

Child & Vulnerable Adults

Risk Assessment and Safeguarding Statement

Some of the text in this policy was adapted from material published by the Department of Health and Children (Ireland) and Comber.

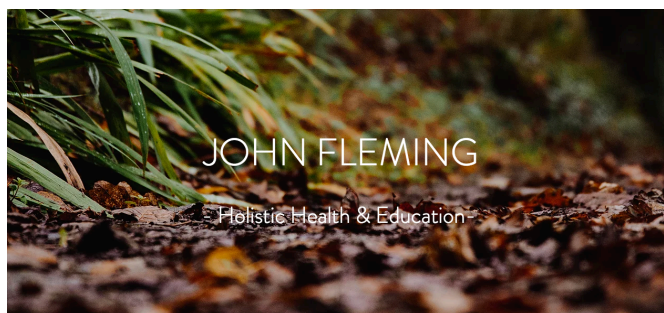


Table of Contents

About.....	3
Risk Assessment.....	5
Risk Identified.....	6
Procedure in place to manage risk identified	6
Prevention.....	7
Child and Vulnerable Adult Safeguarding Statement	8
Reporting.....	9
Designated Liaison Person (“DLP”).....	11
Record Keeping.....	14
Communication and Implementation	15
APPENDIX 1:	15
CHILD & VULNERABLE ADULT PROTECTION REFERRAL FORM.....	16
APPENDIX 2: Recognising Child Abuse Definition and Possible Physical and Behavioural Indicators of Child Abuse Neglect	18
Neglect	18
Emotional	19
Physical	20
Sexual.....	20
<i>Indicators of Abuse are Not Facts</i>	21
<i>Reasonable Grounds for Concern</i>	21
Recognising abuse of Vulnerable Adults: Types of Abuse, Definitions and Indicators	
Physical Abuse	22
Sexual Abuse	23
<i>Non physical indicators include:</i>	23
<i>Psychological Abuse (including emotional abuse)</i>	23
<i>Financial or Material Abuse</i>	24
<i>Neglect and Acts of Omission</i>	24
<i>Institutional Abuse</i>	25



About

John Fleming Holistic Health & Education is the registered trading name of a business, which I, John Fleming operate as a sole trader. The business has a registered address at The Loft, Aghafore, Timoleague, Bandon, Co. Cork.

John Fleming Holistic Health & Education is all about accounting for our client's mental, spiritual and physical needs. As a committed professional therapist and educator the organisations key priorities are client wellbeing, health and development.

John Fleming Holistic Health & Educations is guided by the following key values:

- **Accountancy** - We aim to account for our clients, staff and volunteers needs;
- **Structure** - We are structured in our approach to client care and offer structured services, tailored to our client's needs;
- **Nurture** – We aim to nurture our clients and help them grow and reach their fullest potential;
- **Cooperation** and Collaboration – We foster collaboration through an environment of cooperative;
- **Spontaneity** – We are spontaneous and encourage our clients to embrace their spontaneity;
- **Autonomy** – We recognise individual autonomy and aim to promote personal autonomy in all of our work.



John Fleming Holistic Health & Education offers a range of holistic healthcare services in both Cork and Dublin, including:

- Counselling;
- Psychotherapy;
- Aura – Soma;

For the purposes of the Child First Act 2015 (**“the 2015 Act”**), John Fleming Holistic Health & Education does not qualify as a provider when providing one-on-one healthcare services. However, John Fleming Holistic Health & Education also provides ad hoc educational courses in various locations throughout Ireland. These services include the provision of workshops, courses, discussions and talks which may involve children or vulnerable adults.

From time to time, the holding of educational programmes may involve the employment of additional staff or the use of volunteers. In such circumstances, John Fleming Holistic Health & Education will implement this Child Safeguarding Statement, as required by the 2015 Act, by ensuring all staff and/or volunteers are properly screened, trained to identify indicators of abuse, and aware of the procedures for disclosing abuse contained within this Statement. As required by section 11 of the 2015 Act, a specific risk assessment has been conducted in relation to the holding of any educational programs which requires the hiring of additional staff/volunteers and involve access to children and/or vulnerable adults.



Risk Assessment

John Fleming Holistic Health & Education has carried out an assessment of any potential for harm to a child while availing of our services. For the purposes of this assessment, risk is defined as any potential for harm to a child while availing of the service (section 11(1)(a) of the 2015 Act). Harm means assault, ill-treatment or neglect of the child/vulnerable adult in a manner that seriously affects or is likely to seriously affect the child's health, development or welfare, or sexual abuse of the child, whether caused by a single act, omission or circumstances or a series or combination of acts, omissions or circumstances or otherwise (Section 2 of the 2015 Act)

We are aware that children or adults we come into contact with may be particularly vulnerable for a number of reasons including;

- Intellectual or physical disability
- Mental health problems
- Dependence on State/NGO provision
- Communication difficulties
- Previous experience of abuse
- Fear of not being believed
- Fear and uncertainty regarding the future
- Parental disability (including intellectual or learning)
- Parental substance misuse
- Domestic and sexual violence
- Community factors (cultural, ethnic, religious or faith-based norms in the family or community which may not meet the standards of child welfare or protection required in this jurisdiction)
- Environmental factors (housing, poverty, bullying, internet related concerns).

Representatives shall be aware that many children and adults we come into contact with are vulnerable to abuse and may have been abused in the past. Representatives of John Fleming Holistic Health & Education must maintain appropriate standards of behaviour and conduct around children/ vulnerable adults.



Below is a list of the areas of risk identified and the list of procedures for managing these risks.

	Risk Identified	Procedure in place to manage risk identified
1	General access to children	Garda Vetting, Screening Procedures, No 1 to 1 access to children, working with schools and other services with clear supervision policies to avoid unsupervised access to children
2	1 to 1 access to children (Only when totally necessary for the child's educational benefit)	Garda Vetting, Screening procedures, regular check-ins with children availing of services.
3		
4		



Prevention

John Fleming Holistic Health & Education will select volunteers, staff and directors based on their suitability for the role available.

Checks for suitability **shall** include

- CV;
- Interview;
- References;
- Garda vetting;
- Evidence of professional qualifications.

Where appropriate to their role, volunteers, staff and director shall sign a declaration stating that they comply with John Fleming Holistic Health & Education Child and Vulnerable Adults Protection Policy and that there is no reason that they cannot work with children.

Before commencing work (voluntary or otherwise) at John Fleming Holistic Health & Education, the worker/volunteer will be required to undertake the Tusla's Children First E-Learning Programme. Workers and volunteers will also be required to familiarise themselves with this Child Safeguarding Statement.



Child and Vulnerable Adult Safeguarding Statement

John Fleming Holistic Health & Education and its representative's aims to safeguard children and vulnerable adults from abuse and exploitation in all that we do.

John Fleming Holistic Health & Education recognises the rights of children and vulnerable adults to protection from abuse, violence and exploitation. We are committed to providing a safe environment for children and vulnerable adults who come into contact with representatives of our organisation. John Fleming is responsible for ensuring that the organisation follows effective protection procedures, which retain the ethos of the organisation and fit in with statutory procedures.

We are committed to ensuring that representatives of the organisation are aware of our policy in relation to protection of children and vulnerable adults. Children and vulnerable adults need protection for many reasons, including protection from the effects of poverty, disadvantage, exclusion and violence.

As required by section 11(7) of the Child First Act 2015, this policy will be reviewed at intervals of no more than 24 months. In particular, John Fleming Holistic Health & Education will have due regard to any guidelines issued by the Child and Family Agency (Tusla) and/or the Minister for Children and Youth Affairs under section 6 of the Child First Act 2015. Any guidelines issued by these authorities have been considered during the drafting of this Statement in August 2018.

This Statement adopts the definitions adopted by the Minister in her guidance document *Children First: National Guidance for Protection and Welfare* (2017). For the sake of completeness more detailed guidance on the definitions of abuse have been provided in Appendix 2.



Disclosures and Suspicions made known to Representatives

A disclosure is defined as a specific allegation of abuse made against a named individual. A suspicion is when there are reasonable grounds for concern that a child may have been or is at risk of being abused or neglected. Reasonable grounds for a child protection or welfare concern include:

- Evidence, for example of injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way;
- Any concern about possible sexual abuse;
- Consistent signs that a child/vulnerable adult is suffering from emotional or physical neglect;
- A child/vulnerable adult saying or indicating by other means that he or she has been abused;
- Admission or indication by an adult or a child of an alleged abuse they committed;
- An account from a person who says the child/vulnerable adult being abused

Reporting

All workers and volunteers (including students on placement or work experience) of John Fleming Holistic Health & Education have a responsibility to safeguard children/vulnerable adults and to report any concerns they may have for the protection or welfare of children/vulnerable adults.

John Fleming Holistic Health & Education has appointed a Designated Liaison Person (“DLP”) (detailed below) to receive child protection and welfare concerns from workers/volunteers and to report concerns which meet the threshold of ‘reasonable grounds for concern’ to Tusla.



The Standard Referral Form (see Appendix 1) shall be used to report suspected or alleged abuse to the DLP. This form is available on our website and on request from the office. In making a report on suspected or actual abuse, the individual shall ensure that the first priority is always for the safety and welfare of the child and/or vulnerable adult. Reports may be made by any concerned person who has reason to believe a child or vulnerable adult is at risk of abuse from any individual, including; representatives (staff/volunteers) of John Fleming Holistic Health & Education, parents, social workers, carers or stakeholders, another child (peer abuse). Children or vulnerable adults can also disclose to an adult who may make a report on their behalf. The form should be completed and forwarded to the DLP at John Fleming Holistic Health & Education as soon as possible after the abuse is identified. The reporting procedure for dealing with disclosures is outlined in the following steps:

- John Fleming Holistic Health & Education representatives or third parties who have received a disclosure of abuse or who have concerns of abuse, should bring it to the attention of the DLP as soon as possible;
- The DLP will assess and review the information that has been provided as quickly and effectively as possible. The DLP may contact Tusla or other relevant authorities for informal advice relating to the allegation, concern or disclosure;
- Any staff member/volunteer implicated in an investigation shall be suspended from work without prejudice, pending the results of the investigation. This suspension does not imply guilt but rather protects all parties whilst an investigation is undertaken;
- Parents/guardians of the child or vulnerable adult will be informed of the allegation, concern or disclosure where possible, unless doing so is likely to endanger the child/ adult;
- If the alleged perpetrator is a worker or volunteer at the organization, the owner will be advised of the allegation, he will then communicate to the alleged perpetrator that an allegation has been made against him/her and the nature of the allegation. The representative about whom the allegation has been made will be offered the opportunity to respond to the allegations. The representative will be offered the option of having representation present at this stage. This response shall be documented, signed by both

10



parties and retained. The representative will be informed that any response may be shared with Tusla;

- It is essential in reporting any case of alleged/suspected abuse that the principle of confidentiality applies. The information shall only be shared on a 'need to know' basis and the number of people that need to be informed shall be kept to a minimum. After consultation with the owner and relevant authorities, the DLP will then take one of the following options:
 1. On the basis that there are reasonable grounds for concern (as outlined in Appendix 3), the DLP will complete a Child Protection and Welfare Report Form or a Retrospective Report Form without delay and forward it to the Tusla Duty Social Worker.
 2. Where the DLP has reason to believe that the concern falls within the Criminal Justice Act 2012, the concern will be brought directly to An Garda Síochána
 3. Where the DLP find that there does not exist reasonable ground for concern, record of the concerns will be kept on file. The reasons for not reporting the allegation, concern or disclosure will be clearly recorded. The representative or third party who made the initial report will be informed if a formal report is not being made to the authorities and it is open to him/her to make a formal report themselves, directly to the relevant authority if they feel this is necessary.
 4. Where the alleged perpetrator is a worker or volunteer, and following an initial investigation, the representative is not reported to the authorities but is found to have been engaged in poor practice (e.g. shouting at a child/ vulnerable adult), the representative shall be warned about the poor practice and such practice may constitute grounds for termination of the relationship. This shall be decided by the owner. In an emergency a report shall be made directly to the Police. The DLP will retain up-to-date contact details of appropriate referral authorities. In Ireland, concerns shall be referred to the HSE Child Protection Social Work Services in the relevant area.

Designated Liaison Person (“DLP”)

11

John Fleming – Holistic Health & Education
0879202858 – contact@johnfleming.ie - www.johnfleming.ie
The Loft, Aghafore, Timoleague, Bandon, Co.Cork, Ireland



The DLP is responsible for:

- Being fully familiar with the principles of good practice for the protection of children and vulnerable adults and the implementation and monitoring of the Child and Vulnerable Adults Protection Policy of John Fleming Holistic Health & Education.
- Co-ordinating action within the organisation when a concern arises and reporting any suspicion or disclosure of abuse to the appropriate services.
- Receiving child protection and welfare concerns from workers and volunteers and consider if reasonable grounds for reporting to Tusla exist.
- Consulting informally with a Tusla Duty Social Worker if necessary.
- Where appropriate, making a formal report of a child protection or welfare concern to Tusla on behalf of the organisation, using the Child Protection and Welfare Report Form.
- Informing the child's parents/guardians that a report is to be submitted to Tusla or An Garda Síochána, unless:
 - Informing the parents/guardians is likely to endanger the person;
 - Informing the parents/guardians may place the designated person at risk of harm from the family;



- The family's knowledge of the report could impair Tusla's ability to carry out an assessment.

- Recording all concerns of allegations of child abuse brought to the designated persons attention as well as any action/inaction taken in response to these concerns.

- Providing feedback to the referrer, as appropriate.

- Ensuring that a secure system is in place to manage confidential records.

- Acting as a liaison with Tusla and An Garda Síochána, as appropriate.

- Where requests, jointly reporting with a mandated person.

The DLP should receive appropriate Child Protection training and support for his/her role if required. If there is an allegation or suspicion in relation to the Designated Person, the owner will deal with all aspects of the case, including the reporting procedure.

If the DLP decides not to report a concern to Tusla, the following steps should be taken:

- The reasons for not reporting should be recorded;

- Any actions taken as a result of the concern should be recorded;



- The employee or volunteer who raised the concern should be given a clear written explanation of the reasons why the concern is not being report to Tusla;
- The employee or volunteer should be advised that if they remain concerned about the situation, they are free to make a report to Tusla or An Garda Síochána

Nothing in this Statement alters the reporting obligations of mandated person's employed by John Fleming Holistic Health & Education. If the DLP is also a mandated person, that person must fulfil the statutory obligations of a mandated person under the 2015 Act. This means that if such persons are made aware of a concern about a child that meets or exceeds the thresholds of harm for mandated reporting, they have a statutory obligation to make a report to Tusla.

The Designated Person is:

Name: John Fleming
Title: Owner
Tel: +353 (0)87 920 2858
E-mail: contact@johnfleming.ie

Record Keeping



The DLP is responsible for keeping the records related to Child and Vulnerable Adult Protection in secure storage and in accordance with the General Data Protection Regulation, such as:

- Any disclosures, concerns or allegations of abuse.
- The follow up to any complaints, disclosure, concerns or allegations, including informal advice from the relevant authorities or agencies, official reports and the minutes of any meetings in relation to reports.
- Signed acceptance forms of John Fleming Holistic Health & Education Child and Vulnerable Adult Protection Policy by staff, volunteers and directors.
- All Garda Vetting Forms and related correspondence. Other staff may access files as appropriate to their role, though this will be kept to a minimum.

Communication and Implementation

This Statement is also available on the organisation website (www.johnfleming.ie). John Fleming Holistic Health & Education will support its partner organisations to develop appropriate child protection policies and procedures where required. John Fleming Holistic Health & Education will review and evaluate its Child Protection policy every three years or as appropriate. Amendments and additions to the policy will be recorded. John Fleming Holistic Health & Education will ensure that all staff are trained to identify indicators of abuse and are aware of the procedures in place to disclose any suspected abuse.

APPENDIX 1:



CHILD & VULNERABLE ADULT PROTECTION REFERRAL FORM

1. Your name:
2. Email address:
3. Telephone number:
4. Your relationship to John Fleming Holistic Health & Education – if relevant:

5. Your relationship to the child/ adult concerned – if relevant:

6. Name of child/ adult:

7. Age and date of birth of child/ adult:

8. Who does the child/ adult live with?

9. Address/place of residence of child/ adult (and telephone no. if available):

10. Are you reporting your own concerns or passing on those of somebody else?
Give details.



11. Brief description of what has prompted the concerns (include dates and times of any specific incidents):

12. Observations made by you: Physical signs? Behavioural signs? Indirect signs?

13. Have you spoken to the child/adult? If so, what was said?

14. Has anybody been alleged to be the abuser? If so, give details.

15. Have you consulted an external agency or reported this to anyone else?

16. Give details (name of person, name of organisation, date and time).

17. Does the child/adult require medical attention?

Signature _____ Date _____

Please return this form in to:

John Fleming

John Fleming Holistic Health & Education

The Loft, Aghafore, Timoleague, Bandon, Co. Cork

contact@johnfleming.ie - 0879202858



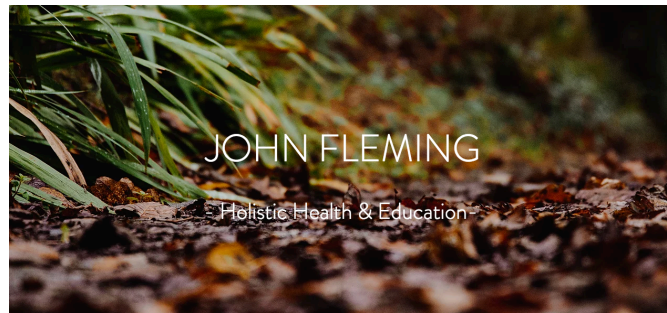
APPENDIX 2: Recognising Child Abuse Definition and Possible Physical and Behavioural Indicators of Child Abuse Neglect

1. A 'child' means a person under the age of 18 years other than a person who is or has been married, as defined by the Child Care Act 1991.
2. A 'Vulnerable Adult' is a person aged 18 or older who, by reason of mental or other disability, age or illness is, or may be unable to take care of him or herself, or unable to protect him or herself against 'significant harm' or 'exploitation'.
3. Representative means any person coming into contact with a child/ vulnerable adult while acting on behalf of John Fleming Holistic Health & Education.

Neglect

Neglect can be defined in terms of an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, medical care. Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. Possible indicators of this type of abuse are:

- Frequent minor or serious injuries
- Untreated illness
- Hunger, lack of nutrition, malnourishment
- Non-organic failure to thrive, i.e. a child not gaining weight due not only to malnutrition but also emotional deprivation
- Failure to provide for medical and developmental needs, including intellectual stimulation
- Tiredness
- Inadequate and inappropriate clothing
- Inadequate and inappropriate living conditions
- Inattention to basic hygiene
- Lack of protection and exposure to danger, including moral danger



- Lack of supervision
- Low self esteem
- Lack of peer relationships
- Persistent failure to attend school
- Abandonment or desertion

Emotional

Emotional abuse is the systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. It occurs when a child's need for affection, approval, consistency and security are not met due to incapacity or indifference from the parent or caregiver. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. Possible indicators of this type of abuse are:

- Rejection;
- Lack of comfort and love;
- Lack of proper stimulation;
- Lack of continuity of care;
- Continuous lack of praise and encouragement;
- Persistent criticism, sarcasm, hostility or belittling of the child/vulnerable adult;
- Bullying
- Conditional parenting in which care or affection depends on his or her behavior or actions
- Extreme over protectiveness
- Inappropriate non-physical punishment
- Ongoing family conflicts and family violence
- Seriously inappropriate expectations of a child/vulnerable adult relative to his/her age and/or stage of development;
- Unreasonable mood and/or behavioural changes;
- Aggression, withdrawal or an 'I don't care attitude';
- Lack of attachment;
- Low self esteem;
- Attention seeking;
- Depression or suicide attempts;
- Suicidal ideation
- Persistent nightmares, disturbed sleep, bedwetting, reluctance to go to bed;



- A fear of adults or particular individuals e.g. family member, baby-sitter or indeed excessive clinginess to parents/carers;
- Panic attacks.

Physical

Physical abuse is when someone deliberately hurt a child physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents. Possible indicators of this type of abuse are:

- Frequent bruising, fractures, cuts, burns and other injuries;
- Torn clothing;
- Bite marks burns or welts;
- Bruises in places difficult to mark e.g. behind ears, groin;
- Undue or unnecessary fear;
- Aggressiveness or appearing withdrawn;
- Absconding frequently from home;
- Physical punishment;
- Fabricated/induced illness;
- Use of excessive force in handling.

It should be noted that the Child First Act 2015 abolished the common law defence of reasonable chastisement in court proceedings. Therefore a person who administers physical punishment to a child cannot rely on the defence in legal proceedings.

Sexual

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or penetrative sex) or exposing the child to sexual activity directly or through pornography. Possible indicators of this type of abuse are:

- Over affectionate or inappropriate sexual behaviour;



- Age inappropriate sexual knowledge given the child's age, which is often demonstrated in language, play or drawings;
- Fondling or exposure of genital areas;
- Hints about sexual activity;
- Unusual reluctance to join in normal activities which involve undressing, e.g. games/swimming.

Indicators of Abuse are Not Facts

It is important to stress that no one indicator should be seen as conclusive in itself of abuse; it may indeed indicate conditions other than child abuse. A cluster or pattern of signs is likely to be more indicative of abuse. Signs must also be considered in the child's social and family context as child abuse is not restricted to any socio economic group, gender or culture. It is important to always be open to alternative explanations for possible physical or behavioural signs of abuse.

Reasonable Grounds for Concern

The ability to recognise child abuse depends as much on a person's willingness to accept the possibility of its existence as it does on their knowledge and information. Child abuse can often be difficult to identify and may present in many forms. It is important to stress that no one indicator should be seen as conclusive in itself of abuse. All signs and symptoms must be examined in the total context of the child's situation. The statutory authorities should always be informed when a person has reasonable grounds for concern that a child may have been abused, or is being abused, or is at risk of abuse. A suspicion that is not supported by any objective indicator of abuse or neglect would not constitute reasonable grounds of for concern.

The following examples would constitute reasonable grounds for concern:

- specific indication from the child that s/he was abused;
- an account by the person who saw the child being abused;
- evidence such as injury or behaviour which is consistent with abuse and unlikely to be caused in any other way;
- an injury or behaviour, which is consistent both with abuse and with an innocent explanation but where there are corroborative indicators



supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indications of abuse, dysfunctional behaviour;

- consistent indication, over a period of time, that a child is suffering from emotional or physical neglect.

A suspicion, not supported by any objective indication of abuse or neglect, does not constitute a reasonable suspicion or reasonable grounds for concern. Reacting in the immediate aftermath of a disclosure of abuse:

- Keep calm and do not appear shocked;
- Do not promise not to tell anyone, explain that you will need to tell someone who can take appropriate action but that it will be dealt with confidentiality;
 - Never ask leading questions, instead repeat the last words the child has said in a questioning manner;
 - Reassure the child that they are not to blame;
- Reassure the child that they were right to tell you;
- Let the child know what you are going to do next. (Children First 1999, 4.3.2 and 4.3.3)

Recognising abuse of Vulnerable Adults: Types of Abuse, Definitions and Indicators

Physical Abuse

Definition: Physical abuse is the control by violence or battery of another person or threat to use such means. It includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions. Indicators of these include:

- Bruises
- Dislocations
- Lacerations
- Marks left by a gag
- Abrasions
- Hair loss
- Scratches
- Missing teeth
- Burns
- Eye injuries
- Sprains
- Fractures



Sexual Abuse

Definition: Sexual abuse is the domination and control of the body of the victim. It includes rape and sexual assault, or sexual acts to which the vulnerable adult has not consented, or could not consent to, or where he/she was compelled to consent. Indicators include:

- Sexually transmitted infections and human bite marks

Non physical indicators include:

- Noticeable and uncharacteristic change in behaviour
- Hints about sexual activity
- Inappropriate seductive behaviour
- Sexually aggressive towards others
- Unusual reluctance to join in activities involving undressing
- Clinging
- Isolation
- Nightmares
- Phobias
- Depression
- Eating and sleeping disorders
- Fear of being left alone with a particular person (family, staff, others)

Psychological Abuse (including emotional abuse)

Definition: This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling intimidation, coercion, harassment, verbal abuse, isolation or withdrawal of services or supportive networks. Indicators include:

- Demoralisation
- Depression
- Feelings of helplessness/hopelessness
- Disrupted appetite/sleeping patterns
- Tearfulness



- Excessive fears
- Agitation
- Resignation
- Confusion
- Unexplained paranoia
- Strong ambivalent feelings towards someone

Financial or Material Abuse

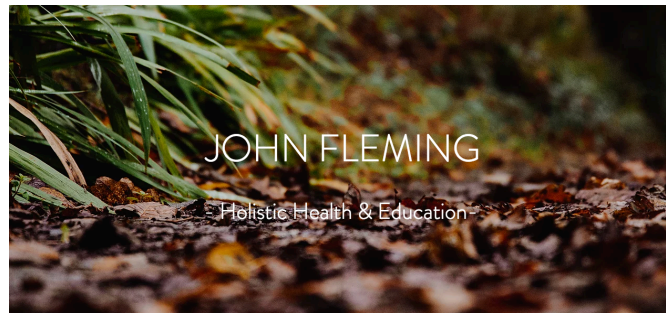
Definition: This includes theft, fraud, exploitation, pressures in connection with wills, property, inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits. Indicators include:

- Unexplained or sudden inability to pay bills;
- Unexplained or sudden withdrawal of money from accounts;
- Funds diverted to someone else's use;
- Damage to property;
- Unexplained disappearance of possessions;
- No funds for food, clothes or services;
- Refusal to spend money;
- Disparity between living conditions and assets;
- Extraordinary interest by family member in older person's assets;
- Making dramatic financial decisions.

Neglect and Acts of Omission

Definition: This includes ignoring medical or physical needs, failure to provide access to appropriate health, social care or educational services, or withholding the necessities of life, such as medication, adequate nutrition and heating. Indicators include:

- Dehydration
- Malnutrition
- Inappropriate clothing
- Poor hygiene
- Unkempt appearance



- Under or over medicated
- Unattended medical needs
- Exposure to danger and/or lack of supervision
- Absence of required aids e.g. glasses or dentures
- Pressure sores

Institutional Abuse

Definition: Inappropriate practices or systems employed by or within the organisation which deny people using the service, their right to choice, privacy and independence. Indicators include:

- Staff become desensitised through lack of management and supervision and accept as reasonable, practices which could be deemed inappropriate outside the organisation;
- Staff and management do not listen to, hear and/or respond appropriately to views of people using the service;
- The organisation cannot respond within a reasonable timeframe or appropriately to complaints made;
- People using the service are treated collectively rather than as individuals;
- The person's right to privacy and choice are not respected e.g. the practice of entering a person's room without knocking and getting a response;
- Talking about an individual's personal or intimate details in a manner that does not respect a person's right to privacy. These also include:
- Poor record keeping i.e. reports /records unavailable;
- Failure to account for incidents/accidents and falls etc.;
- Unsatisfactory response to complaints;
- Service users appearing frightened/depressed/ anxious;
- Staff ordering people around or shouting at them;
- Poor moving and handling practices;
- Lack of stimulation in daily activity;
- Service users reluctant to talk about their care, visitors/visiting professionals made to feel uncomfortable and unwelcome and lack of opportunity to see service user alone;
- Locks/ties on the outside doors, ties on chairs;
- Furniture in rooms positioned to restrict movement;
- Clothing dirty;
- Poor drug administration