VERSION 1.0

HE **ADULT SAFEGUARDING PRACTICE GUIDANCE**

PRELIMINARY SCREENING

The National Safeguarding Office safeguarding.socialcare@hse.ie

PRELIMINARY SCREENING

This guidance is for Designated Officers, Service Managers and others nominated to undertake preliminary screenings. It should be read in conjunction with the guidance document <u>Responding</u> to <u>Concerns of Abuse</u> which addresses seeking consent.

PRELIMINARY SCREENING

A safeguarding preliminary screening involves consideration of readily available information for the purposes of establishing if an abusive act could have occurred and if there are reasonable grounds for concern.

The objectives of a preliminary screening is to determine an outcome and ensure that any immediate safeguarding measures in relation to the adult at risk of abuse are taken.

While there is a standardised preliminary screening form, it is important to recognise that preliminary screening is a process of assessment requiring analysis of information gathered and the application of knowledge, judgement and skill to inform decision making relating to outcomes and any subsequent safeguarding planning.

The preliminary screening is required to be completed and the information recording requirements met within 3 working days of the concern being raised/or incident occurring and submitted to the Safeguarding and Protection Team.

The preliminary screening also addresses the current and any potential future risks for the adult. Depending on the outcome of the preliminary screening a safeguarding plan is developed in partnership with the service user.

DESIGNATED OFFICER

A Designated Officer refers to a nominated staff member appointed by and within a service (HSE and HSE funded) with responsibility to manage the intra and or inter agency safeguarding procedure and processes, including co-ordinating assessments.

Once a concern of abuse has been raised the designated officer / nominated other has three days in which to complete and submit a preliminary screening. This record of your preliminary screening is then reviewed by the Safeguarding and Protection Team in your area who will agree your outcome and plan or will advise you further. At any stage advice and support can be sought from your local Safeguarding and Protection Team.

In this guidance document we outline some considerations to assist you in this role.

DETAILS OF CONCERN

The Preliminary Screening requires the designated officer to detail the nature of the concern (paying close attention to any known time-frame), any assessments completed (or being completed) or any other responses carried out relevant to the safeguarding concern.

Consideration must also be given in identifying any previous safeguarding concerns known or recorded on this current issue/incident, service user and/or alleged perpetrator and to indicate same on the preliminary screening form.

If any doubt exists as to whether an incident or issue constitutes a safeguarding concern, guidance can be sought from the local Safeguarding and Protection Team or from the National Safeguarding Office. <u>The safeguarding policy</u> contains definitions, examples and indicators of abuse. The Designated Officer initially considers if it may be appropriate to consult/ notify An Garda Síochána in relation to a possible criminal act(s).

THE BRIEF DESCRIPTION OF ADULT

When considering the adult at risk of abuse, you should include how is life for them, what occupies their day? Do not restrict your description of them to a diagnosis / disability or any limitations. This can help you consider a more person-centered plan to respond to the concern. **Examples:**

Joseph is an engaged and lively member of the community here in sunshine residential care where he has been living for the last 6 years. He enjoys pop music and is a big fan of Harry Styles. He loves the outdoors and engages well with staff he is very familiar with. Joseph can be reluctant to open up/spend time with people he doesn't know well. Joseph has an intellectual disability. His communication supports are outlined below.

Clara is an 87 year old lady who joined us in St Mary's Nursing Home 6 months ago. Mary is very well connected and engaged with her family and loves to see them visit but is struggling with grief after her husband died. She enjoys activities with the other residents but can become tearful at times. Clara has arthritis and as a complication, limited mobility for which she requires significant nursing care.



PERSON-CENTERED SAFEGUARDING

Once a safeguarding concern has been raised, there is a responsibility on the service to assess and manage any risks that are subsequently identified. A person-centred approach to the safeguarding process dictates that the person is central to all parts of the process. The wishes of the adult at risk in relation to the safeguarding concern are recorded on the preliminary screening form section 3. It is important to establish if decision support or Wardship arrangements are in place that may have relevance to this concern.

Other considerations:

- Apply person-centred principles to all aspects of your practice.
- The perspective of the adult at risk of abuse and their will and preference is critical in relation to any possible recommendations or outcomes.
- Assessments should be individualised according to the needs and strengths of the individual.
- While presuming capacity, for some adults we must be aware of decision support mechanisms when there may be decision-making capacity concerns.
- Be alert to non-verbal indicators and signs of fear and/or change in behavior. An adult could be in emotional or physical distress and unable to verbalise this.
- Safeguarding plans tailored in partnership with the service user should address the needs and desired outcomes of both service user and the service (safety).

PERSON ALLEGEDLY CAUSING CONCERN

In relation to a person who may be identified as allegedly causing concern a number of questions may arise:

- Why would services collect and or hold information on a person allegedly causing concern?
- Should a person allegedly causing concern be informed that they have been named as such in a safeguarding concern?
- Should we engage with the person allegedly causing concern as part of a preliminary screening process or in developing a safeguarding plan?

EU General Data Protection Regulation (GDPR) recital 4 states that "the right to the protection of personal data is not an absolute right; it must be considered in relation to its function in society and be balanced against other fundamental rights, in accordance with the principle of proportionality". The preliminary screening process requires you to consider the person allegedly causing concern and what this might mean for your consideration of any risk. Consider the relationship/circumstance between the adult and the person allegedly causing concern and possible implications this may have for the plan to safeguard the person. As with all personal data, you should consider whether it is necessary and proportionate to hold information on a person of concern in order to protect the vulnerable adult. The protection of the vulnerable adult is the core objective and all personal data processed should be considered in the context of this objective.

On the preliminary screening form, a name is not sought and instead an anonymous identifier is used. On occasion the identity of this person may be requested by the Safeguarding and Protection Team. The designated officer should establish if the person allegedly causing concern has been named in a previous preliminary screening. There may be a pattern or additional risks to consider.

PERSON ALLEGEDLY CAUSING CONCERN

Under section 8.7 of the <u>Safeguarding policy (2014)</u> relating to anonymous and historical complaints it states: "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". This point within the policy warrants some clarification as the policy pre dates the GDPR and Data Protection Act 2018 which addresses some exceptions. Due to applicable exceptions, in some circumstances, services may not be obliged to inform persons of concern that their data is being processed. While services can adopt general guidelines, decisions must be made on a case by case basis. Each circumstance must be considered based on its own specific and individual facts.

A decision to engage with a person allegedly causing concern in the process of preliminary screening or safeguarding planning should consider the vulnerable adult's wishes, as well as if doing so could place the vulnerable adult in a position of greater risk. The rights of the person at risk, a person allegedly causing concern and the person reporting the risk may need to be balanced.

PRELIMINARY SCREENING OUTCOMES

The Designated Officer will consider all of the information gathered to establish if there are reasonable grounds for concern – that is if an abusive act could have occurred. The outcome of the preliminary screening must be notified to the Safeguarding and Protection Team within 3 working days and actions after this point must be agreed with the Safeguarding and Protection Team

NO GROUNDS FOR REASONABLE Concern / No grounds for further investigation	REASONABLE GROUNDS FOR CONCERN Exist	ADDITIONAL INFORMATION Required
This outcome should be arrived at in circumstances where the information available indicates that the concern reported is not a safeguarding issue or that the assessment can conclude on the balance of probability a safeguarding incident did not occur. This outcome could be decided upon for example where it is concluded that; • the person allegedly causing concern could not possibly have caused the concern • there is an admission that the incident as reported did not occur • there is another reasonable explanation for the concern • the matter has been classified as solely a care planning issue and would not reasonably be considered a form of abuse as defined by the policy In circumstances where "No grounds for reasonable concern" is concluded, the Designated Officer will need to consider if there is any other issue which may need to be addressed. For example any lessons learned to share and any actions or change required.	This outcome should be arrived at in circumstances where the information available indicates that the concern raised is a safeguarding concern or when the assessment carried out leads to the conclusion that 'No grounds for reasonable concern conclusion' cannot be concluded. This outcome could be reached for example where it is concluded that either there is; • a first-hand account of an incident independent corroboration of a concern • an admission by the person allegedly causing concern • physical evidence available, • or no other apparent reasonable explanation.	This temporary outcome should only be considered in circumstances where either 'reasonable grounds for concerns' or 'no grounds for concern' cannot be determined without further information. This may occur for example in circumstances where staff, service users or third parties have not been available to give information within the time-frame within which the Preliminary Screening needs to be completed (i.e.: three days). Where "additional information required" is determined, the Designated Officer will be required to develop an interim safeguarding plan for the adult at risk of abuse and to detail how they plan to get the additional information needed. The Designated Officer will also be required to update this status to 'reasonable grounds for concern' as soon as possible. This should occur no later than when the final Safeguarding Plan is completed (three week timeframe).

GOOD PRACTICE IN PRELIMINARY SCREENING

- Safeguarding interventions should not be unduly delayed pending the outcome of preliminary screening or any other assessments
- Seek support from line manager when challenges arise that prevent or delay your preliminary screening. For example; family members/ carers not cooperating with your preliminary screening or preventing access to the adult.
- Utilise any multi- disciplinary supports and seek information, assistance/ advice of other professionals in particular those involved in the care of the service user i.e. GP, Physio, HCA etc.
- The appropriate involvement of a range of key professionals in any assessment (nursing, social work, speech therapy and clinical psychology, etc.) may be warranted, depending on individual circumstances. Review service user record, discuss with coworkers or MDT involved with the adult.
- Designated Officers should be open to challenge and alternative viewpoints/opinions especially regarding any initial hypothesis.
- Sufficient time must be allowed to undertake a preliminary screening effectively incorporating principles of person-centred practice.
- Designated Officers are recommended to undertake the NSO training provided to support them in their role

GUIDANCE ON YOUR DISCUSSIONS WITH ADULT AT RISK OF ABUSE

As part of the safeguarding planning process there will be a need to consult with the adult at risk of abuse. If there is an investigation element to the safeguarding plan (e.g. <u>Trust in Care</u>) there may also be interviews with the adult.

GENERAL GUIDANCE ON DISCUSSIONS WITH ADULT AT RISK OF ABUSE

- Meet in a location that the individual feels at ease in
- Ensure the environment is accessible for the individual (e.g. wheelchair accessible)
- Identify yourself to the individual, your role and the purpose of the discussion. This will include seeking consent.
- Explain to the individual the level of confidentiality that will apply to the discussion and who you may have to discuss the details with
- Ensure the individual has all appropriate communication aids and/or advocate/support person available to them. (see below for further advice)
- Explain the individual's rights throughout the process
- Explain to the individual you will be taking notes which will be kept confidential with their records.
- Use open style questioning i.e. Who, What, Where, When and How. Keep your language simple and appropriate
- Allow the person ample time to answer questions
- If the individual has a support person with them ensure you address the individual directly
- Any inconsistencies need to be explored in a non-leading manner. You can seek clarifications
- Acknowledge that sensitive material may be discussed and consider any further supports that can be offered
- See practice guidance on <u>Responding to Concerns of Abuse</u> for further advice on communicating with an adult making a disclosure.

GENERAL GUIDANCE ON INTERVIEWING

In addition to the points above, there may be additional considerations in planning a more formal interview. Any plan for a formal interview should be discussed and agreed with relevant others. This may include for example your line manager, the multidisciplinary team/other professionals, HR (trust in care) or the Safeguarding and Protection Team.

If the concern may be criminal in nature it is crucial that there is liaison with An Garda Síochána prior to any assessment or interview. (See practice guidance on <u>Liaison with An Garda Síochána</u>)

ARRANGING MEDICAL EXAMINATION OR SPECIALIST INTERVIEWERS

There will be some concerns for the health and well-being of an adult at risk of abuse where a the a medical examination is warranted and service manager should organise this.

Where the concern may be criminal in nature, be cautious not to disturb any possible medical and or forensic evidence. Any medical examinations should only be arranged in collaboration with An Garda Síochána and specialist services for example sexual assault treatment units.

Please review the 'preserving physical evidence' section of the **Responding to Concerns of Abuse** guidance document for further information.

ASSISTING ADULTS WHO HAVE COMMUNICATION DIFFICULTIES

Prior to consulting with or interviewing an individual the interviewer needs to establish if the person has any communication needs. Every effort should be made to offer support to the person to enable them to communicate effectively in a manner which suits their needs. The interviewer must allow for sufficient time and breaks to support the person.

A person may require for example:

- The meeting to be arranged at a time that best suits their communication
- Easy to read materials to explain the process and the individual's rights
- Assistive technology
- Communication aids
- An interpreter
- An advocate / support person