



WINDMILL THERAPEUTIC TRAINING UNIT CLG

SAFEGUARDING AND PROTECTION OF VULNERABLE PERSONS AT RISK OF ABUSE

POLICY AND REPORTING PROCEDURES

Aligned with National Safeguarding Policy January 2016.

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1.0 SAFEGUARDING POLICY STATEMENT

The Aim of Windmill is that of supporting adults with mild to moderate intellectual disability to develop and employ the skills necessary to enable them achieve a sense of self-worth, self-actualization and to achieve their rightful place in their community as equally valued citizens.

Windmill is committed to the protection and promotion of the Human Rights of those who access the Service.

Windmill aims to provide a person centred Day Service and is committed to promoting and maintaining a culture of respect in which the welfare and dignity of those who access the Service is safeguarded and in which abuse is proactively prevented.

In so doing Windmill takes a **NO TOLERANCE OF ABUSE** approach.

This policy and procedural document is aimed at the prevention of any forms of abuse, and aims to ensure that alleged or suspected abuse is addressed promptly, sensitively and equitable to all parties involved, in line with the Safeguarding Vulnerable persons at Risk of Abuse National Policy and Procedures. 2014

1.1 Scope of this Policy

This policy covers the safeguarding and protection of those who access Windmill Service and for the purposes of this policy are understood as Vulnerable Adults. It also addresses the reporting and management of allegations of abuse by someone entrusted with the care and support of people in a paid or unpaid capacity. This includes:-

- All staff members.
- Volunteers
- People on training
- Students on placement
- Directors
- Anyone entrusted with the care and/or support of those who access windmill.

This policy also covers:

- Suspicions or allegations of abuse by a person using Windmill service against another person who uses the service

- The reporting of suspicions or allegations of abuse against children (in line with "Children First"), See Appendix 3 - Child Protection Policy and Procedures
- The reporting of suspicions or allegations of abuse against the elderly (in line with "Elder Abuse")

2. DUTY OF CARE AND RESPONSIBILITIES.

2.1 Staff members / Volunteers

All staff and all people, whether paid or unpaid, who are entrusted with the care or support of those who access the service have a legal and professional duty of care in the protection of vulnerable adults.

All staff / Volunteers and people using Windmill TTU's service are bound by this policy and supporting procedures and are required to have an awareness and understanding of this policy and procedures.

It is the duty of all Windmill staff to safe guard vulnerable adults who access Windmills service, against all forms of abuse, and to place the safety and welfare of vulnerable adults above all other consideration and in line with Trust in Care document. It is their responsibility to know their duty of care, their safeguarding and reporting responsibilities under this policy and to make themselves aware of the signs of abuse, and be familiar with the definitions, examples and indicators of abuse.

(See appendix 1 for definitions, examples and indicators of abuse).

Your Duty of Care

It is the responsibility of all staff and volunteers to report immediately any concern/s in relation to the abuse of a vulnerable person to Windmills Designated Officer/s.

It is the responsibility the staff member/s, in conjunction with the Designated Officer/s where possible, to take immediate actions to safeguard anyone at immediate risk of harm including seeking, for example, medical assistance or the assistance of An Garda Siochana, as appropriate and in line with the following procedures.

Accident, incidents, near misses and unusual presentations.

The recording and monitoring of accidents, incidents and/or near misses and records of unusual presentations, can assist in the identification of risk such as recurring patterns or risks to safety which may need to be managed. Accordingly all accidents, incidents and/ or near misses should be recorded in Windmills accident, incident near miss and record of presentation reporting and recording system.

Recording

Staff, together with the designated Office where possible, also have a responsibility, under their duty of care, to record information in relation to allegations or concerns of abuse. In making a report or referral, it is essential to be clear whether the vulnerable person is at immediate and serious risk of abuse and if this is the case, it is essential to outline the protective actions taken. The report/referral may also contain the views and wishes of the vulnerable person where these have been or can be ascertained.

After ensuring the vulnerable persons safety, staff complete the **Staff members Report of Safeguarding and Protection Concerns**, form (See attached, Appendix 2 Safeguarding and protection reports and forms) and return to the Designated Officer before the end of the working day.

2.2 Designated Officers:

For the purposes of this policy the Designated Officers are JOAN MAC DONALD AND LINDA KELLY.

It is the responsibility of the Designated Officers to:

- Receive concerns of allegations of abuse regarding vulnerable persons.
- Collate basis information.
- Collaborate with management to ensure that the necessary actions are identified and implemented.
- Ensure all reporting obligations are met (internally to the Service and externally to the statutory authorities).
- Support management and other personal in addressing the issues arising.
- Maintain appropriate records.

2.3 Management

Management have the responsibility to

- Promote a culture of Zero tolerance for any type of abuse or abusive practice.
- Observe their duty of care as staff members of Windmill.

- Ensure that internal policy is in line with Safeguarding Vulnerable Persons at Risk of Abuse National policy and Procedures 2014.
- Ensure that all employees / volunteers are informed of and have access to the Policy and maintain a record of all employees / volunteer staff members "sign of" on policy procedures guidelines pertaining to the safe guarding of vulnerable adults.
- Ensure that safeguarding is part of the induction Programme for everyone involved in the Service.
- Ensure that those who access the Service are informed of policy and procedures in an accessible format and that same Policy and Procedures are made available to them and their advocates/families
- Ensure that any concerns of allegations of abuse are managed in accordance with policy.
- Ensure that Windmill's designated officer/s names and contact details are on display in Windmill.
- Ensure that preliminary screening responsibilities are assigned and that preliminary screenings occur as appropriate.
- Ensure that a safeguarding co-ordinator / lead person is appointed to co-ordinate information and intervention and to ensure the arrangement of reviews at agreed intervals.

3.0 VULNERABLE PERSON

Definition:

For the purpose of this document a Vulnerable Person is any adult who may be restricted in capacity to guard himself/herself against harm or exploitation or to report such harm or exploitation. Restriction of capacity may arise as a result of physical or intellectual impairment. Vulnerability to abuse is influenced by both context and individual circumstances. (Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures. 2014)

4.0 ABUSE

Definition:

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

This definition does not include self-neglect which is an inability or unwillingness to provide for oneself. Self-neglect is dealt with in Self-Neglect Policy .

4.1 Types of Abuse

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

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

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

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

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

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

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.

4.2 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.

Familial Abuse

Abuse of a vulnerable person by a family member.

Professional Abuse

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

Peer Abuse

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

Stranger Abuse

Abuse by someone unfamiliar to the vulnerable person.

4.3 Where might abuse occur?

Abuse can take place anywhere in any setting, such as and including, in a Service, in the persons home, in a community setting.

4.4 Abuse of Vulnerable person, Special considerations.

Abuse of a vulnerable person may be a single act or repeated over a period of time. It may comprise one form or multiple forms of abuse. The lack of appropriate action can also be a form of abuse. Abuse may occur in a relationship where there is an exception 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 different forms. There are several forms of abuse, examples of which are seen in Appendix 1. Any or all forms of abuse may be perpetrated as 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.

Windmill recognises and aims to support the rights of Vulnerable People to lead as normal life as possible. In pursuit of this aim we recognise that deprivation of the following 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.

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

- Diminished social skills
- Dependence on others for personal and intimate care
- Capacity to report
- Sensory difficulties
- Isolation
- Power differentials

(Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures. 2014)

4.6 Adults who become vulnerable have the right

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

(Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures. 2014).

Windmill aims to support those who access the Service in achieving their rights).

5.0 NON ENGAGEMENT

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 co-operate with the HSE and the HSE continues to have concerns, the HSE will need to consider the issue of capacity and in that regard the following will be noted:

- There is a presumption that all adults have capacity.
- An adult who has capacity has the right not to engage with the HSE or any services, if they so wish.
- If there is a concern that an adult is vulnerable and may or may not have the capacity to make decisions, the HSE may well have obligations towards them.
- The HSE should consider whether the non-co-operation of the individual may be due to issues of capacity, is voluntary or if it could stem from for example some form of coercion.

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. Inter-agency collaboration is particularly important in these situations.

6.0 PREVENTION OF ABUSE.

(for greater detail consider in conjunction with Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures 2014, section 7.0 Building Blocks for Safeguarding and promoting Welfare)

Windmill is committed to the protection and promotion of the Human Rights of all those who access the Service. Windmill is committed to promoting and maintaining a culture of respect in which the welfare and dignity of those who access the Service is safeguarded and in which abuse **is proactively prevented**. In so doing Windmill aims to operate the following practices and principles:

- **An Open Culture.**

The operation of a culture of zero tolerance of abuse. Crucial to the successful safeguarding of vulnerable persons is an open culture with a genuinely person centred approach, underpinned by a zero tolerance policy towards abuse and

neglect. Windmill aims to nurture an open culture where people can feel safe to raise concerns.

- **A Person Centred Service:**

The provision of a Person Centred Service to the individuals who access the Service in which the individual is placed at the centre of his/ her person centred planning process. The focus of the planning process being to enable the ongoing identification and realization, of the each individual's choices, goals, dreams, ambitions and potential.

- **Advocacy:**

Enabling advocacy and enabling people to know their rights, including the right to be free from abuse. Supporting Service Users to have access to relevant and accurate information and advocacy supports, with the aim of enabling them to represent their own views, wishes and interests, especially when they find it difficult to express them and thus enabling each individual make their own informed choices.

- **Inclusion:**

The aim of reducing isolation and promoting the inclusion of those who access Windmill into the wider community. Reducing isolation 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.

- **Risk Management and Empowerment:**

The employment of positive risk taking assessment and management practices which aims to minimise the likelihood of risk, (including risk of abuse), or its potential impacts while respecting the individuals' right, in so far as is possible, to self-determination, independence and ambition to live a normalized life of their choice. Staff awareness of the common abuse risk factors helps to prevent abuse.

Research literature indicates that common personal risks of abuse factors vulnerable persons may face include:

- Diminished social skills / judgement
- Diminished capacity
- Physical dependence
- Need for help with personal hygiene and intimate body care.
- Lack of knowledge about how to defend against abuse.

Research literature indicates that the common organisational risk factors that vulnerable persons may face include:

- Low, insufficient staffing levels
 - High staff turnover
 - Lack of policy awareness
 - Isolated services
 - A neglected physical environment
 - Weak / inappropriate management
 - Staff competencies not matched to service requirements
 - Staff not supported by training / ongoing professional development.
- **Good Safeguarding Policy and Procedures:**

Windmill is committed to the development and employment of organisational policy and procedures that ensure good practice and a high standard of Service provision.

7.0 KEY CONSIDERATIONS IN RECOGNISING ABUSE.

7.1 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.

(Safeguarding Vulnerable Persons at Risk of abuse National Policy & Procedures, 2014).

7.2 Early detection.

All windmill personnel needs 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 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.

(Safeguarding Vulnerable Persons at Risk of abuse National Policy & Procedures, 2014).

7.3 Barriers for Vulnerable Persons Disclosing Abuse.

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

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

Staff in publically funded Services should be aware that safe guarding vulnerable persons is an essential part of their duty. Staff must be alert to the fact that abuse can occur in 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. (See appendix 1 for definitions, examples and indicators of abuse. See Section 2 attached for reporting procedures. (Safeguarding Vulnerable Persons at Risk of abuse National Policy & Procedures, 2014).

7.4 Considering the possibility

The possibility of abuse should be considered if a vulnerable person appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the vulnerable person seems distressed without obvious reason or displays persistent or new behavioural difficulties. The possibility of abuse should also be considered if the vulnerable person displays unusual or fearful responses to carers or others. A pattern of ongoing neglect should also be considered even when there are short periods of improvement. Financial abuse can be manifested in a number of ways, for example, in unexplained shortages of money or unusual financial behaviour.

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

(Safeguarding Vulnerable Persons at Risk of abuse National Policy & Procedures, 2014).

7.5 Capacity

All persons should be supported to act according to their own wishes. Only in exceptional circumstances (and these should be communicated to the service user/resident when they occur) should decisions and actions be taken that conflict with a person's wishes, for example to meet a legal responsibility to report or to prevent immediate and significant harm. As far as possible, people should be supported to communicate their concerns to relevant agencies.

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

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

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

(Safeguarding Vulnerable Persons at Risk of abuse National Policy & Procedures, 2014).

7.6 Complaints

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

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

- Reported anonymously
- Come to attention as a complaint made through Windmills complaints Policy and procedure or through HSE and which applies to all service who receive funding from HSE “Your Service Your Say” the Policy and Procedures for the management of consumer feedback in the which applies to all service who receive funding from HSE

Whatever the manner a complaint is received the duty of care responsibilities remain and apply.

It is the aim of Windmill that all and any cases of alleged or suspected abuse are taken seriously and receive a prompt response. It is Windmills aim to ensure that concerns or allegations of abuse be assessed, regardless of the source or date of occurrence. In the case of an anonymous complaint the quality and nature of information available in the anonymous complaints may impact on the capacity to assess and respond appropriately. Windmill aims to pay particular attention complaints which are suggestive of abusive or neglectful practices and which indicate a degree of vulnerability.

Windmills aims to create a culture of openness, however, even within a culture of openness and zero tolerance of abuse it may not be easy for individuals, particularly vulnerable adults to make a complaint or a disclosure of abuse and may need support to use a complaints procedure.

8.0 LISTEN REASSURE AND SUPPORT

If a 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.

Do not

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

9.0 CONFIDENTIALITY

Windmill aims to ensure that all information about individuals who access Windmill is managed appropriately in Line with the HSE Record Management Policy and that Windmill personnel observe confidentiality in line with Confidentiality agreement. Windmill aims to observe professional and legal responsibilities with regard to confidentiality and the exchange of information regarding vulnerable adults.

Windmill aims to ensure that all information regarding concerns or allegations of abuse or assessments of abuse of a vulnerable person be shared on 'a need to know' basis in the interests of the vulnerable person, with the relevant statutory authorities and relevant professions.

Whilst no undertakings regarding secrecy can be given, even where there is a conflict between an individual's legal 'Duty of Care to report' and the wishes of the vulnerable person, it is important to respect the wishes of the vulnerable person as much as reasonable practical.

The Criminal Justice (withholding of information on Offences against Children and Vulnerable Persons) Act 2012 came into force on 1st of August 2012. The main purpose of the Act is to create a criminal offence of withholding information, from An Garda Síochána, relating to the commission of a serious offence, including a sexual offence, against a person who is under 18 years or an otherwise vulnerable person. (Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures. 2014). Confidentiality, regarding a staff member or Volunteer or person against who has been identified in an allegation, concern or complaint of abuse, should be maintained in line with Trust in Care Document and in so far as it is possible to do so whilst ensuring the safety and wellbeing of the vulnerable person is the priority consideration.

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.

9.1 DATA / INFORMATION RECORDING.

It is staff members' responsibility and part of their duty of care to provide an immediate response and to report and inform on the same day that the concern is raised.

The designated Officer/s and/or management must ensure the care, safety and protection of the victim or any other potential victims, where appropriate. He / she must check with the person reporting the concern as to what steps have been taken and instigate any other appropriate steps.

The reporting staff's initial report will be made to the Designated Person on **Report Form: "Staff member report of safeguarding and protection Concerns - Appendix 2"** and forwarded to the Designated Person before going off duty that day.

In making a report or referral it is essential to be clear whether the vulnerable person is at immediate and serious risk of abuse and if this is the case, it is essential to outline the protective actions taken. The report/referral may also contain the views and wishes of the vulnerable person where these have been or can be ascertained.

In making a report ensure to record and preserve (if appropriate) any physical evidence.

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

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

10.0 Detection and Prevention of Crime

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

11.0 Management of an allegation of Abuse against a Staff Member

In situations where the allegation of abuse arises in respect of a member of staff then the Trust in Care Policy and the HSE policies for Managing Allegations of Abuse against Staff Members will be followed.

The safety of the service user is paramount, and all protective measures proportionate to the assessed risk must be taken to safeguard the welfare of the service user.

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.

Protected Disclosures

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

exception is where an employee has made a report which he/she could reasonable have known to be false.

Procedure for making a Protected Disclosure

The HSE has appointed an "Authorised Person" to whom protected disclosures may be made. Employees are required to set out the details of the subject matter of the disclosure in writing on the Protected Disclosures of Information Form and submit it to the Authorised Person at the following address:

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

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

E. in certain limited circumstances, an employee may make a protected disclosure to a *Scheduled body or a professional regulatory body*.

Signed: _____ Date: _____
Head of Unit

Signed: _____ Date: _____
Board Member

Part 2

Procedures

Staff Members

Procedure for Responding to Concerns or Allegations of Abuse

1. Concern Arises

Staff member has a concern of abuse

Or

Staff member/s receives a concern / allegation / disclosure/complaint of abuse

2. Immediate Protection

Staff member/s takes any immediate actions to safeguard vulnerable adult at immediate risk of harm. (together with designated Officer if possible)

3. Report and Record

Staff member/s completes and returns to designated Officer, by end of the working day, the

“Staff Member/s Report of Safeguarding and Protection Concerns” form

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.

Do not : Appear shocked. Press the individual for details. Make judgements. Promise to keep secrets. Give sweeping reassurances.

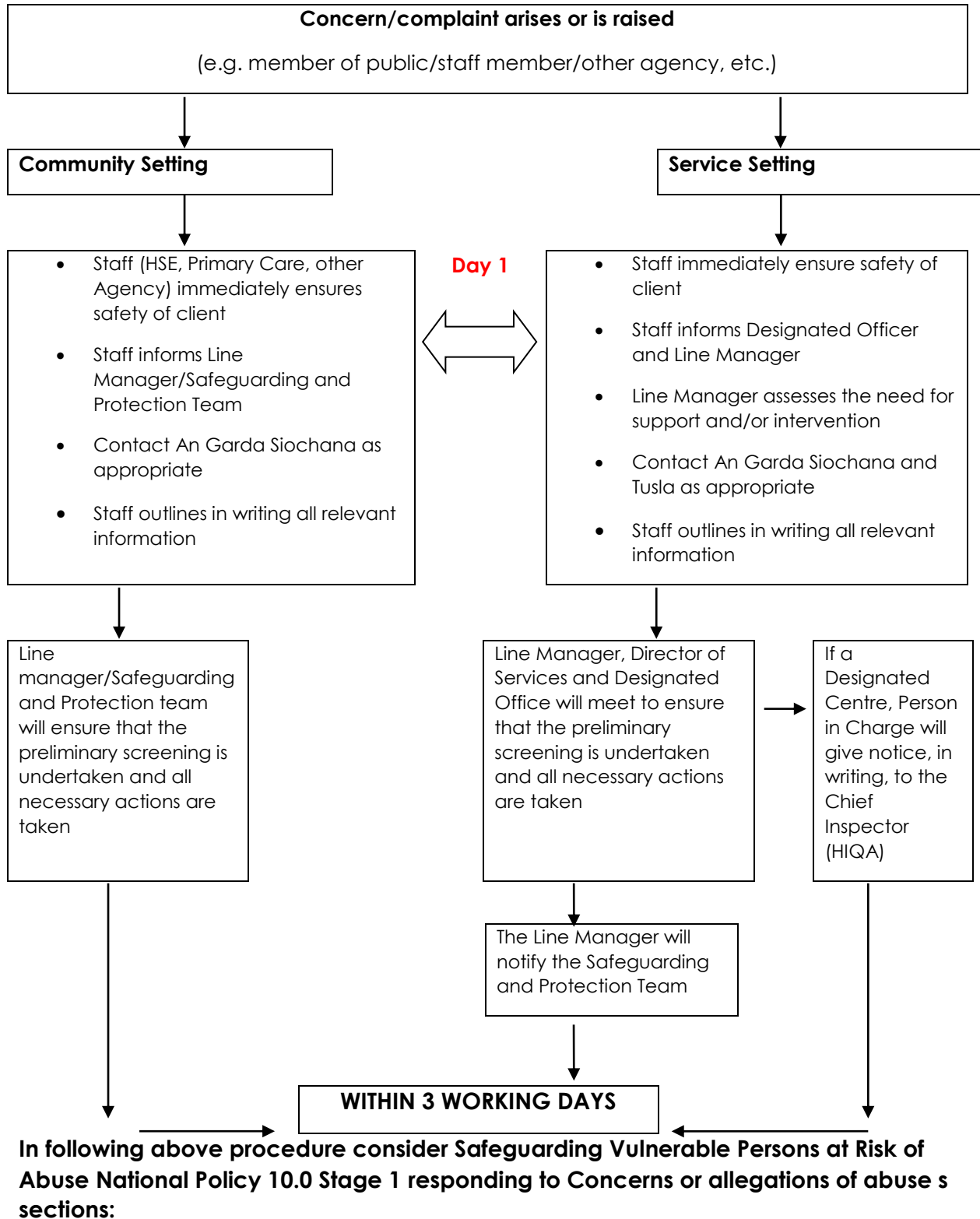
Note:

It may be appropriate to contact An Garda Síochána, such as where there is a concern that a serious offence may have taken place, or a crime may be about to be committed. The HSE Safeguarding and Protection Team (vulnerable Persons) can be consulted at any time in the process. A written note must be kept of any such consultations.

Procedure for Responding to Concerns or allegations of Abuse.

Stage 1 – Concern Arises

Flow Chart 1



- **10.0 stage 1: responding to concerns or allegations of Abuse.**

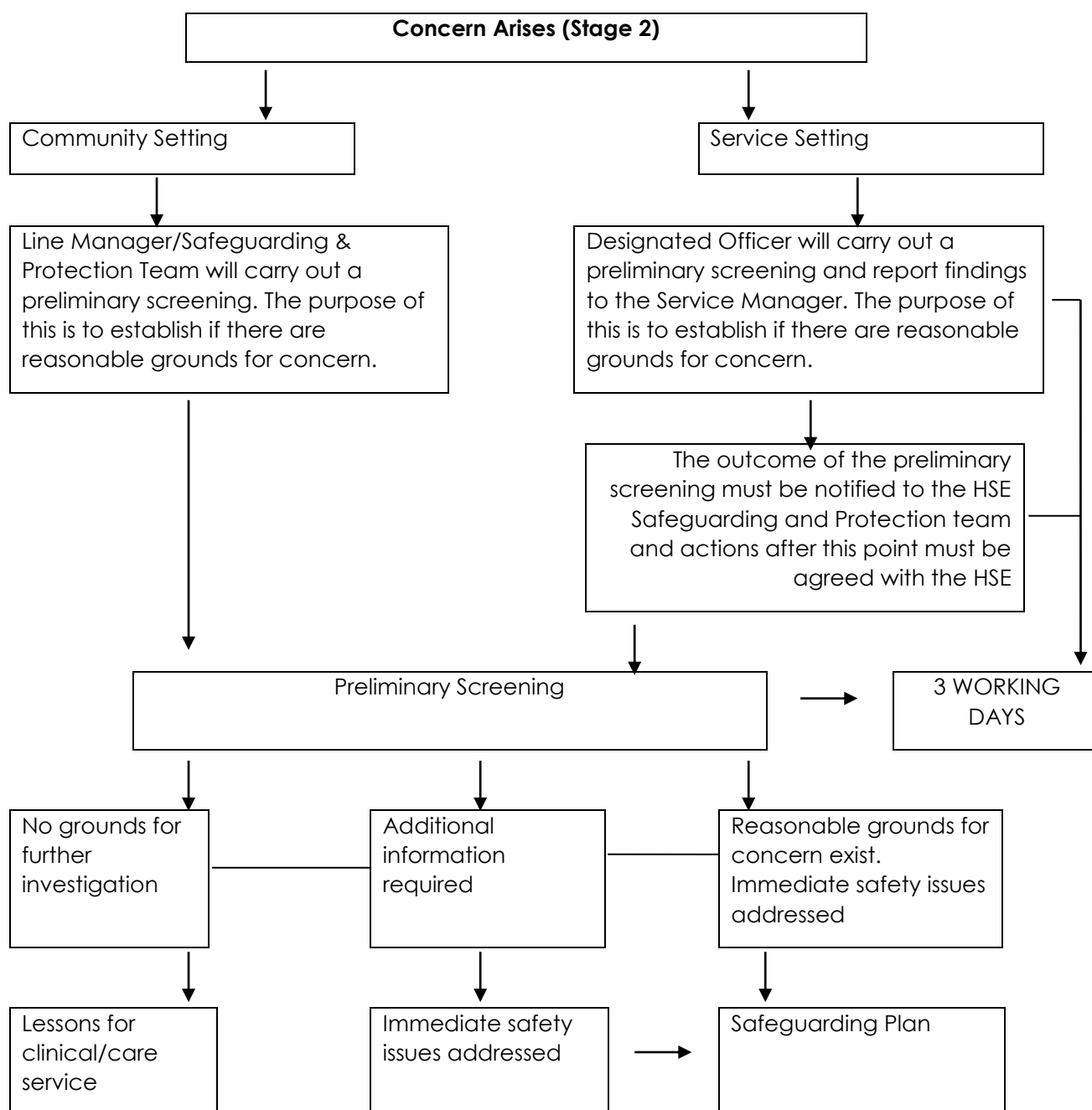
Procedure for Preliminary Screening

(In following below procedure refer to Safeguarding Vulnerable Persons at Risk of Abuse National Policy, 11.0 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 Persons) or An Garda Síochána. In such instances, a written note must be kept of any such consultation.

Flow Chart

2



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

In following above procedure consider Safeguarding Vulnerable Persons at Risk of Abuse National Policy 11.0 Stage 2 and 12.0 stage 2a Sections as below:

Stage 2

- 11.1 stages of Preliminary Screening
- 11.1.1 ensuring Immediate Safety and support
- 11.1.2 Information Gathering
- 11.1.3 Involvement of Staff member
- 11.1.4 Involvement of a service User
- 11.2 outcome of Preliminary Screening
- 11.2.1 No grounds for reasonable concern
- 11.2.2 Additional information required
- 11.2.3 Reasonable grounds for concern exists

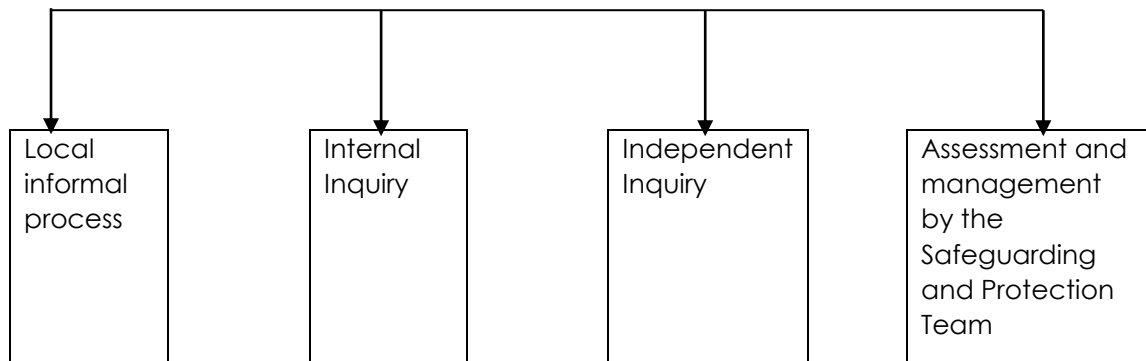
Stage 2a

- 12.0 Stage 2a The safeguarding Plan
- 12.1 Safeguarding plan Co-ordinator
- 12.1.1 Timescale
- 12.1.2 Formulating the Safeguarding Plan
- 12.1.3 Support for Vulnerable Adults
- 12.1.4 Updating the safeguarding plan
- 12.2 The Safeguarding Plan Review
- 12.2.1 Aims of the safeguarding Plan Review
- 12.2.2 Evaluating the safeguarding process
- 12.2.3 Closing the safeguarding Plan

**Procedure when
Reasonable grounds for concern have been established.**

Stage 3

Flow Chart 3



In following the above procedure refer to Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures sections:

- 13.0 Stage 3: Reasonable Grounds for Concern have been established.**
- 13.1 Outcome of Preliminary Screening**
- 13.1.1 Local informal Process**
- 13.1.2 Inquiry – Internal of Independent**
- 13.1.3 Assessment and Management by safeguarding and Protection Team (Vulnerable Persons)**
- 13.1.4. Management of an Allegation of Abuse against a Staff Member**

Guidance sheet for Services and Designated Officers on completing and submitting preliminary Screening Forms.

Step 1:

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

Step 2:

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

Step 3:

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

Appendix 1

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.

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.

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 difference. 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	
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.

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 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 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

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.

Appendix 2

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

Please indicate as appropriate: Community setting: ☐

Service setting: ☐

1. Details of Vulnerable Person at Risk of Abuse:
--

Name:

Home Address:

Current Phone No:

Date of Birth: / / Male ☐ Female ☐

Location of vulnerable person if not above address:

Service Organisation (if applicable):

Service Type:

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

Other ☐ (*please specify*)

If Residential Care please provide HIQA Code _____

Designated Officer (DO) Name:

Community Health Organisation (CHO) Area:

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

a. Brief description of vulnerable person:

b. Details of concern including time frame:

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

d. Relevant contextual information:

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

f. Details of assessment or response to date?

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

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

i. Details of any internal risk escalation:

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

3. Relevant information regarding concern:

Date that concern were notified to the Designated Officer:

Who has raised this concern?

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

Other ☐ (*please specify*)

Type of concern or category of suspected abuse:

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

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

Setting / Location of concern or suspected abuse:

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

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

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

Yes ☐ **No** ☐

Outcome:

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

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

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

Yes ☐ **No** ☐

If yes, Details:

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

Name:

Address:

Phone:

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

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

Yes

☐ **No** ☐ **Not known** ☐

If no – why not?

If yes – date

by whom?

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

Yes ☐ **No** ☐ **Not known** ☐

Contact details for Registered Attorney(s):

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

Contact details for Committee of the Ward:

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

Details?

5. Details of person allegedly causing concern:

*Name:

Address:

Date of Birth (if known)

Gender: Male ☐ Female ☐

Relationship to Vulnerable person:

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

Other ☐ (please specify)

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

6. Details of Person completing preliminary screening

Name:

Phone:

Address:

Job Title:

Are you the Designated Officer: yes ☐ No ☐

Email:

Date:

Preliminary Screening Outcome Sheet (PSF2)

Name of Vulnerable person:

A: Options on Outcome of Preliminary Screening

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

B: Any Actions undertaken:

- | | | | |
|-----------------------|------------------------------|-----------------------------|------------------------------|
| 1. Medical assessment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Medical treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 3. Referred to TUSLA | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 4. Gardai notified | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

An Garda Síochána should be notified if the complaint / concern could be criminal in nature or if the

inquiry could interfere with the statutory responsibilities of An Garda Síochána.

C: Other relevant details including any immediate risks identified:

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

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

Name of Designated Officer/ Service Manager:

Signature :

Date sent to Safeguarding and Protection Team:

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

Name of Vulnerable person:

Safeguarding Concern ID number generated:

Date Received by SPT:

Date reviewed by SPT:

Name of Social Work Team Member reviewing form:

Preliminary Screening agreed by Safeguarding and Protection Team

Yes ☐

No ☐

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

Commentary on areas in form needing clarity or further information:

Any other relevant feedback including any follow up actions requested:

Name:

Signature:

Date review form returned to Designated Officer/ Service Manager:

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

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

Name of Vulnerable person:

Unique Safeguarding ID:

Date returned to SPT:

Name of Designated Officer/Service Manager:

Signature:

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

Date received by SPT:

Date reviewed by SPT:

Preliminary Screening agreed by Safeguarding and Protection Team

Yes ☐

No ☐

Name of SPT Team Member reviewing form:

Signature:

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

***Interim Safeguarding Plan. Please include follow up actions and any safety and supports**

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

measures for the Vulnerable Person:

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

Name of Designated Officer/ Service Manager:
safeguarding plan:

Date of Interim



Appendix 3

SOCIAL CARE DIVISION

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

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

1. Details of Vulnerable person

Name:

Address:

Phone

Date of Birth: / /

Male ☐ Female ☐

Location of vulnerable person if not above address:

Phone

Service Organisation (if applicable):

Service Type:

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

Other ☐ (please specify)

Designated Officer (DO) Name:

Community Health Organisation (CHO) Area:

2. Details of Safeguarding Report

1.	Summary of the reasonable grounds for concerns that have been established (Give a summary of investigation/assessment process and an analysis of allegation/concern)
----	--

2.	<p>What are the needs and risks identified including any triggers or circumstances that may indicate increased level of risk for the vulnerable person?</p> <p>(Indicate on-going supports/services to be put in place as a result of devising a formal safeguarding plan)</p>

3.	<p>Is the Vulnerable person aware that a safeguarding plan has been devised?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>What is known of the vulnerable person's wishes in relation to the safeguarding plan?</p>
4.	<p>Detail and outcome of any Strategy Meeting or Case Conference if held:</p>

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

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:

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 Safeguarding Plan if different from above:

Name:

Tel:

Address:

Job Title:

Are you the Designated Officer:

Email:

Date

Formal Safeguarding Plan Outcome Sheet (FSP2)

Name of Vulnerable person:

Unique ID:

Name of Safeguarding Plan co-ordinator:

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

Signature:

Date sent to Safeguarding and Protection Team:

Safeguarding and Protection Team overview of Plan

Date received by SPT:

Date reviewed by SPT:

Name of SPT Team member reviewing Safeguarding Plan:

Preliminary Screening agreed by Safeguarding and Protection Team

Yes ☐

No ☐

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

Commentary on areas in form needing clarity or further information:

Any other relevant feedback including any follow up actions requested:

Name:

Signature:

Date review form returned to Safeguarding Plan co-ordinator:

Formal Safeguarding Plan Update Sheet from Safeguarding Plan

Co-ordinator (FSP3):

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

Name of Vulnerable person:

Unique Safeguarding ID:

Date returned to SPT:

Name of Safeguarding Plan Co-ordinator:

Signature:

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

Date received by SPT:

Date reviewed by SPT:

Safeguarding Plan agreed by Safeguarding and Protection Team

Yes ☐ **No** ☐

Name of SPT Team Member reviewing form:

Signature:

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

REFERRAL FORM FOR COMMUNITY BASED REFERRALS

SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY & PROCEDURES

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

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

Vulnerable Person's Details:

Name: _____ DOB: _____

Address: _____

Marital Status: _____ Contact Phone Number

:/Mobile: _____

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

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

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

Is client aware this referral is being made? Yes ☐ No ☐

Has client given consent? Yes ☐ No ☐

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

Name: _____ Contact Details:

Relationship to vulnerable person: _____

GP Contact Details:

Name: _____ Telephone: _____

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

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

Details: _____

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

Physical abuse ☐

Financial/material abuse ☐

Psychological/Emotional abuse ☐

Neglect/acts of omission ☐

Sexual abuse ☐

Discriminatory abuse ☐

Extreme Self Neglect* ☐

Institutional abuse ☐

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

Details of concern:

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

Details of Person Allegedly Causing Concern (if applicable)

Name: _____

Relationship to vulnerable person: _____

Address: _____

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

Details of person making referral:

Name: _____ Job Title (if applicable): _____

Agency/Address: _____

Landline _____ Mobile: _____

Signature _____ Date: _____

Appendix 4



Staff members Report of Safeguarding and Protection Concerns

(Return to the Designated Officer)

Name of Service User(s): _____

Date of birth : _____

Address: _____

Name of Reporting Staff
Member: _____

Contact Number: _____

Date of Incident: _____ Time of Incident: _____

Date of Report made: _____

Date Designated Person was informed: _____

Type of Abuse/Concern:

Physical

☐

Neglect

☐

Emotional/Psychological

☐

Financial

☐

Sexual

☐

Institutional

☐

Please write overleaf description of concern/observation/suspicion/incident of abuse

Is the vulnerable adult at immediate or serious risk of the above

Yes

☐

No

☐

(please detail)

What steps have been taken to prevent immediate or serious risk to vulnerable adults

Please describe the nature of your concern or disclosure of abuse, describe facts e.g. what you saw observed/what you heard/what was said to you/what happened, where, when and who was present, observers, involved:

Describe/record any physical evidence and detail any steps taken to preserve any physical evidence:

Has the vulnerable person expressed his/her view, wishes in relation to how the concern should be dealt with, if so please detail:

Signature of reporting staff member/s:

Date: _____

Appendix 5

WINDMILL THERAPEUTIC TRAINING UNIT LTD

CHILD PROTECTION POLICY AND PROCEDURES

If in the course of his/her work a worker knows of or suspects that a young person has been or is at risk of being harmed he/she has a duty to convey this concern to the designated person or Head of Unit who will report the information to the Health Board. In the case of an emergency a report will be made directly to An Garda Siochana.

The person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is the task for the Health Board or An Garda Siochana.

Reporting Procedure

- A report should be made to the Health Board in person, by telephone or in writing. Reports may be made to the Child Care Manager or directly to the Social Worker.
- In the event of an emergency, or the non availability of Health Board, the report should be made to An Garda Siochana.

Signed: _____ Date: _____

Head of Windmill

Signed: _____ Date: _____

Board Member