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Western Care Association

Adult Safeguarding Policy and Practice Declaration.

Abuse and neglect are unacceptable. Western Care Association operates a NO TOLERANCE approach to any form of Abuse against people using its service, as, the safety and wellbeing of service users is the Associations foremost concern. Any act of intimidation, threat of violence, act of violence or threat of any type of abuse, as defined in this policy and, or the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedure will not be tolerated.

ADULT SAFEGUARDING NOTIFICATION FLOWCHART

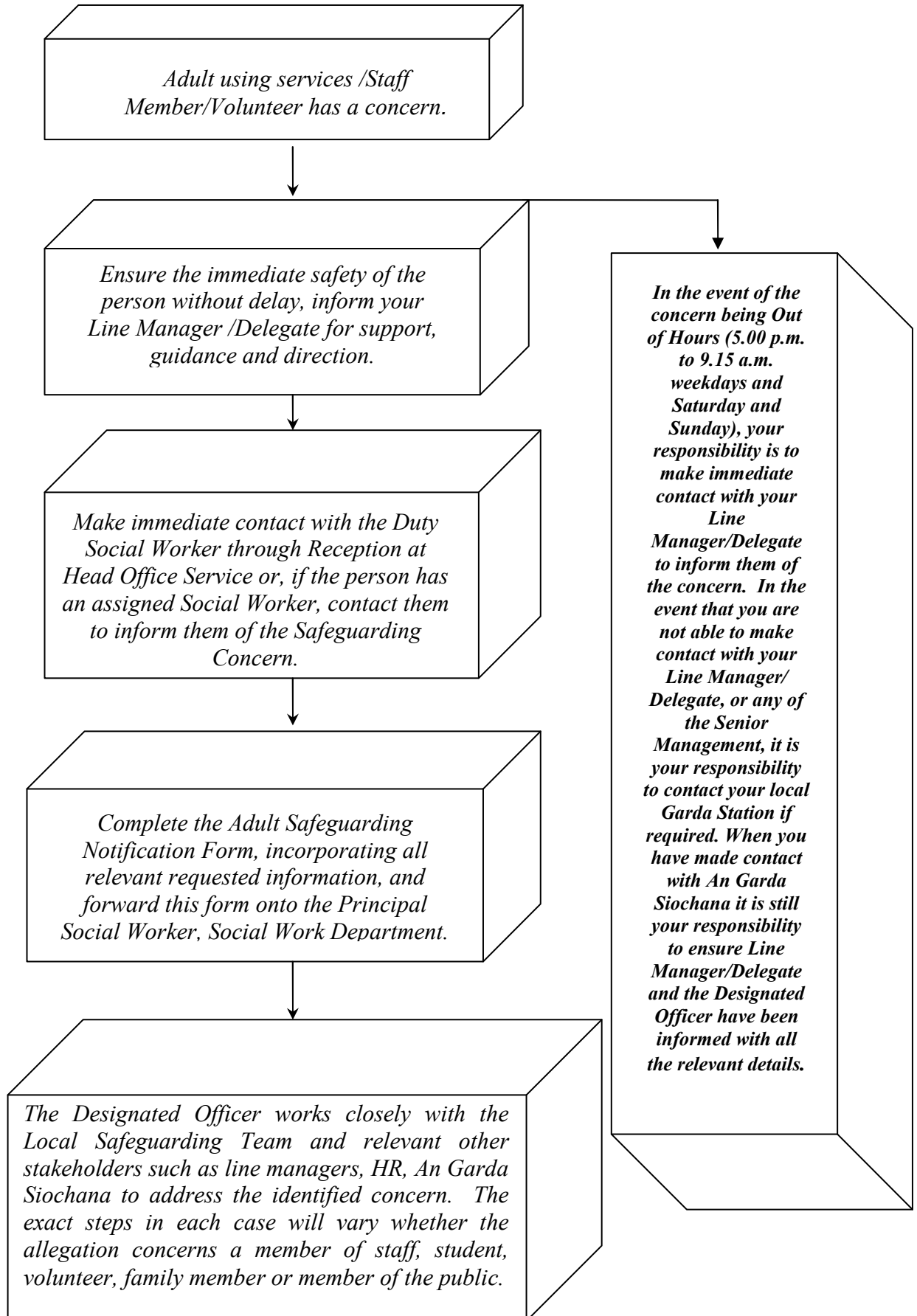


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Policy and Procedure Feedback Form

A Policy and Procedure Feedback Form is available on the Western Care Association Intranet (under Procedures) which will provide an opportunity to comment on any policy/procedure.

Your comments will be forwarded to the person who has the lead for the on-going development of the policy/procedure.

All comments will be collated by the person responsible and will inform the three-yearly review cycle for updating procedures.

1. Introduction

All Adults have the right to live a life free from abuse, neglect and exploitation. Unfortunately, there are times and circumstances where adults supported by Western Care Association are exposed to abuse, exploitation, neglect and harm. This Policy is in place to promote safeguarding practice through awareness, education and empowerment to prevent the occurrence of abuse and to actively address concerns if and when they arise. This Internal Adult Safeguarding Policy is aligned to the Safeguarding of Vulnerable Persons at Risk of Abuse National Policy and Procedures. While all people have a role in safeguarding, the overall lead for the Safeguarding Policy lies with the Designated Officer or in their absence with the Deputy Designated Officer. Their roles are described in detail later in this policy document.

Scope: This Policy applies to all management, staff, students and volunteers in the context of their roles supporting adults i.e. people using Western Care services that are 18 + years of age. This Policy is aimed at ensuring that the supports and services we provide are safe, appropriate and that abuse is recognized and reported wherever it occurs.

2. The Legal and Policy Context

This Western Care Safeguarding Policy is in compliance with the principles and specific requirements of the **National Policy ‘Safeguarding Vulnerable Persons at Risk of Abuse’** which provides the overarching guidance for safeguarding practice in Ireland.

The framework for the legal basis concerning the rights and protections afforded all citizens include;

- The Irish Constitution
- UN Convention on the Rights of People with Disabilities.

In 1937, the *Irish Constitution* was ratified. Articles 40 to 44 in particular describe the fundamental rights of citizens right to freedom from torture, inhuman or degrading treatment or punishment and right to bodily integrity.

In 2016, the *UN Convention on the Rights of People with Disabilities* was adopted by the UN General Assembly. It aims to promote, protect and ensure the full and equal enjoyment of all human rights by persons with disabilities. With particular relevance to this area are the following rights:

- Article 14 – The right to be free and safe
- Article 15 – The right to be free from torture
- Article 16 – The right not to be abused
- Article 17 – The right to physical and mental integrity
- Criminal Law (Sexual Offences) Act 1993
- Children’s First (2011).
- National Standards for Residential Services for Children and Adults with Disabilities (HIQA) January 2013.
- Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures

Western Care Association believes that every person we support should have their human rights respected and this is supported in Western Care Association’s Policy on Rights of Adults & Children using Western Care Services (WCA 1.11).

3. Additional Supporting Organisational Policies

The Adult Safeguarding Policy is a stand-alone policy in place to safeguard adults whom we support. The following policies provide additional guidance which strengthens organisation system and practice in the area of safeguarding:

- 1.4 Personal/Intimate Care Policy.
- 1.8 Risk Management for People using Association Services.
- 1.9 Listening and Responding to People
- 1.10 Incident Reporting Procedure.
- 1.11 Rights of Adults and Children using Western Care Services.
- 1.12 Regulations for Service User's Monies.
- 1.14 Guidelines on Manual Handling.
- 2A.3 Procedure for the Resolution of Concerns and Complaints to Western Care Association.
- 2A.7 Organisational Safety Statement.
- 2A.8 Department Safety Statement.
- 2A.9 Fire Safety Guidelines.
- 2A.11 Missing Persons Procedure.
- 3A.4 Code of Conduct for Western Care Employees.
- 3A.6 Supervisory Support Policy.
- 3A.11 Protected Disclosures of Information in the Workplace.
- 3A.31 WCA Guidance for Implementing Trust in Care.

4. Adult Safeguarding Policy Statement

Our Commitment to Safeguard

We all have the right to lead lives that are safe from abuse. Abuse is a violation of an individual's human and civil rights; it can take many forms. The management, staff, students and volunteers in Western Care Association are committed to a practice which promotes the welfare of adults and safeguards them from harm.

Management, Staff Students and Volunteers in Western Care Association accept and recognize our responsibilities to develop awareness of the issues that cause adults harm, and to establish and maintain a safe environment for them. Many actions may constitute abuse and neglect. Management, Staff, Students and volunteers in Western Care Association are obliged to report on issues of concern to their Manager or Delegate. Failure to act can also constitute abuse and neglect. We will not tolerate any form of abuse wherever it occurs or whoever is responsible. We are committed to promoting an atmosphere of inclusion, transparency and openness and are open to feedback from the people who use our services, carers, advocates, staff and volunteers with a view to how we may continuously improve our service / supports.

5. Values and Principles for the Promotion of Safeguarding and Preventing Possible Abuse

Western Care Association exists to empower people with a wide range of learning and associated disabilities in Co. Mayo to live full and satisfied lives as equal citizens. We aim to do this using a person centred approach. Our adult safeguarding policy is built on the following values and principles:

- **People live lives free from abuse and neglect** – adults supported by Western Care Association will be supported to feel safe and live without fear of violence, neglect or abuse in any form. Each individual will be supported to report any form of abuse and will receive appropriate support following abuse, for as long as may be required.
- **Access to information and knowledge** – adults will be supported to the best extent possible to make an informed choice, including access to advocacy, as required.
- **Equality and diversity** – adults supported by Western Care Association will be treated equally and their background and culture will be valued and respected.
- **Autonomy** – adults supported by Western Care Association will have the opportunity to pursue choices and preferences which support their development and respect their autonomy to give them as much control as possible over their own lives whilst being safeguarded against unreasonable risks.
- **Confidentiality** – the information about each person will be managed appropriately and practice will be based on a clear understanding of confidentiality and its limit among staff/volunteers.
- **Consent** – adults have the right to be supported to make their own decisions and to give or withhold their consent to an activity or service. Consent is a clear indication of a willingness to participate in an activity or to accept a service. It may be signalled verbally, by gesture, willing participation or in writing. Choice may be supported by a person's representatives, most typically their family or by their advocates. The most common forum for assisting people in the decision making process is through Circles of Support used for Individual Planning. Other options for assisting in decision making include formal independent advocacy or Ward of Court arrangements.
- **Dignity and Respect** – adults supported by Western Care Association will be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs.
- **Privacy** – adults supported by Western Care Association will be free from unnecessary intrusion into their affairs; there will be a balance between the individual's own safety and the safety of others.

6. Preventing Abuse

We will endeavour to safeguard adults and prevent abuse by:

- Adhering to this internal Adult Safeguarding Policy and ensuring that it is supported by robust procedures.
- Providing adults with understandable information about their right to be free from abuse, neglect, exploitation and harm.
- Following the procedures laid down for the recruitment and selection of staff and volunteers.
- Providing effective management for staff and volunteers through supervision, support and training.

- Implementing clear procedures for raising awareness of and responding to abuse within the organisation and for reporting concerns to statutory agencies that need to know, while involving carers and adults appropriately.
- Ensuring general safety and risk management procedures are adhered to.
- Promoting full participation and having clear procedures for dealing with concerns and complaints.
- Managing personal information confidentially while information sharing.
- Safeguarding adults through our Code of Conduct for Western Care Employees (3A.4).
- Promoting a safeguarding vigilance, which focuses on ensuring that visitors to our direct services are not a threat or would not cause harm to those residing in or availing of Western Care services.
- Actively supporting those residing in the community to safeguard themselves through information, learning and discussions on self-protection and vigilance.

We will review our policy, procedures, code of conduct and practice every 3 years or sooner if required.

7. What Constitutes Abuse?

Abuse may be defined as “any act, or failure to act, which results in a breach of a vulnerable person’s human rights, civil liberties, physical and mental integrity, dignity or general wellbeing, whether intended or through negligence, including sexual relationships or financial transactions, to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms”. There are eight broad definitions of abuse which can be used to illustrate this type of behaviour which may constitute abuse:

1. Physical Abuse
2. Sexual Abuse
3. Psychological/Emotional Abuse
4. Financial Abuse
5. Institutional Abuse
6. Neglect
7. Self-neglect
8. Discriminatory Abuse.

While these definitions give an indication of the different types of abuse, they do not comprise an exhaustive list. The following table provides definitions, examples and indicators of abuse with which all staff members must be familiar.

8. Types of Abuse

Type Of Abuse : Physical	
Definition	Physical abuse is a physically harmful act directed against a person that results in an injury which was inflicted or knowingly not prevented.
Examples	Hitting, slapping, pushing, burning, inappropriate restraint of adult or confinement, use of excessive force or indifference in the delivery of personal/intimate care, dressing, bathing, inappropriate use of medication, threatening harm against a person, using any form of physical punishment.
Indicators	Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. The person appears frightened, avoids a particular staff member, demonstrates new atypical behaviour, asks not to be hurt.

Type Of Abuse : Sexual	
Definition	Sexual abuse is the involvement of an individual in sexual activities or exposure to sexual activities to which they have not consented or are unable to give informed consent. It is the actual or likely exploitation of a person by another person for their gratification. Therefore, sexual abuse can occur in the following way; <ul style="list-style-type: none"> • Non-Contact Abuse e.g. indecent exposure, sexual harassment, masturbation in the presence of an individual, provision of or exposure to pornographic or indecent material. (Staff Code of Conduct WCA 3A.4) • Contact Abuse e.g. which involves sexual touching, attempted or actual penetration of a person's body, whether oral, anal or vaginal.
Examples	Intentional touching, fondling, molesting, sexual assault rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of a service user. Exposure to pornography or other sexually explicit and inappropriate material.
Indicators	Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STD's and human bite marks. The person demonstrates atypical behaviour patterns such as sleep disturbance, bedwetting, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.

Type Of Abuse : Emotional/Psychological (including Bullying and Harassment)	
Definition	Emotional/Psychological abuse is any behaviour carried out with the intention of causing mental distress or which results in mental distress. It may take many forms and may be overt or subtle.
Examples	Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone personal space, unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance, failure to show interest in, or provide opportunities for a person's emotional development or need for social interaction, excessive control over access to TV, phone or news, treating the adult in a childlike manner, disregard for the person's privacy, disrespect for social, racial, physical, religious, cultural, sexual or other

	differences, unreasonable disciplinary measures/ restraint, controlling access to friends, family and neighbours, discouraging contact with an advocate, denying or making light of abuse, engaging in activities that are not age-appropriate e.g. adults ready for bed too early.
Indicators	Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness/ hopelessness, extreme low self-esteem, tearfulness, self-abuse or self-destructive behaviour, Challenging or extreme behaviours – anxious/aggressive/ passive /withdrawn.

Type Of Abuse : Financial / Material

Definition	Financial abuse is the unauthorized interference with or theft of personal possessions, money or property belonging to another.
Examples	Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the person for financial gain, putting pressure on the person in relation to wills property, inheritance and financial transactions, using the person's own property as a reward or punishment, limiting access to financial information and resources resulting in unnecessary impoverishment,
Indicators	No control over personal funds or bank accounts, misappropriation of money, valuables or property, No records or in complete records of spending, discrepancies in the person's financial records, not paying bills, Refusal to spend money, insufficient monies to meet normal budget expenses etc.

Type Of Abuse : Institutional

Definition	This can occur when an organization where an adult with a disability is living or in receipt of services fails to provide the necessary processes and systems to protect him or her from abuse and maintain good standards of care and service. Adults using services of an organisation are dependent on the organisation to provide the highest quality and standards of care in accordance with their needs and abilities.
Examples	People are treated collectively rather than as individuals. Each person's right to privacy and choice not respected. Staff talking about personal or intimate details in a manner that does not respect a person's right to privacy.
Indicators	People are treated collectively rather than as individuals. Each person's right to privacy and choice not respected. Staff talking about personal or intimate details in a manner that does not respect a person's right to privacy.

Type Of Abuse : Neglect

Definition	Neglect may include an act or omission, where a person is routinely deprived of food, clothing, entitlements, warmth, hygiene, intellectual stimulation, supervision and safety
Examples	Withdrawing or not giving help that an 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.

Indicators	Poor personal hygiene, dirty and dishevelled in appearance e.g. – unkempt hair and nails. Poor state of clothing. Non-attendance at routine health appointments e.g. dental, optical, chiropody etc. Socially isolated i.e. has no social relationships.
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Type Of Abuse : Self Neglect

Definition	Self-neglect is in the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently.
Examples	Profound inattention to health and hygiene, inability to perform essential care tasks, not availing of medical services when required.
Indicators	Poor personal hygiene, dirty and dishevelled in appearance e.g. – unkempt hair and nails. Poor state of clothing. Non-attendance at routine health appointments e.g. dental, optical, chiropody etc. Socially isolated i.e. has no social relationships. Inability to avoid physical or emotional harm or pain.

Type Of Abuse : Discriminatory Abuse

Definition	Discriminatory abuse is the wilful or neglectful exclusion of a person's participation or contribution caused by a prejudicial view of their disability, customs, age, gender, ethnic origin, religion, language and sexuality
Examples	Not receiving care/services they require, isolation, being required to adhere to customs or norms that are at odds with their personal philosophy
Indicators	The person doesn't expect their opinion to be respected, hiding their true beliefs, conformity, and feeling of being undervalued as an individual.

9. Retrospective Disclosure

Retrospective disclosure is the recall and disclosure by an adult of an abuse they experienced during their childhood, school age or adult years. Retrospective Abuse will be treated with the same immediacy as all disclosures.

When a retrospective disclosure is made, serious consideration must be given to the current risk to any child or adult who may be in contact with the alleged abuser. Western Care's Associations Social Work Department will make a referral to the Child and Family Agency (TUSLA) Social Work Department in the interest of all concerned by this experience.

The adult making the allegation will be facilitated and supported to make a full disclosure to An Garda Síochána.

If, for any reason, it is felt that the person requires professional counselling/therapy or if a staff member requires information about current supports for an individual in this area, you can make contact with the Duty Social Worker in Western Care Association for further current contact numbers and information.

10. Adults with a Disability are Considered to be more Vulnerable to Abuse.

Abuse of a person with a disability may be a single act or repeated over a period of time. It may comprise one form or multiple forms of abuse. The lack of appropriate action can also be a form of abuse. Abuse may occur in a relationship where there is an expectation of trust and can be perpetrated by a person who acts in breach of that trust. Abuse can also be perpetrated by people who have influence over the lives of the adults, regardless of whether they are formal or informal carers or family members or others. Abuse may also occur outside such relationships.

People with disabilities may be particularly vulnerable due to:

- Diminished social skills.
- Dependence on others for personal and intimate care.
- Capacity to report.
- Sensory difficulties.
- Isolation.
- Power differentials.

Common Organisational risk factors include:

- Low staffing levels.
- High staff turnover.
- Lack of policy awareness.
- Isolated services.
- A neglected physical environment.
- Weak/inappropriate management.
- Staff competencies not matched to service requirements.
- Staff not supported by training/ongoing professional development.

11. Who Can Abuse?

Anyone who has contact with an adult whom we support including a, community member, friend, informal carer, staff member, a stranger or a member of their family may be involved in abusive interactions. This includes Institutional Abuse, which is the misuse of power and trust by professionals and a failure to act on suspected abuse, poor care practice or neglect. Because people who use services spend time together in services issues may arise between them. Sometimes this may result in abusive interactions. This is known as peer abuse or service user to service user abuse which is further described below.

12. Where Abuse may Occur?

An important safeguarding measure for those employed in any capacity by Western Care Association is to remain vigilant at all times, as to where abuse can occur. Abuse can happen anywhere and in any setting such as the following:

- In someone's home.
- At a carer's home.
- Within day, residential and respite services.
- At a place of work/educational setting.
- In rented accommodation or commercial premises.
- In public places.

13. Barriers to Disclosure

There are a number of factors that may act as a barrier to disclosure that need to be borne in mind:

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

14. How can you be alerted to signs of abuse or neglect?

All staff and volunteers employed in Western Care Association should be aware that safeguarding adults we support is an essential part of their duty. Staff/volunteers must be alerted to the fact that abuse can occur in a range of settings and, therefore, must make themselves aware of the signs of abuse and the appropriate procedures to report such concerns or allegations of abuse.

- An adult may disclose to you.
- Someone else may tell you of their concerns or something that causes you concern.
- An adult may show some signs of physical injury for which there does not appear to be a satisfactory or credible explanation.
- An adult's demeanour/behaviour may lead you to suspect abuse or neglect.
- The behaviour of a person close to the adult makes you feel uncomfortable (this may include another staff member, volunteer, peer or family member).
- Through general good neighbourliness and social guardianship.
- A pattern of ongoing neglect should also be considered even when there are short periods of improvement.
- An allegation of abuse may be reported anonymously or come to attention through a complaints process.
- By a failure on behalf of a responsible adult to recognise the particular needs and choices of the individuals as opposed to their own perception of what that person requires.

15. Supporting Disclosure

What to do if an adult discloses abuse? In cases where an adult discloses abuse to a staff member or volunteer, it is important that staff/volunteers know how to react appropriately, it is important that a staff member or a volunteer act immediately on the presenting concern ensuring that the person is safe. It is important to consider the following:

- Stay calm. This can be difficult as information disclosed may be upsetting and shocking. Your external presentation can encourage or disinhibit the individual from making their disclosure
- Listen patiently and hear what person is saying. Focus on being present for the duration of the disclosure and not attending to other related tasks at this time e.g.

getting pen and paper. Do not press the person for any additional information relating to their disclosure or ask them to repeat their disclosure. Never ask someone to stop their disclosure and never assure the person that a secret can be kept

- Express concern and empathy about what has happened in a manner which is accessible to the person
- Reassure the person – tell the person that they did the right thing in telling you
- Let the person know that the information will be taken seriously and give them information about what will happen next
- Ensure the safety of the person
- Report the concern immediately to the Line Manager and do not disclose this information to personnel who did not need to know, contact staffs assisting social worker/or duty social worker as not all service users have an assigned social worker and complete Adult Safeguarding Notification
- Concerns should not be communicated through any other medium than direct verbal/written communication with Line Management/Social Work Department
- It is not your responsibility to make any contact with the alleged person of concern and you must not attempt to investigate the alleged concern further. If it is agreed that you are the most appropriate person to make contact this will be formally requested of you by the Designated Officer or Deputy Designated Person.

16. Procedure for Reporting and Registering Concerns for Adults

It is the responsibility of staff, students and volunteers to report concerns of abuse involving members of the public, staff, volunteers and families towards an adult. Therefore if you have a concern you must follow the relevant steps below:

STEP 1	Ensure the immediate safety of the person
STEP 2	Contact your Line Manager to inform them verbally of the concern and safeguarding actions taken. Initial reporting must be done verbally and directly. It is not sufficient to use voice messages, texts or emails as this does not guarantee immediate communication.
STEP 3	With the support of your Line Manager or Delegate (if required) contact the Duty Social Worker or the person’s assigned Social Worker and inform them of the safeguarding concern.
STEP 4	Complete the Adult Safeguarding Notification Form and arrange for it to be forwarded to the Designated Officer/Deputy. Confidentiality must be observed. Ensure the process for notifying HIQA is undertaken by the person in charge if you work in a HIQA Designated Centre.
STEP 5 (Step 2 under Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures)	The Designated Officer/Deputy will contact your Line Manager, or another agreed person and will guide them through the process of completing a Preliminary Screening Form and an Interim Safeguarding Plan (PSF1 available for download on WCA Intranet). This must be undertaken and completed within 3 working days from the initial concern, so that on day 3 it can be submitted to the Safeguarding Team in line with the National Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedures.

<p>STEP 6 (Step 3 under Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures)</p>	<p>A Safeguarding Plan Co-ordinator (your Line Manager or another agreed person) will be appointed by the Senior/Regional Services Manager/ Head of Department in consultation with the Designated Officer/ Deputy to act as a lead person with responsibility for co-ordinating information and intervention with regard to the safety and wellbeing of the individual. The Designated Officer/ Deputy will support the person who is in the role of Safeguarding Plan Co-ordinator to complete a Safeguarding Plan (FSP1 available for download on WCA Intranet). The Safeguarding Plan must be in place and with the Social Work Department within 21 days from the initial concern, allowing the Social Work Department to submit the Safeguarding Plan to the Safeguarding Team for their approval within the set time frame.</p>
<p>STEP 7 (Step 4 under Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures)</p>	<p>In consultation with the Designated Officer/ Deputy the appointed Safeguarding Plan Coordinator must review the Safeguarding Plan within 6 months of the initial concern to ensure its sustainability, effectiveness and determine if changes need to be applied, establish if there is a remaining risk and if required, set a further review date.</p>
<p>STEP 8 (Step 5 under Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures)</p>	<p>The Designated Officer/ Deputy will request a Safeguarding Plan Review and this information will put closure on the initial concern for our Confidential File and electronic recording of the outcome. This information will be shared with the Local Safeguarding and Protection Team at planned interval meetings.</p>

17. Considerations when Sexual Assault Occurs

- In recognition of the urgency and time frames regarding a sexual assault and the necessity to preserve medical evidence, there is a responsibility on staff to be vigilant and respond immediately to the concern.
- Call the emergency services if urgent Medical or An Garda Síochána assistance is required.
- Let the person know that they will be kept involved at every stage in a manner which is accessible to the person.

18. Protected Disclosures

In the normal course of events, employees should alert their concerns to their line manager. Where there exists a relationship that prohibits or impinges that reporting relationship (for possible fear retaliation or victimisation), you then must report this concern to the appropriate individual in Western Care Association who will ensure that the concern get addressed in line with this Adult Safeguarding Policy. Such employees will receive legal protection from any form of penalisation provided they make their disclosure in accordance with the Protected Disclosure of Information in the Workplace Policy 3A.11

19. Notification to HIQA

Any allegation, suspected or confirmed abuse, of any resident residing in a HIQA Designated Centre, will be notified by the person in charge of the Designated Centre or person acting in that capacity at the time of the incident to HIQA within 3 working days, as part of our reporting requirements under HIQA.

20. Detection and Prevention of a Crime

Where there is concern that a serious criminal offense may have taken place, or a crime may be about to be committed, contact An Garda Síochána immediately.

21. The Role of the Designated Officer / Deputy Designated Officer

Each service (HSE and funded) providing services to adults with a disability will appoint a Designated Officer. The Principal Social Worker in Western Care holds the position of Designated Officer. In his/her absence or to assist with safeguarding cases, the Team Leader who has a senior role in the Social Work Department is assigned as Deputy Designated Officer. The role of the Designated Officer in Western Care Association is to ensure best practice with regard to the management of concerns or allegations of adult abuse as follows:

- To receive Adult Safeguarding Notification Forms and additional information if required to make an informed decision to safeguard adults.
- To provide information, advice and guidance on adult Safeguarding within the organisation.
- To ensure that the Organisation's Adult Safeguarding Policy is followed and to inform community services and/or An Garda Síochána of relevant concerns about individuals.
- When notified by the HR Department, the Designated Officer is invited to review complaints for the potential of any type of abuse, neglect, mistreatment, or exploitation.
- To liaise with community services, An Garda Síochána, families and other agencies either directly or by delegation.
- To provide a quarterly analysis of the concerns raised to the CEO and Head of Evaluation and Training and to be available to them for discussion if required. This analysis informs the Incident Management Quarterly Report and can be a resource when meeting the local Safeguarding and Protection Team.
- To ensure that a confidential file is maintained, keeping a record of the action taken by the organisation and their contact with the local Safeguarding Team and other agencies leading to a record of conclusion.
- To provide training to management, staff, students and volunteers on the recognition and prevention of adult abuse, and to confer responsibility on each individual to report concerns and understand their role in implementing Western Care Association's Adult Safeguarding Policy.
- To arrange for information briefings through the Social Work Department for families of those supported by Western Care Association.

The names and contact details of the Designated Officer and Deputy Designated Officer are on display in Services and Centres.

22. Out Of Hours Concerns

In the event of immediate concerns that put the safety and welfare of an adult we support at risk, and where it is not possible to engage with the Social Work Department, Gardaí can undertake the safeguarding role. This refers to Out of Hours i.e. (5.00pm to 9.15am weekdays and all weekend). Your responsibility is to ensure the person is safe and to inform your direct Line Manager/Delegate regarding your concerns and safeguarding action undertaken with the Gardaí.

23. Confidentiality

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

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

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

Ethical and statutory codes concerned with confidentiality and data protection provide general guidance. They are not intended to limit or prevent the exchange of information between professional staff with a responsibility for ensuring the protection and welfare of adults. It is possible to share information with the appropriate authorities without breaching data protection laws. Regard should be had for the provisions of data protection acts when confidential information is to be shared. If in doubt, legal advice should be obtained.

The Criminal Justice (withholding of Information on Offences against Children and Vulnerable Persons) Act 2012, came into force on the 1st August, 2012. It is an offence to withhold information on certain offences against children and vulnerable persons from An Garda Síochána.

24. Reporting Safeguarding Concerns between Service Users

Western Care Association recognises that incidents of abuse may occur between adults using services. These are also referred to as peer to peer incidents. For example where an adult is at risk of being hit by another adult, even in the context of challenging behaviour, it is an abusive experience for that person. All staff/volunteers are responsible for ensuring steps are taken to make and keep people safe.

The recording of incidents of concern using the Association's Incident Reporting Procedure (WCA 1.10) helps to ensure that a response is put in place. The completion of this Incident Report Form ensures that there is a written record of the concern and can be used to inform the Designated Officer/Deputy of potential Safeguarding issues.

Peer to peer incidents are normally recorded through the Incident Injury Procedure. This procedure gives guidance and specifies the required response for different categories of incident

severity on a scale of 1 – 5. In the case of a higher severity level incident rating of 4 or 5 there is an elevated response which is described below.

If there is an allegation involving service user to service user of sexual abuse **or** of another criminal matter **or** if the incident severity would have been rated as level 4 or 5 then a **Western Care Adult Safeguarding Notification Form should be completed instead** of an Incident Report. Therefore peer to peer incidents at level 4 and 5 will automatically be treated as Safeguarding Concerns and will require Preliminary Screening and Safeguarding Plans in line with the National Safeguarding Policy requirements. The process for informing the Designated Officer and the Senior/Regional Manager/Head of Dept. also apply in these instances.

When a level 4 or 5 peer to peer incident is reported on the Adult Safeguarding Notification Form the Frontline Manager (FLM) or assigned person will be supported by the Designated Officer/Deputy to complete a Preliminary Screening and Interim Safeguarding Plan (PSF1) leading on to a full Safeguarding Plan if deemed appropriate by agreement with the local Safeguarding and Protection Team. The Frontline Manager (FLM) or assigned person will be supported through this process by the Designated Officer/ Deputy.

The Designated Officer/Deputy may require the following actions as part of the Safeguarding Plan process:

The Senior/Regional Manager/Head of Department must ensure that a Critical Incident Review takes place. In order to meet the requirements of the National Safeguarding Policy this Critical Incident Review must take place within 3 days. The main purpose of a Critical Incident Review in the case of Safeguarding Concerns is to develop a Safeguarding Plan. The actions that support a Safeguarding Plan may include the following:

- A Critical Incident Review is undertaken by the Senior/Regional Manager/Head of Dept.
- The Critical Incident Review identifies clear actions and the people responsible for addressing the issue of concern to ensure there is an effective Safeguarding process in place.
- The purpose of the Critical Incident Review is to consider the incident details, to determine what worked well, what needs to change and what learning has taken place to ensure this type of incident severity does not re-occur.
- There is consideration of possible root causes of the incident to identify any underlying problem and ensure there is a broader focus than just the immediate facts of the incident.
- The Critical Incident Review should include how well people are supported, whether they need particular assistance or information to help deal with both emotional and practical issues.
- A comprehensive record of the Critical Incident Review should be forwarded to the Designated Officer/Deputy

- In addition to the record of the Critical Incident Review there are other documents that may be required by the Designated Officer/Deputy such as an updated or new Personal Risk Management Plan

Opportunities for organisational learning should be identified where these arise for example in relation to successful solutions, contributing factors that have organisational relevance, systems and practice issues which require attention as a result of reflection on the incident. The Designated Officer/Deputy will have an overview of all Safeguarding concerns and potential for organisational learning.

Low Severity Peer to Peer Incidents

Where Incidents of Peer to Peer concerns are rated at a level 1, 2 or 3, these incidents should be completed using the WCA Incident Reporting Form and forwarded onto the Designated Officer/Deputy who will examine the incident reports. The Designated Officer/Deputy will also review the data to identify trends over periods of time. The purpose of this is to examine if any individual is experiencing repeated low level severity 1 – 3 incidents which may reflect a more serious underlying pattern that needs to be addressed, noting that incidents rated level 3 will receive elevated levels of scrutiny. This will enable the identification of both individual situations and organisational issues arising in our systems and practice that need our attention.

The Designated Person/Deputy reserves the right to escalate an Incident Report to the status of a formal Safeguarding concern. If the Designated Officer/Deputy identifies a pattern of low level but recurring peer to peer incidents which are deemed to require escalation they will contact the service to discuss the notification process.

The Designated Officer/Deputy will follow the steps outlined above under ‘Procedure for Reporting and Registering Concerns for Adults’ to support the Frontline Manager (FLM) to complete the Preliminary Screening and Initial Safeguarding Form (PSF1), advise the FLM on undertaking the role of Safeguarding Co-ordinator and completing any other requirements of the Safeguarding Policy as outlined including the final Safeguarding Plan. Should the person be receiving a service in a Designated Centre this will be deemed Notifiable to HIQA

The Designated Officer/Deputy will include the Senior/Regional Manager /Head of Dept in all communications with the FLM regarding these escalated incidents.

“Your referral ensures that adults we support, lead lives safe from abuse and neglect”.



ADULT SAFEGUARDING NOTIFICATION FORM

Date of Concern: _____

Staff Completing Form Details

Name: _____

Position: _____

Work Location: _____

Alleged Victim Details

Name: _____ D.O.B. _____

Address: _____

Male

Female

Concern Details

Location where it occurred:

Time: _____

Type of Abuse Reported: *(Please Tick as appropriate)*

Physical

Sexual

Emotional

Neglect

Financial

Discriminatory

Retrospective

Service Provider

Details (person whom the allegation is made against)

Name: _____

Please confirm if the person of concern is a: *(Please Tick as appropriate)*

Staff Member Volunteer / Student Other Adult we support

Family Member Member of the Public Other - Please Specify:

If the person of concern is a Staff Member, specify all Location/s within the organisation where they work: _____

If the person of concern is another person using services, specify all Location/s within the organisation where they receive support: _____

What alerted you to this Concern? *(Please Tick as appropriate)*

Observation: Suspicion: Disclosure:

Describe, in as much detail of possible, What the Alleged Victim has Said and the Nature of the Concern:

Actions Taken:

Has the Alleged Victim's Safety been ensured? *(Please Tick as appropriate)*

Yes No

By who? You By Another *(Please state Name):* _____

Was the GP consulted? Yes No

By who? You By Another *(Please state Name):* _____

Name of GP: _____

Tel. No: _____

Was Medical Treatment necessary? Yes No

By who? You By Another *(Please state Name):* _____

By Another *(Please state Name):* _____

Please confirm if you have informed your Line Manager of this Concern Verbally:

Yes No

If Yes, provide the following details of the Line Manager you informed:

Name: _____

Position: _____

Work Location: _____

Please confirm the Date and Time of the Verbal Notification to the Line Manager:

Date: _____ **Time:** _____

Has the family been notified? Yes No

For WCA Social Work Department Use Only:

Date Adult Safeguarding Notification Form
received in Social Work Department:

Name of Assigned Social Worker:

Date Assigned:

Date Concern discussed with Designated Officer
/ Deputy Designated Officer:

Letter of Acknowledgement of Concern sent by Designated Officer / Designated Liaison
Officer:

Yes No

Six Monthly Check:

Criteria for Outcome of Assessment of Concern:

Confirmed Unfounded Inconclusive Ongoing No Further Action

Case Closed: _____

Signed: _____
Social Worker