

ASC Policy and Procedures for Protection and Safeguarding of Vulnerable Adults

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**1.0. Policy**

**1.1. Policy Statement**

The Anne Sullivan Centre (ASC) is committed to safeguarding the well-being of residents and service-users. We operate a person-centred approach to care and a zero-tolerance approach towards abuse and neglect. The ASC strives to create and nurture an open culture where people can feel safe to raise concerns. It is the responsibility of all who work or volunteer with the Anne Sullivan Centre to ensure that service-users and others in the community are treated with respect and dignity, have their welfare promoted and receive support in an environment in which every effort is made to promote welfare and to prevent abuse. **The Anne Sullivan Centre has appointed Designated Officers to which suspicions, concerns or allegations of abuse or neglect can be reported**. (See Section 5 of this policy)

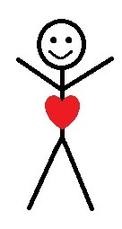
**1.2. Purpose and objectives of this document**

Individuals who are deafblind and have additional complexities may be vulnerable to abuse by others. In recognition of this, this document intends to set out the responsibilities of the ASC and the procedures that the ASC has in place to reduce the likelihood of abuse occurring and to ensure that effective action is taken in response to suspicions, concerns or allegations of abuse. A wide range of organisational responsibilities and processes were considered in the development of this document, as conveyed in Figure 1 below.

This document applies to all staff, students, and volunteers. Throughout this document the terms 'staff’ and ‘employees’ are used and these terms refer to all persons paid, or unpaid, who support residents and service users of the ASC.

Management responsibilities

Policies & Procedures



Dealing with Incidents

Monitoring, Reporting and Accountability

Staff development and training

Participation

Safeguarding integrated into all activities

Awareness

Figure 1: Organisational considerations in the development of this policy

**1.3. Definition of a Vulnerable Adult**

The ASC recognises a vulnerable adult as a person aged 18 years or over who may require assistance to care for themselves or protect themselves from harm or from being exploited.

The Garda Vetting Bureau (children and vulnerable persons) Act 2012 defines a vulnerable person as a person, other than a child, who (a) is suffering from a disorder of the mind, whether as a result of mental illness or dementia, (b) has an intellectual disability, (c) is suffering from a physical impairment, whether as a result of injury, illness or age, or (d) has a physical disability, which is of such a nature or degree— (i) as to restrict the capacity of the person to guard himself or herself against harm by another person, or (ii) that results in the person requiring assistance with the activities of daily living including dressing, eating, walking, washing and bathing.

**2.0. Relevant Legislation and Related Policies**

**2.1. Relevant Legislation**

The Anne Sullivan Centre is a ‘designated centre’ (Health Act 2007). The Health Information and Quality Authority (HIQA) is responsible for regulating the quality of services provided in designated centres for people with disabilities

The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) is a significant development in the safeguarding of children and adults who use residential services. These regulations were introduced on November 1st 2013. Within these regulations, specific reference is made to protection. The regulations state that “*the registered provider shall protect residents from all forms of abuse.”* and “*The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in designated centres: This includes any allegation, suspected or confirmed, of abuse of any resident.*

Any allegation suspected or confirmed abuse of any resident in a designated centre in the public, private or voluntary sector must be formally notified to HIQA on the appropriate form (NF06 Form- See Appendix 1) within 3 working days of the incident being reported.These notifications can now be completed online via www.hiqa.ie

National legislation, which was used in the development of this policy includes:

* *The Health Act (2007). Care and Welfare of Residents in Designated Centres, Children and Adults with Disabilities Regulations* (2013)
* *National Standards for Residential Services for Children and Adults with Disabilities (2013)*
* *Safeguarding Vulnerable Persons at Risk of Abuse. National Policy and Procedures.* HSE. Social Care Division (2014)
* *Trust in Care (2005). 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*
* *HSE National Consent Policy (2022)*
* *HSE Safety Incidence Management Policy (2017)*
* *United Nations Convention on the Rights of People with Disabilities (2006)*
* *National Standards for Adult Safeguarding (2019) HIQA and MHC*
* *HSE Incident Management Framework (2020)*
* *Assisted Decision Making (Capacity) Act 2015*

**2.2. Related ASC Policies**

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

* ASC Policy and Procedures on Recruitment and Selection
* ASC Induction Policy and Procedures
* ASC Policy on Relationships and Sexuality
* ASC Statement of Purpose
* ASC Supervision and Appraisal Policy and Procedures
* ASC Staff Training Policy and Procedures
* ASC Policy and Procedures on Intimate and Personal Care.
* ASC Policy on Service-User Confidentiality
* ASC Policy on Supporting Service Users to Manage their Money
* ASC Policy and Procedures on Restrictive Interventions
* ASC Complaints Policy and Procedures
* ASC Policy and Procedures on Adverse Events and Incident Management
* ASC Policy and Procedures on Bullying and Harassment.
* Standard Operating Procedures for the Management of Safe and Effective Medication Delivery, Storage and Administration in the Anne Sullivan Centre
* ASC Child Protection Policy, Procedures and Practices
* ASC Policy and Procedures on the Provision of Positive Behaviour Support
* ASC Easy Read Managing Your Money Policy
* ASC Easy Read Relationships and Sexuality Policy
* ASC Easy Read Safeguarding Policy

**3.0. Definitions and Information on Abuse**

**3.1. Definitions and types of Abuse**

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

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

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or lack of insight and ignorance. Abuse can be physical, sexual, psychological, discriminatory, financial or institutional. A person may experience more than one form of abuse at any one time. Appendix 2 provides a comprehensive list of the different definitions, examples and indicators of abuse.

**3.2. Who May Abuse?**

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

**3.3. Where might abuse occur?**

Abuse can happen at any time in any setting. ASC staff and volunteers must be aware that they are obliged to report concerns/allegations/suspicions and disclosures of abuse that occur on ASC premises as well as external premises.

**3.4**. **Key Considerations in Recognising Abuse**

Abuse can be difficult to identify and may present in many forms. No one indicator should be viewed as conclusive evidence 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 circumstances. Some signs are more indicative of abuse than others. These include:

* Disclosure of abuse
* Specific injuries or patterns of injuries
* Absconding from a home or care situation
* Attempted suicide
* A sexually transmitted disease
* Signs in one or more categories at the same time. For example, signs of developmental delay, physical injury and behavioural signs may together indicate a pattern of abuse.
* Unexplained bruising

**3.5. Early Detection**

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

It must not be assumed that an adult with a disability or an older adult is necessarily vulnerable; however it is important to identify the added risk factors that may increase vulnerability. People with disabilities 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.

The next section outlines the key considerations in vulnerable adult protection and welfare.

**4.0. Key Principles and Considerations in Vulnerable Adult Protection and Welfare**

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

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

It is critical that the rights of vulnerable persons to lead as independent a life as possible is recognised; deprivation of the following rights may constitute abuse:

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

People with disabilities may be particularly vulnerable due to:

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

**4.1. Reporting accidents, incidents and near misses**

Lessons can be learned from accidents, incidents and/or near misses. As a result, the Anne Sullivan Centre has an ‘Adverse Event and Incident Management’ procedure in place 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. The Anne Sullivan Centre has a policy in place for incident reporting that is compliant with HSE *Safety Incident Management Policy.*

**4.2. Mandatory reporting and Consent**

Beyond the scope of this guidance document on reporting, all employees should be aware that it is a legal requirement throughout Ireland for any person who knows or believes that a serious offence has been committed including an offence relating to Rape, Sexual Assault and False Imprisonment to report such information to An Garda Síochána and it is an offence not to do so where that failure cannot be reasonably excused.

Sometimes adults do not want civil authorities to investigate or protect them from harm; People have a right to make such choices about reporting however if a criminal act is suspected, it must be reported to the civil authorities. If, upon receipt of the concern, the vulnerable adult does not give consent to reporting and it is not clear that a criminal act has taken place, and where the designated person believes that others may also be at risk of harm, consultation should take place with the civil authorities as to the best course of action. See section 8.2 of this policy for more information on considering the capacity of the vulnerable adult to give consent

The Designated Officer (See 5.0.) should not make determinations around capacity to give consent, without consultation with appropriately trained and skilled personnel.

All employees should be aware that they have a responsibility to report suspected abuse or neglect of a vulnerable person in a community-based setting. Similarly, anybody who is not an employee of the ASC is entitled to report suspected abuse or neglect of a vulnerable person in a community-based setting. There is a specific form for community-based referrals to the HSE Safeguarding team which can be accessed via the following link

<https://www.hse.ie/eng/about/Who/socialcare/safeguardingvulnerableadults/safeguardingvulnerablepersonscommunityreferralforms.html>

**5.0. Designated Officer in the Anne Sullivan Centre (to which allegations, concerns, disclosures or suspicions of abuse can be reported to)**

The role of the Designated Officers (DO) in the ASC is to ensure best practice in the management of allegations of concern regarding vulnerable adults or children. Please see ASC Child Protection Policy, Practices and Guidelines for the specific duties of the DO in relation to allegations of abuse or neglect of a child.

The DO’s within the Anne Sullivan Centre are Sorcha Nallen, Edel Coll and Karen Coleman (Board of the Anne Sullivan Centre). All concerns/reports of abuse of vulnerable adults must be immediately notified to the DO and in the event of their unavailability to the Residential and Day Service’s Manager (or most senior person on duty). The Designated Officers receives specific training on the legal and policy context in which safeguarding occurs and maintains a familiarity with key practice issues. They must understand the ASC Policy and Procedures for Protection and Safeguarding of Vulnerable Adults.

Contact details of the Designated Officers are displayed in the Anne Sullivan Centre, along with the reporting procedure.

The Contact Details and Job Title of the Designated Officers are as follows:

Sorcha Nallen. The Anne Sullivan Centre. Deafblind Communication specialist Email: snallen@[annesullivancentre.ie](mailto:hcolsonosborne@annesullivancentre.ie). Phone: 087 7462472

Karen Coleman. Member of the Board of the Anne Sullivan Centre.

Email: kacoleman2011@gmail.com

Phone: 086 3324612

Edel Coll: The Anne Sullivan Centre. ecoll@annesullivancentre.ie

The Designated Officer is responsible for:

* Providing information, advice and guidance on protection and safeguarding of vulnerable adults within the organisation and communicating the need for every person to report concerns and understand their particular role in the process.
* Receiving concerns, suspicions, disclosures or allegations of abuse regarding residents and service users or others in the community.
* Ensuring all the necessary written information/facts are included in the report of concern or allegation of abuse.
* Liaising with the HSE Safeguarding Team where necessary
* Ensuring the appropriate manager is informed and collaboratively ensuring necessary actions are identified and implemented.
* Supporting the manager and other personnel in addressing the issues arising.
* Maintaining appropriate records. Ensuring that a Confidential File is created to capture all the information required regarding the concern/allegation
* Informing staff members in the ASC of who to contact regarding concerns or allegations when they are unavailable or on leave.
* Reviewing complaints coming into the organisation to ensure that they do not have a Protection & Welfare concern for service users
* Ensuring that preliminary screening is carried out where necessary
* Ensure that safeguarding plans are drawn up where required and stored in a safe and secure location and that staff/volunteers working with service users are aware of control measures in place.

**5.1. HSE Confidential Recipient**

Grainne Cunningham is a Confidential Recipient appointed by the HSE to receive concerns and allegations of abuse, negligence, mistreatment or poor care practices in HSE or HSE funded residential care facilities in good faith from patients, service users, families, other concerned individuals and staff members. The Confidential Recipient is independent and has the authority to examine concerns raised to:

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

Grainne’s contact details are as follows:

**Grainne Cunningham,**

Office of the Confidential Recipient  
Merlin Park University Hospital  
Block B  
Old Dublin Road  
Galway  
91 N973

Free Phone:1800 949 494

Mobile: 087 665 7269

Email:grainne.cunningham@crhealth.ie

**6.0. Standard Reporting Procedure**

**6.1. Dealing with Disclosures**

**Do**: Listen, Reassure and Support.

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

**Do not:**

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

**6.2. Retrospective abuse:**

If a service-user makes a disclosure of abuse they experienced during their childhood years, the ASC Designated Officer will support that service-user to make relevant next steps, should they wish. Mandated reporting requirements only apply if there is a concern for a child under the age of 18. Any potential risk to unidentified children will also be reported to Tusla- the Child and Family Agency. The HSE National Counselling Service (NCS) provides free professional counselling/therapy to any adult who experienced abuse or neglect while they were a child. The service encourages people where possible to self- refer by ringing the FREE PHONE NUMBER 1800 234 110 during weekday hours.

**6.3. What steps do I take to deal with and report a concern/allegation of abuse regarding a vulnerable adult?**

These steps must be taken on the ***same day*** as the alert is raised.

(See Appendix 3 for summarized visual explanation)

**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.

**2. Detection and Prevention of Crime.**

Under no circumstances should a service user be left in a situation that exposes him or her to harm or to risk of harm pending an intervention. 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 Síochána immediately.

**3. Record and Preserve Evidence**

Preserve evidence through recording and take steps to preserve any physical evidence (if appropriate). ***As soon as possible on the same day***, make a detailed written record of what you have seen, been told or have concerns about and who you reported it to. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The report will need to include:

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

Remember to:

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

Once the Designated Officer receives this report, they will then store it safely in the ‘Safeguarding File’ in a locked cabinet.

**4. Report to ASC Designated Officer (Sorcha Nallen/Edel Coll/Karen Coleman) as soon as possible. This must be reported on the *same day* as the concern is raised.**

The Designated Officermust ensure the care, safety and protection of the alleged victim and any other potential victims, where appropriate. They must check with the person reporting the concern as to what steps have been taken and instigate any other appropriate steps (See Section 6)

If the Designated Officers are unavailable or on Leave, they will have left instructions and communicated to all staff who they should contact regarding safeguarding.

**6.4. How will the Designated Officer respond following notification of an internal concern/allegation? (On ASC premises)**

*Appendix 4 provides a summarized visual explanation of this process*

The Designated Officer will ensure that a Preliminary Screening process is carried out which takes account of all relevant information in order to establish:

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

The PIC will ensure that all allegations, suspicions and disclosures of abuse are notified to HIQA within three working days.

The DO may contact the HSE Safeguarding and Protection team for advice/consultation at any stage during the process.

The Designated Officer and the Residential Services Manager/Day Services manager must liaise to decide who carries out the Preliminary Screening. The screening process should be completed ***within 3 working days*** following any notification of a concern/allegation.

**6.5. Outcome of Preliminary Screening**

* The outcome of the preliminary screening is sent to the HSE Safeguarding and Protection Team through the online Safeguarding Portal <https://adultsafeguardingportal.hse.ie/web/portal/pages/home> by the Designated Officer. Actions after this point must be agreed with the HSE Safeguarding and Protection Team (Vulnerable Persons).

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

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

* A report on the Preliminary Screening will be submitted by the Designated Officer to the Residential Services Manager/Day Services Manager with a recommendation regarding proposed/required actions.

**The outcome of the preliminary screening may be:**

**A**. No grounds for reasonable concerns exist.

**B**. Additional information required (this should be specified).

**C**. Reasonable grounds for concern exist.

**A. No grounds for reasonable concern**

An outcome that there are not reasonable grounds for concern that abuse has occurred does not exclude an assessment that lessons may be learned and that, for example, clinical and care issues need to be addressed within the normal management arrangements.

**B. Additional information required**

A plan to secure the relevant information and the deployment of resources to achieve this within a specified time will be developed by the Service Manager. This may involve the appointment of a small team with relevant expertise. All immediate safety and protective issues must also be specified. A Safeguarding Plan may be put in place to formally address any issues which may have emerged during the process.

**C. Reasonable Grounds for Concern Exists**

A safeguarding planmust be developed to address the concerns. (See Section 7.0)

**6.6. How will the Designated Officer respond following notification of an alleged incident/concern relating to a vulnerable adult who is in the care of another service-provider?**

Safeguarding concerns/alleged incidents relating to adults in the care of other services must still be reported to the ASC Designated Officer. The Designated Officer then liaises with the Services Manager and the Service Manager/Designated Officer promptly contacts the other service-provider (who the person is in the care of) and good collaborative working should be undertaken; information should be shared between the ASC and the other service-provider and both organisations should discuss and agree who will take the lead role and responsibility for safeguarding of the identified person. **There should never be a delay in processing a safeguarding concern.**

If handing over the lead role and responsibility for safeguarding, the Services Manager/Designated Officer in the ASC must clarify that the other service has a DO and are able to draft a preliminary screening form. The ASC Services Manager can appoint a staff member (usually the DO) to coordinate a safeguarding plan.

If the ASC Services Manager and DO are unsure of next steps, the HSE Safeguarding and Protection team can be contacted for advice and support.

**6.7. How will the Designated Officer respond following notification of an alleged incident/concern relating to a residents/service user who is provided with services by the ASC but in their own home?**

If an ASC Outreach Worker/volunteer is providing support to an individual in that individual’s own home and a concern/allegation of abuse arises- the Outreach Worker/volunteer should inform the ASC DO and the DO informs the HSE Safeguarding and Protection team. The HSE will advise who should undertake the preliminary screening process.

**7.0.The Safeguarding Plan.**

**7.1. Development of a Safeguarding Plan**

If the preliminary screening determines that reasonable grounds for concern exist (in relation to abuse or neglect of a service-user), a safeguarding plan must be developed.

This safeguarding plan must be developed immediately, even if this can only be preliminary in nature. The Safeguarding Plan will outline the planned actions that have been identified to address the needs and minimise the risk to individuals or groups of individuals. A Safeguarding Plan will be informed by the Preliminary Screening and formulated in partnership with all relevant stakeholder parties, developed in all cases where reasonable grounds for concern exist

**7.2. Safeguarding Plan Co‐ordinator**

One lead person must be appointed to act as a coordinator of information and intervention. The responsibility for appointment of a Safeguarding Plan coordinator will be with the Residential Service Manager/Day Services Manager. The Safeguarding Plan Coordinator will arrange a full review at agreed intervals.

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

If the person has capacity (See Section 8.2) and refuses services, every effort should be made to discuss options and communicate the reasons why a safeguarding plan is needed. Time is taken to develop and build up rapport and trust. It is important to continue to monitor the person’s well-being.

If the person lacks 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.

**7.3. Timescale**

The Safeguarding Plan should be formulated, even in a preliminary form, and implemented within***three weeks***of the Preliminary Screening being completed. A Safeguarding Plan Review should be undertaken at appropriate intervals and must be undertaken *within* ***six months***of the Safeguarding Plan commencing and, at a minimum, at six monthly intervals thereafter or on case closure. The relevant Keyworker is responsible for organising the Safeguarding Plan review and inviting necessary members of multidisciplinary team if appropriate to do so.

**7.4. Content of Safeguarding Plan**

The Safeguarding Plan should include, relevant to the individual situation:

* Positive actions to safeguard the person/s at risk from abuse/neglect and to promote recovery.
* Positive actions to prevent identified perpetrators from abusing or neglecting in the future

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

**7.5. Support for service users who have experienced abuse**

Support measures for residents/service users who have experienced abuse or who are at risk of abuse will 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 resident/service user is going through the criminal justice process, including use of intermediaries, independent advocates, intervenors, etc.

Where there is a potential criminal prosecution, it is important to ensure that support is provided to the resident/service user

**7.6. Updating the Safeguarding Plan**

Updating and review of the Safeguarding Plan will be informed by all stages of the process. Discussions/meetings regarding the Safeguarding Plan will be arranged by the Safeguarding Plan Coordinator and should address the following:

* 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.
* A review of the initial Safeguarding Plan
* An assessment of current and future risk of abuse/neglect to the individual, groups of individuals, or others.
* To evaluate the need for further assessment and investigation.

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

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

**7.7. The Safeguarding Plan Review**

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.

Aims of the Safeguarding Plan review:

The Safeguarding Plan review should:

* + Establish any changes in circumstances or further concerns which may affect the Safeguarding Plan,
  + Evaluate the effectiveness of the Safeguarding Plan,
  + Evaluate, through appropriate risk assessment, whether there remains a risk of abuse or neglect to the individuals or group of individuals.
  + Make required changes to the Safeguarding Plan and set a further review date.

**7.8. Evaluating the Safeguarding Process**

The Safeguarding Plan Review process should 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.

This level of information should 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.

**7.9. Closing the Safeguarding Plan**

The DO, Residential Services and Day Services manager and (where appropriate) relevant members of the person’s multidisciplinary team must meet together and decide when to close the safeguarding plan.

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, decisions should be taken with multi‐agency 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.

**8.0. Important considerations for the Designated Officer and all others**

**8.1. Confidentiality**

All information regarding concerns, suspicions, disclosures or allegations of abuse or assessments of abuse of a resident of the Anne Sullivan centre/services should be shared, on *‘a need to know’* basis in the interests of the person, with the relevant statutory authorities and relevant professionals. Where a vulnerable adult has capacity, their consent should be sought prior to disclosing information to another agency or statutory authority

No undertakings regarding secrecy can be given. Staff, Board members and volunteers should make this clear to all parties involved. However, it is important to respect the wishes of the person as much as is reasonably practical.

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

In normal circumstances, observing the principle of confidentiality will mean that information is only communicated to others with the consent of the person involved. However, all residents/service users and where appropriate, their carers or representatives, will 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 resident/service user or others.

**8.2. Capacity**

All persons should be supported to act according to their own wishes. The Assisted Decision Making Act (ADMA) 2015 is a legal framework to support decision-making by adults who may have difficulty making decisions without help. It introduced three types of support arrangements for people who currently, or may shortly, face challenges when making certain decisions. It also provides for people who wish to plan ahead for a time in the future when they might lose capacity, by way of an advance healthcare directive, or enduring power of attorney.

**A key challenge for the Anne Sullivan Centre arises in relation to capacity and consent.** **It is necessary to consider if a resident/service user can give 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 when other barriers to consent exist, for example, where the person may be experiencing intimidation or coercion. For a valid consent to be given, consent must be full, free and informed. It is important to recognise that decision-making capacity is issue and time specific. This means that the person’s capacity to make a decision only relates to the particular decision to be made or the time at which the decision has to be made. A person may lack the capacity to make the decision in question at one time of the day but may have the capacity to make the same decision a few hours later.

It is important that all residents/service users are supported in making their own decisions about how they wish to deal with concerns or complaints. Residents/Service users 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.

**8.3. Advocacy**

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

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 actual abusive situations.

The Anne Sullivan Centre has an Advocates policy based on the needs of residents and their various communication methods, facilitated by staff, volunteers and family members.

Sage Advocacy Service and the National Advocacy Service can be contacted for further advice or information.

**8.4. Complaints**

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

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

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

All cases of alleged or suspected abuse must be taken seriously. All staff must inform their line managers immediately. Ensuring the safety and well‐being of our residents and service users is the priority consideration for the Anne Sullivan Centre (See Section 2). The Anne Sullivan Centre has a Comments, Compliments and Complaints Policy which all staff must be familiar with.

The Anne Sullivan Centre nominated Complaints Officer is Colm Lennon

Email:clennon@annesullivancentre.ie

**8.5 Record Keeping**

It is essential to keep detailed and accurate records of concerns, suspicions, disclosures or allegations of abuse and of any subsequent actions taken. 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. Records in relation to concerns regarding abuse or neglect are stored in a ‘safeguarding file’ in a locked cabinet. Access is available on a need-to-know basis from Designated Officers, the CEO or the Residential Service Managers and Day Service Manager.

**8.6. Recruitment and Selection**

Safe recruitment is an integral part of good safeguarding practice. In addition to standard good HR practice (See ASC Recruitment policy), the ASC will:

· Secure garda vetting, and police clearance for all jurisdictions

· Ensure all staff receive induction in Policy and Procedures for the Protection and Safeguarding of Vulnerable Adults as well as refresher or updating training

* Ensure that proof of address is provided before commencement of employment
* Professional supervision and support is provided to all staff working in the ASC
* Staff complete the HSEland module on the *National Standards for Adult Safeguarding: Putting the standards into Practice.* Training on the ASC's Safeguarding of Vulnerable Adults policy also take place during induction.

**8.7. Empowerment**

The Anne Sullivan Centre recognises that all service-users and residents have the right to live as independent a life as possible and are committed to providing every possible support to ensure that happens. While there is a need to recognise risk and prevent residents and service-users from harm, the Anne Sullivan Centre encourages positive risk-taking and supports individuals to pursue their goals and preferences, both on a daily basis through encouraging free choice as well as through the Person-Centred Planning process.

**9.0. Working with adults in external services or in external settings**

ASC personnel may have reason to visit or work in other services or with adults as an integral part of their roles e.g. outreach or advocacy. While ASC personnel may not be working directly in these services or with adults, they need to be aware of good practice in relation to safety and welfare and to be familiar with safeguarding reporting procedures.

On initial contact with a third-party service as an ASC representative you should:

· Introduce yourself and identify and explain your role

· Clarify the ways you expect to be working with the service e.g. visits, meetings with individuals or groups / teams, providing advice, guidance, mentoring, monitoring compliance etc.

· Explain that ASC employees work in accordance with this Protection and Safeguarding Policy

· Information on or images of vulnerable adults will not be recorded by ASC staff unless the person (or their family member/advocate) has given their consent for their photo to be taken and the taking of images is specifically related to the role of the staff member and they are doing so with the understanding of the management team in the ASC

· Refer to ASC’s Policy and Procedures on the Protection and Safeguarding of Vulnerable Adults and explain your obligations under this policy.

· Inquire if the service has a Designated Safeguarding Officer or other person you should speak to should a safeguarding concern arise in the course of your contact.

· Outline your ethical responsibility to ensure no adult is placed at risk or left in an unsafe situation and your obligations to report any safeguarding concerns to the DO in the ASC.

· Agree what procedure you will be following in the event of a concern arising i.e. who in the service you should contact initially and what their procedures are for dealing with a concern from a third party.

Should you at any time have a concern that practice in a service or setting is placing adults at risk you must report your concern to the Designated Safeguarding Officer in the ASC who will discuss with you what action should be taken.

**10.0. In the event of allegations against ASC personnel or any person working on behalf of or contracted by the ASC**

In situations where the allegation of abuse arises in respect of a staff member, board member, volunteer, student placement or consultant working on behalf of the ASC, there must be appropriate linkage between the HSE Trust in Care Policy (2005), the ASC HR policies and the HSE safeguarding Policy. Guidance for managing an allegation of abuse against a staff member is provided below.

The paramount priority and the guiding principle is the safety and welfare of the service user whilst respecting the employee’s rights and reputation. Therefore, there should never be an undue delay undertaking protective plan or measures

**10.1. Management of an Allegation of Abuse: Preliminary Screening**

Senior Managers and Team Leaders are responsible for maintaining the required standards of care within their area of responsibility and for dealing with any shortfalls in standards or reports of suspected or alleged abuse. Where a manager/team leader receives a concern/allegation of abuse, a preliminary screening should be carried out to establish the facts pertaining to the complaint. When dealing with the concern/allegation, the manager should ensure, insofar as possible, that confidentiality is maintained and the rights of the staff member against whom the allegation is made are upheld throughout the process.

If the designated officer to whom the allegation or suspicion of abuse is reported is also the line manager of a staff member against whom the allegation/suspicion is directed, then responsibility for liaising with the HSE Safeguarding team should be delegated to another appropriate manager or the second designated officer (Karen Coleman) and the line manager should continue to manage the staff member.

The purpose of the preliminary screening is to ascertain if it is possible that an abusive interaction could have occurred. The preliminary screening of the complaint should be carried out by the immediate line manager of the person against whom the allegation is made. Under no circumstances should the preliminary screening attempt to establish whether or not the staff member did or did not abuse a service-user. The manager’s role regarding preliminary screening must include the following:

* The manager must immediately notify the staff member against whom the complaint is made of the details of the allegation and advise him/her that a preliminary screening process is being undertaken. The staff member must be advised in advance of his/her right to be accompanied at this meeting by a union representative or work colleague
* The manager must ensure that the details of the alleged or suspected abuse are documented and the staff member to whom the allegation/ suspicion is directed must receive a copy of these notes.
* The manager must consult with another member of management or appropriate professional colleague before he/she makes a final decision as to whether or not an abusive interaction could have occurred
* The CEO will be informed with due regard for privacy and fair procedure of the individual involved.
* In keeping with the ASC Code of Conduct (See Appendix 5), should a statutory investigation or criminal proceedings be undertaken against an employee in relation to a vulnerable adult outside the context of an employee’s role, this must be reported to HR.
* Should the allegation pertain to a senior manager or CEO then the Designated Officer who sits on the ASC Board will undertake these measures on behalf of the ASC
* Should an allegation of abuse or inappropriate conduct in relation to a child or young person be made against an ASC employee, please refer to the ASC Policy and Procedures on the Protection and Safeguarding of Children

If the manager is satisfied that an abusive interaction **could not** have occurred, and no further action is warranted, s/he should keep a record of the decision on the staff member’s personnel file. The record should contain details of the precise nature of the allegation and state that a preliminary screening in respect of the complaint has been carried out in accordance with the HSE Trust in Care Policy (2005); it should state who made the decision and the reasons why the abusive interaction could not have occurred and why it is not necessary to proceed to a formal investigation. The purpose of this record is to uphold the rights of the staff member concerned.

If an abusive interaction **could have** occurred, then the Designated Officer should communicate the findings to the HSE Safeguarding team and the PIC should notify HIQA by submitting a NF06. If the information available does not rule out concern for a service user and more information is required, this should also be notified to the safeguarding protection team. The staff member involved will be informed that an NF06 form will be sent to HIQA (Chief Inspector) and that the ASC will cooperate fully with any assessment or investigation that ensues. This should be undertaken within three working days. Where there is an allegation of other misconduct by a member of staff or the registered provider, the Chief Inspector should be notified using the NF07 form.

Any information shared or notified to the Safeguarding Team should relate to the service user’s information only and does not give any identification information on a staff member as a person of concern. Such a submission is for notification purposes and the safeguarding team has no role or oversight on the Trust in Care process. The Safeguarding preliminary screening therefore may need to be limited in certain details about the allegation, recording only that there are follow up investigations ongoing such as Trust in Care and if necessary notification to An Garda Siochana. If further information is needed or reasonable grounds for concern exist, a Safeguarding plan for the service user and a safeguarding co-coordinator is needed. At the conclusion of the Trust in Care process, only information that is relevant to the Safeguarding plan for any service user should be notified to the HSE Safeguarding Team, the ASC Designated Officer and the Safeguarding Coordinator.

Following advice from the HSE Safeguarding team, an internal investigation under the ASC’s Disciplinary and Grievance Policies may be undertaken. If it is decided that a formal investigation is warranted, a meeting should be arranged to advise the staff member of the intention to carry out a formal investigation. The staff member should be advised of his/her right to be accompanied at this meeting by a union representative or work colleague. The staff member should be given details of the complaint at the meeting and afforded an opportunity to make an initial response if s/he so wishes. S/he should be advised as to what happens next and informed that he/she cannot make contact with the complainant.

The staff member should be advised of support and counselling services that are available.

**11.0. In the event of allegations against another service-user**

In the event that the concerns or allegations of abuse pertains to a service user, the plan must ensure that relevant professional advice on the appropriate actions is sought which may include, for example, a behavioural support programme. The same procedure outlined in this document will apply.

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

**12. Roles and Responsibilities**

**12.1. Responsibilities of all ASC staff, board members, consultants, students and volunteers.**

* Promote the welfare of residents/service users in all interactions.
* Be aware of the Anne Sullivan Centre policy and any local procedures, protocols and guidance documents.
* Comply with the Anne Sullivan Policy and Procedure to ensure the safeguarding of residents/service users from all forms of abuse.
* Support an environment in which residents/service users are safeguarded from abuse or abusive practices through the implementation of preventative measures and strategies.
* Avail of any relevant training and educational programmes.
* Be aware of the signs and indicators of abuse.
* Support residents/service users to report any type of abuse or abusive practice.
* Ensure that any concerns or allegations of abuse are reported to HIQA and the HSE Safeguarding Team in accordance with this policy.

**12.2. Additional responsibilities of Team Leaders in the Anne Sullivan Centre**

* Ensure that staff, Keyworkers, volunteers, residents/service users and their families are aware of the Anne Sullivan Centre Safeguarding policy.
* Promote a culture of zero tolerance for any type of abuse or abusive practice.

**12.3. Additional responsibilities of Residential Service Managers**

* Ensure that all staff and volunteers have read and are aware of the policies/procedures/guidelines pertaining to the safeguarding of service users.
* In conjunction with the DO, ensure that all employees / volunteer staff receive the appropriate training about the implementation of this policy.
* Ensure that (where relevant) the DO has organised the preliminary screening process in accordance with this policy
* Ensure training in safeguarding is part of the Induction Programme for everyone involved in the service.
* Ensure that any concerns or allegations of abuse are managed in accordance with the policy.
* Ensure that a Safeguarding Plan Coordinator is appointed where a safeguarding plan is agreed and ensure timely review of Safeguarding Plans

**12.4. Additional responsibility of the CEO**

* Ensure there is a named Designated Officer in place in the ASC
* Ensure that this policy and procedures is made available in an accessible format to all employees and volunteers, residents/service users and their advocates/families.
* Ensure this policy is reviewed and the implementation of this policy is evaluated

**13.0. Evaluation and review of the policy**

It is the responsibility of the CEO to ensure that the implementation of this safeguarding policy is evaluated using effective auditing procedures. The CEO will also ensure that the policy is reviewed at minimum every three years or as needed.

This review and evaluation process will indicate any specific training needs of staff and volunteers in relation to the implementation of this policy.

A record of all incidents, allegations and suspicions of abuse will be recorded by the DO and stored in a secure and confidential location.

***Appendix 1 – NF06 – these notifications are completed on the HIQA portal*** [***www.hiqa.ie***](http://www.hiqa.ie)

***Appendix 2***

***Definitions, Examples and Indicators of Abuse***

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

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

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

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

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Abuse: Cyber** | | | |
|  | **Definition** |  | Cyber abuse is online (internet, email or on social media) bullying, intimidation, scamming, harassment or coercion |
|  | | |
|  | **Examples** |  | offensive comments on videos or posts, spreading rumours online, hacking into your online accounts, posting offensive or intimate images, abusive messages or slagging on social media platforms. |
|  | | |
| **Indicators** | | | Isolation from family or social networks, spending more time on social media, spending less time on social media, seeming distant/upset/angry after using social media, being secretive about who they are talking to online. |

**Appendix 3**

**When a Concern Arises.**

Concern/complaint arises or is raised (e.g. member of public/staff member/other agency etc)

Day1

* Staff immediately ensure the safety of the client\*
* Staff immediately contact the Team Leader on shift
* Staff outlines in writing all relevant information
* Team Leader/Residential Services Manager/Day Services manager ensures that the Designated Officer receives the report
* Designated Officer Manager may ring HSE Safeguarding Team for advice

\*Contact An Garda Siochana in the event of a suspected criminal activity or emergency

The Person in Charge will give notice of the allegation (suspected or confirmed) to the Chief Inspector (HIQA)

Designated Officer will ensure that preliminary screening is carried out and all necessary actions are taken

The Designated Officer will notify the HSE Safeguarding and Protection Team and may also contact them for advice at any stage during the process

**Within 3 working days**

ASC Designated Officers:

Sorcha Nallen: snallen@annesullivancentre.ie. Phone: 087 7462472

Karen Coleman: kacoleman2011@gmail.com Phone: 086 3324612

Edel Coll: ecoll@annesullivancentre.ie

***Appendix 4***

***The Preliminary Screening Process in the ASC***

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

Note: all allegations, (suspicions and confirmed) must be notified to HIQA within three working days.

Designated Officer receives notification of concern/allegation

Designated Officer (DO) must ensure that a preliminary screening is carried out. The Residential Services Manager (RSM)/Day Services Manager and the DO must liaise to decide on who will carry out the screening process. A report of the findings must be sent to the services manager. The purpose of this is to establish if there are any grounds for concern.

The outcome of any assessment/inquiry following preliminary screening must be reviewed with the HSE Safeguarding and Protection Team (Vulnerable Persons) and a plan agreed to address necessary actions

The outcome of the preliminary screening is reported to the HSE Safeguarding and Protection Team by the Designated Officer and actions after this point must be agreed with the HSE

Safeguarding Plan

Immediate safety /Safeguarding Planissues addressed

Lesson for clinical/care service

Additional information required

Reasonable grounds for concern exist. Immediate safety issues to be addressed

No grounds for further concerns /investigations

Within 3 working days

Preliminary Screening

**Appendix 5**

**ASC Code of Conduct (For more detailed information see Employee Handbook)**

Employees are expected to maintain the highest standard of conduct at all times in both personal and professional behaviour.  The standards required of employees include the following:

         Respect for others

         Honesty and integrity

         Confidentiality

Employees who work directly with our service users are required to ensure service users are not left inappropriately unattended at any time. If for any reason you need to leave a service user you must ensure that another staff member or other appropriate person is available to supervise the safety of the service user during your absence.

These basic standards are designed to make the workplace a more pleasurable environment in which to work.  We expect everyone to act accordingly and contribute towards the team environment.  In addition, employees are expected to comply with reasonable oral or written instructions received from any senior employee.