Safeguarding Vulnerable Persons Policy

Approval date: 12/03/2024

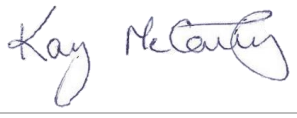
Revision date: 12/03/2026

Policy group: Safeguarding

Responsible person(s): Safeguarding Committee

Policy Details

Approval

Signature	
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Date	12/03/2024
Version	3

Related Policies

1.	Accident, Incident and Near Miss Policy
2.	Child Safeguarding Statement
3.	Code of Standards and Behaviour
4.	Comments, Compliments and Complaints Policy
5.	Consent Policy
6.	Data Protection and Confidentiality Policy
7.	Dignity and Respect at Work Policy
8.	Participant Code of Conduct
9.	Positive Behaviour Support Policy
10.	
11.	

Related Documents

1.	Preliminary Screening Form
2.	Safeguarding Concern Report Form
3.	Safeguarding Process Checklist
4.	
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Part One: Policy

1. Introduction

Inspired is a day service for adults with mild to low moderate intellectual disabilities who have completed post-primary or secondary school. We are committed to promoting and protecting the safety and wellbeing of all participants who attend our service. As a recipient of funding from the Health Service Executive (HSE), Inspired must ensure compliance with the National Policy and Procedures for Safeguarding Vulnerable Persons at Risk of Abuse[1]. This Safeguarding Policy is closely aligned to the national policy and procedures and sets out the procedures by which Inspiredmanages this vital aspect of our service. Safeguarding is everyone's responsibility at Inspired, it is embedded in our day-to-day work, and always a priority for staff and management.

2. Policy statement

Inspired acknowledges that all adults have the right to be safe and to live a life free from abuse. As an organisation, we are committed to the safeguarding of vulnerable persons from abuse. Inspired accepts its organisational responsibility to ensure that participants are treated with respect and dignity, have their welfare promoted and receive support in an environment in which every effort is made to promote welfare and to prevent abuse. Inspired has a 'No Tolerance' approach to any form of abuse. All Inspired policies and procedures promote the welfare of participants, reflect inclusion and transparency in the provision of services, and promote a culture of safeguarding. The Board of Directors at Inspired consider safeguarding to be a core governance responsibility and as such, a Safeguarding Committee has been established to ensure that safeguarding policies and procedures and associated practices are up to date and in place.

3. Scope

This policy and procedures apply to all Inspired staff, management, volunteers and Board members, consultants, tutors and contractors.

[1] https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf

4. Implementation

Responsibility for leading implementation of this policy and procedures rests with the Board of Directors of Inspired. The Board of Directors and the Safeguarding Committee must ensure that the CEO:

- Communicates this policy and procedures to all staff, volunteers, tutors, andcontractors.
- Communicates this policy and procedures to all participants and their parents/guardians
- Oversees the development, implementation, and review of service specific procedures, in compliance with this policy.

The CEO and the Quality and Compliance Officer will have responsibility for monitoring and review of this policy and procedures. This policy and procedures will be reviewed and updated every two years, or sooner to reflect any changes to the national policy or legislation.

5. Regulation

Much of the regulation relating to the safeguarding of vulnerable adults in Ireland is specific to designated centres that provide residential care to older people and people with disabilities. As a day service for adults with intellectual disabilities, Inspired is not a designated centre. However, Inspired is committed to the safeguarding of all participants and strives to provide the same level of protection from abuse as that which is required in residential services.

6. Definitions

Vulnerable Person

An adult who is restricted in capacity to guard himself/herself against harm or exploitation or to report such harm or exploitation. This may arise as a result of physical or intellectual impairment and risk of abuse may be influenced by both context and individual circumstances.

Disability

A physical, intellectual or sensory impairment which, in interaction with various barriers, may hinder a person's full and effective participation in society on an equal basis with others.

Abuse

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. Although this abuse definition focuses on acts of abuse by individuals, abuse can also arise from inappropriate or inadequacy of care or programmes of care.

Note: This definition excludes self-neglect which is an inability or unwillingness to provide for oneself. However, both Inspired and HSE acknowledge that staff may come into contact with individuals living in conditions of extreme self-neglect. This is addressed in Section 3.

7. Types of abuse

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or lack of insight and ignorance. A person may experience more than one form of abuse at any one time.

Physical abuse

- Includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual abuse

- Includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.

Psychological abuse

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

Financial or material abuse

- Includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect

- 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.

Discriminatory abuse

- Includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Institutional abuse

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

7.1 Who may abuse?

Anyone who has contact with a vulnerable person may be abusive, including a member of their family, community or a friend, carer, health care or social care worker.

- **Familial Abuse**

  Abuse of a vulnerable person by a family member.
- **Professional Abuse**

  Misuse of power and trust by professionals and a failure to act on suspected abuse, poor care practice or neglect.
- **Peer Abuse**

  Abuse, for example, of one adult with a disability by another adult with a disability.
- **Stranger Abuse**

  Abuse by someone unfamiliar to the vulnerable person.

7.2 Where might abuse occur?

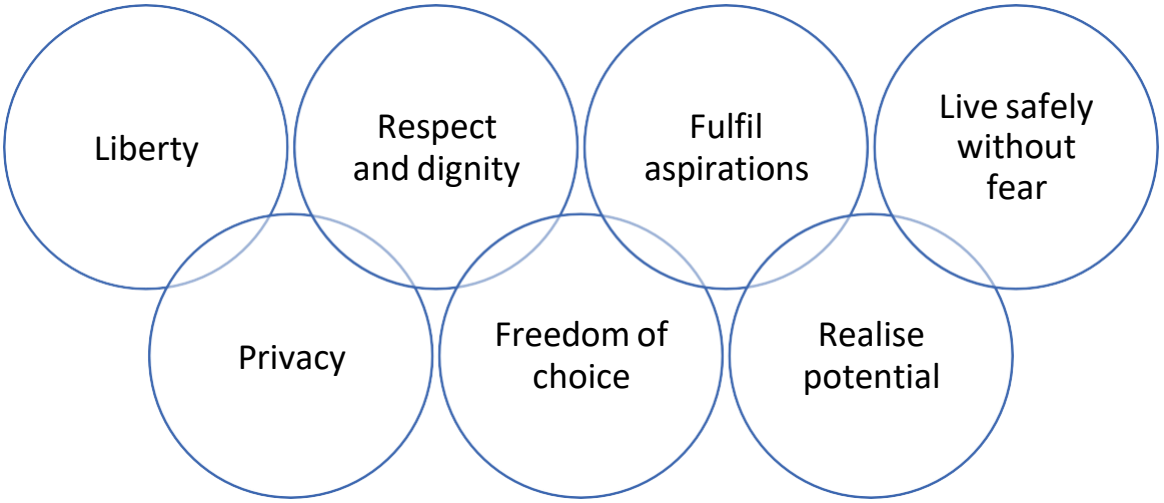
Abuse can happen at any time in any setting. Accidents, incidents and near misses, particularly those which are recurring, can be learning opportunities and / or indicators of organisational risk, including risk to safeguarding, which needs to be managed. Inspired has an Accident, Incident and Near Miss Policy as well as an Accident, Incident and Near Miss Report Form.

7.3 Vulnerable persons: special considerations

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. 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 vulnerable persons, whether they are formal or informal carers or family members or others. It may also occur outside such relationships.

Abuse of vulnerable persons may take different forms and therefore physical abuse may include inappropriate restraint or use of medication. Vulnerable persons may also be subject to additional forms of abuse such as financial or material abuse and discriminatory abuse.

It is critical that the rights of vulnerable persons to lead as normal a life as possible is recognised. Deprivation of the following rights may constitute abuse:



Adults who become vulnerable have the right to:

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

- Be supported in making their own decisions about how they wish to proceed in the event of abuse and to know that their wishes will be considered paramount unless it is considered necessary for their own safety or the safety of others to take an alternate course, or if required by law to do so.
- Be supported in bringing a complaint.
- Have alleged, suspected or confirmed cases of abuse investigated promptly and appropriately.
- Receive support, education and counselling following abuse.
- Seek redress through appropriate agencies.

7.4 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 cooperate with interventions. This can be complex, particularly in domestic situations. Where an adult indicates that they do not wish to engage or cooperate with Inspired and the organisation continues to have concerns, Inspired will need to consider the issue of capacity and in that regard the following will be noted:

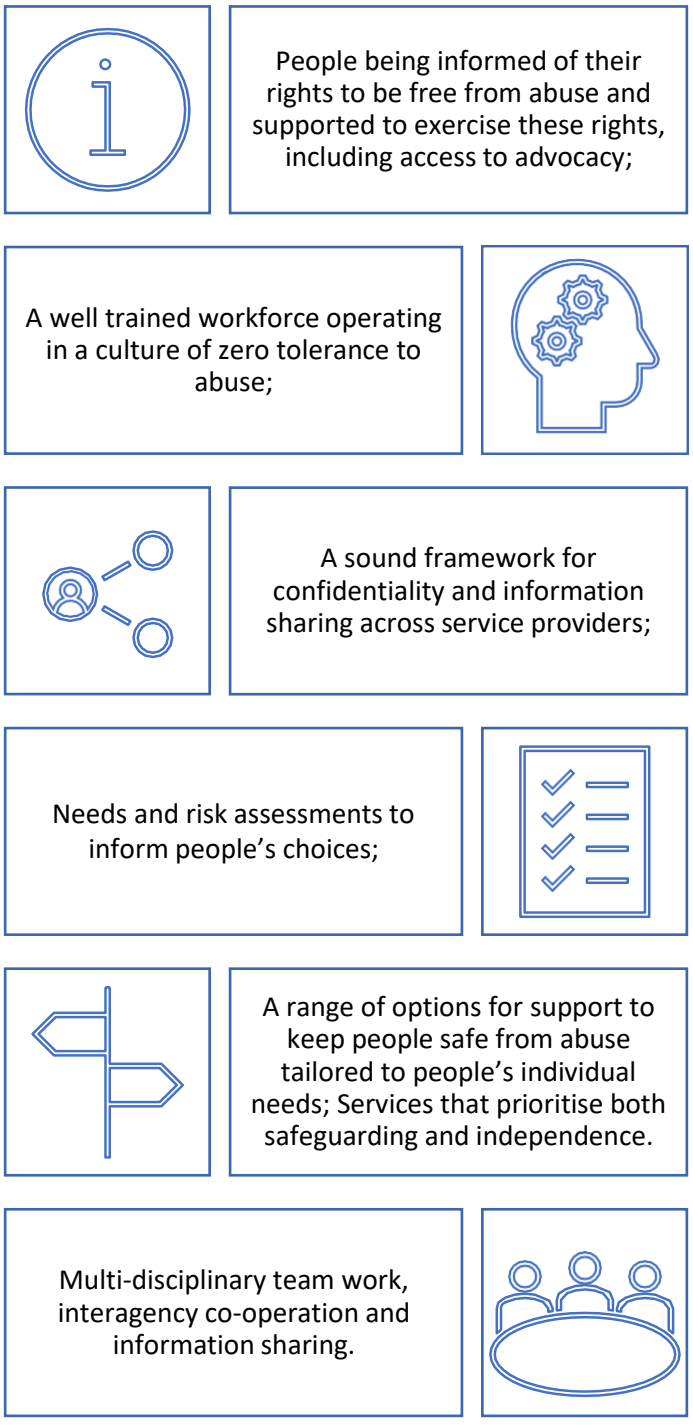
- There is a presumption that all adults have capacity.
- An adult who has capacity has the right not to engage with Inspired or any services, if they so wish.
- Inspired should consider whether the non-cooperation of the participant may be due to issues of capacity, is voluntary or if it could stem from for example some form of coercion.
- If there is a concern that an adult is vulnerable and may or may not have the capacity to make decisions. Inspired will work within the terms of the Assisted Decision Making (Capactiy) Act 2015 in order to assess capacity.

Decisions as to the appropriate steps to deal with such cases need to be made on a case by case basis and with appropriate professional advice. It is also important to identify the respective functions and contributions of relevant agencies which include the HSE, An Garda Síochána, Tusla and local authorities. Inter-agency collaboration is particularly important in these situations.

8. Safeguarding and promoting welfare

8.1 Prevention

The Commission for Social Care Inspection (CSCI) identified the following buildingblocks for prevention of abuse and early intervention[2]:



[2] Prevention in adult safeguarding, Social Care Institute for Excellence, UK May 2011

8.2 Risk management

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

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

In safeguarding terms, the aim of risk assessment and management is to prevent abuse occurring, to reduce the likelihood of it occurring and to minimise the impacts of abuse by responding effectively if it does occur. Inspired puts in place risk-reducing measures in respect of all relevant activities and programmes. No endeavour, activity or interaction is entirely risk-free and, even with good planning, it may not be possible to completely eliminate risks.

Risk assessment and management practice is essential to reduce the likelihood and impact of identified risks. In some situations, living with a risk can be outweighed by the benefit of having a lifestyle that the individual values and freely chooses. In such circumstances, risk-taking can be considered to be a positive action. Consequently, as well as considering the dangers associated with risk, the potential benefits of risk-taking have to be considered. In such circumstances strategies to manage/mitigate the risk need to be put in place on a case by case basis. A consistent theme in the literature is the value of identifying factors that indicate an increased risk of abuse among adults in the interests of prevention.

Identifying risk factors can help to prevent abuse by raising awareness among staff of the participants who may be most at risk of abuse. Staff can use these insights to develop effective risk assessments and prevention strategies.

Common personal risk factors include:

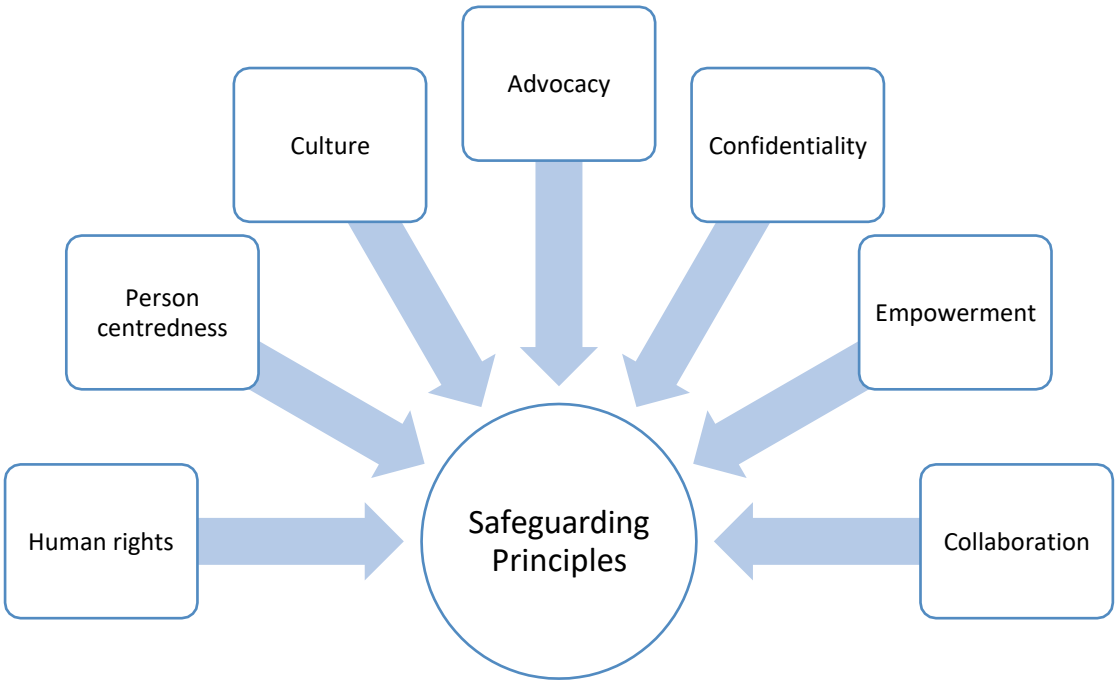
- Diminished social skills / judgement
- Diminished capacity
- Physical dependence
- Need for help with personal hygiene and intimate body care
- Lack of knowledge about how to defend against abuse.

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.

8.3 Principles

Vulnerable persons have a right to be protected against abuse and to have any concerns regarding abusive experiences addressed. They have a right to be treated with respect and to feel safe. The following principles are critical to the safeguarding of vulnerable persons from abuse.



9. Key considerations in recognising abuse

9.1 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. It may indicate conditions other than abuse. All signs and symptoms must be examined in the context of the person's situation and family circumstances.

9.2 Early detection

All staff need to be aware of circumstances that may leave a vulnerable person open to abuse and must be able to recognise the possible early signs of abuse. They need to be alert to the demeanour and behaviour of adults who may become vulnerable and to the changes that may indicate that something is wrong. It must not be assumed that an adult with a disability or an older adult is necessarily vulnerable; however, it is important to identify the added risk factors that may increase vulnerability. People with disabilities and some older people may be in environments or circumstances in which they require safeguards to be in place to mitigate against vulnerability which may arise. As vulnerability increases, responsibility to recognise and respond to this increases.

9.3 Barriers for vulnerable persons disclosing abuse

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

- Fear on the part of the participant 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.

All staff, volunteers and tutors should be aware that safeguarding vulnerable persons is an essential part of their duty. Staff must be alert 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.

9.4 Considering the possibility

The possibility of abuse should be considered if a vulnerable person appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the vulnerable person seems distressed without obvious reason or displays persistent or new behavioural difficulties. The possibility of abuse should also be considered if the vulnerable person displays unusual or fearful responses to carers. A pattern of ongoing neglect should also be considered even when there are short periods of improvement. Financial abuse can be manifested in a number of ways. A person may form an opinion or may directly observe an incident. A vulnerable person, relative or friend may disclose an incident. An allegation of abuse may be reported anonymously or come to attention through a complaints process.

9.5 Capacity and consent

All participants should be supported to act according to their own wishes. Only in exceptional circumstances should decisions and actions be taken that conflict with a participant's wishes, for example to meet a legal responsibility to report or to prevent immediate and significant harm. As far as possible, participants should be supported to communicate their concerns to relevant agencies.

Capacity and consent present a challenge when working with vulnerable persons. For consent to be valid, it must be full, free and informed. It is necessary to consider if a vulnerable person gave meaningful consent to an act, relationship or situation which is being considered as possibly representing abuse. While no assumptions must be made regarding lack of capacity, 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.

It is important that a vulnerable person is supported in making his/her own decisions about how he/she wishes to deal with concerns or complaints. The vulnerable person should be assured that his/her wishes concerning a complaint will only be overridden if it is considered essential for his/her own safety or the safety of others or arising from legal responsibilities.

9.6 Confidentiality

In normal circumstances, observing the principle of confidentiality will mean that information is only communicated to others with the consent of the person involved. However, all vulnerable persons and, where appropriate, their carers or representatives, need to be made aware that the operation of safeguarding procedures will, on occasion, require the sharing of information with relevant professionals and statutory agencies in order to protect a vulnerable person or others.

9.7 Complaints

The appropriate handling of complaints is an integral part of good governance and risk management. The first step for any organisation is to ensure that proper and effective complaint handling procedures are in place. As a HSE funded service, Inspired has a Comments, Compliments and Complaints Policy that is closely aligned to "Your Service, Your Say", the HSE's own Policy and Procedures for the Management of Consumer Feedback. Part 9 of the Health Act, 2004, outlines the legislative requirements to be met by service providers in the management of complaints.

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

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

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

Particular attention should be paid to complaints which are suggestive of abusive or neglectful practices, or which indicate a degree of vulnerability. All cases of alleged or suspected abuse must be taken seriously and staff must inform the Manager immediately. Inspired has effective mechanisms in place to ensure a prompt response to concerns and complaints. Ensuring the safety and wellbeing of the vulnerable person is the priority consideration.

9.8 Anonymous and historical complaints

All concerns or allegations of abuse must be assessed, regardless of the source or date of occurrence. The quality and nature of information available in anonymous referrals may impact on the capacity to assess and respond appropriately. Critical issues for consideration include:

- The significance/seriousness of the concern/complaint.
- The potential to obtain independent information.
- Potential for ongoing risk.

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

Part Two: Procedures

10. Responding to concerns or allegations of abuse

10.1 Introduction

This procedure refers to service providers in receipt of HSE funding, such as Inspired. It is the duty of all services, service managers and staff to be familiar with this policy and procedures. Service specific arrangements must be consistent with this policy and procedures. The HSE Safeguarding and Protection Team (Vulnerable Persons) is available to work closely with service providers to support the implementation of the response to concerns and complaints of abuse of vulnerable persons in HSE funded services.

10.2 Organisational arrangements to support procedural objectives

Inspired is responsible for taking action to ensure the protection and welfare of participants. The HSE Community Healthcare Organisation Safeguarding and Protection Team (Vulnerable Persons) is available to:

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

10.3 Designated Officer

Inspired is required to appoint a Designated Officer who will be responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons.
- Ensuring the CEO is informed and collaboratively ensuring necessary actions are identified and implemented.
- Ensuring reporting obligations are met.

The Designated Officer will usually be a relevant professional or work in a supervisory/management role. Other responsibilities, such as conducting preliminary assessments and further investigations, will be carried out with the support of the Safeguarding Committee. The Designated Officer for Inspired is Liz Maher.

10.4 Data protection and confidentiality

All information concerned with the reporting and subsequent assessment of concerns or allegations of alleged abuse is subject to the Inspired Data Protection and Confidentiality Policy. However, information regarding 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:

- A vulnerable person is the subject of abuse and/or
- The risk of further abuse exists and/or
- There is a risk of abuse to another vulnerable person(s) and/or
- There is reason to believe that the alleged person causing concern is a risk to themselves and/or
- A legal obligation to report exists.

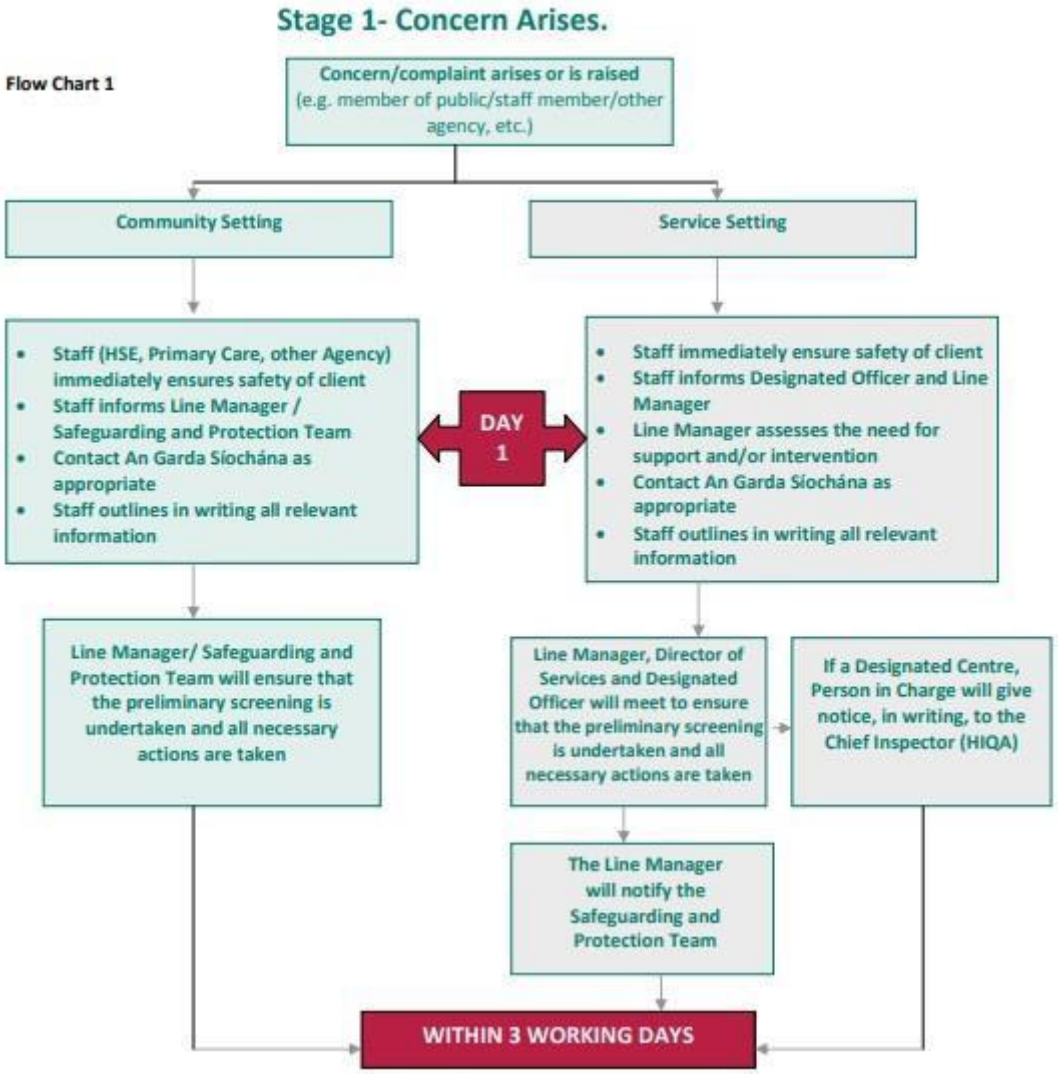
All staff must be aware that failure to record, disclose and share information in accordance with this policy is a failure to discharge a duty of care. In making a report or referral, it is essential to be clear whether the vulnerable person is at immediate and serious risk of abuse and if this is the 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.

10.5 Records

It is essential to keep detailed and accurate records of concerns or allegations of abuse and of any subsequent actions taken. Failure to adequately record such information and to appropriately share that information in accordance with this policy is a failure to adequately discharge a duty of care. Inspired has a Safeguarding Concern Report Form that should be used to report any and all concerns, allegations, or disclosures. Minutes of Safeguarding Committee Meetings, staff meetings and phone calls discussing the matter should also be filed securely.

11. Stage 1: Concern arises



NOTE: At any stage in the procedure, if there are significant concerns in relation to a vulnerable person, the Chief Officer (CO) of the Community Healthcare Organisation must be notified immediately. The CO must immediately notify the Director of SocialCare. Notification to, and advice from, the National Incident Management Team should be considered in such circumstances and consideration as to whether the concern should be investigated using the HSE Safety Incident Management Policy.

A concern or allegation of abuse of a vulnerable person may come to light in one of a number of ways:

- Direct observation of an incident of abuse.
- Disclosure by a vulnerable person.
- Disclosure by a relative/friend of the vulnerable person.
- Observation of signs or symptoms of abuse.
- Reported anonymously.
- Come to the attention as a complaint through the HSE or Inspired complaints process.

The alleged perpetrator may be, for example, a family member, a member of the public, an employee of Inspired or in another organisation providing services. Abuse can take place anywhere. The concern/complaint may also arise in the person's own home or other community setting. If unsure that an incident constitutes abuse or warrants actions, the Safeguarding and Protection Team (Vulnerable Persons) is available for consultation. While respecting everyone's right to self-determination, situations can arise where information is suggestive of abuse and a vulnerable person does not wish to engage.

If the risk is of concern, a multi-disciplinary case conference may be appropriate to review and develop possible interventions. Legal advice may also be appropriate.

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

11.1 Immediate protection

Take any immediate actions to safeguard anyone at immediate risk of harm including seeking, for example, medical assistance or the assistance of An Garda Síochána, as appropriate.

11.2 Listen, reassure and support

If the Vulnerable Adult has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what he/she says and ensure he/she is given the support needed.

Do not:

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

11.3 Detection and prevention of crime

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

11.4 Record and preserve evidence

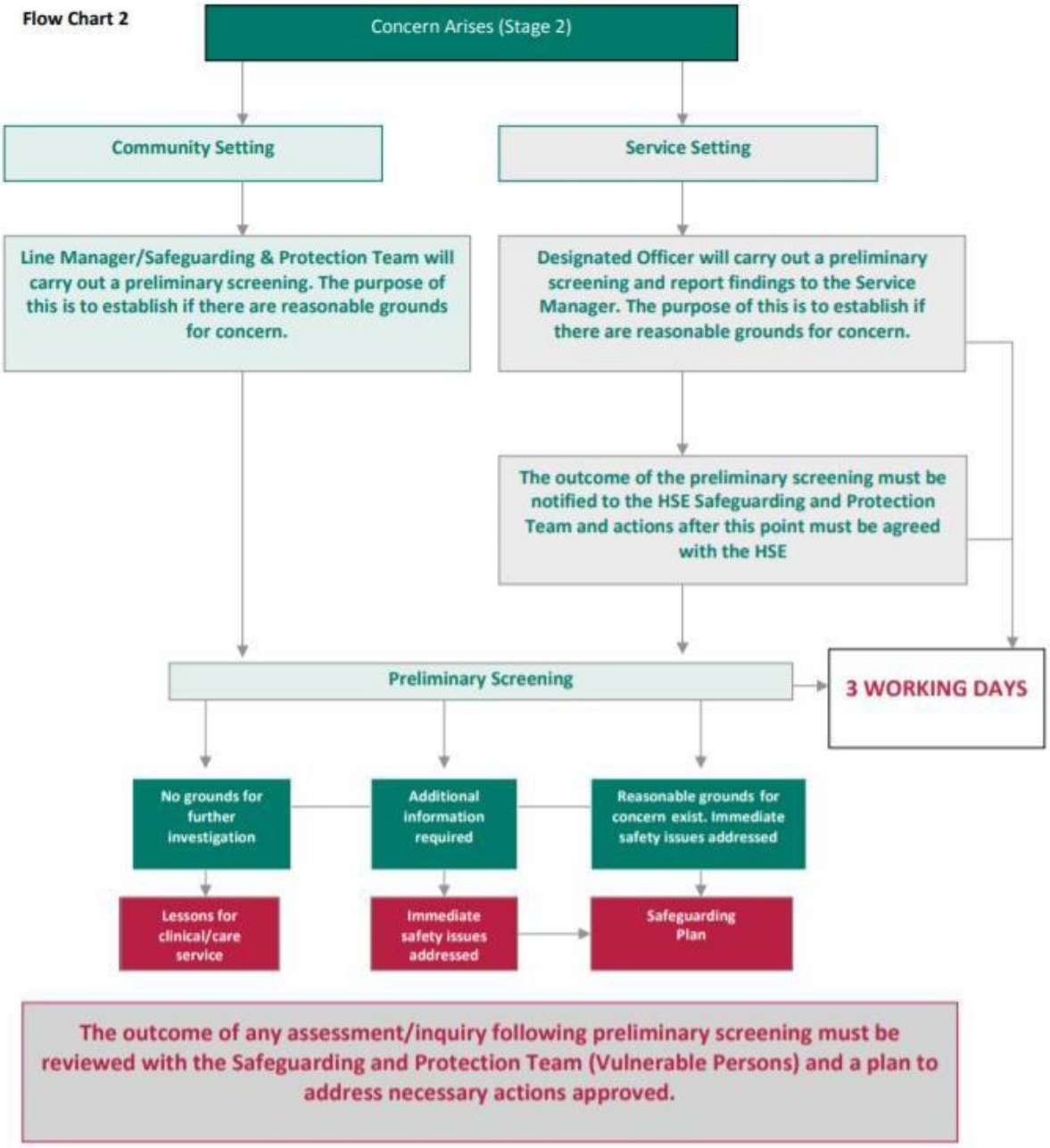
Preserve evidence through recording and take steps to preserve any physical evidence (if appropriate). As soon as possible on the same day, use the Safeguarding Concerns Report Form to make a detailed written record of what you have seen, been told or have concerns about and who you reported it to. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

11.5 Report and inform

Report to Coordinator / CEO as soon as possible. This must be reported on the same day as the concern is raised. The concern must be reported to the Designated Officer to ensure the care, safety and protection of the victim and any other potential victims, where appropriate. He/she must check with the person reporting the concern as to what steps have been taken (as above) and instigate any other appropriate steps. In the absence of the Designated Officer, the concern should be reported to the nominated deputy.

The Designated Officer must report the concern to the Safeguarding and Protection Team (Vulnerable Persons) within three working days after he/she has been informed of the concern. The Designated Officer must also notify Tusla immediately if there are concerns in relation to children. Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed with An Garda Síochána.

12. Stage 2: Preliminary screening



Note: At any point in the process, it may be appropriate to consult with the HSE Safeguarding and Protection Team (Vulnerable Persons) or An Garda Síochána. In suchinstances, a written note must be kept of any such consultation

The purpose of the Preliminary Screening is to establish

a) If an abusive act could have occurred and
b) If there are reasonable grounds for concern.

The CEO is responsible for ensuring that the Preliminary Screening takes place. This process should be led by the Designated Officer, with support from the Safeguarding Committee, and completed within 3 working days following the report. Additional expertise may be added as appropriate.

12.1 Ensuring immediate safety and support

On receipt of the report of suspected or actual abuse, the Manager will establish and document the following:

- What is the concern?
- Who is making the report?
- Who is involved, how they are involved and are there risks to others?
- What actions have been taken to date?
- Biographical information of those involved, including the alleged perpetrator where appropriate, e.g. name, gender, DOB, address, GP details, details of other professionals involved, an overview of health and care needs (and needs relating to faith, race, disability, age, and sexual orientation as appropriate).
- What is known of their capacity and of their wishes in relation to the abuse/neglect?
- Any immediate risks identified, or actions already taken, to address immediate risks. Establish the current safety status of the victim. Arrange medical treatment if required. Establish if An Garda Síochána have been notified.
- Ensure referral to Tusla where a child is identified as being at risk of harm.

12.2 Information gathering

The Designated Officer or an appropriate staff member appointed by the CEO will manage the intra and/or inter-agency safeguarding procedure and processes, including co-ordinating assessments. The person thought to be at risk of abuse should be contacted at the earliest appropriate time. Consent to share or seek information should be addressed at this stage. It is important to remember that in the process of gathering information, no actions should be taken which may put the person or others at risk of further harm or that would contaminate evidence. In general, the following information should be gathered:

- Name of participant thought to be at risk.
- Biographical details and address/living situation.
- As much detail as possible of the abuse and/or neglect that is alleged to have taken place/is taking place/at risk of taking place (including how it came to light, the impact on the participant, and details of any witnesses).
- The views of the participant thought to be at risk and their capacity to make decisions.
- Details of any immediate actions that have taken place (including use of emergency or medical services).
- An overview of the participant's health and care needs (including communication needs, access needs, support, and advocacy needs).
- GP details and other health services / professionals.
- Details of other services/professionals involved.
- Name of main carer (where applicable) or name and contact details of organisation providing support.
- Checks made to ensure that the report is not a duplicate.
- Checks made if other services, teams or allocated workers are involved with the participant or alleged perpetrator/s.
- Checks made for previous concerns of abuse and/or neglect.
- Check for previous concerns of abuse and/or neglect with regards to the alleged perpetrator.

The types of information to be gathered will be dependent on the individual circumstances of the report. Information sources will vary depending on the nature of the concern, some examples include:

- Gaining the views of the participant thought to be at risk.
- Checking of electronic/paper files to establish known history of person.
- Checking if there are services already in place and liaising with those services.
- Verifying report information and gaining further information from the report source.
- Considering consultation with An Garda Síochána to see if they have any information relating to the person or alleged perpetrator.

12.3 Involvement of a staff member

In situations where the allegation of abuse arises in respect of a member of staff of Inspired or another service provider or a Non-Statutory Organisation funded by the HSE, then the HSE Policies for Managing Allegations of Abuse Against Staff Members will be followed.

12.4 Involvement of a participant

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

12.5 Outcome of preliminary screening

There are three possible outcomes of the preliminary screening.

12.5.1 No grounds for reasonable concern

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.

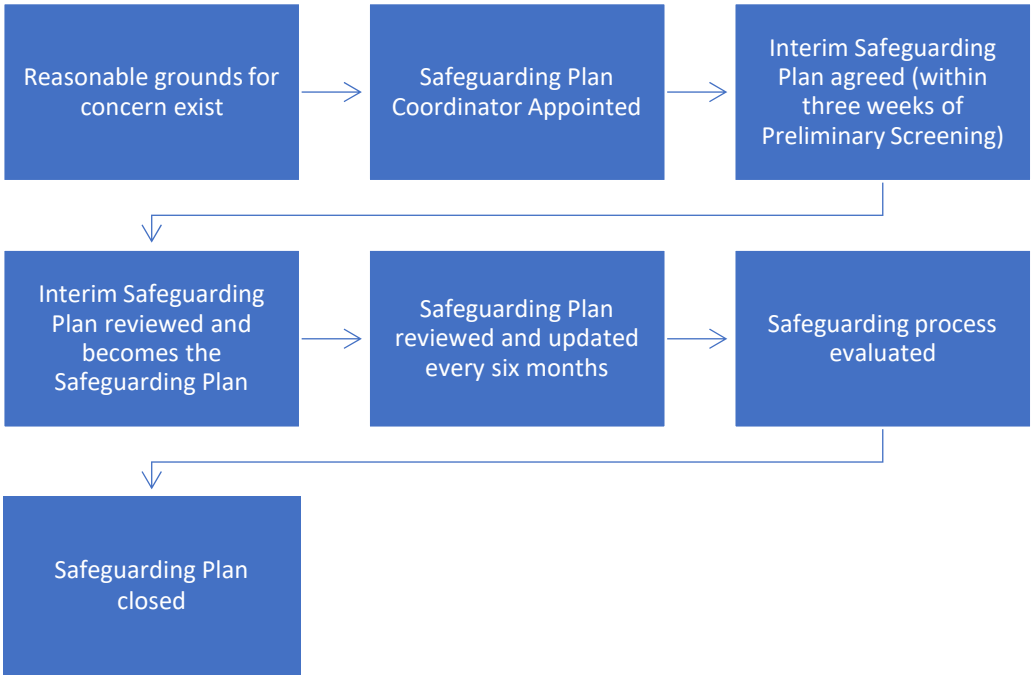
12.5.2 Additional information required

A plan to secure the relevant information and the deployment of resources to achieve this within a specified time will be developed by the CEO. This may involve the appointment of a small team with relevant expertise. All immediate safety and protective issues must also be specified.

12.5.3 Reasonable Grounds for Concern Exists

Steps set out in Stage 2a will be followed. The Preliminary Screening, Interim Safeguarding Plan and the associated plan will be copied to the Safeguarding and Protection Team (Vulnerable Persons) who may advise on other appropriate actions.

13. Stage 2a: Developing a Safeguarding Plan



If the Preliminary Screening determines that reasonable grounds for concern exist, an Interim Safeguarding Plan must be developed in partnership with all relevant stakeholder parties, including the vulnerable adult. Responsibility to ensure an Interim Safeguarding Plan is developed rests with the CEO. The Interim Safeguarding Plan will outline the actions that have been identified to address the needs and minimise the risk to the participant(s). The Interim Safeguarding Plan will be further developed in line with further assessments and become the Safeguarding Plan, i.e., when the appropriate investigations have been carried out to establish levels of risk and whether the abuse or neglect occurred.

13.1 Safeguarding Plan Co-Ordinator

One lead person must be appointed to act as a co-coordinator of information and intervention. The Safeguarding Plan Co-ordinator will arrange a full review at agreed intervals. The responsibility for appointment of a Safeguarding Plan Co-ordinator lies with the CEO, though it will usually be the relevant Group Leader.

13.2 Timescale

The Interim Safeguarding Plan should be developed and implemented within three weeks of the Preliminary Screening being completed. A Safeguarding Plan Review should be undertaken at appropriate intervals and must be undertaken within six months of the Safeguarding Plan commencing and, at a minimum, at six monthly intervals thereafter or on case closure.

13.3 Drafting the Interim Safeguarding Plan

If the participant has capacity and agrees to intervention, a safeguarding plan will be developed, as far as possible, in accordance with his/her wishes. If the participant has capacity and refuses services, every effort should be made to negotiate with them. Time should be taken to develop and build up rapport and trust. It is important to continue to monitor the participant's wellbeing.

If there are concerns that the participant lacks capacity, Inspired must work within the terms of the Assisted Decision Making (Capacity) Act 2015 to assess capacity and ensure appropriate decision supports are in place. Decisions must be made based on the will and preference of the participant. As a person-centred, participant led organisation, Inspired will not take a paternalistic view which removes the autonomy of the vulnerable person.

The Safeguarding Plan should include, relevant to the individual situation:

- Positive actions to safeguard the participant at risk from further abuse/neglect and to promote recovery.
- Positive actions to prevent identified perpetrators from abusing or neglecting in the future.
- 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.

13.3.1 Support for vulnerable adults

Support measures for vulnerable adults who have experienced abuse or who are at risk of abuse should be carefully considered when drafting the Safeguarding Plan. Mainstream support service provision, e.g., Victim Support services, should be considered as well as specialist support services, e.g., specialist psychology services, mediation, etc. The role of An Garda Síochána and related support measures should be considered where a vulnerable adult may be going through the criminal justice process, including use of intermediaries, independent advocates, etc. Where there is a potential for criminal prosecution, it is important to ensure that support is provided to the vulnerable adult.

13.4 Updating the Interim Safeguarding Plan to the Safeguarding Plan

Updating the Interim Safeguarding Plan will be informed by all stages of the process. Discussions/meetings on the Safeguarding Plan will be arranged by the Safeguarding Plan Co-Ordinator and should address the following:

- Feedback and evaluation of the evidence and outcomes from the assessments, including making a multi-agency (where appropriate) judgement of whether the abuse/neglect has occurred, has not occurred, or whether this is still not known.
- Consideration of the need for further assessment and investigation.
- An assessment of current and future risk of abuse/neglect to the individual, group of individuals, or others.
- Where abuse/neglect has taken place, or an ongoing risk of abuse/neglect is identified, an updated Safeguarding Plan should be agreed with proactive steps to prevent/decrease the risk of further abuse or neglect.
- 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.
- Set an agreed timescale for further review of the Safeguarding Plan.

13.5 Reviewing the Safeguarding Plan

A Safeguarding Plan Review is a planned process of reviewing the actions and safeguards put in place through the Safeguarding Plan. If new or heightened concerns arise prior to the planned Review, these should be added to the Safeguarding Plan.

The Safeguarding Plan Review should:

- Establish any changes in circumstances or further concerns which may affect the Safeguarding Plan
- Evaluate the effectiveness of the Safeguarding Plan
- Evaluate, through appropriate risk assessment, whether there remains a risk of abuse or neglect to the individuals or group of individuals
- Make required changes to the Safeguarding Plan and set a further review date.

13.5.1 Evaluating the safeguarding process

The Safeguarding Plan Review process should also be used as an opportunity to evaluate the intervention in general terms, e.g., what worked well, what caused difficulties, how effectively did people and agencies work together. This level of information should be fed back through the Safeguarding and Protection Team (Vulnerable Persons) and disseminated to other staff/agencies as appropriate. Experiences from practice, positive and negative, can be used to facilitate learning arising from specific situations to enable services to develop and be in a better position to safeguard individuals at risk from abuse and neglect.

13.6 Closing the Safeguarding Plan

The updated risk assessment arising from a Safeguarding Plan Review may provide evidence that the risk of abuse or neglect has been removed, or through changed circumstances, be no longer appropriate to be managed through this procedure. When this occurs, decisions should be taken with multi-agency agreement, where appropriate. Reasons and rationale for closing the Procedure must be recorded in full. The participant and/or referrer may be formally notified of closure where appropriate.

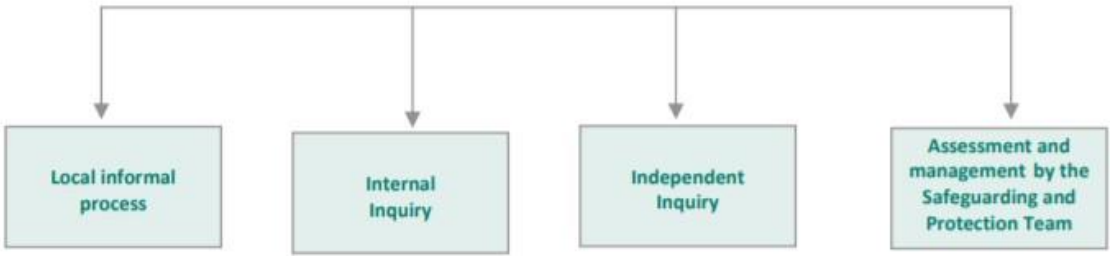
14. Stage 3: Reasonable grounds for concern established

If it is determined that abuse of a vulnerable person may have occurred, the responsibilities towards all relevant parties must be considered and addressed. These may include:

- The vulnerable person
- The family of the vulnerable person
- Other vulnerable persons, where appropriate
- The perpetrator, particularly if a participant
- Staff

The needs of the vulnerable person are the paramount consideration and a formal Safeguarding Plan must be developed which addresses the therapeutic and support needs arising from the experience and the protective interventions aimed at preventing further abuse.

Flow Chart 3



14.1 Local informal process

If it is established that, for example, a single incident has occurred which is not of a serious nature, the CEO 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 should be notified to the Safeguarding and Protection Team (Vulnerable Persons).

14.2 Internal or independent inquiries

In establishing any form of Inquiry, relevant Inspired Policies must be considered. In considering the specific form of Inquiry, issues to be considered include;

- The nature of the concerns.
- If the matters relate to an identifiable person, or incident, or to systemic issues.
- The impact on confidence in the service.
- The views of the vulnerable persons and/or his/her family.

The CEO will usually commission the Inquiry. The Commissioner of an Inquiry must develop specific Terms of Reference and, where appropriate, ensure the appointment of a Chair and members with the suitable experience and expertise, both in services for vulnerable persons and in the application of fair procedures. The Terms of Reference should be informed by appropriate professional advice. Arrangements for the provision of expert advice to the enquiry should also be outlined. An Inquiry Report will usually contain certain conclusions and recommendations and it is the responsibility of the Commissioner to receive the report and to determine the necessary actions.

14.3 Assessment and management by Safeguarding and Protection Team

In certain circumstances, the Head of Social Care in each HSE Community Healthcare Organisation may decide that the matter should be assessed and managed by the Safeguarding and Protection Team (Vulnerable Persons). Such circumstances may include any possible/perceived conflict of interest for the Service Manager. The Head of Social Care in each Community Healthcare Organisation may also determine that another process, appropriate to the particular issues arising, is required and may arrange such a process. This may include the arranging of a comprehensive professional assessment.

14.4 Management of an allegation of abuse against a staff member

In situations where the allegation of abuse arises in respect of a member of staff of Inspired, or another service provider, or a Non Statutory Organisation funded by the HSE, then the HSE Policies for Managing Allegations of Abuse against Staff Members will be followed. The safety of the participant is paramount, and all protective measures proportionate to the assessed risk must be taken to safeguard the welfare of the participant. Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed in the first instance with An Garda Síochána.

15. Roles and responsibilities

15.1 Staff

- Promote the welfare of vulnerable persons in all interactions.
- Be aware of all Inspired policies, procedures, protocols and guidance documents relating to the safeguarding of vulnerable adults.
- Comply with this policy and procedures to ensure the safeguarding of vulnerable persons from all forms of abuse.
- Support an environment in which vulnerable persons are safeguarded from abuse or abusive practices, through the implementation of preventative measures and strategies.
- Avail of any relevant training and educational programmes.
- Be aware of the signs and indicators of abuse.
- Support vulnerable persons to report any type of abuse or abusive practice.
- Ensure that any concerns or allegations of abuse are reported in accordance with this policy.

15.2 Manager/CEO

- Ensure that a local policy for the safeguarding of vulnerable persons is in place and is compliant with the national policy.
- Ensure that local procedures are developed to support the implementation of this policy and procedures.
- Promote a culture of zero tolerance for any type of abuse or abusive practice.
- Ensure that this policy and procedures is made available to all employees and volunteers and to all persons accessing services and their advocates/families in an accessible format.
- Maintain a record of all employees and volunteers "sign off" on this Safeguarding of Vulnerable Persons Policy.
- Ensure that all employees / volunteers receive the appropriate training with regard to the implementation of this policy.
- Ensure safeguarding is part of the Induction Programme for everyone involved in the service.
- Ensure that any concerns or allegations of abuse are managed in accordance with this policy.

15.3 Designated Officer

Inspired is required to appoint a Designated Officer. The Designated Officer should receive specific training on the legal and policy context in which safeguarding occurs and maintain a familiarity with key practice issues. The Designated Officer will:

- Receive concerns or allegations of abuse regarding vulnerable persons
- Collate basic relevant information
- Ensure the manager is informed and ensure necessary actions are identified
- Ensure all reporting obligations are met (internally to the service and externally to the statutory authorities)
- Support the manager and other personnel in addressing the issues arising
- Maintain appropriate records

15.4 Safeguarding and Protection Team (Vulnerable Persons)

In each HSE CHO, a Safeguarding and Protection Team (Vulnerable Persons) will support the objectives of the national Safeguarding Policy. Inspired is supported by the CHO4 Safeguarding and Protection Team based in Cork. The team will:

- Receive reports of concerns and complaints regarding the abuse of vulnerable persons.
- Support services and professionals to assess and investigate the concern(s)/complaint(s) and develop intervention approaches and protection plans.
- Directly assess particularly complex complaints and coordinate service responses.
- Support, through training and information, the development of a culture which promotes the welfare of vulnerable persons, and the development of practices which respond appropriately to concerns or allegations of abuse of vulnerable persons.
- Maintain appropriate records.

16. Notification

16.1 An Garda Síochána

An Garda Síochána must be informed 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.

16.2 Good faith reporting

In accordance with the Good Faith Reporting Policy, Inspired will provide support and advice to any employee or volunteer who makes a report to the Manager and will investigate same. Management will not disclose the identity of the employee making the good faith report without prior consent. Where concerns cannot be resolved without revealing theidentity of the employee raising the concern, Inspired will enter into a dialogue with theemployee concerned as to whether and how it can proceed.

16.3 Protected disclosures

Section 103 of the Health Act 2007 and the Protected Disclosures Act 2014 provide for the making of protected disclosures by health service employees. If an employee reports a workplace concern in good faith and on reasonable grounds in accordance with the procedures outlined in the legislation it will be treated as a 'protected disclosure'. This means that if an employee feels that they have been subjected to detrimental treatment in relation to any aspect of their employment as a result of reporting their concern they may seek redress. In addition, employees are not liable for damages as a consequence of making a protected disclosure. The exception is where an employee has made a report which s/he could reasonably have known to be false.

16.3.1 Procedure for making a Protected Disclosure

Inspired has appointed an 'Authorised Person' to whom protected disclosures may be made. Employees are required to set out the details of the subject matter of the disclosure in writing on the Protected Disclosures of Information Form and submit it to the Authorised Person at the following address:

Inspired Authorised Person, **Brandon Court,** **Basin Road** **Tralee, Co. Kerry**	**Or**	**HSE Authorised Person** **P.O. Box 11571,** **Dublin 2.**

The Authorised Person will investigate the subject matter of the disclosure. Confidentiality will be maintained in relation to the disclosure insofar as is reasonably practicable. However, it is important to note that it may be necessary to disclose the identity of the employee who has made the protected disclosure in order to ensure that the investigation is carried out in accordance with the rules of natural justice. In certain limited circumstances, an employee may make a protected disclosure to a scheduled body or a professional regulatory body.

Part Three: Self neglect

17. Self-neglect

Inspired is committed to the protection of vulnerable persons who seriously neglect themselves. Inspired will respond where concern has arisen due to the vulnerable person seriously neglecting his/her own care and welfare and putting him/herself and/or others at serious risk.

Responding to cases of self-neglect poses many challenges. The seriousness of this issue lies in the recognition that self-neglect in vulnerable persons is often not just a personal preference or a behavioural idiosyncrasy, but a spectrum of behaviours associated with increased morbidity, mortality and impairments in activities of daily living. Therefore, self-neglect referrals should be viewed as alerts to potentially serious underlying problems requiring evaluation and treatment (Naik et al, 2007).

Family, friends and community have a vital role in helping vulnerable people remain safe in the community. Visiting, listening and volunteer driving are examples of ways to reduce isolation. People wish to respect autonomy and may not wish to be intrusive. However, if concerned or aware of a significant negative change in behaviour, do consider making contact or alerting services.

The purpose of this Policy and Procedures is to offer guidance to Inspired staff who become aware of concerns regarding extreme self-neglect.

17.1 Definitions

Self-neglect is:

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

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

a) Engage in self-care acts that adequately regulate independent living or,
b) To take actions to prevent conditions or situations that adversely affect the health and safety of oneself or others.

17.2 Groups that may present with self-neglecting behaviours.

Self-neglect can be non-intentional, arising from an underlying health condition, or intentional, arising from a deliberate choice.

- Those with lifelong mental illness.
- Persons with degenerative neurocognitive disorders such as dementia or affective disorders such as depression.
- Those whose habit of living in squalor is a long-standing lifestyle with no mental or physical diagnosis (Poythress, 2006: 11).
- Self-neglect is common among those who consume large quantities of alcohol; the consequences of such drinking may precipitate self-neglect (Blondell, 1999).
- Those who live alone, in isolation from social support networks of family, friends and neighbours (Burnett et al, 2006).

18. Guiding principles

1. Self-neglect occurs across the life span. There is a danger in targeting vulnerable persons and the decisions they make about lifestyle, which society may find unacceptable.
2. The definition of self-neglect is based on cultural understandings and challenges cultural values of cleanliness, hygiene and care. It can be redefined by cultural and community norms and professional training.
3. 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.
4. Distinguish between self-neglect, which involves personal care, and neglect of the environment, manifested in squalor and hoarding behaviour.
5. Recognition of the community aspects or dimensions rather than just an individualistic focus on capacity and choice: some self-neglecting behaviour can have a serious impact on family, neighbours and surroundings.
6. Importance of protection from harm and not just 'non- interference' in cases of refusal of services. Building trust and negotiation is critical for successful intervention.
7. Interventions need to be informed by the vulnerable person's beliefs regarding the stress experienced by Care Givers, including family members, and must address the underlying causes.
8. Assumptions must not be made regarding lack of capacity and, as far aspossible, people must be supported in making their own decisions.

19. Manifestations of self-neglect

19.1 Hygiene

- Poor personal hygiene and/or domestic/environmental squalor; hoarding behaviour (Poythress et al, 2006; Mc Dermott, 2008).

19.2 Life threatening behaviour

- Indirect life-threatening behaviour: refusal to eat, drink; take prescribed medications; comply with an understood medical regime (Thibault et al, 1999)

19.3 Financial

- Mismanagement of financial affairs.

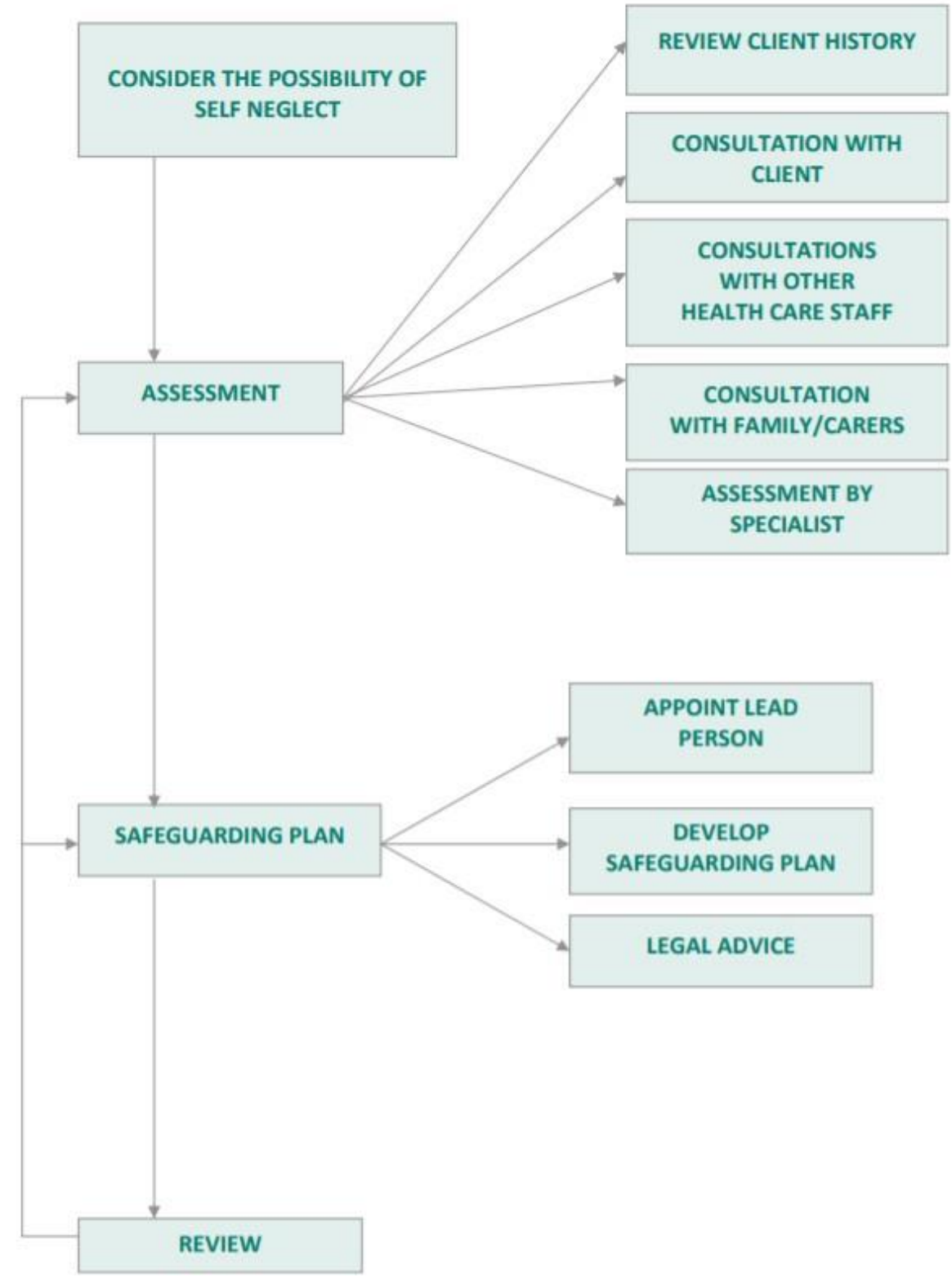
20. Assessment of self-neglect: key areas

Area / Domain	Evidence of Serious/Severe Neglect
Personal Appearance: hair, nails, skin, clothing, insect infestation	Matted, dirty hair; long, untrimmed, dirty nails; multiple or severe pressure ulcers, other injuries; very soiled clothing; multiple insect infestation.
Functional Status: cognitive; delusional state; response to emergencies; Medical needs	Impaired cognition; delusional state; unable to call for help or respond to emergencies. No documentation of a health care provider; untreated conditions, appears ill or in pain or complains of pain or discomfort.
Environment	Poorly maintained- evidence of rubbish, debris; dilapidated dwelling – broken or missing windows, walls. Severe structural damage, leaking roof. Pungent, unpleasant odour. Human /animal waste. Rotting food; litter. Clutter- difficult to move around or find things. Multiple uncared for pets. Problems with electricity, gas water, telephone.
Nutrition	Nutritional deficiencies are significant. It is difficult to assess food storage, availability of food groups and expiry dates.

(Dyer et al, 2006) From Draft of the Self-Neglect Severity Scale accessed from: http://www.bcm.edu/crest/?PMID=5668

21. Procedures

Flow Chart 4



21.1 Consider the possibility

- Concerns regarding extreme neglect can arise for a variety of people in diverse circumstances. It is critical that one remains open to considering the possibility that a vulnerable person may not be acting in his/her own interest and that his/her welfare is being seriously compromised.
- Considering the possibility of extreme self-neglect is a professional responsibility and a service to the person.
- Discuss the concerns with appropriate people and directly with the vulnerable person.
- If concerns cannot be addressed directly, they should be directed to the Safeguarding and Protection Team (Vulnerable Persons) who will assist in an assessment of the severity of the situation.

21.2 Assessment

- On receiving a report of concern about a vulnerable person neglecting himself/herself, Inspired will begin the process of preliminary screening.
- Inspired will establish whether the vulnerable person is aware of the report and his/her response to the person making the referral.
- Inspired will consult with other health and social care professionals in order to gain further information. The focus of this preliminary process is to establish the areas of concern, i.e. the manifestations of self-neglect and the potential harm to the vulnerable person.
- Inspired will establish if there have been any previous attempts to intervene and the outcome of such attempts/interventions.
- Inspired will arrange for an appropriate person to meet the vulnerable person to ascertain his/her views and wishes.
- A comprehensive assessment may need to be undertaken by a relevant specialist. This will require a GP referral. Where there is a doubt about the person's capacity to make decisions and/or to execute decisions, the assessment should include specific mental competency assessment. It may be appropriate to seek legal advice.

21.3 Safeguarding Plan

- One lead person must be appointed to act as a co-coordinator of information and intervention. The lead person will arrange a full review at agreed intervals.
- The responsibility for appointment of a lead person will be with the CEO.
- If the vulnerable person has mental capacity and agrees to intervention, a Safeguarding Plan will be developed in accordance with his/her wishes.
- If the person has mental capacity and refuses services, every effort should be made to negotiate with the person. Time will be taken to develop and build up rapport and trust. It is important to continue to monitor the person's wellbeing.

22 If there are concerns that the participant lacks capacity, Inspired must work within the terms of the Assisted Decision Making (Capacity) Act 2015 to assess capacity and ensure appropriate decision supports are in place. Decisions must be made based on the will and preference of the participant. As a person-centred, participant led organisation, Inspired will not take a paternalistic view which removes the autonomy ofthe vulnerable person.

22.1 Review

- The lead person will arrange a full review of the Safeguarding Plan at agreed intervals.
- The vulnerable person's situation must be kept under review, as appropriate and deemed necessary.
- Family, friends and community have a vital role in helping vulnerable people remain safe in the community.
- The Safeguarding and Protection Team (Vulnerable Persons) will be available to provide advice and support as appropriate.

Part Four: Self harm

Participant mental health is very important at Inspired. We will take action to prevent self-harm and will work with parents and guardians to support participants' wellbeing in any way that we can. Self-harm is not specifically mentioned in the national policy on safeguarding vulnerable people. However, Inspired have made a decision to include this important matter in our own local policy. Threats of, or actual self harm, and discussion of suicidal thoughts or threats of suicide should be acted upon immediately, in accordance with the Inspired Procedure for Responding to Threats of Suicide.

Appendix 1. Policy Receipt Confirmation

Please sign and date below to confirm you have received, read, and understood this policy.

Signature	Date