SAFEGUARDING VULNERABLE ADULTS

Policy and Protection Guidelines 2019

MÉDECINS DU MONDE – GREECE

Updated: October 2019

Doctors of the World – Greek Delegation

Board of Directors

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1.1 INTRODUCTION

Doctors of the World-Greece (MDM-GR) has prepared the manual as a guide to employees and volunteers that involved in the operations of the organization. The purpose of the manual is to provide a defined context for the staff in terms of respect and protection of Vulnerable Adults in all the sectors of function of the organization while at the same time to establish all the compulsory responsibilities and obligations for the protection of the vulnerable persons from harm and abuse.

This document supersedes any previously distributed Vulnerable Adults policy for the employees and volunteers.

MDM fully intends to comply and respect with all national, European and international/humanitarian law that apply to the protection of Vulnerable Adults.

Vulnerable adults, who are persons lacking the personal capacity to protect their interests, are in particular need of a reliable legal framework. There is, however, no uniform legal framework allowing for a proper protection of vulnerable adults in cross-border situations in Third Countries where MDM might operating.

MDM taking into consideration the fact that the protection of vulnerable adults is direct linked to the respect of human rights and that every vulnerable adult must, like any other adult, to be considered as a holder of human rights and able to make decisions freely, independently and with awareness within the boundaries of its cognitive ability, and not to be treated as a passive beneficiary of care.

The Handbook for the Safeguarding of Vulnerable Adults integrates the United Nations Convention on the Rights of Persons with Disabilities, the European Convention on Human Rights, the Council of Europe Convention on preventing and combating violence against women and domestic violence, the Convention on the International Protection of Adult.

MDM reserves the right in its sole discretion to revise these policies by adding, reducing, correcting or updating its content, and any or all of the policies and procedures. Any such changes are effective when made in writing and approved by the Board of Directors of the Doctors of the World-Greek Delegation. The organization is committed to inform all employees, volunteers and beneficiaries of any such changes.

Employees and Volunteers are required to read the written policies before signing their employment or voluntarism contract or as in signing the contract they are agreeing to comply.

Violations of any of these policies will subject the violating employee(s) or volunteer(s) to disciplinary action, possibly including termination of their contract.

1.2. VULNERABLE ADULTS SAFEGUARDING POLICY

Doctors of the World is committed to conducting its programs and operations in a manner that is safe for all the Vulnerable Adults and it serves and helping protect the Vulnerable Adults with whom Doctors of the World staff and representatives is in contact.

All Doctors of the World Representatives are explicitly prohibited from engaging in any activity that may result in any kind of Vulnerable Adults Harm and Abuse.

In addition, it is Doctors of the World policy to create and proactively maintain an environment that aims to prevent and deter any actions and omissions, whether deliberate or inadvertent, which place Vulnerable Adults at the risk of any kind of Harm and Abuse.

All Doctors of the World Representatives are expected to conduct themselves in a manner consistent with this commitment and obligation. Any violations of this policy will be treated as a serious issue and will result in disciplinary action being taken, including termination and any other available legal remedy.

In furtherance of this Policy, Doctors of the World has adopted Procedures, described below, to promote:

- **Prevention of Vulnerable Adults Abuse:** Striving, through awareness, good practice and training, to minimize the risks to vulnerable adults and take positive steps to help protect vulnerable adults who are the subject of any concerns.
- **Reporting of vulnerable adults Abuse:** Ensuring that all Representatives know the steps to take and whom to contact where concerns arise regarding the safeguarding of children.
- **Responding to vulnerable adults Abuse:** Engaging in action that supports and protects vulnerable adults when concerns arise regarding their well-being; supporting those who raise such concerns; investigating, or cooperating with any subsequent investigation; and taking appropriate corrective action to prevent the recurrence of such activity.
- **Training to Promote Awareness of Vulnerable Adults Safeguarding Obligations:** Ensuring that all Representatives are notified of and made aware that they are expected to comply with the policy.

POLICY TO COMPLY WITH APPLICABLE LAWS AND REGULATIONS

It is Doctors of the World Policy to ensure compliance with host country and local vulnerable adults welfare and protection legislation, or European and International standards, whichever affords greater protection, and with Greek National law. The requirements of this vulnerable adults Safeguarding Policy are in addition to any other applicable legal requirements.

POLICY REGARDING SEXUAL ACTIVITY WITH VULNERABLE ADULTS

It is Doctors of the World Policy that any individual vulnerable adult, regardless of the status of consent of the country in which s/he lives and/or in which the offense occurs. A vulnerable adult cannot legally give informed consent to sexual activity. Sexual activity with a person belonging In the vulnerable adults groups with or without their consent will be treated as a serious issue and will result in disciplinary action being taken, including termination, and the pursuit of any other available legal remedy. Consensual sexual activity with a vulnerable adult of consent of the country in which s/he lives and/or in which the offense occurs, will be treated as a serious issue and may result in disciplinary action being taken, including termination, and the pursuit of any other available legal remedy.

1.3. DEFINITIONS

Protection of Vulnerable Adults: The set of activities that we undertake in order to protect specific adults at risk who are suffering or likely to suffer significant harm, violence, exploitation, abuse and neglect due to their physical or mental health status.

Safeguarding of Vulnerable Adults: The set of policies, procedures and practices that we employ to ensure that Doctors of the World is a Vulnerable Adults safe organization and its activities are based always in the Best Interest of the adults at risk of harm or abuse.

Vulnerable Adults: are physical persons over the age of 18 who are temporarily or permanently in the position of being unable to manage their personal affairs or their property. Most vulnerable adults are people who are more likely to lose their faculties owing to physical or mental-related illnesses.

Representatives of Doctors of the World-Greek Delegation: Employees, volunteers, interns, consultants, members of MdM Board, Partners and other individuals who work with children on Doctors of the World behalf, visit Doctors of the World structures and projects, or who have access to sensitive information about Vulnerable Adults in Doctors of the World programs.

Vulnerable Adult Abuse: Anything which individuals, institutions or processes do or fail to do which directly or indirectly harms a vulnerable adult person or damages its prospect of safe and healthy development during the adulthood. The main categories of Vulnerable adult abuse are Physical Abuse, Emotional Abuse, Neglect/Negligent Treatment and Sexual Abuse/Sexual Exploitation.

Physical Abuse: The use of physical force that causes actual or likely physical injury or suffering (e.g., hitting, shaking, burning, female genital mutilation, torture).

Emotional Abuse: Any humiliating or degrading treatment such as bad name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation.

Neglect/Negligent Treatment: Persistent failure to meet a vulnerable person's basic physical and/or psychological needs, for example by failing to provide adequate food, clothing and/or shelter; failing to prevent harm; failing to ensure adequate supervision; or failing to ensure access to appropriate medical care or treatment.

Sexual Abuse/Sexual Exploitation: All forms of sexual violence, including incest, early and forced marriage, rape, involvement in pornography, and sexual slavery. Child sexual abuse also may include indecent touching or exposure, using sexually explicit language towards a vulnerable adult and showing relevant pornographic material. Sexual Exploitation is any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. This includes exchange of assistance due to vulnerable adults benefiting from Doctors of the World-Greek Delegation activities. The sexual exploitation of a vulnerable adult who cannot provide of consent is an act of vulnerable adult sexual abuse and consists a criminal offense.

1.4. GOOD SAFEGUARDING OF VULNERABLE ADULTS

Adult abuse is defined as a single or repeated act or lack of appropriate actions, occurring within any relationship where there is an expectation of trust, which causes harm or distress to a vulnerable person.

Safeguarding adults is about protecting those at risk of harm. It involves identifying abuse and acting whenever someone is being harmed. The available tools and manuals by UN agencies and the Interagency Standing Committee (IASC) defines a vulnerable adult as a person aged 18 years or over who is or may be in need of community care services during the adulthood by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Safeguarding is the responsibility of everyone, including all health workers. Anyone can raise a safeguarding concern. All allegations of abuse need to be taken seriously whether made by a patient, carer, healthcare professional, or other service provider. Any concerns reported to a healthcare worker should be followed up by inquiries about the nature and circumstances of the allegation. It is very important to ask about the safety of the person when the allegation is raised and any support the person is already receiving.

The primary aim of safeguarding is to keep an individual safe and prevent further abuse from occurring. Doctors of the World-Greek Delegation states six principles of good safeguarding practice:

- **Empowerment:** presumption of person-led decisions and informed consent.
- **Protection:** support and representation for those in greatest need.
- **Prevention:** it is better to take action before harm occurs.
- **Proportionality:** proportionate and least intrusive response appropriate to the risk presented.
- **Partnership:** local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability:** accountability and transparency in delivering safeguarding.

Interventions should be aimed at making life easier, such as providing mobility aids or treating physical and mental illness to help individuals maintain independence. Such actions reduce barriers to patients making their own choices and reduce their reliance on others.

1.5. GUIDING PRINCIPLES

1. **Use Rights-based, Community-based and Participatory Approaches.** MDM and its partners need to ensure that vulnerable adults are taking into account in all stages of design and implementation of their activities.
2. **Ensure equity of care and access.** All Vulnerable adults should have access to quality healthcare and mental health and psychosocial support services. This access must be provided to beneficiaries in ways that are similar to the services available to the general population and with at least similar quality and at similar or lower costs and without discrimination within the community.
3. **Assess needs and resources.** All of the relevant programmes should be based on systematic and inclusive assessment of needs.
4. **Use a systems approach.** MDM programmes should be conceptualized through a systems-based approach with multiple layers of

complementary supports with functional referral systems between the different layers respecting always the specific needs of vulnerable adults.

5. **Build capacity** direct service provision should be accompanied by a strategy for capacity building through partnerships and include systems for followup training and supervision.
6. **Ensure compliance with UN policies and strategies and national and international standards and guidelines.** The provision of healthcare, MHPSS and protection services should be delivered in ways that are consistent with the relevant UN policies and strategies, adhere to minimum international standards and are in line with governmental policies.
7. **Do no harm.** It is important to be aware of the potentially negative impacts of humanitarian programmes and activities, including those with the aim to improve physical and mental health status of the vulnerable adults and to enhance their psychosocial wellbeing, and to prevent inadvertently harming of vulnerable adults

1.6. RIGHTS-BASED APPROACH

Work with persons with disabilities is guided by a human rights based approach, which supports vulnerable persons during their adulthood, as active rights holders, to claim their rights. MDM-GR work with persons with disabilities is guided by the following principles of:

- Respect for inherent dignity, individual autonomy, including the freedom to make one's own choices, and independence of persons;
- Non- discrimination;
- Full and effective participation and inclusion in society;
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- Equality of opportunity;
- Accessibility;
- Equality between men and women;
- Respect for the evolving capacities of Vulnerable Adults to preserve their identities

1.7. KEY FACTS FOR ADULTS AT RISK OF VIOLENCE AND ABUSE

FREQUENCY

Abuse of adults can take place in various environments, including their homes, hospitals, assisted living arrangements and nursing homes.

- Because of issues about identification, stigma, and institutional systems, concerns about allegations of abuse are known to be under-reported. Only a small proportion of adult abuse is currently detected.
- People with health needs make up a large proportion of the referrals for adult abuse, including people with physical disabilities, mental health difficulties, learning disabilities and people with substance misuse.
- One systematic review of studies of elder abuse has found that about a quarter of vulnerable elderly people are at risk of abuse, with only a small proportion of these currently detected.

RISK FACTORS FOR ABUSE

- Lack of mental capacity.
- Increasing age.
- Being physically dependent on others.
- Low self-esteem.
- Previous history of abuse.
- Negative experiences of disclosing abuse.
- Social isolation.

- Lack of access to health and social services or high-quality information.

MAIN TYPES OF ABUSE

- **Physical abuse** may involve physical violence, misuse of medication, inappropriate restraint or sanctions.
- **Sexual abuse**.
- **Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, harassment, verbal abuse.
- **Financial or material abuse**, including theft, fraud, exploitation, pressure in connection with wills, property, inheritance, or financial transactions, misuse or misappropriation of property, possessions, or benefits.
- **Neglect and acts of omission**, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care, or educational services, withholding medication, adequate nutrition, and heating.
- **Discriminatory abuse**, including racist, sexist or abuse based on a person's disability.
- **Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse, so-called 'honor'-based violence.
- **Trafficking in Human Beings** – includes slavery, human trafficking, and forced labor and domestic servitude.
- **Organizational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home.
- **Self-neglect** – includes a wide range of behavior neglecting to care for personal hygiene, health or surroundings and includes behavior such as hoarding.

1.8. CONFIDENTIALITY AND CONSENT

Serious case reviews often identify lack of information sharing between agencies as an issue. Case workers and volunteers must therefore ensure that they share information about their concerns while respecting an individual's right to confidentiality.

If a person retains its capacity, MDM workers and volunteers have no legal authority to make best interest decisions on their behalf. However, balancing a respect for the choices of adults who retain capacity, against the desire to promote their welfare, can present genuine dilemmas.

Patients and carers need to be informed that their right to confidentiality is not absolute and that information may be shared in some circumstances where there is a significant risk of harm to others and in cases where it is in the public interest.

Most adults are deemed, in law, capable of giving or withholding consent. In adult protection it is vital to consider if a vulnerable adult is capable of giving consent and, if so, their consent must be sought. This may be in relation to whether they gave or give consent to:

- an activity that may be abusive: if consent to abuse was given under duress, e.g., exploitation, pressure, fear or intimidation, this apparent consent should be disregarded;
- the sharing of their personal information;
- an adult protection investigation going ahead: where a vulnerable adult with capacity has made a decision that they do not want action taken, the consequences and risks of this decision must be discussed fully with the person. If they remain clear that they do not want action taken, their

view should be respected unless not acting will put other vulnerable adults or children at risk;

- a medical examination;
- an interview;
- certain decisions or actions being taken during the adult protection process;
- the recommendations of their Individual Protection Plan and its recommendations being actioned. If the vulnerable adult seems able to make an informed decision and does not want action or intervention, their wishes should be respected, **unless:**
- there is a statutory duty to intervene (e.g. a crime may have been committed or may well be); or
- public interest e.g. another person or people are put at risk; or
- it is suspected the vulnerable adult may be under the undue influence of someone else.

1.9. UNDUE INFLUENCE AND THE WISHES OF THE VULNERABLE ADULT

When a vulnerable has consented to an action or activity, it is important to identify if there has been 'undue influence' leading them to do so. Consent should not simply be accepted at face value since some vulnerable adults need protection from emotional manipulation and exploitation.

Respect for the wishes of a vulnerable adult must not mean passive and uncritical compliance – the consequences of continuing risk should be explained. The future protection of that vulnerable adult, other vulnerable adults and the public should be safeguarded. Even where a vulnerable adult declines action under these Adult Protection Policy and Procedures, MDM-GR staff have an overriding duty to report abuse if that adult, or others, are at risk according the national legal framework.

2.0. DETECTION AND ASSESSMENT OF VULNERABLE ADULT ABUSE

2.1. DETECTION

Potential or actual abuse is not always obvious and often goes unnoticed for long periods of time. The wider context of the person's life, such as family support, social networks and culture, must be considered.

When assessing abuse, doctors and other aid workers should seek to establish the circumstances surrounding the concerns. The abused person may have difficulty in reporting abuse. The person may be frightened that the abuse will become worse if it is revealed and may be worried that it may leave them even more vulnerable.

An abused adult may seem withdrawn, unkempt, lose weight, and have poor skin care. This may be due to illness or may be due to neglect. It is important to establish whether the person can reach a drink, can feed him or herself and is able to ask for help.

Unexplained injuries may be discovered on examination or reported. These should be followed up and the cause of injury clarified to understand whether abuse may have occurred.

The distress caused by abuse may cause the person to have behavioral change, such as becoming withdrawn, aggressive, irritable or emotionally labile.

2.2. ASSESSMENT

Factors to consider when inquiring about abuse include:

- The vulnerability of the individual.
- The nature and extent of the abuse.
- The length of time it has been occurring.
- The impact on the individual.
- The risk of repeated or increasingly serious acts.

2.3. MANAGING THE CONVERSATION WITH AN INDIVIDUAL WHEN ABUSE IS SUSPECTED:

- Make sure the alleged perpetrator is not present.
- It may be helpful for the potentially abused person to be accompanied by a trusted person.
- Ensure they have appropriate support to express themselves clearly, including an interpreter if necessary.
- Be clear what will happen with the information that the victim discloses.
- Establish the facts of the allegation of abuse and acknowledge the impact of the abuse on the victim.
- Making sure the potential abuser is not present when asking about concerns should help the abused person to talk openly. Being accompanied by a trusted person may help a vulnerable adult feel supported and more confident in sharing information.

2.4. MANAGEMENT AND REFERRAL (APPLICABLE ONLY IN DOMESTIC OPERATIONS)

In all cases of possible abuse, case workers and doctors must assess the risk to the individuals and whether there is a need for immediate intervention. Circumstances that would require immediate action would include when someone's life is in immediate danger or there is significant risk of serious harm. Then you should ring 197 (EKKA HELPLINE) /100 (Police Emergency Line) / 166 (EKAB – Health Emergencies Line).

Case workers assessing risk should also think about any risk posed to adults at risk other than the patient, to members of the public, or to children and to keep aware of the incident the project manager and /or the director of MDM operations.

All concerns regarding significant risk of abuse should be reported to the local services responsible for safeguarding. If unsure, case workers should always make a referral for investigation. All responses depend on the circumstances of the case. The MDM-GR office in charge of the referral is the operations department.

In Greece the local services responsible for safeguarding are the Municipal Social Services and the regional office of public prosecutor. The lead agency for safeguarding is the Municipal Social Services. The public prosecutor is able to delegate this authority to other statutory organizations. Case workers need to be aware of how and where to report in their local area.

Most safeguarding boards have contact details and information on their websites.

3.0. REFERENCES

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MÉDECINS DU MONDE – GREECE
12 Sapfous Str, 105 53 Athens – Greece
T: +30.210.32.13.150, F: +30.210.32.13.850, e-Mail: info@mdmgreece.gr
www.mdmgreece.gr

TÜV AUSTRIA
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