


BROTHERS OF CHARITY SERVICES IRELAND

NATIONAL PROCEDURES FOR THE SAFEGUARDING OF VULNERABLE ADULTS AT RISK OF ABUSE

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This National Procedure 2015NP06(b) Revision 3 is to be read in conjunction with the Brothers of Charity Services Ireland National Policy for the Safeguarding of Vulnerable Adults at Risk of Abuse 2015NP06(a) Revision 2. These documents now supersede the Brothers of Charity Services National Guidelines on the Prevention of Abuse and the Management of Abuse Allegations initially issued in January 2003.

1.0 Introduction

The Brothers of Charity Services Ireland will make all staff and volunteers aware, at their induction and training, *“of their role in promoting a culture of vigilance and be clearly informed that the safety and well-being of (vulnerable adults) must take priority over all other considerations, including loyalty to work colleagues”*. (Trust in Care 2005)

Family /carers and persons using the services should be informed of the procedural guidelines pertaining to safe practice and should be made aware of the National Policy for the Safeguarding of Vulnerable Adults at risk of Abuse and advised where they can access this document.

Any employee/volunteer/contract staff who has witnessed, been informed of, or suspects that abuse in any form is taking place, or has occurred, has a duty to ensure that his or her line manager or supervisor is informed immediately and report the concern to the Designated Officer using the appropriate form.

2.0 Other Policies supporting these procedures

2.1 These National Procedures are to be adopted by the Brothers of Charity Services Ireland and are to be read in conjunction with the following documents:

- National Policy for the Safeguarding of Vulnerable Adults at risk of Abuse 2019
- National Procedure for the Investigation of Allegations against Staff of Abuse of Vulnerable Adults or Children.

2.2 Supporting policies to assist on determining whether a concern should be processed as an “abuse referral “are:

- National Policy for the Safeguarding of Vulnerable Adults at Risk of Abuse
- Responding to Behaviour that Challenges in Adult Services
- Brothers of Charity Services Ireland Complaints Procedure I’m not happy-an easy read version of a Complaints procedure for people who use our services
- HIQA National Standards for Residential Services for Children and Adults with Disabilities (January 2013)

3.0 What should be referred to the Designated Officer

3.1 All staff are obliged to report:

- Suspicions
- Allegations
- Witnessing
- Disclosure of abuse, past or present

3.2 The categories of abuse are: physical, sexual, emotional, financial, institutional, neglect and discriminatory. They are described in greater detail in

the National Policy for the Safeguarding of Vulnerable Adults at Risk of Abuse which accompanies these procedural guidelines.

4.0 Immediate Response

- 4.1** It is the responsibility of the staff on duty to ensure the immediate safety of the person supported by the services and arrange for medical examination if appropriate.
- 4.2** After ensuring the person's safety,
- the staff member will inform the Designated Officer and the line manager of their concern.
 - report the concern in writing to the Designated Officer using the **CP1 "Report Form for Registering Client Protection Concerns for Adults"** Appendix 1
 - immediately forward the completed form to the Designated Officer prior to going off duty that day.
- 4.3** The Designated Officer or his/her deputy in conjunction with management will ensure that appropriate protection measures have been put in place to safeguard the person supported by the Services.

For greater detail regarding the role of front line staff see appendix 2

5.0 Receipt and Screening of Referral

Upon receipt of the CP1 form the Designated Officer will log the receipt of the referral on the register. Following this the Designated Officer, will screen the referral to determine if the concern/allegation occurred either in a community or service setting. This assessment will determine which referral pathway to be used.

5.1 Community Setting

If the Designated Officer determines that the concern/allegation occurred in a community setting they will make a referral to the local HSE Safeguarding Team using **(Form 8, or Form 6, Appendix 1 as appropriate)**

5.2 Service Setting

If the Designated Officer determines that the concern/allegation occurred in a service setting the Designated Officer will conduct a Preliminary Screening by:

- Contacting the person making the report
- Reviewing the need to take immediate protective action/medical intervention (see section on Protection and Safeguarding Meeting)
- Conferring with other professionals/staff who may be involved
- Interviewing the person subject to the concern
- Interviewing the alleged person causing the concern if appropriate
- Consulting family if appropriate
- Reviewing appropriate documentation
- Consulting with the Management and Monitoring Group (if appropriate at this point)

- The Preliminary Screen must be completed if possible within 3 days of receiving the concern/allegation and forwarded to the local HSE Safeguarding Team using **Form 6. (Appendix 1 PSF1)**

6.0 Outcome of Preliminary Screening

At the end of the Preliminary Screening the Designated Officer must decide the outcome with 3 possibilities.

- No grounds for further concern
- Additional Information required
- Reasonable Grounds for Concern

6.1 No Grounds for further concern

If the Designated Officer's assessment is that there are no grounds for further concern that abuse has occurred, the Designated Officer may re-direct the referral to the appropriate service area to address any other issues that this situation highlights. When the PFS3 form is returned it will be placed on file.

6.2 Additional Information Required

The Designated Officer should have a plan in place to secure the relevant information to determine if there are reasonable grounds for concern in this case and can consult with the management and monitoring team if necessary. If required a Safeguarding and Protection meeting will also be held to devise an individual safeguarding plan.

6.3 Reasonable Grounds for Concern Exists

6.3.1 The Designated Officer will detail the concerns to the Management and Monitoring Group if the referral does come within the remit of the National Policy for the Safeguarding of Vulnerable Adults at Risk of Abuse.

In conjunction with the service manager an interim safeguarding plan will be developed. Within 3 weeks a completed Formal **Safeguarding Plan using Form 7 (FSP1)** will be returned to the local safeguarding team.

6.3.2 If a Screening Process has indicated that the concern could be an abuse situation and that the alleged person causing concern is a member of staff, the National Procedure for the Investigation of Allegations against Staff of Abuse of Vulnerable Adults or Children will then be followed.

6.3.4 At this stage there may be sufficient grounds to indicate that a criminal offence may have occurred. In these cases a written formal notification to the Gardai must be completed using **Form CP4 'Standard Notification Form for use by Brothers of Charity Services Ireland Notifying cases of Alleged Abuse to An Garda Siochana'**.

7.0 The Management and Monitoring Group meeting

7.1 Using the written reports and findings from the Screening, decisions will be made on the following:

- If necessary identify who will carry out a formal assessment of the allegation if required
- If necessary review or develop the safeguarding plan to address the protection needs of the alleged victim and the alleged person causing concern, if that person is a person supported by the services, and other vulnerable people who may be in any way affected. This plan must be submitted to the local HSE Safeguarding Team within 3 weeks of the preliminary screening being completed.
- If necessary agree the risk level involved and decide if the incident is placed on risk register
- If necessary identify when, and if, families of the alleged victim are to be informed. An exception will be made if an adult alleged victim makes a clear and informed decision that he/she does not wish for their family to be informed.
- If necessary identify the support needs of relevant parties and implement a plan. This can include support for the alleged victim, the person alleged to have caused harm if that person is a user of the services, and their family and staff.
- If necessary ensure the provision of feedback to the relevant service manager regarding the outcome of the meeting.

7.2 At this stage, the Management and Monitoring Group can decide, if the Gardaí have not already been notified, that there may be sufficient grounds that a criminal offence has occurred and to make a formal written notification to the Gardaí (**Form CP4**).

8.0 Formal Assessments if Additional Information is required

8.1 The Management and Monitoring Group will decide if a formal assessment is required it so will ensure that those who formally assess the allegation:

- Will have the necessary expertise to conduct an assessment impartially and expeditiously;
- Will request appropriately qualified persons to carry out clinical assessments, validation exercises etc;
- Arrange if appropriate that the alleged victim has an option of a support person in order to facilitate the process;
- Report back to the Management and Monitoring Group within an agreed timeframe.

9.0 Protection and Safeguarding Meeting

9.1 The Designated Officer or Deputy will chair the meeting.

9.2 The Designated Officer will decide who should attend the meeting on the basis of the particular agenda which is the focus of the meeting.

9.3 The meeting will:-

- Collate all relevant information, including the findings from the formal assessments
- Develop a safeguarding plan that addresses the protection needs of the alleged victim, the person alleged to have caused the harm, if that person is a user of services, and other vulnerable people who may be affected;
- Identify the support needs of relevant parties and implement a plan;
- Ensure that an alleged victim of abuse is offered appropriate counselling with professionals, either internal or external to the organisation or via external agencies in the local community;
- Ensure that if the person alleged to have caused harm is a user of the services, he/she will be offered appropriate professional support;
- Ensure the relevant manager is informed of the outcome of the meeting
- Ensure the minutes of the Protection and Safeguarding meeting are recorded and a HSE Safeguarding plan form 7 (FSP1) is completed and forwarded to the safeguarding team;
- Set a date for the review of the Safeguarding plan.
- Complete a record of the meeting or a CP2 Form
- The Safeguarding plan will be reviewed as often as necessary
- A (CP3, Closure form) can be used if appropriate

9.4 A Protection and Safeguarding Meeting can be held in conjunction with a Management and Monitoring Group meeting.

Appendix 1 Safeguarding Forms in relation to Adults

Each designated file may contain,

- (a) **FORM 1**, Report Form for Registering Client Protection Concerns for Adults **(CP1)**
- (b) **FORM 2**, Brothers of Charity Services Ireland, Protection and Safeguarding Meeting **(CP2)**
- (c) **FORM 3**, Brothers of Charity Services Ireland , Closure Sheet Form **(CP3)**
- (d) **FORM 4**, Standard Notification Form for use by Brothers of Charity Services Ireland Notifying cases of Alleged Abuse to An Garda Siochana **(CP4)**
- (e) **FORM 5**, Guidance Sheet for Services and Designated Officers on Completing and submitting preliminary Screening Form to be forwarded to the local HSE Safeguarding Team
- (f) **FORM 6**, Safeguarding Vulnerable Adults at Risk of Abuse National Policy and Procedures Preliminary Screening Form (PSF1)
- (g) **FORM 7**, Safeguarding Vulnerable Adults at Risk of Abuse National Policy and Procedures Formal Safeguarding Plan (FSP1).
- (h) **FORM 8**, Safeguarding Vulnerable Adults at Risk of Abuse National Policy and Procedures Standard Reporting Form for Community based Referrals

CP1 FORM

Report Form for Registering Client Protection concerns for

1. Details of Vulnerable Person at Risk of Abuse:

Adults

Name:

Home Address:

Current Phone No:

Date of Birth: / / Male ☐ Female ☐

Location of vulnerable person if not above address:

Service Type:

Residential Care ☐ Day Care ☐ Home Care ☐ Respite ☐

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 question below is not applicable or relevant please state so in that

- a. Brief description of vulnerable person:
- b. Details of concern including date, time frame & location:
- c. Was an abusive incident observed and details of any witnesses
- d. Relevant contextual information and are you aware of any previous concerns:

e. Have any signs or indicators of abuse been observed? Please describe:

f. Is the person aware of this referral

☐ Yes

☐ No

If no, why not:

What steps have been taken to protect the person?

Actions Taken:

Doctor Contacted:		Date:	Time:
Name of Doctor:			
Gardai Informed:		Date:	Time:

Type of Alleged Abuse:

Physical	Sexual	Emotional/ Psychological	Financial	Institutional	Neglect
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Date of Incident:		Date of Report:	
Date Line Manger was informed:			

Signed: _____ **Print Name:** _____
Position/Title: _____ **Date:** _____ **Tel. No.** _____

Received by *Designated* Officer:

Signed: _____ **Date:** _____

FORM CP2

Brothers of Charity Services Ireland Protection and Safeguarding Meeting

Person who uses services 's Name:	Service Area:	
Date:		
Attendance:	Title	
Outline of Concerns and Findings of Assessment Process to date		
Protection Plan - Actions	By Whom	Date
Notification to HSE	By Whom	Date
Notification to Gardai	By Whom	Date
Date of Review Meeting:		
Any Other Information necessary:		

Signed: _____ **Print Name:** _____

Position/Title: _____ **Date:** _____

Chairperson is Designated Officer

FORM CP3

Brothers of Charity Services Ireland

Closure Sheet

Person who uses services Name(s):	Service Area:
A) Type of Abuse Suspected <input type="checkbox"/> Alleged <input type="checkbox"/> Actual <input type="checkbox"/> B) Category of Abuse Neglect <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional <input type="checkbox"/> Financial <input type="checkbox"/> Institutional <input type="checkbox"/> Discriminatory <input type="checkbox"/>	
Outline of Initial Concerns	
Actions taken	
Outcome/Rationale for Closure	
Date presented to MMG: Present:	

Signed: _____ Print Name: _____
Position/Title: _____ Date: _____

FORM CP4

CONFIDENTIAL

Brothers of Charity Services
Address

Phone Number

STANDARD NOTIFICATION FORM FOR USE BY BROTHERS OF CHARITY SERVICES IRELAND (COMPANY) NOTIFYING CASE OF ALLEGED ABUSE TO AN *GARDA SIOCHANA*

TO: Superintendent: _____
Address: _____

NOTIFICATION OF SUSPECTED ABUSE

Client's Name:	
Sex:	
Date of Birth:	
Address:	

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

2. Form(s) of abuse suspected

Neglect ☐ Physical ☐ Sexual ☐ Emotional ☐ Financial ☐

Institutional ☐ Discriminatory ☐

Additional Information:

The Social Worker dealing with the matter is:	
Name:	
Address:	
Telephone No:	

Signed: _____ Date: _____
(Name), Designated Officer / Director of Services

Acknowledgement of Receipt of Report Form CP4

Name of Garda Assigned _____

Station Address: _____

Ref No: _____ Person's

Name: _____

I acknowledge receipt of your notification

Name: _____ Tel No: _____

Address: _____



Féidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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

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

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

STEP 1:

- *On receipt of a concern or allegation the Line or Service Manager will have ensured that any necessary immediate protective actions are undertaken, support is given to the vulnerable person and any statutory agencies are notified as required.*
- *Service Manager and/or Designated Officer can contact the Safeguarding and Protection Team (SPT) for advice and consultation at any stage of the process.*

STEP 2:

- *The preliminary screening form (PSF1) following completion must be submitted by the Designated Officer/ Line Manager to the SPT within 3 working days. If the preliminary screening has taken longer than three days please give reasons on form to the local SPT.*
- *The preliminary screening form must also be submitted to the Service Manager for consideration regarding proposed actions.*
- *If the preliminary screening outcome sheet (PSF2) concludes that there are reasonable grounds for concern or that further information is required then an interim safeguarding plan should be included on the appendix template form.*
- *The Preliminary Screening Form should be emailed with password protection to the safeguarding email address for the SPT in your Community Health Organisation. The SPT email details are included above and on form.*

STEP 3:

- *The SPT will reply with an acknowledgement email and create a unique case ID.*
- *A review sheet (PSF3) will be returned to the Designated Officer which will indicate if the SPT are in agreement with the preliminary screening outcome.*
- *If the SPT are not in agreement with the preliminary screening outcome the review sheet will set out any clarifications, additional information or follow up actions requested prior to confirming agreeing with the final outcome.*
- *Any necessary clarifications, additional information or follow up actions requested to be returned to SPT on an update review sheet (PSF4).*
- *If a safeguarding plan needs to be formulated, a similar submission and review process will be undertaken between Safeguarding Co-ordinator and the SPT.*

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

Please indicate as appropriate: Community setting: ☐

Service setting: ☐

1. Details of Vulnerable Person at Risk of Abuse:

Name:

Home Address:

Current Phone No:

Date of Birth: / /

Male ☐

Female ☐

Location of vulnerable person if not above address:

Service Organisation (if applicable):

Service Type:

Residential Care ☐ Day Care ☐ Home care ☐ Respite ☐ Therapy intervention ☐

Other ☐ (please specify)

If Residential Care please provide HIQA Code _____

Designated Officer (DO) Name:

Community Health Organisation (CHO) Area:

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

a. Brief description of vulnerable person:

b. Details of concern including time frame:

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

d. Relevant contextual information:

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

f. Details of assessment or response to date?

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

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

i. Details of any internal risk escalation:

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

3. Relevant information regarding concern:

Date that concern were notified to the Designated Officer:

Who has raised this concern?

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

Other ☐ (please specify) _____

Type of concern or category of suspected abuse:

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

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

Setting / Location of concern or suspected abuse:

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

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

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

Yes ☐ No ☐

Outcome:

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

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

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

If yes, Details:

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

Name:

Address:

Phone:

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

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

Yes ☐ No ☐ Not known ☐

If no – why not?

If yes – date _____ by whom _____

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

Yes ☐ No ☐ Not known ☐

Contact details for Registered Attorney(s):

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

Contact details for Committee of the Ward:

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

5. Details of person allegedly causing concern:

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

Anonymous Agency Identifier (of person allegedly causing concern):

Gender: _____

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

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

Yes ☐ No ☐ Unknown ☐

If yes, give details _____

6. Details of Person completing preliminary screening

Name:

Phone:

Address:

Job Title:

Are you the Designated Officer: Yes ☐ No ☐

Email:

Date:

Preliminary Screening Outcome Sheet (PSF2)

Name of Vulnerable person:

A: Options on Outcome of Preliminary Screening

1. No grounds for further concern ☐
(If necessary attach any lessons to be learned as per policy)
2. Additional information required (Immediate safety issues addressed and interim safeguarding plan developed) ☐
3. Reasonable grounds for concern exist:
 - Immediate safety issues addressed ☐
 - Interim safeguarding plan developed ☐
 - Incident Management System Notified e.g: NIMS ☐

B: Any Actions undertaken:

- | | | | |
|-----------------------|------------------------------|-----------------------------|------------------------------|
| 1. Medical assessment | Yes <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.

C: Other relevant details including any immediate risks identified:

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

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

Name of Designated Officer/ Service Manager:

Signature :

Date sent to Safeguarding and Protection Team:

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

Name of Vulnerable person:

Safeguarding Concern ID number generated:

Date Received by SPT:

Date reviewed by SPT:

Name of Social Work Team Member reviewing form:

Preliminary Screening agreed by Safeguarding and Protection Team

Yes ☐

No ☐

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

Commentary on areas in form needing clarity or further information:

Any other relevant feedback including any follow up actions requested:

Name:

Signature:

Date review form returned to Designated Officer/ Service Manager:

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

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

Name of Vulnerable person:

Unique Safeguarding ID:

Date returned to SPT:

Name of Designated Officer/Service Manager:

Signature:

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

Date received by SPT:

Date reviewed by SPT:

Preliminary Screening agreed by Safeguarding and Protection Team

Yes ☐ No ☐

Name of SPT Team Member reviewing form:

Signature:

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

Appendix 1

Interim Safeguarding Plan for [Name of Vulnerable Person]

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

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

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

Name of Designated Officer/ Service Manager:

Date of Interim safeguarding plan:

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

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

1. Details of Vulnerable person

Name:

Address:

Phone

Date of Birth: / /

Male ☐ Female ☐

Location of vulnerable person if not above address:

Phone

Service Organisation (if applicable):

Service Type:

Residential Care ☐ Day Care ☐ Home care ☐ Respite ☐ Therapy intervention ☐

Other ☐ (please specify)

Designated Officer (DO) Name:

Community Health Organisation (CHO) Area:

2. Details of Safeguarding Report

1.	Summary of the reasonable grounds for concerns that have been established (Give a summary of investigation/assessment process and an analysis of allegation/concern)
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2.	<p>What are the needs and risks identified including any triggers or circumstances that may indicate increased level of risk for the vulnerable person? (Indicate on-going supports/services to be put in place as a result of devising a formal safeguarding plan)</p>
3.	<p>Is the Vulnerable person aware that a safeguarding plan has been devised? Yes <input type="checkbox"/> No <input type="checkbox"/> What is known of the vulnerable person's wishes in relation to the safeguarding plan?</p>
4.	<p>Detail and outcome of any Strategy Meeting or Case Conference if held:</p>

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

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

Name of Safeguarding Co-ordinator:

Date of Initial Safeguarding Plan:

Date of Review of Safeguarding plan:

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

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

Physical Abuse ☐ Sexual Abuse ☐ Psychological Abuse ☐ Financial / Material Abuse ☐
Neglect / Acts of Omission ☐ Extreme Self-neglect ☐ Discrimination ☐ Institutional ☐

7. Additional information:

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

Does vulnerable adult need support if seeking justice/redress?

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

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

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

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

8. Details of Safeguarding Plan Co-ordinator:

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

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

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

Formal Safeguarding Plan Outcome Sheet (FSP2)

Name of Vulnerable person:

Unique ID:

Name of Safeguarding Plan co-ordinator:

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

Signature:

Date sent to Safeguarding and Protection Team:

Safeguarding and Protection Team overview of Plan

Date received by SPT:

Date reviewed by SPT:

Name of SPT Team member reviewing Safeguarding Plan:

Preliminary Screening agreed by Safeguarding and Protection Team

Yes ☐ No ☐

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

Commentary on areas in form needing clarity or further information:

Any other relevant feedback including any follow up actions requested:

Name:

Signature:

Date review form returned to Safeguarding Plan co-ordinator:

Formal Safeguarding Plan Update Sheet from Safeguarding Plan

Co-ordinator (FSP3):

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

Name of Vulnerable person:

Unique Safeguarding ID:

Date returned to SPT:

Name of Safeguarding Plan Co-ordinator:

Signature:

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

Date received by SPT:

Date reviewed by SPT:

Safeguarding Plan agreed by Safeguarding and Protection Team

Yes ☐ No ☐

Name of SPT Team Member reviewing form:

Signature:

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



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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

REFERRAL FORM FOR COMMUNITY BASED REFERRALS

SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY & PROCEDURES

Referrer should take any immediate actions necessary as per policy in relation to seeking An Garda Síochána 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: _____

The information below is considered to be an allegation only. No finding has been made. The information is held solely for safeguarding purposes.

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

Physical abuse ☐

Financial/material abuse ☐

Psychological/Emotional abuse ☐

Neglect/acts of omission ☐

Sexual abuse ☐

Discriminatory abuse ☐

Extreme Self Neglect* ☐

Institutional abuse ☐

(extra sheet/report can be included if you wish)

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

Details of concern:

Please read the following before completing the next section: As a data processor, the referrer has a responsibility to ensure that only the details necessary for the referral are recorded on this form. Please consider if you believe it is necessary to name the person allegedly causing concern on this referral form at this time

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:

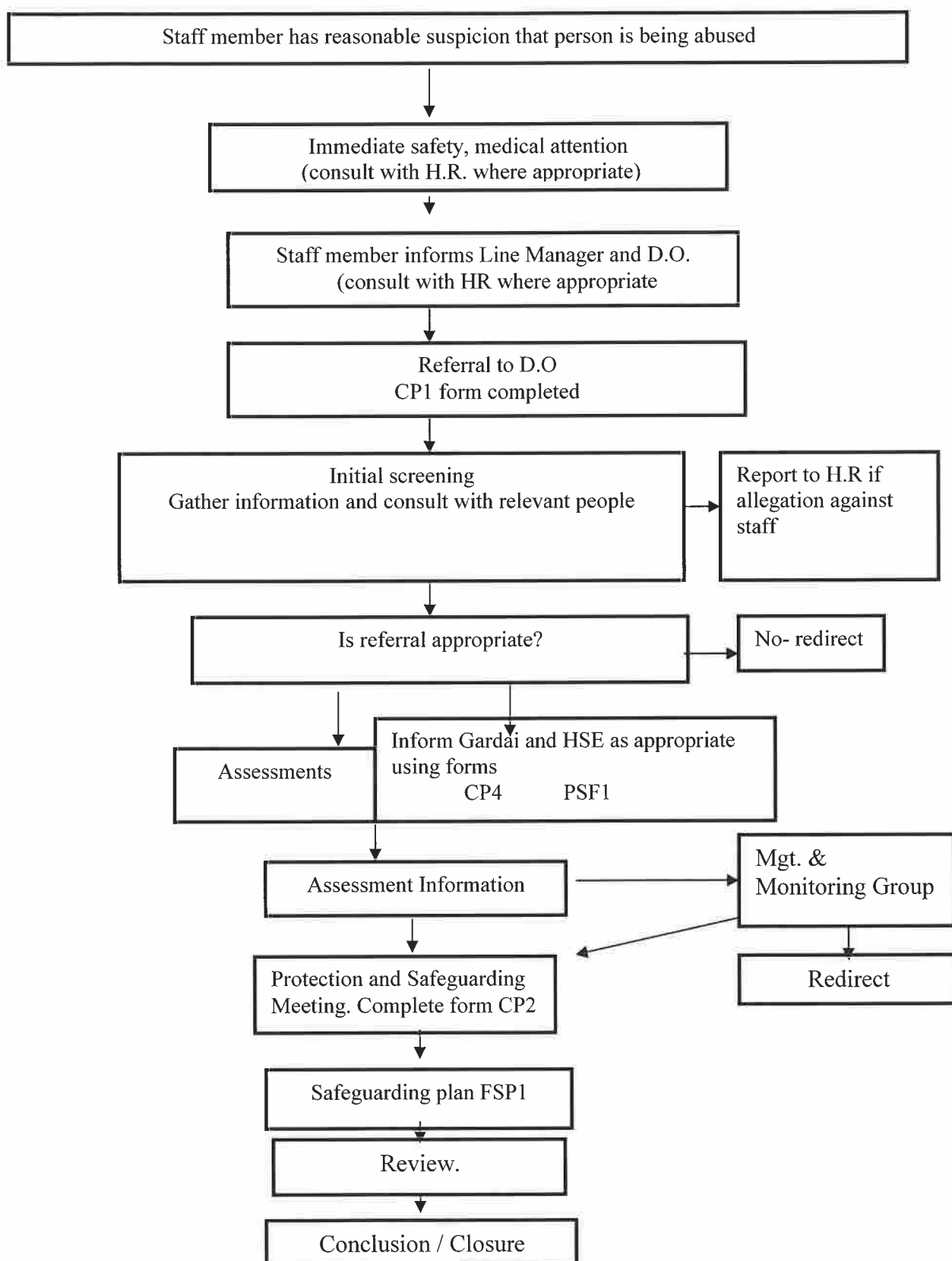
Name: _____ Job Title (if applicable): _____

Agency/Address: _____

Landline _____ Mobile: _____

Signature _____ Date: _____

Appendix 2 Pathway - Responding to Allegations of Abuse Concerns



Appendix 3 Contact details of Designated Officers and other relevant professional personnel

Designated Officer:

Name: _____

Tel. No. _____

Deputy Designated Officer: Name: _____
Tel. No. _____

Disability Manager HSE:

Name: _____

Tel. No. _____

Local Garda Station:

Name: _____

Tel. No. _____

Appendix 4 The role of the front line staff member in the receipt of an allegation or disclosure of abuse

A front line staff member will:

- Ensure the safety of the individual supported by the Services;
- Seek the support of the line manager, allocated social worker or another staff member. If the line manager is the alleged person causing concern, the allegation must be reported directly to the Designated Officer;
- Summon emergency medical treatment if required or where an assault has been witnessed;
- Contact the Gardaí if there is immediate risk to the person and others;
- Not interfere or remove anything from the scene that may be required for forensic evidence;
- Not wash or dispose of any items of clothing that the person was wearing at the time of the alleged incident when the allegation pertains to sexual abuse.
- Listen attentively and patiently;
- Remain calm;
- Reassure the person that he or she is doing the right thing;
- State what is going to happen next;
- Not make false promises;
- Not commit to keeping it a secret;
- Make a written record of the conversation recording the person's own words as soon as possible, in as much detail as possible;
- Immediately inform the line manager of the allegation or suspicion of abuse;
- Check with the person that what has been heard and understood is accurate;
- Provide a written report to the Designated Officer using appropriate template for reporting – Report Form CP1

A front line staff member will not:

- Appear shocked or display negative emotions;
- Press the individual for details;
- Make judgments;
- Promise to keep secrets;
- Give sweeping reassurances;
- Confront the alleged abuser.
- Do nothing!

Appendix 5 Role of the Line Manager /Person in Charge in the receipt of an allegation or disclosure of abuse

The line manager/person in charge (PIC) will:

- Receive the report of the allegation verbally from the staff member making the disclosure and ensure that the staff member completes form CP1;
- Work with the staff member to ensure the immediate protection of the individual
- Assess the need for medical intervention;
- Contact the Gardaí if at the time of disclosure there is a clear indication that the abuse is of a criminal nature;
- Preserve any evidence if necessary;
- In the event of an alleged person causing concern being another person who uses services , implement an appropriate protection plan to address his or her behaviours;
- Ensure the safety of all other vulnerable adults within the services in relation to the alleged person causing concern;
- Inform the Designated Officer verbally of the allegation of abuse;
- Inform HIQA (if designated centre) of the allegation in writing within three working days as per Regulation 31 (1) (f) of the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) with Disabilities) Regulations 2013
- Receive the communication of the allegation from the staff member making the disclosure;

Contact family of the alleged victim with his or her consent, if appropriate. This decision and action will be carried out by the line manager or Designated Officer.