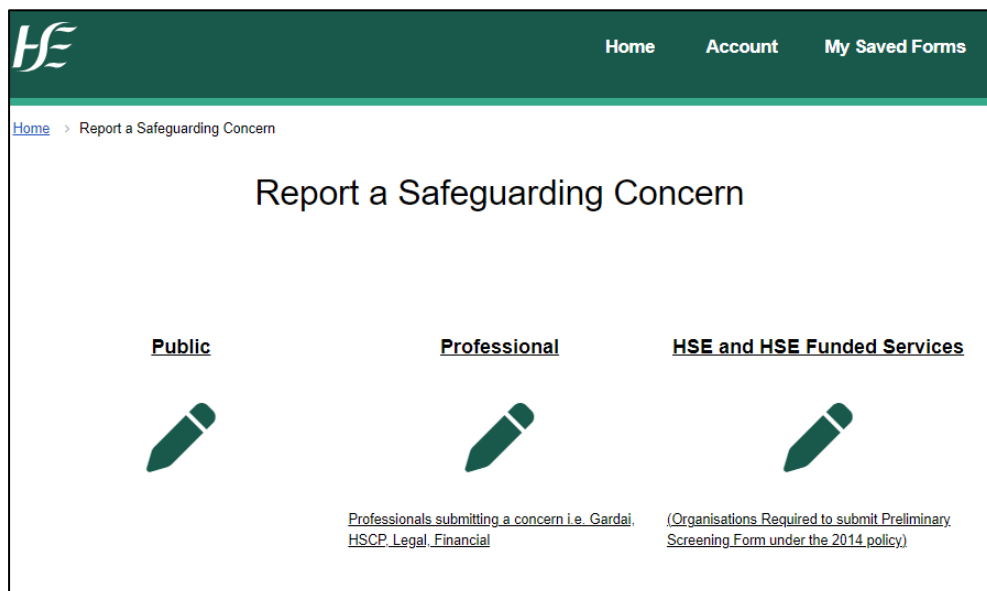


NOTE: IF YOU ARE A DESIGNATED OFFICER, PLEASE SEE THE USER MANUAL FOR SERVICE REFERRALS

1. Logging into the Adult Safeguarding Portal to enter a Professional referral

The Portal link for any new referrals is here: (<https://adultsafeguardingportal.hse.ie/>). When you click on that link you will see the below:



Go to **Account** at the top of the page, this is where you log into the Portal.

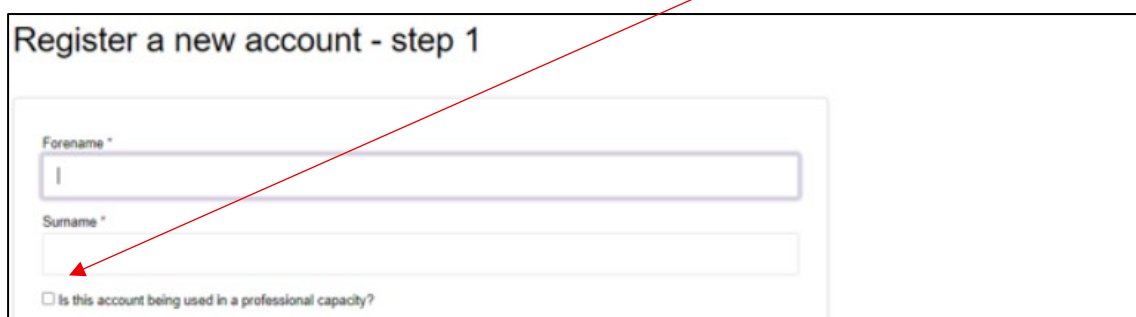
On this page, titled 'Secure login – step 1', you are presented with the options to either **Register for a new account** or login as an **Existing user**.

Register for a new account

You will only need to do this once. Click either link or button.

Register for an account here or use the button below. Already using HSE Adult Safeguarding Portals Live? Sign in below.' The 'Register for an account here' link is circled in red. Below the message, there are two main sections. The 'Existing users' section on the left has input fields for 'Email' and 'Password', a red error message 'Please enter your password', a confirmation message 'For additional security, we will confirm your account by sending an authentication code to your email address.', and 'Submit' and 'Cancel' buttons. A 'Forgotten password?' link is at the bottom. The 'New users' section on the right has a message 'If you're new to HSE Adult Safeguarding Portals Live, sign up for an account here' and a green 'Register for new account' button, which is also circled in red." data-bbox="179 110 957 424"/>

The next page is titled 'Register a new account – step 1'. Complete this form. When entering your details for your new account, they should be your **professional details**, as these are subsequently captured as part of the referral form when submitting a referral on behalf of a client on the Adult Safeguarding Portal. Tick the box that asks if the account is being used in a professional capacity.



Once you have entered all your details, click the **Next** button to progress to **Step 2** where you will be asked to enter your email address and to set up a password for the portal. There are password policy guidelines to the right-hand-side of the screen to help you with choosing a safe, secure password. Ensure you use your **work email** as any subsequent notifications regarding your referral will go to this email address.

[Home](#) > Register a new account - step 1

Register a new account - step 2

Email address *

Password *

Confirm password *

[Back](#)
[Next](#)
[Cancel](#)

Password policy


Your password must meet the following requirements:

- It must be at least 8 characters long
- It must contain at least one letter
- It must contain only letters, digits, and special characters
- It must start with a letter
- It must contain at least one upper-case letter
- It must contain at least one numerical digit
- It must contain at least one special character.
- It must be different to your current password
- It must be different to your previous 8 passwords.

[View the list of special characters:](#)

Once you have set your password, click the [Next](#) button again, and this will bring you to **Step 3** in the process, which will trigger a verification code to be sent to the registered email address.

Please verify your email address


HSE Portal Live <donotreply@liquidlogic.co.uk>
 To [REDACTED]

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear [REDACTED]

Thank you for using HSE Adult Safeguarding Portals Live. Please enter the following code on the login verification page:

9812 4964

Many thanks,
HSE Adult Safeguarding Portals Live

Now, enter this code into the field per below screenshot and click [Next](#).

[Home](#) > Register a new account - step 1

Register a new account - step 3

We have just sent you an email to confirm your email address. Please enter the code this contains below. Use the **back** button below if you would like to change your email address and try again or **Please send me a new code** if you need another one.

If you can't find this email, it may be in your spam/junk email folder.

Code *

[Back](#)
[Next](#)
[Cancel](#)

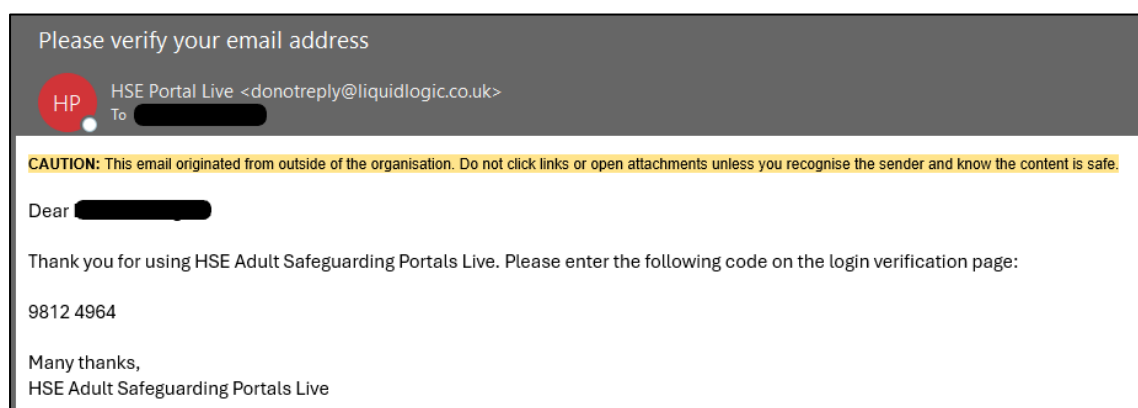
[Please send me a new code](#)

Once you have registered as a new account user, you can access your account details at the top banner under your name



Login as an Existing user

If you already have a portal account, you will not need to register every time you log in. Once your email address and password is entered, you will be sent a verification code to the registered email address. This verification code is then entered into the field provided and you will then be logged in to your account. A new verification code is sent to your registered email address every time you attempt to log in to the portal.



Having logged in, you are now on a page titled 'Select an Account to Manage'. Click on

Start a new submission

This will bring you back to the home page here:

Report a Safeguarding Concern

Public

Professional

HSE and HSE Funded Services

Professionals submitting a concern i.e. Gardaí, HSCP, Legal, Financial

(Organisations Required to submit Preliminary Screening Form under the 2014 policy)

If you are a **professional** in the community making a referral about a client, then you need to select **‘Professional’** pathway. This replicates the old community referral process to the Safeguarding and Protection Teams.

If you are a **Service who would have historically submitted a PSF1 for any referrals** when making a referral about a client, then you need to select **‘HSE and HSE Funded Services’** pathway (this is because, by submitting a referral via this pathway, your Safeguarding and Protection Team social work contact can use the Delegation process when handling PSF3 and Formal Safeguarding plans). If you choose this pathway, you will need to consult the Services manual for completing the forms in the Adult Safeguarding Portal.

Having clicked on the pathway you want, the next screen will display the below table. You will need to click on the ‘CHO Area’ tile for the CHO area you wish to submit the referral to. This is based on the home address of the client.

Donegal, Sligo, Leitrim, Cavan and Monaghan CHO Area 1	Galway, Mayo and Roscommon CHO Area 2	Limerick, Clare and North Tipperary CHO Area 3
Kerry and Cork CHO Area 4	South Tipperary, Carlow, Kilkenny, Waterford and Wexford CHO Area 5	Wicklow and Dublin South East CHO Area 6
Kildare, West Wicklow, Dublin West, Dublin South City and Dublin South West CHO Area 7	Laois, Offaly, Longford, Westmeath, Meath and Louth CHO Area 8	Dublin North, Dublin North Central and Dublin North East CHO Area 9

Having clicked on one of the ‘CHO Area’ tiles, you will then be presented with a page titled ‘How does this tool work?’. Click on **Next →** to continue to ‘2. Your Details’

2. Your Details

This page, ‘Your Details’ will display your account details and a couple of other fields to enter.

Below is what **Professional Pathway** looks like:

The screenshot shows the 'Your Details' page in the Professional Pathway portal. The page has a dark green header with the 'HE' logo on the left, 'Home' and a user profile icon on the right. Below the header is a breadcrumb trail 'Home >'. On the left side, there is a vertical list of six links: '1 How does this tool work?', '2 Your Details' (which is bolded), '3 Adult at Risk of Abuse Details', '4 Details concern', '5 Supporting Documentation', and '6 Submit Referral'. Each link has a right-pointing chevron. The main content area is titled 'Your Details' and 'Your Details (Portal User)'. It contains several input fields: 'First name' (with a blacked-out value), 'Last Name' (with a blacked-out value), 'Address' (with a blacked-out value), 'Email' (with a blacked-out value), 'Telephone' (empty), and 'Source of Contact *' (a dropdown menu). At the bottom of the form, there are two buttons: '← Previous' on the left and 'Next →' on the right.

Complete the dropdown options for “**Source of Contact**” and click on **Next →** to go to the next page.

3. Adult at Risk of Abuse Details

On this page, you start to enter the details of the client and some of their circumstances. This page includes much of the old referral form used for communicating safeguarding concerns, so what is being asked for should not be unfamiliar.

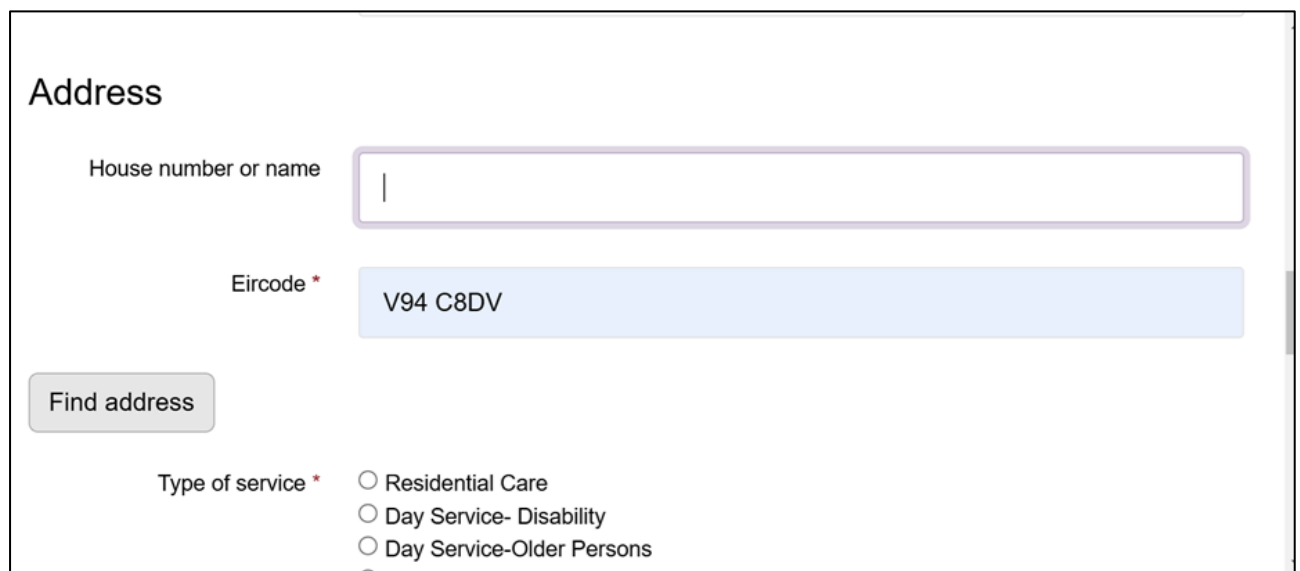
Everything with a red asterisk is mandatory and you will not be able to process to the next page without completing those sections.

For any sections that are not marked with a red asterisk - any other information you can supply as asked in the form, will be helpful to the Safeguarding and Protection Team working on the case.

You need to include either a date of birth OR an Age. Preference is for date of birth to assist the team in client identification.

We require you to input an Eircode for the client's address. If you are unsure of the Eircode, ask the client or look it up online via the Eircode finder or similar tool.

When you have inputted the Eircode you will need to click "**Find Address**".



Address

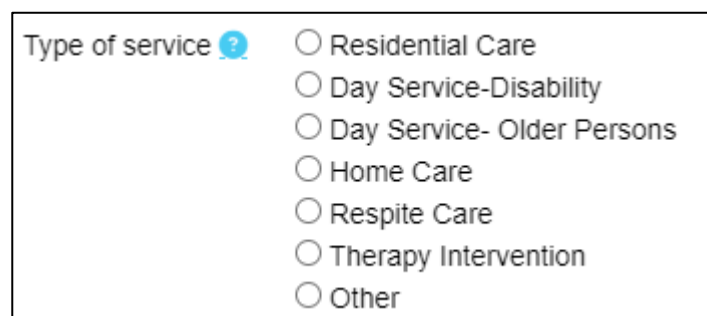
House number or name


Eircode *

Type of service * ☐ Residential Care
☐ Day Service- Disability
☐ Day Service-Older Persons

If the Eircode field does not auto populate, it may mean that there are multiple addresses linked to the Eircode i.e. offices or apartments. If this is the case, click on "**Select Address**", this will give you a drop down of the address, click on the correct address.

When inputting information about the 'Type of service', depending on the type, you may be asked for more information.

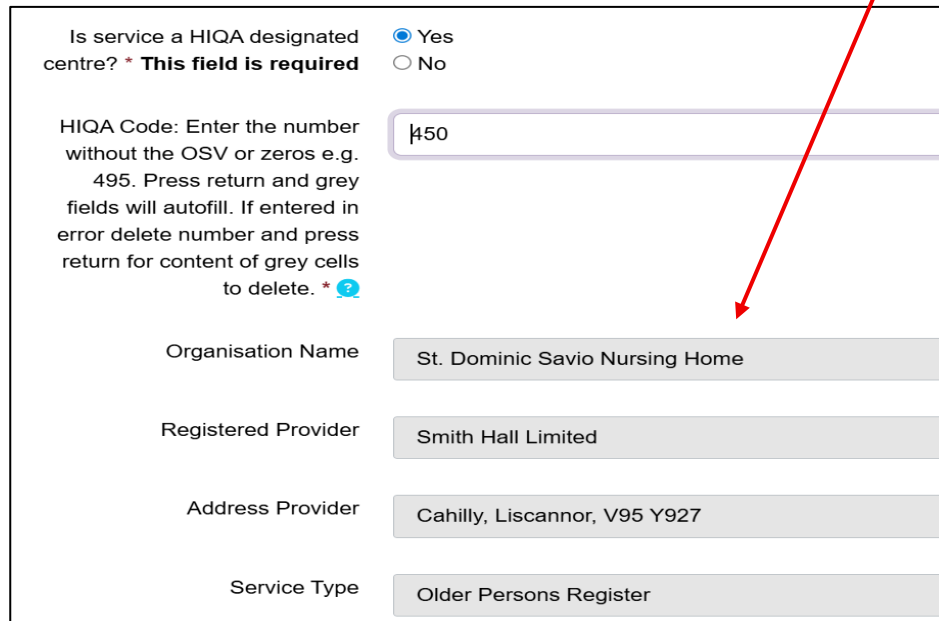


Type of service 

☐ Residential Care
☐ Day Service-Disability
☐ Day Service- Older Persons
☐ Home Care
☐ Respite Care
☐ Therapy Intervention
☐ Other

3.1 If you select 'Residential Care' under the Type of Service:

- A question opens up to ask 'Is service a HIQA designated centre?' If the response is "Yes" another question field will open to allow you to input the HIQA code.
- 'Enter HIQA Code' in the box provided. **Note: there is no requirement to input the OSV-0000 section the number will suffice** e.g. 495, 100 etc.- **press return and the greyed-out following fields will auto-populate the service name provider, register etc.**



Is service a HIQA designated centre? * **This field is required** ☒ Yes ☐ No

HIQA Code: Enter the number without the OSV or zeros e.g. 495. Press return and grey fields will autofill. If entered in error delete number and press return for content of grey cells to delete. * ?

HIQA Code: 450

Organisation Name: St. Dominic Savio Nursing Home

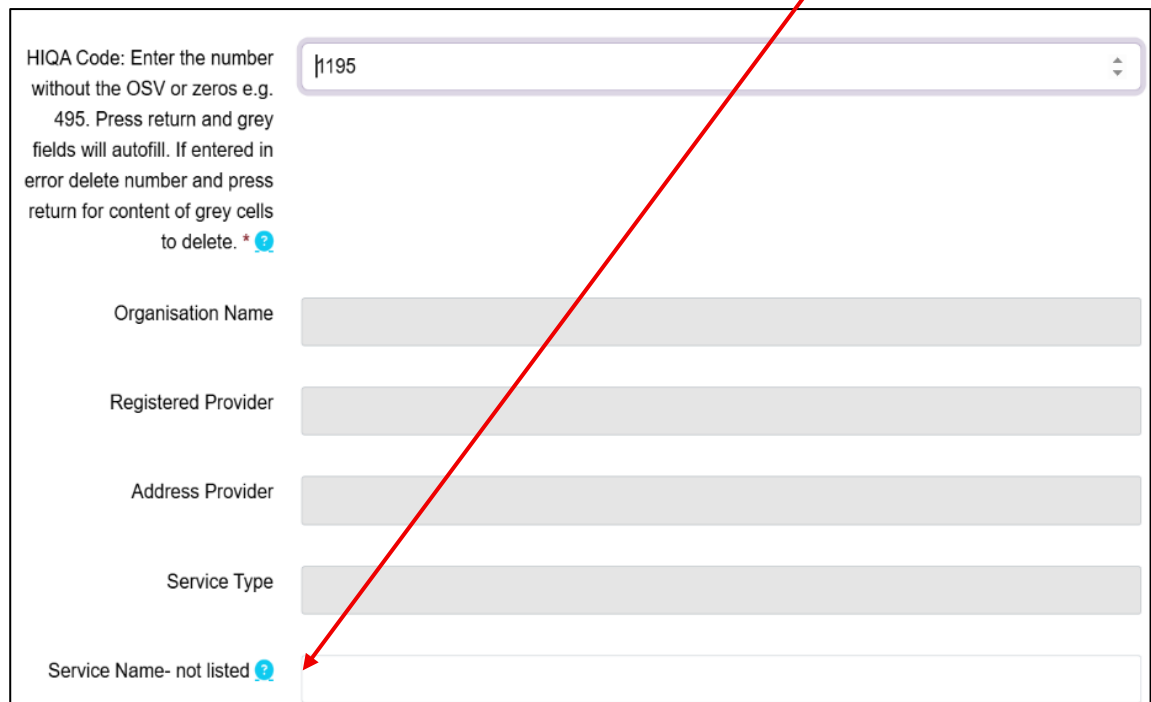
Registered Provider: Smith Hall Limited

Address Provider: Cahilly, Liscannor, V95 Y927

Service Type: Older Persons Register

A red arrow points from the text in the list above to the HIQA Code input field.

- If no match is found on the OSV, a field will appear requesting the Service Name to be recorded. i.e. "service name not listed" (this could potentially happen when there is a new service, and the listing in the system has yet to be updated).



HIQA Code: Enter the number without the OSV or zeros e.g. 495. Press return and grey fields will autofill. If entered in error delete number and press return for content of grey cells to delete. * ?

HIQA Code: 1195

Organisation Name: [Greyed out]

Registered Provider: [Greyed out]

Address Provider: [Greyed out]

Service Type: [Greyed out]

Service Name- not listed ?

A red arrow points from the text in the list above to the 'Service Name- not listed' field.

3.2 If you select 'Day Service- Disability':

- A question opens to enter the Day Service ID.
- Enter the ID and **press return and the greyed-out following fields will auto-populate the service name provider, register etc.** This is a mandatory field. If you don't know your ID, consult within your organisation or follow the link for information on the HSE website [here](https://www.hse.ie/eng/services/list/4/disability/newdirections/adult-disability-day-service-locations.html) (<https://www.hse.ie/eng/services/list/4/disability/newdirections/adult-disability-day-service-locations.html>)
- If no match is found, a field will appear requesting the Service Name to be recorded. i.e. "Service Name - not listed" (this could potentially happen when there is a new service, and the listing in the system has yet to be updated).

The screenshot shows a form titled 'Type of service * This field is required'. It contains a list of service types with radio buttons: Residential Care, Day Service- Disability (selected), Day Service-Older Persons, Home Care, Respite Care, Therapy Intervention, and Other. Below this is a text input field for 'Day Service-Disability ID *'. Underneath are three greyed-out text input fields: 'Name of Disability Day Service', 'Disability Day Service- Registered Provider', and 'Service Name- not listed'. A red arrow points from the text in the third list item of the previous block to the 'Service Name- not listed' field.

3.3 If you select 'Day Service-Older Persons':

- A new box called 'Name Day Service-Older Persons' will be displayed, please complete this field as it is mandatory
- Please also include Eircode for the service under 'Insert Eircode of Day Service-Older Persons' (if you know it)

Type of service * This field is required	<input type="radio"/> Residential Care <input type="radio"/> Day Service- Disability <input checked="" type="radio"/> Day Service-Older Persons <input type="radio"/> Home Care <input type="radio"/> Respite Care <input type="radio"/> Therapy Intervention <input type="radio"/> Other
Name Day Service-Older Persons *	<input type="text"/>
Insert Eircode of Day Service-Older Persons	<input type="text"/>
Service Name- not listed ?	<input type="text"/>

3.4 If you select 'Home Care':

- A "Service Name – not listed" box will open to allow you to enter the details of the service

Type of service * This field is required	<input type="radio"/> Residential Care <input type="radio"/> Day Service- Disability <input type="radio"/> Day Service-Older Persons <input checked="" type="radio"/> Home Care <input type="radio"/> Respite Care <input type="radio"/> Therapy Intervention <input type="radio"/> Other
Service Name- not listed ?	<input type="text"/>

3.5 If you select 'Respite Care':

- A question opens up to ask 'Is service a HIQA designated centre?' If the response is "Yes" another question field will open to allow you to input the HIQA code.
- 'Enter HIQA Code' in the box provided. **Note: there is no requirement to input the OSV-0000 section the number will suffice** e.g. 495, 100 etc.- **press return and the greyed-out following fields will auto-populate the service name provider, register etc.**

Type of service * **This field is required**

- ☐ Residential Care
- ☐ Day Service- Disability
- ☐ Day Service-Older Persons
- ☐ Home Care
- ☒ Respite Care
- ☐ Therapy Intervention
- ☐ Other

Is service a HIQA designated centre? * **This field is required**

- ☒ Yes
- ☐ No

HIQA Code: Enter the number without the OSV or zeros e.g. 495. Press return and grey fields will autofill. If entered in error delete number and press return for content of grey cells to delete. * ?

- If no match is found on the OSV, a field will appear requesting the Service Name to be recorded. i.e. “service name not listed” (this could potentially happen when there is a new service, and the listing in the system has yet to be updated).

HIQA Code: Enter the number without the OSV or zeros e.g. 495. Press return and grey fields will autofill. If entered in error delete number and press return for content of grey cells to delete. * ?

1195

Organisation Name

Registered Provider

Address Provider

Service Type

Service Name- not listed ?

3.6 If you select 'Therapy Intervention':

- A "Service Name – not listed" box will open to allow you to enter the details of the service

Type of service * **This field is required**

☐ Residential Care
☐ Day Service- Disability
☐ Day Service-Older Persons
☐ Home Care
☐ Respite Care
☒ Therapy Intervention
☐ Other

Service Name- not listed ?

3.7 If you select 'Other':

- A box will open to allow you to specify the details of the service category. This is a mandatory field and must be completed
- A "Service Name – not listed" box will also appear to allow you to enter the details

Type of service * **This field is required**

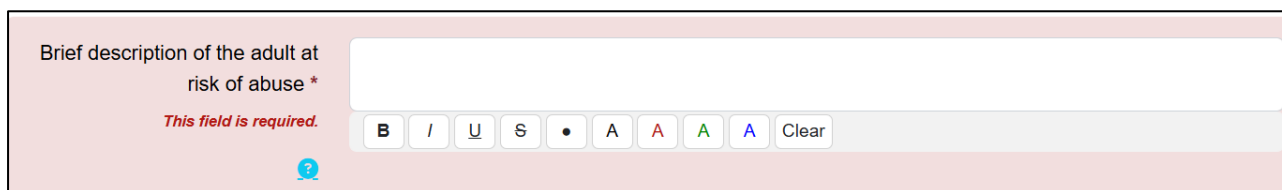
☐ Residential Care
☐ Day Service- Disability
☐ Day Service-Older Persons
☐ Home Care
☐ Respite Care
☐ Therapy Intervention
☒ Other

If other, please specify *

B / U S • A A A A Clear

Service Name- not listed ?

Once you have entered all the service details, you will be asked for a '**Brief description of the adult at risk of abuse**' in the next comment box. This is a mandatory field and must be completed.



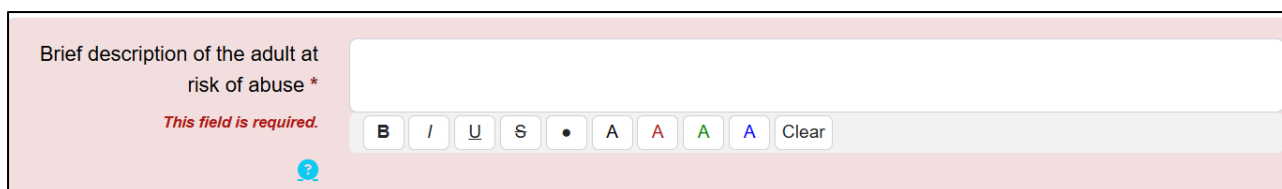
When you have completed the form as much as you can, click on [Next →](#)

4. Details concern

On this page, you enter the details of the concern. Again, this page includes much of the old referral form used for communicating safeguarding concerns, so what is being asked for should not be unfamiliar.

Everything with a red asterisk is mandatory and you will not be able to progress to the next page without completing those sections. If you do not know the answer to a mandatory question, include why you do not know.

Free text fields now have a new editing and formatting feature allowing you to highlight words/sentences in bold, italic, underline and different colour fonts.



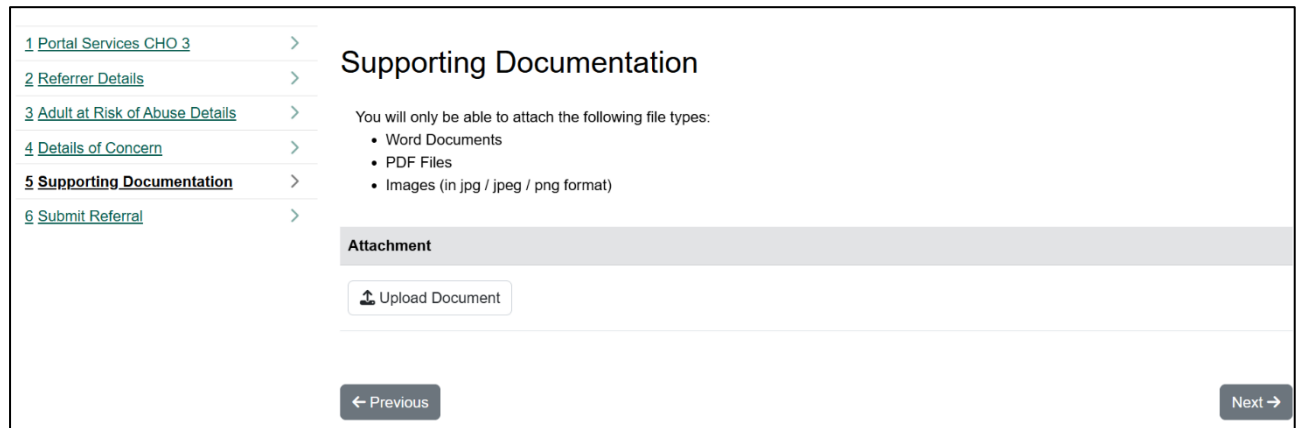
For any sections that are not marked with a red asterisk - any other information you can supply as asked in the form, will be helpful to the Safeguarding and Protection Team working on the case.

When you have completed the form as much as you can, click on [Next →](#)

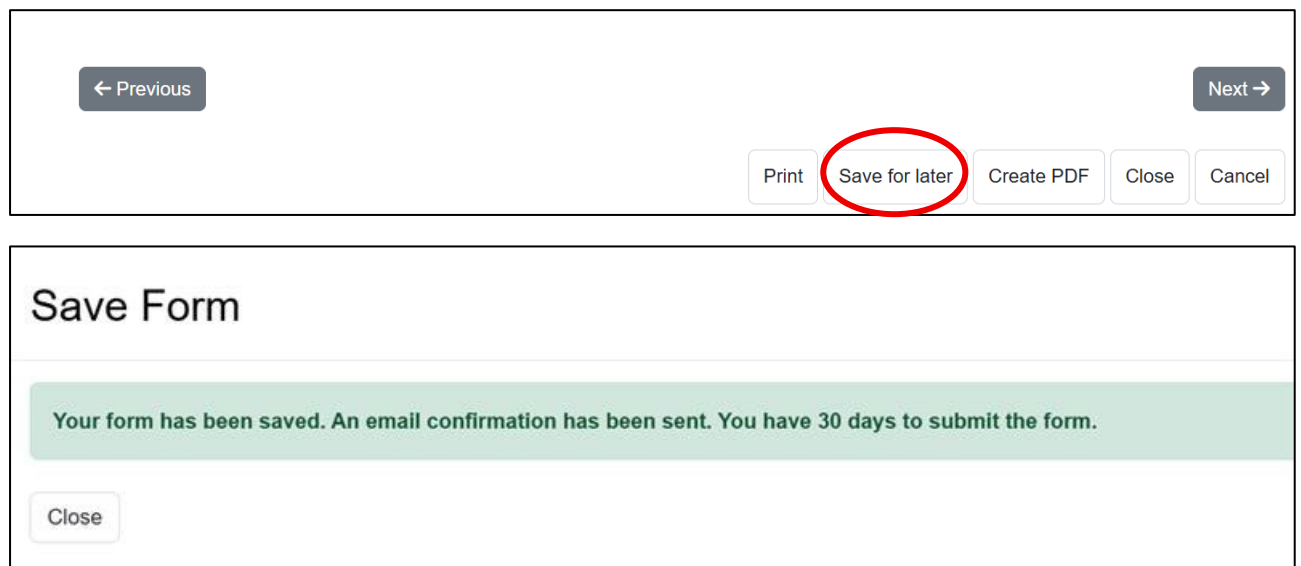
5. Supporting Documentation

On this page, you can upload any MS Word, PDF Files or Images that you wish to submit as part of the referral.

If you do not wish to attach anything or when you have finished uploading documents, click on [Next →](#)



If at any stage of the submission process, you wish to save your referral for completion at a later stage, you can click on the **“Save for later”** tile at the bottom of the page. The document will remain saved for 30 days.

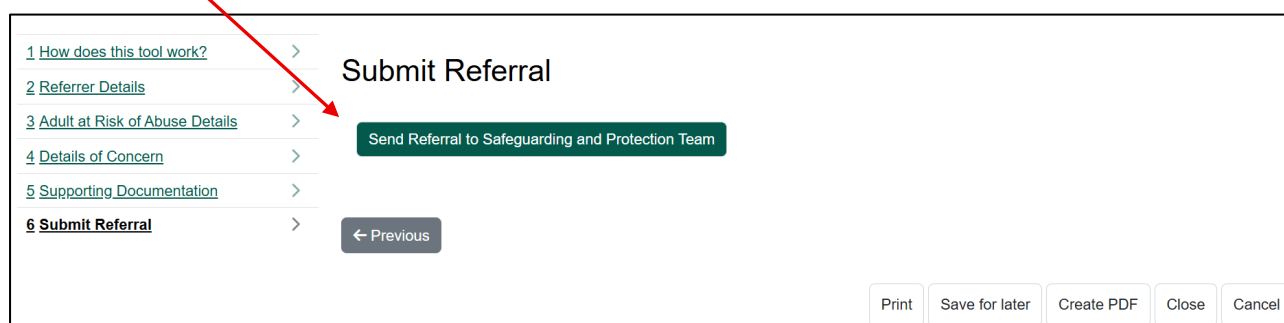


Saved forms can be found in the **“My Saved Forms”** section of the heading banner at the top of the page.

6. Submit Referral

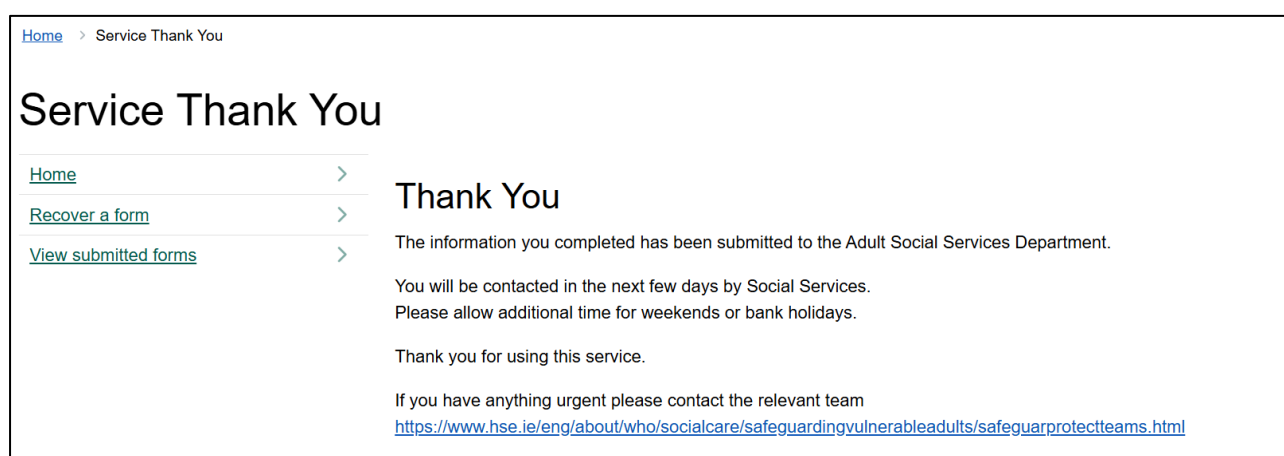
On this page, you can now submit your referral if everything has been completed. At this point, if you want to review what you have entered on the form, you can click on **← Previous** to go to previous pages, and you can click on **Next →** to go back to the Submit Referral page.

When you are ready to submit the referral, click on **“Send Referral to Safeguarding and Protection Team”** tile.



The screenshot shows a sidebar with six steps: 1 How does this tool work?, 2 Referrer Details, 3 Adult at Risk of Abuse Details, 4 Details of Concern, 5 Supporting Documentation, and 6 Submit Referral. The main content area is titled 'Submit Referral' and contains a large green button labeled 'Send Referral to Safeguarding and Protection Team' and a smaller grey button labeled '← Previous'. At the bottom right are buttons for 'Print', 'Save for later', 'Create PDF', 'Close', and 'Cancel'.

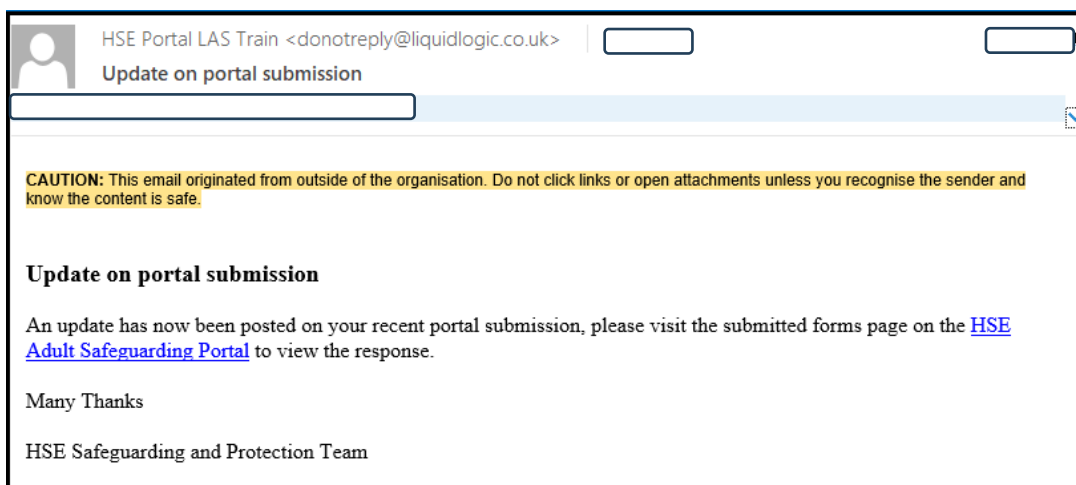
Once you have submitted your referral, you will see the below thank you message.



The screenshot shows a 'Service Thank You' page. The breadcrumb trail is 'Home > Service Thank You'. The main heading is 'Service Thank You'. On the left is a sidebar with links: 'Home', 'Recover a form', and 'View submitted forms'. The main content area is titled 'Thank You' and contains the following text: 'The information you completed has been submitted to the Adult Social Services Department. You will be contacted in the next few days by Social Services. Please allow additional time for weekends or bank holidays. Thank you for using this service. If you have anything urgent please contact the relevant team'. At the bottom is a URL: <https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/safeguarprotectteams.html>

7. After you submit the referral...

The referral will go into the Online System for Adult Safeguarding and a member of the safeguarding team will pick it up and begin to process it. As part of that procedure, the team member will send a message to you acknowledging receipt of the referral. You will receive an email similar to the following.



If you log into the Portal (if you are not already logged in, you can click on **Account** which brings you to the login page).

Once you have logged in, under your name on the top right, there is a menu, under which is a menu item **My Submitted Forms**. Click on this and view the referral you have submitted from the list, such as below example:

Recently Submitted Forms (Last 90 Days)							
Details	Name	Date	Response	Response Date	Sent By	Unique Reference	Version
Portal Professional CHO			Response: Received and Under Review				1

Under 'Response' is the acknowledgement message.

Once you have submitted a referral, the form will be available for viewing for 90 days. You can find it again under **My Submitted Forms** at the top right of the page in menu under your name (when you are logged in). If you wish, you can download the form as a PDF to save or print to your client's records or care plan file.

8. Request for further information

On occasion, the safeguarding team may need to send a referral form back to you for more information. If this occurs, the form will be sent back to your portal account. You will receive an email notification that a form has been returned to you for action. It will display [here](#) in the **Submitted Forms** section of your portal account.

The screenshot shows the 'Submitted Forms' page. At the top, there's a header with the 'HE' logo and a 'Home' link. Below the header, the page title 'Submitted Forms' is displayed. The main content area contains two tables. The first table, 'Forms requesting more information', has columns: Form, Name, Date Requested, Detail, Comments, and Unique Reference. It shows one form: 'Portal Services CHO 1' by 'LAS Admin CHO1 Administrator' dated '05 Nov 2024' with the detail 'Insufficient Detail' and comment 'provide x y z'. The second table, 'Recently Submitted Forms (Last 90 Days)', has columns: Details, Name, Date, Response, Response Date, Sent By, Unique Reference, and Version. It shows two forms: one by 'Tom Hanks' dated '04 Nov 2024' with 'No response posted', and another by 'Meryl Streep' dated '04 Nov 2024' with 'Response: Received and Under Review' and a response date of '05 Nov 2024'.

Form	Name	Date Requested	Detail	Comments	Unique Reference
Portal Services CHO 1	LAS Admin CHO1 Administrator	05 Nov 2024	Insufficient Detail	provide x y z	LL-TA-DCZQ-O2Y4N2

Details	Name	Date	Response	Response Date	Sent By	Unique Reference	Version
Portal Services CHO 1	Tom Hanks	04 Nov 2024	No response posted			LL-TA-DCZQ-O2Y4N2	1
Portal Services CHO 1	Meryl Streep	04 Nov 2024	Response: Received and Under Review	05 Nov 2024	LAS Admin CHO1 Administrator	LL-YR-ZQ89-H13EK3	1

Make a note of the information that is being requested under the “**Detail**” header. Click on the [blue writing](#) under the “**Form**” header on the left. This will bring you back into the referral, where you can navigate to the part of the form where more information is required. Once you have completed, continue to process the form and submit (outlined in Step 6. Above)

This form will then move to the Recently Submitted Forms section of the page and will now be a new version of the form, superseding the previous version, as below.

Recently Submitted Forms (Last 90 Days)							
Details	Name	Date	Response	Response Date	Sent By	Unique Reference	Version
Portal Services CHO 1	Judi Dench	05 Nov 2024	Response: Received and Under Review	05 Nov 2024	LAS Admin CHO1 Administrator	LL-FP-BTUU-ZCKGBG	1

Portal Services CHO 1 (Superseded by version 2)	Judi Dench	04 Nov 2024	No response posted			LL-1R-GDHN-3651AO	1
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