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# Vulnerable Persons at Risk of Abuse Safeguarding Policy

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Bray Community Addiction Team

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Reason for review: Reason for review: Updates regarding Retrospective/ Historical Abuse.

Review:

Reference:

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1.Responsibility for approval of policy	<i>All Staff and Board of Directors</i>
2.Responsibility for implementation	<i>All Staff with oversight from the Team Leader</i>
3.Responsibility for ensuring review	<i>Manager</i>

## 1. Policy Statement

- 1.1. The Bray Community Addiction Team (BCAT) for the purposes of this policy considers a Vulnerable Person as an adult aged 18 or over who is restricted in capacity to guard themselves against harm or exploitation or to report such harm or exploitation.
- 1.2. BCAT is committed to safeguarding the wellbeing of adults from abuse.
- 1.3. BCAT provides services to and works with adults in vulnerable circumstances on a daily basis and it is therefore vital that BCAT is fully compliant with all relevant safeguarding guidance and legislation.
- 1.4. BCAT provides its services through a person centred model of care in a collaborative way with shared responsibility between the service users, their families and carers, health and social care professionals, service organisations and society as a whole.
- 1.1. Safeguarding refers to the process of putting measures in place to promote people's human rights, their health and wellbeing and empowering them to protect themselves. BCAT asserts that all adults have the right to be safe and live a life free from abuse. All persons are entitled to this right, regardless of their circumstances. BCAT acknowledges its responsibility to ensure that service users are treated with respect and dignity and receive support in an environment in which every effort is made to promote their welfare and to prevent abuse.
- 1.2. BCAT has a publicly declared 'No Tolerance' approach to any form of abuse and promotes a culture which supports this ethos.
- 1.3. All BCAT policies and procedures promote welfare, reflect inclusion and transparency in the provision of services, and promote a culture of safeguarding.

## 2. Purpose and Reporting Structures

- 2.1. BCAT takes its responsibility to report any suspicions or concerns about physical, emotional, sexual abuse or neglect to the HSE/ An Garda Síochána (the Gardai) seriously.
- 2.2. The Manager at BCAT is responsible for ensuring that this policy and related procedures are established, implemented and maintained effectively and efficiently and communicated to service users and visitors of BCAT facilities. All other staff members are expected to facilitate this process.
- 2.3. The Designated Officer with organisational responsibility for reporting within BCAT is the Manager and in their absence the Team/ Project Leader (Designated Person). However, this should not preclude all members of staff from reporting concerns if the need arises. All concerns/reports of abuse must be immediately notified to the Designated Officer and in their absence the Team/ Project Leader.
- 2.4. This policy should be read in conjunction with the following policies: Garda Vetting, Code of Practice, Confidentiality, Data Protection, Induction, Case Notes, Written Records and Correspondence, Recruitment and Selection and Equality Policies, Advocacy Policy, Service User Policy and the Safeguarding Statement for Vulnerable Persons at Risk of Abuse.

## 3. Scope

- 3.1. This policy applies to all employees directly employed by BCAT, volunteers, students, Tus and Community Employment workers, it also applies to agencies providing in reach services for the time they are on the premises and those for whom BCAT has legal responsibility.
- 3.2. This policy is informed by the guiding principles, procedures, protocols and legislation underpinning the protection of Vulnerable Persons and support our responsibility to safeguard vulnerable persons and all service users (see Appendix 1).
- 3.3. Where any Board member, staff member, contract worker, volunteer or student becomes aware of an act of non-compliance with this policy, they have a responsibility to address the issue with the person concerned and if there is not a satisfactory outcome to bring it to the attention of the Manager and in their absence the Team/ Project Leader as appropriate.

## 4. Glossary of Terms and Definitions

- 4.1. **Abuse (Definition):** 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. The HSE define abuse as '*any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general wellbeing, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms*' (see Appendix 1). In particular deprivation of the following rights may constitute abuse: liberty, privacy, respect and dignity, freedom to choose, opportunities to fulfil personal aspirations and realise potential in their daily lives, opportunity to live safely without fear of abuse or violence in any form, respect for possessions. People with disabilities and older people may be particularly vulnerable due to: diminished social skills, dependence on others for personal and intimate care, capacity to report, sensory difficulties, isolation and power differentials.

This definition excludes self-neglect which is an inability or unwillingness to provide for oneself. BCAT acknowledges that staff may come into contact with service users living in conditions of extreme self-neglect. To address this BCAT refers to the procedures developed by the HSE to manage such situations (see Appendix 2).

### 4.2. Abuse (Types and Context)

- 4.2.1. The following are the main categories/types of abuse:
- 4.2.1.1. **Physical abuse** includes hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint or inappropriate sanctions.
  - 4.2.1.2. **Sexual abuse** includes rape and sexual assault, or sexual acts to which the person has not consented, or could not consent, or into which they were compelled to consent.
  - 4.2.1.3. **Psychological abuse** includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
  - 4.2.1.4. **Financial or material abuse** includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
  - 4.2.1.5. **Neglect and acts of omission** includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating. The lack of appropriate action can also be a form of abuse.
  - 4.2.1.6. **Discriminatory abuse** includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
  - 4.2.1.7. **Institutional abuse** may occur within residential care and acute settings and may involve poor standards of care, rigid routines and inadequate responses to complex needs.
- 4.2.2. **Who May Abuse?**
- 4.2.2.1. Anyone who has contact with a vulnerable person may be abusive. 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 vulnerable persons, whether they are formal or informal carers, members of the community a friend or family members or others, healthcare/ social care or other worker. It may also occur outside such relationships.
- 4.2.3. Abuse may occur in the following circumstances:
- 4.2.3.1. **Domestic Abuse/ Familial Abuse:** Abuse of a person by a family member.

- 4.2.3.2. **Professional Abuse:** Misuse of power and trust by professionals and a failure to act on suspected abuse, poor care practice or neglect.
- 4.2.3.3. **Peer Abuse:** Abuse, for example, of one adult with a disability by another adult with a disability.
- 4.2.3.4. **Stranger Abuse:** Abuse by someone unfamiliar to the person.
- 4.2.4. **Where/ When might abuse occur?**
- 4.2.4.1. Abuse can happen at any time in any setting.
- 4.2.4.2. Abuse of a vulnerable person may be a single act or repeated over a period of time. It may comprise one form or multiple forms of abuse.
- 4.2.5. **Non Engagement**
- Particular challenges arise in situations where concerns exist regarding potential abuse of a vulnerable person and that person does not want to engage or co-operate with interventions. Where an adult indicates that they do not wish to engage or cooperate with the HSE and should a BCAT staff member continue to have concerns, they should refer to the Designated Officer. The Designated Officer will consider the following:
- 4.2.5.1. That there is a presumption that all adults have capacity and that an adult who has capacity has the right not to engage with BCAT, the HSE or any services, if they so wish.
- 4.2.5.2. However, if there is a concern that an adult is vulnerable *and* may or may not have the capacity to make decisions, BCAT may well have obligations towards them. In those circumstances BCAT will consider whether the non-cooperation of the individual may be due to issues of capacity, is voluntary or if it could stem from for example some form of coercion. Decisions as to the appropriate steps to deal with such cases will be made on a case by case basis and with appropriate professional advice and referral as appropriate to the HSE/ the Gardai.
- 4.3. **Designated Officer:** the role specified staff member in BCAT with organisational responsibility for reporting within BCAT. The Designated Officer in BCAT is the Manager.
- 4.4. **Designated Person:** the role specified staff member who will undertake the duties of the Designated Officer in their absence. The Designated Person in BCAT is the Team/Project Leader.
- 4.5. **Disability:** The term "disability" for the purposes of this policy applies to persons who have 'long-term physical, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (UN convention on the Rights of Persons with Disabilities (see also Disability Act, 2005) (see Appendix 1).
- 4.6. **Domestic/ Familial Abuse/ Violence:** Familial or domestic abuse/ violence is when an adult in the family uses violence to control (including coercive control) and/ or harm a family member. It can be physical, emotional/ psychological or sexual in nature and includes violence perpetrated by a spouse, partner, son, daughter or any other person who has a close relationship or lives with the victim. It can also involve the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone. It can also involve coercive control which is a persistent pattern of controlling, coercive and threatening behaviour including all or some forms of domestic abuse by a partner or ex-partner. It traps victims in a relationship and makes it impossible or dangerous to leave. It is abuse if your partner or a family member:
- threatens you,
  - shoves or pushes you,
  - makes you fear for your physical safety,
  - puts you down, or attempts to undermine your self-esteem,
  - controls you, for example by stopping you seeing your friends and family,
  - is jealous and possessive, such as being suspicious of your friendships and conversations,

- frightens you.
- 4.7. **Dual Diagnosis:** The HSE use the term “dual diagnosis” to describe a person who presents with a concurrent mental health disorder and a substance use disorder (SUD). Evidence indicates that 30-50% of people with severe mental illness have co-existing problems with substance use (see Appendix 1). Aside from the difficulties posed by any mental illness, people with mental health problems are more likely to have increased vulnerabilities to abuse and exploitation. Factors that may threaten mental health may include neglect, injustice, discrimination, medical illness and substance use.
  - 4.8. **HSE:** The Health Service Executive (HSE) provides public health and social care services to everyone living in Ireland.
  - 4.9. **Safeguarding** means putting measures in place to reduce the risk of harm or abuse to promote and protect people’s human rights and their health and wellbeing and empowering people to protect themselves, live safely, free from abuse or neglect, where their choices are heard and respected.
  - 4.10. **Service Users** are individuals who use the services of BCAT. They may also be referred to as clients.
  - 4.11. **Staff Members** are individuals who work with BCAT. It should be construed broadly and includes employees, students, volunteers and locums.
  - 4.12. **Vulnerable Person/ Adult at Risk of Abuse (Definition):** A Vulnerable Person at risk of abuse can be defined as an adult aged 18 or over who is restricted in capacity to guard themselves against harm or exploitation or to report such harm or exploitation at a particular point in time, whether due to personal characteristics or circumstances and is at risk of experiencing harm or abuse by another party<sup>1</sup>. For the purposes of this policy BCAT considers an adult aged 18 or over who has a problem with drugs or alcohol to be included in this definition for the following reasons:
    - 4.12.1. An adult who has a problem with drugs or alcohol may not automatically be classed as a vulnerable person, but they might experience other conditions that would.
    - 4.12.2. The Government of Ireland has moved towards viewing substance abuse and drug addiction as a public health issue rather than a criminal justice issue. It has also moved towards considering social or educational disadvantage, family circumstance, or poor health all risk factors for problematic substance use, leading to an adult finding themselves in vulnerable circumstances<sup>2</sup>.
    - 4.12.3. Many of BCAT’s clients have suffered from developmental trauma and significant life events and as a result many have a level of vulnerability that can make them more susceptible to abuse.

## 5. Principles

All persons have a right to be protected against abuse and to have any concerns regarding abusive experiences addressed. Adults who become vulnerable have the right to be accorded the same respect and dignity as any other adult. They have a right to be treated with respect and to feel safe regardless of their circumstances. BCAT is committed to ensuring the safeguarding of adults. The following principles are critical to the safeguarding of all persons from abuse: Accountability, Advocacy, Collaboration, Confidentiality, Culture, Empowerment, Human Rights, Person Centeredness, Prevention and Protection. These interacting principles are reflected in the ways BCAT deliver care and support to service users.

### 5.1. Accountability

- 5.1.1. BCAT is committed to operating with accountability and transparency in delivering safeguarding, where service users are aware of the role of everyone involved in their life.

<sup>1</sup> Draft Discussion Paper: Primary Definitions National Policy on Adult Safeguarding for the Health Sector (see Appendix 1).

<sup>2</sup> Reducing Harm, Supporting Recovery A health-led response to drug and alcohol use in Ireland 2017-2025 (see Appendix 1).

## 5.2. Advocacy

- 5.2.1. BCAT aims to support, protect and advocate as appropriate on behalf of service users as they can be marginalised in terms of health, housing, employment and social participation. BCAT aims to achieve this in a proportionate and least intrusive way appropriate to the risk presented (refer also to BCAT's Advocacy Policy).
- 5.2.2. BCAT encourages, supports and develops Group Advocacy through its provision of group sessions. Group Advocacy provides an opportunity for individuals to speak up on issues collectively and gives them a greater level of confidence to attain their full potential.
- 5.2.3. BCAT supports the service users' rights to autonomy, to privacy, and the right to make informed choices.
- 5.2.4. BCAT aims to support vulnerable persons in making their own decisions about how they wish to proceed in the event of abuse and to know that their wishes will be considered paramount unless it is considered necessary for their own safety or the safety of others to take an alternate course, or if required by law to do so.

## 5.3. Collaboration & Partnership

- 5.3.1. BCAT recognises that interagency collaboration is an essential component to successful safeguarding. BCAT is committed to providing local solutions through working in partnership with other services in the community.
- 5.3.2. BCAT notes that reducing isolation through links with the community can mean that there are more people who can be alert to the possibility of abuse as well as providing links with potential sources of support.
- 5.3.3. BCAT encourages service users to access where appropriate the support of the multi-agencies to assist them in being supported in a balanced way and works collaboratively with other services and organisations to achieve this.

## 5.4. Confidentiality

- 5.4.1. All service users can be secure in the knowledge that all information about them is managed appropriately and that there is a clear understanding of confidentiality among all BCAT personnel. However all service users, including vulnerable persons, and, where appropriate their carer or representatives are informed that no undertakings regarding secrecy can be given in any situation.
- 5.4.2. In the event that a disclosure is made, the person will be advised that the staff member will only speak to the people who know how to respond to the situation.
- 5.4.3. BCAT asserts that all information regarding concerns or allegations of abuse or assessments of abuse of a vulnerable person should be shared, on '*a need to know*' basis in the interests of the vulnerable person, with HSE/ Gardaí and in line with the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012.
- 5.4.4. See also BCAT's Confidentiality Policy.

## 5.5. Culture

- 5.5.1. BCAT operates an open culture with a genuinely person-centred approach to care and support, underpinned by a zero-tolerance policy towards abuse and neglect and where people feel safe to raise concerns.

## 5.6. Empowerment

- 5.6.1. BCAT is committed to promoting a culture of trust, respect, dignity, personalisation, honest communication and positive risk management for all who receive supports and the presumption of person-led decisions and informed consent.
- 5.6.2. BCAT recognises that vulnerable persons have the right to be given access to knowledge and information in a way which they can understand in order to help them make informed choices and support them to manage risks, keep themselves safe and protect themselves from abuse.

- 5.6.3. BCAT is committed to supporting the service user to receive clear and simple information about what abuse is, how to recognise the signs and what they can do to seek help.
- 5.6.4. BCAT also recognises that safeguarding must be built on empowerment, on listening the voices of individuals who are at risk and those who have been harmed.

**5.7. Human Rights – A Rights Based Approach**

- 5.7.1. All persons have a fundamental right to dignity and respect and the right to participation in society.
- 5.7.2. BCAT supports the service users’ right to be treated with dignity and respect to be treated in an equal and non-discriminatory manner to access to care which is respectful, and takes into account their age, gender, race, ethnicity, religion, culture, language, physical or mental health or sexual orientation and promotes inclusion of their views comments and experiences.
- 5.7.3. BCAT notes that people’s rights should be promoted and protected by health and social care services.

**5.8. Person Centeredness**

- 5.8.1. BCAT places the person as an individual at the heart and centre of any exchange concerning the provision or delivery of its services. The focus is on supporting the service user in their choices, goals, dreams, ambitions and potential with the service seen as supporting and enabling the realisation of the person’s goals rather than a person fitting into what BCAT can offer. Care planning is a foundation for the means to realising this principle.

**5.9. Prevention**

- 5.1.1 BCAT recognises that the effective prevention in safeguarding should occur in the context of person-centred support and personalisation. Prevention action includes care, support and interventions designed to promote the safety, wellbeing and rights of adults.
- 5.1.2 BCAT notes that vulnerable persons have the right to be provided with information on, and practical help in, keeping themselves safe and protecting themselves from abuse.
- 5.1.3 BCAT recognises the importance of supporting service users to engage in sensible risk appraisal, not risk avoidance.

**5.2 Protection**

- 5.2.1 BCAT is committed to providing support and representation for those in need, that they get help and support to report abuse, take part in the safeguarding process to the extent to which they want and to which they are able.
- 5.2.2 BCAT recognises that vulnerable persons have the right to:
  - (a) Live safely without fear of violence in any form.
  - (b) Receive equal protection for themselves and their property through the law and have their money, goods and possessions treated with respect.
  - (c) Be supported in bringing a complaint.
  - (d) Have alleged, suspected or confirmed cases of abuse investigated promptly and appropriately.
  - (e) Be given guidance and assistance in seeking help as a consequence of abuse.
  - (f) Seek redress through appropriate agencies.
  - (g) Receive support, education and counselling following abuse.

**6. Roles and Responsibilities**

**6.1. Management:**

- 6.1.1. The Manager/ Team Leader/ Project is responsible for ensuring that all staff members receive appropriate training, supervision and support regarding the policy and their legal responsibilities. It is the responsibility of the Manager to ensure that all staff members sign to confirm they have read and understood this policy.
- 6.1.2. The Manager/ Team Leader/ Project Leader is responsible for ensuring that a copy of this policy is available to all staff members and service users.

- 6.1.3. The Manager/ Team Leader/ Project Leader will ensure that all staff are kept up to date with the training as detailed and make sure all training is compliant with legal and policy requirements in which safeguarding occurs and ensure proper records are maintained.
  - 6.1.4. The Manager is the Designated Officer (the role specified staff member in BCAT with organisational responsibility an adult safeguarding concern). The Designated Person (the role specified staff member who will undertake the duties of the Designated Officer in their absence is the Team/Project Leader.
- 6.2. Individual's Responsibility:
- 6.2.1. It is the responsibility of all staff to have read and understood this policy.
  - 6.2.2. All staff members are required to follow all procedures within this policy.
  - 6.2.3. All staff members are aware that safeguarding vulnerable persons is an essential part of their duty.
  - 6.2.4. All staff members are required to act in accordance with the policy and are legally required to ensure that they comply with this policy. Any failure of staff members to work in act in accordance with the policy may be considered as an act of gross misconduct which would result in disciplinary action.

## 7. Staff Training

- 7.1. Adequate safeguards for vetting, hiring and inducting appropriately qualified staff will be employed as per the Recruitment and Selection Policy, the Induction Policy and the Garda Vetting Policy. The Garda Vetting policy states that all staff working directly with under 18s or vulnerable persons will be required to furnish details of past addresses to facilitate Garda vetting and that any individuals with past offences in relation to child abuse will not have access to children or vulnerable persons by the organisation. The National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 provide a statutory basis for the vetting of persons carrying out relevant work with vulnerable persons.
- 7.2. A copy of this policy and the Safeguarding Vulnerable Persons at Risk of Abuse Safeguarding Statement will be made available to all staff at induction and is available at all times in the BCAT main office. A copy of the 'Safeguarding Persons at Risk of Abuse, 2014' HSE document will also be available (see also Appendix 1).
- 7.3. Effective protection of vulnerable persons at risk of abuse involves compulsory training and clarity of responsibility. All staff will be offered training in this area and should complete this training prior to any client work beginning. As a minimum standard, employees must have completed "Safeguarding adults at risk of abuse". Information on training is provided here (HSeLandD).
- 7.4. Staff members are all trained to:
  - 7.4.1. Recognise the different type of abuse and when abuse may be happening,
  - 7.4.2. Respond immediately to safeguard the person at risk of abuse, and
  - 7.4.3. Report their concerns about a person at risk of abuse using the appropriate procedures and access support to effectively address the issue.
- 7.5. BCAT recognises that dealing with vulnerable persons who are at risk of abuse and have disclosed abuse can be distressing; staff will be appropriately supervised and supported around these issues as per this policy. Opportunities for debriefing will also be implemented in line with best practice.

## 8. Key Considerations in Recognising Abuse

### 8.1. Recognising Abuse

Abuse can be difficult to identify and may present in many forms. No one indicator should be seen as conclusive in itself of abuse. All signs and symptoms must be examined in the context of the person's situation and family circumstances.

## 8.2. Early Detection

All staff members need to be aware of circumstances that may leave a vulnerable person open to abuse and must be able to recognise the possible early signs of abuse and be alert to the changes that may indicate that something is wrong.

## 8.3. Barriers for Vulnerable Persons Disclosing Abuse

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

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

## 8.4. Considering the Possibility

8.4.1. A concern regarding concerns or allegations of abuse of a vulnerable person may come to light in a number of ways and the possibility of abuse should be considered in the following circumstances. If the vulnerable person:

- (a) appears to have suffered a suspicious injury for which no reasonable explanation can be offered, and/ or
- (b) seems distressed without obvious reason, and/ or
- (c) displays persistent or new behavioural difficulties, and/ or
- (d) displays unusual or fearful responses to carers, and/ or
- (e) shows a pattern of ongoing neglect even when there are short periods of improvement, and/ or
- (f) evidences unexplained shortages of money or unusual financial behaviour.

8.4.2. A person may form an opinion or may directly observe an incident.

8.4.3. A vulnerable person, relative or friend may disclose an incident.

8.4.4. An allegation of abuse may be reported anonymously or come to attention through a complaints process.

## 8.5. Capacity

8.5.1. It is clear that abuse occurs when the vulnerable person does not or is unable to consent to an activity or other barriers to consent exist, for example, where the person may be experiencing intimidation or coercion.

8.5.2. It is important that a vulnerable person is supported in making their own decisions about how they wish to deal with concerns or complaints and they should be supported to act according to their own wishes.

## 9. Reporting A Concern (Structure, Process and Designated Officers)

### 9.1. Designated Officer

9.1.1. Within BCAT the procedure is for all staff concerns to be reported to Designated Officer. The Designated Officer in BCAT is the Manager or, in their absence, the Team/Project Leader (the Designated Person). The Designated Officer's responsibilities relevant to receiving and responding to concerns and complaints of abuse are:

- 9.1.1.1. To ensure that procedures and arrangements are in place within the organisation to protect vulnerable persons at risk of abuse in line with national guidelines.
- 9.1.1.2. To act as a liaison with statutory services in matters relating to vulnerable persons at risk of abuse.

- 9.1.1.3. To act as a resource person to the staff of the project, providing guidance in matters relating to vulnerable persons at risk of abuse.
  - 9.1.1.4. To take the lead role in determining reasonable grounds for concern, and where appropriate ensuring the reporting and follow-up of referrals to the HSE/ Gardaí, and ensuring that BCAT's procedures are followed systematically and thoroughly.
  - 9.1.1.5. To ensure staff making a referral receive appropriate support from line management.
  - 9.1.1.6. To promote opportunities for mandatory relevant training and practice updates.
  - 9.1.1.7. To maintain appropriate records.
  - 9.1.1.8. To seek appropriate line management support and supervision throughout the process.
  - 9.1.1.9. To ensure all reporting obligations are met (internally within the organisation and externally to statutory authorities).
  - 9.1.2. Where the Designated Officer is going to be absent from work, they will agree with the Designated Person to undertake the Designated Officer's responsibilities in this regard in their absence.
  - 9.1.3. All concerns or allegations of abuse must be assessed, regardless of the source or date of occurrence. Critical issues for consideration include:
    - 9.1.3.1. The significance/seriousness of the concern/complaint.
    - 9.1.3.2. The potential to obtain independent information.
    - 9.1.3.3. The potential for ongoing risk.
  - 9.1.4. BCAT is committed to supporting vulnerable persons to use the complaints procedure when appropriate. Refer also to the BCAT Complaints Policy.
- 9.2. Data / Information & Responsibility to Report**
- 9.2.1. All information concerned with the reporting and subsequent assessment of concerns or allegations of alleged abuse is subject to the BCAT policy on Confidentiality. However, information regarding or allegations of abuse cannot be received with a promise of secrecy. A person providing such information should, as deemed appropriate, be informed that disclosures of information to appropriate others can occur if:
    - 9.2.1.1. A vulnerable person is the subject of abuse, and/or
    - 9.2.1.2. the risk of further abuse exists, and/or
    - 9.2.1.3. there is a risk of abuse to another vulnerable person(s), and/or
    - 9.2.1.4. there is reason to believe that the alleged person causing concern is a risk to themselves, and/or
    - 9.2.1.5. the legal obligation to report exists.
  - 9.2.2. In making a report or referral, it is essential to be clear whether the vulnerable person is at immediate and serious risk of abuse and if this is the case, it is essential to outline the protective actions taken. The report/referral may also contain the views and wishes of the vulnerable person where these have been, or can be, ascertained. The role of an advocate or key worker may be important in this regard.
- 9.3. Responding to Concerns or Allegations of Abuse**
- 9.3.1. A vulnerable person who divulges abuse has engaged in an act of trust and their disclosure must be treated with respect, sensitivity, urgency and care. Where a concern is raised or staff member becomes concerned they may be handling an abuse or neglect of a vulnerable client the staff should immediately address the following responsibilities:
    - 9.3.1.1. *Immediate Protection:* Make arrangements to provide immediate protection if deemed necessary and safeguard anyone at immediate risk of harm including seeking, for example, medical assistance or the assistance of the Gardaí, as appropriate. Staff members are to inform the Designated Officer as a matter of urgency. If the Designated Officer is not available the issue should be raised with the Designated Person. In no case should serious concerns be left unaddressed or unreported. Under no circumstances should any individual member of staff or the team itself attempt to deal with the problem of abuse alone.

- 9.3.1.2. *Receive the information:* Listen carefully to what is being said or observed. Questions should be supportive and for the purposes of clarification. Do not appear shocked, display negative emotions or make judgments.
- 9.3.1.3. *Reassure:* Reassure the person that they are right to share the information and that you will ensure that appropriate support is provided to them. Do not promise to keep secrets or give sweeping reassurances.
- 9.3.1.4. *Record:* An essential part of the process is to ensure that staff take notes of what has been said to them in the words in which it was said or what they have observed immediately after the conversation / observation. All records should be kept in accordance with BCAT's Case Notes, Written Records and Correspondence Policy where it applies.
- 9.3.1.5. *Consent:* Where it is appropriate to do so, has the informed consent of the individual been obtained? If consent has been refused and the person has the mental capacity to make this decision, is there a compelling reason to continue without consent? Have the risks and possible consequences been made known to the client?
- 9.3.1.6. *Report:* Report to the Designated Officer as soon as possible. This must be reported **on the same day** as the concern is raised. The Designated Officer should then within **three days** ensure that all necessary actions are taken.
- 9.3.1.7. *Seek support:* It is important to remember that dealing with abuse concerns is stressful, and can have an impact on one's emotional wellbeing. Therefore, staff should actively seek out support from line management and peers within the bounds of confidentiality.

#### 9.4. Reporting Procedures (All Staff)

- 9.4.1. If a service user has disclosed any information which would could indicate abuse, the BCAT staff member should immediately contact the Designated Officer to address their concerns.
- 9.4.2. Where it is decided by the Designated Officer and the staff member that the information does not constitute sufficient grounds for concern, the information and the basis of this decision should be recorded in the service user's file (See Appendix 3).
- 9.4.3. Where there is disagreement between the Designated Officer and the staff member about whether to report concerns to the HSE/ the Gardaí, either party can seek the advice anonymously from the HSE Safeguarding and Protection Team (Vulnerable Persons). The staff member should be given a clear written statement of the reason why the BCAT is not reporting the concern and advised that, if they remain concerned about the situation, they are free to consult with or report to the HSE/ the Gardaí.
- 9.4.4. In the event of an emergency where a vulnerable person at risk of abuse is perceived to be in immediate danger, the Gardaí should be contacted.

#### 9.5. Reporting Procedures (Designated Officer)

- 9.5.1. The Designated Officer is responsible for receiving allegations of abuse regarding vulnerable persons. They must ensure the care, safety and protection of the alleged victim and any other potential victims, where appropriate. They must check with the person reporting the concern as to what steps have been taken (as above) and instigate any other appropriate steps, including seeking consent from the alleged victim to share information.
- 9.5.2. The Designated Officer along with relevant staff member(s) will ensure that detailed accurate notes are taken throughout the process. All observations, discussions and records relating to concerns must include dates, times, names, location, context and any other information which may be relevant and should be signed and dated. Best practice will be adhered to according to the 'Case Notes, Written Records and Correspondence' Policy.
- 9.5.3. The Designated Officer is responsible for assessing whether there are reasonable grounds for concern (see Appendix 3). This will involve taking into account all relevant information which is readily available in order to establish:
  - 9.5.3.1. if an abusive act could have occurred, and
  - 9.5.3.2. if there are reasonable grounds for concern.

- 9.5.4. The Designated Officer will assess if there are reasonable grounds for concern within **three working days** and a plan to address any necessary actions may be established (see Appendix 3).
  - 9.5.5. The Designated Officer should report the concern to the HSE/ Gardaí within **three working days** after they have been informed of the concern should reasonable grounds for concern have been established. The Designated Officer must also notify Tusla **immediately** if there are concerns in relation to children.
  - 9.5.6. If the information constitutes reasonable grounds for concern (See Appendix 3), the Designated Officer should ensure that a telephone referral followed by a formal report in writing is made to the HSE on their Safeguarding Vulnerable Persons Community Referral Form CHO6 (See Appendix 4).
  - 9.5.7. BCAT may consider the need in some circumstances to report their concern directly to the Gardaí if it is suspected that the concern or complaint of abuse may be criminal in nature. This may become apparent at the time of disclosure or following the outcome of the preliminary assessment.
  - 9.5.8. No actions should be taken which may put the person(s) referred or others at further risk of harm or that would contaminate evidence.
  - 9.5.9. The Designated Officer should wait for receipt of complaint. If no appropriate response is received from the HSE, the Designated Officer should follow up on the referral by phone and in writing at the appropriate level.
  - 9.5.10. If at any point throughout the reporting process there is a continued failure to respond to significant concerns either within the organisation or on the part of the HSE, this should be brought to the attention of the Chairperson of the BCAT Board of Directors (the Chairperson), who should raise the concerns at a higher level in the HSE.
- 9.6. **After A Report is Made**
- 9.6.1. BCAT will formulate a safeguarding plan in the first instance (see Section 10)
  - 9.6.2. Follow up with the HSE Safeguarding & Protection Team can be organised as part of the care plan; where there is consent provided by the vulnerable person involved. Ideally a case meeting will be held to facilitate agreement on what supports need to be provided and which agency is most suitable to provide these.
  - 9.6.3. If consent for sharing of information is not provided by the adult then statutory services will be unable to provide any information following receipt of the initial report.
- 9.7. **Failure to Report & Protected Disclosures**
- 9.7.1. BCAT may consider the need in some circumstances to report their concern directly to the Gardaí. All staff members must be aware that failure to record, disclose, share and report information/ a concern in accordance with this policy is a failure to discharge a duty of care and that it may be an offence under Section 176 of the Criminal Justice Act 2006 (reckless endangerment of children, and/ or the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons Act 2012). Under this Act, it is a criminal offence to withhold information about a serious offence, including a sexual offence, against a person under 18 years or a vulnerable person. The offence arises where a person knows or believes that a specified offence has been committed against a child or vulnerable person and they have information which would help arrest, prosecute or convict another person for that offence but fails without reasonable excuse to disclose that information as soon as is practicable to do so to a member of the Gardaí.
  - 9.7.2. Staff members should be aware they are protected from being penalised for whistleblowing about wrongdoing or potential wrongdoing that has come to their attention in a work related context (see the Protected Disclosures Act 2014 as amended by the Protected Disclosures (Amendment) Act 2022).
- 9.8. **Responding to a Disclosure about Retrospective or Historical Abuse**
- 9.8.1. The term retrospective abuse refers to abuse that an adult discloses that took place during their past, often as a child.

- 9.8.2. Some adult service users may disclose abuse that took place during their childhood. Such disclosures may come to light when they are attending BCAT services. Service users should be informed at the outset of contact with a service, as appropriate, that if any child protection issues arise, this information may require a report to Tusla so that they can assess any current or potential risk to children (identifiable or not) (see Appendix 4). This includes disclosure of retrospective abuse where there are current reasonable grounds for concern that a child (who is under 18 on the date of disclosure) has been or is being harmed, or the child is at risk of being harmed in the future.
- 9.8.3. In the event a case of retrospective abuse is disclosed, the BCAT staff member should refer to the Designated Officer for advice on discussing their legal obligations with their client. It is a very complex area; it involves the accused's rights to their good name, privacy, and right to earn a living together with the requirements of natural justice. In cases of retrospective abuse, a report always needs to be made to Tusla where there is a current or future potential risk to children from the person against whom there is an allegation (see Appendix 4). BCAT accepts the importance of clients being made aware of the limits to confidentiality. In the case of retrospective disclosures, there is a need for balance between the needs/rights of the client and addressing Child Protection issues.
- 9.8.4. Where there is an obvious potential risk to children, a referral needs to be made to Tusla immediately. It may also be deemed necessary to contact the Gardaí. If this is not clear or if the client does not provide identifying details, the Designated Officer can refer to Tusla for advice. Where a service user does not feel able to support the report to Tusla, Tusla may be seriously constrained in their ability to respond to the retrospective allegation of abuse.
- 9.8.5. The following issues are to be considered in consultation with the staff member's line manager and designated officer:
- 9.8.5.1. **Is this an actual first disclosure or has the allegation been made previously elsewhere?** Where a service user advises that an alleged abuser was previously reported to Tusla or the Gardaí, it may still be necessary for the staff member to report the concern to Tusla/ the Gardaí in order to ensure that the report has been fully investigated. This will arise in circumstances where the retrospective disclosure has raised a current child protection concern that a child (who is under 18 on the date of disclosure) has been or is being harmed or a child is at risk of being harmed in the future.
- 9.8.5.2. **If it is a first disclosure, then serious consideration must be given to referral to Tusla.** Discuss the issue of referral of the disclosure with the client. Consider with them the protection of children currently, their own right to have their abuse recognised and validated, the importance of breaking the cycle of abuse and BCAT's obligations under the Children First Guidelines. The Designated Officer/ staff member should have an informal consultation with Tusla, with a view to considering how best to support the adult who discloses, while ensuring that the welfare of any child who may be currently at risk of abuse remains the paramount consideration.
- 9.8.5.3. **Has the client provided identifying details of the alleged abuser?** Where the person subject of abuse allegation is identifiable, the service user will be advised that these details will be reported to Tusla. If no reasonable grounds for concern regarding current risk to a child are identified, BCAT should, where appropriate, continue to work with the service user to encourage their engagement with Tusla and identification of the person who abused them. This will optimise the opportunity to protect children as it would allow a full assessment by Tusla of potential risk arising from the service users past abuse. In circumstances where this is not appropriate details of appropriate support services should be given to the service user. The HSE National Counselling Service is available to offer support to any adult who has experienced childhood abuse.
- 9.8.5.4. **Consider the likely impact of a referral to Tusla on the mental health and welfare of the client.** Staff members need to be sensitive and supportive of the needs of the adult disclosing abuse. Consideration should be given to any presenting risk,

including history of self-harm/ suicide attempts, which may be exacerbated or improved by this referral? The Tusla referral must note any of these concerns.

- 9.8.5.5. **Decision to make a report or not to Tusla:** It is important that the staff member documents their considerations in relation to the retrospective disclosure of childhood abuse and their rationale for the decision to make a report, or not to make a report to Tusla. If the decision is taken to refer to Tusla, the adult client should be given the option of self-referral.
  - 9.8.5.6. The Designated Officer should also consider if the information they have received needs to be reported to An Garda Síochána under the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012.
  - 9.8.5.7. Refer also to the Confidentiality Policy.
  - 9.8.5.8. Refer also to the Child Protection and Welfare (Under 18's Service) Policy.
- 9.9. **Adults disclosing that they have abused or are abusing children**
- 9.9.1. BCAT staff members may find themselves working with people whose behaviour has harmed or may harm a child (e.g. due to addiction, domestic violence, mental health issues, offending behaviour). Staff members must consider the welfare and safety of any child in that person's family and/ or children who are in regular contact with the person.
  - 9.9.2. All staff members should follow the BCAT child protection and reporting procedures, consult with their line managers/ Tusla and document their considerations where they have any of the following concerns relating to a child:
    - (a) A situation may arise when a client of BCAT, may have themselves been abusers of children past or current. By disclosing this to a staff member, they are in fact disclosing a criminal act, and this must in all cases be reported to the Gardaí & HSE following the guidelines as defined above.
    - (b) Where an adult discloses that they are having thoughts in relation to abusing a child (identifiable or not).
    - (c) Where a concern arises from other sources about an adult who may pose a risk to children, even where there is no specific child named in relation to the concern (for example, based on known or suspected past behaviour, a concern could exist about the risk an individual may pose to children with whom they may have contact).
    - (d) A concern arises in relation to an unidentified adult who may pose a risk to children, whether or not there is a specific child named in relation to the concern. Tusla may have corroborating information that can help identify the person concerned.
    - (e) Where children may still be at risk, this must immediately be reported to Gardaí as well as Tusla.
  - 9.9.3. The principle governing all actions in the disclosure of child abuse is that the safety and welfare of the child is paramount.
  - 9.9.4. Refer also to the Confidentiality Policy.
  - 9.9.5. Refer also to the Child Protection and Welfare (Under 18's Service) Policy.
- 9.10. **Responding to and Reporting Accusations against another Service User**
- 9.10.1. In the event that the concerns or allegations of abuse identified a service user the Designated Officer will apply procedures according to this policy. The plan must ensure that relevant professional advice on the appropriate actions is sought. The rights of all parties must receive individual consideration, with the welfare of the vulnerable person being paramount.
- 9.11. **Responding to and Reporting Accusations against a Member of the Team**
- 9.11.1. Where allegations of abuse of a service user are made against a staff member the welfare of the service user is of paramount importance and all protective measures proportionate to the assessed risk must be taken to safeguard the welfare of the service user.
  - 9.11.2. BCAT acknowledges that staff members may be subjected to erroneous, vexatious or malicious allegations which can have a devastating effect on the person's health, career and reputation. BCAT is committed to safeguarding the rights of the staff member against

whom allegations of abuse are made to a fair, confidential, timely and impartial investigation of the complaint.

- 9.11.3. BCAT is also committed to ensuring that staff who are concerned about potentially inappropriate behaviour by a colleague can report their concerns to senior staff without fear of recrimination.
- 9.11.4. BCAT will ensure that no vulnerable person is exposed to unnecessary risk. Confidentiality is of the utmost importance and only those who need to be informed should be notified or made aware of the situation.
- 9.11.5. If an allegation is made against a staff member, the Designated Officer will apply procedures according to this policy. The following procedures will also apply:
  - 9.11.5.1. The Designated Officer will inform the Chairperson of the Board of Directors.
  - 9.11.5.2. The Chairperson and Board of Directors should take care that the actions taken by them do not undermine or frustrate any investigations being conducted by the HSE or Gardaí. If a member of staff, volunteers, students, Tus and Community Employment workers, agencies providing in reach services and locums under the banner of BCAT is accused of abuse, the matter will be investigated immediately in consultation with the HSE/ the Gardaí. An immediate meeting should be arranged with these bodies for this purpose. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed in the first instance with the Gardaí.
  - 9.11.5.3. *After* consultation with statutory services, the Chairperson should advise the person accused that (i) an allegation has been made against them, (ii) the nature of the allegation and (iii) the procedure to be followed. The staff member will be afforded an opportunity to respond. The response will be noted and may be passed onto the HSE/ the Gardaí as appropriate.
  - 9.11.5.4. A staff member may be suspended (with pay if applicable) to protect the vulnerable person attending the organisation, at all times considering the employee's contract and natural justice.
  - 9.11.5.5. BCAT will ensure that the same person should not have responsibility for the reporting issues and the employment issues. They should be separated and managed independently.
  - 9.11.5.6. There may be situations where the allegations turn out to be unfounded. But it is important that suspicions are treated seriously and in the manner outlined above. BCAT will take care to ensure that actions taken will not undermine or frustrate any investigations/ assessments conducted by the relevant Safeguarding and Protection Team within the HSE or the Gardaí.
  - 9.11.5.7. BCAT should be notified of the outcome of any investigation and/ or assessment. This will assist them in reaching a decision about the action to be taken in the longer term regarding the employee.

## 10. The Safeguarding Plan

### 10.1. Formulating the Safeguarding Plan (Steps to be taken)

- 10.1.1. Following the Preliminary Screening, if reasonable grounds for concern are deemed to exist (see Appendix 3), a Safeguarding plan will be developed as part of the policy and procedure around responding and reporting as set out above. This should be done within **three weeks** of the initial report/ assessment.
- 10.1.2. If the vulnerable person has capacity and agrees to intervention, a safeguarding plan will be developed, as far as possible, in accordance with their wishes. There should be a presumption of decision making capacity unless proven otherwise and a person has a right to make decisions which other people may consider as unwise. Decisions must be made in the best interests of the person based on their wishes and values. BCAT will never take a paternalistic view which removes their autonomy.
- 10.1.3. The Safeguarding Plan will:

- 10.1.3.1. outline the planned positive actions that have been identified to safeguard the person from further abuse/ neglect, consider severity of risk, empower the person and promote recovery,
  - 10.1.3.2. Consider support measures e.g. psychology services, victim support, the Gardaí.
  - 10.1.3.3. Be further developed as required in line with the HSE Safeguarding Team (Vulnerable Adults).
  - 10.1.4. The Designated Officer will be responsible to act as a co-ordinator of information and information and will arrange a full review at agreed intervals and within six months of the Safeguarding Plan commencing and at a minimum of six monthly intervals thereafter or until case closure.
  - 10.1.5. If the person has capacity and refuses services, every effort should be made to negotiate with the person and continue to monitor their wellbeing.
- 10.2. What The Safeguarding Plan Will Include**
- 10.2.1. Positive actions to safeguard the person(s) at risk from further abuse/neglect and to promote recovery.
  - 10.2.2. Consideration of what triggers or circumstances would indicate increasing levels of risk of abuse or neglect for individual/s and how this should be dealt with.
  - 10.2.3. Details of what support measures are in place/ will be in place for vulnerable persons who have experienced abuse or are at risk of abuse (e.g. victim support services, specialist services referral – psychology, mediation etc.).
  - 10.2.4. The role of the Gardaí and rated support measures in the event the vulnerable person is going through the criminal justice system including use of intermediaries, and independent advocates.
  - 10.2.5. Support for the vulnerable person where there is potential for criminal prosecution.
- 10.3. Procedure for Updating and Reviewing the Safeguarding Plan**
- 10.3.1. Updating and review of the Safeguarding Plan will be informed by all stages of the process.
  - 10.3.2. New or heightened concerns together with a risk assessment will be addressed.
  - 10.3.3. The Designated Officer will arrange discussions/meetings on the Safeguarding to evaluate outcomes from the assessment, change in circumstances, a review/ evaluation of the initial Safeguarding Plan for effectiveness and evaluation of the intervention (what worked well, what caused difficulties; how well did people and agencies work together).
  - 10.3.4. Agreeing an ongoing communication plan, including the level of information that should be fed back to the person who raised the concerns (the referrer), other involved individuals or agencies, and who will be responsible for doing this.
  - 10.3.5. Make required changes to the Safeguarding Plan and set a further review date (after approximately six months).
- 10.4. Closing the Safeguarding Plan**
- 10.4.1. In communication with the HSE and Gardaí as appropriate, when the risk of abuse or neglect is evidenced to have been removed or circumstances have changed and it is no longer appropriate to manage the circumstance through this procedure, the client and referrer will be formally notified for the closure (where appropriate) of the plan and the reasons and rationale for closing the procedure.

## 11. Self-Harming/ Evidence of Self Harm

- 11.1. BCAT acknowledges that suicidal ideation, the action of suicide and the desire to self-harm are issues which affect many people. BCAT is committed to responding to these issues in a way which is direct, supportive and informed by good practice. Refer to the BCAT Policy on 'Suicide, Self Harm and Self Injury Intervention; Policy for information on practice and procedure in this regard.
- 11.2. Should a staff member have a concern that a service user is at risk of imminent harm, they should take appropriate immediate actions to safeguard them including seeking, for example, medical assistance, Tusla or the Gardaí as appropriate.

## 12. Safe Practice

- 12.1. BCAT offers 1-1 appointments to persons engaged in addiction treatment and rehabilitation processes. This necessitates a level of privacy in order to deliver clinical interventions as appropriate. However, at no time should anyone be within an enclosed space with a BCAT staff member whilst access to the room is limited to others in the building. To achieve this policy position it is a requirement that the rooms being used are never locked and for young people that they have windows on doors and surrounding panels, whereby other staff members can have an unrestricted view of both parties.

## 13. Garda Vetting

- 13.1. The Garda Vetting policy states that all staff members working directly with under 18s or vulnerable persons will be required to furnish details of past addresses to facilitate garda vetting and that any individuals with past offences in relation to child abuse will not have access to children or vulnerable persons by the organisation. The National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 provide a statutory basis for the vetting of persons carrying out relevant work with children.
- 13.2. See Garda Vetting Policy for further detail.

## 14. Contact Details for Relevant Statutory Services

### An Garda Síochána

Bray Garda Station, Convent Ave, Bray, Co. Wicklow.  
Phone: 01 666 5300.

### HSE Safeguarding and Protection Team (Wicklow, Dun Laoghaire and Dublin South East)

Ballinteer Health Centre, Ballinteer Avenue, Ballinteer, Dublin 16.  
Phone: 01 2164511.  
Email: [Safeguarding.cho6@hse.ie](mailto:Safeguarding.cho6@hse.ie).

### HSE National Counselling Service (NCS)

*(Individuals who are 18 or older can self-refer for counselling if they experienced childhood abuse or neglect; they do not need to have a medical card). They can also be referred from GPs and other health professionals.*

Phone: 1800 234 111 (East Wicklow, South Dublin and South East Dublin)/ 1800 234 112 (West Wicklow).  
Website: <https://www2.hse.ie/mental-health/services-support/ncs/about/>.

### Tusla

Duty Social Worker, Wicklow Primary Healthcare Centre, Port Road, Wicklow  
Phone: 076 6958400

### Tusla Duty Social Work Office

Child and Family Agency, Unit 9, Nutgrove Retail Park, Churchtown, Dublin 14  
Phone: 01 9213400

### BCAT Manager

Bray Community Addiction Team, 37 Beech Wood Close, Boghall Road, Bray, Co. Wicklow  
Phone 01 2764692

## Appendix 1 – The National Principles, Procedures, Protocols and Legislation Supporting Our Responsibility to Safeguard Vulnerable Persons and all Service Users

### Principles, procedures, protocols

1. The Charities Regulator (CRA) guide 'Charities: Safeguarding Guidance for Charitable Organisations working with Vulnerable Persons (Adults)' (<https://www.charitiesregulator.ie/media/1866/safeguarding-guidance-for-charitable-organisations-adults-final.pdf>).
2. The Draft Discussion Paper: Primary Definitions National Policy on Adult Safeguarding for the Health Sector (<https://assets.gov.ie/10874/8ecfafo1af4b4d5b94d433351129f4ba.pdf>).
3. The HSE "Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures" (2014) document: (<https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf>).
4. The HIQA 'National Standards for Adult Safeguarding' (2019) document. (<https://www.hiqa.ie/sites/default/files/2019-12/National-Standards-for-Adult-Safeguarding.pdf>).
5. (Model of Care for People with Mental Disorder and Co-existing Substance Use Disorder (Dual Diagnosis) (<https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/dual-diagnosis-ncp/dual-diagnosis-model-of-care.pdf>).
6. Reducing Harm, Supporting Recovery – A health-led response to drug and alcohol use in Ireland 2017-2025 (<https://www.gov.ie/pdf/?file=https://assets.gov.ie/14571/c22d1dd1756440f8946717a80ad2ffc3.pdf#page=1>).
7. The Safeguarding Ireland website (<https://www.safeguardingireland.org/>).
8. The UN convention on the Rights of Persons with Disabilities (CRPD) (<https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>).

### Legislation

1. Assisted Decision Making Capacity Act 2015 (<https://www.irishstatutebook.ie/eli/2015/act/64/enacted/en/html>).
2. Criminal Justice Act 2006 (<https://www.irishstatutebook.ie/eli/2006/act/26/enacted/en/print>).
3. Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 (<https://www.irishstatutebook.ie/eli/2012/act/24/enacted/en/html>).
4. Criminal Law (Sexual Offences) Act 2006-2017 as amended by the Criminal Law (Sexual Offences) Act 2019 (<https://www.irishstatutebook.ie/eli/2017/act/2/enacted/en/html>) (<https://www.irishstatutebook.ie/eli/2019/act/4/enacted/en/html>).
5. Disability Act 2005 (<https://www.irishstatutebook.ie/eli/2005/act/14/section/2/enacted/en/html>)
6. National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 – 2016 (<https://www.irishstatutebook.ie/eli/2012/act/47/enacted/en/html>).
7. Protected Disclosures Act 2014 as amended by the Protected Disclosures (Amendment) Act 2022 (<https://www.irishstatutebook.ie/eli/2014/act/14/section/12/enacted/en/html>) (<https://www.irishstatutebook.ie/eli/2022/act/27/enacted/en/index.html>).

## Appendix 2 – Self Neglect

BCAT is committed to the protection of service users who seriously neglect themselves. However assumptions must not be made regarding lack of mental capacity and, as far as possible, people must be supported in making their own decisions. Considering the possibility of extreme self-neglect is a professional responsibility and a service to the person. The definition of self-neglect is based on cultural understandings and challenges cultural values of cleanliness, hygiene and care. A threshold needs to be exceeded before the label of self-neglect is attached – many common behaviours do not result in action by social or health services or the courts.

A distinction can be made between an adult unable to safeguard themselves or their own interest at a particular point in time and one who is deemed to have the skill, means, capacity and / or opportunity to safeguard themselves in a similar situation but chooses not to. Self-neglect in vulnerable persons is a spectrum of behaviours defined as the failure to, (a) engage in self-care acts that adequately regulate independent living or, (b) to take actions to prevent conditions or situations that adversely affect the health and safety of oneself or others.

Self-Neglect may be manifested in the following ways:

- (a) Poor personal hygiene, personal appearance, and/or
- (b) domestic/environmental squalor, and/ or
- (c) Indirect life threatening behaviour: refusal to eat, drink; take prescribed medications , and/or
- (d) mismanagement of financial affairs, and/ or
- (e) no documentation of a healthcare provider/ untreated conditions, and / or
- (f) functional status (delusional state/ cognitive impairment).

**In the event of concerns, staff with the support of the Designated Officer can address these concerns directly with the person involved and assist them in liaising with the appropriate support services e.g. the HSE. In the case of serious concerns the Designated Officer may contact the HSE directly.**

## Appendix 3 – Determining if there are Reasonable Grounds for Concern

### Introduction

Where there is a concern or complaint of suspected abuse and/ or neglect the Designated Officer will arrange the completion of a preliminary screening with a view to establishing if there are reasonable grounds for concern. The following steps will be taken:

1. The Designated officer will arrange for the person referred to be contacted at the earliest appropriate time and consent to share or seek information should be addressed.
2. No actions should be taken which may put the person/s referred or others at further risk of harm.
3. The Designated Officer will then take into account all relevant information which is readily available in order to establish:
  - (a) If an abusive act could have occurred, and
  - (b) If there are reasonable grounds for concern.
4. The types of information to be gathered will be dependent on the individual circumstances.
5. The Designated Officer will then prepare a report and decide on what appropriate actions need to be taken and prepare a written plan for each action. The report will also be referred to the Board of Directors who may advise other appropriate actions.

### Part 1 – Preliminary Screening / Information Gathering

The following information should be available through the information gathering process:

1. **Who is Making the Report?**
  - (a) Who is making the report? Verify the referral information and gain further information from the referral source.
2. **Person's Details**
  - (a) Name of person/s referred. Check for aliases.
  - (b) Biographical details and address/living situation. Biographical information of those involved, including the alleged perpetrator where appropriate, e.g. name, gender, DOB, address.
  - (c) Needs relating to faith, race, disability, age, and sexual orientation as appropriate.
  - (d) Needs relating to health and care needs (including communication needs, access needs, support and advocacy needs).
  - (e) GP details and other health services/ professionals and details of other services/ professionals involved.
  - (f) Name of main carer (where applicable) or name and contact details of organisation providing support.
  - (g) What is known of their mental capacity and of their wishes in relation to the abuse/ neglect. If possible, establish does the person(s) referred or group of individuals affected fall under the definition of Vulnerable Person as defined by law.
  - (h) What is the known history of person (Check electronic/ paper files to establish this).
3. **What is the concern?**
  - (a) Include as much detail as possible of the abuse and/ or neglect that is alleged to have taken place/ taking place/ at risk of taking place.
  - (b) Who is involved, how they are involved and are there risks to others.
  - (c) When and how was the disclosure made, or when was BCAT told about/ witnessed this incident(s)?
  - (d) Are there any witnesses, including service users and other staff?
  - (e) Detail any impact on the individual. The views of the person referred and their capacity to make decisions.

**4. Details of Actions Taken**

- (a) What actions have been taken to date?
  - (b) Establish the current safety status of the victim. Arrange medical treatment if required. Identify any immediate risks or actions already taken, to address immediate risks. Ensure Immediate Safety and Support.
  - (c) Establish if An Garda Síochána have been notified.
  - (d) Ensure referral to Tusla where a child is identified as being at risk of harm.
- 

**Part 2 Outcome of the Preliminary Screening**

Based on the information gathered, an assessment will be made to establish one of the following outcomes:

**(a) No grounds for reasonable concerns exist**

An outcome that there are not reasonable grounds for concern that abuse has occurred does not exclude an assessment that lessons may be learned and that, for example, clinical and care issues need to be addressed within the normal management arrangements. Details of the process will be recorded on the person's file.

**(b) Additional information required**

In the event that more information is required, a plan to secure the relevant information and deployment of resources to achieve this within a specified time will be developed by the Designated Officer. All immediate safety and protective issues must also be specified. The process will then be repeated when the information is received. In the meantime, the HSE and the Gardaí should be contacted in the event of any urgent concerns according to this policy.

**(c) Local Informal Process**

If it is established that, for example, a single incident has occurred which is not of a serious nature, the Designated officer may decide to deal with the matter locally and informally. This would usually include training. This approach must be agreed with the vulnerable person. This will be decided in consultation with the Chairperson of the Board of Directors and notified to the HSE Safeguarding and Protection Team (Vulnerable Persons).

**(d) Reasonable grounds for concern exist**

If it is determined that concerns referred constitute reasonable grounds for concern, the responsibilities towards all relevant parties must be considered and addressed. These may include the vulnerable person, their family, other vulnerable persons, the alleged perpetrator (especially if a service user or staff member). The needs of the vulnerable person is of paramount consideration and a safeguarding plan must be developed within three weeks (see Section 10).

The Designated Officer should ensure that a telephone referral followed by a formal report in writing is made to the HSE on their Safeguarding Vulnerable Persons Community Referral Form CHO6 (see Appendix 4).

The Designated Officer must also notify Tusla immediately if there are concerns in relation to children.

If it is considered that a criminal act may have occurred, the Gardaí, should also be informed.

## Appendix 4 – HSE & Tusla Reporting Forms

1. HSE Safeguarding Vulnerable Persons Community Referral Forms (CHO6)  
(<https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/safeguardingvulnerablepersonscommunityreferralforms.html>)
2. **Tusla Retrospective Abuse Reporting Form (CPWRF) & Tusla Child Protection and Welfare Report Form (RARF)**

Child Protection or welfare reports should be submitted to Tusla using Tusla's online reporting portal. This is the most secure and efficient method of making a confidential report to Tusla. In circumstances where Tusla's online reporting portal is not accessible, the Report Form should be sent by registered post or delivered in person, to the Tusla dedicated social work contact point. Reports of concern should be submitted to Tusla without delay. Where a verbal report is made, a written report must be submitted to Tusla as soon as practicable thereafter, and no later than three days. Tusla has two forms for reporting child protection and welfare concerns: (a) The Child Protection and Welfare Report Form and (b) The Retrospective Abuse Report Form.

### **(a) Tusla Child Protection and Welfare Report Form (RARF)**<sup>3</sup>

([https://www.tusla.ie/uploads/content/Child\\_Protection\\_and\\_Welfare\\_Report\\_Form\\_FINAL.pdf](https://www.tusla.ie/uploads/content/Child_Protection_and_Welfare_Report_Form_FINAL.pdf))

- The Child Protection and Welfare Report Form (CPWRF) should be completed and submitted to Tusla for concerns about children under the age of 18.
- Where the child is identifiable, the report should be sent to the Tusla dedicated social work contact point in the area where the child lives.
- Where the child is not identifiable, and the person subject of the abuse allegation is identifiable, the report should be sent to the Tusla dedicated social work contact point in the area where the person subject of the abuse allegation lives.
- Where neither the child nor the person subject of the abuse allegation is identifiable, a consultation should be sought with Tusla.

### **(b) Tusla Retrospective Abuse Reporting Form (CPWRF)**

([https://www.tusla.ie/uploads/content/Retrospective\\_Abuse\\_Report\\_Form\\_FINAL.pdf](https://www.tusla.ie/uploads/content/Retrospective_Abuse_Report_Form_FINAL.pdf))

- With respect to a retrospective abuse allegation, where the person subject of abuse allegation is identifiable, the report should be sent to the Tusla dedicated social work contact point in the area where the person subject of the abuse allegation lives.
- If the person lives abroad, the report should be sent to Tusla dedicated social work contact point in the area where the adult disclosing the abuse lived at the time of the alleged abuse.
- If a person subject of the abuse allegation is confirmed as deceased, a report to Tusla is not required unless there are broader issues of concern, in which case, consult with Tusla.
- Where the person subject of the abuse allegation is not identifiable, a consultation should be sought with Tusla, and where necessary, the report should be sent to Tusla dedicated social work contact point in the area where the adult disclosing the abuse lived at the time of the alleged abuse.
- Where a retrospective abuse disclosure gives rise to a current concern for the protection or welfare of a child, a Child Protection and Welfare Report Form should also be submitted to Tusla (see 3. Below). It may also be deemed necessary to contact the Gardaí.

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<sup>3</sup> Staff members should also refer to Child Protection and Welfare Policy for more information and details on responding to welfare concerns about children.