



# ETB Further Education and Training Adult Safeguarding Policy and Procedure 2021



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Category: Operational Policies and Procedures.

Subject: Adult Safeguarding in ETB Further Education and Training (FET)

Responsible for Review of this Policy: Education and Training Boards (ETBs)

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## 1 INTRODUCTION

Education and Training Boards (ETBs) are statutory education authorities established on the 1st July 2013 and governed by the Education and Training Boards Act 2013. Sixteen Education and Training Boards replaced the former 33 Vocational Education Committees (VECs.) ETBs have responsibility for education and training, youth work and a range of other statutory functions. ETBs manage and operate second-level schools, further education colleges, multi-faith community national schools and a range of adult and further education centres delivering education and training programmes.

The general functions of an education and training board is to establish and maintain recognised schools, centres for education and education or training facilities in its functional area. The ETB will plan, provide, coordinate and review the provision of education and training, including education and training for the purpose of employment, and services ancillary in its functional area. ETBs also support the provision, coordination, administration, and assessment of youth work services in its functional area.

ETBs are active in local communities through the direct provision of training and education programmes delivered in training centres, colleges and other training and educational settings. In this way, ETBs seek to make a real difference to the lives of the people they serve. ETBs provide services for children and adults, and it is in the context of education, training and services to adults, that ETBs have developed an Adult Safeguarding Policy and Procedure for implementation across each of the 16 ETBs with a particular focus on Further Education and Training (FET).

The development of this overarching policy document is part of the commitment to promoting Adult Safeguarding in FET across all ETBs, while creating a safe and welcoming environment for all learners.

## 2 SAFEGUARDING POLICY STATEMENT FOR ETB FURTHER EDUCATION AND TRAINING

The national agenda regarding adult safeguarding is rapidly changing and ETBs are committed to promoting the welfare and safety of adults at risk of abuse.

All adults have the right to be safe and to live a life free from harm. Safeguarding means putting measures in place to promote and protect the human rights of our learners, their health and wellbeing, and empowering them to protect themselves.

Safeguarding relies on individuals and services working together to ensure that adults are treated with dignity and respect and that they are empowered to make decisions about their own lives. As a starting point, everyone must be presumed to have capacity to make their own decisions, recognising that capacity can change over time.

Each adult learners' welfare should be promoted, and they should receive support in an environment where every effort is made to prevent the risk of harm. ETBs and their staff / volunteers have a responsibility to do everything possible to prevent harm as a result of abuse, neglect, or exploitation.

It is known that older people, adults with disability and persons with mental health difficulties may become vulnerable to abuse, even in settings which are intended to be places of safety and support.

The development of this overarching policy document is part of the commitment to promoting adult safeguarding in ETBs, particularly in FET. It seeks to uphold the rights of adults to live full and meaningful lives in safe and supportive environments and to ensure the full expression and promotion of rights and responsibilities.

Safeguarding focuses on the:

- Prevention of abuse
- Identification of abuse or potential for abuse
- Identification and implementation of measures that reduce/eliminate the risk of occurrence or recurrence of abuse.

### **3 ETB AND FET COMMITMENT TO ADULT SAFEGUARDING**

LMETB is committed to implementing and following policies, procedures and practices which promote adult safeguarding. We accept and recognise our responsibilities to inform ourselves of the issues that cause harm to adults and to establish and maintain a safe, person-centred environment. We are committed to promoting an atmosphere of inclusion, openness and transparency. We will strive to safeguard those who use our services and will report concerns of abuse in line with best practice and national policy requirements.

A key to successful safeguarding of adults at risk of abuse is an open culture with a genuinely person-centred approach to support, underpinned by a zero-tolerance policy towards abuse and neglect. It is important that we create and nurture an open culture where people can feel safe to raise concerns. The importance of good leadership and modelling of good practice is essential in determining the culture of services.

Each ETB is required to have an identified senior person who is responsible and accountable for the effective functioning of the overall safeguarding process in the ETB. In addition, each ETB is required to have a Safeguarding Coordinator, with the necessary authority to manage the safeguarding and protection process for individual concerns. The role of the Safeguarding Coordinator is set out in pages 18 and 19 of this policy document.

The word “Staff” in this policy document refers to all staff/employees, volunteers, those on training/work placements, contractors (that have access to adult learners), board of management / management committees and other relevant roles/positions as defined by the organisation.

This Adult Safeguarding Policy and Procedure has been developed in line with the Health Information and Quality Authority (HIQA) and the Mental Health Commission (MHC) National Standards for Adult Safeguarding 2019, the HSE Final Draft Adult Safeguarding Policy 2019 (expected to be implemented in 2021), the current HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures 2014, as well as legislation relevant to adult safeguarding.

LMETB has decided to use the definitions of adult at risk, abuse and harm as set out in the Final Draft HSE Adult Safeguarding Policy 2019.

#### **4 NATIONAL DEVELOPMENTS IN ADULT SAFEGUARDING**

The HSE as a statutory agency has a responsibility to promote and protect the health and welfare of the public, in particular, those adults at risk of abuse who require protection. In 2007, the HSE established an Elder Abuse Service to manage allegations of abuse and neglect of those aged 65 and over. After 2014, the work of this service was incorporated into a new Safeguarding and Protection Service, established to support the implementation of Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures (2014). That 2014 policy had an operational scope within the HSE Social Care Division, HSE Social Care funded services and direct community-based referrals. Within that policy a commitment was given by the HSE that it would be reviewed at an early stage.

The development of the Final Draft HSE Adult Safeguarding Policy (2019) is influenced by stakeholder feedback, commissioned literature review and best international practice. It has in part been guided by the Assisted Decision Making (Capacity) Act 2015, which has yet to be fully commenced. This Act, when fully commenced, will have significant implications for the provision of safe person-centred approaches, based on respecting the individual rights of each person. The Act will support decision making and maximising a person's capacity to make decisions, whilst the legislation also seeks to safeguard an individual's right to participate in decisions that affect his/her life, where s/he may lack or do lack capacity to make decisions unaided.

The change in terminology from a 'vulnerable person' to the term 'adult at risk of abuse' reflects a desire to avoid assumptions about inherent vulnerability and the stigmatizing of particular groups of people.

The HSE Policy has been aligned with the HIQA and MHC National Standards for Adult Safeguarding 2019. The Government is committed to safeguarding adults through relevant legislation and national policy. The aim of these national developments is to provide a system-wide approach to addressing the safeguarding of adults at risk of abuse in Ireland.

The current HSE National Policy and Procedures - Safeguarding Vulnerable Persons at Risk of Abuse (2014) remains in place until the 2019 HSE Adult Safeguarding Policy is implemented, which is expected in 2021.

LMETB is a public funded body and is committed to the principles of the HIQA/MHC Adult Safeguarding National Standards, the HSE Adult Safeguarding National Policy and Procedures and relevant legislation. Legislation, standards and national policies have informed the development of this ETB FET Adult Safeguarding Policy and Procedure.

## **5 ADULT SAFEGUARDING PRINCIPLES**

Adults at risk have a right to be protected against abuse and to have any concerns regarding abusive experiences addressed. They have a right to be treated with respect and to feel safe.

The following underlying principles are critical to safeguarding of adults at risk from abuse:

- Human Rights
- Person Centeredness
- Advocacy
- Confidentiality
- Empowerment

- Collaboration

The 11 fundamental safeguarding principles, as set out by the HSE and adopted by the ETBs, are that:

- Safeguarding is everyone's responsibility.
- Everyone must have a 'zero tolerance' approach to any form of abuse.
- The duty to report safeguarding concerns rests with the person who has the concern.
- There should be no delay in reporting a safeguarding concern.
- It is necessary to ensure the immediate safety of the adult at risk of abuse.
- There should be no delay in implementing a Safeguarding Protection Plan.
- Good collaborative working is central to safeguarding. All parties should share relevant information that is known to them, within the rules of data protection and client confidentiality.
- Any information about an adult at risk of abuse must be managed appropriately and shared/processed on the basis of "necessity" with the HSE/HSE funded services and relevant statutory authorities.
- Safeguarding should be founded on an approach where the adult is at the heart of all decisions and actions.
- A health or social care professional already known to the adult at risk of abuse, or assigned to them, should be involved in the management of the concern, where possible and appropriate.
- Considerations of capacity and consent are central to adult safeguarding. The right of a person to make decisions and remain in control of their life must be respected.

While the arrangements that a service puts in place will vary depending on the size and complexity of the service, these principles apply regardless of the setting.

## 6 KEY DEFINITIONS

The majority of adults can protect themselves and may simply need advice or guidance. Others may require support to protect themselves and require plans to reflect actions which



reduce the risk of potential abuse. A minority of people cannot protect themselves adequately from abuse and will require an additional protection. Safeguarding should also be viewed as responding to concerns to prevent abuse across a continuum.

ETBs recognise that there are a number of adults who may be described as being "at risk of abuse". **For the purpose of this policy the definition of an adult "at risk of abuse" is a person aged 18 years or over, who is:**

- **At risk of experiencing abuse, neglect, or exploitation by a third party, and**
- **Lacks mental or physical capacity to protect themselves from harm at this time in their lives.**

**Abuse is a single or repeated act, or omission, which violates a person's human rights or causes harm or distress to a person. For the purposes of this policy, abuse is understood to mean abuse by a third party.**

**Harm: The impact of abuse, exploitation, or neglect on the person. Harm arises from any action, whether by a deliberate act or an omission, that may cause impairment of physical, intellectual, emotional, or mental, health and wellbeing.**

These definitions are aligned with the Final Draft HSE Adult Safeguarding Policy (2019), which is due to be implemented in 2021.

## **7 CATEGORIES OF ABUSE**

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or lack of insight and ignorance. A person may experience more than one form of abuse at any one time. The following information provides the definitions of the nine types of abuse set out in the HSE policy, which is to be implemented in 2021. Examples and indicators of each type of abuse is set out in Appendix 1. This list is not exhaustive. All staff members must ensure they are familiar with the different types of abuse, indicators of each type of abuse and the associated examples.

### **Type of Abuse: Organisational**

**Definition** The mistreatment of people, brought about by the poor or inadequate care or support or systemic poor practices that affect the whole setting. This can occur in any organisation or service, within and outside Health and Social Care provision. Organisational abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place. Organisational abuse can be brought about by poor or inadequate care or support services, or systematic poor practice that affects the whole setting. It can occur when an individual's wishes and needs are sacrificed for the smooth running of a group, service or organisation.

### **Type of Abuse: Emotional/Psychological (including Bullying and Harassment)**

**Definition** Behaviour that is psychologically harmful to another person and which inflicts anxiety or mental distress by threat, humiliation or other verbal/non-verbal conduct.

### **Type of Abuse: Financial or material abuse**

**Definition** The unauthorised and improper use of funds, property or any resources including pensions, or others statutory entitlements or benefits. Financial abuse involves an act or acts where a person is deprived of control of their finances or personal possessions or exploited financially by another person or persons.

### **Type of Abuse: Neglect**

**Definition** The withholding of or failure to provide appropriate and adequate care and support which is required by another person. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.

### **Type of Abuse: Discriminatory**

**Definition** Unequal treatment, harassment or abuse of a person based on age, disability, race, ethnic group, gender, gender identity, sexual orientation, religion, family status or membership of the travelling community.

### **Type of Abuse: Physical**

**Definition** The use of physical force, the threat of physical force, or mistreatment of one person by another which may or may not result in actual physical harm or injury.

### **Type of Abuse: Sexual**

**Definition** Any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling; coercive, exploitative, harmful, or unwanted towards another person.

### **Type of Abuse: Online or Digital Abuse**

**Definition** An abusive or exploitative interaction occurring online or in a social media context.

### **Type of Abuse: Human trafficking/Modern Slavery**

**Definition** Human trafficking/modern slavery involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting.

Examples and indicators of abuse are detailed in Appendix 1.

LMETB recognise that abuse can happen at any time, in any setting and therefore has provided a procedural process for staff to respond and report their concerns of abuse, or risk of abuse, to adults at risk.

## **8      CONTEXT OF ABUSE**

Abuse can happen in many different contexts or settings including the following:

- Familial Abuse - Abuse by a family member.

- Professional Abuse - Misuse of power and trust by professionals (*e.g.* Health, Social Care and includes educational professionals) and a failure to act on suspected abuse, poor care practice or neglect.
- Stranger Abuse - Abuse by someone unfamiliar to the adult.
- Abuse between Peers (adult learners) - Harm perpetrated upon one adult learner by another adult learner. In responding to such a concerns, it is important to consider contextual factors such as impact, intent, decision-making capacity, behaviour support, and any other relevant arrangements.

### **Domestic Abuse**

Domestic violence or abuse is threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member.

Domestic violence / abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent in nature. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability, or geography. Honour-based violence is within the remit of domestic abuse.

The response to any adult facing this situation will usually require a referral to specialist domestic violence services. Domestic abuse, whether physical, psychological, or sexual between spouses or other intimate partner relationships, is only considered within the safeguarding service where the adult falls within the definition of an “adult at risk of abuse” as defined in this policy.

On the 1<sup>st</sup> January 2019, the Domestic Violence Act 2018 was commenced. Further information on this is outlined in the legislation section of this policy document.

## **Hate Crime**

A hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion, or gender identity.

## **Identity Abuse**

Identity Abuse is the use of personal characteristics that are central to the victim to demean, manipulate or control the person.

## **9 RISK MANAGEMENT**

ETBs have effective procedures for assessing and managing risks with regard to safeguarding. In assessing and managing risks, the aim is to minimise the likelihood of risk or its potential impacts while respecting an ambition that the individual is entitled to live a normalised life to the fullest extent possible. In safeguarding terms, the aim of risk assessment and management is to prevent abuse occurring, to reduce the likelihood of it occurring and to minimise the impacts of abuse by responding effectively if it does occur. Consultation with other professionals can assist the risk assessment and management, if required.

No endeavour, activity or interaction is entirely risk-free and, even with good planning, it may not be possible to completely eliminate risks. Risk assessment and management practice is essential to reduce the likelihood and impact of identified risks. As well as considering the dangers associated with risk, the potential benefits of risk-taking have to be considered.

Key risk management considerations are:

- The assessment and management of risk should promote independence, real choices and social inclusion of adults.
- Risks change as circumstances change.
- Risk can be minimised but cannot always be eliminated.

- Identification of risk carries a duty to manage the identified risk.
- Involvement with adults, their families (where appropriate), advocates and practitioners from a range of services and organisations helps to improve the quality of risk assessments and decision making.
- Defensible decisions are those based on clear reasoning.
- Risk-taking can involve everybody working together to achieve desired outcomes.
- The standards expected of staff must be made clear by their organisation.
- Sensitivity should be shown to the experience of people affected by any risks that have been taken and where an event has occurred.
- Decisions on risk should be reasonable, proportionate, accountable, defensible, and rooted in evidence-based practice.

## 10 RESPONDING TO CONCERNS OF ABUSE - PROCEDURES

This procedure applies to all personnel in LMETB. It is the duty of all managers and staff to be familiar with this policy and procedure.

All staff have a responsibility to recognise indicators of abuse, raise a concern and respond appropriately. It is essential that adults should be facilitated to communicate in their preferred communication method, to ensure that their will and preferences are heard.

Concerns or allegations of abuse may come to light in one of a number of ways:

- Direct observation of an incident of abuse;
- Disclosure by the adult themselves;
- Disclosure by a relative/friend;
- Observation of signs or symptoms of abuse;
- Anonymous reporting;
- Concerns raised through a complaint process;
- During the course of engagement with the adult.

Alleged abuse can take place anywhere. If unsure that an incident may constitute abuse or warrants actions, the HSE Safeguarding and Protection Team is available for consultation.

### **Remember**

- **Safeguarding is everyone's responsibility.**
- **Everyone must have a zero-tolerance approach to any form of abuse.**
- **The duty to report safeguarding concerns rests with the person who has the concern.**
- **There should be no delay in reporting a safeguarding concern.**
- **It is necessary to ensure the immediate safety of the adult at risk of abuse.**

Steps to be taken on the same day when concerns come to light are:

The following are key responsibilities and actions for any Staff who has/have a concern in relation to the abuse or neglect of an adult at risk of abuse.

### **I. Take Immediate Action to Protect**

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

### **II. Listen, Reassure and Support**

If the adult at risk of abuse 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. It is important to engage with the adult in their preferred communication method. Advise the adult of the concern as you understand it and always seek to ascertain his/her will and preference.

It is important not to:

- Appear shocked or display negative emotions;

- Press the individual for details;
- Make judgments;
- Promise to keep secrets;
- Give sweeping reassurances.

### **III. Report & Inform**

For all staff in each of the ETBs, the Safeguarding Coordinator and the line manager must be notified of the concern on the same day, with a clear written record to be completed without delay. The ETB Safeguarding Coordinator will refer any concern of abuse to the HSE Safeguarding and Protection Team. If the adult at risk of abuse is in a HSE or HSE funded service, then the ETB must inform the Designated Officer / Safeguarding Coordinator for that service. It is also a requirement that in such situations the Safeguarding Coordinator in the ETB is informed and appropriate written records are completed.

### **IV. Response to Possible Crime**

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

### **V. Record and Preserve Evidence**

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

If the safeguarding adult concern also raises a concern over the safety or welfare of a child TUSLA must be notified, in accordance with the Children First National Guidance for the Protection and Welfare of Children.

### **Follow Up Actions**

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. Where possible try to make



sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The written record should include details of:

- When the disclosure was made, or when you were told about/witnessed this incident/s;
- Who was involved and any other witnesses, including others adult learners 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, for example previous incidents that have caused you concern.

Remember to:

- Include as much detail as possible;
- Make sure the written account is legible and of a photocopiable quality;
- Make sure you have printed your name on the report and that it is signed and dated;
- Keep all records confidential, storing them in a safe and secure place until needed.

The Safeguarding Coordinator must ensure the care, safety, and protection of the adult at risk of abuse and any other adults potentially at risk, where appropriate. He/she must check with the person reporting the concern as to what steps have been taken (as above) and initiate any other appropriate measures.

The Safeguarding Coordinator will refer any concern of abuse to the HSE Safeguarding and Protection Team, who will take referrals directly from the public, within one working day. The Safeguarding and Protection Team will conduct the Safeguarding Initial Assessment (SIA) and safeguarding planning, where a person has no assigned health or social care professional.

If a complaint or allegation of abuse concerns an employee, the ETB will invoke the relevant HR policies and procedures which apply without delay to ensure that the employee is afforded

due process. The application of the appropriate HR policy /procedure in respect of an employee against whom an allegation or complaint has been made is a separate process from the taking of any timely safeguarding measures that may be necessary for the safety and welfare of the adult.

This Adult Safeguarding Policy links to other policies and procedures in the ETB (including HR, Disciplinary and Code of Conduct for Staff.)

The internal Reporting Form for ETBs is set out in Appendix 2.

The current HSE referral form is set out in Appendix 3.

The HSE adult safeguarding process is outlined in Appendix 4.

The HSE Safeguarding and Protection Teams Contact points are set out in Appendix 5.

## **11 SAFEGUARDING ROLES AND RESPONSIBILITIES**

### Role of ALL Staff

- Promote the welfare of adults in all interactions.
- Be aware of ETB FET policy and procedures, protocols and guidance documents.
- Comply with the policy and procedure to ensure the safeguarding of adults at risk from all forms of abuse.
- Support an environment in which adults 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 adults at risk of abuse to report any type of abuse or abusive practice.
- Ensure that any concerns or allegations of abuse are reported in accordance with this policy.

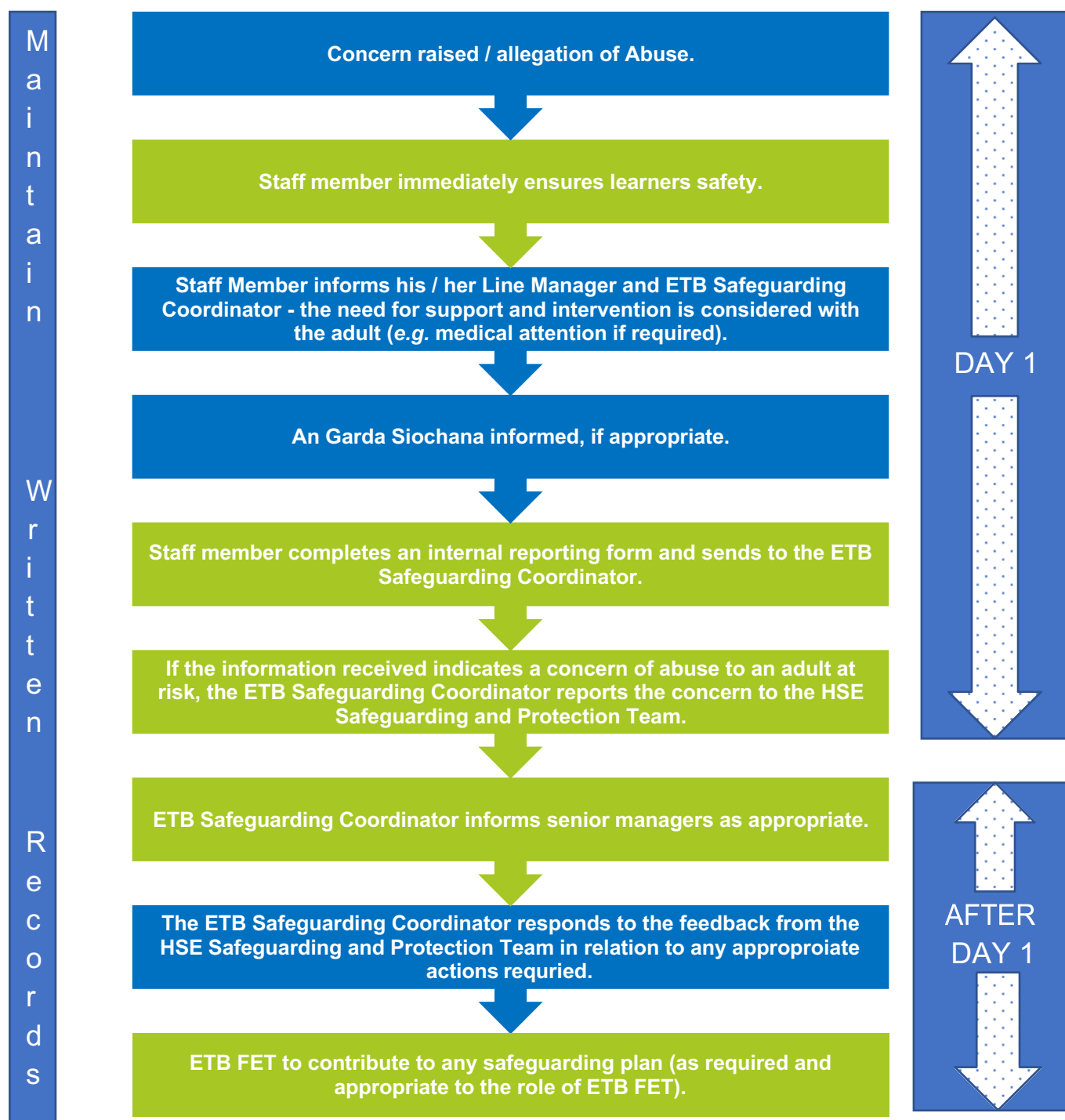
### Role of Line Managers in ETB

- Ensure that this policy for the safeguarding of adults at risk of abuse is in place and staff are compliant with this policy.
- Ensure that procedures are adhered to when a concern of abuse is raised.
- Promote a culture of zero tolerance for any type of abuse or abusive practice.
- Ensure that the policy and procedures is made available to all employees and volunteers and safeguarding information is available to all persons accessing services.
- Maintain a record of all staff and volunteers “sign off” on policies, procedures, guidelines pertaining to the adult safeguarding.
- Ensure that all staff and volunteers receive the appropriate information/training with regard to the implementation of this policy.
- Ensure 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.

### The role of the Safeguarding Coordinator is to:

- Receive concerns or allegations of abuse regarding adults;
- Collate basic relevant information;
- Ensure the appropriate staff and others are informed and collaboratively ensuring necessary actions are identified and implemented;
- Ensure all reporting obligations are met (internally to the service and externally to the statutory authorities) - this includes sharing of information with the HSE and/or An Garda Síochána and/or TUSLA and/or any other relevant agency;
- Contribute, if appropriate, to Safeguarding Initial Assessments undertaken by health and care professionals;
- Support the line manager and other personnel in addressing the issues arising.
- Maintain appropriate records.

## Process Flow Chart – ETB FET Adult Safeguarding Procedure



## 12 SHARING INFORMATION WITH STATUTORY ORGANISATIONS

Data protection legislation including the General Data Protection Regulation (the GDPR) and the Data Protection Acts 1988 to 2018 (together the “Legislation”) provide rules which apply to the collection, use and processing of personal information concerning individuals (“data subjects”).

In adult safeguarding, situations arise where the sharing of information does not always require consent to process the personal data of the adult. In these situations, certain conditions are met and there is a legal basis for processing such personal data.

A person raising a safeguarding concern should, as appropriate, be informed that disclosures of information to others, including An Garda Síochána and the HSE, can occur where certain considerations pertain including situations where:

- An adult at risk is the subject of repeated abuse;
- The risk of further abuse exists;
- There is reason to believe that a crime may have been committed;
- There is a risk of abuse to another person(s) in a vulnerable situation;
- There is reason to believe that the person alleged to be causing concern is a risk to themselves/others;
- There is an existing legal obligation to report such as Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012.

While respecting an adult’s right to self-determination, situations can arise where information is suggestive of abuse and/or a crime, although the adult with decision-making capacity has indicated that they do not wish for a safeguarding intervention or wish to make a statement of complaint. In the event that the threat or the risk of abuse is of a serious nature to the adult or another person, the Safeguarding Coordinator can consult with the HSE Safeguarding and Protection team for advice and guidance.

When sharing information regarding a concern of abuse, it is essential to be clear whether the adult is at immediate and serious risk of abuse. If this is the case, it is essential to outline the protective actions to be taken and already in place. The will and preference of the adult at risk, where these have been, or can be ascertained, have to be included.

### **13      DECISION MAKING CAPACITY**

LMETB is committed to the principles and requirements of the Assisted Decision Making (Capacity) Act 2015 and once it commences in law, this section of the policy will be updated accordingly.

All persons should be supported to act according to their own wishes. Only in exceptional circumstances (and these should be communicated to the adult 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 when working with an adult at risk regarding capacity and consent. It is necessary to consider if an adult gave meaningful consent to an act, relationship or situation which is being considered as possibly representing abuse. No assumptions should be made regarding lack of capacity. The HSE National Consent Policy (2019) provides detailed guidance regarding consent and capacity and ETBs are committed to the principles and best practice set out in this national HSE policy.

### **14      COMPLAINTS**

There is a difference between a complaint and a concern of abuse. Some complaints might raise concerns of abuse and such situations are required to be addressed by this Adult Safeguarding and Procedure.

The appropriate handling of complaints is an integral part of good governance and risk management. The first step for any organisation is to ensure that proper and effective

complaint handling procedures are in place. This links with the ETB's Complaints policy and procedure.

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

## **15 ANONYMOUS AND HISTORICAL COMPLAINTS**

All concerns or allegations of abuse must be reported to the Safeguarding Coordinator in ETBs and FET, regardless of the source or date of occurrence.

Critical issues for consideration include:

- The significance/seriousness of the concern/complaint.
- The potential to obtain independent information.
- Potential for ongoing risk.

In relation to historical complaints the welfare and wishes of the person and the potential for ongoing risk will guide the intervention. 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. The HSE Safeguarding and Protection Teams and TUSLA Child and Family Agency can advise and guide on the most effective course of action, depending on the level of current risk to adults and children.

## **16 RECORD MANAGEMENT**

It is essential to keep detailed and accurate records of concerns or allegations of abuse and of any subsequent actions taken. ETBs requires staff to record their concerns by completing the Safeguarding Adult at Risk Concern Form (Appendix 2). A 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.

Personal data relating to an adult at risk will be retained by the Safeguarding Coordinator, in line with the requirements of GDPR and the Data Protection Acts 1988-2018.

## 17 CURRENT RELEVANT LEGISLATION

### Criminal Justice Legislation

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

### The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012

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.

The main purpose of the Act was to create a criminal offence of withholding information 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, with the aim of ensuring more effective protection of children and other vulnerable persons from serious crime. An offence is committed when a person who knows, or believes, that one or more criminal offences has been committed by another person against a child or vulnerable person and the person has information which they know or believe might be of material assistance in securing apprehension, prosecution or conviction of that other person for that offence and fails without reasonable excuse to disclose that information as soon as it is practicable to a member of An Garda Síochána. The offence applies to a person acquiring information after the passing of the Act on 18th July 2012 and it does not apply to the victim. The offence exists even if the information is about an offence which took place prior the Act being enacted and even if the child or vulnerable person is no longer a child or vulnerable person. Details of the specific criminal offences which are covered by this Act are set out in Appendix 6.



### The Domestic Violence Act 2018

The Domestic Violence Act 2018 replaces the Domestic Violence Act 1996 and the Domestic Violence (Amendment) Act 2002 and brings in significant changes. The main improvements to the law contained in the Act are:

- An extensive but non-exhaustive list of factors that courts must consider when dealing with applications for domestic violence orders.
- Safety orders are available to persons who are in intimate relationships even if not cohabiting.
- Victims of domestic violence will be able to apply for an emergency barring order, lasting for 8 working days, where there is an immediate risk of significant harm. Emergency barring orders may be granted even if the victim has no legal or beneficial interest in the property or has an interest which is less than the perpetrators.
- Protection against cross-examination conducted in person of the applicant or respondent by the respondent or the applicant respectively where orders are being sought.
- Courts will be required to give reasons for decisions relating to applications for orders under the Act.
- It will be possible for victims to give evidence by live television link both in civil cases and in criminal cases for breaches of orders.
- A victim will have the possibility of being accompanied to court by a person of his or her choice to provide support during a civil hearing.
- The court will be able to seek the views of children where a safety or barring order is sought on behalf of a child. The court will have the option of appointing an expert to assist the court to ascertain the views of the child.
- The Courts Service will have an obligation to offer victims information on domestic violence support services.
- The courts will have the possibility of recommending that a perpetrator engages with services such as programmes aimed at perpetrators of domestic violence, addiction, or counselling services.

- Restrictions will be put in place on media reporting and attendance by the general public at criminal court proceedings for breaches of civil domestic violence orders.
- The creation of a new criminal offence of forced marriage.
- The creation of a new criminal offence of coercive control.
- Where a violent or sexual offence is committed by a person against his or her spouse, civil partner, or person with whom he or she is in an intimate relationship, that fact shall be an aggravating factor at sentencing.
- The legislative provisions that enable persons who are aged under 18 to marry are repealed.

#### National Vetting Bureau (Children and Vulnerable Persons) Acts 2012-2016

Under these Acts it is compulsory for employers to obtain vetting disclosures in relation to anyone who is carrying out relevant work with children or vulnerable adults. The Acts create penalties for persons who fail to comply with their provisions. Statutory obligations on employers in relation to Garda vetting requirements for person working with children and vulnerable adults are set out in the Acts.

#### Protected Disclosures Act 2014

Under the Act, you make a protected disclosure if you are a worker and you disclose information that came to your attention in connection with your work and you reasonably believe that it tends to show wrongdoing. This wrongdoing may be occurring or suspected to be occurring, either inside or outside of the country. Even if the information is proved to be incorrect, you are still protected by the Act provided you had a reasonable belief in the information and acted in good faith.

Wrongdoing is widely defined in the Act and includes the commission of criminal offences, failure to comply with legal obligations, endangering the health and safety of individuals, damaging the environment, miscarriage of justice, misuse of public funds, and oppressive, discriminatory, grossly negligent, or grossly mismanaged acts or omissions by a public body. The definition also includes the concealment or destruction of information about any of the above wrongdoing.

ETBs are committed to the protection of adults where concern have arisen due to the adults seriously neglecting his/her own care and welfare and putting him/herself and/or others at serious risk. ETBs understand that self-neglect is not a category or type of abuse. However, it is reasonable to consider self-neglect concerns as part of the wider safeguarding agenda. LMETB is committed to the HSE policy on self-neglect.

### **Self-neglect Definition**

- Self-neglect is the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently.
- An adult's profound inattention to health or hygiene, stemming from an inability, unwillingness, or both, to access potentially remediating services.
- The result of an adult's inability, due to physical and /or mental impairments or diminished capacity, to perform essential self-care tasks.
- The failure to provide for oneself the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain.
- Self-neglect in adults is a spectrum of behaviours defined as the failure to,  
(a) engage in self-care acts that adequately regulate independent living or,  
(b) to take actions to prevent conditions or situations that adversely affect the health and safety of oneself or others.

Groups that may present with self-neglecting behaviours:

- Those with lifelong mental illness.
- Persons with degenerative neurocognitive disorders such as dementia or affective disorders such as depression.
- Those whose habit of living in squalor is a long-standing lifestyle with no mental or physical diagnosis (Poythress, 2006: 11).
- Those who consume large quantities of alcohol; the consequences of such drinking may precipitate self-neglect (Blondell, 1999).

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

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

### **Guiding Principles:**

1. Self-neglect occurs across the life span. There is a danger in targeting vulnerable persons and the decisions they make about lifestyle, which society may find unacceptable.
2. The definition of self-neglect is based on cultural understandings and challenges cultural values of cleanliness, hygiene, and care. It can be redefined by cultural and community norms and professional training.
3. A threshold needs to be exceeded before the label of self-neglect is attached – many common behaviours do not result in action by social or health services or the courts.
4. Distinguish between self-neglect, which involves personal care, and neglect of the environment, manifested in squalor and hoarding behaviour.
5. Recognition of the community aspects or dimensions rather than just an individualistic focus on capacity and choice: some self-neglecting behaviour can have a serious impact on family, neighbours, and surroundings.
6. Importance of protection from harm and not just 'non- interference' in cases of refusal of services. Building trust and negotiation is critical for successful intervention.
7. Interventions need to be informed by the vulnerable person's beliefs regarding the stress experienced by Care Givers, including family members, and must address the underlying causes.
8. Assumptions must not be made regarding lack of mental capacity and as far as possible, people must be supported in making their own decisions.

## **Procedures for ETBs**

Concerns regarding extreme neglect can arise for a variety of people in diverse circumstances. It is critical that one remains open to considering the possibility that a vulnerable person may not be acting in his/her own interest and that his/her welfare is being seriously compromised.

- Considering the possibility of extreme self-neglect is a responsibility and a service to the person.
- Discuss the concerns with appropriate people and directly with the vulnerable person.
- **If concerns cannot be addressed directly, they should be directed to the HSE Safeguarding and Protection Team who will assist in an assessment of the severity of the situation.**

## APPENDIX 1

### DEFINITIONS AND CATEGORIES OF ABUSE

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or lack of insight and ignorance. A person may experience more than one form of abuse at any one time. The following information provides definitions, examples and indicators of abuse, (not exhaustive) with which all staff members must be familiar.

#### **Type of Abuse: Organisational**

**Definition** The mistreatment of people, brought about by the poor or inadequate care or support or systemic poor practices that affect the whole care setting. This can occur in any organisation or service, within and outside Health and Social Care provision. Organisational abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place. Organisational abuse can be brought about by poor or inadequate care or support services, or systematic poor practice that affects the whole setting. It can occur when an individual's wishes and needs are sacrificed for the smooth running of a group, service, or organisation.

**Examples** It can be a one-off incident or repeated incidents; it can be neglect or poor standards of professional practice, which might be because of culture, structure, policies, processes or practices within the organisation. Systematic and repeated failures culturally inherent within the organisation or service may be considered as organisational abuse. It can result in a failure to afford people the opportunity to engage socially and be involved in hobbies/activities that are meaningful to them, which in turn results in a failure for their psycho-social needs to be met. It can occur when persons are treated collectively rather than as individuals. The person's right to privacy and choice not respected. Staff talking about the personal or intimate details in a manner that does not respect a person's right to privacy.

**Indicators** Inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. 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. Weak governance of staff and breaches of professional codes of practices can be indicative of institutional abuse. The absence of visitors, family and friends discouraged from visiting, lack of flexibility and choice for adults.

### **Type of Abuse: Emotional/Psychological (including Bullying and Harassment)**

**Definition** Behaviour that is psychologically harmful to another person and which inflicts anxiety or mental distress by threat, humiliation, or other verbal/non-verbal conduct.

**Examples** Emotional or psychological abuse includes failing to value the individual, abuse of power in which the perpetrator places their opinion/view/judgement as superior to the individual, harsh value judgements, conveying to the individual that they are worthless, unloved, inadequate, or a nuisance. Abusive acts of a psychological nature include, but are not limited to threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, patronising approaches to care and support for example 'elder speak' or spoken to like a child, intolerance of religious beliefs, intolerance of cultural beliefs, and in the case of married/cohabiting couples denying the right to shared and appropriate accommodation. Failure to show interest in or provide opportunities for a person's emotional development or need for social interaction. Outpacing – where information /choices are provided too fast for the adult to understand, putting them in a position to do things or make choices more rapidly than they can tolerate. Denying the individual the opportunity to express their views in a manner which is comfortable to them, deliberately silencing them or ignoring them or their communications written or spoken, making a subjective comment about the way an individual chooses to express themselves, imposing unrealistic expectations on the individual. Behaviours include deprivation of liberty, persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing or invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance. Includes risk of abuse via technology.

**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 or withdrawn. The carer-person in need of care relationship may be vulnerable to abuse in both directions, neither deliberate but can be very harmful. Co-dependent relationships need to be considered as a new phenomenon with adults at risk of abuse and a potential risk from relatives with mental health or addiction issues.

### **Type of Abuse: Financial or material abuse**

**Definition** The unauthorised and improper use of funds, property or any resources including pensions, or others statutory entitlements or benefits. Financial abuse involves an act or acts where a person is deprived of control of their finances or personal possessions or exploited financially by another person or persons.

**Examples** This may include theft, coercion, fraud, undue pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits. It may also involve the misuse of power of attorney, and not contributing to household costs where this was previously agreed. Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the person, manipulating the person for financial gain, or putting pressure on the person in relation to wills property, inheritance, and financial transactions. Examples include theft, fraud, exploitation, the misuse of property, possessions, bank accounts, grants, cash or benefits; internet scamming, phone scamming, putting someone under pressure in relation to their financial arrangements or property, including wills; denial of access to money or property, not contributing to household costs, use of bank and credit cards without permission, running up debts, forged signatures, deliberately overcharging for services activities/required treatments/therapies.

**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 person's 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: Neglect**

**Definition** The withholding of or failure to provide appropriate and adequate care and support which is required by another person. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.

**Examples** 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, social activities, leisure/ educational opportunities or adequate nutrition and heating. Neglect includes ignoring need, either physical or medical, knowing that a need exists, but choosing to not address that need, thereby leaving the person at risk of deterioration in health and wellbeing. Neglect includes withdrawing or not giving help that an adult needs, causing them to suffer for example 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. Neglect also includes not meeting the social, psychological, or spiritual needs and not addressing required environmental factors/adaptations to adequately meet the needs of the adult.

**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 for example dental, optical, chiropody, social isolation. Whilst there is a positive duty to provide care when in receipt of state carer's allowance there is no legal obligation on carers to continue in the caring role. Assessment of indicators needs to be mindful of identifying carer stress where the carer cannot cope or manage with the responsibilities.

### **Type of Abuse: Discriminatory**

**Definition** Unequal treatment, harassment or abuse of a person based on age, disability, race, ethnic group, gender, gender identity, sexual orientation, religion, family status or membership of the travelling community.

**Examples** Being treated differently by individuals, family, organisations or society because of any of the above. Assumptions about a person's abilities or inabilities.

Not speaking directly to the person but addressing an accompanying person.

**Indicators** Isolation from family or social networks. Indicators of psychological abuse may also be present.

### **Type of Abuse: Physical**

**Definition** The use of physical force, the threat of physical force or mistreatment of one person by another which may or may not result in actual physical harm or injury.

**Examples** Physical abuse includes hitting, slapping, pushing, shaking, burning, scalding, pulling hair, kicking, exposure to heat or cold, force-feeding, misuse of medication, inappropriate restraint or sanctions. Physical abuse includes all forms of physical force contact which results in harm to another person including excessive force in the delivery of personal care, forced feeding, rough handling, unwarranted physical pressure (gripping, squeezing) shaking, misuse of incontinence wear, hitting with a weapon or implement, misuse of medication, failing to give medication, poisoning, restricting activities or forcing activities. Includes inappropriate deprivation of liberty (e.g. being locked in/forced confinement in an area), denied treatment or experiencing threat of physical violence.

**Indicators** Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. The person appears frightened, avoids another person, demonstrates new atypical behaviour; asks not to be hurt.

### **Type of Abuse: Sexual**

**Definition** Any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling; coercive, exploitative, harmful, or unwanted towards another person.

**Examples** Abusive acts of a sexual nature include but are not limited to rape and sexual assault, indecent exposure, intentional touching, fondling, molesting, sexual harassment or sexual acts to which the adult has not consented, or could not consent, or to which he or she was compelled to consent. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking and /or grooming. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping), exposure of the sexual organs and any sexual act intentionally performed in the

presence of another without their consent. Examples of behaviours include inappropriate touch anywhere, masturbation of either or both persons, penetration or attempted penetration of the vagina, anus or mouth, with or by a penis, fingers or other objects. Exposure to pornography or other sexually explicit and inappropriate material enforced witnessing of sexual acts, sexual media harassment. Inappropriate and sexually explicit conversations, remarks, threats, intimidation, inappropriate looking/ touching, sexual teasing/innuendo, grooming, taking sexual photographs/video footage, making someone watch sexual acts/pornography, making someone participate in sexual acts. Includes digital/social media and online sexual abuse/ production of sexual images. Female genital mutilation (FGM) is considered a form of both physical and sexual abuse.

**Indicators** Trauma to the genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STIs and human bite marks. An adult demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes in eating patterns, inappropriate or unusual sexual behaviour and anxiety attacks. Indicators of sexual exploitation would include poor concentration, withdrawal, sleep disturbance. Other indicators include excessive fear/apprehension of, or withdrawal from, relationships. Fear of receiving help with personal care and reluctance to be alone with a particular person could also be indicators.

### **Type of Abuse: Online or Digital Abuse**

**Definition** An abusive or exploitative interaction occurring online or in a social media context.

**Examples** Includes risk of abuse via technology including exposure and uploading of inappropriate abusive material without consent. Includes digital/social media and online sexual abuse/ production of sexual images, online financial abuse, theft of personal information and persuasion towards self-harm.

**Indicators** Becoming withdrawn, suddenly behaves differently, anxious, clingy, depressed, aggressive, problems sleeping, eating disorders. The exploitation on an online or digital platform can have a serious impact on the victim. This impact can result in the victim soiling their clothes, taking unnecessary risks, missing education/ training, changing eating habits, developing obsessive behaviours, having nightmares, increasing drug/alcohol usage.

### **Type of Abuse: Human trafficking/Modern Slavery**

**Definition** Human trafficking/modern slavery involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting.

**Examples** Victims of human trafficking/ modern slavery can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities. Any concerns that an adult at risk may be a victim of human trafficking/modern slavery must be reported to An Garda Síochána.

**Indicators** People who have been trafficked may believe that they must work against their will. Victims may be unable to leave their work environment and show signs that their movements are being controlled. Victims may show fear or anxiety. They may be subjected to violence or threats of violence against themselves or against their family members. They may suffer injuries that appear to be the result of an assault.

ETBs recognise that abuse can happen at any time, in any setting and therefore has provided a procedural process for staff to respond and report their concerns of abuse or the risk of abuse to adult at risk.

## APPENDIX 2

### ETB FET Safeguarding Adults at Risk of Abuse Concern Internal Report Form

Details of incident/concern:		Guidance note for Staff
Description of the concern of abuse		Note the details as reported to you. Include as much factual information as possible, for example date, time, venue etc.
How did you become aware of the concern of abuse?		Note how you became aware of the concern, for example did you witness an incident or were they made aware of the issue by a third party.
Details of the vulnerable person (adult) who is the subject of the concern:		Guidance note for Staff
Name:		
Date of Birth / age:		
Home address:		
Contact details:		
Other:		

Details of the person allegedly causing concern (who may pose a risk to the adult at risk of abuse):		Guidance note for Staff
Name of the person allegedly causing concern (an anonymous identifier can be used if required)		Note the name of the person who may pose a risk to adult at risk of abuse, if known.
Relationship of this person to the adult at risk of abuse:		Note the relationship of the person who may pose a risk to the adult, for example, family member, volunteer, worker, another adult learner <i>etc.</i>
Address/contact details of the person who may pose a risk to adult: (an anonymous identifier can be used if required)		
Other relevant Information:		

Signed \_\_\_\_\_

Name (print) \_\_\_\_\_

Title/role \_\_\_\_\_

Date / / \_\_\_\_\_

The information collated must be provided to the Safeguarding Coordinator for Adults, to determine if reasonable grounds for concern exist. The Safeguarding Coordinator will ensure that the procedure for reporting concerns to the statutory authorities is followed and that ETBs maintains best practice in respect of the management of concerns or allegations of abuse to adults.

<b>The Safeguarding Coordinator) has assessed the information received and:</b>	<b>Action required by Safeguarding Coordinator</b>
Determined that reasonable grounds for concern exist	<p>Submit a report to the HSE Safeguarding and Protection Team in the relevant CHO area and An Garda Síochána, if appropriate.</p> <p>Keep a copy of the report form submitted.</p>
Is unsure if reasonable grounds for concern exist but remain concerned about the adult at risk of abuse	<p>Consult with the HSE Safeguarding and Protection Team in the relevant CHO area and/or An Garda Síochána - follow the advice given.</p> <p>Keep a record of contact, including, date, time, method of contact, name of social worker and advice given.</p> <p>Also request that the HSE Safeguarding and Protection Team in the relevant CHO area confirm their advice to you in writing for your records.</p>
Determines that reasonable grounds for concern are not present.	<p>Keep a record of the information and decision.</p> <p><b>Inform the member of staff who raised the concern of the decision.</b></p> <p><b>Support the staff member to submit a report directly to the HSE Safeguarding and Protection Team in the relevant CHO area and/or An Garda Síochána, if they continue to be concerned about the safety of the adult</b></p>

**Record of Action Taken by the Safeguarding Coordinator**

Signed\_\_\_\_\_

Name (print)\_\_\_\_\_

**Safeguarding Coordinator for Vulnerable Persons (adults)**

Date\_\_\_\_/\_\_\_\_/\_\_\_\_



## APPENDIX 3



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**SEND FORM TO: Ms Maura Seabrooke,**

**Ashbourne Primary Care Centre, Unit 12, Killegland Walk,  
Declan Street, Ashbourne, Co. Meath**

### 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):**

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

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**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.**

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

**Details:** \_\_\_\_\_

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**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:**

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(\*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): \_\_\_\_\_

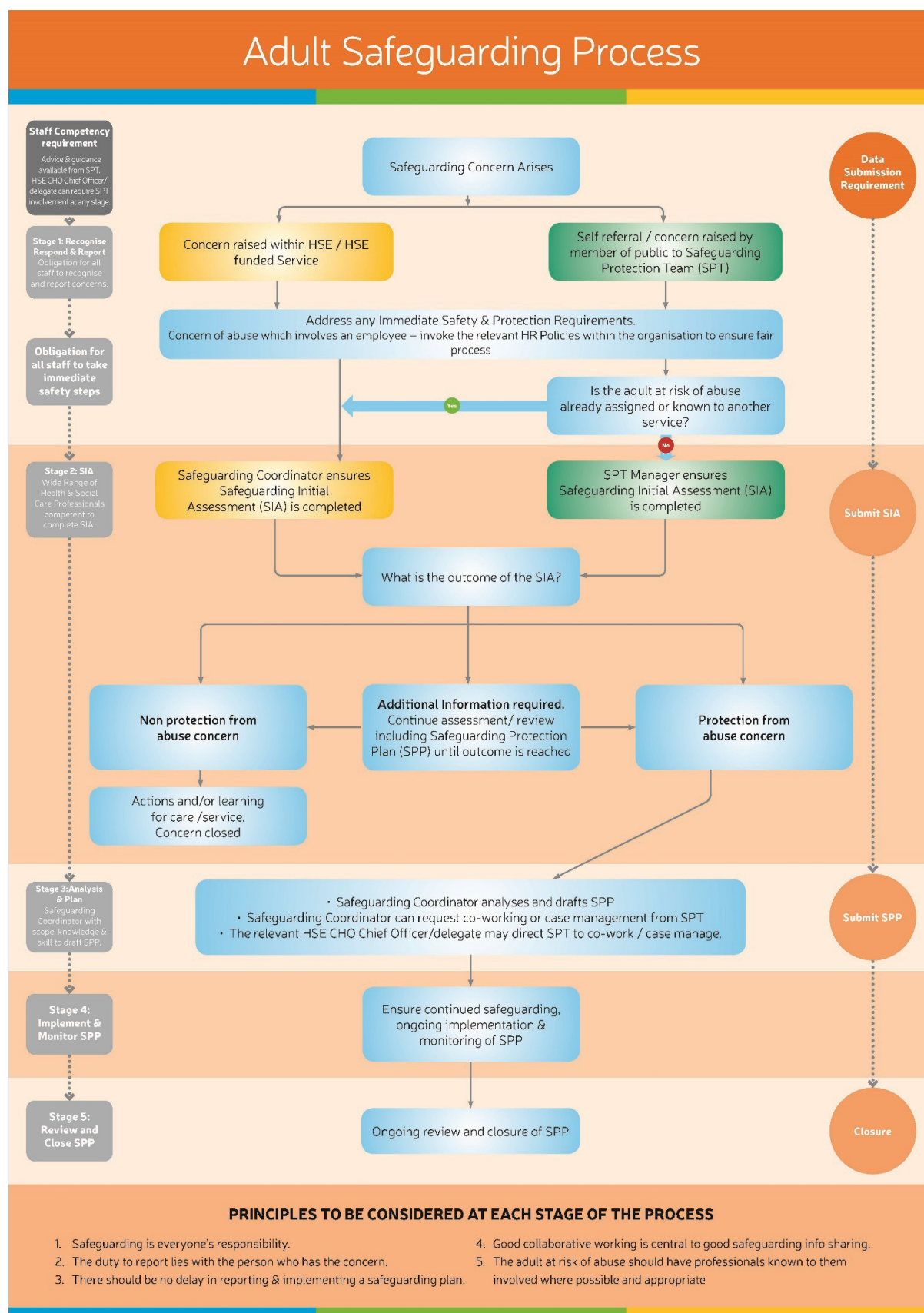
Agency/Address: \_\_\_\_\_

Landline \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

## APPENDIX 4 HSE ADULT SAFEGUARDING PROCESS (2019)



## APPENDIX 5

### HSE Safeguarding & Protection Team Contact Details

#### *Dublin North, Dublin North City, Dublin North West*

Ms. Mary McNutt, St Mary's Hospital, Phoenix Park, Dublin 20

Tel: [076-6959528](tel:076-6959528) Email: [Safeguarding.cho9@hse.ie](mailto:Safeguarding.cho9@hse.ie)

#### *Laois, Offaly, Longford, Westmeath, Louth and Meath*

Ms Maura Seabrooke, Ashbourne Primary Care Centre, Unit 12, Killegland Walk, Declan Street, Ashbourne, Co. Meath A84 A627

Tel: 01 6914632 Email: [safeguarding.cho8@hse.ie](mailto:safeguarding.cho8@hse.ie)

#### *Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West*

Ms. Siobhan Nunn, Beech House, 101-102 Naas Business Park, Naas, Co. Kildare

Tel: 045 920410 Email: [Safeguarding.CHO7@hse.ie](mailto:Safeguarding.CHO7@hse.ie)

#### *Wicklow, Dun Laoghaire and Dublin South East*

Mr.Tony McCusker, Ballinteer Health Centre, Ballinteer Avenue, Ballinteer, Dublin 16.

Tel: 01 2164511 Email: [Safeguarding.cho6@hse.ie](mailto:Safeguarding.cho6@hse.ie)

#### *South Tipperary. Carlow, Kilkenny, Waterford, Wexford*

Ms.Geraldine Sutton, HSE Offices, Dublin Road, Lacken, Kilkenny, Co. Kilkenny

Tel: 056-7784325 Email: [Safeguarding.cho5@hse.ie](mailto:Safeguarding.cho5@hse.ie)

#### *Kerry and Cork*

Ms.Kathleen O'Mahony, St. Finbarr's Hospital, Douglas Road, Cork

Tel: 021 4923967 Email: [Safeguarding.cho4@hse.ie](mailto:Safeguarding.cho4@hse.ie)

#### *Clare, Limerick, North Tipperary and East Limerick*

Ms. Maggie McNally, Tyone Health Centre, Tyone, Nenagh, Co. Tipperary

Tel: 067 46470 Email: [Safeguarding.cho3@hse.ie](mailto:Safeguarding.cho3@hse.ie)

#### *Galway, Roscommon and Mayo*

Ms. Pauline Levins, La Nua, Ballybane, Castlepark Road, Galway

Tel: 091 748432 Email: [Safeguarding.cho2@hse.ie](mailto:Safeguarding.cho2@hse.ie)

#### *Donegal, Sligo, Leitrim, Cavan and Monaghan*

Ms. Donna Carroll, HSE Office, Community Health Care Organisation Area 1, Ballyshannon Health Campus, An Clochar, Ballyshannon, Co. Donegal. Tel: [071-9834660](tel:071-9834660)

Email: [Safeguarding.cho1@hse.ie](mailto:Safeguarding.cho1@hse.ie)

#### *HSE Information Line*

Monday to Saturday, 8am-8pm

Call Save: [1850 24 1850](tel:1850241850)

Email: [info@hse.ie](mailto:info@hse.ie)

## APPENDIX 6

Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012

### SCHEDULE 2

Offences against vulnerable persons for purposes of offence under section 3

Section 3 .

1. Common law offence of false imprisonment.
2. Rape.
3. Rape under section 4 of the Criminal Law (Rape) (Amendment) Act 1990 .
4. Sexual assault.
5. Aggravated sexual assault within the meaning of section 3 of the Criminal Law (Rape) (Amendment) Act 1990 .
6. An offence under section 1 of the Punishment of Incest Act 1908 (incest by males).
7. An offence under section 2 of the Punishment of Incest Act 1908 (incest by females of or over 17 years of age).
8. An offence under either of the following provisions of the Criminal Law (Sexual Offences) Act 1993 —
  - (a) subsection (1) of section 5 insofar as it provides for an offence of having sexual intercourse, or committing an act of buggery, with a person who is mentally impaired within the meaning of that section (other than a person to whom the alleged offender is married or to whom he or she believes with reasonable cause he or she is married),
  - (b) subsection (2) of section 6 insofar as it provides for an offence of soliciting or importuning a person who is mentally impaired within the meaning of that section (whether or not for the purposes of prostitution) for the purposes of the commission of an act that would constitute an offence under section 5(1) (insofar as it is referred to in paragraph (a)) of that Act or an offence referred to in section 2 of the Criminal Law (Rape) (Amendment) Act 1990 .

9. An offence under section 2 of the Sexual Offences (Jurisdiction) Act 1996 insofar as it relates to an offence specified in the Schedule to that Act that is also specified in this Schedule to the extent that it is so specified.

10. An offence under any of the following provisions of the Criminal Law (Human Trafficking) Act 2008 —

(a) section 4 (trafficking of persons other than children),

(b) section 5 insofar as it relates to a person in respect of whom an offence under subsection (1) or (3) of section 4 of that Act has been committed (soliciting or importuning for purposes of prostitution of trafficked person),

(c) section 7 insofar as it relates to an offence under section 4 of that Act.

11. An offence under section 3 of the Non-Fatal Offences against the Person Act 1997 (assault causing harm).

### Summary of the HIQA/MHC National Standards for Adult Safeguarding 2019

#### Theme 1: Person-centred Care and Support

Standard 1.1 Each person's rights are recognised and promoted.

Standard 1.2 Each person is supported to engage in shared decision-making about their care and support to reduce their risk of harm and promote their rights, health and wellbeing.

#### Theme 2: Effective Care and Support

Standard 2.1 The service effectively plans and delivers care and support to reduce the risk of harm and promote each person's rights, health and wellbeing.

Standard 2.2 Each person experiences integrated care and support which is coordinated effectively within and between services to reduce the risk of harm and to promote their rights, health and wellbeing.

#### Theme 3: Safe Care and Support

Standard 3.1 The service strives to protect each person from the risk of harm and to promote their safety and welfare.

Standard 3.2 Safeguarding concerns are effectively identified and managed, and outcomes inform future practice.

#### Theme 4: Health, Wellbeing and Development

Standard 4.1 Each person is supported to develop the skills to protect and promote their own physical, mental, emotional and social health and wellbeing and protect themselves from harm.

#### Theme 5: Leadership, Governance and Management

Standard 5.1 The service has effective leadership, governance and management arrangements in place with clear lines of accountability to reduce the risk of harm and to promote the rights, health and wellbeing of each person.

Standard 5.2 The service strives to continually improve the quality of the care and support it provides to reduce the risk of harm and to promote the rights, health and wellbeing of each person.

## Theme 6: Responsive Workforce

Standard 6.1 The service plans, organises and manages the workforce to reduce the risk of harm and to promote the rights, health and wellbeing of each person.

Standard 6.2 The service supports staff to reduce the risk of harm and promote the rights, health and wellbeing of each person by providing training, development and supervision.

## Theme 7: Use of Resources

Standard 7.1 Resources are used efficiently to reduce the risk of harm and promote the rights, health and wellbeing of each person.

## Theme 8: Use of Information

Standard 8.1 Information is used to effectively reduce the risk of harm and promote the rights, health and wellbeing of each person.

Standard 8.2 The service shares information appropriately to keep people safe.

