Avista

Policy for the Protection and Welfare of Vulnerable Adults and the Management of Allegations of Abuse

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Prepared By:	*Liam Keogh* _____ **Signed on behalf of the Service User Protection and Welfare committees Dublin and Limerick/North Tipperary**	**Date:** **7th July 2022**
Approved By:	 _____ **Ms. Natalya Jackson** **Chief Executive Officer (CEO)**	**7th July 2022**

Review History

No	Old revision status	New revision status	Comment	Date	Prepared by	Approved by
F		Reviewed	Reviewed * Updated to reflect Avista branding	**July 2022**	**Mr. Liam Keogh On behalf of the Supported person Protection and Welfare Committee Dublin and Limerick**	**Ms. Natalya Jackson Chief Executive Officer (CEO)**
* This policy continues to be consistent with and fully implements the HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures (2014) and other relevant national policies such as Trust in Care (2005). At this time this Policy continues to be fit for purpose for the Service. The HSE are currently in the final stages of updating their national safeguarding policy and when finalised Avista Policy DOCS 020 will be further reviewed and updated.						
E		Reviewed	Reviewed *	**June 2019**	**Mr. Liam Keogh On behalf of the Supported person Protection and Welfare Committee Dublin and Limerick**	**Ms. Natalya Jackson Chief Executive Officer (CEO)**
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D		Reviewed and updated		**Jan 2016**		**Mr. Denis Cronin Chief Executive Officer (CEO)**
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B		Reviewed and updated		**Dec 2009**		**Mr. Wally Frayne Chief Executive Officer (CEO)**
A		Reviewed and updated		**2003**		**Mr. Wally Frayne Chief Executive Officer (CEO)**

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Section 1: Policy

The HSE, Social Care Division and Avista, 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.

Avista have adopted the HSE 'Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures' and we adhere to the principals and formats of this policy. Within this document we have also inserted where appropriate, additional information to assist Avista personnel in the realisation of this policy at local level.

1.0 Introduction

Avista is an agency for adults and children with moderate, severe and profound intellectual disability. The Service is committed to the safety and protection from abuse of all persons with a disability in its care and to provide a safe environment. The Service acknowledges the rights of vulnerable persons to be protected, treated with respect, listened to and have their views taken into consideration.

In recent decades, society has had to face the reality of abuse of children. The evolving awareness of abuse of vulnerable adults and the complexities arising in responding in a manner which is respectful and empowering is also significant. Learning from these experiences this policy represents a Code of Good Practice in dealing with allegations of abuse and in ensuring the protection and welfare of vulnerable adult supported persons. It forms part of a range of overarching supports, policies and procedures aimed at promoting the welfare and preventing the abuse of vulnerable persons. The Service has a separate policy for children (Avista Child Protection Policy and Procedures - DOCS 062).

It is known that persons with disability can become vulnerable to abuse, even in settings which are intended to be places of care, safety and support. This Policy and Procedures builds on and incorporates previous policies developed to meet the specific needs of adults. It is consistent with and fully implements the *Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures* and other relevant national policies such as *Trust in Care (2005) HSE – Employer Representative Division*.

The legislative background for this policy encompasses the *Health Act 2007 (Care and Support of Residents in designated centres for persons (Children and Adults) with Disabilities) Regulations 2013, The Criminal Law (sexual offences) act 1993 and the Criminal Justice Act 2012.*

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 Supported persons, their families and carers, health and social care professionals, service organisations and society as a whole.

Avista is committed to policy and practices which

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

Avista, 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 that 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 against potential consequences of disclosing the abusive behaviour. This can occur, for example, where a vulnerable person is subjected to abuse or neglect by a family member and fears that reporting or 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.

In line with national policy, this document is part of the Service'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 document is developed in recognition of the seriousness of the issue and of the responsibilities arising.

Safeguarding is a societal responsibility. Responsibility for safeguarding rests with everybody but especially with all service providers and personnel involved in supporting people with disabilities.

2.0 Policy Statement

Avista, 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.

Avista 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, supported persons 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.

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

3.0 Scope

This Policy and Procedure is obligatory and applies to all persons employed by, contracted by, in training with and all volunteers of the Service. It applies across all areas where this Service delivers supports, including domestic, alternative family placements, residential care, respite services, day care and independent living (associated support services such as transport are also included). It is the duty of all staff to be fully aware of this policy and procedures and to understand their own professional responsibilities.

The Service values the positive professional and care relationships, which employees develop with adult supported persons. Inappropriate or sexual relations between employees and adult supported persons are prohibited[1]. This includes all persons employed by the Service, contracted and in training and all volunteers to the Service.

It is recognised that it is not possible to provide procedures for all situation that may arise. The procedures are intended to enable staff, adults, families, volunteers and students to follow a process which is consistent with the values and ethos of the Service and which takes into account current legislation and national policy issues in relation to abuse.

Purpose of Policy

a) To protect the dignity, rights and safety of persons with a disability within the Service.

b) To provide staff with clear information about reporting procedures and to raise staff awareness about those types of behaviours which should be reported.

[1] Employee Handbook, 2010.

c) To provide adult supported persons and families with information concerning the professional standards of the Service in relation to protection and welfare issues. The Service has an Adult Protection and Welfare Statement signed by the Service Manager which outlines what the Service has in place to safeguard adults and which demonstrates the Service's compliance with national policy and good practice guidance. (Appendix A: Adult Protection and Welfare Statement).

4.0 Implementation

The 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 in receipt of Avista and their next of kin / advocates, are informed of this Policy and local measures taken to implement safeguarding.

5.0 Regulation

This Policy and Procedure is obligatory and applies to all persons employed by, contracted by, in training with and all volunteers of the Service. It applies across all areas where this Service delivers supports, including domestic, alternative family placements, residential care, respite services, day care and independent living (associated support services such as transport are also included). It is the duty of all staff to be fully aware of this policy and procedures and to understand their own professional responsibilities. However within residential services there are additional regulations which must be applied.

Residential and residential respite centres are prescribed as 'designated centres' in the Health Act 2007 (Care and Support of Residents in designated centres for persons (Children and Adults) with Disabilities) 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 center'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 1st 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 Policy will 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."*[2]

This definition excludes self-neglect which is an inability or unwillingness to provide for oneself. However, the Service 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.

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.

There are six broad definitions of abuse which can be used to illustrate the type of behaviour which may constitute abuse:

- Physical
- Sexual
- Psychological/Emotional
- Financial or material
- Neglect and acts of omission
- Discriminatory abuse
- Institutional

While these definitions give an indication of the different types of abuse, they do not comprise an exhaustive list.[3]

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

[2] Health Information and Quality Authority (HIQA). The National Standards for Residential Services for Children and Adults with Disabilities. Dublin, 2013

[3] HSE. Trust in Care: Policy for Health Service Employers Upholding the Dignity and Welfare of Patients and Clients and the Procedure for Managing Allegations of Abuse against Staff members (2005)

Type of Abuse: Physical	
Definition	Physical abuse occurs where a person is inappropriately physically hurt or injured by another person.
Examples	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.
Indicators	Unexplained signs of physical injury – bruises (See Appendix B), cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. Supported person appears frightened, avoids a particular person, demonstrates new atypical behaviour; asks not to be hurt.

Type of Abuse: Sexual	
Definition	Sexual abuse is the involvement of an individual in sexual activities to which they have not consented or are unable to give informed consent to, or into which he or she was compelled to consent. It is the actual or likely exploitation of a person by another person for sexual gratification.
Examples	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 supported person. Exposure to pornography or other sexually explicit and inappropriate material.
Indicators	Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STD's and human bite marks. Supported person demonstrates atypical behaviour patterns such as sleep disturbance, bedwetting, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.

Type of Abuse: Emotional/Psychological (including Bullying and Harassment)	
Definition	Psychological abuseincludes 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. Emotional/Psychological abuse is any behaviour carried out with the intention of causing mental distress or which results in mental distress. It may take many forms and may be overt or subtle.
Examples	Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone 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.
Indicators	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	
Definition	Financial or material abuse is the unauthorized interference with or theft of personal possessions, money or property belonging to another. It includes theft, fraud, exploitation, pressure in connection with wills property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits**.**

Examples	Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the supported person, manipulating the supported person for financial gain, putting pressure on the supported person in relation to wills property, inheritance and financial transactions.
Indicators	No control over personal funds or bank accounts, Misappropriation of money, valuables or property, No records or in complete records of spending, Discrepancies in the supported persons 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: Neglect	
Definition	Neglect may include an act or omission, where a person is routinely deprived of food, clothing, entitlements, warmth, hygiene, intellectual stimulation, supervision and safety. It 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.
Examples	Withdrawing or not giving help that an adult with a disability 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.
Indicators	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	
Definition	Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
Examples	Shunned by individuals, family or society because of age, race or disability. Assumptions about a person's abilities or inabilities.

Indicators	Isolation from family or social networks.

Type of Abuse: Institutional	
Definition	Institutional Abuse can occur when an organisation where an adult with a disability is living or in receipt of services fails to provide the necessary processes and systems to protect him or her from abuse and maintain good standards of care and service. Adults with a disability in the care of organisations are dependent on the organisation to provide the highest quality and standards of care in accordance with their needs and abilities. **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.
Examples	Supported persons are treated collectively rather than as individuals. Supported person's right to privacy and choice not respected. Staff talking about the supported persons personal or intimate details in a manner that does not respect a person's right to privacy.
Indicators	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.

Other possible abusive practices/behaviours[4] (This list is not exhaustive)

The following is a list depicting behaviours and attitudes to adults with a disability that are considered to be abusive practices in a care setting.

- Threatening to hurt the person;
- Using any form of physical punishment;
- Denial of food, basic rights or privileges;
- Excessive use of force when feeding or toileting;
- Intrusiveness or disregard for a supported person's privacy;
- Rude or inoffensive remarks considered demeaning by a supported person;
- Excessively or inappropriately using restraint procedures;

[4] HSE Draft National Policy for the safeguarding of adults with a disability from abuse 2014

- Using medication to sedate an adult for agency convenience;
- Constantly being critical;
- Treating the adult as a child;
- Always making unilateral decisions for the individual person;
- Being indifferent when providing intimate care;
- Denying the right to privacy;
- Controlling access to friends, family and neighbours;
- Engaging in socially inappropriate routines such as having adults ready for bed in their pyjamas immediately after the evening meal or getting people up too early for the sake of the Service;
- Discouraging contact with an advocate;
- Denying or making light of abuse;
- Withdrawing food or meals including supper or dessert as a punishment;
- Leaving the person unattended or in conditions of discomfort for example in wet clothes for
  periods of time;
- Excessive control over access to phone, TV or news;
- Using the persons own property or money as a reward or punishment in a behaviour
  programme;
- Limiting access to financial information and resources resulting in unnecessary
  impoverishment.

6.1 Who May Abuse?

Anyone who has contact with an adult with a disability – it can be a member of their family, community, friend, informal carer, a healthcare/ social care or other worker, a peer or a stranger.

Familial Abuse

The abuse of the adult with a disability by a family member such as a father, mother, sister, brother, partner or other relative etc.

Professional Abuse

Professional abuse is where there is a misuse of power and trust by professionals and where there is a failure by the professionals to act on suspected abuse/crimes, poor care practice or neglect in services. Possible signs of professional abuse include entering into inappropriate relationships, failure to refer disclosure of abuse, poor ill informed or outmoded care practice, denying an adult with a disability access to professional supports and services such as advocacy, inappropriate responses to challenging behaviours, failure to whistle blow when internal procedures to highlight issues are exhausted.

Peer Abuse
This is the abuse of one adult with a disability by another adult with a disability within a care setting.

Stranger Abuse
An adult with a disability may be abused by someone unfamiliar to them such as a stranger, member of the public etc.

6.2 Where might abuse occur?
Abuse can happen at anytime in any setting.

Accidents, incidents and near misses
Lessons can be learned from accidents, incidents and/or near misses. 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. As a result Avista have policies in place for incident reporting that are compliant with HSE *Safety Incident Management Policy.*

6.3 Vulnerable Persons - Special Considerations
It must not be assumed that an adult with a disability is necessarily vulnerable; however it is important to identify the added risk factors that may lead to this vulnerability. They are likely to have gaps in their understanding in relation to appropriate social and sexual behaviours. They may have language or communication difficulties, and may experience isolation, all of which can make it more difficult to tell someone if something is wrong. They may be perceived as 'unreliable' and may also lack knowledge about how to summon support or to assert their own rights.

Furthermore, they may be dependent on others for their personal care needs, and may be recipients of care from a high number of carers, with frequent staff turnover, and in several environments e.g. home / residential / day service / respite.

For any adult with an intellectual disability who has additional physical or sensory disabilities, these vulnerabilities may only be exacerbated.

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 who are abused sometimes tell someone they trust. This is often someone who has regular contact with them e.g. family member or staff in their unit. It can also be a person they know less well, e.g. a new staff member. Many adults with learning disabilities will be unable to tell what has happened, perhaps because they don't know who they should tell or because they do not have the language skills with which to tell.

It is important that staff are aware that abuse is one possibility when an individual presents with significant changes in behavior, sexualized behavior beyond their age and developmental level, or physical and emotional problems.

Where a concern is raised about a supported person within the Service posing a risk to any children (even if the children are unidentifiable), as an outcome of a Protection and Welfare Team meeting this must be reported to Tusla Children and Family Services.

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. For example in the event of an adult supported person wishing to return to a place where there is a significant risk of him or her being abused, for example in the family home, the service provider currently does not have the legal authority to prevent the adult supported person returning to that environment if he or she so wishes. In the event of this scenario occurring, every effort must be made by the service provider to safeguard the supported person from abuse and have in place robust monitoring arrangements that will help minimise this risk. The service provider should provide appropriate supports to the frontline staff delivering services in situations where risk continues to exist. It may be useful to engage the services of the National Advocacy Service (NAS) to work with and support the supported person with his/her decision making.

The Service Manager/Social worker must inform the Chief Executive Officer and senior management of this position.

Where an adult indicates that they do not wish to engage or cooperate with the Service and the Service continues to have concerns, the Service 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 Avista 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, Avista may well have obligations towards them.
- Avista 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 the HSE, 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

People who use services are clear that effective prevention in safeguarding is not about over–protective paternalism or risk aversive 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[5].

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[6]:

- 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[7]

The Service has a risk management policy and guideline in place (DOCS 052) and it is expected that all staff use this 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 normalized life to the fullest extent possible.

[5] HSE Draft National Policy for the safeguarding of adults with a disability from abuse 2014
[6] Prevention in adult safeguarding, Social Care Institute for Excellence, UK May 2011
[7] Volunteer Now - Safeguarding Vulnerable Adults: A Shared Responsibility (2010)

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.

- 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.

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 organizational 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
- Culture
- 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. The Service has a person centred policy statement which promotes and supports this vision (DOCS 065 PCP Statement).

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 supported person 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".[8]

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.

The Service has in place a safeguarding policy statement (**Appendix A**) which outlines our intention and commitment to keeping adults with a disability safe from abuse while in the care of our services and what policies and procedures are in place.

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. This Service ensures 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, this Service has 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 supported persons from abuse:

- Recruitment/Induction/Supervision/Training. (DOCS 026; DOCS 040; DOCS 023; DOCS 006)
- Intimate and Personal Care. (DOCS 064)
- Safe Administration of Medication. (DOCS 015)
- Management of supported person's money/property. (DOCS 039)
- Behavioural Management. (DOCS 011)
- Control and Restraint. (DOCS 053)

[8] Office of the Ombudsman, Complaints and Complaint Handling,

- Working alone. (DOCS 051)
- Complaints. (DOCS 003)
- Incident Reporting. (DOCS 010)
- Confidentiality. (DOCS 027, DOCS 028, Employee Contract and Handbook)
- Bullying and Harassment. (DOCS 058)
- Personal Development to include friendships and relationships, etc. (DOCS 055)

7.3.4 Advocacy

Advocacy (Appendix C) 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[9]:

- 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".

[9] 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 supported persons 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 is encouraged, supported and developed throughout the Service. 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".*

Appendix C sets out contact details for independent advocacy services and is available to all supported persons. The Service in compliance with The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 Part 2, 9 promotes and encourages the engagement of advocacy services and provision of accessible information on supported person's rights.

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. Service procedures and policies are consistent with Avista Records Management Policy (DOCS 050).

The effective safeguarding of a vulnerable person often depends on the willingness of the staff 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.

Staff need to understand that reporting suspicions or allegation of abuse is obligatory and not a breach of confidentiality but staff must maintain appropriate confidentiality with regard to the details surrounding the case[10].
The primary responsibility of the person who first suspects or is told of abuse is to report it and to ensure that their concern is taken seriously. Individual staff are not responsible for deciding whether or not abuse has occurred.

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.

[10] Employee Handbook 2010

The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 came into force on 1st 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 18th 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. Avista 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 and 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 the Service 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. (See Appendix D)

8.2 Early Detection

All staff 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 demeanor 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 supported person 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 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 supported person/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 actions or failures of a service. Part 9 of the Health Act, 2004, outlines the legislative requirements to be met in the management of complaints.

A Complaints Policy (DOCS 003) exists for adults and their families to express dissatisfaction with services. This is fully 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.

The Service encourages and welcomes feedback from supported persons and families by way of either complaints or positive feedback. The Complaints Policy (DOCS 003) is designed to provide a quality and consistent response to complaints and to ensure there is a concerted effort by all staff within Avista to endeavor to resolve complaints as close to the point of contact as possible.

The Complaints policy is not the appropriate mechanism for reporting complaints of allegations of abuse, bullying or harassment or issues for which other procedures exist within the Service. Adult supported persons should be guided by this policy on Adult Protection and Welfare Procedures in relation to concerns of abuse.

Complaints procedures provide an opportunity to put things right for supported persons 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 is strongly supported by management and are 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 and implement the procedures set out in this policy 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 Service in receipt of an allegation must ensure that the systems in place are robust and be satisfied that the welfare of any supported person is not at risk.

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.

An increasing number of adult supported persons are disclosing abuse that took place during their childhood. Should a supported person or other make such a retrospective disclosure of alleged abuse during childhood to a staff member/volunteer it is essential that the allegation be treated seriously and the procedures activated by reporting it on Appendix E. In this type of case the Service will apply the Avista Child Protection Policy and Procedures (DOCS 062).

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. This must be carried out as part of a planned response and in consultation with management.

Section 2: Procedures

9.0 Responding to Concerns or allegations of Abuse of Vulnerable People

9.1 Introduction

These procedures apply to all forms of abuse as defined in Section 1:6.

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 HSE, 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 such as Avista.

The HSE, 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 HSE, 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 HSE Safeguarding and Protection Team.

9.2 Organisational Arrangements to Support Procedural Objectives

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

The HSE 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.

Supported person Protection and Welfare Committee
Avista supports and works closely with the HSE Safeguarding and Protection Team. The Service recognises the importance and need for co-ordination, training and auditing of protection and welfare cases and as a consequence a Supported person Protection and Welfare Committee has been appointed in each Region to manage this element of safeguarding (See Appendix J – Terms of Reference).

Designated Officer
In line with national policy the Service has appointed Designated Officers to support this policy and procedures. Within our Dublin Region the Designated Officer is the Chairperson of the Supported person Protection and Welfare Committee who will coordinate and carry out duties on behalf of the committee and the Service. At a local level the Dublin Designated Officer will be supported by Deputy Designated Officers who will be the Service Manager and Social Worker for the Centre. Within the Limerick/ North Tipperary Region the Designated Officer is the local Social Worker and will be supported by the Deputy Designated Officers who will be the Service Managers. The name and contact details of each Designated Officer / Deputy is listed in Appendix K.

The Designated Officer obtains their authority from the Chief Executive Officer (CEO) of the organisation or their designate and is accountable to the CEO for their actions. To fulfil this role the Designated Officer should have the necessary skills, experience and qualifications i.e. they should have a relevant professional qualification, the ability to work in an objective capacity, a minimum of three years' working experience in disability services, experience in the area of protection, considerable experience working with families and work in a supervisory/management role.

Role of the Designated Officer/ Deputy
The main roles and responsibilities of the Designated Officer/ Deputy are:

a. Ensuring concerns or allegations of abuse regarding vulnerable persons are received by the Service.
b. Ensuring the appropriate Service Manager is informed and collaboratively ensuring necessary actions are identified and implemented.
c. Ensuring reporting obligations are met.
d. Be available for advice and support to the Deputy Designated Officers (i.e. Service Managers and Social Workers) and Protection and Welfare Teams

e. Collect information across the Service pertaining to allegations or suspicions of abuse against adults with a disability and maintain a register of all allegations in collaboration with the Quality and Risk Officers
f. Ensuring effective co-ordination of the Service response and ensuring preliminary assessments, investigations and safeguarding plans are carried out in line with policy and best practice.
g. Monitor changes to HSE and National Policy and ensure that all concerned are informed accordingly
h. Review training requirements of staff in relation to Protection and Welfare in collaboration with the Quality and Risk Officers
i. Act as a liaison person with outside agencies (such as HSE, Safeguarding and Protection Teams and An Garda Siochana)
j. Ensure good liaison to determine grounds for reporting cases to the HSE Safeguarding and Protection Teams and An Garda Siochana and ensure that decisions are not made in isolation
k. To ensure ongoing support is delivered by the multi-disciplinary team to the vulnerable adult and family to ensure safety throughout the referral, any subsequent investigation and follow up.

The name and contact details of the Designated Officer / Deputy (for your area) will be listed in Appendix K and is displayed on the Safeguarding Statement in each Centre. A Deputy Designated Officer may act as the Designated Officer in their absence or out of hours, and can be delegated roles by the Designated Officer. To this end Deputy Designated Officers have been appointed to carry out the Designated Officer role and responsibilities at local service level.

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

Protection and Welfare Teams

Responding to concerns of abuse can require good knowledge, skill and experience. As required, the Service Manager may appoint members of the local multidisciplinary team to form a Protection and Welfare Team (Appendix L) in order to assist in the response to a concern. This may involve gathering further information to determine if there are reasonable grounds for a concern or in consultation with the HSE Safeguarding and Protection Team, carrying out a full investigation where there are reasonable grounds for a concern.

9.3 Data/Information

All information concerned with the reporting and subsequent assessment of concerns or allegations of alleged abuse is subject to the strictest 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.

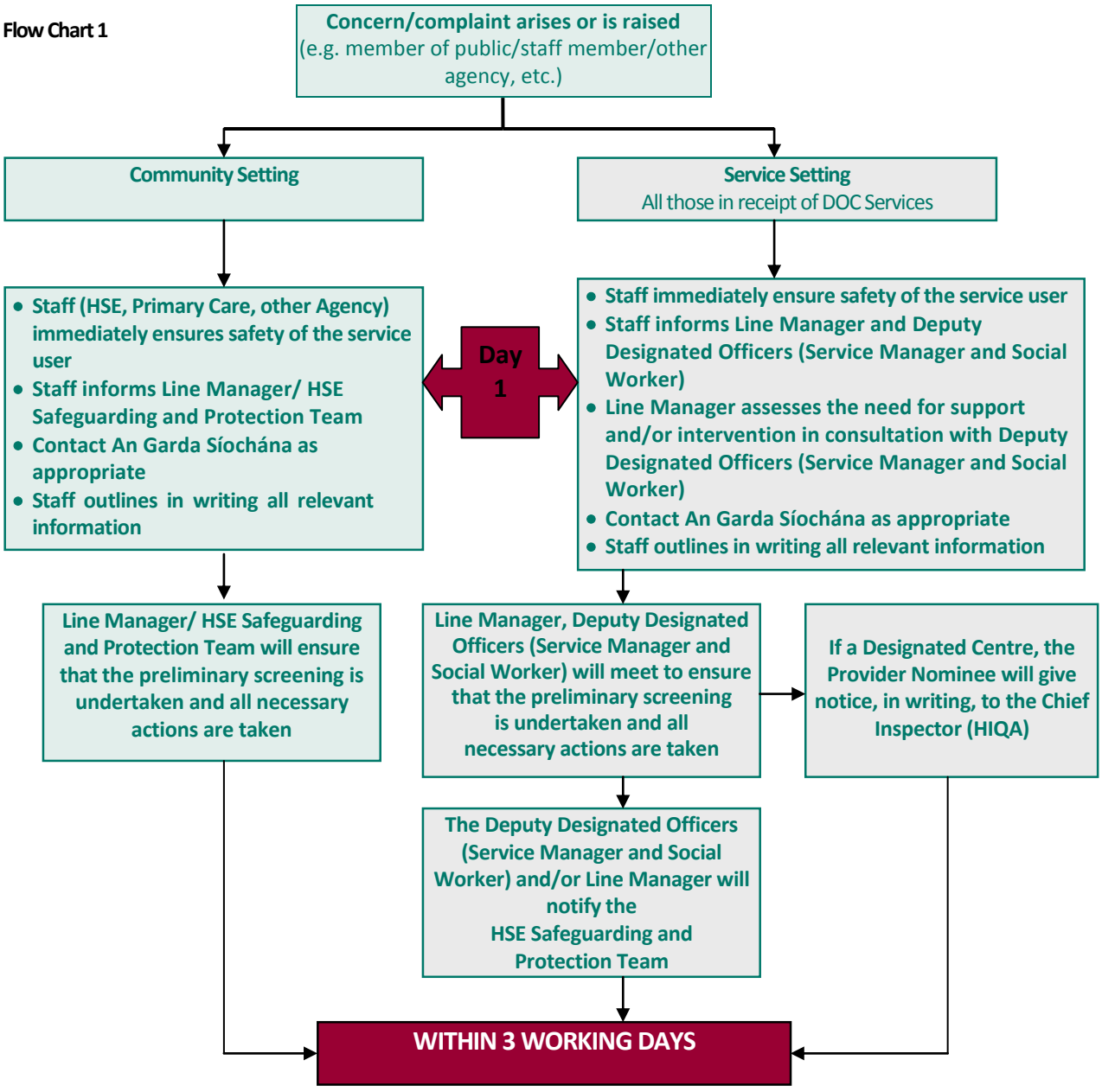
9.4 Records

It is essential to keep detailed and accurate records of concerns or allegations of abuse and of any subsequent actions taken. Appendixes E, F, H and M 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 HSE, 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).

10.1 A concern 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 person allegedly causing concern may be, for example, a family member, a member of the public, an employee or in another 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 a staff member or manager is unsure that an incident constitutes abuse or warrants actions, the Multidisciplinary Team, the Deputy Designated Officers (Service Manager and Social Worker), the Designated Officer and/or the HSE Safeguarding and Protection Team (Vulnerable Persons) are 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.

10.2 Actions for any staff member or volunteer who has a concern

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.

10.2.1 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 and in consultation with the Line Manager/ Deputy Designated Officers.

If the abuse is obvious then the first and most important step to be taken following an observation is to immediately make safe the adult supported person. It is imperative that the vulnerable adult is supported throughout the process and at all times kept informed of decisions in relation to them.

A staff member who observes or has a high level of suspicion that an adult is being abused or is abusing or receives a disclosure of abuse must report this to the Line Manager/the Deputy Designated Officers (Service Manager and Social Worker)/ Person on Call as soon as possible but before going off duty. This report must also be in writing with the staff member completing and forwarding the **Appendix E** Supported person Protection and Welfare Report Form before going off duty.

In cases where an adult's safety is an issue or an immediate medical examination is required, reporting must be immediate to the Line Manager / Deputy Designated Officers (Service Manager and Social Worker)/ Person on Call

10.2.2 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 support needed.
Do not :(See Appendix O)

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

Where a staff member has concerns about any aspect of a supported person's welfare, well being or change in behaviour he/she should, even if uncertain about the level of seriousness, discuss the concern with the Line Manager/ Deputy Designated Officers (Service Manager and Social Worker)/ Person on Call. Staff must ensure a written record of this discussion is recorded in the supported person care plan.

An outcome of this may be a referral by the Line Manager to the multi-disciplinary team (MDT) or completion of Appendix E Supported person Protection and Welfare Report Form.

10.2.3 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 Síochána immediately as appropriate and in consultation with the Line Manager/ Deputy Designated Officers (Service Manager and Social Worker)/ Person on Call.

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

If the suspicion of abuse is based on physical evidence e.g. bruising (See Appendix B), discharge, etc. the Line Manager in consultation with the Deputy Designated Officers (Appendix K - Service Manager and Social Worker)/ Person on Call must immediately inform the General Practitioner / Doctor on duty to examine and record same on the Supported person Protection and Welfare Report Form (Appendix E). It is best practice not to conduct any personal care (bathing/showering) that would compromise evidence in the event of a criminal investigation.

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 (Appendix E).

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 supported persons and other staff;
- exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told;
- any other relevant information, e.g. previous incidents that have caused you concern.

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

Any actual incidents are to be recorded initially on the Incident Report Form (DOCS 010) and indicate in this case if the concern/incident requires further reporting under these procedures (DOCS 020) on Appendix E Supported person Protection and Welfare Report Form.

Please note the reporting procedure for the management of an allegation of abuse takes precedence over the incident reporting procedure in this instance.

Reporting should be written in all cases on the Supported person Protection and Welfare Report Form (Appendix E) and include recording of the body check as appropriate. The staff member must complete and forward the **Appendix E** Supported person Protection and Welfare Report Form to the Service Manager and a copy to the Social Worker, as soon as possible but before going off duty. Consult with your line manager at all times if unsure how to proceed.

10.2.5 Report and Inform.

Any staff member or volunteer who has a concern must report to their Line Manager and Deputy Designated Officers (Service Manager and Social Worker)/ Person on Call as soon as possible. This must be reported on the ***same day*** as the concern is raised. The Line Manager in consultation with the Deputy Designated Officers (Service Manager and Social Worker)/ Person on Call 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.

If a staff member is not satisfied with the outcome of the initial report to their Line Manager they must report their concern to the next senior manager or Deputy Designated Officers/ Designated Officer. If the concern is with the Service Manager they must report to A/CEO/CEO.

In certain circumstances e.g. if the Line Manager is the alleged abuser, it may be necessary to go outside your line management and report directly to the Deputy Designated Officers /Designated Officer/ Head of Department. The staff member should not question the person against whom the complaint is made.

It may be necessary to refer for further assessment, sometimes within the Service and sometimes to a specialist agency, such as hospital sexual assault treatment units designated by the HSE. Where there are no specialised services it will be necessary to use the best local resources available.

a) Within working hours – Where there are reasonable grounds to suspect that a criminal act has been committed the matter must be reported to the Gardaí by the relevant Deputy Designated Officer / Person on Call and to the Sexual Assault Treatment Unit (as appropriate) by the GP having been consulted by the Deputy Designated Officers (Service Manager and Social Worker)/ Person on Call.

b) Outside of normal working hours and at weekends – The report should be made by the Person on Call to the relevant doctor on duty. In suspected criminal cases the matter must be reported to the Gardaí (Appendix I) by the Person on Call and to the Sexual Assault Unit (as appropriate) by the relevant GP in consultation with the Person on Call.

In consultation with the line manager and the supported person, the family will usually be informed of the situation as early as possible. In the event of a decision not to inform the family the reasons for this will be clearly documented.

If the supported person is a day attendee, the person's family must be contacted by the Manager in consultation with the Designated Officers /Deputy Designated Officers (Service Manager and Social Worker) and advised to bring the supported person to their own GP. In certain cases (e.g. in complex cases or where the concern involves a family member) it may be more appropriate for the Social Worker to contact the family/GP/Gardaí.

If the adult is attending two areas of the Service, the local Service Manager who receives the report will, if appropriate inform the other Service Manager of the allegation.

10.2.6 The following must be done by the Line Manager and/or Deputy Designated Officers (Service Manager and Social Worker):

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

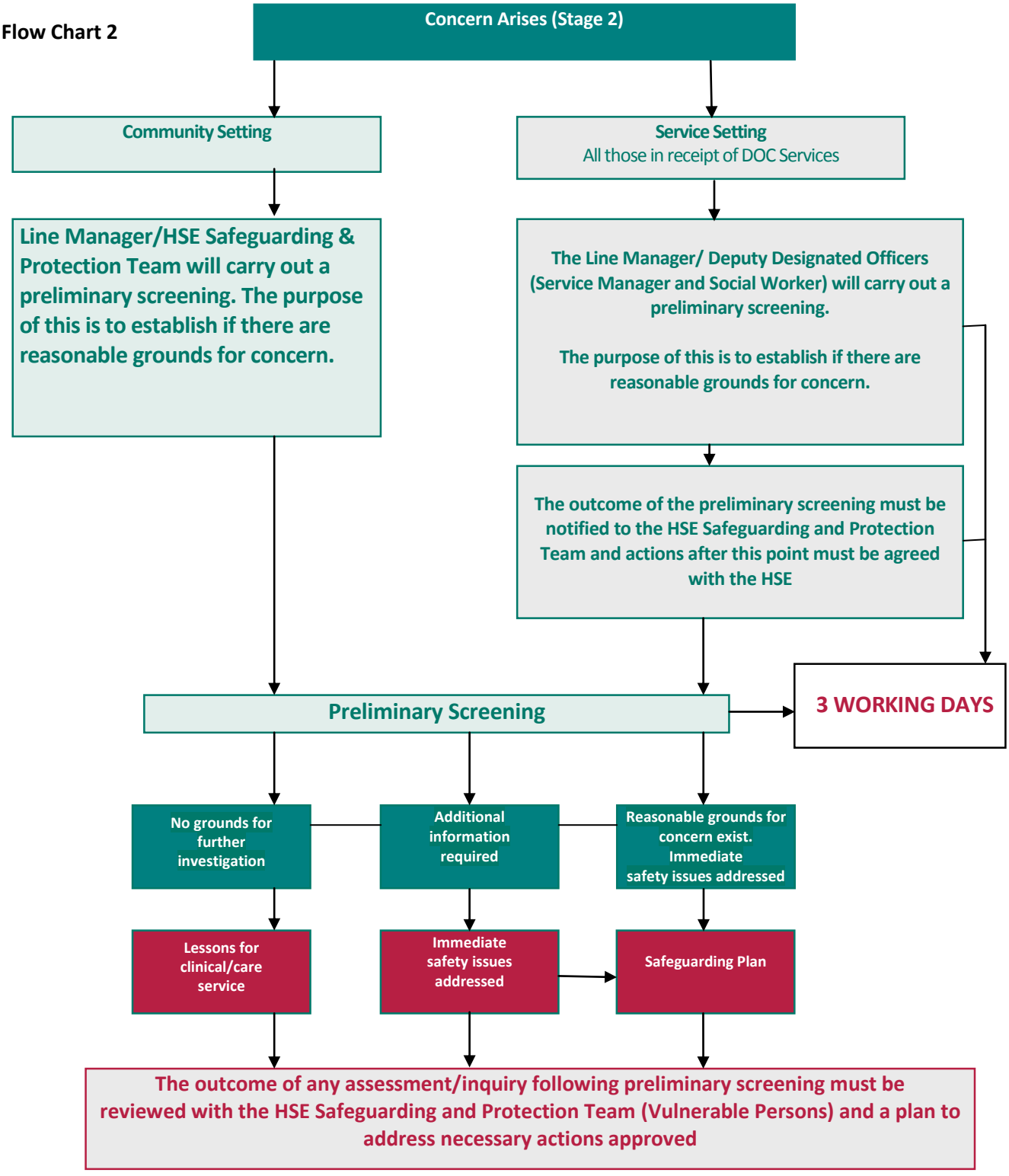
If the concern relates to a designated centre, the Line Manager/PIC must notify HIQA in writing within three working days on the appropriate form. The Line Manager must also initiate procedures set out in DOC 062 ***immediately*** if there are concerns in relation to children.

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



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/Deputy Designated Officer/ Clinical Manager 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.

The Line Manager/Person on call will report to the local Deputy Designated Officers (Service Manager and Social Worker) as soon as possible but within one working day giving the written Supported person Protection and Welfare Report Form to the Service Manager and a copy to the Social Worker (Appendix E)

The Line Manager/ Deputy Designated Officers (Service Manager and Social Worker) will hold a Preliminary screening consultation. The purpose of the preliminary screening consultation is to ascertain based on the information available if an abusive interaction could have occurred and decide on how to proceed. They will consult and record their decisions on the Preliminary Screening Form (See Appendix F) as soon as possible but at least within 3 working days

11.1.1 Ensuring Immediate Safety and Support

On receipt of the report of suspected or actual abuse, the Line Manager/ Deputy Designated Officers (Service Manager and Social Worker) will establish and document the following by using Appendixes E and F:

- 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 person allegedly causing concern 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.

- Where a child is identified as being at risk of harm, ensure the procedures set out in DOC 062 have been initiated and a referral made to Tusla as appropriate.

11.1.2 Information Gathering

The Deputy 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 coordinating 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 person allegedly causing concern.

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 person's 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 person/s allegedly causing concern.
- 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 person allegedly causing concern.

11.1.3 Involvement of staff member:

In situations where the allegation of abuse arises in respect of a member of staff, then HR procedures in line with Trust in Care, must also be followed. On receiving a concern in respect of a member of staff, the Deputy Designated Officer (Service Manager) must notify and liaise with the Clinical Director and Director of HR.

The management of allegations of abuse pertaining to adults with a disability where the person allegedly causing concern is a staff member must be addressed through DOCS 020 Policy for the Protection and Welfare of Vulnerable Adults and the Management of Allegations of Abuse together with HR procedures in line with Trust in Care: Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse against Staff Members and the HSE Policies for Managing Allegations of Abuse Against Staff Members.

Where an allegation/complaint involves staff/volunteers the Service may conduct its own investigation in line with HR policies and procedures and in parallel with the criminal investigation[11] if necessary. Reporting in this case is on the Appendix E Protection and Welfare report Form or through the complaint form.

11.1.4 Involvement of a supported person:

In the event that the concerns or allegations of abuse identified a supported person as the person allegedly causing concern, 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.

In the event of the preliminary screening identifying a supported person as causing the concern of abuse, the Service Manager/Designate may appoint a multi-disciplinary team or relevant professionals to develop and implement a behavioural support plan to support the supported person deemed to be the person allegedly causing concern. The Service Manager/Designate will ensure that the supported person is offered support from a person of their choosing who may attend / or act on their behalf during any investigation/ assessment meetings.

[11] Trust in Care, May 2005

In addition, the Service Manager/Designate will ensure that the supported person understands the nature of the proceedings and his/her rights in respect of such proceedings. If necessary, arrangements should be made so that the supported person has access to an advocate or independent legal advice.

11.2 Outcome of Preliminary Screening

A report on the Preliminary Screening together with a recommendation regarding proposed/required actions will be produced and retained by the Service Manager.
The report on the Preliminary Screening will be assessed by the Service Manager who together with the vulnerable adult's multidisciplinary team will decide on appropriate actions and prepare a written plan for each action. As appropriate, the person we support or subject of safeguarding concern should be informed of outcome of safeguarding process in respect of them.

The report on the Preliminary Screening and the associated plan will be copied to the HSE 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

If a decision is made that there are no grounds for reasonable concern, the reasons for same should be recorded and communicated to the staff member/line manager who made the referral who will inform family/supported person as appropriate. The case is closed and normal management arrangements are resumed. All records will be retained in a completed file and held in a central location.

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. The role of this team is set out in Appendix L. 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 HSE 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 (Appendix I) 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 and/or additional information/inquiry/investigation is required, 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. (Appendix G)

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 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. It is not appropriate to take a paternalistic view which removes the autonomy of the vulnerable person.

12.1.1 Timescale

The Safeguarding Plan (Appendix H) 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 Coordinator 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 (Appendix H) 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

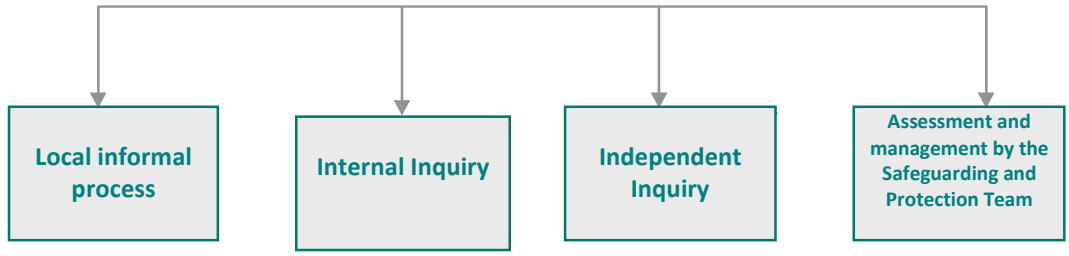
The Safeguarding Plan Review process should also be used as an opportunity to evaluate the intervention in general terms, e.g., what worked well, what caused difficulties, how effectively did people and agencies work together.
This level of information should be fed back through the Supported person Protection and Welfare Committee to the HSE 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 person allegedly causing concern, particularly if a supported person.
- 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 HSE Safeguarding and Protection Team (Vulnerable Persons).

13.1.2 Inquiry – Internal or Independent

In establishing any form of Inquiry, relevant AVISTA/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 CEO 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 HSE 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 HSE 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 then HR procedures will also be followed in line with Trust in Care: Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse against Staff Members and the HSE Policies for Managing Allegations of Abuse Against Staff Members.

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

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

ROLES AND RESPONSIBILITIES WITH REGARD TO IMPLEMENTATION OF POLICY

Good management of staff and volunteers will ensure that everyone in the organisation is clear about what the Service is trying to achieve and what their particular roles are.

14.1 Role of Frontline Personnel

- Promote the welfare of vulnerable person in all interactions.
- Be aware of the Service's policy and any local procedures, protocols and guidance documents and the location of where these can be accessed.
- Read and understand the policy document and sign off on your understanding of it
- Avail of any training and educational inputs with regard to the policy;
- Seek any clarification from management on any aspect of the policy about which you are unclear;
- 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 persons with a disability to access any educational and training inputs e.g. Personal Development, Relationships and Sexuality Programme;
- Support vulnerable persons to report any type of abuse or abusive practice.
- Ensure that any concerns or allegations of abuse are reported and managed in accordance with the policy.

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

Service Manager

In recognition of the current management structure of the Service it is the Service Manager or appointed deputy, that will be responsible for

- dealing with any protection and welfare concerns relating to adults with a disability
- leading the process and
- the effective coordination of the Service response.

A detailed list of their role in safeguarding management can be read in Section 2 as per procedures.

Service Manager/Line Managers

- Ensure that a local policy for the safeguarding of vulnerable persons is in place and is compliant with this national policy.
- Promote the principles that underpin the 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.
- Promote ongoing awareness of the 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 HSE 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 HSE Safeguarding and Protection Team (Vulnerable Persons).

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

HSE 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 HSE 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/Deputy

Each service (HSE and funded) providing services to people who may be vulnerable will appoint a Designated Officer (Appendix K). 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 as required
- 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. HSE Safeguarding and Protection Team

a. The Designated Officer/Deputy Designated Officers (Service Manager and Social Worker) notify and liaise with the HSE Safeguarding and Protection Team in writing of the allegation and outcome.
b. The HSE Safeguarding and Protection Team Notification Form (Appendix E1 or F) and Safeguarding Plan (Appendix H) must be used to facilitate formal communication with the HSE.
c. The Service Manager may request the assistance of the HSE Safeguarding and Protection Team if necessary with regard to the carrying out of formal investigations/assessments. The relevant HSE Safeguarding and Protection Team will make a decision as to how best to proceed.
d. The Service Manager will ensure that feedback is provided to the HSE on Safeguarding Plans and on a quarterly basis with regard to all allegations pertaining to abuse to the relevant HSE Safeguarding and Protection Team.

B. 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 screening. (Appendix I)

C. Family

a. The family /guardian should be informed of the allegation as soon as is practicable if deemed appropriate and in consultation of the supported person;
b. As required, the team will determine how and by whom this information is communicated to the family/guardian;
c. The family/guardian will be advised if an investigation is being carried out;
d. The family/guardian will be assured (in consultation with the supported person if appropriate) by a designated staff member that the supported person (alleged victim) is safe and that all appropriate measures are being taken to safeguard them
e. The family/guardian of the supported person (person allegedly causing concern) will be advised (in consultation with the supported person if appropriate) that the Service provider is providing the necessary supports to the supported person with regard to the allegation of abuse;

D. 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.

E. HSE Good Faith Reporting

Avista, is committed to ensuring that the culture and work environment are one of openness and accountability and that any employee is encouraged and supported to report on any concerns they may have in relation to fraud or malpractice in their workplace by utilizing their existing local policies and systems throughout the Service including a Policy on Protected Disclosures DOCS 071.

The HSE has a Good Faith Reporting Policy for employees who do not wish to make a protected disclosure or may believe that they cannot utilize existing local policies and systems. 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. Avista, is committed to ensuring that the culture and work environment are one of openness and accountability and that any employee is encouraged and supported to report on any concerns they may have in relation to their workplace by utilizing the Service Policy on Protected Disclosures DOCS 071.

If an employee reports a workplace concern in good faith and on reasonable grounds in accordance with the procedures outlined in the legislation and policy 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 also appointed an 'Authorised Person' to whom protected disclosures may be made where local Service procedures have been exhausted or the employee believe that they cannot utilize the Service Policy. 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.*

F. Communication within the Service

If external notification as outlined in any of the above is required the Service Manager must also inform the A/CEO, CEO or Clinical Director as appropriate. This communication must not delay any of the above notifications.

16.0 Monitoring and Audit of Allegations of Abuse

All files pertaining to the case will be held by the Service Manager and in Dublin a copy will be kept on ECRS under Social Work.

The SUPW Measurement Template (Appendix M) is completed for each SUPW Report form received (Appendix E) by the Service Manager and/or social worker. The SUPW Measurement Template should be submitted and collated on a quarterly basis by the Service Manager to the Quality and Risk Officers.

On a yearly basis an audit will be carried by the SUPW committee to review a minimum 10% of cases where a protection and welfare team meeting was appointed to audit the implementation of the policy using the annual audit tool (Appendix N). This report will be feedback to the committee and an action plan to inform future learning and practice developed.

This policy will be reviewed every three years or as required in the light of experience of its operations and in response to changing legislations or guidance from national agencies.

Section 3: Self-Neglect

17.0 Self-Neglect

Avista is committed to the protection of vulnerable persons who seriously neglect themselves and the Service is concerned about 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 participation 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 and Avista who become aware of concerns regarding extreme self-neglect. It also offers guidance to HSE 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 and Avista. Non-statutory organisations should have their own procedures for the management of situations of extreme self-neglect consistent with this document.

18.0 Definitions 18.1 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.

18.2 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.

19.0 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.

20.0 Manifestations of Self-Neglect

20.1 Hygiene

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

20.2 Life Threatening Behaviour

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

20.3 Financial

Mismanagement of financial affairs.

21.0 Assessment of Self-Neglect: Key Areas

Area / Domain	Evidence of Serious/Severe Neglect
Personal Appearance: hair, nails, skin, clothing, insect	Matted, dirty hair; long, untrimmed, dirty nails; multiple or severe pressure ulcers, other injuries; very soiled clothing; multiple
Functional Status: cognitive; delusional state; response to emergencies;	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
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.
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

22.0 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 HSE 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 HSE 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.

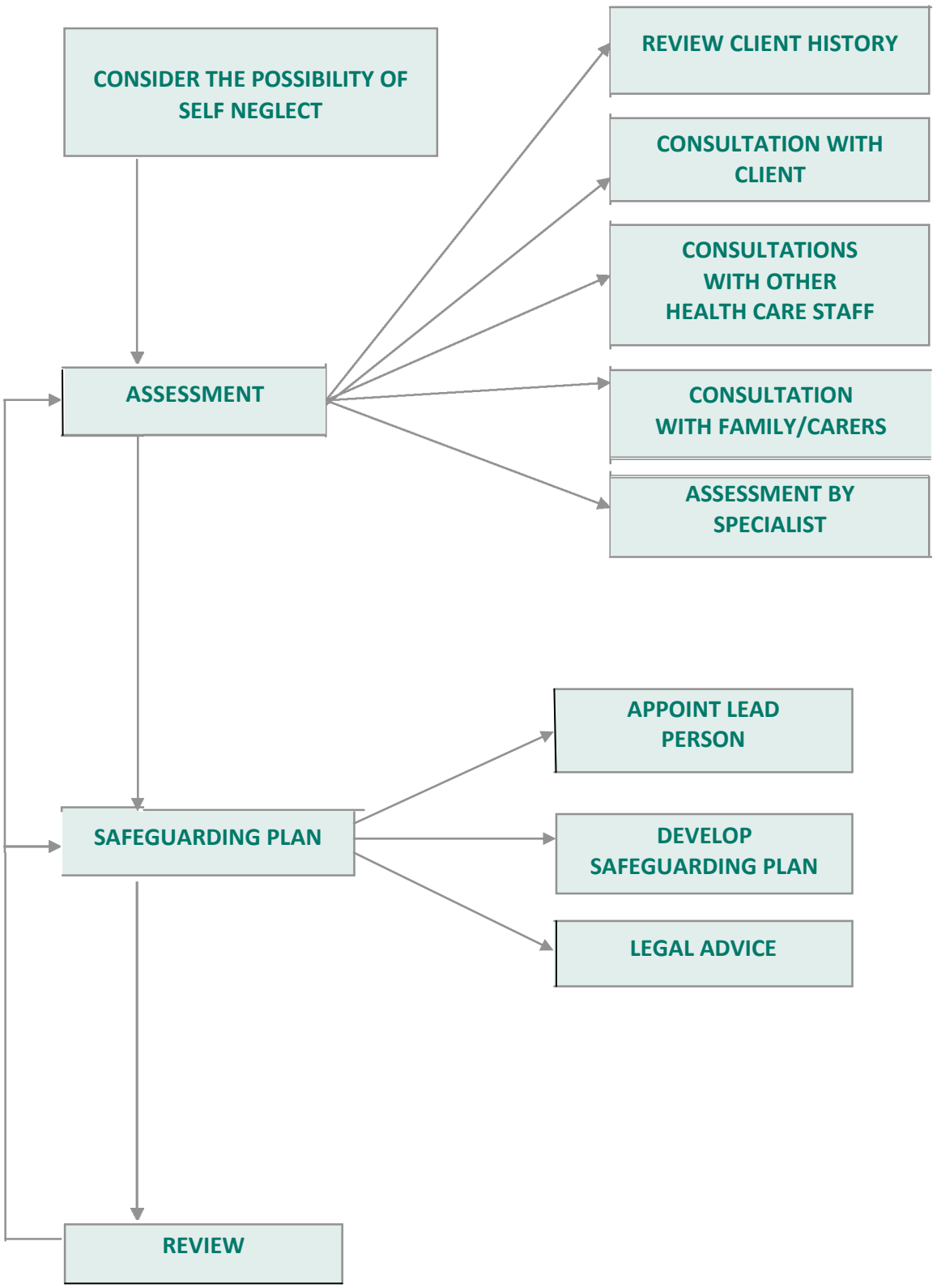
Safeguarding Plan:

- 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 wellbeing.
- 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 HSE Safeguarding and Protection Team (Vulnerable Persons) will be available to provide advice and support as appropriate.

Flow Chart 4


CONSIDER THE POSSIBILITY OF SELF NEGLECT
ASSESSMENT
REVIEW CLIENT HISTORY
CONSULTATION WITH CLIENT
CONSULTATIONS WITH OTHER HEALTH CARE STAFF
CONSULTATION WITH FAMILY/CARERS
ASSESSMENT BY SPECIALIST
SAFEGUARDING PLAN
APPOINT LEAD PERSON
DEVELOP SAFEGUARDING PLAN
LEGAL ADVICE
REVIEW

Section 4: Implementation

The following information is for staff of Avista to assist them in understanding the way this policy is operated from a national perspective.

23.0 Organisational Arrangements

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

23.1 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.

23.2 HSE 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.

23.3 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 supported persons, relatives and members of the public. It will also develop appropriate templates to support the processes, e.g., referrals, screening, etc.

23.4 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.

23.5 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.

23.6 HSE 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 HSE 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.

23.7 HSE 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 HSE 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 HSE 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 HSE 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.

23.8 HSE Safeguarding and Protection Team (Vulnerable Persons)

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

The HSE 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 A – ADULT PROTECTION AND WELFARE STATEMENT

Avista 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, supported persons 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.

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

The following is in place to facilitate safeguarding of Adults:

- A *'Policy for the Protection and Welfare of Vulnerable Adults and the Management of Allegations of Abuse – DOCS 020'* which builds on and incorporates a range of Service policies developed to meet the specific needs of those we serve. It is consistent with and fully implements the *National Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures.*

- This Policy and Procedure is obligatory and applies to all persons employed by, contracted by, in training with and all volunteers of the Service. It applies across all areas where this Service delivers supports, including domestic, alternative family placements, residential care, respite services, day care and independent living (associated support services such as transport are also included). It is the duty of all staff to be fully aware of this policy and procedures and to understand their own professional responsibilities.

- Service Policies ensure that staff are carefully selected, trained and supervised. All staff receives training on abuse/ neglect awareness, prevention, recognition and response. Staff must respond to all concerns by ensuring immediate safety, seeking the support of their line manager and reporting as per Service Policy.

- The Policy and procedures are intended to enable staff to follow a process which is consistent with the values and ethos of the Service and which takes into account current legislation, national policy and good practice issues in relation to abuse.

- This Policy is part of the Service'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.

- The Service acknowledges the rights of vulnerable persons to be protected, treated with dignity and respect, listened to and have their views taken into consideration.

- Safeguarding is a societal responsibility. 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 Supported persons, their families and carers, health and social care professionals, service organisations and society as a whole.

CENTRE
SERVICE MANAGER
CONTACT DETAILS
DEPUTY ON CALL
DESIGNATED OFFICER
DEPUTY DESIGNATED OFFICER
DEPUTY DESIGNATED OFFICER

Appendix B – GUIDELINES ON REPORTING AND MANAGEMENT OF BRUISING – 2015 (REVISED JULY 2022)

Definitions

Bruising is described as an injury appearing as an area of discoloured skin on the body, caused by a blow or impact, causing underlying blood vessels to rupture *(Oxford Dictionary)*

Accidental bruising

Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can be found towards the front of the body, as the child/adult usually will fall forward. Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins.

Such bruises will diffuse with no definite edges. *(Child First – National Guidance for the Protection & Welfare of Children)*

Non Accidental bruising

Bruises caused by physical abuse are more likely to occur on soft tissue e.g. cheeks, buttocks, lower back, thighs, calves, neck, genitalia and mouth. Marks from grabbing or slapping may form a distinctive pattern. Slap marks may occur on buttocks/cheeks and the outline of fingers may be seen on part of the body.

Bruises caused by direct blows with a fist have no definite pattern, but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on a flat surface.

Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired. *(Child* First – National Guidance for the Protection & Welfare of Children)

Procedures

Avista have robust procedures in place to report and manage concerns relating to Supported person Protection and Welfare issues. It is recognised that non accidental bruising can be an indicator of physical abuse.

If the person has a history of accidental bruising that can be clearly linked to their mobility, behaviour, medical condition or medication, this must be documented in their care plan with an associated health action plan to reduce future risk and to identify the steps required to prevent a reoccurrence.

All incidents of bruising need to be reported and documented on an incident report form and in the person's daily care notes, and all first aid or medical treatment provided as necessary.

Unexplained bruising

When it is noted that a supported person has a bruise, every effort should be made to determine the cause of the injury i.e. discussion with supported person/ family/ staff/ significant others; a review of the supported persons environment and activities over the recent period.

Each manager reviews all incident report forms on a one/three monthly basis with their line manager. If a number of incidents of bruising are noted for the same person an MDT meeting is arranged to discuss what further actions are required.

In relation to Day Services and Respite the review encompasses incident report forms for individuals using both services.

Where there are any reasonable grounds for concern that bruising is of a non accidental nature an Appendix E should be completed at the same time as the Incident Report Form and will be managed through the existing protection and welfare procedures

NB If staff have concerns about the nature of any bruising they observe and require further advice or guidance – contact CNM3/designate on duty immediately

Signed: **Liam Keogh**

_____

Liam Keogh

Chair – Supported person Protection and Welfare Committee - Dublin

Appendix C – Independent Advocacy Services and Confidential Recipient

NATIONAL ADVOCACY SERVICE FOR PEOPLE WITH DISABILITIES

The National Advocacy Service for People with Disabilities provides an independent, confidential and free, representative advocacy service that works exclusively for the person using the Service and adheres to the highest professional standards.

NAS works to ensure that when life decisions are made, due consideration is given to the will and preference of people with disabilities and that their rights are safeguarded.

NAS operates on the principle that people with disabilities:

- make decisions about their lives
- are listened to and consulted by their families and those who provide their services
- access the supports they need to enable them to live their life and enjoy meaningful participation in family, work and leisure
- enjoy the benefits of participation in and contribution to their local communities

NAS has a particular remit for people with disabilities who are isolated from their community and services, have communication differences, are inappropriately accommodated, live in residential services, attend day services and have limited informal or natural supports.

The National Advocacy Service for People with Disabilities has recently moved from five Citizens Information Services, who have had responsibility for the delivery of an advocacy service for people with disabilities across their region, to one National Service under a National Advocacy Service Board. The National Advocacy Service is provided through four regions and a National Office which is based in Dublin.

The four regions are: Greater Dublin region (Dublin, Fingal and Wicklow); Northeast & Midlands Region; Western Region; and Southern Region.

Supported persons themselves or anybody acting on their behalf can make a referral to the National Advocacy Service. Within Avista it is usually the local team who come together to make a referral for independent support for a supported person, to ensure the individual's views and wishes are fully represented. This Service supports and works with the National Advocate in their role.

www.facebook.com/pages/National-Advocacy-Service-Ireland/121939374541022

http://www.youtube.com/watch?v=7nE0IUBQjT0

https://www.youtube.com/watch?v=qVf5Z297Sko

Confidential Recipient for Vulnerable Persons

The HSE has established the Office of Confidential Recipient. A Confidential Recipient is an independent person appointed by the HSE to receive concerns and allegations of abuse, negligence, mistreatment or poor care practices in HSE or HSE funded residential care facilities in good faith from patients, supported persons, families, other concerned individuals and staff members.

The Confidential Recipient is independent and will have the authority to examine concerns raised to:

- Advise and assist individuals on the best course of action to take to raise matters of concern.
- Assist with the referral and examination of concerns.
- Ensure that these matters are appropriately addressed by the HSE and its funded agencies.

The Confidential Recipient upon receiving a concern will examine the concern and decide whether her Office can assist, i.e. whether the concern is related to abuse of vulnerable adult residents of facilities funded or partially funded by the HSE. Where a concern warrants further investigation the Confidential Recipient will determine the type of examination required and will direct the concern to the appropriate HSE National Director for further action.

A report outlining the concern, including any evidence, will be prepared by the Confidential Recipient and will be referred formally and in writing to the nominated manager in the office of the appropriate National Director. If requested, the identity of the person who brought the concern may be withheld by the Confidential Recipient. If the Confidential Recipient is of the opinion that the concern is best pursued using another mechanism such as Good Faith Reporting; Protected Disclosure or the HSE Complaints System then the person who referred the concern will be advised of this.

Leigh Gath

Confidential Recipient for Vulnerable Persons

Training Services Centre

Dooradadoyle

Limerick

LoCall 1890 100 014

Mobile 087 6657269

Email leigh.gath@crhealth.ie

Appendix D – Recognising Abuse, (Adapted from - Children First 2011)

Recognising Abuse

The ability to recognise abuse depends as much on a person's willingness to accept the possibility of its existence as it does on knowledge and information. It is important to note that abuse is not always readily visible, and may not be as clearly observable as the 'text book' scenarios outlined in these guidelines. The recognition of abuse normally runs along three stages:

(a) Considering the possibility – if a vulnerable adult appears to have suffered an inexplicable and suspicious looking injury, seems distressed without obvious reason, displays unusual behavioural problems or appears fearful in the company of parents/carers/others.

(b) Observing signs of abuse – a cluster or pattern of signs is the most reliable indicator or abuse. Vulnerable adults may make direct or indirect disclosures, which should always be taken seriously. Less obvious disclosures may be gently explored with vulnerable adult, without direct questioning (which may be more usefully carried out by the Multidisciplinary Team, the HSE Safeguarding Team or An Garda Síochána). Focused therapy situations such as drawing or story telling may reveal significant information. Indications of harm must always be considered in relation to the vulnerable adult's social and family context, and it is important to always be open to alternative explanations.

(c) Recording of information – it is important to establish the grounds for concern by obtaining as much detailed information as possible. Observations should be recorded and should include dates, times, names, locations, context and any other information which could be considered relevant or which might facilitate further assessment/investigation.

Appendix E – *(Amended June 2022)*

STAGE 1 - SUPPORTED PERSONS PROTECTION AND WELFARE REPORT FORM

STRICTLY CONFIDENTIAL

SECTION A

1. **Supported person's Information** (Person hurt or at risk of being hurt):

Supported person's Name: M: ☐ F: ☐	
Date of Birth:	Pin No:
Is the supported person: (a) A Resident, if so where:_____ (b) A Day Attendee, if so where:_____ (c) Respite Service only:_____ (d) Outside Agency:_____	
Pen Picture: (*To include level of ID; mental health; communication; capacity to make decisions; other agencies involved)*	

Name(s) of Key Support Person (next of kin):
Relationship to supported person:
Address:
Tel No:

2. Which of the following categories does your concern relate to?

Neglect/Acts of Omission	☐	Financial or Material Abuse	☐
Psychological Abuse	☐	Discriminatory Abuse	☐
Physical Abuse	☐	Institutional Abuse	☐
Sexual Abuse	☐		

3. Date and Time of disclosure/observation:

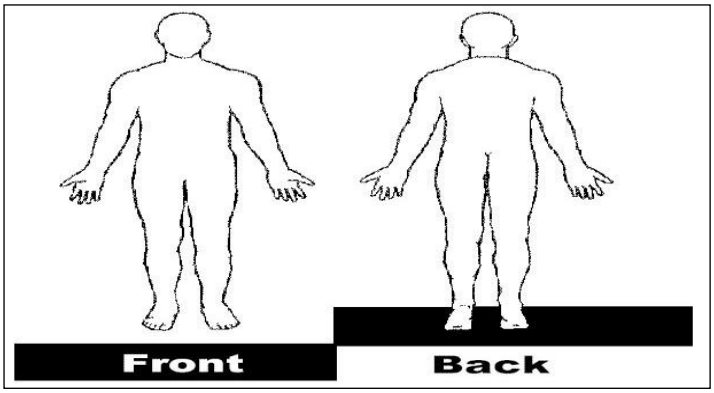
Date of disclosure/observation		Time of disclosure/observation	

4. Details of the concern (e.g. incident, allegation or disclosure)

a) Incident Form No (where completed in duplicate book)
b) Did someone make a disclosure or allegation to you? If so who?
c) If the allegation or disclosure was made to you, what were you told?
d) If you observed an incident, what did you observe?
e) Did anything happen leading up to this incident that you feel could be relevant?
f) Other concern; If your concern does not fit in the sections above please use this section to describe your grounds for concern:
g) State where, date and time alleged incident took place?

h) Who was present?
i) Describe any observed injuries and use the body chart to indicate same
Any other relevant information e.g. verbal/emotional response of victim to alleged incident/ person allegedly causing concern; <u>expressed wishes/preferences?</u>
j) Is the supported person aware that this concern has been reported to the Designated Officer and will be forwarded to outside agency i.e. HSE Safeguarding and Protection Team? Who informed them? Date they were informed? If not informed, state reason:
k) Are there still risks to the supported person or others? – Please specify.

If your concern relates to physical/sexual abuse please complete Body Chart below:



5. Immediate action taken

Outline immediate actions with regard to the supported person and the person allegedly causing concern. Include safeguarding measures.

6. **What measures have you taken to ensure that other supported persons are safe?**

7. **Describe the current health and wellbeing of the supported person in relation to the incident?**

8. **What are the supported person's wishes in relation to the concern?**

9. **Has the Key Support Person (next of kin) been informed of this concern / disclosure / allegation or incident and that it is being reported to the HSE Safeguarding and Protection Team?**

Yes	Response:	
No:	Why not?	

10. **Details of person(s) allegedly causing concern in relation to supported person:**

Name:		
Age:		**M:** □ **F:** □
Address:		
Relationship to supported person:		
Where the person causing the concern is another supported person, has their Key Support Person (next of kin) been informed of this concern/disclosure/allegation or incident?		
Name of KSP:		
Contact Details:		
Yes	**Response**	
No	**Why not?**	

11. Details of person completing the form:

Name:			
Position:			
Contact No:			
Date completed form		**Time completed form**	
Date reported to management		**Time reported to management**	

Form forwarded to: (in adult cases forward to Designated Officer/Deputy (i.e. local Services Manager and copy Social worker), in child protection cases forward to Designated Liaison Person/Deputy (i.e. local Services Manager and copy Social worker), in cases involving allegations against staff copy to local Services Manager and Clinical Director/ACEO/Director of HR)

☐ Services Manager Date_____
☐ Social Worker Date_____
☐ Clinical Director/ ACEO Date_____

Staff Signature:_____

SECTION B

On receipt of Form:

Line manager/Service Manager/Person on call/ DLP/DO/Deputy		**Name:**	
Position			
Date form received		Time form received	

Original Form received:

Service Manager DLP/DO/Deputy	**Name:**		
Date form received		Time form received	

Copy Received:

Social Worker DLP/DO/Deputy	**Name:**		
Date form received		Time form received	

Copy Received:

Clinical Director/ACEO	**Name:**		
Date form received		Time form received	

NOTE FOR SERVICE MANAGER / DO/DLP/ Deputy: *Please attach the Avista Preliminary Screening Form (Appendix F) to this Report Form as evidence of follow up.*

Appendix E 1 – STAGE 1 - COMMUNITY SETTING REPORT FORM FOR NON SUPPORTED PERSONS –

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

SEND FORM TO: SAFEGUARDING & PROTECTION TEAM, ST MARY'S HOSPITAL, PHOENIX PARK, DUBLIN 20
EMAIL: safeguarding.cho9@hse.ie

REFERRAL FORM FOR COMMUNITY BASED REFERRALS
SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY & PROCEDURES

There is duty of care to report allegations or concerns regardless of whether client has given consent
Referrer should take any immediate actions necessary as per policy in relation to seeking An Garda Siochana or medical assistance

Vulnerable Person's Details:

Name:_____ DOB: _____

Address:_____
Marital Status: _____ Contact Phone Number :/Mobile:_____
Does anyone live with client: Yes □ No □ If yes, who?: _____
Medical history and any communication support needs (as understood by referrer):
_____
_____
_____
Details of the person's vulnerability (as understood by referrer):
_____
_____
Is client aware this referral is being made? Yes □ No □
Has client given consent? Yes □ No □
Is there another nominated person they want us to contact, if so please give details?
Name:_____ Contact Details: _____
Relationship to vulnerable person:_____
GP Contact Details:
Name:_____ Telephone:_____
Primary care team details i.e. social worker, PHN, etc.
_____
Any other key services/agencies involved with client (*Please include Name and Contact):*
Details:_____
_____

Details of allegation/ concern: Please tick as many as relevant:

Physical abuse □	Financial/material abuse □
Psychological/Emotional abuse □	Neglect/acts of omission □
Sexual abuse □	Discriminatory abuse □
Extreme Self Neglect* □	Institutional abuse □

(extra sheet/report can be included if you wish)
Details of concern:
_____
_____
_____
_____
_____
_____
(*If self neglect is being referred please complete the attached presence of indicators of extreme self-neglect)
Details of Person Allegedly Causing Concern (if applicable)
Name:_____ Relationship to vulnerable person: _____
Address:_____
Is this person aware of this referral being made: Yes □ No □
Details of person making referral:
Name: _____ Job Title (if applicable): _____
Agency/Address: _____
Landline_____ Mobile:_____
Signature_____ Date:_____

Standard Referral Form for safeguarding concern. Implement Nov 2015. Review May 2016.

Appendix F – STAGE 2 - PRELIMINARY SCREENING FORM

Stage 2 - 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/Deputy Designated Officer/ Clinical Manager 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.

Appendix F 1 – STAGE 2 - PRELIMINARY SCREENING FORM

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Preliminary Screening for [Name of Vulnerable Person**]**

SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY & PROCEDURES PRELIMINARY SCREENING FORM (PSF1)

Please indicate as appropriate: Community setting: ☐ Service setting: ☐

1. Details of Vulnerable Person at Risk of Abuse:

Name:
Home Address:
Current Phone No:

Date of Birth: / / Male ☐ Female ☐
Location of vulnerable person if not above address:

Service Organisation (if applicable):
Service Type:
Residential Care ☐ Day Care ☐ Home care ☐ Respite ☐ Therapy intervention ☐
Other ☐ (*please specify)*
*If Residential Care please provide HIQA Code*_____

Designated Officer (DO) Name:
Community Health Organisation (CHO) Area:

2. Details of concern (if any questions below is not applicable or relevant please state so in that section):

a. Brief description of vulnerable person:

b. Details of concern including time frame:

c. Was an abusive incident observed and details of any witnesses:

d. Relevant contextual information:

e. Have any signs or indicators of abuse been observed and reported to the designated officer? Please specify?

f. Details of assessment or response to date?

g. Is it deemed at this point that there is an ongoing risk? If so please specify?

h. Include any incident report or internal alert details if completed(as attachment):

i. Details of any internal risk escalation:

j. Is this concern linked to any other Preliminary Screening? If so give details and reference:

3. Relevant information regarding concern:

Date that concern were notified to the Designated Officer:

Who has raised this concern?

Self ☐ Family ☐ Service Provider ☐ Healthcare staff ☐ Gardaí ☐

Other ☐ (*please specify)*_____

Type of concern or category of suspected abuse:

Physical Abuse ☐ Sexual Abuse ☐ Psychological Abuse ☐ Financial / Material Abuse ☐

Neglect / Acts of Omission ☐ Extreme Self-neglect ☐ Discrimination ☐ Institutional ☐

Setting / Location of concern or suspected abuse:

Own Home ☐ Relatives Home ☐ Residential Care ☐ Day Care ☐ Other☐ (*please specify)*

Are there any concerns re: decision making capacity? **Yes** ☐ **No** ☐

Are you aware of any formal assessment of capacity being undertaken?

Yes ☐ **No** ☐

Outcome:

Is the Vulnerable person aware that this concern has been raised? **Yes** ☐ **No** ☐

What is known of the vulnerable person's wishes in relation to the concern?

Are other agencies involved in service provision with this vulnerable person that you are aware of? **Yes** ☐ **No** ☐

If yes, Details:

4. Is there another nominated person the Vulnerable Adult wants us to contact, if so please give details?

Name:
Address:
Phone:
Nature of relationship to vulnerable person (i.e. family member/ advocate etc):

Is this person aware that this concern has been reported to the Designated Officer?

Yes ☐ **No** ☐ **Not known** ☐

If no – why not?

If yes – date _____ by whom_____

Has an Enduring Power of Attorney been registered in relation to this Vulnerable Person?

Yes ☐ **No** ☐ **Not known** ☐

Contact details for Registered Attorney(s):

Is this Vulnerable Person a Ward of Court? **Yes** ☐ **No** ☐

Contact details for Committee of the Ward:

Has any other relevant person been informed of this preliminary screening?

Details?

5. Details of person allegedly causing concern:

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.

Anonymous Agency Identifier (of person allegedly causing concern):
_____
Gender: _____

Relationship to person referred: Immediate family member ☐ Other family member ☐
Other service user/ peer ☐ Neighbour/friend ☐
Volunteer ☐ Stranger ☐
Staff ☐ Other ☐

Has this person been a person allegedly causing concern in a previous Preliminary Screening?

Yes ☐ No ☐ Unknown ☐

If yes, give details _____

6. Details of Person completing preliminary screening

Name: Phone:
Address:

Job Title: Are you the Designated Officer: Yes ☐ No ☐
Email: Date:

Preliminary Screening Outcome Sheet (PSF2)

Name of Vulnerable person:
A: Options on Outcome of Preliminary Screening

1. No grounds for further concern ☐
   (If necessary attach any lessons to be learned as per policy)
2. Additional information required (Immediate safety issues addressed and interim safeguarding plan developed**)** ☐
3. Reasonable grounds for concern exist:

- Immediate safety issues addressed ☐
- Interim safeguarding plan developed ☐
- Incident Management System Notified e.g: NIMS ☐

B: Any Actions undertaken:

1. Medical assessment	**Yes** ☐	**No** ☐	**N/A** ☐
2. Medical treatment	**Yes** ☐	**No** ☐	**N/A** ☐

3. Referred to TUSLA	**Yes** ☐	**No** ☐	**N/A** ☐
4. Gardai notified	**Yes** ☐	**No** ☐	**N/A** ☐

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.

C: Out of area placement considerations:

Has the funder of the vulnerable adult's placement been informed of the safeguarding concern? **Yes** ☐ **No** ☐ **N/A** ☐

If the person allegedly causing concern is considered to be a vulnerable adult, has the funder of the placement been informed? **Yes** ☐ **No** ☐ **N/A** ☐

D: Other relevant details including any immediate risks identified:

(Attach any interim safeguarding plan on appendix 1 template as required)

E: If the preliminary screening has taken longer than three working days to submit please give reasons. :

Name of Designated Officer/ Service Manager:

Signature :

Date sent to Safeguarding and Protection Team:

Preliminary Screening Review Sheet from the Safeguarding and Protection Team (PSF3)

Name of Vulnerable person:
Safeguarding Concern ID number generated:

Date Received by SPT: **Date reviewed by SPT:**

Name of Social Work Team Member reviewing form:

Preliminary Screening agreed by Safeguarding and Protection Team

Yes ☐ **No** ☐

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

Commentary on areas in form needing clarity or further information:

Any other relevant feedback including any follow up actions requested:

Name: **Signature:**

Date review form returned to Designated Officer/ Service Manager:

Preliminary Screening Review Update Sheet from Designated Officer/ Service Manager (PSF4):

(Only for completion if requested by Safeguarding and Protection Team)

Name of Vulnerable person:

Unique Safeguarding ID: **Date returned to SPT:**

Name of Designated Officer/Service Manager:
Signature:

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

Date received by SPT: **Date reviewed by SPT:**

Preliminary Screening agreed by Safeguarding and Protection Team

Yes ☐ **No ☐**

Name of 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:

***Interim Safeguarding Plan. Please include follow up actions and any safety and supports measures for the Vulnerable Person:**

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	When will this be completed	Review date for actions	Review Status/Update

**Please note that Interim Safeguarding Plan if appropriate can become formal Safeguarding Plan*

Name of Designated Officer/ Service Manager: Date of Interim safeguarding plan:

Avista

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

SEND FORM TO: INSERT NAME AND EMAIL OF THE LOCAL SAFEGUARDING AND PROTECTION TEAM

SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY & PROCEDURES 2014

GUIDANCE SHEET FOR SERVICES AND DESIGNATED OFFICERS ON COMPLETING AND SUBMITTING PRELIMINARY SCREENING FORMS

STEP 1:

- ***On receipt of a concern or allegation the Line or Service Manager will have ensured that any necessary immediate protective actions are undertaken, support is given to the vulnerable person and any statutory agencies are notified as required.***

- ***Service Manager and/or Designated Officer can contact the Safeguarding and Protection Team (SPT) for advice and consultation at any stage of the process.***

STEP 2:

- ***The preliminary screening form (PSF1) following completion must be submitted by the Designated Officer/ Line Manager to the SPT within 3 working days. If the preliminary screening has taken longer than three days please give reasons on form to the local SPT.***

- ***The preliminary screening form must also be submitted to the Service Manager for consideration regarding proposed actions.***

- ***If the preliminary screening outcome sheet (PSF2) concludes that there are reasonable grounds for concern or that further information is required then an interim safeguarding plan should be included on the appendix template form.***

- ***The Preliminary Screening Form should be emailed with password protection to the safeguarding email address for the SPT in your Community Health Organisation. The SPT email details are included above and on form.***

STEP 3:

- ***The SPT will reply with an acknowledgement email and create a unique case ID.***

- ***A review sheet (PSF3) will be returned to the Designated Officer which will indicate if the SPT are in agreement with the preliminary screening outcome.***

- ***If the SPT are not in agreement with the preliminary screening outcome the review sheet will set out any clarifications, additional information or follow up actions requested prior to confirming agreeing with the final outcome.***

- ***Any necessary clarifications, additional information or follow up actions requested to be returned to SPT on an update review sheet (PSF4).***

- ***If a safeguarding plan needs to be formulated, a similar submission and review process will be undertaken between Safeguarding Co-ordinator and the SPT.***

Appendix G – ROLE OF SAFEGUARDING PLAN COORDINATOR

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 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. It is not appropriate to take a paternalistic view which removes the autonomy of the vulnerable person.

1. To document the Safeguarding Plan at the meeting.

2. To ensure that these procedures are being followed.

3. To clearly record decisions, including the names of persons responsible for any actions to be taken.

5. The Safeguarding Plan Coordinator will circulate the Safeguarding Plan within five working days to all who are present at the meeting.

6. The Safeguarding Plan Coordinator will be required to act for the duration of the management of the Safeguarding Plan and to co-coordinator the information and intervention.

7. The Safeguarding Plan Coordinator will update the Safeguarding Plan as required and schedule reviews as needed.

8. The Safeguarding Plan Coordinator will lead an evaluation of the safeguarding process and formally close the Safeguarding Plan as required.

Appendix H – STAGE 2A - SAFEGUARDING PLAN

The Safeguarding Plan

The report on the Preliminary Screening will be assessed by the Service Manager who together with the vulnerable adult's multidisciplinary team 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 HSE Safeguarding and Protection Team (Vulnerable Persons) who may advise on other appropriate actions.

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 the outcome is 'Additional information required' or 'reasonable grounds for concern exist'.

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.

The Service Manager will appoint a Safeguarding Plan Coordinator who will coordinate information and intervention. The Safeguarding Plan Coordinator will complete this section and circulate it to those in attendance at this First Meeting.

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.

Safeguarding Plan [Name of Vulnerable Person] **Unique ID**

Health Service Executive

SOCIAL CARE DIVISION
SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY & PROCEDURES FORMAL SAFEGUARDING PLAN (FSP1)

Please indicate as appropriate: Community setting: ☐ Service setting: ☐

1. Details of Vulnerable person

Name:

Address:
Phone Date of Birth: / /
Male ☐ Female ☐

Location of vulnerable person if not above address:
Phone

Service Organisation (if applicable):
Service Type:
Residential Care ☐ Day Care ☐ Home care ☐ Respite ☐ Therapy intervention ☐
Other ☐*(please specify)*

Designated Officer (DO) Name:
Community Health Organisation (CHO) Area:

2. Details of Safeguarding Report

1.	**Summary of the reasonable grounds for concerns that have been established (Give a summary of investigation/assessment process and an analysis of allegation/concern)**

Safeguarding Plan [Name of Vulnerable Person] **Unique ID**

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.	Is the Vulnerable person aware that a safeguarding plan has been devised? Yes ☐ No ☐ What is known of the vulnerable person's wishes in relation to the safeguarding plan?
4.	Detail and outcome of any Strategy Meeting or Case Conference if held:

Safeguarding Plan [Name of Vulnerable Person] **Unique ID**

5. Detail of Formal Safeguarding Plan to address current and/or any anticipated future safeguarding risks for the Vulnerable Person:

What are you trying to achieve	What specific safeguarding actions are you taking to achieve this	Who is going to do this	When will this be completed	Review date	Review Status/Update -Initial review of planned actions must be within six months	R A G

Name of Safeguarding Co-ordinator: Date of Initial Safeguarding Plan: Date of Review of Safeguarding plan:

RAG: Red –unable to complete action/significant delay. Amber- Action delayed or difficulty achieving. Green- Action complete or will be complete within timescale.

Safeguarding Plan [Name of Vulnerable Person] **Unique ID**

6. Category of concern(s)/suspected abuse where reasonable grounds have been established and formal safeguarding plan has being formulated:

Physical Abuse ☐ Sexual Abuse ☐ Psychological Abuse ☐ Financial / Material Abuse ☐

Neglect / Acts of Omission ☐ Extreme Self-neglect ☐ Discrimination ☐ Institutional ☐

7. Additional information:

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?

Does vulnerable adult need support if seeking justice/redress?

Is this concern/allegation linked to another preliminary screening or safeguarding plan?
If so please give details:

Were other agencies notified as part of formulating this safeguarding plan i.e. Gardai or HIQA? Yes ☐ No ☐
If yes, Details:

Where reasonable grounds have been established indicate potential stage three outcomes:

Are other agencies involved in service provision with this vulnerable person that have are relevant or have a role in the safeguarding plan? Yes ☐ No ☐
If yes, Details:

8. Details of Safeguarding Plan Co-ordinator:

Name: Tel:
Address:
Job Title: Are you the Designated Officer:
Email:
Date

9. Details of Person completing Safeguarding Plan if different from above:

Name: Tel:
Address:
Job Title:
Are you the Designated Officer:
Email: Date

Safeguarding Plan [Name of Vulnerable Person] **Unique ID**

Formal Safeguarding Plan Outcome Sheet (FSP2)

Name of Vulnerable person: **Unique ID:**

Name of Safeguarding Plan co-ordinator:

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

Signature:

Date sent to Safeguarding and Protection Team:

Safeguarding and Protection Team overview of Plan

Date received by SPT: **Date reviewed by SPT:**

Name of SPT Team member reviewing Safeguarding Plan:

Preliminary Screening agreed by Safeguarding and Protection Team

Yes ☐ **No** ☐

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

Commentary on areas in form needing clarity or further information:

Any other relevant feedback including any follow up actions requested:

Name: **Signature:**

Date review form returned to Safeguarding Plan co-ordinator:

Safeguarding Plan [Name of Vulnerable Person] **Unique ID**

Formal Safeguarding Plan Update Sheet from Safeguarding Plan Co-ordinator (FSP3):

(Only for completion if requested by Safeguarding and Protection Team)

Name of Vulnerable person:

Unique Safeguarding ID: **Date returned to SPT:**

Name of Safeguarding Plan Co-ordinator: **Signature:**

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

Date received by SPT: **Date reviewed by SPT:**

Safeguarding Plan agreed by Safeguarding and Protection Team

Yes ☐ **No** ☐

Name of 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 Safeguarding Plan:

Appendix H

Updating and review of 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 Coordinator.

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.

Date of meeting to update and review the Safeguarding Plan:_____

Supported person:_____

Attendees at Meeting:_____

Safeguarding Plan Coordinator: _____

Review of the Safeguarding Plan			
Actions to be taken	***By Whom***	***By when***	***Status update (to be completed by the Safeguarding Plan Coordinator)***
Additional information required?			
What triggers or circumstances would indicate increasing levels of risk of abuse or neglect for individual/s and how this should be dealt with?			
Positive actions to safeguard the person/s at risk from further abuse/neglect			
Positive actions to promote recovery and support measures for Vulnerable Adults who have experienced abuse or who are at risk of abuse			
Positive actions to prevent identified perpetrators from abusing or neglecting in the future.			

Other actions to be taken			

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.

Assessment of current and future risk of abuse/neglect. Evaluate, through appropriate risk assessment, whether there remains a risk of abuse or neglect to the individuals or group of individuals or others. (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.)

Need for further assessment and investigation?

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.)

Evaluate the effectiveness of the Safeguarding Plan

Any changes in circumstances or further concerns which may affect the Safeguarding Plan?

Make required changes to the Safeguarding Plan and set a further review date as required.

Outcome: _____

A. **No grounds for reasonable concerns exist.**

B. **Additional information required (this should be specified).**

C. **Reasonable grounds for concern exist.**

Is a further review meeting required: Yes: [ ] No: [ ]

If Yes, Date of next meeting: _____

If No, Evaluate the Safeguarding Process and Close: _____

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 Supported person Protection and Welfare Committee to the HSE 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.

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.

Signature of Safeguarding Plan Coordinator: _____

Date: _____

Appendix I – AVISTA - GARDAI NOTIFICATION FORM

This Form should be used by the Designated Officers/ Deputy Designated Officers (i.e. Service Managers and Social Workers)

CONFIDENTIAL

To:

Superintendent:	
Address:	

Notification of Suspected Abuse:

1. The below named person has come to notice as a possible victim of abuse

Supported person:	
Sex:	
Date of Birth:	
Address:	
Key Support Person (next of kin)	
Relationship to Supported person:	
Address:	
Contact No:	

2. Provide a description of the alleged abuse:

Appendix I

Additional Information:

HSE Safeguarding and Protection Team

Name:	
Address:	
Contact No:	

The Social Worker dealing with the matter is:

Name:	
Address:	
Tel No:	

Signed	Dated
Position	

Standard notification form for notifying cases of alleged abuse to An Garda Síochána

Appendix J – SUPPORTED PERSON PROTECTION & WELFARE COMMITTEE

TERMS OF REFERENCE

Terms of Reference established in March 2006 between Kay Downey Ennis, Wally Frayne and Barbara Cullinan. Reviewed and agreed by SUPW committee and CEO Oct 2014:

Membership

The membership of the Supported person Protection and Welfare Committee can include some or all of the following: A/CEO; Quality & Risk Officer; Service Managers; Head of Psychology; Principal/Head of Social Work; Children's Service Manager; others as required.

The Supported person Protection and Welfare Committee will be chaired by a Principal Social Worker Limerick/North Tipperary or Head Social Worker Dublin.

Meetings to be convened four times per year.

Purpose

a) To overview the implementation of the Avista Procedures on Management & Reporting Protection and/or Welfare Concerns for Adult Supported persons and Children in Respite, Residential Care and Children's Services.

b) To monitor the number of cases managed on a six monthly and annual basis and report to the Service and other stake holders, as requested.

c) To determine training needs of staff/others and ensure it is planned for.

d) To evaluate the quality of case management and address any issues arising.

e) To identify any trends arising and make recommendations, as appropriate, from case management data.

f) To complete an Annual Report and submit to ACEO/CEO.

g) To receive feedback from Trainers Meetings on issues / concerns occurring in the implementation of the policies.

h) To review National Policies / Guidelines / Recommendations which impact upon Service Policy / Procedures.

i) To make recommendations to update procedures.

Appendix K – Relevant Contact Numbers (dated January 2016)

LIMERICK/NORTH TIPPERARY

Designated Officer **St. Vincent's Centre, Limerick**	Ms. Anne O'Connell, Principal Social Worker St. Vincent's Centre Lisnagry Tel No: 061-501436 Tel No Office Hours: 087-2791187
Designated Officer **Community Residential Services**	Ms. Sarah Costigan, Principal Social Worker St. Vincent's Centre Lisnagry Tel No: 061-501400 Tel No Office Hours: 087-6812216
Deputy Designated Officer **Home Sharing Scheme**	Catherine O'Sullivan, Principal Social worker St. Vincent's Centre Lisnagry Tel No Office Hours: 061-501457; 087-9036462 Deputy DO Out of hours: 087-9893275
Deputy Designated Officers	Service Manager The Rendu, Dominic Street Limerick Tel No Office Hours: 087-9036462
	Michelle Doyle, Service Manager St. Vincent's Centre Lisnagry Tel No Office Hours: 086- 8942460
	Ms. Geraldine Galvin, Service Manager St. Vincent's Centre Lisnagry Tel No Office Hours: 061-501422, DO Deputy Tel No: 061-501473 Out of hours Tel No: 087-9893275
Designated Officer **Roscrea**	Jane Burke, Senior Social Worker St. Anne's Centre Sean Ross Abbey Roscrea, Co. Tipperary. Tel No: 0505 – 22245 Mobile: 087 6016290

Deputy Designated Officers	Catherine Linden, Service Manager – Residential Services St. Anne's Centre Sean Ross Abbey Roscrea, Co. Tipperary. Tel No: 087 749 6399	
	Service Manager – Day Services St. Anne's Centre Sean Ross Abbey Roscrea, Co. Tipperary. Deputy DOs – Day Services Area Managers Catherine Moyles and Colm Murphy	
HSE, CHO3, Safeguarding and Protection Team - Limerick/North Tipperary:	Maggie McNally Principal Social Worker | Safeguarding & Protection Team, CHO 3 | Health Centre, Tyone, Nenagh, Co. Tipperary **T**: +353- 67-46470 **F**: +353-67-37791 | maggie.mcnally@hse.ie | www.hse.ie	
HSE, National Safeguarding and Protection Team	Office of the Specialist & National Safeguarding Office, HSE West, South East Wing, St Joseph's Hospital, Mulgrave Street Limerick. Tel: Tel: 061 461165	
Gardaí	Henry St Limerick. Tel no: (061) 212400	Roxboro Limerick Tel No: (214340)
	Nenagh, Co. Tipperary Thurles 0 Tel No: (067)50450	
HSE National Counselling Service	Freephone 1800 477477 www.hse-ncs.ie/en	

Appendix K – Relevant Contact Numbers (dated November 2015)

DUBLIN

Designated Officer - Dublin **Chair – Dublin Supported person Protection and Welfare Committee**	Liam Keogh Acting Head Social Worker The Juniper Centre Avista St Vincent's Centre Navan Rd Dublin 7 +353 1 8245365 email: liam.keogh@docservice.ie	
Deputy Designated Officers **St. Vincent's Centre**	Mary Reynolds, Service Manager, Avista St Vincent's Centre Navan Rd Dublin 7	
	Margaret Horgan, Principal Social Worker, Oakridge Children's Services Clonsilla Road Dublin 15 Tel: 018066672	AnneMarie Flanagan Social Worker The Juniper Centre Avista St Vincent's Centre Navan Rd Dublin 7 +353 1 8245362
Deputy Designated Officers **St. Louise's Centre**	Jennifer Mulcahy, Service Manager, Avista St Louise's Centre Dublin 7	Sarah Mullally Social Worker The Juniper Centre Avista St Vincent's Centre Navan Rd Dublin 7 +353 1 8245475
Deputy Designated Officers **St. Joseph's Centre**	Eilish Madden, Service Manager, Avista St Joseph's Centre Clonsilla Road Dublin 15	Emer Lynch Social Worker Avista St Joseph's Centre Clonsilla Road Dublin 15

Deputy Designated Officers **Training Enterprise and Employment**	Elaine Nolan, Service Manager, Avista Training Enterprise and Employment	Social Worker Avista St Joseph's Centre Clonsilla Road Dublin 15
Deputy Designated Officers **Community Residential services**	Ciara O'Keeffe, Service Manager, Community Residential Services, Coolmine, Dublin 15. Tel: 018223801	Mary Griffiths Social Worker Avista St Joseph's Centre Clonsilla Road Dublin 15
		Sarah Mullally Social Worker The Juniper Centre Avista St Vincent's Centre Navan Rd Dublin 7 +353 1 8245475
Family Support and Connect Services	AnneMarie Flanagan Social Worker The Juniper Centre Avista St Vincent's Centre Navan Rd Dublin 7 +353 1 8245362	Ruth Walsh, Family Support Coordinator St. Vincent's Centre, Navan Road, Dublin 7. Tel: 018245300
Deputy Designated Officers – Trust in Care	Mary Reynolds, Service Manager, Avista St Vincent's Centre Navan Rd Dublin 7	Eilish Madden, Service Manager, Avista St Joseph's Centre Clonsilla Road Dublin 15
	Elaine Nolan, Service Manager, Avista Training Enterprise and Employment	Ciara O'Keeffe, Service Manager, Community Residential Services, Coolmine, Dublin 15. Tel: 018223801
	Dr Niamh Mulryan/Dr Anita Ambikapathy Clinical Director/Interim CD Avista	Jennifer Mulcahy, Service Manager, Avista St Louise's Centre Dublin 7

	St Vincent's Centre Navan Rd Dublin 7	
HSE, CHO9, Safeguarding and Protection Team - Dublin:	North Central Dublin Ms. Pauline Ducray, Principal Social Worker, HSE North Central Dublin, CHO Area 9, St Mary's Hospital, Phoenix Park, Dublin 20 Tel: 01 6250447 Email: Pauline.ducray@hse.ie	
HSE, National Safeguarding and Protection Team	Office of the Specialist & National Safeguarding Office, HSE West, South East Wing, St Joseph's Hospital, Mulgrave Street Limerick. Tel: Tel: 061 461165	
Gardaí	Cabra Garda Station, Nephin Road, Dublin 7. Tel: +353 1 6667400	Blanchardstown Garda Station, Main Street, Blanchardstown, Dublin 15. Tel: +353 1666 7000
	Finglas Garda Station, Mellowes Road, Finglas, Dublin 11. Tel: +35316667500	Bridewell Garda Station, Chancery Street, Dublin 7. +353 1 666 8200
Office of the Ombudsman	18 Lower Leeson Street Dublin 2 01-6785222	
HSE National Counselling Service	Freephone 1800 477477 www.hse-ncs.ie/en	

Appendix L – Additional Information Required/ Inquiry/Investigation

Where the outcome of a preliminary Screening establishes - 'Additional information required':

The Service Manager may appoint a Protection and Welfare Team[12] in order to gather further information to determine if there are reasonable grounds for a concern.

The Service Manager will also appoint a Safeguarding Plan Coordinator in order to establish a Safeguarding Plan.

The Service Manager will then call a meeting of the Protection and Welfare Team, the Line Manager and/or the staff member who made the report, within 5 working days. Other members of the MDT may be invited depending on the nature of the case and/or their involvement.

The Protection and Welfare Team will review the Preliminary Screening and all relevant information including the written report(s). The team will identify what additional information may be required and establish a plan to attempt to gather the needed data. In consultation with the Service Manager the team will carry out the plan. They will then review all information and make a recommendation in relation to the concern and the next course of action.

Where the outcome of a preliminary Screening establishes – 'Reasonable grounds for concern have been established' the following may apply:

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 HSE Safeguarding and Protection Team (Vulnerable Persons).

13.1.2 Investigation/ Inquiry – Internal or Independent
The Service Manager may appoint a Protection and Welfare Team in order to carry out a full investigation where there are reasonable grounds for a concern.

In establishing any form of Inquiry, relevant AVISTA/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.

[12] Members Protection and Welfare Team must have relevant knowledge, training and experience of protection and safeguarding. Others with pertinent information and/or skills maybe invite onto the team as determined by the Service Manager and team.

- The views of the vulnerable persons and/or his/her family.

The CEO 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.

Appendix M – Supported person Protection and Welfare Measurement Template

Completed by:_____ **Completed by:**_____

Social Worker Service Manager

Supported person Name: **Date of Alleged Incident:**

Was the concern/ allegation made against a staff member?	Was the concern/ allegation made against anyone other than a staff member?	Who was the concern/ allegation made against?	Type of Alleged Abuse	Who was involved in managing the case?	Tick stages completed	Did a HR investigation take place?	What was the finding in relation to whether or not abuse had occurred?	Additional Information Required
Yes: ☐ **No:** ☐	**Yes:** ☐ **No:** ☐ If Yes – please indicate in the next column	Family: ☐ Other Supported person: ☐ ***Subject of the Report:*** ☐ Member of the public: ☐ Visitor: ☐ Other/please outline:. __	Physical ☐ Sexual ☐ Psychological ☐ Neglect ☐ Institutional ☐ Financial/Legal ☐ Discriminatory abuse ☐	Clinical Director ☐ Service Manager / Senior Manager ☐ Social Worker ☐ Psychology ☐ Doctor ☐ HR ☐	**Stage 1:** ☐ **Stage 2:** ☐ **Stage 2A:** ☐ **Stage 3:** ☐	**Yes:** ☐ **No:** ☐	**A. No grounds for reasonable concerns exist.** ☐ **B. Additional information required** ☐ **C. Reasonable grounds for concern exist.** ☐ **Abuse** ☐ **Non-Abuse** ☐ **Inconclusive** ☐	**Has An Garda Siochana been informed?** ☐ **Has the HSE been informed?** ☐ **Has an NF06 HIQA form been submitted?** ☐ **Has Tusla been informed?** ☐ **HSE Safeguarding/Protection Team been informed?** ☐

							Not yet completed ☐	

Appendix M

Pen Picture

Please list the names of all supported persons involved in the incident.	
Where did this incident occur?	
Please provide a brief description of the incident.	
Please outline the actions taken by the team following the reporting of the incident.	

Please detail the outcome for the supported person, where known.	

Appendix N –

AUDIT TOOL FOR PROCEDURES ON MANAGEMENT and REPORTING PROTECTION and/or WELFARE CONCERNS

Date audit conducted:		**By whom:**	

Q	VARIABLE	YES	NO	N/A	COMMENTS
	Stage 1				
1.	Has the AVISTA SUPW Report Form been completed in full?				
2.	Was the AVISTA SUPW Report Form completed before going off duty?				
3.	Is there documented evidence of the date, time and description of the alleged incident/concern/disclosure?				
4.	Is there documented evidence that the safety of the Supported person was maintained following the alleged incident/concern/disclosure?				
5.	Was the Line Manager informed by staff?				
6.	Is there documented evidence that the Service Manager was made aware of the alleged incident by the Line Manager?				
7.	(a) Was the GP Contacted?				
	(b) Is there documented evidence that GP was contacted?				
8.	Is there documented evidence of any prescribed medical intervention?				
9.	Is there documented evidence, where required that the alleged incident was reported to the Sexual Assault Unit and the Gardaí?				
10.	Is there evidence that the Service Manager and the Social Worker were both forwarded copies of the AVISTA SUPW Report Form?				
	Stage 2				
11.	Was there a Preliminary screening Consultation?				

12.	Did the Preliminary screening Consultation happen within 3 working days?				

Appendix N (contd)

AUDIT TOOL FOR PROCEDURES ON MANAGEMENT and REPORTING PROTECTION and/or WELFARE CONCERNS

Q	VARIABLE	YES	NO	N/A	COMMENTS
13.	Did the Service Manager where the alleged incident took place, inform the second Service Manager where required?				
	Stage 2A				
14.	Where the preliminary screening outcome is 'Additional information required' or 'Reasonable grounds for concern exist', has a Safeguarding Plan been developed within three weeks?				
15.	Has the Safeguarding Plan been reviewed / updated.				
16.	Has the Safeguarding process been evaluated and feedback given?				
17.	Has the Safeguarding Plan been formally closed?				
18.	Is there evidence that the Appointed Person completed the Action Plan?				
	Stage 3				
19.	Where the preliminary screening outcome is 'Reasonable grounds for concern exist has one of the following occurred – local Informal Process; Inquiry; Managed by the HSE Safeguarding and Protection Team				
20.	Is there evidence that of full and accurate records and appropriate filing?				
21.	Was the SUPW measurement template completed for this case?				

Action Plan Required:

Appendix O – GUIDELINES FOLLOWING DISCLOSURE OF ABUSE

The following Form gives general guidelines for the do's and don'ts after disclosure and should be read in conjunction with the Report Form (Appendix E)

DO'S:

- Stay calm
- Listen patiently
- Treat the information seriously
- Explain what you need to do e.g. I need to tell my Manager (give the name of the person to the adult supported person).
- Write and submit a report to the person in charge, e.g. The Manager, before going off duty. In urgent cases, you will report immediately. Write a factual account of the conversations you had with the individual using the person's own words. This report may later be used as part of a legal action.
- At all times it is essential that you refer to the reporting procedures and if in doubt, seek advice from your Line Manager and / or a member of the Multidisciplinary Team.

DON'TS:

- Do not appear shocked, horrified, disgusted or angry.
- Do not press the individual for details (it is not your job to launch into an investigation).
- Do not make comments or judgements, other than to show sympathy and concern.
- Do not contaminate or remove possible forensic evidence e.g. do not give the person a wash, a bath, food or drink until you have reported the incident to the person in charge and have received the appropriate advice.
- Do not promise to keep secrets.
- Do not give sweeping reassurances about the future as the period following disclosure can be a very traumatic one for the adult supported person.
- Do not confront the alleged abuser.