

Reach Deaf Services

Safeguarding and Responding to Allegations of Abuse (Adult Policy)

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1.0 Policy Statement

1.1 This Policy has been adapted from The Health Service Executive's (HSE) *The Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures 2014*.

1.2 This Policy document aligns with HIQA and HSE National Standards in Safeguarding.

1.3 Reach Deaf Services appoints an experienced Manager as the Designated Officer (DO) to oversee the organisation's response to concerns, suspicions and allegations of abuse and thereafter make decisions on the actions required. All management teams are expected to attend the Designated Officer training to ensure there is consistency in responding to allegations and/or concerns.

1.4 In any situation where there is a concern, suspected or confirmation of abuse, Reach Deaf Services' primary concern will be the safety and well-being of the adult accessing the service.

1.5 Reach Deaf Services acknowledges that the rights of all individuals involved in an abusive situation should be protected, including the rights of an alleged abuser.

1.6 Reach Deaf Services will endeavour to deal with all allegations of abuse in confidence and information will only be shared on a need to know basis, in the interests of the person. Giving information to others for the protection of a person is not a breach of confidentiality.

1.7 In line with the HSE *The Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures 2014*, Reach Deaf Services will inform the HSE Safeguarding and Protection Team of all allegations of abuse towards adult service users.

2.0 Policy Purpose

2.1 The purpose of this policy is to provide guidance on the safeguarding from abuse, those adults who avail of Reach Deaf Services boarding and supported living service and to outline the procedures for reporting and managing concerns, suspicion or knowledge of abuse. Safeguarding means putting measures in place to promote people's human rights, their health and wellbeing and empowering them to protect themselves (HSE, 2024).

2.2 Persons Affected:

2.21 People working on behalf of Reach Deaf Services, including employees, volunteers, contractors, students and Board members are required to adhere to this policy.

2.22 Concerns or suspicions of non-accidental injury/abuse of children under 18 years of age attending Reach Deaf Services will be reported and managed under the Child Safeguarding and Protection Policy.

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2.23 A young person in boarding who turns 18 while in still in the service. Parents and boarders will be informed of the changes and how this impacts on reporting prior to the child turning 18.

3.0 Scope of Policy

3.1 The procedures outlined in this policy apply to **all** adults who avail of services across Reach Deaf Services.

3.2 However, in the context of this policy, when applying the procedures, a distinction **may** be made between an adult who is unable to safeguard him/herself, and one who is deemed to have the skill, means or opportunity to keep him/herself safe, but chooses not to do so.
(National standards for Adult safeguarding 2019 HIQA).

3.3 All adults whom avail of supports from Reach Deaf Services shall be safeguarded by all staff. However, the implementation of the Assisted Decision Making (Capacity) Act 2015 has safeguarding considerations and presumed capacity which consequently has lead to a crossover of policies and guidelines. The balance between presuming capacity of a person while simultaneously ensuring safeguarding is maintained is an important factor.

3.4 There may also be situations where after assessment and consultation in the context of an abusive situation, a person we support may be deemed as a vulnerable adult or a person at risk of harm.

3.5 'The HSE Safeguarding Policy has a zero tolerance approach to abuse. In essence this means that there should be no acceptance of abuse or neglect of an adult at risk of abuse' (Adult Safeguarding Practice Guideline: Responding to Allegations of Abuse: 2).

This policy and procedure apply to all employees of Reach Deaf Services.

4.0 Glossary of Terms and Definitions:

4.1 A Vulnerable Person is defined as *"an adult who may be restricted in capacity to guard himself / herself against harm or exploitation or to report such harm or exploitation". (Safeguarding Vulnerable Persons at Risk of Abuse 2014)*

4.2 An adult at risk of harm is a person who is aged 18 years or older who needs help to protect themselves from harm at a particular time

4.3 Reach Deaf Services acknowledges abuse to be defined as *"any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general wellbeing, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms."* (HIQA, 2013).

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4.4 Presumed capacity guidelines under the ADM Act:

Guiding Principles:

1. Presume every person has the capacity to make decisions about their own life.
2. Support people as much as possible to make their own decisions.
3. Don't assume a person lack capacity just because they are making, have made, or are likely to have made an unwise decision.
4. Only take action where it is really necessary.
5. Any action should be the least restriction on a person's rights and freedoms.
6. Give effect to the person's will and preferences.
7. Consider the views of other people.
8. Consider how urgent the action is.
9. Use information appropriately

4.5 Reach Deaf Services recognises that abuse may come in many forms. For the purpose of safeguarding adults, Reach Deaf Services categorises forms of abuse using HSE definitions:

Physical abuse: Includes hitting, slapping, pushing, kicking, and 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/emotional abuse: includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission; includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.

Self-neglect: in vulnerable adults is a spectrum of behaviours defined as a 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 self or others.

Discriminatory abuse: Discriminatory abuse occurs when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult at risk, but can

also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, and race or ethnic origin.

Organisational 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.

Online or digital: An abusive or exploitative interaction occurring online or in a social media context. Risk of abuse via technology including exposure and uploading of inappropriate abusive material without consent. Includes digital/social media and online sexual abuse/ production of sexual images, online financial abuse, theft of personal information and persuasion towards self-harm.

Human trafficking/Modern Slavery: Human trafficking/modern slavery involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking/modern slavery can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities. Any concerns that an adult at risk may be a victim of human trafficking/modern slavery must be reported to An Garda Síochána.

See appendix 1 for the indicators of abuse.

5.0 Roles and Responsibilities:

5.1 Responsibilities of Staff and Management

5.1.1 The Designated Officer is appointed to oversee and ensure appropriate response to all queries regarding the safeguarding of adults.

5.1.2 Support/Care Managers will be responsible for ensuring that people we support and their family are informed of this policy and that it is available upon request through accessible formats. For example, an 'Plain English' version of guidelines and an ISL version will be provided. Furthermore, staff training, and re-training if particular staff members if needed will be facilitated. An accessible format is in line with obligations of the UNCRRPD, the Equal Status Acts, the Irish Sign Language Act 2017 and the Assisted Decision Making (Capacity) Act 2015.

5.1.3 The Administration team will be responsible for ensuring that staff have up to date training in the safeguarding of persons at risk of abuse. HR oversee that all mandatory training is in place for all staff.

5.1.4 The manager of each service will ensure that staff are aware, familiar and receive annual training on the HSE Trust in Care policy. Staff may be identified for additional training if instances arise where they cannot put their

training into practice. HSE Trust in Care and Safeguarding procedures must be aligned with one another.

5.1.5 All Staff: Protection of the people we support from all forms of abuse.

5.1.6 Support and Social Care Staff:

- To always maintain the safety and well-being of the people we support..
- To familiarise themselves and comply with relevant standards, policy and procedures.
- To be aware that they have a duty to alert managers of any concerns, suspicions or allegations of abuse.
- To support people to understand their rights.
- To support people in voicing their concerns or complaints and/or to advocate for them as appropriate.
- Where there are issues relating to the point immediately above, staff are obliged to act in the best interest of the safety and well-being of the people we support
- To maintain the confidentiality of the issue throughout the process.
- To make every effort to ensure an abuse free environment.
- To actively participate in all relevant training as assigned.

5.1.7 Support / Care Manager

- To actively promote a positive safeguarding culture that safeguards Service Users.
- To continuously strive to achieve the highest standard of support.
- To identify and address poor practice according to protocol.
- To ensure staff are aware of service expectations in regard to protection of Service Users.
- To provide Service Users with opportunities to discuss concerns or queries in a safe and respectful manner.
- Informs service users of their rights regarding safeguarding and general procedures. Depending on the needs of the individual, this may be through workshops for service users or a one on one discussion with visual examples.
- To ensure the policy, supporting procedures and guidelines are made available in a format that can be understood by Service Users, staff, relatives, etc. A Plain English guideline and ISL version will be available alongside the policy document.
- To ensure relevant training requirements for the above are met and contribute to same as required.
- To deploy staff in a way that a) deters collusive relationships and b) creates potential opportunities for disclosure.
- To conduct preliminary investigation of any allegation or suspicion of abuse in accordance with policy.
- To provide comprehensive audit on complaints and related interventions.

- To inform the Designated Officer of any allegation or suspicion of abuse immediately.
- Communication and education of staff regarding prevention of abuse.

5.1.8 Head of Support Services

- Ensure that policies and procedures supporting the protection of people we support from all forms of abuse are available and in line with best practice guidance.
- Adherence to the process for the prevention of abuse (Safeguarding).
- To create an environment of individualised support and empowerment where the people we support feel confident and safe to report all concerns.
- To ensure a just response to allegations of abuse, neglect and/or mistreatment through the application of robust reporting and investigation procedures.
- To appoint a Designated Officer (Adults) and Designated Liaison Person (Children and Young Adults), and provide relevant training for this position.
- To provide guidelines and support processes for complainants and staff in such circumstances where it is necessary that the wishes of the Service User must be overridden to prevent further harm.
- To inform relevant parties such as family members, next of kin, Gardaí Síochána, HSE, TUSLA, Garda Vetting Office and governing bodies as applicable, eg. NBMI, CORU
- To ensure safety and security of the people we support and staff in line with best practice.
- To provide framework, guidelines and support mechanisms for all parties concerned.
- To maintain and support a culture where abuse cannot be tolerated.

5.2 Responsibility of the Designated Officer (Designated Officer

5.2.1 Stay up to date with legislation, regulation, national policy and best practice in relation to the protection of vulnerable people.

5.2.2 Have up to date formal training, where available, in carrying out their role as Designated Officer.

5.2.3 Ensure service users have access to information on matters relating to safeguarding.

5.2.4 Coordinate a Preliminary Screening into a suspicion/allegation of abuse and work with line managers in carrying out the Screening to establish if abuse could or could not have occurred. This will be in conjunction with the HR manager.

5.2.5 Support the Health Service Executive (HSE) Investigation Team to carry out an effective investigation and reach a conclusion as to whether the allegations are substantiated, unsubstantiated or inconclusive.

5.2.6 Liaise with the statutory bodies such as the HSE and an Garda Siochana if necessary.

5.2.7 Ensure all records in relation to an allegation of abuse are stored in a confidential file, with restricted access.

5.3 Responsibility of Safeguarding, Welfare and Protection Committee:

- 5.3.1 Ensuring the 'Safeguarding and responding to allegations of abuse adult policy' is in line with relevant national legislation and policies.
- 5.3.2 Ensuring the policy is regularly reviewed and updated with changing national legislation and guidelines.
- 5.3.3 Ensuring the policy is reviewed on a two year basis (other than changing legislation and guidelines)
- 5.3.4 Ensure allegations of adult abuse are reviewed and current procedures are undertaken in each investigation.

6.0 Procedure

Reach Deaf Services incorporates the following guiding principles in their Safeguarding practices and demonstrates how it impacts the Service User, according to Safeguarding Ireland:

1. Any matter which the staff member considers to be a safeguarding concern or which is reported as a safeguarding matter will need to be assessed as a safeguarding concern. The Designated Officer will ensure a preliminary screening is completed to establish whether reasonable grounds for concern exist. If needed, HR will have an input in the preliminary screening (Adult Safeguarding Practice Guideline: Responding to Concerns of Abuse).
2. If a staff member is unsure as to whether an incident constitutes a safeguarding matter they should seek guidance from their line manager in the first instance. Guidance can also be sought from their Designated Officer and/or their local Safeguarding and Protection Team.
3. Communicating with Adult at Risk of Abuse:
A safeguarding concern can come to light in a number of ways. It may be disclosed by the adult, another service user, family member or another third party. It may be alleged by someone or indicators of abuse may be noted. A safeguarding concern may also be suspected because of other behaviours. Should the adult choose to disclose a safeguarding concern it is important to remember that it will have taken a great amount of courage for the person to tell you that something has happened and indeed, fear of not being believed can cause people not to tell in the first place. **Every disclosure must be taken seriously.**
4. The HSE Annual Briefing regarding 'Trust In Care' is facilitated through staff training at Reach Deaf Services on an annual basis. Please refer to the policy below:

[TRUST IN CARE DPI \(hse.ie\)](https://www.hse.ie/trustincare)

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6.1.1 Each Person's rights are recognised and promoted

This is demonstrated by the person's identity, values, beliefs and culture being respected by staff in the service. The people we support will be provided with advocacy workshops, eg. World Elder Abuse Awareness Day, National Safeguarding Day events to promote their rights, and to ensure they are empowered to self-advocate and ask for support for advocacy when needed. The people we support will be referred for external advocacy support as required.

6.1.2 Each person we support is supported to engage in shared decision-making about their care and support - to reduce their risk of harm and promote their rights, health and wellbeing

This is demonstrated by the person having all the information they need to help them make decisions about their life, including when they need support to keep themselves safe. In the remit of Reach Deaf Services supporting adults who are Deaf and Deaf Blind, all information should be available in accessible formats which include 'Easy English' guidelines and ISL video versions. The service effectively plans and delivers care and support to reduce the risk of harm and promote each person's rights, health and wellbeing. This is demonstrated by the person being involved in planning their care and support, which sets out how their needs will be met and how any risks to the person will be managed. Also, that the person is supported to live the most fulfilling life possible, even if this involves some element of risk. This will all be documented in their Personal Care Plan (PCP).

6.1.3 Each Service User experiences integrated care and support which is co-ordinated effectively within and between services to reduce the risk of harm and to promote their rights, health and wellbeing.

This is demonstrated by all staff that are involved in the Service User's care and support working together to reduce the risk of harm to the Service User. By the Service User being involved in planning and managing any move between services or out of a service to reduce the risk of harm to the Service User during the move. The staff know how to respond to signs that the Service User might be at risk. The Service User knows to report if the service is not satisfactory for their care, what the Service User thinks about it and how to make a complaint. The staff that support the Service User will follow up on their complaint and inform the Service User of the outcome. The Service User knows that their personal belongings are safe and secure and that if the Service User requires help to manage their finances that the Service User is consulted about this.

6.1.4 Safeguarding concerns are effectively identified and managed, and outcomes inform future practice.

This is demonstrated by each Service User knowing who to talk to if they feel that they, or someone, else is at risk of harm. Staff who care and support the Service User understand their responsibilities in protecting the Service User from harm by reporting any sign or report of abuse to the DO, and in the

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absence of the DO, to their Line Manager. Staff know what signs to look out for to keep Service Users safe, and actively tries to improve the service when something goes wrong. Staff should know the different types of abuse and what signs to look out for in each case (please see appendix 1).

6.1.5 Each Service User is supported to develop the skills to protect and promote their own physical, mental, emotional and social health and wellbeing and protect themselves from harm.

This is demonstrated by the Service User having supports and opportunities to learn new skills and to understand, protect and promote their rights, health and wellbeing. The Service User is supported to deal with and recover from difficult situations such as physical, emotional, spiritual, economic and social challenges. That the Service User is supported to participate in their community of identity and choice. Professionals from outside Reach Deaf Services should be accessed to support the Service User's well-being if needed.

6.1.6 The service has effective leadership, governance and management arrangements in place with clear lines of accountability to reduce the risk of harm and to promote the rights, health and wellbeing of each Service User.

This is demonstrated by the service being well led and managed, and the Service User knows who is responsible for their care and support. The staff caring and supporting the Service User know they can raise concerns if they think the Service User might be at risk of harm. This includes the responsibilities of the Line Manager, Head of Support Services, Designated Officer and the Safeguarding, Protection and Welfare Committee. All of the senior management team have a duty of care for the Service Users, Support Workers and Social Care Workers wellbeing and the expectations of providing a high-quality service is apparent through ongoing support and training. That each Service User has the opportunity to share their views on the service and how it could be improved to best suit the Service User's needs. That Service Users are informed of how their feedback has been used to improve the service. If this is agreed with the Service User, an update will be made to their PCP.

6.1.7 The service plans, organises and manages the workforce to reduce the risk of harm and to promote the rights, health and wellbeing of the Service User.

This is demonstrated by staff who care and support the Service User being safely recruited by the service through a Garda Vetting Process and Police Checks and matching appropriate qualifications, skills, experience and character for particular roles. Furthermore, that there is always enough staff to care and support Service Users and that each Service User has the opportunity to build rapport and good working relationships with staff who care and support them. Lastly, each Service User should receive care and support that is flexible enough to suit their changing needs.

6.1.8 The service shares information appropriately

This is demonstrated by the person's personal information only being shared by staff, when there is a Safeguarding concern, if the person agrees to it or if it is done to keep the people we support safe. As an example, any safeguarding concern needs to be reported to the Designated Officer or Designated Liaison Person and submit to the HSE Safeguarding Team or TUSLA accordingly.. If it is a criminal offence, the incident will need to be reported to An Garda Síochána (the police). Individual's information is kept safe and is only used to help the service improve the care and support provided, and that the people we support are facilitated to have access to their information.

6.2 Ethical Considerations

6.2.1 Many Service Users who are vulnerable experience additional barriers when they consider reporting or disclosing abuse or neglect which can include

- Complacency: they may not recognise that the behaviour is abuse or neglect due to its long term and seemingly accepted "normal" practice.
- A lack of awareness that what they are experiencing is abuse.
- Fear of reprisals from abuser or others.
- Fear of being punished by "being put out", ignored or isolated.
- In the case of a relative or friend, a fear of losing that social connection.
- Shame.
- Lack of self-confidence
- Lacking the ability to complain or articulate the complaint.
- Lacking the knowledge on how to complain.
- Language barriers

6.2.2 Reach Deaf Services will provide guidelines and support processes for complainants and staff in such circumstances where it is necessary that the wishes of the Service User must be overridden to prevent further harm.

6.2.3 Many staff also experience barriers when they consider reporting or disclosing abuse in any form:

- Complacency: they may not recognise that the behaviour is abuse or neglect due to its long term and seemingly accepted "normal" practice.
- A lack of awareness that what they are experiencing is abuse.
- Fear of reprisals from abuser or others.
- Fear of "getting in trouble" or losing their job.
- Lack of knowledge on what to do and who to tell in such circumstances.

6.2.4 Reach Deaf Services will provide training, guidelines, and support processes for staff regarding their responsibility in this regard.

6.2.5 Reach Deaf Services have the following in place:

- A Designated (Safeguarding) Officer (DO)
- A Designated Liaison Person (DLP)

- A safeguarding committee to review any instances of abuse and review policies and procedures for safeguarding every two years/when there are national safeguarding policy updates.
- A recruitment process in line with the Recruitment and Selection Policy that ensures that all reasonable steps are taken to actively safeguard the welfare and protection of Service Users
- A staff induction process to ensure that newly recruited staff members read understand and accept the safeguarding (Adult) Policy & Procedure. Accessible formats will be provided such 'Easy English' and ISL versions of this policy document.
- Abuse awareness training and on-going education for all staff in the dynamics of abusive and neglectful behaviour and in the operation of the safeguarding (Adult) Policy & Procedure.
- Safeguarding Policy & Procedure, as relevant to their role and based on a training needs analysis.
- A code of practice that outlines acceptable and unacceptable practice for staff in respect of their interactions with Service Users provided by HR.
- A system to raise awareness of protection issues with the people we support in an accessible manner through supervision, support, training, assistance and advice.
- A structure, led by the Designated Officer and Designated Liaison Person to ensure any protection concerns, allegations, disclosures will be raised by any member of staff and managed appropriately and in compliance with legislation.
- A system to centrally log any Service Users' protection issues and to manage and collate them confidentially and appropriately.
- A system to periodically review Service Users' protection issues in order to identify additional training needs.
- A system whereby the safeguarding and protection policies and procedures are readily available in an accessible format for Service Users and their advocates.
- A system whereby management teams continuously monitor and decide on protection training needs with reference to:
 - Risk factors relating to the nature of the activity they carry out.
 - Regulatory and Funder requirements

6.2.6 Code of Practice

This Code of Practice is designed to set acceptable and unacceptable practice for staff in respect of their interaction with Service Users, colleagues and relevant stakeholders such as family members or government officials. This aims to put in place a system of best practice in this regard and endeavour to protect both staff members and Service Users in the working environment. It addresses issues such as, but not limited to, unfounded allegations, and respect and dignity at work. .

If staff find it is difficult to adhere to this code during their work for any reason, they must raise these issues with their line manager.

The goal of this code is to:

- Promote the safety and welfare of Service Users.
- Safeguard the Service Users at all times.
- Ensure the protection of staff from false or malicious allegations.
- Promote an inclusive and respectful work environment for all.
- Encourage and develop best practice among staff at all levels of the organisation.
- Maintain integrity of Reach Deaf Services by ensuring the welfare of service users is the utmost priority.

6.2.7 Reach Deaf Services expects that all staff will approach their work, perform their duties and conduct themselves in a professional and ethical manner at all times. As a general rule staff should treat Service Users with the same degree of courtesy and respect with which they themselves would wish to be treated, and keep in mind the potential lived experiences of the service users.

6.2.8 Guiding Principles in Vulnerable Adult Protection and Welfare – Safeguarding:

- a. Citizenship confers a status on a Service User whereby their fundamental right to dignity and respect and other basic human rights as well as their rights to participation in society are upheld and supported by the Constitution, European Convention of Human Rights, and The United Nations Convention on the Rights of Persons with Disabilities.
- b. National legislation such as the Assisted Decision Making (Capacity) Act 2015, Health Act 2004, Equal Status Acts 2000-2018, Health Act 2007 (as amended), Powers of Attorney Act 1996, The National Vetting Bureau (Children and Vulnerable Persons) Acts 2012-2016, Domestic Violence Act 2018, HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures 2014 and more. Please see the legislation and policies section of this policy.
- c. Person centredness is that principle which places the person as an Individual at the heart and centre of any exchange requiring the provision or delivery of a service. Services are organised around what is important to the Service User from his / her perspective.
- d. Empowerment is that principle which recognises the right of the Service User to lead as independent a life as possible and that supports the Service User in every practical way to realise that right.
- e. Self-directedness recognises the right of the Service User to self-determination to the greatest extent possible including where this entails risk. Abiding by the principle means ensuring that risks are recognised and understood and minimised as far as possible, while supporting the Service User to pursue their goals and preferences.
- f. In accordance with the principles set out in this policy, it is recognised that adults have the right to self-determination and to make decisions, even if this means that they remain at risk. Where there are concerns

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regarding diminished capacity, consideration should be given to requesting a specialist assessment of the Service User's decision-making capacity in the context of the abuse allegations and the risk posed to the Service User.

- g. Equity should be applied in relation to transactions with and services to vulnerable adults. Resources and services should be provided to vulnerable Service Users on the basis of need, using the principle of proportionality.
- h. Safeguarding best interests recognises the vulnerability of Service Users where they are unable to make their own decisions and / or protect themselves, their assets, their bodily integrity and ensures appropriate and accountable protection for them.

6.2.9 Service Users must be:

- a. Recognised as Individuals, addressed by their own names, encouraged to do things for themselves and be given an opportunity to understand and be understood.
- b. Treated with respect, addressed with respect, included in conversation, and involved in making decisions about themselves.
- c. Offered choices, listened to and ensured access to communication tools, if required.
- d. Provided with a safe environment.
- e. Assured confidentiality except where there is a risk to themselves or others or suspicion that a Service User is at risk. In this instance confidentiality cannot be guaranteed and issues arising should be reported to the Team Leader/Support Manager in the first instance.
- f. Communicated with in their first and preferred language. For many of the Reach Deaf Services users this is ISL (manual and tactile). Some Service Users use Deaf Blind Manual.

6.2.10 Staff Must:

- a. Ensure that relations with Service Users should be always on a professional basis and within the requirements of the job. While the development of friendly, trusting relationships is important, undue over-familiarity should be avoided
- b. Always refer to Service Users by their preferred name.
- c. Treat all information confidentially, except for those who have a need to know.
- d. Respect the wishes and choices of Service Users. Seek advice from their line manager if need it.
- e. Respect the wishes of a Service User if he/she does not wish a confidence to be disclosed to a parent/support worker. Exceptions might be:
 - If the Service User has a Decision Co-Ordinator under Assisted Decision-Making Act
 - If the safety of the Service User is at risk (e.g., the Service User expresses suicidal thoughts)
 - If the safety of others is at risk

- If there is a legal requirement to disclose (e.g., abuse of a child, etc.)
- Always seek advice if they are unsure or have any concerns about appropriate behaviour to Service Users.

6.2.11 Staff Must Not:

- Do things for Service Users, which they can safely do and wish to do for themselves.
- Take a Service User to a staff members' homes.
- Engage in rough, physical or sexually provocative games, including horseplay.
- Engage in inappropriate touching of any kind.
- Use inappropriate language.
- Make sexually suggestive comments about or to a Service User, even in fun.
- Develop special relationships with a Service User.
- Involve themselves in ambiguous situations where the Service User is uncertain of his/her role.
- Favour one Service User over another.
- Engage in sexual or suggestive conversations/activities.
- Divulge your personal opinion about other Service Users or staff members.
- Discuss a Service User in front of other Service Users.
- Give detailed personal information (e.g., address, phone numbers, social website presence) about yourself or other staff members.
- Offer accommodation to a Service User in a crisis.
- Ask a Service User to undertake jobs outside of work (for example, babysitting).
- Borrow money or accept hospitality outside the remit of agreed service provision from Service Users.
- Loan money to a Service User.
- Indulge in dangerous behaviour leading to injury or risk of injury to a Service User.
- Give a Service User a lift in your own private car, except in absolute emergencies or unless it is part of a programme and with the knowledge of the line manager.

This list is not exhaustive, and you should seek guidance from your Line Manager if you wish to discuss any specific situations further.

There may be times when safeguarding practices will be applied. These are for the protection of both service users and employees. Preliminary screenings are commonplace and standard practice to ensure situations that may arise are assessed and documented.

Breaches of this policy may result in disciplinary procedures; however this will be aligned with the principles of natural justice and fair procedures.

6.2.12 Prevention

- a) While research on what works to prevent abuse in practice has, to date, focused primarily on children. Individuals with intellectual disabilities, older persons and institutional settings, the following are some building blocks for prevention and early intervention:
- Service Users being informed of their rights to be free from abuse and supported to exercise these rights, including access to advocacy.
 - A well-trained workforce operating in a culture of zero tolerance to abuse
 - A sound framework for confidentiality and information sharing across service providers
 - Needs and risk assessments to inform Service User's choices
 - A range of options for support to keep Service Users safe from abuse tailored to each Service User's needs
 - Services that prioritise both safeguarding and independence
 - Multi-disciplinary teamwork, interagency co-operation and information sharing.

6.2.13 Risk Features to which staff are required to have consideration for

- a) There are a number of risk features pertaining to a Service User, of which staff need to be aware. These may include:
- Limited life experience and social contact which may mean that some Service Users may not have had the chance to acquire the 'streetwise' behaviour and judgement of their peers.
 - Some Service Users may be particularly at risk in understanding inappropriate behaviour.
 - A Service User with an intellectual disability and/or poor communication skills may appear to be a 'safe victim', because he/she is less likely to complain or disclose.
 - Because they are more likely to have a number of service providers, a Service User may be exposed to greater risk.
 - Since it may be necessary to provide services of a personal nature, there are additional occasions where abuse may occur.
 - Issues of power/powerlessness are particularly pertinent as many Service Users depend on staff.

6.2.14 Designated Officer

- a) In addition to the responsibilities outlined above within the policy and procedure, the Designated Officer (DO) must:
- Act as liaison with statutory services in matters relating to vulnerable adult protection (Safeguarding)
 - Ensure that staff are knowledgeable about protection and undertake any training considered necessary to ensure that they are kept updated on new developments.
 - Act as a resource person to the business providing support and guidance in matters relating to vulnerable adult protection.
 - Take the lead role in the reporting of vulnerable adult protection (Safeguarding) referrals to the statutory services and ensure that the procedures are followed systematically and thoroughly.

- Take the lead role in the follow up of vulnerable adult protection (Safeguarding) referrals to the statutory services as required and ensure that the procedures are followed systematically and thoroughly.
- Take a lead role in the monitoring, auditing and assessing compliance with the Safeguarding and Protection policy.
- Coordinates the activities of the staff team and provides advice and guidance as required.
- Maintains a centralised log of all raised protection issues.
- Identifies any further training needs based on review of data.
- Manage any investigations required to be completed.
- Seek to ensure that any recommendations from investigations (internal & external) are acted on appropriately.

6.2.15 Confidentiality

- a) The effective protection of vulnerable adults often depends on the willingness of those involved with vulnerable adults to share and exchange relevant information. It is therefore critical that there is a clear understanding of professional and legal responsibilities regarding confidentiality and the exchange of information.
- b) No absolute undertakings regarding confidentiality can be given. Witnesses or others providing information cannot be guaranteed confidentiality, although they must be assured that all information received will be treated in an appropriate and respectful manner.
- c) Ethical and statutory codes legislation concerned with confidentiality and data protection provide general guidance. However, they are not intended to limit or prevent the exchange of information between different professional staff with a responsibility for ensuring the protection and welfare of vulnerable adults.

6.2.16 The provision of information to the statutory agencies for the protection of vulnerable adults (Safeguarding) is not a breach of confidentiality or data protection. However, all information regarding concern or assessment of abuse or neglect should be shared on 'a need to know' basis in the interests of the adult with the relevant statutory authorities.

6.3 Receiving an Allegation, Disclosure or Suspicion of Adult Abuse

- a) Abuse may become apparent in several different ways. Outlined below are the three most common – disclosure, allegation or a raised concern or suspicion. The principles and procedures for dealing with all three are the same. Once a disclosure, allegation or a raised concern is brought to the attention of staff it should be submitted to the designated officer immediately and absolutely within a maximum of 24 hours. No time limit is placed on reporting allegations, concerns or disclosures of abuse therefore historical allegations will be dealt with in the same manner.

6.3.1 Allegation of abuse

a) An allegation of abuse can present in several different ways.

An allegation can be made by:	An allegation can be made against:
A Service User subject to the abuse	A Service User
A staff member witness to the abuse	A staff member
A Service User witness to the abuse	A third-party contractor
A member of the public witness to the abuse	A member of the public
An external organisation	An external organisation
A family member/support worker/carer/next of kin	A family member/support worker/carer/next of kin

This is not an exhaustive list.

6.3.2 Anonymous allegations

All anonymous concerns or allegations of child abuse must be assessed and reported to TUSLA, regardless of the source or date of occurrence and must have happened when the alleged victim was under the age of 18.

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.

6.3.3 Historical allegations

All historical concerns or allegations of child abuse must be assessed and reported to TUSLA, regardless of the source or date of occurrence and must have happened when the alleged victim was under the age of 18.

In relation to historical complaints, the welfare and wishes of the person and the potential for ongoing risk will guide the intervention.

It is important to be aware that 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 by the appropriate authorities *if they are still employed or still availing of the service*. This will happen only with the consent of An Garda Síochána where a criminal investigation is taking place. Where an allegation of abuse is made against an ex-employee or a person who is no longer availing of the service will be contacted directly by the relevant authorities.

The reporting requirements under the Children First Act 2015 apply only to information that mandated persons received or became aware of since the Act came into force, whether the harm occurred before or after that point. However, if there is a reasonable concern about past abuse, where information came to your attention before the Act and there is a possible continuing risk to children, you should report it to Tusla under this Guidance

Reach Deaf Services will report suspicions/allegations of abuse to HIQA, in line with regulatory requirements where one of our services is appointed as a designated centre.

Where an anonymous allegation of abuse is received, Reach Deaf Services will take appropriate action to ensure the safety and welfare of the individual concerned.

Reach Deaf Services will maintain a database of reported suspicions /allegations of abuse to enable the service to effectively manage and learn from such incidents. A report on ongoing and closed cases is submitted to the Board at each Board meeting.

6.3.4 Prevention of Abuse.

6.3.4.1 Reach Deaf Services will:

- Provide information to people who use the service, with regard to protection and staying safe. This policy is available upon request. A user friendly-complaints form is available for all service users and boarders. All information is made accessible through ISL.
- Ensure that the appropriate checks are conducted when recruiting employees and volunteers, including Gardaí vetting and reference checking. Review of current staff's Garda vetting occurs every three years.
- Ensure that all employees satisfactorily complete a probation period before being given a permanent contract of employment.
- Ensure that staff and volunteers are given on-going training on matters relating to the safeguarding of adults including refresher training on prevention, identification and reporting of abuse.
- Ensure staff have appropriate guidelines in Intimate Care, Safe Administration of Medication, Management of Service Users

Money/Property, Complaints, Incident Reporting, Working Alone (HSE guidelines) Confidentiality, Advocacy and Bullying and Harassment.

6.3.5 Disclosure of Abuse:

6.3.5.1 Staff who have reasonable suspicion or witness or receive an allegation of abuse from a person using the service should:

- Take a sympathetic, non-reactive view
- Support the adult to communicate, to the best of their ability, using the appropriate communication e.g., use of ISL and or interpreters where required.
- Explain that they are treating the matter seriously and will take steps to protection of the person.
- Explain to the person that they cannot give a guarantee of complete confidentiality and that they have a professional duty to share the information with their Line manager or other appropriate senior person, as soon as possible.
- Record/note as much information, as is reasonably possible, yet, allowing the person space to talk without feeling the need to pressure, press or complete the statement.
- Write as accurate an account of what the person says, using the words of the person, where possible. The support of an interpreter may be required to do this.
- Date and sign all documentation.
- Not discuss the matter with other staff members, without the permission of the relevant line manager.

6.3.5.2 Staff will report the suspicion/allegation to their line manager or the person on call, or directly to the Designated Officer, when the service user is safe and/or removed from harm. They may also report directly to the statutory authorities, if they feel it is in the best interest of the person to do so (i.e., HSE or An Garda Síochána).

6.3.5.3 Staff must take immediate actions to ensure the immediate safety of the individual concerned. Where relevant, they will work with the line manager to assess the need for medical intervention and preserve any evidence.

6.3.5.4 The staff member will submit the issues/ concerns as soon as practicable to the Designated Officer, before going off shift. In the absence of the Designated Officer, they must report it to their direct line manager or to the person on call. The DO will follow guidelines in relation to HSE's Trust in Care policy.

6.3.5.5 All allegations of abuse should be reported in line with the procedure. The Designated Officer will ensure that the preliminary screening in line with the HSE Trust in Care policy is initiated

6.3.5.6 On receipt of the issues/concerns, in writing, the Designated Officer will arrange for a Preliminary Screening to be carried out immediately to establish if abuse could have occurred. In the majority of situations, the

Designated Officer will appoint a Safeguarding Co-Ordinator but may appoint another member of the wider management team. This Preliminary Screening will take the form of brief discussions/phone/video calls with relevant people e.g., keyworker, clinicians etc. Where necessary, further information will be requested. The outcome of the screening will be a decision on whether:

- a) No Grounds for reasonable concern exist.
- b) Additional information required (this should be specified).
- c) Reasonable grounds for concern exist.

6.3.5.7 Where a reasonable grounds for concern exists Reach Deaf Services will initiate the investigation procedures in line with the HSE Trust in Care policy and the employee handbook. These processes will be secondary to any criminal process that may need to take place.

6.3.5.8 The Designated Officer will sign off on a safeguarding plan, including who needs to be informed e.g., Family/Guardian, HSE Disability Services Manager and/or An Garda Síochána.

6.3.5.9 The Designated Officer will ensure that the HSE Safeguarding & Protection Team are informed.

6.3.5.10 The Designated Officer will gather all relevant records related to the Preliminary Screening and file them in a Confidential File. This file will be stored in a secure cabinet in the Service Manager's office.

6.3.5.11 Throughout the process the Designated Officer will ensure that all parties are cognisant of the Assisted Decisions Making Act and may seek advice where necessary.

6.3.5.12 Where staff has a concern under Protected Disclosure, please refer to Reach Deaf Services Policy on Protected Disclosure. Where staff have a child protection concern, they should refer to Reach Deaf Services Child Protection and Welfare Policy.

6.4 Recruitment and Selection

- a) Reach Deaf Services shall follow a rigorous recruitment and selection process for all staff to ensure that they possess the required skills, attributes, and competencies for the job.
- b) All staff shall have a job description, which clearly sets out the responsibilities of the job and the duty of all staff to report concerns of the safety and welfare of Service Users.
- c) All staff shall undergo an induction process to ensure that they are clear about the standards of support expected from them and any protocols to be followed when interacting with Service Users.
- d) As part of the induction, all staff shall receive a written Staff Handbook which encompasses a behaviour code to ensure that they carry out their duties in a manner that is respectful of the dignity of Service Users.

- e) All staff shall be aware of their role and responsibilities and the standard of support expected from them. Staff shall be required to undergo a probationary period to establish their suitability for the job.
- f) Staff shall continually receive performance feedback, supervision, and training to assist them in delivering high quality standards of support.
- g) Reach Deaf Services acknowledges that early intervention is key to ensuring that poor working practices do not develop and culminate in a more serious incident.

6.5 Record Keeping

6.5.1 Clear, accurate and detailed recording of information and observations is essential.

6.5.2 Facts should be distinguished from professional opinions and observations. The source of all information should be clearly recorded.

6.5.3 Records may be requested under the Freedom of Information Act and/or subpoenaed to court. Recording should be contemporaneous and kept up to date. While the case is active, records should be securely stored in a way that they are easily retrievable, at short notice.

6.5.4 A folder containing adult welfare or concerns is kept in a locked office in the appropriate Service Managers office. An electronic list (Excel documents) of these concerns is also kept on a password protected computer.

6.5.5 All records are kept in line with Reach Deaf Services care Record Management and Storage Policy.

6.6 Monitoring of Policy and External Reporting Obligations:

6.6.1 The Designated Officer will maintain records of activity relating to the safeguarding of adults and will provide an update to the CEO every 6 weeks or more frequently if there are concerns in a specific area.

6.6.2 The Board will be provided with updates at each board meeting of same and will review in terms of service compliance to policy.

6.6.3 The CEO may ask for the Designated Officer of each service to provide updates at Safeguarding Committee, DLP Committee, and Board Meetings.

6.6.4 The Safeguarding, Protection and Welfare committee remit is to ensure Boarding and Supported Living services has appropriate structures and protocols in place to ensure appropriate safeguarding of Service Users.

6.6.5 The DLP committee facilitate the DLPs for Holy Family School for the Deaf and Boarding Services to meet with representatives of the diocesan Child Safeguarding and Protection Service (CSPS) on a regular (3 times annually) collaborative basis to discuss child protection and welfare issues that arise in the course of their work with the children who attend the schools on the campus and reside in the boarding

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7.0 Implementation plan

- 7.1 All Senior Managers and Managers will receive a copy of this policy.
- 7.2 All staff will receive appropriate training, where required, prior to implementation of this policy.
- 7.3 All staff, on completion of reading this policy, will sign (electronically or hard copy) to state they have read, understood & agree to comply with this policy.
- 7.4 All internal audits will monitor compliance with this policy.

8.0 Revision and audit

- 8.1 This policy shall be reviewed and updated at least every two years by Reach Deaf Services to determine its effectiveness and appropriateness. It shall be assessed and amended as necessary during this period to reflect any changes in best practice, law, substantial organisational change and professional or academic change.
- 8.2 The Designated Officer and Policy Officer will work in tandem to monitor and audit policy implementation and compliance within their services.

9.0 Legislation and policies

- Assisted Decision Making (Capacity) Act 2015
- The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012
- Health Act 2004
- Equal Status Acts 2000-2018
- Health Act 2007 (as amended)
- Powers of Attorney Act 1996
- The National Vetting Bureau (Children and Vulnerable Persons) Acts 2012-2016
- Domestic Violence Act 2018
- European Convention on Human Rights Act 2003
- Protected Disclosures Act 2014
- Protection of Persons Reporting Child Abuse Act 1998
- Non-Fatal Offences Against the Person Act, 1997
- General Data Protection Amendment Act (2018)
- Guidance for Designated Centres; Intimate Care (GDE4) HIQA, (2013)
- The HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures. (2014).
- Health Information and Quality Authority. (2013). The National Standards for Residential Services for Children and Adults with Disabilities, Dublin.
- The Health Act. (2007). (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.
- The Health Act. (2007). (Care and Support of Residents in Designated Centres for Older Persons), Regulations 2013.

- United Nations. (2006). UN Convention on the Rights of Persons with Disabilities. 2006.

10 Additional reading:

10.01 Please familiarise yourself with the document *National Standards for Adult Safeguarding 2019* available here:

[What are the key points to note from the new National Standards for Adult Safeguarding? - HCI](#)

10.02 Please see below for information regarding Children's First.

https://www.tusla.ie/uploads/content/Children_First_National_Guidance_2017.pdf)

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for Registered Nurses and Midwives on Medication Administration (2020).

<https://www.nmbi.ie/NMBI/media/NMBI/NMBI-Medication-Administration-2020.pdf?ext=.pdf>

Appendices

Appendix 1 – Definitions of Abuse

The following provides definitions, examples and indicators of abuse with which all staff members must be familiar with. These have been taken from the *HSE National Policy on the Safeguarding Vulnerable Persons at Risk of Abuse Policy 2014*.

Type of Abuse: Physical

Definition Physical abuse includes hitting, slapping, pushing, kicking, and misuse of medication, restraint or inappropriate sanctions.

Examples Hitting, slapping, pushing, burning, inappropriate restraint of adult or confinement, use of excessive force in the delivery of personal care, dressing, bathing, inappropriate use of medication.

Indicators Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth.

Unexplained/long absences at regular placement. Service user appears frightened, avoids a particular person, demonstrates new atypical behaviour; asks not to be hurt.

Type of Abuse: Sexual

Definition 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.

Examples Intentional touching, fondling, molesting, sexual assault, rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of a service user. Exposure to pornography or other sexually explicit and inappropriate material.

Indicators Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs and human bite marks. Service user

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demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, and anxiety attacks.

Type of Abuse: Emotional/Psychological (including Bullying and Harassment)

Definition 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.

Examples Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance. Failure to show interest in or provide opportunities for a person's emotional development or need for social interaction. Disrespect for social, racial, physical, religious, cultural, sexual or other differences. Unreasonable disciplinary measures / restraint. Outpacing – where information/choices are provided too fast for the vulnerable person to understand, putting them in a position to do things or make choices more rapidly than they can tolerate.

Indicators Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness / hopelessness, Extreme low self-esteem, tearfulness, self-abuse or self-destructive behaviour. Challenging or extreme behaviours – anxious/ aggressive/ passive/withdrawn.

Type of Abuse: Financial

Definition 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.

Examples Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the service user for financial gain, putting pressure on the service user in relation to wills, property, inheritance and financial transactions.

Indicators No control over personal funds or bank accounts, misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the service users internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.

Type of Abuse: Organisational

Definition Organisational 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.

Examples Service users are treated collectively rather than as individuals. Service user's right to privacy and choice not respected. Staff talking about

the service users personal or intimate details in a manner that does not respect a person's right to privacy.

Indicators Lack of or poor quality staff supervision and management, high staff turnover, lack of training of staff and volunteers, poor staff morale, poor record keeping, poor communication with other service providers, lack of personal possessions and clothing, being spoken to inappropriately, etc.

Type of Abuse: Neglect

Definition Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.

Examples Withdrawing or not giving help that a vulnerable person needs so causing them to suffer e.g., malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance.

Indicators Poor personal hygiene, dirty and dishevelled in appearance e.g., unkempt hair and nails. poor state of clothing, non-attendance at routine health appointments e.g., dental, optical, chiropody etc. socially isolated i.e., has no social relationships.

Type of Abuse: Discriminatory

Definition Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Examples Shunned by individuals, family or society because of age, race or disability. Assumptions about a person's abilities or inabilities.

Indicators Isolation from family or social networks.

Appendix 2:

Adult safeguarding principles

The national standards are underpinned by key principles that emerged from the literature and engagement with a wide range of stakeholders. These principles should be reflected in the ways health and social care services deliver care and support to all people using their services. These principles should not be viewed in isolation, as all of the principles interact with each other to ensure that services place people using their services at the centre of what they do. The principles are:

▪ Empowerment:

- people are empowered to protect themselves from the risk of harm and to direct how they live their lives on a day-to-day basis according to their will and preferences. This requires people having access to the right information in a way they can understand, making decisions about their lives and being supported to engage in shared decision-making about the care and support they receive.

▪ A rights-based approach:

- people's rights should be promoted and protected by health and social care services. These include the right to autonomy, to be treated with dignity and respect, to be treated in an equal and non-discriminatory manner, to make informed choices, the right to privacy and the right to safety. A rights-based approach is grounded in human rights and equality law.

▪ **Proportionality:**

- staff working in health and social care services should take proportionate action which is the least intrusive response appropriate to the risk presented and takes account of the person's will and preferences. Health Information and Quality Authority and Mental Health Commission

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▪ **Prevention:**

it is the responsibility of health and social care services to take action before harm occurs. Preventative action includes care, support and interventions designed to promote the safety, wellbeing and rights of adults.

▪ **Partnership:**

- effective safeguarding requires working in partnership, that is, health and social care services and the person using the service, their nominated person and professionals and agencies working together to recognise the potential for, and to prevent, harm.

▪ **Accountability:**

- health and social care services are accountable for the care and support they deliver and for safeguarding people using their services. This requires transparency in the ways in which safeguarding concerns are responded to and managed

Appendix 3:

Names and contact details of Designated Officer and Designated Officers

Designated Officer (Designated Officer)

Supported Living Services : Practice, Culture and Development Manager,
Gemma Flynn

Phone: 087 790 6781

Email: gemmaflynn@reachdeafservices.ie

Appendix 4

Addendum

Addendum to Reach Deaf Services Child Protection Policy and Procedures - September 2022

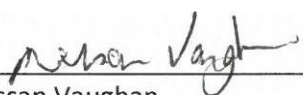
1. This Addendum supplements the Child Protection and Welfare Policy of Reach Deaf Services and the Safeguarding Policy of the Holy family School for the Deaf.
2. The parties to this Addendum are: Reach Deaf Services and The Holy Family School for the Deaf, being the co-authors of this addendum.
3. In the event of a dispute or conflict between this Addendum and either policy, the Diocesan Child Safeguarding and Protection Service be consulted for advisement.
4. This addendum is effective from 29.09.22.
5. The author and co-author of this addendum agree as follows:
 - a. For the purposes of ensuring the safety of all children attending Holy Family School and St Josephs & St Marys Boarding any information pertaining to potential for risk for a child or children shall be shared between the school and the boarding.
 - b. The Principal of the school, acting as the Designated Liaison Person (DLP) for the purposes of the school policy under the Department of Education Child Protection Policy and Procedures, will keep the Head of Care Designated Liaison Person of the Boarding Campus in Reach Deaf Services informed of all safeguarding and or protection concerns pertaining to the children in the school whom reside in boarding. This will relate to any issues raised whether dealt with locally or escalated.
 - c. Likewise, the Head of Care will advise the school Principal of any safeguarding or protection concerns relating to any child in the boarding and communicate this information to the CEO of Reach Deaf Services.
 - d. The DLP's in both boarding and school will share information as appropriate in a timely manner.
 - e. To assist in the matter of open communication between boarding and school a copy of the Sharing of Information form, advising of the information sharing arrangements between Boarding and School, must be held on both boarding and school pupil files. If a signed copy of this does not exist, it must be obtained immediately.
 - f. For Boarders aged 18 years of age or older, consent will be sought from the Boarder regarding the continued sharing of information with their parents/guardians. This has no impact on the data sharing agreement between the boarding and school. Where a Boarder chooses not to allow for the sharing of information with their parents/guardians, there will be

limited circumstances under which their parents may still be contacted, such as where there is a concern around the vital interests of an individual.

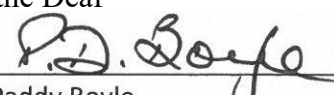
- g. The Dublin Diocese Safeguarding Team will provide all safeguarding training for the school, including auxiliary staff and special needs assistants ensuring a consistency of approach. A letter of commitment to same has been issued by the Chair of the Board of Management of the School. This training provided by the Diocese will be in addition to specific training that school staff will attend through the Department of Education.

6. Any changes to the Reach Deaf Services policy or the school policy must be communicated with all parties to the addendum and where necessary an updated agreement put in place.
7. Signing of this addendum constitutes acceptance of the terms of the policy.

Chairperson of Reach Deaf Services


Nesson Vaughan
15/5/23

Chairperson Holy Family School
for the Deaf


Fr. Paddy Boyle
16/5/23

Appendix 5: National Vetting Bureau

- 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 or vulnerable persons. The Act also creates offences and penalties for persons who fail to comply with its provisions.
- The Act stipulates that a relevant organisation shall not permit any person to undertake relevant work or activities on behalf of the organisation, unless the organisation receives a vetting disclosure from the National Vetting Bureau in respect of that person.
- Garda vetting is conducted on behalf of registered organisations only and is not conducted for individual persons on a personal basis.
- If you are seeking employment or intending to volunteer with an organisation which conducts relevant work, you may be asked to make an application to be vetted.

You may make an application to be vetted in one of two ways:

1. eVetting.
2. Paper application.

You can track your online eVetting application at:

[National Vetting Bureau \(garda.ie\)](https://www.garda.ie/nvb)

Appendix 5:

Guidelines for completing a Specified Information Notification (Section 19, National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016).

Please read the following guidelines before completing this form.

Subject Details

Please provide as much detail as possible in respect of the subject.

Additional information regarding the subject may include the following:

- Further details of profession/occupation/role at the time the incident occurred
- Any additional addresses the subject may have had
- Any other information regarding the subject

Specified Information Details

Please state, in detail, the specified information relating to the subject. Please ensure that the following points are covered:

- Nature of concern(s)
- Date of determination of specified information
- Process by which determination made
- Date of occurrence(s). In the absence of a specific date being available a range of dates or periods of time may be entered
- Reason(s) for concern(s)
- Stage of assessment of the incident (i.e. whether the matter is ongoing/finalised/appealed etc.)
- More than one incident may be included on the form. Please separate each incident with identifiers such as Incident 1, Incident 2 etc.
- Organisations should include their own relevant reference number for ease of future reference
- Additional information may be appended to the NVB4 form

Note: This form must be completed in the format provided. For the purposes of entering the information onto the NVB database, all fields must be completed.

You may email a query to NVB.DataEnquiries@garda.ie or telephone:

Lynette Moran 0504 27367

Finbar O'Donovan 0504 27344

Sarah Collins 0504 27364

Specified Information Statement

Safeguarding and Responding to Allegations of Abuse (Adult Policy)

Organisation Details

Reporting Organisation:					
Appropriate Person		AP No:			
Organisation Reference:					

The subject has been notified in accordance with Section 19(3) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016:

Notified by:

Date Notified:

		/			/				
DD			MM			YYYY			

Subject Details

Forename(s):

Surname:

Date Of Birth:

		/			/				
DD			MM			YYYY			

Gender:

Male:

☐

Female:

☐

Other/Alias Name:

Occupation:

Nationality:

Address:

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Additional Information on Subject:

Specified Information Details

Subject Name:

Subject Date of Birth:

**Scheduled Organisation
Reference Number:**

Specified Information

Enter specified information here:

Reasons For Specified Information			
<i>Indicate relevant subsection</i>	<i>Section 19(1)</i>		<i>Section 19(2)</i>
<i>Enter reasons here:</i>			

Declaration

I the undersigned, as Appropriate Person for the above named organisation, hereby notify the National Vetting Bureau of the above specified information in accordance with section 19 of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

**Signature Of
Appropriate
Person:
Name in Block
Capitals:**

Date:

		/			/				
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