SOS Kilkenny clg

Policy and Procedures for Safeguarding Vulnerable Persons at Risk of Abuse

Incorporating HSE National Policy and Procedures

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Prepared By: S. Downs M. Larkin K. Sherry	Operations	Date: March 2016
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Change to Document:	Date:	Reason for Change:
Whole Document	16.03.2018	Updated terminology, for example, Designated Officer. Text update, replaced Ltd with clg. Internal Notification Form updated in line with updated policy
Introduction Responsibilities Responding to concerns		Introduction added to policy. Updated role titles within SOS Kilkenny clg i.e. Chief Operations Officer and Support Service Manager replace ADOS. Updated Service Users to People Supported
Reference to Assisted Decision Making (Capacity Act) 2015		In line with legislation
Reference to appendix 14 in section 8.4.1 protocol for injuries of unknown origin included		Appendix included in line with National Safeguarding Office adult safeguarding practice guidance

Contents

Section 1 - Policy

1.0 Introduction

SOS provides Residential and Day Services for Adults with a disability. SOS appreciated the rights of each person attending the service to be protected from abuse in any form including exploitation. SOS is committed to ensuring a safe environment for all people supported who avail of the service. SOS is dedicated to providing a service where the best interests, safety and welfare of the people we support are at the centre of all practices. SOS adopts a Zero Tolerance' approach to any form of abuse and promotes a culture within the organisation which supports this ethos. It is important that all those employed by SOS are aware of this Policy and Procedures and of their responsibilities therein.

2.0 Purpose of Policy

2.1 It is the policy of SOS that all employees will make every effort to ensure that all people supported availing of services within the organisation are protected from abuse of any kind.

1.2 This Policy and Procedures for the safeguarding of vulnerable persons at risk of abuse fully incorporates the HSE National Policy for Safeguarding Vulnerable Adults at Risk of Abuse (December 2014).

1.3 Any person who reports a concern of abuse in good faith will be supported throughout the process and protected against victimisation or retaliation.

1.4 This policy and procedures for the safeguarding of vulnerable persons at risk of abuse will be subject to change due to changes in HSE guidelines and / or legal provisions. It will also be subject to review by SOS to reflect any changes in service delivery. This document should be read in conjunction with "Trust in Care" — Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients/Clients and the procedure for Managing Allegations of Abuse against Staff Members (2005).

3.0 Aims

3.1 This document aims to:

- 3.1.1 Give clear definitions of abuse.
- 3.1.2 Clarify for staff the steps to be followed in the event of receiving an allegation of abuse, suspecting abuse or of witnessing abuse of a person supported.
- 3.1.3 Protect and support all people supported and staff of SOS.
- 3.1.4 Provide a clear framework for decision-making in the event of suspicion or disclosure that an SOS person supported:
  - 3.14.1 Is at risk of being abused;

3.1*4.2 Is suspected of having been abused;
3.1-4.3 Has been abused;
3.1.4.4 Is abusing;

4.0 Scope of the Policy and Procedures for the safeguarding of vulnerable persons at risk of abuse

4.1 This document applies to:

4.1. I All people supported availing of the services provided by SOS.

4.1.2 All staff employed by SOS

4.1.3 All volunteers, host families, students on placement and Government employment related placements, for example CE schemes;

4.1.4 In situations where formal health or social care services are not in place but where concerns have been raised by, for example, neighbours, family members and members of the public in relation to the safeguarding of an individual and a health and/or social service response is required.

4.2 The term "disability" for the purposes of this policy applies to persons who have physical, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. (UN Convention on the Rights of Persons with Disabilities 2006)

5.0 Definitions - What constitutes Abuse?

5.1 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 offorms.,,

5.2 This definition excludes self— neglect which is an inability or unwillingness to provide for oneself. However, SOS and the HSE acknowledge that people may come into contact with individuals living in conditions of extreme neglect. To address this issue the HSE has developed a specific policy to manage such situations which is covered in Section 3, SOS has adopted this policy for use within our services.

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

5.4 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.

5.5 Types of abuse

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

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

5.5,3 Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

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

5.55 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.

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

5.5.7 Institutional abuse may occur within residential care and acute settings including nursing homes, acute hospitals and any other Inpatient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs (See Appendix 1).

5.6 Who May Abuse?

5.6.1 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.

5.6.2 Familial Abuse / Abuse of a vulnerable person by a family member.

5.6.3 Professional Abuse / Misuse of power and trust by professionals and a failure to act on suspected abuse, poor care practice or neglect.

5.6.4 Peer Abuse / Abuse, for example, of one adult with a disability by another adult with a disability.

5.6.5 Stranger Abuse / Abuse by someone unfamiliar to the vulnerable person.

5.7 Where might abuse occur?

5.7.1 Abuse can happen at any time in any setting.

5.8 Accidents, incidents and near misses

5.8.1 Lessons can be learned from accidents, incidents and/or near misses. As a result, SOS have in place a procedure for reporting accidents, incidents and near misses that occur. Accidents, incidents and near misses, particularly those which are recurring, can be indicators of organisational risk, including risk to safeguarding, which needs to be managed. SOS have all necessary policies in place for incident reporting that are compliant with HSE Safety Incident Management Policy.

5.9 Vulnerable Persons — Special Considerations

5.9.1 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.

5.9.2 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.

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

5.9.3.1 Liberty
5.9.3.2 Privacy
5.9.3.3 Respect and dignity
5.9.3.4 Freedom to choose
5.9.3.5 Opportunities to fulfil personal aspirations and realise potential In their daily lives
5.9.3.6 Opportunity to live safely without fear of abuse in any form
5.9.3.7 Respect for possessions

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

5.9,4.1 Diminished social skills
5.9.4.2 Dependence on others for personal and intimate care
5.9.4.3 Capacity to report
5.9-4.4 Sensory difficulties
5.9.4.5 Isolation
1.1.1.1 5.10.4.6 Power differentials

5.10 In accordance with the Assisted Decision Making (Capacity Act) 2015 Adults who become vulnerable have the right:

5.10.1 To be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs.

5.10.2 To be given access to knowledge and information in a manner which they can understand in order to help them make informed choices.

5.10.3 To be provided with information on, and practical help in, keeping themselves safe and protecting themselves from abuse.

5.10.4 To live safely without fear of violence in any form.

5.10.5 To have their money, goods, and possessions treated with respect and to receive equal protection for themselves and their property through the law.

5.10.6 To be given guidance and assistance in seeking help as a consequence of abuse.

5.10.7 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.

5.10.8 To be supported in bringing a complaint.

5.10.9 To have alleged, suspected or confirmed cases of abuse investigated promptly and appropriately.

5.10.1 OTO receive support, education and counselling following abuse.

5.10.11 To seek redress through appropriate agencies.

5.11 Non Engagement

5.11.1 Particular challenges arise in situations where concerns exist regarding potential abuse of a vulnerable person and that person does not want to engage or co-operate with interventions. This can be complex particularly in domestic situations. Where an adult indicates that they do not wish to engage or cooperate with SOS, and SOS continues to have concerns, SOS will need to consider the issue of capacity and in that regard the following will be noted:

5.11.1. I There is a presumption that all adults have capacity.

5.11.1.2An adult who has capacity has the right not to engage with SOS or any services, if they so wish.

5. I 1 . I .31f there is a concern that an adult is vulnerable and may or may not have the capacity to make decisions, SOS may well have obligations towards them and may engage with the HSE in relation to their concerns.

5.11.1.4SOSshould consider whether the non-cooperation of the individual may be due to issues of capacity, is voluntary or if it could stem from for example some form of coercion.

5.112 Decisions as to the appropriate steps to deal with such cases need to be made on a case by case basis and with appropriate professional advice. It is also important to identify the respective functions and contributions of relevant agencies which include An Garda Síochána, Tusla and local authorities. Interagency collaboration is particularly important in these situations.

6.0 Responsibilities

6.1 SOS has a duty of care to ensure that, as far as is reasonably possible, all people supported will be protected against abuse.

6.2 It is the responsibility of staff and management of SOS to ensure that any allegations of abuse are responded to promptly and in accordance with this policy and procedures for the safeguarding of vulnerable persons at risk of abuse.

6.3 Staff found to be in breach of this policy and procedures for the safeguarding of vulnerable persons at risk of abuse could be subject to internal disciplinary procedures.

6.4 Staff working for SOS are to be aware that criminal prosecution may follow if an investigation substantiates an allegation of abuse.

6.5 It is the responsibility of staff and management of SOS to ensure that the good name of the person against whom the allegation is made will be protected, pending the outcome ofthe investigation. Therefore, during the course of the investigation, and in so far as is possible, confidentiality must be maintained.

6.6 It is the responsibility of the management of SOS to ensure that all new staff are made aware of this policy and procedures for the safeguarding of vulnerable persons at risk of abuse, and that staff are made aware of their responsibilities as outlined in this document.

6.7 This Policy must be used in conjunction with thefollowing as appropriate:

6.7.1 National Standards for Residential Services for Children and Adults with Disabilities.

6.72 National Quality Standards for Residential Care Settings for Older People in Ireland.

6.7.3 HSE Policies for Managing Allegations of Abuse against Staff Members.

6.7.4 HSE National Consent Policy.

6.7.4.1 Children First: National Guidance for the Protection and Welfare of Children.

6.7.5 Safety Incident Management Policy.

6.7.6 Assisted Decision Making (Capacity Act) 2015.

7.0 Building Blocks for Safeguarding and Promoting Welfare

7.1 Prevention

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

7.1.1.1 People being informed of their rights to be free from abuse and supported to exercise these rights, including access to advocacy;

7, I. I .2 A well trained workforce operating in a culture of zero tolerance to abuse;

7.1.1.3 A sound framework for confidentiality and information sharing across service providers;

7.1.1.4 Needs and risk assessments to inform people's choices;

7.1.1.5 A range of options for support to keep people safe from abuse tailored to people's individual needs;

7.1.1.6 Services that prioritise both safeguarding and independence;

7.1.1.7 Multi-disciplinary team work, interagency co-operation and information sharing.

7.2 Risk Management

7.2.1 The assessment and management of risk should promote independence, real choices and social inclusion of vulnerable adults.

7.2.2 Risks change as circumstances change.

7.2.3 Risk can be minimised but not eliminated.

7.24 Identification of risk carries a duty to manage the identified risk.

7.2.5 Involvement with vulnerable persons, their families, advocates and practitioners from a range of services and organisations help to improve the quality of risk assessments and decision making.

7.2.6 Defensible decisions are those based on clear reasoning.

727 Risk taking can involve everybody working together to achieve desired outcomes.

7.2.8 Confidentiality is a right but not an absolute right, and it may be breached m exceptional circumstances when people are deemed to be at risk of harm or it is in the greater public interest.

7.2.9 The standards of practice expected of staff must be made clear by their team manager/supervisor.

7210 Sensitivity should be shown to the experience of people affected by any risks that have been taken and where an event has occurred.

7.2.11 SOS have an effective procedure for assessing and managing risks with regard to safeguarding (SOS Risk Management Policy). 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. SOS will evaluate and put in place risk-reducing measures in respect of all relevant activities and programmes.

7.2.12 No endeavour, activity or interaction is entirely risk-free and, even with good planning it may not be possible to completely eliminate risks. Risk assessment and management practice is essential to reduce the likelihood and impact of identified risks. In some situations, living with a risk can be outweighed by the benefit of having a lifestyle that the individual values and freely chooses. In such circumstances, risk-taking can be considered to be a positive action. Consequently, as well as considering the dangers associated with risk, the potential benefits of risk-taking have

to be considered. In such circumstances strategies to manage/mitigate the risk are put in place on a case by case basis.

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

7.2.14 Common personal risk factors include:

7.2.14.1 Diminished social skills/judgement

7.2.14.2 Diminished capacity

7.2.14.3 Physical dependence

7214.4 Need for help with personal hygiene and intimate body care

7.2.14.5 Lack of knowledge about how to defend against abuse

7.2-15 Common organisational risk factors include:

7.2.15.1 Low staffing levels

7.2.15.2 High staff turnover

7215.3 Lack of policy awareness

7215.4 Isolated services

7.2.15.5 A neglected physical environment

7215.6 Weak/inappropriate management

7215.7 Staff competencies not matched to service requirements

7.2.15.8 Staff not supported by training/ongoing professional development

7.3 Principles

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

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

7.321 Human Rights

7.3.2.1.1 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.

7.3.2.1.2 The National Standards for Residential Services for Children and Adults with Disabilities (HIQA 2013 - — Standard 1.4.2) requires service providers to ensure that: "People arefacilitated and encouraged to integrate into their communities. The centre is proactive in identifying andfacilitating initiatives for participation in the wider community,

developingfriendships and involvement in local social, educational andprofessional networks.»

7.3.2.1.3 In addition the National Quality Standards for Residential Care Settings for Older People in Ireland (HIQA 2009 Standard 18: Routines and Expectations) states that: "Each resident has a lifestyle in the residential care setting that is consistent with his/her previous routines, expectations andpreferences, and satisfies his/her social, cultural, language, religious and recreational interests and needs.

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

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

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

7.3.2.2 Person Centeredness

7.3.2.2.1 Person Centeredness is the principle which places the person as an individual at the heart and centre of any exchange concerning the provision or delivery of a service. It is a dynamic approach that places the person in the centre. The focus is on his/her choices,

goals, dreams, ambitions and potential with the service seen as supporting and enabling the realisation of the person's goals rather than a person fitting into what the services or system can offer. This approach highlights the importance of partnerships and recognises the need for continuous review and redevelopment of plans to ensure that they remain reflective of the person's current needs and that they do not become static. Care planning is a foundation for all effective services and the means to realising the principle of person centeredness. It needs to include the person, their family, the key worker and the staff who provide care.

7.3.2.3 Culture

7.3.2.3.1 "Culture manifests what is important, valued and accepted in an organisation. It is not easily changed nor is it susceptible to change merely by a pronouncement, command or the declaration of a new vision. At it's most basic it can be reduced to the observation the way things are done around here"

7.3 2.3.2 Key to the successful safeguarding of vulnerable persons is an open culture with a genuinely personcentred approach to care/support, underpinned by a zero-tolerance policy towards abuse and neglect. It is important that service providers create and nurture an open culture where people can feel safe to raise concerns. The importance of good leadership and modelling of good practice is essential in determining the culture of services.

7.3.2.3.3SOS have in place a safeguarding policy statement outlining our intention and commitment to keep vulnerable persons safe from abuse while in the care of our services.

7.3.2.3.4 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 of abuse.

unsubstantiated/inappropriate allegations SOS ensure that policies and procedures are in place for the effective recruitment, vetting, induction, management, support, supervision and training of all

staff and volunteers that provide services to, or have direct contact with, people supported.

7.3.2,3.5 In addition to the safeguarding policy and associated procedures, SOS 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 people supported from abuse:

i. Recruitment/Induction/Supervision/Training
ii. Intimate and Personal Care iii. Safe Administration of Medication
iv. Management of people supporteds' money/property
v. Behavioural Management vi. Control and Restraint vii. Working alone viii. Complaints ix. Incident Reporting
x. Confidentiality xi- Bullying and Harassment xii. Personal Development to include friendships and relationships etc.

7.3.2.4 Advocacy

7.3.2.4.1 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

13.2-4.2 Vulnerable persons can be marginalised In terms of health, housing, employment and social participation. Advocacy is one of the ways of supporting and protecting vulnerable persons. Advocacy services may be preventative in that they can enable vulnerable persons to express themselves in potentially, or actually, abusive situations.

7.3.2.4.3 The purpose of advocacy is to.

*I.*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.

11. Support people to represent their own views, wishes and interests, especially when they find it difficult to express them.

III. Ensure that people's rights are respected by others.

IV. Ensure that people's needs and wishes are given due consideration and acted upon.

V. Enable people to be involved in decisions that would otherwise be made for them by others.

7.3.2.4.4 The National Standards for Residential Services for Children and Adults with Disabilities (HIQA 2013) requires:

1.. "Each person has access to an advocate to facilitate communication and information sharing," and

11 "Each person is facilitated to access citizen 's information, advocacy services or an advocate of their choice when making decisions, in accordance with their wishes."

111. The National Quality Standards for Residential Care Settings for Older People (HIQA 2009) requires:

a. "Each resident has access to information, in an accessible format, appropriate to his/her individual needs, to assist in decision making".

b. Access to independent and accurate information improves equality of opportunity and provides a pathway to social and other services. Advocacy needs to respond to a range of complexity, from situations that require limited involvement and intervention, to a level of complexity that requires significant intervention.

c. There are many types of advocacy that can help to support vulnerable persons which should be considered by service providers:

7.3.2.4.5 Informal advocacy — this form of advocacy is most often provided by family/friends.

7.3,2.4.6 Self-advocacy — an individual who speaks for him/herself or is suppofted to speak up for him/herself.

7.3.2.4.7' Independent or representative advocacy a trained advocate who provides advocacy support on a one-to-one basis to empower the individual to express his/her views, wishes and Interests.

7.3.2.4.8 Citizen advocacy — a volunteer is trained to provide one-toone ongoing advocacy support.

7.3.2.4.9 Peer advocacy — provided by someone who is using the same service, or who has used a service in the

past, to support another person to assert his/her views/choices.

7.3.2.4.10 Legal advocacy — representation by a legally trained professional.

7.3.2.4.11 Group advocacy — a group of people collectively advocate on issues that are important to the group.

7.3.2.4.12 Professional Advocacy — it is the responsibility of professional staff to advocate on behalf of people supported who are unable to advocate for themselves.

7.3.2.4.13 Public policy advocacy — advocates who lobby Government or agencies about legislation/policy.

7.3.2.4.14 Group advocacy is an important form of advocacy that has the potential to move self-advocacy to a higher level. SOS supports and encourages the Advocacy group established in SOS by providing an advocate, access and information on independent advocates and provides an opportunity for individuals to speak up on issues collectively and giving people supported a greater level of confidence in order to attain their full potential. The importance of ensuring that there is an adequate level of support cannot be over-emphasised.

7.3.2.4.15 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

7.3.2.4.16 The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations, 2013 state that:

I. "A registeredprovider shall, in sofar as is reasonable practical, ensure that a resident has access to independent advocacy services ".

7.325 Confidentiality

7.3.2.5.1 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 SOS personnel, This must be consistent with the HSE Record Management Policy.

7.3.2.5.2 The effective safeguarding of a vulnerable person often depends on the willingness of the staff in statutory and voluntary organisations involved with vulnerable persons to share and exchange relevant information. It is, therefore, critical that there is a

clear understanding of professional and legal responsibilities with regard to confidentiality and the exchange of information

7.3.2.5.3 All information regarding concerns or allegations of abuse or assessments of abuse of a vulnerable person should be shared, on need to know' basis in the interests of the vulnerable person, with the relevant statutory authorities and relevant professionals.

7.3.2.5.4 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

7.3.2.5.5 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.

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

7.3.2.5.7 The main purpose of the Act is to create a criminal

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

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

8.0 Key Considerations in Recognising Abuse

8.1 Recognising Abuse

Abuse can be difficult to identify and may present in many forms. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than abuse. All signs and symptoms must be examined in the context of the person's situation and family circumstances.

8.2 Early Detection

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

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

8.3 Barriers for Vulnerable Persons Disclosing Abuse

8.3.1 Barriers to disclosure may occur due to some of the following: Fear on the part of the person supported of having to leave their home or service as a result of disclosing abuse;

8.3.1.1 A lack of awareness that what they are experiencing is abuse;
8.3.1.2 A lack of clarity as to whom they should talk; Lack of capacity to understand and report the incident;
8.3.1.3 Fear of an alleged abuser;
8.3.1 Ambivalence regarding a person who may be abusive;

8.3.1.5 Limited verbal and other communication skills;
8.3. I .6 Fear of upsetting relationships; 831.7
Shame and/or embarrassment;

8.3.2 All staff employed in SOS and or any publicly funded service should be aware that safeguarding vulnerable persons is an essential part of their duty. Staff must be alert to the fact that abuse can occur in a range of settings and, therefore, must make themselves aware of the signs of abuse and the appropriate procedures to report such concerns or allegations of abuse.

8.4 Considering the Possibility

8.4.1 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 (See Appendix 14 for protocol). 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.

8.4.2 A person may form an opinion or may directly observe an incident. A vulnerable person, relative or friend may disclose and incident. An allegation of abuse may be reported anonymously or come to attention through a complaints process.

8.5 Capacity

8.5.1 All persons should be supported to act according to their own wishes. Only in exceptional circumstances (and these should be communicated to the person supported 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.

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

8.5.3 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.

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

8.6 Complaints

8.6.1 Things can go wrong and do go wrong in any service organization. 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 organization is to ensure that proper and effective complaint handling procedures are in place.

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

8.6.3 SOS have a Complaints Policy which is available in "Easy Read" format for people supported, staff and families/carers. This policy is compliant with National Regulation and HSE requirements.

8.6.4 Complaints procedures provide an opportunity to put things right for people supported 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.

8.6.5 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.

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

8.6.7 All cases of alleged or suspected abuse must be taken seriously. All staff must inform their line managers 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.

8.6.8 Anonymous and Historical Complaints

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

8.6.8.2 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:

8.6.8.2.1 The significance/seriousness of the concern/complaint

8.6.8.2.2 The potential to obtain independent information;

8.6.8.2.3 Potential for ongoing risk

8.6.8.3 In relation to historical complaints the welfare and wishes of the person and the potential for ongoing risk will guide the intervention8.6.8.4 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.

Section 2 Procedures

9.0 Stage 1: Responding to Concerns or Allegations of Abuse of Vulnerable Persons

9.1 Introduction

9.1.1 This procedure applies to all SOS employees, volunteers, CE placements, students and host families,

9.1.2 It is the duty of all SOS employees, volunteers, CE/TUS placements, students and host families to be familiar with this policy and procedures. Service specific arrangements must be consistent with this policy and procedures.

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

9.1.4 Neighbours, family members and members of the public can become concerned about the possibility that vulnerable persons may be experiencing abuse in situations where the vulnerable person is not connected to any particular service. In these circumstances neighbours or any other person having a concern should discuss the reasons for their concern with appropriate professionals such as Public Health Nurses and GP's who will be in a position to provide assistance in ensuring that the concerns are responded to including engagement with the Safeguarding and Protection Team.

9.2 Organisational Arrangements to Support Procedural Objectives

9.2.1 The HSE Community Healthcare Organisation Safeguarding and Protection Team (Vulnerable Persons).

9.2.1.1 The Safeguarding and Protection Team will be available to:
9.2.1.1. I Provide an advice service to any person who may wish to report a concern or complaint of alleged abuse of a vulnerable person.

9.2. I. 1.2 Receive reports of alleged abuse of vulnerable persons on behalf of the HSE.
9.2.1.1.3 Support and provide advice to services in responding to reports of alleged abuse.
921 1.4 Assess and manage complex cases of alleged abuse.
9.2.1.1.5 Provide training to staff.
92.1.1.6 Maintain information / records. Collect and collate data in a consistent format.
9.2.1 1.7 Participate in assurance processes.

942.2 Designated Officer

9.221 SOS will appoint Designated Officers who will be responsible for:
9.221. I Receiving concerns or allegations of abuse regarding vulnerable persons,
9.2.2.1.2 Ensuring the appropriate manager is informed and collaboratively ensuring necessary actions are identified and implemented.
9.2.2.1.3 Ensuring reporting obligations are met.
9.2.2.1.4 Other responsibilities, such as conducting preliminary assessments and further investigations, may be assigned within a specific service.
9.2.2.2 The Designated Officer will usually be a relevant professional or work in a supervisory/management role.

9.203 Data / Information

923.1 All information concerned with the reporting and subsequent assessment of concerns or allegations of alleged abuse is subject to the SOS policy on people supported 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:
92.3.1.1 A vulnerable person is the subject of abuse and/or
9.2-3. I .2 The risk of further abuse exists and/or
9.2,3.1.3 There is a risk of abuse to another vulnerable person(s) and/or
9.2.3.1.4 There is reason to believe that the alleged person causing concern is a risk to themselves and/or 2.3.1.5A legal obligation to report exists.

9.2.3.1.6 All staffmust be aware that failure to record, disclose and share information in accordance with this policy is a failure to discharge a duty of care. In making a report or referral, it is essential to be clear whether the vulnerable person is at Immediate and serious risk of abuse and if this is the case, it is essential to outline

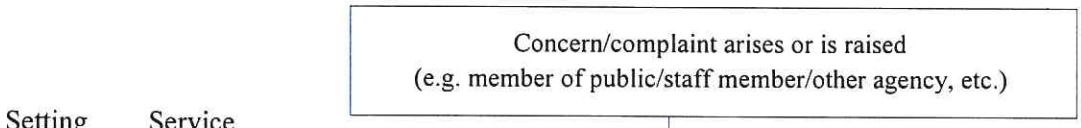
the protective actions taken. The report or referral may also contain the views and wishes of the vulnerable person where these have been, or can be, ascertained. The role of an advocate or key worker may be important in this regard,

9.3 Records

9.3.1 It is essential to keep detailed and accurate records of concerns or allegations of abuse and of any subsequent actions taken. SOS local procedures contain the necessary documentation to facilitate record keeping. Failure to adequately record such information and to appropriately share that information in accordance with this policy is a failure to adequately discharge a duty of care

Responding to Concerns or Allegations of Abuse

Stage 1 — Concern Arises. Flow Chart 1



Setting Service

Community Setting

Staff (SOS, HSE, Agency) immediately ensure safety of client. Staff completes the Internal Notification form. Staff informs Designated Officer and Line Manager.
Staff send a message via the Data Management System (DMS) to the Mana2er/ Chief Operations Officer to inform them that a notification is in the system.
The Designated Officer contacts An Garc½ Siochana as appropriate.
The Designated Officer contacts the HSE Safeguarding and Protection Team

Primary Care, other Staff immediately ensures safety of client. Staff completes internal notification form
Staff informs Designated Officer and Line Manager.
Staff send a message via the Data Management System (DMS) to the Designated Officer / Line Manager / Support Service Manage them that a notification is in the system.
Line Manager assesses the need for support and/or intervention.
Designated Officer contacts An Gar± Síochána as appropriate.
The Designated Officer contacts the HSE Safeguarding and Protection Team

DAY 1

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

If a Designated Centre, Person in Charge will give notice, in writing, to the Chief Inspector (HIQA)

ine Manager, Support Service Manager and Designated Officer will meet to ensure that the preliminary screening is undertaken and all necessary actions are taken

Designated Officer / Line Manager / Support servic / Chief Operations Officer to inform

The Designated Officer will notify the Safeguarding and Protection Team

WITHIN 3 WORKING DAYS

Note: At any stage in the procedure, if there are significant concerns in relation to a vulnerable person, the Chief Officer (CO) of the Community Healthcare Organisation (HSE) must be notified immediately. The CO must immediately the Director of Social Care. Notification to, and advice from, the National Incident Management Team will be considered in such circumstances and considerations as to whether the concern will be investigated using the HSE Safety Incident Management Policy (2014) by the Health Service Executive (HSE).

Stage 1: Responding to Concerns or Allegations of Abuse

9.4 Concern Arises

9.4.1 A concern regarding concerns or allegations of abuse of a vulnerable person may come to light in one of a number of ways:

9.4.1.1 Direct observation of an incident of abuse;

9.4. I .2 Disclosure by a vulnerable person;

9.4.1.3 Disclosure by a relative/friend of the vulnerable person;

9.4.1.4 Observation of signs or symptoms of abuse;

9.4.1.5 Reported anonymously;

9.4.1.6 Come to the attention as a complaint through the SOS . complaints processor directly through the HSE.

94.2 The alleged perpetrator may be, for example, a family member, a member of the public, an employee of SOS or in an organisation providing services. Abuse can take place anywhere — in a service operated by SOS or in another organisation funded by the HSE. The concern/complaint may also arise in the person's own home or other community setting.

9.4.3 If unsure that an incident constitutes abuse or warrants actions, the Safeguarding and Protection Team (Vulnerable Persons) is available for consultation to SOS.

9.4.4 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.

9.4.5 The following are key responsibilities and actions for any staff member, CE/TUS placements, students, host families or volunteer who has a concern in relation to the abuse or neglect of a vulnerable adult. These responsibilities must be addressed on the <u>same day</u> as the alert is raised.

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

9.4.5.2 Listen, Reassure and Support: If the Vulnerable Adult has made a direct disclosure of abuse or is upset and distressed about an

abusive incident, listen to what he/she says and ensure he/she is given the support needed.

9.4,5.3 Do not:

9. 4.5,3.1 Appear shocked or display negative emotions;

9.4.5.3.2 Press the individual for details;

9.4.5.3.3 Make judgements;

9.4.5.3.4 Promse to keep secrets;

9.4.5.3.5 Give sweeping reassurances.

9.5 Detection and Prevention of Crime

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

9.6 Record and Preserve Evidence

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

9.7 As soon as possible on the same day

9.7.1 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.

9.8 The report will need to include:

9.8.1 When the disclosure was made, or when you were told about/witnessed the incident/s;

9.82 Who was involved and any other witnesses, including people supported and other staff;

9.8-3 Exactly what happened or what you were told, using the person's own words, keepmg it factual and not interpreting what you saw or were told;

9.8.4 Any other relevant information, e.g. previous incidents that have caused you concern.

9.8.5 Remember to :

9.8.5.1 Include as much detail as possible;

9.8.5.2 Make sure the written report is legible, written in black ink and of a quality that can be photocopied;

9.8.5.3 Make sure you have printed your name on the report and that it is signed and dated;

9.8.5.4 Keep the report/s confidential, storing them in a safe and secure place until needed.

9.9 Report and Inform

99.1 Report to the Designated Officer/Line Manager as soon as possible. This must be reported on the same day as the concern is raised. The "Internal Notification Form" see appendix 2, must be completed by the staff member before coming off duty and forwarded to their respective line manager and/or designated officer. The staff member must also notify the relevant Operations Manager, the Chief Operations Officer and Designated Officer through the Data Management System (DMS) immediately that an "Internal 9.9.1.1 Notification" is in the system and must be acted upon.

9.92 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.

9.9.3 In the absence of the Designated Officer/Line Manager, the relevant Operations Manager, Chief Operations Officer must be informed immediately.

9.9.4 The following must be done by the Designated Officer:

9.9.4.1 The Designated Officer must report the concern to the Safeguarding and Protection Team (Vulnerable Persons) within three working daps after he/she has been informed of the concern;

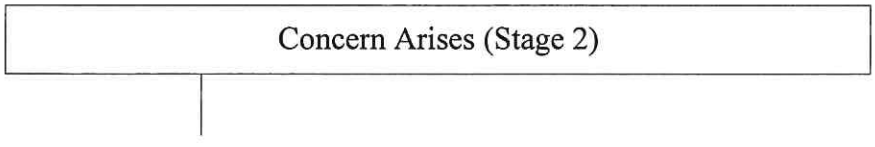
9.9-4.2 If the concern relates to a designated centre that needs to be notified to HIQA, the Person in Charge (P.I.C.)/Person participating in Management (P.P.I.M.) must notify HIQA in writing within three working days on the appropriate form. The Line Manager must also notify Tusla immediately if there are concerns in relation to children;

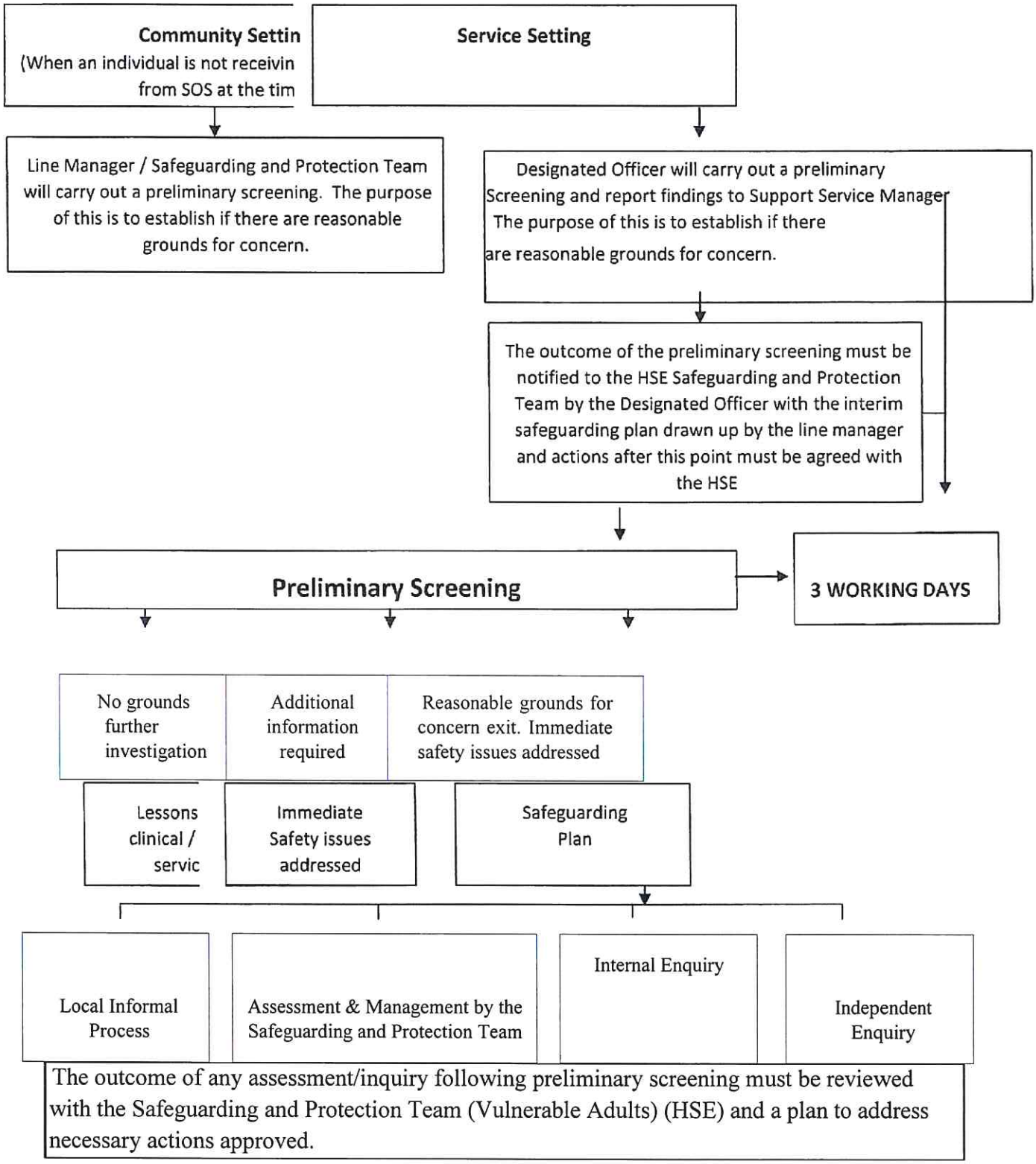
9. 9.4,3 Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed with An Garda Síochána.

10.0 Stage 2 — Preliminary Screening.

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

Flow Chart 2





10.0 Stage 2 Preliminary Screening

10.1 Stages of Preliminary Screening

10.1.1 The relevant Operations Manager are responsible for ensuring that the Preliminary Screening takes place (see appendix 3). The Preliminary

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

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

10.I .2 This process should be led by the Designated Officer or other person as determined by the relevant Operations Manager and completed, if possible, within 3 working days following the report. Additional expertise may be added as appropriate.

10.1.3 Ensuring Immediate Safety and Support

10.1.3.1 On receipt of the report of suspected or actual abuse the line manager or if unavailable (such as on leave) ›another person as determined appropriate by the relevant Operations Manager, will establish and document the following:

10.1-3, 1.1 What is the concern?

10.1.3. I .2 Who is making the report?

10.1.3.1.3 Who is involved, how they are involved and are there risks to others? What actions have been taken to date?

10.1.3.1.4 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).

10.1.3.1.5 What is known of their mental capacity and of their wishes in relation to the abuse/neglect?

10.1.3.1.6 Any immediate risks identified, or actions already taken, to address immediate risks.

10.1.3.1.7 Establish the current safety status of the victim.

10. I .3. I .8 Arrange medical treatment if required.

10.1.3.1.9 Establish if An Garda Síochána have been notified.

10.1.3.1.1010.l.3.1.10Ensure referral to Tusla where a child is identified as being at risk of harm.

10.1.4 Information Gathering

10.1.4.1 The Designated Officer and or the appropriate line manager appointed by the relevant Operations Manager will be appointed to manage the intra and/or inter agency safeguarding procedure and processes, including co ordinating assessments.

10.1.4,2 The person referred should be contacted at the earliest appropriate time. Consent to share or seek information should be addressed at this stage.

10.1.4.3 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.

10.1.4.4 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: 10.1.4.4.1 Gaining the views of the individual referred;

10.1.4.4.2 Checking of electronic/paper files to establish known history of person;

10.1.4.4.3 Checking if there are services already in place and liaison with those services,

10.1.4.4.4 Verifying referral information and gaining further information from the referral source.

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

10.1.4.5.1 Name of person/s referred;

10.1.4.5.2 Biographical details and address/living situation

10.1.4.5.3 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);

10.1.4.5,4 The views of the person/s referred and their capacity to make decisions;

10. I .4.5.5 Details of any immediate actions that have taken place (including use of emergency or medical services);

10.1.4.5.6 An overview of the person/s health and care needs (including communication needs, access needs, support and advocacy needs);

10.1.4.5.7 An overview of the person's needs;

10.1.4.5.8 GP details and other health services/professionals•,

10.1.4.5.9 Details of other services/professionals involved;

10.1.4.5.1 OName of main carer (where applicable) or name and contact details of organisation providing support;

10.1.4.5.1 IChecks made to ensure that the referral is not a duplicate referral;

10.1.4.5.12Checks made for possible aliases;

10.1.4.5.13Checks made if other services, teams, or allocated workers are involved with the person/s referred or alleged perpetrator/s;

10.1.4.5.14Checks made for previous concerns of abuse and/or neglect with regards to person/s referred;

10.1.4.5.15Checks for previous concerns of abuse and/or neglect with regards to the alleged perpetrator.

10.105 Involvement of Staff Member

10.1.5.1 In situations where the allegation of abuse arises in respect of a member of staff of SOS or the HSE or a Non Statutory

Organisation funded by the HSE, then the HSE Trust in Care Policy will be followed.

10.1.6 Involvement of a Person Supported

10.1.6.1 In the event that the concerns or allegations of abuse identified a person supported, the plan must ensure that relevant professional advice on the appropriate actions is sought which may include, for example, a behavioural support programme-

10.1.6.2 The rights of all parties must receive individual consideration, with the welfare of the vulnerable person being paramount

10.2 Outcomes of Preliminary Screening

10.2.1 The Preliminary Screening report and appropriate actions will be completed by the Designated Officer and line manager and submitted to the Support Service Manager for review.

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

10.2.3 Based on the information gathered, an assessment will be made which addresses the following:

10.2.3.1 Does the person/s referred or group of individuals affected fall under the definition of Vulnerable Adult (as defined above)?

10.2.3.2 Do the concerns referred constitute a possible issue of abuse and/or neglect?

10.2.3.3 Where it is appropriate to do so, has the informed consent of the individual been obtained?

10.2.3.4 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 vulnerable person

10.24 The outcome of the Preliminary Screening may be:

102.4.1 No grounds for reasonable concerns exist.

10.2.4.2Additional information required (this should be specified).

10.2.4.3 Reasonable grounds for concern exist.

10.2.4.1 No groundsfor Reasonable Concern: An outcome that there are no reasonable grounds for concern that abuse has occurred does not exclude an assessment that lessons may be learned and that, for example, clinical and care issues need to be addressed within the normal management arrangements.

10.2.4.2 Additional information required: A plan to secure the relevant information and the deployment of resources to achieve this within a specified time will be developed by the Support Service Manager in agreement with the Chief Operations Officer. This may involve the appointment of a small team with relevant expertise. All immediate safety and protective issues must also be specified.

10.2.4.3 Reasonable Grounds for Concern Exists: A safeguarding plan must be developed to address the concerns. The plan may include:

10.2,4.3.1.1 Local informal process;

10.2.4.3.1.2 Internal Inquiry;

1024.3.1.3 An Independent Inquiry;

10.2.4.3.1.4 Assessment and management by the HSE Safeguarding and Protection Team (Vulnerable Persons)

10.2.4.4 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)

10.2.4.5 An Garda Síochána will be notified if the complaint/concem could be criminal in nature or if the inquiry could interfere with the statutory responsibilities of An Garda Síochána.

10.2.4.6 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.

1024.7 In 10.2.2 and 102.3 above a safeguarding plan must be formulated.

11.0 Stage 2a Safeguarding Plan

11.1.1 If the preliminary screening determines that reasonable grounds for concern exist a safeguarding plan must be developed. Responsibility to ensure a safeguarding plan is developed rests with the Support Service Manager.

11.1.2 Prior to the processes outlined In Stage 12.0 stage 3, a safeguarding plan must be developed even if this can only be preliminary in nature. The safeguarding plan will need to be informed and amended by the process determined in 12.0 stage 3.

11.1.3 The interim Safeguarding Plan (see appendix 7) will outline the planned actions that have been identified to address the needs and minimise the risk to individuals or groups of individuals.

11.1.4 The formal Safeguarding Plan (FSPI) (see appendix 8) will be further developed in line with further assessments i.e. when the appropriate assessmentshnvestigations have been carried out to establish levels of risk and whether the abuse or neglect occurred. The Safeguarding Plan will be formulated in partnership with all relevant stakeholder parties.

11.I .5 A Safeguarding Plan will be informed by the Preliminary Screening and developed in all cases where reasonable grounds for concern exist.

11.2 Safeguarding Plan Co-ordinator

1 1.2.1 The relevant line manager will act as a co-ordinator of information and intervention. The Safeguarding Plan Co-ordinator who is the relevant line manager will arrange a full review at agreed intervals.

11.2.2 If the vulnerable person has capacity and agrees to intervention, a safeguarding plan will be developed, as far as possible, in accordance with his/her wishes.

11.23 If the person has capacity and refuses services, every effort should be made to negotiate with the person. Time is taken to develop and build up rapport and trust. It is important to continue to monitor the person's wellbeing.

11.2.4 If the person lacks capacity, legal advice may be required to inform the decision making process. Decisions must be made in the best interests of the person and, if possible, based on his/her wishes and values. It is not appropriate to take a paternalistic view which removes the autonomy of the vulnerable person.

11.3 Timescale

I I .3.1 The Safeguarding Plan should be formulated, even in a preliminary form, and implemented <u>within three weeks</u> of the Preliminary Screening being completed. A Safeguarding Plan Review should be undertaken at appropriate intervals and must be undertaken <u>within six months</u> of the Safeguarding Plan commencing and, at a minimum, at six monthly intervals thereafter or on case closure,

11.4 Formulating the Safeguarding Plan

1 14.1 The Safeguarding Plan should include, relevant to the individual situation: Positive actions to safeguard the person/s at risk from further abuse/neglect and to promote recovery.

11.42 Positive actions to prevent identified perpetrators from abusing or neglecting in the future.

11.4-3 The Safeguarding Plan should also include consideration of what triggers or circumstances would indicate Increasing levels of risk of abuse or neglect for individual/s and how this should be dealt with.

11.5 Support for Vulnerable Adults

11.5.1 Support measures for Vulnerable Adults who have experienced abuse or who are at risk of abuse should be carefully considered when formulating the Safeguarding Plan. Mainstream support service provision e.g. Victim Support services, should be considered as well as specialist support services, e.g. Specialist psychology services, mediation etc. The role of An Garda Síochána and related support measures should be considered where a Vulnerable Adult may be going through the criminal justice process, including use of intermediaries, independent advocates, etc.

11.5.2 When there is a potential for criminal prosecution, it is important to ensure that support is provided to the Vulnerable Adult.

11.6 Updating the Safeguarding Plan

1 1.6.1 Updating and review of the Safeguarding Plan will be informed by all stages of the process.

11.62 Discussions/meetings on the Safeguarding Plan will be arranged by the line manager (Safeguarding Plan Co-ordinator) and should address the following:

11.6.2.1 Feedback and evaluation of the evidence and outcomes from the assessments, including making a multi-agency (where appropriate) judgement of whether the abuse/neglect has occurred, has not occurred, or whether this is still not known.

11.6.2.2 A review of the initial Safeguarding Plan

11.6.2.3 An assessment of current and future risk of abuse/neglect to the individual, group of individuals, or others.

1 1.6.2.4 To evaluate the need for further assessment and investigation.

.5 Where abuse/neglect has taken place, or an ongoing risk of abuse/neglect is identified, a Safeguarding Plan will be agreed with proactive steps to prevent/decrease the risk of further abuse or neglect,

11.6.2.6 Agreeing an ongoing communication plan, including the level of information that should be fed back to the person who raised the concerns (the referrer), other involved

individuals or agencies, and who will be responsible for doing this.

11.627 To set an agreed timescale for further review of the Safeguarding Plan.

11.7 The Safeguarding Plan Review

11.7.1 The Safeguarding Plan Review refers to the planned process of reviewing the actions and safeguards put in place through the Safeguarding Plan. If new or heightened concerns arise prior to the planned review, these should be addressed in the Safeguarding Plan.

11.8 Aims of the Safeguarding Plan Review

11.8.1 The Safeguarding Plan Review will:

11.8.1.1 Establish any changes in circumstances or further concerns which may affect the Safeguarding Plan

1 1.8.1.2 Evaluate the effectiveness of the Safeguarding Plan;

11.8.1.3 Evaluate, through appropriate risk assessment, whether there remains a risk of abuse or neglect to the individuals or group of individuals;

11.8.1,4 Make required changes to the Safeguarding Plan and set a further review date.

11.9 Evaluating the Safeguarding Process

11.9.1 The Safeguarding Plan Review process will also be used as an opportunity to evaluate the intervention in general terms e.g., what worked well, what caused difficulties, how effectively did people and agencies work together.

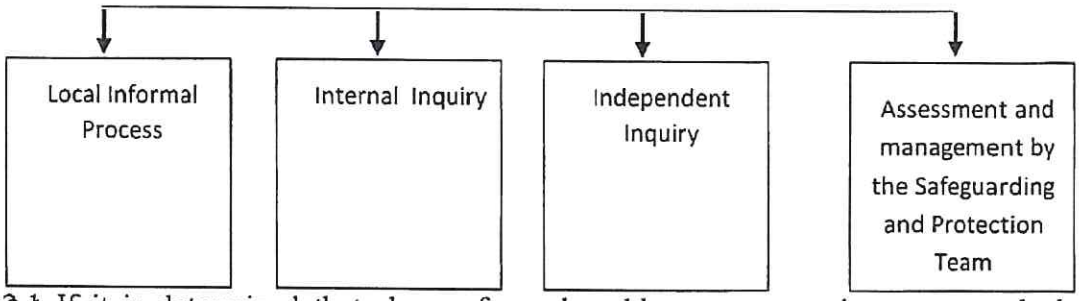
1 1.9.2 This level of information will be fed back through the Safeguarding and Protection Team (Vulnerable Persons) and disseminated to other staff/agencies as appropriate. Experiences from practice, positive and negative, can be used to facilitate learning arising from specific situations to enable services to develop and be In a better position to safeguard individuals at risk from abuse and neglect.

11.10 Closing the Safeguarding Plan

11.10.1 The updated risk assessment arising from a Safeguarding Plan Review may provide evidence that the risk of abuse or neglect has been removed, or through changed circumstances, be no longer appropriate to be managed through this procedure. When this occurs, a decision will be taken with multiagency agreement, where appropriate. Reasons and rationale for closing the Procedure must be recorded in full. The client and/or referrer may be formally notified of closure where appropriate,

12.0 Stage 3: Reasonable Grounds for Concern have been Established.

Flow Chart 3



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

12.1.1 The vulnerable person.

12.1.2 The family of the vulnerable person.

12.1.3 Other vulnerable persons where appropriate.

12.1.4 The perpetrator, particularly if a person supported.

12.1.5 Staff.

12.2 The needs of the vulnerable person is the paramount consideration and a formal Safeguarding Plan must be developed which addresses the therapeutic and support needs arismg from the experience and the protective interventions aimed at preventing further abuse.

12.3 Outcome of Preliminary Screening

12.3.1 Local Informal Process

12.3.1.1 If it is established that, for example, a single incident has occurred which is not of a serious nature, the line manager may decide to deal with the matter locally and informally. This would usually include training. This approach must be agreed with the vulnerable person. This should be notified to the HSE Safeguarding and Protection Team (Vulnerable Persons),

12.3.2 Inquiry --- Internal or Independent

12,321 In establishing any form of Inquiry, relevant SOS policies must be considered. In considering the specific form of Inquiry, issues to be considered include;

123.2.1.1 The nature of the concerns,

12.3.2.1.2 If the matters relate to an identifiable person, or Incident, or to system issues;

12,3.2.1.3 The impact on confidence in the service;

12.3.2.1.4 The view of the vulnerable persons and/or his/her family.

12.3.3 The Chief Operations Officer/ Support Service Manager will commission the Inquiry, The Commissioner of an Inquiry must develop specific Terms of Reference and, where appropriate, ensure the appointment of a Chair and members with the suitable experience and expertise, both in services for vulnerable persons and In the application of fair procedures. The Terms of Reference should be informed by appropriate professional advice. Arrangements for the provision of expert advice to the enquiry should also be outlined.

12.3.4 An Inquiry Report will usually contain certain conclusions and recommendations and it is the responsibility of the Commissioner to receive the report and to determine the necessary actions.

12.3.5 Assessment and Management by Safeguarding and Protection Team (Vulnerable Persons) In certain circumstances, the HSE Head of Social Care in each Community Healthcare Organisation may decide that the matter should be assessed and managed by the HSE Safeguarding and Protection Team (Vulnerable Persons). Such circumstances may

include any possible/perceived conflict of interest for the Service.

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

12.3.7 Management of an Allegation ofAbuse against a StaffMember

12.3.7.1 In situations where the allegation of abuse arises in respect of a member of staff of SOS or the HSE or a Non Statutory Organisation funded by the HSE, then

HSE "Trust in Care" policy will be followed.

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

12.3.7.3 Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed in the first instance with An Garda Síochána.

13.0 Roles and Responsibilities

13.1 Role of Frontline Staff

13.1.1 Promote the welfare of vulnerable person in all interactions.

13.1.2 Be aware of the services policy and any local procedures, protocols and guidance documents

13.1.3 Comply with the policy and procedure to ensure the safeguarding of vulnerable persons from all forms of abuse.

13.1.4 Support an environment in which vulnerable persons are safeguarded from abuse or abusive practices through the implementation of preventative measures and strategies.

13.1.5 Avail of any relevant training and educational programmes.

13.1.6 Be aware of the signs and indicators of abuse.

13.1.7 Support vulnerable persons to report any type of abuse or abusive practice.

13.18 Ensure that any concerns or allegations of abuse are reported in accordance with the policy.

13.2 Role of Line Managers, Chief Operations Officer/ Support Service Manager/ in SOS.

13.2. I Ensure that a local policy for the safeguarding of vulnerable persons is In place and is compliant with HSE national policy.

13.22 Ensure that local procedures are developed to support the implementation of HSE policy and procedures.

132.3 Promote a culture of zero tolerance for any type of abuse or abusive practice.

13.2.4 Ensure that the policy and procedures is made available to all employees and volunteers and to all persons accessing services and their advocates/families m an accessible format.

13.2.5 Maintain a record of all employees and voluntary staff members "sign off' on policies/procedures/guidelines pertaining to the safeguarding of vulnerable persons.

13.2.6 Ensure that all employees /volunteer staff receive the appropriate training with regard to the implementation of this policy.

13.2.7 Ensure safeguarding is part of the Induction Programme for everyone involved in the service.

1328 Ensure that any concerns or allegations of abuse are managed in accordance with the policy.

13.2.9 Ensure that local policies and procedures developed by SOS are compliant with national policy.

13.2.1 OReview on a quarterly basis all concerns or allegations of abuse and their current status.

13.3 Role of Designated Officer

13.3.1 SOS have appointed Designated officers. This appointment is the responsibility of the Chief Operations Officer. The Designated Officers have received specific training on the legal and policy context in which safeguarding occurs and maintains a familiarity with key practice issues.

133.2 The Designated Officer is responsible for:

13.3.2.1 Receiving concerns or allegations of abuse regarding vulnerable persons.

13.3.22 Collating basic relevant information.

13.3.2.3 Ensuring the appropriate line manager is informed and collaboratively ensuring necessary actions are identified.

13.3.2.4 Ensuring all reporting obligations are met (internally to the service and externally to the statutory bodies)

13.3.2.5 Supporting the line manager and other personnel in addressing the issues arising.

13.3.2.6 Maintaining appropriate records,

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

13.4 Role of the HSE Safeguarding and Protection Team

13.4.1 In each HSE Community Health Organisation (CHO), a Safeguarding and Protection Team (Vulnerable Person) is in place to support the objectives of this policy.

13.4.2 The HSE Safeguarding and Protection Team will:

13.421 Receive reports of concerns and complaints regarding the abuse of vulnerable persons.

13.4.2.2 Support services and professionals to assess and investigate the concern(s)/complaint(s) and develop intervention approaches and protection plans.

13.4.2.3 Directly assess particularly complex complaints and coordinate service responses.

13.4.2.4 S upport, through training and information, the development of a culture which promotes the welfare of vulnerable persons, and the development of practices which respond appropriately to concerns or allegation of abuse of vulnerable persons.

13.425 Maintain appropriate records.

14.0 Notification

14.1 An Garda Síochána

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

14.2 HIQA

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

14.3 Protected Disclosures

Section 103 of the Health Act 2007 and the Protected Disclosures Act 2014 provide for the making of protected disclosures by health service employees or employees of agencies directly funded by the HSE. If an employee reports a workplace concern in good faith and on reasonable grounds in accordance with the procedures outlined in the legislation it will be treated as a `protedisclosure'. 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.

14.3.1 Procedure for making a Protected Disclosure The HSE has appointed an [S] Authorised Person' to whom protected disclosures may be made. Employees are required to set out the details of the subject matter of the disclosure in writing on the Protected Disclosures of Information Form and submit it to the Authorised Person at the following address: HSE Authorised Person PO Box 11571 Dublin 2 Tel: 01 6626984

14.3.2 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.

14.3.3 In certain limited circumstances, an employee make a protected disclosure to a Scheduled body or a professional regulatory body,

Section 3

15.0 Self Neglect

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

15.2 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)

15.3 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.

15.4 The purpose of this Policy and Procedures is to offer guidance to staff of SOS who become aware of concerns regarding extreme self-neglect. The National Policy on Safeguarding Vulnerable Persons at Risk of Abuse offers guidance to the HSE Safeguarding and Protection Teams (Vulnerable Persons) when referrals are received or where advice and support is sought. Cases of selfneglect may require multi-disciplinary and/or multi-agency involvement.

16.0 Definitions

16.1 Self-Neglect:

16.1.1 Self-neglect is the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently.

16.1.2 A vulnerable person's profound inattention to health or hygiene, stemming from an inability, unwillingness, or both, to access potentially remediating services.

16.1.3 The result of an adult's inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks.

16.1.4 The failure to provide for oneself the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain.

16.1.5 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.

16.2 Groups that may present with self-neglecting behaviours

16.2. I Those with lifelong mental illness. Persons with degenerative neurocognitive disorders such as dementia or affective disorders such as depression.

162.2 Those whose habit of living in squalor is a long-standing lifestyle with no mental or physical diagnosis (Poythress, 2006: 11).

16.2.3 Self-neglect is common among those who consume large quantities of alcohol; the consequences of such drinking may precipitate self-neglect (Blondell, 1999).

162.4 Those who live alone, in isolation from social support networks of family, friends and neighbours (Burnett et al, 2006).

16.2.5 Self-neglect can be non-intentional, arising from an underlying health condition, or intentional, arising from a deliberate choice.

17.0 Guiding Principles

17.1 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.

17.2 The definition of self-neglect is based on cultural understandings and challenges cultural values of cleanliness, hygiene and care. It can be redefined by cultural community norms and professional training.

17.3 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.

17.4 Distinguish between self-neglect, which involves personal care, and neglect of the environment, manifested in squalor and hoarding behaviour.

17.5 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.

17.6 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.

17.7 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.

17.8 Assumptions must not be made regarding lack of mental capacity and, as far As possible, people must be supported in making their own decisions.

18.0 Manifestation of Self Neglect

18.1 Hygiene

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

18.2 Life Threatening Behaviour

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

18.3 Financial

Mismanagement of financial affairs.

19.0 Assessment of Self Neglect: Key Areas

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

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

20.0 Procedures

20.1 Consider the Possibility.

20.1.1 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.

20.1.2 Considering the possibility of extreme self-neglect is a professional responsibility and a service to the person.

20.1.3 Discuss the concerns with appropriate people and directly with the vulnerable person.

20.I .4 If concerns cannot be addressed directly, they should be directed to the HSE Safeguarding and Protection Team (Vulnerable Persons) who will assist in an assessment of the severity of the situation.

20.2 Approach

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

20.3 Assessment

20.3.1 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.

20.32 The Professional/Service will establish whether the vulnerable person is aware of the referral and his/her response to the person making the referral.

20.3.3 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.

20.3.4 The Professional/Service will establish if there have been any previous attempts to intervene and the outcome of such attempts/interventions.

20.3.5 The Professional/Service will arrange for an appropriate person to meet the vulnerable person to ascertain his/her views and wishes.

20.3.6 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.

20.3.7 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.

20.4 Safeguarding Plan

20.4,1 One lead person must be appointed to act as a co-ordinator of information and intervention. The lead person will arrange a full review at agreed intervals.

20.4.2 The responsibility for appointment of a lead person will be with the Chief Operations Officer.

20.4.3 If the vulnerable person has mental capacity and agrees to intervention, a Safeguarding Plan will be developed in accordance with his/her wishes.

20.4.4 If the person has mental capacity and refuses services, every effort is made to negotiate with the person. Time is taken to develop and build up rapport and trust. It is important to continue to monitor the person's wellbeing.

20.4.5 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.

20.5 Review

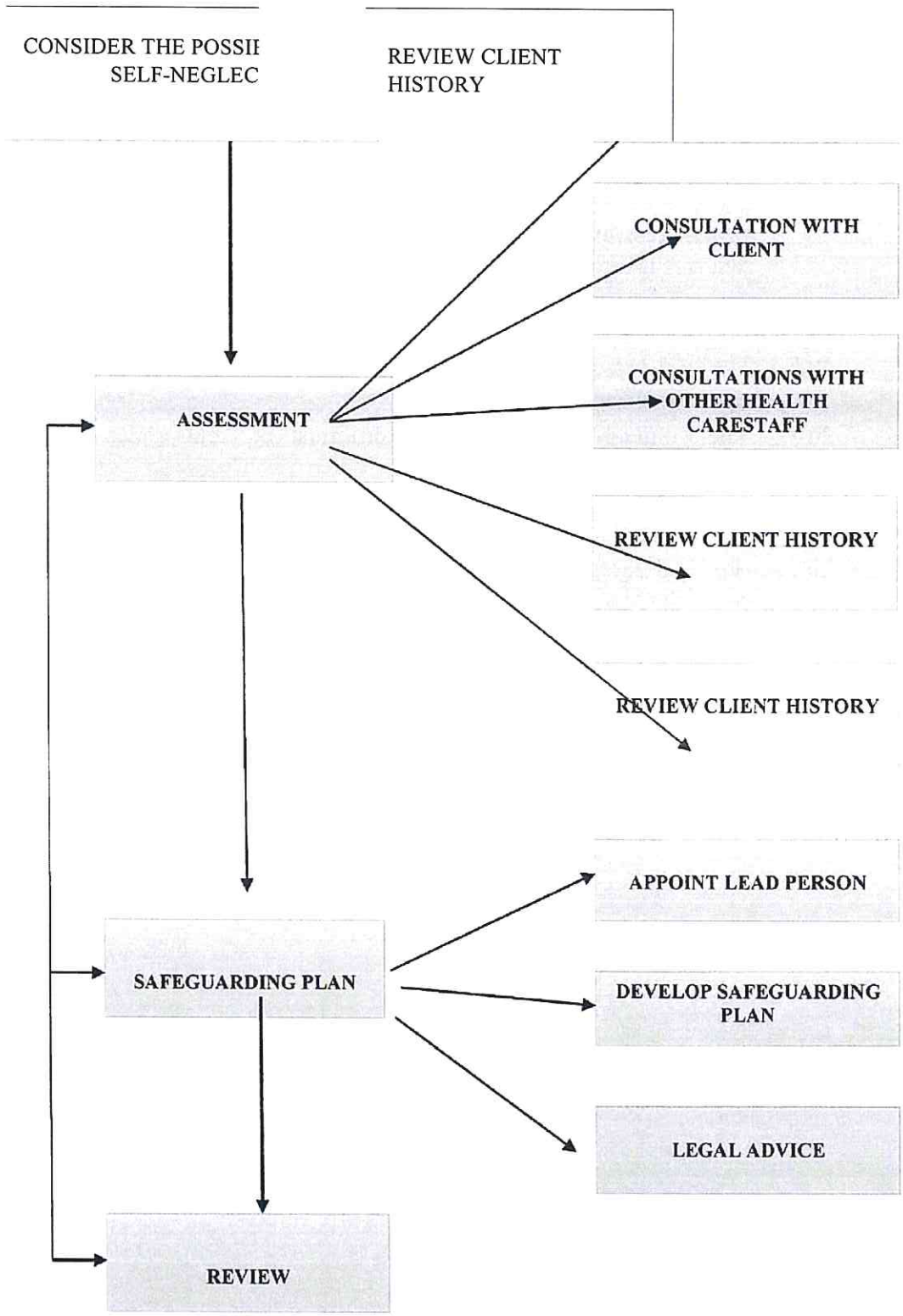
20.5.1 The lead person will an-ange a full review of the Safeguarding Plan at agreed intervals.

20.5.2 The vulnerable person's situation must be kept under review as appropriate and deemed necessary.

20.5.3 Family, friends and community have a vital role in helping vulnerable people remain safe in the community.

20.5.4 The HSE Safeguarding and protection Team (Vulnerable Persons) will be available to provide advice and support as appropriate.

Flow Chart 4


CONSIDER THE POSSII
SELF-NEGLEC
REVIEW CLIENT HISTORY
CONSULTATION WITH CLIENT
CONSULTATIONS WITH OTHER HEALTH CARESTAFF
ASSESSMENT
REVIEW CLIENT HISTORY
REVIEW CLIENT HISTORY
APPOINT LEAD PERSON
SAFEGUARDING PLAN
DEVELOP SAFEGUARDING PLAN
LEGAL ADVICE
REVIEW

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

Type of Abuse: Physical	
Definition	Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
Examples	Hitting, slapping, pushing, burning, inappropriate restraint of adult ore confinement, use of excessive force in the delivery of personal care, dressing bathing, inappropriate use of medication.
Indicators	Unexplained signs of physical injury bruises, cuts, scratches, bums, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. Person supported appears frightened, avoids a particular person, demonstrates new atypical behaviour; asks not to be hurt.
Type of Abuse: Sexual	
Definition	Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.
Examples	Intentional touching, fondling, molesting, sexual assault, rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of a person supported. Exposure to pornography or other sexually explicit and inappropriate material.
Indicators	Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs and human bite marks. Person supported 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/Psychologcal (including Bullying and Harassment) it)	
Definition	Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
Examples	Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance. Failure to show interest in, or provide opportunities for a person's emotional development or need for social interaction. Disrespect for social, racial, physical, religious, cultural, sexual or other differences. Unreasonable disciplinary measures/restraint. Outpacing — where information/choices are provided too fast for the vulnerable person to understand, putting them in a position to do things or make choices more rapidly than they can tolerate.
Indicators	Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness/hopelessness, extreme low self-esteem, tearfulness, self-abuse or self destructive behaviour. Challenging or extreme behaviours —anxious/aggressive/passive/withdrawn.

Type of Abuse: Financial

Policy 006a	**Appendix 2** **Internal Notification of any allegation suspected or confirmed of abuse of any Service User.**	

Form to be completed and forwarded to Manager

1. Details

Name of Alleged Victim		D.O.B HIQA ID	
Residential Service		Day Service	
Residential House		Department	
Address		Address	
Manager		Manager	
Date Form Completed		Date Form Completed	

2. Details of Alleged Abuse

Name of person completing this form.			
Position of reporter, e.g. resident, relative, or staff member [state grade]			
Date of alleged abuse		Time of alleged abuse	
Date you reported alleged abuse to a line manager		Time of report of alleged abuse	
Location Community / Service Setting			
In the event of a disclosure complete the following details			
Name of Witness			
Disclosed to		Date of Disclosure	
Time of Disclosure		Location of Disclosure	

3. Type of Alleged Abuse [please tick all boxes that apply]

☐ Physical Abuse	☐ Financial/Material Abuse	☐ Discriminatory Abuse
☐ Sexual Abuse	☐ Neglect & Acts of Omission	☐ Institutional Abuse
☐ Psychological Abuse	☐ Emotional Abuse	☐ Self Neglect

4. Details of Alleged Abuse

5. Person Allegedly Causing Concern relationship with the person:

Name of Person Allegedly Causing Concern		Telephone No		SOS/HIQA ID No	
Address of Person Allegedly Causing Concern		Telephone No		SOS/HIQA ID No	

[tick all that apply] cont,

☐ Staff Member	☐
☐ Visiting Care Worker or Professional	☐ Peer
☐ Relative	☐ Volunteer
☐ Other [please specify]	☐ Unknown

6. Pen Picture of vulnerable person [*" A Pen-picture it a written account [4 to 5 lines] of personal and confidential information about a person such as age, gender, where they live, disability, diagnosis and personality traits etc."]*

7. Status of the person supported / Describe the current status of the person supported, for example physical and/or mental state.

7. Immediate actions taken / Outline immediate actions taken including actions taken in regard to both the person supported and the alleged abuser.

8.Immediate Measures taken to safeguard all people supported.

9. Additional Information pertinent to the alleged abuse.

Has the Person Supported been informed that an Internal Notification has been processed:	**Yes**	**No**
Has the Person Supported been informed of their right to inform the Garda:	**Yes**	**No**
By Whom: **Date:**		
Has the Family/Carer been notified:	**Yes**	**No**
By Whom: **Date:**		
Has the Garda been notified:	**Yes**	**No**
By Whom: **Date:**		

Declaration:

I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.

Name [please print]		
Signed		Position
Date		Telephone Number
To be Completed by Social **Worker / Designated Officer on receipt of Form.**		
Name [please print]:		Position:
Signed:		Date:

PRELIMINARY SCREENING FORM (PSF1) **Appendix 3**

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

1. Details of Vulnerable person:

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)*

Designated Officer (DO) Name:

Community Health Organisation (CHO) Area:

2. Details of concern/allegation :
a. Pen picture of vulnerable person: b. Details of concern / allegation 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 investigation/ assessment 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:
3. Relevant information regarding concern/allegation :

Date that concern or allegations were notified to the Designated Officer:

Who has raised this concern or allegation?

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)*

Is this concern/allegation linked to another preliminary screening? If so please give reference

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 / allegation?

Are other agencies involved in service provision with this vulnerable person that you are aware of?

Yes ☐ **No** ☐

If yes, Details:

4. Details of the first point of contact:

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 causing concern:

Name:

Address:

Date of Birth (if know)

Gender: Male ☐ Female ☐

Relationship to Vulnerable person:

Parent ☐ Son/Daughter ☐ Partner/Spouse ☐ / Other Relative ☐ Neighbour/Friend ☐
Staff ☐ Other Person Supported :er ☐ Volunteer ☐ Stranger ☐ Other☐ (*please specify)*

6. Details of Person completing preliminary screening

Name: Phone:

Address:

Job Title: Are you the Designated Officer:

Email: Date

Appendix 4

Preliminary Screening Outcome Sheet (PSF2)

Name of Vulnerable person:

a) No grounds for further investigation ☐
(If necessary attach any lessons to be learned as per policy)

b) Additional information required (Immediate safety issues addressed and interim safeguarding plan developed) ☐

c) Reasonable grounds for concern exist (Immediate safety issues addressed and interim safeguarding plan developed) ☐

Additional actions undertaken:

d) Medical assessment **Yes** ☐ **No** ☐ **N/A** ☐
e) Medical treatment **Yes** ☐ **No** ☐ **N/A** ☐
f) Gardaí notified **Yes** ☐ **No** ☐ **N/A** ☐

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

g) Referred to TUSLA **Yes** ☐ **No** ☐ **N/A** ☐

h) Other relevant details including any immediate risks identified:

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

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:

Unique Safeguarding ID 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:

Appendix 6

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 7

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

Name of Designated Officer/ Service Manager:

Date of Interim safeguarding plan:

Appendix 8

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 ☐ Therapy intervention ☐
Other ☐*(please specify)*

Designated Officer (DO) Name:

Community Health Organisation (CHO) Area: Respite ☐

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)**
2.	**What are the needs and risks identified including any triggers or circumstances that may indicate increased level of risk for the vulnerable person? (Indicate on-going supports/services to be put in place as a result of devising a formal safeguarding plan)**
3.	**Is the Vulnerable person aware that a safeguarding plan has been devised? Yes ☐ No ☐ What is known of the vulnerable person's wishes in relation to the safeguarding plan?**

4.	**Detail and outcome of any Strategy Meeting or Case Conference if held:**

Safeguarding Plan [Name of Vulnerable Person] Unique ID 5. **Detail of Formal Safeguarding Plan to address current and/or any anticipated future safeguarding risks for the Vulnerable Person:**

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

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

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. Gardaí 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 Plan if different from above:

Name: Tel:

Address:

Job Title:

Are you the Designated Officer?

Email: Date:

Appendix 9

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 of review form returned to Safeguarding Plan co – ordinator:

Appendix 10

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

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

of Vulnerable person:

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

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

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

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

Safeguarding Plan agreed by Safeguarding and Protection Team

Yes ☐ **No** ☐

Name of SPT Team Member reviewing form:

Signature:

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

Appendix 11

Notification of Suspected Abuse to Gardaí

Private and
Confidential
To:
Superi
ntendent,
Garda
Síochána,
Dominic
Street,
Kilkenny.

(This form should be accompanied by a report with the relevant information pertaining to the alleged victim, the details of the alleged abuse and the reasons for referring to the Gardaí)

Name of alleged victim: _____ D.O.B.: _____

Address _____
_____
_____
_____

Parent/carer: _____

Address: _____
_____
_____

Phone number: _____

Type of alleged abuse: _____

Location of alleged abuse: _____

Identity of alleged abuser: _____

Relationship to alleged victim: _____

When did the abuse take place: _____

Identity of informant: _____

Designated Officer in S.O.S. dealing with this allegations of abuse: _____

Signed by: _____ _____

Francis Coughlan — Designated Officer

C.E.O.

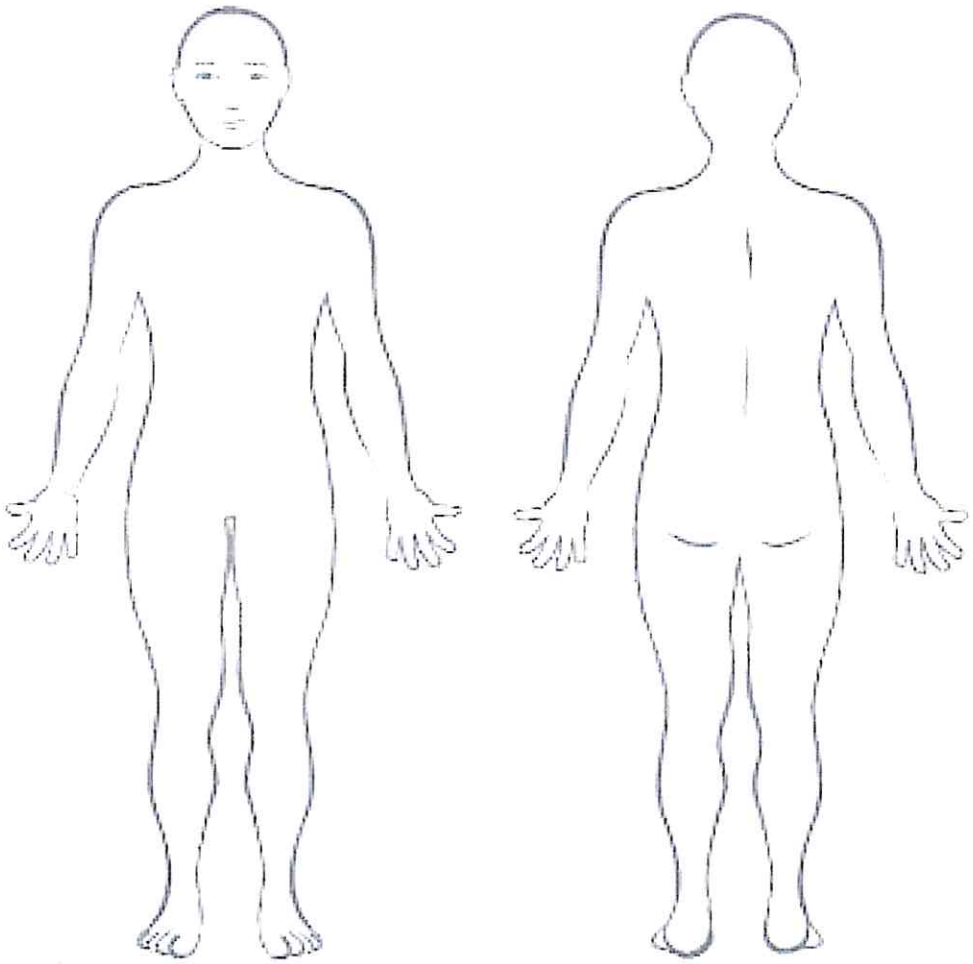
Date: _____

Appendix 12

Male Body Map

NAME OF ALLEDGED VICTIM: _____

DATE: _____



Male Body Map

Details: _____

_____

_____

_____

_____

_____

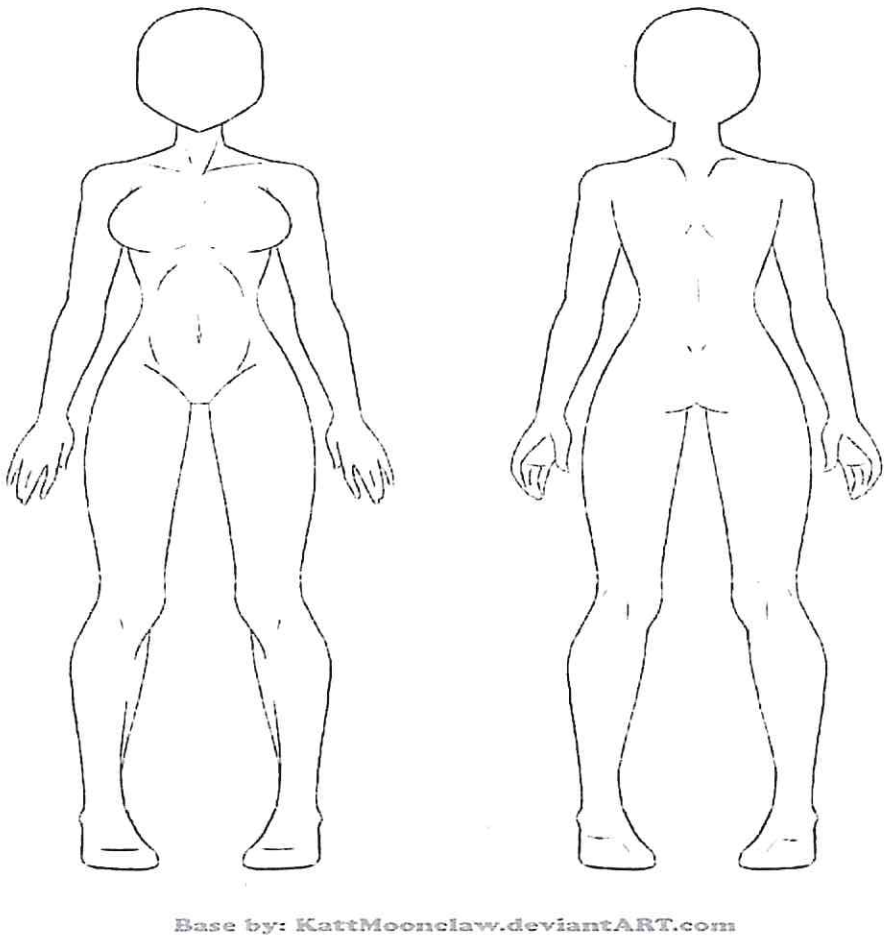
Signed: _____ **Date:** _____

Job Title: _____

Appendix 13

FEMALE BODY MAP

Name of Alleged Victim: _____ **Date:** _____



Details: _____

_____

_____

Signed: _____ **Date:** _____

Job Title: _____

Appendix 14

Unexplained Injury Flow Chart

Staff should consider the following on discovery of an unexplained injury.

1. Provide any immediate care required for the injury.
2. Provide reassurance to the person supported and ask what happened.
3. Review the person supported notes and behaviour records.
4. Consider the person supported overall health status including physical and mental well being, current medications and any changes to physical environment.
5. Gather any relevant information from staff or others.

If any probable explanation can be established following consideration of the above staff should:

1. Complete body map.
2. Complete Internal Notification form and Safeguarding Preliminary Screening where appropriate.
3. In consultation with the MDT update any plans as required, in light of any changes.

If a probable explanation cannot be established following the review staff should:

1. Complete body map.
2. Complete Internal Notification.
3. Refer to Safeguarding.
4. Refer to HIQA if applicable.

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Signature Sheet

I have read, understood and agree to adhere to the attached
Policy and Procedure on Safeguarding Vulnerable Person at Risk of Abuse
Version 3

Print Name	Signature	House / Department	Date