




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 6 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 5.

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/nominated person and persons using the services should be informed of the procedural guidelines pertaining to safe practice, 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 This National Procedure is to be adopted by the Brothers of Charity Services Ireland and is to be read in conjunction with the following documents:

- Brothers of Charity National Policy for the Safeguarding of Vulnerable Adults at Risk of Abuse 2015NP06 Revision 5
- Brothers of Charity National Policy & Procedure for the Investigation of Allegations against Staff of Abuse of Vulnerable Adults or Children.
- HSE National Policy for the Safeguarding of Vulnerable Adults at Risk of Abuse 2014
- HIQA National Standards for Residential Services for Children and Adults with Disabilities (January 2013)
- HIQA National Standards for Adult Safeguarding 2019

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 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:

- Discuss the concern with the relevant line manager/ manager on call **immediately**. If, after the concern is discussed with the relevant line manager/ manager on call, it is agreed that the concern warrants a safeguarding referral the staff member must telephone the Designated Officer to ensure they are informed.
- Report the concern in writing to the Designated Officer using the Adult Safeguarding Referral Form (Adult Safeguarding Referral form Appendix 1)
- Immediately forward the completed form to the Designated Officer prior to going off duty that day, outlining the interim safeguarding actions taken by the service to safeguard the person.
- The Line / Service Manager will ensure that the appropriate Senior Manager is informed of the reported concern.
- The Line Manger /Service Manager should contact An Garda Síochána if the alleged abuse involves an allegation of sexual assault or a serious physical assault (See Appendix 5)

4.3 The Designated Officer or his/her deputy in conjunction with management will ensure that, if required, further appropriate protection measures have been put in place to safeguard the person supported by the Services.

(For further details regarding the role of front line staff, see appendix 4)

5.0 Receipt and Screening of Referral

Upon receipt of the Adult Safeguarding Referral Form, the Designated Officer will log the receipt of the referral on the register. Following this the Designated Officer will conduct a preliminary screening screen using the appropriate HSE format and submit to the HSE.

5.1 Referrals to the HSE Safeguarding Team

If there is a concern/allegation relating to a vulnerable person who is not receiving a service from the Brothers of Charity, the Designated Officer will ensure that a referral to the local HSE Safeguarding Team is made using **(Appendix 1 Form 8, as appropriate)**

5.2 Service Setting

The Designated Officer will complete a Preliminary Screening by:

- Contacting the person making the report or their manager;
- 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 (if appropriate);

- 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.

If unsure that an incident constitutes abuse or warrants actions, the Safeguarding and Protection Team (Vulnerable persons) is available for consultation (Safeguarding Vulnerable persons at risk of Abuse, National Policy & Procedures, HSE 2014)

6.0 Outcome of Preliminary Screening

At the end of the Preliminary Screening the Designated Officer must decide the outcome as provided within the HSE Safeguarding Preliminary screening form PSF2 (V;04).

A: Options on Outcome of Preliminary Screening	
1. No grounds for reasonable concern (If necessary attach any lessons to be learned as per policy)	<input type="checkbox"/>
2. Additional information required (Immediate safety issues addressed and interim safeguarding plan developed)	<input type="checkbox"/>
3. Reasonable grounds for concern exist:	
▪ Immediate safety issues addressed	<input type="checkbox"/>
▪ Interim safeguarding plan developed	<input type="checkbox"/>
▪ Incident Management System Notified e.g.: NIMS	<input type="checkbox"/>

6.1 No Grounds for reasonable concern

If the Designated Officer's assessment is that there are no grounds for reasonable 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 from the HSE Safeguarding Team, it will be placed on file.

6.2 Additional Information Required

On occasion, more information gathering may be required to determine whether there are grounds for concern. In such circumstances, an interim safeguarding plan should be put in place pending the gathering of this information.

6.3 Reasonable Grounds for Concern Exists

- 6.3.1** In conjunction with the Service Manager, an interim safeguarding plan will be put in place. Within 3 weeks, a completed Formal Safeguarding Plan will be returned to the local HSE safeguarding team if required.

- 6.3.2 If the safeguarding referral identifies that the person allegedly 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 Gardaí 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 Síochána'**. (Appendix 1 Form 4.)
- 6.3.5 The Management and Monitoring Group can also decide, if the Gardaí have not already been notified, to make a formal written notification to the Gardaí.

7.0 Protection and Safeguarding Meeting

- 7.1 If a Protection and Safeguarding meeting is required the Designated Officer or the nominated Deputy will chair the meeting.
- 7.2 The Designated Officer in conjunction with the relevant Services Manager will decide who should be invited [internally and externally] to attend the meeting depending on the focus of the meeting.
- 7.3 The meeting will:-
- Collate all relevant available 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 the 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 if required with professionals, either internal or external to the organisation or via external agencies in the local community;
 - If the person allegedly causing concern is supported by the services, he/she will be offered appropriate professional support if required;
 - 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 is completed and forwarded to the safeguarding team if requested by the HSE Safeguarding Team;
 - Set a date for the review of the Safeguarding plan;
 - Complete a record of the meeting;
 - The Safeguarding plan will be reviewed as often as necessary;
 - A Closure Form can be used if appropriate
- 7.4 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** Adult Safeguarding Referral form
- (b) **FORM 2** Standard Notification Form for use by Brothers of Charity Services Ireland Notifying cases of Alleged Abuse to An Garda Siochana
- (c) **FORM 3** Brothers of Charity Services Ireland , Closure Sheet Form
- (d) **FORM 4** Safeguarding Vulnerable Adults at Risk of Abuse National Policy and Procedures Standard Reporting Form for Community based Referrals

Form 1

Adult Safeguarding Referral Form

Section 1: Details of Vulnerable Person at Risk of Abuse

Name:	Click or tap here to enter text.
Home Address:	Click or tap here to enter text.
Eircode:	Click or tap here to enter text.
Location of the person if not above address:	Click or tap here to enter text.
Phone Number:	Click or tap here to enter text.
Date of Birth:	Click or tap to enter a date.
Male/Female/Other:	Choose an item.
Service Type:	Choose an item.
If, Residential Care, please provide HIQA OSV Code	Click or tap here to enter text.
If, Other, please specify(e.g day service)	Click or tap here to enter text.

Designated Officer (DO) Name	Click or tap here to enter text.
Community Health Organisation (CHO)	Choose an item.

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

A. Brief description of the person you are concerned for: <i>(level and nature of disability, mobility)</i>	Click or tap here to enter text.
B. Details of the person's communication support needs <i>(verbal/non-verbal, uses Lamh, communication aids)</i>	
C. Details of concern including location, date and timeframe: <i>(describe in detail, the incident that causes you concern)</i>	Click or tap here to enter text.
D. Was a safeguarding incident observed and details of any witnesses?	Click or tap here to enter text.
E. Person allegedly causing concern	Click or tap here to enter text.

F. Relationship to the person referred (e.g. family / staff / peer etc.)	Click or tap here to enter text.
G. Are you aware of any previous safeguarding concerns? <i>(if this is a peer to peer concern, include any information regarding the vulnerability of the other party/ any triggers/ antecedents/ compatibility issues)</i>	Click or tap here to enter text.
H. Have any physical or emotional signs or indicators of abuse been observed? Describe any impact and duration of impact - see Appendix 1 of the BOC Safeguarding policy.	Click or tap here to enter text.
I. Is the person aware of this referral? <i>(The person should always be informed of the safeguarding referral unless it has not been possible to do so, e.g.- the person is away from the service for any reason or possibly lacks the capacity to engage with the DO)</i>	Choose an item.
If, No, why not?	Click or tap here to enter text.

Section 3: What steps have been taken to protect the alleged victim?

Actions Taken: <i>(To ensure safety of person, please include details of manager informed)</i>	Click or tap here to enter text.
Doctor Contacted:	Choose an item.
Name of Doctor:	Click or tap here to enter text.
Date & Time Doctor Contacted:	Click or tap here to enter text.
Gardai informed:	Choose an item.
Name of Gardai informed:	Click or tap here to enter text.
Date & Time Gardai informed:	Click or tap here to enter text.

Section 4: Type of Alleged Abuse

Type of Abuse / Concern (please select all that apply):	<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional/Psychological <input type="checkbox"/> Financial <input type="checkbox"/> Institutional <input type="checkbox"/> Neglect <input type="checkbox"/> Discriminatory
Date of Incident:	Click or tap to enter a date.
Date of Report:	Click or tap to enter a date.
Date Line Manager was informed:	Click or tap to enter a date.

Print Name:	Click or tap here to enter text.
Staff Number:	Click or tap here to enter text.
Position/Title:	Click or tap here to enter text.
Contact Telephone No:	Click or tap here to enter text.
Signed:	<hr/>

For DO use only

Received by Designated Officer:

Signed: _____ Date: _____

Form 2

CONFIDENTIAL 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 Safeguarding Referral Form

Name of Garda Assigned _____

Station Address: _____

Ref No: _____ Person's

Name: _____

I acknowledge receipt of your notification

Name: _____ Tel No: _____

Address: _____

Form 3

Closure Sheet

Person who uses services Name(s):	Service Area:
A) Outcome of PSF No grounds for reasonable concern <input type="checkbox"/> Additional information required <input type="checkbox"/> Reasonable Grounds for Concern <input type="checkbox"/> B) Category of Alleged Abuse Neglect Physical Sexual Emotional Financial Institutional Discriminatory	
Outline of Initial Concerns	
Actions taken	
Outcome/Rationale for Closure Person informed of closure How: Date: By whom:	
Date presented to MMG:	

Signed: _____ **Print Name:** _____

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



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:

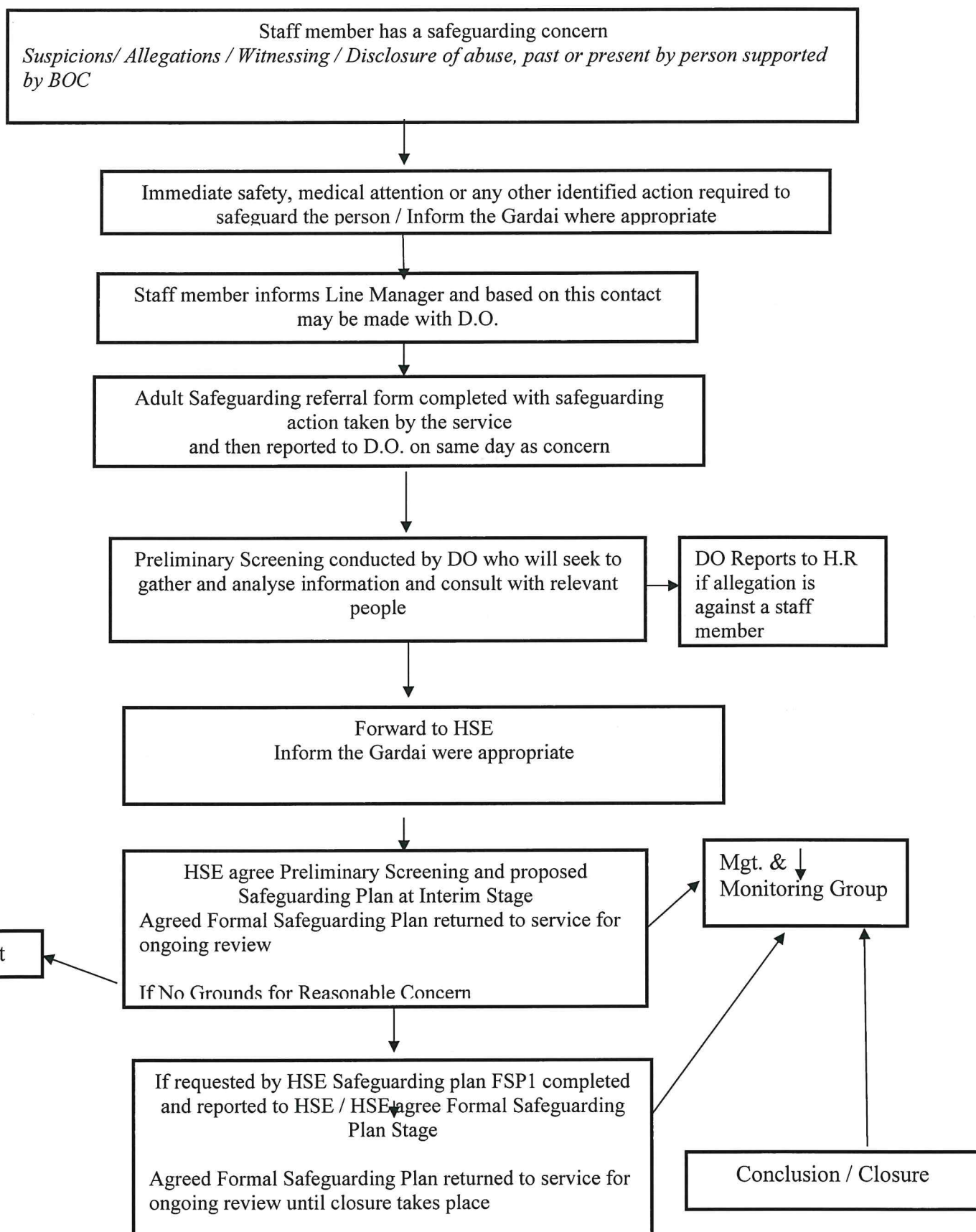
Name: _____ Job Title (if applicable): _____

Agency/Address: _____

Landline _____ Mobile: _____

Signature _____ Date: _____

Appendix 2 Pathway - Responding to Allegations of Safeguarding Concerns



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

Designated Officer: **Name:** _____

Tel. No._____

Disability Directorate, HSE: Address:_____

Tel. No. _____

HSE Safeguarding & Protection Team:

Appendix 4 The role of the front line staff member in responding to 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 and designated officer. If the line manager is the alleged person causing concern, the allegation must be reported directly to the Designated Officer and the line managers direct line manager without prejudice
- 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 SRF (Safeguarding referral form–)

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 responding to an allegation or disclosure of abuse

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

- Receive the report of the allegation from the staff member making the disclosure and ensure that the staff member completes the Adult Safeguarding Referral form (SRF). 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 and ensure the Adult Safeguarding Referral Form has been forwarded to the Designated Officer;
- 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 Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

Contact the family/nominated person of the alleged victim with his or her consent, if appropriate. The line manager or Designated Officer should be consulted in relation to this decision and the appropriate action to take.