OP.2

Safeguarding Vulnerable Adults at Risk of Abuse Policy

V3.0

March 2022

Ver	Purpose/ Change Summary	Approved by Board	Effective Date	Next Revision
1.0	Protection of Vulnerable Adults Policy	15/7/2014	16/7/2014	2017
2.0	Full review and update to HSE Safeguarding review standards 2016	21/11/2016	22/11/2016	2019
3.0	Full review and update of policy, mapped against the national Safeguarding policy to ensure that key requirements were included and relevant to the service we offer. Links & contact details updated. Recruitment & training added. HSE appendices added.	4/4/2022	5/4/2022	Q1/2025

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1. Policy Statement

Epilepsy Ireland is committed to the safeguarding of vulnerable persons at risk of abuse. The organisation acknowledges that all adults have the right to be safe and to live a life free from abuse. All persons are entitled to this right, regardless of their circumstances. It is the responsibility of the organisation and its workers to ensure that service users are treated with respect and dignity, have their welfare promoted and receive support in an environment in which every effort is made to promote welfare and to prevent abuse. Epilepsy Ireland operates a 'No Tolerance' approach to any form of abuse and promotes a culture which supports this ethos and promotes safeguarding of vulnerable adults. Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures (2014).

1.1 Scope of Policy

This policy is written to provide full details to workers, service users and other relevant persons, of our policy and procedure relating to the safeguarding of vulnerable adults at risk of abuse. All workers are required to be familiar with it and to adhere to its contents.

1.2 Key Principles of the Policy

Epilepsy Ireland has a duty and responsibility to safeguard vulnerable adults at risk of abuse through the following means:

- Developing guidance and procedures for workers who have grounds for concern regarding vulnerable adults
- Identifying a Designated Officer (DO) who will act as liaison officer and resource person to all workers
- Ensuring the organisation has a procedure in place should an allegation of abuse be made against a worker
- Raising awareness in the organisation of potential safeguarding risks to vulnerable adults including training in recognising and responding to concerns

The Policy is ratified by the Board of Directors and serves to underpin the working practices within the organisation regarding working with vulnerable adults.

This policy will be reviewed by the management team and updated in line with HSE policy developments and legislation as often as required and not less than every three years.

2. Definitions

The HSE defines a **Vulnerable Person** as "an adult who may be restricted in capacity to guard himself / herself against harm or exploitation or to report such harm or exploitation. Restriction of capacity may arise as a result of physical or intellectual impairment. Vulnerability to abuse is influenced by both context and individual circumstances".
Pg.3 https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf

A person with epilepsy is not defined as 'vulnerable person' specifically due to their diagnosis of Epilepsy. Health Conditions do not automatically restrict a person's capacity to guard themselves against harm or exploitation, or to report such harm or exploitation. However, any abuse or suspected abuse occurring to our service users should be reported to management regardless of the definitions stated above.

"There should be a presumption of decision-making capacity unless proven otherwise and a person has a right to make decisions which other people may consider as unwise. The autonomy of the individual must be respected as much as possible".
Pg.5 https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf

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

This definition excludes self-neglect which is an inability or unwillingness to provide for oneself. However, Epilepsy Ireland acknowledges that people may come into contact with individuals living in conditions of extreme self-neglect. To address this issue the HSE has developed a specific policy to manage such situations and this is included in the Appendices of this policy.

For the purposes of this policy, the term staff member is interchangeable with the term worker as regular long-term volunteers are included in the requirements of this policy.

A **worker** is:

- All paid staff of Epilepsy Ireland
- All regular, long-term volunteers of Epilepsy Ireland

Workers are required to be Garda Vetted and to read and comply with the policy.

3. Types of Abuse

Epilepsy Ireland recognises that 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 are the main categories/types of abuse.

- Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.
- Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Neglect and acts of omission includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.
- Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
- Institutional abuse may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.

- 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
- Online or Digital Abuse is an abusive or exploitative interaction occurring online or in a social media context.

Detailed definitions, examples and indicators of these types of abuse are at Appendix 2: Safeguarding Vulnerable Adults – Types of Abuse

4. Understanding Abuse

4.1 Who may abuse?

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

- **Familial Abuse -** Abuse of a vulnerable person by a family member.
- **Professional Abuse -** Misuse of power and trust by professionals and a failure to act on suspected abuse, poor care practice or neglect.
- **Peer Abuse -** Abuse, for example, of one adult with a disability by another adult with a disability.
- **Stranger Abuse -** Abuse by someone unfamiliar to the vulnerable person.

4.2 Where might abuse occur?

Abuse can happen at any time in any setting.

Accidents, incidents and near misses

Epilepsy Ireland operates an Incident Management Policy and Procedure. Where accidents, incident and near misses occur, there is potential that the service may be at organisational risk, including of safeguarding vulnerable adults, which needs to be managed. All Incidents are monitored by management to ensure that safeguarding issues are responded to appropriately.

4.3 Vulnerable Persons - Special Considerations

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

Vulnerable persons may also be subject to additional forms of abuse such as financial or material abuse and discriminatory abuse.

It is critical that the rights of vulnerable persons to lead as normal a life as possible is recognised, in particular deprivation of the following rights may constitute abuse:

- Liberty
- Privacy
- Respect and dignity

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

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

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

Adults who become vulnerable have the right:

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

4.4 Non Engagement

Particular challenges arise in situations where concerns exist regarding potential abuse of a vulnerable person and that person does not want to engage or co-operate with interventions. This can be complex particularly in domestic situations. Where an adult indicates that they do not wish to engage or cooperate with services and the worker continues to have concerns, consideration will be given to the issue of capacity and in that regard the following will be noted:

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

Decisions as to the appropriate steps to deal with such cases need to be made on a case-by-case basis and the DO will liaise with the HSE Safeguarding and Protection Team. with appropriate professional advice. It is also important to identify the respective functions and contributions of relevant agencies which include An Garda Síochána, Tusla and local authorities. Inter-agency collaboration is particularly important in these situations.

5. Building Blocks for Safeguarding and Promoting Welfare

5.1 Prevention

The following are building blocks for preventing abuse from occurring and should be followed by all workers:

- People being informed of their rights to be free from abuse and supported to exercise these rights, including access to advocacy;
- A culture of zero tolerance to abuse;
- Operating confidentiality and information sharing processes as appropriate in the organisation and externally as appropriate
- Undertaking needs assessments to inform people's choices
- A range of options for support to keep people safe from abuse tailored to people's individual needs;

5.2 Risk Management

All workers should be aware of assessing and managing any risk that arise which may leave the service user vulnerable to abuse and follow all policies and procedures of the organisation which are designed to reduce risk. Confidentiality is a right, but not an absolute right, and it may be breached in exceptional circumstances when people are deemed to be at risk of harm or it is in the greater public interest.

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. In some situations, living with a risk can be outweighed by the benefit of having a lifestyle that the individual values and freely chooses. In such circumstances, risk-taking can be considered to be a positive action.

Consequently, as well as considering the dangers associated with risk, the potential benefits of risk-taking have to be considered. In such circumstances strategies to manage/mitigate the risk need to be put in place on a case-by-case basis.

Common personal risk factors that workers should be aware of when working with service users include:

- diminished social skills / judgement
- diminished capacity
- physical dependence
- need for help with personal hygiene and intimate body care
- lack of knowledge about how to defend against abuse.

Common organisational risk factors include:

- low staffing levels
- high staff turnover
- lack of policy awareness
- isolated services
- a neglected physical environment
- weak / inappropriate management
- staff competencies not matched to service requirements
- staff not supported by training/ongoing professional development.

5.3 Principles (of working with vulnerable people)

Vulnerable persons 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 principles are critical to the safeguarding of vulnerable persons from abuse:

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

These principals are explained in detail in the appendices of this policy on pages 13-19 https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf

6. Key Considerations in Recognising Abuse

6.1 Recognising Abuse

Abuse can be difficult to identify and may present in many forms. No one indicator should be seen as conclusive in of itself of abuse. It may indicate conditions other than abuse. All signs and symptoms must be examined in the context of the person's situation and family circumstances

6.2 Early Detection

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

It must not be assumed that an adult with a disability or an older adult is necessarily vulnerable; however it is important to identify the added risk factors that may increase vulnerability. People with disabilities and some older people may be in environments or circumstances in which they require safeguards to be in place to mitigate against vulnerability which may arise. As vulnerability increases responsibility to recognise and respond to this increases.

6.3 Barriers for Vulnerable Persons Disclosing Abuse

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

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

All workers in Epilepsy Ireland should be aware that safeguarding vulnerable persons is an essential part of their duty. 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.

6.4 Considering the Possibility of Abuse

The possibility of abuse should be considered if a vulnerable person appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the vulnerable person seems distressed without obvious reason or displays persistent or new behavioural difficulties.

The possibility of abuse should also be considered if the vulnerable person displays unusual or fearful responses to carers. A pattern of ongoing neglect should also be considered even when there are short periods of improvement. Financial abuse can be manifested in a number of ways, for example, in unexplained shortages of money or unusual financial behaviour.

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

6.5 Capacity

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

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

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

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

6.6 Complaints

Things can go wrong and do go wrong in any service organisation. People may instinctively regard complaints as a comment on personal performance. However, the appropriate handling of complaints is an integral part of good governance and risk management.

All workers in Epilepsy Ireland should handle complaints via the Complaints Policy and make service users aware of the complaints procedure if they wish to do so. Particular attention should be made by workers managing the complaints procedures to any complaint that indicates abuse of a vulnerable adult. In this case the Safeguarding Procedures should be followed.

6.7 Anonymous and Historical Complaints

All concerns or allegations of abuse must be assessed, regardless of the source or date of occurrence. The quality and nature of information available in anonymous referrals may impact on the capacity to assess and respond appropriately.

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.

7. Responding to concerns or allegations of abuse of vulnerable people

The following procedures reflect the HSE policy for Safeguarding Vulnerable Adults at Risk of Abuse.

In each Community Healthcare Organisation, a Safeguarding and Protection Team (Vulnerable Persons) will be available to work closely with all relevant service providers to support the implementation of the response to concerns and complaints of abuse of vulnerable persons in HSE and HSE-funded services. Contact details are in link below https://www.hse.ie/eng/services/list/4/olderpeople/elderabuse/protect-yourself/safeguarprotectteams.html

The Designated Officer in Epilepsy Ireland will work closely with this team if a concern arises.

7.1 Designated Officer

The Designated Officer (Director of Services) is responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons.
- Ensuring the appropriate manager is informed and collaboratively ensuring necessary actions are identified and implemented.
- Ensuring reporting obligations are met.
- Other responsibilities, such as conducting preliminary assessments and further investigations, may be assigned within a specific service.

All concerns/reports of abuse must be immediately notified to the Designated Officer and in the event of their unavailability to the CEO.

7.2 Data / Information

All information relating to allegations or concerns of abuse will be subject to the Epilepsy Ireland confidentiality policy whereby limits of confidentiality apply if:

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

All workers must be aware that failure to record, disclose and share information in accordance with this policy is a failure to discharge a duty of care. In making a report or referral, it is essential to be clear whether the vulnerable person is at immediate and serious risk of abuse and if this is the case, it is essential to outline the protective actions taken. The report/referral may also contain the views and wishes of the vulnerable person where these have been, or can be, ascertained. The role of an advocate or key worker may be important in this regard.

7.3 Records

Accurate records of concerns and allegations of abuse and any subsequent actions should be kept by the DO using the provided appendices in this policy. Workers reporting abuse will have an obligation to complete written reporting procedures outlined herein.

7.3.1 Stage One: Concern Arises

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

- Direct observation of an incident of abuse.
- Disclosure by a vulnerable person.
- Disclosure by a relative/friend of the vulnerable person.
- Observation of signs or symptoms of abuse.
- Reported anonymously.
- Come to the attention as a complaint through the HSE or agency/organisation complaints process.

When a complaint or concern arises the worker should ensure the immediate safety of the service user and contact An Garda Siochana directly if safety is a concern. Worker then informs their own manager and the Designated Officer. The worker completes reporting form in writing, providing all relevant information

The alleged perpetrator may be, for example, a family member, a member of the public, an employee of the HSE or in an organisation providing services. Abuse can take place anywhere - and might relate to our service or another service or may arise in a person's own home or other community setting.

Worker responsibilities which should be addressed on the *same day* as the alert is raised are as follows:

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

(ii) Listen, Reassure and Support.
If the Vulnerable Adult has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what he/she says and ensure he/she is given the support needed.

Do not:

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

(iii) Detection and Prevention of Crime.
Where there is a concern that a serious criminal offence may have taken place, or a crime may be about to be committed, contact An Garda Síochána immediately.

(iv) Record
As soon as possible on the same day make a detailed written record (report) of what you have seen, been told or have concerns about and who you reported it to. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The report will need to include:

- when the disclosure was made, or when you were told about/witnessed this incident/s

- who was involved and any other witnesses, including service users and other staff
- exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:
- include as much detail as possible
- make sure the written report is legible and of a photocopiable quality (preferably typed)
- make sure you have printed your name on the report and that it is signed and dated
- keep the report/s confidential, storing them in a safe and secure place until needed.

Internal reporting form is included at Appendix 7.

(v) Report and Inform
Report to the Designated Officer / Line Manager on the same day as the concern is raised. The Line Manager must ensure the care, safety and protection of the victim and any other potential victims, where appropriate. He/she must check with the person reporting the concern as to what steps have been taken (as above) and instigate any other appropriate steps.

In the absence of the Designated Officer / Line Manger, the CEO must be informed immediately. The following must be done by the Line Manager and/or Designated Officer:

- The Designated Officer must report the concern to the Safeguarding and Protection Team (Vulnerable Persons) within three working days after he/she has been informed of the concern.
- The Line Manager must also notify Tusla immediately if there are concerns in relation to children.
- Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed with An Garda Síochána.

HSE Process Map is included at Appendix 4.

7.3.2 Stage Two: Preliminary Screening

The Preliminary Screening will take account of all relevant information which is readily available in order to establish:
- if an abusive act could have occurred and
- if there are reasonable grounds for concern

The process will be led by the DO and completed, if possible, within 3 working days following the report. Additional expertise may be added as appropriate.

Stages of Preliminary Screening

(i) Ensuring Immediate Safety and Support
On receipt of the report of suspected or actual abuse, the Designated Officer or other person designated by them will establish and document the following:
- What is the concern?

- Who is making the report?
- Who is involved, how they are involved and are there risks to others. What actions have been taken to date?
- Biographical information of those involved, including the alleged perpetrator where appropriate, e.g. name, gender, DOB, address, GP details, details of other professionals involved, an overview of health and care needs (and needs relating to faith, race, disability, age, and sexual orientation as appropriate).
- What is known of their mental capacity and of their wishes in relation to the abuse/neglect?
- Any immediate risks identified, or actions already taken, to address immediate risks.
- Establish the current safety status of the victim. Arrange medical treatment if required.
- Establish if An Garda Síochána have been notified.
- Ensure referral to Tusla where a child is identified as being at risk of harm.

(ii) Information Gathering

The Designated Officer or an appropriate staff member appointed by the Designated Officer should contact the person whom the concern relates to discuss consent to share or seek information.

It is important to remember that in the process of gathering information, no actions should be taken which may put the person/s referred or others at further risk of harm or that would contaminate evidence.

The types of information to be gathered will be dependent on the individual circumstances of the report. Accordingly, information sources will vary depending on the nature of the referrals but some examples include:

- Gaining the views of the individual referred.
- Checking of electronic/paper files to establish known history of person.
- Checking if there are services already in place and liaison with those services.
- Verifying referral information and gaining further information from the referral source.
- Considering consultation with An Garda Síochána to see if they have any information relating to the person/s referred or alleged perpetrator.

In general, through the information gathering process, the following information should be available:

- Name of person/s referred.
- Biographical details and address/living situation.
- As much detail as possible of the abuse and/or neglect that is alleged to have taken place/is taking place/at risk of taking place (including how it came to light, the impact on the individual, and details of any witnesses).
- The views of the person/s referred and their capacity to make decisions.
- Details of any immediate actions that have taken place (including use of emergency or medical services).
- An overview of the person/s health and care needs (including communication needs, access needs, support and advocacy needs).
- An overview of the persons' needs.
- GP details and other health services/professionals.
- Details of other services/professionals involved.
- Name of main carer (where applicable) or name and contact details of organisation providing support.

(iii) Involvement of staff member:
In situations where the allegation of abuse arises in respect of a member of staff in Epilepsy Ireland, then the HSE Policies for Managing Allegations of Abuse Against Staff Members will be followed. Epilepsy Ireland's Designated Officer will be guided by this policy to determine stages of investigation and procedures.

(iv) Involvement of a service user:
In the event that the concerns or allegations of abuse identified a service user, the Designated Officer will seek appropriate advice from the HSE S&P Team.

Outcome of Preliminary Screening

A report on the preliminary screening will be completed with a recommendation regarding proposed/required actions and a written plan for each action.

The report and the associated plan will be copied to the HSE S&P Team who may advise on other appropriate actions.

Based on the information gathered, an assessment should be made which addresses the following;

- Does the person/s referred or group of individuals affected fall under the definition of Vulnerable Adult (as defined above)?
- Do the concerns referred constitute a possible issue of abuse and/or neglect?
- Where it is appropriate to do so, has the informed consent of the individual been obtained?
- If consent has been refused and the person has the mental capacity to make this decision, is there a compelling reason to continue without consent? Have the risks and possible consequences been made known to the client?

The outcome of the Preliminary Screening may be:

A. No grounds for reasonable concerns exist.
B. Additional information required (this should be specified).
C. Reasonable grounds for concern exist.

A. No grounds for reasonable concern
An outcome that there are not reasonable grounds for concern that abuse has occurred does not exclude an assessment that lessons may be learned and that, for example, clinical and care issues need to be addressed within the normal management arrangements.

B. Additional information required
A plan to secure the relevant information and the deployment of resources to achieve this within a specified time will be developed by the DO. This may involve the appointment of a small team with relevant expertise. All immediate safety and protective issues must also be specified.

C. Reasonable Grounds for Concern Exists
A safeguarding plan must be developed to address the concerns. The plan may include:

- Local informal process
- Internal Inquiry
- An Independent Inquiry
- Assessment and management by Safeguarding and Protection Team (Vulnerable Persons).

The outcome of the preliminary screening must be notified to the HSE S&P team and actions after this point must be agreed with the HSE S&P Team.

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.

HSE Standard Referral Form included at Appendix 8.

7.3.3 Stage 2a - The Safeguarding Plan

If the preliminary screening determines that reasonable grounds for concern exist a safeguarding plan must be developed. Responsibility to ensure a safeguarding plan is developed rests with the Designated Officer and relevant staff members.

In Epilepsy Ireland, a safeguarding plan will be an unusual outcome as we are not a residential or day care service and have little opportunity to manage or implement a safeguarding plan. However, we will participate with developing and activating a plan related to the relevant service provision of the organisation and provide the S&P team the information required for decisions relating to safety plans to be taken further.

Further guidelines relating to safety plans can be found in the HSE Safeguarding Vulnerable Adults at Risk of Abuse Policy and can be referred to if required.

HSE Preliminary Screening Process Map is at appendix 5.

8. Protected Disclosures

Epilepsy Ireland has a protected disclosures policy which may be used if an employee reports a workplace concern in good faith and on reasonable grounds in accordance with the procedures outlined in the legislation it will be treated as a 'protected disclosure'.

This means that if an employee feels that they have been subjected to detrimental treatment in relation to any aspect of their employment as a result of reporting their concern they may seek redress.

In addition, employees are not liable for damages as a consequence of making a protected disclosure. The exception is where an employee has made a report which s/he could reasonably have known to be false.

9. Recruitment and Training

9.1 Safe Recruitment Procedures

- Epilepsy Ireland operates safe and professional recruitment procedures of employees and volunteers, to safeguard children and vulnerable adults.
- All recruitment will follow the recruitment practices set out in the employee handbook.
- All positions will be recruited for with a panel of no less than two individuals using an agreed set of criteria.
- All employees are required to undertake Garda Vetting.
- In the circumstance that a prospective employee's Garda Vetting form raises concern, the management of the organisation will follow specific criteria regarding

suitability in the event of disclosure. The criteria for suitability will be held by EI's Executive Assistant.

- A minimum of two references will be secured on all posts before employment is offered.
- A confirmation of identity – copy of passport or driving licence – along with the person's name, address and signature must be secured before employment commences.
- Policy and procedures should be introduced to employees during the induction process.
- Factors which would exclude applicants include (but are not limited to):
  - Suspicion or conviction of inappropriate behaviour against children/young people/vulnerable adults.
  - If all relevant documentation is not submitted.
  - When one or both referees do not recommend the applicant.
  - If qualifications cannot be verified if required.

9.2 Training and Induction regarding Safeguarding Vulnerable Adults at Risk of Abuse

- All workers will receive a copy of the policy and will be expected to sign that they have read and understood its contents.
- The Policy is included on the Induction Checklist for new workers.
- All workers will complete Safeguarding Vulnerable Adults at Risk of Abuse module on www.hseland.ie
- The Designated Officer will be provided with the relevant training as developed by the HSE.
- Training requirements will be reviewed and updated on a regular basis in line with legislative requirements.

10. Appendices

Appendix 1: Link to full HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures (Incorporating Services for Elder Abuse and for Persons with a Disability) Types, signs and symptoms of Abuse

Appendix 2: HSE Definitions, Indicators and Examples of Abuse

Appendix 3: Contact Details for HSE Safeguarding and Protection Teams

Appendix 4: HSE Process Map for Responding to Concerns or Allegations of Abuse

Appendix 5: HSE Preliminary Process Map

Appendix 6: HSE Safeguarding Policy Section on Self-Neglect

Appendix 7: Internal form for reporting a safeguarding concern

Appendix 8: HSE Standard Referral Form for community based referrals (each HSE CHO area has its own form, CHO1 form included for reference)

Appendix 1:
Link to full HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures (Incorporating Services for Elder Abuse and for Persons with a Disability) Types, signs and symptoms of Abuse
https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf

Appendix 2:
HSE Definitions, Indicators and Examples of Abuse
https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/types%20of%20abuse.pdf

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 indicatives 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

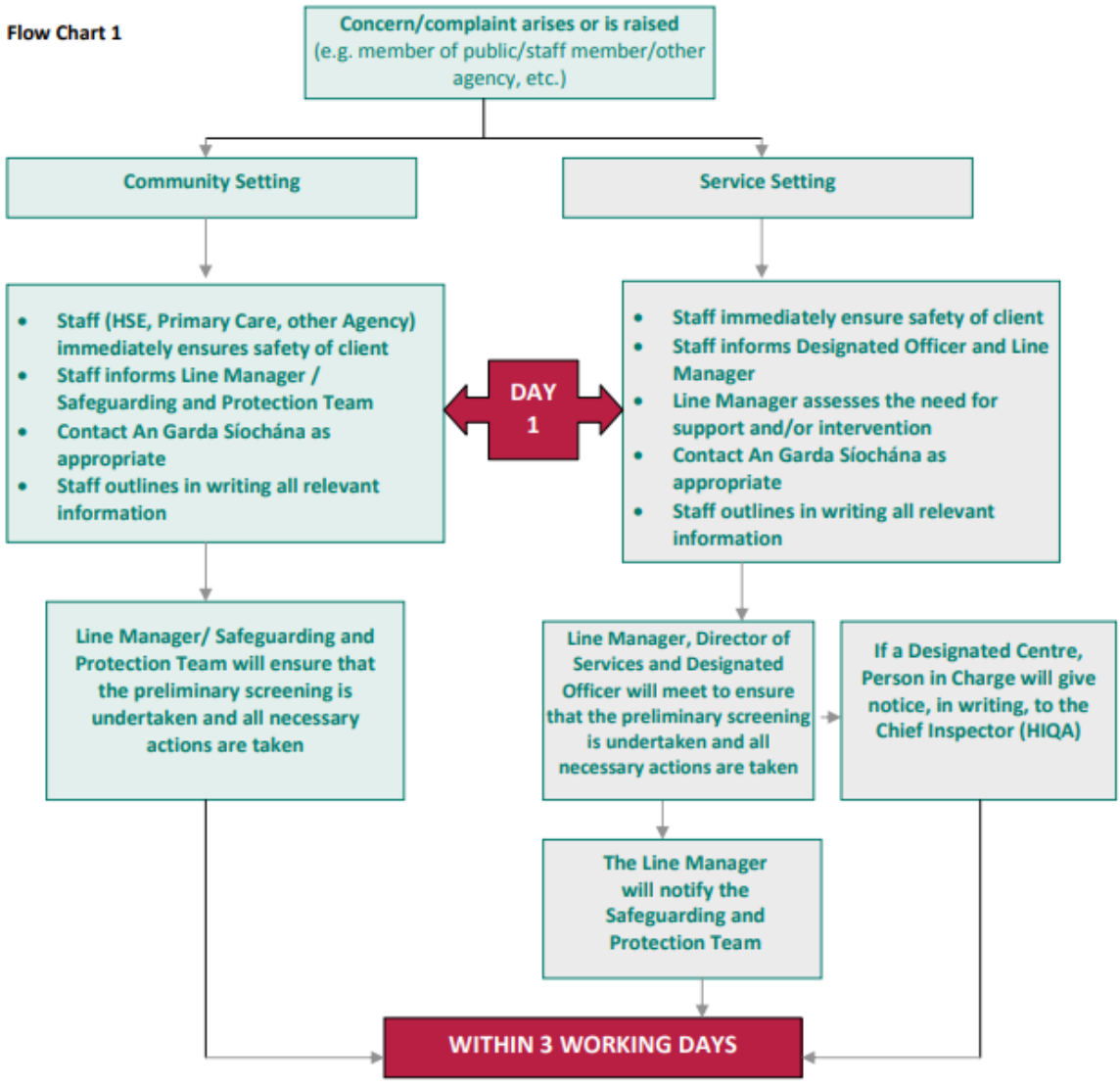
Definition	An abusive or exploitative interaction occurring online or in a social media context.
Examples	Includes risk of abuse via technology including exposure and uploading of inappropriate abusive material without consent. Includes digital/social media and online sexual abuse/ production of sexual 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.

Appendix 3:
Contact Details for HSE Safeguarding and Protection Teams
https://www.hse.ie/eng/services/list/4/olderpeople/elderabuse/protect-yourself/safeguarprotectteams.html

Appendix 4:
HSE Process Map for Responding to Concerns or Allegations of Abuse

10.0 Stage 1: Responding to Concerns or Allegations of Abuse.

Stage 1- Concern Arises.



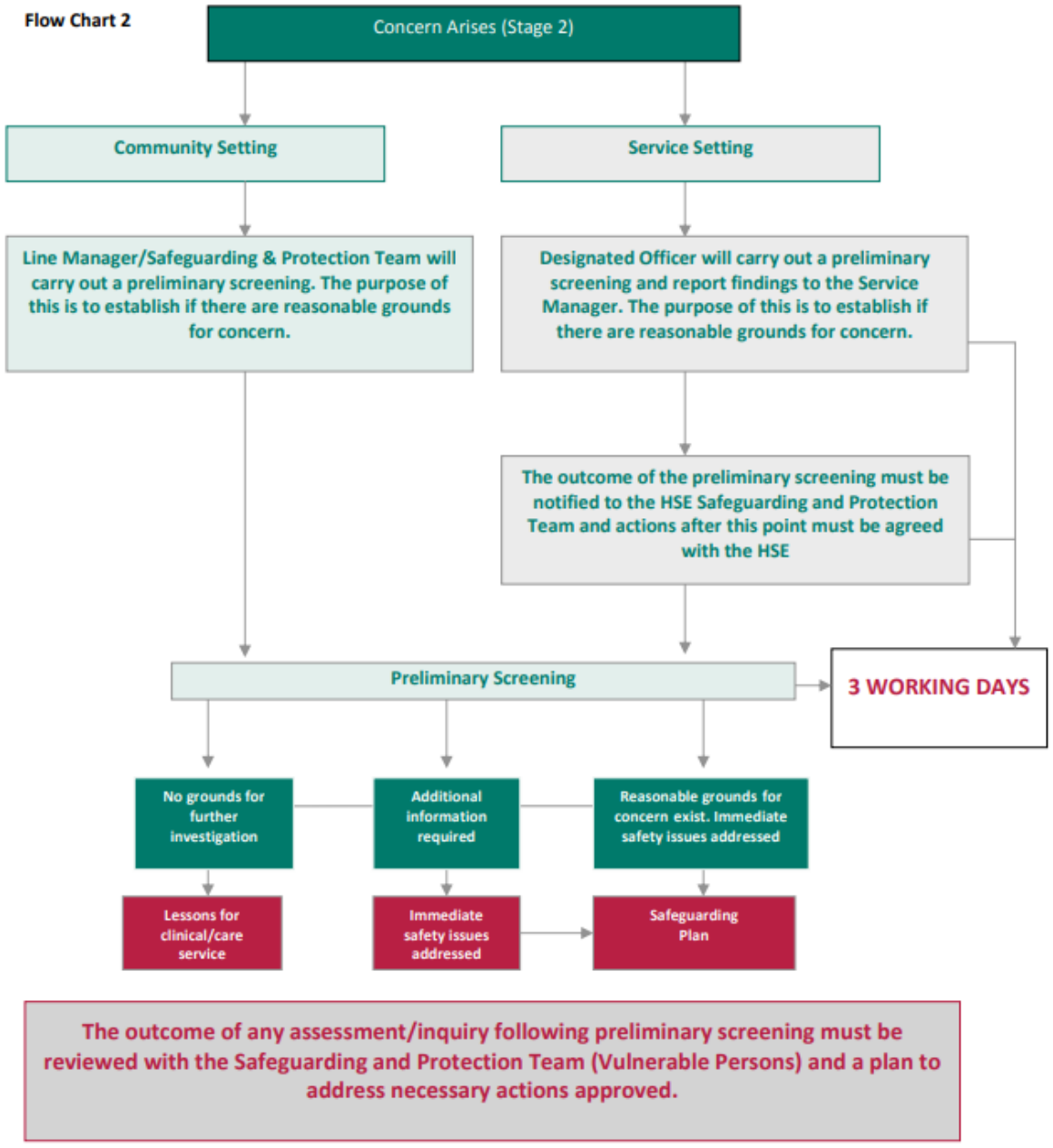
Proceed to Stage 2 - Preliminary Screening - Section 11.0

NOTE: At any stage in the procedure, if there are significant concerns in relation to a vulnerable person, the Chief Officer (CO) of the Community Healthcare Organisation must be notified immediately. The CO must immediately notify the Director of Social Care. Notification to, and advice from, the National Incident Management Team should be considered in such circumstances and consideration as to whether the concern should be investigated using the HSE Safety Incident Management Policy (2014).

Appendix 5:
HSE Preliminary Screening Process Map

11.0 Stage 2 – Preliminary Screening.

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



Appendix 6:
HSE Safeguarding Policy Section on Self-Neglect

16.0 Self-Neglect

The Health Service Executive is committed to the protection of vulnerable persons who seriously neglect themselves and is concerned with vulnerable persons where concern has arisen due to the vulnerable person seriously neglecting his/her own care and welfare and putting him/herself and/or others at serious risk.

Responding to cases of self-neglect poses many challenges. The seriousness of this issue lies in the recognition that self-neglect in vulnerable persons is often not just a personal preference or a behavioural idiosyncrasy, but a spectrum of behaviours associated with increased morbidity, mortality and impairments in activities of daily living. Therefore, self-neglect referrals should be viewed as alerts to potentially serious underlying problems requiring evaluation and treatment (Naik et al, 2007).

Family, friends and community have a vital role in helping vulnerable people remain safe in the community. Visiting, listening and volunteer driving are examples of ways to reduce isolation. People wish to respect autonomy and may not wish to be intrusive. However, if concerned or aware of a significant negative change in behaviour, do consider making contact or alerting services.

The purpose of this Policy and Procedures is to offer guidance to staff of the HSE and of organisations in receipt of funding from the HSE who become aware of concerns regarding extreme self-neglect. It also offers guidance to Safeguarding and Protection Teams (Vulnerable Persons) when referrals are received or where advice and support is sought. Cases of self-neglect may require multi-disciplinary and/or multi-agency involvement.

This applies to all HSE services and those organisations in receipt of funding from the HSE. Non-statutory organisations should have their own procedures for the management of situations of extreme self-neglect consistent with this document.

17.0 Definitions

17.1 Self-neglect:

- Self-neglect is the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently.
- A vulnerable person'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 vulnerable 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.

17.2 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).
- Self-neglect is common among 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.

18.0 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.

19.0 Manifestations of Self-Neglect

19.1 Hygiene

Poor personal hygiene and/or domestic/environmental squalor; hoarding behaviour (Poythress et al, 2006; Mc Dermott, 2008).

19.2 Life Threatening Behaviour

Indirect life threatening behaviour: refusal to eat, drink; take prescribed medications; comply with an understood medical regime (Thibault et al, 1999)

19.3 Financial

Mismanagement of financial affairs.

20.0 Assessment of Self-Neglect: Key Areas

Area / Domain	Evidence of Serious/Severe Neglect
Personal Appearance: hair, nails, skin, clothing, insect infestation	Matted, dirty hair; long, untrimmed, dirty nails; multiple or severe pressure ulcers, other injuries; very soiled clothing; multiple insect infestation.
Functional Status: cognitive; delusional state; response to emergencies; Medical needs	Impaired cognition; delusional state; unable to call for help or respond to emergencies. No documentation of a health care provider; untreated conditions, appears ill or in pain or complains of pain or discomfort.
Environment	Poorly maintained- evidence of rubbish, debris; dilapidated dwelling – broken or missing windows, walls. Severe structural damage, leaking roof. Pungent, unpleasant odour. Human /animal waste. Rotting food; litter. Clutter- difficult to move around or find things. Multiple uncared for pets. Problems with electricity, gas water, telephone.
Nutrition	Nutritional deficiencies are significant. It is difficult to assess food storage, availability of food groups and expiry dates.

(Dyer et al, 2006) From Draft of the Self-Neglect Severity Scale accessed from: http://www.bcm.edu/crest/?PMID=5668

21.0 Procedures

Consider the possibility.

- 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 professional 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 Safeguarding and Protection Team (Vulnerable Persons) who will assist in an assessment of the severity of the situation.

Approach

- As far as possible and appropriate the Safeguarding and Protection Team (Vulnerable Persons) will support professionals and services in undertaking assessment and intervention.

Assessment:

- On receiving a report of concern about a vulnerable person neglecting himself/herself, the professional/service receiving the report will begin the process of preliminary assessment.
- The Professional/Service will establish whether the vulnerable person is aware of the referral and his/her response to the person making the referral.
- The Professional/Service will consult with other health and social care professionals in order to gain further information. The focus of this preliminary process is to establish the areas of concern, i.e. the manifestations of self-neglect and the perception of those making the referral of the potential harm to which the vulnerable person and/or others are exposed.
- The Professional/Service will establish if there have been any previous attempts to intervene and the outcome of such attempts/interventions.
- The Professional/Service will arrange for an appropriate person to meet the vulnerable person to ascertain his/her views and wishes.
- The Professional/Service may arrange a multidisciplinary strategy meeting, where a decision can be reached as to the person best placed to take a lead role.
- A comprehensive assessment may need to be undertaken by a relevant specialist. This will require a GP referral. Where there is a doubt about the person's capacity to make decisions and/or to execute decisions regarding health, safety and independent living, the assessment should include specific mental competency assessment. If it is not possible to engage a vulnerable person in obtaining such an assessment, it may be appropriate to seek legal advice.

Safeguarding Plan:

- One lead person must be appointed to act as a co-coordinator of information and intervention. The lead person will arrange a full review at agreed intervals.
- The responsibility for appointment of a lead person will be with the Manager in the service or area involved.
- If the vulnerable person has mental capacity and agrees to intervention, a Safeguarding Plan will be developed in accordance with his/her wishes.
- If the person has mental capacity and refuses services, every effort is made to negotiate with the person. Time is taken to develop and build up rapport and trust. It is important to continue to monitor the person's well being.
- If the person lacks mental capacity, legal advice may be required to inform the decision making process. Decisions must be made in the best interests of the person and, if possible, based on his/her wishes and values. However, it is not appropriate to take a paternalistic view which removes the autonomy of the vulnerable person.

Review:

- The lead person will arrange a full review of the Safeguarding Plan at agreed intervals.
- The vulnerable person's situation must be kept under review, as appropriate and deemed necessary
- Family, friends and community have a vital role in helping vulnerable people remain safe in the community.
- The Safeguarding and Protection Team (Vulnerable Persons) will be available to provide advice and support as appropriate.

Appendix 7: Internal form for reporting a safeguarding concern

REPORTING A SAFEGUARDING CONCERN
(Internal Epilepsy Ireland Form)

This form is to be used by workers who have a concern regarding adult safeguarding and who need to record a particular incident or situation that they have come across. This form must be filled out confidentially and emailed to the Designated Officer.

Please outline your concerns in this box below (expand as necessary).
Details should be guided by the Safeguarding Policy and will need to include:

Details of the adult about whom you have a safeguarding concern:
Name:
Address:
Date of birth (if known): Next of Kin (if known):

- when the disclosure was made, or when you were told about/witnessed this incident/s

- who was involved and any other witnesses, including service users and other staff

- exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told

- any other relevant information, e.g. previous incidents that have caused you concern.

Details of worker completing this form:
Name: Date submitted to DO:

PLEASE EMAIL THIS FORM TO THE DESIGNATED OFFICER DIRECTLY ALONG WITH MAKING A PHONE CALL TO REPORT

SECTION FOR Designated Officer (not to be completed by worker)
Date that report was submitted:

Further details discussed with worker:

Details of decision made regarding situation and actions taken:

Decision reported back to worker:

Decision reported back to CEO: (date of conversation)

This form will be kept confidentially by the Designated Officer.
No copies should be kept locally.

Appendix 8: HSE Standard Referral Form for community based referrals

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

SEND FORM TO: SAFEGUARDING & PROTECTION TEAM, Ballyshannon Health Campus, An Clochar, College Street, Ballyshannon, Co. Donegal.
Email:Safeguarding.cho1@hse.ie. Phone No: 071 9834660

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 Siochana 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: (extra sheet/report can be included)
Physical abuse □ Financial/material abuse □
Psychological/Emotional abuse □ Neglect/acts of omission □
Sexual abuse □ Discriminatory abuse □
Extreme Self Neglect* □ Institutional abuse □
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