



Holy Faith Sisters

**Safeguarding Adults at Risk of Abuse
(Vulnerable Persons) Policy May 2025**

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STANDARD ONE: The Congregation's Safeguarding Adults at Risk of Abuse (Vulnerable Persons) Policy

1. Policy Statement

“Our purpose is to proclaim by word and action the love and truth of Jesus to the people of our day and to collaborate in creating a just world.”

Our foundress, Margaret Aylward, desired that the lives of the sisters would be marked by humility, simplicity, faith and charity and be grounded in the Eucharist and prayer. In the contemporary world we seek to be signs of hope for our sisters and for all we meet.

In his Apostolic Letter “Vos Estis Lux Mundi” Pope Francis stresses the importance of protecting vulnerable people and putting in place “concrete and effective” actions that involve everyone in the Church, to ensure the effectiveness of the Church’s mission

2. Scope and Purpose of the Policy

This policy applies to all Sisters of the Congregation, employees and volunteers in our place of residence and ministry who care for vulnerable persons i.e. Adults at risk of abuse

Any sister who works with vulnerable adults in other centres or groups are to adhere to the safeguarding policy that is in place for that project. Any sister who volunteers in the Congregation’s registered nursing home facility is to adhere to the policy in place.

*If a concern is raised where the persons are not considered Adults at Risk of Abuse (Vulnerable Persons) as defined in this policy, the complaints procedure or other related policies should be followed

The purpose of this policy is

- a. To outline a framework for how members, staff and volunteers should relate to members of the Congregation in our communities who are vulnerable in one or more recognised ways.
- b. To have an awareness for those who may minister to and come into contact with those who may be considered vulnerable.
- c. To outline the procedure to be followed in response to an allegation, suspected or actual of abuse of a vulnerable adult.
- d. To create a spirit of faith and love in which all members may live in mutual respect and where differences in strengths and vulnerabilities are accepted.

3. Objectives

- a. To outline the procedures that must be followed where suspicions and / or allegations of abuse are made.
- b. To promote an environment in which vulnerable adults and those concerned about potential abuse can disclose their concerns and receive the appropriate response.
- c. To ensure that all sisters, staff and volunteers are aware of the standards of care that are expected from them in relation to the protection of the safety and welfare of community members and other vulnerable adults.
- d. To ensure that staff and volunteers are protected from situations that may render them vulnerable to allegations of abuse.

4. Principles and Values underpinning this Policy

- a. The right to live in safety: this entails being free from abuse or fear of abuse from others.
- b. Access to information and knowledge: Vulnerable persons are entitled to information allowing them to make informed choices.
- c. Choice: Vulnerable persons should have opportunities to choose independently from a range of options.
- d. Confidentiality: there must be appropriate management of sensitive information about vulnerable persons.
- e. Consent. Vulnerable persons must be supported in making their own decisions, while acknowledging that gaining consent depends on the capacity of the person to understand and accept the issue on which consent is being sought. (The Assisted Decision-Making (Capacity) Act 2015)
- f. Dignity and Respect: Vulnerable persons must be given the same respect and dignity as other people.
- g. Fulfilment: Vulnerable persons should have an opportunity to engage in activities enabling them to fulfil their ability and potential.
- h. Independence: Vulnerable persons should have as much control as possible over their lives while being safeguarded against unreasonable risks.
- i. Privacy: A vulnerable person must be free from all unnecessary intrusion into their affairs. A balance is maintained between the individual's safety and the safety of others.

5. Definitions

Adult at Risk of Abuse: For the purpose of this policy the definition of an adult "at risk of abuse" is aged 18 years or over, who is:

- 1. Is suffering from a disorder of the mind, whether as a result of mental illness or dementia,
- 2. Has an intellectual disability,

3. Is suffering from a physical impairment, whether as a result of injury, illness or age or has a physical disability, which is of such nature or degree:
 - (i) As to restrict the capacity of the person to guard himself or herself against harm by another person, or
 - (ii) That results in the person requiring assistance with the activities of daily living including dressing, eating, walking, washing.

Abuse: 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.

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.

Elder Abuse: 'A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person or violates their human and civil rights.' (Action on Elder Abuse, 1995).

These definitions are aligned with the Final Draft HSE Adult Safeguarding Policy (2019 (HSE, 2014)

5. CONSENT AND CAPACITY

It is important that Sisters, employees and volunteers understand the issues of consent and capacity in order to establish an individual's ability to give meaningful consent.

Consent is a clear indication of a willingness to participate in an activity or to accept a service. The person may signal consent verbally, by gesture or in writing. Decisions with more serious consequences will require more formal consideration of consent and appropriate steps should always be taken to ensure that consent is valid.

The consent of an adult is considered valid ONLY if:

- They have the capacity to consent, i.e. they can understand and weigh up the information needed to make the decision.
- Sufficient information has been given to them, in an appropriate way, on which to base the decision.
- Consent has been given on a voluntary basis that is free from coercion or negative influence.

If any of these three factors are absent, consent cannot be considered to be valid.

No other person such as a family member, friend or carer (and no organisations) can give or refuse consent on behalf of an adult who lacks capacity to consent unless they have formal legal authority to do so.

Any doubts or concerns about whether the consent of a person is valid, or whether she has the capacity to consent, they should bring this to the attention of the Congregational Leader,

who will seek professional advice and consult with the relevant statutory authorities if there are safeguarding concerns.

**The Assisted Decision-Making (Capacity) Act 2015. The Act reforms Ireland's Capacity legislation. It establishes a modern statutory framework to support decision-making by adults who have difficulty in making decisions without help.*

6. CONFIDENTIALITY AND ITS LIMITATIONS

Sisters, employees and volunteers should treat all information relating to concerns, allegations or suspicions around the abuse of an Adult, as confidential. This information should only be communicated on a need-to-know basis and, in most circumstances, with the consent of the Adult.

Sisters, employees and volunteers should be clear that in circumstances where they have concerns about an individual's safety and welfare, or the safety of others, they should pass on information, in line with this policy and procedure, which they may have been told in confidence.

All records relating to issues, concerns or allegations of a safeguarding nature will be maintained and stored securely.

Sharing information with statutory agencies.

Data protection legislation including the General Data Protection Regulation (the GDPR) and the Data Protection Act 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 adult at risk of abuse
- 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 Adults) Act 2012.

While respecting an adult's right to self-determination, situations can arise where information is suggestive of abuse and/or of 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. If the threat or the risk of abuse is of a serious

nature to the adult or another person, the Safeguarding Manager 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, must be included.

7. THRESHOLD FOR REPORTING

If the concern is considered to be a concern of abuse to **an adult at risk of abuse**, the safeguarding manager will report the matter to the HSE Safeguarding and Protection Team and/or An Garda Síochána on the same day.

If the concern is considered not to be a concern of abuse, there is no requirement to refer to a statutory authority. A confidential record will be kept of the concern raised, the action taken and the reasons for not referring to the civil authorities.

8. Types of Abuse (Possible signs and indicators of abuse Appendix 1.)

- a. Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- b. 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.
- a. 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.
- b. 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.
- c. 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.
- d. Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
- e. Organisational 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.
- f. Self-neglect- includes a vulnerable person's profound lack of attention to health or hygiene, stemming from an inability, unwillingness, or both to access potentially remediating services.

- g. Cyber- online or digital abuse includes abusive or exploitative interaction occurring online or on a social media context. Ie, not using Holy Faith address as part of an online presence , taking of pictures, use of videos, *Please refer to the Social Media Policy
- h. Human Trafficking / Modern day 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.

9. Roles and Responsibility. The members of the Holy Faith Sisters, their employees and volunteers have a duty to protect vulnerable adults from any form of abuse.

The Congregational Leader

The Congregational Leader has the responsibility

- a. To ensure that implementation of the policy is regularly monitored and reviewed.
- b. To liaise with and monitor the Designated Liaison Person
- c. To ensure that service providers have in place arrangements to support the implementation of this policy as specified in the service agreement/contract.
- d. To appoint a Designated Liaison Person

The Designated Liaison Person

The Designated Liaison Person has the responsibility.

- 1. To receive, respond to, manage and record all concerns or allegations of abuse regarding vulnerable persons
- 2. To ensure all reporting obligations are met, both internally and to any relevant statutory authorities.
- 3. To liaise with recognised support agencies for the safeguarding of vulnerable persons

Healthcare Co-Ordinator ? Nurse

Healthcare Co-Ordinator has the following specific responsibilities for implementation of this policy:

- 1. Assisting where applicable in the care of members of each community under the direction of the Congregational Leader.
- 2. Ensuring that she/he seeks and obtain the sister's permission prior to undertaking any care activity.
- 3. Reporting any concerns about any risk of abuse to the Congregational Leader.
- 4. Responding to allegations or suspicions of abuse in accordance with this policy.
- 5. Promotion of the sister's rights, dignity and privacy in accordance with the policies and procedure of the Congregation.
- 6. Advocacy can assume an important role in enabling people to know their rights and voice their concerns. Attention is also important to individuals who may be unable to respond to a situation where abuse may be occurring. There are many types of advocacy which may help support vulnerable persons which may be considered

- i Informal advocacy: often family/ friend or a member of the community.

- ii Self advocacy: an individual can make it known that she seeks support
- iii Citizen advocacy: a volunteer is trained to provide one-to-one ongoing advocacy support
- iv Peer advocacy: someone using the same service to support another person to assert her views and choices
- v Legal advocacy: representation by a legally trained professional
- vi Group advocacy: a group of people collectively advocate on issues that are important to the group
- vii Professional advocacy: it is the responsibility of professional staff to advocate on behalf of service users who are unable to advocate for themselves
- viii Public policy advocacy: advocates who lobby Government or agencies about legislation/ policy

STANDARD TWO: The Congregation consistently applies a thoroughly and clearly defined method of recruiting staff and volunteers in line with legislative requirements and best practice that comply with the Congregation policies and guidelines.

In each area the Congregation Policy on Safeguarding Adults at Risk of Abuse (Vulnerable Persons), **Employment Policy, Public Policy Guidelines** and Legislation are all used to ensure the most satisfactory outcomes for vulnerable members

All volunteers / staff employed by the local community.

Check credentials and references before hiring anyone for work. Always use of a traceable method of payment for any work carried out in local community. All volunteers / staff must be Garda Vetted.

1. All volunteers/staff employed by the local community should be aware that safeguarding sisters is an essential part of their duty. Volunteers / Staff must be alert to the fact that abuse can occur in a range of settings and therefore must make themselves aware of the signs of abuse and the appropriate procedures to report such concerns or allegations of abuse.
2. All volunteers/ staff must attend training on safeguarding and elder abuse as stipulated. Quick Reference Guide to Responding to Suspicions/ Allegations of Elder Abuse
3. All staff must comply with the policies and procedures of the Congregation.
4. Staff must treat all sisters with dignity and respect as outlined in the relevant policies of the home.
5. All staff have a responsibility to report any suspicions or information about the abuse of a resident in accordance with the procedures outlined in this policy.
6. All staff must inform their line manager if they have any concerns about their knowledge or competency related to safeguarding residents and responding to allegations or suspicions of abuse.
7. Any staff member who has any concerns about the care and services to sisters in the home has a responsibility to raise these under the protected disclosure policy.
8. All healthcare professionals have a responsibility to advocate for sisters who are unable to advocate for themselves.

STANDARD THREE: Effective and relevant training must be provided for all involved in the care of vulnerable persons in our communities and ministries.

Guide to safeguarding training to include the following

- a. Discussion of Safeguarding Policy (and confirmation of understanding)
- b. Ensuring familiarity with reporting processes, the roles of Line Manager and Designated Liaison Person and those who act in their absence.
- c. Possible signs of abuse.
- d. How to respond when abuse is disclosed.
- e. Deal with information about alleged abuse sensitively.
- f. Clarity of reporting procedures. Know how to report concerns to their Line Manager/ Designated Liaison Person.

STANDARD FOUR: Recognising, responding to, recording and reporting concerns about abuse of vulnerable persons.

In the Republic of Ireland abuse of a Vulnerable Person is 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”. This definition is applicable across our Congregation.

Responding to disclosures of abuse

In situations where a vulnerable person discloses abuse, it is important that sisters, employees and volunteers respond appropriately and in accordance with guidelines. **Do:**

1. Stay calm
2. Listen and hear
3. Express concern and sympathy about what has happened
4. Reassure the person telling them they were right to tell you
5. Ensure the immediate safety of the person
6. Report the matter to the Safeguarding Manager/ Designated Liaison Person
7. Record in writing what you have been told. Date and sign the report.

Do not:

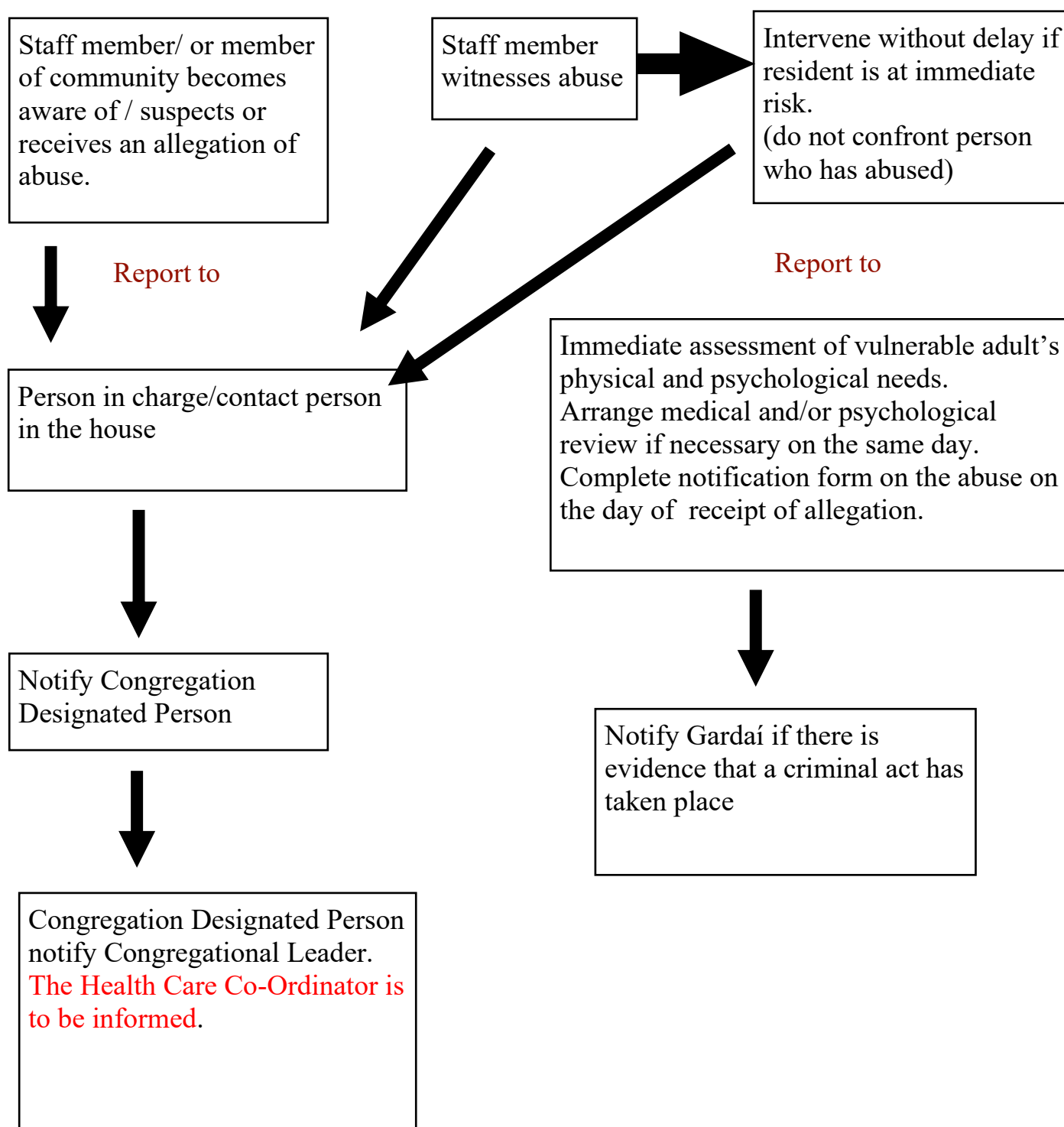
1. Appear shocked
2. Promise to keep secrets
3. Press the person for more details or make them repeat the story
4. Make judgements
5. Give sweeping reassurances

6. Gossip about the disclosure or pass any information about this to anyone who does not have a legitimate need to know
7. Contact the alleged abuser
8. Attempt to investigate yourself
9. Leave details of your concern on a voice mail or by email
10. Delay in reporting the matter

There may need to be some initial conversation with the vulnerable person who has disclosed information to you in order to ensure her/his safety. For example if a sister, employee or volunteer notices a bruise on a vulnerable person's arm it would be appropriate to ask, "I see you have a bruise on your arm. How did that happen?" Sisters, employees and volunteers should not begin to investigate alleged or suspected abuse by asking questions that relate to the detail or circumstances of the alleged abuse beyond initial checking for factual accuracy, listening and expressing concern.

In all cases, the investigation by the statutory agencies precedes any action which will be undertaken by the Congregation.

Reporting structure



Where the person in charge, as in local prioress/ contact person in the local community is not on duty she must be informed at the earliest opportunity. It is not her duty to investigate only to be informed.

Designated Liaison Person

1. The safety and wellbeing of the sister will be paramount in all situations where there is a suspicion or allegation that they have been abused or are at risk of abuse.
 2. A medical examination must be performed immediately in cases of suspected physical and sexual abuse. In this case, the nurse in charge must record the presence of any injuries, harm and / or indicators of abuse. He /she must ensure that possible forensic evidence is not contaminated or removed so therefore the medical examination should take place prior to the suspected victim being bathed or washed.
 3. Where there is evidence of injury or harm, arrangements are to be made for medical attention as appropriate either through contacting the resident's GP or transferring the resident to hospital.
 4. The DLP will also establish whether or not the resident is at continued risk and take any immediate measures that may be needed to safeguard the resident or other residents.
 5. Once the immediate needs of the resident have been addressed and there is evidence that a crime has been or is about to be committed, the DLP in charge must inform the Gardaí and HSE Safeguarding Team.
 6. Early consultation with the HSE / Gardaí does not mean that criminal proceedings will necessarily follow, but it will enable them to:
 - a. Establish whether a criminal act has been committed.
 - b. Allow them to determine at what stage they need to become involved.
 - c. Help ensure that forensic evidence is not lost or contaminated.
 7. The DLP in charge will ensure that a record is created of the event on the abuse reporting form. A case file will be opened and stored securely in the Congregation office.
- The time the disclosure was made, or when he/she was told about/witnessed this incident/s;
 - Who was involved and any other witnesses, including service users and other staff;
 - A factual account of what happened or what he/she was told, using the person's own words, without making interpretations that cannot be substantiated by factual, objective evidence.
 - Any other relevant information.

The phone number is _____

The Congregational Leader must be informed, and she will ensure pastoral care to the sister.

Once the statutory investigations have concluded, the case will be reviewed internally and all actions taken in respect of a staff member or volunteer will be in accordance with Disciplinary Policy of the Congregation.

APPENDICES

1. HSE Preliminary Screening Form.
2. Internal indecent Reporting Form
3. HSE Safeguarding Teams contact numbers
4. Helpful resources / contact number
5. Definitions / indicators of abuse

Appendix 1.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**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 ☐ No ☐ N/A ☐

2. Medical treatment Yes ☐ No ☐ N/A ☐

3. Referred to TUSLA Yes ☐ No ☐ N/A ☐

4. Gardai notified Yes ☐ No ☐ N/A ☐

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

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 measures for the Vulnerable Person:**

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

Name of Designated Officer/ Service Manager:
Interim safeguarding plan:

Date of

Preliminary Screening for [Name of Vulnerable Person]

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:

<p>7. Is there another nominated person the Vulnerable Adult wants us to contact, if so please give details?</p>

Name:

Address:

Phone:

Preliminary Screening for [Name of Vulnerable Person]

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?

8. 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.***

9. 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:

- | | | | |
|-----------------------|-------------------------------------|------------------------------------|-------------------------------------|
| 5. Medical assessment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 6. Medical treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 7. Referred to TUSLA | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 8. 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. :

Preliminary Screening for [Name of Vulnerable Person]

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:

Preliminary Screening for [Name of Vulnerable Person]

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 for [Name of Vulnerable Person]

Preliminary Screening agreed by Safeguarding and Protection Team

Yes ☐ No ☐

Name of SPT Team Member reviewing form:

Signature:

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

APPENDIX 2.

INCIDENT REPORT

Work location	
Name of vulnerable person	
Age/Date of Birth	
Name of carer (if applicable)	
Home address (if applicable)	
1. Disclosure by a vulnerable person	
When was the disclosure made (date and times)?	
Who did the vulnerable person make the disclosure to?	

What did the vulnerable person actually say

2. Indicators

Describe any signs or indicators of abuse (with times and dates):

Has the vulnerable person alleged that any particular person is the abuser? If so, please record details, and the relationship, if any, to the vulnerable person below:

3. Concerns expressed by another person about a vulnerable person

Record the concerns that were passed to you (with dates and times) and if possible ask the person who expressed the concerns to confirm that the details as written are correct.

4. Details of any immediate action taken e.g first aid

- 5 Has the vulnerable person expressed any reservations about you talking to the line manager or nominated manager about the matter?

Appendix 3. HSE Safeguarding Contact numbers

HSE Safeguarding and Protection Teams

HSE Safeguarding and Protection Teams are in place all over the country to provide help.

Dublin North, Dublin North City, Dublin North West

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

Phone: [**01 795 9528**](tel:017959528)

Email: Safeguarding.cho9@hse.ie

Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West

Ms. Laura Pauley, Beech House, 101-102 Naas Business Park, Naas, Co. Kildare

Phone: [**045 920 410**](tel:045920410)

Email: Safeguarding.CHO7@hse.ie

Wicklow, Dun Laoghaire and Dublin South East

Ms. Kristen Murphy, Ballinteer Health Centre, Ballinteer Avenue, Ballinteer, Dublin 16.

Phone: [**01 216 4511**](tel:012164511)

Email: Safeguarding.cho6@hse.ie

Appendix 4. Useful Resources

Age Action: Tel. 01 4756989

<https://www.ageaction.ie>

Alzheimer Society of Ireland: Tel. 1800 341 341

<https://alzheimer.ie>

Senior Help Line: (Third Age Ireland) Tel. 1800 80 45 91

<https://www.thirdageireland.ie/seniorline>

Gardaí. Tel. In emergency 999.

<https://www.garda.ie>

SAGE Advocacy . Tel 01-5367330

<https://www.sageadvocacy.ie>

Assisted Decision Support Service. Tel 01-2119750

<https://www.decisionsupportservice.ie>

Appendix 5.

Definitions and Categories of Abuse (HSE)

The following table provides definitions, examples and indicators of abuse, (not exhaustive) with which all must be familiar.

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. Service user appears frightened, avoids a 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, 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: 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 service user, manipulating the service user for financial gain or putting pressure on the service user 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 service user'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: 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 care 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 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: 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 service users.

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: 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.

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.

