

Standard Operating Procedure for the Safeguarding of Vulnerable Adults at Risk of Abuse (in line with the 2014 HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures)

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SJOGCS32 Standard Operating Procedure for the Safeguarding of Vulnerable Adults at Risk of Abuse (in line with the 2014 HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures)

Document Reference No.	SJOGCS32
Revision Number	Version 1
Approval date	April 2024
Due for Revision	This SOP will be reviewed based on any relevant developments in legislation and/or other policy initiatives, for example the Adult Safeguarding Bill 2017, HSE National Safeguarding Policy.
Document drafted by	Programme Quality and Safety Department and SJOGCS Safeguarding Governance Committee.
Document reviewed by	Quality and Safety Sub-Committee of the Board of St. John of God Community Services clg.
Document approved by	Quality and Safety Sub-Committee of the Board of St. John of God Community Services clg.
Responsibility for implementation	Senior Leadership Team, Director of Services and Management Teams and all relevant employees of St. John of God Community Services clg.
Responsibility for evaluation and audit	Regional Management Teams, Programme Quality and Safety, Executive Team.
Number of Pages	40 pages in total. SOP 18 Pages. Appendices 22 Pages.

Review Date	Reviewed By	Approved by CEO SJOGCS

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1. Introduction

St. John of God Community Services clg (from now on referred to as SJOGCS) recognises the importance of and is committed to protecting all vulnerable people against all forms of abuse. To this end, SJOGCS has developed this Standard Operating Procedure, which is aligned with the HSE Safeguarding Vulnerable Persons at Risk of Abuse: National Policies and Procedures (HSE, 2014) (after this referred to the HSE 2014 Safeguarding Policy).

This Standard Operating Procedure (SOP) is to be read alongside the HSE 2014 Safeguarding Policy – this can be found via the following link:

<https://assets.hse.ie/media/documents/ncr/personsatriskofabuse.pdf>

2. Purpose

The purpose of this procedure is to outline the necessary actions to identify, manage and investigate allegations of abuse of vulnerable people within SJOGCS Adult Services. The procedure outlines the roles and responsibilities of each person in the safeguarding process and the timeframes for actions to be completed.

All safeguarding concerns should be shared on a ‘need to know’ basis to protect the dignity and respect of the vulnerable person and in line with ADMA principles .

In addition to the above, this SOP has been devised:

- To safeguard all individuals supported (adults) adult persons availing of by SJOGCS services from all types of abuse,
- To declare SJOGCS's commitment to a “zero tolerance approach” to all types of abuse,
- To promote a culture of safeguarding,
- To support and ensure all employee’s awareness of and adherence to SJOGCS no tolerance approach to abuse, and the culture of safeguarding,

- To outline the procedural steps involved in responding to and reporting adult safeguarding concerns,
- To ensure readers know that the recording and reporting of safeguarding allegations or suspicion of allegation(s) is to take place in an inclusive, transparent, and confidential manner,
- To support staff compliance with national policy.

3. Scope

- 3.1** This SOP applies to the staff (including agency staff and volunteers), contractors who have contact with individual persons (residents /service users /patients), sessional workers and students on placement, working in the SJOGCS Mental Health Services or Intellectual Disability (ID) Services and all levels of management and the CEO , Executive Team and the SJOGCS Board.
- 3.2** This SOP relates to safeguarding vulnerable adults only; it does not apply to children and young persons. The Children First: National Guidance for the Protection and Welfare of Children should be referred to where concerns arise about children and young persons.
- 3.3** Self-neglect - where concerns arise about self-neglect, refer to Section 3, pages 43 – 49 of the HSE 2014 Safeguarding Policy via the following link:
<https://assets.hse.ie/media/documents/ncr/personsatriskofabuse.pdf>

This document briefly summarises the HSE 2014 Safeguarding Policy and focuses primarily on supporting frontline staff regarding safeguarding incidents, whether there are suspicions, allegations or observed incidents.

4. Definitions

The following is a summary of definitions taken from the HIQA and Mental Health Commission National Standards for Adult Safeguarding and HSE website. A more detailed description of terms is included in Appendix 2.

- 4.1 Abuse:** a single or repeated act or omission which violates a person's human rights or causes harm or distress to a person. The types of abuse are the main areas of abuse which cause people harm are physical abuse, sexual abuse, emotional abuse, psychological abuse including bullying and harassment, financial or material abuse, organisational/Institutional abuse, neglect and actions of omission, discriminatory abuse, online or digital abuse, human trafficking /modern day slavery.
- 4.2** Information on safeguarding vulnerable adults can be found via the following link:<https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/safeguardingvuladts.html>
- 4.3 Advocate:** a person who assists individuals in understanding their options, making their views known, and helping them decide.
- 4.4 Capacity:** capacity means 'decision-making capacity' and refers to the ability to understand, at the time that a decision is to be made, the nature and consequences of the decision in the context of the available choices at that time.
- 4.5 Consent:** means the giving of permission or agreement. This definition requires providing information to persons in a manner that is accessible to them and may require the information to be provided in document, audio, or DVD format, etc. (National Consent Policy 2019).
- 4.6 Confidentiality:** All vulnerable persons must be secure that any information about them is managed appropriately and shared only on a 'need to know' basis.
- 4.7 Culture:** manifests what is important, valued and accepted in an organisation – 'how we do things around here'.
- 4.8 Harm:** the impact of abuse, exploitation, or neglect on the person. Harm arises from any action, whether by a deliberate act or an act of omission.
- 4.9 Retrospective Disclosure:** refers to abuse that an adult experienced during childhood.
- 4.10 Safeguarding /Protection:** measures put in place to reduce the risk of harm and protect people's human rights, health and well-being.

4.11 Staff: the people who work in SJOGCS Community Mental Health and Intellectual Disability services, including employees, self-employed, temporary, volunteers, contractors, or anyone responsible or accountable to the service.

4.12 Vulnerable Person: A Vulnerable Person is an adult who may be restricted in capacity to guard themselves 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. Because of his or her vulnerability, the individual may be in receipt of a care service in his or her own home, in the community or be resident in a residential care home, nursing home or other setting (HSE, 2014, p.4).

5. Categories or Types of Abuse

There are several categories or types of abuse that can take place and staff need to be aware of the signs and symptoms of abuse. Below are some examples but this is not an exhaustive list. For further information follow this link:

<https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/types%20of%20abuse.pdf>

- 5.1 Physical Abuse** includes slapping, hitting, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- 5.2 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 Psychological Abuse** including Bullying & Harassment and also 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.
- 5.4 Financial or Material Abuse** includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance, financial transactions, or misappropriation of property, possessions, or benefits.

- 5.5 Organisational /Institutional Abuse** may occur within residential care and acute settings, including nursing homes, acute hospitals, and any other in-patient settings. It may involve, for example, poor standards of care, rigid routines, or inadequate responses to complex needs.
- 5.6 Neglect and acts of omission includes** ignoring medical or physical care needs, failing to provide access to appropriate health, social or educational services, and withholding the necessities of life such as medication, adequate nutrition, and heating.
- 5.7 Discriminatory Abuse** includes ageism, racism, sexism, based on a person's disability and other forms of harassment, slurs or similar treatment.
- 5.8 Online or Digital Abuse** is an abusive or exploitative interaction occurring online or in a social media context.
- 5.9 Human Trafficking/Modern Slavery** involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting.

6. Key Guiding Principles

The National Policy and Procedures for Safeguarding Vulnerable Persons at Risk of Abuse is underpinned by several Principles:

- 6.1** To be accorded the same respect and dignity as any other adult by recognising their uniqueness and personal needs.
- 6.2** To be given access to knowledge and information in a manner they can understand to help them make informed choices.
- 6.3** To be provided with information on, and practical help in, keeping themselves safe and protecting themselves from abuse.
- 6.4** To live safely without fear of violence, **abuse** or **harm** in any form.
- 6.5** Treat their money, goods and possessions respectfully and receive equal protection for themselves and their property through the law.

- 6.6 To be given guidance and assistance in seeking help because of abuse.
- 6.7 To be supported in making their own decisions about how they wish to proceed in the event of abuse and to know that their wishes ,will and preference will be considered paramount unless it is considered.
- 6.8 is necessary for their safety or the safety of others to take an alternate course, or if the law requires it.
- 6.9 To be supported in bringing a complaint.
- 6.10 To have alleged, suspected or confirmed cases of abuse investigated promptly and appropriately.
- 6.11 To receive support, education and counselling following abuse.
- 6.12 To seek redress through appropriate agencies.

7. Staff Training

- 7.1 Each staff member will be inducted into this Safeguarding SOP and will sign that they have read it, understood it and will implement it.
- 7.2 Each staff member is to complete the HSeLanD e-learning modules as follows:
 - 7.2.1 Safeguarding Adults at Risk of Abuse - This module aims to support you in recognising, responding to, and reporting safeguarding concerns regarding adults.
 - 7.2.2 National Standards for Adult Safeguarding: Putting the standards into practice - HIQA and the Mental Health Commission jointly developed this module to support staff in health and social care services to promote people's rights, health, and wellbeing and to reduce the risk of harm to them when they are using health and social care services.
 - 7.2.3 Every SJOGCS staff member must also complete the **HSeLanD Introduction to Children First**, including those working exclusively with adults. This programme aims to raise awareness and increase knowledge of child abuse and child welfare issues and clarify personal, legal and organisational roles and responsibilities set out in Children First National Guidance for the Protection and Welfare of Children 2017 and the Children First Act 2015.

- 7.3** It is the responsibility of every staff member to know the Designated Officer and the Acting Designated Officers for their regions and their contact details, which must be displayed in an easily accessible location and known by staff and easily accessible to individuals supported.

8. How a Concern is Raised

A concern regarding an adult may come to light in a number of ways. It can occur through; (this is not an exhaustive list)

- Direct observation,
- Disclosure by the vulnerable adult or a peer or a third party...etc,
- Reported anonymously,
- Becomes aware of a concern,
- Arise as a complaint,
- Arise during an assessment of need or during a discussion.
- All staff must follow the procedure and inform their Line Manager and Designated Officer (DO).

All staff are obliged to report:

- Suspicions of abuse
- Allegations of abuse
- Witnessing abuse

9. Procedures

- 9.1** In safeguarding, SJOGCS has a reporting structure in place and the response is led by the Designated Officer (DO) in each service area. All staff must assist the DOs as required and or requested.
- 9.2** Any person within SJOGCS who is informed, suspects or is concerned that abuse is taking place or has taken place must ensure that this is made known immediately to their Front Line Supervisor / Line Manager and to the Designated Person. Reporting is mandatory.

- 9.3** The DO will oversee all aspects of procedures and practices about safeguarding vulnerable adults and is the main point of contact for the Safeguarding Lead HSE Safeguarding Teams and any other external agency, i.e., An Garda Síochána.

10. Role and Responsibilities

10.1 Chief Executive Officer (CEO)

The CEO is the senior accountable person for all aspects of safeguarding and protection across SJOGCS clg. This includes ensuring a strong culture of safeguarding and zero tolerance approach across all ID and mental health service programme areas and transparent reporting processes and structures.

The CEO discharges responsibility by:

- 10.1.1 Ensuring senior management teams are aware of their safeguarding roles and responsibilities within their respective directorates.
- 10.1.2 Receive safeguarding updates from senior management teams and oversight of safeguarding matters deemed in need of escalation.

10.2 Senior Management

Each senior management team member is responsible for safeguarding matters within their programme areas of responsibility. This includes ensuring there are robust structures, processes in place to safeguarding individuals supported. This also includes robust reporting and escalation processes are in place, appropriate to the programme area and that all staff are appropriately trained and supported in safeguarding and protection matters. Senior management has a crucial role in ensuring that the necessary structures are in place to oversee compliance including:

- 10.2.1 Ensuring compliance with the HSE Vulnerable Persons at Risk of Abuse: National Policies and Procedures (HSE, 2014) and this SOP

- 10.2.2 Ensuring all Front Line Supervisors / Line Managers fulfil their roles and responsibilities in line with HSE National Safeguarding Policy , legislation, regulations, and service level agreements,
- 10.2.3 Delegating any necessary actions to Front Line Supervisors / Line Managers (and nominated staff) to ensure the effective implementation of this SOP
- 10.2.4 Promoting a culture of safeguarding.

10.3 Front Line Supervisor /Line Manager and Front Line Staff

- 10.3.1 All front-Line Supervisor/Line Managers and Front Line staff are responsible for ensuring they implement and follow the requirements of the HSE Safeguarding Vulnerable Persons at Risk of Abuse: National Policies and Procedures (HSE, 2014) (from now on referred to as the HSE 2014 Safeguarding Policy) and this SOP and in particular their role in keeping individuals safe, reporting, recording safeguarding incidents and the development and implementation and review of Safeguarding Plans.
- 10.3.2 All Front Line Supervisors/Line Managers and Front Line staff are responsible for completing the safeguarding and Children First Training identified in this SOP and any further training as needed.
- 10.3.3 All Front Line Supervisors/Line Managers and Front Line staff are responsible for ensuring a zero-tolerance approach is taken to safeguard all individuals SJOGCS supports.

10.4 Designated Officer (DO)

- 10.4.1 The Designated Officer (DO) is responsible for ensuring that they carry out all duties required of this role in line with the HSE Safeguarding Policy 2014 which includes receiving concerns or allegations of abuse regarding vulnerable persons, carrying out and reporting on screening process, reporting to relevant bodies /staff and review and engagement on Interim or final Safeguarding Plan.

- 10.4.2 The Designated Officer is responsible for informing the appropriate Manager or personnel in SJOGCS and collaboratively ensuring necessary actions are identified and implemented.
- 10.4.3 The Designated Officer ensures reporting requirements are completed within the required timeframe.

11. Responding to Concerns, Allegations or Suspicion of Abuse

All concerns or allegations of abuse must be reported to the Front Line Supervisor / Line Manager and Designated Officer . Front Line Supervisors / Line Managers will report onwards to Programme Managers. All staff are to be familiar with their local Designated Officer's name and contact details.

11.1 Stage 1 – Actions to be Completed on Day One

- 11.1.1 Report and Inform; The safeguarding allegation /incident must be reported to the Front Line Supervisor / Line Manager /Co-ordinator/ Designated Officer as soon as possible. This must be reported on the same day as the concern is raised.
- 11.1.2 The Front Line Supervisor / Line Manager 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 and agree any additional or appropriate steps.
- a) Immediate protection: Reassure - the welfare and the safety of the vulnerable person is the primary consideration. The priority is to ensure that they are in no immediate danger.
 - b) Take any immediate actions to safeguard anyone at immediate risk of harm including seeking, for example, medical assistance or the assistance of An Garda Síochána, as appropriate.
 - c) Receive the information; listen, reassure, and support the vulnerable person.

Do not:

- appear shocked,
- promise confidentiality or say that you can keep it a secret,
- press them for information,
- make judgements,
- give sweeping reassurances.

Do:

- remain calm,
 - listen attentively,
 - reassure the person that they have done the right thing by disclosing to you,
 - advise the person of what will happen next. (in line with the principles of ADM and also check to see if there are any decision making agreements in place)
- d) Immediately inform the Front-Line Supervisor / Line Manager and Designated Officer and any other Managers as per local Safeguarding SOP. If unavailable, contact the relevant Programme Manager or person on call and report and seek advice.
- e) Where there is a concern that a serious criminal offence may have taken place or crime may be about to be committed, this will be communicated to the Regional Director and contact must be made to An Garda Síochána immediately. Preserve any evidence and gather relevant information.
- f) If the incident occurs outside of office hours, the person on call must be informed of the safeguarding incident and any concern for an individual's safety. Actions must be agreed upon with the Front Line Supervisor / Line Manager or their nominee and medical treatment should be sought immediately as required . All necessary reporting and safety measures must be put in place.

- g) The staff/person who has witnessed or to whom a disclosure has been made will complete the required documentation immediately i.e. the Preliminary Screening Form (PSF 1 Appendix 4) sections 1 to 5 and including the Interim Safeguarding Plan. This report is then submitted to the Front Line Supervisor / Line Manager and Designated Officer.
- h) The Front Line Supervisor/Line Manager will ensure communication with the individual's supported emergency contact person as appropriate in line with their personal plan.
- i) The Front Line Supervisor / Line Manager/ Programme Manager must ensure immediate actions are implemented.
- j) Copies of the PSF1 are not to be kept on an individual's file i.e. completed sections 1-5 of the preliminary screening form. The Interim Safeguarding Plan (Appendix 4) is to be completed by the Front Line Supervisor / Line Manager /Co-ordinator and kept on-site for all staff.
- k) It is the responsibility of the Front Line Supervisor/ Line Manager/ Co-ordinator/ Programme Manager to ensure all staff have read and understood what is required of this Interim Safeguarding Plan to provide the necessary safeguards are in place as needed.
- l) Staff need to complete the National Incident Management Form and ensure HIQA are informed using the correct forms (relevant to Residential Designated Centres).

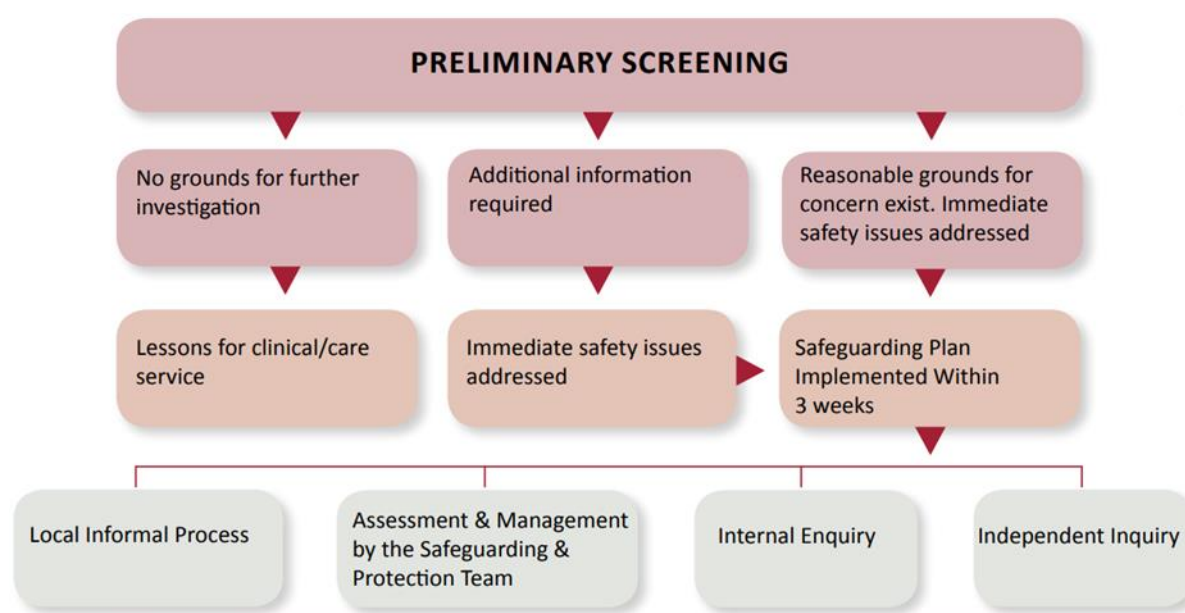
11.2 Stage 2 - Actions to be Completed Within Three Working Days

- 11.2.1 Upon receiving a PSF1, the Designated Officer will send an acknowledgement email and an update with regard to communication with the HSE Safeguarding Team where this is available to the person reporting the concern and cc the relevant Supervisor/ Residential Co-ordinator .
- 11.2.2 The Supervisor or a designated nominee must validate the content of the PSF1 submitted by the person reporting the concern.
- 11.2.3 The Interim Safeguarding plan will be completed by the Supervisor together with the individual, and any other appropriate staff member who is supporting the individual and submitted to the Designated Officer.

The Designated Officer may input into the Interim Safeguarding Plan. A copy of the Interim Safeguarding Plan must be shared with all relevant staff to ensure it guides practice.

11.2.4 The Interim Safeguarding Plan must be kept under review by the Front Line Supervisor / Line Manager until all actions on the Interim Safeguarding Plan have been completed.

11.2.5 The Designated Officer will take the necessary actions required to complete the screening process which includes a review of the PSF1 and the Interim Safeguarding Plan which is part of the same form, meeting with individual making allegation to determine the Preliminary Screening outcome and notify the relevant people.



(2014 Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures)

11.2.6 The Front Line Supervisor / Line Manager / Co-ordinator must ensure all actions outlined in the Interim Safeguarding Plan are implemented promptly.

11.2.7 If the outcome of the Preliminary Screening is Additional Information Required, the Front Line Supervisor / Line Manager / Co-ordinator will collate the requested information. They will ensure immediate safety issues are addressed and will provide the Interim Safeguarding Plan.

- 11.2.8 If the outcome of the Preliminary Screening is Reasonable Grounds for Concern, a detailed Interim Safeguarding Plan based on the complexity of the referral must be developed to address the concerns. The HSE may ask for a further Formal Safeguarding within 3 weeks (see Appendix 3) or they may just agree the Interim safeguarding plan as the formal safeguarding plan as sufficient. Contact will be made by the relevant Manager with the HR Department where there is a requirement to enact the Trust in Care process.
- 11.2.9 The Interim Safeguarding Plan will outline the planned actions that have been identified to address the needs and minimise the risk to the individual(s).
- 11.2.10 The Interim Safeguarding Plan will be formulated with all relevant stakeholders.
- 11.2.11 The Front Line Supervisor/Line Manager or nominated person will act as the Interim Safeguarding Plan Co-ordinator
- 11.2.12 The Interim Safeguarding Plan Co-ordinator will be responsible for collating all required information and overseeing the implementation and review of the Interim Safeguarding Plan.
- 11.2.13 The DO will submit the Safeguarding PSF1 Preliminary Screening form with the Interim Safeguarding Plan to the HSE Safeguarding Team. The relevant HSE Safeguarding Team will respond and acknowledge the Preliminary Screening Form (PSF 1) and Interim Safeguarding Plan and outline if they agree. The HSE may revert and ask further questions, including the status of any actions past their agreed date on the Interim Safeguarding Plan and may also advise if a FSG Plan is required.
- 11.2.14 At any point in the process, it may be appropriate for the DO to consult with the HSE Safeguarding Team (Vulnerable Persons) or An Garda Síochána. A written note of any such consultation must be kept in such instances and the individual is informed.

Ensure you have read the HSE Safeguarding Vulnerable Persons at Risk of Abuse: National Policies and Procedures (HSE, 2014) and completed the required HSeLand online safeguarding training.

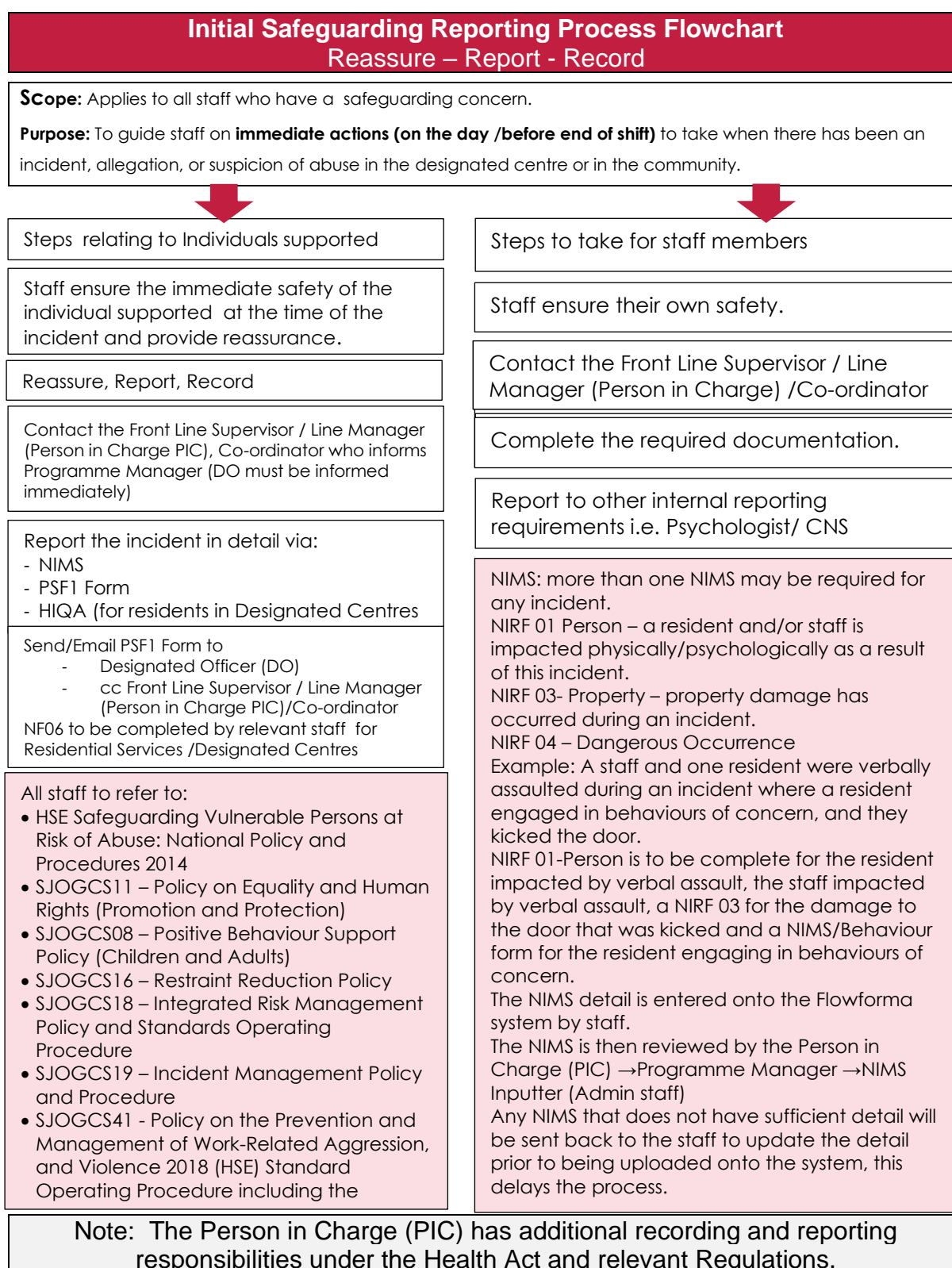
12. Future Learning

- 12.1** The Supervisor must review all safeguarding concerns regardless of the outcome to determine any learning arising and, in turn, share with the team and any relevant stakeholders.
- 12.2** Data regarding safeguarding concerns will be reviewed at the Regional Quality and Safety Committee every quarter at a minimum.

13. Records

- 13.1** It is essential to keep detailed and accurate records of concerns or allegations of abuse and of any subsequent actions taken. Local procedures should also contain the necessary documentation to facilitate record-keeping. Failure to adequately record such information and to appropriately share that information by this policy is a failure to discharge a duty of care adequately.

14. Appendix 1: Initial Safeguarding Reporting Process Flowchart



15. Appendix 2 Categories 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 table provides definitions, examples and indicators of abuse with which all staff members must be familiar.

Type of Abuse: Physical	
Definition	The use of physical force, threat of physical force or mistreatment of one person by another which may or may not result in actual physical harm or injury.
Examples	<p>Physical abuse includes hitting, slapping, pushing, shaking, burning, scalding, pulling hair, kicking, exposure to heat or cold, force feeding, misuse of medication, inappropriate restraint or sanctions.</p> <p>Physical abuse includes all forms of physical force contact which results in harm to another person including excessive force in the delivery of personal care, forced feeding, rough handling, unwarranted physical pressure (gripping, squeezing) shaking, misuse of incontinence wear, hitting with a weapon or implement, misuse of medication, failing to give medication, poisoning, restricting activities or forcing activities .</p> <p>Includes inappropriate deprivation of liberty (e.g. being locked in /forced confinement in an area), denied treatment or experiencing threat of physical violence.</p>
Indicators	Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. Service user appears frightened, avoids a person, demonstrates new atypical behaviour; asks not to be hurt.

Type of Abuse: Sexual	
Definition	Any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling; coercive, exploitative, harmful, or unwanted that is inflicted on anyone.
Examples	<p>Abusive acts of a sexual nature include but are not limited to rape and sexual assault, indecent exposure, intentional touching, fondling, molesting, sexual harassment or sexual acts to which the adult has not consented, or could not consent, or into which he or she was compelled to consent.</p> <p>Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping), exposure of the sexual organs and any sexual act intentionally performed in the presence of a service user. Examples of behaviours include inappropriate touch anywhere, masturbation of either or both persons, penetration or attempted penetration of the vagina, anus or mouth, with or by penis, fingers or other objects</p> <p>Exposure to pornography or other sexually explicit and inappropriate material including enforced witnessing of sexual acts or sexual media harassment.</p> <p>Inappropriate and sexually explicit conversations, remarks, threats, intimidation, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs or video footage, making someone watch sexual acts or pornography, making someone participate in sexual acts or being included in the production of sexual images/videos, or grooming.</p> <p>Female genital mutilation (FGM) is considered a form of physical and sexual</p>

	<p>abuse.</p> <p>Includes digital/social media and online sexual abuse/ production of sexual image</p>
Indicators	<p>Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs and human bite marks.</p> <p>Service user demonstrates atypical behaviour patterns such as sleep disturbance,</p> <p>Incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.</p>

Type of Abuse: Emotional/Psychological (including Bullying and Harassment)	
Definition	Behaviour that is psychologically harmful of another person and which inflicts anxiety or mental distress by threat, humiliation or other verbal/non-verbal conduct.
Examples	<p>Emotional or psychological abuse includes failing to value the individual, abuse of power in which the perpetrator places their opinion/view/judgement as superior to the individual, harsh value judgements, conveying to the individual that they are worthless, unloved, inadequate, or a nuisance.</p> <p>Abusive acts of a psychological nature include, but are not limited to, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, patronising approaches to care and support for example 'elder speak' or spoken to like a child, intolerance of religious or religious beliefs, intolerance of cultural beliefs, and in the case of married/co-habiting couples enjoy the right to shared and appropriate accommodation.</p>

	<p>Failure to show interest in or provide opportunities for a person's emotional development or need for social interaction.</p> <p>Outpacing – where information /choices are provided too fast for the adult to understand, putting them in a position to do things or make choices more rapidly than they can tolerate.</p> <p>Denying the individual, the opportunity to express their views in a manner which is comfortable to them, deliberately silencing them or ignoring them or their communications written or spoken, making subjective comment about the way an individual chooses to express themselves, imposing unrealistic expectations on the individual.</p> <p>Behaviours include deprivation of liberty, persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance.</p> <p>Includes risk of abuse via technology.</p>
Indicators	<p>Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness / hopelessness, Extreme low self-esteem, tearfulness, self-abuse or self-destructive behaviour.</p> <p>Challenging or extreme behaviours – anxious/ aggressive/ passive/withdrawn.</p> <p>The carer-person in need of care relationship may be vulnerable to abuse in both directions, neither deliberate but can be very harmful. Co-dependent relationships need to be considered as a new phenomenon with older persons at potential risk from relatives with mental health or addiction issues</p>

Type of Abuse: Financial or material abuse	
Definition	<p>The unauthorised and improper use of funds, property or any resources including pensions, or others statutory entitlements or benefits.</p> <p>Financial abuse involves an act or acts where a person is deprived of control of their finances or personal possessions or exploited financially by another person or persons.</p>
Examples	<p>This may include theft, coercion, fraud, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. It may also involve misuse of power of attorney, and not contributing to household costs where this was previously agreed.</p> <p>.Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the service user for financial gain, putting pressure on the service user in relation to wills property, inheritance and financial transactions.</p> <p>Examples include theft, fraud, exploitation, the misuse of property, possessions, bank accounts, grants, cash or benefits; internet scamming, phone scamming, putting someone under pressure in relation to their financial arrangements or property, including wills; denial of access to money or property, not contributing to household costs, use of bank and credit cards without permission, running up debts, forged signatures, deliberately over charging for activities/required treatments/therapies.</p>
Indicators	<p>No control over personal funds or bank accounts, misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the service user's internal money book, forced changes to</p>

	wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.
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Type of Abuse: Organisational	
Definition	<p>The mistreatment of people brought about by the poor or inadequate care or support or systemic poor practices that affects the whole care setting</p> <p>This can occur in any organisation or service, within and outside Health and Social Care provision. Organisational abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place.</p> <p>Organisational abuse can be brought about by poor or inadequate care or support services, or systematic poor practice that affects the whole care setting. It can occur when individual's wishes and needs are sacrificed for the smooth running of a group, service or organisation.</p>
Examples	<p>It can be a one-off incident or repeated incidents; it can be neglect or poor standards of professional practice, which might be because of culture, structure, policies, processes or practices within the organisation. Systematic and repeated failures culturally inherent within the organisation or service may be considered as organisational abuse.</p> <p>It can result in a failure to afford people the opportunity to engage socially and be involved in hobbies/activities that are meaningful to them, which in turn results, in a failure for their psycho-social needs to be met</p> <p>Service users are treated collectively rather than as individuals. Service user's right to privacy and choice not respected. Staff talking about the</p>

	service users personal or intimate details in a manner that does not respect a person's right to privacy.
Indicators	<p>Routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm.</p> <p>Lack of or poor-quality staff supervision and management. High staff turnover. Lack of training of staff and volunteers. Poor staff morale. Poor record keeping. Poor communication with other service providers. Lack of personal possessions and clothing, being spoken to inappropriately, etc.</p> <p>On-going poor clinical supervision, weak governance of staff and breaches of professional codes of practices can be indicatives of institutional abuse.</p> <p>Absence of visitors, family and friends discouraged from visiting, lack of flexibility and choice for service users.</p>

Type of Abuse: Neglect	
Definition	Neglect occurs when a person withholds or fails to provide appropriate and adequate care and support which is required by another person. It may through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.
Examples	Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, social activities, leisure/ educational opportunities, adequate nutrition and heating. Neglect includes ignoring need, either physical or

	<p>medical, knowing that a need exists, but choosing to not address that need, thereby leaving the person at risk of deterioration in health and wellbeing.</p> <p>Neglect includes withdrawing or not giving help that adult needs so causing them to suffer e.g. malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance. Neglect also includes not meeting the social, psychological or spiritual needs and not addressing required environmental factors/adaptations to adequately meet the needs of the adult.</p>
Indicators	<p>Poor personal hygiene, dirty and dishevelled in appearance e.g. unkempt hair and nails.</p> <p>Poor state of clothing. Non-attendance at routine health appointments e.g. dental, optical, chiropody etc. socially isolated i.e. has no social relationships.</p> <p>Whilst there is a positive duty to provide care when in receipt of state carer's allowance there is no legal obligation on carers to continue in caring role.</p> <p>Assessment of indicators needs to be mindful of identifying carer stress where the carer cannot cope or manage with the responsibilities.</p>

Type of Abuse: Discriminatory	
Definition	Unequal treatment , harassment or abuse of a person based on age, disability, race, ethnic group, gender, gender identity, sexual orientation, religion
Examples	<p>Being treated differently by individuals, family, organisations or society because of age, race or disability. Assumptions about a person's abilities or inabilities.</p> <p>Not speaking directly to the person but instead addressing the person they're with</p>
Indicators	Isolation from family or social networks.

Type of Abuse: On line or Digital Abuse	
Definition	This where the abuse and exploitation interaction occurs on line or in a social media context.
Examples	<p>Include risk of abuse via technology including exposure and uploading of inappropriate abusive material without consent</p> <p>Includes digital/social media and online sexual abuse/ production of sexual images, online financial abuse, theft of personal information</p>
Indicators	

Type of Abuse: Human trafficking/modern slavery	
Definition	Human trafficking/modern slavery involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting.
Examples	Victims of human trafficking/ modern slavery can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities. The response to adults at risk experiencing human trafficking/modern slavery will always be to report the incident to An Garda Siochana.
Indicators	

16. Appendix 3 - Key Supporting Documentation

This SOP is primarily concerned with the following documents, which in turn are consistent with and informed by relevant legislation and policy.

- Assisted Decision-Making (Capacity) Act 2015
- Criminal Justice (Withholding Information on Offences against Children and Vulnerable Persons) Act 2012
- Criminal Law (Sexual Offences) Act 2017
- The Irish Constitution. Article 40.1 of the Constitution of Ireland (Bunreacht na hÉireann) states: “All citizens shall, as human persons, be held equal before the law. This shall not be held to mean that the State shall not in its enactments have due regard to differences of capacity, physical and moral, and of social function.”
- European Convention on Human Rights Act 2003
- Human Rights and Equality Commission Act 2014
- The Health Act, 2007 (Care and the Welfare of Residents in Designated Centres for Older People) Regulations 2009 Amended
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013
- HSE National Consent Policy
- Mental Health Act 2001, Regulations, Rules, and Codes of Practice
- Mental Health Commission (MHC) Judgement Support Framework Special Edition For Approved Centre service providers February 2023
- National Standards for Adult Safeguarding (Health Information and Quality Authority and Mental Health Commission, 2019)
- National Standards for Residential Services for Children and Adults with Disabilities (Standard 3) (Health Information and Quality Authority 2013)
- Protected Disclosures Act 2014

- Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures Incorporating Services for Elder Abuse and for Persons with a Disability (HSE Social Care Division, 2014),
- Trust in Care: Policy for Health Services Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse Against Staff Members (HSE, Employment Representative Division, 2005),
- United Nations Convention on the Rights of Persons with Disabilities, 2006,
- All relevant SJOGCS policy documents.

**Section 1: Details of vulnerable person at risk of abuse**

Name:	<input type="text"/>	Gender:	<input type="text"/>
Date of Birth:	<input type="text" value="Choose a date"/>	Phone Number:	<input type="text"/>
Home address	<input type="text"/>	Eircode:	<input type="text"/>
Current address: (if different)	<input type="text"/>	Eircode:	<input type="text"/>
Is current address a HIQA designated centre:	<input type="text" value="Select"/>	If yes, enter HIQA code:	<input type="text"/>
Type of service:	<input type="text" value="Choose service type"/>	If other, please specify:	<input type="text"/>
Community/ Service setting?	<input type="text" value="Choose setting"/>		
Brief description of the vulnerable person:	<input type="text"/>		
Details if the vulnerable person has communication support needs:	<input type="text"/>		
Are other services involved with the vulnerable person?	<input type="text" value="Select"/>	If yes, please specify:	<input type="text"/>

Section 2: Your Details (person completing form)

Name:	<input type="text"/>	CHO:	<input type="text" value="Choose a CHO Area"/>
Job Title:	<input type="text"/>	Organisation:	<input type="text"/>
Email:	<input type="text"/>	Date:	<input type="text" value="Choose a date."/>
Address:	<input type="text"/>	Phone number:	<input type="text"/>
Are you the Designated Officer:	<input type="text" value="Select"/>		
If "no", provide name of DO:	<input type="text"/>		



PRELIMINARY SCREENING FORM

(PSF 1)



Section 3: Details of concern

3.1: [Date that safeguarding concern arose:](#)

Choose a date

3.2: Date that safeguarding concern was notified to the DO:

Choose a date

3.3: What type of abuse is indicated?
(Select as many as necessary)

Physical abuse	<input type="checkbox"/>	Neglect/ acts of omission	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	Institutional abuse	<input type="checkbox"/>
Emotional/ psychological abuse	<input type="checkbox"/>	Discriminatory abuse	<input type="checkbox"/>
Financial abuse	<input type="checkbox"/>	Extreme self-neglect	<input type="checkbox"/>

3.4a: [Who has raised this concern?](#)

Select

3.4b If other, please specify

3.5a: Location of safeguarding concern:

Select location

3.5b If other, please specify

3.6a: Is the vulnerable person aware that this concern has been raised?

Select

3.6b [If not, why not?](#)

3.7: Details of safeguarding concern:

3.8: [What is known of the vulnerable person's wishes in relation to the concern?](#)

3.9a: [Is this concern linked to any other Preliminary Screening?](#)

Yes: ☐
No: ☐

3.9b If yes, give case reference(s):

3.10a: Was the safeguarding concern observed?

Yes: ☐
No: ☐

3.10b If yes, by whom?

3.11: Details of response to date:

3.12a: Is it deemed at this point that there is an ongoing risk?

Select

3.12b: If yes, please specify

3.13: [Details of any risk escalation:](#)



PRELIMINARY SCREENING FORM

(PSF 1)



Capacity and consent considerations:

3.14a: Is a decision support/ Ward of Court arrangement in place that may have relevance to this safeguarding concern?	Select
3.14b: If yes, (and where relevant), has any reporting requirement been fulfilled?	Select
3.15: Any concern regarding decision making capacity in relation to this concern?	Select

3.16: If the vulnerable person has a support person (family, friend etc.) in their life, have you considered discussing with the adult if they wish this support person to be consulted?

Select

Out-of-Area Placements:

3.17a: If the vulnerable person is the subject of an out-of-area placement, has the funder of their placement been informed of the safeguarding concern?

Select

3.17b: CHO providing funding for this placement:

Choose a CHO Area

3.18a: If the person allegedly causing concern is the subject of the out-of-area placement and is considered to be a vulnerable person, has the funder of their placement been informed?

Select

3.18b: CHO providing funding for this placement:

Choose a CHO Area



PRELIMINARY SCREENING FORM

(PSF 1)



Section 4: Outcome of Preliminary Screening

4.1: Outcome:

Choose one outcome only

4.2: Complete if 'Reasonable Grounds' or 'Additional Information' ticked in 4.1

Immediate safety issues addressed ☐

Interim Safeguarding Plan completed and attached ☐

4.3: Any additional actions undertaken? (Select as many as necessary)

Medical treatment ☐ HIQA notified ☐

Medical assessment ☐ Incident management system notified ☐

An Garda Síochána notified* ☐ Open disclosure ☐

Referred to sexual assault treatment unit ☐ Referred to Tusla ☐

* An Garda Síochána should be notified if the safeguarding concern could be criminal in nature. Ongoing liaison is important to ensure any safeguarding assessment does not interfere with the statutory responsibilities of An Garda Síochána.

4.4: Other relevant details:

4.5: If the Preliminary Screening has taken longer than three days to submit, please outline why:

Section 5: Person Allegedly Causing Concern: (If there is more than one person allegedly causing concern, please copy and paste section 5 of this form as necessary)

5.1: Anonymous agency identifier:**/EDSE _____ Name of Service User/staff/family

5.2 Gender

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

5.3: Relationship to person referred: Choose relationship

5.4: If other, please state relationship:

5.5a: Has this person been named in a previous Preliminary Screening? Choose an item.

5.5b: If yes, give details:



PRELIMINARY SCREENING FORM

(PSF 1)



National Safeguarding Office



INTERIM SAFEGUARDING PLAN



Name of vulnerable person:

Safeguarding ID:

What are the wishes of the vulnerable person in relation to this plan?

What are you trying to achieve?	What specific follow-up or safeguarding actions are you taking to achieve this?	Who is going to do this (name and job title)?	When will this be completed?	Review date for actions	Review status/ update
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	

Name of DO/ Service Manager:

Name of Safeguarding Plan Coordinator:

Date of Interim Safeguarding Plan:

Click or tap to enter a date.

If appropriate, the Interim Safeguarding Plan may become the Formal Safeguarding Plan on agreement with the SPT



INTERIM SAFEGUARDING PLAN (continued)



What are you trying to achieve?	What specific follow-up or safeguarding actions are you taking to achieve this?	Who is going to do this (name and job title)?	When will this be completed?	Review date for actions	Review status/ update
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	



PRELIMINARY SCREENING REVIEW FORM (PSF3)

(For completion by Safeguarding and Protection Team)



Name of vulnerable person:

Unique safeguarding ID:

Date received by SPT

Date reviewed by SPT

SPT member reviewing form:

Preliminary Screening agreed
by SPT team:

If not in agreement with outcome at this point outline of reasons:

Commentary on areas in form needing clarity or further information:

Any other relevant feedback including any follow up actions requested:

Name:

Signature:

Date review form returned to Designated Officer/ Service Manager:



PRELIMINARY SCREENING REVIEW UPDATE FORM (PSF 4)

(For completion by DO if requested by the SPT)



PART A:

Name of vulnerable person:

Unique safeguarding ID:

Date returned to SPT:

Designated Officer/ Service Manager:

Signature:

Reply with any clarifications, additional information or follow-up actions requested:

PART B (for SPT use only)

Date received by SPT:

Date reviewed by SPT:

Preliminary Screening agreed by SPT?

SPT team member reviewing form:

Signature:

If not in agreement with outcome at this point give outline of reasons and planned process to address outstanding issues in preliminary screening:

STAFF SIGNATURE SHEET

I have read, understand and agree to adhere to the 2024 SJOGCS Standard Operating Procedure for the Safeguarding of Vulnerable Adults at Risk of Abuse (in line with the 2014 HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (SJOGCS 32)).

Print Name	Signature	Area of Work	Date