the HSE and Sport Ireland with relation to policies and procedures, including the Sport Ireland Ethics and Safeguarding Principles and Policies. Further information can be found here:

- Sport Ireland - <https://www.sportireland.ie/ethics>
- HSE – [Safeguarding Vulnerable Adults](#)

2.0 Policy Statement

2.1 Policy

Vision Sports Ireland for the purposes of this policy and procedures considers a Vulnerable Person as an 'adult who may be 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.

Vision Sports Ireland's policy for Safeguarding, specifically for children, is covered in the Vision Sports Ireland Child Safeguarding Policy.

The term 'disability' for the purposes of this policy applies to persons who have physical, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

The development of this policy document is part of Vision Sports Ireland's commitment to promoting the welfare of vulnerable persons and safeguarding them from abuse. It seeks to uphold the rights of vulnerable persons to live full and meaningful lives in safe and supportive environments and to ensure the full expression and promotion of people's rights and responsibilities.

Vision Sports Ireland is committed to the safeguarding of vulnerable persons from abuse. It acknowledges that all adults have the right to be safe and to live a life free from abuse. All persons are entitled to this right, regardless of their circumstances. It is the responsibility of all service providers, statutory and non-statutory, to ensure that, service users are treated with respect and dignity, have their welfare promoted and receive support in an environment in which every effort is made to promote welfare and to prevent abuse.

Vision Sports Ireland unequivocally commits to a **‘No Tolerance’** approach to any form of abuse and the promotion of a culture which supports this ethos. All policies and procedures must promote welfare, reflect inclusion and transparency in the provision of services, and promote a culture of safeguarding.

This document is in recognition of the seriousness of the issue of safeguarding and to clarify roles and responsibilities. Safeguarding is a societal responsibility not the responsibility of one organisation or profession. Responsibility for safeguarding rests with all service providers and personnel and is supported by both Sport Ireland and the HSE through a dedicated **NCBI Safeguarding and Protection Team (Vulnerable Persons)** and **Vision Sports National Officer (Vision Sports National Development Manager)** who will provide support particularly in complex and challenging situations and ensure consistent implementation.

A core governance responsibility is to ensure that safeguarding policies and procedures and associated practices are in place and appropriate to the services provided.

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2.2 Presumption of decision making capacity

There should be a presumption of decision making capacity unless proven otherwise and a person has a right to make decisions which other people may consider as unwise. The autonomy of the individual must be respected as much as possible.

Some people may understand that what is occurring to them is abusive and may weigh the risks and potential consequences of disclosing the abusive behaviour. This can occur, for example, where an older person is subjected to financial abuse by a family member and fears that confronting the issue may fundamentally alter an otherwise valued relationship. Such situations need to be considered carefully, usually at a meeting of key personnel involved with the person.

Issues such as severity of risk will need to be considered as well as strategies to empower the person. It may also be advisable to consult with An Garda Síochána.

3.0 Scope

This Policy and Procedure applies:

- To all staff of Vision Sports Ireland ('Vision Sports Leaders')
- Volunteers of Vision Sports Ireland
- Across all settings, including events (online and in-person), camps (day or residential), and services: centre based and domiciliary, day activities, training and day centres (associated support services such as transport are also included)
- In situations where formal health or social care services are not in place but where concerns have been raised by, for example, neighbours, family members and members of the public in relation to the safeguarding of an individual and a health and/or social service response is required

4.0 Implementation

Overall responsibility for leading implementation of this policy and procedure rests with the services senior management team and then in turn line managers who have responsibility for implementation of this policy and procedure within their administrative area, and will undertake the following:

- Communicate this policy to all staff and volunteers.
- Ensure that service specific procedures are developed, implemented and reviewed in compliance with this national policy.
- Ensure that this policy is widely available to service users and their families

5.0 Regulation

This National Policy must be used in conjunction with the following as appropriate:

- **Sport Ireland Safeguarding Guidance**
- **Vision Sports Ireland Child Safeguarding Policy**
- **Vision Sports Ireland Volunteer Policy**, noting that all volunteers are Garda vetted
- **All policies and procedures produced by NCBI**
- **Children First: National Guidance for the Protection and Welfare of Children**
- **Safety Incidence Management Policy**
- **National Standards for Residential Services for Children and Adults with Disabilities,**
(Standard 3).
- **National Quality Standards for Residential Care Settings for Older People in Ireland,**
(Standard 8).
- **HSE Policies for Managing Allegations of Abuse against Staff Members**
- **HSE National Consent Policy**

6.0 Definitions of Abuse

Abuse may be defined as “any act, or failure to act, which results in a breach of a vulnerable person’s human rights, civil liberties, physical and mental integrity, dignity or general well-being, whether intended or through negligence, including sexual

relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative.

6.1 Types of Abuse

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

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

Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.

Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.

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

Institutional abuse may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs. (See Appendix 1).

Although this definition excludes self-neglect, which is an inability or unwillingness to provide for oneself, it is a significant issue, and one which people will come in to contact with service users living in conditions of extreme self-neglect. Therefore we have provided guidance around how to manage such situations as part of this policy document.

6.2 Who May Abuse?

Anyone who has contact with a vulnerable person may be abusive, including a member of their family, community or a friend, informal carer, healthcare/ social care or other worker.

Familial Abuse

Abuse of a vulnerable person by a family member.

Professional Abuse

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

Peer Abuse

Abuse, for example, of one adult with a disability by another adult with a disability.

Stranger Abuse

Abuse by someone unfamiliar to the vulnerable person.

6.3 Where might abuse occur?

Abuse can happen at any time in any setting.

Accidents, incidents and near misses

Lessons can be learned from accidents, incidents and/or near misses. As a result, Vision Sports Ireland has in place a procedure for reporting accidents, incidents and near misses that occur.

Accidents, incidents and near misses, particularly those which are recurring, can be indicators of organisational risk, including risk to safeguarding, which needs to be managed.

6.4 Vulnerable Persons - Special Considerations

Abuse of a vulnerable person may be a single act or repeated over a period of time. It may comprise one form or multiple forms of abuse. The lack of appropriate action can also be a form of abuse. Abuse may occur in a relationship where there is an expectation of trust and can be perpetrated by a person who acts in breach of that trust. Abuse can also be perpetrated by people who have influence over the lives of vulnerable persons, whether they are formal or informal carers or family members or others. It may also occur outside such relationships.

Abuse of vulnerable persons may take somewhat different forms and therefore physical abuse may, for example, include inappropriate restraint or use of medication. Vulnerable persons may also be subject to additional forms of abuse such as financial or material abuse and discriminatory abuse.

Because of his or her vulnerability, the individual may be in receipt of a care service in his or her own home, in the community or be resident in a residential care home, nursing home or other setting. It is critical that the rights of vulnerable persons to lead as normal a life as possible is recognised, in particular deprivation of the following rights may constitute abuse:

- Liberty
- Privacy
- Respect and dignity
- Freedom to choose
- Opportunities to fulfil personal aspirations and realise potential in their daily lives
- Opportunity to live safely without fear of abuse in any form

- Respect for possessions
- People with disabilities and older people may be particularly vulnerable due to:
- diminished social skills
- dependence on others for personal and intimate care
- capacity to report
- sensory difficulties
- isolation
- power differentials
- Adults who become vulnerable have the right:
- To be accorded the same respect and dignity as any other adult, by recognising their Uniqueness and personal needs.
- To be given access to knowledge and information in a manner which they can understand in order to help them make informed choices.
- To be provided with information on, and practical help in, keeping themselves safe and protecting themselves from abuse.
- To live safely without fear of violence in any form.
- To have their money, goods and possessions treated with respect and to receive equal protection for themselves and their property through the law.
- To be given guidance and assistance in seeking help as a consequence of abuse.
- To be supported in making their own decisions about how they wish to proceed in the event of abuse and to know that their wishes will be considered paramount unless it is considered necessary for their own safety or the safety of others to take an alternate course, or if required by law to do so.
- To be supported in bringing a complaint.
- To have alleged, suspected or confirmed cases of abuse investigated promptly and appropriately.
- To receive support, education and counselling following abuse.
- To seek redress through appropriate agencies.

6.5 Non Engagement

Particular challenges arise in situations where concerns exist regarding potential abuse of a vulnerable person and that person does not want to engage or co-operate with interventions. This can be complex particularly in domestic situations. Where an adult indicates that they do not wish to engage or cooperate with Vision Sports Ireland or other services and Vision Sports Ireland continues to have concerns, we will need to consider the issue of capacity and in that regard the following will be noted:

- There is a presumption that all adults have capacity.
- An adult who has capacity has the right not to engage with the Vision Sports Ireland or any NCBI services, if they so wish.
- As a subsidiary of NCBI, if there is a concern that an adult is vulnerable and may or may not have the capacity to make decisions, the HSE may well have obligations towards them and this will need to be contacted

The non-cooperation of the individual may be due to issues of capacity, may be voluntary or may stem from for example some form of coercion. Decisions as to the appropriate steps to deal with such cases need to be made on a case by case basis and with appropriate professional advice. It is also important to identify the respective functions and contributions of relevant agencies which may include HSE, An Garda

Síochána, Tusla and local authorities. Inter-agency collaboration is particularly important in these situations.

7. Agency Reporting Procedures

7.1 Action to be taken by Vision Sports Ireland Leaders

If a Vision Sports Ireland Leader receives an allegation or has a suspicion that a member engaging with Vision Sports Ireland, is being abused, they should, in the first instance, report the matter to the National Officer.

In their absence, the allegation *must* be reported to the CEO of Vision Sports Ireland, who will report to the CEO of NCBI.

Furthermore, a Leader member who witnesses abusive behaviour towards an individual should intervene or seek help to stop the behaviour and ensure that the child is not in any immediate danger whilst also following the procedure above.

Signs of abuse and other useful information for Safeguarding can be found in Sport Ireland's Safeguarding Guidance document here

(https://www.sportireland.ie/sites/default/files/media/document/2021-10/safeguarding-guidance_0.pdf) or via the HSE.

<https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/safeguardingvuladts.html>

7.2 Action to be taken by National Officer

It is the responsibility of the National Officer to establish, in consultation with the HSE if necessary, whether there are reasonable grounds for suspicion of abuse. If unsure as to whether the concerns warrant a report, the National Officer should consult the appropriate HSE staff, stating that they are requesting advice and consultation but not making a report.

If it is decided that the concerns should not be referred to the HSE, the Vision Sports Ireland Leader should be given a clear statement in writing as to why action is not being taken. The Vision Sports Ireland Leader should be advised that, if he/she remains concerned about the situation, he/she is free to consult with or report to the HSE.

If the decision is to make a report to the HSE, the National Officer will do so without delay, in person, by telephone or in writing. In the event of an emergency or the non-availability of HSE staff, a report will be made to the Gardaí.

If reasonable grounds exist and an investigation is recommended, this investigation is the responsibility of the HSE. While the HSE is responsible for all aspects of the

investigation, Vision Sports Ireland will support and co-operate with the HSE throughout the investigation.

The National Officer must inform relevant parties involved that a report is being made to the HSE unless doing so would endanger the individuals involved. The National Officer will co-ordinate and maintain close communications with the HSE, NCBI Services Senior Management Team and family, as appropriate throughout the investigation.

7.3 Responding to concerns

Stage 1: Where a concern/complaint arises or is raised Vision Sports Ireland staff and volunteers should follow the 'community setting' procedure as appropriate. Any community agency can make a referral to the local safeguarding team.

Stage 2: Preliminary screening

The designated officer/safeguarding and protection team will carry out a preliminary screening. The purpose of this is to establish if there are reasonable grounds for concern. The outcome must be reviewed with the safeguarding and protection team and a plan to address necessary actions approved.

The outcome of the preliminary screening may be:

- a. No grounds for reasonable concerns exist
- b. Additional information required (this should be specified)
- c. Reasonable grounds for concern exist.

Stage 2a. If the preliminary screening determines that reasonable grounds for concern exist a safeguarding plan must be developed. Responsibility for the safeguarding plan rests with the service manager and/or designated officer in the service setting and with the safeguarding and protection team and/or assigned primary service provider in community setting. This could be such allied professionals as Public Health Nurse, social worker or other agencies and allied professionals including Vision Sports Ireland/NCBI where relevant and appropriate.

The safeguarding plan will outline the planned actions that have been identified to address the needs and minimise risk. A safeguarding plan will be informed by preliminary screening and developed in all cases where reasonable grounds for concern exist.

Timescale

The safeguarding plan should be formulated and implemented within three weeks of the preliminary screening being completed. A safeguarding plan review should be undertaken at appropriate intervals and must be undertaken within six months of the safeguarding plan commencing.

7.4 Guidelines for Writing Reports on Allegations / Suspicions of Abuse

It is essential to record in writing all the information available, stating what has been observed or alleged and the date, time and place of the observation or alleged act. This information must be recorded on an NCBI Incident Report Form and/or Safeguarding Community Referral form (Community). To obtain this report form, please get in contact with the National Sports Manager or via [HSE](#). Any community agency can make a referral to the local safeguarding team.

It is important at this early stage in the investigation process that only factual information is recorded rather than opinions. All reports including original notes will be required as part of the investigation process, disciplinary process and criminal proceeding where applicable. All information in relation to the investigation should be treated confidentially and copies of reports should be given in the first instance to the relevant Line Manager.

8.0 Building Blocks for Safeguarding and Promoting Welfare

8.1 Prevention

While research on what works to prevent abuse in practice has, to date, focused primarily on children, people with intellectual disabilities, older persons and institutional settings, the Commission for Social Care Inspection (CSCI) identified some of the following building blocks for prevention and early intervention:

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

8.2 Risk Management

- The assessment and management of risk should promote independence, real choices and social inclusion of vulnerable adults.
- Risks change as circumstances change.
- Risk can be minimised but not eliminated.
- Identification of risk carries a duty to manage the identified risk.
- Involvement with vulnerable persons, their families, advocates and practitioners from a range of services and organisations helps to improve the quality of risk assessments and decision making.
- Defensible decisions are those based on clear reasoning.
- Risk-taking can involve everybody working together to achieve desired outcomes.

- Confidentiality is a right, but not an absolute right, and it may be breached in exceptional circumstances when people are deemed to be at risk of harm or it is in the greater public interest.
- The standards of practice expected of staff must be made clear by their team manager/supervisor.
- Sensitivity should be shown to the experience of people affected by any risks that have been taken and where an event has occurred.

In assessing and managing risks, the aim is to minimise the likelihood of risk or its potential impacts while respecting an ambition that the individual is entitled to live a normalised life to the fullest extent possible. In safeguarding terms, the aim of risk assessment and management is to prevent abuse occurring, to reduce the likelihood of it occurring and to minimise the impacts of abuse by responding effectively if it does occur.

No endeavour, activity or interaction is entirely risk-free and, even with good planning, it may not be possible to completely eliminate risks. Risk assessment and management practice is essential to reduce the likelihood and impact of identified risks. In some situations, living with a risk can be outweighed by the benefit of having a lifestyle that the individual values and freely chooses. In such circumstances, risk-taking can be considered to be a positive action. Consequently, as well as considering the dangers associated with risk, the potential benefits of risk-taking have to be considered. In such circumstances strategies to manage/mitigate the risk need to be put in place on a case by case basis.

Common personal risk factors include:

- diminished social skills / judgement
- diminished capacity
- physical dependence
- need for help with personal hygiene and intimate body care
- lack of knowledge about how to defend against abuse.
- Common organisational risk factors include:
 - low staffing levels
 - high staff turnover
 - lack of policy awareness
 - isolated services
 - a neglected physical environment
 - weak / inappropriate management
 - staff competencies not matched to service requirements
 - staff not supported by training/ongoing professional development.

Vision Sports Ireland will evaluate and put in place risk-reducing measures in respect of all relevant activities and programmes.

8.3 Principles

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

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

- Human Rights
- Person Centeredness
- Advocacy
- Confidentiality
- Empowerment
- Collaboration

8.3.1 Human Rights

All persons have a fundamental right to dignity and respect. Basic human rights, including rights to participation in society, are enshrined in the Constitution and the laws of the State. Vision Sports Ireland in its work with people will work towards facilitating and encouraging people to integrate into their own communities by being proactive in identifying and facilitating initiatives for participation in the wider community including local social, educational and professional networks.

8.3.2 Person Centeredness

Person Centeredness is the principle which places the person as an individual at the heart and centre of any exchange concerning the provision or delivery of a service. It is a dynamic approach that places the person in the centre. The focus is on his/her choices, goals, dreams, ambitions and potential with the service seen as supporting and enabling the realisation of the person's goals rather than a person fitting into what the services or system can offer. This approach highlights the importance of partnerships and recognises the need for continuous review and redevelopment of plans to ensure that they remain reflective of the person's current needs and that they do not become static.

8.3.3 Culture

Culture manifests what is important, valued and accepted in an organisation. It is not easily changed nor is it susceptible to change merely by a pronouncement, command or the declaration of a new vision. At its most basic it can be reduced to the observation the way things are done around here.

Key to the successful safeguarding of vulnerable persons is an open culture with a genuinely person-centred approach to support, underpinned by a zero-tolerance policy towards abuse and neglect.

All services must have in place a safeguarding policy statement outlining their intention and commitment to keep vulnerable persons safe from abuse while in the care of their services. The statement should be simple and reflect the nature and activities of the organisation.

Human Resource policies are fundamental to ensuring that staff are aware of the standards of care expected of them and support their protection from situations which may render them vulnerable to unsubstantiated/inappropriate allegations of abuse. All service providers must ensure that there are procedures in place for the effective recruitment, vetting induction, management, support, supervision and training of all

staff and volunteers that provide services to, or have direct contact with, vulnerable persons.

In addition to the safeguarding policy and associated procedures, each service provider must have in place a comprehensive framework of organisational policies and procedures that ensures good practice and a high standard of service. The following are some of the policy areas that assist in the safeguarding of service users from abuse:

- Recruitment/Induction/Supervision/Training.
- Intimate and Personal Care.
- Safe Administration of Medication.
- Management of service user's money/property.
- Behavioural Management.
- Control and Restraint.
- Working alone.
- Complaints.
- Incident Reporting.
- Confidentiality.
- Bullying and Harassment.

8.3.4 Advocacy

Advocacy assumes an important role in enabling people to know their rights and voice their concerns. The role of an advocate is to ensure that individuals have access to all the relevant and accurate information to allow them to be able to make informed choices.

Vulnerable persons can be marginalised in terms of health, housing, employment and social participation. Advocacy is one of the ways of supporting and protecting vulnerable persons. Advocacy services may be preventative in that they can enable vulnerable persons to express themselves in potentially, or actually, abusive situations.

The purpose of advocacy is to:

- Enable people to seek and receive information, explore and understand their options, make
- Their wishes and views known to others and make decisions for themselves.
- Support people to represent their own views, wishes and interests, especially when they
- Find it difficult to express them.
- Ensure that people's rights are respected by others.
- Ensure that people's needs and wishes are given due consideration and acted upon.
- Enable people to be involved in decisions that would otherwise be made for them by others.
- Each person is facilitated to access citizens information, advocacy services or an advocate of their choice when making decisions, in accordance with their wishes

The National Quality Standards for Residential Care Settings for Older People (HIQA 2009) requires:

There are many types of advocacy that can help to support vulnerable persons which should be considered by service providers:

- **Informal advocacy** – this form of advocacy is most often provided by family/friends.
- **Self-advocacy** – an individual who speaks up for him/herself or is supported to speak up for him/herself.
- **Independent representative advocacy** – a trained advocate who provides advocacy support on a one-to-one basis to empower the individual to express his/her views, wishes and interests.
- **Citizen advocacy** – a volunteer is trained to provide one-to-one ongoing advocacy support.
- **Peer advocacy** – provided by someone who is using the same service, or who has used a service in the past, to support another person to assert his/her views/choices.
- **Legal advocacy** – representation by a legally trained professional.
- **Group advocacy** – a group of people collectively advocate on issues that are important to the group.
- **Professional Advocacy** – it is the responsibility of professional staff to advocate on behalf of service users who are unable to advocate for themselves.
- **Public policy advocacy** – advocates who lobby Government or agencies about legislation/policy.

Group advocacy is an important form of advocacy that has the potential to move self-advocacy to a higher level and it should be encouraged, supported and developed by service providers. It provides an opportunity for individuals to speak up on issues collectively and gives them a greater level of confidence to attain their full potential. The importance of ensuring that there is an adequate level of support cannot be over-emphasised.

While families and service providers can be great supporters and often are informal advocates, it may be necessary to have access to independent advocacy. This may be due to the potential for conflict/disagreement among family members and/or service providers and the vulnerable person.

8.3.5 Confidentiality

All vulnerable persons must be secure in the knowledge that all information about them is managed appropriately and that there is a clear understanding of confidentiality among all service personnel. This must be consistent with the HSE Record Management Policy.

The effective safeguarding of a vulnerable person often depends on the willingness of the staff in statutory and voluntary organisations involved with vulnerable persons to share and exchange relevant information. It is, therefore, critical that there is a clear understanding of professional and legal responsibilities with regard to confidentiality and the exchange of information.

All information regarding concerns or allegations of abuse or assessments of abuse of a vulnerable person should be shared, on 'a need to know' basis in the interests of the vulnerable person, with the relevant statutory authorities and relevant professionals.

No undertakings regarding secrecy can be given. Those working with vulnerable persons should make this clear to all parties involved. However, it is important to respect the wishes of the vulnerable person as much as is reasonably practical.

Ethical and statutory codes concerned with confidentiality and data protection provide general guidance. They are not intended to limit or prevent the exchange of information between professional staff with a responsibility for ensuring the protection and welfare of vulnerable persons. It is possible to share confidential information with the appropriate authorities without breaching data protection laws. 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. It is an offence to withhold information on certain offences against children and vulnerable persons from An Garda Síochána.

The main purpose of the Act is to create a criminal offence of withholding information relating to the commission of a serious offence, including a sexual offence, against a person who is under 18 years or an otherwise vulnerable person, with the aim of ensuring more effective protection of children and other vulnerable persons from serious crime. An offence is committed when a person who knows, or believes, that one or more offences has been committed by another person against a child or vulnerable person and the person has information which they know or believe might be of material assistance in securing apprehension, prosecution or conviction of that other person for that offence, and fails without reasonable excuse to disclose that information as soon as it is practicable to do so to a member of An Garda Síochána. The offence applies to a person acquiring information after the passing of the Act on 18th July, 2012 and it does not apply to the victim. The offence exists even if the information is about an offence which took place prior the Act being enacted and even if the child or vulnerable person is no longer a child or vulnerable person.

8.3.6 Empowerment

This principle recognises the right of all persons to lead as independent a life as possible. Every possible support should be provided in order to realise that right. Self-directedness recognises the right of the individual to self-determination insofar as is possible, even if this entails some degree of risk. Abiding by this principle means ensuring that risks are recognised, understood and minimised as far as possible, while supporting the person to pursue their goals and preferences.

Future Health: A Strategic Framework for the Reform of the Health Service 2012 -2015 places a focus on a shift towards service provision in the community and a move towards mainstream services rather than segregated services.

Effective prevention in safeguarding is not about over-protective paternalism or risk-averse practice. Instead, the prevention of abuse should occur in the context of person-centred support and personalisation, with individuals empowered to make choices and supported to manage risks.

8.3.7 Collaboration

Interagency collaboration is an essential component to successful safeguarding. It can be undermined by single service focus, poor information sharing, limited understanding of roles, different organisational priorities and poor involvement of key service providers in adult safeguarding meetings.

A number of key features have been identified to promote good interagency collaboration such as:

- Leadership commitment to collaboration
- Team working on a multidisciplinary level
- A history of joint working/joint protocols
- Development of information sharing processes
- Perceptions of good will and positive relationships
- Mutual understanding and shared acknowledgement of the importance of adult protection.

It is imperative that all service providers develop, support and promote interagency collaboration as a key component of adult safeguarding.

9.0 Key Considerations in Recognising Abuse

9.1 Recognising Abuse

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

9.2 Early Detection

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

It must not be assumed that an adult with a disability or an older adult is necessarily vulnerable; however it is important to identify the added risk factors that may increase vulnerability. People with disabilities and some older people may be in environments or circumstances in which they require safeguards to be in place to mitigate against vulnerability which may arise. As vulnerability increases responsibility to recognise and respond to this increases.

9.3 Barriers for Vulnerable Persons Disclosing Abuse

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

- Fear on the part of the service user of having to leave their home or service as a result of disclosing abuse.
- A lack of awareness that what they are experiencing is abuse.
- A lack of clarity as to whom they should talk.
- Lack of capacity to understand and report the incident.

- Fear of an alleged abuser.
- Ambivalence regarding a person who may be abusive.
- Limited verbal and other communication skills.
- Fear of upsetting relationships.
- Shame and/or embarrassment.

All staff employed in publicly funded services should be aware that safeguarding vulnerable persons is an essential part of their duty. Staff must be alert to the fact that abuse can occur in a range of settings and, therefore, must make themselves aware of the signs of abuse and the appropriate procedures to report such concerns or allegations of abuse.

9.4 Considering the Possibility

The possibility of abuse should be considered if a vulnerable person appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the vulnerable person seems distressed without obvious reason or displays persistent or new behavioural difficulties. The possibility of abuse should also be considered if the vulnerable person displays unusual or fearful responses to carers. A pattern of ongoing neglect should also be considered even when there are short periods of improvement. Financial abuse can be manifested in a number of ways, for example, in unexplained shortages of money or unusual financial behaviour.

A person may form an opinion or may directly observe an incident. A vulnerable person, relative or friend may disclose an incident. An allegation of abuse may be reported anonymously or come to attention through a complaints process.

9.5 Capacity

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

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

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

In normal circumstances, observing the principle of confidentiality will mean that information is only communicated to others with the consent of the person involved. However, all vulnerable persons and, where appropriate, their carers or representatives, need to be made aware that the operation of safeguarding procedures will, on occasion, require the sharing of information with relevant professionals and statutory agencies in order to protect a vulnerable person or others.

9.6 Complaints

In January 2007, a new statutory complaints system for the HSE ('Your Service Your Say') came into effect. This system allows anyone receiving public health or personal social services to make a complaint about the actions or failures of the HSE. As a subsidiary of NCBI, Vision Sports Ireland's complaints system to deal with any complaints concerning Vision Sports Ireland events and services is compliant with 'Your Service, Your Say'.

Sport Ireland's Complaints Charter is available online via <https://www.sportireland.ie/about-us/customer-service-charter>

Complaints procedures provide an opportunity to put things right for the members of the Vision Sports community and their families. They also are a useful additional means of monitoring the quality of service provision.

Complaints are best dealt with through local resolution where the emphasis should be on achieving quick and effective resolutions to the satisfaction of all concerned. As a subsidiary of NCBI, more information on Vision Sports Ireland Complaints Policy can be found in in the NCBI Complaints Policy.

Vulnerable persons may need particular support to use a complaints procedure.

Particular attention should be paid to complaints which are suggestive of abusive or neglectful practices or which indicate a degree of vulnerability. All cases of alleged or suspected abuse must be taken seriously. All staff must inform their line managers immediately. All services must have effective mechanisms in place to ensure a prompt response to concerns and complaints. Ensuring the safety and well-being of the vulnerable person is the priority consideration (See Section 2).

9.7 Anonymous and Historical Complaints

All concerns or allegations of abuse must be assessed, regardless of the source or date of occurrence.

The quality and nature of information available in anonymous referrals may impact on the capacity to assess and respond appropriately. Critical issues for consideration include:

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

In relation to historical complaints the welfare and wishes of the person and the potential for ongoing risk will guide the intervention.

Any person who is identified in any complaint, whether historic or current, made anonymously or otherwise, has a right to be made aware of the information received.

10. Allegation/Suspicion of Abuse by a Staff Member

10.1 Duty as employer

In instances where an allegation is made against a staff member, the most important consideration is the protection of the member/individual, their safety and well-being. However, as an employer, the organisation also has duties in respect of its employees. Therefore, the organisation should have due regard to the rights and interests of the individual under their care and those of the employee against whom an allegation is made.

In instances of suspicion or allegation of abuse against an employee, there are two separate procedures to be followed:

- i. Procedure in respect of the allegation/suspicion
- ii. Procedure for dealing with the employee.

The same person should not have responsibility for dealing with reporting and employment issues.

10.2 Procedures for dealing with suspicion or allegation against a staff member

Where there is an allegation/suspicion of abuse made against an employee, the National Officer should immediately act in accordance with the procedures outlined in this policy. Vision Sports Ireland management, NCBI Services SMT in conjunction with HR will be responsible for addressing the employment issues. However, in an instance where the allegation of abuse is against the DLP, the CEO of Services or a member of NCBI services Senior Management team will assume responsibility for reporting the matter to the HSE.

10.3 Procedure for dealing with employee against whom an allegation has been made

Vision Sports Ireland priority will be to ensure that no individual is exposed to unnecessary risk and will therefore, as a matter of urgency, take any necessary protective measures, proportionate to the level of risk. Such measures should not unreasonably penalise the employee, financially or otherwise, unless necessary for the protection of children during the process. The employee concerned must be given the opportunity to respond fully to any allegations or complaints. The employee must also be given the opportunity to avail of the right to be represented.

If an allegation of abuse towards a child by a Vision Sports Ireland staff member is substantiated following a HSE/Garda investigation, NCBI Disciplinary Procedures will be invoked. Where this ensues the employee has the right to a fair and impartial determination of the issues concerned, taking into account any representations made

by or on behalf of the employee and other relevant or appropriate evidence, factors or circumstances.

Where it is decided following an allegation of child abuse against a staff member, that there are no reasonable grounds for concern, the NCO should provide a clear written statement of the reasons why the agency is not taking action to the person who referred the matter.

This person should be advised that, if they remain concerned about the situation, they are free to consult with, or report to the HSE or the Gardaí themselves.

11.0 Investigating Allegations of Abuse Where an NCBI Staff Member is Involved

11.1 Principles Governing the Investigation Process

All investigations will be conducted thoroughly and objectively with due respect for the rights of the complainant and the rights of the staff member to be treated in accordance with the principles of natural justice. The following are to be considered in the carrying out of the investigation:

- Formal investigations should be managed outside the direct line of management of the service in which the staff member is located.
- The Investigation Team will have the necessary expertise to conduct an investigation impartially and expeditiously. Where appropriate, the Investigation Team may request appropriately qualified persons to carry out clinical assessments, validation exercises, etc.
- Confidentiality will be maintained throughout the investigation to the greatest possible extent consistent with the requirements of a fair investigation. It is not possible however to guarantee the anonymity of the complainant or any person who participates in the investigation.
- A written record will be kept of all meetings and all records will be kept in a secure location.
- The Investigation Team may interview any person whom they feel can assist with the investigation. Staff are obliged to co-operate fully with the investigation process and will be fully supported throughout the process.
- Staff who participate in the investigation process will be required to respect the privacy of the parties involved by refraining from discussing the matter with other work colleagues or persons outside the organisation.
- It will be considered a disciplinary offence to intimidate or exert pressure on any person who may be required to attend as a witness or to attempt to obstruct the investigation process in any way.

The natural justice rights of the person against whom the allegation is made must always be borne in mind, namely that he / she has the right to:

- Be informed of the case made against him or her

- Be allowed seek representation / accompaniment at any hearing
- Be allowed to give his / her side of the story
- Be entitled to confidentiality within any hearing / investigation
- Be free from any bias while an investigation is being conducted
- Be informed of the outcome of any investigation
- Be entitled to appeal any decision

NCBI has a duty to investigate all allegations of abuse involving NCBI staff (except in the case of Anonymous Allegations – see below). The investigation process consists of an initial preliminary screening and then proceeds to a full investigation where warranted.

11.2 Formal Investigation

As a result of the preliminary screening, if it is decided that a formal investigation is warranted, the Designated Person will inform the following of the intention to carry out a formal investigation:

- The Director of Services (with copies of all documentation and the Preliminary Screening Report)
- HR (with copies of all documentation and the Preliminary Screening Report)
- The person against whom the allegation is made
- The alleged victim of abuse.

Where the complaint is third party, the complainant needs to be assured that the complaint is being taken seriously and handled in accordance with NCBI policy in this regard but does not have a right to the detail or outcome of the preliminary screening investigation. Only in instances where the subject of the abuse has made it clear that they wish them to know or it is considered to be in the person's best interest to advise a third party will any details of the investigation be disclosed.

If it is clear from the Preliminary Screening that it is a criminal matter, the Director of Services should make a report to the Gardaí. NCBI will also continue to investigate the matter irrespective of whether there is a Garda investigation.

11.3 Protective Measures

At an appropriate stage in the process, management should take whatever protective measures are necessary to ensure that no service user or staff member is exposed to unacceptable risk. These protective measures are not disciplinary measures and may include:

- Providing an appropriate level of supervision
- Putting the staff member off duty with pay pending the outcome of the investigation
- Reassigning the staff member to other duties

Putting the staff member off duty pending the outcome of the investigation should be reserved for only the most exceptional of circumstances. It should be explained to

the staff member concerned that the decision to put him / her off duty is a precautionary measure and not a disciplinary sanction.

11.4 Steps in Conducting a Formal Investigation

The Director of Services and Director of HR will nominate an Investigation Team to fully investigate the allegation of abuse. They will also appoint a team leader from within the investigation Team.

- The Investigation Team will normally comprise the relevant NCBI Designated Person alongside another NCBI Designated Person and HR representative.
- The Investigation Team should not be led by someone with direct line management of the service in which the staff member is located.
- Where any of these individuals are the subject of investigation or unavailable, a Designated Person from another area will take his / her place.

The investigation will be governed by clear terms of reference based on the written complaint and any other matters relevant to the complaint and will commence no later than 5 working days following receipt of the Preliminary Screening Report by the Director of Services / HR.

All efforts should be made to conclude a formal investigation within 35 working days. Where an investigation exceeds this time frame reasons for this need to be recorded and communicated to the relevant parties. This timeframe should only be breached in exceptional circumstances, i.e. the case may be particularly complicated or essential witnesses may be unavailable. The Investigation Team may set time limits for completion of various stages of the procedure to ensure the overall timescale is adhered to.

The staff member against whom the complaint is made will be advised in advance of all meetings of their right to representation at the meeting, e.g. union representative, work colleague, etc. They must also be given copies of all relevant documentation prior to and during the investigation process, i.e. details of complaint, witness statements (if any) to allow them to prepare for the meeting, and given an opportunity to respond should they choose to do so. The staff member should be advised at this stage as to what will happen next and advised not to make contact with the complainant.

The Investigation Team will interview any witnesses and other relevant persons whilst maintaining confidentiality as far as is practicable. Persons may be required to attend further meetings to respond to new evidence or provide clarification on any of the issues raised. In addition to interviewing relevant parties, the Investigation Team will review procedures, systems and practices that may have contributed to the situation. An appointed member of the Investigation Committee will keep all relevant parties fully informed of the process of the investigation.

The Investigation Team will form preliminary conclusions based on the evidence gathered in the course of the investigation and invite any person adversely affected by these conclusions to provide additional information or challenge any aspect of the evidence.

Where there is a conflict of evidence between the accused employee and witnesses, the Investigation Team may form its conclusions based on the credibility of the evidence presented by each side. For example, if the employee vehemently denies the allegation but the Investigation Team finds the evidence of witnesses more convincing, it may conclude that, on the balance of probability, the alleged abuse occurred. In certain cases the Investigation Team may rely on the evidence of appropriately qualified experts who may where appropriate have conducted validation interviews with the complainant.

11.5 Conclusion of Investigation

On completion of the investigation, the Investigation Team will form its final conclusions based on the balance of probabilities and submit a written report of its findings and recommendations (other than disciplinary sanction) to senior management (Director of Services and HR Director).

The staff member against whom the complaint is made will be given a copy of the investigation report and an opportunity to comment before any action is decided upon by senior management.

NCBI will offer supports where relevant to both parties to the complaint during the course of the investigation and these supports may be continued beyond the conclusion of the investigation as deemed appropriate. All relevant parties will be informed in writing of the outcome of the investigation and be given a copy of the report.

Where the complaint is third party, the complainant needs to be assured that the complaint is being taken seriously and handled in accordance with NCBI policy in this regard but does not have a right to the detail or outcome of the investigation. Only in instances where the subject of the abuse has made it clear that they wish them to know or it is considered to be in the person's best interest to advise a third party will any details of the investigation be disclosed.

Note: For a full and fair investigation it is desirable that all parties to the complaint engage in the process. However, in the instance of either party not being available to participate within the desired timeline (e.g. extended leave / illness) the investigation will proceed in their absence. However, all reasonable attempts will be made to accommodate all parties to engage in the process.

12.0 The Outcome of the Investigation

12.1 Abuse Has Not Occurred

Where the investigation finds that the allegation is unfounded, this will not have adverse repercussions on the individuals involved if the complaint has been deemed to be made in 'good faith'. NCBI management will ensure that the reputation and career prospects of any staff member concerned are not adversely affected by reason of the complaint having been brought against him / her.

If the investigation highlights poor practice by a staff member or the agency rather than abuse, the person against whom the allegation has been made will receive appropriate training. This will be followed by a period of closely supervised work practice.

Where a complaint has been made by one staff member against a colleague in the same work location, every effort must be made to restore normal working relations between the parties.

Where it is found that the report of abuse was brought maliciously, the staff member who made the complaint will be dealt with under the Staff Disciplinary Procedure.

All records relating to the investigation will be forwarded to HR to be kept in a separate investigations file.

12.2 Abuse Has Occurred

Where the investigation finds that the allegation is upheld, the staff disciplinary procedure will be evoked. All records pertaining to the investigation will be forwarded to HR to be kept in an investigations file.

Where it is found that abuse has occurred, the person who was the subject of abuse will be provided with the necessary information and support to deal with the impact of the abuse, e.g. referral to a counsellor, psychologist, social worker, Rape Crisis Centre or other appropriate support agencies, according to their wishes.

Where the alleged abuse is found to have occurred, this can have an adverse effect on staff morale. It is therefore recommended that assistance be made available to staff who have been affected by the allegation to help them to come to terms with what has happened and to restore normal working relationships. It is also important to restore staff confidence in the values and standards of care espoused by the agency.

14.0 Review of Investigation

If the person making the allegation or reporting the suspicion of abuse is unsatisfied that his / her concerns have not been responded to in a satisfactory manner, or if the person against whom the allegation is made is dissatisfied with the investigation or the outcome, they may refer the matter to the Director of Services for an internal review. This request must be made within 7 days of receipt of the investigation report.

14.1 Procedure for Notifying An Garda Síochána

Regardless of whom an allegation is made against, where the alleged abuse could potentially constitute a criminal offence the matter must be reported to the Gardaí as soon as it becomes clear it is a criminal offence. This may be at the preliminary

screening stage or following the full investigation. Any reports to the Gardaí of an alleged abuse will be made in writing by the Director of Services.

The Investigation Committee must ensure that management of the internal investigation does not compromise any investigation by the Gardaí. The internal NCBI investigation must be brought to a conclusion irrespective of a Garda investigation.

Where a staff member refuses to co-operate with the NCBI internal investigation pending the outcome of criminal proceedings, this should not deter NCBI from proceeding with its investigation. In this case the staff member should be advised that NCBI will have to form its own conclusions on the basis of the information available and then proceed to take appropriate action, which could include dismissal.

14.2 Anonymous Allegations

Anonymous allegations with no supporting evidence cannot lead to a formal investigation as there is always the possibility that they are vexatious. Notwithstanding this fact, management must assure themselves that the systems in place are robust, and the welfare of people using NCBI services are not at risk. Anonymous allegations include unsigned letters or telephone calls where the caller refuses to identify him/her self.

14.3 Reporting to Professional Bodies

Where a complaint has been fully investigated and evidence exists that professional misconduct may have taken place, the employee should be reported to the body or bodies responsible for professional regulation, e.g. the Medical Council (doctors), An Bord Altranais (nurses) and the IASW (social workers).

14.4 Procedure where the Alleged Offender is a Person Outside the Organisation

Where the alleged offender is a person outside the organisation, e.g. family member, friend, other professional, NCBI must ensure that the person using the service is given as much support and information as possible to protect themselves and to exercise their rights. Depending on the nature of the suspected or alleged abuse NCBI may in certain instances report their concerns to a third party, e.g. HSE, family, GP, etc. NCBI will seek to have the agreement of the person who is the subject of the alleged abuse prior to reporting their concerns to another individual or agency; however, there may be instances where it is regarded as being in the best interests of the individual to report allegations or concerns without their consent.

Where NCBI staff suspect or receive a report of abuse in relation to a person using NCBI services they should in the first instance without risk to self-ensure the immediate safety of the individual. The employee should then report the matter to their Line Manager as soon as is practicable. The Line Manager should advise as to what necessary actions if any need to be taken. In cases of a serious nature advice should be sought from an NCBI Designated Person as to the actions required.

14.5 Procedure Where a Person Using NCBI Services Makes an Allegation against another Service User

Where an allegation of abuse is by a person using an NCBI service against another person using an NCBI service, and pertains to abuse whilst attending NCBI services (e.g. in a Day Centre Facility) the decision as to whether the matter will be investigated can be a complex one and therefore the preliminary screening of the complaint is of utmost importance.

NCBI's policy statement in relation to adult protection states that NCBI has a duty of care to protect the dignity and welfare of the people who use its services and in so doing to ensure that they are not subject to any form of treatment or behaviour that may undermine or threaten their dignity, safety and welfare.

Whilst this policy is primarily concerned with the issue of abuse within the context of the employment relationship, NCBI also recognises that it has a duty of care to service users that goes beyond their duty as an employer. NCBI accepts that they have a duty of care to ensure a safe environment where people are attending for centre-based activities. However, the process is somewhat different where it does not involve a staff member as the nature of the relationship is different.

An allegation of abuse against an individual who is or should be aware of the implications of their actions is conceptually different from an allegation against an individual who may lack this ability or understanding. In many cases the incident(s) or allegation(s) may be a behavioural management issue rather than an abuse issue as defined in this policy. Nonetheless, the impact of the behaviour may well be the same on the victim and there is a need to continue to focus on their protection and support. In such instances the centre guidelines or protocols on acceptable behaviour / code of conduct must be used. NCBI management must ensure that all necessary steps are taken to minimize any perceived risk or harm.

In situations where it is deemed that the alleged behaviour is 'abuse' as opposed to inappropriate behaviour or a behavioural management issue then it should be dealt with as in 7.0 above. A risk assessment with regard to the immediate safety of all relevant service users must be undertaken as a matter of urgency and whatever necessary steps taken to protect individuals involved.

15.0 Retention of Records

15.1 Recording, Storing and Monitoring Information from Investigations

All information relating to investigations will be stored in a confidential and secure manner. Hard-copy and electronic folders will be set up for each investigation by the lead member of the Investigation Team. Access to the information on file will be strictly limited to the Investigation Team and other relevant parties for the purpose of carrying out the full investigation.

On completion of investigation all records of the complaint, investigation and decisions pertaining to the complaint will be held by HR separate from Personnel files. Where appropriate, a reference to the existence of a report or investigation into allegation of abuse or disciplinary measures taken as a consequence of an investigation should be noted on the Personnel file.

A register of reports / investigations into allegations of abuse will be maintained by the HR Department and monitored annually by an NCBI service user protection panel to identify any gaps and changes required in organizational systems and processes.

16.0 Time Limit on Reporting Allegations

16.1 Circumstances Where There Has Been a Time Lapse Between the Event and the Allegation

The duty of the agency to investigate complaints is not diminished by the retirement, resignation or departure of staff, even if this occurs prior to the receipt of the allegation. No time limit is placed on reporting allegations of abuse.

The agency will seek expert advice in assessing the evidence available in view of the difficulty for a person against whom an allegation is made to defend himself / herself after a considerable length of time. It is to be noted that the changed relationship with the former staff member must be recognised. There may be implications for another employer if this person has moved on to the same or similar type position. In this instance expert advice should be sought on how to proceed.

NCBI also has in place a separate Complaints Procedure. This deals with routine complaints about service provision as opposed to concerns about abuse.

This policy was ratified by the NCBI Board 2019

For more information, please get in touch via visionsports@ncbi.ie