

Adult Safeguarding in FET Policy and Procedure



Bord Oideachais & Ollscoil
LUIMNIGH & AN CHLÁIR
LIMERICK & CLARE
Education & Training Board

COLLEGE OF FURTHER
EDUCATION & TRAINING

Adult Safeguarding in FET Policy and Procedure

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Glossary of Terms

Abuse: A single or repeated act, or omission, which violates a person's human rights or causes harm or distress to a person. The main areas of abuse which cause people harm are physical abuse, emotional abuse, sexual abuse, neglect of the person, and financial abuse. It is important to note that this is not an exhaustive list.

Adult at Risk of Abuse: A person who is aged 18 years or older who needs help to protect themselves from harm at a particular time. A distinction should be made between an adult who is unable to safeguard themselves, and one who is deemed to have the skill, means, or opportunity to keep themselves safe, but chooses not to do so. Throughout this document, when the word 'adult' is used, it means 'adults at risk of abuse'.

Capacity: In line with the Assisted Decision-Making (Capacity) Act 2015, 'capacity' means 'decision-making capacity' and refers to the ability to understand, at the time that a decision is to be made, the nature and consequences of the decision in the context of the available choices at that time.

Exploitation: The deliberate maltreatment, manipulation, or abuse of power and control over another person in order to take advantage of another person or situation

Harm: The impact of abuse, exploitation, or neglect on a person. Harm arises from any action, whether by a deliberate act or omission, that may cause impairment of physical, intellectual, emotional, or mental health and well-being.

Safeguarding: Measures that are put in place to reduce the risk of harm, promote and protect people's human rights, health, and well-being, and empower people to protect themselves.

Safeguarding Concern: Information relating to the possibility of the occurrence of any of the specified types of abuse to an adult.

Safeguarding and Protection Team: The HSE Safeguarding and Protection Team takes referrals of safeguarding concerns from services, organisations, and directly from the public. The Safeguarding and Protection Team is a social work-led service that provides advice and guidance to health and social care professionals, Safeguarding Coordinators, relevant service managers, and members of the public.

Self-neglect: A spectrum of behaviours defined as the failure to:

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

Staff: Refers to all LCETB employees, volunteers, contractors, and relevant others who work or have contact with adults who may be at risk of abuse.

Zero Tolerance: The requirement that there should be no acceptance of abuse or neglect in any circumstance.

This Adult Safeguarding Policy links to other policies and procedures in LCETB.

1. INTRODUCTION

Foreword by Paddy Lavelle

Education and Training Boards (ETBs) are statutory education authorities established on 1st July 2013 and governed by the *Education and Training Boards Act 2013*. Sixteen Education and Training Boards replaced the former 33 Vocational Education Committees (VECs).

ETBs have responsibility for education and training, youth work, and a range of other statutory functions. They manage and operate second-level schools, further education colleges, multi-faith community national schools, and a range of adult and further education centres delivering education and training programmes.

The general functions of an Education and Training Board are to establish and maintain recognised schools, centres for education, and education or training facilities in its functional area. The ETB will plan, provide, coordinate, and review the provision of education and training, including education and training for the purpose of employment, as well as services ancillary in its functional area. ETBs also support the provision, coordination, administration, and assessment of youth work services in their functional areas.

ETBs are active in local communities through the direct provision of training and education programmes delivered in training centres, colleges, and other educational settings. In this way, ETBs seek to make a real difference to the lives of the people they serve. ETBs provide services for both children and adults, and it is within the context of education, training, and services to adults that ETBs have developed an **Adult Safeguarding Policy and Procedure** for implementation across each of the 16 ETBs, with a particular focus on **Further Education and Training (FET)**.

The development of this overarching policy document is part of the commitment to promoting Adult Safeguarding in FET across all ETBs, while creating a safe and welcoming environment for all learners.

2. SAFEGUARDING POLICY STATEMENT

The national agenda regarding adult safeguarding is rapidly evolving, and ETBs are committed to promoting the welfare and safety of adults at risk of abuse.

All adults have the right to be safe and to live a life free from harm. Safeguarding means putting measures in place to promote and protect the human rights of our learners, their health and well-being, while empowering them to protect themselves.

Safeguarding relies on individuals and services working together to ensure that adults are treated with dignity and respect, and that they are empowered to make decisions about their own lives. As a starting point, everyone must be presumed to have the capacity to make their own decisions, recognising that capacity can change over time.

Each adult learner's welfare should be prioritised, and they should receive support in an environment where every effort is made to prevent the risk of harm. ETBs and their staff/volunteers have a responsibility to do everything possible to prevent harm as a result of abuse, neglect, or exploitation.

It is known that older people, adults with disabilities, and persons with mental health difficulties may be particularly vulnerable to abuse, even in settings intended to provide safety and support.

The development of this overarching policy document reflects ETBs' commitment to promoting adult safeguarding, particularly within **Further Education and Training (FET)**. It seeks to uphold the rights of adults to live full and meaningful lives in safe and supportive environments, ensuring the full expression and promotion of their rights and responsibilities.

Safeguarding focuses on:

- **Prevention of abuse**
- **Identification of abuse or potential for abuse**
- **Identification and implementation of measures that reduce/eliminate the risk of occurrence or recurrence of abuse**

3. ETBI & LCETB COMMITMENT TO ADULT SAFEGUARDING

ETBI and Limerick and Clare Education and Training Board are committed to implementing and following policies, procedures, and practices that promote adult safeguarding. We accept and recognise our responsibilities to inform ourselves on the issues that cause harm to adults and to establish and maintain a safe, person-centred environment. We are committed to promoting an atmosphere of inclusion, openness, and transparency. We will strive to safeguard those who use our services and will report concerns of abuse in accordance with best practice and national policy requirements.

A key element of successful safeguarding for adults at risk of abuse is an open culture with a genuinely person-centred approach to support, underpinned by a **zero-tolerance policy** towards abuse and neglect. It is important that we create and nurture an open culture where people feel safe to raise concerns. The importance of good leadership and modelling of best practices are essential in determining the culture of services.

The word "**Staff**" in this policy refers to all staff/employees, volunteers, those on training/work placements, contractors (who have access to adult learners), board of management/management committees, and other relevant roles/positions as defined by the organisation.

This **Adult Safeguarding Policy and Procedure** has been developed in line with the *Health Information and Quality Authority (HIQA)* and the *Mental Health Commission (MHC) National Standards for Adult Safeguarding 2019*, the current *HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures 2014*, as well as other legislation relevant to adult safeguarding.

For context, the **Child Protection Procedures for Primary and Post-Primary Schools (revised 2023)** issued by the Department of Education references **Vulnerable Adults**, stating on pg. 9, Section 1.4:

"The Children First Act, 2015 and Children First National Guidance 2017 and these procedures apply to children. It is recognised that some schools may also cater for adult pupils with additional vulnerabilities. Where a vulnerable adult may have been, is being, or is at risk of being abused or neglected, the advice of the HSE, or if necessary, An Garda Síochána should be sought. Further information in relation to the safeguarding of vulnerable adults is available on the website of the HSE www.hse.ie."

ETBI are providing a policy and procedures for ETBs to respond to concerns of adult safeguarding in line with national best practices and the advice set out by the Department of Education.

ETBI is aware that all ETBs have safeguarding duties and responsibilities concerning children as outlined in the *Children First Act (2015)*, which was fully commenced in December 2017. There is national guidance provided in *Children First*, issued by the then Department of Children and Youth Affairs (2017), and the **Child Protection Procedures for Primary and Post-Primary Schools 2023**, issued by the Department of Education and Skills (updated 2023).

The **Child Care Act 1991** and *Children First National Guidance 2017* state that a **child** refers to a person under the age of 18 years who is not or has not been married. However, the **Domestic Violence Act (2018)** repealed the marriage exemptions that previously allowed those under 18

to marry, meaning that in practice, a child is defined as a person under the age of 18. ETB's child safeguarding responsibilities apply to individuals under the age of 18.

Adult Safeguarding is concerned with concerns of abuse to adults at risk, aged 18 years and older.

4. NATIONAL DEVELOPMENTS IN ADULT SAFEGUARDING

The **HSE**, as a statutory agency, has a responsibility to promote and protect the health and welfare of the public, particularly those adults at risk of abuse who require protection.

In 2007, the HSE established an **Elder Abuse Service** to manage allegations of abuse and neglect of individuals aged 65 and over. After 2014, the work of this service was incorporated into a new **Safeguarding and Protection Service**, established to support the implementation of the *HSE Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures (2014)*. This 2014 policy had an operational scope within the HSE Social Care Division, HSE Social Care funded services, and direct community-based referrals.

ETBI facilitated the development of an **Adult Safeguarding Policy and Procedure** for all ETBs. This policy was signed off by the Chief Executives of the ETBs in February 2021 and launched in November 2021. ETBI provided live online training opportunities in 2021 and developed a **Moodle-based e-learning safeguarding awareness programme**, which can be hosted by each ETB for staff to complete. This policy has since been updated in line with national developments.

This policy is underpinned by the following pieces of legislation related to adult safeguarding:

- **UN Convention on the Rights of Persons with Disabilities**
- **European Convention on Human Rights 2003**
- **Assisted Decision-Making (Capacity) Act 2015**
- **National Vetting Bureau (Children and Vulnerable Persons) Acts 2012-2016**
- **The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012**
- **The Domestic Violence Act 2018**
- **Data Protection Act 2018**
- **Protected Disclosures (Amendment) Act 2022**

The *HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedures (HSE, 2014)* is the current policy for HSE/HSE-funded services. Although ETBs are not HSE-funded services, this national policy provides guidance for any organisation engaging with adults. The HSE has indicated its plans to transition to a revised safeguarding policy following the publication of a health sector-wide policy by the Department of Health. Additionally, the **Law Reform Commission** is due to publish a report on the future regulation of adult safeguarding services.

In 2019, the **Health Information & Quality Authority (HIQA)**, in collaboration with the **Mental Health Commission (MHC)**, published **National Standards for Adult Safeguarding**. These standards have been approved by the Minister for Health and place a responsibility on all residential services for older people, people with disabilities, and all publicly funded health and

social care services to begin implementing these national standards. These standards are a source of best practice for any organisation working with adults.

ETBI has structured its policy approach to safeguarding adults in line with the **HIQA/MHC National Standards for Adult Safeguarding (2019)** and HSE policy guidance and resources. The current **HSE National Policy and Procedures - Safeguarding Vulnerable Persons at Risk of Abuse (2014)** remains in place.

The Government is committed to safeguarding adults through relevant legislation and national policy. The aim of these national developments is to provide a system-wide approach to addressing the safeguarding of adults at risk of abuse in Ireland.

Limerick and Clare Education and Training Board is a publicly funded body and is committed to the principles of the **HIQA/MHC Adult Safeguarding National Standards**, the **HSE Adult Safeguarding National Policy and Procedures**, and relevant legislation. Legislation, standards, and national policies have informed the development of this ETB FET **Adult Safeguarding Policy and Procedure**.

5. ADULT SAFEGUARDING PRINCIPLES

Adults at risk 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.

LCETB has adopted the adult safeguarding principles as set out in the **Health Information & Quality Authority (HIQA)** in collaboration with the **Mental Health Commission (MHC)** Adult Safeguarding National Standards (2019). These principles should not be viewed in isolation, as all the principles interact with each other to ensure that services (organisation-wide and specific programmes or 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.
- **A rights-based approach**
People's rights should be promoted and protected.
- **Proportionality**
Staff 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.
- **Prevention**
It is the responsibility of services to take action before harm occurs.
- **Partnership**
Effective safeguarding requires working in partnership.
- **Accountability**
Organisations are accountable for safeguarding people using their services.

This Safeguarding Adults Policy reflects national policy and legislation and will be reviewed every two years or sooner if there has been a material change in any issues to which it refers.

The **11 fundamental safeguarding practice principles**, as set out by the HSE and adopted by the ETBs, are that:

1. **Safeguarding is everyone's responsibility.**
2. Everyone must have a '**zero tolerance**' approach to any form of abuse.
3. The duty to report safeguarding concerns rests with the person who has the concern.
4. There should be **no delay** in reporting a safeguarding concern.
5. It is necessary to ensure the **immediate safety** of the adult at risk of abuse.
6. There should be no delay in implementing a **Safeguarding Protection Plan**.
7. **Good collaborative working** is central to safeguarding. All parties should share relevant information, within the rules of data protection and client confidentiality.
8. Any information about an adult at risk of abuse must be managed appropriately and shared/processed on the basis of "**necessity**" with the HSE/HSE funded services and relevant statutory authorities.

9. **Safeguarding should be founded on an approach where the adult is at the heart of all decisions and actions.**
10. A **health or social care professional** already known to the adult at risk of abuse, or assigned to them, should be involved in the management of the concern, where possible and appropriate.
11. **Considerations of capacity and consent** are central to adult safeguarding. The right of a person to make decisions and remain in control of their life must be respected.

While the arrangements that a service puts in place will vary depending on the size and complexity of the service, these principles apply regardless of the setting.

6. KEY DEFINITIONS

The majority of adults can protect themselves and may simply need advice or guidance. Others may require support to protect themselves and require plans to reflect actions that reduce the risk of potential abuse. A minority of people cannot protect themselves adequately from abuse and will require additional protection. Safeguarding should also be viewed as responding to concerns to prevent abuse across a continuum.

Adult safeguarding is different from safeguarding children. Adult safeguarding focuses on responding to concerns of abuse for those aged 18 years and over who may be vulnerable or at risk. In developing the ETB policy, significant consideration was given to terminology, reflecting a move away from using the term "vulnerable" when addressing safeguarding matters.

The current **2014 HSE policy** for HSE and HSE-funded settings uses the term "vulnerable person" and provides the following definition:

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

(p.3 *HSE Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures' 2014*).

However, the **Health Information & Quality Authority (HIQA)** and the **Mental Health Commission (MHC)** Adult Safeguarding National Standards (2019) moved away from the term "vulnerable" and introduced the terminology "Adult at Risk of Abuse." It states:

A person who is aged 18 years or older who needs help to protect themselves from harm at a particular time. A distinction should be made between an adult who is unable to safeguard him or herself, and one who is deemed to have the skill, means or opportunity to keep him or herself safe, but chooses not to do so.

Throughout this document, when the word *adult* is used, it refers to *adults at risk of abuse*.

LCETB recognises that some adults may be described as being "*at risk of abuse*." This policy has adopted the definition of an adult "*at risk of abuse*" set out in the **HIQA and MHC National Standards for Adult Safeguarding** (2019).

Definitions

- **Abuse:** A single or repeated act, or omission, which violates a person's human rights or causes harm or distress to a person. The main areas of abuse that cause harm are physical abuse, emotional abuse, sexual abuse, neglect of the person, and financial abuse. It is important to note that this is not an exhaustive list.
- **Adult at risk:** A person aged 18 years or older who needs help to protect themselves from harm at a particular time. A distinction should be made between an adult who is unable to safeguard him or herself, and one who is deemed to have the skill, means, or opportunity to keep him or herself safe but chooses not to do so.

- **Harm:** The impact of abuse, exploitation, or neglect on a person. Harm arises from any action, whether by deliberate act or omission, that may cause impairment of physical, intellectual, emotional, or mental health and well-being.

In line with **national guidance from the HSE**, there are **nine adult safeguarding types of abuse**, any or all of which may be perpetrated as a result of deliberate intent, negligence, lack of insight, or ignorance. A person may experience more than one form of abuse at any one time. The nine adult safeguarding categories of abuse are:

1. Physical Abuse
2. Sexual Abuse
3. Emotional/Psychological Abuse (including Bullying and Harassment)
4. Financial or Material Abuse
5. Organisational Abuse
6. Neglect
7. Discriminatory Abuse
8. Human Trafficking
9. Online or Digital Abuse

7. CATEGORIES OF ABUSE

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence, lack of insight, or ignorance. A person may experience more than one form of abuse at any one time. The following information provides the definitions of the nine types of abuse set out in the HSE policy, which was to be implemented in 2021.

Examples and indicators of each type of abuse are detailed in Appendix 1. This list is not exhaustive. All staff members must ensure they are familiar with the different types of abuse, indicators of each type of abuse, and the associated examples.

Type of Abuse: Organisational

Definition: The mistreatment of people, brought about by the poor or inadequate care or support or systemic poor practices that affect the whole setting. This can occur in any organisation or service, within and outside Health and Social Care provision.

Organisational abuse may occur within a culture that denies, restricts, or curtails privacy, dignity, choice, and independence.

It involves the collective failure of a service provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place. Organisational abuse can be brought about by poor or inadequate care or support services, or systematic poor practice that affects the whole setting. It can occur when an individual's wishes and needs are sacrificed for the smooth running of a group, service, or organisation.

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

Definition: Behaviour that is psychologically harmful to another person and which inflicts anxiety or mental distress by threat, humiliation, or other verbal/non-verbal conduct.

Type of Abuse: Financial or Material Abuse

Definition: The unauthorised and improper use of funds, property, or any resources including pensions, or others' statutory entitlements or benefits. Financial abuse involves an act or acts where a person is deprived of control of their finances or personal possessions or is exploited financially by another person or persons.

Type of Abuse: Neglect

Definition: The withholding of or failure to provide appropriate and adequate care and support which is required by another person. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.

Type of Abuse: Discriminatory

Definition: Unequal treatment, harassment, or abuse of a person based on age, disability, race, ethnic group, gender, gender identity, sexual orientation, religion, family status, or membership of the travelling community.

Type of Abuse: Physical

Definition: The use of physical force, the threat of physical force, or mistreatment of one person by another which may or may not result in actual physical harm or injury.

Type of Abuse: Sexual

Definition: Any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or unwanted towards another person.

Type of Abuse: Online or Digital Abuse

Definition: An abusive or exploitative interaction occurring online or in a social media context.

Type of Abuse: Human Trafficking/Modern Slavery

Definition: Human trafficking/modern slavery involves the acquisition and movement of people by improper means, such as force, threat, or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation, and organ harvesting.

Settings:

Abuse can happen in many different contexts or settings including the following:

- **Familial Abuse** - Abuse by a family member.
- **Professional Abuse** - Misuse of power and trust by professionals (e.g., Health, Social Care, and includes educational professionals) and a failure to act on suspected abuse, poor care practice, or neglect.
- **Stranger Abuse** - Abuse by someone unfamiliar to the adult.
- **Abuse between Peers (adult learners)** - Harm perpetrated upon one adult learner by another adult learner. In responding to such a concern, it is important to consider contextual factors such as impact, intent, decision-making capacity, behaviour support, and any other relevant arrangements.
- **Domestic Violence or Abuse:** refers to threatening, controlling, or coercive behaviour, including psychological, physical, verbal, sexual, financial, or emotional abuse, inflicted by a current or former partner or family member. It is often frequent and persistent, involving a misuse of power and control. Perpetrators can include spouses, parents, children, or any close relation, and it affects people of all backgrounds. Honour-based violence also falls under this category. Response typically involves referral to specialist domestic abuse services. Safeguarding intervention applies only when the adult meets the criteria of an “adult at risk of abuse” as defined by policy.

Limerick and Clare Education and Training Board recognises that abuse can happen at any time, in any setting and therefore has provided a procedural process for staff to respond and report their concerns of abuse, or risk of abuse, to adults at risk.

8. RISK MANAGEMENT

LCETB has effective procedures for assessing and managing risks with regard to safeguarding. In assessing and managing risks, the aim is to minimize the likelihood of risk or its potential impacts while respecting the 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 minimize the impacts of abuse by responding effectively if it does occur. Consultation with other professionals can assist the risk assessment and management, if required.

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. As well as considering the dangers associated with risk, the potential benefits of risk-taking have to be considered.

Key risk management considerations are:

- The assessment and management of risk should promote independence, real choices, and social inclusion of adults.
- Risks change as circumstances change.
- Risk can be minimized but cannot always be eliminated.
- Identification of risk carries a duty to manage the identified risk.
- Involvement with adults, their families (where appropriate), 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.
- Risk-taking can involve everybody working together to achieve desired outcomes.
- The standards expected of staff must be made clear by their organisation.
- Sensitivity should be shown to the experience of people affected by any risks that have been taken and where an event has occurred.
- Decisions on risk should be reasonable, proportionate, accountable, defensible, and rooted in evidence-based practice.

9. RESPONDING TO CONCERNs OF ABUSE - PROCEDURE

This procedure applies to all personnel in Limerick and Clare Education and Training Board. It is the duty of all managers and staff to be familiar with this policy and procedure.

All staff have a responsibility to recognize indicators of abuse, raise a concern, and respond appropriately. It is essential that adults should be facilitated to communicate in their preferred communication method, to ensure that their will and preferences are heard.

Concerns or allegations of abuse may come to light in one of a number of ways:

- Direct observation of an incident of abuse.
- Disclosure by the adult themselves.
- Disclosure by a relative/friend.
- Observation of signs or symptoms of abuse.
- Anonymous reporting.
- Concerns raised through a complaint process.
- During the course of engagement with the adult.

Alleged abuse can take place anywhere. If unsure whether an incident may constitute abuse or warrants actions, the HSE Safeguarding and Protection Team is available for consultation.

Remember:

- Safeguarding is everyone's responsibility.
- Everyone must have a zero-tolerance approach to any form of abuse.
- The duty to report safeguarding concerns rests with the person who has the concern.
- There should be no delay in reporting a safeguarding concern.
- It is necessary to ensure the immediate safety of the adult at risk of abuse.

The **Safeguarding Coordinator** is a key role in the Adult Safeguarding process

Limerick and Clare Education and Training Board will assign the duties of Safeguarding Coordinator to the Disability Officer position for the College of FET.

- The duties of Deputy Safeguarding Coordinator for the College of FET will be assigned to the Adult Education Officer(Active Inclusion). The Deputy Safeguarding Coordinator will cover duties of Safeguarding Coordinator when he/she is on leave.
- All safeguarding queries or concerns can be submitted through the online form which you can access if you [Click Here](#) or by scanning the following QR Code



- The responsibility for managing the forms submitted will be shared between the Safeguarding Coordinator and Deputy Safeguarding Coordinator

Steps to be taken on the same day when concerns come to light are:

The following are key responsibilities and actions for any staff who has/have a concern in relation to the abuse or neglect of an adult at risk of abuse.

1. Take Immediate Action to Protect

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

2. Listen, Reassure, and Support

If the adult at risk of abuse 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. It is important to engage with the adult in their preferred communication method. Advise the adult of the concern as you understand it and always seek to ascertain his/her will and preference.

It is important not to:

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

3. Report & Inform

To ensure the confidentiality and security of sensitive information, please use the secure Microsoft Forms link to report any safeguarding concerns. Each staff member in

the LCETB must notify both the Safeguarding Coordinator and their line manager of any concerns on the same day. Additionally, a clear written record of the concern must be completed and submitted via the secure MS Form link without delay. Avoid keeping paper records; instead, keep all records securely in electronic format with password protection.

The LCETB Safeguarding Coordinator will refer any concern of abuse to the HSE Safeguarding and Protection Team. If the adult at risk of abuse is in a HSE or HSE funded service, then the ETB must inform the Designated Officer/Safeguarding Coordinator for that service. It is also a requirement that in such situations the Safeguarding Coordinator in LCETB is informed, and appropriate written records are completed.

4. Response to Possible Crime

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

5. Record and Preserve Evidence

Preserve evidence through recording and take steps to preserve any physical evidence (if appropriate). If the safeguarding adult concern also raises a concern over the safety or welfare of a child, TUSLA must be notified, through the LCETB College of FET DLP in accordance with the Children First National Guidance for the Protection and Welfare of Children.

Making a Report - Follow-Up Actions

As soon as possible on the same day, please use the secure Microsoft Forms link to report any safeguarding concerns make a detailed written record of what you have seen, been told, or have concerns about, and who you reported it to. Where possible, try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The written record should include details of:

- When the disclosure was made, or when you were told about/witnessed this incident/s.
- Who was involved and any other witnesses, including other adult learners and other staff.
- Exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told.
- Any other relevant information, for example, previous incidents that have caused you concern.

Remember to:

- Include as much detail as possible.
- Make sure the written account is legible and of a photocopyable quality.
- Make sure you have printed your name on the report and that it is signed and dated.
- Keep all records confidential, storing them in a safe and secure place until needed.

The Safeguarding Coordinator must ensure the care, safety, and protection of the adult at risk of abuse and any other adults potentially at risk, where appropriate. He/she must check with the person reporting the concern as to what steps have been taken (as above) and initiate any other appropriate measures.

The Safeguarding Coordinator will refer any concern of abuse to the HSE Safeguarding and Protection Team, who will take referrals directly from the public, within one working day. The Safeguarding and Protection Team will conduct the Safeguarding Initial Assessment (SIA) and safeguarding planning, where a person has no assigned health or social care professional.

10. SAFEGUARDING ROLES AND RESPONSIBILITIES

Role of ALL Staff in LCETB

- Promote the welfare of adults in all interactions.
- Be aware of ETB FET policy and procedures, protocols, and guidance documents.
- Comply with the policy and procedure to ensure the safeguarding of adults at risk from all forms of abuse.
- Support an environment in which adults 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 adults at risk of abuse to report any type of abuse or abusive practice.
- Ensure that any concerns or allegations of abuse are reported in accordance with this policy.

Role of Managers in LCETB

- Ensure that this policy for the safeguarding of adults at risk of abuse is in place and staff are compliant with this policy.
- Ensure that procedures are adhered to when a concern of abuse is raised.
- Promote a culture of zero tolerance for any type of abuse or abusive practice.
- Ensure that the policy and procedures are made available to all employees and volunteers and safeguarding information is available to all persons accessing services.
- Maintain a record of all staff and volunteers’ “sign off” on policies, procedures, and guidelines pertaining to adult safeguarding.
- Ensure that all staff and volunteers receive the appropriate information/training regarding 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 the policy.

Role of the Safeguarding Coordinator in LCETB

The role of the Safeguarding Coordinator is to:

- Receive concerns or allegations of abuse regarding adults.
- Collate basic relevant information.
- Ensure the appropriate staff and others are informed and collaboratively ensure necessary actions are identified and implemented.

- Ensure all reporting obligations are met (internally to the service and externally to the statutory authorities) - this includes sharing of information with the HSE and/or An Garda Síochána and/or TUSLA and/or any other relevant agency.
- Contribute, if appropriate, to Safeguarding Initial Assessments undertaken by health and care professionals.
- Support the line manager and other personnel in addressing the issues arising.
- Maintain appropriate records.

It is the Safeguarding Coordinator's responsibility to receive any concerns or allegations of abuse in relation to adults, collate the basic information, and work collaboratively with staff to ensure that any immediate actions required are identified and implemented, e.g., referral to support services which may be available. The Safeguarding Coordinator must refer any concerns of abuse to the HSE Safeguarding and Protection Team within one working day.

The Safeguarding Coordinator will:

- Be available to receive information from staff about safeguarding concerns.
- Assess the information received and determine if reasonable grounds for a concern of abuse to an adult at risk exist.
- Submit a report to the HSE Safeguarding and Protection Team and An Garda Síochána (if appropriate).

If the Safeguarding Coordinator is concerned about an adult at risk but unsure of whether the concern(s) should be reported:

- Contact the HSE Safeguarding and Protection Team in the relevant CHO area and An Garda Síochána (if appropriate) to discuss the concern.
- This consultation provides an opportunity to discuss the concern in general and to decide whether a formal report of the concern to the HSE Safeguarding and Protection Team in the relevant CHO area and An Garda Síochána (if appropriate) is appropriate at this stage.
- Keep a record of this contact including date, time, method of contact, name of social worker, and any advice given.
- Request that the HSE Safeguarding and Protection Team confirm their advice to you in writing for your records.

If the advice from the HSE Safeguarding and Protection Team is that there are reasonable grounds for concern of abuse to an adult at risk, the Safeguarding Coordinator will:

- Submit a report to the HSE Safeguarding and Protection Team and An Garda Síochána (if appropriate).

If the advice from the HSE Safeguarding and Protection Team is that there are no grounds for concern of abuse, the Safeguarding Coordinator will:

- Make a written record of the reasons for not reporting to the HSE Safeguarding and Protection Team, including any actions taken.

- Provide the staff member who raised the concern with a clear written record of the reasons why the concern is not being reported to the HSE Safeguarding and Protection Team at this stage.
- Advise the staff member who raised the concern that if they continue to be concerned, they are free to make a report to the HSE Safeguarding and Protection Team or An Garda Síochána directly.

If the Safeguarding Coordinator decides not to make a report but the staff member raising the concern believes that reasonable grounds exist, they can:

- Make a report directly to the HSE Safeguarding and Protection Team and inform the Safeguarding Coordinator they are reporting independently.

If the adult at risk of abuse is in a HSE or HSE funded service, then the Safeguarding Coordinator will:

- Inform the Designated Officer / Safeguarding Coordinator for that service.

11. PROCEDURES FOR RESPONDING TO ALLEGATIONS OF ABUSE AGAINST STAFF MEMBERS

Should an allegation of abuse in relation to an adult be made against a staff member, it will be assessed promptly and carefully by the LCETB in accordance with the Adult Safeguarding Policy and Procedure, the rules of natural justice, and any relevant Human Resource procedures and employment law. ETBs have a dual responsibility in respect of both the adult and the staff member, and therefore two separate procedures will be followed:

- a) **The safeguarding reporting procedure** to the HSE/ An Garda Síochána in respect of the adult at risk of abuse.
- b) **The internal personnel procedure** for dealing with allegations of abuse against a staff member, as set out in LCETB's HR and Disciplinary Procedures.

An allegation of abuse against a staff member may relate to a staff member who has:

- Behaved in a way that has or may have harmed an adult.
- Possibly committed a criminal offence in relation to an adult.
- Behaved towards an adult(s) in a way that indicates they may pose a risk of harm or abuse.

When LCETB receives an allegation of abuse against a staff member, the first priority is to ensure that no adult or child who avails of LCETB services is exposed to unnecessary risk, and LCETB will take necessary protective measures. These measures will be proportionate to the level of risk.

The Safeguarding Coordinator will be informed, and the allegation will be managed in accordance with the reporting procedure set out in this policy document. The Safeguarding Coordinator will liaise with statutory bodies (HSE, An Garda Síochána) to ensure that actions taken by our organisation do not undermine or frustrate any other processes or investigations.

12. GOVERNANCE & OVERSIGHT WITHIN LIMERICK AND CLARE EDUCATION AND TRAINING BOARD

Each ETB is required to identify a senior manager with responsibility for the strategic leadership of Adult Safeguarding within the ETB. This responsibility is to ensure that the policy is shared across the staff group, training is promoted, and awareness raised among all staff of the Safeguarding Policy. Limerick and Clare Education and Training Board will assign these duties to the Adult Education Officer (Active Inclusion)

In line with effective governance and oversight approaches, the senior manager with responsibility for the strategic leadership of Adult Safeguarding can be supported by an Adult Safeguarding Oversight Group (SRPN) comprising one nominee from the following groupings:

- Post Primary
- PLC
- Training Services
- Adult & Community Education
- Organisational Support and Development

The Safeguarding Oversight Group will meet once each term (3 times per year) to consider adult safeguarding issues, including queries, training, communications, reports from Safeguarding Coordinators (where a Board of Management does not exist), etc. The Oversight Group should set out the dates for meetings and by which reports should be submitted to relevant centres and services in advance each year.

In ETB settings where a Board of Management exists, the Safeguarding Coordinator must ensure that reports of adult safeguarding concerns are brought to the attention of their Board of Management (where appropriate) at its next meeting following the reporting of the concern. This report is on statistical information only.

Where there is no Board of Management for a campus, centre, or service, a report should also be submitted to the Adult Safeguarding Oversight Committee (SRPN) for review by the required date each term. This is for the purpose of ensuring organisational oversight of issues and identification of training and other requirements.

13. RECORD MANAGEMENT

It is essential to keep detailed and accurate records of concerns or allegations of abuse and of any subsequent actions taken. LCETB requires staff to record their concerns by completing the Safeguarding Adult at Risk Concern Form (Appendix 2) through MS Forms. A staff member who fails to carry out his/her duties with regard to record management may be subject to disciplinary action.

Personal data relating to an adult at risk will be retained by the Safeguarding Coordinator, in line with the requirements of GDPR and the Data Protection Acts 1988-2018. It is advised to store information electronically in secure password protected files. Paper records should be avoided.

The Safeguarding Coordinator is responsible for ensuring that comprehensive records are kept in relation to any concerns raised, and that these records are stored securely to ensure the privacy and confidentiality of the individual concerned. All records relating to adult safeguarding issues must be kept by the Safeguarding Coordinator and not by the individual staff member who initially raised the concern. Decisions as to whether information is shared with other staff members will be made on a case-by-case basis, following advice from the HSE Safeguarding and Protection team, and where appropriate LCETB Data Protection Officer. Any information that is shared should be the minimum possible to achieve the safety of the adult, and on a strictly confidential basis.

14. ANONYMOUS AND HISTORICAL COMPLAINTS

All concerns or allegations of abuse must be reported to the Safeguarding Coordinator in LCETB and FET, regardless of the source or date of occurrence.

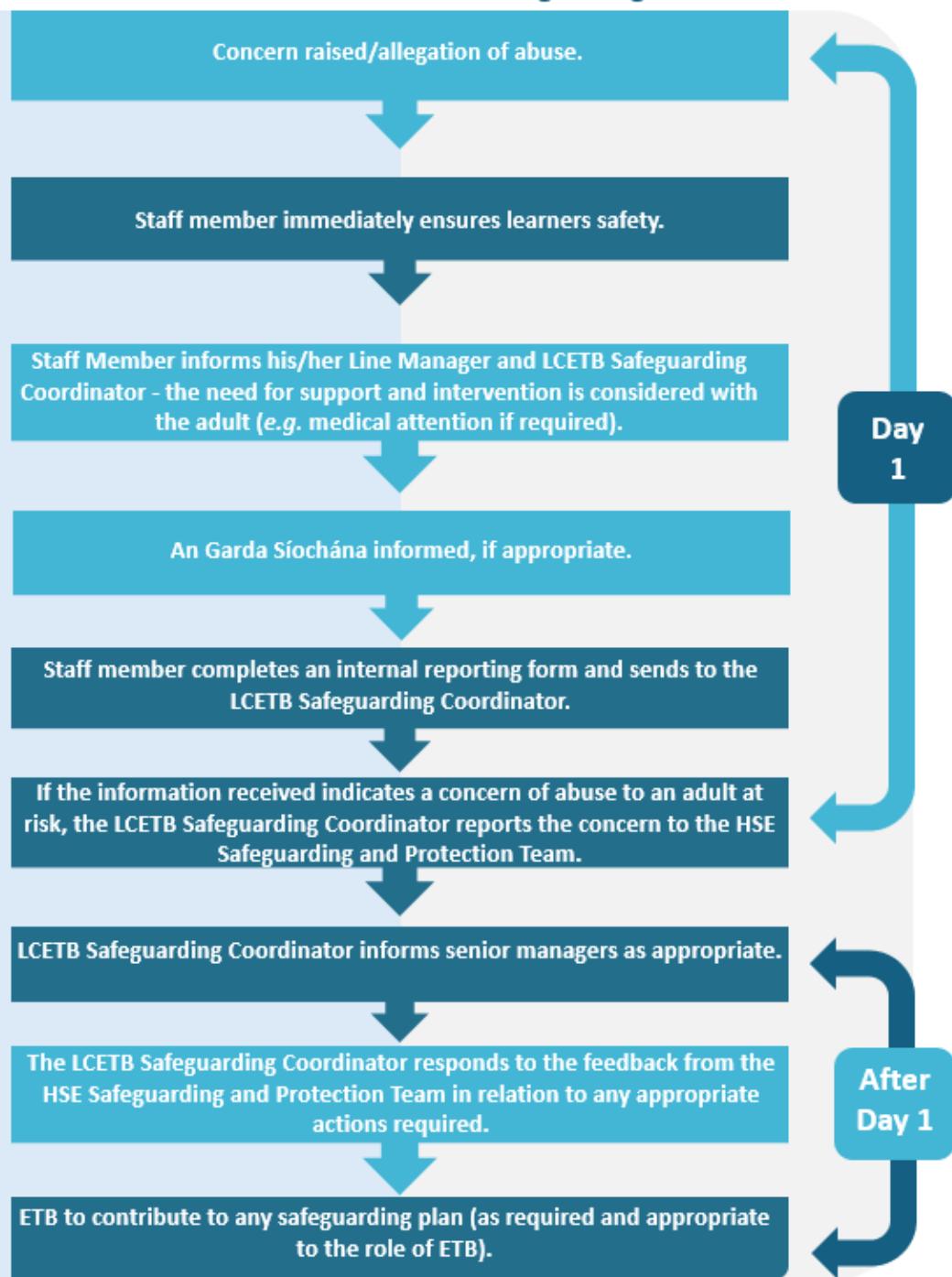
Critical issues for consideration include:

- 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. The HSE Safeguarding and Protection Teams and TUSLA Child and Family Agency can advise and guide on the most effective course of action, depending on the level of current risk to adults and children.

Maintain Written Records

Process Flow Chart – LCETB FET Adult Safeguarding Procedure



15. SHARING INFORMATION WITH STATUTORY ORGANISATIONS

Data protection legislation, including the General Data Protection Regulation (GDPR) and the Data Protection Acts 1988 to 2018, governs the collection, use, and processing of personal information concerning individuals ("data subjects").

In adult safeguarding, situations arise where the sharing of information does not always require consent to process the personal data of an adult. In these situations, certain conditions are met and there is a legal basis for processing such personal data.

A person raising a safeguarding concern should, as appropriate, be informed that disclosures of information to others, including An Garda Síochána and the HSE, can occur where certain considerations pertain including situations where:

An adult at risk is the subject of repeated abuse.

- There is a risk of further abuse.
- There is reason to believe a crime may have been committed.
- There is a risk of abuse to another person(s) in a vulnerable situation.
- There is reason to believe the person alleged to be causing concern is a risk to themselves or others.
- There is an existing legal obligation to report such, under the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012.

While respecting an adult's right to self-determination, situations can arise where information is suggestive of abuse and/or a crime, although the adult with decision making capacity has indicated that they do not wish for a safeguarding intervention or wish to make a statement of complaint. In the event that the threat or the risk of abuse is of a serious nature to the adult or another person, the Safeguarding Coordinator can consult with the HSE Safeguarding and Protection team for advice and guidance.

When sharing information regarding a concern of abuse, it is essential to be clear whether the adult is at immediate and serious risk of abuse. If this is the case, it is essential to outline the protective actions to be taken and already in place. The will and preference of the adult at risk, where these have been, or can be ascertained, have to be included.

16. DECISION MAKING CAPACITY

LCETB is committed to the principles and requirements of the Assisted Decision Making (Capacity) Act 2015. This Act assists in complying with human-rights obligations contained in the Constitution of Ireland, the European Convention on Human Rights, and the United Nations Convention on the Rights of Persons with Disabilities.

All persons should be supported to act according to their own wishes. Only in exceptional circumstances (and these should be communicated to the adult when they occur) should decisions and actions be taken that conflict with a person's wishes, for example to meet a legal responsibility to report or to prevent immediate and significant harm. As far as possible, people should be supported to communicate their concerns to relevant agencies.

The Act requires staff to presume capacity of a person as a starting position in decision making and to exhaust all possibilities to enable a person to make a decision. It requires staff to gain consent from the person or only those who have legal authority to act for the person. The HSE National Consent Policy (updated 2024) provides detailed guidance regarding consent and capacity and LCETB is committed to the principles and best practice set out in the HSE's National Consent Policy.

17. COMPLAINTS

There is a difference between a complaint and a concern of abuse. Some complaints might raise concerns of abuse and such situations are required to be addressed by this Adult Safeguarding and Procedure.

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. This links with LCETB's Complaints policy and procedure.

The office of the Ombudsman suggests that good complaints handling procedures should be well publicised, easy to access, simple to understand, quick, confidential, sensitive to the needs of the complainant and those complained against, effective, provide suitable remedies and be properly resourced.

18. CURRENT RELEVANT LEGISLATION

Relevant Legislation Applicable to Both Child and Adult Safeguarding:

Notwithstanding that a range of criminal legislation covers many of the types of abuse that could be experienced by children and adults, there are two key related safeguarding legal frameworks that apply both to children and adults. These are:

- i. **Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012**
- ii. **National Vetting Bureau (Children and Vulnerable Persons) Act 2012** (and its regulations of 2016)

Both pieces of legislation apply to children and vulnerable persons. Vulnerable persons are defined as by the different laws as follows.

A “vulnerable person” is defined in Section 1 of the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 as

“a person...

- a) who—
 - i. *is suffering from a disorder of the mind, whether as a result of mental illness or dementia, or*
 - ii. *has an intellectual disability, which is of such a nature or degree as to severely restrict the capacity of the person to guard himself or herself against serious exploitation or abuse, whether physical or sexual, by another person, or*
- b) who is suffering from an enduring physical impairment or injury which is of such a nature or degree as to severely restrict the capacity of the person to guard himself or herself against serious exploitation or abuse, whether physical or sexual, by another person or to report such exploitation or abuse to the Garda Síochána or both.

National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (and its regulations of 2016) outlines that a vulnerable person means a person, other than a child, who—

- a) is suffering from a disorder of the mind, whether as a result of mental illness or Dementia,
- b) has an intellectual disability,
- c) is suffering from a physical impairment, whether as a result of injury, illness or age, or
- d) has a physical disability,

which is of such a nature or degree –

- i. as to restrict the capacity of the person to guard himself or herself against harm by another person, or
- ii. that results in the person requiring assistance with the activities of daily living including dressing, eating, walking, washing, and bathing.

There are a number of key pieces of legislation that relate to adult safeguarding. The information below gives a brief overview of relevant legislation, (it is not intended as legal opinion or advice and the original legislation should be consulted as required).

[Assisted Decision Making \(Capacity\) Act 2015](#) commenced in April 2023. The Act provides for the reform of the law relating to persons who require or may require assistance in exercising their decision-making capacity, whether immediately or in the future. The Act applies to everyone over 18 and will have wide-ranging implications.

[National Vetting Bureau \(Children and Vulnerable Persons\) Acts 2012-2016.](#) Under these Acts it is compulsory for employers to obtain vetting disclosures in relation to anyone who is carrying out relevant work with children or vulnerable adults. The Acts create penalties for persons who fail to comply with their provisions. Statutory obligations on employers in relation to Garda vetting requirements for persons working with children and vulnerable adults are set out in the Acts.

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

[The Domestic Violence Act 2018](#) replaces the Domestic Violence Act 1996 and the Domestic Violence (Amendment) Act 2002 and improves legal protections available to victims of domestic violence. The Act introduces factors that the Court shall consider when deciding on an application for an order under the Domestic Violence Act. These factors include (but are not limited to); history of violence by the respondent towards the applicant or any dependent person (i.e. child), any conviction of the respondent for an offence under the Criminal Justice (Theft and Fraud Offences) Act 2001 that involves loss to the applicant or child, increase in severity or frequency of violence towards the applicant or their children, exposure of children to violence inflicted by the respondent on the applicant or other child, any action of the respondent, not being a criminal offence, which puts the applicant or a dependent person in fear for his or her own safety or welfare.

[Data Protection Act 2018](#) applies to the processing of personal data. It gives a right to every individual, irrespective of nationality or residence, to establish the existence of personal data, to have access to any such data relating to him or her, and to have inaccurate data rectified or erased. It requires data controllers to make sure that the data they keep are collected fairly, are accurate and up to date, are kept for lawful purposes and are not used or disclosed in any manner incompatible with those purposes. It also requires both data controllers and data processors to protect the data they keep and imposes on them a special duty of care in relation to the individuals about whom they keep such data.

19. CONCERNs ABOUT AN ADULT'S WELFARE

During the course of how we work with adults, concerns regarding the welfare of an adult may emerge. Whilst this Safeguarding Adults policy addresses concerns of possible abuse to an adult at risk, we cannot ignore welfare concerns. Welfare concerns are different to a specific concern of abuse. Sometimes, welfare concerns, when explored in more detail can also raise a concern of abuse and any concern of abuse to an adult at risk must be responded to in line with this policy and procedure.

For welfare concerns, where there is no concern of abuse to the adult, it is advisable to consult with the Safeguarding Coordinator in LCETB. In some situations, it may be appropriate for a conversation to take place with the adult, with a view of seeking consent to access help and support. If the adult does not wish for any help or support and staff remain concerned about the adult's welfare, it is possible to access advice from the HSE or other organisations (without sharing personal identifiable information unless directed to do). It is important to document welfare concerns as at times a pattern of welfare concerns may require action in line with this Adult Safeguarding Policy and Procedure.

20. SELF-NEGLECT GUIDANCE

LCETB is committed to the protection of adults where concern have arisen due to the adults seriously neglecting his/her own care and welfare and putting him/herself and/or others at serious risk. ETBs understand that self-neglect is not a category or type of abuse. However, it is reasonable to consider self-neglect concerns as part of the wider safeguarding agenda. LCETB is committed to the HSE policy on self-neglect.

Self-neglect Definition:

- Self-neglect is the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently.
- An adult'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 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.

Groups that may present with self-neglecting behaviours:

- 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).
- 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).

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

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 mental capacity and as far as possible, people must be supported in making their own decisions.

Procedures for LCETB:

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 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 HSE Safeguarding and Protection Team who will assist in an assessment of the severity of the situation.

APPENDIX 1: Definition and Categories of Abuse

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence, lack of insight, or ignorance. A person may experience more than one form of abuse at any one time. The following information provides definitions, examples, and indicators of abuse (not exhaustive) with which all staff members must be familiar.

Type of Abuse: Organisational

Definition: The mistreatment of people, brought about by the poor or inadequate care or support or systemic poor practices that affect the whole care setting. This can occur in any organisation or service, within and outside Health and Social Care provision.

Organisational abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place. Organisational abuse can be brought about by poor or inadequate care or support services, or systematic poor practice that affects the whole setting. It can occur when an individual's wishes and needs are sacrificed for the smooth running of a group, service, or organisation.

Examples: It can be a one-off incident or repeated incidents; it can be neglect or poor standards of professional practice, which might be because of culture, structure, policies, processes or practices within the organisation. Systematic and repeated failures culturally inherent within the organisation or service may be considered as organisational abuse. It can result in a failure to afford people the opportunity to engage socially and be involved in hobbies/activities that are meaningful to them, which in turn results in a failure for their psycho-social needs to be met. It can occur when persons are treated collectively rather than as individuals. The person's right to privacy and choice not respected. Staff talking about the personal or intimate details in a manner that does not respect a person's right to privacy.

Indicators: Inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. 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. Weak governance of staff and breaches of professional codes of practices can be indicatives of institutional abuse. The absence of visitors, family and friends discouraged from visiting, lack of flexibility and choice for adults.

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

Definition: Behaviour that is psychologically harmful to another person and which inflicts anxiety or mental distress by threat, humiliation, or other verbal/non-verbal conduct.

Examples: Emotional or psychological abuse includes failing to value the individual, abuse of power in which the perpetrator places their opinion/view/judgement as superior to the individual, harsh value judgements, conveying to the individual that they are worthless, unloved, inadequate, or a nuisance. Abusive acts of a psychological nature include, but are not limited to threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from

services or supportive networks, patronising approaches to care and support for example ‘elder speak’ or spoken to like a child, intolerance of religious beliefs, intolerance of cultural beliefs, and in the case of married/cohabiting couples denying the right to shared and appropriate accommodation. Failure to show interest in or provide opportunities for a person’s emotional development or need for social interaction. Outpacing – where information /choices are provided too fast for the adult to understand, putting them in a position to do things or make choices more rapidly than they can tolerate. Denying the individual the opportunity to express their views in a manner which is comfortable to them, deliberately silencing them or ignoring them or their communications written or spoken, making a subjective comment about the way an individual chooses to express themselves, imposing unrealistic expectations on the individual. Behaviours include deprivation of liberty, persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing or invading someone’s personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance. Includes risk of abuse via technology.

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 or withdrawn. The carer-person in need of care relationship may be vulnerable to abuse in both directions, neither deliberate but can be very harmful. Co-dependent relationships need to be considered as a new phenomenon with adults at risk of abuse and a potential risk from relatives with mental health or addiction issues.

Type of Abuse: Financial or Material Abuse

Definition: The unauthorised and improper use of funds, property, or any resources, including pensions or other statutory entitlements or benefits. Financial abuse involves acts where a person is deprived of control of their finances or personal possessions or is exploited financially by another person or persons.

Examples: This may include theft, coercion, fraud, undue pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits. It may also involve the misuse of power of attorney and not contributing to household costs where this was previously agreed. Misusing or stealing the person’s property, possessions or benefits, mismanagement of bank accounts, cheating the person, manipulating the person for financial gain, or putting pressure on the person in relation to wills property, inheritance, and financial transactions. Examples include theft, fraud, exploitation, the misuse of property, possessions, bank accounts, grants, cash or benefits; internet scamming, phone scamming, putting someone under pressure in relation to their financial arrangements or property, including wills; denial of access to money or property, not contributing to household costs, use of bank and credit cards without permission, running up debts, forged signatures, deliberately overcharging for services activities/required treatments/therapies.

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 person’s 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: Neglect

Definition: The withholding of or failure to provide appropriate and adequate care and support which is required by another person. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.

Examples: Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, social activities, leisure/ educational opportunities or adequate nutrition and heating. Neglect includes ignoring need, either physical or medical, knowing that a need exists, but choosing to not address that need, thereby leaving the person at risk of deterioration in health and wellbeing.

Neglect includes withdrawing or not giving help that an adult needs, causing them to suffer for example malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance. Neglect also includes not meeting the social, psychological, or spiritual needs and not addressing required environmental factors/adaptations to adequately meet the needs of the adult.

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 for example dental, optical, chiropody, social isolation. Whilst there is a positive duty to provide care when in receipt of state carer's allowance there is no legal obligation on carers to continue in the caring role. Assessment of indicators needs to be mindful of identifying carer stress where the carer cannot cope or manage with the responsibilities.

Type of Abuse: Discriminatory

Definition: Unequal treatment, harassment, or abuse of a person based on age, disability, race, ethnic group, gender, gender identity, sexual orientation, religion, family status, or membership of the travelling community.

Examples: Being treated differently by individuals, family, organisations or society because of any of the above. Assumptions about a person's abilities or inabilities. Not speaking directly to the person but addressing an accompanying person.

Indicators:

- Isolation from family or social networks.
- Indicators of psychological abuse may also be present.

Type of Abuse: Physical

Definition: The use of physical force, threat of physical force, or mistreatment that may or may not result in physical harm or injury.

Examples: Physical abuse includes hitting, slapping, pushing, shaking, burning, scalding, pulling hair, kicking, exposure to heat or cold, force-feeding, misuse of medication, inappropriate restraint or sanctions. Physical abuse includes all forms of physical force contact which results in harm to another person including excessive force in the delivery of personal care, forced feeding, rough handling, unwarranted physical pressure (gripping, squeezing) shaking, misuse of incontinence wear, hitting with a weapon or implement, misuse of medication, failing to give medication, poisoning, restricting activities or forcing activities. Includes inappropriate deprivation of liberty (e.g. being locked in/forced confinement in an area), denied treatment or experiencing threat of physical violence.

Indicators: Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. The person appears frightened, avoids another person, demonstrates new atypical behaviour; asks not to be hurt.

Type of Abuse: Sexual

Definition: Any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or unwanted towards another person.

Examples: Abusive acts of a sexual nature include but are not limited to rape and sexual assault, indecent exposure, intentional touching, fondling, molesting, sexual harassment or sexual acts to which the adult has not consented, or could not consent, or to which he or she was compelled to consent. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking and /or grooming. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping), exposure of the sexual organs and any sexual act intentionally performed in the presence of another without their consent. Examples of behaviours include inappropriate touch anywhere, masturbation of either or both persons, penetration or attempted penetration of the vagina, anus or mouth, with or by a penis, fingers or other objects. Exposure to pornography or other sexually explicit and inappropriate material enforced witnessing of sexual acts, sexual media harassment. Inappropriate and sexually explicit conversations, remarks, threats, intimidation, inappropriate looking/ touching, sexual teasing/innuendo, grooming, taking sexual photographs/video footage, making someone watch sexual acts/pornography, making someone participate in sexual acts. Includes digital/social media and online sexual abuse/ production of sexual images. Female genital mutilation (FGM) is considered a form of both physical and sexual abuse.

Indicators: Trauma to the genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STIs and human bite marks. An adult demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes in eating patterns, inappropriate or unusual sexual behaviour and anxiety attacks. Indicators of sexual exploitation would include poor concentration, withdrawal, sleep disturbance. Other indicators include excessive fear/apprehension of, or withdrawal from relationships. Fear of receiving help with personal care and reluctance to be alone with a particular person could also be indicators.

Type of Abuse: Online or Digital Abuse

Definition: An abusive or exploitative interaction occurring online or in a social media context.

Examples: Includes 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.

Indicators: Becoming withdrawn, suddenly behaves differently, anxious, clingy, depressed, aggressive, problems sleeping, eating disorders. The exploitation on an online or digital platform can have a serious impact on the victim. This impact can result in the victim soiling their clothes, taking unnecessary risks, missing education / training, changing eating habits, developing obsessive behaviours, having nightmares, increasing drug/alcohol usage.

Type of Abuse: Human Trafficking/Modern Slavery

Definition: The acquisition and movement of people by improper means, such as force, threat, or deception, for the purposes of exploiting them. This can include domestic servitude, forced criminality, forced labour, sexual exploitation, and organ harvesting.

Examples: Victims of human trafficking/ modern slavery can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities. Any concerns that an adult at risk may be a victim of human trafficking/modern slavery must be reported to An Garda Síochána.

Indicators: People who have been trafficked may believe that they must work against their will. Victims may be unable to leave their work environment and show signs that their movements are being controlled. Victims may show fear or anxiety. They may be subjected to violence or threats of violence against themselves or against their family members. They may suffer injuries that appear to be the result of an assault.

In conclusion, LCETB recognises that abuse can happen at any time, in any setting, and therefore has provided this procedural process for staff to respond and report concerns of abuse or the risk of abuse to adults at risk. Further HSE resources available at: [Safeguarding Vulnerable Adults - HSE.ie](https://www.hse.ie/2020/07/16/safeguarding-vulnerable-adults/)

APPENDIX 2 How to Submit a Concern of Abuse to an Adult at Risk

Please complete this form if you wish to submit a Concern of Abuse to an Adult at Risk by following this link [Click Here](#) or by scanning the QR Code below



The information collated must be provided to the Safeguarding Coordinator for Adults, to determine if reasonable grounds for concern exist. The Safeguarding Coordinator will ensure that the procedure for reporting concerns to the statutory authorities is followed and that LCETB maintains best practice in respect of the management of concerns or allegations of abuse to adults.

The Safeguarding Coordinator assesses the information received and determines the course of action to follow.

Action Required by Safeguarding Coordinator

1. **Determined that reasonable grounds for concern exist:**
 - Submit a report to the HSE Safeguarding and Protection Team in the relevant CHO area and An Garda Síochána, if appropriate.
 - Keep a copy of the report form submitted.
2. **Is unsure if reasonable grounds for concern exist but remains concerned about the adult at risk of abuse:**
 - Consult with the HSE Safeguarding and Protection Team in the relevant CHO area and/or An Garda Síochána - follow the advice given.
 - Keep a record of contact, including date, time, method of contact, name of social worker, and advice given.

- Request that the HSE Safeguarding and Protection Team in the relevant CHO area confirm their advice to you in writing for your records.

3. Determines that reasonable grounds for concern are not present:

- Keep a record of the information and decision.
- Inform the member of staff who raised the concern of the decision.
- Support the staff member to submit a report directly to the HSE Safeguarding and Protection Team in the relevant CHO area and/or An Garda Síochána, if they continue to be concerned about the safety of the adult.

Signed: _____

Name (Print): _____

Safeguarding Coordinator for Vulnerable Persons (Adults)

Date: //_____

Record of Action Taken by the Safeguarding Coordinator

Signed: _____

Name: (print) _____

Title/Role: _____

Date: ____/____/_____

APPENDIX 3: Referral Form for Community Based Referrals (SG Coordinator only)

Send Form to Safeguarding.cho3@hse.ie



REFERRAL FORM FOR COMMUNITY BASED REFERRALS SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY & PROCEDURES

There is duty of care to report allegations or concerns regardless of whether client has given consent

Referrer should take any immediate actions necessary as per policy in relation to seeking An Garda Sióchána or medical assistance

Vulnerable Person's Details:

Name: _____ DOB: _____

Address: _____

Marital Status: _____ Contact Phone Number: _____

Does anyone live with the client: Yes: No: _____ If yes, who? _____

Medical history and any communication support needs (as understood by referrer):

Details of the person's vulnerability (as understood by referrer):

Is client aware this referral is being made? Yes: _____ No: _____

Has client given consent? Yes: _____ No: _____

Is there another nominated person they want us to contact, if so please give details?

Name: _____ Contact Details: _____

Relationship to vulnerable person: _____

GP Contact Details:

Name: _____ Telephone: _____

Primary care team details (Social worker, PHN etc..)

Any other key/services/agencies involved with client (Please include Name and Contact)

Details: _____

Details of allegation/concern: (Please tick as many as relevant):

Physical Abuse Financial /Material Abuse

Psychological/Emotional Abuse Neglect/Acts of Omission

Sexual Abuse Discriminatory Abuse

Extreme Self Neglect Institutional Abuse

(Extra details can be added if needed)

Details of concern:

Details of person allegedly causing concern (if applicable):

Name: _____ Relationship to vulnerable person: _____

Address: _____

Is the person aware of this referral being made: Yes: No:

Details of person making referral:

Name: _____ Job Title: (if applicable) _____

Agency/Address: _____

Phone (Landline): _____ Mobile: _____

Signature: _____ Date: ____ / ____ / ____

Data Protection Advice: If the person allegedly causing concern is a staff member, please use initials & work address only.

For a digital versions of this referral form, please visit: <https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/safeguardingvulnerablepersonscommunityreferralforms.html>

or click [here](#).

APPENDIX 4: HSE Safeguarding and Protection Team Contact Details

HSE Safeguarding & Protection Team Contact Details

Safeguarding and Protection Teams

HSE Safeguarding and Protection Teams are in place all over the country to provide help.

- **Dublin North, Dublin North City, Dublin North West**
Ms. Pauline Ducray
St Mary's Hospital, Phoenix Park, Dublin 20
Phone: 01 795 9528
Email: Safeguarding.cho9@hse.ie
- **Laois, Offaly, Longford, Westmeath, Louth and Meath**
Room 4 Second Floor, Primary Care Services, Leighsbrook Lane,
Off Railway Street, Navan, Co Meath C15 Y2CW
Phone: 01 691 4632
Email: safeguarding.cho8@hse.ie
- **Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West**
Ms. Laura Pauley
Beech House, 101-102 Naas Business Park, Naas, Co. Kildare
Phone: 045 920 410
Email: Safeguarding.CHO7@hse.ie
- **Wicklow, Dun Laoghaire and Dublin South East**
Ms. Kirsten Murphy
Ballinteer Health Centre, Ballinteer Avenue, Ballinteer, Dublin 16
Phone: 01 216 4511
Email: Safeguarding.cho6@hse.ie
- **South Tipperary, Carlow, Kilkenny, Waterford, Wexford**
Mr. Rob O'Connor
HSE Offices, Dublin Road, Lacken, Kilkenny, Co. Kilkenny
Phone: 0818 101 101
Email: Safeguarding.cho5@hse.ie
- **Kerry and Cork**
Ms. Miriam Tobin
Unit 24/25 Doughcloyne Industrial Estate, Wilton, Cork
Eircode: T12Y821
Phone: 021 492 7550
Email: Safeguarding.cho4@hse.ie
- **Clare, Limerick, North Tipperary and East Limerick**
Ms. Maggie McNally

Tyone Health Centre, Tyone, Nenagh, Co. Tipperary

Phone: 067 46470

Email: Safeguarding.cho3@hse.ie

- **Galway, Roscommon and Mayo**

Ms. Freda Quinn

La Nua, Ballybane, Castlepark Road, Galway

Phone: 091 748 432

Email: Safeguarding.cho2@hse.ie

- **Donegal, Sligo, Leitrim, Cavan and Monaghan**

Ms. Frances Clifford

HSE Office, Community Health Care Organisation Area 1,

Ballyshannon Health Campus, An Clochar, Ballyshannon, Co. Donegal

Phone: 071 983 4660

Email: Safeguarding.cho1@hse.ie

All contact details and information is correct at time of publication (July 2025).

Further details of the HSE Safeguarding and Protection Teams can be found by going to:

<https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/>

Or click [here](#)

APPENDIX 5: Legislation

Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012: SCHEDULE 2: Offences against vulnerable persons for purposes of offence under Sect. 3

Section 3:

1. Common law offence of false imprisonment.
2. Rape.
3. Rape under section 4 of the Criminal Law (Rape) (Amendment) Act 1990.
4. Sexual assault.
5. Aggravated sexual assault within the meaning of section 3 of the Criminal Law (Rape) (Amendment) Act 1990.
6. An offence under section 1 of the Punishment of Incest Act 1908 (incest by males).
7. An offence under section 2 of the Punishment of Incest Act 1908 (incest by females of or over 17 years of age).
8. An offence under either of the following provisions of the Criminal Law (Sexual Offences) Act 1993 —
 - (a) subsection (1) of section 5 insofar as it provides for an offence of having sexual intercourse, or committing an act of buggery, with a person who is mentally impaired within the meaning of that section (other than a person to whom the alleged offender is married or to whom he or she believes with reasonable cause he or she is married),
 - (b) subsection (2) of section 6 insofar as it provides for an offence of soliciting or importuning a person who is mentally impaired within the meaning of that section (whether or not for the purposes of prostitution) for the purposes of the commission of an act that would constitute an offence under section 5(1) (insofar as it is referred to in paragraph (a) of that Act or an offence referred to in section 2 of the Criminal Law (Rape) (Amendment) Act 1990).
9. An offence under section 2 of the Sexual Offences (Jurisdiction) Act 1996 insofar as it relates to an offence specified in the Schedule to that Act that is also specified in this Schedule to the extent that it is so specified.
10. An offence under any of the following provisions of the Criminal Law (Human Trafficking) Act 2008 —
 - (a) section 4 (trafficking of persons other than children),
 - (b) section 5 insofar as it relates to a person in respect of whom an offence under subsection (1) or (3) of section 4 of that Act has been committed (soliciting or importuning for purposes of prostitution of trafficked person),
 - (c) section 7 insofar as it relates to an offence under section 4 of that Act.
11. An offence under section 3 of the Non-Fatal Offences against the Person Act 1997 (assault causing harm).

APPENDIX 6: HIQA/MHC National Standards for Adult Safeguarding 2019

Summary of the HIQA/MHC National Standards for Adult Safeguarding 2019

Theme 1: Person-centred Care and Support

- **Standard 1.1** Each person's rights are recognised and promoted.
- **Standard 1.2** Each person 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.

Theme 2: Effective Care and Support

- **Standard 2.1** The service effectively plans and delivers care and support to reduce the risk of harm and promote each person's rights, health, and wellbeing.
- **Standard 2.2** Each person experiences integrated care and support which is coordinated effectively within and between services to reduce the risk of harm and to promote their rights, health, and wellbeing.

Theme 3: Safe Care and Support

- **Standard 3.1** The service strives to protect each person from the risk of harm and to promote their safety and welfare.
- **Standard 3.2** Safeguarding concerns are effectively identified and managed, and outcomes inform future practice.

Theme 4: Health, Wellbeing and Development

- **Standard 4.1** Each person 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.

Theme 5: Leadership, Governance and Management

- **Standard 5.1** 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 person.
- **Standard 5.2** The service strives to continually improve the quality of the care and support it provides to reduce the risk of harm and to promote the rights, health, and wellbeing of each person.

Theme 6: Responsive Workforce

- **Standard 6.1** The service plans, organises, and manages the workforce to reduce the risk of harm and to promote the rights, health, and wellbeing of each person.
- **Standard 6.2** The service supports staff to reduce the risk of harm and promote the rights, health, and wellbeing of each person by providing training, development, and supervision.

Theme 7: Use of Resources

- **Standard 7.1** Resources are used efficiently to reduce the risk of harm and promote the rights, health, and wellbeing of each person.

Theme 8: Use of Information

- **Standard 8.1** Information is used to effectively reduce the risk of harm and promote the rights, health, and wellbeing of each person.
- **Standard 8.2** The service shares information appropriately to keep people safe

