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Category: Operational Policies

Subject: Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedures

Responsible for Review of this Policy: West Limerick Independent Living CLG Board

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## 1. Introduction

West Limerick Independent Living is committed to safeguarding the well-being of vulnerable persons (adults, aged 18 years or older unless the person is or has been married) and to ensuring its employees and others working on its behalf (e.g. directors, contractors, students, volunteers) are aware of their personal and professional responsibilities to promote vulnerable persons' safety and welfare in accordance with relevant legislation and national requirements. This policy is designed to assist West Limerick Independent Living personnel in meeting standards of good practice in relation to safeguarding where relevant, in the course of their employment. All employees are required to familiarise themselves with the policy and procedures.

West Limerick Independent Living employees in general work with vulnerable persons, e.g. Personal Assistant's or other personnel who undertake visits to service users homes or places of residence to provide them with personal support service. It is important that employees in such roles are aware of good safeguarding practice and of their responsibilities in relation to safeguarding vulnerable persons. In addition, all supervisors and managers also need to be fully conversant with their obligations under this policy.

This policy will be reviewed at least every two years and more frequently if needed in response to changes in legislation or national guidance.

## 2. Safeguarding Policy Statement for West Limerick Independent Living CLG

Culture manifests what is important, valued and accepted in our 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. It is important that we in West Limerick Independent Living CLG 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. Please see associated policies as identified in the HSE Safeguarding of Vulnerable Persons at Risk of Abuse National Policy and Procedures Appendix 7.



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Our commitment to safeguard Service Users

Developing positive relationships between staff and Service Users is a core value in West Limerick Independent Living CLG. The development of such relationships rely on all staff being aware that the very foundation on which such relationships are built is based on respect for, and dignity of, each individual. Abuse is a violation of that relationship and an of individual’s human and civil rights. The staff and volunteers in West Limerick Independent Living CLG are committed to practices which promote the welfare of all our residents/service users, uphold their rights and safeguard them from harm. We accept and recognise our responsibilities to inform ourselves of the issues that cause harm and to establish and maintain a safe, person-centred environment for those we serve. We are committed to promoting an atmosphere of inclusion, openness and transparency and greatly welcome feedback from the people who use our services, their families, carers, our staff and volunteers so that we can continue to try to improve our services. We will strive to safeguard those who use our services by adhering to the HSE Safeguarding Policy – *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures*.

**We have a zero tolerance towards abuse and will not tolerate any form of abuse wherever it occurs or whoever is responsible.**

The Designated Officer in West Limerick Independent Living CLG is

[Name & Contact Details to Be Inserted]

The word “Staff” in this policy document refers to all staff/employees, volunteers, students, those on clinical/training/work placements, contractors (that have access to vulnerable persons), board of management and management committees and other relevant role/positions as defined by the organisation.

**3. HSE Safeguarding Policy – *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures***

In 2014, the HSE brought introduced Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures incorporating Services for Elder Abuse and for Persons with a Disability. The Social Care Division supports service requirements of older persons and persons with disabilities. It



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is known that older people and persons with disability can become vulnerable to abuse, even in settings which are intended to be places of care, safety and support. The Social Care Division is committed to policy and practices which

- Promote the welfare of vulnerable persons and
- Safeguard vulnerable persons from abuse

All persons have the right to be safe and to live a life free from abuse, regardless of their circumstances. It is the responsibility of all service providers, statutory and non-statutory to ensure that service users are treated with respect and dignity, with every effort made to promote welfare and to prevent abuse. All Services must have a publicly declared “*No Tolerance*” approach to any form of abuse and must promote a culture which supports this ethos.

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

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

The HSE Safeguarding Policy – *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures* considers a vulnerable person as an adult who may be restricted in capacity to guard himself /herself against harm or exploitation or to report such harm or exploitation. Restriction of capacity may arise as a result of physical or intellectual impairment. Vulnerability to abuse is influenced by both context and individual circumstances.

West Limerick Independent Living CLG is a public funded non-statutory provider and is required to comply with the HSE Safeguarding Policy – *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures*.



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#### 4. Definitions of Abuse

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

This definition excludes self-neglect which is an inability or unwillingness to provide for oneself. However, the HSE acknowledges that people may come into contact with individuals living in conditions of extreme self-neglect. To address this issue the HSE has developed a specific policy to manage such situations – see Appendix 5.

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

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

#### 5. Types of Abuse

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

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

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

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

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

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



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**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.

Appendix 1 provides examples and indicators of abuse which all staff must be familiar.

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.

**Abuse can happen at any time in any setting.**

## **6. 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.

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

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



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Adults who become vulnerable have the right:

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

## **7. Risk Management**

West Limerick Independent Living CLG has procedures for assessing and managing risks with regard to safeguarding. In assessing and managing risks, the aim is to minimise the likelihood of risk or its potential impacts while respecting an ambition that the individual is entitled to live a normalised 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.

No endeavour, activity or interaction is entirely risk-free and, even with good planning, it may not be possible to completely eliminate risks. Risk assessment and management practice is essential to reduce the likelihood and impact of identified risks. In some situations, living with a risk can be



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outweighed by the benefit of having a lifestyle that the individual values and freely chooses. In such circumstances, risk-taking can be considered to be a positive action. Consequently, as well as considering the dangers associated with risk, the potential benefits of risk-taking have to be considered. In such circumstances strategies to manage/mitigate the risk need to be put in place on a case by case basis.

Key risk management considerations are;

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

## **8. Principles underlying this policy and procedures**

West Limerick Independent Living CLG is committed to vulnerable persons right to be protected against abuse and to have any concerns regarding abusive experiences addressed. Vulnerable persons have a right to be treated with respect and to feel safe.

In this end, West Limerick Independent living CLG recognize the following principles are critical to





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the safeguarding of vulnerable persons from abuse.

### *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. 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.

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

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

### *Person Centeredness*

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



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centeredness. It needs to include the person, their family, the key worker and the staff who provide care. Please refer to Appendix 7 for an easy read leaflet to safeguarding vulnerable persons at risk of abuse.

### *Advocacy*

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

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.

### *Confidentiality*

All vulnerable persons must be secure in the knowledge that all information about them is managed appropriately and that there is a clear understanding of confidentiality among all service personnel. This must be consistent with the HSE Record Management Policy. The effective safeguarding of a vulnerable person often depends on the willingness of the staff in 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.



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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.

### *Empowerment*

This principle recognises the right of all persons to lead as independent a life as possible. Every possible support should be provided in order to realise that right. Self-directedness recognises the right of the individual to self-determination insofar as is possible, even if this entails some degree of risk. Abiding by this principle means ensuring that risks are recognised, understood and minimised as far as possible, while supporting the person to pursue their goals and preferences. Effective prevention in safeguarding is not about over-protective paternalism or risk-averse practice. Instead, the prevention of abuse should occur in the context of person-centred support and personalisation, with individuals empowered to make choices and supported to manage risks.

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



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## 9. Key Considerations in Recognising Abuse

### *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.

### *Early Detection*

We 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. We 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 increase.

### *Barriers for Vulnerable Persons Disclosing Abuse*

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

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



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All staff in West Limerick Independent Living CLG 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.

### *Considering the Possibility*

The possibility of abuse should be considered if a vulnerable person appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the vulnerable person seems distressed without obvious reason or displays persistent or new behavioural difficulties. The possibility of abuse should also be considered if the vulnerable person displays unusual or fearful responses to carers. A pattern of ongoing neglect should also be considered even when there are short periods of improvement. Financial abuse can be manifested in a number of ways, for example, in unexplained shortages of money or unusual financial behaviour. A person may form an opinion or may directly observe an incident. A vulnerable person, relative or friend may disclose an incident. An allegation of abuse may be reported anonymously or come to attention through a complaints process.

### *Capacity*

West Limerick Independent Living CLG is committed to the principles and requirements of the Assisted Decisions Making (Capacity) Act 2015 and once it commences in law this section of the policy will be updated accordingly.

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



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be experiencing intimidation or coercion. For a valid consent to be given, consent must be full, free and informed.

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

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

### *Complaints*

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

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

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

West Limerick Independent Living CLG must be compliant with “Your Service, Your Say” - The Policy and Procedures for the Management of Consumer Feedback to include Comments, Compliments and Complaints in the HSE.



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

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

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

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

#### *Anonymous and Historical Complaints*

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

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

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

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



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## **10. Procedures for Responding to Concerns or Allegations of Abuse of Vulnerable People**

This procedure applies to all personnel in West Limerick Independent Living CLG. It is the duty of all managers and staff to be familiar with this policy and procedures.

In each HSE Community Healthcare Organisation, a Safeguarding and Protection Team (Vulnerable Persons) will be available to work closely with West Limerick Independent Living CLG to support the implementation of the response to concerns and complaints of abuse of vulnerable persons.

The Safeguarding and Protection Team (Vulnerable Persons) will work in partnership to ensure that concerns and complaints are addressed. The Safeguarding and Protection Team (Vulnerable Persons) will advise and support front line personnel and services and may directly manage particularly complex concerns and complaints.

*The Role of the HSE Community Healthcare Organisation Safeguarding and Protection Team (Vulnerable Persons)*

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

*The Role of the Designated Officer in West Limerick Independent Living CLG*

West Limerick Independent Living CLG has appointed a Designated Officer who will be responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons.
- Ensuring the appropriate manager is informed and collaboratively ensuring necessary actions are identified and implemented.
- Ensuring reporting obligations are met.

Other responsibilities, such as conducting preliminary assessments and further investigations, may be assigned within the service.





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

### *Sharing of Information*

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

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

All staff must be aware that failure to record, disclose and share information in accordance with this policy is a failure to discharge a duty of care. In making a report or referral, it is essential to be clear whether the vulnerable person is at immediate and serious risk of abuse and if this is the case, it is essential to outline the protective actions taken. The report/referral may also contain the views and wishes of the vulnerable person where these have been, or can be, ascertained. The role of an advocate or key worker may be important in this regard.

### *Record Keeping*

It is essential to keep detailed and accurate records of concerns or allegations of abuse and of any subsequent actions taken. West Limerick Independent Living CLG requires staff to record their concerns on ITMS. 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.

### *Concerns or allegations of abuse of a vulnerable person*

These may come to light in one of a number of ways:

- Direct observation of an incident of abuse.
- Disclosure by a vulnerable person.
- Disclosure by a relative/friend of the vulnerable person.
- Observation of signs or symptoms of abuse.
- Reported anonymously.



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- Come to the attention as a complaint through the HSE or agency/organisation complaints process.

The concern/complaint may arise in the person's own home, other community setting or where services are provided.

If unsure that an incident constitutes abuse or warrants actions, the Designated Officer in West Limerick Independent Living CLG is available for consultation. The Designated Officer or any other staff member can consult with the HSE Safeguarding and Protection Team (Vulnerable Persons)

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

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

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

**Immediate Protection.**

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

**Listen, Reassure and Support.**

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

Do not:

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

**Detection and Prevention of Crime.**

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



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

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

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

The report will need to include:

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

Remember to:

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

### **Report & Inform.**

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

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

Please see the Community Based Referral form for notifying the HSE Safeguarding & Protection Team Appendix 3

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



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The Designated Officer or Line Manager must report the concern to the Safeguarding and Protection Team (Vulnerable Persons) within one working day of the concern is not in the service setting and within three working days in a service setting after he/she has been informed of the concern.

The Line Manager must also notify Tusla immediately if there are concerns in relation to children. Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed with An Garda Síochána.

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

If the concern is in the service setting of West Limerick Independent Living CLG then West Limerick Independent Living CLG will undertake a preliminary screening under the HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures. If the concern is in a community setting and there is agreement with the HSE Safeguarding & Protection Team, West Limerick Independent Living CLG may support the preliminary screening process.

The Preliminary Screening will take account of all relevant information which is readily available in order to establish:

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

This process should be led by the Designated Officer or other person as determined by the senior manager and completed within 3 working days following the report. Additional expertise may be added as appropriate.

*Undertake a preliminary screening under the HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures*

Ensuring Immediate Safety and Support - On receipt of the report of suspected or actual abuse, it will establish and document the following:

- What is the concern?
- Who is making the report?
- Who is involved, how they are involved and are there risks to others. What actions have been taken to date?



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

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

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

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

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

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

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

- Name of person/s referred.
- Biographical details and address/living situation.
- As much detail, as possible of the abuse and/or neglect that is alleged to have taken place/is taking place/at risk of taking place (including how it came to light, the impact on the individual, and details of any witnesses).



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- The views of the person/s referred and their capacity to make decisions.
- Details of any immediate actions that have taken place (including use of emergency or medical services).
- An overview of the person/s health and care needs (including communication needs, access needs, support and advocacy needs).
- An overview of the person’s needs.
- GP details and other health services/professionals.
- Details of other services/professionals involved.
- Name of main carer (where applicable) or name and contact details of organisation providing support.
- Checks made to ensure that the referral is not a duplicate referral.
- Checks made for possible aliases.
- Checks made if other services, teams or allocated workers are involved with the person/s referred or alleged perpetrator/s.
- Checks made for previous concerns of abuse and/or neglect with regards to person/s referred.
- Check for previous concerns of abuse and/or neglect with regards to the alleged perpetrator.

*Allegations of Abuse against a Staff Member*

In situations where the allegation of abuse arises in respect of a member of staff of the HSE or a Non-Statutory Organisation funded by the HSE, then the HSE Policies for Managing Allegations of Abuse Against Staff Members (Trust in Care) will be followed. See Appendix 5.

*Involvement of a service user:*

In the event that the concerns or allegations of abuse identified a service user may be causing the concern, the plan must ensure that relevant professional advice on the appropriate actions is sought which may include, for example, a behavioural support programme. The rights of all parties must receive individual consideration, with the welfare of the vulnerable person being paramount.

*Outcome of Preliminary Screening*

A report on the Preliminary Screening will be submitted to the Manager with a recommendation regarding proposed/required actions. The report on the Preliminary Screening will be assessed by the Manager who will decide on appropriate actions and prepare a written plan for each action. The report



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

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

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

The outcome of the Preliminary Screening may be:

- A. No grounds for reasonable concerns exist.
- B. Additional information required to form a conclusion on the Preliminary Screening (this should be specified).
- C. Reasonable grounds for concern exist. (A safeguarding plan must be developed to address the concerns).

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

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

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

**Steps for the Designated Officer or the person completing the preliminary screening process to follow when submitting the Preliminary Screening form (See Appendix 4) to the HSE Safeguarding and Protection Team**

1. Preliminary Screening form (PSF1) following completion must be submitted by the Designated Officer / Service Manager to the Safeguarding and Protection Team within 3 working days, if takes longer then please give reasons on form to the local Safeguarding and Protection team (CHO Area 3)



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2. If 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.
3. Preliminary Screening Form should be emailed with password protection to the safeguarding email address for the Safeguarding and Protection Team in each CHO Area. [Safeguarding.cho3@hse.ie](mailto:Safeguarding.cho3@hse.ie) (CHO Area 3)
4. The Safeguarding and Protection Team will reply with an acknowledgement email and create a unique case ID. Review sheet (PSF3) will be returned to the Designated Officer which will indicate if the Safeguarding and Protection Team are in agreement with the preliminary screening outcome.
5. If not in agreement with (PSF2) the review sheet (PSF3) will set out any clarifications, additional information or follow up actions requested prior to confirming/agreeing with the final outcome on an update review sheet (PSF4)
6. If a safeguarding plan needs to be formulated, a similar submission and review process will be undertaken between safeguarding co-ordinator and the Safeguarding and Protection Team.

## **11.Roles and Responsibilities**

### *Role of Frontline Personnel*

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

### *Role of Service Manager/Line Managers in West Limerick Independent Living CLG*





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

*Role of the Designated Officer will be responsible for:*

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

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

## **12. Notification & Related Guidance**

### **A. An Garda Síochána**

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



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## B. HIQA

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

## C. HSE Good Faith Reporting

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

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

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

## D. Protected Disclosures

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

### Procedure for making a Protected Disclosure

The HSE has appointed an 'Authorised Person' to whom protected disclosures may be made. Employees are required to set out the details of the subject matter of the disclosure in writing on the



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Protected Disclosures of Information Form and submit it to the Authorised Person at the following address:

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

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

- E. In certain limited circumstances, an employee may make a protected disclosure to a Scheduled body or a professional regulatory body. Please refer to relevant professional bodies registration information.
- F. The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012

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

The main purpose of the Act is to create a criminal offence of withholding information relating to the commission of a serious offence, including a sexual offence, against a person who is under 18 years or an otherwise vulnerable person, with the aim of ensuring more effective protection of children and other vulnerable persons from serious crime. An offence is committed when a person who knows, or believes, that one or more offences has been committed by another person against a child or vulnerable person and the person has information which they know or believe might be of material assistance in securing apprehension, prosecution or conviction of that other person for that offence, and fails without reasonable excuse to disclose that information as soon as it is practicable to do so to a member of An Garda Síochána. The offence applies to a person acquiring information after the passing of the Act on



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18th July 2012 and it does not apply to the victim. The offence exists even if the information is about an offence which took place prior the Act being enacted and even if the child or vulnerable person is no longer a child or vulnerable person.

#### G National Vetting Bureau (Children and Vulnerable Persons) Acts 2012-2016.

Under these Acts it is compulsory for employers to obtain vetting disclosures in relation to anyone who is carrying out relevant work with children or vulnerable adults. The Acts create penalties for persons who fail to comply with their provisions. Statutory obligations on employers in relation to Garda vetting requirements for person working with children and vulnerable adults are set out in the Acts.

#### F Confidential Recipient

A Confidential Recipient is an independent person appointed by the HSE to receive concerns and allegations of abuse, negligence, mistreatment or poor care practices in HSE or HSE funded services in good faith from patients, service users, families, other concerned individuals and staff members.

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

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

Contact details of the Confidential Recipient, Ms Leigh Gath, are on the HSE website.



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## Appendix 1 Signs and Indicators of Abuse

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

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

Type of Abuse: Sexual	
<b>Definition</b>	Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.
<b>Examples</b>	Intentional touching, fondling, molesting, sexual assault, rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of a service user. Exposure to pornography or other sexually explicit and inappropriate material.
<b>Indicators</b>	Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs and human bite marks.  Service user demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.

Type of Abuse: Emotional/Psychological (including Bullying and Harassment)	
<b>Definition</b>	Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
<b>Examples</b>	Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance. Failure to show interest in, or provide opportunities for a person's emotional development or need for social interaction. Disrespect for social, racial, physical, religious, cultural, sexual or other differences. Unreasonable disciplinary measures / restraint. Outpacing – where information /choices are provided too fast for the vulnerable person to understand, putting them in a position to do things or make choices more rapidly than they can tolerate.
<b>Indicators</b>	Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness / hopelessness, Extreme low self esteem, tearfulness, self abuse or self destructive behaviour.  Challenging or extreme behaviours – anxious/ aggressive/ passive/withdrawn.



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

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

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

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

## **Appendix 2 Practice Guidance for Responding to a Concern of Abuse**

In the event of a concern or allegation of abuse in a service or community setting, the following is required to demonstrate compliance with the HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policies and Procedures.

### **Procedural Requirements**

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

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

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

Service specific arrangements must be consistent with this policy and procedures.

The role of frontline personnel is

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

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

### **SERVICE SETTING - Responding to concerns or allegations of abuse**

1. Concern/complaint arises or is raised
2. Staff immediately ensure the safety of the client
3. Staff informs Designated Officer and Line Manager



4. Line Manager assesses the need for support and/or intervention
5. Contact An Garda Siochana as appropriate
6. Staff outline in writing all relevant information

***Points 1-6 must occur on Day 1***

7. Line Manager, Director of Service and Designated Officer will meet to ensure that the preliminary screening is undertaken and all necessary actions are taken
8. If a designated Centre, Person in Charge will give notice, in writing, to the Chief Inspector (HIQA)
9. The Designated Officer or Line Manager will notify the Safeguarding and Protection Team

***Points 7-9 must occur within 3 working days***

There is then the requirement to proceed to stage 2 – Preliminary Screening (service setting)

10. Designated officer will carry out a preliminary screening and report findings to the Service Manager. The purpose of this is to establish if there are reasonable grounds for concern
11. The outcome of the preliminary screening must be notified to the HSE Safeguarding and Protection Team and actions after this point must be agreed with the HSE
12. The outcomes of the preliminary screening are either
  - No grounds for further investigation
  - Additional Information required
  - Reasonable grounds for concern exist, immediate safety issues addressed

***Points 10-12 must be completed within 3 working days***

**COMMUNITY SETTING - Responding to concerns or allegations of abuse**

1. Concern/complaint arises or is raised
2. Staff immediately ensure the safety of the client
3. Staff informs Line Manager/Safeguarding and Protection Team
4. Contact An Garda Siochana as appropriate
5. Staff outline in writing all relevant information

***Points 1-5 must occur on Day 1***

6. Line Manager/Safeguarding and Protection Team will ensure that the preliminary screening is undertaken and all necessary actions are taken

***Points 6 must occur within 3 working days***

There is then the requirement to proceed to stage 2 – Preliminary Screening (Community Setting)

7. Line Manager/Safeguarding and Protection Team will carry out a preliminary screening. The purpose of this is to establish if there are reasonable grounds for concern.
8. The outcomes of the preliminary screening are either
  - No grounds for further investigation
  - Additional Information required
  - Reasonable grounds for concern exist, immediate safety issues addressed

***Points 7-8 must be completed within 3 working days***

### **Outcomes of the Preliminary Screening**

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

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

If additional information is required, a plan to secure the relevant information and the deployment of resources to achieve this within a specified timeframe will be developed by the service manager. This may involve the appointment of a small team with relevant service expertise. All immediate safety and protective issues must also be specified.

If reasonable grounds for concern exist, a safeguarding plan must be developed to address the concerns. A safeguarding plan coordinator must be appointed as a coordinator of information and intervention.

The safeguarding plan should be formulated, even in a preliminary form, and implemented within **three**

**weeks** of the preliminary screening being completed. A safeguarding plan review should be undertaken at appropriate intervals and must be undertaken within six months of the safeguarding plan commencing and, at a minimum, at six monthly intervals thereafter or on case closure.

In situations where the allegation of abuse arises in respect of a member of staff of the HSE then the HSE Policies for Managing Allegations of Abuse Against Staff Members will be followed.

SEND FORM TO: INSERT THE CHO  
SAFEGUARDING AND PROTECTION TEAM ADDRESS  
AND EMAIL DETAILS

Appendix 3

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

There is duty of care to report allegations or concerns regardless of whether client has given consent

Referrer should take any immediate actions necessary as per policy in relation to seeking An Garda Siochana or medical assistance

**Vulnerable Person's Details:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Marital Status: \_\_\_\_\_ Contact Phone Number  
:/Mobile: \_\_\_\_\_

Does anyone live with client: Yes  No  If \_\_\_\_\_ yes, \_\_\_\_\_ who?: \_\_\_\_\_

**Medical history and any communication support needs (as understood by referrer):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Details of the person's vulnerability (as understood by referrer):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is client aware this referral is being made? Yes  No

Has client given consent? Yes  No

Is there another nominated person they want us to contact, if so please give details?

Name: \_\_\_\_\_ Contact \_\_\_\_\_ Details: \_\_\_\_\_

Relationship to vulnerable person: \_\_\_\_\_

**GP Contact Details:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Primary care team details i.e. social worker, PHN, etc.

\_\_\_\_\_  
\_\_\_\_\_

**Any other key services/agencies involved with client (Please include Name and Contact):**

**Details:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Physical abuse   
Psychological/Emotional abuse   
Sexual abuse   
Extreme Self Neglect\*   
(extra sheet/report can be included if you wish)

Financial/material abuse   
Neglect/acts of omission   
Discriminatory abuse   
Institutional abuse

**Details of concern:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (\*If self neglect is being referred please complete the attached presence of indicators of extreme self-neglect)

**Details of Person Allegedly Causing Concern (if applicable)**

Name: \_\_\_\_\_ Relationship to vulnerable person:

Address: \_\_\_\_\_

Is this person aware of this referral being made: Yes  No

**Details of person making referral:**

Name: \_\_\_\_\_ Job Title (if applicable):

Agency/Address: \_\_\_\_\_

Landline \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Data Protection Advice: If the person allegedly causing concern is a staff member, please use initials & work address only**

## Appendix 4



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:**

\*Name:

Address:

Date of Birth (if known)

Gender: Male  Female

Relationship to Vulnerable person:

Parent  Son/Daughter  Partner/Spouse  Other Relative  Neighbour/Friend  Other Service User / Peer  Volunteer  Stranger  Staff

Other  (please specify)

***\*Data Protection Advice: If the person allegedly causing concern is a staff member, please use initials and work address.***

**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 <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Medical treatment  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 3. Referred to TUSLA  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 4. Gardai notified    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

*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.*

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**C: Other relevant details including any immediate risks identified:**

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

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**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:**



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

**\*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***

Name of Designated Officer/ Service Manager:  
safeguarding plan:

Date of Interim

## **Appendix 5 HSE Guidance on Concerns of Extreme Self Neglect**

### Self-Neglect

The West Limerick Independent Living 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 all persons within the organisation who become aware of concerns regarding extreme self-neglect. It also offers guidance to Safeguarding and Protection Teams (Vulnerable Persons) when referrals are received or where advice and support is sought. Cases of self-neglect may require multi-disciplinary and/or multi-agency involvement. This applies to all HSE services and those organisations in receipt of funding from the HSE.

### 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 and community norms and professional training.
3. A threshold needs to be exceeded before the label of self-neglect is attached – many common behaviours do not result in action by social or health services or the courts.
4. Distinguish between self-neglect, which involves personal care, and neglect of the environment, manifested in squalor and hoarding behaviour.
5. Recognition of the community aspects or dimensions rather than just an individualistic focus on capacity and choice: some self-neglecting behaviour can have a serious impact on family, neighbours and surroundings.

6. Importance of protection from harm and not just ‘non- interference’ in cases of refusal of services. Building trust and negotiation is critical for successful intervention.
7. Interventions need to be informed by the vulnerable person’s beliefs regarding the stress experienced by Care Givers, including family members, and must address the underlying causes.
8. Assumptions must not be made regarding lack of mental capacity and, as far as possible, people must be supported in making their own decisions.

## Manifestations of Self-Neglect

### Hygiene

Poor personal hygiene and/or domestic/environmental squalor; hoarding behaviour (Poythress et al, 2006; Mc Dermott, 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 infestation	Matted, dirty hair; long, untrimmed, dirty nails; multiple or severe pressure ulcers, other injuries; very soiled clothing; multiple insect infestation.
Functional Status: cognitive; delusional state; response to emergencies; Medical needs	Impaired cognition; delusional state; unable to call for help or respond to emergencies. No documentation of a health care provider; untreated conditions, appears ill or in pain or complains of pain or discomfort.
Environment	Poorly maintained- evidence of rubbish, debris; dilapidated dwelling – broken or missing windows, walls. Severe structural damage, leaking roof. Pungent, unpleasant odour. Human /animal waste. Rotting food; litter. Clutter- difficult to move around or find things. Multiple uncared for pets. Problems with electricity, gas water, telephone.

Nutrition	Nutritional deficiencies are significant. It is difficult to assess food storage, availability of food groups and expiry dates.
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## Procedures

### **Consider the possibility.**

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

### **Approach**

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

### **Assessment:**

- On receiving a report of concern about a vulnerable person neglecting himself/herself, the professional/service receiving the report will begin the process of preliminary assessment.
- The Professional/Service will establish whether the vulnerable person is aware of the referral and his/her response to the person making the referral.
- The Professional/Service will consult with other health and social care professionals in order to gain further information. The focus of this preliminary process is to establish the areas of concern, i.e. the manifestations of self-neglect and the perception of those making the referral of the potential harm to which the vulnerable person and/or others are exposed.
- The Professional/Service will establish if there have been any previous attempts to intervene and the outcome of such attempts/interventions.

- The Professional/Service will arrange for an appropriate person to meet the vulnerable person to ascertain his/her views and wishes.
- The Professional/Service may arrange a multidisciplinary strategy meeting, where a decision can be reached as to the person best placed to take a lead role.
- A comprehensive assessment may need to be undertaken by a relevant specialist. This will require a GP referral. Where there is a doubt about the person's capacity to make decisions and/or to execute decisions regarding health, safety and independent living, the assessment should include specific mental competency assessment. If it is not possible to engage a vulnerable person in obtaining such an assessment, it may be appropriate to seek legal advice.

**Safeguarding Plan:**

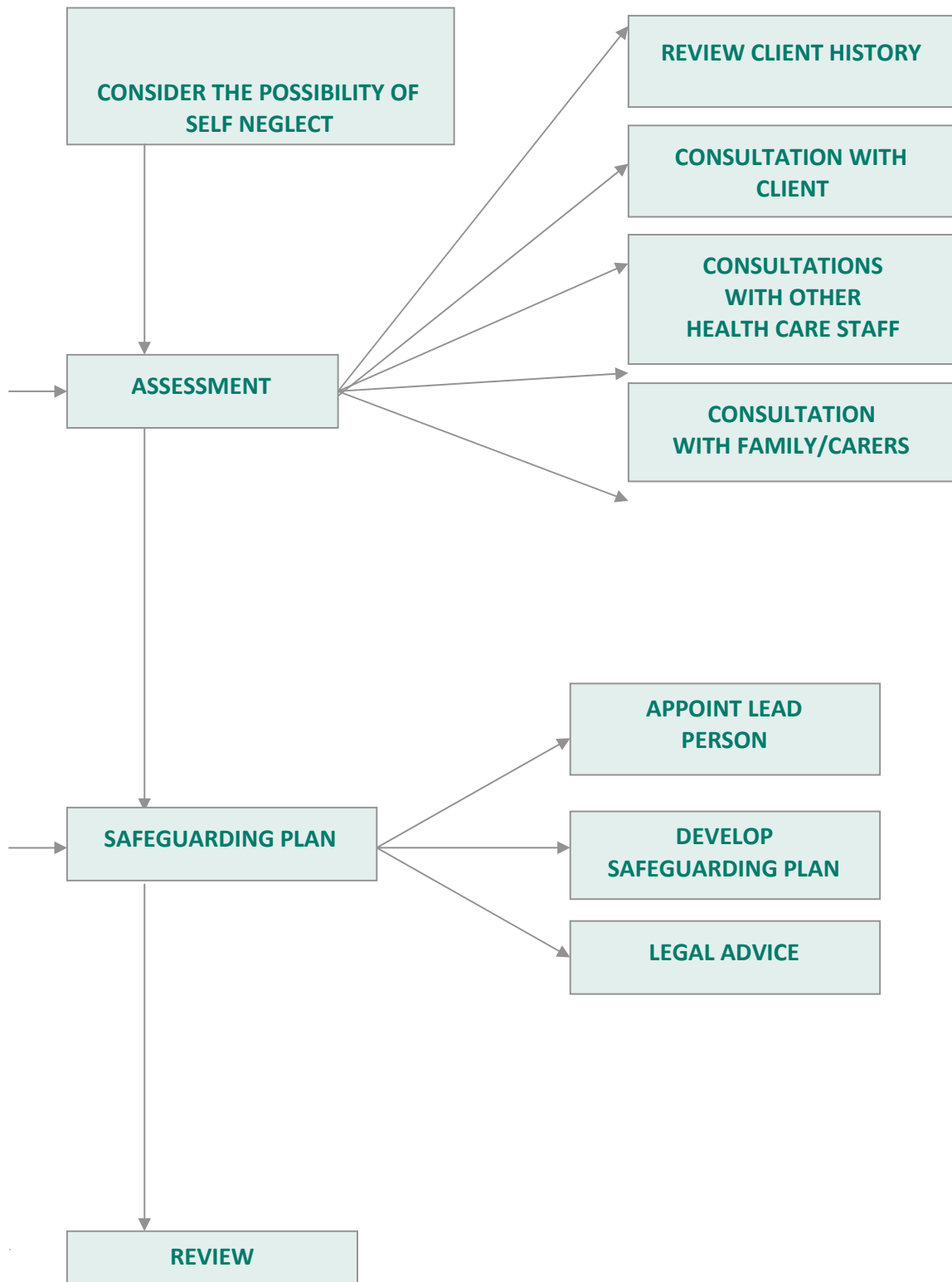
- One lead person must be appointed to act as a co-coordinator of information and intervention. The lead person will arrange a full review at agreed intervals.
- The responsibility for appointment of a lead person will be with the Manager in the service or area involved.
- If the vulnerable person has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

**Review:**

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



Flow Chart 4



## **Appendix 6 – Managing Allegations of Abuse Against Staff Members**

**Trust in Care Policy for Health Service Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse against Staff Members (2005)**

## **Appendix 7 – Associated Policies**

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

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

- Recruitment/Induction/Supervision/Training.
- Intimate and Personal Care.
- Safe Administration of Medication.
- Office of the Ombudsman, Complaints and Complaint Handling,
- Management of service user's money/property.
- Behavioural Management.
- Control and Restraint.
- Working alone.
- Complaints.
- Incident Reporting.
- Confidentiality.
- Bullying and Harassment.
- Personal Development to include friendships and relationships, etc.

**Please refer to the HSE Consent Policy 2014 for advice and direction on matters relating to consent.**

## **Appendix 8**

**Easy Read Leaflet from the HSE National Safeguarding Office**