Safeguarding Vulnerable Persons at Risk of Abuse
National Policy & Procedure

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1 CONTENTS

2 POLICY STATEMENT:

The United Nations Declaration on the Rights of Disabled Persons recognises the inherent right to respect for the dignity of disabled people including their right to the same fundamental rights as their fellow citizens. The key principles of best practice in adult protection and welfare are set out in the HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures published in 2014 as follows:

- Human Rights
- Person Centeredness
- Advocacy
- Confidentiality
- Empowerment
- Collaboration (including interagency collaboration)

Camphill Communities of Ireland (hereafter referred to as CCOI) is committed to working within these principles. CCOI works to create sustainable communities where Community Members with Support Needs can live learn and work with others in healthy social relationships based on mutual care and respect. The sustaining of healthy reciprocal relationships is at the core of life in CCOI.

CCOI has a responsibility to protect vulnerable people from any form of behaviour which violates their dignity and to maintain high standards of support and care. CCOI also has a responsibility to provide staff members with the necessary supervision, support, and training to enable them to respond effectively to the needs of vulnerable people and to protect themselves from situations which may leave them vulnerable to false allegations of abuse or neglect.

In CCOI we strive to create an environment where every individual is treated with dignity, is valued for what they are able to contribute, and is able to make informed decisions. Each person is supported to voice their needs, express themselves, and be heard. Each person can achieve their full potential and can live a healthy and meaningful life. We acknowledge these as the rights of all human beings, irrespective of ability or disability. As part of creating an environment in which the rights of all are upheld, we each acknowledge responsibility to uphold the rights of others.

CCOI is committed to safeguarding the rights of Community Members with Support Needs by:

1. Supporting and enabling equal citizenship of Community Members with Support Needs and ensuring the values and ethos of Camphill and the individual are maintained.
2. Taking proactive measure to promote the well-being of residents and day attenders through ensuring that individuals have choice and control in their lives, their environment is safe, their voice is heard, the support and safeguarding is person centred, there is a positive risk assessment process, and there are organisational and system safeguards in place
3. Ensuring that any concern of abuse is reported and responded to within the procedures outlines in this policy.

2.1 No Tolerance Approach

In line with best practice CCOI have adopted the HSE police '*Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures 2014'* which promotes a 'No Tolerance' approach to any form of abuse. CCOI has developed this policy and these procedures reviewed against and in compliance with national HSE policy as part of its commitment to provide a safe service to all Community Members with Support Needs and protect them from abuse and neglect.

3 PURPOSE:

The purpose of CCOI's *Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures* is to promote safeguarding practice through awareness, education and empowerment, to prevent the occurrence of abuse and to actively manage concerns/allegations if and when they arise. This policy is aligned to the HSE Safeguarding of Vulnerable Persons at Risk of Abuse National Policy and Procedures 2014.

The Aim of this policy is to bring together and link the different ways in which we commit to ensuring Community Members with Support Needs have their rights protected and are safe from abuse, neglect, and mistreatment. This includes peer to peer abuse. CCOI's *Safeguarding Vulnerable Persons at Risk of Abuse* Policy and Procedures has three aspects:

1. Principles: These are statements to explain our beliefs, values and agreed understanding of what guides us when it comes to protecting people. The principles are set out in Section 1 of Life in Camphill in Ireland "Ways of Being" together with adherence to the spirit of the United Nations Declaration on the Rights of Disabled Person. These principles are underscored by our quality commitment to the HIQA National Standards for Residential Services for Children and Adults with Disabilities, HIQA National Standards for Adult Safeguarding 2019, Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the HSE's "Trust in Care".
2. Promotion of Citizenship, Safety and Protection: These are the personal assets, personal plans, activities, work practices, programs, policies and procedure that ensure people who live and use Camphill services can achieve their aspirations, have their rights protected and that Camphill provides safe systems for all persons living and working in our communities.
3. Management of Allegations or Suspicion of Abuse: These are the agreed organisational procedures that are followed.

4 SCOPE:

This policy and procedures apply to:

- All Community Members with Support Needs of Camphill Communities of Ireland and community supported living services
- All individuals working at all levels of the organization (Whether Voluntary or Paid) including senior managers, officers, coworkers, employees, consultants, contractors, trainees, CE Scheme, part-time and fixed term employees, casual and agency staff who are collectively referred to as staff or ''staff member'' in this policy.

All Staff members, whether paid or unpaid, who are entrusted with the care and support of Community Members with Support Needs have a legal and professional duty of care in the protection of vulnerable adults. All staff members are bound by this policy and supporting procedures and are required to have an awareness and understanding of this policy and procedures.

5 ACCOUNTABILITY & RESPONSIBILITY

5.1 Chief Executive Officer (CEO)

The Chief Executive Officer has overall responsibility for ensuring adequate policies and procedures are in place to ensure the safety and welfare of Community Members with Support Needs.

5.2 National Safeguarding Team (Principal Social Worker & Regional Safeguarding Leads)

- Overseeing the implementation of this policy at a National and Regional level
- Provide support, training, advice, and guidance to Designated Officers and Persons in Charge within CCOI Communities
- Reviewing and approving Communities Safeguarding response and reporting documentation, including Preliminary Screenings, Formal Safeguarding Plans & NFO6's prior to submission
- Keep up to date with changes in relevant statutory provisions and assess the implications of such changes to Camphill Communities of Ireland
- Oversight and maintenance of the systems in place to centrally log, manage and collate all safeguarding issues.

5.3 Senior Managers (E.g. Head of Services/Regional Managers)

- Ensure insofar as is reasonably practicable that sufficient resources are available to enable best practice standards of care to be delivered
- Provide safe systems of work to minimize the potential for abuse
- Provide people with the opportunity to share concerns, positive experiences in a transparent and open way
- Support communities with the implementation of this policy.

5.4 Person in Charge (PIC)

- Ensure Staff are informed of and operate to this policy and its procedures
- Ensure that this Policy & Procedures is made available to all staff members and to all Community Members with Support Needs including their advocates/families in an accessible format
- Ensure a culture of **zero tolerance** for any type of abuse or abusive practice is promoted
- Ensure that all staff receive the appropriate training with regard to the implementation of this policy
- Ensure safeguarding is part of the Induction Programme for everyone involved in the service
- Provide effective supervision, support and training for all staff to ensure that they are all aware of their responsibilities
- Collaborate with the Designated Officer, Regional Safeguarding lead and other relevant personnel to plan the gathering of information for the preliminary screening
- Ensure the Regional Manager is informed of any concern/allegation of abuse of a Community Member with support Needs
- Inform their Regional Manager and the head of Human Resources (HR) when there is an allegation of abuse of a Community Member with support Needs involving a staff member
- Ensure Trust in Care procedures are followed in the event of an allegation of abuse against a staff member
- Work with the Designated Officer to develop and implement the Safeguarding plan
- Notify the Health Information and Quality Authority (HIQA) within 3 working days, in line with the HIQA requirements (NF06)
- Ensure the Regional Safeguarding has been notified same day a concern of abuse has been reported
- Ensure that Safeguarding Plans are implemented, and reviews are scheduled and take place in line with the required timelines
- Ensure that Safeguarding is a standardized agenda item discussed at Community Management Meetings

5.5 House Coordinators

- Facilitate and support the implementation of this policy within their teams
- Ensure that Safeguarding is a standing agenda item discussed at team meetings
- Report any concerns/allegations of abuse regarding Community Members with Support Needs to the Designated Officer and Person in Charge
- Support the Designated Officer to gather and collate the necessary information to complete Preliminary Screening Forms and Safeguarding plans
- Ensure that Safeguarding Plans for Community Members with Support Needs are implemented and follow up actions are conducted in line with the relevant timelines
- Support the Designated Officer and Person in Charge in addressing the issues arising
- Ensure that all relevant staff have read Safeguarding Plans and have signed the accompanying ***Signature Sheet for Interim/Formal Safeguarding Plan*** (Appendix 7)
- Ensure that Safeguarding Plans and ***Signature Sheets for Interim/Formal Safeguarding Plan*** (Appendix 7) are accessible to all relevant support staff and filed in the appropriate section of the CMSN's file.

5.6 Designated Officer

- Receive concerns or allegations of abuse regarding vulnerable persons
- In consultation with the Person in Charge, ensure the safety of the Community Member with Support Needs
- Ensure the staff member reporting the concerns/allegations of abuse completes a written record using the *Concern / Allegation of Abuse Internal Report Form (see appendix 2)*
- Ensure that the Person in Charge and Regional Safeguarding Lead are informed of all concerns or allegations of abuse on the same day and collaboratively ensure actions are identified
- Gather and collate the necessary information to complete Preliminary Screening Forms and Safeguarding plans
- Work with others to ensure that interim safeguarding measures are in place in the event of a concern or allegation of abuse
- The Designated Officer will notify the HSE Community Healthcare Organisation Safeguarding and Protection Team (Vulnerable Persons) of all concerns/allegations of abuse within 3 working days of a concern/allegation of abuse being raised through submission of Preliminary Screening Report Form
- Ensuring that all reporting obligations are met (both internally to CCOI and externally to statutory bodies)
- Supporting the Person in Charge and other personnel in addressing the issues arising and implementing safeguarding plans
- Maintaining appropriate records (e.g. CCOI Safeguarding Tracker, Safeguarding files, SharePoint Documentation)
- Report concerns/allegations of abuse to An Garda Síochána if the complaint/concern could be criminal in nature
- Ensure that the contact details for the Designated Officer are prominently displayed within the community and accessible to Community Members with Support Needs and Staff members
- Distribute the Safeguarding Plan to persons with identified responsibilities for Safeguarding Measures which are contained within the plan.

5.7 Staff members

Staff members will ensure that:

- They promote the welfare of Community Members with Support Needs in all interactions
- They are familiar with and comply with this policy including the procedures for reporting and managing any reasonable concerns/suspicions/allegations of abuse
- Be aware of the signs and indicators of abuse
- Support an environment in which Community Members with Support Needs are safeguarded from abuse or abusive practices through the implementation of preventative measures and strategies
- Support Community Members with Support Needs to report any type of abuse or abusive practice
- Attend Safeguarding training as required by CCOI

- Report all concerns or allegations of abuse, regardless of the source or date of occurrence (retrospective & historic abuse) immediately on the same day to the Designated Officer and Line Manager
- Outline the details of their knowledge or suspicions of abuse in the appropriate written report *(see appendix 2- Concern /Allegation of Abuse Internal Report Form*) which they will complete and forward to the designated officer prior to the end of their shift and on the same day as the concern of abuse becomes known to them, whichever is sooner.

6 ABUSE

6.1 Definition:

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".

This definition does not include self-neglect which is an inability or unwillingness to provide for oneself. However, CCOI acknowledge that people may come into contact with individuals living in conditions of extreme neglect. To address this issue CCOI has developed a specific policy to manage such situations which is covered in CCOI *Self Neglect Policy.* Please see Appendix 5 for further details on Self Neglect.

6.2 Types of abuse

6.2.1 Physical abuse

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

6.2.2 Sexual abuse

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

6.2.3 Psychological abuse

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

6.2.4 Financial or material abuse

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

6.2.5 Neglect and acts of omission

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

6.2.6 Discriminatory abuse

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

6.2.7 Institutional abuse

may occur within residential care and acute settings including nursing homes, acute hospitals, and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs

*See Appendix 1 for expanded table on types of abuse.

6.3 Who may abuse?

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

- **Familial Abuse**: Abuse of a vulnerable person by a family member
- **Professional Abuse**: Misuse of power and trust by professionals and a failure to act on suspected abuse, poor care practice or neglect
- **Peer Abuse**: Abuse, for example, of one adult with a disability by another adult with a disability
- **Stranger Abuse:** Abuse by someone unfamiliar to the vulnerable person.

6.4 Where might abuse occur?

Abuse can happen at any time in any setting.

6.4.1 Accidents, incidents and near misses

Lessons can be learned from accidents, incidents and/or near misses. As a result, CCOI have in place a procedure for reporting accidents, incidents and near misses that occur. Accidents, incidents and near misses, particularly those which are recurring, can be indicators of organisational risk, including risk to safeguarding, which needs to be managed.

6.5 Vulnerable persons- Special Considerations

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

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

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

- Liberty
- Privacy
- Respect and dignity

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

People with disabilities may be particularly vulnerable due to:

- Diminished social skills
- Dependence on others for personal and intimate care
- Capacity to report
- Sensory difficulties
- Isolation
- Power differentials

Adults who become vulnerable have the right:

- To be accorded the same respect and dignity as any other adult, by recognizing 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.

7 PROCEDURE

A concern regarding a Community Member with Support Needs may come to light in 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 CCOI complaints process or directly through the HSE.

Regardless of how the concern comes to light the staff member must take immediate steps in response to this concern *(see flow chart 1)*

7.1 Immediate Protection

The welfare and safety of the Community Member with Support Needs is the primary consideration. The staff member must take immediate action to safeguard anyone at immediate risk of harm including seeking medical assistance or the assistance of An Garda Síochána, if deemed appropriate.

7.1.1 Supporting Disclosure

In cases where a Community Member with Support Needs discloses abuse to a staff member, it is important that staff know how to react appropriately and act immediately on the presenting concern ensuring the person is safe. Please see the guidelines on abuse that accompany this procedure (Appendix 4) which includes guidance for staff on confidentiality, grounds for concern and how they should respond if someone makes a disclosure of abuse.

7.2 How concerns are reported

7.2.1 Same day reporting

Where a staff member has a concern that a Community Member with Support Needs is being subjected to abuse and neglect or where a person discloses abuse or neglect to them, they must verbally report this concern to their Line Manager and to the Designated Officer for their CCOI community on the same day i.e. by direct communication either via telephone or face-to-face.

7.2.2 Record and Preserve evidence

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

As soon as possible on the same day, the staff member must make a detailed written record of what they have seen, been told or have concerns about and who they reported it to. The staff member must advise the details of anyone else who saw or heard anything relating to the concern of abuse. CCOI's *Concern/Allegation of Abuse Internal Report Form (Appendix 2)* must be completed and forwarded to the Designated Officer and their Line Manager prior to the end of their shift and on the same day as the concern of abuse becomes known to them, whichever is sooner.

7.3 Responding to Concerns or allegations of Abuse

7.3.1 Stage 1

The first priority of the person receiving a concern is to ensure the safety of the vulnerable person from immediate danger and ensure the individual receives immediate medical support should that be required. An Garda Síochána must be informed if it is suspected that the concern or complaint of abuse may be criminal in nature; this may become apparent at the time of disclosure or following the outcome of the preliminary assessment.

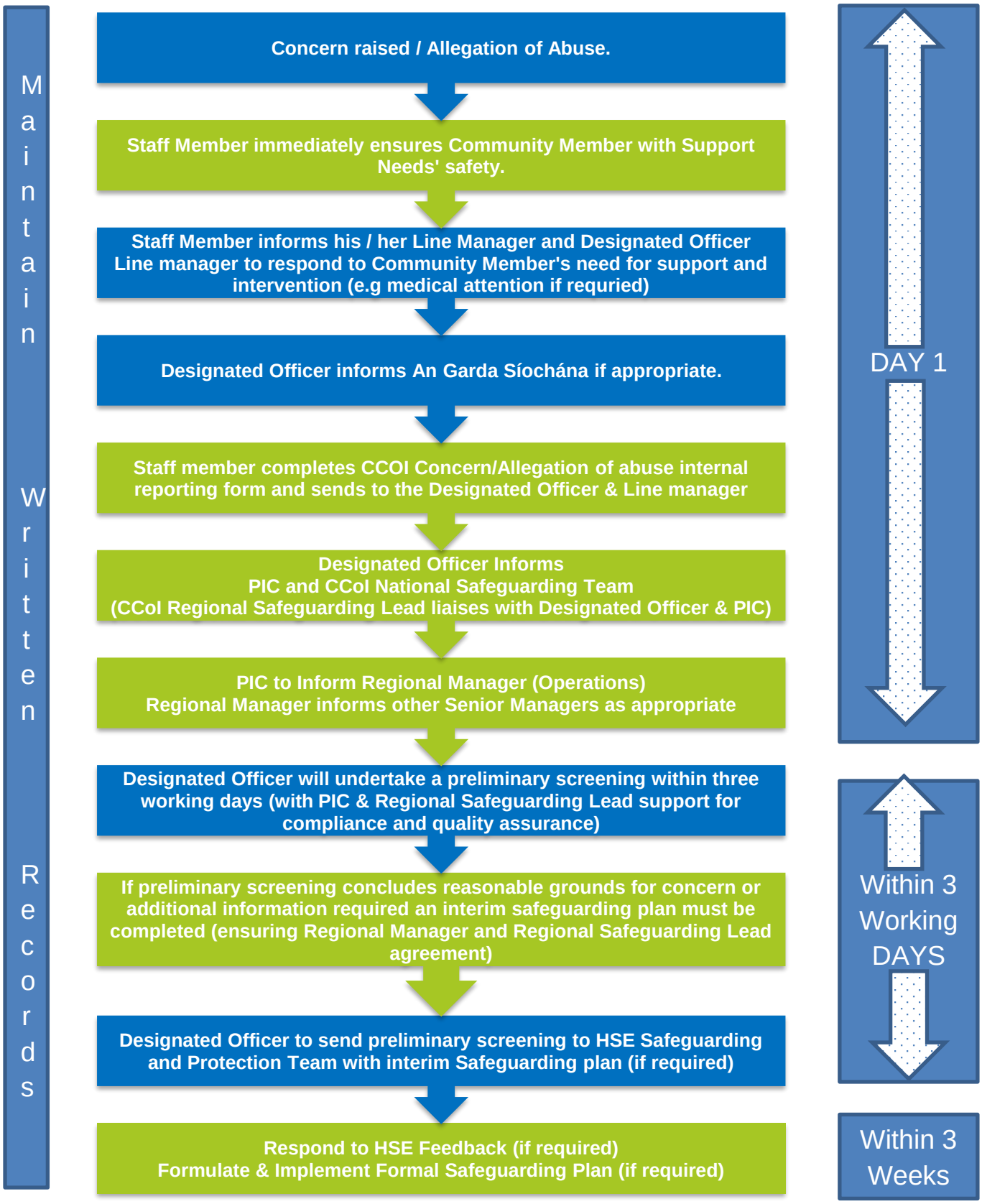
The Community's Designated Officer and line manager **must** be informed of the concern raised on the day that the concern is raised. They in turn, **must** immediately advise the Community's Person in Charge of the concern, as soon as possible on the day that the concern is raised to them. During out of hours periods the staff member **must** ensure that their communities' emergency out of hours arrangements are followed and that the on-call manager is notified immediately.

The Community's Designated Officer shall advise the National Safeguarding Team (NST) of the allegation on the same day. If the Designated Officer is unavailable, the Person in Charge will inform their communities assigned Regional Safeguarding Lead on the same day.

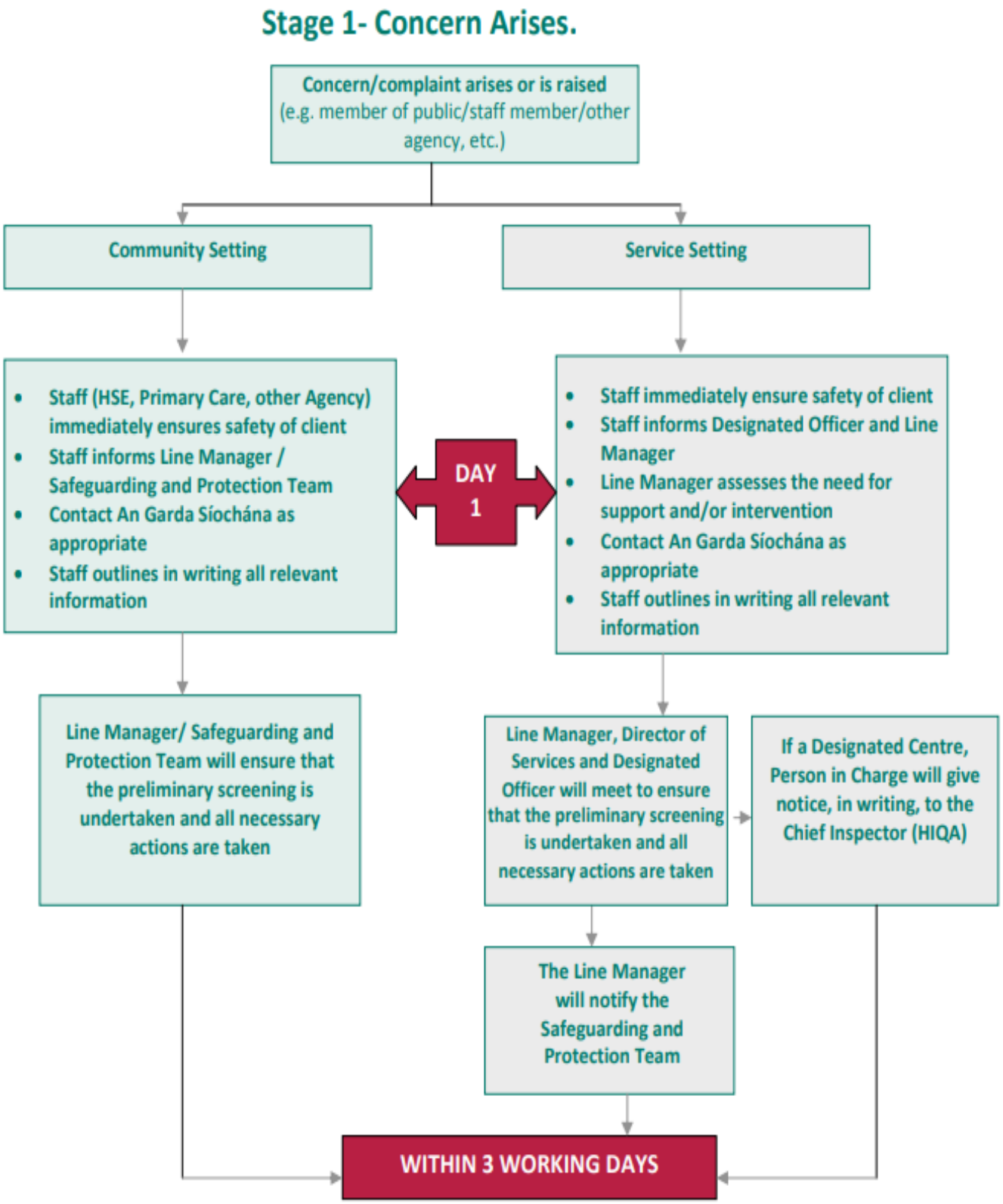
The Designated Officer and/or PIC can contact the National Safeguarding (NST) for advice and consultation at any stage of the process. If further advice or consultation is required, the NST and/or PIC may contact the HSE Safeguarding and Protection Team (SPT) and/or An Garda Síochána for further advice and consultation at any stage of the process. Safeguarding consultations should be recorded on the CCOI *Safeguarding consultation record template (See appendix 9).* Based on the wishes of the Community Member with Support Needs, next of kin/family member should be informed of the incident and of the process to follow, having regard to the rights of others.

Flow Chart 1- CCOI Process Flow Chart

Process Flow Chart – Camphill Communities of Ireland



7.3.2 Stage 2: Preliminary Screening



*Flow Chart 2 from Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures 2014

When an allegation of abuse and/or neglect is made, a preliminary screening will be carried out by the Designated Officer for the CCOI Community in collaboration with the PIC and NST. The Purpose of a Preliminary Screening is to determine whether there are reasonable grounds for concern that an adult may have been abused or is being abused or is at risk of being abused.

7.3.2.1 Preliminary Screening process

Relevant documentation will be gathered from key parties and the assistance of the PIC or House Coordinator will be requested in doing this where possible. 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 concern raised but some examples include:

- Gaining the views of the Community Member with Support Needs
- 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 information received from the report of a concern and gaining further information from the referral source.

The Communities Designated Officer will submit the preliminary screening report with a recommendation regarding proposed/required actions to their Regional Safeguarding Lead from the NST and the PIC for consideration regarding proposed actions. In instances where there are resource implications as a result of a safeguarding plan, involvement from Operations Team from CCOI will be required in the review of the Preliminary screening and the Communities Regional Manager must be informed and involved in the process.

Preliminary screening interviews should be recorded on the *CCOI Preliminary Screening interview template* (see appendix 8)

7.3.2.2 Conclusions and outcomes

Once reviewed and agreed by the PIC and NST the Designated Officer must then ensure that he outcome of the preliminary screening (PSF1 & PSF2) is sent to the HSE Safeguarding and Protection Team (SPT). This report must be password protected. A preliminary screening may conclude one of three outcomes: -

I. **No Grounds for further concern** - An outcome that there are not reasonable grounds for concern that abuse has occurred does not exclude an assessment that lessons may be learned and that, for example, clinical and care issues need to be addressed within the normal management arrangements.

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

III. **Reasonable grounds for concern exist** - A safeguarding plan must be developed to address the concerns.

7.3.2.3 Timeframes

The HSE Safeguarding and Protection Team (SPT) for the relevant CHO area/s must be informed on the prescribed preliminary screening report template. The time frame for submission of the

preliminary screening form is within **three working days of the concern of abuse becoming known.** If the preliminary screening has taken longer than three days, the PSF2 must document the reasons for this.

Any allegation of abuse, suspected or confirmed of a resident of a designated centre must be reported to **HIQA** in writing within **three working days.** The Person in Charge must ensure that this is reported to HIQA by completing and submitting form NF06. The NF06 must be completed at all times in consultation with the Designated Officer, Regional Safeguarding Lead and Regional Manager.

An Garda Síochána must 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.

7.3.3 Stage 2: Safeguarding Plan

If the preliminary screening determines that reasonable grounds for concern exists or more information is required a safeguarding plan must be put in place. Responsibility to ensure a safeguarding plan is developed rests with the Person in Charge who will work together with the Designated Officer to co-ordinate information and intervention.

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

The **formal** Safeguarding Plan (FSP1) 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.

All safeguarding plans need to be read and signed by all staff members who support the Community Member with Support Needs whom the plan pertains to ***(see Appendix 7 CCOI Signature Sheet for Interim/ Formal Safeguarding Plan)***.

7.3.3.1 Formulating the Safeguarding Plan

A Safeguarding Plan will be informed by the Preliminary Screening and developed in all cases where reasonable grounds for concern exist. The safeguarding plan should include, relevant to the individual situation:

- Positive actions to safeguard the person/s at risk from further abuse/neglect
- 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 the individuals and how this should be dealt with. This could include creating/reviewing risk assessments and behaviour support plans.

7.3.3.2 Support for Community Members with Support Needs

Support measures for Community Members with Support Needs 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., specialist psychology services, mediation, etc. as well support within the Communities should be considered. 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. When there is potential for a criminal prosecution, it is important to ensure that the Vulnerable Adult is provided with Support.

7.3.3.3 Timeframe

The Safeguarding Plan should be formulated 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.

7.3.3.4 Safeguarding Plan Co-ordinator

The Safeguarding plan Co-ordinator will act as a co-ordinator of information and intervention and arrange a full review at agreed intervals by agreement of the Person in Charge and in collaboration with the Designated Officer, NST and other relevant CCOI personnel.

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.

7.3.4 Stage 3: Reasonable Grounds Exist for Concern have been established

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

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

The needs of the vulnerable person are 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.

7.3.5 Outcome of Preliminary Screening

7.3.5.1 Local Process

If it is established that, for example, a single incident has occurred which is not of a serious nature, the Person in Charge (PIC) may decide to deal with the matter locally. 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).

7.3.5.2 Inquiry- Internal or Independent

In establishing any form of Inquiry, relevant CCOI 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 Chief Executive Officer or in his/her absence the Head of Services will 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.

7.3.5.3 Assessment and Management by Safeguarding and Protection Team (Vulnerable Persons)

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

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

7.3.6 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, the Person in Charge will inform the Regional Manager and head of Human Resources (HR) and CCOI will follow the Trust In Care: Policy for Health Services Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse.

The safety of the Community Member with Support Needs is paramount, and all protective measures proportionate to the assessed risk must be taken to safeguard the welfare of the service user. Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed in the first instance with An Garda Síochána.

7.4 Data/Information

All information concerned with the reporting and subsequent assessment of concerns or allegations of alleged abuse is subject to the CCOI *Policy on Record Keeping in Relation to Residents and Day Attendees*. 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 or 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.

7.5 Records

It is essential to keep detailed and accurate records of concerns or allegations of abuse and of any subsequent actions taken. CCOI's Policy & Procedures for *Safeguarding Vulnerable persons* 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.

7.6 Notification

7.6.1 An Garda Síochána

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

Where there is an indication that the abuse is of a criminal nature the Designated Officer will, where appropriate, discuss the reporting of the abuse to An Garda Síochána with the vulnerable adult and their family/representative as appropriate. The Designated Officer/PIC may consult with An Garda Síochána where necessary to establish if, in their view a criminal offence may have been committed and therefore should be reported.

Where An Garda Síochána advise that a criminal offence may have been committed, the Designated Officer will make a formal written notification to An Garda Síochána using CCOI's *Notification to An Garda Síochána* (Appendix 3), with a copy retained by the Designated Officer for local records.

7.6.2 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 Allegation, suspected or confirmed, of abuse to a resident. This must be submitted to HIQA via an NF06 form.

7.6.3 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 or employees of agencies directly funded by the HSE. If an employee reports a workplace concern in good faith and on reasonable grounds in accordance with the procedures outlined in the legislation it will be treated as a `protected disclosure'.

This means that if an employee feels that they have been subjected to detrimental treatment in relation to any aspect of their employment as a result of reporting their concern they may seek redress. In addition, employees are not liable for damages as a consequence of making a protected disclosure. The exception is where an employee has made a report which s/he could reasonably have known to be false.

7.6.3.1 Procedure for making a Protected Disclosure

Staff Members can refer to CCOI's *Protected Disclosures Policy.*

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

Office of the Authorised Person,
An Clochar,
College Street,
Ballyshannon,
Co. Donegal
Tel: 071- 9834651
Email: protected.disclosures@hse.ie

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.

7.6.4 Confidential Recipient

The Director General of the HSE set up the role of Confidential Recipient, independent of the HSE, to whom anyone can make a complaint or raise concerns about the care and treatment of any vulnerable person who receives care in a HSE facility. In this regard Ms. Leigh Gath has been appointed as the Confidential Recipient. Her contact details are:

By post to: **The Office of the Confidential Recipient for Vulnerable Persons,**
Training Services Centre,
Dooradoyle,
Limerick.

By telephone: **Lo Call 1890 100 014 or mobile (087) 6657269**

By email: **leigh.gath@crhealth.ie**

More information outlining the role of the Confidential Recipient is available on the website www.hse.ie/confidential

7.7 Retrospective Disclosure

Retrospective disclosure is the recall and disclosure by an adult of an abuse they experienced during their childhood, school age or adult years. Retrospective Abuse will be treated with the same immediacy as all disclosures. When a retrospective disclosure is made, serious consideration must be given to the current risk to any child or adult who may be in contact with the person allegedly causing concern. The Designated Officer will complete the Child and Family Agency (TUSLA) *Retrospective Abuse Report Form* via the TUSLA portal if the allegation made pertains to when the community member with support needs was under the age of 18 years. The adult making the allegation will be facilitated and supported to make a full disclosure to An Gárda Síochána.

8 Effective Approaches for Safeguarding and Promoting Welfare

8.1 Prevention

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

- 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 prioritize both safeguarding and independence
- Multi-disciplinary teamwork, interagency co-operation, and information sharing.

8.2 Risk Management

- 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 help 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.

CCOI have an effective procedure for assessing and managing risks with regard to safeguarding (CCOI Risk Management Framework Policy & Procedure) In assessing and managing risks, the aim is to minimise the likelihood of risk or its potential impacts while respecting that the individual is entitled to live a normalised life to the fullest extent possible. In safeguarding terms, the aim of risk assessment and management is to prevent abuse occurring, to reduce the likelihood of it occurring and to minimise the impacts of abuse by responding effectively if it does occur. CCOI will evaluate and put in place risk-reducing measures in respect of all relevant activities and programmes.

No endeavor, 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 are put in place on a case by case basis.

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

Common personal risk factors include:

- Diminished social skills/judgement
- Diminished capacity
- Physical dependence
- Need for help with personal hygiene and intimate body care
- Lack of knowledge about how to defend against abuse

Common organisational risk factors include:

- Low staffing levels
- High staff turnover
- Lack of policy awareness

- Isolated services
- A neglected physical environment
- Weak/inappropriate management
- Staff competencies not matched to service requirements
- Staff not supported by training/ongoing professional development

8.3 Principles

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

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

- Human rights
- Person centeredness
- Advocacy
- Confidentiality
- Empowerment
- Collaboration

8.3.1 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."*

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

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

It is important to include vulnerable persons in community life as neighbours, co-workers, volunteers and friends. This requires a shift in thinking away from a service user perspective and towards a citizen perspective. Service isolation can lead to unacceptable practices that can become normalised and

staff may be cut off from new ideas and information about best practice. It is important that services have strong links with the wider community, especially with regard to preventing isolation and abuse in residential settings and also in the provision of support in the community where both a family carer and the person using the service can become isolated.

8.3.2 Person Centredness

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.

8.3.3 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".

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. CCOI strives to 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.

CCOI have in place a safeguarding policy statement outlining our intention and commitment to keep Community Members with Support Needs safe from abuse while in the care of our services.

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. CCOI ensure that policies and procedures are 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, service users.

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

- Training & Development
- Line Management, supervision & Co-Worker support
- Recruitment & Selection
- Intimate and Personal Care
- Safe Administration of Medication

- Supporting Community Members with Support Needs to manage their finances/ property
- Positive Behavioural Supports
- Restrictive Interventions
- Lone working
- Complaints
- Incident Reporting
- Confidentiality
- Bullying and Harassment
- Relationships & Sexuality

8.3.4 Advocacy

Advocacy assumes an important role in enabling Community Members with Support Needs 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:

- 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 2013) requires:

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

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

Group advocacy is an important form of advocacy that has the potential to move self-advocacy to a higher level. CCOI supports and encourages the Advocacy group established in CCOI by providing an advocate, access and information on independent advocates and provides an opportunity for individuals to speak up on issues collectively and giving service users a greater level of confidence in order 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 Support of Residents in Designated Centres for Persons (Children and Adults)
with Disabilities Regulations 2013 state that:
''The Registered Provider shall ensure that each resident, in accordance with his or her wishes, age and nature of his or her disability- has access to advocacy services and information about his or her rights''.

8.3.5 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 CCOI personnel. This must be consistent with the HSE Record Management Policy.

The effective safeguarding of a vulnerable person often depends on the willingness of the staff in statutory and voluntary organisations involved with vulnerable persons to share and exchange

relevant information. It is, therefore, critical that there is a clear understanding of professional and legal responsibilities with regard to confidentiality and the exchange of information.

All information regarding concerns or allegations of abuse or assessments of abuse of a vulnerable person should be shared, on `*a need to know*' basis in the interests of the vulnerable person, with the relevant statutory authorities and relevant professionals. No undertakings regarding secrecy can be given. Those working with vulnerable persons should make this clear to all parties involved. However, it is important to respect the wishes of the vulnerable person as much as is reasonably practical.

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

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

8.3.6 Collaboration

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

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

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

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

9 Key Considerations in Recognising Abuse

9.1 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.

9.2 Early Detection

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

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

9.3 Barriers for Vulnerable Persons Disclosing Abuse

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

- Fear on the part of the Community Member with Support Needs 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 members of CCOI 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.

9.4 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 and incident. An allegation of abuse may be reported anonymously or come to attention through a complaints process.

9.5 Capacity

The area of consent and capacity may arise in allegations of abuse in different ways. People should be supported to have informed choices and take informed risks. CCoI will support individuals to understand and voice their choices in relationships as part of the personal planning process and day to day living. The current legal situation in this area is under review and reference should be made to *Assisted Decision Making* (capacity) *Act* 2015 and *to HIQA Guidance for Designated Centres on Intimacy and Sexual Relationships (November 2013)*.

All persons should be supported to act according to their own wishes. Only in exceptional circumstances (and these should be communicated to the service user/resident when they occur) should decisions and actions be taken that conflict with a person's wishes, for example, to meet a legal responsibility to report or to prevent immediate and significant harm. As far as possible, people should be supported to communicate their concerns to relevant agencies.

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

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

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

In instances where an individual has limited capacity to make informed decision and/or provide consent CCoI will provide support through a representative of the person's choosing to assist in decision making and provide support during the investigation. This could be a family member, friend, volunteer, or others who form the Community Member with Support Needs' circle of support. Other

options for assisting in decision making include formal independent advocacy or Ward of Court arrangements.

9.6 Anonymous and Historical Concerns of Abuse

All concerns or allegations of abuse must be assessed, regardless of the source or date of occurrence. The quality and nature of information available in anonymous referrals may impact on the capacity to assess and respond appropriately. Critical issues for consideration include:

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

In relation to historical concerns of abuse the welfare and wishes of the person and the potential for ongoing risk will guide the intervention. Any person who is identified in any concern of abuse, whether historic or current, made anonymously or otherwise, has a right to be made aware of the information received.

10 Related Documents

Internal CCOI PPPG's

- CCOI C&W- Body Chart Guidelines
- CCOI C&W Complaints Procedure
- CCOI C&W Communication supports Policy
- CCOI C&W Intimate Care Policy
- CCOI C&W medication Policy & Procedure
- CCOI C&W Missing Persons Policy & Procedure
- CCOI C&W Positive Behavioural Supports Policy
- CCOI GOV Protected Disclosures Policy
- CCOI H&S Risk Management
- CCOI H&S Safety statement and Emergency plan
- CCOI SAF Self Neglect Policy
- CCOI HR Staff recruitment and selection Policy and Procedures
- CCOI C&W Supporting Community Members with Support Needs (CMSN) to manage their finances and personal property

Other Key Documents

- Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures, HSE 2014
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013
- UN Convention on the Rights of People with Disabilities
- Children's First: National Guidance for the Protection and Welfare of Children (2011)
- Trust in Care Policy for Health Service Employers on Upholding Dignity and Welfare of Patient/clients and the procedure for managing allegations of abuse against staff members
- Assisted Decision Making (Capacity) Act 2015

- HSE Consent Policy (2019)
- HIQA National Standards for Adult Safeguarding 2019
- Protected Disclosures Act 2014.

11 GLOSSARY OF TERMS AND DEFINITIONS:

Abuse: 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.

Capacity: capacity means the ability to understand the nature and consequences of a decision in the context of available choices at the time the decision is to be made. A person lacks the capacity to make a decision if he or she is unable to understand the information relevant to the decision, unable to retain that information, unable to use or weigh that information as part of the process of making the decision, or unable to communicate his or her decision. (HIQA)

Protected disclosure: a protected disclosure provides legal safeguards for people who want to report serious concerns they have about standards of safety or quality in Irish health and social care services. If a reported concern qualifies as a protected disclosure, the person making the protected disclosure is afforded certain legal protections under the Health Act 2007. (HIQA)

Retrospective Abuse: refers to abuse that an adult experienced that took place during their childhood. (TUSLA)

Vulnerable person – one who is suffering from a disorder of the mind, as a result of mental illness or dementia or has an intellectual disability or an enduring physical impairment or injury, which severely restricts the capacity of the person to guard himself or herself against serious exploitation or abuse, whether physical or sexual, by another person.

Ward of Court- is an individual who has been deemed by the court to lack capacity to make decisions for himself or herself, and where the court steps in to act as agent1 for the individual. This may arise due to dementia, intellectual disability, acquired brain injury or other reasons. Usually, a person is made a Ward following an application by a family member, the person's own solicitor or the Health Service Executive (HSE).

12 REVISION HISTORY:

Revision No.	Approval Date:	Document References and Changes Made	Name:
2.0	15/04/2016	Amended to achieve compatibility with HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures published in 2014	AF and AT
2.1	26/04/2016	separating Child Safeguarding.	AF and AT
2.2	30/06/2016	to include Anonymous Complaints.	AF and AT
3.0	30/11/2020	1. Contents: revised and updated 2. Policy Statement: revised and updated 3. Purpose: revised and updated 4. Scope: Reviewed and expanded 5. Roles and Responsibilities: Reviewed and Expanded 6. Abuse- Section moved 7. Procedure: Revised and expanded – new flow chart added 8. Effective Approaches: Section 9. Key considerations in recognising abuse: Section added 10. Related documents: Revised and updated 11. Glossary of terms- section revised 12. Appendices: Sections added	Principal Social Worker and Policy Compliance Officer
3.1	12/2/2021	1. 5.4 (Person in charge) edit to sentence 'Ensure that Safeguarding Plan reviews are scheduled and take place in line with the required timeline's to 'Ensure that Plans are implemented and reviews are scheduled and take place in line with the required timeline's' 2. 5.5 (House Coordinator) two addition points added 1)'Ensure that all relevant staff have read Safeguarding Plans and have signed the accompanying ***Signature Sheet for Interim/Formal Safeguarding Plan*** (Appendix 7)' 2) Ensure that Safeguarding Plans and ***Signature Sheets for Interim/Formal Safeguarding Plan*** (Appendix 7) are accessible to all relevant support staff and filed in the appropriate section of the CMSN's file. 3. 5.6- addition of point ' Distribute the Safeguarding Plan to persons with identified responsibilities for Safeguarding Measures which are contained within the plan'	Principal Social Worker and Policy Compliance Officer

		4. 7.3.2- flowchart replaced with exact extract from HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy & proc 2014 5. 7.3.3.3-edit to Safeguarding plan timeframe: changed to 'safeguarding plan will be formulated and implemented within 3 weeks of the screening being completed;. 6. Appendix 6 flow chart wording edited to reflect above change (timeframe for safeguarding plan formulation & implementation). 7. Appendix 7- Changes to 'Signature Sheet for Interim/Formal Safeguarding Plan' 8. Number for glossary of terms corrected (edited to be 11)	

13 APPENDICES:

Appendix 1: *Types of abuse*

Appendix 2: *Concern / Allegation of Abuse Internal Report Form*

Appendix 3: *CCOI Notification to An Garda Síochána*

Appendix 4: *Guidelines for talking to vulnerable adults who disclose something that raises concern about protection or welfare*

Appendix 5: *Self Neglect*

Appendix 6: *CCOI Process flow chart*

Appendix 7: *Signature Sheet for interim/formal safeguarding plans*

Appendix 8: *CCOI Preliminary Screening interview*

Appendix 9: *CCOI Safeguarding Consultation Record*

Appendix 10: *HSE Guidance Sheet for Services and Designated Officers on completing and submitting Preliminary Screening Forms*

Appendix 11: *HSE Preliminary Screening Form (PSF1)*

Appendix 1

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

Type of Abuse: Physical	
Definition	**Physical abuse** includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
Examples	Hitting, slapping, pushing, burning, inappropriate restraint of adult ore confinement, use of excessive force in the delivery of personal care, dressing bathing, inappropriate use of medication.
Indicators	Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. Service user appears frightened, avoids a particular person, demonstrates new atypical behaviour; asks not to be hurt.

Type of Abuse: Sexual	
Definition	Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.
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 service user. Exposure to pornography or other sexually explicit and inappropriate material.
Indicators	Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs and human bite marks. Service user demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.

Type of Abuse: Emotional/Psychological (including Bullying and Harassment)	
Definition	Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
Examples	Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance. Failure to show interest in, or provide opportunities for a person's emotional development or need for social interaction. Disrespect for social, racial, physical, religious, cultural, sexual or other differences. Unreasonable disciplinary measures/restraint. Outpacing – where information/choices are provided too fast for the vulnerable person to understand, putting them in a position to do things or make choices more rapidly than they can tolerate.
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 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 service user, manipulating the service user for financial gain, putting pressure on the service user 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 incomplete records of spending, discrepancies in the service users internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.

Type of Abuse: Institutional	
Definition	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	Service users are treated collectively rather than as individuals. Service user's right to privacy and choice not respected. Staff talking about the service users personal or intimate details in a manner that does not respect a person's right to privacy.
Indicators	Lack of poor quality staff supervision and management. High staff turnover. Lack of training of staff and volunteers. Poor staff morale. Poor record keeping. Poor communication with other service providers. Lack of personal possessions and clothing, being spoken to inappropriately, etc.

Type of Abuse: Neglect	
Definition	Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.
Examples	Withdrawing or not giving help that a vulnerable person needs so causing them to suffer e.g. Malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance.
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.

Appendix 2

Camphill Communities of Ireland – Safeguarding Vulnerable Persons at Risk of Abuse

Concern / Allegation of Abuse Internal Report Form

Source of information of concern:	
Name of person completing this form:	
Role: (e.g. Community Member, Family Member, Staff Member etc.)	
Community Setting:	
Contact details:	
Date & Time of concern/allegation:	
Details of the Community Member with Support Needs who is the subject of the concern:	
Name:	
Date of Birth or age:	
Address:	
Contact details:	

Any other Relevant Information?	

Details of incident/concern:		**Guidance note for Staff**
Description of concern of Abuse:		Note the details as reported to you. Include as much factual information as possible, for example date, time, venue etc Use the exact words used by the person reporting concern/allegation to you.
How did you become aware of the concern of abuse?		Note how you became aware of the concern, for example did you witness an incident or were they made aware of the issue by a third party.
Do you have concerns about the immediate safety of a community member with support needs?		The safety and welfare of the community member is the priority. If a vulnerable person (adult) is in immediate danger An Garda Síochána must be contacted immediately.

What actions have been taken so far by you or any others		Indicate what actions have taken place to keep the community member safe
Details of the Concern/Allegation of abuse		**Guidance note for Staff**
Was an abusive incident observed and details of any witnesses?		
Have any signs or indicators of abuse been observed? Please specify?		
Type of concern or category of suspected abuse?	Physical Abuse ☐ Sexual Abuse ☐ Psychological Abuse ☐ Financial / Material Abuse ☐ Neglect / Acts of Omission ☐ Discrimination ☐ Institutional ☐	Refer to Appendix 1 in CCOI policy For: • Definitions • Indicators • Examples
Is the community member aware that this concern has been raised?		Include any views or wishes of the community member if they are known at this stage.
Details of the any person who allegedly may have caused this concern of abuse:		**Guidance note for Staff**
Name of the person		Note the name of the person who may pose a risk to community member, if known.
Relationship of this person to the community member:		Note the relationship of the person who allegedly may have caused this concern of abuse), for example, staff

		member, other community member, family member, volunteer, other etc.
Any other relevant information?		

Signed by Person completing the form: _____

Name (print)_____

Title/role_____

Date & Time Designated Officer & Line Manager verbally informed: _____/_____/_____ @ _____

Date Form Completed: _____/_____/_____

Date Sent to the Designated Officer: _____/_____/_____

The information collated must be provided to the Designated Officer to determine if reasonable grounds for concern exist. The Designated Officer will ensure that the procedure for reporting concerns to the statutory authorities is followed and maintains best practice in policy compliance in respect of the management of concerns or allegations of abuse in Camphill Communities of Ireland.

Date Received by the Designated Officer: _____/_____/_____

Signed_____ Name (print)_____

Appendix 3:

Notification to An Garda Síochanna

Offence relates to

Child		CCoI Ref.		
Vulnerable Adult		PULSE ID		
		HSE Ref.		
		Tusla Ref.		

To Superintendent:

Date of Notification:

Person making report

Name:	
Role:	
Camphill Community Name:	
Location Address:	
Relationship to Child/Vulnerable Adult:	
Contact No:	
Contact Email:	
Parent/ Advocate/ Guardian Informed:	

Person to Whom Report Relates - The victim

Name:	
Male Yes No	**Female Yes No**
Adult Yes No	**As occurred when was a Child Yes No**
Date of Birth:	
Vulnerable adult Yes No	**Current placement informed Yes No**
Current Service Provider Name:	
Location Address:	
Contact No:	
Contact Email:	

Parent/ Advocate/ Guardian/ Next of Kin/ Contact Person

Parent Name 1:	**Parent Name 2:**
Male Yes No	**Female Yes No**
Adult Yes No	**Child Yes No**
Date of Birth:	
Legal relationship to the Victim:	
Location Address:	

Contact No:	
Contact Email:	

The alleged perpetrator

Name:	
Male Yes No	**Female Yes No**
Adult Yes No	**Child Yes No**
Date of Birth:	
Current Service Provider Name:	
Location Address:	
Contact No:	
Contact Email:	
Vulnerable adult Yes No	**Current placement informed Yes NO**

Details of alleged incident thought might be criminal in nature (detail of the incident/ date occurred/date first disclosed/who info was first disclosed to details/ witnesses/ evidence to support/ injuries sustained/ damage/harm experienced/communicated wish of the victim)

Continue on a separate sheet if necessary

Please answer all Questions:

	Yes	No/Not applicable
Has a report been made to the Child & Family Agency (Tusla) ?		

If yes, which office_____

	Yes	No/Not applicable
Has a report been made to the HSE National Children First Office?		

	Yes	No/Not applicable
Has a report been made to the HSE Safeguarding Protection Team?		

If yes, insert team_____

	Yes	No
Has the report been discussed with the vulnerable adult?		

	Yes	No
Have parents/Advocate/ carers been informed?		

	Yes	No
Has the report been discussed with line manager?		

If yes, line manager name_

Additional Information:– e.g Vulnerable Adult Diagnosis as relevant; Repeat incident? Relevant details of alleged perpetrator

Continue on a separate sheet if necessary.

Signed: **Date:**

Appendix 4

Guidelines for talking to vulnerable adults who disclose something that raises concern about protection or welfare

The existence of abuse is both distressing and disturbing and it is natural to feel shocked or angry. It is important, however, for you to manage your own feelings so that you can act appropriately by following the Vulnerable Adult & Child Protection procedure.

DO

- Remain calm
- Ensure that no one is in immediate danger
- Call for emergency services if urgent medical/Garda help required
- Report your concerns to your manager without delay
- Record all the facts when you have completed listening to the person and check with them that you have understood correctly what they have told you

In hearing a person make a disclosure of abuse

- Give him/her your full attention.
- Listen carefully to what he/she is saying.
- Don't make assumptions or jump to conclusions, just listen openly.
- Try not to interrupt.
- Don't ask leading questions or make suggestions.
- You can prompt further by saying 'tell me about that" and "tell me more about that".
- Don't make him/her repeat the story unnecessarily.
- Don't question him or her in detail. Remember while you need to establish the grounds for your concern it is not your job to investigate in detail. This may be more appropriately done by HSE, Gardai or another professional trained to do so.
- If you need to clarify something you can explain "what you are telling me is really important and I want be sure I understand what you are saying correctly, can you tell me a bit more about that?"
- Don't say anything that might imply blame ("Why" questions often imply blame).
- Don't give false reassurances.
- Don't promise secrecy.
- Reassure the person that he/she has been heard and taken seriously.
- Explain limits to confidentiality and reporting relationships in a way that can be understood.
- After the conversation record accurately what you have been told.

All information regarding a protection or welfare concern should be shared on a "need to know" basis

REMEMBER - DON'T

- Promise to keep secrets
- Be judgmental or over react
- Challenge the alleged abuser
- Attempt to investigate yourself
- Take photos of a vulnerable person or child
- Do anything that could disturb any possible evidence, for example, do not tidy up or encourage the person to wash/bathe
- Discourage anyone from reporting concerns

- Leave details of your concerns on a voicemail

Be aware that dealing with allegations of abuse can also remind adults of painful situations in their own life. If this applies to you may need support from colleagues or a professional in dealing with them.
Camphill Communities of Ireland is committed to supporting staff in dealing with such support.

Appendix 5

Self Neglect

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

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

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

The purpose of this Policy and Procedures is to offer guidance to staff of CCOI who become aware of concerns regarding extreme self-neglect. The National Policy on Safeguarding Vulnerable Persons at Risk of Abuse offers guidance to the 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.

Definitions

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.

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.

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 community norms and professional training.
3. A threshold needs to be exceeded before the label of self-neglect is attached – many common behavior's 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.

Manifestation of Self Neglect

Hygiene

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

Life Threatening Behaviour

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

Financial

Mismanagement of financial affairs.

Assessment of Self Neglect: Key Areas

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

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

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.

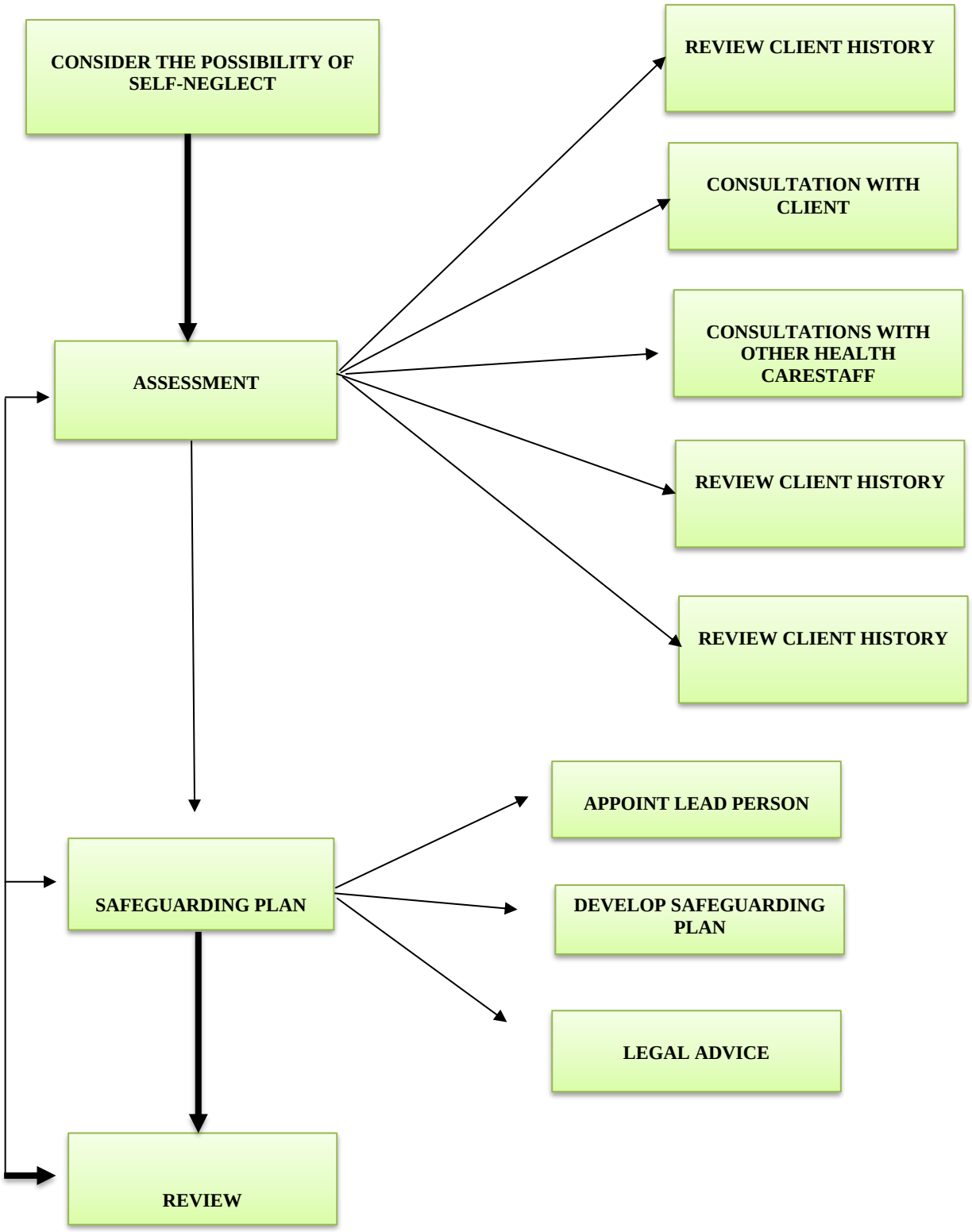
Safeguarding Plan

- The Safeguarding Plan Co-ordinator will co-ordinate information and intervention and arrange a full review at agreed intervals.
- The responsibility for appointment of Safeguarding Co-ordinator will be with the Person In Charge
- 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

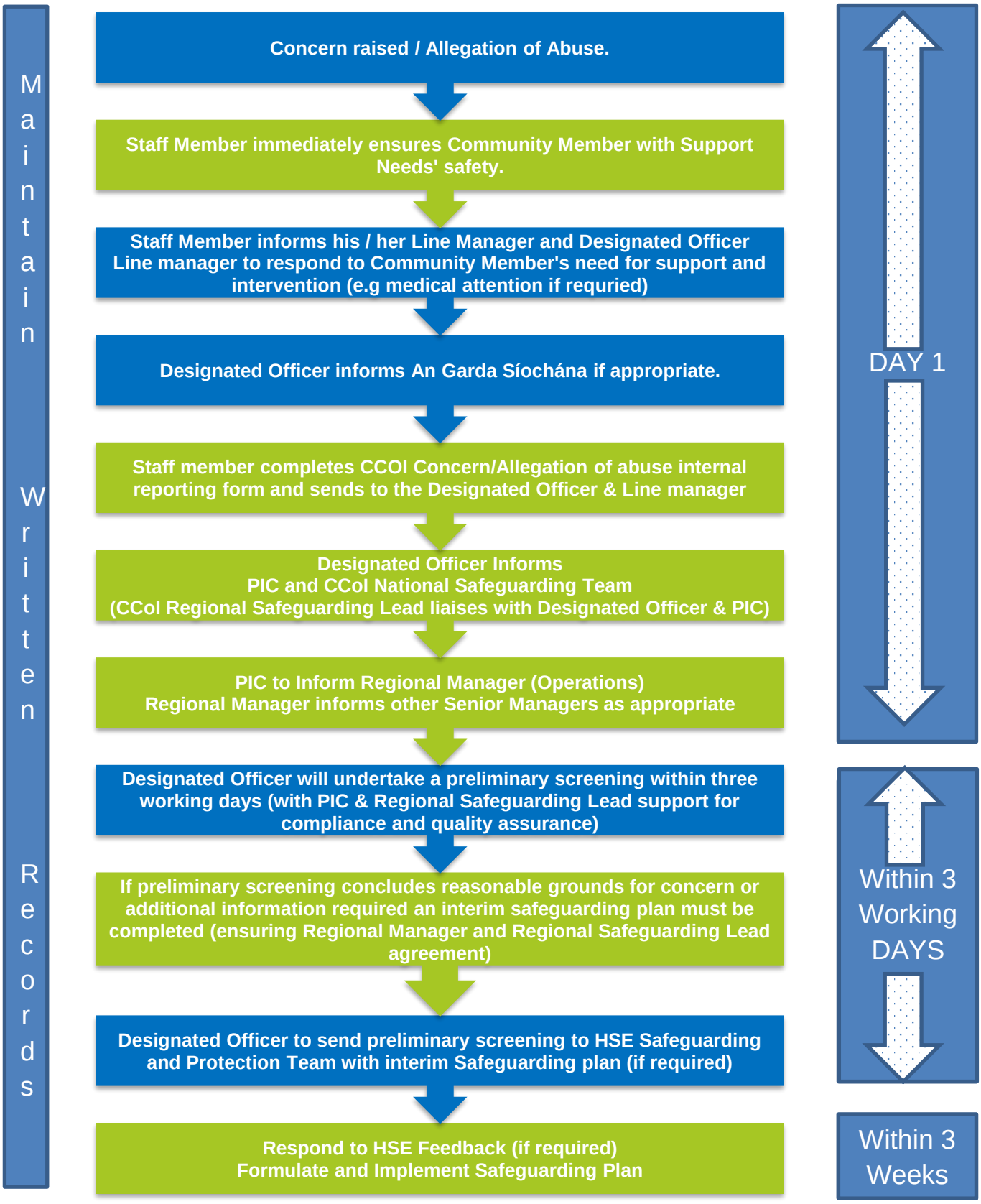
- The Safeguarding co-ordinator will arrange a full review of the Safeguarding Plan at agreed intervals.
- The vulnerable person's situation must be kept under review as appropriate and deemed necessary.
- Family, friends and community have a vital role in helping vulnerable people remain safe in the 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 CARESTAFF
REVIEW CLIENT HISTORY
REVIEW CLIENT HISTORY
SAFEGUARDING PLAN
APPOINT LEAD PERSON
DEVELOP SAFEGUARDING PLAN
LEGAL ADVICE
REVIEW

Appendix 6

Process Flow Chart – Camphill Communities of Ireland



Appendix 7

Signature Sheet for Interim/Formal Safeguarding Plan

Name of Resident:_____

Safeguarding Plan Case Reference: SPT Serv:_____ **CCoI Internal Ref:**_____

Date of Safeguarding Plan:_____

Next Review Date of Safeguarding Plan:_____

I have read, understand and agree to adhere to the attached Safeguarding Plan

Print Name	Signature	Area of Work/Role	Date

Stage	Action required	Y/N	Date
1	House Coordinator ensures that a signature sheet is attached to every Safeguarding Plan and is filed in the CMSNs file		
2	House Coordinator confirms Signature Sheet has been signed by all relevant staff supporting the CMSNs whom the plan pertains to		
3	House Coordinator provides DO with completed signature sheet at the point of the Safeguarding Plan Review		
4	Completed signature sheet is filed in the Safeguarding case file by DO		

Each Safeguarding Plan must have its own corresponding signature sheet

Appendix 8

Preliminary Screening Interview

Interviewee:

Interviewer/s:

Interviewer/s Role:

Other Person/s Present:

Date of Interview:

References/Related Reports:

***NOTE:**
The interviewer explained that they would write up some notes of the meeting and explained the reasons why and who would have access to them. The interviewer clarified that should the interviewee wish to have a copy of the notes they would be made available.
The interviewer sought and obtained the consent of the interviewee to take part in the interview and for notes to be taken and with who they could be shared

Cause of Concern:

Purpose of Interview:

Summary of Interview Discussion:

Follow up completed:

Further Action/s Required:

Name; _____

Designated Officer /Author of the minutes

Appendix 9

CAMPHILL COMMUNITIES OF IRELAND
SAFEGUARDING CONSULTATION RECORD

Community Members with Support Needs Name:	
Community Members with Support Needs UID:	
Care Staff Name & UID:	
Date of Consultation:	
Persons involved in Consultation & Role	
Name & ID of CCOI Designated Centre:	
HIQA Reference, if any at time of consultation:	
HSE Reference, if any at time of consultation	
Ref for any current related Internal Reports	

Summary of Consultation:

Actions arising from consultation:

Action	By Who	Date to Completed
1.		

Consultation Record written by:	
Role:	
Signature:	
Date Written:	

Appendix 10

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 11

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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: Other relevant details including any immediate risks identified:

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

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

What are you trying to achieve	What specific follow up or safeguarding actions are you taking to achieve this	Who is going to do this	When will this be completed	Review date for actions	Review Status/Update

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

14 Signature Sheet:

I have read, understand and agree to adhere to the attached Policy, Procedure, Protocol or Guideline:

Print Name	Signature	Area of Work	Date