



Safeguarding of Vulnerable Persons Policy

September 2025

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1.0	Updated policy	September 2025	September 2025	2028
2.0	Updated policy – more detail on reporting mechanisms in line with HSE policy.			2028

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1.0 Introduction

All adults have the right to be safe from harm and must be able to live free from fear of abuse. Safeguarding means protecting the health, wellbeing and rights of those who may be at a greater risk. Parkinson's Ireland (PI) is a HSE section 39 funded charity that provides health and social care services to people with Parkinson's disease, some of which are vulnerable persons. As such, PI comes within the scope of the HSE National Policy and Procedures and other relevant legislation, policies and procedures. PI ensures that it fully complies with all such policies, procedures and legislation.

PI is committed to ensuring that vulnerable adults who use our services are not subjected to potential situations of abuse, harm and neglect. The safeguarding policy aims to reduce the risk of potential issues, raise awareness about safeguarding, and identify relevant training that may benefit key roles within PI. It also outlines the procedures to be followed where there are concerns about potential abuse, reporting of such concerns/allegations and the subsequent management of such allegations. The organisation is committed to maintaining high standards of best practice and acts as a committed advocate for its service users.

PI takes a **zero-tolerance approach** to any form of abuse. PI is committed to developing and maintaining a culture which supports this ethos, and which encourages individuals with concerns to speak up and report such concerns.

PI provides training on this policy to its employees and volunteers.

Legislation & National Standards:

PI is committed to complying with all applicable legislation, HSE guidance and other best practice. PI is cognisant of and has reviewed the following while preparing this policy:

- Health Service Executive. (2014). *Safeguarding vulnerable persons at risk of abuse: National policy and procedures incorporating services for elder abuse and for persons with a disability*. Social Care Division, HSE.
- National Standards for Adult Safeguarding 2019. Health Information & Quality Authority.
- HSE (2012–2015) – *Future Health: A Strategic Framework for the Reform of the Health Service*
- Children First: National Guidance for the Protection and Welfare of Children
- Guidance on a Human Rights-based Approach in Health and Social Care Services (2019) HIQA, Safeguarding Ireland
- Health Act 2007 (Part 14)
- Protected Disclosures of Information and Protected Disclosures Act 2014
- Assisted Decision-Making (Capacity) Act 2015
- Health Service Executive (2011). Good Faith Reporting Policy (Revision 5)
- Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012
- Domestic Violence Act 2018 (updating 1996 Act)

- Data Sharing and Governance Act 2019
- *National Vetting Bureau (Children and Vulnerable Persons) Act 2012, 2012-2016*
- Charities Regulator, *Safeguarding Guidance for Charitable Organisations Working with Vulnerable Persons (Adults)* (17 February 2020) Charities Regulator, Ireland.

2.0 Purpose of Safeguarding of Vulnerable Persons Policy

The purpose of this policy is to:

- ensure that those who fall within the scope of the policy understand their responsibility to uphold a high standard of values regarding safeguarding practices, relevant to their role.
- ensure it is understood that if a concern or issues does arise or is brought to their attention, who to report it to and the mechanism for doing so.
- make individuals aware of the potential for these issues to arise, including the types of abuse.

PI recognises the value and importance of upholding the highest possible standards of governance including in its safeguarding practices.

3.0 Parkinson's Ireland Mission:

“To be a strong and effective organisation, acting on behalf of people with Parkinson's and their families. To deliver a broad range of services and supports to meet their needs with specific focus on health care supports, advocacy, information, and advice to anyone with Parkinson's, their family, carers, friends and care workers”

3.1 Core Values

People are at the heart of everything that we do, and this is enshrined in all our values:

- **Integrity:** PI is proud of what we do and how we do it. We behave responsibly with the highest standards of integrity. Our work is informed by need and we operate to the highest standards of governance being accountable to our members, funders and the wider public.
- **Excellence:** PI's commitment to excellence in the provision of services and corporate governance drives our development and growth as we strive to attain the highest standards in everything we do. We are results focused and operate with independence in all areas of our work.
- **Leadership:** PI is the leading influencer in shaping public policy and societal attitudes to advance social inclusion for people with physical disabilities. We see beyond boundaries and identify new approaches for an improved world for people with Parkinson's disease.

- Respect: PI is committed to a culture of mutual respect between members, staff and volunteers. We listen with an open mind to what people have to say and value their diversity and contributions.
- Equality: PI believes in a fair and inclusive society. We work actively to ensure that every person with a Parkinson disease in Ireland can achieve their right to an independent life, with equal access to opportunities, services and supports within their communities.

4.0 Scope

This policy applies to:

- Employees,
- Volunteers,
- Service users,
- Care partners and families,
- Contractors,
- Any other third parties who may interact with vulnerable persons while delivering our services/interacting with PI.

These may also be 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. In these circumstances, PI will also comply with its responsibilities.

5.0 Roles and Responsibilities

5.1 Role of All Employees and Volunteers

- Promote the welfare of vulnerable person in all interactions.
- Be aware of relevant policies procedures, protocols and guidance documents.
- Comply with the policy and procedures to ensure the safeguarding of vulnerable persons from all forms of abuse.
- Support an environment in which vulnerable persons are safe from abuse or abusive practices through the implementation of preventative measures and strategies.
- Avail of any relevant training and educational programmes.
- Be aware of the signs and 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 the policy.

5.2 Role of Senior Management

- Ensure that all PI policies and procedures are adhered to.
- 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 employees and volunteers, and to all persons accessing services and their advocates/families, in an accessible format.
- Ensure that all employees / volunteer staff receive the appropriate training regarding the implementation of this policy.
- Maintain a record of all employees and voluntary staff members training on policies/procedures/guidelines pertaining to the safeguarding of vulnerable persons.
- Ensure safeguarding is part of the Induction Programme for everyone involved in the service.
- Ensure that any concerns or allegations of abuse are managed in accordance with the policy

5.3 Role of Designated Officer

The Designated Officer has responsibility for:

- Receiving concerns or allegations of abuse regarding vulnerable persons.
- Collating basic relevant information.
- Ensuring the appropriate manager is informed and collaboratively ensuring necessary actions are identified.
- Conducting preliminary assessments and arranging further investigations where necessary.
- Ensuring all reporting obligations are met (internally to the service and externally to the statutory authorities).
- Supporting the manager and other personnel in addressing the issues arising.
- Maintaining appropriate records.

6.0 Definitions

Vulnerable Person:

A Vulnerable Person means a person who:

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

Certain people with Parkinson’s disease who use our service fall within this definition. Certain people with Parkinson’s disease may become a vulnerable person as the condition progresses.

Advocate: a person who assists an individual in making their views known. Advocacy comes in different forms. This may include informal support or independent advocacy services.

Safeguarding: Putting measures in place to reduce the risk of harm/abuse, promote and protect people's human rights and their health and wellbeing, and empowering people to protect themselves.

Harm: The impact of abuse, exploitation, or neglect on the person. Harm arises from any action, whether by a deliberate act or an act of omission, that may cause impairment of physical, intellectual, emotional, or mental health and wellbeing

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 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.”*¹²³ Further information on the types of abuse is contained in section 7 and Appendix 1.

Neglect: Withholding or failure, by a responsible party, to provide appropriate and adequate care and/or support which is required to another person which is likely to result in an impairment of the person's health or wellbeing. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.

Exploitation: Deliberate manipulation of, or abuse of power and control over another person: to take unfair advantage of another person or situation

7.0 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 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.”*¹²³

This definition excludes self-neglect which is an inability or unwillingness to provide for oneself. However, we acknowledge that people may encounter individuals living in conditions of extreme self-neglect. PI will also follow the reporting mechanisms to the HSE Safeguarding and Protection Team where appropriate in line with the HSE policy on Safeguarding Vulnerable Persons at Risk of Abuse.

Although this abuse definition focuses on acts of abuse by individuals, abuse can also arise from inappropriate or inadequacy of care or programmes of care. 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.

7.1 Types of Abuse (Please see Appendix 1 for further examples)

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).

7.2 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.

7.3 Accidents, Incidents and Near Misses

Abuse can happen at any time in any setting. Lessons can be learned from accidents, incidents and/or near misses. As a result, all such incidents should also be reported to the Designated Officer. 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. Incident reporting should also take place in line with the PI Falls prevention policy and First Aid Policy.

7.4 Vulnerable Persons - Special Considerations

Abuse of a vulnerable person may be a single act or repeated over a period. 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.

It is critical that the rights of vulnerable persons to lead as normal a life as possible is recognised. 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 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 because 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.

7.5 Non-Engagement

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 PI and PI continues to have concerns, PI 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 under the Assisted Decision-Making (Capacity) Act 2015, unless determined otherwise.
- An adult who has capacity has the right not to engage with PI or any services, if they so wish.
- If there is a concern that an adult is vulnerable and may or may not have the capacity to make decisions, PI may well have obligations towards them.
- PI should consider whether the non-cooperation of the individual may be due to issues of capacity, is voluntary or if it could 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 where necessary. It is also important to identify the respective functions and contributions of relevant agencies which include An Garda Síochána, Tusla and local authorities. Inter-agency collaboration is particularly important in these situations

8.0 Minimising Risk, Maximising Safety and Autonomy

8.1 Prevention

Prevention is central to safeguarding and includes empowering individuals to understand their rights, providing access to advocacy, and creating a culture of zero tolerance for abuse. Key preventative measures include:

- Clear communication of individuals' rights and support to exercise them.
- A trained and vigilant workforce.
- Confidentiality protocols balanced with effective information sharing.
- Risk and needs assessments tailored to individual circumstances.
- Services that prioritise both safety and independence.
- Strong multi-agency collaboration.

8.2 Risk Management ⁴

Effective risk management promotes independence while aiming to reduce the likelihood and impact of abuse. Core principles include:

- Risks are dynamic and must be reassessed as situations change.
- Risk cannot be fully eliminated but can be managed.
- All identified risks carry a duty to act.
- Risk assessments must involve the person, their family/advocates, and relevant professionals.
- Positive risk-taking is supported when it enhances quality of life and is balanced with safety planning.
- Confidentiality may be overridden if someone is at risk of serious harm.
- Staff must understand and follow clear risk management procedures.

PI must ensure it has effective procedures in place to assess and manage risks, prioritising prevention while respecting individuals' rights to autonomy and choice. 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

8.3 Garda Vetting of Staff/Volunteers

Statutory obligations on employers in relation to Garda vetting requirements for persons working with children and vulnerable persons are set out in the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012–2016.

PI complies with its obligations in this regard. Please see the PI Garda Vetting policy for more information.

8.4 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

8.4.1 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.

Historically, vulnerable individuals were often isolated, relying heavily on professionals for support, with limited access to external advocacy or assistance. Promoting community inclusion and expanding social connections is vital to reduce isolation and protect against abuse. Involvement in community life as neighbours, volunteers, co-workers, or friends supports both individuals and services. Shifting from a "service user" to a "citizen" perspective helps ensure inclusion and accountability. Isolation of services can lead to outdated practices and reduced awareness of best practice, particularly in residential or family care settings. Strong community links are essential for safeguarding and preventing abuse.

8.4.2 Person Centeredness

Person-centredness places the individual at the heart of service delivery, focusing on their choices, goals, and potential. Services should support the person in achieving their aspirations, rather than fitting them into existing systems. This approach values partnership, ongoing review, and adaptability to ensure plans reflect current needs. Effective care planning—developed with the person, their family, key worker, and care staff—is essential to making person-centred practice a reality.

8.4.3 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”.⁵

Key to the successful safeguarding of vulnerable persons is an open culture with a genuinely person-centred approach to care/support, underpinned by a zero-tolerance policy towards abuse and neglect. It is important that PI creates and nurtures an open culture where people can feel safe to raise concerns. The importance of good leadership and modelling of good practice is essential in determining the culture of services.

8.4.4 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 abusive situations.

The purpose of advocacy is to:⁷

- 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.

Access to independent and accurate information improves equality of opportunity and provides a pathway to social and other services.

There are many types of advocacies 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 their 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 their 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.

8.4.5 Confidentiality

All vulnerable persons have the right to expect that information about them is handled appropriately and confidentially. All staff must have a clear understanding of confidentiality in line with the organisation’s Confidentiality Policy.

Effective safeguarding often relies on the appropriate sharing of relevant information between statutory and voluntary services. Staff must understand their professional and legal responsibilities in this area. Information about abuse concerns or assessments should be shared on a *need-to-know* basis with relevant authorities and professionals, in the best interest of the vulnerable person. No promises of secrecy should be made, and this must be clearly explained to all parties. The wishes of the vulnerable person should be respected as far as is reasonably practical.

8.4.6 Empowerment

This principle recognises the right of all persons to lead as independent a life as possible. Every possible support should be provided to realise that right. 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. In line with *Future Health: A Strategic Framework for the Reform of the Health Service 2012–2015*⁷, there is a shift toward personalised, community-based services rather than segregated care. The Social Care Division promotes a culture of trust, respect, and positive risk management. Safeguarding must be person-centred, enabling individuals to make informed choices and manage risk in a supportive environment.

8.4.7 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. Several 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

8.4.8 Safeguarding Awareness Training and Education

PI ensures that training is provided to both new and existing employees and volunteers on safeguarding of vulnerable adults on the organisations procedures and associated policies.

Where appropriate, PI also arranges more specialised training for staff with greater responsibilities e.g. designated official.

Appropriate records are kept on the delivery of such training including the names of the attendees.

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 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 users of this policy 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 abuse may occur due to some of the following:

- Fear on the part of the person of having to leave their home or service because 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 PI 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 of Abuse

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 care partners. A pattern of ongoing neglect should also be considered even when there are short periods of improvement. Financial abuse can be manifested in several 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 individuals should be supported to act in line with their own wishes. Decisions that override a person's preferences should occur only in exceptional circumstances, such as to prevent immediate harm or fulfil legal reporting duties—these actions should be explained to the individual when taken.

A vulnerable person must be supported to express concerns to relevant agencies wherever possible. A key issue in safeguarding is capacity and consent, particularly whether meaningful consent was given to an act or relationship being reviewed. No assumptions should be made about lack of capacity. However, abuse is present when a person cannot, or does not, consent, or where consent is undermined by coercion or intimidation.

Consent must be full, free, and informed. Individuals should be supported to make their own decisions about how to handle complaints or concerns. While their wishes should be respected, they may be overridden only when essential for the person's own safety, the safety of others, or in line with legal responsibilities.

Confidentiality normally means information is shared only with the individual's consent. However, all vulnerable persons—and, where appropriate, their carers or representatives—must be informed that safeguarding procedures may require sharing information with relevant professionals or statutory agencies to ensure protection from harm.

9.6 Complaints

Things can go wrong and do go wrong in any service organisation. People may instinctively regard complaints as a comment on personal performance. However, the appropriate handling of complaints is an integral part of good governance and risk management. The first step for any organisation is to ensure that proper and effective complaint handling procedures are in place. Please see the PI Complaints and Feedback policy for more information.

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.

10.0 Procedures: Stage 1 – Concern Arises

10.1 Concerns of Abuse

Good safeguarding practices mean that employees/volunteers know how to recognise abuse. This does not mean that they are responsible for deciding whether abuse has taken place, even for an expert that is a difficult decision, but they have a responsibility to be alert to behaviour by service users or workers which suggests that something is wrong. It is not the responsibility of the employee/volunteer to prove the allegation. All concerns or suspicions should be reported to the appropriate Designated Officer.

The HSE Safeguarding and Protection Team (Vulnerable Persons) will work in partnership with PI to ensure that concerns and complaints will be addressed. It will continue to be the responsibility of all staff and volunteers to take action to ensure the protection and welfare of vulnerable people. The HSE Safeguarding and Protection Team (Vulnerable Persons) will advise and support front line personnel and services and may directly manage complex concerns and complaints. Information regarding allegations of abuse cannot be received with a promise of secrecy. A person providing such information should, as deemed appropriate, be informed that disclosures of information to appropriate others can occur if:

- A vulnerable person is the subject of abuse and/or,
- The risk of further abuse exists and/or,
- There is a risk of abuse to another vulnerable person(s) and/or,
- There is reason to believe that the alleged person causing concern is a risk to themselves and/or,
- A legal obligation to report exists.

All staff must be aware that failure to record, disclose and share information in accordance with this policy is a failure to discharge a duty of care.

A concern regarding concerns or allegations of abuse of a vulnerable person may come to light in one of several ways:

- Direct observation of an incident of abuse.
- Disclosure by a vulnerable person.
- Disclosure by a relative/friend of the vulnerable person.
- Observation of signs or symptoms of abuse.
- Reported anonymously.
- Come to the attention as a complaint through the PI complaints process.

The alleged perpetrator may be, for example, a family member, a member of the public, or a PI employee. The concern/complaint may also arise in the person's own home or other community setting.

If there is uncertainty as to whether an incident constitutes abuse or warrants actions, the HSE Safeguarding and Protection Team (Vulnerable Persons) is available for consultation.

10.2 Organisational Arrangements to Support Procedural Objectives

HSE Community Healthcare Organisation Safeguarding and Protection Team (Vulnerable Persons)

The HSE Safeguarding and Protection Team is available to:

- Provide an advice service to any person who may wish to report a concern or complaint of alleged abuse of a vulnerable person.
- Receive reports of alleged abuse of vulnerable persons on behalf of the HSE.
- Support and advise services in responding to reports of alleged abuse.
- Assess and manage complex cases of alleged abuse.
- Provide training to staff.

- Maintain information/records. Collect and collate data in a consistent format.
- Participate in assurance processes.

Designated Officer

The Designated Officer is responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons.
- Ensuring the appropriate manager is informed and collaboratively ensuring necessary actions are identified and implemented.
- Ensuring reporting obligations are met.
- Conducting preliminary assessments and where necessary arranging for further investigations.

10.3 Roles & Responsibilities in reporting

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

Immediate Protection.

On the same day, as the concern is received, take any immediate actions to safeguard anyone at immediate risk of harm including seeking, for example, providing medical assistance or the assistance of An Garda Síochána, as appropriate.

Listen, Reassure and Support.

If the vulnerable person has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what they say and ensure they are given the support needed.

Do not:

- Appear shocked or display negative emotions,
- Press the individual for details,
- Make judgments,
- Promise to keep secrets, or
- Give sweeping reassurances.

10.3.1 Information collection

Information should be:

- relevant
- factual
- accurate
- reliable
- timely
- accessible
- clear

As soon as possible on same day, make a detailed written record of what you have seen, been told or have concerns about and who you reported it to. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The report will need to include:

- when the disclosure was made, or when you were told about/witnessed this incident/s.
- who was involved and any other witnesses, including service users and other staff.
- exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told.
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- include as much detail as possible.
- make sure the written report is legible and of a photocopiable quality.
- make sure you have printed your name on the report and that it is signed and dated.
- keep the report/s confidential, storing them in a safe and secure place until needed

10.3.2 Reporting Timeline Requirements

Any disclosure or suspected concern should be reported to the CEO who is then responsible for contacting the necessary authorities. The report should be made on the same day as the disclosure. A preliminary screening should then be undertaken and all necessary actions taken should follow the procedure outlined in Appendix 2.

An Garda Síochána should be notified **immediately** if there is a risk or crime associated with the allegations. Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed with An Garda Síochána.

If the disclosure involves a designated centre (e.g. a patient calling the helpline from a designated centre not associated with PI), HIQA should be notified **within 3 working days**.

If the disclosure involves children, the report should be made to Tusla **immediately**.

10.3.3 Confidentiality & Reporting

All vulnerable persons should be made aware of the safeguarding policy in situ. Service users should be aware that any information is managed appropriately and that there is a clear understanding of confidentiality. Service users should be made aware that on occasion, there may be a requirement of disclosure to relevant professionals and statutory agencies to protect a vulnerable person or others, if it is deemed to appropriate, for example if:

- A vulnerable person is the subject of abuse and/or,
- The risk of further abuse exists and/or,
- There is a risk of abuse to another vulnerable person(s) and/or,
- There is reason to believe that the alleged person causing concern is a risk to themselves and/or,
- A legal obligation to report exists, or
- Information regarding or allegations of abuse cannot be received with a promise of secrecy.

All staff must be aware that failure to record, disclose and share information in accordance with this policy is a failure to discharge a duty of care. In making a report or referral, it is essential to be clear whether the vulnerable person is at immediate and serious risk of abuse and if this is the case, it is essential to outline the protective actions taken. The report/referral may also contain the views and wishes of the vulnerable person where these have been, or can be, ascertained. The role of an advocate or key worker may be important in this regard.

11.0 Management of Abuse Allegations: Stage 2 – Preliminary Screening

Any suspicions, allegations, or disclosures, including any anonymous allegation of abuse should be brought to the attention of the relevant management and reported promptly to the Designated Officer.

11.1 Allegations against a staff member

The [Trust in Care](#) document published by the HSE in 2005 outlines proper procedures for reporting suspicions or complaints of abuse and for managing allegations of abuse against service staff in accordance with natural justice. The policy states that

“Where allegations of abuse of patients/clients are made against a staff member, the welfare and safety of the patient/client is of paramount importance. It is also acknowledged that staff members may be subject to erroneous or vexatious allegations which can have a devastating effect on the persons health, career, and reputation”

Parkinson’s Ireland is therefore committed to safeguarding the rights of the staff member against whom allegations of abuse are made through a fair and impartial investigation of the complaint.

The management of allegations against staff will involve the procedures outlined in the PI employee handbook, the HSE [Trust in Care](#) policy, the [Safeguarding Vulnerable Persons at Risk of Abuse](#) policy from the HSE Social Care Division, and the process as outlined in Section 10 of this document entitled ‘Procedures: Stage 1 – Concern Arises’.

11.2 Allegations against a person who is supported by the Services of Parkinson's Ireland

Appropriate supports will be identified for any person who is supported by the services and is alleged to be causing concern.

If the referral is determined as a community-based referral, the allegation/concern will be reported to the HSE Safeguarding Team using the appropriate form.

If the referral relates to a person in the community who is not supported by the services of Parkinson's Ireland, the referral will be made to the HSE Safeguarding Team using the appropriate form.

If the referral is related to a service setting, the Designated Officer will follow the process outlined in Appendix 2, paying particular attention to the procedures relating to a designated centre.

The safety of individuals is a priority, and the Designated Officer must seek to ensure that the service where the concern is identified provide appropriate safeguards to help minimise risk.

11.3 Allegations against a family member and third parties

As this is a community-based allegation, the Designated Officer will refer the allegations to the HSE Safeguarding Team.

11.4 Allegations against a volunteer/branch official

The efforts of volunteers/branch officials are appreciated by PI. As part of their introduction to the branch, volunteers are required to comply with the [Member and Volunteer Code of Conduct](#) as part of the organisations policy. When an allegation of abuse is reported against a volunteer/branch official, the Designated Officer will arrange for a preliminary screening to be carried out in conjunction with the [Adult Safeguarding Practice Guidance on Preliminary Screening](#) produced by the HSE National Safeguarding Office. The principles of fairness and impartiality will be adhered to in the process. If following the screening it is considered that abuse may have occurred, the Chief Executive Officer will be informed and the relevant statutory bodies, namely the HSE and An Garda Síochána will be notified if required.

In circumstances where concerns remain regarding the volunteers conduct, or where the volunteer has not adhered to the [Member and Volunteer Code of Conduct](#), the volunteers work within Parkinson's Ireland may be terminated in line with the Constitution of PI.

11.5 Communication with family/guardians

If appropriate:

- The family/guardian should be informed of the allegation as soon as it is practical and with consent of the person supported by the services.
- It will be at the discretion of PI as to how this information is communicated to the family/guardian.

- The Designated Officer/CEO or an appropriate nominee is responsible for liaising with the family.
- The family/guardian will be advised that a screening is being completed as appropriate.
- The family/guardian will be advised of the protective measures/support that can be provided to the person supported by the PI service.
- The impact of the alleged abuse on families should be considered. Where the evaluation indicates that there is a need for family support, relevant information in relation to support will be provided.

11.6 Communication with the HSE

It will be the responsibility of PI to:

- Submit the preliminary screening to the HSE Safeguarding and Protection Team and agree any actions with them.
- If necessary, request the assistance of the HSE regarding the carrying out of further assessments. At times the services may not have the capacity to carry out certain investigations/assessments. In these cases, the CEO and the relevant local HSE Disability Manager will decide as to how best to proceed.

11.7 Communication with An Garda Síochána

The Gardaí must be notified once it is suspected that the alleged abuse may be criminal in nature; this may become apparent at the time of disclosure or following the outcome of the screening process. It is important that all stakeholders are familiar with the content and requirements of the Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012 and are clear with regards to their reporting obligations under the Act.

The obligation under this Act is to disclose information once there is a knowledge or belief on the part of the employee that an offence has been committed and where there is no defence to withhold that information. It is up to the Gardaí and the Director of Public Prosecution's (DPP) office to determine the strength and relevance of the disclosure and determine whether in fact an offence has been committed and whether somebody should be charged and prosecuted with the same.

It is important to note that any alleged abuse that may be criminal in nature must be reported to the Garda Superintendent's office with responsibility for the location where the abuse allegedly occurred. In the event of not knowing the location of where the alleged abuse occurs, then the Garda Superintendent's office with responsibility for where the victim of the alleged abuse normally resides should be contacted.

It would be the responsibility of PI to:

- Make formal communication with the Gardaí
- Use form CP4 to facilitate this contact
- Assist the Gardaí with the investigation if so requested.

11.8 Communication with the Health Information and Quality Authority (HIQA)

The person in charge of a designated centre must inform HIQA of any allegation suspected or confirmed of abuse of any resident, any allegation of misconduct by the registered provider, or by staff in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Part eight of the regulations, Notification of Incidents, states in 31 (1) *“the person in charge shall give the chief inspector notice in writing within three working days of the following adverse incidents occurring in the designated centre”*.

In addition, PI will also inform HIQA to comply with its reporting requirements.

Adverse events identified includes any allegation, suspected or confirmed of abuse of any resident any allegation of misconduct by the registered provider or by staff.

11.9 Management of a person supported by the services wishing to return to an environment where there is a serious concern pertaining to abuse

In the event of an individual wishing to return to a place where there is a significant risk of them being abused, for example in the family home, PI currently does not have the legal authority to prevent them returning that environment if they wish to do so.

In the event of this scenario occurring, every effort must be made by PI to safeguard the person supported by the services from abuse and have in place monitoring arrangements that will help to minimise this risk.

It may be useful to engage the services of the National Advocacy Service (NAS) to work with and support the person supported by PI’s services with their decision-making.

The right of the person supported by PI to autonomy or self-determination must be considered in the context of his or her corresponding right not to be abused.

The HSE must be informed of the circumstances.

11.10 Cases of self-neglect

In cases where there are concerns of self-neglect, PI will refer to the processes outlined in Section 3 of the HSE National Policy for Safeguarding Vulnerable Persons at Risk of Abuse 2014 in determining its response to any such concern.

11.11 Management of anonymous allegations

In the event of receipt of an anonymous allegation, PI must be satisfied in so far as possible that no person supported by the service is at immediate risk.

All anonymous referrals, verbal or non-verbal should be reported to the Designated Officer on the standardised report form as soon as possible.

11.12 Retrospective disclosures by adults

Children first: National Guidance for the Protection and Welfare of Children (2017, p. 23) specifies how to deal with retrospective allegations of abuse as follows:

“Some adults may disclose abuse that took place during their childhood. Such disclosures may come to light when an adult attends counselling or is being treated for a psychiatric or health problem. If you are, for example, a counsellor or health professional and you receive a disclosure from a client that they were abused as a child, you should report this information to Tusla, as the alleged abuser may pose a current risk to children.

If, as a mandated person, you provide counselling, it is recommended that you let your clients know, before the counselling starts, if any child protection issues arise and the alleged perpetrator is identifiable, you must pass the information on to Tusla. If your client does not feel able to participate in any investigation, Tusla may be seriously constrained in their ability to respond to the retrospective allegation.

The reporting requirements under the Children First Act 2015 apply only to information that you as a mandated person receive or became aware of since the act came into force whether the harm occurred before or after that point however if you have a reasonable concern about past abuse or information came to your attention before the act and there is a possible continuing risk to children. You should report it to Tusla under this guidance.”

11.13 Reports of concerns towards or involving children

Any concerns in relation to the protection and welfare of children should be reported in line with Children First: National Guidance for the Protection and Welfare of Children 2017.

11.14 Human Rights

PI commits all those working on behalf of the organisation to support the people who use these services in protecting and exercising their civil, political, economic, personal, social and cultural rights, and fundamental freedoms in accordance with national laws and international human rights convention declarations and standards.

11.15 Protected Disclosures

Section 103 of the Health Act 2007 and the Protected Disclosures Act 2014 provide for the making of protected disclosures by health service employees. If an employee reports to workplace concern in good faith and unreasonable grounds in accordance with the procedures outlined in the legislation it would be treated as a protected disclosure. This means that if an employee feels they have been subject to detrimental treatment in relation to any aspect of their employment because of reporting their concern they may seek redress.

11.16 Support

The Designated Officer and/or the Chief Executive Officer is responsible for ensuring that support is available for:

- People who are or who have been subject to safety concerns.
- Alleged persons causing safeguarding concerns who are in receipt of a service.

- Families are affected by any allegations of abuse.

The Designated Officer will ensure that the safeguarding plan will be provided to relevant managers for ongoing review.

The CEO will have responsibility for ensuring staff members who have an involvement in any allegation are offered support.

12.0 Filing System for Records of Allegations and Investigations

All documentation relating to allegations or safeguarding concerns should be stored securely and separately from general member or staff records. Staff-related allegations must be held within HR files. Access should be strictly limited to designated safeguarding personnel and senior management, in line with policy.

12.1 A Register of all Allegations of Abuse

PI will maintain a register of all allegations. The register should record the following:

- Name
- Gender
- Date of birth
- Date of allegation
- Abuse type
- Abuse setting
- Gender of alleged person causing concern
- Relationship of person causing concern to person subject to safeguarding concern
- Garda notification
- HSE notification
- Status of case
- Outcome/actions taken

13.0 Safeguarding Preliminary Screening

13.1 Preliminary screening

In certain circumstances, PI may undertake a preliminary screening to ensure all necessary actions are identified and implemented. This process considers all readily available relevant information to determine whether concerns or allegations of abuse exist.

13.2 Consultation

At any stage, it may be appropriate to consult with the HSE Safeguarding and Protection Team (Vulnerable Persons) or An Garda Síochána. A written record of any such consultations must be kept.

13.3 Consideration of Rights and Welfare

The rights of all parties involved are given individual consideration, with the welfare of the vulnerable person being the paramount concern.

13.4 Outcomes of Preliminary Screening

The screening may result in one of the following:

- No grounds for reasonable concern.
- Additional information required (to be specified).
- Reasonable grounds for concern.

13.5 Safeguarding Plan

If reasonable grounds for concern exist, a safeguarding plan must be developed based on the preliminary screening which will outline the planned actions that have been identified to address the needs and minimise the risk to individuals or a group of individuals. The plan should be formulated and implemented within **three weeks** of completing the screening. It must include seeking relevant professional advice, which may involve, for example, a behavioural support programme.

13.6 Review of Safeguarding Plan

The safeguarding plan should be reviewed at intervals not exceeding three years or more regularly considering developments in experiences in the delivery of services and the practical application of the policy, or in the event in changes to the legislation.

13.7 Responsibility and Timeline

Complimentary Policies

- PI Employee Handbook
- Board of Directors Operating Guidelines and Handbook
- PI Governance Manual
- PI Garda Vetting Policy
- PI Privacy Policy
- PI Complaint & Feedback Policy

References

1. Department of Health. (2024). *Public consultation on policy proposals for adult safeguarding in the health and social care sector*.
2. Health Service Executive (HSE). (2014). *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures*. Dublin: HSE.
- 3.a Health Information and Quality Authority (HIQA). (2019). *National Standards for Adult Safeguarding*. Dublin: HIQA.
- 3b. Health Information and Quality Authority (HIQA). *The National Standards for Residential Services for Children and Adults with Disabilities*. Dublin, 2013
4. Volunteer Now - Safeguarding Vulnerable Adults: A Shared Responsibility (2010)
5. Prevention in adult safeguarding, Social Care Institute for Excellence, UK May 2011
6. Charities Regulator, *Safeguarding Guidance for Charitable Organisations Working with Vulnerable Persons (Adults)* (17 February 2020) Charities Regulator, Ireland.
7. Office of the Ombudsman, Complaints and Complaint Handling
8. Citizens Information, National Advocacy Service for People with Disability 2010

Appendix 1- Examples of Abuse

Physical Abuse	Psychological Abuse	Sexual Abuse
<ul style="list-style-type: none"> • Violence • Pushing • Burning • Inappropriate restraint of adult of confinement • Use of excessive force in the delivery of personal care • Inappropriate use of medication • Unexplained signs of physical injury 	<ul style="list-style-type: none"> • Emotional abuse • Verbal abuse • Threats of harm or abandonment • Deprivation of contact • Humiliation • Blaming • Controlling • Intimidation • Coercion • Harassment • Isolation or withdrawal from services or supportive network • Persistent criticism, humiliation, hostility, intimidation or blaming 	<ul style="list-style-type: none"> • Intentional touching • Fondling • Molesting • Sexual assault • Rape • Inappropriate and sexually explicit conversations and remarks • Exposure of the sexual organs and any sexual act intentionally performed in the presence of a service user • Exposure to pornography or other sexually explicit and inappropriate material.
Financial Abuse	Neglect/Act of Omission	Discriminatory Abuse
<ul style="list-style-type: none"> • Theft • Fraud • Exploitation • Pressure in connection with wills, property, inheritance or financial transactions • Misuse or misappropriation of property, possessions, or benefits • Misusing or stealing property, possessions, or benefits • Mismanagement of bank accounts • Manipulating the service user for financial gain 	<ul style="list-style-type: none"> • Ignoring medical or physical care needs • Failure to provide access to appropriate health, social care or educational services • Withholding of the necessities of life such as medication, adequate nutrition and heating. • Withdrawing or not giving help that a vulnerable person needs so causing them to suffer e.g. untreated medical conditions, unclean physical appearance 	<ul style="list-style-type: none"> • Ageism • Racism • Sexism • Based on a person's disability • Assumption about a person's abilities or inabilities

Note: This list of possible examples should not be considered a complete list of possible indicators but used as a way of alerting staff/volunteers that abuse may be occurring.

Appendix 2 – Responding to Concerns or Allegations of Abuse Flow Chart

