

Safeguarding of Vulnerable Adults Policy

INTRODUCTION

Westcare Homecare is committed to providing quality person centred care. Fundamental to this is ensuring that people who use our services are safe and free from abuse or neglect.

Safeguarding Ireland state “**abuse happens when a person’s rights and dignity are not respected by another**”.

According to Safeguarding Ireland 1 in 2 Irish adults who were surveyed claim to have experienced adult abuse.

Safeguarding means living safely, free from abuse or neglect.

A person encountering a suspicion or an allegation of abuse for the first time may be confronted with any number of questions, reactions, fears and emotions. Many people will be sufficiently concerned to respond effectively. Others might be concerned but unsure about what to do. Some might even fear reprisal if the alleged perpetrator is known to them.

We recognise that all those who work with *Older Persons and Vulnerable Adults* have a responsibility to recognise potential/actual abuse and intervene appropriately.

Purpose of Safeguarding Policy

- To promote the welfare of all clients and support a culture of zero tolerance of abuse.
- To promote positive attitudes and values towards client’s rights and autonomy
- To create awareness of obligations, specific roles, responsibilities and process’s to be followed by Westcare Homecare staff in prevention and response to reports of abuse and thereby ensure appropriate, consistent response.

Scope

This document applies to **all** Westcare Homecare staff involved in any aspect of client care.

Definitions

- **Abuse:** single or repeated act or omission which violates a person’s human rights or causes harm or distress to a person...
- **Adult at risk of abuse:** “*person over 18 years of age who is at risk of experiencing abuse, exploitation or neglect by a third party and who lacks mental or physical capacity to protect themselves from harm at this time in their lives*”
- **Safeguarding:** Putting measures in place to: reduce risk of harm, promote person’s human rights, health and well-being and empowering a person to protect themselves. It is fundamental to high quality care (Health Information and Quality Authority)
- **Safeguarding:** means living safely, free from abuse or neglect. It means people’s choices are heard and respected. Safeguarding is everybody’s business. We all need to be aware of

safeguarding adults and take action to make sure that nobody experiences abuse or neglect, particularly those who are vulnerable. (Safeguarding Ireland)

Types of abuse

- **Physical abuse:** this includes; excessive force in delivery of personal care, force feeding, misuse of incontinence wear, misuse of/withholding medication, denied medical treatment, restricting activities, deprivation of liberty, experiencing threat of physical violence
- **Financial abuse:** this includes; theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits, or internet/phone scamming.
- **Psychological abuse:** this includes; threats of harm/abandonment, deprivation of contact, humiliation, Intimidation/coercion, failing to value the individual, perpetrator placing personal view as superior, outpacing, denying opportunity to express opinion/view/wishes, making subjective comments about way person chooses to express themselves, failure to show interest/provide opportunities for person's emotional needs or social interaction.
- **Neglect or acts of omission:** (withdrawing or not giving help which causes suffering) this 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.
- **Sexual abuse:** this includes; sexual assault or sexual acts to which the person has not consented
- **Discrimination:** this includes; unequal treatment, harassment or abuse based on; age, disability, race, ethnic group, gender, gender identity, sexual orientation, family status or membership of travelling community.
- **Institutional abuse, now organisational abuse:** this includes; mistreatment of people due to poor/inadequate care or support or systemic poor practice that affect the whole care setting and lead to failure to provide safe and appropriate services
- **Digital abuse:** this is defined as; abusive/exploitative interaction occurring online or in social media
- **Human trafficking/ modern day slavery:** this involves acquisition/movement of people by improper means such as force, threat or deception for the purpose of exploiting them

Context of Abuse

Abuse can happen in many different contexts/settings. May be abuse by family member, professional, stranger abuse, peer to peer abuse, domestic abuse or hate crime.

Recognising the signs of Abuse

- **Physical signs e.g.** unexplained bruises, or injuries, unusual weight loss, problems like bedsores, being shabby or unkempt, or unsafe living conditions
- **Psychological/emotional signs e.g. Person** Becomes withdrawn, angry or scared, Tearfulness and crying and not saying why,
- **Social signs e.g.** The person is prevented from seeing you on their own, Inexplicable shortage of money, Control – you may have a sense that someone is trying to control/take over a person's affairs
- **Organisational signs e.g.** defensive attitude towards complaints organisational Abuse may be a symptom of a poorly run organisation. It is also likely to occur when staff are: inadequately trained, poorly supervised, have little support from management, work in isolation, or where there is a negative culture within the organisation.

How concern/allegation of abuse may come to light

- Direct observation
- Observation of signs or symptoms of abuse through our professional contact with person
- Disclosure by the person themselves or by a concerned person
- Anonymous reporting

Factors that increase risk of Abuse

Causes in home care setting may include:

- poor-quality long-term relationships
- a family carer's inability to provide the level of care required
- a pattern of family violence exists or has existed in the past
- a family carer with mental or physical health problems
- social isolation of the family member
- sociocultural factors e.g. ageism, sexism.

Westcare Homecare approach to Safeguarding will be guided by the following principles:

- Zero tolerance to abuse
- Person-centred approach to care
- Emphasis on early detection of people at risk of abuse and intervention for prevention of abuse
- Clear policies that promote effective team-working – understanding of roles, responsibilities, process and procedures
- Staff training and governance
- Structures for appropriate sharing of information and protection of confidentiality

Additional Factors to be considered in relation to Safeguarding

- **Child abuse:** Westcare Homecare have a separate, specific Child Protection Policy and Child Protection Statement which is based on Children First – and all staff are made aware of obligation for mandatory reporting to TUSLA. All staff undergo mandatory training in Children First
- **Allegation of abuse against employee/colleague:** need for safeguarding process and relevant HR process to be implemented separately.
- **GDPR legislation:** All information kept by Westcare Homecare relating to clients and their families will be kept confidential at all times. All staff members will have agreed to confidentiality policy requirements as part of their contract of employment.
- Any information relating to records of concern, allegations or disclosures of abuse will be stored in the managers office in a locked cabinet or store room. Data will be held in accordance with the Data Protection legislation and only shared on a strictly 'need to know' basis. Data will also be stored securely on our server which is encrypted and password protected and can only be accessed by Senior Management, Safeguarding Officer and the Mandated Persons.
- Our policy is to co-operate with the HSE Children and Family Services and the Gardai on the sharing of our records in relation to reports of elder abuse.

- **Assisted Decision-Making (Capacity Act) 2015:** Westcare Homecare are aware that this recent act which involves legislative changes regarding persons whose decision making capacity is in question/lack decision making capacity
- **Protected Disclosure (Whistle Blowing) Act 2014:** Employees who have genuine concerns about risks to older people and vulnerable adults in their workplace may now report these concerns without fear of penalisation in their employment. Legislation under the Protected Disclosure in the Public Interest Act 2014, provides for the making of protected disclosures by all employees in any sector. If an employee **reports a workplace concern in good faith and on reasonable grounds in accordance with the procedures outlined in the legislation it will be treated as a “protected disclosure”**. If an employee feels that they have been subjected to detrimental treatment in relation to any aspect of their employment as a result of reporting their concern, they may seek redress. In addition, employees are not liable for damages as a consequence of making a protected disclosure. The exception is where an employee has made a report which he/she could reasonably have known to be false.

Roles and Responsibilities

Directors and Senior Management responsibilities:

- Ensure there are robust policies and procedures in place to promote the welfare of all clients and support a culture of zero tolerance of abuse.
- Promotion of positive attitudes and values towards client’s rights and autonomy
- To create awareness of obligations, specific roles, responsibilities and process to be followed by Westcare Homecare staff in prevention and response to reports of abuse.
- Ensure that all staff are aware of the contents of the Safeguarding policy
- Ensure there are systems in place to facilitate compliance with legislation and best practice guidelines in the areas of staff recruitment, training and governance.
- Liaise as deemed necessary with An Garda Síochána, other agencies e.g. HSE Safeguarding Team, TUSLA, healthcare senior managers or client’s family
- Facilitate 3 monthly review of safeguarding reports/incidents so as to identify issues such as training needs, service delivery changes or need for policy review
- Ensure systems are in place to protect client confidentiality. Personal information may only be shared with that person’s consent, however, information may be shared without prior consent when people are deemed to be at serious risk of harm or it is in the public interest, and only where the benefits of sharing this information, supported by meaningful safeguards, clearly outweigh the risks of negative effects.

Clinical Governance, Care Managers, Care Supervisor and Care Coordinators Responsibilities

- Liaise with Human Resource (HR) colleagues so as to ensure all care staff have undergone required vetting processes and completed safeguarding training, induction training, shadowing and competency assessment before being assigned to work in a client’s home
- Facilitate and promote regular contact between care staff and supervisor/manager. Ensure all staff are aware of on call/emergency contact protocols.
- Ensure regular systematic review of clients
- Ensure that all complaints are reported and effectively managed including action, monitoring, escalation (if deemed appropriate), review and learning.

Designated Safeguarding Officer (DSO)

The Designated Safeguarding Officer for Westcare Homecare is Sarah Smith.

- The DSO is responsible for receiving concerns or allegations of abuse, ensuring the appropriate manager is informed and necessary actions are identified and implemented.
- Ensure the HSE Safeguarding and Protection Team are informed and any additional HSE personnel (as deemed appropriate) are informed immediately if immediate risks identified.
- Ensure Gardai are contacted if crime has/likely to be committed. If a child is deemed to be at risk the DSO will ensure TUSLA are informed.
- Ensure all information generated is formally documented and is managed and stored in accordance with GDPR

All Safeguarding of Vulnerable Adults records are stored securely on our server which are encrypted and password protected and can only be accessed by Senior Management and the Mandated Persons



Information for Designated Officers

Under the [Protections for Persons Reporting Child Abuse Act 1998](#), persons are protected by law if they report suspected child abuse to a Designated Officer of the HSE, Tusla - Child and Family Agency or a member of An Garda Síochána as long as the report is made in good faith and is not malicious. Section 4 of the Act protects employees from penalisation by employers for having made a report of child abuse.

This legal protection means that even if your reported concern proves unfounded, if a plaintiff took an action, they would have to prove that you had not acted reasonably and in good faith in making the report.

Certain HSE staff grades have been appointed by the Director General as Designated Officers. Members of the public are protected under the Act if they report concerns about children to Designated Officers in the HSE.

Please check the list provided to see if you are a Designated Officer:

Access Workers
Advocacy Officers
All HSE Nursing Personnel
All other HSE Medical and Dental Personnel
Care Assistants
Child Care Workers
Childminder Coordinators
Children First Implementation Officers
Children First Information and Advice Persons
Community Welfare Officers
Counsellors in Services for Adult Victims of Past Abuse
Designated Person within the HSE
Environmental Health Officers
Family Support Coordinators
Family Support Workers
Health Education/Health Promotion Personnel

HIV and AIDS Services
Hospital Consultants
Non-Consultant Hospital Doctors
Occupational Therapists
Physiotherapists
Pre-school Services Inspectors
Project Workers
Psychiatrists
Psychologists
Public Health Nurses
Quality Assurance Officers
Radiographers
Residential Care Managers/
Residential Child Care Workers
Social Workers
Speech and Language Therapists
Substance Abuse Counsellors
Training and Development Officers
Managers of Disability Services

Carers

- Be familiar with and adhere to Westcare Safeguarding policy and procedures.
- Attend mandatory training and any training/updates deemed appropriate by Care Manager
- Report and document any concerns regarding client, personal or work circumstances that may impact safety or well-being to Care Manager/Care Supervisor.

Process and Procedures to be followed:

All cases of alleged or suspected abuse must be taken seriously. All staff have a responsibility to inform their line manager immediately. Ensuring the safety and well-being of the person and others who may be at risk is a priority.

Carer Response to suspicion or disclosure of abuse

- Priority is to protect the vulnerable person
- Listen, reassure and support the vulnerable person
- Report and inform Care Supervisor/ Care Manager/ Local On Call
- Complete Safeguarding referral form (see appendix 1) with Care Supervisor/line manager

It is important not to:

- Appear shocked or display negative emotions
- Press the individual for details
- Make judgements
- Promise to keep secrets or give sweeping reassurances
- Never confront or pass comment/opinion on the alleged abuser

Reporting Procedure

Steps to be taken on the day that the concern is reported/identified Day 1

- **Any employee**, who receives information or suspects that an older person or vulnerable adult has been abused or is at risk of being abused, must inform the Care Supervisor/Designated Line Manager /Local on Call (If out of hours) immediately.
- **Care Supervisor/ Manager Response:** complete Safeguarding Referral form(appendix 1) with carer – detailing
 - **When** disclosure was made,
 - **Who** was involved,
 - **Exactly** what happened/what was disclosed using the person's own words, not interpreting what was seen or disclosed.
 - **Ensure** account is detailed, factual, legible and photocopyable.
- The report in writing is signed by the Care Supervisor/ Manager and the staff member raising the concern.
- Ensure all records are stored in safe, secure location and information is shared on a 'need to know' basis only
- **Care Supervisor/manager /on call** must inform **Designated Safeguarding Officer (DSO)** and **line manager**

Designated Safeguarding Officer (DSO):

- The DSO is responsible for receiving concerns or allegations of abuse, ensuring the appropriate manager is informed and necessary actions are identified and implemented.
- The DSO checks if there is any immediate danger and what steps were taken to ensure

care, safety and protection of person at risk of abuse.

- The DSO will ensure HSE Safeguarding and Protection Team are informed and any additional HSE personnel (as deemed appropriate) are informed immediately if immediate risks identified.
- The DSO ensure Gardai are contacted if crime has/likely to be committed.
- If a child is deemed to be at risk, the DSO will ensure TUSLA are informed.

****Actions to be carried out within 3 days of concern being reported***

If no immediate risk is identified, the DSO will ensure Safeguarding Preliminary Assessment see (appendix 2) including the views and wishes of the person at risk of abuse is completed within 3 days.

Purpose of Safeguarding Preliminary Assessment

- To determine context of issues which generated concern
- To establish effective communication with adult at risk of abuse, (and family members/nominated persons as appropriate)
- To gather and analyse information
- To consider if an abusive interaction could have/is likely to occur
- To identify if concern raised is 'protection from abuse' or 'non-protection from abuse' concern
- To identify if Safeguarding Protection Plan is immediately required
- To safeguard the adult at risk of abuse from further potential harm
- To link with other health and social care professionals (as appropriate)

On Completion of the Safeguarding Preliminary Assessment, the DSO determines if the issue is:

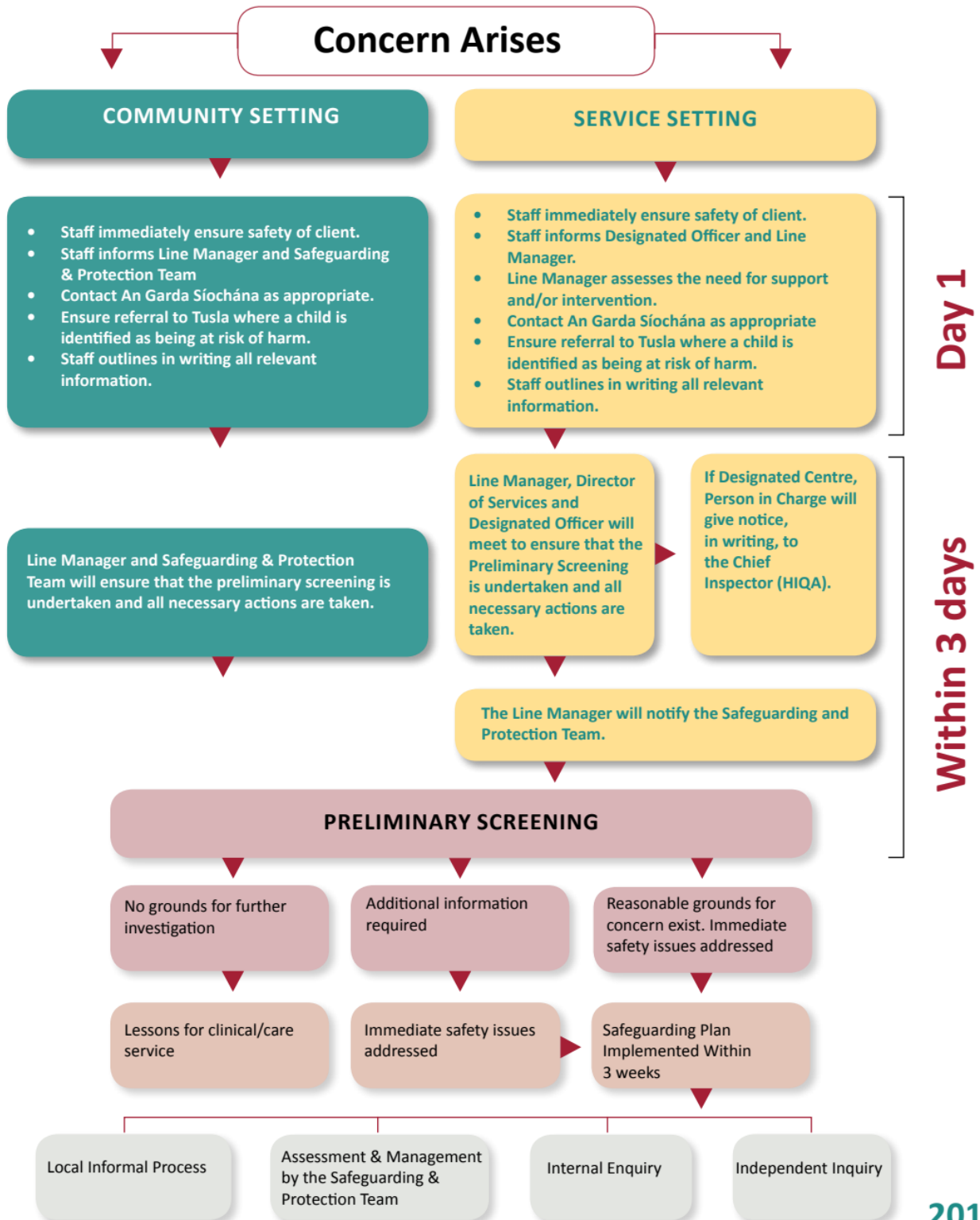
- **Non-Protection from abuse concern** (safeguarding process closed, actions documented, learning noted). Appropriate intervention initiated e.g. Multi-Disciplinary Team care plan review, additional staff training
- **Protection from abuse concern** (proceeds to analysis and planning stage) – the DSO informs **appropriate HSE Safeguarding personnel who then may take over responsibility for further management of issue**. Westcare Homecare staff continue to work in accordance with guidance provided from the HSE
- **In need of additional information** (the DSO sets timeline and identifies staff responsible for gathering the required information)

Formulation of Final Safeguarding Plan to be carried in conjunction with HSE Safeguarding personnel within 3 weeks of concern being reported

- Once the preliminary assessment is completed, an assessment of the current needs of the vulnerable person must be made. The wishes of the person are central to this and will involve discussion and planning for their well-being and protection.
- In deciding what action to take, the rights of the vulnerable person to make decisions and take risks regarding their own situation should be considered
- **There is a legal presumption that an individual of 18 years and over has the mental capacity to make their own decisions**. The person should be included in the decision-making process, unless mental incapacity has been established.
- Where it appears that the person lacks the capacity to make informed decisions, then medical assessment of mental competence is essential.

- The outcome of the investigation and assessment of need will be a Safeguarding Plan for the person, which will detail:
 - The person's current assessed needs.
 - The actions/services required to meet those needs.
 - The steps to be taken to ensure the person's protection in the future.
 - Any dissenting views on what action should be taken e.g. between the person and the safeguarding team.
 - A review date (within four weeks and possibly sooner depending on the situation).
- The services recommended by the Safeguarding Plan must be tailored to the current needs of the person, and should aim to achieve:
 - Freedom.
 - Safety.
 - Least disruption of lifestyle.
 - Least restrictive care alternative.
- There may be circumstances where removal of the person from their home to permanent residential care is both necessary and desirable. However, the HSE may also consider providing care packages that, subject to the wishes of the person, enable him/her to stay in their own home.

The DSO ensures assessment findings and follow up is formally documented and all information generated is managed and stored in accordance with GDPR.



Reporting incidents of Alleged or Suspected Abuse to An Garda Síochána

Gardai must be notified immediately when an older person or vulnerable adult is at **serious or immediate risk**. Unless there is an immediate or serious risk to the older person or vulnerable adult, all staff members of Westcare Homecare who have any concerns or suspicions of abuse should adhere to the standard reporting procedure and contact their Line Manager immediately. Your Line Manager will direct you accordingly with the most appropriate approach and actions to take. In general, the DSO and Senior Manager in collaboration with the HSE Safeguarding team will report the offence to the Garda Síochána, if deemed appropriate.

Actions to take for Reporting Incidents to An Garda Síochána

The person's consent should be sought before reporting an offence to An Garda Síochána. However, situations arise whereby An Garda Síochána **must be notified** without the person's consent. These situations include:

- When a person is at serious or immediate risk.
- When another person or persons are at serious risk, either from themselves or others.

This includes children.

- Westcare Homecare staff have a duty to report allegations of serious abuse to An Garda Síochána when it is suspected a crime has been committed. This would include for example but not limited to - physical assault, sexual assault, financial abuse and cases where there is ongoing risk of injury. In addition, Westcare Homecare staff have a duty to notify the Gardai if they directly witness any criminal acts occurring.

If An Garda Síochána are notified without the consent of the person:

- Staff should inform the person that they have a duty to report the allegation to An Garda Síochána against their expressed wishes.
- Staff should inform An Garda Síochána on notification that they are reporting the alleged serious assault against the person's wishes.
- Every effort must be made to support the person throughout the process and should be done in a manner appropriate to the risks posed to the person or to others.

Procedure for Allegations of Abuse against an Employee

Any allegation made will be taken seriously and the first priority is to ensure no vulnerable adult is exposed to unnecessary risk. All stages of the process will be recorded.

- The details will be recorded in writing on the Safeguarding Referral Form.
- Where appropriate and as a matter of urgency Line Manager and DSO will take any necessary protective measures to reduce any additional unnecessary risk to the older person or vulnerable adult. These protective measures may include suspension of the employee during the investigation as per the Westcare Homecare Disciplinary Procedure or alternative arrangements will be made e.g. the employee will not be left alone with the older person or vulnerable adult at any time.
- Protective measures should be proportionate to the level of risk and should not unreasonably penalise the employee, financially or otherwise, unless necessary to protect the vulnerable person.
- Where protective measures penalize the employee (this includes an excessive suspension time from work), it is important that early consideration be given to the case.
- The Line Manager and the DSO will inform Gardai if deemed necessary. Otherwise, the allegation will be investigated internally in liaison with the HSE Safeguarding team as previously outlined.
- To ensure that these issues are managed independently of each other, two people from the Westcare Homecare office will be nominated for dealing with the reporting issues and the employment issues e.g. the DSO investigates safeguarding issue while Human Resource deals with employment issues. The Managing Director has the full authority to appoint the most appropriate people to manage the process and may appoint themselves in either role.
- The Designated Line Manager will inform the staff member of the concern and outline:
 - The fact that an allegation has been made against him or her;
 - The nature of the allegation

The employee should be afforded an opportunity to respond. The employer should note the response and pass this on if making a formal report to the HSE.

- They will also liaise closely with investigating bodies to ensure that actions taken by the organisation do not undermine or frustrate any investigations.
- The primary goal is to protect the older person or vulnerable adult while taking care to treat the employee fairly and the rules of natural justice will apply. If no resolution is achieved, Westcare Homecare will seek independent review. An Independent review may involve an external investigation which can be conducted by any organization that the Company sees fit.
- All investigations and considerations will be of an urgent nature in order to verify the allegation of abuse without further exposing the older person to further unnecessary risk and/or to give consideration to an employee who has been falsely accused. Should suspension not be required, increased levels of Supervision of the employee will apply pending the investigation. Counselling, retraining, supervision etc. will be given where necessary
- Dismissal from Westcare Homecare will be made if appropriate as per company disciplinary procedures.

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 Síochana or medical assistance

Vulnerable Person's Details:

Name: _____ DOB: _____

Address: _____

Marital Status: _____ Contact Phone Number :/Mobile: _____

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

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

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

Is client aware this referral is being made? Yes No

Has client given consent? Yes No

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

Name: _____ Contact Details: _____

Relationship to vulnerable person: _____

GP Contact Details:

Name: _____ Telephone: _____

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

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

Details: _____

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

Physical abuse

Financial/material abuse

Psychological/Emotional abuse

Neglect/acts of omission

Sexual abuse

Discriminatory abuse

Extreme Self Neglect*

Institutional abuse

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

Details of concern:

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

Details of Person Allegedly Causing Concern (if applicable)

Name: _____ Relationship to vulnerable person: _____

Address: _____

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

Details of person making referral:

Name: _____ Job Title (if applicable): _____

Agency/Address: _____

Landline _____ Mobile: _____

Signature _____ Date: _____

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



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

Please indicate as appropriate: Community setting:

Service setting:

• 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:

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

• Brief description of vulnerable person:

• Details of concern including time frame:

- **Was an abusive incident observed and details of any witnesses:**
- **Relevant contextual information:**
- **Have any signs or indicators of abuse been observed and reported to the designated officer? Please specify?**
- **Details of assessment or response to date?**
- **Is it deemed at this point that there is an ongoing risk? If so please specify?**
- **Include any incident report or internal alert details if completed(as attachment):**
- **Details of any internal risk escalation:**
- **Is this concern linked to any other Preliminary Screening? If so give details and reference:**

• **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:

• 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?

• Details of person allegedly causing concern:

The HSE together with HSE service providers and funded agencies are mindful of their mutual obligations to protect the data protection rights of all data subjects. The identification of the “person allegedly causing concern” to the HSE Safeguarding and Protection Team has a legal basis and may be necessary in certain circumstances. A request for identifying information on “the person allegedly causing concern” by a HSE Safeguarding and Protection Team will need to be considered and decided upon by the data controller in the relevant agency.

Anonymous Agency Identifier (of person allegedly causing concern):

Gender: _____

Relationship to person referred: Immediate family member Other family member

Other service user/ peer Neighbour/friend

Volunteer Stranger

Staff Other

Has this person been a person allegedly causing concern in a previous Preliminary Screening?

Yes No Unknown

If yes, give details _____

• 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:

- | | | | |
|----------------------|------------------------------|-----------------------------|------------------------------|
| • Medical assessment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| • Medical treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| • Referred to TUSLA | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| • 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: Out of area placement considerations:

Has the funder of the vulnerable adult's placement been informed of the safeguarding concern?

Yes No N/A

If the person allegedly causing concern is considered to be a vulnerable adult, has the funder of the placement been informed? Yes No N/A

D: Other relevant details including any immediate risks identified:

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

E: 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***

What are you trying to achieve	What specific follow up or safeguarding actions are you taking to achieve this	Who is going to do this	When will this be completed	Review date for actions	Review Status/Update
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Name of Designated Officer/ Service Manager:

Date of Interim safeguarding plan:

References

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