

SAFEGUARDING VULNERABLE PERSON(S)

Interim Policy & Procedures

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Foreword

For many years now, the Irish Province has put a lot of effort in to safeguarding children. And this work is on-going - 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 person(s) as well.

In 2018 the Spiritan Generalate published ***“Safeguarding vulnerable person(s)” (Guidelines 2018)***, the purpose of which is “to help circumscriptions develop their own policies and procedures in their local ecclesial and cultural context.” (p.6)

In a foreword to that document John Fogarty C.S.Sp. (Superior General) states: “As consecrated religious, who proclaim the good news of Jesus, ... it is incumbent on us to ensure that all our pastoral relationships are of the highest professional standards and witness to our calling to be channels of God’s life-giving and transformative grace to those whom we are privileged to serve.” (P.5).

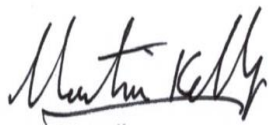
The Guidelines also challenge Spiritan personnel to ... “discern when to offer appropriate professional pastoral care ... and to recognize when a certain relationship is overstepping the appropriate level of pastoral care and friendship.

In particular, we must refrain from exploiting the trust and dependency of others, not using them to satisfy our personal needs for acceptance, affection, and intimacy” (P. 8-9).

Our Safeguarding Office, in consultation with various committees and Individuals within our Congregation, and outside of it, has developed this **“Spiritans Safeguarding Vulnerable Person(s) Policy and Procedures (2021)**.

We are mindful that as well as dealing with vulnerable person(s) in our external ministries in parishes and other settings, we also interact with vulnerable person(s) who are members of our Congregation and live in our communities.

I urge all confreres and co-workers to read this document, some of which will be restating 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 heretofore. In due course, our Safeguarding Office will deliver short training programmes to afford you the opportunity to discuss this policy and procedures in detail with your confreres and safeguarding staff.

A handwritten signature in black ink that reads "Martin Kelly". The signature is written in a cursive style with a horizontal line underneath the name.

Martin Kelly

May 2023

(Provincial)

1. INTRODUCTION

The Spiritan Congregation 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 Spiritans 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

Spiritan personnel (Spiritans, Associates, employees, volunteers, and those in formation) will respond appropriately to knowledge/concerns/allegations of abuse of which they become aware. The Congregation 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 Spiritan 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 Congregation 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 that 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 are reported to the Health 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.
- ✓ 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.
- ✓ 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 and
- 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.

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.

Put simply, a person may be capable of making a decision in one aspect of their life e.g., what food they like but incapable of making a decision in another area of their life e.g., buying a house.

7.3 Spiritan Rule of Life

Spiritans are governed by the Spiritan Rule of Life (SRL) and take a vow of obedience. In certain circumstances where, after due consultation between a Spiritan 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 confrere, be he a ‘vulnerable person’ or not – see relevant SRL in 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 some 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
<p>PHYSICAL</p> <p>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.</p>	<ul style="list-style-type: none"> ◆ Unexplained injuries or inconsistent explanation for injuries, bruises ◆ Unexplained absences from a residential placement / home ◆ Avoiding a particular person ◆ Asking not to be hurt
<p>SEXUAL</p> <p>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.</p>	<ul style="list-style-type: none"> ◆ Trauma to genitals, breast, rectum, mouth ◆ Injuries to neck, abdomen, thighs, buttocks, STDs, human bite marks ◆ Behaviours which are unusual for that person e.g. aggression, unusual sexual behaviour
<p>EMOTIONAL/PSYCHOLOGICAL Including BULLYING/HARASSMENT)</p> <p>Behaviour that is psychologically harmful to another person and which causes anxiety or distress by threat, humiliation.</p>	<ul style="list-style-type: none"> ◆ Mood swings, sleeplessness, helplessness /hopelessness ◆ Extreme low self-esteem, tearfulness, self-abuse, self-destructive behaviour ◆ Challenging or extreme behaviour
<p>FINANCIAL</p> <p>The unauthorised and improper use of funds, property or any resources including pensions, or other statutory entitlements or benefits.</p> <p>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. Note: Guidance for confreres is outlined in SRL 60 – 72.</p>	<ul style="list-style-type: none"> ◆ Lack of control over personal funds or bank accounts; misappropriation of money, valuables, or property ◆ Lack of records or records incomplete regarding spending ◆ Forced changes to wills ◆ Insufficient money for day-to-day expenses
<p>INSTITUTIONAL</p> <p>The mistreatment of people brought about by poor or inadequate care or support or systemic poor practices that affect a whole care setting.</p>	<ul style="list-style-type: none"> ◆ Lack of or poor-quality staff, supervision, and management ◆ High staff turnover/Poor staff morale ◆ Lack of training of staff and volunteers ◆ Poor record keeping ◆ Needs of residents neglected

<p>NEGLECT</p> <p>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.</p> <p>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.</p>	<ul style="list-style-type: none"> ◆ Poor personal hygiene, dirty and dishevelled in appearance e.g., unkempt hair and nails ◆ Poor state of clothing ◆ Non-attendance at routine health appointments ◆ Socially isolated ◆ Malnourished
<p>DISCRIMINATORY</p> <p>Unequal treatment, harassment or abuse of a person based on age, disability, race, ethnic group, gender, gender identity, sexual orientation, religion, family status.</p>	<ul style="list-style-type: none"> ◆ Isolation from family or social networks ◆ Indicators of psychological abuse may also be present ◆ Treated unfairly on the basis of race, sexual orientation etc
<p>PROFESSIONAL ABUSE</p> <p>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.</p>	<ul style="list-style-type: none"> ◆ Not attending to the needs of all fairly and with respect ◆ Poor care practice ◆ Inappropriate relationships with a vulnerable person ◆ Denying a vulnerable person access to professional support and services ◆ Inappropriate responses to challenging behaviour
<p>PEER ABUSE</p> <p>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.</p>	<ul style="list-style-type: none"> ◆ Unexplained, unusual bruises ◆ Fear of another member ◆ Unwillingness to be close to a particular person ◆ Being repeatedly the subject of negative remarks
<p>STRANGER ABUSE</p> <p>A vulnerable person may be abused by someone whom they do not know - a member of the public or a person who deliberately targets vulnerable people.</p>	<ul style="list-style-type: none"> ◆ A fear of strangers ◆ Fear of leaving home ◆ Fear of being home alone
<p>DOMESTIC ABUSE</p> <p>Where one person, exerts undue control over a vulnerable family member. It can be physical, emotional, sexual, and/or financial abuse.</p>	<ul style="list-style-type: none"> ◆ Fear of a family member ◆ Cowed when in the company of a family member ◆ Confined to a room in the family home
<p>EXPLOITATION /INTIMIDATION</p> <p>Exploitation is the deliberate maltreatment of another person, usually for personal gain. It includes slavery, forced labour, forced prostitution, human trafficking.</p> <p>Intimidation involves making another person fearful by threatening words /gestures in order to do something the abuser requires, and the victim does not want.</p>	<ul style="list-style-type: none"> ◆ Fear of disclosing personal information ◆ Referring to others in answering questions ◆ Always being accompanied ◆ No independence of thought or movement. ◆ Unusual submission to another ◆ Fear of a particular person

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 change 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.

Spiritan 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 Spiritan 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.
- ✓ 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 Leader 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 Congregation to an allegation/complaint of abuse of a vulnerable person by Spiritan personnel must be consistent, regardless of relationships. When responding to an allegation made against Spiritan personnel, the Congregation has a dual responsibility— to the complainant and to the respondent.

11.1 Reporting an Allegation / Complaint against Spiritan personnel

- 1) Details of the incident should be forwarded to the DLP who will inform the provincial leader.
- 2) The DLP, in consultation with the line-manager and Provincial, will establish if the allegation / concern is a safeguarding issue and whether it reaches the threshold 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 Congregation 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 Spiritan, it may involve stepping aside from public 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 Spiritan HR department.
 - c) A written record of meetings and consultations will be compiled by the DLP / HR 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

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 undertaken, and support or supervision arrangements 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 ***how*** their allegation of abuse was handled by the Congregation, a grievance procedure is in place to deal with their stated dissatisfaction – see **APPENDIX 9**.

12.6 Grievance Procedure for Employees

Employee may appeal the decision of the PLT /HR department under the Congregation's Disciplinary Process. Outcome of appeal is the final step in this Disciplinary Process, available from the H.R. department.

Employee may initiate an action under the Congregation's Grievance Procedure. The decision at the end of Stage 3 of the Grievance Procedures (available from the H.R. department) is binding on all parties in the dispute.

REPORTING FLOW CHART

Concern about a vulnerable person

Contact DLP & Line Manager

Is it abuse or poor practice?

If in doubt, consult HSE, Gardaí

Alleged Abuse by a Spiritan?

DLP informs Provincial.

DLP Reports to Statutory Authorities

PLT considers if respondent should be asked to step aside from ministry.

Statutory authorities investigate the issue.

When statutory investigation is completed, canonical process resumes.

Final determination by PLT re ministry of respondent.

Alleged Poor Practice by a Spiritan?

DLP informs Provincial.

Provincial organises an internal inquiry.

PLT considers if Spiritan should be asked to step aside from ministry while inquiry is in progress.

Outcome of inquiry is considered by PLT.

Based on outcome of inquiry, the Spiritan may be returned to ministry. However, he may be directed to take remedial action e.g., extra training, supervision etc. before returning to similar or different ministry.

REPORTING FLOW CHART

Concern about a vulnerable person

Contact DLP & Line Manager

Is it abuse or poor practice?

If in doubt, consult HSE, Gardaí

Alleged Abuse by an Employee?

DLP informs Provincial and HR Dept.

DLP reports to Statutory Authorities.

PLT and HR consider if employee should be suspended, with or without pay, while statutory investigation is in progress.

Statutory investigation proceeds.

Based on outcome of statutory investigation PLT and HR department decide on whether employee should be disciplined under the Congregation's Disciplinary Process, up to and including dismissal, or re-instated under certain conditions.

Employee may appeal the decision of the PLT /HR department under the Congregation's Disciplinary Process. Outcome of appeal is the final step in this Disciplinary Process.

Employee may initiate an action under the Congregation'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 an Employee?

DLP informs Provincial and HR Dept.

HR initiates an internal inquiry.

HR considers if employee should be suspended on pay while inquiry is in progress.

HR inquiry initiated in line with Spiritan employment policy.

Outcome of inquiry communicated to employee. Based on outcome of the inquiry PLT and HR department decide on whether employee should be disciplined under the Congregation's Disciplinary process up to and including dismissal or reinstated under certain conditions.

Employee may appeal the decision of the PLT /HR department under the Congregation's Disciplinary Process. Outcome of appeal is the final step in this Disciplinary Process.

Employee may initiate an action under the Congregation's Grievance Procedure. The decision at the end of Stage 3 of the Grievance Procedures is binding on all parties in the dispute.

SPIRITAN SAFEGUARDING PERSONNEL	
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USEFUL WEBSITES	
National Board for Safeguarding Children in the Catholic Church in Ireland (NBSCCCI) www.safeguarding.ie	Spiritan Congregation www.spiritan.ie/safeguarding
TUSLA www.tusla.ie	GARDA www.gardai.ie
Health Service Executive www.hse.ie	24 Hour Freefone: 1800 555 222

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APPENDIX 1: Definitions of a vulnerable person

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 Síochána, 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.

2. Spiritan Definition as in Safeguarding vulnerable person(s) Guidelines from Generalate (2018).

Vulnerable person(s) are defined as persons who:

- a) “Habitually lack the use of reason.
- b) Have a long-term physical, mental, 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.
- c) Are in a situation of vulnerability due to present circumstances i.e. owing to emotion dysfunction, such as depression, grief from recently losing a loved one such as spouse, suffering from extreme isolation and loneliness, or memory loss due to advancing age.”

APPENDIX 2

SELF-CARE

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

Spiritan 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.

APPENDIX 3

SPIRITAN RULE OF LIFE

39.1 We take special care of those among us who are aged, sick, or retired. Their prayer and their pain are a form of our apostolic life.

23. In the spirit of solidarity, we willingly accept those appointments that are necessary for the life and management of the Congregation itself.

48. The superior tries by every means to arrive at consensus in the community when there is question of a choice to be made. In the final instance, however, as the person charged with responsibility, it is up to him to make the decision, bearing in mind the opinions of the confreres and the work of the community. It is also his duty to see that it is implemented.

77.2 We therefore submit our personal plans to the community for discernment and to our superiors for their decision. Should the community require us to give them up, we are prepared to do so.

79. The obligation of the vow of obedience applies more specially to those explicit orders given in the name of the vow, according to the formulation "In the name of holy obedience, I order you to..." or in equivalent wording.

79.1 Major superiors alone are empowered to give such commands. They shall do so only rarely and with prudence, for grave reasons, in writing or in the presence of two witnesses.

APPENDIX 4

DUTY OF CARE

The Spiritan Congregation 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 Leader, H.R. department and if necessary, the relevant statutory agencies.

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 be 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 be 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 Spiritan 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 Spiritan 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 LEADER

- 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 Spiritan personnel.
- Maintain a record of all relevant Agreement Forms signed to indicate adherence to this policy and procedures.
- Ensure that Spiritan 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 Leader annually.

7. SPIRITAN PERSONNEL

- Promote the welfare of vulnerable persons in all interactions with them.
- Know, and comply with, the Congregation'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 Congregation'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 have relevant training provided by their organisation, in line with best practice. Proof of such training should be supplied to the Congregation prior to the agency contract being finalised.

APPENDIX 9

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 Congregation, the following procedures are in place to deal with their stated dissatisfaction. Complaints that cannot be satisfactorily resolved by the Congregation will be referred for examination to persons not involved in the original decisions or actions. Such examination should have regard not only for the Congregation'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 how the original allegation was handled by the Congregation. 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 Congregation, 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 Congregation 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 Congregation, 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 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 Congregation 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 Congregation 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 Congregation 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 Congregation 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 Congregation prior to submission to all parties.

- h) With the approval of the Congregation 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 Congregation will bear all reasonable costs of the review.

APPENDIX 10

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

APPENDIX 11

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 Siochana or medical assistance.

vulnerable person's Details:

Name: _____ DOB: _____

Address: _____

Marital Status: _____ Contact number: _____

Does anyone live with client: Yes No If yes, who? _____

Medical history and any communication support needs (as understood by referrer):

Details of the person's vulnerability (as understood by referrer):

Is client aware this referral is being made? Yes No

Has client given consent? Yes No

Is there another nominated person they want us to contact, if so, please give details?

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 client (Please include Name and Contact):
Details: _____

Details of allegation/ concern: Please tick as many as relevant:

- | | |
|--|---|
| Physical abuse <input type="checkbox"/> | Financial/material abuse <input type="checkbox"/> |
| Psychological/Emotional abuse <input type="checkbox"/> | Neglect/acts of omission <input type="checkbox"/> |
| Sexual abuse <input type="checkbox"/> | Discriminatory abuse <input type="checkbox"/> |
| Extreme Self Neglect* <input type="checkbox"/> | Institutional abuse <input type="checkbox"/> |

Details of concern: (extra sheet can be included if you wish)

(*If self-neglect is being referred, please complete the attached presence of indicators of extreme self-neglect)

Details of person Allegedly Causing Concern (if applicable)
Name: _____

Relationship to vulnerable person: _____

Address:

Is this person aware of this referral being made: Yes 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.

APPENDIX 12

Glossary

Canonical Investigation	Investigation by the Congregation of allegations against priest and 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
HR	Human Resources
PLT	Provincial Leadership Team – consists of the Provincial and a number of others who are elected to office every 6 years
Provincial	Leader of the Spiritan Congregation
Spiritan Congregation	Priests, Brothers and those in formation i.e. preparing for entry to priesthood or religious life as a Brother
Spiritan Communities	Groups of Spiritans living together e.g., Ardracccan, Blackrock, Kimmage Manor, Rockwell, Spiritan House, St Mary’s, Templeogue.
Spiritan personnel	Spiritans, Associates, 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 Siochana, Tusla.

APPENDIX 13

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, Killelland 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

La 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, Co. Donegal. Tel: 071-9834660 Email: Safeguarding.cho1@hse.ie