



St. Michael's House

St. Michael's House Policy and Procedures for the Protection of Adults from Abuse and Neglect

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SECTION 1

ST. MICHAEL'S HOUSE ADULT POLICY

POLICY STATEMENT

In line with national policy, a Vulnerable Person is identified as an adult who is restricted in capacity to guard himself/herself against harm or exploitation or to report such harm or exploitation. This may arise as a result of physical or intellectual impairment and risk of abuse may be influenced by both context and individual circumstances. Many complex issues arise in dealing with the abuse and neglect of people with rights, communication, and power differences.

While recognising that everyone in our society can be abused and neglected, research has shown that people with intellectual disabilities are particularly vulnerable to all forms of abuse and neglect. This is because of the nature of their intellectual disability, which can affect their understanding, their communication and their physical well-being.

In light of this, St Michael's House has developed this policy and these procedures reviewed against and in compliance with national HSE policy as part of its commitment to provide safe services to all people using its services, and protect them from abuse and neglect. Fundamental to the delivery of its services is the belief that services should be safe and trustworthy and contribute to the wellbeing of services users. This policy and these procedures are an essential element in ensuring that safety and maintaining that trust.

This policy and these procedures aim to give clear guidance to users and families/carers who receive services and supports from St. Michael's House, staff of St. Michael's House, and others providing service on behalf of St. Michael's House and to the public, as to how St. Michael's House will address the issue of abuse and neglect of its service users, while taking into account the many complexities inherent in this subject.

St. Michael's House is explicit in promoting a 'No Tolerance' approach to any form of abuse and endeavours to promote a culture which supports this ethos. This policy and these procedures recognise the obligation that St. Michael's House, its staff, students, volunteers and others contracted to provide services on its behalf, have in:

- Promoting the wellbeing of service users
- Treating service users with dignity and respect and adopting a person-centred approach in the delivery of all services
- Preventing abuse and neglect
- Alerting and investigating, when necessary, concerns and allegations of abuse and neglect.
- Co-operating with other authorities in the sharing of information and records, where appropriate
- Recognising the signs and symptoms of abuse

GUIDING PRINCIPLES

1) Responsibilities of St. Michael's House

Prevention

St. Michael's House will take all possible actions to prevent the abuse and neglect of all people receiving services and supports.

Respect and Dignity

St. Michael's House has a duty of care to ensure that all service users are treated with dignity and respect.

Recruitment

St. Michael's House will take all possible care in its recruitment processes to employ people and to recruit volunteers who will not abuse and neglect service users.

Legislation

St. Michael's House will ensure that it implements all legislation in relation to the abuse and neglect of vulnerable people.

Training

St. Michael's House will provide ongoing training to its employees in relation to abuse and neglect, so that they are aware of the signs and risks of abuse and neglect. This training is mandatory for all staff and volunteers.

St. Michael's House will provide training or education to service users and their families/carers, so that they can be aware of the risks, can recognise abusive and neglectful behaviour, and will know that they can report such incidents.

Follow Up and Investigation

St. Michael's House will take all reports of abuse and neglect seriously, and adopts a 'No Tolerance' approach to any form of abuse. Preliminary screenings and full investigations will be carried out when necessary in a timely fashion. This will be done in consultation with both HIQA and the local CHO Safeguarding and Protection team (Vulnerable Persons), and adhering to the procedures set out in this document. St. Michael's House is of the view that any form of behaviour which undermines the physical, sexual, emotional and/or financial well-being of those in receipt of services and supports is unacceptable and must not, therefore, be ignored.

In the event of serious allegations of abuse, where significant harm is caused to an individual, the Designated Officer for safeguarding service users from abuse and neglect will have the authority to advise the organisation to proceed to full investigation without conducting a preliminary screening.

Agencies Contacted to Provide Services

St. Michael's House requires that agencies contracted to provide service commit to upholding the St. Michael's House Policy and Procedures for the Protection of Adults from Abuse and Neglect. They will be required to complete a declaration to that effect when the contract is being issued.

They will also be required to report any concerns they have in relation to abuse and neglect to their manager, who in turn must furnish the Designated Officer of St. Michael's House with a full written report detailing the concerns.

Support

St. Michael's House will provide support to those involved in preliminary screenings and investigations, including family members of service users, as appropriate.

St Michael's House will support people who have allegations of abuse made against them in their right to a fair and impartial investigation of the allegation. St. Michael's House recognises the potential for collusion in the nature of abuse and neglect. Investigation teams should be mindful of this in the course of their work.

Natural Justice

All reports will be followed up and investigated in a fair and impartial manner and in accordance with the principles of natural justice. However, the welfare of those receiving services and supports will be of paramount concern.

Natural justice ***"consists of two fundamental procedural rules, namely: that the decision-maker must not be biased; and, secondly, that anyone who may be adversely affected by a decision should not be condemned unheard; rather he should have the best possible chance to put his side of the case"***.

(Taken from Administrative Law in Ireland (1998) by Gerard Hogan and David Gwynn Morgan. Published by Round Hall Sweet and Maxwell. Third Edition.)

Statutory and Regulatory Bodies

St. Michael's House will inform the relevant statutory and regulatory bodies (such as HIQA, the HSE and the Gardai) as well as the regulatory bodies of the various professions, if deemed appropriate (the Medical Council, An Bord Altranais, and the Health and Social Care Professional Council).

Records

A record of all allegations of abuse and neglect will be kept by St. Michael's House in a manner that respects the right to confidentiality of all concerned. Records will be used to provide organisational learning, through statistical and data analysis, which will be anonymous. This data will be shared with relevant external agencies such as the HSE and HIQA.

St. Michael's House is fully compliant with the Data Protection Act (1998 and 2003) and the Freedom of Information Act (1997 and 2003).

Continuous Review and Improvement

St. Michael's House will engage in continuous review and improvement in all of its systems and processes to ensure best practice standards.

2) Responsibilities of St. Michael's House Staff, Volunteers, Host Families and Agencies contracted to provide Services.

Prevention and Protection

St. Michael's House expects all staff, volunteers, people participating in home-based respite schemes (host families), and students on placement to take all possible actions to prevent the abuse and neglect of all people receiving services and supports, and to take every care to protect service users from abuse and neglect.

Reporting and Co-operation

St. Michael's House requires that all staff, volunteers, people participating in home-based respite schemes (host families), and students on placement report any instances of abuse and neglect or any concerns about the possible occurrence of abuse and neglect. St. Michael's House expects full co-operation with any preliminary screening or investigation, which St. Michael's House undertakes into alleged abuse.

Failure to do so by staff employed by St. Michael's House will be regarded as a failure to perform their duties and may be dealt with under the Dignity at Work Policy i.e. disciplinary measures may be taken.

Agencies contracted to provide services

St. Michael House requires that agencies contracted to provide services report any concern they have in relation to abuse and neglect to their senior management, who in turn must furnish the Designated Officer with a full written report detailing those concerns.

REGULATION AND LEGAL FRAMEWORK

Residential and residential respite centres are prescribed as 'designated centres' in the Health Act 2007 (Care and Support of residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations, 2013. The Health Information and Quality Authority (HIQA) has, among its functions under law, responsibility to regulate the quality of services provided in designated centres for people with disabilities, and to safeguard people with disabilities who are receiving residential services. These regulations came into operation on November 1st, 2013.

Within these regulations specific reference is made to protection. Part 2, 8 (2) of the regulations (S.I. No. 367 of 2013) state that *"the registered provider shall protect residents from all forms of abuse."* Part 8, 31(1) states that *"The Person in Charge shall give the Chief Inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre,"* including *"any allegation, suspected or confirmed, of abuse of any resident."* (Part 8, 31(1)(f))

The National Policy and Procedures for Safeguarding Vulnerable Persons at Risk of Abuse was launched by the HSE and Kathleen Lynch, Minister with Responsibility for Disabilities and Older Care, on the 5th December, 2014. The policy and procedures is underpinned by a number of principles, including respect for human rights, person centredness, culture, advocacy, confidentiality, empowerment and collaboration. The document emphasises the importance of collaboration with vulnerable persons and consideration of the wishes and needs of those persons in relation to decisions taken.

Section 22.8 establishes a Safeguarding and Protection Team (Vulnerable Persons) in each of the nine new Community Healthcare Organisations (CHO) across the country to work collaboratively with services and professionals in promoting the welfare of vulnerable persons, receiving and assessing concerns and complaints regarding and involving vulnerable adults, and advising on or undertaking assessments regarding the possible abuse of vulnerable persons. Section 10 of the National Policy states that the Designated Officer or Line Manager must report the concern to the Safeguarding and Protection Team (Vulnerable Persons) in their relevant CHO within **three working days** after he/she has been informed of the concern.

LINKAGES

This policy and these procedures have links with the following policy and procedure documents, and committees:

- Supporting the Personal and Sexual Development of People who use St. Michael's House Services (2008)
- Principles and Practice in Intimate Physical Care (2015)
- Positive Behaviour Support Policy (2013)
- Policy and Procedures for the management of service users' monies by staff (2012)
- St. Michael's House Health and Safety Statement
- Standards for Report Writing and Record Keeping (1996)
- St. Michael's House Volunteer Policy and Guidelines (2003)
- St. Michael's House Human Resources Policies and Procedures Manual, including the Dignity at Work Policy (2006)
- Rights Policy (2008)
- Personal and Intimate Relationships Committee (PAIRS)
- St. Michael's House Risk Management Policy (2015)
- Visitors' Policy (2014)
- Nutrition Policy (2015)
- Feeds Policy (2014)

The Policy and Procedures are also informed by:-

- Safeguarding Vulnerable Persons at Risk of Abuse: National Policy and Procedures: Incorporating Services for Elder Abuse and for Persons with a Disability (2015)
- Trust in Care: Policy for Health Services Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse Against Staff Members (HSE, Employment Representative Division (2005)).
- National Standards for Residential Services for Children and Adults with Disabilities (Health Information and Quality Authority 2013).
- Health Act 2007 (Care and Support of residents in designated centres for persons (children and adults) with disabilities) Regulations (2013). Statutory Instrument No. 367 of 2013.

In the event where policies or procedures referred to in this document are updated or rewritten, the most recent version should then be consulted.

SECTION 2

DEFINITION OF ABUSE AND NEGLECT

HIQA DEFINITION

The National Quality Standards as set out by the Health Information and Quality Authority (HIQA) use the Council of Europe definition of abuse as follows:

Abuse: any act, or failure to act, which results in a significant breach of a vulnerable person's human rights, civil liberties, bodily integrity, dignity or general wellbeing, whether intended or inadvertent, including sexual relationships or financial transactions to which the person has not or cannot validly consent, or which are deliberately exploitative.

Although this definition focuses on acts of abuse by individuals, abuse can also arise from inappropriate or inadequacy of care or programmes of care.

HIQA set out the forms of abuse as follows:

Physical Abuse

Physical abuse, including corporal punishment, incarceration – being locked in one's home or not allowed out, over- or misuse of medication, medical experimentation or involvement in invasive research without consent, and unlawful detention of psychiatric patients.

Sexual Abuse

Sexual abuse and exploitation, including rape, sexual aggression, indecent assault, indecent exposure, sexual acts to which the vulnerable person has not given consent or cannot give consent, involvement in pornography and prostitution.

Psychological Abuse

Psychological threats and harm, usually consisting of verbal abuse, constraints, isolation, rejection, intimidation, harassment, humiliation or threats of punishment or abandonment, emotional blackmail, arbitrariness, denial of adult status and infantilising people with disabilities, and the denial of individuality, sexuality, education and training, leisure and sport.

Neglect, Abandonment, Deprivation or Acts of Omission

Neglect, abandonment and deprivation, whether physical or emotional, in particular, and often a cumulative lack of health care or negligent risk taking, of food or drink or other daily necessities, including in the context of educational or behavioural programmes.

Financial or Material Abuse

Financial abuse, including fraud and theft of personal belongings, money or property.

Integrity of the Person

Interventions which violate the integrity of the person, including certain educational, therapeutic and behavioural programmes.

Discriminatory Abuse

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

Institutional Conditions

Institutional violence with regard to the place, the level of hygiene, the space, the rigidity of the system, the programme, the visits, the holidays.

A person may experience more than one form of abuse at any one time.

TRUST IN CARE DEFINITION

Trust in Care (2005) defines abuse in the context of staff caring and supporting service users. The document states:

Abuse is considered to be any form of behaviour that violates the dignity of patient/clients. Abuse may consist of a single act or repeated acts. It may be physical, sexual or psychological/emotional. It may constitute neglect and poor professional practice. It may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other.

ST. MICHAEL'S HOUSE DEFINITION

St. Michael's House will use the definition and the forms of abuse as set out by **HIQA** and **Trust in Care (2005)** above.

See **Appendix 1** for signs and symptoms of abuse and neglect.

SPECIAL CONSIDERATIONS

Anyone who has contact with a vulnerable person may be abusive, including a family member, friend, carer, healthcare/social care or other worker. Abuse can happen at any time in any setting. Abuse of a vulnerable person may be a single act or repeated over a period of time. It may comprise of one form or multiple forms of abuse. Lack of appropriate action can also be a form of abuse. It is critical that the rights of vulnerable people 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

The **assessment and management of risk** should promote independence, real choices and social inclusion of vulnerable adults. In assessing and managing risks, the aim is to minimise the likelihood of risk or its potential impacts while respecting the ambition that the individual is entitled to live a normalised life to the fullest extent.

St. Michael's House adopts the approach that the key to the successful safeguarding of vulnerable persons is an **open culture** with a person-centred approach to care/support, underpinned by a no tolerance policy towards abuse and neglect.

SECTION 3

THE DESIGNATED OFFICER

The National Policy and Procedures for Safeguarding Vulnerable Persons at Risk of Abuse (2014) requires that each organisation providing services to people who may be vulnerable should identify a Designated Officer who will be 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.

In St. Michael's House, the Designated Officer is a senior social worker, and is also the Designated Liaison Person for children attending St. Michael's House Services. The Designated Officer reports to the Head of Social Work or Principal Social Worker who in turn reports to the Director of Operations (DOO).

All concerns/reports of abuse must be immediately and verbally notified to the Designated Officer, and in the event of their unavailability to the Head of Social Work or the Regional Principal Social Worker.

Contact details for the Designated Officer will be made available in all units of St. Michael's House and on the Intranet.

RESPONSIBILITIES AND ROLE

Reporting

The Designated Officer will manage all reports of concerns or allegations of abuse and neglect made in St. Michael's House in line with this policy and these procedures.

Preliminary Screenings and Investigations

- The Designated Officer, in conjunction with the relevant people, will appoint investigation teams to carry out preliminary screenings and investigations.
- The Designated Officer will co-ordinate and plan all abuse and neglect investigations in St. Michael's House.
- The Designated Officer will notify the Community Healthcare Organisation Safeguarding and Protection Team (Vulnerable Persons) of all concerns/allegations of abuse within 3 working days of a complaint being made.
- The Designated Officer will report concerns and allegations of abuse and neglect to the Head of Social Work or Principal Social Worker and the Director of Operations (DOO).

Human Resources

The Designated Officer will work closely with the Director of the Human Resources Department or delegate to ensure he/she is aware of concerns in relation to staff and to ensure liaison and co-operation when preliminary screenings and investigations relating to staff are being carried out.

Service Users and families

The Designated Officer will support St. Michael's House service users and families to increase their awareness of abuse and neglect, in order that they may be able to take steps to prevent and protect themselves from abuse and neglect.

Education and Awareness

The Designated Officer will, in conjunction with the Training Department, increase awareness in St. Michael's House staff, families and volunteers and those contracted to provide services of the issue of abuse and neglect. This will involve supporting them through information sharing and training.

The Designated Officer will ensure that relevant staff are trained to carry out, where necessary, preliminary screening interviews and investigations and will support these staff to develop their investigative skills.

The Designated Officer will be available to all staff of St. Michael's House, carers and those who use St. Michael's House services, volunteers, host families and those contracted to provide services, to provide information and/or support if they wish to express concerns or report allegations of abuse or neglect.

Legislation

The Designated Officer will ensure that any future legislation enacted in relation to vulnerable adults is implemented and followed.

External Agencies

The Designated Officer will ensure co-operation with relevant external agencies and be responsible for ensuring that all reports of abuse and neglect are made to the appropriate external agencies, such as HIQA, the HSE Safeguarding and Protection Team (Vulnerable Persons) and the Gardaí, when appropriate.

Audit and Reviews

The Designated Officer will audit all reports from abuse investigations to ensure that action plans have been implemented.

The Designated Officer will carry out reviews and audits of cases in order to facilitate organisational learning and ensure good practice.

Governance and Oversight

Going forward the role of the Designated Officer and the safeguarding function will be integrated into the Quality and Safety Governance structures of St Michael's House.

The Designated Officer will produce an annual report for the Regional Management Teams, the Executive and Board of Management of St. Michael's House to ensure that they are fully informed of allegations and concerns of abuse and neglect. The Designated Officer will also provide safeguarding reports to the Organisations Quality and Safety Committees as prescribed going forward.

Records and Data Base

The Designated Officer will ensure that appropriate records and files are kept in relation to investigations of abuse and neglect. She/he will maintain a database of all cases and ensure that such information is maintained in a confidential and secure manner.

St. Michael's House is fully compliant with the Data Protection Act (1998 and 2003) and the Freedom of Information Act (1997 and 2003).

SECTION 4

ST. MICHAEL'S HOUSE PROCEDURES FOR DEALING WITH ABUSE & NEGLECT AGAINST ADULTS

Reporting Allegations of Abuse and Neglect

Employees of St. Michael's House and St Michael's House Services:

Where a staff member has a concern that an adult is being subjected to abuse and neglect or where a person discloses abuse or neglect to them, they must *verbally* report this concern to their Line Manager *and* to the Designated Officer for St. Michael's House i.e. by direct communication either via telephone or face-to-face. If their Line Manager is not available they must *verbally* report their concerns to their Service Manager or Nurse Manager-On-Call, if out of hours. If the Designated Officer is unavailable they must *verbally* report their concern to the Regional Principal Social Worker or the Head of Social Work.

Use of email at this point in the reporting process is not appropriate, and should only ever be used on specific direction from the Designated Officer. On the advice of the Designated Officer staff will complete an eform (See **Appendix 2**). This constitutes the formal notification of abuse.

If for some reason it is difficult for staff to report internally, staff may report externally to the Health Service Executive (HSE) under the provisions of the 2004 Health Act, as amended by Health Act 2007 (Section 103). This provides protection for those making disclosures of information. A document entitled Procedures on Protected Disclosures of Information in the Workplace was produced by HSE Working Group to meet the requirements in the Act. The legislation required the appointment by the HSE of an "Authorised Person" to discharge this function on behalf of the HSE and all service providers.

Additionally, The Director General of the HSE, has appointed a "Confidential Recipient", independent of the HSE, to whom anyone can make a complaint or raise concerns about the care and treatment of any vulnerable person receiving residential care in a HSE or HSE funded facility.

Further information about this can be accessed at <http://www.hse.ie/confidential/>

Service Users and Families/Carers

Service users and families/carers can report abuse and neglect to any member of staff. The member of staff will follow the procedure outlined above.

Volunteers/Students

Volunteers/students must first report any concerns, suspicions or allegations of abuse and neglect to the staff member who is supervising their placement, or another member of staff if their supervisor is unavailable. The staff member must then follow the procedures outlined above.

PRELIMINARY SCREENING

When an allegation of abuse and neglect is made, a preliminary screening will be carried out under the direction of the Designated Officer (See **Appendix 4**)

Purpose

The purpose of a Preliminary Screening is to determine whether there are reasonable grounds for concern that an adult may have been abused or is being abused or is at risk of being abused.

Process

When the Designated Officer receives an allegation of abuse or neglect they will initiate a preliminary screening where possible. Relevant documentation will be gathered from key parties and the assistance of the PIC or HOU will be requested in doing this where possible.

Throughout this process, paramount importance is placed on maintaining the safety and welfare of the person about whom an allegation/concern has been raised and steps will be taken to protect the person at all times in this regard.

In cases involving allegations against staff members of St Michaels House, volunteers, students, host families, those contracted to provide services to St Michael's House; the Designated Officer will first request a written response from the staff member(s) and any other relevant information/documentation via their line manager. The staff member will have direct access to any written documentation pertaining to the allegation.

A review of the initial documentation and the written response from the staff member, if relevant, will then take place.

In some circumstances the Designated Officer will be able, on the basis of the information received, to decide whether reasonable grounds for concern exist and that interviews with the party or parties involved are not required at this stage. Instead they will recommend, on the basis of the information received, that a safeguarding plan be developed and the statutory authorities informed.

In some situations it may be necessary to carry out interviews with staff members or forensic interviews with service users as part of the preliminary screening. Interviews cannot take place with any of the people involved or named in a concern, suspicion or allegation of abuse and neglect, until the Designated Officer, in consultation with the relevant people, has appointed a person or persons to carry out these interviews. Any interviews with staff members will be carried out in line with Trust In Care (2005).

All interviews must be conducted in line with principles of natural justice to ensure fairness and due process to all concerned. St. Michael's House reserves the right to record interviews electronically.

An Garda Síochána will be notified by the Designated Officer if the complaint/concern could be criminal in nature or if the screening could interfere with the statutory responsibilities of An Garda Síochána.

Terms of Reference

The terms of reference for a preliminary screening will be to establish the facts pertaining to the allegation/concern and whether it is possible to establish if there are reasonable grounds for concern.

Time Frame

The time frame for preliminary screenings will be a maximum of **three** working days. In the event that the time needs to be extended, the Designated Officer in consultation with key people will agree this extension.

Confidentiality

Everyone involved in the preliminary screening must maintain confidentiality and pass information only on a need to know basis.

Conclusions and Outcomes

A report on the preliminary screening will be submitted to the Regional Director by the Designated Officer with a recommendation regarding proposed/required outcomes. The report and associated plan will be copied to the HSE Safeguarding and Protection Team (Vulnerable Persons) by the Designated Officer, after which actions must be agreed with the HSE Team.

A preliminary screening may conclude one of three outcomes:-

- I. Additional information required (this should be specified)
- II. No grounds for reasonable concerns exist
- III. Reasonable grounds for concern exist

Where **additional information is required**, a safeguarding plan to secure the information and the deployment of resources to achieve this within a specified time will be developed by the Designated Officer and the Regional Director.

Where **no grounds for reasonable concerns exist**, an assessment will be carried out by the Service Manager involved to consider any lessons learned or any clinical and care issues that need to be addressed within normal management arrangements.

Where **reasonable grounds for concern exist**, a safeguarding plan will be developed in consultation between the Regional Director, the Designated Officer and the HSE Safeguarding and Protection Team (Vulnerable Persons) to address these concerns. The plan may include :-

- a local informal process where a single incident has occurred which is not of a serious nature e.g. training
- a full internal investigation
- an independent inquiry
- assessment and management by the HSE Safeguarding and Protection Team (Vulnerable Persons).

Where a full internal investigation is recommended and where An Garda Síochána have been notified as part of the preliminary screening, agreement should be reached regarding the conduct of the investigation and the issuing of a report.

HIQA

If the person about whom the allegation or concern has been raised is resident in a designated centre, then Regulation 31(1)(f) of the Statutory Instruments S.I. No. 367 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 applies.

Regulation 31(1)(f) stipulates that the Person In Charge (PIC) shall give the chief inspector in HIQA (Health Information and Quality Authority) notice in writing within 3 working days of any allegation, suspected or confirmed, of abuse of any resident (NF06 form – See **Appendix 3**). The NF06 must be completed at all times in consultation with the Designated Officer and/or Principal Social Worker for the Region, and a copy of the NF06 form placed by the Designated Officer in the restricted access file of the service user(s) to whom it refers.

In addition to this notification, a follow-up report into the alleged abuse must be submitted within 20 working days to the Authority, again in consultation with the Designated Officer.

Where allegations or concerns raised relate to a member of St. Michael's House staff, no information that can identify that person, including gender-specific references, will be included either in the notification or in the follow-up report.

The Safeguarding Plan

A safeguarding plan will be developed as part of the preliminary process in consultation between the Designated Officer and the Regional Director. The plan will outline actions identified to address the needs and minimise the risk to an individual or to groups of individuals. Where reasonable grounds for concern are determined, the safeguarding plan will be informed and amended by the decisions agreed upon at this stage. It will address the therapeutic and support needs arising from the experience and the protective interventions aimed at preventing further abuse. The Designated Officer will act as Safeguarding Plan Co-ordinator to co-ordinate information and intervention. She/he will arrange a full review at agreed intervals. The Safeguarding Plan will be formulated and implemented within 3 weeks of the screening being completed. A Safeguarding Plan Review will be undertaken at appropriate intervals and, at a minimum of six monthly intervals thereafter or on case closure. The plan will include positive actions to safeguard the person/s at risk from further abuse/neglect and to promote recovery, and positive actions to prevent identified perpetrators from abusing or neglecting in the future. Updating and review of the Safeguarding Plan will be informed by all stages of the process.

Cases involving allegations against staff members of St. Michael's House

In all cases where an allegation of abuse arises in respect of a member of staff, the Designated Officer will liaise with the Director of the Human Resources Department and St. Michael's House will follow the Trust In Care: Policy for Health Services Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse Against Staff Members (HSE, Employment Representative Division (2005)).

Cases involving allegations against another service user

Where an allegation of abuse perpetrated by a service user is received, a preliminary screening will be carried out as per St. Michael's House policies and procedures.

As is life, service users do not reside/work amicably together all of the time, and altercations between colleagues and residents will and do occur. Additionally, St. Michael's House provides services to many adults with complex needs and situations also arise where service users can be at risk from the behaviours of others. St. Michael's House staff endeavour to manage these situations through the implementation of guidelines, positive behaviour support plans, and other processes (both managerial and clinical) where the continuing safety and welfare of all service users is considered paramount. However, this cannot always be guaranteed. Where there is an continuing issue or pattern of behaviour that impacts negatively on any person or persons using St. Michael's House Services, despite inputs; this will be screened by the Designated Officer as an allegation of abuse. To this end, frontline staff, clinicians and managers are obliged to report to the Designated Officer if they have concerns regarding ongoing and persistent interactions which are impacting negatively on service user(s).

Cases involving allegations against members of the public

In the event that a member of the public is the subject of the preliminary screening and the conclusion is that reasonable grounds for concern exist, the Designated Officer will liaise with the HSE Safeguarding and Protection Team (Vulnerable Persons) with regards to follow-up in this regard.

Preliminary Screenings and Investigations that Involves a student, volunteer or contacted services.

If an allegation of abuse and neglect is made against a student, volunteer or a person from a contracted service, then the St. Michael's House Policy and Procedures as outlined at the beginning of this policy will be followed.

The individual will be requested not to return to St. Michael's House or to no longer provide services until the screening/investigation is completed. It is the responsibility of each student, volunteer or person contracted to provide a service to engage with and contribute to the preliminary screening, as required.

Cases involving allegations against students

The College, which the student attends, will be informed in line with College procedures, if they are in place, by the student's supervisor that an allegation has been made and that a preliminary screening and/or full investigation will be carried out. The details of the allegation

might not always be given to the College until more information has been obtained. The placement will be suspended until the screening/investigation has been completed. If appropriate, a copy of the report or relevant parts of the screening/investigation will be forwarded to the College.

Cases involving allegations against volunteers

The staff person co-ordinating the volunteer's placement will be informed that an allegation has been made and that a preliminary screening and/or full investigation will be carried out. The volunteer's placement will be suspended until the screening/investigation has been completed. The volunteer co-ordinator will not appoint the volunteer to another part of the service during the screening/investigative process.

Cases Involving allegations against a person from a contracted service

In the event of an allegation being made against a person or persons provided a contracted service to St. Michael's House, the manager of the contracted service and the senior manager in St. Michael's House who contracted the service will be informed of the allegation and that a preliminary screening and/or investigation is being carried out.

The contracted service will be informed of the findings of the screening/investigation and if appropriate a copy of the report or relevant parts of it will be forwarded to the contracted service. The contract of service will be reviewed following any screening and/or investigation depending on the outcome.

Feedback

The Designated Officer will decide as to when and whether it is appropriate for feedback to be given to the people involved in the preliminary screening and to the person who made the report. However, in the event that an investigation will not be carried out, feedback must be given to the person against whom the allegation was made.

Database and Statistical Information

Information from preliminary screenings will be kept on a database. Access to this database will be limited to the CEO, the DOO, the Designated Officer, the Human Resources Director or delegate, the Head of Social Work and the Regional Principal Social Workers.

Statistical information will be used more widely so that periodic reports using statistical data will be made to the Executive Management Team of St. Michael's House, the Health Information and Quality Authority (HIQA) and the Health Services Executive (HSE). These will not include information that will identify people.

St. Michael's House is fully compliant with the Data Protection Act (1998 & 2003) and the Freedom of Information Act (1997 & 2003).

FULL INVESTIGATIONS

Where the Preliminary screening concludes that reasonable grounds for concern exist, then a full investigation may be warranted. Where it is agreed with the HSE Safeguarding and Protection Team (Vulnerable Persons) that the inquiry will be an independent one, St. Michael's House staff will co-operate fully with the processes involved. Where it is agreed that the investigation will be an internal one, and in consultation with the Regional Director, the Head of the Social Work Department or the Regional Principal Social Worker, and the Director of Human Resources or delegate, if relevant, the Designated Officer will appoint an investigating team and issue terms of reference (See **Appendix 4** for flow chart)

In all investigations carried out by St. Michael's House, the following procedures will apply:-

Purpose

The purpose of the investigation is to establish the facts pertaining to the allegation and on that basis to assess what action(s) need(s) to be taken and to make recommendations for the future.

The Investigating Team

In situations which involve service users only, or others who are not staff, the Designated Officer with the Head of Social Work or the Regional Principal Social Worker, will appoint the team to carry out the investigation in consultation with the relevant/appropriate people.

Where the concern or allegation involves a staff member of St. Michael's House, the Designated Officer, in consultation with the Head of Social Work or Principal Social Worker, the Human Resources Director or delegate, and the Regional Director will appoint the team to carry out the investigation. They will also decide whether the staff member can remain at work or should be placed on paid leave until the investigation is complete.

The team will be, where possible, a composite of at least one senior manager and one senior clinician, at least one from regions not connected with the alleged abuse. The team to carry out the investigation will be agreed between the parties. This will take account of the protocol on the selection of investigators agreed between the HSE and the trade unions.

In both situations, the team must consider the safety and protection of all parties before beginning the investigation.

Terms of Reference

Clear Terms of Reference will be issued to the investigating team at the beginning of their involvement in the process. In situations which involve service users only, the Designated Officer, in consultation with the Regional Principal Social Worker and appropriate others, will set out the terms of reference. In situations where the concern/allegation is against a staff member, the terms of reference will be drawn up by the Designated Officer in consultation with the Director of Human Resources or designate, the Head of Social Work or Principal Social Worker, the Regional Director and appropriate others.

In all situations, the terms of reference will be agreed in advance with the HSE Safeguarding and Protection Team (Vulnerable Persons).

Time Frame

The Designated Officer will ensure that a time frame is established and agreed for investigations in order that they are completed in a timely fashion.

Strategy Meeting

Once the decision to carry out an investigation has been made, a strategy meeting must be called in order to plan the investigation. All strategy meetings are chaired by the Designated Officer. A representative from the HSE Safeguarding and Protection Team (Vulnerable Persons) will also be invited to attend this meeting. The strategy meeting is a forum within which to plan the investigation.

Interviews and Review of Documentation

All interviews carried out by an Investigation Team must be conducted in line with the principles of natural justice to ensure fairness and due process for all concerned. St. Michael's House will reserve the right to record interviews electronically. Following interview, interviewees will be asked to verify the notes taken at interview, though it is not anticipated that these notes will be changed significantly as a result. A review of all documentation relevant to the investigation will be conducted by the team. A site visit may also be required.

Confidentiality

Everyone involved with full investigations must maintain confidentiality, with information shared strictly on a need to know basis only. Disciplinary measures may be considered as a result of such breaches of confidentiality by staff.

Conclusions and Outcomes

Each term of reference must be afforded separate consideration with regards to any conclusion, and conclusions may differ significantly from term to term. Conclusions must be evidence based and cannot be founded on subjective view or opinion.

There are three possible conclusions. These are:-

- There is no case to answer. In other words the allegation is unfounded and, based on presenting evidence, the allegation as reported did not happen.
- There is a case to answer. The presenting evidence indicates that the allegation, as reported, did happen. In this situation the investigation team will also look at the circumstances of the confirmed abuse in order to give an opinion as to whether the abuse and neglect and actions that occurred were accidental or as a result of systems failures. Where there is a case to answer involving a member of staff, the investigating team may propose as part of their conclusion that the outcome be considered by the management team under the St. Michael's House Dignity at Work Policy i.e. disciplinary measures may be taken

- There is not enough evidence to say definitely that the allegation as reported did happen, but equally there is insufficient evidence to say that it definitely did not happen. As these situations are unsatisfactory for everyone, the investigation team must give a full explanation as to why they were unable to reach a conclusion one way or the other.

Investigation Report

The investigation team must write a report outlining how they carried out the investigation, what their findings are, and what evidence they have based these on. It must also include recommendations. This report will be presented to the investigation case conference.

Abuse and Neglect Investigation Case Conference

The purpose of this case conference is to:-

- Present the findings of the investigation
- Accept and agree the findings of the investigation team
- Update the safeguarding plan for the individual
- Agree next steps.

The Designated Officer will chair case conferences which involve either service users only or others who are not staff members. The appropriate people will be invited to attend, including a representative from the HSE Safeguarding and Protection Team (Vulnerable Persons).

The Designated Officer will call, set up and chair case conferences which involve staff members. The Human Resources Director or delegate, the Head of Social work or Regional Principal Social Worker and the Regional Director must attend, as well as others considered appropriate, including a representative from the HSE Safeguarding and Protection Team (Vulnerable Persons).

The case conference team will decide whether and when it is appropriate for feedback to be given to those involved in the investigation including the person against whom the allegation was made and the person who made the report.

Records

Allegations regarding service users where the allegation is not made against a staff member of St. Michael's House.

The Designated Officer will ensure that all information (interviews, meetings etc.) is placed in a confidential file to which there is restricted access. The Designated Officer will have responsibility for ensuring the safe storage of these files. They will be reviewed by the Designated Officer, who will close these files only when all matters raised in the investigation have been resolved to his/her satisfaction. This will be done in consultation with the local team(s).

Allegations regarding service users where the allegation is made against a staff member

All the information gathered during the investigation (interviews, meetings, etc.) and the preliminary screening, will be put together into a confidential file which will be kept by the Designated Officer. These files are kept separately to staff personnel files.

The Designated Officer will decide if these files need to remain open for review purposes, or whether all matters have been dealt with and so can be closed.

See **Appendix 5** for more information on confidential and restricted access files.

Database and Statistical Information

Information from investigations will also be kept on a database. Access to this database will be limited to the CEO, the Director of Operations, the Designated Officer, the Head of Social Work, the Regional Principal Social Workers, the Human Resources Director or delegate.

Statistical information will be used more widely so that periodic reports using this statistical data will be made to the Executive Management Team of St. Michael's House, the Health Information and Quality Authority (HIQA) and the Health Service Executive (HSE). These will not include information that will identify people. Going forward statistical information will be made available to the organisation's Quality & Safety Committee.

St. Michael's House is fully compliant with the Data Protection Act (1998 and 2003) and the Freedom of Information Act (1997 and 2003).

Where it is suspected that a crime may have been committed, the Designated Officer or Director of Operations will inform the Gardaí.

SECTION 5

STAFF SUPPORT

Information and Guidelines in Relation to Abuse and Neglect for Staff of St. Michael's House, Host Families, Volunteers and Students on Placement.

REPORTING CONCERNS AND ALLEGATIONS OF ABUSE AND NEGLECT

Introduction

Staff play a key role in protecting those who use St. Michael's House services from abuse and neglect. They do this by being open to signs that may concern them and reporting these concerns to those in the organisation who can take action.

Being open means listening to those who use our services and taking them seriously when they either say that they have been abused or neglected or the evidence is there to be seen in their behaviour or their appearance. It means not accepting poor practice from colleagues and being prepared to speak out about it. It means being vigilant at all times.

Alerting others to those concerns means that staff can never give guarantees of confidentiality. They can, however, involve the service user in the process by acknowledging that they cannot fix this situation on their own and identifying with the service user to whom this information now needs to go.

Trust in Care: Policy for Health Services Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse Against Staff Members (HSE, Employment Representative Division (2005)) points out that "the Common Law provides a defence, in particular circumstances, to individuals who make verbal or written statements of a kind which could expose their author to a claim of defamation if such statements were made in different circumstances".

This ***defence of qualified privilege*** exists in recognition of the fact that there are circumstances in which individuals have to be able to speak freely without fear of adverse legal consequences.

In general, the privilege covers situations where the maker of the statement has a duty to speak or is obliged to protect some interest. The duty in question does not have to be a strictly legal one: moral or social duty, to make the statement or report is sufficient. The recipient of the statement must have a corresponding duty to receive the statement. The defence only applies where the individual who makes the statement is not motivated by malice in making his/her statement.

In circumstances where an individual has a duty to speak and does so without malice, he can be assured that the defence of qualified privilege will protect him from any defamation claim to which his statement could possibly give rise. The defence will apply, for example, when an employee reports to his Line Manager (or appropriate others); his bona fide suspicion that a fellow employee may have committed an act of abuse in the course of the latter's employment.

Section 55(B) of the 2007 Health Act (Section 103) also provides protection for those making disclosures of information. It states that where an employee of a relevant body makes, in good faith, a disclosure to an authorised person, the disclosure shall be a protected disclosure under this Act.

A document entitled Procedures on Protected Disclosures of Information in the Workplace was produced by the Health Service Executive (HSE) Working Group to meet the requirements in the Act. The legislation required the appointment by the HSE of an "Authorised Person" to whom protected disclosures may be made.

The HSE has appointed a person to discharge this function on behalf of the HSE and all HSE funded service providers.

Additionally, The Director General of the HSE, has appointed a "Confidential Recipient", independent of the HSE, to whom anyone can make a complaint or raise concerns about the care and treatment of any vulnerable person receiving residential care in a HSE or HSE funded facility.

Further information about this can be accessed at <http://www.hse.ie/confidential/>

Duty to Report Concerns and Allegations

As noted above, the St. Michael's House policy states:

St. Michael's House expects all staff, volunteers, people participating in home-based respite schemes (host families), students on placement and agencies which are contracted to provide services to St. Michael's House, to take all possible actions to prevent the abuse and neglect of all adults receiving services and supports.

It is important to note that professional regulatory bodies, (e.g. the Medical Council, An Bord Altranais), which register the various professionals, also require their members to report issues relating to abuse and neglect.

Why Staff May Not Report Concerns and/or Allegations

It is not always easy for staff to report concerns and allegations. There can be many reasons for this which can include:

- They may not always be clear about what kind of concerns to report.
- They may be afraid to express concerns.
- They may not know how to report concerns or allegations.
- They may not understand what abuse is.
- They may not know what signs to look for.

Staff may be fearful of reporting concerns and/or allegations for a number of reasons which may include:

- Fear of what may happen.
- Fear of not being listened to.

- Confusion regarding confidentiality and keeping secrets.
- Knowledge of the person who is alleged to have carried out the abuse.
- Friendship or relationship with the person who is alleged to have carried out the abuse, particularly if they are a colleague.
- Not understanding the seriousness of the abuse.

While all of these are understandable, they are insufficient reasons for not alerting people to concerns of abuse and neglect. If in doubt, staff should report as it is better to err on the side of caution rather than let fear or disbelief take over.

St. Michael's House will provide support to staff that come forward with concerns or allegations of abuse and neglect.

What to Report

The definition of abuse and neglect provided in the St. Michael's House policy and the list of possible signs and symptoms (See **Appendix 1**) should help in deciding what kinds of things staff should be concerned about.

However if in doubt, report anything that is making you uncomfortable so that the matter can be discussed and worries and fears allayed or followed up as necessary.

Staff Must Report

- Concerns regarding abuse and neglect
- Suspicions of abuse and neglect
- Allegations of abuse and neglect which are made to them
- If they witness abuse and neglect
- Disclosures of abuse and neglect, whether past or present

Examples of What to Report Could Include the Following

- Poor practice, such as colleagues speaking about people or acting towards people in a disrespectful manner, feeding people quickly or aggressively, being physically forceful towards people.
- Neglect, e.g. users arriving to their service dirty or hungry
- Physical abuse, e.g. bruising or bleeding, hitting
- Sexual abuse, e.g. inappropriate sexualised behaviour
- Emotional abuse can show itself in many ways, but depression and self harm can be possible indicators, as well as changes in mood.
- Financial abuse could be indicated by consistent lack of money or a change in a person's dress, from being well dressed to having few clothes. It could also be indicated by inconsistencies in a person's bank account or unexplained withdrawals. When staff are dealing with service users' money, they must follow the St. Michael's House Policy and Procedures for the Management of Service Users' Monies by Staff (2012).

Poor Practice

Staff may not be clear about raising concerns regarding poor practice. Poor practice, if left unchallenged, can lead to ongoing abuse and neglect over time and so must be reported. St. Michael's House is committed to dealing with all concerns and allegations of abuse and neglect in a proportionate manner and in line with natural justice. Therefore, unintentional poor practice that may be perceived as abusive will be dealt with in a humane and understanding fashion. However, the welfare of people who attend our services is always of paramount concern, so all concerns are subject to possible investigation.

Failure to report significant concerns will be deemed serious misconduct and will be dealt with under the Dignity at Work Policy, i.e. disciplinary measures may be taken.

It is important for staff to remember that they also have a professional responsibility to report such practices in line with their professional bodies' code of practice and/or code of ethics.

Who Might Inform You of a Concern or Allegation?

Allegations and concerns of abuse and neglect can be made in many different ways and by different people.

It is true to say that every case or situation is different. Information can come from:

- families
- the community
- other staff members
- the alleged victim
- the alleged perpetrator.
- outside agencies, such as the Gardaí or community care services.
- you witnessing something yourself which causes you concern.

Where it is suspected that a crime may have been committed, the Designated Officer or DOO will inform the Gardaí.

Who Do You Report Concerns to?

Members of staff, host families, volunteers and students on placement are required in the St. Michael's House policy to raise concerns and verbally report allegations to their Line Manager and the Designated Officer for St Michael's House. If the Line Manager is unavailable staff can alert the Service Manager. If the Designated Officer is unavailable, staff can alert the Head of Social Work or the Regional Principal Social Worker. If an incident occurs out of hours, then the Nurse Manager on Call should be contacted and she will decide whether to contact the Psychiatrist on Call. Remember to inform people directly, either in person or on the phone. It is not sufficient to just leave a phone message or to send emails.

The important thing for staff is to raise and report concerns with someone whom they can trust and with whom they can speak freely. In most instances, this is their Line Manager. In the event that concerns are about a Line Manager, Clinicians or senior members of staff in the organisation, staff should alert the Designated Officer and they will be dealt with in line with the policy. The Designated Officer is also available to staff to discuss general queries or concerns relating to abuse or neglect.

How to Report

Concerns must be first reported verbally and then in consultation with the Designated Officer concerns, suspicions and/or allegations must be written on the St. Michael's House eform for Reporting Concerns, Suspicions and Allegations of Abuse and Neglect (See **Appendix 2**).

The following points will help when writing the report:

- Complete the report as soon as possible after being told or becoming aware of the concern or allegation. Those who attend our service do not always report concerns or allegations verbally. Instead it may be something staff see or notice.
- Complete the eform clearly, as it may be required for disciplinary or legal or criminal proceedings.
- Include as many details as possible, even if they seem irrelevant.
- Name other people who may have been present.
- Give facts, not opinion.
- Remember that when people are named in reports, they are entitled to receive this information and the relevant parts of the report will be passed on to them.

This report should be submitted to your Line Manager who will then submit it to the Designated Officer.

Remember - it is your responsibility as a member of staff of St. Michael's House, host family, volunteer or student on placement to report incidents and suspicions and concerns of abuse and neglect. It is not your duty to investigate these issues. That is for others to do.

HOW TO DEAL WITH AN IMMEDIATE INCIDENT OF ALLEGED ABUSE AND NEGLECT

You Will Need to

- look after the alleged victim and ensure his/her safety
- look after the person who is alleged to have carried out the abuse if he/she is another service user
- preserve forensic evidence (forensic evidence means that which is usable in Court and includes physical evidence, such as clothes and DNA, and may include a physical examination by designated services)
- complete a report of exactly what happened immediately or as soon as is feasible; Information, which is recorded near to the event, is very helpful to a team following up the incident.

Staff Must

If an incident occurs during normal working hours (9.00/9.30 to 5.00/5.30, Monday to Friday), and if your Line Manager is available, report it verbally to him/her and to the Designated Officer. If the Line Manager is not available staff must report directly to the Service Manager. If the Designated Officer is not available staff must report directly to the unit social worker or to the Head/Principal Social worker in your region.

If an incident occurs outside these times, it must be reported to the Nurse Manager on Call, who will contact the Psychiatrist on Call, if appropriate.

Having reported verbally, you must write up what has happened as soon as possible using the St. Michael's House eform for Reporting Concerns, Suspicions and Allegations of Abuse and Neglect. You will submit this to your Service Manager. The Service Manager will submit the report to the Designated Officer.

It is not sufficient to leave phone messages or to send emails. People must be informed directly and immediately, either in person or directly on the phone.

Families must **not** be contacted without consultation with the Designated Officer, or in their absence, the Head of Social Work/Regional Principal Social worker.

Staff May Also Need

- to obtain emergency medical attention, particularly if there has been a violent incident
- seek extra staff support or cover in conjunction with the Line Manager or Nurse Manager on Call

If the person who is alleged to have carried out the abuse is a service user, he/she may need to be removed from the situation. If the person who is alleged to have carried out the abuse is a member of staff, he/she may be required not to interact with service users

In some circumstances, it may be important not to alert the person who is alleged to have carried out the abuse of your concerns. To do so might enable him/her to intimidate the alleged victim or witnesses or he/she may attempt to leave the vicinity or cover up their activities in some fashion. You may need to discuss this with your Line Manager, Service Manager and the Designated Officer.

SOME DOs AND DON'Ts IF A SERVICE USER SAYS THEY HAVE BEEN ABUSED

Do

- stay calm
- listen sympathetically and attentively
- reassure the person
- let the person take their time
- assure the person that only those who need to know must be informed of what he/she has said
- explain what will happen, for example that you will talk to your Line Manager, that you will write a report and others who need to be informed will be told about what they have said
- get advice and know the correct procedure, except if you need to take emergency action in the event of someone being injured or ill, or to protect him/her from the person who they allege is abusing them
- assure the person that only those who need to know will be informed of what he/she has said

Don't

- promise to keep secrets
- be judgemental
- ask for more details than you need
- offer guarantees that the abuse will stop immediately
- start to investigate – that is for others to do and could lead to contamination of the evidence.

When They Have Finished Telling You

Do

- record the information on the report eform (See **Appendix 2**) as soon as possible, using the words of the service user as much as possible
- write factually
- discuss it with your Supervisor/Manager
- inform the service user, if possible, of what is in the report

Don't

- discuss the matter with anyone else apart from your Line Manager or Social Worker (or in their absence the Service Manager, Regional Principal Social Worker or the Designated Officer, or if out of hours, the Nurse On Call or the Psychiatrist on Call)
- contact the person who is alleged to have carried out the abuse
- give your opinions in the report

FLOW CHART FOR DEALING WITH IMMEDIATE INCIDENTS OF ABUSE AND NEGLECT

Incident



Ensure safety of alleged victim and others in the vicinity



Seek emergency help if needed, such as an ambulance, or a doctor



Preserve forensic evidence (clothing etc.) if appropriate and if a crime appears to have occurred



Inform Line Manager and Designated Officer. If the Line Manager is unavailable inform the Service Manager. If the Designated Officer is unavailable inform the Head of Social Work/Regional Principal Social worker. If it is out of hours inform the Nurse Manager on Call



Seek extra staff support or cover as needed in conjunction with the Line Manager and Service Manager or out of hours the Nurse Manager on Call



Fill out eform Report and submit to Line Manager



Line Manager submits eform report to Designated Officer



Designated Officer in consultation with key people will decide what actions to take. If out of hours this will be done by Nurse Manager on Call



Designated Officer decides on next steps in consultation with appropriate people

GUIDE FOR STAFF WORKING ALONE OR IN VULNERABLE SITUATIONS

Good Practice Guidelines When Working Alone with Service Users or Working in Vulnerable Situations

Follow any guidelines which have been set out by the team working with the service user (including the clinicians). When providing intimate care, follow the St. Michael's House Intimate Care Guidelines.

Inform other members of staff if you are taking a service user into a room on your own and keep a door open or ajar, as long as the dignity and privacy of the service user can be maintained.

Inform other staff where you are going and when you expect to be back if you are going out on your own with a service user. This applies also to drivers of St. Michael's House transport, where no escort is available to accompany the driver.

Keep doors unlocked in day and residential services, unless there is good reason for doors to be locked and the Positive Approaches Committee has agreed this.

If a service user has made unsubstantiated allegations in the past or displays sexualised behaviour, consult with your Person In Charge as to the safety of working alone with the service user.

If a risk has been identified then a risk assessment needs to be completed.

If an incident occurs while out in the community and onlookers try to get involved, give them the name and number of the Manager of the service and ask them to contact him/her for an explanation. Onlookers may misunderstand the management of a service user's behaviour.

When showing affection to service users, keep in mind what is appropriate in terms of age, gender and culture. As affection can be misinterpreted, ensure it is shown in a socially appropriate manner and be sensitive to how it may be viewed by the service user and others.

If you are working in a service user's home, pay particular attention to the following:

- Make sure a relative/carer is at home if you are working with a service user
- If the relative/carer leaves the room, make sure he/she is happy for you to be alone in the room with the service user.
- Make sure to keep the door of the room open.
- If a service user has made unsubstantiated allegations in the past or displays sexualised behaviour, make sure a family member/carer is at home while you are there.
- If concerned for your personal safety in a service user's home, leave immediately

If in doubt talk to the Person In Charge, member of the clinic team, a colleague or the Designated Officer. Do not take unnecessary risks.

All staff of St. Michael's House should ensure that staff from agencies contracted to provide services are not left alone with service users at any time (with the exception of agency Nurses or Care Staff). This is to ensure the safety of all concerned.

SECTION 6

APPENDICES

APPENDIX 1

Signs & Symptoms of Abuse & Neglect:

SIGNS AND SYMPTOMS OF ABUSE AND NEGLECT

Neglect

- Abandonment or desertion
- Persons persistently being left alone without adequate care and supervision
- Malnourishment, lacking food, inappropriate food or erratic feeding
- Lack of warmth
- Lack of adequate clothing
- Inattention to basic hygiene
- Lack of protection and exposure to danger including moral danger or lack of appropriate supervision.
- Non-organic failure to thrive or over-eating
- Failure to provide adequate care for the person's medical problems
- Exploited, overworked

Emotional Abuse

- Rejection
- Lack of comfort and love
- Lack of attachment
- Lack of proper stimulation (e.g., fun and play)
- Lack of continuity of care (e.g. frequent moves, particularly unplanned)
- Continuous lack of praise and encouragement
- Serious over-protectiveness
- Inappropriate non-physical punishment (e.g., locking in bedrooms)
- Family conflicts and/or violence
- Every person who is abused sexually, physically or neglected is also emotionally abused
- Inappropriate expectations of a person's behaviour.

No one indicator is conclusive of emotional abuse. Persons who are physically and sexually abused and neglected also suffer from emotional abuse.

Physical Abuse

- Bruises
- Fractures
- Swollen joints
- Burns/scalds
- Abrasions/lacerations
- Haemorrhages (retinal, subdural)
- Damage to body organs
- Poisonings – repeated (prescribed drugs, alcohol)
- Failure to thrive
- Coma/Unconsciousness
- Death

Sexual Abuse

- Bleeding from the vagina/anus
- Difficulty/pain in passing urine/faeces
- An infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease. Professional should be informed if the above symptoms occur. Professionals should be informed if the person has a persistent vaginal discharge or has warts/rash in genital area.
- Noticeable and uncharacteristic change of behaviour
- Hints about sexual activity
- Age-inappropriate understanding of sexual behaviour
- Inappropriate seductive behaviour
- Sexually aggressive behaviour with others
- Uncharacteristic sexual play with peers/toys
- Unusual reluctance to join in normal activities which involve undressing, e.g. games/swimming

Other emotional signs of abuse

It is important to remember that there are not always signs of abuse and no one indicator is conclusive in itself. All signs and symptoms must be placed in the total context of the person's life situation.

- Mood changes, e.g., person becomes withdrawn, fearful, acting out
- Lack of concentration
- Bed wetting, soiling
- Pains, tummy aches, headaches with no evident physical cause
- Psychosomatic complaints: pains, headaches
- Skin disorders
- Reluctance to go to bed, nightmares, change in sleep patterns

- Refusal to engage with services
- Separation anxiety
- Loss of appetite
- Depression, isolation, anger
- Absconding
- Drug, alcohol, solvent abuse
- Self harm
- Suicide attempts
- Eating disorders

APPENDIX 2

EFORM for Reporting Concerns, Suspicions and Allegations of Abuse and Neglect

EFORM TEMPLATE

ST. MICHAEL'S HOUSE

Form for Reporting Concerns, Suspicions and Allegations of Abuse and Neglect

Name of person making the report: Service:

Date:

Service/ location in which incident occurred (if known):

Date of incident: Time:

Place where incident occurred, e.g. sitting room, bathroom etc. (if known):

Name of alleged victim(s):

Service where he/ she (or they) lives and / or uses:

Name of person(s) against whom the allegation has been made (if known):

Service where he/she lives and/ or uses (if known):

If the allegation is against a staff member, please state the service in which the person works (if known):

In the event that the person(s) and location(s) are not known or cannot be named, then please give as many details as you have:

Others present (Please give names, if known):

Details of concern, suspicion, allegation.

Any obvious evidence (for example clothes, marks on body, etc.):

Any injuries (Describe here and show on body chart. Please attach body chart):

Behaviour and attitudes of people involved (if known):

To Be Completed by Line Manager

Reviewed by Manager	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
If no, why not?				

Name of Manager/ School Principal: Comments:

Date:

To Be Completed by Designated Liaison Person

Reviewed by DLP:	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
If no, why not?				

Comments:

Date:

To Be Completed by Head of Social Work or Principal Social Worker

Reviewed by HSW:

Yes ☐


No ☐

Comments:

Date:

APPENDIX 3

Standard NFO6 Form for Reporting Concerns, Suspensions and Allegations of Abuse and Neglect to HIQA

NF06 Form	Statutory notification of incidents in designated centres Notification of any allegation, suspected or confirmed of abuse¹ of any resident	 Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
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Statutory notification in accordance with:

- Regulation 31 (1) (f) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations, and
- Regulation 31 (1) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013

For details on how and when to complete this form, please refer to our guidance for registered providers and persons in charge about the statutory notification of incidents in designated centres.

1. Provider Details				
Name of the Centre:				
Centre ID:				
Nature of Service Provided:	Centre for Older Persons <input type="checkbox"/>	Centre for Adults with Disabilities <input type="checkbox"/>	Mixed Centre for Adults and Children with Disabilities <input type="checkbox"/>	Centre for Children with Disabilities <input type="checkbox"/>
Registered Provider:				
Person in Charge:				
Address of the centre:				
Date form completed:	DD/MM/YYYY			

¹ The definitions of abuse are set out on pages 2 and 3 below for the different service types

NF06: Any allegation, suspected or confirmed of abuse of any resident

2. Details of alleged abuse			
Name of person who reported alleged abuse to management:			
Position of reporter: e.g. resident, relative or staff member (state grade)			
Date of alleged abuse:	DD/MM/YYYY	Time of alleged abuse :	__ : __
Date alleged abuse was reported to management:	DD/MM/YYYY	Time of report of alleged abuse:	__ : __
Please identify below the individual residents affected using resident unique identifier ²			
Resident's Unique Identifier ²		Is the resident under the age of 18?	<input type="checkbox"/> YES <input type="checkbox"/> NO

The **National Standards for Residential Services for Children and Adults with Disabilities** (HIQA, 2013) defines abuse 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 wellbeing, 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:

- physical abuse, including corporal punishment, incarceration (including being locked in one's home or not allowed out) over- or misuse of medication, medical experimentation or involvement in invasive research without consent, and unlawful detention of psychiatric patients;
- sexual abuse and exploitation, including rape, sexual aggression, indecent assault, indecent exposure, forced involvement in pornography and prostitution;
- psychological threats and harm, usually consisting of verbal abuse, constraints, isolation, rejection, intimidation, harassment, humiliation or threats of punishment or abandonment, emotional blackmail, arbitrariness, denial of adult status and infantilising people with disabilities, and the denial of individuality, sexuality, education and training, leisure and sport;
- interventions which violate the integrity of the person, including certain educational, therapeutic and behavioural programmes;
- financial abuse including fraud and theft of personal belongings, money or property;
- neglect, abandonment and deprivation, whether physical or emotional, in particular an often cumulative lack of healthcare or negligent risk taking, of food or of other daily necessities, including in the context of educational or behavioural programmes;
- institutional violence with regard to the place, the level of hygiene, the space, the rigidity of the system, the programme, the visits, the holidays.

For detailed guidance on the signs and symptoms and types of child abuse, please refer to *Children First: National Guidance for the Protection and Welfare of Children* (2011).

+ As defined in the Council of Europe, *Resolution ResAP(2005)1 on safeguarding adults and children with disabilities against abuse*. Strasbourg: France; 2005.

² Please refer to back page for guidance on the use of a unique identifier.

The National Quality Standards for Residential Care Setting for Older People in Ireland (HIQA 2009) defines abuse as:

a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person or violates their human or civil rights.

- Physical abuse, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- Sexual abuse, including rape and sexual assault or sexual acts to which the person has not consented, or could not consent, or into which he or she was compelled to consent.
- Psychological abuse, including 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, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Neglect and acts of omission, including 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, including racism, sexism that is based on a person's disability, and other forms of harassment, slurs or similar treatment.

3. Type of alleged abuse (please tick all boxes that apply)

- | | |
|--|---|
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Financial/material abuse |
| <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Neglect and acts of omission |
| <input type="checkbox"/> Psychological abuse | <input type="checkbox"/> Discriminatory abuse |
| <input type="checkbox"/> Interventions which violate the integrity of the person | <input type="checkbox"/> Institutional violence |

4. Details of the alleged abuse

What measures³ have you taken to ensure that all residents are safe?

³ As per Regulation 23 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations and Regulation 23 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013

5. Alleged abuser's relationship with the person (please tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Nursing staff member | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Care staff member | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Professional staff member | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Visiting care worker or professional | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Relative | |

6. Status of the resident

Describe the current status of the resident, for example physical and/or mental state:

7. Immediate actions taken

Outline immediate actions taken including actions taken in regard to both the resident and the alleged abuser:

8. Measures taken to safeguard all residents

What measures⁴ have you taken to ensure that all residents are safe?

9. Investigation by the registered provider

Outline the investigation process to be undertaken:

In addition to this notification, a copy of the registered provider's internal investigation report into the alleged abuse must be submitted within 20 working days to the Authority, along with the centre's policy on Protection of Vulnerable People. If the investigation is not completed within 20 working days, a draft report must be submitted outlining the steps that have been taken, the reasons why the investigation report is not complete and the next steps that the registered provider intends to take to ensure residents' safety.

⁴ As per Regulation 23 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations and Regulation 23 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013

10. Additional information

Additional information pertinent to the alleged abuse including details of notification of the abuse to resident's family and Garda:

Declaration:

I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.

Name: (please print)	
Signed:	
Date:	DD/MM/YYYY
Position: (If not the Person in Charge)	
Telephone Number:	

On completion of this form

Please return the completed signed form by email to notify@higa.ie

Please note:

- Where it is **not** possible to email the form, you should return it by post or fax to the address below
- When a fully completed and signed form has been emailed to the Authority, there is no need to also post or fax a copy
- Please mark letters/faxes for the attention of 'Notifications Team'.

Notifications Team
Health Information and Quality Authority
Dublin Regional Office
Georges Court
Georges Lane
Smithfield
Dublin 7.

Tel: 01 814 7400
Fax: 01 814 7499

Guidance on the use of a unique identifier:

In line with data protection principles and privacy impact assessment, the Authority will only collect information necessary to carry out its statutory functions. This means that Authority will not unnecessarily collect personal information. Therefore, providers are asked not to include personal information on a resident when submitting a notification to the Authority. This includes naming a resident or providing a date of birth on the form.

Registered providers should create a unique identifier for each of their residents. The identifier should be created so as not to allow for individuals to be identified. Identifiers should be numerical; however, dates of birth, admission dates, room numbers or other data that could potentially identify a resident should not be used. A method of validating the unique identifiers should be kept securely in the centre and made available to inspectors on request.

APPENDIX 4

Flow Charts Summarising Investigation Process

FLOW CHARTS

FLOW CHART 1

Abuse and Neglect Preliminary Screening and Investigation Process When the Allegation/Concern is Against Someone Who Is Not a Staff Member

Concern or allegation reported
to Head of Unit/ Service
Manager or NMOC if out of
hours

AND

Immediate actions to safeguard
the alleged victim and alleged
perpetrator if a service user of
SMH, may have had to be taken
prior to this to ensure safety



Designated Officer (DO) informed



DO in consultation with Head of Social Work or delegate decides if Preliminary Screening is
to be carried out



Preliminary Screening initiated by Designated Officer



Preliminary Screening (3 Working days) - Notifications to HSE National Safeguarding Team
(Vulnerable Adults) and HIQA, if designated centre involved.



Reasonable grounds for
concern exist

No grounds for reasonable
concerns exist

Additional Information
Required



Safeguarding Plan. DO in consultation with the Head Social Worker or Principal and appropriate others decide if investigation should follow.



Safeguarding Plan, Learning Opportunities and any clinical or care issues need addressing



Local Informal Process



Independent Inquiry or assessment and management by HSE Safeguarding and Protection Team



St. Michael's House Internal Investigation



DO in consultation with the Head Social Worker or Principal and appropriate others decide:

- Investigation team
- Terms of Reference
- Time frame



Designated Officer convenes Strategy Meeting

Investigation



Case Conference

Report and findings presented

Findings

- No case to answer
- Case to answer
- Not enough evidence to be able to say

Updated Safeguarding Plan

For service user(s)



Feedback to relevant parties as agreed by Case Conference

Restricted Access File completed by Designated Officer

Information entered on database by Designated Officer



Findings passed to Health Service Executive or Gardai if appropriate by Designated Officer



Review



Close

FLOW CHART 2

Abuse and Neglect Preliminary Screening and Investigation Process When the Allegation/ Concern is Against a Staff Member

Concern or allegation reported to Head of Unit/ Service Manager or NMOC if out of hours	AND	Immediate actions to safeguard the alleged victim and alleged perpetrator if the alleged victim is a service user of SMH, may have had to be taken prior to this to ensure safety
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Designated Officer (DO) informed
Consults with Head of Social Work or Principal Director of Human Resources (HR) or delegate and
Regional Director (RD)



DO in consultation with Head of Social Work and Director of HR or delegate and RD decides
if preliminary screening is to be carried out



If necessary team appointment to carry out any necessary Forensic Interviews



Preliminary Screening (3 Working days) - Notifications to HSE National Safeguarding Team
(Vulnerable Adults) and HIQA, if designated centre involved.



Reasonable grounds for concern exist

No grounds
for
reasonable
concerns
exist

Additional Information Required



Safeguarding Plan. DO consults with Director of Human Resources or delegate and RD to decide the actions in relation to the staff member and implications of those.



Local Informal Process

Safeguarding Plan. Service recommendations may be made so case not closed until these have been considered.



Independent Inquiry or assessment and management by HSE Safeguarding and Protection Team



St. Michael's House Internal Investigation



DO in consultation with Director of Human Resources and Regional Director decides:

- Investigation team
- Terms of Reference
- Timeframe
- Support person (for staff member)



Designated Officer convenes Strategy Meeting



Investigation

Case Conference

Report and findings presented

Findings

- No case to answer
- Case to answer
- Not enough evidence to be able to say
- Ongoing (Investigation continues until one of three findings above are found)

Safeguarding Plan and Action Plan

For service user(s) (and for staff members if the allegation/concern is unsubstantiated)



Feedback to relevant parties as agreed by Case Conference

Confidential File completed by DO

Information entered on database by DO



Findings passed to Health Service Executive or Gardai if appropriate by DO



Review



Close

APPENDIX 5

Confidential Files and Restricted Access Protocol

CONFIDENTIAL FILES

Contents of Confidential and Restricted Access Files

- Report(s) of concern(s) / allegation(s)
- Completed St. Michael's House Report Form
- Clinical Reports
- Letters/memos/faxes/emails
- Minutes of Meetings
- Case Conference notes if relevant
- Notes from meetings with people who have been interviewed
- Statements
- Review Notes
- Final Report
- Any other relevant information

APPENDIX 6

Guidance Sheet for Services and Designated Officers on completing and submitting Preliminary Screening Forms to CHO Safeguarding and Protection Teams (Vulnerable Persons)



**SEND FORM TO: INSERT NAME AND EMAIL OF THE LOCAL
SAFEGUARDING AND PROTECTION TEAM**

**SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY &
PROCEDURES 2014**
**GUIDANCE SHEET FOR SERVICES AND DESIGNATED OFFICERS ON COMPLETING AND
SUBMITTING PRELIMINARY SCREENING FORMS**

STEP 1:

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

STEP 2:

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

STEP 3:

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

APPENDIX 7

Standard Notification Form for CHO Area 9 Safeguarding and Protection Team (Vulnerable Persons).



**SEND FORM TO: SAFEGUARDING & PROTECTION
TEAM, ST MARY'S HOSPITAL, PHOENIX PARK,
DUBLIN 20
EMAIL: safeguarding.cho9@hse.ie**

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:

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: _____