TAKING CARE OF ALL
METHODIST CHURCH IN IRELAND
ADULT SAFEGUARDING POLICY

This policy has been introduced cognisant of the fact that Safeguarding now extends far beyond Child Protection. This policy is designed to guide our thinking, our practice and our procedures. Safeguarding is not merely the absence of wrongdoing, rather it speaks to the culture that is developed within the Church, where everyone is afforded a place of welcome, safety and dignity.

Christ calls us to love, care for and value everyone. This gospel imperative of loving our neighbour as ourselves leads us to respect all as individuals, treating each with dignity and empowering them to reach their full potential. The Methodist Church in Ireland seeks to reflect Christ’s compassion for everyone and to safeguard all those who come into contact with the mission and ministries of the Church, by preventing harm and protecting those at risk.

BACKGROUND
The Methodist Church in Ireland has 217 congregations with around 50,000 people attending worship and a range of other activities. Our Child Protection Guidelines were adopted by the Methodist Conference in 1993 and were further developed on the launch of Taking Care in 2006 and the formal appointment of a Connexional Safeguarding Officer.

Every congregation has a named designated person for child protection and adheres to the stated guidelines as laid down by the Methodist Conference. Because the church now recognises and encompasses care for adults, Safeguarding is a more appropriate term that Child Protection.

INTRODUCTION
MCI has a zero-tolerance approach to all forms of harm, abuse and exploitation. This Policy and Guidelines, together with our well-established Taking Care Programme, will ensure that we reduce the risk of harm, abuse or exploitation for all within the Church.

"Every person who enters our doors should be safe and know that they are safe. As the Methodist Church in Ireland, we need to ensure that we meet the highest standards, and use all available resources to allow this to happen."

Church Councils and/or Circuit Executives are responsible for ensuring the implementation of, and compliance with these guidelines, which are for anyone within the Methodist Church in Ireland who is working with adults, whether in a paid or voluntary position.

These guidelines aim to:

- Raise awareness of potential harm to adults;
- Define what harm is and how it might be recognised;

1 Henceforth referred to as MCI.
2 Henceforth referred to as CSO.
3 Rev Dr Tom McKnight, President of the Methodist Church in Ireland.
4 Examples of this would be: Ministers; Lay Staff Members; Volunteers; Pastoral Visitors.
• Explain what process should be followed within MCI if there is concern that an adult at risk might be experiencing harm;
• Set out how MCI aims to prevent harm taking place and protect those who are at risk from harm.

KEY MESSAGES

Safeguarding is for all – As a Church we are now familiar with the whole concept of Child Protection. We are to apply those good, sound principles in the area of Adults. Adult Safeguarding is much more than the care of Older People and those with Physical or Intellectual Disabilities. These Guidelines will assist us to keep safe all those over the age of 18 as well as the leadership of the church.

Taking Care of All – demands that we strive to prevent harm and protect those at risk.

We have a duty to:
• Protect, as well as a duty to care;
• Adopt a zero-tolerance approach to all forms of harm/abuse/neglect/ exploitation;
• Deliver training;
• Report concerns immediately;
• Understand that a delay may place individuals at further risk;
• Co-operate and be in partnership with other agencies;
• Take our responsibilities seriously as stated within the policy;
• Appropriately share information that may assist in the protection of others and in the promotion of good practice.

Who is responsible for ensuring implementation of and compliance with Taking Care of All?

These guidelines move away from the concept of “vulnerability” in adulthood and towards establishing the concept of “risk of harm” in adulthood. In doing so, the responsibility for any harm caused is placed with those who perpetrate it and not with the person who has been harmed. Furthermore, the church has an obligation to ensure that those who have been harmed are never placed in a position where they are ostracised.

Adult safeguarding is based on fundamental human rights and on respecting the rights of adults as individuals, treating all adults with dignity and respecting their right to choose.
It involves empowering and enabling all adults, including those at risk of harm, to manage their own health, physical and mental, and well-being and to keep them safe. It extends to intervening to protect where harm has occurred or is likely to occur and promoting access to justice. All adults should be central to any actions and decisions affecting their lives.

- Harm resulting from abuse, exploitation or neglect violates the basic human rights of a person to be treated with respect and dignity, to have control over their life and property, and to live a life free from fear.
- Harm can have a devastating and long-lasting impact on victims, their families and carers.
- It is the impact of an act, or omission of actions, on the individual that determines whether harm has occurred.
- Any action which causes harm may constitute a criminal offence and/or professional misconduct on the part of an employee.
- Because the majority of church-based contact is at the voluntary level, the church needs to take steps to ensure that individuals, volunteers and the church is not left vulnerable because of action/inaction.

**Preventative Safeguarding** includes a range of actions and measures such as practical help, care, support and interventions designed to promote the safety, well-being and rights of adults which reduce the likelihood of, or opportunities for, harm to occur. Effective preventative safeguarding requires partnership working, that is, individuals, professionals and agencies working together to recognise the potential for, and to prevent, harm. Prevention is therefore the responsibility of a wide range of agencies, organisations and groups; indeed, it is the responsibility and concern of us all as good citizens and neighbours, including those who may be at risk of harm, to be alert to the individual’s needs and any risks of harm to which they may be exposed. Prevention will strive towards early intervention to provide additional supports at all levels for adults whose personal characteristics or life circumstances may increase their exposure to harm.

**Protective Safeguarding** will be targeted at adults who are in need of protection, that is, when harm from abuse, exploitation or neglect is suspected, has occurred, or is likely to occur. The protection service is led by HSE and An Garda Síochána (Republic of Ireland) and HSC Trusts and the PSNI (Northern Ireland). The input of other individuals, disciplines or agencies may be required, either in the course of an investigation of an allegation of harm or in the formulation and delivery of a care and protection plan. There is an imperative on the Church to be aware of potential signs and signals and report concerns, when and where necessary, to the statutory authorities.

**ROLE OF THE CONNEXIONAL SAFEGUARDING OFFICER**

The CSO has overall responsibility for all Safeguarding-related matters. The CSO works closely with the chair and members of the Connexional Safeguarding Board. The CSO also apprises the District Superintendents and Secretary of Conference of any Safeguarding concerns.

The CSO is the main point of contact within MCI for concerns or referrals. The CSO is also the main point of contact for HSE & An Garda Síochána (ROI) as well as Adult Gateway & PSNI (NI)

The CSO is responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons
- Ensuring the appropriate persons are informed and collaboratively ensuring necessary actions are identified and implemented
- Ensuring reporting obligations are met

All concerns/reports of abuse must be immediately notified to the Safeguarding Officer.

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5 Henceforth referred to as CSB.
THE ROLE OF THE CONNEXIONAL SAFEGUARDING BOARD

The CSB is responsible for developing, directing and implementing effective Safeguarding strategies for all areas of Safeguarding within MCI. These strategies include policies, procedures and training.

Annual Report

The CSB must compile an annual Adult Safeguarding Position Report. This will include the number of referrals made to HSE/HSC Trusts and the number of adult safeguarding discussions where the decision taken was to not refer to HSE/HSC trust. For this reason, it is important that information is shared with the CSO annually, or more frequently, should circumstances dictate.

DEFINITIONS

Safeguarding is understood in its broadest definition – prevention of harm and protection from harm. Aside from working definitions of Persons at Risk, as laid out below, we need to acknowledge that at any stage, anyone, adult or child, may be placed at significant risk by the actions (or inaction) of others. This may include incidents such as bullying, physical assault or dangerous driving.

Republic of Ireland

The National Policy Safeguarding Vulnerable Persons at Risk of Abuse states that a vulnerable person is “an adult who may be restricted in capacity to guard himself / herself against harm, exploitation or to report such harm or exploitation.”

Restriction of capacity may arise as a result of physical or intellectual impairment. Vulnerability to abuse is influenced by context, content and individual circumstances. In other words, some can be vulnerable to abuse at some stage in their lives, depending on their age, disability or need for support, while they may not necessarily be vulnerable to abuse at other stages. There is an understanding that for some vulnerability may be temporary, while for others vulnerability might become the norm.

Northern Ireland

An adult at risk is defined in government policy. Adult Safeguarding – Prevention and Protection in Partnership defines an adult at risk of harm as a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their personal characteristics which may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain. Life circumstances may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

What do we mean by “abuse”?

Abuse is the misuse of power and control that one person has over another. 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

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6 While it is an additional definition, the National Vetting Bureau have a very helpful definition of a Vulnerable Adult. The NVB (Children and Vulnerable Persons) Act 2012-2016 defines Vulnerable Adult as follows:

“Vulnerable Person” means 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 that results in the person requiring assistance with the activities of daily living including dressing, eating, walking, washing and bathing.

7 December 2014

8 Care Act, May 2014
which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms.  Furthermore, it is possible that individuals may be subjected to more than one form of abuse at any given time.

It can involve direct and indirect contact and can include online abuse.

An adult in need of protection is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by:

- Their personal characteristics;
- Life circumstances;
- being unable to protect their own wellbeing, property, assets, rights or other interests.

What is meant by harm?
Harm is the impact on the victim of abuse, exploitation or neglect. It is the result of any action whether by commission or omission, deliberate, or as the result of a lack of knowledge or awareness, which may have a detrimental effect on health. Harm resulting from abuse, exploitation or neglect violates the basic human rights of a person to be treated with respect and dignity, to have control over their life and property, and to live a life free from fear. Harm can have a devastating and long-lasting impact on victims, their families and carers. It is the impact of an act, or omission of actions, on the individual that determines whether harm has occurred.

What are the main forms of abuse?
Abuse can take many forms. The most commonly cited forms of abuse are:

Physical Abuse
Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury.
This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty.

Sexual Violence and Abuse
Sexual abuse is any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding.
Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping).
Sexual violence can be found across all sections of society, irrespective of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

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9 From the Health Information and Quality Authority (HIQA).
10 This could be physical health, mental health or emotional well-being.
11 Any action which causes harm may constitute a criminal offence and/or professional misconduct on the part of an employee.
Psychological/Emotional Abuse

Psychological / emotional abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct.

This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion. This may also include deliberate isolation or withdrawal from services or supportive networks.

Financial Abuse

Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception.

This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

Institutional Abuse

Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside the statutory sector. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm.

Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence.

It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

Neglect

Occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. 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.

It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk.

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 can be non-intentional, arising from an underlying health condition, or intentional, arising from a deliberate choice.

Groups that may present with self-neglecting behaviours may include:

- Those with lifelong mental illness.
- Persons with degenerative neurocognitive disorders such as dementia or affective disorders such as depression.
- Those whose habit of living in squalor is a long-standing lifestyle with no mental or physical diagnosis.
- Self-neglect is common among those who consume large quantities of alcohol; the consequences of such drinking may precipitate self-neglect.
- Those who live alone, in isolation from social support networks of family, friends and neighbours.
Exploitation

Is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity?

It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

Discrimination

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

This list of types of harmful conduct is not exhaustive or listed here in any order of priority. There are other indicators which should not be ignored. It is also possible that if a person is being harmed in one way, he/she may very well be experiencing harm in other ways.

Are there any other related definitions we need to be aware of?

Related Definitions

There are related definitions which interface with Adult Safeguarding. Differing statutory agencies can be involved in safeguarding adults, each of which have their own associated adult protection processes in place. It is important that congregations are aware of the following:

Domestic Abuse

- Domestic abuse is threatening behaviour, violence or abuse (psychological, online/virtual, coercive, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation.
- Domestic abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent.
- It can include abuse by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography.

Human Trafficking

- Human trafficking involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them.
- It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting.

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12 Please see Appendix 5.
13 Please see Appendix 8 for contact details for relevant organisations.
14 MCI has produced ‘A Response to Domestic Abuse’ as a practical guide to equip the church to prevent, protect and support those who are experiencing domestic abuse. This is accessible via the Safeguarding part of MCI’s website: http://www.irishmethodist.org/safeguarding
16 Human Trafficking is the recruitment, transportation, transfer, harbouring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit. Men, women and children of all ages and from all backgrounds can become victims of this crime, which occurs in every region of the world. The traffickers often use violence or fraudulent employment agencies and fake promises of education and job opportunities to trick and coerce their victims. (https://www.unodc.org/unodc/en/human-trafficking/human-trafficking.html accessed 27.04.2021)
• Victims of human trafficking can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

Hate Crime

• Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person’s actual or perceived race, religious belief, sexual orientation, disability, age, political opinion or gender identity.
• Victims of domestic violence and abuse, sexual violence and abuse, human trafficking and hate crime are regarded as adults in need of protection.

Who may abuse?
At any stage in life, anyone can be subject to abusive behaviour, regardless of vulnerability. 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. It is important to also note that abuse can happen at any time in any setting.

• 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.

Recognising, Responding and Recording Adult Safeguarding Concerns
Ministers, Lay Staff, Pastoral visitors or volunteers who are concerned about someone who may be experiencing harm or abuse must report promptly. This should be reported initially through the Minister and then the CSO.
There are a variety of ways that individuals could be alerted that an adult is experiencing harm:
• They may disclose to their Minister, lay staff, friends, visitors or church leaders;
• Someone else may tell the Minister of their concerns or something that causes concern, following a visit or conversation;
• They may show some signs of physical injury for which there does not appear to be a satisfactory or credible explanation;
• Their demeanour/behaviour may lead an individual to suspect abuse or neglect;
• The behaviour of a person close to them makes people feel uncomfortable (this may include other members of the congregation or organisation, a volunteer, peer or family member) or through general good neighbourliness and citizenship.

Being alert to potential abuse plays a major role in ensuring that adults are protected and it is important that all concerns about possible abuse are taken seriously and appropriate action is taken.

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17 A hate crime can be defined as:
(A) Any criminal offence, including offences against persons or property, where the victim, premises, or target of the offence are selected because of their real or perceived connection, attachment, affiliation, support, or membership of a group as defined in Part B.
(B) A group may be based upon a characteristic common to its members, such as real or perceived race, national or ethnic origin, language, colour, religion, sex, age, mental or physical disability, sexual orientation, or other similar factor.
18 A list of things to do/ not to do can be found in Appendix 2.
Responding: Staff / Volunteers who find themselves dealing with an abusive setting may well have different reactions. Some may feel anger towards the abuser; others may block it out and may even deny it has happened, while some may become withdrawn and difficult to communicate with. Therefore, it is vital that staff/volunteers are supported.

The following are guidelines about what to do if in conversation with an individual who discloses any form of abuse.

These are things to do:

Respect
This may be a difficult topic for the individual to talk about, so we ensure that we are respectful at all times.

Listen Carefully
We are going to have to report this with as much detail as we can, so we need to concentrate on what is being said.

Take the issue seriously
Whether it is believable or not, we must act in the best interests of the individual, so protocol must be observed.

Say you will have to consult
We inform the individual that we have a duty of care to act and pass this information on.

Give reassurance

Alleviate Guilt
Empathise
It is never the fault of the individual, so we assure them that talking is the right thing to do.

Record & Report
We must pass this on.

Pray
We pray that help will come, we will remember what to do and that this situation will be resolved.

These are things not to do:

Be judgemental

Be critical
While what we are hearing may horrify us, we cannot let the individual feel that we may be horrified at them.

Speculate
We do not ask leading questions, or lead an individual down a particular route of questioning. We may face a situation where an individual says something they think we want to hear, rather than the truth.

Investigate
We do not investigate lest we prejudice what subsequently might become an investigation.

Promise Confidentiality
We cannot maintain confidentiality if we are aware that a crime has been committed, or if we have concerns about someone’s welfare.

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19 This will be done locally and connexionally. Support will be implemented by the District Superintendent and CSO respectively.
**Reporting:** Staff / Volunteers who are concerned about someone who may be experiencing harm or abuse must report promptly these to the Minister of the congregation in which they are working (or circuit superintendent if there is no minister in place). The CSO should then be contacted. The CSO will make a report to the police or social services if appropriate.

**Flowchart outlining reporting procedures**

**Recording:** If staff members or volunteers are concerned that an adult is experiencing harm, then they should keep a written record of their observations, conversations and/or action points. An accurate record should be made of the date and time that the clergy/staff/volunteer became aware of the concern, the parties who were involved, and any action taken; for example, if first aid was administered. The record should be clear and factual, and recorded at the time or as soon as possible thereafter. Information recorded may be valuable to professionals investigating the incident and may subsequently be used as evidence in court. There are Record of Concern (Adult Safeguarding) Forms available on MCI’s website. Any written record (hard copy or electronic) must be kept confidentially by the appropriate person.

**Consent and Capacity**

The right of a person with capacity to make decisions and remain in control of their life must always be respected. Consideration of ‘capacity’ and ‘consent’ are central to adult safeguarding. Only in exceptional circumstances should decisions and actions be taken that conflict with a person’s wishes, for example to meet a legal responsibility to report or to prevent immediate and significant harm.

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20 These notes should be kept in line with existing Child Protection procedures. This will most likely be in the care of Minister, unless the concerns relate to the minister, in which case the District Superintendent will have oversight.
ADULT PROTECTION SERVICES
Republic of Ireland

Health Service Executive

A Safeguarding and Protection Team (Vulnerable Persons) has been established in each Community Healthcare Organisation (CHO). The Safeguarding and Protection Team will work collaboratively with services and professionals in promoting the welfare of vulnerable persons and act as a resource to personnel and services having concerns regarding vulnerable persons.

An Garda Síochána

An Garda Síochána must be informed if it is suspected that the concern or complaint of abuse might be criminal in nature; this may become apparent at the time of disclosure or following the outcome of the preliminary assessment.

Northern Ireland

The HSC Trusts and the PSNI are the lead agencies with responsibility for adult protection. Each HSC Trust will have an Adult Protection Gateway Service which will receive adult protection referrals. HSC Trusts will be the lead agency in terms of the co-ordination of joint Adult Protection responses. Within each HSC Trust, responsibility for Adult Protection rests with the Executive Director of Social Work, and the lead profession within HSC Trusts is social work.

The PSNI will be the lead criminal investigation agency and a report should be made to the PSNI where a crime is alleged or suspected.

A joint Protocol will guide interagency referral, consultation and information exchange and working arrangements and will provide clarity in respect of the roles of the PSNI and HSC Trusts in the delivery of the adult protection response.

The Joint Protocol will outline when and how other agencies will be engaged for the purpose of an adult protection investigation and protection planning.

VETTING

Republic of Ireland

Garda Vetting

According to The National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 & 2016, “Any work or activity which is carried out by a person, a necessary and regular part of which consists mainly of the person having access to, or contact with, children or vulnerable adults” needs to be vetted. This is a legal requirement.

Northern Ireland

Access NI

Roles which require an Enhanced Disclosure Check (against the barred lists):

- Providing personal care, e.g. washing, toileting.
- Assistance with general household affairs, e.g. paying bills or shopping on their behalf.
- Transporting to a Health Care Appointment, e.g. taking an adult to and from their GP/ hospital appointment on behalf of the church. Please note that if a friend takes their neighbour to a hospital appointment this would be a personal arrangement and therefore, they would not need to be vetted.

Roles which require an Enhanced Disclosure Check (NOT barred lists):

- Visiting adults, who due to their circumstances may be considered at risk, regularly, ie every week in their own home;
- Driving a church minibus on a regular basis where the majority of those on the bus are considered to be at risk;
- Taking a group on an overnight stay where the majority of those on the residential are considered to be at risk.
Roles which DO NOT require an AccessNI check:

- Class Leaders visiting members of the congregation;
- Those delivering a hot meal to an individual (note the difference in delivering a meal and feeding the adult);
- A friend or neighbour taking someone to hospital for an outpatient appointment. Volunteers at a lunch club for older people.

Training

It is recommended that all staff/volunteers within the Methodist Church in Ireland who are working with adults whether they are in a paid position or are a volunteer should be trained in adult safeguarding. The training will be relevant to their role in a church-based setting working with adults. Training will be organised by the CSB.

Completed by:
Nicky Blair, Corinne Kingston & CSB.

Date of Completion:
November 2021.

Timescale for Review:
Annual.

Date for next Review:
July 2022, then annually thereafter.
Appendix 1
The following are MCI policies, guidelines and help documents which are relevant to the area of Adult Safeguarding. Each is available on [http://www.irishmethodist.org](http://www.irishmethodist.org) or on request from the Connexional Safeguarding Officer:

- Accident/ Incident forms
- Acknowledgement of Report
- A Response to Domestic Abuse
- Codes of Behaviour
  - Participants
  - Leaders
  - Parents
- Dignity in the workplace document
- Good Practice Guidelines
- Record of Meeting
- Rehabilitation of Offenders
- Responding to allegations about volunteers or employees
- Safe Recruitment Policy
- Security Policy
- Whistleblowing Policy
Appendix 2

The following are guidelines about what to do if in conversation with an individual who discloses any form of abuse.

These are things to do:

*Respect*
This may be a difficult topic for the individual to talk about, so we ensure that we are respectful at all times.

*Listen Carefully*
We are going to have to report this with as much detail as we can, so we need to concentrate on what is being said.

*Take the issue seriously*
Whether it is believable or not, we must act in the best interests of the individual, so protocol must be observed.

*Say you will have to consult*
We inform the individual that we have a duty of care to act and pass this information on.

*Give reassurance*

*Alleviate Guilt*

*Empathise*
It is never the fault of the individual, so we assure them that talking is the right thing to do.

*Record & Report*
We must pass this on.

*Pray*
We pray that help will come, we will remember what to do and that this situation will be resolved.

These are things not to do:

*Be judgemental*

*Be critical*
While what we are hearing may horrify us, we cannot let the individual feel that we may be horrified at them.

*Speculate*
We do not ask leading questions, or lead an individual down a particular route of questioning. We may face a situation where an individual says something they think we want to hear, rather than the truth.

*Investigate*
We do not investigate lest we prejudice what subsequently might become an investigation.

*Promise Confidentiality*
We cannot maintain confidentiality if we are aware that a crime has been committed, or if we have concerns about someone’s welfare.
Appendix 3
The following is the relevant and underpinning legislation that encompasses Adult Safeguarding and Child Protection;

Republic of Ireland:
Child Care Act, 1991;
Protections for Person Reporting Abuse Act 1998;
Criminal Justice Act 2006;
Criminal Justice (With-holding of Information on Offences Against Children and Vulnerable Persons) Act 2012;
National Vetting Bureau (Children and Vulnerable Persons) Acts (2012 to 2016);
Children First Act 2015;

Northern Ireland:
Criminal Law Act (1967)
Children (NI) Order, (1995);
Police Act (1997);
Safeguarding Board Act (Northern Ireland) (2011);
Protection of Freedoms Act (2012);
Children Services Co-operation Act (2015);
Justice Act (NI) 2015.
Appendix 4
Flowchart outlining reporting procedures

1. Individual has concerns
   - Record
   - Minister/CSO
   - Is this a serious concern?
     - Yes: TUSLA/Gateway; An Garda Síochána/PSNI
     - Maybe: Take Advice
     - No: Monitor the situation
2. Report
   - Identify any training or practice issues
   - Refer back to individual and/or appropriate personnel
Appendix 5
The following table provides definitions, examples and indicators of abuse with which all staff members/volunteers should be familiar.21

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examples</strong></td>
<td>Hitting, slapping, pushing, burning, inappropriate restraint of adult or confinement, use of excessive force in the delivery of personal care, dressing, bathing, inappropriate use of medication</td>
</tr>
<tr>
<td><strong>Indicators</strong></td>
<td>Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. Service user appears frightened, avoids a particular person, demonstrates new atypical behaviour; Service user asks not to be hurt.</td>
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</table>

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Sexual</th>
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<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td>Intentional touching, fondling, molesting, sexual assault, rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of a service user. Exposure to pornography or other sexually explicit and inappropriate material.</td>
</tr>
<tr>
<td><strong>Indicators</strong></td>
<td>Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs and human bite marks. Service user demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.</td>
</tr>
</tbody>
</table>

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

Appendix 6

RESOURCES

Republic of Ireland
National Advocacy Service www.inclusionireland.ie/content/services/965/national-advocacy-service
Health Service Executive www.hse.ie/eng/

Northern Ireland
NIASP (Northern Ireland Adult Safeguarding Partnership) website: www.hscboard.hscni.net/niasp
Volunteer Now www.volunteernow.co.uk

Appendix 7

REFERENCES

Safeguarding Vulnerable Persons at Risk of Abuse (National Policy and Procedures) Health Service Executive December 2014
Safeguarding Vulnerable Adults – “A Shared Response” Volunteer Now November 2010
NISCC Codes of Practice
RQIA Procedure for Responding to allegations, suspicions or incidents of abuse of vulnerable adults in regulated services 2007
Adult Safeguarding Operational Procedures – Adults at Risk of Harm and Adults in Need of Protection (NIASP 2016)

Appendix 8

CONTACT DETAILS

Republic of Ireland
Garda 999 or 112
Health Service Executive
  Confidential Recipient LoCall 1890 100 014
  HSE Information Line Mon-Sat 8am-8pm 041 6850 300
Women's Aid Republic of Ireland: https://www.womensaid.ie/help/
Hotline for the confidential reporting of suspicions of trafficking: 1800 25 00 25

Northern Ireland
Health and Social Care Trust Adult Safeguarding
  Northern Trust 028 9441 3659
  Western Trust 028 7161 1366
  South Eastern Trust 028 9250 1227
  Belfast Trust 028 9504 1744
  Southern Trust 028 3756 4423
  Emergency Social Work (Evenings or weekends) 028 9504 9999
Health and Social Care Trust Child Protection

- Northern Trust: 0300 1234 333
- Western Trust: 028 7131 4090
- South Eastern Trust: 0300 1000 300
- Belfast Trust: 028 9050 7000
- Southern Trust: 0800 7837 745

Police Service of Northern Ireland

In an emergency call: 999

To report your concerns call: 101

Women’s Aid Northern Ireland: https://www.womensaidni.org
Domestic and Sexual Abuse Helpline: https://dsahelpline.org
No More Traffik: https://www.nomoretraffik.com