Safeguarding Vulnerable Persons Protection Policy

1. Introduction/Policy Statement

All persons have a fundamental right to dignity and respect. Basic human rights, including rights to participation in society, are enshrined in the Constitution and the laws of the State.

*Safeguarding Vulnerable Persons at Risk of Abuse* defines a Vulnerable Person as in an adult who may be restricted in capacity to guard himself / herself against harm or exploitation or to report such harm or exploitation. The restriction of capacity may arise as a result of physical or intellectual impairment vulnerability to abuse is influenced by both context (e.g. social or personal circumstances) and individual circumstances. HDAI is committed to promoting the rights of vulnerable adults including their participation in matters that impact them.

Huntington’s Disease Association of Ireland (HDAI) has a no tolerance approach to any form of abuse or harm towards vulnerable adults and is committed to the safeguarding of vulnerable persons from abuse. It acknowledges that all adults have the right to be safe and to live a life free from abuse. All persons are entitled to this right, regardless of their circumstances. HDAI has a responsibility to ensure that all service users are treated with dignity and respect, have their welfare promoted and receive support in an environment in which every effort is made to promote welfare and to prevent abuse. In achieving this aim, HDAI is committed to ensuring that there are policies, procedures and guidance for staff and service users that prevent any infringement of these rights.

HDAI is primarily an information and support service. HDAI does not provide direct care services however staff and volunteers must consider the welfare of all adults impacted by Huntington’s Disease to be of paramount importance. HDAI acknowledges that a service user may be experiencing harm or abuse at home, in the community, or in some other service. HDAI will support employees/volunteers to recognise when someone is experiencing harm or abuse and to report these concerns in line with this policy.
2. Purpose/Scope

The purpose of this policy is to adhere to Safeguarding Vulnerable Persons at Risk of Abuse:

1. Ensure a consistent approach to protecting vulnerable people from abuse and neglect.
2. Maintain a ‘No Tolerance’ approach to any form of abuse.
3. Promote a culture which supports the protection of vulnerable people.

3. Responsibilities of Employees/Volunteers

HDAI is committed to ensuring the safe delivery of services and therefore it is essential that:

- All employees/volunteers fully understand their roles and are familiar with and have a clear understanding of the policies and procedures of HDAI.
- All employees/volunteers report their concerns in line with the procedure outlined in this document.

Code of Behaviour

All staff/volunteers need to be familiar with and adhere to Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures.

In addition staff/volunteers are obliged to take basic precautions to ensure they protect themselves and others from the possibility of allegations of abuse. All staff should:

- Maintain the highest standard of personal conduct at all times.
- Be aware of individual needs and personalities, and always avoid making any derogatory or discouraging remarks.
- Respect every individual regardless of differences based on gender, civil status, sexual orientation, age, disability, race, religion and membership of the Traveller Community.
- Realise that certain situations or friendly actions could be misinterpreted by the participant or by outsiders and could lead to allegations of sexual misconduct or impropriety.
- Avoid one-to-one situations with a vulnerable adult. Where such a situation is unavoidable, always keep a door open or ensure someone else is close by.
- Be aware of the do’s and don’ts of physical contact.
- Avoid inappropriate language and subject matter. Be aware of the behaviour and opinions of others (helpers, other volunteers/staff, parents, etc.).
- Consumption of alcohol or substance abuse is not permitted during working hours.
- If you suspect any form of abuse or if a service user discloses an incident or matter to you, you are obliged to report your concerns.
4. Procedure

4.1 What is Abuse?

*Safeguarding Vulnerable Persons at Risk of Abuse* defines abuse as “any act, or failure to act, which results in a breach of a vulnerable person’s human rights, civil liberties, physical and mental integrity, dignity or general well being, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms.”

This definition excludes self-neglect which is an inability or unwillingness to provide for oneself. *Safeguarding Vulnerable Persons at Risk of Abuse* Section 3 addresses the issue of self-neglect.

There are several forms of abuse any or all of which may be perpetrated as the result of deliberate intent, negligence or ignorance.

**Abuse may take place at any time in any setting**

- **Types of Abuse**

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

  **Sexual abuse** includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.

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

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

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

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

  **Institutional abuse** may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.
This list of possible examples should not be considered a complete list of possible indicators but used as a way of alerting staff/volunteers that abuse may be occurring.

- **Self-Neglect**
  - Self-neglect is the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently.
  - A vulnerable person’s profound inattention to health or hygiene, stemming from an inability, unwillingness, or both, to access potentially remediating services.
  - The result of an adult’s inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks.
  - The failure to provide for oneself the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain.
  - Self-neglect in vulnerable adults is a spectrum of behaviours defined as the failure to, (a) engage in self-care acts that adequately regulate independent living or, (b) to take actions to prevent conditions or situations that adversely affect the health and safety of oneself or others.

Groups that may present with self-neglecting behaviours are listed in *Safeguarding Vulnerable Persons at Risk of Abuse* Section 3 and include persons with degenerative neurocognitive disorders such as dementia or affective disorders such as depression. **As Huntington’s Disease is a degenerative neurocognitive disorder people living with HD should be considered vulnerable to self-neglect**

### 4.2 Who May Abuse

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

- Familial Abuse - Abuse of a vulnerable person by a family member.
- Professional Abuse - Misuse of power and trust by professionals and a failure to act on suspected abuse, poor care practice or neglect.
- Peer Abuse - Abuse, for example, of one adult with a disability by another adult with a disability.
- Stranger Abuse - Abuse by someone unfamiliar to the vulnerable person.

### 4.3 Concerns of Abuse

Good protection practice means that employees/volunteers know how to recognise abuse. This does not mean that they are responsible for deciding whether or not abuse has taken place—even for an expert that is a difficult decision—but they have a responsibility to be alert to behaviour by service users or workers which suggests that something is wrong. An employee/volunteer/service user may become concerned for the safety of a service user in a number or circumstances:

- An employee/volunteer may witness abuse;
- A third party informs the employee/volunteer of their concerns/suspicions regarding a service user;
• A service user discloses to a third party who informs the employee/volunteer;
• A service user discloses to an employee/volunteer that he/she is being abused;
• An employee/volunteer may overhear other people/service users discussing their concerns about a particular incident, employee/volunteer or other service user;
• An employee/volunteer becomes suspicious of unexplained injuries, behaviour or explanations that clearly lead to concerns for the well being of the service user.

4.4 Service Users Disclosing Abuse

Procedure

It is important that a service user who discloses abuse feels supported and facilitated in what, for him or her, may be a frightening and traumatic process. He or she may feel perplexed, afraid, angry, despondent and guilty. A service user who divulges abuse makes a profound act of trust and should be treated with respect, sensitivity and care.

It is important to remember and adhere to the following:

1. React calmly, as over-reacting may alarm the person and compound negative feelings
2. Listen carefully and attentively; be sure to observe carefully and take the person seriously
3. Reassure the person that he/she has taken the right action in telling
4. Do not express any opinions about the alleged abuser
5. Do not make false promises. Do not commit to keeping it a secret. See section 4.3 on Capacity and Consent
6. Do not ask the service user to repeat the story unnecessarily
7. Ask questions only for the purpose of clarity. Be supportive, but do not ask leading questions or seek intimate details beyond those volunteered by the person. Detailed investigative interviews will be carried out, if necessary by HSE staff or by a member of An Garda Siochana
8. Check with the service user that what has been heard and understood by you is accurate
9. Explain and ensure that the service user understands the procedures which may follow and ensure that you discuss with them what they would like to happen next. HDAI has an obligation to follow up with any concerns but we must respect the wishes of all service users. Please refer to Section 4.4 for guidelines on how to handle a concern.
10. Make a record of the conversation using the service user’s own words as soon as possible, in as much detail as possible.

Note: Please refer to the Adult Protection Reporting Form in Appendix 3 of this document for guidance and assistance with recording this information.

4.5 Capacity and Consent
Where concerns exist about adult protection due regard must be given to an adult’s mental capacity to make decisions or to consent as to what is happening to them. An adult may have the capacity to make these decisions or they may have diminished capacity for example, through dementia or a learning disability. In such situations, they may be less able to protect themselves, or to avoid risk situations or to understand what is happening to them. In circumstances where there is defined/documented evidence of a person’s diminished capacity. HDAI believes it has a duty of care to report abuse and therefore requires its employees/volunteers to report such concerns in line with this procedure.

In situations where the service user has the capacity to understand what is happening to them and informs a staff member/volunteer about abuse/neglect, the staff member while respecting the service users’ rights, must not agree to confidentiality and must inform the service user that they will be bringing this information to the attention of their line manager and following HDAI procedure as outlined in this policy.

HDAI acknowledges that service users, who are vulnerable, may experience barriers when it comes to reporting or disclosing abuse or neglect. Service users may be either unwilling to report abuse or co-operate with investigations due to a number of issues such as:

- A lack of capacity to report
- A fear of the abuser
- A lack of awareness of help available or how to access such help
- A lack of awareness that what they are experiencing is abuse or neglect

This can raise some ethical issues for staff/volunteers in respecting the service users’ right to self-determination and staff/volunteers exercising their duty of care to protect a person from abuse or neglect and report incidents of abuse. It may be necessary for staff/volunteers to override the wishes of the service user in order to prevent serious harm for example in cases of serious physical or sexual assault. However, the final decision whether to report the concern outside of the organisation must be made with the service user in all cases. If the service user refuses to report to the outside authorities every effort must be made to support this person and work with them to empower them to make the right decision to rectify any abuse they may be experiencing.

4.6 Adult Protection Reporting Procedure

The primary responsibility of the person who first suspects or is told of abuse is to ensure the safety of the person. The service user’s welfare and safety must be the employee/volunteer’s overriding and paramount concern.

It is not the responsibility of the employee/volunteer to prove the allegation. All concerns/suspicions should be reported using the Adult Protection Structure and Reporting Procedure as outlined below.

Any employee/volunteer who is concerned about the safety or wellbeing of a service user or receives an allegation of abuse should record their concerns/information and report the matter as soon as possible to their manager or to the person’s GP or social worker as appropriate.
The following procedure should be followed when dealing with any suspicion/allegation of abuse of an adult service user:

1. All information relating to a concern or allegation of adult abuse must be treated in the strictest confidence.
2. Where an employee/volunteer has reason to be concerned about the safety or welfare of any adult service user that they come in contact with in the course of their work, they must report it to HDAI Family Support Officer or Services Coordinator or to the person’s GP or social worker as appropriate.
3. The adult service user that is at the centre of the concern must be kept informed and be involved at all stages of the decision making process. This is very important as they are an adult and need to be consulted at every stage.
4. If the adult service user is likely to be at risk of serious or immediate harm or has just experienced significant harm, the Family Support Officer or Services Coordinator should be informed immediately that this has been discovered.
5. The incident(s) which raised the concern must be documented accurately by the employee/volunteer as soon as possible after it occurs. Only factual details should be recorded, an employee/volunteer’s feelings should not be part of this record. The employee should store the record in a private secure place.
6. The Family Support Officer and Services Coordinator will discuss the report and make a decision with the consent of the adult on whether the identified concern is reported on to the HSE/Gardai.
7. The Employee/Volunteer will be informed of the decision.
8. If the employee/volunteer is dissatisfied with a decision not to refer to the HSE, they may contact the HSE directly themselves, but must notify the Manager of their actions.
9. At any time if the Family Support Officer / Services Coordinator are unsure as to whether they should refer or not, they should seek advice/consultation with the HSE disability manager in the adults area, or the Senior Case Worker.
10. Consideration will also be given to the adult service users next of kin being notified. The Family Support Officer / Services Coordinator will provide direction on how this will be done as particular care should be taken especially if this will cause increased risk for the adult service user. Consideration will also be given to the wishes of the adult service user and their capacity to consent.
11. The Family Support Officer / Services Coordinator will liaise with the Statutory Authorities (HSE and Gardai) on behalf of HDAI on any ongoing matters related to the referral.
12. Employees and volunteers may be required to attend a case discussion or case conference if requested by the HSE.

The Family Support Officer / Services Coordinator may at any time seek advice and guidance from the Area Manager for Disability Services in the relevant HSE area of the Senior Case Worker (for Elder Abuse).

An employee/volunteer who witnesses another employee/volunteer engaging in inappropriate behaviour towards a service user should intervene or seek help to stop the
behaviour. The employee/volunteer should ensure that the service user is not in any immediate danger and receives the necessary treatment and support.

Any allegation of abuse made against an employee/volunteer will be reported to the HDAI Chairperson.

4.7 Self-neglect Reporting Procedure

Evidence of, or information provided which relates to a person with Huntington’s Disease seriously neglecting themselves must be taken seriously. Safeguarding Vulnerable Persons at Risk of Abuse Section 3 outlines Guiding Principles.

If a person with HD is not acting in his/her own interest and his/her welfare is being seriously compromised discuss your concerns with the vulnerable person and if necessary with appropriate people which may include the person’s family, the GP, social worker, public health nurse or other health professionals.

If concerns cannot be addressed directly, they should be directed to the Safeguarding and Protection Team (Vulnerable Persons).

5. Protection to Persons Reporting Abuse

An employee/volunteer is protected from a claim of defamation in reporting their concerns provided they comply with the procedure outlined within this policy. HDAI is also committed to ensuring that employees and volunteers will be protected and supported in raising adult protection concerns. (see Appendix 4)

6. Confidentiality and Record Keeping

It is essential that all information within HDAI and the information exchanged between HSE and An Garda Siochana is treated with the utmost confidentiality in order to safeguard the privacy of the service users and families concerned and to avoid prejudicing any subsequent legal proceedings.

Information should only be shared with individuals who need to know and are involved in the reporting procedure for dealing with suspicions or allegations of abuse.

THIS POLICY WAS REVIEWED AT A BOARD MEETING DATED 01/02/2016 AND SIGNED BY THE CHAIRPERSON ON BEHALF OF THE DIRECTORS
Appendix 1

The following table provides definitions, examples and indicators of abuse with which all staff members must be familiar.

<table>
<thead>
<tr>
<th>Type of Abuse: Physical</th>
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<tbody>
<tr>
<td><strong>Definition</strong></td>
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<tr>
<td><strong>Examples</strong></td>
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<tr>
<td><strong>Indicators</strong></td>
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<thead>
<tr>
<th>Type of Abuse: Sexual</th>
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<tr>
<td><strong>Definition</strong></td>
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<td><strong>Examples</strong></td>
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<td><strong>Indicators</strong></td>
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<table>
<thead>
<tr>
<th>Type of Abuse: Emotional/Psychological (including Bullying and Harassment)</th>
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<tr>
<td><strong>Definition</strong></td>
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<tr>
<td><strong>Examples</strong></td>
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<tr>
<td><strong>Indicators</strong></td>
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<tr>
<td>Type of Abuse: Financial</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td><strong>Definition</strong></td>
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<tr>
<td>Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.</td>
</tr>
<tr>
<td><strong>Examples</strong></td>
</tr>
<tr>
<td>Misusing or stealing the person’s property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the service user for financial gain, putting pressure on the service user in relation to wills property, inheritance and financial transactions.</td>
</tr>
<tr>
<td><strong>Indicators</strong></td>
</tr>
<tr>
<td>No control over personal funds or bank accounts, misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the service users internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.</td>
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<tr>
<th>Type of Abuse: Institutional</th>
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<tr>
<td><strong>Definition</strong></td>
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<tr>
<td>Institutional abuse may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.</td>
</tr>
<tr>
<td><strong>Examples</strong></td>
</tr>
<tr>
<td>Service users are treated collectively rather than as individuals. Service user’s right to privacy and choice not respected. Staff talking about the service users personal or intimate details in a manner that does not respect a person’s right to privacy.</td>
</tr>
<tr>
<td><strong>Indicators</strong></td>
</tr>
<tr>
<td>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.</td>
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<tr>
<th>Type of Abuse: Neglect</th>
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<tr>
<td><strong>Definition</strong></td>
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<tr>
<td>Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.</td>
</tr>
<tr>
<td><strong>Examples</strong></td>
</tr>
<tr>
<td>Withdrawing or not giving help that a vulnerable person needs so causing them to suffer e.g. malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance.</td>
</tr>
<tr>
<td><strong>Indicators</strong></td>
</tr>
<tr>
<td>Poor personal hygiene, dirty and dishevelled in appearance e.g. unkempt hair and nails. Poor state of clothing, non attendance at routine health appointments e.g. dental, optical, chiropody etc. socially isolated l.e. has no social relationships.</td>
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<tr>
<th>Type of Abuse: Discriminatory</th>
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<td><strong>Definition</strong></td>
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<tr>
<td>Discriminatory abuse includes ageism, racism, sexism, that based on a person’s disability, and other forms of harassment, slurs or similar treatment.</td>
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<tr>
<td><strong>Examples</strong></td>
</tr>
<tr>
<td>Shunned by individuals, family or society because of age, race or disability. Assumptions about a person’s abilities or inabilities.</td>
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<tr>
<td><strong>Indicators</strong></td>
</tr>
<tr>
<td>Isolation from family or social networks.</td>
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</tbody>
</table>
## 20.0 Assessment of Self-Neglect: Key Areas

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

Appendix 2

Role of the Designated Officer

Family Support Officer is the Designated Officer responsible for receiving adult protection concerns and is responsible for:

- Receiving adult protection concerns or allegations of abuse regarding vulnerable persons
- Liaising with the Service Coordinator regarding adult protection concerns
- Collating basic relevant information
- Ensuring that the procedure outlined in this policy are complied with
- Establishing contact with local HSE adult protection services or commissioning manager
- Ensure all reporting obligations are met (internally to the service and externally to the statutory authorities)
- Maintaining appropriate records

The HDAI Service Coordinator has a duty to ensure the safe operation of all services to adults and that the guidance and procedures outlined in this document are complied with. In addition:

- Ensure that adult protection concerns are reported in line with the Adult Protection Policy
- Ensure that employees/volunteers are aware of their responsibilities in reporting adult protection concerns
- Ensure that employees/volunteers are supervised and supported appropriately
- Support staff who raise adult protection concerns
- Inform the HDAI Chairperson of allegations against staff / volunteers.
Appendix 3

Private and Confidential Internal Adult Protection Reporting Form

In case of emergency or outside HSE office hours, contact should be made with An Garda Síochána

Please read these instructions carefully.

The Reporting Form is to be used by employees/volunteers who need to record a particular concern or incident that they have come across. This record is to be filed securely until it is passed on to the Family Support Officer who will manage the process for dealing with the concern. In the case of allegations of abuse, this information will assist in assessing the level of risk to the person or support service required. Instructions for filling out this form:

- Please fill in as much information and detail as is known to you.
- Do not record your opinions, only use facts that have been witnessed by you or disclosed to you.
- If the information requested is not known to you, please do not investigate but state ‘not known’.
- Write clearly insuring that the record can be read as this may be presented to the appropriate agencies as part of the report.
- Be sure to sign and date the form.
- Do not leave this form lying around or on a desk. File it securely until it is handed over to the Services Coordinator. If it is posted please mark it ‘strictly confidential’.

Note a separate form must be filled out for each concern being reported.
1. Record details of concern(s), allegation(s) or incident(s), dates, times, who was present, description of any observed injuries, parent’s view(s), person’s view(s) (if known): (Please use extra paper if needed)

2. Details of Complainant:
Name:_____________________________________ Date of Birth if known:____________________
Address:____________________________________________________
Next of kin:__________________________________________________
Details of Witnesses___________________________________________

3. Details of Person Recording Concerns:
Name:_____________________________________ Position ________________________
Address:_______________________________________________________________________
Telephone Number:___________________________________________
Nature and extent of contact with adult/Family___________________________________

4. In the case of a scribe filling out this form for the person named in point 4 please give details of this person:
Name:__________________________ Occupation:______________________________
Signed:________________________ Date:______________________________

5. Details of HDAI employee that this form has been passed to:
Name:________________________ Date:______________________________
Date Form Passed On:_____________
Received by Hand or Post:_____________

HDAI and the HSE aim to work in partnership. If you are making this report in confidence you should note that HDAI and the HSE cannot guarantee absolute confidentiality as:

- A Court could order that information be disclosed;
- Under the Freedom of Information Acts, 1997 and 2003, the Information Commissioner may order that information be disclosed.
Appendix 4

Defence of Qualified Privilege

The Common Law provides a defence, in particular circumstance, to individuals who make verbal or written statements of a kind, which could expose their author to a claim of defamation if such statements were made in different circumstances. The defence exists in recognition of the fact that there are circumstances in which individuals have to be able to speak freely without fear of adverse legal consequences.

Qualified privilege is a possible defence against a defamation claim where the person who makes a report of suspected abuse makes the report to an appropriate person only and does so from good motives and where it is reasonable to make the complaint in the circumstances.

In general, qualified privilege attaches to communications where the informant (employee/volunteer) has a legal, moral or social duty to communicate the information (report of abuse, neglect etc) and the recipient (HDAI) has a similar duty to receive it.