



Safeguarding Adults Handbook

February 2021

This policy is for all Karo employees, contract staff and shift workers and details the policies and procedure for safeguarding vulnerable adults and to ensure full compliance with the HSE.

PPPG Statement:

1.1.Karo is committed to the safeguarding of vulnerable adults from abuse. It recognises that abuse can and does take place and that vulnerable persons in particular may become at risk of abuse.

1.2.Karo is committed to policy and practices which promote the welfare of vulnerable adults and safeguards them from abuse, in line with the Health Service Executive "Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures" (2014). To this extent, the vast majority of this document has been directly adopted from the Health Service Executive Policy.

1.3.Karo has a no tolerance approach to any form of abuse and promotes a culture which supports this ethos.

1.4.Karo is committed to ensuring that all customers are treated with respect and dignity, have their welfare promoted and receive support in an environment in which every effort is made to promote welfare and to prevent abuse.

1.5.Karo is committed to promoting a culture of trust, respect, dignity, honest communication and positive risk management for all in receipt of services.

PPPG Purpose:

2.1.The purpose of this policy and procedure is to clearly set out Karo's policy and procedure with regard to safeguarding vulnerable adults and to ensure full compliance with HSE "Safeguarding Vulnerable Persons at Risk of Abuse National Policy" (2014).

Scope of PPPG:

3.1.This policy and procedure apply to all employees (inclusive of Karo Directors, work placements and students) of Karo services.

Legislation/Other related PPPG'S:

4.1.Assisted Decision Making Act 2015. Irish Statute Book, Dublin.

4.2.General Data Protection Amendment Act (2018)

4.3.Guidance for Designated Centre's; Intimate Care (GDE4) HIQA, (2013)

4.4.The HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures. (2014). Health Service Executive Social Care Division.

4.5.Health Information and Quality Authority. (2013). The National Standards for Residential Services for Children and Adults with Disabilities, Dublin.

- 4.6.The Health Act. (2007). The Irish Statute Book. Dublin.
- 4.7.The Health Act. (2007). (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. The Irish Statute Book. Dublin.
- 4.8.The Health Act. (2007). (Care and Support of Residents in Designated Centres for Older Persons), Regulations 2013. The Irish Statute Book. Dublin.
- 4.9.The Health Act. (2004). Houses of the Oireachtas. Dublin.
- 4.10.The Criminal Justice (withholding of information on offences against children and vulnerable persons) Act. (2012). Houses of the Oireachtas. Dublin.
- 4.11.The National Vetting Bureau (Children and Vulnerable Persons) Act. (2012). Houses of the Oireachtas. Dublin.
- 4.12.United Nations. (2006). UN Convention on the Rights of Persons with Disabilities. 2006. United Nations, Geneva.
- 4.13.Health Service Employers on Upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse against Staff Members (Trust in Care 2005) Health Service Executive, Employers Assistance Division, Dublin.
- 4.14.Karo Child Safeguarding Statement. (2018)
- 4.15.Karo Disciplinary Policy and Procedure. (2018)
- 4.16.Karo Good Faith Reporting and Protected Disclosure Policy and Procedure (2018)
- 4.17.Karo Guidance for Staff in the Management of Behaviours that Challenge, including Restrictive Practices (2018)
- 4.18.Karo Recruitment Policy and Procedure (2018)
- 4.19.Karo Data Protection Policy (2018)
- 4.20.Karo Policy on Intimate Care (2018)

Glossary of Terms and Definitions:

5.1.Vulnerable Person

5.1.1.A Vulnerable Person may be defined 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”. (HSE 2014).

5.2.Abuse

5.2.1.Abuse may be defined as “any act, or failure to act, which results in a breach of a vulnerable person’s human rights, civil liberties, physical and mental integrity, dignity or general well-being, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms.” (HSE 2014)

5.2.2. This definition excludes self-neglect which is an inability or unwillingness to provide for oneself. However, Karo acknowledges that people may come into contact with individuals living in conditions of extreme self-neglect. Where a Karo staff member encounters self-neglect, they should immediately report this to their Clinical Nurse Manager.

5.3. Categories/Types of Abuse

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or lack of insight and ignorance. An individual may experience more than one form of abuse at one time. The following are the main categories/types of abuse:

5.3.1.1. Physical abuse includes hitting, slapping, pushing, kicking, and misuse of medication, restraint or inappropriate sanctions.

5.3.1.2. Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.

5.3.1.3. Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

5.3.1.4. Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

5.3.1.5. Neglect and acts of omission includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.

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

5.3.1.7. Institutional abuse may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.

Please note that while these definitions give an indication of the different types of abuse, they do not comprise an exhaustive list and staff must always be aware of practices that can be abusive in nature; e.g. using a harsh tone when speaking to a customer, controlling and/or punishing someone for their behaviour etc.

Who May Abuse:

6.1. It is recognised in the literature (and in research) that anyone who has contact with a vulnerable person may abuse them. Generally, most abuse is perpetrated by people that know the person well and this can include family members, staff and healthcare professionals, friends, other vulnerable persons (peers) and other members of the community. It can also include strangers.

6.2. It is also widely recognised that vulnerable adults are more likely to be abused than those who are less/not vulnerable.

Where Might Abuse Occur:

7.1. Abuse can happen at any time in any setting.

8. Key Consideration in Recognising Abuse:

8.1. Abuse can be difficult to identify and may present in many forms.

8.2. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than abuse.

8.3. All signs and symptoms must be examined in the context of the person's situation and family circumstances.

Early Detection:

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

9.2. It must not be assumed that an adult with a disability or an older adult is necessarily vulnerable; however, it is important to identify the added risk factors that may increase vulnerability.

9.3. People with disabilities and some older people may be in environments or circumstances in which they require safeguards to be in place to mitigate against vulnerability which may arise.

Barriers for Vulnerable Persons Disclosing Abuse:

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

10.1.1. Fear on the part of the service user of having to leave their home or service as a result of disclosing abuse

10.1.2. A lack of awareness that what they are experiencing is abuse

10.1.3. A lack of clarity as to whom they should talk to

10.1.4. A lack of capacity to understand and report the incident

10.1.5. Fear of an alleged abuser

10.1.6. Ambivalence regarding a person who may be abusive

10.1.7. Limited verbal and other communication skills

10.1.8. Fear of upsetting relationships

10.1.9. Shame and/or embarrassment

Vulnerable Adults: A Special Consideration:

11.1. Abuse of a vulnerable person may be a single act or repeated over a period of time. It may comprise one form or multiple forms of abuse.

11.2. The lack of appropriate action can also be a form of abuse.

11.3. Abuse may occur in a relationship where there is an expectation of trust and can be perpetrated by a person who acts in breach of that trust.

11.4. Abuse of vulnerable adults may take somewhat different forms; physical abuse may, for example, include inappropriate restraint or use of medication.

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

11.6. It is critical that the rights of vulnerable persons to lead as normal a life as possible is recognised. 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

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

- diminished social skills,
- reduced awareness of safety,
- dependence on others for personal and intimate care,

11.7.4. diminished capacity to report,

- sensory difficulties,
- isolation,
- power differentials.

11.8. Adults who are/become vulnerable have the right:

- To be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs.
- To be given access to knowledge and information in a manner which they can understand in order to help them make informed choices.
- To be provided with information on, and practical help in, keeping themselves safe and protecting themselves from abuse.
- To live safely without fear of violence in any form.
- To have their money, goods and possessions treated with respect and to receive equal protection for themselves and their property through the law.
- To be given guidance and assistance in seeking help as a consequence of abuse.

To be supported in making their own decisions about how they wish to proceed in the event of an allegation of abuse and to know that their wishes will be considered paramount unless it is considered necessary for their own safety or the safety of others, to take an alternate course of action, or if required by law to do so.

- To be supported in bringing forward a complaint.
- To have alleged, suspected or confirmed cases of abuse investigated promptly and appropriately.

11.8.10. To receive support, education and counselling following abuse.

To seek redress through appropriate agencies.

12. Customer Non-Engagement:

12.1. All vulnerable persons must be secure in the knowledge that all information about them is managed appropriately and that there is a clear understanding of confidentiality among all service personnel.

12.2. All information regarding concerns or allegations of abuse or assessments of abuse of a vulnerable person should be shared, on a "need to know" basis in the interests of the vulnerable person, with the relevant statutory authorities and relevant professionals.

12.3. No undertakings regarding secrecy can be given. Those working with vulnerable persons should make this clear to all parties involved. However, it is important to respect the wishes of the vulnerable person as much as is reasonably practical.

Roles and Responsibilities:

13.1. Karo CEO or an appointee by the CEO must: -

13.1.1. Ensure that local procedures are in place to support the implementation of the policy.

13.1.2. Appoint a Designated Officer; and ensure that this person has the necessary qualifications, training and skills to effectively discharge their role.

13.1.3. Promote a culture of zero tolerance for any type of abuse or abusive practices.

13.1.4. Support an environment in which vulnerable persons are safeguarded from abuse or abusive practices through the implementation of preventative measures and strategies.

13.1.5. Ensure that this policy is made available to all customers in an appropriate format for the customer.

13.1.6. Ensure that policy is made available to all staff.

13.1.7. Ensure that staff receive the appropriate training with regard to the implementation of the policy.

13.1.8. Maintain a record of all staff members "sign off" on the policy.

13.1.9. Promote ongoing awareness of the policy.

13.1.10. Actively seek from all relevant parties' feedback on the effectiveness and clarity of this policy.

13.1.11. Ensure that staff are aware that failure to record, disclose and share information in accordance with this policy is a failure to discharge a duty of care and may be subject to disciplinary procedure.

13.1.12. Inform staff of the Good Faith reporting/ Protected Disclosure Policy and Procedure.

13.1.13. Monitor the implementation of the policy and procedure.

13.1.14. Liaise with the Designated Officer with regard to maintaining a register of all allegations.

13.2. The Designated Officer must: -

13.2.1. Receive concerns or allegations of abuse regarding vulnerable persons.

13.2.2. Collate basic relevant information.

13.2.3. Ensure the appropriate manager is informed and collaboratively ensure necessary actions are identified and implemented.

13.2.4.Ensure reporting obligations are met (internally to the service and externally to the statutory authorities).

13.2.5.Support the manager and other personnel in addressing the issues arising, including the development/or implementation of safeguarding plans.

13.2.6.Maintain appropriate records.

13.2.7.Conduct preliminary assessments and further investigations, if/as assigned.

13.2.8.Monitor and review all safeguarding plans.

13.2.9.Maintain a confidential register of all allegations in a secure format.

13.3.Frontline staff must: -

13.3.1.Promote the welfare of vulnerable adults in all health and social care interactions.

13.3.2.Be aware of this policy and that of the HSE "Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures (2014)".

13.3.3.Comply with the policy and procedure to ensure the safeguarding of vulnerable persons.

13.3.4.Avail of any relevant training and educational programmes.

13.3.5.Be aware of the signs and indicators of abuse.

13.3.6.Support vulnerable persons to report any type of abuse or abusive practice.

13.3.7.Ensure that any concerns or allegations of abuse are reported in accordance with policy and the concerns of abuse are recorded/written down as required.

13.4.The HSE Safeguarding and Protection Team (Vulnerable Persons)¹ will: -

13.4.1.Receive reports of concerns and complaints regarding the abuse of vulnerable persons.

13.4.2.Support services and professionals to assess and investigate the concerns/complaints and develop intervention approaches and protection plans.

13.4.3.Directly assess particularly complex complaints and coordinate service responses.

13.4.4.Support, through training and information, the development of practices which respond appropriately to concerns or allegations of abuse or vulnerable persons.

13.4.5.Maintain appropriate records

Reporting any Concerns or Allegations of Abuse or Vulnerable Adults:

14.1.Information about suspected or actual abusive behaviour will be brought to light in a number of ways.

14.1.1.Through direct observation of an episode of abuse by any person.

14.1.2.A statement directly from a vulnerable adult alleging abuse.

14.1.3.A report of alleged abuse from a third party i.e. a carer of other service user or family.

14.1.4.From generalised or specific concerns on the part of a service user, carer, staff member or family member.

14.1.5.From an anonymous source.

14.1.6. In each HSE Chief Health Office (CHO)/Area, a Safeguarding and Protection Team is being developed to support the objectives of the HSE "Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures, 2014"

14.2.Any person working within Karo that has knowledge or a reasonable suspicion that a person who is vulnerable is being abused or at risk of being abused must report it to the Designated Officer, or in their absence, to the Clinical Nurse Manager within the Healthcare Organisation.

14.3.It is an employee's responsibility in line with policy and procedure to appropriately report this knowledge/suspicion.

14.4.The knowledge/suspicion must be reported at the earliest possible time, so that it can be responded to appropriately, efficiently and effectively.

14.5.Karo endeavours to create an environment and support system in which staff feel comfortable and safe to do this at all times.

14.6.The flowcharts on the following pages set out the procedures to be followed in reporting and managing allegations of abuse within Karo.

14.7.Appendix 4 provides guidance for Karo staff on how to respond in the event of a disclosure of alleged customer abuse.

Flowchart on the Reporting and Management Procedure Stage 1 - Immediate Action

14.8. Stage 1 Key Points

14.8.1. Listen, reassure and support the person.

14.8.2. DO NOT;

14.8.2.1. Appear shocked,

14.8.2.2. Press the person for details,

14.8.2.3. Try to investigate the issue,

14.8.2.4. Make judgements,

14.8.2.5. Promise to keep secrets,

14.8.2.6. Give sweeping reassurances.

14.8.3. Inform the Designated Officer and the Clinical Nurse Manager/nominated deputy.

14.8.4. Take immediate action to safeguard anyone at risk. This may include contacting the Gardai and getting medical advice.

14.8.5. Where there is a concern that a criminal offence may have been committed, or a crime may about to be committed, the Designated Officer contacts the Gardai immediately.

14.8.6. Contact Túsla if there are any immediate concerns with regard to children.

14.8.7. Record/preserve any evidence.

14.8.8. Complete a report as soon as possible, using the standard report form. This will need to include: -

14.8.8.1. When the disclosure was made/observed or suspected

14.8.8.2. Who was involved, including any witnesses

14.8.8.3. Exactly what happened, using the person's words if they made the disclosure to you (keep it factual; do not interpret what was said or seen)

14.8.8.4. Any other relevant information

14.8.8.5. As much detail as possible

14.8.9. All reports must be written legibly, signed and dated (it should be photo copiable).

14.8.10. The report must be forwarded to the Designated Officer and the Clinical Nurse Manager on the day the Complaint/Concern was raised. As much detail as possible of the abuse and/or neglect that is alleged to have taken place/is taking place/at risk of taking place (includes how it came to light, the impact on the individual, and details of any witnesses) should be provided

15. Preliminary Screening:

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

- No grounds for Concern or for Further Investigation.
- Additional Information is Required.
- Reasonable Grounds for Concern exist
- The Designated Officer will make a record in the confidential file
- The Designated Officer and senior staff member will gather any additional information required.
- The Designated Officer and the staff member will address immediate safety issues and put an interim safeguarding plan in place
- The Designated Officer and Senior staff member will ensure that any Clinical or care issues are addressed and the matter is resolved.

An interim safeguarding plan will be put in place, following consultation with relevant others, to ensure the safety of the customer and/or others.

This plan will be updated and reviewed as necessary

Stage 2 - Key Points

2.The Designated Officer/Clinical Nurse Manager will ensure

- Confidential records are maintained with regard to the preliminary screening.
- A detailed account of all relevant information pertaining to the allegation is recorded.
- That the purpose of preliminary screening is to establish could an abusive act have occurred and if there are reasonable grounds for concern.
- That the allegation is not investigated at the point of preliminary screening.
- The HSE Safeguarding and Protection Team for Vulnerable Adults are informed of the outcome of preliminary screening.
- The outcome of any assessment/inquiry following preliminary assessment is reviewed with the Safeguarding and Protection Team (Vulnerable Persons) and a safeguarding plan to address necessary actions is approved.
- This preliminary screening must be led by the Designated Officer or in their absence a Senior Karo Line Manager and completed within 3 working days following the reporting of the allegation.

2.8.Additional expertise may be required by Karo and sourced by the Karo Director.

- Outcome of Preliminary Screening
- Based on the information gathered, an assessment should be made which addresses the following:
- Does the person/s referred or group of individuals affected fall under the definition of vulnerable adult?
- Do the concerns referred constitute a possible issue of abuse and/ neglect?
- Where it is appropriate to do so, has the informed consent of the individual been obtained?
- If consent has been refused and the person has the mental capacity to make this decision, is there a compelling reason to continue without consent? Have the risks and possible consequences been made known to the customer?

The outcome of the preliminary screening may be: No grounds for reasonable concerns exist

3.2.2. Additional information is required (this must be specified)

- Reasonable grounds for concern exist
- No reasonable grounds for concern

- Where the outcome of the preliminary screening is that there are no reasonable grounds for concern, the Designated Officer must:
 - Provide and record the rationale for this decision.
 - Sign and date this record (inclusive of any other staff member involved in preliminary screening).
 - Follow-up with the Clinical Nurse Manager in relation to any clinical or care issues identified.
 - Highlight and implement any learning from the process
 - Additional Information is Required
 - The Designated Officer and Clinical Nurse Manager will gather any additional information required.
 - An interim safeguarding plan will be put in place, following consultation with relevant others, to ensure the safety of the customer and/or others.
 - Reasonable Grounds for Concern
 - The Designated Officer and Clinical Nurse Manager will address immediate safety issues and put an interim safeguarding plan in place. This plan will be updated and reviewed as necessary.

Safeguarding Plan:

16.1. The Designated Officer/Clinical Nurse Manager/ Assessment/Inquiry Team, as appropriate, are responsible for the development of the Safeguarding plan.

16.2. A Safeguarding plan is developed, even if only initially preliminary in nature, and will be amended pending the outcome of assessment/inquiry.

16.3. The Safeguarding plan will outline the planned actions identified to address the needs and minimise the risk to the customer and/or others.

16.4. If the customer has the capacity to and agrees the intervention, a Safeguarding plan will be developed, as far as possible in accordance with his/her wishes.

16.5. If the customer has the capacity and refuses the proposed intervention, every effort should be made to negotiate with him/her. Time is taken to develop and build up rapport and trust. It is important to continue to monitor the customer's well-being.

16.6. If it is deemed that the customer lacks capacity, legal advice may be required to inform the decision-making process. Decisions must be made in the best interests of the customer and, if possible, based on his/her wishes and values. It is not appropriate to take a paternalistic view which removes the autonomy of the vulnerable person.

16.7. The Safeguarding plan must be reviewed at appropriate intervals and must be undertaken within six months of the Safeguarding plan commencing and at a minimum, at six monthly intervals thereafter or on case closure.

16.8. The plan should include, relevant to the individual situation: -

16.8.1. Positive actions to safeguard the customer's risk from further abuse/ neglect and to promote recovery.

16.8.2. Positive actions to prevent identified perpetrators from abusing or neglecting in the future.

16.8.3. Consideration of the triggers or circumstances that would indicate increasing levels of risk of abuse or neglect for individual/s and how these should be dealt with.

16.8.4. Support measures for vulnerable adults that have experienced or who are at risk of abuse. This could include mainstream support service provision; e.g. victim support service; as well as specialist support services, e.g. specialist psychology services, mediation services etc.

16.8.5. The role of An Garda Síochána and related support measures should be considered where a vulnerable adult may be going through the criminal justice process, including the use of intermediaries, independent advocates etc.

16.9. Updating and review of the Safeguarding plan will be informed by all stages of the process.

16.10. Discussions/meetings on the Safeguarding plan will be arranged by the Designated Officer or Clinical Nurse Manager in their absence. The following will be addressed; -

16.10.1. Feedback and evaluation of the evidence and outcomes from the assessments, making a judgement (multi-agency) of whether the abuse or neglect has occurred, has not occurred or whether this is still not known.

16.10.2. A review of the initial safeguarding plan.

16.10.3. An assessment of current and future risk of abuse/neglect to the individual, group of individuals, or others.

16.10.4. To evaluate the need for further assessment and investigation

16.10.5. Where abuse/ neglect has taken place, or on an ongoing risk of abuse/ neglect to the customer, group of individuals, or others; to evaluate the need for further assessment and investigation.

16.10.6. Where abuse/neglect has taken place, or an ongoing risk of abuse/ neglect is identified, a safeguarding plan should be agreed with proactive steps to prevent/decrease the risk of further abuse or neglect.

16.10.7. Agreeing an ongoing communication plan, including the level of information that should be fed back to the person who raised the concerns (the referrer), other involved individuals or agencies, and who will be responsible for doing this.

16.10.8. To set an agreed time frame for further review of the Safeguarding Plan.

Please Note: In the event that the concerns or allegations of abuse identified a customer as the alleged perpetrator, the plan must ensure that relevant professional advice on the appropriate actions is sought which may include, for example, a behavioural support programme. The rights of all parties must receive individual consideration, with the welfare of the vulnerable person being paramount.

Safeguarding Plan Review/Evaluation

This will:

- Establish any changes in circumstances or further concerns which may affect the Safeguarding Plan.
- Evaluate the effectiveness of the Safeguarding Plan.
- Evaluate, through appropriate risk assessment, whether there remains a risk of abuse or neglect to the individuals or group of individuals.
- Make required changes to the Safeguarding Plan and set a further review date.
- Be used as an opportunity to evaluate the intervention in general terms; e.g. what worked well, what caused difficulties, how effectively did people work together.
- Gather information to be fed back through the Safeguarding and Protection
- Team (Vulnerable Person's) and disseminated to other staff as appropriate.
- Use positive and negative experiences from practice, to facilitate learning arising from specific situations to enable services to develop and be in a better position to safeguard individuals at risk from abuse and neglect.

Closing the Safeguarding Plan

16.12.1. The updated risk assessment arising from a Safeguarding Plan Review may provide evidence that the risk of abuse or neglect has been removed, or through changed circumstances, be no longer appropriate to be managed through this process. When this occurs, decisions should be taken with multi-agency agreement, where appropriate. Reasons and rationale for closing the plan/case must be recorded in full (inclusive of all relevant signatures and dates). The client or referrer may be formally notified of closure where appropriate.

Management of an Allegation of Abuse against a Staff Member:

17.1. In situations where the allegation of abuse arises in respect of a staff member, the policy for Health Service Employers on Upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse against Staff Members (Trust in Care 2005) must be followed. In any such situation, the Karo Director should contact H.R. for specialist advice. Information pertaining to the Trust in Care Process is outlined in Appendix 2.

Self-Neglect:

18.1. Karo is committed to the safeguarding of vulnerable persons who seriously neglect themselves and is concerned with vulnerable persons, where concern has arisen due to the vulnerable person seriously neglecting his/her own care and welfare and putting him/ herself and/others at serious risk.

18.2. Self-neglect can be non-intentional, arising from an underlying health condition, or intentional, arising from a deliberate choice. The purpose of this section is to offer guidance to staff who become aware of concerns regarding serious self-neglect.

18.3. Definition of Self Neglect

18.3.1. Self – Neglect is the ability or unwillingness to provide for oneself the goods and services needed to live safely and independently

18.3.2. A vulnerable person's profound inattention to health or hygiene, stemming from an inability, unwillingness, or both, to access potentially remediating services.

18.3.3. The result of an adult's inability, due to physical and/mental impairments or diminished capacity, to perform essential self – care tasks.

18.3.4. The failure to provide for oneself the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain.

18.3.5. Self-Neglect in vulnerable adults is a spectrum of behaviours defined as the failure to engage in self-care acts that adequately regulate independent living or, b) to take actions to prevent conditions or situations that adversely affect the health and safety of oneself and others.

Groups that may present with self-neglecting behaviours

18.4.1. Those with lifelong mental illness.

18.4.2. Persons with degenerative neurocognitive disorders such as dementia, or affective disorders such as depression.

18.4.3. Those whose habit of living in squalor is a long-standing lifestyle with no mental or physical diagnosis.

18.4.4. Self-neglect is common among those that consume large quantities of alcohol; the consequences of such drinking may precipitate self – neglect.

18.4.5.Those who live alone, in isolation from social support networks of family, friends and neighbours.

18.5.Manifestations of Self Neglect;

18.5.1.Hygiene - Poor personal hygiene and/or domestic/ environmental squalor; hoarding behaviour

18.5.2.Life threatening Behaviour - Indirect life-threatening behaviour: refusal to eat, drink, take prescribed medications, comply with an understood medical regime.

18.5.3.Financial - Mismanagement of Financial Affairs.

Procedure to be Followed in the Event of Self-Neglect:

19.1.Consider the possibility

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

19.1.2.Considering the possibility of extreme self-neglect is a professional responsibility and concerns must be discussed directly with the vulnerable person and other relevant persons.

19.1.3.If concerns cannot be addressed directly, they should be directed to the Safeguarding and Protection Team (Vulnerable Persons) who will assist in an assessment of the severity of the situation.

19.2.Approach

19.2.1.As far as possible and appropriate, the Safeguarding and Protection Team (Vulnerable Persons) will support professionals and service providers in undertaking assessment and intervention.

19.3.Assessment:

19.3.1.On receiving a report of concern about a vulnerable person neglecting himself/herself, the Designated Officer in the Karo franchise receiving the report will begin the process of preliminary assessment.

The Designated Officer will:

19.3.1.1.1.Establish whether the vulnerable person is aware of the referral and his/her response to the person making the referral.

19.3.1.1.2.Consult with other health and social care professionals in order to gain further information. The focus of this preliminary process is to establish the areas of concern, i.e. the manifestations of self-neglect and the perception of those making the referral of the potential harm to which the vulnerable person and/or others are exposed.

19.3.1.1.3.Establish if there have been any previous attempts to intervene and the outcome of such attempts/interventions.

19.3.1.1.4.Arrange for an appropriate person to meet the vulnerable person to ascertain his/her views and wishes.

19.3.1.1.5.May arrange a multidisciplinary strategy meeting, where a decision can be reached as to the person best placed to take a lead role.

19.3.1.1.6.Organise a comprehensive assessment to be undertaken by a relevant specialist. This will require a GP referral. Where there is a doubt about the person's capacity to make decisions and/or to execute decisions

regarding health, safety and independent living, the assessment should include specific mental competency assessment. If it is not possible to engage the vulnerable person in obtaining such an assessment, it may be appropriate to seek legal advice.

19.4.Safeguarding Plan:

19.4.1.The Karo Director at Karo will appoint a lead person to act as a co- coordinator of information and intervention. The lead person will arrange a full review at agreed intervals.

19.4.2.If the vulnerable person has mental capacity and agrees to intervention, a Safeguarding Plan will be developed in accordance with his/her wishes.

19.4.3.If the person has mental capacity and refuses services, every effort is made to negotiate with the person. Time is taken to develop and build up rapport and trust. It is important to continue to monitor the person's wellbeing.

19.4.4.If the person lacks mental capacity, legal advice may be required to inform the decision-making process. Decisions must be made in the best interests of the person and, if possible, based on his/her wishes and values. However, it is not appropriate to take a paternalistic view which removes the autonomy of the vulnerable person.

19.5.Review:

19.5.1.The lead person will arrange a full review of the Safeguarding Plan at agreed intervals.

19.5.2.The vulnerable person's situation must be kept under review, as appropriate and deemed necessary

19.5.3.Family, friends and community have a vital role in helping vulnerable people remain safe in the community.

19.5.4.The Safeguarding and Protection Team (Vulnerable Persons) will be available to provide advice and support as appropriate.

20. Building Blocks for Safeguarding and Promoting Welfare:

(See Appendix 5 for more detail)

The following must be considered by Karo with regard to the prevention and minimisation of customer abuse within the organisation.

20.1.1.Culture,

20.1.2.Risk Management,

20.1.3.Recognition of human rights,

20.1.4.Person-centredness,

20.1.5.Advocacy,

20.1.6.Confidentiality,

20.1.7.Empowerment,

20.1.8.Collaboration,

20.1.9.Complaints Management,

20.1.10. Incident reporting.

Date/Information:

21.1. All information concerned with the reporting and subsequent assessment of concerns or allegations of alleged abuse are subject to Karo policy on confidentiality. However, information regarding allegation(s) of abuse cannot be received with a promise of secrecy.

21.2. A person providing such information should, as appropriate, be informed that disclosures of information to appropriate others can occur if:

21.2.1. A vulnerable person is the subject of abuse and/or

21.2.2. The risk of further abuse exists

21.2.3. There is a risk of abuse to another vulnerable person(s) and /or

21.2.4. There is reason to believe that the alleged person causing concern is a risk to themselves and /or

21.2.5. A legal obligation to report exists

Records:

22. It is essential to keep detailed and accurate records of concerns of allegations of abuse and of any subsequent action taken.

22.1. Local procedures should also contain the necessary documentation to facilitate record keeping.

22.2. Failure to adequately record such information and to appropriately share that information in accordance with this policy is a failure to adequately discharge a duty of care.

Good Faith Reporting:

An employee who reports genuine concerns of fraud or malpractice will be supported by their employer.

23.3. In general, employees' identities will not be disclosed without their prior consent. Where concerns cannot be resolved without revealing the identity of the employee raising the concern, this will be discussed with the employee as to how this issue can be advanced.

Protected Disclosure:

24.1. Section 103 of the Health Act 2007 and the Protected Disclosure Act 2014 provide for the making of protected disclosures by staff.

24.2. If an employee reports a workplace concern in good faith and on reasonable grounds in accordance with the procedures outlined in legislation it will be treated as "protected disclosure." This means that if an employee feels that they have been subjected to detrimental treatment in relation to any aspect of their employment as a result of reporting their concern, they may seek redress. In addition, employees are not liable for damages as a consequence of making a protected disclosure. The exception is where an employee has made a report which he/she could reasonably have known to be false.

24.3. The HSE has appointed an "Authorised Person" to whom protected disclosures may be made. Employees are required to set out the details of the subject matter of the disclosure in writing on the Protected Disclosures of information form and submit it to the Authorised Person at the following address

24.3.1.HSE Authorised Person PO Box 11571, Dublin 2, Tel: 01-6626984

The authorised person will investigate the subject matter of the disclosure. Confidentiality will be maintained in relation to the disclosure in so far as is reasonably practicable. However, it is important to note that it may be necessary to disclose the identity of the employee who has made the protected disclosure in order to ensure that the investigation is carried out in accordance with the rules of natural justice.

Anonymous and Historical Complaints:

25.1.All concerns or allegations of abuse must be assessed, regardless of the source or date of occurrence.

25.2.The quality and nature of information available in anonymous referrals may impact on the capacity to assess and respond appropriately. Critical issues for consideration include:

25.2.1.The significance/seriousness of the concern/complaint

25.2.2.The potential to obtain independent information

25.2.3.Potential for ongoing risk

25.3.In relation to historical complaints, the welfare and wishes of the person and the potential for ongoing risk will guide the intervention. Any person who is identified in any complaint, whether historic or current, made anonymously or otherwise, has a right to be made aware of the information received.

Implementation Plan:

26.1.All existing staff will be provided with access to this policy and procedure on the date of implementation.

26.2.All new staff will be provided with access to this policy and procedure on induction.

26.3.All staff will sign a record demonstrating that they have read and agree to comply with the content of this policy and procedure.

26.4.The Karo Director for each service will ensure that records are maintained of the above staff sign-off.

Review and Audit:

27.1.This policy and procedure will be reviewed every three years, or more frequently if necessary. The effectiveness of the policy will be audited as per Karo audit schedule requirement.

References

Karo Child Safeguarding Statement. (2018). Karo Data Protection Policy and Procedure (2018). Karo Disciplinary Policy and Procedure. (2018).

Karo Good Faith Reporting and Protected Disclosure Policy and Procedure (2018). Karo Policy on Intimate Care (2018)

Karo Guidance for Staff in the Management of Behaviours that Challenge, including Restrictive Practices (2018).

Karo Recruitment Policy and Procedure (2018).

Guidance for Designated Centre's; Intimate Care (GDE4) HIQA (2013)

Health Information and Quality Authority (2013). The National Standards for Residential Services for Children and Adults with Disabilities, Dublin.

The Health Act (2007). (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. The Irish Statute Book. Dublin.

The Health Act (2007). (Care and Support of Residents in Designated Centres for Older Persons), Regulations 2013. The Irish Statute Book. Dublin

The Health Act (2007). The Irish Statute Book. Dublin.

The HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy (2014). Health Service Executive Social Care Division. Cork.

Trust in Care (2005). Health Service Executive, Employers Assistance Division, Dublin.

Appendix 1: Detailed Signs, Symptoms and Indicators of Abuse

Appendix 2: Trust in Care Process

Appendix 3: Responding to Concerns/ Allegations of Abuse

Appendix 4: Allegation of Abuse Form Internal

Appendix 5: Building Blocks for Safeguarding and Promoting Welfare

Appendix 6: Good Report Writing Guidelines

Appendix 7: HSE Referral Form

Appendix 1 -

Detailed Signs, Symptoms and Indicators of Abuse

(Taken from HSE National Policy and Procedures 2014)

Appendix 2

Trust in Care Process

Karo is committed to and has adopted in its entirety the Trust in Care (2005) Process.

Where allegations of abuse of a customer are made against a staff member, the welfare and the safety of the customer is of paramount importance. It also must be acknowledged that staff members may be subjected to erroneous or vexatious allegations, which can have a devastating effect on the person's health, career and reputation. Karo in line with Trust in Care (2005) (Policy for Health Service Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse against Staff Members) are therefore committed to safeguarding the rights of the staff member against whom allegations of abuse are made to a fair and impartial investigation of the complaint.

Any staff member who receives information, suspects or is concerned that a customer has been abused, is being abused or is at risk of abuse has a duty of care to report the matter as soon as possible to his or her Line Manager.

The staff member is not responsible for deciding whether or not abuse has occurred but is obliged to report serious suspicions or allegations of abuse so that appropriate action can be taken.

Staff who make a complaint or express concerns that abuse may have occurred should be reassured that:

- They will be taken seriously
- They will be protected from risk of reprisals or intimidation
- Complaints made in good faith are covered by the defence of qualified privilege and by The Protected Disclosure/Whistleblowing Legislation

Reporting Procedures

A staff member who receives a complaint of an allegation of abuse pertaining to another staff member from a customer, relative/ guardian or member of the public, must ensure that the details of the alleged abuse are fully documented including dates, times and any witnesses to the alleged incident. The statement should be checked with the person making the complaint to ensure accuracy. The staff member immediately reports this to the Designated Officer.

A staff member who suspects that a colleague (another staff member) may be abusing a customer should advise the Designated Officer without delay. The staff member must outline in writing the grounds on which his/ her concerns are based. This report must be submitted to the Designated

Officer without delay. The staff member making the allegation must not question the staff member against whom the allegation is made.

A staff member who witnesses another staff member engaging in inappropriate behaviour towards a customer must intervene or seek assistance to stop the behaviour. The staff member must ensure that the customer is not in any immediate danger and receives the necessary treatment and support. The staff member should then immediately report the incident to the Line Manager and the Designated Officer, and complete a written report before going off duty or within a fixed time frame.

Trust in Care Process

The safety of the customer is paramount at all times and must be the priority.

Please note the process for the safeguarding and protection of the customer (as per Karo Safeguarding Vulnerable Persons at Risk of Abuse) must be followed. Simultaneously a separate process must be initiated by separate Karo management with the guidance of a H.R. specialist. The Karo Director is responsible for ensuring the provision of a separate manager to facilitate the Trust in Care process.

In the event that a line manager receives a complaint of abuse, a preliminary screening should be carried out to establish the facts pertaining to the complaint. When dealing with the complaint, the line manager should ensure, insofar as possible, that confidentiality is maintained and the staff member against whom the allegation is made is fully protected throughout the process.

The purpose of the preliminary screening is to ascertain if it is possible that an abusive interaction could have occurred. The preliminary screening of the complaint should be carried out by the immediate line manager of the staff member against whom the allegation is made. Under no circumstances should the preliminary screening attempt to establish whether or not the abuse actually occurred. The line manager's role with regard to preliminary screening must include the following:

The line manager must immediately notify the staff member against whom the complaint is made of the details of the allegation and advise him/her that a preliminary screening process is being undertaken. The staff member must be advised in advance of his/her right to be accompanied at this meeting by a work colleague.

The line manager must ensure that the details of the alleged or suspected abuse are documented.

The line manager must arrange for a physical or psychological assessment of the customer to be carried out where appropriate.

The line manager must consult with another member of management or appropriate professional colleague before he/she makes a final decision as to whether or not an abusive interaction could have occurred.

With regard to the staff member (whom the allegation /complaint was made against), If the preliminary screening indicates that an abusive interaction could not have occurred and no further action is warranted the following must be recorded:

The decision must be stated in the staff members personnel file.

The record should contain details of the precise nature of the allegation and state that a preliminary screening in respect of the complaint has been carried out in line with Trust in Care Policy and a decision made by the line manager and other senior staff member who carried out preliminary screening that an abusive interaction could not have occurred and the rationale for their decision not to proceed to formal investigation documented.

Report signed off by the Line Manager and other senior staff member – both set of signatures The purpose of the above record is to protect the reputation of the staff member concerned.

If the preliminary screening indicates that an abusive interaction could have occurred, a formal investigation must be established, with the guidance and expertise of a H.R. specialist.

Investigation Process

- Internal and external expertise may be utilised in relation to the investigation, as appropriate.
- In the event of a formal investigation, a meeting must be arranged by the line manager to advise the staff member of the intention to carry out a formal investigation.
- The staff member must be advised of his/ her right to be accompanied at this meeting by a work colleague.
- The staff member must be provided with the details of the allegation at the meeting and afforded an opportunity to make an initial response if he/ she so wishes.
- The staff member must be advised as to what happens next and told not to make contact with the complainant.
- The staff member must be advised with regard to any support and counselling services that are available.

Protective Measures

At an appropriate stage in the process, Karo management should take whatever protective steps are necessary to ensure that no customer is exposed to unacceptable risk. These protective measures are not disciplinary measures and may include - providing an appropriate level of supervision, and/or putting the staff member off duty with pay pending the outcome of the investigation.

Putting the staff member off duty pending the outcome of the investigation should be reserved for only the most exceptional of circumstances. It should be explained to the staff member concerned that the decision to put him/her off duty is a precautionary measure and not a disciplinary sanction.

Principles Governing the Investigation Process

The investigation will be conducted thoroughly and objectively in strict accordance with the terms of reference and with due respect for the rights of the complainant and the rights of the staff member to be treated in accordance with the principles of natural justice.

The investigation team will have the necessary expertise to conduct an investigation impartially and expeditiously. Where appropriate, the investigation team may request appropriately qualified persons to carry out clinical assessments, validation exercises etc.

Confidentiality will be maintained throughout the investigation to the greatest extent consistent with the requirements of a fair investigation. It is not possible however to guarantee the anonymity of the complainant or any person who participates in the investigation.

A written record will be kept of all meetings and treated in the strictest of confidence.

The investigation team may interview any person who they feel can assist with the investigation. Staff are obliged to co – operate fully with the investigation process and will be fully supported throughout the process.

Staff who participate in the investigation process will be required to respect the privacy of the parties involved by refraining from discussing the matter with other work colleagues or persons outside the organisation.

It will be considered a disciplinary offence to intimidate or exert pressure on any person who may be required to attend as a witness or to attempt to obstruct the investigation process in any way.

Steps in Conducting the Investigation

The Karo Director at Karo will be guided at all times during the process by a H.R. specialist.

The Karo Director will appoint the investigation team and the chairperson. The team must have the necessary expertise to participate in such an investigation. One team member must be external to the organisation.

Where there are reasonable grounds to suspect that a criminal act has been committed, the matter must be reported immediately to the Gardaí. Where the Gardaí are notified, Karo may conduct its own independent investigation in parallel with the criminal investigation.

The investigation will be governed by clear terms of reference based on the written complaint and any other matters relevant to the complaint.

The terms of reference shall specify the following:

- The investigation will be conducted in accordance with the Trust in Care Policy (2005)
 - The timescale within which the investigation will be completed.
 - The investigation team may set time limits for completion of various stages of the procedure to ensure the overall timescale is adhered to;
 - Scope of the investigation i.e. the investigation team will determine whether or not the complaint has been upheld and may make recommendations (other than disciplinary sanction) where appropriate
 - The staff member against whom the complaint is made will be advised of the right to representation and given copies of all relevant documentation prior to and during the investigation process, i.e.
 - Complaint and Witness statements (if any).
-
- The investigation team will interview any witnesses and any other relevant persons. Confidentiality will be maintained as is reasonably practicable.

- Persons may be required to attend further meetings to respond to new evidence or provide clarification on any of the issues previously raised.
- The investigation team will form preliminary conclusions based on evidence gathered in the course of the investigation and invite any person adversely affected by these conclusions to provide additional information or challenge any aspect of the evidence.
- On completion of the investigation, the investigation team will form its final conclusions based on the balance of probabilities and submit a written report of its findings and recommendations to the Karo Director.
- The staff member against whom the complaint is made will be given a copy of the investigation report and an opportunity to comment before any action is decided upon by management.

Complaint Not Upheld

If the complaint is not upheld, management must ensure that the reputation of and career prospects of the staff member concerned are not adversely affected by reason of the complaint having been brought against him/her. The staff member may be offered counselling and any other support necessary to restore his/ her confidence and morale.

The staff member who made the complaint must be reassured that management appreciated that the complaint was made in good faith.

A review of systems must be carried out where deficiencies have been identified.

Complaint Upheld

If the complaint is upheld, the matter will be referred to the Karo Director who is authorised to take disciplinary action up to and including dismissal.

Where abuse is found to have occurred, this can have an adverse effect on staff morale. Assistance should be made available to staff who have been affected by the allegation to help them to come to terms with what has happened and to restore a normal working environment.

A review of systems must be carried out where deficiencies have been identified.

The staff member must be advised of what will happen next, including where necessary, progressing the issue of the Disciplinary Process.

Malicious/ vexatious reporting

Where it is found that a report of abuse was brought maliciously, the staff member who made the complaint should be dealt with under the disciplinary procedure.

*It must be noted that an allegation of abuse against an employee is an employment matter which must be investigated by Karo itself. The standard of proof required in criminal proceedings ("Beyond reasonable doubt") is higher than that required in investigations carried out by the health care agencies in the context of the employer – employee relationship. Karo must be satisfied "on the balance of probabilities" that the alleged abuse occurred but does not have to prove the case beyond all reasonable doubt. In other words, Karo must form a reasonable belief that the employee committed the alleged abuse and instigate the disciplinary process accordingly.

Please note as per Appendix Four of "Trust in Care" policy an employee who is the subject of investigative/disciplinary proceedings instigated by the employer does not have the right to silence.

The Defence of Qualified Privilege

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

Appendix 3

Responding to Concerns/ Allegations of Abuse

Karo management must decide on what approach is to be taken in the event of being informed of a concern being raised / an allegation made pertaining to abuse.

In general, all concerns raised or allegations of abuse made, may be managed through the Community Setting approach with the exception of when there is a concern raised or an allegation of abuse made against a Karo staff member or the Karo organisation. In this instance the service setting approach must be followed in conjunction with other organisational policies and procedures such as Trust in Care.

Please note the Karo Director of the Franchise must be notified of all concerns at the very earliest opportunity.

COMMUNITY SETTING – Responding to Concerns of Abuse

- Concern arises / complaint raised.
- The staff member immediately ensures the safety of the customer and informs his / her Line Manager and the Designated Officer at the Franchise.
- The Line Manager will review the safety of the customer with the staff member.
- Karo staff member outlines in writing all relevant information (complete internal reporting form) and provides same to the Line Manager and Designated Officer
- An Garda Siochana are contacted by the Designated Officer/ Karo Director as appropriate or in an emergency situation by any line manager
- The Designated Officer/ Line Manager will on Day One of the report being made, inform the HSE Safeguarding / Protection Team using the appropriate HSE Referral Form, and will include all other relevant information e.g. The Karo internal reporting form.
- The HSE Safeguarding / Protection Team within 3 working days will ensure a preliminary screening is undertaken. Karo may or may not be requested by the HSE to assist with this exercise.
- HSE Safeguarding / Protection Team manage/ guide the process from this juncture.

Concern arises / Allegation made pertaining to abuse.

- Staff Member immediately ensures customer safety.
- Staff Member informs his / her Line Manager and Designated Officer
- Line Manager with staff member reviews customer's safety. Staff member completes internal reporting form and forwards to the Line Manager
- Designated Officer / Managing Director informs An Garda Siochana if appropriate.
- The Designated Officer will on day one (of report) inform the HSE Safeguarding and Protection Team using HSE referral form and may also attach the Karo Internal Reporting Form.
- The HSE Safeguarding and Protection Team will undertake a preliminary screening within three working days
- Karo may be requested by the HSE to assist with the Preliminary Screening, in which case the designated officer will represent Karo.
- HSE Safeguarding and Protection Team may manage and guide the process from this juncture.
- Karo Designated Officer / Senior Manager ensures case is closed out from a Karo perspective

ALLEGATION OF ABUSE AGAINST A STAFF MEMBER

In the event of an allegation of abuse against a staff member or the Karo organisation, Karo must undertake a Preliminary Screening as per the service setting approach outlined in the HSE National Policy Vulnerable Persons at Risk of Abuse, National Policy and Procedures (2014). This process (Process one) is to ensure the safety of the customer.

As this is a service setting approach, Karo has up to three working days to undertake a preliminary screening under the HSE National Policy Vulnerable Persons at Risk of Abuse, National Policy and Procedures (2014) and forward the outcome of same to the HSE Safeguarding and Protection Team in the relevant CHO using the HSE Preliminary Screening documentation provided. See Appendix for HSE Preliminary Screening Template.

In addition, this matter may also require the support of other organisational/ national policies such as the Trust in Care Policy for Health Service Employers on upholding the Dignity and Welfare of Patients / Clients and the Procedure for Managing Allegations of Abuse against a staff member (2005).

In line with Trust in Care, a parallel process is undertaken (process two) to appropriately manage an allegation of abuse against a staff member and to afford him/her natural justice.

As per Trust in Care, Dignity is an essential component of the quality of life for all people. Health service employers have a duty of care to protect patients/clients from any form of behaviour which violates their dignity and to maintain the highest possible standards of care.

The majority of staff working in the health service are highly motivated and caring individuals who are committed to providing the highest possible quality of care. Health service employers have a duty of care to provide staff with the necessary supervision, support and training to enable them to deliver a high-quality service and to protect staff from situations which may leave them vulnerable to allegations of abuse or neglect.

It is advisable that the Karo Director identifies and allocates senior staff to the management of each parallel process. Please note Trust in Care (Process 2) requires the Line Manager of the staff member about whom the concern has been raised or the allegation of abuse made, to undertake the Preliminary Screening (under Trust in Care).

PROCESS ONE – SERVICE SETTING APPROACH – OVERVIEW

Day One

- Staff immediately ensures safety of customer
- Staff informs the Line Manager and the Designated Officer and in his/her absence his / her nominee in Karo
- The Line Manager and other staff member (as required) assess the need for customer support/intervention and ensure the safety of the customer.
- The Karo Director and the Designated Officer will meet to review the concern / allegation.
- In the event that it is considered that a criminal offence may have occurred, the Designated Officer, or in the event of an emergency, the Line Manager contacts An Garda Síochána and any relevant others. Please note that evidence suggestive of a criminal offence must be preserved to ensure that the statutory responsibilities of An Garda Síochána are not compromised
- The Care Staff will complete the internal Karo Allegation of Abuse Form (Appendix 2) as soon as possible and return it to his / her Line Manager) or the Designated Officer.
- Line Manager / Designated Officer will record all relevant information / communication in relation to this allegation made known to him/her.

Day One – Day Three

- The Designated Officer and another staff member will undertake the preliminary screening as per HSE National Policy Vulnerable Persons at Risk of Abuse, National Policy and Procedures (2014) and all necessary actions are carried out.
- The Designated Officer and another staff member provide support to staff, as necessary.

- The Designated Officer in accordance with the HSE National Policy Vulnerable Persons at Risk of Abuse, National Policy and Procedures (2014) will complete the HSE Preliminary Screening Form and clearly outline the outcome of the screening. Please note Preliminary Screening under this National HSE policy is not an investigation. The Designated Officer will be guided by Appendix 4 Information Gathering and Recording- Guidance for DO. Please note when there is an allegation against a staff member, the preliminary screening documentation will reference the initiation of the Trust in Care Process.
- The Designated Officer notifies the HSE Safeguarding and Protection Team for Vulnerable Persons in their respective CHO's within three working days of the allegation using the HSE National Policy Vulnerable Persons at Risk of Abuse, National Policy and Procedures (2014) Preliminary Screening Documentation. An interim safeguarding plan must also be included.
- At any point in the process, it may be appropriate for The Karo Director/ Designated Officer to contact the HSE and consult with the HSE Safeguarding and Protection Team (Vulnerable Persons) or An Garda Síochána. In such instances, a written note must be kept of any such consultation.

Preliminary Screening Outcome

The outcome of the preliminary screening will be forwarded to the HSE Safeguarding and Protection Team using the HSE Preliminary Screening Documentation. The HSE Safeguarding and Protection Team must confirm their agreement with the outcome of the preliminary screening and the subsequent management of the case.

The outcome may indicate:

- No grounds for reasonable concern exist
- Additional Information required to complete the Preliminary Screening Process, Immediate safety issues addressed. An interim safeguarding plan to be put in place.
- Reasonable Grounds for Concern exist – Immediate safety issues addressed, Interim Safeguarding Plan put in place, Trust in Care Process initiated (as this allegation is specifically against a Karo staff member) – outcome of same to be forwarded to HSE Adult Safeguarding Team.

PROCESS TWO – TRUST IN CARE PROCESS (Allegation of Abuse against a Staff Member)

As the above process (Process One) is being undertaken, a parallel process i.e. Trust in Care Process is initiated. This must be undertaken in consultation with HR.

PROTECTIVE MEASURES

At an appropriate stage in the process, management should take whatever protective measures are necessary to ensure that no customer/ or staff member is exposed to unacceptable risk. These protective measures are not disciplinary measures and may include:

- providing an appropriate level of supervision
- putting the staff member off duty with pay pending the outcome of the investigation.
- The views of the staff member should be taken into consideration when determining the appropriate protective measures to take in the circumstances but the final decision rests with management.
- Putting the staff member off duty pending the outcome of the investigation should be reserved for only the most exceptional of circumstances. It should be explained to the staff member concerned that the decision to put him/her off duty is a precautionary measure and not a disciplinary sanction.

DAY ONE

- The Line Manager on Day One will where possible:
- Meet with the staff member and inform him / her of the allegation

- Inform the staff member that at this time there is no blame apportioned to him / her, and that Karo are required by the HSE to follow Trust in Care - Policy for Health Service Employers on upholding the Dignity and Welfare of Patients / Clients and the Procedure for Managing Allegations of Abuse against a staff member (2005) in the event of an allegation
- against a staff member, a) to ensure the safety of the customer and b) to afford the staff member natural justice.
- Inform the staff member that protective measures have been considered i.e. he / she will be reassigned to the office, or reassigned to work with another work colleague / other duty, until such time as the preliminary outcome is known. Advise the staff member that none of these are disciplinary measures.
- Advise the staff member if a decision is reached to put him or her off duty with full pay, that it is without prejudice, and is a precautionary measure only and not a disciplinary sanction.
- Inform the staff member that a preliminary screening is being undertaken, the outcome of which will be made known to him/her.

Preliminary Screening for Trust in Care

The purpose of the preliminary screening is to ascertain if it is possible that an abusive interaction could have occurred. The preliminary screening of the complaint should be carried out by the immediate line manager of the person against whom the allegation is made.

Under no circumstances should the preliminary screening attempt to establish whether or not the abuse actually occurred.

The line manager's role with regard to preliminary screening must include the following:

- The line manager must immediately notify the staff member against whom the complaint is made of the details of the allegation and advise him/her that a preliminary screening process is being undertaken. The staff member must be advised in advance of his/her right to be accompanied at this meeting by a work colleague.
- The line manager must ensure that the details of the alleged or suspected abuse are documented. The line manager must arrange for a physical or psychological assessment of the customer to be carried out where appropriate.
- The line manager must consult with another member of management or appropriate professional colleague before he/she makes a final decision as to whether or not an abusive interaction could have occurred.
- Trust in Care - Preliminary Screening Outcome
- An abusive interaction could not have occurred:
- No further action is warranted.

The Line Manager will inform the staff member that the following will be recorded if the preliminary screening indicates that an abusive interaction could not have occurred and no further action is warranted:

- The decision will be stated in the staff members personnel file.
-
-
- The record will contain details of the precise nature of the allegation and state that a preliminary screening in respect of the complaint has been carried out in line with Trust in Care.
- The decision made by the Line Manager and other senior staff member who carried out the preliminary screening that an abusive interaction could not have occurred and the rationale for their decision not to proceed to formal investigation documented.
- A report with both sets of signatures recorded, dated and kept on file.
- The purpose of the above record is to protect the staff member's reputation.
- Reasonable Grounds for Concern Exist – An Abusive Interaction Could Have Occurred

- If the preliminary screening indicates that an abusive interaction could have occurred, then the matter should be referred to senior management who will decide whether the employee has a case to answer. If it is decided that it warrants a formal investigation, an investigation will be established.
- Internal and external expertise may be utilised in relation to the investigation, as appropriate. Please note Karo will consult with HR

In the event of a formal investigation, the Line Manager must:

- Arrange a meeting with the staff member to advise him / her of his / her intention to carry out an investigation.
- Advise the staff member of his/ her right to be accompanied to any meeting by a work colleague.
- Provide the staff member with the details of the allegation at the meeting and afford him / her an opportunity to make an initial response if he/ she so wishes.
- Inform the staff member as to what happens next and advise him / her not to make contact with the complainant.
- Advise the staff member with regard to any support and counselling services that are available.
- Principles Governing the Investigation Process
- The investigation will be conducted thoroughly and objectively in strict accordance with the terms of reference and with due respect for the rights of the complainant and the rights of the staff member to be treated in accordance with the principles of natural justice
- The investigation team will have the necessary expertise to conduct an investigation impartially and expeditiously. Where appropriate, the investigation team may request appropriately qualified persons to carry out clinical assessments, validation exercises etc. Please note external expertise may be required.
- Confidentiality will be maintained throughout the investigation to the greatest extent possible, consistent with the requirements of a fair investigation. It is not possible however to guarantee the anonymity of the complainant or any person who participates in the investigation
- A written record will be kept of all meetings and treated in the strictest of confidence.
- The investigation team may interview any person who they feel can assist with the investigation. Staff are obliged to co – operate fully with the investigation process and will be fully supported throughout the process.
- Staff who participate in the investigation process will be required to respect the privacy of the parties involved by refraining from discussing the matter with other work colleagues or persons outside the organisation.
- It will be considered a disciplinary offence to intimidate or exert pressure on any person who may be required to attend as a witness or to attempt to obstruct the investigation process in any way.

Steps in Conducting the Investigation

- The Karo Director will consult with HR at all times during this process.
- The Karo Director will appoint the investigation team. This team will be agreed by all parties.
- The team must have the necessary expertise to participate in such an investigation. Some team members may be external to the organisation.
- Where there are reasonable grounds to suspect that a criminal act has been committed, the Karo Director must report this immediately to the Gardaí.
- Where the Gardaí are notified, Karo may conduct its own independent investigation parallel to the criminal investigation.
- The investigation will be governed by clear terms of reference based on the written complaint and any other matters relevant to the complaint.

The terms of reference shall specify the following:

- The investigation will be conducted in accordance with the Trust in Care Policy (2005)
- The timescale within which the investigation will be completed

- The investigation team may set time limits for completion of various stages of the procedure to ensure the overall timescale is adhered to;
- Scope of the investigation i.e. the investigation team will determine whether or not the complaint has been upheld and may make recommendations (other than disciplinary sanction) where appropriate.
- The staff member against whom the complaint is made will be advised of their right to representation and given copies of all relevant documentation prior to and during the investigation process, i.e. Complaint and Witness statements (if any).
- The investigation team will interview any witnesses and any other relevant persons. Confidentiality will be maintained as is reasonably practicable.
- Persons may be required to attend further meetings to respond to new evidence or provide clarification on any of the issues previously raised.
- The investigation team will form preliminary conclusions based on evidence gathered in the course of the investigation and invite any person adversely affected
- by these conclusions to provide additional information or challenge any aspect of the evidence.
- On completion of the investigation, the investigation team will form its final conclusions based on the balance of probabilities and submit a written report of its findings and recommendations to the Karo Director.
- The staff member against whom the complaint is made will be given a copy of the investigation report and an opportunity to comment before any action is decided upon by management.

INVESTIGATION OUTCOME - Abuse has not occurred

If the complaint is not upheld, the Karo Director must ensure that the reputation of and career prospects of the staff member concerned are not adversely affected by reason of the complaint having been brought against him/her.

- The staff member may be offered counselling and any other support necessary to restore his/ her confidence and morale.
- The staff member who made the complaint must be reassured that management appreciated that the complaint was made in good faith.
- A review of systems must be carried out where deficiencies have been identified.

Abuse has occurred

If the complaint is upheld, the matter will be referred to the Karo Director who is authorised to take disciplinary action up to and including dismissal.

- Where abuse is found to have occurred, this can have an adverse effect on staff morale. Assistance should be made available to staff who have been affected by the allegation to help them to come to terms with what has happened and to restore a normal working environment.
- A review of systems must be carried out where deficiencies have been identified. The Karo Director will provide a copy of the investigation report to the staff member and an opportunity is given for him / her to comment prior to any action being decided upon.
- The staff member whom the allegation was made against, must be advised of what will happen next, including where necessary, progressing the issue through the Disciplinary Process.

The Defence of Qualified Privilege

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. The defence 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: a 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 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 HR manager or some specially designated person) his bona fide suspicion that a fellow employee may have committed an act of abuse in the course of the latter's employment.

Where it is found that a report of abuse was brought maliciously, the staff member who made the complaint should be dealt with under the disciplinary procedure.

*It must be noted that an allegation of abuse against an employee is an employment matter which must be investigated by Karo itself. The standard of proof required in criminal proceedings, ("Beyond reasonable doubt") is higher than that required in investigations carried out by the health care agencies in the context of the employer – employee relationship.

Karo must be satisfied "on the balance of probabilities" that the alleged abuse occurred but does not have to prove the case beyond all reasonable doubt. In other words, Karo must form a reasonable belief that the employee committed the alleged abuse and instigate the disciplinary process accordingly.

Please note as per Appendix Four of "Trust in Care" policy an employee who is the subject of investigative/disciplinary proceedings instigated by the employer does not have the right to silence.

Service Setting Approach - Trust in Care Process

Practice Requirements for other work scenarios that may arise.

Allegation of Abuse made against a Karo Staff Member while working on behalf of Karo with another service provider

In this instance the safeguarding and protection of the customer / service user is the sole responsibility of that service provider. The allegation against the staff member must be managed by Karo using the Trust in Care Process as outlined in the Flow Chart and documentation above. It would be the expectation of Karo that any relevant information pertaining to this case is provided to Karo by that service provider to support the Trust in Care Process. This must be agreed by both parties prior to the commencement of the working relationship.

Karo Staff member informed of concern or allegation of abuse during his / her working day when working with another service provider.

In this scenario, the Karo staff member must report the concern immediately to the Manager where he or she is working and comply fully with that service provider's internal reporting process for concerns raised or allegations pertaining to abuse made.

In addition, the staff member must also report this concern /allegation to the Karo Designated Officer / Clinical Nurse Manager and advise him / her of the internal process he / she followed with regard to this concern. Any such reports from Karo staff must be recorded and dated with the signature of the Designated Officer / Clinical Nurse Manager in receipt of such reports.

Out of Hours

In the event of a concern raised or an allegation pertaining to abuse made during out of hours, the staff member will immediately inform the Karo out of hour's person on call for the specific franchise. This staff member may guide the process or immediately contact the Karo Director / Nominee. Please note local arrangements must be put in place in relation to this scenario.

Please note in the event of an emergency Gardaí may be contacted by any Karo Staff member.

Appendix 4 Allegation of Abuse Notification Form Internal

The form should be completed to record any allegation of suspected abuse.

To be completed by the person who (a) observes or suspects the alleged abuse OR (b) whom it is initially reported to.

PART A - REPORT DETAILS (to be completed by person who observed/suspected, or was in receipt of allegation report.

Customer's Name/ID			
Address			
Date of Birth			
Date of Alleged Abuse		Time of Alleged Abuse:	
Location of Alleged Abuse			

Record the Detail of the Alleged Abuse (include witnesses if applicable. Be as descriptive as possible):

(Please use Continuation Sheet if necessary)

Name, Job Title and Signature of Person completing this form

Full Name	
Job Title	
Signature	
Date	

Part B - To be completed by the Clinical Nurse Manager/ Line Manager

Time and date I was notified of alleged abuse	
Time and date that I verbally notified Designated Officer	

Name, Job Title and Signature of Clinical Nurse Manager/Line Manager who has received this form

Full Name	
Job Title	
Signature	
Date	

Part C - To be completed by Designated Officer

Date and Time I was notified of alleged abuse:

Date and Time I received this form:

Name, Job Title and Signature of Designated Officer who has received this form

Full Name	
Job Title	
Signature	
Date and Time	

Additional guidelines on how to handle a Disclosure of abuse

An adult in your care may disclose to you that they have been abused in some way. In the case of vulnerable adults, this may not always be a clear disclosure.

The way you respond to any such disclosure is very important.

Remain calm, remember that the individual may be telling you this because they have a trusting relationship with you. It is important that you do not panic but respond as calmly as possible.

- Be aware that this is likely to be very difficult for the person making the disclosure
- Be aware that in the event of the individual having an intellectual disability/capacity difficulty they may not be aware of the seriousness of what they are saying.
- Be aware that the individual may be checking your reactions before opening up further.
- The most important thing that you can do is **listen** allow him or her to tell you in their own words, at their own pace.
- Avoid asking leading questions. Examples of leading questions are: “Was it John who did that to you?” or “Did you get that bruise when she slapped you?” While keeping questions to a minimum, questions you ask should be for clarification or support only, “When did it happen”, “Is the cut sore”.
- Remember it is not your job to interview the person. It is your job to listen and to let them tell you what they need to tell you.
- Do not make any suggestions about what happened or why. These could put ideas into the individual’s mind and taint the follow-up investigation.
- Give the individual assurance that you believe them and that they were right to tell
- Avoid expressing any judgement on or anger towards the alleged perpetrator while talking to the individual as they may be very close to this person and find it very difficult to disclose.
- It may be necessary to reassure the individual that you do not feel in any way negative towards them as the result of what they have told you.
- Do not promise to keep secrets. At the earliest opportunity, it is important that you:
 - a) Advise them that they were right to tell and that you are glad that they trusted you enough to tell you.
 - b) Advise them that some secrets cannot be kept as keeping them would make things worse. The most important thing is that the abusive behaviour stops and that the individual is protected.
 - c) It is important to be honest with the individual so that they continue to trust you.
- On no account should you confront the alleged perpetrator.
- Do not make any promises to the individual that you may not be able to keep.

(Adopted from the National Association for Deaf People Client Protection Policy)

Information Gathering and Recording Guidance for the Designated Officer Seek/Record

- The views of the person(s) referred and their capacity to make decisions
- Details of any immediate actions that have taken place (including any emergency or medical needs)
- An overview of persons health and care needs; to include communication needs, access needs, support and advocacy needs
- GP details and any other relevant health care professionals
- Details of other services/professionals involved
- Name of main carer (where applicable) or name and contact details of organisation providing support
- Check details to ensure that the referral is not a duplicate referral
- Check if other teams, services/ allocated workers are involved with the persons referred or alleged perpetrator(s)
- Checks for previous concerns of abuse and/or neglect with regards to the alleged perpetrator

Appendix 5 - Building Blocks for Safeguarding and Promoting Welfare

Prevention

While research on what works to prevent abuse in practice has, to date, focussed primarily on children, people with intellectual disabilities, older persons and institutional settings, the Commission for Social Care Inspection (CSCI) identified some of the following building blocks for prevention and early intervention.

- People being informed of their rights to be free from abuse and supported to exercise these rights, including access to advocacy
- A well-trained workforce operating in a culture of zero tolerance to abuse.
- A sound framework for confidentiality and information sharing across service providers Needs and risk assessments to inform people's choices
- A range of options for support to keep people safe from abuse tailored to people's individual needs Services that prioritise both safeguarding and independence
- Multi-disciplinary team work, interagency co – operation and information sharing.

Risk Management

Each organisation must have an effective procedure for assessing and managing risks with regard to safeguarding. In assessing and managing risks, the aim is to minimise the likelihood of risk or its potential impacts while respecting an ambition that the individual is entitled to live a normalised life to the fullest extent possible.

In safeguarding terms, the aim of the risk assessment and management is to prevent abuse occurring, to reduce the likelihood of it occurring and to minimise the impacts of abuse by responding effectively if it does occur.

With regard to Risk Management please note:

- The assessment and management of risk should promote independence, real choices and social inclusion of vulnerable adults
- Risks change as circumstance change
- Risks can be minimised but not eliminated
 - Identification of risk carries a duty to manage the identified risk
- Involvement with vulnerable persons, their families, advocates and practitioners from a range of services and organisations helps to improve the quality of risk assessments and decision making
- Defensible decisions are those based on clear reasoning
- Risk taking can involve everybody working together to achieve desired outcomes
- Confidentiality is right but not an absolute right, and it may be breached in exceptional circumstances when people are deemed to be at risk of harm or it is in the greater public interest.
- The standards of practice expected of staff must be made clear by their team manager/ supervisor.
- Sensitivity should be shown to the experience of people affected by any risks that have been taken and where the event has occurred.

Principles

The following principles are critical to the safeguarding of vulnerable persons from abuse

- Human Rights
- Person Centeredness
- Culture
- Advocacy
- Confidentiality

- Empowerment
- Collaboration

Human Rights

All persons have a fundamental right to dignity and respect. Basic human rights including rights to participation in society, are enshrined in the Constitution and the laws of the State.

Historically, vulnerable persons may have been isolated from their communities and professional personnel played a major role in their support network. As a result, vulnerable persons may have limited resources of outside assistance, support or advocacy to safeguard them from abuse and to support them if they are ever victimised. It is crucial to provide opportunities for individuals that will expand their relationships and promote community inclusion.

The National Standards for Residential Services for Children and Adults with Disabilities (HIQA 2013- Standard 1.4.2) requires service providers to ensure that: “People are facilitated and encouraged to integrate into their communities. The centre is proactive in identifying and facilitating initiatives for participation in the wider community, developing friendships and involvement in local social, educational and professional networks”

Person Centeredness

Person Centeredness is the principle which places the person as an individual at the heart and centre of any exchange concerning the provision or delivery of a service. The focus is on his or her choices, goals, dreams, ambitions and potential with the service seen as supporting and enabling the realisation of the person’s goals rather than a person fitting into what the services or systems can offer. This approach highlights the importance of partnerships and recognises the need for continuous review and redevelopment of plans to ensure that they remain reflective of the persons current needs and that they do not become static. Care Planning is a foundation for all effective services and the means to realising the principle of person centeredness. It needs to include the person (customer) their family/ advocate, and the staff that support the individual with their needs.

Culture

“Culture manifests what is important, valued and accepted in an organisation. It is not easily changed not is it susceptible to change merely by a pronouncement, command or the declaration of a new vision. At its most basic it can be reduced to the observation the way things are done around here”

Key to successful safeguarding of vulnerable persons is an open culture with a genuinely person- centred approach to care/support, underpinned by a zero-tolerance policy towards abuse and neglect. It is imperative that service providers create and nurture an open culture where people can feel safe to raise concerns. The importance of good leadership and modelling of good practice is essential in determining the culture of services.

Karo in addition to their policy *Safeguarding Vulnerable Adults who are at risk of Abuse*, must also have in place a comprehensive framework of organisational policies and procedures that ensures good practice, and creates a strong culture of safeguarding.

The following are some of the policy areas that assist an organisation in the safeguarding of vulnerable persons:

- Recruitment/ Induction/ Supervision/ Training
- Intimate and Personal Care
- Safe Administration of Medication
- Management of service user’s money and property
- Behavioural Management
- Control and Restraint

Complaints

- Lone Working
- Incident Reporting
- Confidentiality
- Bullying and Harassment
- Personal Development to include friendships and relationships.

Advocacy

Advocacy assumes the role in enabling people to know their rights and voice their concerns. The role of an advocate is to ensure that individuals have access to all the relevant and accurate information to allow them to be able to make informed choices.

Advocacy is one of the ways of supporting and protecting vulnerable persons. Advocacy services may be preventative in that they can enable vulnerable persons to express themselves in potentially, or actually abusive situations.

It must be noted that while families and service providers can be great supporters and often are informal advocates, it may be necessary to have access to independent advocacy. This may be due to the potential for conflict/ disagreement among family members and/or service providers and the vulnerable person.

The purpose of advocacy is to:

- Enable people to seek and receive information, explore and understand their options, make their wishes and views known to others and make decisions for themselves
- Support people to represent their own views, wishes and interests, especially when they find it difficult to express them.
- Ensure that peoples' rights are respected by others
- Ensure that peoples' needs and wishes are given due consideration and acted upon
- Enable people are involved in decisions that would other-wise be made for them by others.
- The National Standards for Residential Services for Children and Adults with Disabilities (HIQA Jan 2013) require that:

"Each person is facilitated to access citizen's information, advocacy services or an advocate of their choice when making decisions, in accordance with their wishes"

It should be noted that there are many types of advocacy that can help support vulnerable persons which should be considered by service providers:

Informal, Self, Independent, Citizens, Peer, Legal, Group, Professional, and Public policy.

Confidentiality

All vulnerable persons must be secure in the knowledge that all information about them is managed appropriately and that there is a clear understanding of confidentiality among all staff.

The effective safeguarding of a vulnerable person often depends on the willingness of the staff in statutory and voluntary organisations involved with vulnerable persons to share and exchange relevant information. It is, therefore critical that there is a clear understanding of professional and legal responsibilities with regard to confidentiality and sharing of information.

All information regarding concerns or allegations of abuse or assessments of abuse of a vulnerable person should be shared on "a need to know" basis in the interests of the vulnerable person, with the relevant statutory authorities and relevant professionals.

No undertakings regarding secrecy can be given. Those working with vulnerable persons should make this clear to all parties involved. However, it is important to the wishes of the vulnerable person as much as is reasonably practical.

Ethical and statutory codes concerned with confidentiality and data protection provide general guidance. They are not intended to limit or prevent the exchange of information between professional staff with a responsibility for ensuring the protection and welfare of vulnerable persons.

It is possible to share confidential information with the appropriate authorities without breaching data protection laws. Regard should be had for the provisions of the Data Protection Acts when confidential information is to be shared. If in doubt legal advice should be sought.

The Criminal Justice (Withholding of information on Offences against Children and Vulnerable Persons) Act 2012 came into force August 1st 2012. The main purpose of the act is to create a criminal offence of withholding information on certain offences against children and vulnerable persons from An Garda Síochána.

An offence is committed when a person who knows, or believes, that one or more offences has been committed by another person against a child or vulnerable person and the person has information which they know or believe might be of material assistance in securing apprehension, prosecution or conviction of that other person for that offence, and fails without reasonable excuse to disclose that information as soon as it is practicable to do so to a member of An Garda Síochána.

Empowerment

This principle recognises the right of all persons to lead as independent a life as possible. Every possible support should be provided in order to realise that right. Self-directedness recognises the right of the individual to self-determination in so far as is possible, even if it entails some degree of risk.

Abiding by this principle means ensuring that risks are recognised, understood and minimised as far as possible, while supporting the person to pursue their goals and preferences.

Future Health: A strategic Framework for the Reform of the Health Service 2012 – 2015 places a focus on a shift towards service provision in the community and a move towards mainstream services rather than segregated services. The Social Care Division of the HSE is committed to promoting a culture of trust, respect, dignity, honest communication and positive risk management for all who receive and provide supports.

Effective prevention in safeguarding is not about over – protective paternalism or risk averse practice. Instead, the prevention of abuse should occur in the context of person-centred support and personalisation, with individuals empowered to make choices and supported to manage risk.

Collaboration

Interagency collaboration is an essential component to successful safeguarding.

A number of key features have been identified to promote good interagency collaboration such as:

- Leadership commitment to collaboration
- Team working on a multidisciplinary level
- A history of joint working/joint protocols
- Development of information sharing processes.
- Perceptions of good will and positive relationships
- Mutual understanding and shared acknowledgement of the importance of adult protection.
- It is imperative that all service providers develop, support and promote interagency collaboration as a key component of adult safeguarding.

Complaints

Things can and do go wrong in any service. People may instinctively regard complaints as a comment on personal performance. However, the appropriate handling of complaints is an integral part of good governance and risk management. The first step for any organisation is to ensure that proper and effective complaint handling procedures are in place.

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

In January 2017, a new statutory complaints system for the HSE (Your Service, Your Say) came into effect. This system allows anyone receiving public health or personal social services to make a complaint about the actions or failures of the HSE. The complaints system also covers service providers with HSE contracts who provide health or personal social services on behalf of the HSE. Part 9 of the Health Act, 2004, outlines the legislative requirements to be met by the HSE and the relevant service providers in the management of complaints.

Complaints procedures provide an opportunity to put things right for service users and their families. They also are a useful additional means of monitoring the quality of service provision. Complaints are best dealt with through local resolution where the emphasis should be on achieving quick and effective resolutions to the satisfaction of all concerned. Vulnerable persons may need particular support to use a complaints procedure.

Constructive comments and suggestions also provide a helpful insight into the existing problem and offer new ideas which can be used to improve services and provide an opportunity to establish a positive relationship with the complainant and to develop an understanding of their needs.

Complaints should be dealt with in a positive manner, lessons should be learned and changes made to systems or procedures where this is considered necessary. Complaint handling systems should be strongly supported by management and reviewed and adjusted where necessary on a regular basis.

Accidents, Incidents and Near Misses

Lessons can be learned from accidents, incidents and/or near miss. As a result, organisations should have in place a procedure for reporting accidents, incidents and near misses that occur.

Accidents, incidents and near misses, particularly those which are recurring, can be indicators of organisational risk, including risk to safeguarding, which needs to be managed. A policy for incident reporting should be in place and this must be compliant with the HSE *Safety Incident Management Policy*. (2014)

Appendix 6

Good Report Writing Guidelines

- It is good practice to write reports as soon as possible after the event or concern arises. This should take place at least before the end of the day or shift
- When writing a report, it is important to be as factual as possible. Avoid emotive language, always keep in mind that your report may be viewed by a third party.
- Write your report in a clear and factual way.
- State when the incident occurred/concern arose – time and date, how long it lasted.
- Describe where this happened.
- Describe who was involved in the incident or event, their behaviour, what they did and what they said, what you did and what you said.

- Write in a positive and respectful manner.
- Avoid blaming the person or interpreting actions.
- Describe what you have seen or heard rather than your feelings about what you saw or heard. If you are having difficulty describing an incident, discuss it with your line manager who will help you to do so more clearly.

Appendix 7

HSE Referral Form

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)

