



## **SAFEGUARDING VULNERABLE ADULTS POLICY**

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## SAFEGUARDING VULNERABLE ADULTS POLICY

### 1.Statement for Making Connections

*In accordance with the HSE Safeguarding Vulnerable Persons at risk of Abuse National Policy and Procedures (2014) the HSE recommends that every organisation working directly with 'Vulnerable Adults' should have a Safeguarding Statement that is clearly displayed in all of its main offices.*

The Policy Statement and Procedures have been drawn up to:

- Promote good practice and work in a way that can prevent harm, abuse and coercion occurring;
- Ensure that any allegations of abuse or suspicions are dealt with appropriately and the person experiencing abuse is supported;
- Ensure that volunteers or staff reporting abuse are supported.

The policy covers all staff and volunteers (and acknowledging the key role our volunteers play in delivering our befriending services) who are regularly in contact with vulnerable adults. The key messages are:

- *Volunteers and staff have a duty to take action to protect the vulnerable adult if they are at risk*
- *Volunteers and staff should not have to cope alone and will be actively supported by the Making Connections Designated Safeguarding Officer*

### Our commitments to safeguard service users

- 1) **We have a zero tolerance towards abuse and will not tolerate any form of abuse wherever it occurs or whoever is responsible.**
- 2) Developing positive relationships between staff/volunteers and service users is a core value in Making Connections. The development of such relationships rely on all staff/volunteers being aware that the very foundation on which such relationships are built is based on respect for, and dignity of, each individual. The key message of this policy is that safeguarding vulnerable persons is a responsibility for all frontline staff.
- 3) We follow strict recruitment policies and practices for paid staff and volunteers, ensuring that references are followed up and recorded and that adequate training on Safeguarding Adults is provided for staff and volunteers as may be necessary. It is a requirement that staff and volunteers provide evidence of their ID, have two references and that Garda Vetting procedures are complied with and the outcome recorded.
- 4) Abuse is a violation of that relationship and an of individual's human and civil rights. The staff/volunteers in Making Connections are committed to practices which promote the welfare of all our service users, uphold their rights and safeguard them from harm.

- 5) We accept and recognise our responsibilities to inform ourselves of the issues that cause harm and to establish and maintain a safe, person-centred environment for those we serve. We are committed to promoting an atmosphere of inclusion, openness and transparency and greatly welcome feedback from the people who use our services, their families, carers, and our volunteers/staff so that we can continue to try to improve our services.
- 6) We will strive to safeguard those who use our services by adhering to the HSE Safeguarding Policy – Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures, 2014.
- 7) The Designated Safeguarding Officer for the protection of vulnerable adults in Making Connections is:
  - Name: Mary O Donohue
  - Role: Executive Director, Making Connections
  - Work telephone number: 01 2951053
  - Mobile Number: 087 2058074
  - Email: maryodonohue@makingconnections.ie

As Making Connections relies on volunteers for their befriending services, it is recognised that the main responsibility of a volunteer, who is acting in an unpaid/voluntary capacity, is to notify the Making Connections Designated Safeguarding Officer immediately if they have any concerns about abuse and the procedures below should be read in that context. The Designated Safeguarding Officer has responsibility for ensuring that appropriate advice is sought from the HSE Safeguarding and Protection Team (Vulnerable Persons) and that the correct procedures and referrals are pursued on foot of the reporting of any concern by a volunteer or by an older person.

## 2. Introduction and Context

Making connections is a registered Charity whose mission is to alleviate loneliness in the community, primarily by offering and managing a befriending service and Cultural events which brings volunteers and older, vulnerable adults together in a mutually beneficial relationship. The service is for people aged 65 and over in communities throughout Dublin South. Changes associated with getting older such as bereavement, retirement, driving cessation and decline in physical and mental health, can reduce one's social network. This can lead to a void and cause loneliness or isolation.

We match volunteers with older people who would like companionship, conversation and cultural and social outings. Our volunteers will meet up with the older person for 1-2 hours a week or as required. The service is about social support and it is not a sitting service, a replacement for home support, nursing staff or family.

Prior to the outbreak of COVID19, Making Connections core activity was Befriending as described above. As a result of COVID19, Government/HSE guidelines on entering people's homes are changing frequently and we adapt our Befriending and Support services to align with these guidelines. From 2020, we have been recruiting for the following roles which usually involve a weekly commitment:

- Befriending visits blended with phone support if visits are restricted
- Phone Support calls
- Shopping / Pharmacy collection/ other tasks
- Delivery of meals

Making Connections has one paid staff member and otherwise relies on volunteers for the delivery and support of its services.

This Safeguarding Vulnerable Persons Policy, builds on, and incorporates, existing policy for the effective management of Elder Abuse. In developing this Safeguarding Vulnerable Policy, the Charity has considered the rules and guidelines set out in the following documents:

- Safeguarding Vulnerable Persons at Risk of Abuse-National Policy & Procedures, 2014, issued by the HSE.

This Policy should be read in conjunction with the following Making Connections policies:

- Volunteer Handbook
- Volunteer Recruitment Policy
- Volunteer Agreement/Code of Conduct
- Safety Statement and Risk Assessments
- Dignity at Work Policy
- Confidentiality Policy
- GDPR/Data Protection
- Any other relevant policies that the organisation has in place.

### 3. Definitions

**Vulnerable Adult:** For the purposes of this Policy and Procedures, the HSE (Social Care Division) considers a vulnerable adult to be:

- A person over the age of 18 years who is restricted in capacity to guard himself/herself against harm or exploitation, or to report such harm or exploitation.

Vulnerable adults may also be:

- Receiving or in need of community care services because of learning, physical or mental disability, age, or illness;
- Unable to take care of themselves or protect themselves against significant harm or exploitation.

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

**Designated Safeguarding Officer:** The named person in an organisation to whom concerns of abuse must be reported. In Making Connection the Designated Safeguarding Officer for the protection of vulnerable adults is:

- Name: Mary O Donohue
- Role: Executive Director, Making Connections
- Work telephone number: 01 2951053.
- Mobile number: 087 2058074
- Email: [maryodonohue@makingconnections.ie](mailto:maryodonohue@makingconnections.ie)

**HSE Safeguarding and Protection Team (Vulnerable Persons):** The area based HSE teams who should be contacted in the event of an abuse disclosure/incident, or for support and advice on implementing this policy and procedures, The relevant person and HSE team for Making Connections is:

Wicklow, Dun Laoghaire and Dublin South East

Contact: Mr. Tony McCusker, Ballinteer Health Centre, Ballinteer Avenue, Ballinteer, Dublin 16. Tel: 01 2164511 Email: [Safeguarding.cho6@hse.ie](mailto:Safeguarding.cho6@hse.ie)

#### 4. Rights and Responsibilities

##### ***Responsibilities of Making Connections***

- To have a comprehensive up to date Safeguarding Vulnerable Adults policy
- To make relevant policies available throughout the organisation.
- To appoint a **designated officer** with specific responsibility for managing any issues of concern in relation to abuse.
- Have a written procedure in place for implementing the vulnerable adult protection policy
- Having proper investigative and disciplinary procedures in place to respond to breaches of policies, procedures, protocols or guidelines.
- To ensure staff and volunteers are aware of the adult protection policy, are adequately trained and are aware of their responsibilities under the policies
- To manage services in a way which promotes safety and prevents abuse
- To recruit staff and volunteers safely, ensuring all necessary checks are made
- To provide effective management for volunteers through training supervision, support
- To ensure that all referrals to services have full information in relation to identified risk and vulnerability
- To provide further training where necessary on the area of abuse and the protection of vulnerable adults
- To clarify with the volunteer their roles and responsibilities regarding their relationships with vulnerable adults with whom they may be in contact
- To keep up to date with national developments relating to preventing abuse and welfare of adults
- To ensure that all staff including volunteers and trustees are aware of what they should do and who they should go to if they have concerns that a vulnerable adult may be experiencing, or has experienced abuse or neglect

- To ensure that concerns are acted on, clearly recorded and referred to the relevant social services where needed
- To reinforce the utmost need for confidentiality and to ensure that staff and volunteers are adhering to good practice with regard to confidentiality and security
- To ensure that volunteers working directly with service users who have experienced abuse, or who are experiencing abuse, are well supported and receive appropriate supervision
- To ensure the safety and well-being of people who do not have the capacity to decide how they want to respond to abuse that they are experiencing
- To inform service users that where a person is in danger, a child is at risk or a crime has been committed then a decision may be taken to pass information to another agency without the service user's consent

#### ***Responsibilities of Making Connections staff/volunteers***

- To be familiar with the adult protection policy and procedures
- To take appropriate action in line with the policies of Making Connections
- To declare any existing or subsequent convictions

#### ***Rights of those who report abuse***

- That their complaint, allegation or concern will be taken seriously
- Their comments will be treated confidentially, but their concerns may be shared if they or others are at significant risk
- If service users, they will be given immediate protection from the risk of reprisals or intimidation
- If a volunteer or staff member, they will be given support and afforded protection if necessary

#### ***Rights of the Vulnerable Adult***

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

- Seek redress through appropriate agencies.

#### **Making Connections will ensure that:**

- All relevant staff and volunteers are familiar with this policy and procedures;
- It acts within its confidentiality and data protection/GDPR policies and will only share information about them with another agency where there is a legal duty to disclose or there is a risk to health and safety;
- It makes a referral to the services as and when appropriate;
- The Designated Safeguarding Officer understands his/her responsibility to refer incidents of adult abuse to the relevant statutory agencies (Gardaí/ HSE).

#### **5. Recognising the signs and symptoms 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. A person may experience more than one form of abuse at any one time. The following are the main categories/types of abuse:

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

Abuse may take a variety of forms. This definition excludes self-neglect, which is an inability or unwillingness to provide for oneself. However, the HSE in its national Policy Framework acknowledges that people/organisations may come into contact with individuals living in conditions of extreme self-neglect which may also need to be addressed (see section 10).

#### **Who may abuse?**



Abuse can happen anywhere and can be carried out by anyone. People who behave abusively come from all backgrounds and walks of life:

- Anyone who has contact with a vulnerable person may be abusive, including a member of their family, community or a friend, volunteer, informal carer, healthcare/ social care or other worker;
- Familial abuse of a vulnerable person by a family member;
- Professional abuse misuse of power and trust by professionals and a failure to act on suspected abuse, poor care practice or neglect;
- Peer abuse, for example, of one adult with a disability by another adult with a disability;
- Stranger abuse – abuse by someone unfamiliar to the vulnerable person.

## **6. Responding to people who have experienced or are experiencing abuse**

**As Making Connections relies on volunteers for their befriending services, it is recognised that the main responsibility of a volunteer, who is acting in an unpaid/voluntary capacity, is to notify the Making Connections Designated Safeguarding Officer immediately if they have any concerns about abuse and the procedures below should be read in that context. The Designated Safeguarding Officer has responsibility for ensuring that appropriate advice is sought from the HSE Safeguarding and Protection Team (Vulnerable Persons) and that the correct procedures and referrals are pursued on foot of the reporting of any concern by a volunteer or by an older person.**

Making Connections recognises that it has a duty to act on reports, or suspicions of abuse or neglect. It also acknowledges that taking action in cases of adult abuse is never easy. Volunteers or staff with concerns should discuss these discreetly with the Designated Safeguarding Officer as soon as possible after the abuse or suspicions of abuse are observed. Should she be unavailable then the volunteer should contact HSE Safeguarding and Protection Team (Vulnerable Persons).

### **Designated Safeguarding Officer:**

- Name: Mary O Donohue
- Role: Executive Director, Making Connections
- Work telephone number: 01 2951053.
- Mobile number: 087 2058074
- Email: maryodonohue@makingconnections.ie

### **HSE Safeguarding and Protection Team (Vulnerable Persons):**

Wicklow, Dun Laoghaire and Dublin South East

Contact: Mr. Tony McCusker, Ballinteer Health Centre, Ballinteer Avenue, Ballinteer, Dublin 16. Tel: 01 2164511 Email: [Safeguarding.cho6@hse.ie](mailto:Safeguarding.cho6@hse.ie)

**Remember, in situations of immediate danger, the volunteer should contact the relevant emergency services first and foremost.**

The Designated Safeguarding Officer must:

- Note your concerns and any information given to you or witnessed by you as soon as possible
- Approve actions to be taken and any documentation or correspondence being sent out.
- Decide whether the situation might fall within the definitions of abuse outlined in this policy
- Consider the vulnerable adult's capacity to make decisions
- Decide any immediate action required
- Decide if an investigation is needed regarding Making Connections personnel policies and procedures
- Where abuse is suspected, make a referral to the appropriate agency
- Act within Making Connections confidentiality policy. If appropriate gain permission from service users before sharing information about them with another agency
- Follow up any referrals and ensure the issues have been addressed
- If it is appropriate and there is consent from the individual, or there is a good reason to override consent, such as risk to any person, a referral (alert) will be made to the appropriate service. If the individual experiencing abuse does not have capacity to consent, a referral will be made without that person's consent, in their best interests.

### **Dealing with an allegation of abuse by an older person**

How to respond if you receive an allegation from an older person you are visiting or have contact with:

- Reassure the person concerned;
- Listen to what they are saying;
- Record what you have been told/witnessed and inform the Designated Safeguarding Person in Making Connections (see Incident Report Form Appendix 1 for Guidance on recording);
- Remain calm and do not show shock or disbelief;
- Assure them that the information will be treated seriously;
- Do not start to investigate or ask detailed or probing questions;
- Do not promise to keep it a secret.

If you witness abuse, or if abuse has just taken place, the priorities will be to:

- Call an ambulance, if required;
- Call the Gardaí, if a crime has been committed;
- Preserve evidence;
- Keep yourself and the older person safe;
- Inform the Designated Safeguarding Officer in Making Connections;

### **Dealing with concerns of abuse**

A concern regarding fears or allegations of abuse of a vulnerable person may come to light by means of:

- Direct observation of an incident of abuse;
- Disclosure by a vulnerable person;
- Disclosure by a relative/friend of the vulnerable person;
- Observation of signs or symptoms of abuse;
- Anonymous reporting;
- A complaint through the HSE or agency/organisation complaints' process.

The alleged perpetrator may be, for example, a family member, a member of the public, an employee of the HSE, a volunteer, or in another organisation providing services. Abuse can take place anywhere including in the person's own home or other community setting. If unsure whether an incident constitutes abuse or warrants actions, the Safeguarding and Protection Team (Vulnerable Persons) is available for consultation.

The following are key responsibilities and actions for any staff member or volunteer who has a concern about the abuse or neglect of a vulnerable adult. These responsibilities must be addressed on the same day as the alert is raised.

- Immediate protection: take any immediate actions to safeguard anyone at immediate risk of harm, including seeking medical assistance or the assistance of An Garda Síochána, as appropriate;
- Listen, reassure and support: if the vulnerable adult has made a direct disclosure of abuse, or is upset and distressed about an abusive incident, listen to what they say and ensure that they are given the support needed;
- Volunteers or staff with concerns should discuss these discreetly with the Designated Safeguarding Officer as soon as possible after the abuse or suspicions of abuse are observed. Should she be unavailable then the volunteer should contact HSE Safeguarding and Protection Team (Vulnerable Persons).

**Do not:**

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

**Detection and Prevention of Crime:**

**Where there is a concern that a serious criminal offence may have taken place, or a crime may be about to be committed:**

- Contact An Garda Síochána immediately;
- Record evidence (see Incident Report Form Appendix 1);
- Preserve any physical evidence (if appropriate).

- As soon as possible on the same day, make a detailed written record of what you have seen/been told, or what concerns you have, and who you reported the matter to (see Incident Report Form Appendix 1);
- Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

**The report will need to include:**

- When the disclosure was made, or when you were told about/witnessed the incident(s);
- Who was involved and any other witnesses, including service users and other staff;
- Exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told;
- Any other relevant information, e.g. previous incidents that have caused you concern.

**Remember to:**

- Include as much detail as possible;
- Make sure that the written report is legible and of good quality;
- Ensure that you have printed your name on the report and that it is signed and dated;
- Keep the report(s) confidential, storing them in a safe and secure place.

**Report and inform:**

- Report to the Designated Safeguarding Officer as soon as possible;
- This must be reported on the same day that the concern is raised;
- The Designated Safeguarding Officer must ensure the care, safety and protection of the victim and any other potential victims, where appropriate;
- They must check with the person reporting the concern as to what steps have been taken (as above) and instigate any other appropriate steps;
- The Designated Safeguarding Officer must report the concern to the HSE Safeguarding and Protection Team (Vulnerable Persons). See Appendix 2;
- Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed with An Garda Síochána.

## **7. Recording and managing confidential information**

Recording of concerns of abuse should be factual and not based on opinions or interpretations: record what the person tells you, what you have seen and witnesses if appropriate (See Incident Report Form, Appendix 1 for Guidance). This is confidential information and should be given to the Designated Safeguarding Officer following a discreet discussion as appropriate. It will be kept for as long as deemed necessary, in line with Data Protection principles (see Making Connection's Data Protection/GDPR Policy).

Making Connections is committed to maintaining confidentiality wherever possible and information around Vulnerable Adult Protection issues should be shared only with those who need to know. For further information, see Making Connection's confidentiality policy.

It is important to be aware, however, that information from vulnerable adults regarding or allegations of abuse cannot be received with a promise of secrecy. Where a vulnerable adult expresses a wish for concerns not to be pursued, their wishes should be respected wherever possible but the volunteer or staff member in this situation must first discuss the matter with the Designated Safeguarding Officer. In some circumstances, the vulnerable adult's wishes may be overridden in favour of considerations of safety or legal obligations. Decisions to override the vulnerable adult's wish not to take the matter further will be taken after due consideration by the Designated Safeguarding Officer in consultation with the HSE Safeguarding and Protection Team (Vulnerable Persons) as appropriate.

## **8. Managing allegation made against member of staff or volunteer**

Making Connections will ensure that any allegations made against a member of staff or a volunteer will be dealt with swiftly.

Where a member of staff/volunteer is thought to have committed a criminal offence the police will be informed. If a crime has been witnessed, the garda should be contacted immediately.

The safety of the individual(s) concerned is paramount. A risk assessment must be undertaken immediately to assess the level of risk to all service users posed by the person accused. This will include whether it is safe for them to continue in their role or any other role within the service whilst the investigation is undertaken.

Please also refer to other relevant policies including:

- Volunteer Recruitment Policy
- Volunteer Agreement/Code of Conduct
- Volunteer Handbook
- Safety Statement and Risk Assessments
- Dignity at Work Policy
- Confidentiality Policy
- GDPR/Data Protection Policy

## **9. Responsibilities of Designated Safeguarding Officer**

Making Connections has appointed Mary O Donohue as the designated officer responsible for dealing with any safeguarding adult concerns. The roles and responsibilities of the designated person are to:

- Ensure that all staff and volunteers are aware of what they should do and who they should go to if they have concerns that a vulnerable adult may be experiencing, or has experienced abuse or neglect;
- Ensure that concerns are acted on, clearly recorded and referred to appropriate service;
- Follow up any referrals and ensure the issues have been addressed;

- Consider any recommendations from the process followed;
- Reinforce the utmost need for confidentiality and to ensure that staff and volunteers are adhering to good practice with regard to confidentiality and security. This is because it is around the time that a person starts to challenge abuse that the risks of increasing intensity of abuse are greatest;
- **Ensure that staff and volunteers working directly with service users who have experienced abuse, or who are experiencing abuse, are well supported and receive appropriate supervision.**

The role and responsibilities of the HSE Safeguarding and Protection Team (Vulnerable Persons) are to:

- Provide an advice service to any person who may wish to report a concern or complaint of alleged abuse of a vulnerable person;
- Receive reports of alleged abuse of vulnerable persons on behalf of the HSE;
- Support and advise services in responding to reports of alleged abuse;
- Assess and manage complex cases of alleged abuse;
- Provide training to staff;
- Maintain information/records;
- Collect and collate data in a consistent format;
- Participate in assurance processes.

A sample incident report for reporting a concern of abuse or neglect to the Designated Safeguarding Officer is in Appendix 1. A sample referral form for making a report to the HSE Safeguarding Team is in Appendix 2.

## 10. Dealing with issues Self-Neglect

Family, friends and community have a vital role in helping vulnerable people remain safe in the community. Visiting, listening and volunteer-driving are examples of ways to reduce isolation. People wish to respect autonomy and may not want to be intrusive. However, if concerned or aware of a significant negative change in behaviour, consider making contact or alerting the services. The purpose of this section is to offer guidance to staff/volunteers of Making Connections who may have become aware of concerns regarding extreme self-neglect.

### Definitions of Self-neglect

Self-neglect is the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently. It can include:

- A vulnerable person's profound inattention to health or hygiene, stemming from an inability, unwillingness, or both, to access potentially remediating services;
- The result of an adult's inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks;
- The failure of a person to provide for themselves the goods or services, including medical services that are necessary to avoid physical or emotional harm or pain.

Self-neglect in vulnerable adults is a spectrum of behaviours defined as the failure to:

- (a) Engage in self-care acts that adequately regulate independent living;

- (b) Take actions to prevent conditions or situations that adversely affect the health and safety of themselves or others.

### **Groups that may present with self-neglecting behaviours**

- Those with lifelong mental illness;
- People with degenerative neurocognitive disorders such as dementia or affective disorders such as depression;
- Those whose habit of living in squalor is a longstanding lifestyle with no mental or physical diagnosis;
- Those who consume large quantities of alcohol, with the consequences of such drinking possibly precipitating self-neglect;
- Those who live alone, in isolation from social support networks of family, friends and neighbours;
- Self-neglect can be non-intentional, arising from an underlying health condition, or intentional, arising from a deliberate choice.

### **Guiding principles**

- Self-neglect occurs across the life span. There is a danger in targeting vulnerable people and the decisions they make about their lifestyle, which society may find unacceptable;
- The definition of self-neglect is based on cultural understandings and challenges cultural values of cleanliness, hygiene and care. It can be redefined by cultural and community norms and professional training;
- A threshold needs to be exceeded before the label of self-neglect is attached. Many common behaviours do not result in action by social or health services or the courts;
- People should distinguish between self-neglect, which involves personal care, and neglect of the environment, manifested in squalor and hoarding behaviour;
- People should recognise the community aspects or dimensions rather than having a purely individualistic focus on capacity and choice. Some self-neglecting behaviour can have a serious impact on family, neighbours and surroundings;
- People should recognise the importance of protection from harm and not just “non-interference” in cases of refusal of services. Building trust and negotiation is critical for successful intervention;
- Interventions need to be informed by the vulnerable person’s beliefs regarding the stress experienced by care givers, including family members, and must address the underlying causes;
- Assumptions must not be made regarding lack of mental capacity and, as far as possible, people must be supported in making their own decisions.

### **Procedures**

Concerns regarding extreme neglect can arise for a variety of people in diverse circumstances. It is critical to remain open to considering the possibility that a vulnerable person may not be acting in their own interest and that their welfare is being seriously compromised. A volunteer or staff member who has a concern regarding self-neglect should report it discreetly to the Designated Safeguarding Officer who in turn will seek advice from other health and social care professionals in order to gain further information

and/or from the HSE Safeguarding and Protection Team (Vulnerable Persons), who will assist in an assessment of the severity of the situation.

## 11. Training

Some training may be required for the organisation to come up to date with this issue. Advice will be sought from the HSE on this issue.

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## APPENDIX 1

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Sample Report Form for suspected incident of abuse or neglect

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**Person completing the form:**

**Role:**

**Name of organisation:**

**Telephone numbers:**

**Details of incident/suspected or actual abuse**

**To be completed by staff/volunteer reporting the incident supported by the designated safeguarding officer within Making Connections responsible for safeguarding vulnerable adults**

**Date of alleged incident/harm:**

**Area where incident/harm took place:**

**Time of alleged incident/harm:**

**Name of person who reported the alert:**

**Date:**

**Details of those involved:**

**Details of alleged victim:**

**Name and address of GP:**

**Name:**

**Address:**

**Ethnic origin:**

**Date of birth:**

**Nature of alleged victim's vulnerability:**

**Telephone numbers:**

**Any other details (e.g. communication needs):**

**Details of alleged perpetrator**

**Ethnic origin:**

**Name :**

**Relationship to victim:**

**Address:**

**Are they a vulnerable adult? Yes/No**

**Alleged perpetrator's vulnerability (if applicable):**

**Date of birth:**

**Telephone numbers:**

**Any other details:**

**If the alleged perpetrator is a staff member or volunteer, please provide staff details (e.g. job role, employer, address of place of work):**

**Have you made the victim aware that details of the incident are being recorded and will be investigated?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

**If not, why not?**

**Type of abuse** (please tick one or more box, as required):

✓			
<b>Sexual</b>		<b>Physical</b>	
<b>Emotional</b>		<b>Neglect or omission</b>	
<b>Psychological</b>		<b>Financial/material</b>	
<b>Discriminatory abuse</b>		<b>Institutional</b>	
<b>Other (i.e. suspicious death of a service user)</b>			

**Describe what action you took immediately after the incident/allegation of harm** (e.g. administered first aid, asked perpetrator to leave, took victim to secure area):

**Were the Gardaí called?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Were any other emergency services called? If yes, which service(s)?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Names and badge numbers of Gardaí:**

**Outcome** (response time, taken to hospital, etc.):

**Are any other agencies involved?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Please provide details of agencies:**

**Are there any capacity issues?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Please provide details:**

<p><b>Has the victim made any previous referrals/alerts?</b></p> <p>Yes _____ No _____</p>	<p><b>Please provide details (e.g. dates, type of abuse):</b></p>
<p><b>Is the victim in immediate danger of further abuse?</b></p> <p>Yes _____ No _____</p>	<p><b>Have any immediate actions been identified to reduce the potential for further abuse?</b></p> <p>Yes _____ No _____</p>
<p><b>Has an initial assessment been made to determine further potential risk to the victim?</b></p> <p>Yes _____ No _____</p>	<p><b>What actions have been taken to reduce the potential for further abuse?</b></p>
<p><b>Are there any risks to others? (e.g. vulnerable adults, children)</b></p> <p>Yes _____ No _____</p>	<p><b>Please provide details (include anyone with whom this information has been shared, e.g. Children’s Social Care, Gardaí):</b></p>
<p><b>Signed:</b></p>	<p><b>Date:</b></p> <p><b>Time:</b></p>
<p><b>This form must be sent to the: Designated Safeguarding Officer within 24 hours of the suspected or actual abuse, or as soon as possible after they have been made aware of the incident. This form can be emailed to: <a href="mailto:maryodonohue@makingconnections.ie">maryodonohue@makingconnections.ie</a> This must be accompanied a phone call to: 01-2951053</b></p>	

This is a confidential document and should be stored securely according to your own organisation’s procedures. It is your responsibility to ensure that this is done.

## APPENDIX 2

### SAMPLE REFERRAL FORM TO HSE



SEND FORM TO:  
Ruth Brogan  
Social work team leader  
Adult safeguarding and protection  
team CHO6  
Ballinteer Health centre  
Ballinteer Avenue  
Ballinteer

Tel: 01 216 4511  
Email: [Safeguarding.cho6@hse.ie](mailto:Safeguarding.cho6@hse.ie)

#### REFERRAL FORM FOR

#### COMMUNITY BASED REFERRALS

#### SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY & PROCEDURES

**There is duty of care to report allegations or concerns regardless of whether client has given consent. Referrer should take any immediate actions necessary as per policy in relation to seeking An Garda Síochana or medical assistance**

#### Vulnerable Person's Details:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Contact Phone Number:/Mobile: \_\_\_\_\_

**Does anyone live with client:** Yes  No

If yes, who?: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Is client aware this referral is being made? Yes  No

Has client given consent? Yes  No

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

Name: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Relationship to vulnerable person: \_\_\_\_\_

**GP Contact Details:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

*Details:* \_\_\_\_\_

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

Physical abuse

Financial/material abuse

Psychological/Emotional abuse

Neglect/acts of omission

Sexual abuse

Discriminatory abuse

Extreme Self Neglect\*

Institutional abuse

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

**Details of concern:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Details of Person Allegedly Causing Concern (if applicable)**

Name: \_\_\_\_\_

Relationship to vulnerable person: \_\_\_\_\_

Address: \_\_\_\_\_

Is this person aware of this referral being made:      Yes       No **Details of person making referral:**

Name: \_\_\_\_\_

Job Title (if applicable): \_\_\_\_\_

Agency/Address:  
\_\_\_\_\_

Landline \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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