

**The Rehab Group  
Safeguarding Vulnerable  
Persons at Risk of Abuse Policy (IRE)**


**Applies Jurisdiction:**  Ireland

**Division:**  ALL

**Reference Number:** COR-OPS-005

**Version Number:** v3

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**Date:** January 2018

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**Title:** Director of Quality & Governance  
**Date:** January 2018  
**Signature:** 

**Effective From:** January 2018  
**Review Date:** January 2021

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# Rehab Group – *Safeguarding Vulnerable Persons at Risk of Abuse Policy*

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## 1.0 POLICY STATEMENT

The Rehab Group is committed to actively safeguarding the welfare and protection of vulnerable adults who access our services, and the staff who provide those services. The Rehab Group are further committed to upholding and promoting the human rights of all who access services. In line with best practice we have adopted the HSE policy 'Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures 2014' which promotes a 'No Tolerance' approach to any form of abuse -

([www.hse.ie/eng/staff/Resources/hrppg/va.html](http://www.hse.ie/eng/staff/Resources/hrppg/va.html)).

## 2.0 PURPOSE

The purpose of this policy is to make sure that we put practices in place to promote and uphold the rights of all people in our services and to manage any allegations of abuse. We take a **No Tolerance** approach to abuse and aim to ensure that abuse never happens in our services.

## 3.0 SCOPE

This policy applies to all staff and volunteers who work for the Rehab Group.

## 4.0 DEFINITIONS

A Vulnerable Person can be defined as an adult aged 18 or over who may, because of limitations in capacity, be unable to protect

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himself/herself against harm or exploitation and/or be unable to tell others when abuse occurs.

Abuse may be defined 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. The HSE has developed a separate policy to manage cases of self-neglect, see section 3 'Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures 2014' -

[www.hse.ie/eng/staff/Resources/hrppg/va.html](http://www.hse.ie/eng/staff/Resources/hrppg/va.html)).

### 4.01 Types of Abuse

**Physical abuse** includes hitting, slapping, pushing, kicking, and 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 forced to consent.

**Psychological abuse** includes emotional abuse, threats of harm or abandonment, isolation, 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.

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

**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.

## 4.02 Who may abuse?

Anyone can abuse a vulnerable person, but examples include:

### **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 practices, and/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.

## 5.0 PREVENTION

In order to fulfil its commitment to actively safeguarding the welfare and protection of vulnerable adults who access our services, Rehab Group fosters an environment that promotes prevention and early interventions. This is achieved through the following:

- All service users/ learners are informed of their rights, and are supported to exercise these rights.
- Rehab Group provides a well trained workforce and has a zero tolerance approach to abuse.

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- A confidentiality policy and culture, a person centred and empowerment model of delivering services.
- Safeguarding our service users/ learners is given priority and is achieved through team work, interagency cooperation and information sharing.

## 6.0 PROCEDURE

A concern regarding a vulnerable adult may come to light in a number of ways. It can be through direct observation, disclosure, reported anonymously or arise as a complaint. It can also come to light through the Rehab Group Whistleblowing Policy. Regardless of how the concern comes to light the staff member or volunteer must take immediate steps in response to this concern. *(A process map outlining these steps is included in Appendix 1 and the procedures outlined in Appendix 2).*

### 6.1 Immediate Protection

The welfare and safety of the vulnerable adult is the primary consideration. The staff member/volunteer must take immediate action to safeguard anyone at immediate risk of harm including seeking medical assistance or the assistance of An Garda Síochána, if deemed appropriate. Where there is concern that a serious criminal offence may have taken place, or may be about to be committed, contact An Garda Síochána immediately. *(Please see Appendix 3).*

**6.2** Listen, reassure and support.

**6.3** Report & record. As soon as possible on the same day report the concern to the line manager or manager on duty or Designated Officer. Make a detailed written record of what you have seen, been told or have concerns about and who you reported it to.

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**6.4** The Designated Officer must report the concern to the Safeguarding team (HSE) within three working days after the concern has been reported to them.

**6.5** If a concern relates to a designated centre the manager must report it to HIQA in writing within three working days (form NF06).

**6.6** If a concern arises in relation to children the Designated Officer must notify Tusla immediately.

**6.7 Preliminary screening.** The service manager is responsible for ensuring the preliminary screening takes place. The process is led by the Designated Officer and completed within three working days. This screening is to establish if an abusive act could have occurred and whether there are reasonable grounds for concern. Where a concern involves a staff member then the HSE policies for Managing Allegations of Abuse against Staff Members will be followed (**HSE Trust in Care**)-

([www.hse.ie/eng/staff/Resources/hrppg/va.html](http://www.hse.ie/eng/staff/Resources/hrppg/va.html)) The outcome of the preliminary screening can be:

- No grounds for reasonable concerns exist
- Additional information required (this should be specified)
- Reasonable grounds for concern exist.

*(Please See Appendix 4 & 5)*

**6.8 The Safeguarding Plan.** If reasonable grounds for concern exist then a safeguarding plan must be developed to address the concerns. The outcome of the preliminary screening must be notified to the HSE's Safeguarding Team and the safeguarding plan must be agreed with that team. The safeguarding plan will be updated as necessary and reviewed on an agreed timescale. When the risk of abuse or neglect has been removed the safeguarding plan can be closed, in agreement with HSE's Safeguarding Team. *(Please See Appendix 6)*

**6.9 Community Referral to the HSE Safeguarding & Protection Team.** Some safeguarding concerns cannot be

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managed by Rehab Group staff due to the complexity of the concern. In this instance a community referral will be submitted to the HSE SPT, following discussions with the DO/Lead Safeguarding Officer.

## 7.0 ROLES & RESPONSILBITIES

Key to the successful safeguarding of vulnerable persons is an open culture with a genuinely person-centered approach to care support, underpinned by a zero-tolerance policy towards abuse and neglect. It is important that service providers create and nurture an open culture where people can feel safe to raise concerns. The importance of good leadership and modeling good practice is essential in determining the culture of services.

**7.1** It is the responsibility of **the Rehab Group** to ensure that:

- An induction process is in place to ensure that newly recruited staff/volunteers read, understand, and accept the Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedures.
- Appropriate supervision, support, training, assistance and advice is provided for staff/volunteers in the operation of the Safeguarding Vulnerable Persons at Risk of Abuse policy and procedures.
- An appropriate number of Designated Officers are in place to ensure that all protection issues are dealt with in a timely manner. These DO's are supported by the Lead Safeguarding Officer.
- A system is in place to centrally log, manage, and collate all safeguarding issues.
- A system is in place for senior management to continuously monitor safeguarding needs so that they can match these needs with training plans.
- Copies of this policy and procedures are available in an accessible format for all who use our services and for their advocates.

**7.2** It is the responsibility of **all staff & volunteers** to:

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- Protect all people in our services and report any suspected allegations/incidents of abuse to their line manager.
- Know where you can get help and support.
- As well as the organisations mentioned in the HSE policy there is also the Confidential Recipient to whom anyone can raise a complaint and/or raise concerns about the care and treatment of any vulnerable person receiving residential care in a HSE or HSE funded facility. Contact LoCall 1890 100 014 or Email [leigh.gath@crhealth.ie](mailto:leigh.gath@crhealth.ie) The HSE has also appointed an 'Authorised Person' to whom protected disclosures may be made. Section 103 of the Health Act 2007 and the Protected Disclosures Act 2014 provide for the making of protected disclosures, in good faith and on reasonable grounds. Employees are required to set out the details of the subject matter in writing on the Protected Disclosures of Information Form and submit it to the following address:  
 HSE Authorised Person  
 PO Box 11571  
 Dublin 2  
 Tel:01- 6626984
- Staff can also refer to Rehab Groups Whistleblowing Policy.
- Know the process for taking a disclosure/concern (*See appendix 2*).
- Know that all concerns or allegations of abuse must be reported to the line manager, regardless of the source or date of occurrence (retrospective & historic abuse). Staff may receive anonymous allegations of abuse and these must be reported and assessed. However the quality and nature of information available in anonymous referrals may impact on the capacity to assess and respond appropriately. A retrospective allegation may require a notification to Tusla and this can be discussed with the line manager or Designated Officer Officer.
- Attend training in protecting vulnerable adults.

### **7.3 Senior Management**

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Rehab Group protects the dignity and welfare of people who use our services and support staff through the following measures:

- Ensure insofar as is reasonably practicable that sufficient resources are available to enable best practice standards of care to be delivered.
- Provide safe systems of work to minimise the potential for abuse.
- Provide people with the opportunity to share concerns, positive experiences in a transparent and open way.
- Recruitment: selection and vetting procedures are in line with Rehab Groups policy and procedures. This ensures that all employees have the required skills and attributes required.
- Provide effective supervision, support and training for all staff so that they are aware of their responsibilities. Ensure that shortfalls in standards are dealt with promptly under Rehab Groups Policies.
- Communicate to all staff so that they are fully aware that the welfare of the person is of paramount importance and that they know the action to be taken if abuse is suspected or alleged.

### **7.4 Line Managers**

The line Manager will receive reports of suspected or alleged incidents of abuse. They will ensure the immediate safety of the vulnerable adult and record the views of the vulnerable adult where possible. The line manager will report all incidents/allegations to the Designated Officers and gather all necessary information.

### **7.5 Designated Officers**

The Designated Officer will oversee all aspects of procedures and practice at regional level, in relation to the safeguarding of vulnerable persons, and is the main link with the Safeguarding Protection Team. (*For a full list of Designated Officers please see appendix 7*).

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## 7.6 Lead Safeguarding Officer (National Support)

The Lead Safeguarding Officer oversees the implementation of the policy at national level, provides advice and guidance to DO's as required and manages investigations as required. The Lead Safeguarding Officer is the senior social worker and can be contacted on 01 205 7250.

## 8.0 EVALUATION & AUDIT

**8.1** There will be quarterly reviews of incident management. This is in line with the "lessons learned" approach adopted by Rehab Group.

**8.2.** This policy will be reviewed on a 3 yearly cycle, unless legislation changes or internal structures within Rehab Group require demand otherwise. In that case this policy will be reviewed and updated before the end of that cycle. This policy is next due for review in August 2019.

## 9.0 REFERENCES

### **Health Information and Quality Authority (HIQA) (2013).**

*National Standards for Residential Services for Children and Adults with Disabilities.*

**Health Service Executive (2005).** *Trust in Care: Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse against Staff Members.*

([www.hse.ie/eng/staff/Resources/hrppg/va.html](http://www.hse.ie/eng/staff/Resources/hrppg/va.html))

### **Safeguarding Vulnerable Persons at Risk of Abuse (2014).**

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National Policy & Procedures

[www.hse.ie/eng/staff/Resources/hrppg/va.html](http://www.hse.ie/eng/staff/Resources/hrppg/va.html)

## 9.1 Related PPPGs

Child Protection  
Managing Behaviours that Challenge  
Managing Violent & Aggressive Behaviour (RC)  
Missing Service User  
Personal Care  
Risk Management  
Positive Risk  
Data Protection  
Background Checks  
Whistleblowing  
Complaints & Compliments  
Restrictive Practices  
Administration of Medication

## 10.0 APPENDICES

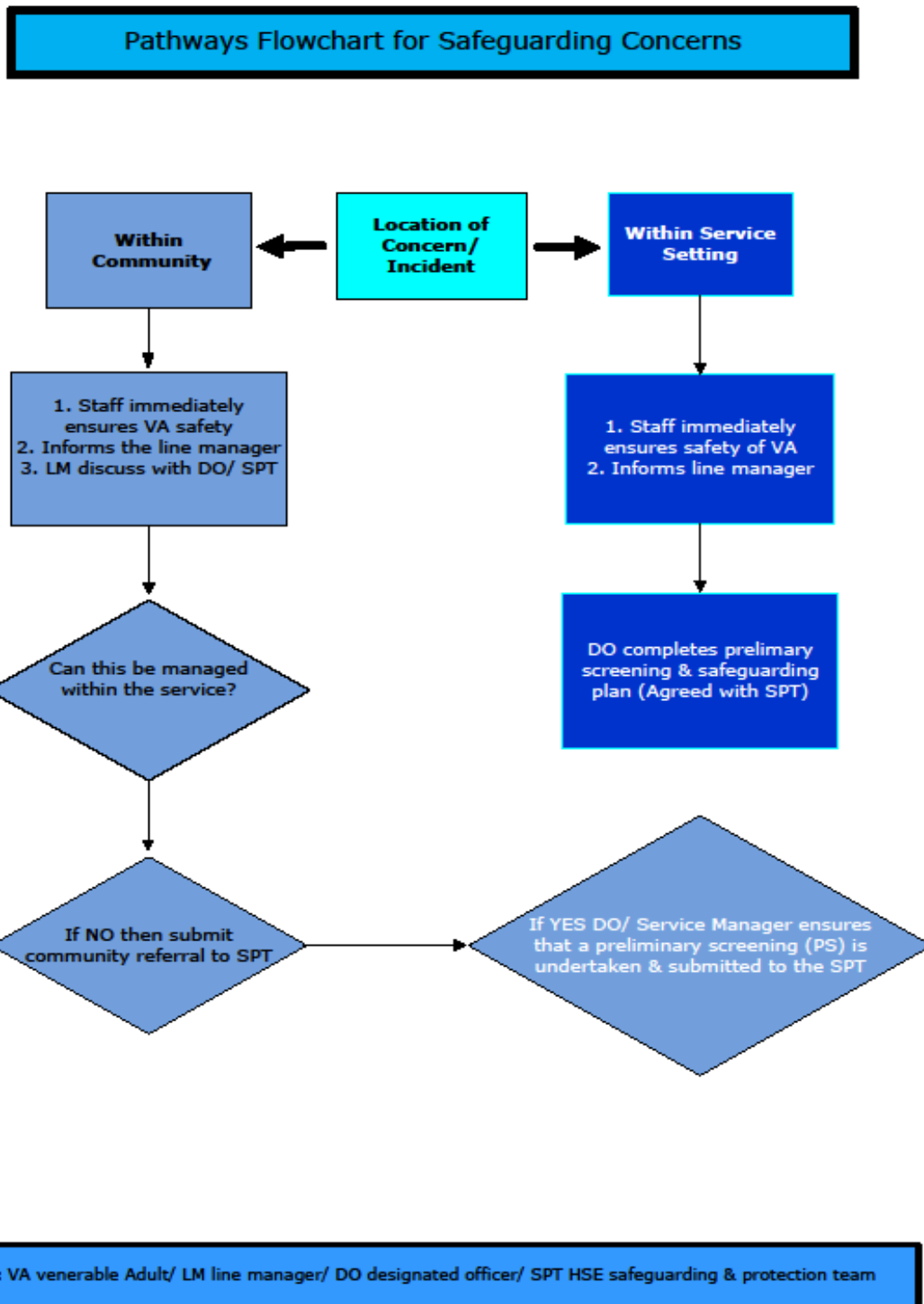
- Appendix 1** Process Map
- Appendix 2** Procedures for taking a disclosure/reporting a concern
- Appendix 3** Notification of Suspected Abuse to An Garda Síochána
- Appendix 4** Preliminary Screening Forms
- Appendix 5** Guidance Sheet
- Appendix 6** Safeguarding Plan Template
- Appendix 7** List of Lead Safeguarding Officers
- Appendix 8** List of Reviewers

**NOTE:** At any stage in the procedure, if there are significant concerns in relation to a vulnerable person, the Chief Officer (CO) of the Community Healthcare Organisation must be notified immediately. The CO must immediately notify the Director of Social Care. Notification to, and advice from, the National Incident Management Team should be considered in such circumstances and consideration as to whether the concern should be investigated using the HSE Safety Incident Management Policy (2014).

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## Appendix 1 Process Map



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## Appendix 2 Procedures for taking a disclosure/reporting a concern

### Procedures for taking a disclosure/reporting a concern.

1. Listen, reassure and support an individual who has made a disclosure – do not promise confidentiality, or say that you can keep a secret.
2. Do not press the individual for information. As soon as possible, preferably on the same day, report what you have seen/been told or have concerns about to your line manager and/or Lead Safeguarding Officer.
3. Write this up in a report and include to whom you have reported – keep it factual and as far as possible use the person’s own words not your interpretation. Make sure that you include your name, signature, and date on this report.
4. The report will need to include:
  - a. When the disclosure was made, or when you were told about/witnessed this incident.
  - b. Who was involved and any other witnesses, include service users and other staff.
  - c. Exactly what happened or what you were told, using the person’s own words, keeping it factual and not interpreting what you saw or were told.
  - d. Any other relevant information e.g. previous incidents that have caused you concern.
  - e. Include as much detail as possible.
  - f. Make sure the written report is legible and of a quality that can be photocopied.
  - g. Keep the report/s confidential, storing them in a safe and secure place until needed.

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## **Appendix 3** Notification of Suspected Abuse to An Garda Síochána

### **Private and Confidential**

**To:** Child Care Manager<sup>1</sup> / Disability Services Manager/ Duty Social Worker<sup>2</sup>  
Community Care Head Quarters Area HSE

(This form should be accompanied by a report with the relevant information pertaining to the alleged victim, the details of the alleged abuse and the reasons for referring to the Health Service Executive)

Name of alleged victim ..... D.O.B.: .....

Service Details .....

Home Address .....

Parent/carer: .....

Address: .....

Phone number: .....

Type of alleged abuse: .....

Location of alleged abuse: .....

Identity of alleged abuser: .....

Relationship to alleged victim: .....

When did the alleged abuse take place: .....

Identity of informant: .....

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<sup>1</sup> Form to be sent to this person in the event of reporting regarding children

<sup>2</sup> Form to be sent to this person in the event of reporting regarding children and adults

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Appointed Person in ..... Service for dealing with this allegation is

.....  
Signed by: \_\_\_\_\_  
CSM RM/General Manager Person

Date: \_\_\_\_\_

## Notification of Suspected Abuse to Gardaí Private and Confidential

**To: Superintendent,**  
An Garda Síochána,

(This form should be accompanied by a report with the relevant information pertaining to the alleged victim, the details of the alleged abuse and the reasons for referring to the Gardaí)

Name of alleged victim ..... D.O.B.: .....

Service Details .....  
.....

Home Address .....

Parent/carer: .....

Address: .....

Phone number: .....

Relationship to alleged victim: .....

Type of alleged abuse: .....

Location of alleged abuse: .....

Identity of alleged abuser: .....

Relationship to alleged victim: .....

When did the alleged abuse take place: .....

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# Rehab Group – *Safeguarding Vulnerable Persons at Risk of Abuse Policy*

Identity of informant: .....

Appointed Person in ..... Service for dealing with this allegation is

.....

Signed by: \_\_\_\_\_ Designated Director/ Date: \_\_\_\_\_

## Appendix 4 Preliminary Screening Forms



### SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY & PROCEDURES PRELIMINARY SCREENING FORM (PSF1)

Please indicate as appropriate: Community setting:  Service setting:

#### 1. Details of Vulnerable person:

Name:

Home Address:

Current Phone No:

Date of Birth: / / Male  Female

Location of vulnerable person if not above address

Service Organisation (if applicable):

Service Type:

Residential Care  Day Care  Home care  Respite  Therapy intervention

Other  (please specify)

Designated Officer (DO) Name:

Community Health Organisation (CHO) Area:

#### 2. Details of concern/allegation :

##### a. Pen picture of vulnerable person:

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**b. Details of concern / allegation including time frame:**

**c. Was an abusive incident observed and details of any witnesses:**

**d. Relevant contextual information:**

**e. Have any signs or indicators of abuse been observed and reported to the designated officer? Please specify?**

**f. Details of investigation/ assessment to date?**

**g. Is it deemed at this point that there is an ongoing risk? If so please specify?**

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**h. Include any incident report or internal alert details if completed(as attachment):**

**i. Details of any internal risk escalation:**

### **3. Relevant information regarding concern/allegation :**

**Date that concern or allegations were notified to the Designated Officer:**

**Who has raised this concern or allegation?**

Self  Family  Service Provider  Healthcare staff  Gardaí

Other  (*please specify*)

**Type of concern or category of suspected abuse:**

Physical Abuse  Sexual Abuse  Psychological Abuse  Financial / Material Abuse

Neglect / Acts of Omission  Extreme Self-neglect  Discrimination  Institutional

**Setting / Location of concern or suspected abuse:**

Own Home  Relatives Home  Residential Care  Day Care  Other  (*please specify*)

Is this concern/allegation linked to another preliminary screening? If so please give reference

Are there any concerns re: decision making capacity?      **Yes**       **No**

Are you aware of any formal assessment of capacity being undertaken?

**Yes**       **No**

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Outcome:

Is the Vulnerable person aware that this concern has been raised? **Yes**  **No**

What is known of the vulnerable person's wishes in relation to the concern / allegation?

Are other agencies involved in service provision with this vulnerable person that you are aware of? **Yes**  **No**

If yes, Details:

#### 4. Details of the first point of contact:

Name:

Address:

Phone:

Nature of relationship to vulnerable person (i.e. family member/ advocate etc):

Is this person aware that this concern has been reported to the Designated Officer?

**Yes**  **No**  **Not know**

If no – why not?

If yes – date

by whom?

Has an Enduring Power of Attorney been registered in relation to this Vulnerable Person?

**Yes**  **No**  **Not know**

Contact details for Registered Attorney(s):

Is this Vulnerable Person a Ward of Court? **Yes**  **No**

Contact details for Committee of the Ward:

Has any other relevant person been informed of this preliminary screening?

Details?

#### 5. Details of person causing concern:

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Name:

Address:

Date of Birth (if know)

Gender: Male  Female

Relationship to Vulnerable person:

Parent  Son/Daughter  Partner/Spouse  Other Relative  Neighbour/Friend  Staff

Other Service User / Peer  Volunteer  Stranger

Other  (*please specify*)

**6. Details of Person completing preliminary screening**

Name:

Phone:

Address:

Job Title:

Are you the Designated Officer:

Email:

Date

## Preliminary Screening Outcome Sheet (PSF2)

**Name of Vulnerable person:**

- a) No grounds for further investigation   
(If necessary attach any lessons to be learned as per policy)
- b) Additional information required (Immediate safety issues addressed and interim safeguarding plan developed)
- c) Reasonable grounds for concern exist (Immediate safety issues addressed and interim safeguarding plan developed)

Additional actions undertaken:

- d) Medical assessment Yes  No  N/A
- e) Medical treatment Yes  No  N/A
- f) Gardai notified Yes  No  N/A

*An Garda Síochána should be notified if the complaint / concern could be criminal in nature or if the inquiry could interfere with the statutory responsibilities of An Garda Síochána.*

- g) Referred to TUSLA Yes  No  N/A

h) Other relevant details including any immediate risks identified:

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(Attach any interim safeguarding plan on appendix 1 template as required)

If the preliminary screening has taken longer than three working days to submit please give reasons. :

**Name of Designated Officer/ Service Manager:**

**Signature :**

**Date sent to Safeguarding and Protection Team:**

## **Preliminary Screening Review Sheet from the Safeguarding and Protection Team (PSF3)**

**Name of Vulnerable person:**

**Unique Safeguarding ID generated:**

**Date Received by SPT:**

**Date reviewed by SPT:**

**Name of Social Work Team Member reviewing form:**

**Preliminary Screening agreed by Safeguarding and Protection Team**

Yes       No

**If not in agreement with outcome at this point outline of reasons:**

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Commentary on areas in form needing clarity or further information:

Any other relevant feedback including any follow up actions requested:

Name:

Signature:

Date review form returned to Designated Officer/ Service Manager:

## Preliminary Screening Review Update Sheet from Designated Officer/ Service Manager (PSF4):

(Only for completion if requested by Safeguarding and Protection Team)

Name of Vulnerable person:

Unique Safeguarding ID:

Date returned to SPT:

Name of Designated Officer/Service Manager:

Signature:

Reply with details on any clarifications, additional information or follow up actions requested:

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Date received by SPT:

Date reviewed by SPT:

Preliminary Screening agreed by Safeguarding and Protection Team

Yes  No

Name of SPT Team Member reviewing form:

Signature:

If not in agreement with outcome at this point give outline of reasons and planned process to address outstanding issues in preliminary screening:

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## Appendix 5 Guidance Sheet



SEND FORM TO: INSERT NAME AND EMAIL OF THE LOCAL SAFEGUARDING AND PROTECTION TEAM

### SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY & PROCEDURES 2014

#### GUIDANCE SHEET FOR SERVICES AND DESIGNATED OFFICERS ON COMPLETING AND SUBMITTING PRELIMINARY SCREENING FORMS

##### STEP 1:

- *On receipt of a concern or allegation the Line or Service Manager will have ensured that any necessary immediate protective actions are undertaken, support is given to the vulnerable person and any statutory agencies are notified as required.*
- *Service Manager and/or Designated Officer can contact the Safeguarding and Protection Team (SPT) for advice and consultation at any stage of the process.*

##### STEP 2:

- *The preliminary screening form (PSF1) following completion must be submitted by the Designated Officer/ Line Manager to the SPT within 3 working days. If the preliminary screening has taken longer than three days please give reasons on form to the local SPT.*
- *The preliminary screening form must also be submitted to the Service Manager for consideration regarding proposed actions.*
- *If the preliminary screening outcome sheet (PSF2) concludes that there are reasonable grounds for concern or that further information is required then an interim safeguarding plan should be included on the appendix template form.*
- *The Preliminary Screening Form should be emailed with password protection to the safeguarding email address for the SPT in your Community Health Organisation. The SPT email details are included above and on form.*

##### STEP 3:

- *The SPT will reply with an acknowledgement email and create a unique case ID.*
- *A review sheet (PSF3) will be returned to the Designated Officer which will indicate if the SPT are in agreement with the preliminary screening outcome.*
- *If the SPT are not in agreement with the preliminary screening outcome the review sheet will set out any clarifications, additional information or follow up actions requested prior to confirming agreeing with the final outcome.*
- *Any necessary clarifications, additional information or follow up actions requested to be returned to SPT on an update review sheet (PSF4).*
- *If a safeguarding plan needs to be formulated, a similar submission and review process will be undertaken between Safeguarding Co-ordinator and the SPT.*

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## Appendix 6 Safeguarding Plan Template

Interim Safeguarding Plan. Please include follow up actions and any safety and supports measures for the Vulnerable Person:

What are you trying to achieve	What specific follow up or safeguarding actions are you taking to achieve this	Who is going to do this	When will this be completed	Review date for actions	Review Status/ Update

Name of Lead Safeguarding Officer / Service Manager:

Date of Interim safeguarding plan:

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## Appendix 7 List of Designated Officers

### List of Designated Liaison Persons/Designated Officers

Company / Division	Designated Liaison Person	Contact Details
National Learning Network	Mary Hughes	<a href="mailto:Mary.hughes@nln.ie">Mary.hughes@nln.ie</a>
National Learning Network	Carmel Gavin	<a href="mailto:carmel.gavin@nln.ie">carmel.gavin@nln.ie</a>
National Learning Network	Sharon Mulryan	<a href="mailto:sharon.mulryan@nln.ie">sharon.mulryan@nln.ie</a>
National Learning Network	Jane Watson	<a href="mailto:jane.watson@nln.ie">jane.watson@nln.ie</a>
National Learning Network	Elmarie Linehan	<a href="mailto:Elmarie.linehan@nln.ie">Elmarie.linehan@nln.ie</a>
National Learning Network	Sharon Cunningham	<a href="mailto:sharon.cunningham@nln.ie">sharon.cunningham@nln.ie</a>
National Learning Network	Suzanne Allen	<a href="mailto:suzanne.allen@nln.ie">suzanne.allen@nln.ie</a>
National Learning Network	Barbara Hernon	<a href="mailto:barbara.hernon@nln.ie">barbara.hernon@nln.ie</a>
National Learning Network	Caroline McLoughlin	<a href="mailto:caroline.mcloughlin@nln.ie">caroline.mcloughlin@nln.ie</a>
National Learning Network	Denise O' Dwyer	<a href="mailto:denise.odwyer@nln.ie">denise.odwyer@nln.ie</a>
National Learning Network	Maire Whelan	<a href="mailto:maire.whelan@nln.ie">maire.whelan@nln.ie</a>
National Learning Network	Rose Leahy	<a href="mailto:rose.leahy@nln.ie">rose.leahy@nln.ie</a>
National Learning Network	Ailish O' Brien	<a href="mailto:ailish.obrien@nln.ie">ailish.obrien@nln.ie</a>
National Learning Network	Karen Caulwell	<a href="mailto:Karen.cauwell@nln.ie">Karen.cauwell@nln.ie</a>
National Learning Network	Trish Amm	<a href="mailto:trish.amm@nln.ie">trish.amm@nln.ie</a>
National Learning Network	Fiona Kennedy	<a href="mailto:fiona.kennedy@nln.ie">fiona.kennedy@nln.ie</a>
National Learning Network	Rita NiDhuigneain	<a href="mailto:Rita.nidhuigneain@nln.ie">Rita.nidhuigneain@nln.ie</a>
National Learning Network	Jacqui O'Donovan	<a href="mailto:Jacqui.odonovan@nln.ie">Jacqui.odonovan@nln.ie</a>
National Learning Network	Suzanne McCarthy	<a href="mailto:Suzanne.mccarthy@nln.ie">Suzanne.mccarthy@nln.ie</a>
RehabCare	Alan Breathnach	<a href="mailto:Alan.breathnach@nln.ie">Alan.breathnach@nln.ie</a>
RehabCare	Ger Columb	<a href="mailto:Geraldine.columb@nln.ie">Geraldine.columb@nln.ie</a>
RehabCare	Alison Steeds	<a href="mailto:Alison.steeds@rehabcare.ie">Alison.steeds@rehabcare.ie</a>
RehabCare	Jonna Goranson	<a href="mailto:Jonna.goranson@rehabcare.ie">Jonna.goranson@rehabcare.ie</a>
RehabCare	Ger Columb	<a href="mailto:Geraldine.columb@nln.ie">Geraldine.columb@nln.ie</a>
RehabCare	Kris Dhondt	<a href="mailto:Kris.Dhondt@rehabcare.ie">Kris.Dhondt@rehabcare.ie</a>
RehabCare	Patrisha Greaney	<a href="mailto:Patrisha.greaney@nln.ie">Patrisha.greaney@nln.ie</a>
RehabCare	Johnny Pettit	<a href="mailto:Johnny.pettit@nln.ie">Johnny.pettit@nln.ie</a>
RehabCare	Gillian McNamee	<a href="mailto:Gillian.mcnamee@rehabcare.ie">Gillian.mcnamee@rehabcare.ie</a>
Designated Liaison Officer	Sarah Mahon	<a href="mailto:Sarah.mahon@rehab.ie">Sarah.mahon@rehab.ie</a>

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## Appendix 8 List of Reviewers

### Authors List for New/ Reviewed Policy Area

The following names individual authors/ reviewers to this policy area.

Division/Other	Name(s)
National Learning Network	Ailish O'Brien
RehabCare	Lars Schableski Siobhan Barry
Quality & Governance	Sarah Mahon

\*Note that it is not obligatory for each division to be involved in a new policy/ review if the policy is not relevant; this should be decided by each division on a case-by-case basis.

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