



Vulnerable Adult Safeguarding Policy

November 2025

Version 2.0

Revision History

Revision	Date of Release	Purpose
Initial Draft	December 2022	Initial Release
Version 2.0	November 2025	This version updates the policy to use plain English, making it easier for staff and volunteers to read and follow. It also reflects the recent Court of Appeal judgment (8 December 2023) on adult retrospective disclosures and the correct interpretation of mandated reporting requirements.

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Introduction

Since 1997, we have worked with LGBTQ+ people to create a safe and welcoming space for LGBTQ+ people, groups & organisations that is inclusive of the diversity within our communities.

We want to ensure that every adult who uses the centre is safe from harm, treated with dignity, and supported if a concern arises.

Outhouse operates in a culture of zero tolerance of any form of abuse.

This policy should be read in tandem with Outhouse's Child Protection and Welfare Policy, Boundaries and Confidentiality Guidance and other associated policies, protocols, and procedures.

Purpose

This policy gives clear guidance for staff and volunteers on how to recognise a concern, respond safely, record what happened, and report it. It explains what to do, when to do it, and who is responsible. We aim to keep people safe, protected, and treated with dignity and respect.

Definition of a 'Vulnerable Adult'

We do not consider that LGBTQ+ adults or adults exploring their identities are inherently vulnerable by virtue of their identity or exploring aspects of their identity. The term is used here only because it appears in national policy and laws.

The Health Service Executive (HSE) considers a vulnerable person to be an adult who may be restricted in their capacity to protect themselves against harm or exploitation, or to report such harm or exploitation. This can happen because of illness, disability, fear, coercion, confusion, social isolation, or the situation they are in. Vulnerability may be temporary or long-term.

A person may be at risk of harm, and therefore have a vulnerability if they:

- Appear confused, disoriented, or unable to explain what is happening, even temporarily.
- Depend heavily on someone who may be controlling their access to money, medication, or support.

- Display signs of fear, distress, or anxiety in response to a particular person or situation.
- Say they feel unsafe, threatened, or pressured, even if they cannot give details.
- Have difficulty communicating due to disability, illness, language barriers, or emotional distress.
- Are isolated or cut off from friends, community, or usual sources of support.
- They are afraid to report abuse because they rely on the person involved for housing, care, or companionship.
- Show sudden changes in behaviour, such as withdrawal, agitation, or reluctance to attend usual groups.
- Have visible injuries or unexplained marks, and are unable or unwilling to say how they occurred.
- Seems unusually worried about money, mentions missing belongings, or says someone is taking or “managing” their finances.

Roles and Responsibilities

All staff and volunteers

Everyone must:

- Report concerns immediately
- Ensure the person is safe
- Listen without judgement
- Record what happened in factual, simple notes
- Use the person’s own words
- Pass the information to the Designated Officer
- Not investigate or confront anyone
- Not promise secrecy

Designated Officer

The CEO is the Designated Officer. They ensure concerns are acted on, reported to the HSE, and recorded properly. If the CEO is unavailable, report to the most senior manager on duty.

The Designated Officer is responsible for:

- Receiving concerns
- Ensuring the right actions are taken
- Meeting reporting obligations
- Overseeing any necessary preliminary checks and coordinating with HSE safeguarding teams

Procedures for Responding to Concerns

Step 1: Immediate safety

- Stay calm
- Move to a quiet space if needed
- Make sure the person is safe
- Call emergency services if there is any immediate danger

Step 2: Listen and support

- Let them speak in their own words
- Do not ask leading questions
- Do not make promises
- Do not appear shocked
- Explain you may need to share the information to keep them safe

Step 3: Record

- Keep dated factual notes
- Use the person's own words
- Record who was present and what action was taken
- Include the following information in your notes:
 - The person's name and contact details (phone number, address, date of birth).
 - What happened, including what was said, what you saw, when and where it happened, who was involved, and how it has affected the person.
 - Whether the person understands what is happening and if they have someone who supports or speaks on their behalf.

- Whether the person is still at risk right now, and what you have already done to keep them safe.
- Whether you contacted emergency services and, if so, why.
- Any immediate health or support needs the person has.

Step 4: Report

All concerns must be reported to the Designated Officer **straight away**. If the Designated Officer is unavailable, report to the most senior manager on duty.

Step 5: Designated Officer actions

The Designated Officer will:

- Contact the person to ensure safety steps have been taken
- Notify the HSE local safeguarding team within **3 working days**
- Notify Tusla if the allegation is historical child abuse

Guiding Principles

- Everyone is responsible for keeping adults safe.
- We do not accept any form of abuse.
- If you are worried about someone, you must report it.
- Report concerns straight away. Do not wait.
- Make sure the person is safe right now before doing anything else.
- Put any agreed safety steps in place as soon as possible.
- People working together helps keep adults safe. Share information when it is needed for safety and allowed by data protection rules.
- Only share information with people who need it to protect the adult.
- The adult's rights, wishes, and wellbeing come first in all decisions.
- If the adult already has a health or social care professional supporting them, involve that person where appropriate.
- Always consider the person's ability to understand and make decisions. Respect their right to choose and stay in control of their own life.

Recording and retention of information

All disclosures, allegations or reported incidents of abuse should be recorded in a factual and accurate manner. Where a person makes a disclosure, the report should be written in the words that are as close as possible to the individual's own words. Volunteers and staff should be careful not to give their own interpretation of what the individual said. Staff and volunteers should not store notes on personal phones or devices.

All Outhouse records will be stored in a safe and secure location. Outhouse should be mindful of the Data Protection Act, GDPR, and the Freedom of Information Act. Access to these records will only be through the Designated Officer.

Documents cannot be amended. All new developments in the case will require additional recordings to be completed to accompany the existing documents. These documents belong to Outhouse and not to the person who made the report.

It is important for all Outhouse volunteers/ employees to be aware that when an individual makes a report to the statutory authorities, it is possible that they may be called to give evidence should legal action be taken. It is therefore important to record details of disclosure and any other relevant information that may have been heard and seen.

The following records will be created and maintained with respect to adult safeguarding:

Record	Retention Period	Requirement	Action	Designated Owner
<i>Information, data, or records</i>	<i>Period for keeping record and organisational notes.</i>	<i>Purpose of retention</i>	<i>Destroy, archive, review, etc.</i>	<i>Who</i>
Allegations/ Complaints of Abuse (regardless of outcome)	Permanent	Best Practice	Archive	Designated Officer

Confidentiality

We respect people's privacy, dignity, and confidentiality. But if someone is at risk of harm, we cannot keep information secret.

We must share information with the right people so the person can be kept safe. We only share what is necessary, and only with those who need to know.

Under data protection law, we are allowed to share information with third parties, such as the HSE, a GP, a Social Care Worker, Tusla, or the Gardaí, when it is needed to protect someone's safety or wellbeing.

When we share information in good faith to keep someone safe, this is **legal, permitted, and not a breach of data protection rules.**

Staff and volunteers should never promise total confidentiality.

Allegations against team members

If someone raises a concern about a staff member, volunteer, or Board member, Outhouse follows two processes at the same time:

- One process supports the person who raised the concern.
- The other process deals with the staff member or volunteer involved.

Both people have rights. Our job is to protect the person who may be at risk while also treating the staff member or volunteer fairly and with respect.

Who manages the process?

The Designated Officer leads the process. If the allegation is about the Designated Officer or CEO, the Chair of the Board takes over. If the allegation is about the Chair, the Deputy Chair takes over.

If the Designated Officer has any conflict of interest, this must be declared to the Chair. Another suitable person, either a Board member or an external person, may be appointed to manage the case.

Supporting both people involved

Allegations can be stressful for everyone.

We support:

- The person who raised the concern
- The staff member or volunteer who has been accused

Counselling or other supports may be offered to either person.

Even though support is provided to both sides, our **first priority is safety**.

What happens when an allegation is made

Informing the staff member or volunteer

If appropriate, the Designated Officer will privately tell the staff member or volunteer:

- That an allegation has been made
- What the allegation is about

They will be given a chance to respond.

Their response will be recorded and shared with the HSE Safeguarding and Protection Team.

Reporting and contacting authorities

The Designated Officer will:

- Assess the concern promptly
- Act in good faith based on the information available
- Contact the HSE, and if necessary Tusla or the Gardaí
- Seek legal advice if required
- Meet with the relevant statutory agencies if needed

Protecting adults during the process

Safety is the immediate priority. Depending on the level of risk, the Designated Officer may:

- Reassign the staff member or volunteer to other duties
- Limit their contact with adults at risk, young people, or the public
- Suspend them with pay while the investigation takes place

Any protective measures will be proportionate to the level of risk and will not be used to punish the staff member or volunteer.

During external investigations

Once statutory agencies (HSE, Tusla, Gardaí) are involved:

- Staff and volunteers must not investigate the matter themselves
- Staff and volunteers must not take any action that could interfere with the official investigation
- Staff and volunteers must assist the statutory agencies with their investigation
- The Designated Officer will stay in close contact with the agencies

The Designated Officer will also inform the staff member or volunteer of any updates that can be shared with them.

When the investigation ends

The Designated Officer will be informed of the investigation's outcome. Based on the outcome, the Designated Officer will decide whether any further action is needed under Outhouse's disciplinary policies. This may include deciding if the behaviour amounts to misconduct or gross misconduct, and what steps, if any, should be taken in the longer term.

Barriers to reporting abuse

Adults may find it hard to report abuse for many different reasons.

Be aware that a person might:

- Be afraid they will lose their home, support, or place in a service if they speak up.
- Not realise that what is happening to them is abuse.
- Not know who they can talk to or how to report a concern.
- Find it hard to understand what is happening or explain it clearly.

- Be frightened of the person who may be harming them.
- Feel unsure or conflicted about someone who is both supportive and harmful.
- Have difficulty communicating because of speech, language, or other communication needs.
- Worry about upsetting someone they care about.
- Feel ashamed, embarrassed, or blame themselves.

Retrospective Disclosures by Adults

Sometimes adults tell us about abuse that happened to them when they were children. These conversations can happen during support, counselling, or everyday contact in the centre. We take every disclosure seriously, and we respond with care and sensitivity.

The Court of Appeal has clarified when we *must* report these disclosures to Tusla. The key point is that a mandatory report is **not always required**. What matters is whether there is a **current risk to a child who is under 18 years old today**.

You must follow the guidance below:

When a mandatory report *is required*

We must make a report to Tusla if, based on what the adult tells us, we *know*, *believe*, or have *reasonable grounds to suspect* that:

- A child who is currently under 18 is being harmed,
- A child who is currently under 18 has been harmed, or
- A child who is currently under 18 is at risk of being harmed in the future.

This applies whether or not the child is known or identifiable.

In these cases, the Designated Officer must report to Tusla without delay.

When a mandatory report *is not required*

A mandatory report is **not required** if:

- The adult is describing abuse that happened in the past,
- **There is no information suggesting that any child under 18 is at current risk**, and
- The adult does **not** want a report to be made.

However, staff should still offer support, information, and signposting to appropriate services.

When a report can still be made with the adult's consent

Even if there is **no current child protection concern**, we can still make a report to Tusla if:

- The adult **asks us** to, or
- The adult **agrees** to the report being made.

This can support the adult's healing and may help Tusla to assess any potential concerns more fully.

When the adult may be distressed or vulnerable

Some adults may find reporting difficult and may fear the impact on their mental health or personal safety. If the adult appears particularly vulnerable or distressed:

- The staff member should talk to the Designated Officer or line manager.
- The Designated Officer may make an **informal consultation with Tusla** to get advice on how best to support the adult while still keeping any children safe.
- Support services (such as the HSE National Counselling Service) should be offered where appropriate.

If the adult says they reported the abuse before

If the adult says they already reported the abuse to Tusla or An Garda Síochána, we may still need to contact Tusla again **if**:

- The information shared raises a concern about a child who is currently under 18.

This ensures the concern has been assessed properly.

What staff must record

Staff must make a clear note of:

- What the adult said
- **Why a report is being made, or why a report is *not* being made**
- Any consultation with Tusla
- Any decision taken by the Designated Officer

These records help show that the decision was made carefully and in good faith.

When we must consider reporting to the Gardaí

Regardless of the Tusla decision, staff must also consider whether the information should be reported to An Garda Síochána under the Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Acts 2012 to 2016.

The Designated Officer will support staff in deciding this.

How we support the adult

Adults who disclose childhood abuse should always be:

- Treated with respect and care
- Given space to talk at their own pace
- Supported to understand their options
- Provided with information about support services
- Told clearly what will happen next

We never pressure an adult to report their own experience.

Recruitment, Training, and Vetting

Outhouse takes great care when bringing new staff and volunteers into the organisation. Our aim is to make sure everyone who works here is safe, suitable, and supported in their role.

Recruitment Procedures

We follow a clear and consistent process for all staff and volunteers:

- Everyone completes an application form.
- Everyone signs a declaration confirming they are suitable to work with young people and adults who may be at risk.
- All candidates are interviewed by at least two people.
- We check references for every staff member and volunteer, and we keep written references on file.
- We verify each person's identity before they start.
- Everyone receives a clear job description for their role.
- All new starters complete an induction and required training.
- Everyone has a probationary period, during which we review their performance, conduct, and suitability for the role.

Vetting

Under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, some organisations are legally required to Garda Vet people who work with children or vulnerable adults.

Outhouse has **applied to become a Garda Vetting organisation**, but the Gardaí have **refused our registration**, as our services do not meet the threshold set out by the Garda Vetting Bureau. This means that **we are not permitted to Garda Vet staff or volunteers**, despite having sought approval to do so.

Because we cannot legally carry out Garda Vetting, we put strong safeguarding measures in place through:

- Reference checks

- Identity checks
- Clear role descriptions
- Mandatory training
- Strong supervision
- Clear policies and expectations
- Regular probation reviews

Training

All staff and volunteers must complete safeguarding training during their induction. This includes:

- **Safeguarding Adults at Risk of Abuse**
- **An Introduction to Children First**

Ongoing training, refresher courses, and support are provided to help staff and volunteers understand their responsibilities and maintain safe practices. All staff and volunteers must complete this safeguarding training every three years to keep their knowledge up to date and ensure they continue to work safely.

Boundaries and Confidentiality

Outhouse is committed to creating a safe, respectful, and supportive space for everyone who uses the centre. The way staff and volunteers interact with patrons is central to this.

Instead of a separate Code of Conduct, Outhouse uses the Boundaries and Confidentiality document. This document sets out the standards of behaviour expected from all staff and volunteers. It explains:

- How to keep clear and appropriate boundaries
- How to communicate respectfully and professionally
- How to protect people's privacy and personal information
- What behaviour is acceptable and what is not

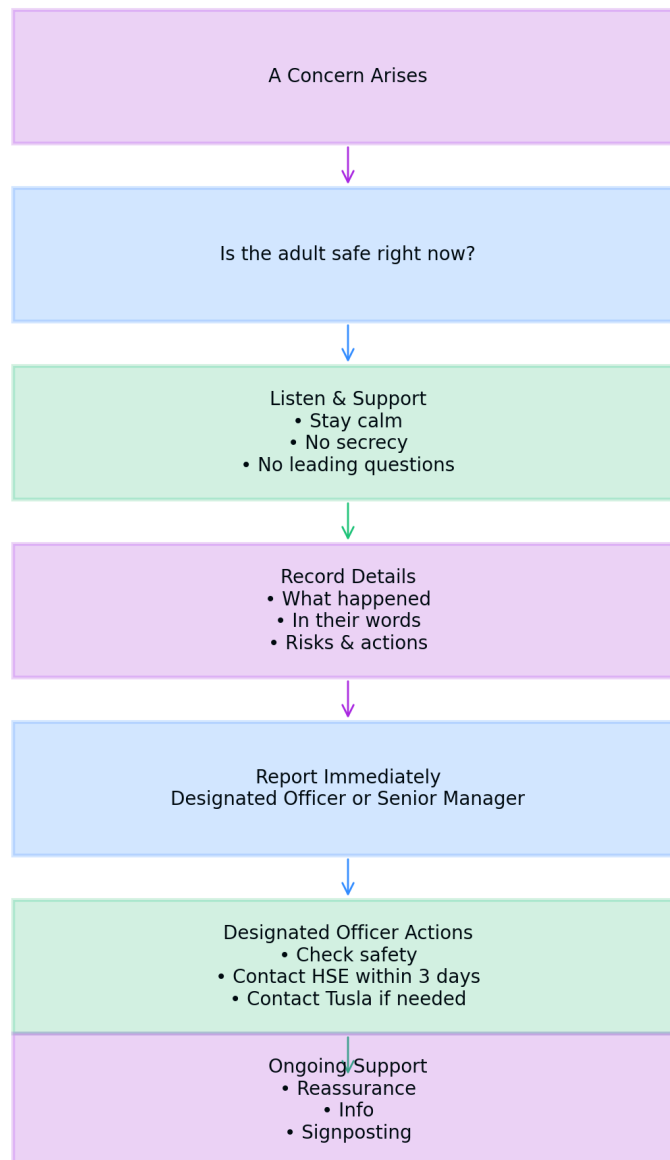
All staff and volunteers must read, understand, and follow the Boundaries and Confidentiality document. Agreeing to these guidelines is a requirement of working or volunteering with Outhouse.

Appendices

Appendix 1 - HSE Safeguarding Teams

[HSE Safeguarding Teams](#)

Appendix 2 - Flow chart of a safeguarding concern



Appendix 3 - Types of Abuse and What They Mean

Abuse can happen in many ways. It means doing something, or failing to do something, that harms a person or takes away their rights, dignity, safety, or wellbeing. Abuse can be intentional or unintentional, and it can happen in personal relationships, in services, or in community settings.

Below are the main types of abuse and what they involve:

- **Physical abuse**
Hitting, slapping, pushing, kicking, rough handling, misuse of medication, or inappropriate restraint.
- **Sexual abuse**
Any sexual activity the person has not agreed to, cannot consent to, or is pressured or forced into.
- **Psychological abuse**
Emotional harm such as threats, intimidation, bullying, humiliation, controlling behaviour, verbal abuse, isolation, or preventing someone from seeing others.
- **Financial abuse**
Taking money or belongings, fraud, exploitation, pressuring someone about their will or property, or misusing their bank account or benefits.
- **Neglect**
Not meeting a person's basic needs, such as food, warmth, medical care, or support. Failing to provide access to essential services.
- **Discriminatory abuse**
Harassment, slurs, or mistreatment because of someone's identity, such as their age, race, gender, disability, or sexual orientation.
- **Institutional abuse**
Harm caused by poor practice, unsafe routines, or lack of proper care within a service. This can include rigid rules, a lack of respect, and ignoring individual needs.

Abuse can be carried out by anyone, family members, partners, staff, volunteers, peers, or strangers, and can happen in any setting.

Appendix 4 - Note Taking Template

(For staff and volunteers)

Your Details

- **Your name:**
 - **Your role:**
 - **Date and time you are completing this form:**
-

Details of the Person at Risk

- **Name:**
 - **Phone number:**
 - **Date of Birth:**
 - **Address (if known):**
-
- **Any relevant information about their needs or communication:**
-

What Happened

(Use the person's own words where possible. Write only facts, not opinions.)

- **Date and time of the incident or disclosure:**
 - **Location:**
 - **What the person said or what you saw:**
-
- **Exact words used by the person (if spoken):**

- Who else was present:
-

Immediate Risk and Safety

- Is the person currently safe?
 - What actions did you take to keep them safe?
 - Did you contact emergency services? If yes, give details:
-

Capacity and Advocacy

- Does the person seem able to understand what is happening?
 - Do they have an advocate or support person?
-

Health or Support Needs

- Any immediate physical, emotional, or medical needs observed:
-

Details of the Alleged Abuse

(If relevant, and only what has been disclosed or observed)

- **Type of concern (e.g. physical, emotional, financial, sexual, neglect):**
 - **Who was involved (if known):**
 - **What, when, where:**
 - **Impact on the person (as described or observed):**
-

Who You Reported To

- **Designated Officer or Senior Manager notified:**
 - **Date and time reported:**
 - **Any advice or direction given to you:**
-

Additional Notes

(Anything else relevant that has not been captured above)

Signature

- **Your signature:**
- **Date:**