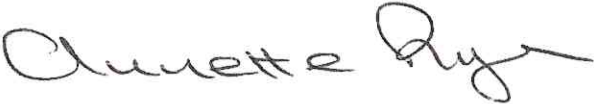




# Aurora

Enriching lives, Enriching Communities

## Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures

Policy Number	Policy Developed by	Date Developed
01 – Schedule 5	Geri Wilson	December 2018
Version	Amendments	
5	Process update – Internal Notification – ViClarity Review of Policy to reflect rebranding	
Reviewed by		Review completed
Emma Butler, Sarah Egan, Mirjam Lettner		28.03.2023
CEO signature		Next Review Date
		28.03.26

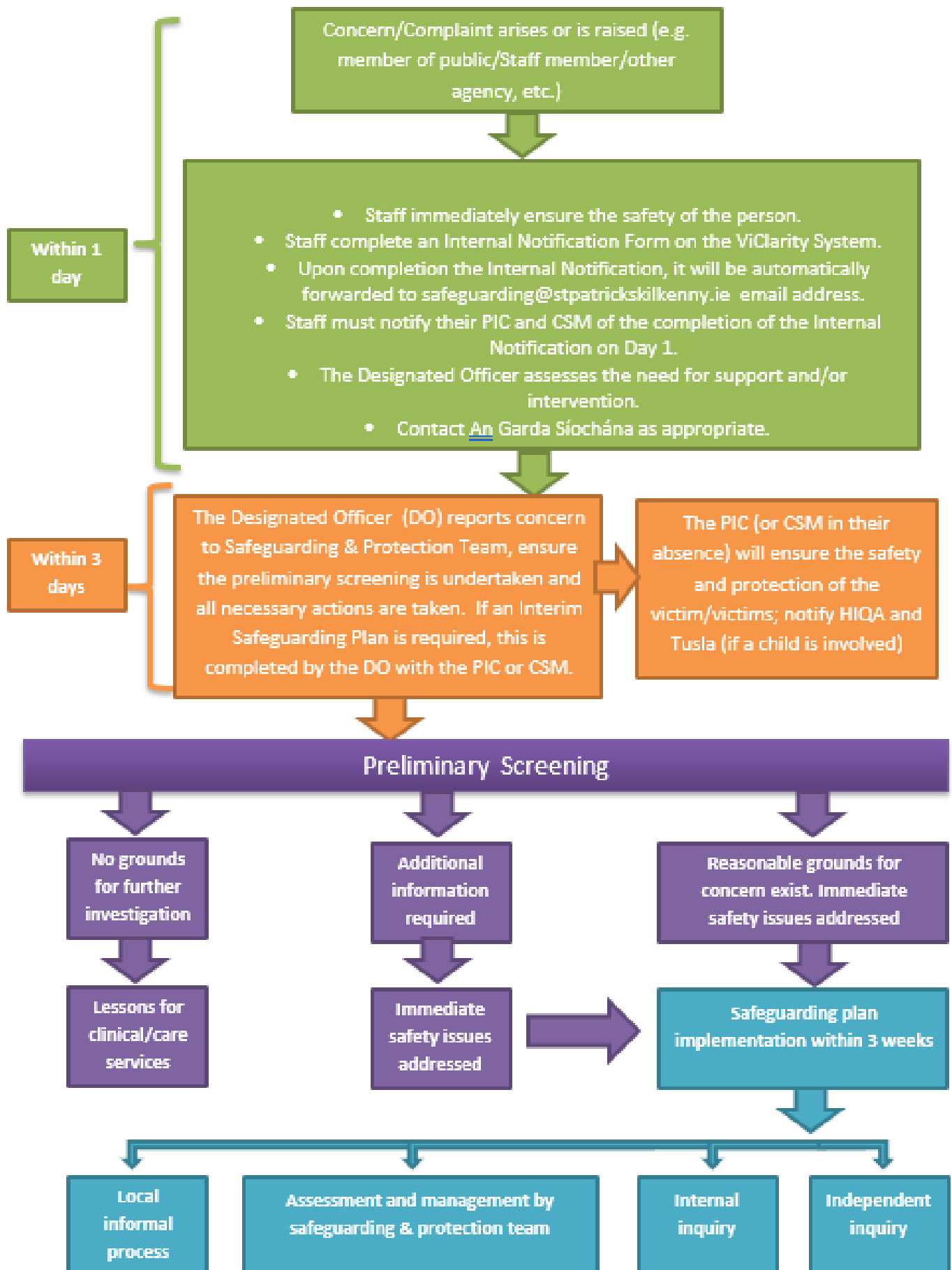
### Mission Statement

Enable people with complex needs to experience the same rights as every other citizen and as equal members of the community.

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# Aurora Safeguarding Pathway



## 1. Safeguarding Statement

Aurora Enriching Lives, Enriching Communities (referenced as Aurora throughout this Policy) is committed to the safeguarding of vulnerable persons from abuse. We acknowledge that all adults have the right to be safe and to live a life free from abuse. All persons supported by Aurora are entitled to this right, regardless of their circumstances. It is the responsibility of all employees and stakeholders of Aurora to ensure that persons supported are treated with respect and dignity, have their welfare promoted and receive support in an environment in which every effort is made to promote welfare and to prevent abuse.

Aurora has a **No Tolerance** approach to any form of abuse. We believe in a safeguarding culture, which promotes and supports this ethos.

Aurora believes in the provision of services through a person centre approach in a manner which promotes the welfare of vulnerable persons and safeguards vulnerable persons from abuse.

A best practice model of care will be promoted through collaborative working between all relevant stakeholders including:

- persons supported
- families and carers
- health and social care professionals
- service organisations and
- society as a whole

Aurora considers a Vulnerable Person as an adult who may be restricted in capacity to guard him/herself against harm or exploitation or to report such harm or exploitation.

Aurora has adopted the National Policy and Procedure for Safeguarding Vulnerable Person at Risk of Abuse (2014) as its policy for protecting persons supported from abuse.

This Policy should be read in conjunction other relevant policies namely:

- Trust in Care Policy HSE 2005
- Aurora Complaints Policy
- Dignity in Work HSE 2004
- HSE Policy on Open Disclosures 2019

## **2. Aurora - Designated Officers:**

**This listing is subject to review and the up to date listing can be located in the following folder**

**Q Drive: 1. Person Supported : Safeguarding**

### **3. Aurora's Safeguarding Vulnerable Adults at Risk of Abuse Procedures**

This procedure applies to all Aurora employees, volunteers, students and all practitioners involved in the delivery of service in Aurora. It is the duty of all employees to be familiar with this policy and procedures.

### **4. Responding to concerns or allegations of abuse of Vulnerable Persons**

#### **4.1 Concern Arises**

Take any immediate actions to safeguard anyone at immediate risk of harm including seeking for example, medical assistance or the assistance of An Garda Síochana, as appropriate. Inform Line Manager or if not available Senior Person on Cover.

#### **4.2 Listen, Reassure and Support**

If the vulnerable adult has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what he/she says and ensure he/she is given the appropriate support

Do not:

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

#### **4.3 Detection and Prevention of Crime**

Where there is a concern that a serious criminal offence may have taken place, or a crime may be about to be committed, contact An Garda Síochana immediately.

#### **4.4 Record and Preserve Evidence**

Preserve evidence through recording and take steps to preserve any physical evidence (if appropriate).

As soon as possible on the same day, fill in an Internal Notification Form (Sections 1 – 4 inclusive) on ViClarity detailing all relevant information of what you have seen, been told or have concerns about and who you reported it to. Ensure anyone else who witnessed or heard anything relating to the concern of abuse also makes a written report.

## **5. Internal Notification**

### **5.1 The Internal Notification is located on the ViClarity System and will include the following:**

- The details of the vulnerable person, including name, address, D.O.B and contact details,
- The current status of the person, i.e. physical, emotional,
- A brief overview of the vulnerable person,
- Date, location and time of the alleged incident,
- If a disclosure, when the disclosure was made, or when you were told about/witnessed the incident/s,
- Who was involved and any other witnesses, including the people we support and employees,
- The type of abuse being alleged,
- Exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told,
- Any other relevant information, e.g. previous incidents that have caused you concern.
- The identity of the person alleged to have caused concern.
- If an employee has been identified, have appropriate responses been initiated? (Trust in Care 2005)
- Details of alleged person causing concern (if known) i.e. name, address,
- Description of concern/allegation.
- Description of immediate actions taken.

### **5.2 Remember to:**

- include as much detail as possible;
- make sure the report is as accurate as possible;
- at the end of the report, your name will be added to the report;
- keep the report/s confidential (it will be stored on the ViClarity System which is a safe and secure system).

- Print out and retain a copy of the Internal Notification for the House Safeguarding folder.

**5.3** Once you have completed the Internal Notification Form on the ViClarity System it will be forwarded to the [safeguarding@aurorakilkenny.ie](mailto:safeguarding@aurorakilkenny.ie) email.

**5.4** Please notify your PIC and WCI Manager immediately (Day 1) regarding the completion of the Internal Notification Form on the ViClarity System. The incident/s must be reported on the same day as the concern is raised. In the absence of the Person in Charge (PIC), and WCI Manager, Emergency Governance must be informed immediately.

**5.5 The PIC must:**

- Ensure the care, safety and protection of the victim and any other potential victims, where appropriate. He/she must check with the person reporting the concern as to what steps have been taken (as above) and instigate any other appropriate steps.
- Notify HIQA via the HIQA Portal within three working days on an NFO6 form. Depending on the nature of the concern, other types of HIQA Notifications may also be required (e.g. NF03, etc).
- In respect of concerns pertaining to children, Aurora has a separate Child Protection outlining how to report any concerns of abuse to TUSLA, Child and Family Agency immediately if there are concerns in relation to children. Each PIC, WCI Manager and Senior Manager has access to the Aurora log-in details to report to TUSLA using their on-line system.
- The PIC is responsible for completing Section 7 of the ViClarity Safeguarding Form pertaining to the specific Safeguarding Concerns on every occasion.
- The PIC is responsible for completing the NIM's notification and entering the subsequent NIM Tracking Number on the ViClarity System.

**5.6 The Designated Officer must:**

- Report the concern to the Safeguarding and Protection Team (Vulnerable Persons) within three (3) working days after he/she has been informed of the concern.
- Nothing should be done to compromise the statutory responsibilities of An Garda Síochana. If it is considered that a criminal act may have occurred, agreement on



engagement with the person who is the subject of the complaint should be discussed with An Garda Síochana.

## 5.7 Stages of Preliminary Screening

The Designated Officer is responsible for ensuring that the Preliminary Screening is carried out.

The Preliminary Screening will take account of all relevant information in order to establish:

- if an abusive act could have occurred and if there are reasonable grounds for concern.

The process should be led by the Designated Officer and completed within 3 working days following the report of an incident.

**Note:** at any time in the process, it may be appropriate to consult with the HSE Safeguarding and Protection Team (Vulnerable Persons) or An Garda Síochana. In such instances, a written note must be kept of any such consultation.

## 6. Ensuring Immediate Safety and Support

6.1 On receipt of the report of suspected or actual abuse, the Line Manager will establish and document the following:

- What is the concern?
- Who is making the report?
- Who is involved, how they are involved and are there risks to others?
- Any immediate risks identified, or actions already taken to address immediate risks.
- Biographical information of the person of concern, e.g.name, address, gender, d.o.b, GP details, details of other professionals involved, an overview of health and care needs, (and needs relating to faith, race, disability, age, and sexual orientation as appropriate) ,
- What is known of the person's mental capacity and of their wishes in relation to abuse/neglect?
- Details of the concern including time frame,
- Establish the current safety status of the victim. Arrange medical treatment if required,
- Establish if An Gardaí Síochana have been notified,
- Ensure referral to TUSLA where a child is identified as being at risk of harm.

## **7. Information Gathering**

- 7.1** The Designated Officer or an appropriate employee appointed by the Director of Service will be appointed to manage the intra and/or inter-agency safeguarding procedure and processes, including coordinating assessments.
- 7.2** The person referred should be contacted at the earliest appropriate time.
- 7.3** Consent to share or seek information should be addressed at this stage.
- 7.4** It is important to remember that in the process of gathering information, no actions should be taken which may put the person/s referred or others at further risk of harm or that would contaminate evidence.
- 7.5** The types of information to be gathered will be dependent on the individual circumstances of the report. Accordingly, information sources will vary depending on the nature of the referrals but some examples include:
- Gaining the views of the individual referred.
  - Checking of electronic/paper files to establish known history of the person.
  - Checking if there are services already in place and liaison with those services.
  - Verifying referral information and gaining further information from the referral source.
  - Considering consultation with An Garda Siochana to see if they have any Information relating the person referred or alleged perpetrator.
- 7.6** In general, throughout the information gathering process the following information should be available:
- Name of person/s referred,
  - Biographical details and address/living situation,
  - As much detail as possible of the abuse and/or neglect that is alleged to have taken place/at risk of taking place (including how it became known, the impact on the person concerned and details of any witnesses,
  - The views of the person/s concerned and their capacity to make ` decisions
  - Details on any immediate actions that have taken place (including use of emergency or medical services,
  - An overview of the person/s needs, including health and care needs (including communication needs, access needs, support and advocacy needs,
  - G.P. details and other health services/professionals involved,
  - Name of first contact (where applicable) or name and contact details of organisation providing support,
  - Checks made if other services, teams or allocated workers are involved

- with the person/s referred or alleged perpetrator/s,
- Checks made for previous concerns of abuse and /or neglect in respect of person referred,
- Checks for previous concerns of abuse and /or neglect concerning the alleged perpetrator.

## 7.7 Involvement of Employees

In situations where the allegation of abuse arises in respect of a Aurora employee then the HSE Policies for Managing Allegations of Abuse against Employees will be followed. (Trust In Care 2004)

## 7.8 Involvement of a Person We Support

In the event that the concerns or allegations of abuse identified a person we support, the plan must ensure that relevant professional advice on the appropriate actions is sought from relevant multi-disciplinary clinicians.

The rights of all parties must receive individual consideration, with the welfare of the vulnerable person being paramount.

**Note:** The HSE service providers and funded agencies are mindful of their mutual obligations to protect the data protection rights of all data subjects. The identification of the “person allegedly causing concern” to the HSE Safeguarding and Protection Team has a legal basis and may be necessary in certain circumstances. A request for identifying information on the person allegedly causing concern by a HSE Safeguarding and Protection Team will need to be considered and decided upon by the data controller in the relevant agency.

When completing the Preliminary Screening the person allegedly causing concern is not identified by name but by Anonymous Agency Identifier (AAI) agreed by the service provider and the designated officers.

## 7.9 Outcome of Preliminary Screening

The outcome of the Preliminary Screening must be notified to the HSE Safeguarding and

Protection Team (Vulnerable Persons) and actions after this point must be agreed with the HSE Safeguarding and Protection Team (Vulnerable Persons)

The Garda Síochana should be notified if the complaint/ concern could be criminal in nature or if the inquiry could interfere with the statutory responsibilities of An Garda Síochana.

An investigation by of An Garda Síochana should not necessarily prevent an inquiry.

In cases when the outcome of the Preliminary Screening is that:

(1) Additional information is required or

(2) that Reasonable Grounds for Concern Exist a Safeguarding Plan must be formulated.

A copy of the Preliminary Screening will be submitted to the Person in Charge-/PIC and Wellness Culture and Integration Manager-(WCI Manager)with a recommendation regarding proposed/required actions.

The Preliminary Screening will be assessed by the Person in Charge (PIC) who will decide on appropriate actions and prepare a written safeguarding plan.

The Preliminary Screening and the associated Safeguarding Plan will be copied to the Safeguarding and Protection Team (Vulnerable Persons) who may advise on other appropriate actions.

Based on the information gathered, an assessment should be made which addresses the following;

- Does the person/s referred or group of individuals affected fall under the definition of Vulnerable Adult (as defined above)?
- Do the concerns referred constitute a possible issue of abuse?
- Where it is appropriate to do so, has the informed consent of the individual been obtained?
- If consent has been refused and the person has the mental capacity to make this decision, is there a compelling reason to continue without consent? Have the risks and possible consequences been made known to the person supported.

**7.10 The outcome of the Preliminary Screening may be:**

A. No grounds for reasonable concerns exist.

B. Additional information required (this should be specified)

C. Reasonable grounds for concern exist.

**A. No grounds for reasonable concern**

An outcome that there are not reasonable grounds for concern that abuse has occurred does not exclude an assessment that lessons may be learned and that, for example, clinical and care issues need to be addressed within the normal management arrangements.

**B. Additional information required**

A plan to secure the relevant information and the deployment of resources to achieve this within a specified time will be developed by the Director of Service. This may involve the appointment of a small team with relevant expertise. All immediate safety and protective issues must also be specified, and an Interim Safeguarding Plan developed.

**C. Reasonable Grounds for Concern Exists**

If it is determined that abuse of a vulnerable person may have occurred, the responsibilities towards all relevant parties must be considered and addressed.

These may include:

The needs of the vulnerable person is the paramount consideration and a formal Safeguarding Plan must be developed which addresses the therapeutic and support needs arising from the experience and the protective interventions aimed at preventing further abuse.

## **8. Safeguarding Plan**

The Safeguarding Plan may include:

### **8.1 Local Informal Process**

If it is established that, for example, a single incident has occurred which is not of a serious nature, the manager may decide to deal with the matter locally and informally. This would usually include training. This approach must be agreed with

the vulnerable person. This should be notified to the Safeguarding and Protection Team (Vulnerable Persons).

## **8.2 Internal Inquiry (Investigation)**

The Director of Service will usually commission the Inquiry. The Commissioner of an Inquiry must develop specific Terms of Reference and, where appropriate, ensure the appointment of a Chair and members with the suitable experience and expertise, both in services for vulnerable persons and in the application of fair procedures. The Terms of Reference should be informed by appropriate professional advice. Arrangements for the provision of expert advice to the enquiry should also be outlined.

An Inquiry Report will usually contain certain conclusions and recommendations and it is the responsibility of the Commissioner to receive the report and to determine the necessary actions.

## **8.3 Independent Inquiry (Investigation)**

In establishing any form of inquiry, relevant HSE Policies must be considered. In considering the specific form of Inquiry, issues to be considered include;

- The nature of the concerns.
- If the matters relate to an identifiable person, or incident, or to system issues.
- The impact on confidence in the service.
- The views of the vulnerable persons and/or his/her family.

## **8.4 Assessment and Management by Safeguarding and Protection Team (Vulnerable Persons)**

In certain circumstances, the HSE Head of Social Care in each Community Healthcare Organisation may decide that the matter should be assessed and managed by the Safeguarding and Protection Team (Vulnerable Persons). Such circumstances may include any possible/perceived conflict of interest for the Director of Service.

The Head of Social Care in each Community Healthcare Organisation may also determine that another process, appropriate to the particular issues arising, is required and may arrange such a process. This may include the arranging of a comprehensive

professional assessment.

### **8.5 Management of an Allegation of Abuse against an Employee**

In situations where the allegation of abuse arises in respect of an Aurora employee then the HSE Policies for Managing Allegations of Abuse against Employees will be followed. (Trust In Care 2004)

The safety of the person supported is paramount and all protective measures proportionate to the assessed risk must be taken to safeguard the welfare of the person supported.

Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed in the first instance with An Garda Síochána.

### **8.6 The Safeguarding Plan**

If the preliminary screening determines that reasonable grounds for concern exist a safeguarding plan must be developed. Responsibility to ensure a safeguarding plan is developed rests with the relevant WCI Manager, Person in Charge (PIC) and the Designated Officer (DO).

### **8.7 Safeguarding Plan Co-ordinator (role held by the WCI Manager's):**

One lead person per Cluster must be appointed to act as a co-coordinator of information and intervention. The Safeguarding Plan Co-ordinator will arrange a full review at agreed intervals (i.e. every quarter with their PICs).

The responsibility for appointment of a Safeguarding Plan Coordinator will be with the Director of Services.

If the vulnerable person has capacity and agrees to intervention, a safeguarding plan will be developed, as far as possible, in accordance with his/her wishes.

If the person has capacity and refuses services, every effort should be made to negotiate with the person. Time is taken to develop and build up rapport and trust. It is important to continue to monitor the person's wellbeing.

If the person lacks capacity, legal advice may be required to inform the decision

making process. Decisions must be made in the best interests of the person and, if possible, based on his/her wishes and values.

The Safeguarding Plan will outline the planned actions that have been identified to address the needs of the person supported and minimise the risk to individuals or groups of individuals.

The Safeguarding Plan will be further developed in line with further assessments, i.e. when the appropriate assessments/investigations have been carried out to establish levels of risk and whether the abuse or neglect occurred. The Safeguarding Plan will be formulated in partnership with all relevant stakeholder parties.

The Safeguarding Plan should include, relevant to the individual situation:

- Positive actions to safeguard the person/s at risk from further abuse/neglect and to promote recovery.
- Positive actions to prevent identified perpetrators from abusing or neglecting in the future.

The Safeguarding Plan should also include consideration of what triggers or circumstances would indicate increasing levels of risk of abuse or neglect for individual/s and how this should be dealt with.

## **8.8 Timescale**

The Safeguarding Plan should be formulated, even in a preliminary form, and implemented *within three weeks* of the Preliminary Screening being completed. A Safeguarding Plan Review should be undertaken at appropriate intervals and must be undertaken *within six months* of the Safeguarding Plan commencing and, at a minimum, at six monthly intervals thereafter or on case closure.

## **8.9 Support for Vulnerable Adults**

Support measures for vulnerable adults who have experienced abuse or who are at risk of abuse should be carefully considered when formulating the Safeguarding Plan. Mainstream support service provision, e.g. Victim Support services, should be considered as well as specialist support services, e.g., specialist psychology



services, mediation, etc.

The role of An Garda Síochána and related support measures should be considered where a vulnerable adult might be going through the criminal justice process, including use of intermediaries, independent advocates, etc.

Where there is a potential for criminal prosecution, it is important to ensure that support is provided to the vulnerable adult.

#### **8.10 Updating the Safeguarding Plan**

Updating and review of the Safeguarding Plan will be informed by all stages of the process. Discussions/meetings on the Safeguarding Plan will be arranged by the Safeguarding Plan Co-ordinator (WCI Manager) and should address the following:

- Feedback and evaluation of the evidence and outcomes from the assessments, including making a multi-agency {where appropriate} judgement of whether the abuse/neglect has occurred, has not occurred, or whether this is still not known.
- A review of the initial Safeguarding Plan.
- An assessment of current and future risk of abuse/neglect to the individual, group of individuals, or others.
- To evaluate the need for further assessment and investigation.
- Where abuse/neglect has taken place, or an ongoing risk of abuse/neglect is identified, a Safeguarding Plan should be agreed with proactive steps to prevent/decrease the risk of further abuse or neglect.
- Agreeing an ongoing communication plan, including the level of information that should be fed back to the person who raised the concerns (the referrer), other involved individuals or agencies, and who will be responsible for doing this.
- To set an agreed timescale for further review of the Safeguarding Plan.

#### **8.11 The Safeguarding Plan Review**

The aim of the safeguarding plan review is to:

- Establish any changes in circumstances or further concerns which may affect the Safeguarding Plan,

- Evaluate the effectiveness of the Safeguarding Plan,
- Evaluate, through appropriate risk assessment, whether there remains a risk of abuse or neglect to the individuals or group of individuals.
- Make required changes to the Safeguarding Plan and set a further review date.

### **8.12 Evaluating the Safeguarding Process**

The Safeguarding Plan Review process should also be used as an opportunity to evaluate the intervention in general terms, e.g. what worked well, what caused difficulties, how effectively did professional and agencies work together.

This level of information should be fed back through the Safeguarding and Protection Team (Vulnerable Persons) and disseminated to other employees/agencies as appropriate. Experiences from practice, positive and negative, can be used to facilitate learning arising from specific situations to enable services to develop and be in a better position to safeguard individuals at risk from abuse and neglect.

### **8.13 Closing the Safeguarding Plan**

The updated risk assessment arising from a Safeguarding Plan Review may provide evidence that the risk of abuse or neglect has been removed, or through changed circumstances, be no longer appropriate to be managed through this procedure. When this occurs, decisions should be taken with multi-agency agreement, where appropriate.

Reasons and rationale for closing the safeguarding plan be recorded in full. The person supported and/or referrer may be formally notified of closure where appropriate.

## **9. Open Disclosures**

The information below is aligned to and consistent with the following:

- HSE Policy on Open Disclosure (2019)
- Aurora Open Disclosure Policy (Pending)
- HSE and State Claims Agency Open Disclosure Guidelines - Communicating with People Supported and their families following adverse events in health and social care

Open Disclosure refers to an open, consistent approach to communicating with People Supported when things go wrong in health and social care i.e., in the provision of service to them. This includes expressing regret for what has happened, keeping the Person Supported informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse

event.

In line with the National Standards for Safer Better Healthcare 2012 Standard 3.5, Aurora will “fully and openly inform and support (the Person Supported) as soon as possible after an adverse event affecting them has occurred, or becomes known and continue to provide information and support as needed”



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Enriching lives, Enriching Communities

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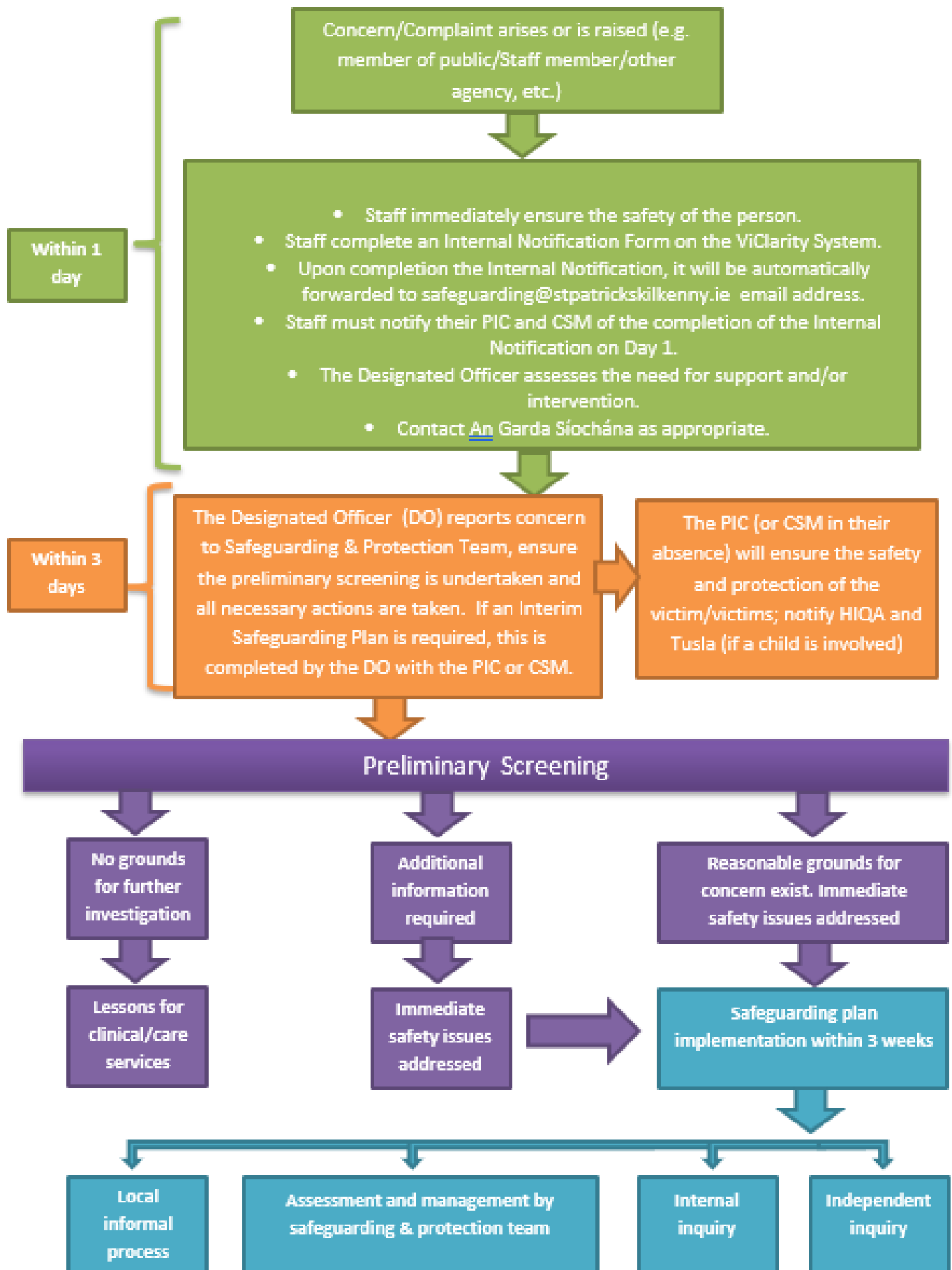
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This procedure applies to all Aurora employees, volunteers, students and all practitioners involved in the delivery of service in Aurora. It is the duty of all employees to be familiar with this policy and procedures.

### **4. Responding to concerns or allegations of abuse of Vulnerable Persons**

#### **4.1 Concern Arises**

Take any immediate actions to safeguard anyone at immediate risk of harm including seeking for example, medical assistance or the assistance of An Garda Síochána, as appropriate. Inform Line Manager or if not available Senior Person on Cover.

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If the vulnerable adult has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what he/she says and ensure he/she is given the appropriate support

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As soon as possible on the same day, fill in an Internal Notification Form (Sections 1 – 4 inclusive) on ViClarity detailing all relevant information of what you have seen, been told or have concerns about and who you reported it to. Ensure anyone else who witnessed or heard anything relating to the concern of abuse also makes a written report.

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- If a disclosure, when the disclosure was made, or when you were told about/witnessed the incident/s,
- Who was involved and any other witnesses, including the people we support and employees,
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- Exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told,
- Any other relevant information, e.g. previous incidents that have caused you concern.
- The identity of the person alleged to have caused concern.
- If an employee has been identified, have appropriate responses been initiated? (Trust in Care 2005)
- Details of alleged person causing concern (if known) i.e. name, address,
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- make sure the report is as accurate as possible;
- at the end of the report, your name will be added to the report;
- keep the report/s confidential (it will be stored on the ViClarity System which is a safe and secure system).

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**5.4** Please notify your PIC and WCI Manager immediately (Day 1) regarding the completion of the Internal Notification Form on the ViClarity System. The incident/s must be reported on the same day as the concern is raised. In the absence of the Person in Charge (PIC), and WCI Manager, Emergency Governance must be informed immediately.

**5.5 The PIC must:**

- Ensure the care, safety and protection of the victim and any other potential victims, where appropriate. He/she must check with the person reporting the concern as to what steps have been taken (as above) and instigate any other appropriate steps.
- Notify HIQA via the HIQA Portal within three working days on an NFO6 form. Depending on the nature of the concern, other types of HIQA Notifications may also be required (e.g. NF03, etc).
- In respect of concerns pertaining to children, Aurora has a separate Child Protection outlining how to report any concerns of abuse to TUSLA, Child and Family Agency immediately if there are concerns in relation to children. Each PIC, WCI Manager and Senior Manager has access to the Aurora log-in details to report to TUSLA using their on-line system.
- The PIC is responsible for completing Section 7 of the ViClarity Safeguarding Form pertaining to the specific Safeguarding Concerns on every occasion.
- The PIC is responsible for completing the NIM's notification and entering the subsequent NIM Tracking Number on the ViClarity System.

**5.6 The Designated Officer must:**

- Report the concern to the Safeguarding and Protection Team (Vulnerable Persons) within three (3) working days after he/she has been informed of the concern.
- Nothing should be done to compromise the statutory responsibilities of An Garda Síochana. If it is considered that a criminal act may have occurred, agreement on

engagement with the person who is the subject of the complaint should be discussed with An Garda Síochana.

## 5.7 Stages of Preliminary Screening

The Designated Officer is responsible for ensuring that the Preliminary Screening is carried out.

The Preliminary Screening will take account of all relevant information in order to establish:

- if an abusive act could have occurred and if there are reasonable grounds for concern.

The process should be led by the Designated Officer and completed within 3 working days following the report of an incident.

**Note:** at any time in the process, it may be appropriate to consult with the HSE Safeguarding and Protection Team (Vulnerable Persons) or An Garda Síochana. In such instances, a written note must be kept of any such consultation.

## 6. Ensuring Immediate Safety and Support

6.1 On receipt of the report of suspected or actual abuse, the Line Manager will establish and document the following:

- What is the concern?
- Who is making the report?
- Who is involved, how they are involved and are there risks to others?
- Any immediate risks identified, or actions already taken to address immediate risks.
- Biographical information of the person of concern, e.g.name, address, gender, d.o.b, GP details, details of other professionals involved, an overview of health and care needs, (and needs relating to faith, race, disability, age, and sexual orientation as appropriate) ,
- What is known of the person's mental capacity and of their wishes in relation to abuse/neglect?
- Details of the concern including time frame,
- Establish the current safety status of the victim. Arrange medical treatment if required,
- Establish if An Gardaí Síochana have been notified,
- Ensure referral to TUSLA where a child is identified as being at risk of harm.

## **7. Information Gathering**

- 7.1** The Designated Officer or an appropriate employee appointed by the Director of Service will be appointed to manage the intra and/or inter-agency safeguarding procedure and processes, including coordinating assessments.
- 7.2** The person referred should be contacted at the earliest appropriate time.
- 7.3** Consent to share or seek information should be addressed at this stage.
- 7.4** It is important to remember that in the process of gathering information, no actions should be taken which may put the person/s referred or others at further risk of harm or that would contaminate evidence.
- 7.5** The types of information to be gathered will be dependent on the individual circumstances of the report. Accordingly, information sources will vary depending on the nature of the referrals but some examples include:
- Gaining the views of the individual referred.
  - Checking of electronic/paper files to establish known history of the person.
  - Checking if there are services already in place and liaison with those services.
  - Verifying referral information and gaining further information from the referral source.
  - Considering consultation with An Garda Siochana to see if they have any Information relating the person referred or alleged perpetrator.
- 7.6** In general, throughout the information gathering process the following information should be available:
- Name of person/s referred,
  - Biographical details and address/living situation,
  - As much detail as possible of the abuse and/or neglect that is alleged to have taken place/at risk of taking place (including how it became known, the impact on the person concerned and details of any witnesses,
  - The views of the person/s concerned and their capacity to make ` decisions
  - Details on any immediate actions that have taken place (including use of emergency or medical services,
  - An overview of the person/s needs, including health and care needs (including communication needs, access needs, support and advocacy needs,
  - G.P. details and other health services/professionals involved,
  - Name of first contact (where applicable) or name and contact details of organisation providing support,
  - Checks made if other services, teams or allocated workers are involved

- with the person/s referred or alleged perpetrator/s,
- Checks made for previous concerns of abuse and /or neglect in respect of person referred,
- Checks for previous concerns of abuse and /or neglect concerning the alleged perpetrator.

## 7.7 Involvement of Employees

In situations where the allegation of abuse arises in respect of a Aurora employee then the HSE Policies for Managing Allegations of Abuse against Employees will be followed. (Trust In Care 2004)

## 7.8 Involvement of a Person We Support

In the event that the concerns or allegations of abuse identified a person we support, the plan must ensure that relevant professional advice on the appropriate actions is sought from relevant multi-disciplinary clinicians.

The rights of all parties must receive individual consideration, with the welfare of the vulnerable person being paramount.

**Note:** The HSE service providers and funded agencies are mindful of their mutual obligations to protect the data protection rights of all data subjects. The identification of the “person allegedly causing concern” to the HSE Safeguarding and Protection Team has a legal basis and may be necessary in certain circumstances. A request for identifying information on the person allegedly causing concern by a HSE Safeguarding and Protection Team will need to be considered and decided upon by the data controller in the relevant agency.

When completing the Preliminary Screening the person allegedly causing concern is not identified by name but by Anonymous Agency Identifier (AAI) agreed by the service provider and the designated officers.

## 7.9 Outcome of Preliminary Screening

The outcome of the Preliminary Screening must be notified to the HSE Safeguarding and

Protection Team (Vulnerable Persons) and actions after this point must be agreed with the HSE Safeguarding and Protection Team (Vulnerable Persons)

The Garda Síochana should be notified if the complaint/ concern could be criminal in nature or if the inquiry could interfere with the statutory responsibilities of An Garda Síochana.

An investigation by of An Garda Síochana should not necessarily prevent an inquiry.

In cases when the outcome of the Preliminary Screening is that:

(1) Additional information is required or

(2) that Reasonable Grounds for Concern Exist a Safeguarding Plan must be formulated.

A copy of the Preliminary Screening will be submitted to the Person in Charge-/PIC and Wellness Culture and Integration Manager-(WCI Manager)with a recommendation regarding proposed/required actions.

The Preliminary Screening will be assessed by the Person in Charge (PIC) who will decide on appropriate actions and prepare a written safeguarding plan.

The Preliminary Screening and the associated Safeguarding Plan will be copied to the Safeguarding and Protection Team (Vulnerable Persons) who may advise on other appropriate actions.

Based on the information gathered, an assessment should be made which addresses the following;

- Does the person/s referred or group of individuals affected fall under the definition of Vulnerable Adult (as defined above)?
- Do the concerns referred constitute a possible issue of abuse?
- Where it is appropriate to do so, has the informed consent of the individual been obtained?
- If consent has been refused and the person has the mental capacity to make this decision, is there a compelling reason to continue without consent? Have the risks and possible consequences been made known to the person supported.

**7.10 The outcome of the Preliminary Screening may be:**

A. No grounds for reasonable concerns exist.

B. Additional information required (this should be specified)

C. Reasonable grounds for concern exist.

**A. No grounds for reasonable concern**

An outcome that there are not reasonable grounds for concern that abuse has occurred does not exclude an assessment that lessons may be learned and that, for example, clinical and care issues need to be addressed within the normal management arrangements.

**B. Additional information required**

A plan to secure the relevant information and the deployment of resources to achieve this within a specified time will be developed by the Director of Service. This may involve the appointment of a small team with relevant expertise. All immediate safety and protective issues must also be specified, and an Interim Safeguarding Plan developed.

**C. Reasonable Grounds for Concern Exists**

If it is determined that abuse of a vulnerable person may have occurred, the responsibilities towards all relevant parties must be considered and addressed.

These may include:

The needs of the vulnerable person is the paramount consideration and a formal Safeguarding Plan must be developed which addresses the therapeutic and support needs arising from the experience and the protective interventions aimed at preventing further abuse.

## **8. Safeguarding Plan**

The Safeguarding Plan may include:

### **8.1 Local Informal Process**

If it is established that, for example, a single incident has occurred which is not of a serious nature, the manager may decide to deal with the matter locally and informally. This would usually include training. This approach must be agreed with



the vulnerable person. This should be notified to the Safeguarding and Protection Team (Vulnerable Persons).

## **8.2 Internal Inquiry (Investigation)**

The Director of Service will usually commission the Inquiry. The Commissioner of an Inquiry must develop specific Terms of Reference and, where appropriate, ensure the appointment of a Chair and members with the suitable experience and expertise, both in services for vulnerable persons and in the application of fair procedures. The Terms of Reference should be informed by appropriate professional advice. Arrangements for the provision of expert advice to the enquiry should also be outlined.

An Inquiry Report will usually contain certain conclusions and recommendations and it is the responsibility of the Commissioner to receive the report and to determine the necessary actions.

## **8.3 Independent Inquiry (Investigation)**

In establishing any form of inquiry, relevant HSE Policies must be considered. In considering the specific form of Inquiry, issues to be considered include;

- The nature of the concerns.
- If the matters relate to an identifiable person, or incident, or to system issues.
- The impact on confidence in the service.
- The views of the vulnerable persons and/or his/her family.

## **8.4 Assessment and Management by Safeguarding and Protection Team (Vulnerable Persons)**

In certain circumstances, the HSE Head of Social Care in each Community Healthcare Organisation may decide that the matter should be assessed and managed by the Safeguarding and Protection Team (Vulnerable Persons). Such circumstances may include any possible/perceived conflict of interest for the Director of Service.

The Head of Social Care in each Community Healthcare Organisation may also determine that another process, appropriate to the particular issues arising, is required and may arrange such a process. This may include the arranging of a comprehensive

professional assessment.

### **8.5 Management of an Allegation of Abuse against an Employee**

In situations where the allegation of abuse arises in respect of an Aurora employee then the HSE Policies for Managing Allegations of Abuse against Employees will be followed. (Trust In Care 2004)

The safety of the person supported is paramount and all protective measures proportionate to the assessed risk must be taken to safeguard the welfare of the person supported.

Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed in the first instance with An Garda Síochána.

### **8.6 The Safeguarding Plan**

If the preliminary screening determines that reasonable grounds for concern exist a safeguarding plan must be developed. Responsibility to ensure a safeguarding plan is developed rests with the relevant WCI Manager, Person in Charge (PIC) and the Designated Officer (DO).

### **8.7 Safeguarding Plan Co-ordinator (role held by the WCI Manager's):**

One lead person per Cluster must be appointed to act as a co-coordinator of information and intervention. The Safeguarding Plan Co-ordinator will arrange a full review at agreed intervals (i.e. every 2 months with their PICs).

The responsibility for appointment of a Safeguarding Plan Coordinator will be with the Director of Services.

If the vulnerable person has capacity and agrees to intervention, a safeguarding plan will be developed, as far as possible, in accordance with his/her wishes.

If the person has capacity and refuses services, every effort should be made to negotiate with the person. Time is taken to develop and build up rapport and trust. It is important to continue to monitor the person's wellbeing.

If the person lacks capacity, legal advice may be required to inform the decision

making process. Decisions must be made in the best interests of the person and, if possible, based on his/her wishes and values.

The Safeguarding Plan will outline the planned actions that have been identified to address the needs of the person supported and minimise the risk to individuals or groups of individuals.

The Safeguarding Plan will be further developed in line with further assessments, i.e. when the appropriate assessments/investigations have been carried out to establish levels of risk and whether the abuse or neglect occurred. The Safeguarding Plan will be formulated in partnership with all relevant stakeholder parties.

The Safeguarding Plan should include, relevant to the individual situation:

- Positive actions to safeguard the person/s at risk from further abuse/neglect and to promote recovery.
- Positive actions to prevent identified perpetrators from abusing or neglecting in the future.

The Safeguarding Plan should also include consideration of what triggers or circumstances would indicate increasing levels of risk of abuse or neglect for individual/s and how this should be dealt with.

## **8.8 Timescale**

The Safeguarding Plan should be formulated, even in a preliminary form, and implemented *within three weeks* of the Preliminary Screening being completed. A Safeguarding Plan Review should be undertaken at appropriate intervals and must be undertaken *within six months* of the Safeguarding Plan commencing and, at a minimum, at six monthly intervals thereafter or on case closure.

## **8.9 Support for Vulnerable Adults**

Support measures for vulnerable adults who have experienced abuse or who are at risk of abuse should be carefully considered when formulating the Safeguarding Plan. Mainstream support service provision, e.g. Victim Support services, should be considered as well as specialist support services, e.g., specialist psychology

services, mediation, etc.

The role of An Garda Síochána and related support measures should be considered where a vulnerable adult might be going through the criminal justice process, including use of intermediaries, independent advocates, etc.

Where there is a potential for criminal prosecution, it is important to ensure that support is provided to the vulnerable adult.

#### **8.10 Updating the Safeguarding Plan**

Updating and review of the Safeguarding Plan will be informed by all stages of the process. Discussions/meetings on the Safeguarding Plan will be arranged by the Safeguarding Plan Co-ordinator (WCI Manager) and should address the following:

- Feedback and evaluation of the evidence and outcomes from the assessments, including making a multi-agency {where appropriate} judgement of whether the abuse/neglect has occurred, has not occurred, or whether this is still not known.
- A review of the initial Safeguarding Plan.
- An assessment of current and future risk of abuse/neglect to the individual, group of individuals, or others.
- To evaluate the need for further assessment and investigation.
- Where abuse/neglect has taken place, or an ongoing risk of abuse/neglect is identified, a Safeguarding Plan should be agreed with proactive steps to prevent/decrease the risk of further abuse or neglect.
- Agreeing an ongoing communication plan, including the level of information that should be fed back to the person who raised the concerns (the referrer), other involved individuals or agencies, and who will be responsible for doing this.
- To set an agreed timescale for further review of the Safeguarding Plan.

#### **8.11 The Safeguarding Plan Review**

The aim of the safeguarding plan review is to:

- Establish any changes in circumstances or further concerns which may affect the Safeguarding Plan,

- Evaluate the effectiveness of the Safeguarding Plan,
- Evaluate, through appropriate risk assessment, whether there remains a risk of abuse or neglect to the individuals or group of individuals.
- Make required changes to the Safeguarding Plan and set a further review date.

### **8.12 Evaluating the Safeguarding Process**

The Safeguarding Plan Review process should also be used as an opportunity to evaluate the intervention in general terms, e.g. what worked well, what caused difficulties, how effectively did professional and agencies work together. This level of information should be fed back through the Safeguarding and Protection Team (Vulnerable Persons) and disseminated to other employees/agencies as appropriate. Experiences from practice, positive and negative, can be used to facilitate learning arising from specific situations to enable services to develop and be in a better position to safeguard individuals at risk from abuse and neglect.

### **8.13 Closing the Safeguarding Plan**

The updated risk assessment arising from a Safeguarding Plan Review may provide evidence that the risk of abuse or neglect has been removed, or through changed circumstances, be no longer appropriate to be managed through this procedure. When this occurs, decisions should be taken with multi-agency agreement, where appropriate.

Reasons and rationale for closing the safeguarding plan be recorded in full. The person supported and/or referrer may be formally notified of closure where appropriate.

## **9. Open Disclosures**

The information below is aligned to and consistent with the following:

- HSE Policy on Open Disclosure (2019)
- Aurora Open Disclosure Policy (Pending)
- HSE and State Claims Agency Open Disclosure Guidelines - Communicating with People Supported and their families following adverse events in health and social care

Open Disclosure refers to an open, consistent approach to communicating with People Supported when things go wrong in health and social care i.e., in the provision of service to them. This includes expressing regret for what has happened, keeping the Person Supported informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse

event.

In line with the National Standards for Safer Better Healthcare 2012 Standard 3.5, Aurora will “fully and openly inform and support (the Person Supported) as soon as possible after an adverse event affecting them has occurred, or becomes known and continue to provide information and support as needed”

# **Safeguarding Vulnerable Persons at Risk of Abuse**

## National Policy & Procedures

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Incorporating Services  
for Elder Abuse and for  
Persons with a Disability

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**Social Care Division**



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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# Foreword

With the establishment of the Social Care Division, which provides services for Older Persons and Persons with Disabilities, a consistent approach is required to ensure vulnerable adults are protected from abuse. In that context, there is an opportunity to develop an overarching policy to safeguard and protect clients of Disability Services and Older Persons' Services from abuse and neglect.

Arising from the Report of the Working Group on Elder Abuse, the HSE established a dedicated Elder Abuse Service in 2007. A National Steering Committee on Elder Abuse was established and local service responses were put in place.

Many disability services have also developed safeguarding policies and practices regarding vulnerable persons.

The work undertaken at national and local level in both Care Groups has highlighted the importance of public awareness and professional expertise regarding abuse of vulnerable persons. This has helped to improve the quality of life for vulnerable persons who may be at risk of abuse.

Building on this expertise and learning, this policy and procedures document now addresses the issue of safeguarding all vulnerable persons across the Social Care Division, encompassing older people and persons with a disability.

This Policy and Procedures will be reviewed within 12 months, taking account of experiences of its use and any relevant developments in legislation and/or other policy initiatives.

Feedback is welcome and should be directed to [disability.socialcare@hse.ie](mailto:disability.socialcare@hse.ie)  
or [olderpeople.socialcare@hse.ie](mailto:olderpeople.socialcare@hse.ie)

**Pat Healy,**

**National Director Social Care  
HSE.**

# Section 1: Policy

**The HSE, Social Care Division, for the purposes of this policy and procedures document, considers a Vulnerable Person as an adult who may be restricted in capacity to guard himself / herself against harm or 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 both context and individual circumstances.**

## 1.0 Introduction

The Health Service Executive (HSE) was established in January 2005 as the single body with statutory responsibility for the management and delivery of health and personal social services in the Republic of Ireland. As outlined in the Health Act, 2004, the objective of the HSE is *to use the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public*. Its mission is to enable people to lead healthier and more fulfilled lives.

The Social Care Division supports the ongoing service requirements of older people and persons with disabilities. This is a fundamental step in moving forward with the design and implementation of models of care across both care groups. Social Care services have traditionally been provided by two separate care group structures, services for older people and services for persons with a disability. The common objective of supporting and assisting people to live at home or in their own communities and to promote lifestyle choices provides opportunities for joint working and learning and better outcomes for service users.

In recent decades, society has had to face the reality of abuse of children. The evolving awareness of Elder Abuse, and the complexities arising in responding in a manner which is respectful and empowering is also significant. All service providers must learn from these experiences and put in place overarching supports, policies and procedures aimed at promoting the welfare and preventing the abuse of vulnerable persons.

It is known that older people and persons with disability can become vulnerable to abuse, even in settings which are intended to be places of care, safety and support. This Safeguarding Policy and Procedures builds on and incorporates Responding to Allegations of Elder Abuse: HSE Elder Abuse Policy.

Effective safeguarding requires that services need to be provided through a person centred model of care in a collaborative way with shared responsibility between the service users, their families and carers, health and social care professionals, service organisations and society as a whole.

The Social Care Division is committed to policy and practices which

- promote the welfare of vulnerable persons and
- safeguard vulnerable persons from abuse.

The HSE, Social Care Division, for the purposes of this policy and procedures, considers a Vulnerable Person as an adult who may be restricted in capacity to guard himself/herself against harm or exploitation or to report such harm or exploitation.

This may arise as a result of physical or intellectual impairment and risk of abuse may be influenced by both context and individual circumstances. Because of his or her vulnerability, the individual may be in receipt of a care service in his or her own home, in the community or be resident in a residential care home, nursing home or other setting.

There should be a presumption of decision making capacity unless proven otherwise and a person has a right to make decisions which other people may consider as unwise. The autonomy of the individual must be respected as much as possible.

Some people may understand that what is occurring to them is abusive and may weigh the risks and potential consequences of disclosing the abusive behaviour. This can occur, for example, where an older person is subjected to financial abuse by a family member and fears that confronting the issue may fundamentally alter an otherwise valued relationship. Such situations need to be considered carefully, usually at a meeting of key personnel involved with the person. Issues such as severity of risk will need to be considered as well as strategies to empower the person. It may also be advisable to consult with An Garda Síochána.

Safeguarding must be built on empowerment: on listening to the voices of individuals who are at risk, and those who have been harmed.

The development of this overarching policy document for statutory and non-statutory service providers is part of the Social Care Division's commitment to promoting the welfare of vulnerable persons and safeguarding them from abuse. It seeks to uphold the rights of vulnerable persons to live full and meaningful lives in safe and supportive environments and to ensure the full expression and promotion of people's rights and responsibilities. This policy provides a framework whereby both statutory and non-statutory service providers can proof their own service specific safeguarding policies and procedures, or develop their own consistent with this policy.

This document is in recognition of the seriousness of the issue and of the responsibilities arising.

The Social Care Division is putting in place service and management arrangements in each HSE Administrative Area to support the implementation of this Policy and Procedure.

Safeguarding is a societal responsibility. Responsibility for safeguarding rests with all service providers and personnel. A dedicated Safeguarding and Protection Team (Vulnerable Persons) will provide support particularly in complex and challenging situations.

## **2.0 Policy Statement**

The HSE, Social Care Division, for the purposes of this policy and procedures, considers a Vulnerable Person as an adult who is restricted in capacity to guard himself/herself against harm or exploitation or to report such harm or exploitation. This may arise as a result of physical or intellectual impairment and risk of abuse may be influenced by both context and individual circumstances.

The Social Care Division is committed to the safeguarding of vulnerable persons from abuse. It acknowledges that all adults have the right to be safe and to live a life free from abuse. All persons are entitled to this right, regardless of their circumstances. It is the responsibility of all service

providers, statutory and non-statutory, to ensure that, service users are treated with respect and dignity, have their welfare promoted and receive support in an environment in which every effort is made to promote welfare and to prevent abuse.

All services must have a publicly declared **'No Tolerance'** approach to any form of abuse and must promote a culture which supports this ethos. All policies and procedures must promote welfare, reflect inclusion and transparency in the provision of services, and promote a culture of safeguarding.

A core governance responsibility of all services is to ensure that safeguarding policies and procedures and associated practices are in place and appropriate to the services provided.

### 3.0 Scope

This Policy and Procedure applies:

- To all statutory and public funded non-statutory service providers (including for-profit organisations) with responsibility for the provision of health and social care services to vulnerable persons. It applies to all staff and volunteers.
- Across all service settings, including domestic, alternative family placements, residential care, respite services, day care and independent living (associated support services such as transport are also included).
- To all other relevant directly provided HSE services.
- In situations where formal health or social care services are not in place but where concerns have been raised by, for example, neighbours, family members and members of the public in relation to the safeguarding of an individual and a health and/or social service response is required.

The term "disability" for the purposes of this policy applies to persons who have physical, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.<sup>1</sup>

Any service specific policy documents developed and implemented for the safeguarding of vulnerable persons must be reviewed against this national HSE policy and must be in compliance with this policy. It will be the responsibility of each service provider to ensure and demonstrate compliance.

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<sup>1</sup> UN Convention on the Rights of Persons with Disabilities (2006)

## 4.0 Implementation

Responsibility for leading implementation of this policy and procedure rests with the HSE Social Care Division.

The Head of Social Care in each Community Healthcare Organisation (CHO) will have overall responsibility for implementation of this policy and procedure within their administrative area, and, will ensure that each manager of relevant HSE services and the manager of each relevant HSE funded service will undertake the following:

- Communicate this policy to all staff and volunteers.
- Ensure that service specific procedures are developed, implemented and reviewed in compliance with this national policy.
- Ensure that all adults with a disability and older people in receipt of health and/or social care services and their next of kin / advocates, are informed of local policies / procedures / protocols for safeguarding.

## 5.0 Regulation

Residential and residential respite centres are prescribed as 'designated centres' in the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations, 2013. The Health Information and Quality Authority (HIQA) has, among its functions under law, responsibility to regulate the quality of services provided in designated centres for people with disabilities and older people.

The purpose of regulation in relation to designated centres is to safeguard people with disabilities and older people who are receiving residential services. Regulation provides assurance to stakeholders that people living in designated centres are receiving services and supports that meet the requirements of national standards which are underpinned by regulations.

Regulation has an important role in driving continuous improvement so that people with disabilities and older people have better, safer lives. When a designated centre does not meet the required standards and/or the provider fails to address the specific areas of non-compliance, appropriate enforcement action is taken to either control or limit the nature of the service provided or to cancel a centre's registration and prevent it from operating.

The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulation 2013 is a significant development in the safeguarding of children and adults who use residential services. These regulations came into operation on November 1<sup>st</sup> 2013. Within these regulations specific reference is made to protection. Part 2, 8 (1) of the regulations state that *"the registered provider shall protect residents from all forms of abuse."* Part 8 – Notification of Incidents 31(1) states that *"The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in designated centres: This includes (31 (1) (f)) any allegation, suspected or confirmed, of abuse of any resident."*



The Health Act, 2007 (Care and the Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) Article 6 (1) and (2) sets out the arrangements to be put in place by the registered provider and the person in charge in relation to protecting residents from all forms of abuse, including ensuring that there are policies and procedures in place for the prevention, protection and response to abuse and recording any incidents and taking appropriate action where a resident is harmed or suffers abuse.

Any allegation, suspected or confirmed abuse of any resident in a designated centre in the public, private or voluntary sector must be formally notified to HIQA on the appropriate form (NF06 Form) within 3 working days of the incident being reported.

This National Policy must be used in conjunction with the following as appropriate:

- A. *National Standards for Residential Services for Children and Adults with Disabilities*, (Standard 3).**
- B. *National Quality Standards for Residential Care Settings for Older People in Ireland*, (Standard 8).**
- C. *HSE Policies for Managing Allegations of Abuse against Staff Members***
- D. *HSE National Consent Policy***
- E. *Children First: National Guidance for the Protection and Welfare of Children***
- F. *Safety Incidence Management Policy***

## 6.0 Definitions of Abuse

Abuse may be defined as “ *any act, or failure to act , which results in a breach of a vulnerable person’s human rights, civil liberties, physical and mental integrity, dignity or general well being, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms.*”<sup>2</sup>

This definition excludes self-neglect which is an inability or unwillingness to provide for oneself. However, the HSE acknowledges that people may come into contact with individuals living in conditions of extreme self-neglect. To address this issue the HSE has developed a specific policy to manage such situations – see Section 3.

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

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<sup>2</sup> Health Information and Quality Authority (HIQA). *The National Standards for Residential Services for Children and Adults with Disabilities*. Dublin, 2013

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or lack of insight and ignorance. A person may experience more than one form of abuse at any one time. The following are the main categories/types of abuse.

### **Types of Abuse**

**Physical abuse** includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

**Sexual abuse** includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.

**Psychological abuse** includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

**Financial or material abuse** includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Neglect and acts of omission** includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.

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

**Institutional abuse** may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs. (See Appendix 1).

### **6.1 Who May Abuse?**

Anyone who has contact with a vulnerable person may be abusive, including a member of their family, community or a friend, informal carer, healthcare/ social care or other worker.

#### **Familial Abuse**

Abuse of a vulnerable person by a family member.

#### **Professional Abuse**

Misuse of power and trust by professionals and a failure to act on suspected abuse, poor care practice or neglect.

#### **Peer Abuse**

Abuse, for example, of one adult with a disability by another adult with a disability.

#### **Stranger Abuse**

Abuse by someone unfamiliar to the vulnerable person.

## 6.2 Where might abuse occur?

Abuse can happen at any time in any setting.

### **Accidents, incidents and near misses**

Lessons can be learned from accidents, incidents and/or near misses. As a result, organisations should have in place a procedure for reporting accidents, incidents and near misses that occur. Accidents, incidents and near misses, particularly those which are recurring, can be indicators of organisational risk, including risk to safeguarding, which needs to be managed. All service providers should have policies in place for incident reporting that are compliant with HSE *Safety Incident Management Policy*.

## 6.3 Vulnerable Persons - Special Considerations

Abuse of a vulnerable person may be a single act or repeated over a period of time. It may comprise one form or multiple forms of abuse. The lack of appropriate action can also be a form of abuse. Abuse may occur in a relationship where there is an expectation of trust and can be perpetrated by a person who acts in breach of that trust. Abuse can also be perpetrated by people who have influence over the lives of vulnerable persons, whether they are formal or informal carers or family members or others. It may also occur outside such relationships.

Abuse of vulnerable persons may take somewhat different forms and therefore physical abuse may, for example, include inappropriate restraint or use of medication. Vulnerable persons may also be subject to additional forms of abuse such as financial or material abuse and discriminatory abuse.

It is critical that the rights of vulnerable persons to lead as normal a life as possible is recognised, in particular deprivation of the following rights may constitute abuse:

- Liberty
- Privacy
- Respect and dignity
- Freedom to choose
- Opportunities to fulfil personal aspirations and realise potential in their daily lives
- Opportunity to live safely without fear of abuse in any form
- Respect for possessions

People with disabilities and older people may be particularly vulnerable due to:

- diminished social skills
- dependence on others for personal and intimate care
- capacity to report
- sensory difficulties
- isolation
- power differentials

Adults who become vulnerable have the right:

- To be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs.
- To be given access to knowledge and information in a manner which they can understand in order to help them make informed choices.
- To be provided with information on, and practical help in, keeping themselves safe and protecting themselves from abuse.
- To live safely without fear of violence in any form.
- To have their money, goods and possessions treated with respect and to receive equal protection for themselves and their property through the law.
- To be given guidance and assistance in seeking help as a consequence of abuse.
- To be supported in making their own decisions about how they wish to proceed in the event of abuse and to know that their wishes will be considered paramount unless it is considered necessary for their own safety or the safety of others to take an alternate course, or if required by law to do so.
- To be supported in bringing a complaint.
- To have alleged, suspected or confirmed cases of abuse investigated promptly and appropriately.
- To receive support, education and counselling following abuse.
- To seek redress through appropriate agencies.

#### **6.4 Non Engagement**

Particular challenges arise in situations where concerns exist regarding potential abuse of a vulnerable person and that person does not want to engage or co-operate with interventions. This can be complex particularly in domestic situations. Where an adult indicates that they do not wish to engage or cooperate with the HSE and the HSE continues to have concerns, the HSE will need to consider the issue of capacity and in that regard the following will be noted:

- There is a presumption that all adults have capacity.
- An adult who has capacity has the right not to engage with the HSE or any services, if they so wish.
- If there is a concern that an adult is vulnerable and may or may not have the capacity to make decisions, the HSE may well have obligations towards them.
- The HSE should consider whether the non-cooperation of the individual may be due to issues of capacity, is voluntary or if it could stem from for example some form of coercion.

Decisions as to the appropriate steps to deal with such cases need to be made on a case by case basis and with appropriate professional advice. It is also important to identify the respective functions and contributions of relevant agencies which include An Garda Síochána, Tusla and local authorities. Inter agency collaboration is particularly important in these situations.

## 7.0 Building Blocks for Safeguarding and Promoting Welfare

### 7.1 Prevention

While research on *what works* to prevent abuse in practice has, to date, focused primarily on children, people with intellectual disabilities, older persons and institutional settings, the Commission for Social Care Inspection (CSCI) identified some of the following building blocks for prevention and early intervention<sup>3</sup>:

- People being informed of their rights to be free from abuse and supported to exercise these rights, including access to advocacy;
- A well trained workforce operating in a culture of zero tolerance to abuse;
- A sound framework for confidentiality and information sharing across service providers;
- Needs and risk assessments to inform people's choices;
- A range of options for support to keep people safe from abuse tailored to people's individual needs;
- Services that prioritise both safeguarding and independence.
- Multi-disciplinary team work, interagency co-operation and information sharing.

### 7.2 Risk Management<sup>4</sup>

- The assessment and management of risk should promote independence, real choices and social inclusion of vulnerable adults.
- Risks change as circumstances change.
- Risk can be minimised but not eliminated.
- Identification of risk carries a duty to manage the identified risk.
- Involvement with vulnerable persons, their families, advocates and practitioners from a range of services and organisations helps to improve the quality of risk assessments and decision making.
- Defensible decisions are those based on clear reasoning.
- Risk-taking can involve everybody working together to achieve desired outcomes.
- Confidentiality is a right, but not an absolute right, and it may be breached in exceptional circumstances when people are deemed to be at risk of harm or it is in the greater public interest.
- The standards of practice expected of staff must be made clear by their team manager/supervisor.
- Sensitivity should be shown to the experience of people affected by any risks that have been taken and where an event has occurred.

Each organisation must have an effective procedure for assessing and managing risks with regard to safeguarding. In assessing and managing risks, the aim is to minimise the likelihood of risk or its potential impacts while respecting an ambition that the individual is entitled to live a normalised

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<sup>3</sup> Prevention in adult safeguarding, Social Care Institute for Excellence, UK May 2011

<sup>4</sup> Volunteer Now - Safeguarding Vulnerable Adults: A Shared Responsibility (2010)

life to the fullest extent possible. In safeguarding terms, the aim of risk assessment and management is to prevent abuse occurring, to reduce the likelihood of it occurring and to minimise the impacts of abuse by responding effectively if it does occur. An organisation should evaluate and put in place risk-reducing measures in respect of all relevant activities and programmes.

No endeavour, activity or interaction is entirely risk-free and, even with good planning, it may not be possible to completely eliminate risks. Risk assessment and management practice is essential to reduce the likelihood and impact of identified risks. In some situations, living with a risk can be outweighed by the benefit of having a lifestyle that the individual values and freely chooses. In such circumstances, risk-taking can be considered to be a positive action. Consequently, as well as considering the dangers associated with risk, the potential benefits of risk-taking have to be considered. In such circumstances strategies to manage/mitigate the risk need to be put in place on a case by case basis.

A consistent theme in the literature is the value of identifying factors that indicate an increased risk of abuse among adults in the interests of prevention. Identifying risk factors can help to prevent abuse by raising awareness among staff and service managers of the people in their care/support who may be most at risk of abuse. Staff can use these insights to develop effective risk assessments and prevention strategies.

Common personal risk factors include:

- diminished social skills / judgement
- diminished capacity
- physical dependence
- need for help with personal hygiene and intimate body care
- lack of knowledge about how to defend against abuse.

Common organisational risk factors include:

- low staffing levels
- high staff turnover
- lack of policy awareness
- isolated services
- a neglected physical environment
- weak / inappropriate management
- staff competencies not matched to service requirements
- staff not supported by training/ongoing professional development.

### **7.3 Principles**

Vulnerable persons have a right to be protected against abuse and to have any concerns regarding abusive experiences addressed. They have a right to be treated with respect and to feel safe.

The following principles are critical to the safeguarding of vulnerable persons from abuse:

- Human Rights
- Person Centeredness

- Advocacy
- Confidentiality
- Empowerment
- Collaboration

### **7.3.1 Human Rights**

All persons have a fundamental right to dignity and respect. Basic human rights, including rights to participation in society, are enshrined in the Constitution and the laws of the State.

The National Standards for Residential Services for Children and Adults with Disabilities (HIQA 2013 – Standard 1.4.2) requires service providers to ensure that:

*“People are facilitated and encouraged to integrate into their communities. The centre is proactive in identifying and facilitating initiatives for participation in the wider community, developing friendships and involvement in local social, educational and professional networks.”*

In addition the National Quality Standards for Residential Care Settings for Older People in Ireland (HIQA 2009 – Standard 18: Routines and Expectations) states that:

*“Each resident has a lifestyle in the residential care setting that is consistent with his/her previous routines, expectations and preferences, and satisfies his/her social, cultural, language, religious and recreational interests and needs.”*

Historically, vulnerable persons may have been isolated from their communities and professional personnel played a major role in their support network. As a result, vulnerable persons may have limited sources of outside assistance, support or advocacy to safeguard them from abuse and to support them if they are ever victimised. It is crucial to provide opportunities for individuals that will expand their relationships and promote community inclusion.

Both services and individuals benefit from having contact with a wide range of people in the community. Reducing isolation through links with the community can mean that there are more people who can be alert to the possibility of abuse as well as providing links with potential sources of support.

It is important to include vulnerable persons in community life as neighbours, co-workers, volunteers and friends. This requires a shift in thinking away from a service user perspective and towards a citizen perspective. Service isolation can lead to unacceptable practices that can become normalised and staff may be cut off from new ideas and information about best practice. It is important that services have strong links with the wider community, especially with regard to preventing isolation and abuse in residential settings and also in the provision of support in the community where both a family carer and the person using the service can become isolated.

### **7.3.2 Person Centeredness**

Person Centeredness is the principle which places the person as an individual at the heart and centre of any exchange concerning the provision or delivery of a service. It is a dynamic approach that places the person in the centre. The focus is on his /her choices, goals, dreams, ambitions and potential with the service seen as supporting and enabling the realisation of the person's goals rather than a person fitting into what the services or system can offer. This approach highlights the importance of partnerships and recognises the need for continuous review and redevelopment of plans to ensure that they remain reflective of the person's current needs and that they do not become static. Care planning is a foundation for all effective services and the means to realising the principle of person centeredness. It needs to include the person, their family, the key worker and the staff who provide care

### **7.3.3 Culture**

*“Culture manifests what is important, valued and accepted in an organisation. It is not easily changed nor is it susceptible to change merely by a pronouncement, command or the declaration of a new vision. At its most basic it can be reduced to the observation the way things are done around here”.*<sup>5</sup>

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

All services must have in place a safeguarding policy statement outlining their intention and commitment to keep vulnerable persons safe from abuse while in the care of their services. The statement should be simple and reflect the nature and activities of the organisation.

Human Resource policies are fundamental to ensuring that staff are aware of the standards of care expected of them and support their protection from situations which may render them vulnerable to unsubstantiated/inappropriate allegations of abuse. All service providers must ensure that there are procedures in place for the effective recruitment, vetting induction, management, support, supervision and training of all staff and volunteers that provide services to, or have direct contact with, vulnerable persons.

In addition to the safeguarding policy and associated procedures, each service provider must have in place a comprehensive framework of organisational policies and procedures that ensures good practice and a high standard of service. The following are some of the policy areas that assist in the safeguarding of service users from abuse:

- Recruitment/Induction/Supervision/Training.
- Intimate and Personal Care.
- Safe Administration of Medication.

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<sup>5</sup> Office of the Ombudsman, Complaints and Complaint Handling,



- Management of service users money/property.
- Behavioural Management.
- Control and Restraint.
- Working alone.
- Complaints.
- Incident Reporting.
- Confidentiality.
- Bullying and Harassment.
- Personal Development to include friendships and relationships, etc.

### **7.3.4 Advocacy**

Advocacy assumes an important role in enabling people to know their rights and voice their concerns. The role of an advocate is to ensure that individuals have access to all the relevant and accurate information to allow them to be able to make informed choices.

Vulnerable persons can be marginalised in terms of health, housing, employment and social participation. Advocacy is one of the ways of supporting and protecting vulnerable persons. Advocacy services may be preventative in that they can enable vulnerable persons to express themselves in potentially, or actually, abusive situations.

The purpose of advocacy is to<sup>6</sup>:

- Enable people to seek and receive information, explore and understand their options, make their wishes and views known to others and make decisions for themselves.
- Support people to represent their own views, wishes and interests, especially when they find it difficult to express them.
- Ensure that people's rights are respected by others.
- Ensure that people's needs and wishes are given due consideration and acted upon.
- Enable people to be involved in decisions that would otherwise be made for them by others.

The National Standards for Residential Services for Children and Adults with Disabilities (HIQA Jan 2013) requires:

- *"Each person has access to an advocate to facilitate communication and information sharing;"* and
- *"Each person is facilitated to access citizens information, advocacy services or an advocate of their choice when making decisions, in accordance with their wishes;"*

The National Quality Standards for Residential Care Settings for Older People (HIQA 2009) requires:

- *"Each resident has access to information, in an accessible format, appropriate to his/her individual needs, to assist in decision making".*

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<sup>6</sup> Citizens Information, National Advocacy Service for People with Disability 2010

Access to independent and accurate information improves equality of opportunity and provides a pathway to social and other services. Advocacy needs to respond to a range of complexity, from situations that require limited involvement and intervention, to a level of complexity that requires significant intervention.

There are many types of advocacy that can help to support vulnerable persons which should be considered by service providers:

- **Informal advocacy** – this form of advocacy is most often provided by family/friends.
- **Self advocacy** – an individual who speaks up for him/herself or is supported to speak up for him/herself.
- **Independent representative advocacy** – a trained advocate who provides advocacy support on a one-to-one basis to empower the individual to express his/her views, wishes and interests.
- **Citizen advocacy** – a volunteer is trained to provide one-to-one ongoing advocacy support.
- **Peer advocacy** – provided by someone who is using the same service, or who has used a service in the past, to support another person to assert his/her views/choices.
- **Legal advocacy** – representation by a legally trained professional.
- **Group advocacy** – a group of people collectively advocate on issues that are important to the group.
- **Professional Advocacy** – it is the responsibility of professional staff to advocate on behalf of service users who are unable to advocate for themselves.
- **Public policy advocacy** – advocates who lobby Government or agencies about legislation/policy.

Group advocacy is an important form of advocacy that has the potential to move self-advocacy to a higher level and it should be encouraged, supported and developed by service providers. It provides an opportunity for individuals to speak up on issues collectively and gives them a greater level of confidence to attain their full potential. The importance of ensuring that there is an adequate level of support cannot be over-emphasised.

While families and service providers can be great supporters and often are informal advocates, it may be necessary to have access to independent advocacy. This may be due to the potential for conflict/disagreement among family members and/or service providers and the vulnerable person.

The Health Act 2007 (Care and Welfare of residents in Designated Centres for Older people) Regulations, 2013 state that *“A registered provider shall, in so far as is reasonably practical, ensure that a resident ...has access to independent advocacy services”*.

### **7.3.5 Confidentiality**

All vulnerable persons must be secure in the knowledge that all information about them is managed appropriately and that there is a clear understanding of confidentiality among all service personnel. This must be consistent with the HSE Record Management Policy.

The effective safeguarding of a vulnerable person often depends on the willingness of the staff in statutory and voluntary organisations involved with vulnerable persons to share and exchange relevant information. It is, therefore, critical that there is a clear understanding of professional and legal responsibilities with regard to confidentiality and the exchange of information.

All information regarding concerns or allegations of abuse or assessments of abuse of a vulnerable person should be shared, on *'a need to know'* basis in the interests of the vulnerable person, with the relevant statutory authorities and relevant professionals.

No undertakings regarding secrecy can be given. Those working with vulnerable persons should make this clear to all parties involved. However, it is important to respect the wishes of the vulnerable person as much as is reasonably practical.

Ethical and statutory codes concerned with confidentiality and data protection provide general guidance. They are not intended to limit or prevent the exchange of information between professional staff with a responsibility for ensuring the protection and welfare of vulnerable persons. It is possible to share confidential information with the appropriate authorities without breaching data protection laws. Regard should be had for the provisions of the Data Protection Acts when confidential information is to be shared. If in doubt legal advice should be obtained.

The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 came into force on 1<sup>st</sup> August, 2012. It is an offence to withhold information on certain offences against children and vulnerable persons from An Garda Síochána.

The main purpose of the Act is to create a criminal offence of withholding information relating to the commission of a serious offence, including a sexual offence, against a person who is under 18 years or an otherwise vulnerable person, with the aim of ensuring more effective protection of children and other vulnerable persons from serious crime. An offence is committed when a person who knows, or believes, that one or more offences has been committed by another person against a child or vulnerable person and the person has information which they know or believe might be of material assistance in securing apprehension, prosecution or conviction of that other person for that offence, and fails without reasonable excuse to disclose that information as soon as it is practicable to do so to a member of An Garda Síochána. The offence applies to a person acquiring information after the passing of the Act on 18<sup>th</sup> July, 2012 and it does not apply to the victim. The offence exists even if the information is about an offence which took place prior the Act being enacted and even if the child or vulnerable person is no longer a child or vulnerable person.

### **7.3.6 Empowerment**

This principle recognises the right of all persons to lead as independent a life as possible. Every possible support should be provided in order to realise that right. Self directedness recognises the right of the individual to self-determination insofar as is possible, even if this entails some degree of risk. Abiding by this principle means ensuring that risks are recognised, understood and minimised as far as possible, while supporting the person to pursue their goals and preferences.

*Future Health: A Strategic Framework for the Reform of the Health Service 2012 -2015* places a focus on a shift towards service provision in the community and a move towards mainstream services rather than segregated services. The Social Care Division of the Health Service Directorate is committed to promoting a culture of trust, respect, dignity, honest communication and positive risk management for all who receive and provide supports.

Effective prevention in safeguarding is not about over-protective paternalism or risk-averse practice. Instead, the prevention of abuse should occur in the context of person-centred support and personalisation, with individuals empowered to make choices and supported to manage risks.

### **7.3.7 Collaboration**

Interagency collaboration is an essential component to successful safeguarding. It can be undermined by single service focus, poor information sharing, limited understanding of roles, different organisational priorities and poor involvement of key service providers in adult safeguarding meetings.

A number of key features have been identified to promote good interagency collaboration such as:

- Leadership commitment to collaboration
- Team working on a multidisciplinary level
- A history of joint working/joint protocols
- Development of information sharing processes
- Perceptions of good will and positive relationships
- Mutual understanding and shared acknowledgement of the importance of adult protection.

It is imperative that all service providers develop, support and promote interagency collaboration as a key component of adult safeguarding.

## **8.0 Key Considerations in Recognising Abuse**

### **8.1 Recognising Abuse**

Abuse can be difficult to identify and may present in many forms. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than abuse. All signs and symptoms must be examined in the context of the person's situation and family circumstances.

### **8.2 Early Detection**

All service providers need to be aware of circumstances that may leave a vulnerable person open to abuse and must be able to recognise the possible early signs of abuse. They need to be alert to the demeanour and behaviour of adults who may become vulnerable and to the changes that may indicate that something is wrong.

It must not be assumed that an adult with a disability or an older adult is necessarily vulnerable; however it is important to identify the added risk factors that may increase vulnerability. People with disabilities and some older people may be in environments or circumstances in which they require safeguards to be in place to mitigate against vulnerability which may arise. As vulnerability increases responsibility to recognise and respond to this increases.

### **8.3 Barriers for Vulnerable Persons Disclosing Abuse**

Barriers to disclosure may occur due to some of the following:

- Fear on the part of the service user of having to leave their home or service as a result of disclosing abuse.
- A lack of awareness that what they are experiencing is abuse.
- A lack of clarity as to whom they should talk.
- Lack of capacity to understand and report the incident.
- Fear of an alleged abuser.
- Ambivalence regarding a person who may be abusive.
- Limited verbal and other communication skills.
- Fear of upsetting relationships.
- Shame and/or embarrassment.

All staff employed in publicly funded services should be aware that safeguarding vulnerable persons is an essential part of their duty. Staff must be alert to the fact that abuse can occur in a range of settings and, therefore, must make themselves aware of the signs of abuse and the appropriate procedures to report such concerns or allegations of abuse.

### **8.4 Considering the Possibility**

The possibility of abuse should be considered if a vulnerable person appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the vulnerable person seems distressed without obvious reason or displays persistent or new behavioural difficulties. The possibility of abuse should also be considered if the vulnerable person displays unusual or fearful responses to carers. A pattern of ongoing neglect should also be considered even when there are short periods of improvement. Financial abuse can be manifested in a number of ways, for example, in unexplained shortages of money or unusual financial behaviour.

A person may form an opinion or may directly observe an incident. A vulnerable person, relative or friend may disclose an incident. An allegation of abuse may be reported anonymously or come to attention through a complaints process.

### **8.5 Capacity**

All persons should be supported to act according to their own wishes. Only in exceptional circumstances (and these should be communicated to the service user/resident when they occur)

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. As far as possible, people should be supported to communicate their concerns to relevant agencies.

A key challenge arises in relation to work with vulnerable persons regarding capacity and consent. It is necessary to consider if a vulnerable person gave meaningful consent to an act, relationship or situation which is being considered as possibly representing abuse. While no assumptions must be made regarding lack of capacity, it is clear that abuse occurs when the vulnerable person does not or is unable to consent to an activity or other barriers to consent exist, for example, where the person may be experiencing intimidation or coercion. For a valid consent to be given, consent must be full, free and informed.

It is important that a vulnerable person is supported in making his/her own decisions about how he/she wishes to deal with concerns or complaints. The vulnerable person should be assured that his/her wishes concerning a complaint will only be overridden if it is considered essential for his/her own safety or the safety of others or arising from legal responsibilities.

In normal circumstances, observing the principle of confidentiality will mean that information is only communicated to others with the consent of the person involved. However, all vulnerable persons and, where appropriate, their carers or representatives, need to be made aware that the operation of safeguarding procedures will, on occasion, require the sharing of information with relevant professionals and statutory agencies in order to protect a vulnerable person or others.

## 8.6 Complaints

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

The office of the Ombudsman suggests that good complaints handling procedures should be well publicised, easy to access, simple to understand, quick, confidential, sensitive to the needs of the complainant and those complained against, effective, provide suitable remedies and be properly resourced.

In January 2007, a new statutory complaints system for the HSE (*Your Service Your Say*) came into effect. This system allows anyone receiving public health or personal social services to make a complaint about the actions or failures of the HSE. The complaints system also covers service providers with HSE contracts who provide health or personal social services on behalf of the HSE. Part 9 of the Health Act, 2004, outlines the legislative requirements to be met by the HSE and relevant service providers in the management of complaints.

All service providers (statutory and non statutory) must be compliant with *"Your Service, Your Say"* - The Policy and Procedures for the Management of Consumer Feedback to include Comments, Compliments and Complaints in the HSE.

Complaints procedures provide an opportunity to put things right for service users and their families. They also are a useful additional means of monitoring the quality of service provision. Complaints are best dealt with through local resolution where the emphasis should be on achieving quick and effective resolutions to the satisfaction of all concerned. Vulnerable persons may need particular support to use a complaints procedure.

Constructive comments and suggestions also provide a helpful insight into existing problems and offer new ideas which can be used to improve services and provide an opportunity to establish a positive relationship with the complainant and to develop an understanding of their needs. Complaints should be dealt with in a positive manner, lessons should be learned and changes made to systems or procedures where this is considered necessary. Complaint handling systems should be strongly supported by management and reviewed and adjusted where necessary on a regular basis.

Particular attention should be paid to complaints which are suggestive of abusive or neglectful practices or which indicate a degree of vulnerability.

All cases of alleged or suspected abuse must be taken seriously. All staff must inform their line managers immediately. All services must have effective mechanisms in place to ensure a prompt response to concerns and complaints. Ensuring the safety and well-being of the vulnerable person is the priority consideration (See Section 2).

## **8.7 Anonymous and Historical Complaints**

All concerns or allegations of abuse must be assessed, regardless of the source or date of occurrence.

The quality and nature of information available in anonymous referrals may impact on the capacity to assess and respond appropriately. Critical issues for consideration include:

- The significance/seriousness of the concern/complaint.
- The potential to obtain independent information.
- Potential for ongoing risk.

In relation to historical complaints the welfare and wishes of the person and the potential for ongoing risk will guide the intervention.

Any person who is identified in any complaint, whether historic or current, made anonymously or otherwise, has a right to be made aware of the information received.

## **Section 2: Procedures**



## 9.0 Responding to Concerns or allegations of Abuse of Vulnerable People

### 9.1 Introduction

**All services must have the capacity/capability to implement policy/procedure and safeguard vulnerable persons.**

**Some services may have the interdisciplinary personnel directly employed which will ensure this capacity. Other organisations, for example because of their size, may not have this capacity or capability within their organisation and will therefore need to make appropriate arrangements to ensure that they can meet all of their responsibilities in relation to safeguarding vulnerable persons.**

**The specific provisions agreed with each agency will be identified in the relevant Service Level/Contractual Arrangements.**

This procedure applies to all HSE services personnel and to service providers in receipt of HSE funding.

It is the duty of all services, service managers and staff to be familiar with this policy and procedures. Service specific arrangements must be consistent with this policy and procedures.

In each Community Healthcare Organisation, a Safeguarding and Protection Team (Vulnerable Persons) will be available to work closely with all relevant service providers to support the implementation of the response to concerns and complaints of abuse of vulnerable persons in HSE and HSE funded services.

The Safeguarding and Protection Team (Vulnerable Persons) will work in partnership with all relevant service providers to ensure that concerns and complaints are addressed. It will continue to be the responsibility of all staff and services to take action to ensure the protection and welfare of vulnerable people.

The Safeguarding and Protection Team (Vulnerable Persons) will advise and support front line personnel and services and may directly manage particularly complex concerns and complaints.

Neighbours, family members and members of the public can become concerned about the possibility that vulnerable persons may be experiencing abuse in situations where the vulnerable person is not connected to any particular service. In these circumstances neighbours or any other person having a concern should discuss the reasons for their concern with appropriate professionals such as Public Health Nurses and GPs who will be in a position to provide assistance in ensuring that the concerns are responded to including engagement with the Safeguarding and Protection Team.

## 9.2 Organisational Arrangements to Support Procedural Objectives

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

The Safeguarding and Protection Team will be available to:

- Provide an advice service to any person who may wish to report a concern or complaint of alleged abuse of a vulnerable person.
- Receive reports of alleged abuse of vulnerable persons on behalf of the HSE.
- Support and advise services in responding to reports of alleged abuse.
- Assess and manage complex cases of alleged abuse.
- Provide training to staff.
- Maintain information/records. Collect and collate data in a consistent format.
- Participate in assurance processes.

### Designated Officer

Each service (HSE and funded) providing services to people within the service who may be vulnerable will appoint a Designated Officer who will be responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons.
- Ensuring the appropriate manager is informed and collaboratively ensuring necessary actions are identified and implemented.
- Ensuring reporting obligations are met.
- Other responsibilities, such as conducting preliminary assessments and further investigations, may be assigned within a specific service.

The Designated Officer will usually be a relevant professional or work in a supervisory/management role.

All concerns/reports of abuse must be immediately notified to the Designated Officer and in the event of their unavailability to the Service Manager (senior person on duty).

## 9.3 Data/Information

All information concerned with the reporting and subsequent assessment of concerns or allegations of alleged abuse is subject to the HSE policy on service user confidentiality. However, information regarding or allegations of abuse cannot be received with a promise of secrecy. A person providing such information should, as deemed appropriate, be informed that disclosures of information to appropriate others can occur if:

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

All staff must be aware that failure to record, disclose and share information in accordance with this policy is a failure to discharge a duty of care. In making a report or referral, it is essential to be

clear whether the vulnerable person is at immediate and serious risk of abuse and if this is the case, it is essential to outline the protective actions taken. The report/referral may also contain the views and wishes of the vulnerable person where these have been, or can be, ascertained. The role of an advocate or key worker may be important in this regard.

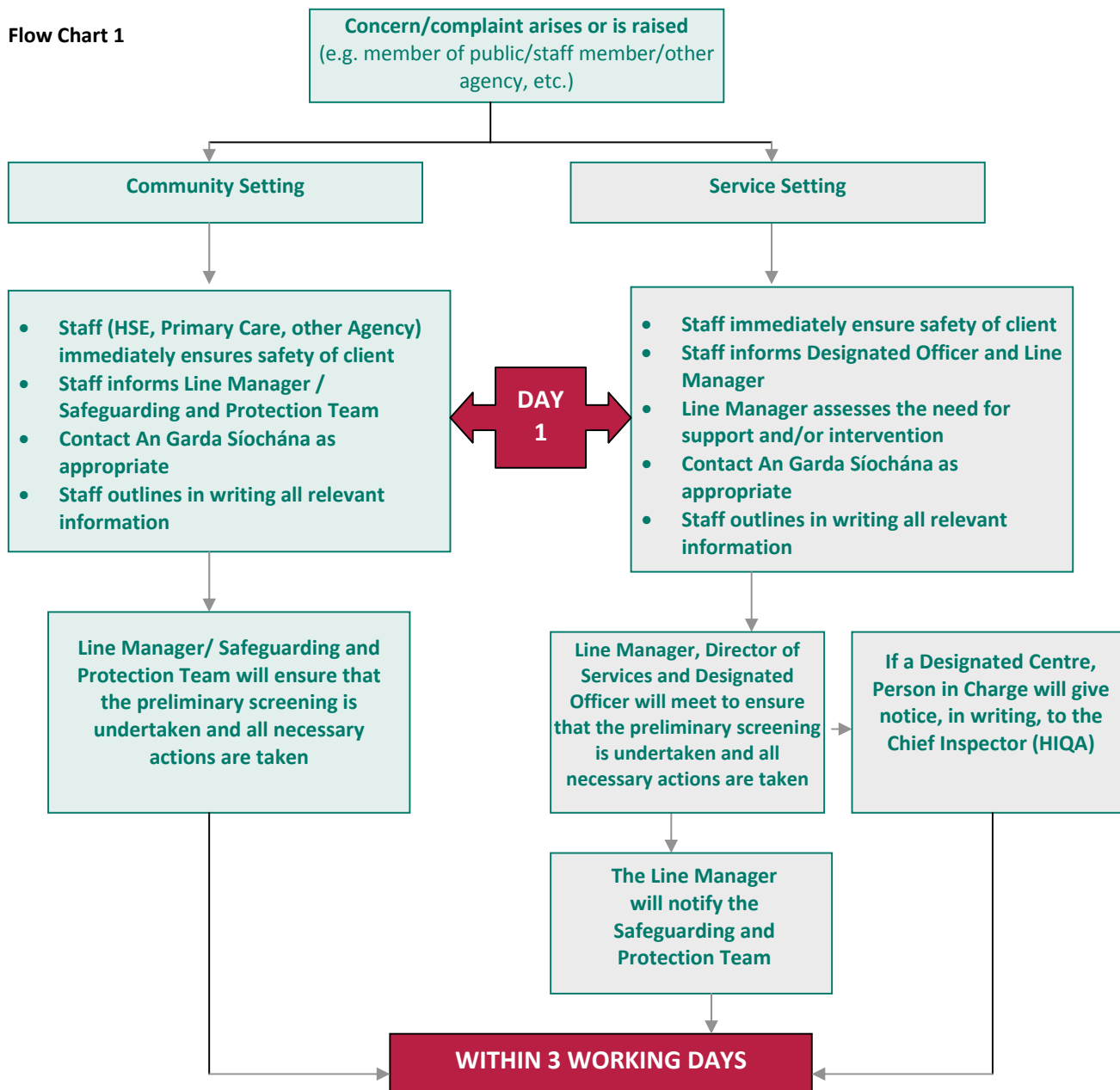
#### **9.4 Records**

It is essential to keep detailed and accurate records of concerns or allegations of abuse and of any subsequent actions taken. Local procedures should also contain the necessary documentation to facilitate record keeping. Failure to adequately record such information and to appropriately share that information in accordance with this policy is a failure to adequately discharge a duty of care.

## 10.0 Stage 1: Responding to Concerns or Allegations of Abuse.

### Stage 1- Concern Arises.

Flow Chart 1



**Proceed to Stage 2 - Preliminary Screening - Section 11.0**

**NOTE:** At any stage in the procedure, if there are significant concerns in relation to a vulnerable person, the Chief Officer (CO) of the Community Healthcare Organisation must be notified immediately. The CO must immediately notify the Director of Social Care. Notification to, and advice from, the National Incident Management Team should be considered in such circumstances and consideration as to whether the concern should be investigated using the HSE Safety Incident Management Policy (2014).

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

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

The alleged perpetrator may be, for example, a family member, a member of the public, an employee of the HSE or in an organisation providing services. Abuse can take place anywhere - in a service operated by the HSE or in an organisation funded by the HSE. The concern/complaint may also arise in the person's own home or other community setting.

If unsure that an incident constitutes abuse or warrants actions, the Safeguarding and Protection Team (Vulnerable Persons) is available for consultation.

While respecting everyone's right to self determination, situations can arise where information is suggestive of abuse and a vulnerable person does not wish to engage. If the risk is of concern, a multi-disciplinary case conference may be appropriate to review and develop possible interventions. Legal advice may also be appropriate.

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

These responsibilities must be addressed on the ***same day*** as the alert is raised.

#### **Immediate Protection.**

Take any immediate actions to safeguard anyone at immediate risk of harm including seeking, for example, medical assistance or the assistance of An Garda Síochána, as appropriate.

#### **Listen, Reassure and Support.**

If the Vulnerable Adult has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what he/she says and ensure he/she is given the support needed.

Do not:

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

#### **Detection and Prevention of Crime.**

Where there is a concern that a serious criminal offence may have taken place, or a crime may be about to be committed, contact An Garda Síochána immediately.

### **Record and Preserve Evidence.**

Preserve evidence through recording and take steps to preserve any physical evidence (if appropriate).

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

The report will need to include:

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

Remember to:

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

### **Report & Inform.**

Report to Designated Officer/ Line Manager as soon as possible. This must be reported on the **same day** as the concern is raised. The **Line Manager** must ensure the care, safety and protection of the victim and any other potential victims, where appropriate. He/she must check with the person reporting the concern as to what steps have been taken (as above) and instigate any other appropriate steps.

In the absence of the Designated Officer / Line Manager, the Service Manager must be informed immediately.

The following must be done by the **Line Manager** and/or Designated Officer:

The Designated Officer or **Line Manager** must report the concern to the Safeguarding and Protection Team (Vulnerable Persons) within **three working days** after he/she has been informed of the concern.

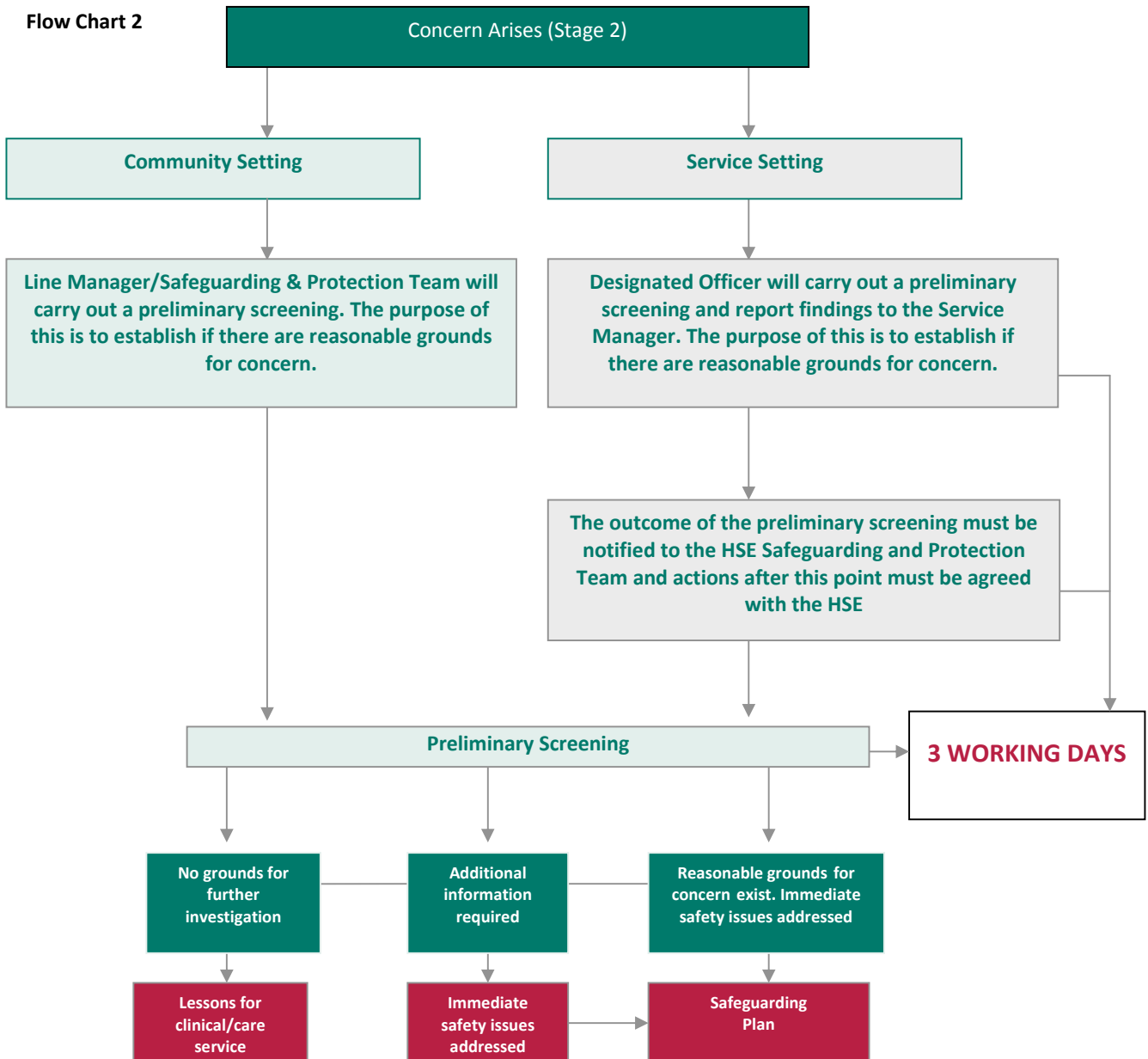
If the concern relates to a designated centre, the **Line Manager** must notify HIQA in writing within three working days on the appropriate form. The Line Manager must also notify Tusla **immediately** if there are concerns in relation to children.

Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed with An Garda Síochána.

## 11.0 Stage 2 – Preliminary Screening.

Note: At any point in the process, it may be appropriate to consult with the HSE Safeguarding and Protection Team (Vulnerable Persons) or An Garda Síochána. In such instances, a written note must be kept of any such consultation.

Flow Chart 2



**The outcome of any assessment/inquiry following preliminary screening must be reviewed with the Safeguarding and Protection Team (Vulnerable Persons) and a plan to address necessary actions approved.**

## **11.1 Stages of Preliminary Screening**

The Service Manager is responsible for ensuring that the Preliminary Screening takes place. The Preliminary Screening will take account of all relevant information which is readily available in order to establish:

- If an abusive act could have occurred and
- If there are reasonable grounds for concern.

This process should be led by the Designated Officer or other person as determined by the Service Manager and completed, if possible, **within 3 working days** following the report. Additional expertise may be added as appropriate.

### **11.1.1 Ensuring Immediate Safety and Support**

On receipt of the report of suspected or actual abuse, the Service Manager will establish and document the following:

- What is the concern?
- Who is making the report?
- Who is involved, how they are involved and are there risks to others. What actions have been taken to date?
- Biographical information of those involved, including the alleged perpetrator where appropriate, e.g. name, gender, DOB, address, GP details, details of other professionals involved, an overview of health and care needs (and needs relating to faith, race, disability, age, and sexual orientation as appropriate).
- What is known of their mental capacity and of their wishes in relation to the abuse/neglect?
- Any immediate risks identified, or actions already taken, to address immediate risks.
- Establish the current safety status of the victim. Arrange medical treatment if required.
- Establish if An Garda Síochána have been notified.
- Ensure referral to Tusla where a child is identified as being at risk of harm.

### **11.1.2 Information Gathering**

The Designated Officer or an appropriate staff member appointed by the Service Manager will be appointed to manage the intra and/or inter-agency safeguarding procedure and processes, including co-ordinating assessments.

The person referred should be contacted at the earliest appropriate time. Consent to share or seek information should be addressed at this stage.

It is important to remember that in the process of gathering information, no actions should be taken which may put the person/s referred or others at further risk of harm or that would contaminate evidence.

The types of information to be gathered will be dependent on the individual circumstances of the report. Accordingly, information sources will vary depending on the nature of the referrals but some examples include:

- Gaining the views of the individual referred.



- Checking of electronic/paper files to establish known history of person.
- Checking if there are services already in place and liaison with those services.
- Verifying referral information and gaining further information from the referral source.
- Considering consultation with An Garda Síochána to see if they have any information relating to the person/s referred or alleged perpetrator.

In general, through the information gathering process, the following information should be available:

- Name of person/s referred.
- Biographical details and address/living situation.
- As much detail as possible of the abuse and/or neglect that is alleged to have taken place/is taking place/at risk of taking place (including how it came to light, the impact on the individual, and details of any witnesses).
- The views of the person/s referred and their capacity to make decisions.
- Details of any immediate actions that have taken place (including use of emergency or medical services).
- An overview of the person/s health and care needs (including communication needs, access needs, support and advocacy needs).
- An overview of the persons needs.
- GP details and other health services/professionals.
- Details of other services/professionals involved.
- Name of main carer (where applicable) or name and contact details of organisation providing support.
- Checks made to ensure that the referral is not a duplicate referral.
- Checks made for possible aliases.
- Checks made if other services, teams or allocated workers are involved with the person/s referred or alleged perpetrator/s.
- Checks made for previous concerns of abuse and/or neglect with regards to person/s referred.
- Check for previous concerns of abuse and/or neglect with regards to the alleged perpetrator.

#### **11.1.3 Involvement of staff member:**

In situations where the allegation of abuse arises in respect of a member of staff of the HSE or a Non Statutory Organisation funded by the HSE, then the HSE Policies for Managing Allegations of Abuse Against Staff Members will be followed.

#### **11.1.4 Involvement of a service user:**

In the event that the concerns or allegations of abuse identified a service user, the plan must ensure that relevant professional advice on the appropriate actions is sought which may include, for example, a behavioural support programme.

The rights of all parties must receive individual consideration, with the welfare of the vulnerable person being paramount.

## **11.2 Outcome of Preliminary Screening**

A report on the Preliminary Screening will be submitted to the Service Manager with a recommendation regarding proposed/required actions.

The report on the Preliminary Screening will be assessed by the Service Manager who will decide on appropriate actions and prepare a written plan for each action.

The report on the Preliminary Screening and the associated plan will be copied to the Safeguarding and Protection Team (Vulnerable Persons) who may advise on other appropriate actions.

Based on the information gathered, an assessment should be made which addresses the following;

- Does the person/s referred or group of individuals affected fall under the definition of Vulnerable Adult (as defined above)?
- Do the concerns referred constitute a possible issue of abuse and/or neglect?
- Where it is appropriate to do so, has the informed consent of the individual been obtained?
- If consent has been refused and the person has the mental capacity to make this decision, is there a compelling reason to continue without consent? Have the risks and possible consequences been made known to the client?

The outcome of the Preliminary Screening may be:

- A. No grounds for reasonable concerns exist.
- B. Additional information required (this should be specified).
- C. Reasonable grounds for concern exist.

### ***11.2.1 No grounds for reasonable concern***

An outcome that there are not reasonable grounds for concern that abuse has occurred does not exclude an assessment that lessons may be learned and that, for example, clinical and care issues need to be addressed within the normal management arrangements.

### ***11.2.2 Additional information required***

A plan to secure the relevant information and the deployment of resources to achieve this within a specified time will be developed by the Service Manager. This may involve the appointment of a small team with relevant expertise. All immediate safety and protective issues must also be specified.

### ***11.2.3 Reasonable Grounds for Concern Exists***

A safeguarding plan must be developed to address the concerns.

The plan may include:

1. Local informal process
2. Internal Inquiry
3. An Independent Inquiry
4. Assessment and management by Safeguarding and Protection Team (Vulnerable Persons).

The outcome of the preliminary screening must be notified to the HSE Safeguarding and Protection Team (Vulnerable Persons) and actions after this point must be agreed with the HSE Safeguarding and Protection Team (Vulnerable Persons)

An Garda Síochána should be notified if the complaint/concern could be criminal in nature or if the Inquiry could interfere with the statutory responsibilities of An Garda Síochána.

An investigation by An Garda Síochána should not necessarily prevent the Inquiry. Where possible agreement should be reached with An Garda Síochána regarding the conduct of the Inquiry and the issuing of a report. If necessary advice should be obtained in this regard.

In 11.2.2 and 11.2.3 above a safeguarding plan must be formulated.

## **12.0 Stage 2a The Safeguarding Plan.**

If the preliminary screening determines that reasonable grounds for concern exist a safeguarding plan must be developed. Responsibility to ensure a safeguarding plan is developed rests with the Service Manager.

Prior to the processes outlined in 13.0 stage 3, a safeguarding plan must be developed even if this can only be preliminary in nature. The safeguarding plan will need to be informed and amended by the process determined at 13.0 stage 3.

The Safeguarding Plan will outline the planned actions that have been identified to address the needs and minimise the risk to individuals or groups of individuals.

The Safeguarding Plan will be further developed in line with further assessments, i.e., when the appropriate assessments/investigations have been carried out to establish levels of risk and whether the abuse or neglect occurred. The Safeguarding Plan will be formulated in partnership with all relevant stakeholder parties.

A Safeguarding Plan will be informed by the Preliminary Screening and developed in all cases where reasonable grounds for concern exist.

## **12.1 Safeguarding Plan Co-ordinator**

One lead person must be appointed to act as a co-coordinator of information and intervention. The Safeguarding Plan Co-ordinator will arrange a full review at agreed intervals.

The responsibility for appointment of a Safeguarding Plan Co-ordinator will be with the Service Manager.

If the vulnerable person has capacity and agrees to intervention, a safeguarding plan will be developed, as far as possible, in accordance with his/her wishes.

If the person has capacity and refuses services, every effort should be made to negotiate with the person. Time is taken to develop and build up rapport and trust. It is important to continue to monitor the person's well being.

If the person lacks capacity, legal advice may be required to inform the decision making process. Decisions must be made in the best interests of the person and, if possible, based on his/her wishes and values. It is not appropriate to take a paternalistic view which removes the autonomy of the vulnerable person.

### **12.1.1 Timescale**

The Safeguarding Plan should be formulated, even in a preliminary form, and implemented within three weeks of the Preliminary Screening being completed. A Safeguarding Plan Review should be undertaken at appropriate intervals and must be undertaken within six months of the Safeguarding Plan commencing and, at a minimum, at six monthly intervals thereafter or on case closure.

### **12.1.2 Formulating the Safeguarding Plan**

The Safeguarding Plan should include, relevant to the individual situation:

- Positive actions to safeguard the person/s at risk from further abuse/neglect and to promote recovery.
- Positive actions to prevent identified perpetrators from abusing or neglecting in the future.

The Safeguarding Plan should also include consideration of what triggers or circumstances would indicate increasing levels of risk of abuse or neglect for individual/s and how this should be dealt with.

### **12.1.3 Support for Vulnerable Adults**

Support measures for Vulnerable Adults who have experienced abuse or who are at risk of abuse should be carefully considered when formulating the Safeguarding Plan. Mainstream support service provision, e.g., Victim Support services, should be considered as well as specialist support services, e.g., specialist psychology services, mediation, etc. The role of An Garda Síochána and related support measures should be considered where a Vulnerable Adult may be going through the criminal justice process, including use of intermediaries, independent advocates, etc.

Where there is a potential for criminal prosecution, it is important to ensure that support is provided to the Vulnerable Adult.

#### **12.1.4 Updating the Safeguarding Plan**

Updating and review of the Safeguarding Plan will be informed by all stages of the process. Discussions/meetings on the Safeguarding Plan will be arranged by the Safeguarding Plan Co-ordinator and should address the following:

- Feedback and evaluation of the evidence and outcomes from the assessments, including making a multi-agency (where appropriate) judgement of whether the abuse/neglect has occurred, has not occurred, or whether this is still not known.
- A review of the initial Safeguarding Plan.
- An assessment of current and future risk of abuse/neglect to the individual, group of individuals, or others.
- To evaluate the need for further assessment and investigation.
- Where abuse/neglect has taken place, or an ongoing risk of abuse/neglect is identified, a Safeguarding Plan should be agreed with proactive steps to prevent/decrease the risk of further abuse or neglect.
- Agreeing an ongoing communication plan, including the level of information that should be fed back to the person who raised the concerns (the referrer), other involved individuals or agencies, and who will be responsible for doing this.
- To set an agreed timescale for further review of the Safeguarding Plan.

## **12.2 The Safeguarding Plan Review**

The Safeguarding Plan Review refers to the planned process of reviewing the actions and safeguards put in place through the Safeguarding Plan. If new or heightened concerns arise prior to the planned Review, these should be addressed in the Safeguarding Plan.

### **12.2.1 Aims of the Safeguarding Plan Review**

The Safeguarding Plan Review should:

- Establish any changes in circumstances or further concerns which may affect the Safeguarding Plan,
- Evaluate the effectiveness of the Safeguarding Plan,
- Evaluate, through appropriate risk assessment, whether there remains a risk of abuse or neglect to the individuals or group of individuals.
- Make required changes to the Safeguarding Plan and set a further review date.

### **12.2.2 Evaluating the Safeguarding Process**

The Safeguarding Plan Review process should also be used as an opportunity to evaluate the intervention in general terms, e.g., what worked well, what caused difficulties, how effectively did people and agencies work together.

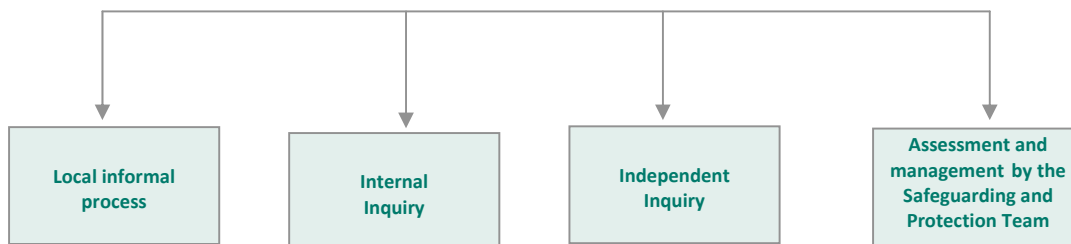
This level of information should be fed back through the Safeguarding and Protection Team (Vulnerable Persons) and disseminated to other staff/agencies as appropriate. Experiences from practice, positive and negative, can be used to facilitate learning arising from specific situations to enable services to develop and be in a better position to safeguard individuals at risk from abuse and neglect.

### ***12.2.3 Closing the Safeguarding Plan***

The updated risk assessment arising from a Safeguarding Plan Review may provide evidence that the risk of abuse or neglect has been removed, or through changed circumstances, be no longer appropriate to be managed through this procedure. When this occurs, decisions should be taken with multi-agency agreement, where appropriate. Reasons and rationale for closing the Procedure must be recorded in full. The client and/or referrer may be formally notified of closure where appropriate.

## 13.0 Stage 3: Reasonable Grounds for Concern have been Established.

Flow Chart 3



If it is determined that abuse of a vulnerable person may have occurred, the responsibilities towards all relevant parties must be considered and addressed. These may include:

- The vulnerable person.
- The family of the vulnerable person.
- Other vulnerable persons, where appropriate.
- The perpetrator, particularly if a service user.
- Staff.

The needs of the vulnerable person is the paramount consideration and a formal Safeguarding Plan must be developed which addresses the therapeutic and support needs arising from the experience and the protective interventions aimed at preventing further abuse.

### 13.1 Outcome of Preliminary Screening

#### 13.1.1 Local Informal Process

If it is established that, for example, a single incident has occurred which is not of a serious nature, the manager may decide to deal with the matter locally and informally. This would usually include training. This approach must be agreed with the vulnerable person. This should be notified to the Safeguarding and Protection Team (Vulnerable Persons).

#### 13.1.2 Inquiry – Internal or Independent

In establishing any form of Inquiry, relevant HSE Policies must be considered. In considering the specific form of Inquiry, issues to be considered include;

- The nature of the concerns.
- If the matters relate to an identifiable person, or incident, or to system issues.
- The impact on confidence in the service.
- The views of the vulnerable persons and/or his/her family.

The Service Manager will usually commission the Inquiry. The Commissioner of an Inquiry must develop specific Terms of Reference and, where appropriate, ensure the appointment of a Chair and members with the suitable experience and expertise, both in services for vulnerable persons and in the application of fair procedures. The Terms of Reference should be informed by

appropriate professional advice. Arrangements for the provision of expert advice to the enquiry should also be outlined.

An Inquiry Report will usually contain certain conclusions and recommendations and it is the responsibility of the Commissioner to receive the report and to determine the necessary actions.

### **13.1.3 Assessment and Management by Safeguarding and Protection Team (Vulnerable Persons)**

In certain circumstances, the HSE Head of Social Care in each Community Healthcare Organisation may decide that the matter should be assessed and managed by the Safeguarding and Protection Team (Vulnerable Persons). Such circumstances may include any possible/perceived conflict of interest for the Service Manager.

The Head of Social Care in each Community Healthcare Organisation may also determine that another process, appropriate to the particular issues arising, is required and may arrange such a process. This may include the arranging of a comprehensive professional assessment.

### **13.1.4 Management of an Allegation of Abuse against a Staff Member**

In situations where the allegation of abuse arises in respect of a member of staff of the HSE or a Non Statutory Organisation funded by the HSE, then the HSE Policies for Managing Allegations of Abuse against Staff Members will be followed.

The safety of the service user is paramount, and all protective measures proportionate to the assessed risk must be taken to safeguard the welfare of the service user.

Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed in the first instance with An Garda Síochána.

## **14.0 Roles and Responsibilities**

### **14.1 Role of Frontline Personnel**

- Promote the welfare of vulnerable person in all interactions.
- Be aware of the services policy and any local procedures, protocols and guidance documents.
- Comply with the policy and procedure to ensure the safeguarding of vulnerable persons from all forms of abuse.
- Support an environment in which vulnerable persons are safeguarded from abuse or abusive practices through the implementation of preventative measures and strategies.
- Avail of any relevant training and educational programmes.
- Be aware of the signs and indicators of abuse.
- Support vulnerable persons to report any type of abuse or abusive practice.
- Ensure that any concerns or allegations of abuse are reported in accordance with the policy.



## **14.2 Role of Service Manager/Line Managers in both HSE Services and Service Providers**

- Ensure that a local policy for the safeguarding of vulnerable persons is in place and is compliant with this national policy.
- Ensure that local procedures are developed to support the implementation of HSE policy and procedures.
- Promote a culture of zero tolerance for any type of abuse or abusive practice.
- Ensure that the policy and procedures is made available to all employees and volunteers and to all persons accessing services and their advocates/families in an accessible format.
- Maintain a record of all employees and voluntary staff members “sign off” on policies/procedures/guidelines pertaining to the safeguarding of vulnerable persons.
- Ensure that all employees / volunteer staff receive the appropriate training with regard to the implementation of this policy.
- Ensure safeguarding is part of the Induction Programme for everyone involved in the service.
- Ensure that any concerns or allegations of abuse are managed in accordance with the policy.

## **14.3 Role of the Head of Social Care**

- Ensure that local policies and procedures developed by HSE services and service providers are compliant with national policy.
- Ensure that service providers have in place arrangements to support the implementation of policy as specified in the Service Agreement/Contract.
- Provide guidance and support to service providers.
- Review on a quarterly basis all concerns or allegations of abuse and their current status.
- Manage the Safeguarding and Protection Team (Vulnerable Persons).

## **14.4 Role of the Safeguarding and Protection Team (Vulnerable Persons)**

### **Safeguarding and Protection Team (Vulnerable Persons).**

In each CHO, a Safeguarding and Protection Team (Vulnerable Persons) is being developed to support the objectives of this Policy.

The Safeguarding and Protection Team will:

- Receive reports of concerns and complaints regarding the abuse of vulnerable persons.
- Support services and professionals to assess and investigate the concern(s)/complaint(s) and develop intervention approaches and protection plans.
- Directly assess particularly complex complaints and coordinate service responses.
- Support, through training and information, the development of a culture which promotes the welfare of vulnerable persons, and the development of practices which respond appropriately to concerns or allegations of abuse of vulnerable persons.
- Maintain appropriate records.

## 14.5 Role of Designated Officer

Each service (HSE and funded) providing services to people who may be vulnerable will appoint a Designated Officer. This appointment is the responsibility of the Senior Manager in the service. The Designated Officer should receive specific training on the legal and policy context in which safeguarding occurs and maintain a familiarity with key practice issues.

The Designated Officer will be responsible for:

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

**Note:** These functions are those relevant to receiving and responding to concerns and complaints of abuse.

## 15.0 Notification

### A. An Garda Síochána

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

### B. HIQA

In designated centres there is a requirement for the person in charge of a designated centre to report in writing to the Chief Inspector (HIQA) within 3 working days any adverse incident when the injury is deemed to be a consequence of an alleged, suspected or confirmed incident of abuse.

### C. HSE Good Faith Reporting

The HSE has a Good Faith Reporting Policy for employees who do not wish to make a protected disclosure. The HSE will provide support and advice where necessary to the employee who reports genuine concerns of fraud or malpractice in the organisation.

*Good faith reports made to the Information Officer will be referred to the relevant HSE officer for investigation. The Information Officer will not disclose the identity of the employee making the good faith report where the employee so instructs.*

*In general, employees' identities will not be disclosed without prior consent. Where concerns cannot be resolved without revealing the identity of the employee raising the concern the HSE will enter into a dialogue with the employee concerned as to whether and how it can proceed. (Good Faith Reporting Policy, 2009).*

#### **D. Protected Disclosures**

Section 103 of the Health Act 2007 and the Protected Disclosures Act 2014 provide for the making of protected disclosures by health service employees. If an employee reports a workplace concern in good faith and on reasonable grounds in accordance with the procedures outlined in the legislation it will be treated as a 'protected disclosure'. This means that if an employee feels that they have been subjected to detrimental treatment in relation to any aspect of their employment as a result of reporting their concern they may seek redress. In addition, employees are not liable for damages as a consequence of making a protected disclosure. The exception is where an employee has made a report which s/he could reasonably have known to be false.

#### **Procedure for making a Protected Disclosure**

The HSE has appointed an 'Authorised Person' to whom protected disclosures may be made. Employees are required to set out the details of the subject matter of the disclosure in writing on the Protected Disclosures of Information Form and submit it to the Authorised Person at the following address:

**HSE Authorised Person,  
P.O. Box 11571,  
Dublin 2.  
Tel: 01-6626984.**

The Authorised Person will investigate the subject matter of the disclosure. Confidentiality will be maintained in relation to the disclosure *insofar as is reasonably practicable*. However, it is important to note that it may be necessary to disclose the identity of the employee who has made the protected disclosure in order to ensure that the investigation is carried out in accordance with the rules of natural justice.

**E.** In certain limited circumstances, an employee may make a protected disclosure to a *Scheduled body or a professional regulatory body*.

## **Section 3: Self-Neglect**

## 16.0 Self-Neglect

The Health Service Executive is committed to the protection of vulnerable persons who seriously neglect themselves and is concerned with vulnerable persons where concern has arisen due to the vulnerable person seriously neglecting his/her own care and welfare and putting him/herself and/or others at serious risk.

Responding to cases of self-neglect poses many challenges. The seriousness of this issue lies in the recognition that self-neglect in vulnerable persons is often not just a personal preference or a behavioural idiosyncrasy, but a spectrum of behaviours associated with increased morbidity, mortality and impairments in activities of daily living. Therefore, self-neglect referrals should be viewed as alerts to potentially serious underlying problems requiring evaluation and treatment (Naik et al, 2007).

Family, friends and community have a vital role in helping vulnerable people remain safe in the community. Visiting, listening and volunteer driving are examples of ways to reduce isolation. People wish to respect autonomy and may not wish to be intrusive. However, if concerned or aware of a significant negative change in behaviour, do consider making contact or alerting services.

The purpose of this Policy and Procedures is to offer guidance to staff of the HSE and of organisations in receipt of funding from the HSE who become aware of concerns regarding extreme self-neglect. It also offers guidance to Safeguarding and Protection Teams (Vulnerable Persons) when referrals are received or where advice and support is sought. Cases of self-neglect may require multi-disciplinary and/or multi-agency involvement.

This applies to all HSE services and those organisations in receipt of funding from the HSE. Non-statutory organisations should have their own procedures for the management of situations of extreme self-neglect consistent with this document.

## 17.0 Definitions

### 17.1 Self-neglect:

- Self-neglect is the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently.
- A vulnerable person's profound inattention to health or hygiene, stemming from an inability, unwillingness, or both, to access potentially remediating services.
- The result of an adult's inability, due to physical and /or mental impairments or diminished capacity, to perform essential self-care tasks.
- The failure to provide for oneself the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain.

- Self-neglect in vulnerable adults is a spectrum of behaviours defined as the failure to, (a) engage in self-care acts that adequately regulate independent living or, (b) to take actions to prevent conditions or situations that adversely affect the health and safety of oneself or others.

## 17.2 Groups that may present with self-neglecting behaviours.

- 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 (Poythress, 2006: 11).
- Self-neglect is common among those who consume large quantities of alcohol; the consequences of such drinking may precipitate self-neglect (Blondell, 1999).
- Those who live alone, in isolation from social support networks of family, friends and neighbours (Burnett et al, 2006).

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

## 18.0 Guiding Principles

1. Self-neglect occurs across the life span. There is a danger in targeting vulnerable persons and the decisions they make about lifestyle, which society may find unacceptable.
2. The definition of self-neglect is based on cultural understandings and challenges cultural values of cleanliness, hygiene and care. It can be redefined by cultural and community norms and professional training.
3. A threshold needs to be exceeded before the label of self-neglect is attached – many common behaviours do not result in action by social or health services or the courts.
4. Distinguish between self-neglect, which involves personal care, and neglect of the environment, manifested in squalor and hoarding behaviour.
5. Recognition of the community aspects or dimensions rather than just an individualistic focus on capacity and choice: some self-neglecting behaviour can have a serious impact on family, neighbours and surroundings.
6. Importance of protection from harm and not just ‘non- interference’ in cases of refusal of services. Building trust and negotiation is critical for successful intervention.
7. Interventions need to be informed by the vulnerable person’s beliefs regarding the stress experienced by Care Givers, including family members, and must address the underlying causes.
8. Assumptions must not be made regarding lack of mental capacity and, as far as possible, people must be supported in making their own decisions.

## 19.0 Manifestations of Self-Neglect

### 19.1 Hygiene

Poor personal hygiene and/or domestic/environmental squalor; hoarding behaviour (Poythress et al, 2006; Mc Dermott, 2008).

### 19.2 Life Threatening Behaviour

Indirect life threatening behaviour: refusal to eat, drink; take prescribed medications; comply with an understood medical regime (Thibault et al, 1999)

### 19.3 Financial

Mismanagement of financial affairs.

## 20.0 Assessment of Self-Neglect: Key Areas

Area / Domain	Evidence of Serious/Severe Neglect
Personal Appearance: hair, nails, skin, clothing, insect infestation	Matted, dirty hair; long, untrimmed, dirty nails; multiple or severe pressure ulcers, other injuries; very soiled clothing; multiple insect infestation.
Functional Status: cognitive; delusional state; response to emergencies; Medical needs	Impaired cognition; delusional state; unable to call for help or respond to emergencies. No documentation of a health care provider; untreated conditions, appears ill or in pain or complains of pain or discomfort.
Environment	Poorly maintained- evidence of rubbish, debris; dilapidated dwelling – broken or missing windows, walls. Severe structural damage, leaking roof. Pungent, unpleasant odour. Human /animal waste. Rotting food; litter. Clutter- difficult to move around or find things. Multiple uncared for pets. Problems with electricity, gas water, telephone.
Nutrition	Nutritional deficiencies are significant. It is difficult to assess food storage, availability of food groups and expiry dates.

(Dyer et al, 2006) From Draft of the Self-Neglect Severity Scale accessed from: <http://www.bcm.edu/crest/?PMID=5668>

## 21.0 Procedures

### **Consider the possibility.**

- Concerns regarding extreme neglect can arise for a variety of people in diverse circumstances. It is critical that one remains open to considering the possibility that a vulnerable person may not be acting in his/her own interest and that his/her welfare is being seriously compromised.
- Considering the possibility of extreme self neglect is a professional responsibility and a service to the person.
- Discuss the concerns with appropriate people and directly with the vulnerable person.
- If concerns cannot be addressed directly, they should be directed to the Safeguarding and Protection Team (Vulnerable Persons) who will assist in an assessment of the severity of the situation.

### **Approach**

- As far as possible and appropriate the Safeguarding and Protection Team (Vulnerable Persons) will support professionals and services in undertaking assessment and intervention.

### **Assessment:**

- On receiving a report of concern about a vulnerable person neglecting himself/herself, the professional/service receiving the report will begin the process of preliminary assessment.
- The Professional/Service will establish whether the vulnerable person is aware of the referral and his/her response to the person making the referral.
- The Professional/Service will consult with other health and social care professionals in order to gain further information. The focus of this preliminary process is to establish the areas of concern, i.e. the manifestations of self-neglect and the perception of those making the referral of the potential harm to which the vulnerable person and/or others are exposed.
- The Professional/Service will establish if there have been any previous attempts to intervene and the outcome of such attempts/interventions.
- The Professional/Service will arrange for an appropriate person to meet the vulnerable person to ascertain his/her views and wishes.
- The Professional/Service may arrange a multidisciplinary strategy meeting, where a decision can be reached as to the person best placed to take a lead role.
- A comprehensive assessment may need to be undertaken by a relevant specialist. This will require a GP referral. Where there is a doubt about the person's capacity to make decisions and/or to execute decisions regarding health, safety and independent living, the assessment should include specific mental competency assessment. If it is not possible to engage a vulnerable person in obtaining such an assessment, it may be appropriate to seek legal advice.



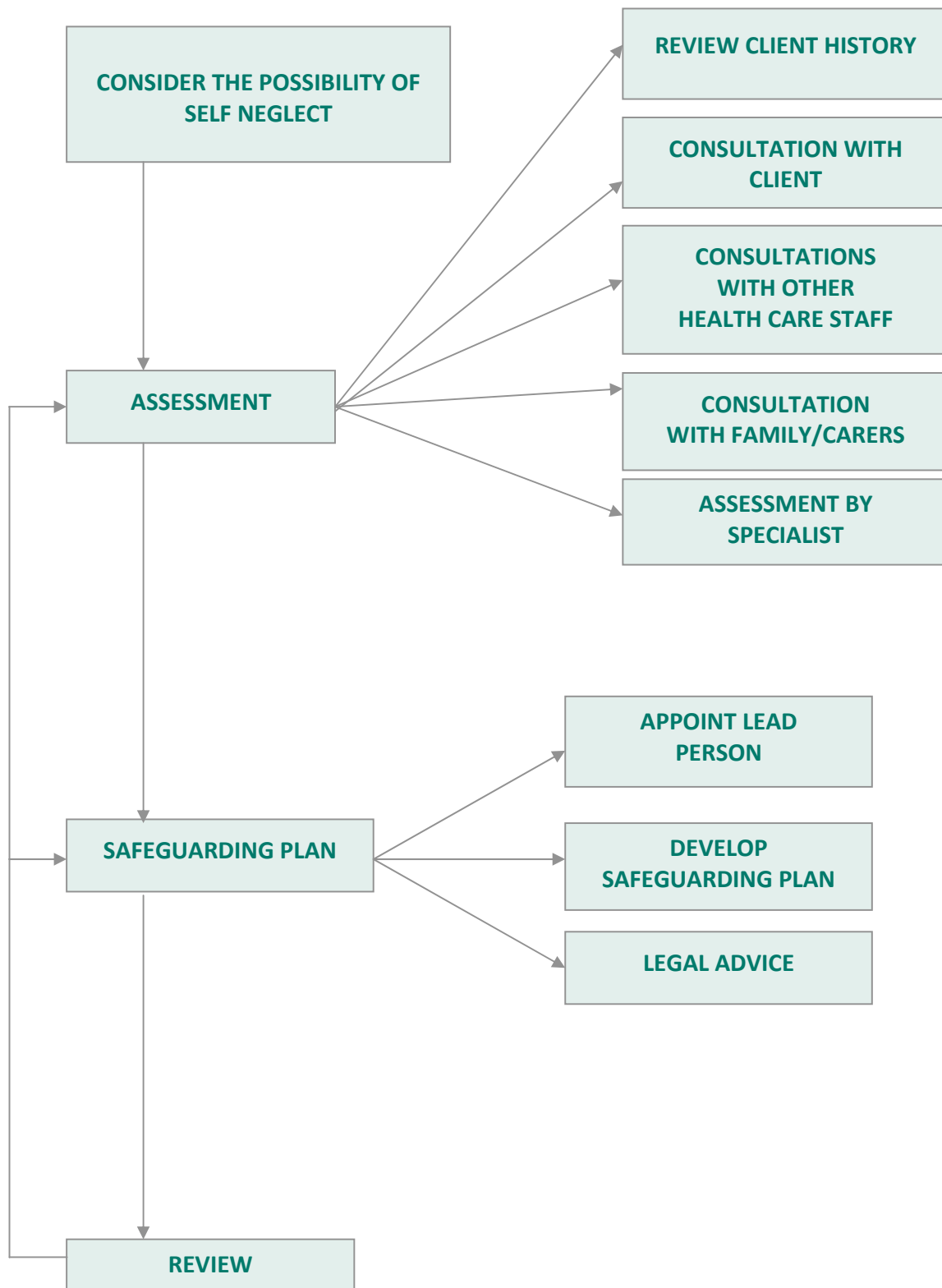
**Safeguarding Plan:**

- One lead person must be appointed to act as a co-coordinator of information and intervention. The lead person will arrange a full review at agreed intervals.
- The responsibility for appointment of a lead person will be with the Manager in the service or area involved.
- If the vulnerable person has mental capacity and agrees to intervention, a Safeguarding Plan will be developed in accordance with his/her wishes.
- If the person has mental capacity and refuses services, every effort is made to negotiate with the person. Time is taken to develop and build up rapport and trust. It is important to continue to monitor the person's well being.
- If the person lacks mental capacity, legal advice may be required to inform the decision making process. Decisions must be made in the best interests of the person and, if possible, based on his/her wishes and values. However, it is not appropriate to take a paternalistic view which removes the autonomy of the vulnerable person.

**Review:**

- The lead person will arrange a full review of the Safeguarding Plan at agreed intervals.
- The vulnerable person's situation must be kept under review, as appropriate and deemed necessary
- Family, friends and community have a vital role in helping vulnerable people remain safe in the community.
- The Safeguarding and Protection Team (Vulnerable Persons) will be available to provide advice and support as appropriate.

Flow Chart 4



# Section 4: Implementation

## 22.0 Organisational Arrangements

The National Social Care Division will have responsibility for implementation, monitoring and review of this policy and procedures.

### 22.1 Review of National Policy and Procedure

The Social Care Division will review this Policy and Procedure after one year and subsequently on a biennial basis, or otherwise as may be appropriate, for example, due to legislative changes and/or from feedback.

### 22.2 National Office for Safeguarding Vulnerable Persons.

A National Office is being established to provide leadership, oversight and co-ordination for all aspects of policy and practice in relation to the safeguarding of vulnerable persons.

The National Office will

- Support the National Intersectoral Committee, the Dedicated Implementation Working Group and the Interagency Working Group.
- Collect and collate data in relation to referrals of abuse of vulnerable persons.
- Prepare and produce an annual report on the abuse of vulnerable persons.
- Commission research to establish best practice in promoting the welfare and protection of vulnerable persons from abuse.
- Develop and maintain a framework for risk assessment and intervention planning.
- Act as a resource for information in relation to abuse of vulnerable persons.
- Develop public awareness campaigns, ongoing staff training, etc.
- Develop practice guidance and tailored resources for all stakeholders.
- Support the accountability and reporting obligations of the HSE.

### 22.3 Dedicated Implementation Working Group

A dedicated Implementation Working Group has been established within the Social Care Division and will lead on the roll-out and implementation of this policy and procedures. This Working Group comprises staff from both Older Persons' Services and Disability Services and will develop a comprehensive Implementation Plan with associated timelines. This Working Group will, for example, develop the appropriate training resources for all personnel and summary material regarding this policy and procedure in an appropriate format for service users, relatives and members of the public. It will also develop appropriate templates to support the processes, e.g., referrals, screening, etc.

## **22.4 National Inter-Sectoral Committee for Safeguarding Vulnerable Persons**

A National Inter-Sectoral Committee for Safeguarding Vulnerable Persons will be established which will:

- Be independently chaired.
- Provide strategic direction.
- Be representative of relevant personnel, and agencies.
- Lead on promoting a societal and organisational culture which promotes the welfare of vulnerable persons.
- Develop a national plan for the promotion of the welfare and protection from abuse of Vulnerable Persons, for consideration by the Social Care management team, and for inclusion in the Annual Service Plan as appropriate.
- Provide oversight and guidance on policies and procedures required to ensure complaints and concerns are addressed appropriately.
- Develop and review HSE Policies and Procedures regarding Vulnerable Persons.
- Ensure that information gathering and analysis systems operate to inform effective management and learning.
- Propose the commissioning of research, public awareness campaigns, and training aimed at promoting the welfare of vulnerable persons.
- Report on an agreed basis to the National Director - Social Care.
- Contribute, as agreed, to relevant activities and initiatives.

The National Committee will maintain two sub-committees, one focusing on elder abuse and one on abuse of persons with a disability.

## **22.5 National Inter-agency Working Group**

A National Inter-agency Working Group will be established in association with An Garda Síochána and TUSLA (Child & Family Agency) to develop joint protocols and collaborative arrangements.

## **22.6 Safeguarding and Protection Committee (Vulnerable Persons).**

Within each Community Healthcare Organisation a Safeguarding and Protection Committee will be appointed by the Chief Officer and will

- Represent relevant personnel and agencies.
- Be chaired by the Head of Social Care.
- Support the development of a culture within the area and within services which promotes the welfare of vulnerable persons.
- Develop, approve and have oversight of the area plan to promote the welfare of vulnerable persons, consistent with Service Plan objectives.

- Support interagency communication and collaboration in respect of services and responses to the needs of vulnerable persons.
- Provide a support and advisory service to the Senior Manager and Safeguarding and Protection Team (Vulnerable Persons) in addressing the needs of vulnerable persons, including consideration of particularly complex cases and system issues.
- Contribute, as agreed, to relevant activities and initiatives.

## **22.7 Head of Social Care**

The Head of Social Care will have overall management responsibility within the CHO for the promotion of the welfare of vulnerable persons and ensuring that policies, procedures and systems within the CHO and relevant organisations are operating effectively in order to ensure appropriate responses to concerns and allegations of abuse of vulnerable persons.

The Head of Social Care will:

- Chair the CHO Committee.
- Support the development of a culture within services and organisations which promotes the welfare of vulnerable persons.
- Provide or ensure appropriate management for the Safeguarding and Protection Team.
- Support and be responsible for the effective operation of the Safeguarding and Protection Committee.
- Ensure the development of the area plan and the achievement of Service Plan objectives.
- Develop and maintain interagency arrangements to ensure effective communication and collaboration.
- In collaboration with the Safeguarding and Protection Team (Vulnerable Persons) and the Area Committee identify systemic areas of concern in the operation of services and organisations which impact on vulnerable persons and ensure that these are addressed.
- Provide leadership, support and direction in ensuring appropriate responses to cases of particular complexities.
- Establish robust information systems and prepare reports on the operation of the service.
- Ensure the appropriate provisions are included in service agreements and contracts.
- Undertake other relevant duties as may be directed by the Area Manager.

## **22.8 Safeguarding and Protection Team (Vulnerable Persons)**

A Safeguarding and Protection Team (Vulnerable Persons) will be established in each CHO.

The Safeguarding and protection Team will work collaboratively with services and professionals in:

- Promoting the welfare of vulnerable persons.
- Acting as a resource to personnel and services having concerns regarding vulnerable persons.

- Receiving concerns and complaints regarding vulnerable persons.
- Assessing concerns and complaints involving vulnerable persons.
- Advising on and in complex situations undertaking assessments regarding possible abuse of vulnerable persons.
- Developing, or ensuring the development of interventions and Safeguarding Plans, and reviewing the effectiveness of such plans.
- Working collaboratively with relevant agencies in addressing issues impacting on the welfare of vulnerable persons.
- Maintaining records and reporting on the service.

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# Appendices

## Appendix 1

The following table provides definitions, examples and indicators of abuse with which all staff members must be familiar.

Type of Abuse: Physical	
<b>Definition</b>	<b>Physical abuse</b> includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
<b>Examples</b>	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.
<b>Indicators</b>	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; asks not to be hurt.

Type of Abuse: Sexual	
<b>Definition</b>	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.
<b>Examples</b>	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.
<b>Indicators</b>	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.

Type of Abuse: Emotional/Psychological (including Bullying and Harassment)	
<b>Definition</b>	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.
<b>Examples</b>	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.
<b>Indicators</b>	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.

Type of Abuse: Financial	
<b>Definition</b>	Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
<b>Examples</b>	Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the service user for financial gain, putting pressure on the service user in relation to wills property, inheritance and financial transactions.
<b>Indicators</b>	No control over personal funds or bank accounts, misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the service users internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.

Type of Abuse: Institutional	
<b>Definition</b>	<b>Institutional abuse</b> may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.
<b>Examples</b>	Service users are treated collectively rather than as individuals. Service user's right to privacy and choice not respected. Staff talking about the service users personal or intimate details in a manner that does not respect a person's right to privacy.
<b>Indicators</b>	Lack of or poor quality staff supervision and management. High staff turnover. Lack of training of staff and volunteers. Poor staff morale. Poor record keeping. Poor communication with other service providers. Lack of personal possessions and clothing, being spoken to inappropriately, etc.

Type of Abuse: Neglect	
<b>Definition</b>	Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.
<b>Examples</b>	Withdrawing or not giving help that a vulnerable person needs so causing them to suffer e.g. malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance.
<b>Indicators</b>	Poor personal hygiene, dirty and dishevelled in appearance e.g. unkempt hair and nails. Poor state of clothing. non attendance at routine health appointments e.g. dental, optical, chiropody etc. socially isolated i.e. has no social relationships.

Type of Abuse: Discriminatory	
<b>Definition</b>	Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
<b>Examples</b>	Shunned by individuals, family or society because of age, race or disability. Assumptions about a person's abilities or inabilities.
<b>Indicators</b>	Isolation from family or social networks.

**HSE INFORMATION LINE** 1850 24 1850  
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**DECEMBER 2014**



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



# PRELIMINARY SCREENING FORM

(PSF 1)



## Section 1: Details of vulnerable person at risk of abuse

Name:	<input type="text"/>	Gender:	<input type="text"/>
Date of Birth:	<input type="text" value="Choose a date"/>	Phone Number:	<input type="text"/>
Home address	<input type="text"/>	Eircode:	<input type="text"/>
Current address: <i>(if different)</i>	<input type="text"/>	Eircode:	<input type="text"/>
Is current address a HIQA designated centre:	<input type="text" value="Select"/>	If yes, enter HIQA code:	<input type="text"/>
Type of service:	<input type="text" value="Choose service type"/>	If other, please specify:	<input type="text"/>
<a href="#">Community/ Service setting?</a>	<input type="text" value="Choose setting"/>		
Brief description of the vulnerable person:	<input type="text"/>		
Details if the vulnerable person has communication support needs:	<input type="text"/>		
Are other services involved with the vulnerable person?	<input type="text" value="Select"/>	If yes, please specify:	<input type="text"/>

## Section 2: Your Details (person completing form)

Name:	<input type="text"/>	CHO:	<input type="text" value="Choose a CHO Area"/>
Job Title:	<input type="text"/>	Organisation:	<input type="text"/>
Email:	<input type="text"/>	Date:	<input type="text" value="Choose a date."/>
Address:	<input type="text"/>	Phone number:	<input type="text"/>
Are you the Designated Officer:	<input type="text" value="Select"/>		



# PRELIMINARY SCREENING FORM

## (PSF 1)



National Safeguarding Office

### Section 3: Details of concern

3.1: [Date that safeguarding concern arose:](#)

3.2: Date that safeguarding concern was notified to the DO:

3.3: What type of abuse is indicated?  
*(Select as many as necessary)*

Physical abuse	<input type="checkbox"/>	Neglect/ acts of omission	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	Institutional abuse	<input type="checkbox"/>
Emotional/ psychological abuse	<input type="checkbox"/>	Discriminatory abuse	<input type="checkbox"/>
Financial abuse	<input type="checkbox"/>	Extreme self-neglect	<input type="checkbox"/>

3.4a: [Who has raised this concern?](#)

3.4b If other, please specify

3.5a: Location of safeguarding concern:

3.5b If other, please specify

3.6a: Is the vulnerable person aware that this concern has been raised?

3.6b [If not, why not?](#)

3.7: Details of safeguarding concern:

3.8: [What is known of the vulnerable person's wishes in relation to the concern?](#)

3.9a: [Is this concern linked to any other Preliminary Screening?](#)

Yes:   
No:

3.9b If yes, give case reference(s):

3.10a: Was the safeguarding concern observed?

Yes:   
No:

3.10b If yes, by whom?

3.11: Details of response to date:

3.12a: Is it deemed at this point that there is an ongoing risk?

3.12b: If yes, please specify

3.13: [Details of any risk escalation:](#)





# PRELIMINARY SCREENING FORM

(PSF 1)



## Capacity and consent considerations:

<b>3.14a:</b> <a href="#">Is a decision support/ Ward of Court arrangement in place that may have relevance to this safeguarding concern?</a>	Select
<b>3.14b:</b> If yes, (and where relevant), has any reporting requirement been fulfilled?	Select
<b>3.15:</b> Any concern regarding decision making capacity in relation to this concern?	Select

**3.16:** If the vulnerable person has a support person (family, friend etc.) in their life, have you considered discussing with the adult if they wish this support person to be consulted?

## Out-of-Area Placements:

**3.17a:** If the vulnerable person is the subject of an out-of-area placement, has the funder of their placement been informed of the safeguarding concern?

**3.17b:** CHO providing funding for this placement:

**3.18a:** If the person allegedly causing concern is the subject of the out-of-area placement and is considered to be a vulnerable person, has the funder of their placement been informed?

**3.18b:** CHO providing funding for this placement:



# PRELIMINARY SCREENING FORM

(PSF 1)



## Section 4: Outcome of Preliminary Screening

4.1: Outcome:

Choose one outcome only

4.2: Complete if 'Reasonable Grounds' or 'Additional Information' ticked in 4.1

Immediate safety issues addressed

Interim Safeguarding Plan completed and attached

4.3: Any additional actions undertaken? (Select as many as necessary)

Medical treatment

HIQA notified

Medical assessment

Incident management system notified

An Garda Síochána notified\*

Open disclosure

Referred to sexual assault trauma unit

Referred to Tusla

4.4: Other relevant details:

4.5: If the Preliminary Screening has taken longer than three days to submit, please outline why:

## Section 5: Person Allegedly Causing Concern

5.1: Anonymous agency identifier:\*\*

5.2 Gender

5.3: Relationship to person referred:

Choose relationship

5.4: If other, please state relationship:

5.5a: Has this person been named in a previous Preliminary Screening?

Choose an item.

5.5b: If yes, give details:

\* An Garda Síochána should be notified if the safeguarding concern could be criminal in nature. Ongoing liaison is important to ensure any safeguarding assessment does not interfere with the statutory responsibilities of An Garda Síochána.

\*\*The HSE together with HSE service providers and funded agencies are mindful of their mutual obligations to protect the data protection rights of all data subjects. The identification of the "person allegedly causing concern" to the HSE Safeguarding and Protection Team has a legal basis and may be necessary in certain circumstances. A request for identifying information on "the person allegedly causing concern" by a HSE Safeguarding and Protection Team will need to be considered and decided upon by the data controller in the relevant agency.



# INTERIM SAFEGUARDING PLAN



Name of vulnerable person:

Safeguarding ID:

What are the wishes of the vulnerable person in relation to this plan?

What are you trying to achieve?	What specific follow-up or safeguarding actions are you taking to achieve this?	Who is going to do this (name and job title)?	When will this be completed?	Review date for actions	Review status/ update
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	

Name of DO/ Service Manager:

Name of Safeguarding Plan Coordinator:

Date of Interim Safeguarding Plan:

***If appropriate, the Interim Safeguarding Plan may become the Formal Safeguarding Plan on agreement with the SPT***



## INTERIM SAFEGUARDING PLAN *(continued)*



What are you trying to achieve?	What specific follow-up or safeguarding actions are you taking to achieve this?	Who is going to do this (name and job title)?	When will this be completed?	Review date for actions	Review status/ update
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	



# FORMAL SAFEGUARDING PLAN OUTCOME FORM (FSP 2)



National Safeguarding Office

## PART A:

Name of vulnerable person:

Unique safeguarding ID:

If the Safeguarding Plan has taken longer than three weeks to formulate and implement please give reasons:

Signature:

Date sent to SPT:

## PART B

(for SPT use only)

Date received by SPT:

Date reviewed by SPT:

Name of SPT team member reviewing form:

Safeguarding Plan agreed by SPT?

If not in agreement with outcome at this point give outline of reasons:

Commentary on areas of form needing clarity or further information:

Any other relevant feedback, including any follow-up actions requested:

Name:

Signature:

Date review form returned to Safeguarding Coordinator:



# PRELIMINARY SCREENING REVIEW UPDATE FORM (PSF 4)



(For completion by DO if requested by the SPT)

## PART A:

Name of vulnerable person:

Unique safeguarding ID:

Date returned to SPT:

Designated Officer/ Service Manager:

Signature:

Reply with any clarifications, additional information or follow-up actions requested:

## PART B (for SPT use only)

Date received by SPT:

Date reviewed by SPT:

Preliminary Screening agreed by SPT?

SPT team member reviewing form:

Signature:

If not in agreement with outcome at this point give outline of reasons and planned process to address outstanding issues in preliminary screening:



# FORMAL SAFEGUARDING FORM (FSP 1)



## Section 1: Details of vulnerable person at risk of abuse

Name:  Gender:

Unique safeguarding ID:

Date of Birth:  Phone Number:

Home address:  Eircode:

Current address:  Eircode:   
(if different)

## Section 2: Concern type (where reasonable grounds has been established and a formal safeguarding plan is being formulated)

2.1 What type of abuse is indicated?  
(Select as many as necessary)

Physical abuse	<input type="checkbox"/>	Neglect/ acts of omission	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	Institutional abuse	<input type="checkbox"/>
Emotional/ psychological abuse	<input type="checkbox"/>	Discriminatory abuse	<input type="checkbox"/>
Financial abuse	<input type="checkbox"/>	Extreme self-neglect	<input type="checkbox"/>

## Section 3: Details of safeguarding assessment

3.1: Summary of the reasonable grounds for concern that have been established (to include a summary of the assessment process and an analysis of the concern):

3.2: What are the needs and risks identified including any triggers or circumstances that may indicate increased level of risk for the vulnerable person? (Indicate on-going supports/services to be put in place as a result of devising a formal safeguarding plan):

3.3a: Is the vulnerable person aware that a safeguarding plan has been devised?

3.3b [If not, why not?](#)



# FORMAL SAFEGUARDING FORM (FSP 1)



**3.4:** Detail and outcome of any strategy meeting or case conference if held:

## Section 4: Additional Information

**4.1:** If it is deemed at this point that a level of risk remains please give reasons why it is not possible to fully ensure safety?

**4.2:** Does the vulnerable person need support if seeking justice/redress?

**4.3a:** [Is this concern linked to another preliminary screening or safeguarding plan?](#)

Click to select

**4.3b:** If yes, please give details:

**4.4a:** Were other agencies notified as part of formulating this safeguarding plan (eg: Gardaí, HIQA, Decision Support Service etc.)?

Click to select

**4.4b:** If yes, please list:

## Section 5: Details of Designated Officer and Safeguarding Plan Co-ordinator

Name of Designated Officer:

Tel:

Address:

Job title:

Email:

Name of Safeguarding Co-ordinator (if different):

Tel:





## FORMAL SAFEGUARDING FORM (FSP 1)



Address:

Job title:

Email:

Date:



# FORMAL SAFEGUARDING PLAN



Name of vulnerable person:

Safeguarding ID:

What are the wishes of the vulnerable person in relation to this plan?

What are you trying to achieve?	What specific follow-up or safeguarding actions are you taking to achieve this?	Who is going to do this (name and job title)?	When will this be completed?	Review date for actions	Review status/ update
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	

Date:

**Additional safeguarding actions can be recorded on the following page.**



# FORMAL SAFEGUARDING PLAN (continued)



Name of vulnerable person:

Safeguarding ID:

What are you trying to achieve?	What specific follow-up or safeguarding actions are you taking to achieve this?	Who is going to do this (name and job title)?	When will this be completed?	Review date for actions	Review status/ update
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	

Date:



# FORMAL SAFEGUARDING PLAN OUTCOME FORM (FSP 2)



National Safeguarding Office

## PART A:

Name of vulnerable person:

Unique safeguarding ID:

If the Safeguarding Plan has taken longer than three weeks to formulate and implement please give reasons:

Signature:

Date sent to SPT:

## PART B

(for SPT use only)

Date received by SPT:

Date reviewed by SPT:

Name of SPT team member reviewing form:

Safeguarding Plan agreed by SPT?

If not in agreement with outcome at this point give outline of reasons:

Commentary on areas of form needing clarity or further information:

Any other relevant feedback, including any follow-up actions requested:

Name:

Signature:

Date review form returned to Safeguarding Coordinator:



# FORMAL SAFEGUARDING PLAN UPDATE FORM (FSP 3)



(For completion if requested by the SPT)

## PART A:

Name of vulnerable person:

Unique safeguarding ID:

Details on any clarifications, additional information or follow up actions requested:

Date returned to SPT

Safeguarding Plan Co-ordinator:

Signature:

---

## PART B (for SPT use only)

Date received by SPT:

Date reviewed by SPT:

Safeguarding Plan agreed by SPT?

If not in agreement with outcome at this point give outline of reasons and planned process to address outstanding issues in Safeguarding Plan:

SPT team member reviewing form:

Signature:



HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy  
 HSE Child Protection and Welfare policy

**Notification to An Garda Síochána  
 (HQ Directive 07/2017)**

This form is for use by HSE personnel for reporting potential offences to An Garda Síochána under the **Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012**, in relation to serious specified offences against a child or vulnerable person. Full list of offences are specified in [Schedule 1](#) and [Schedule 2](#) of the Act.

This form is also for use by HSE personnel reporting potential offences to An Garda Síochána under the HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy.

**To Superintendent:** \_\_\_\_\_ (Station)

Name: (if known)	
Rank:	
Garda District	
Contact no:	
Contact Email:	
District Office Address:	

**Alleged or Suspected Offence relates to**

Child	<input type="checkbox"/>
Vulnerable	<input type="checkbox"/>
Adult	<input type="checkbox"/>

Record No.	<input type="text"/>	<input type="text"/>
PULSE ID	<input type="text"/>	<input type="text"/>
HSE Ref.	<input type="text"/>	<input type="text"/>

**Staff member making report**

Name:	
Title/Grade:	
CHO/Hospital Group/National Service:	
Name of Service:	
Location Address:	
Contact Number:	
Contact Email:	
Line Manager informed:	
Relationship to Child/Vulnerable Adult:	

**Child/Vulnerable Adult to Whom Report Relates (if known)**

Name:	
Male/Female:	
Date of Birth:	
Address of child/vulnerable adult:	
Contact No:	
Contact Email:	

**Parent/Guardian/Carer(s) (\*if known, and if applicable in relation to vulnerable adults)**

<b>Name 1:</b>	
Relationship to child or vulnerable adult:	
Address:	
Contact No:	
Contact Email:	
<b>Name 2:</b>	
Relationship to child or vulnerable adult:	
Address:	
Contact No:	
Contact Email:	

**Please answer all questions:**

Has a report been submitted to the Child and Family Agency (Tusla)? If yes, Online, by post or in person? ..... (Tusla Office)	Yes	No	Not applicable
Has a report been made to the HSE Safeguarding and Protection Team? (In the case of a vulnerable adult) If yes, insert team .....	Yes	No	Not applicable
Has the report been discussed with the child or vulnerable adult?	Yes	No	Not applicable
Have parents/guardians/carer(s)* been informed? (*if applicable in relation to vulnerable adults)	Yes	No	Not applicable

**Details of Alleged or Suspected Offence and relevant Information:**

Describe the alleged or suspected abuse/incident/behaviour of concern
The context for which the reporter became aware or believed an offence took place (specify date, location and any other relevant information)




Details of the person of concern in relation to allegations of abuse– if known, to include name, address, other known contact details and any other relevant information


Any other relevant information


*Please continue on another sheet if required*

Signature:.....

Date:.....