**The Care Trust Policy on Safeguarding Vulnerable People**

1. **Policy Statement**
   1. The Care Trust (TCT) was established to fundraise on behalf of our charity beneficiaries CRC, Rehab and various Special Charitable Projects.
   2. The Charities Act 2009 requires charitable organisations to specify the safeguards, safety checks and risk assessment procedures employed by the charity when engaging with vulnerable people (including the aged, children and young people, the sick, and people with disabilities). As The Care Trust works to fundraise from the public for the benefit of our charity beneficiaries safeguarding is a key priority for the charity.
   3. The Care Trust is committed to high legal, ethical, and moral standards. All staff members, fundraising representatives, third party partners, volunteers and contractors working with The Care Trust are expected to act honestly, transparently, respectfully and with integrity when dealing with each other and with the public.
   4. The purpose of this policy is to set out The Care Trust responsibilities with regard to the treatment of Supporters and potential Supporters who may be a vulnerable person. The Care Trust fully recognises that all people have the right to be safe and to live a life free from harm and abuse. It is the responsibility of the organisation and its staff and partners to ensure our Supporters and potential Supporters are treated with respect and dignity and have their welfare promoted and protected. Safeguarding vulnerable people that our staff and fundraising representatives come into contact with is very important for the organisation.
   5. The Care Trust operates a ‘No Tolerance’ approach to any form of harm or abuse and promotes a culture which supports this ethos and promotes safeguarding of vulnerable people.
2. **Definitions and Further Information**
   1. Safeguarding is defined as living safely, free from harm or abuse. It means that people’s choices are heard and respected.
   2. Safeguarding is the approach, or actions taken, to protect people from potential harm or abuse.
   3. A vulnerable person is defined by The Care Trust as a person who:
      1. Has the capacity to make decisions but who, because of individual circumstances, may require assistance to do so (e.g., person with physical/ mental impairment, age related fragility); and/or
      2. Has limited capacity to make decisions and requires assistance to do so, (e.g., a person with an intellectual disability); and/or
      3. Is capable of making decisions but their particular life stage or circumstances should be taken into account (e.g., person with serious or sudden illness, recently bereaved); and/or
      4. An older person—defined by The Care Trust as aged over 75—may be vulnerable (If the person has not reached their 76th Birthday, then they are 75 years or under).
   4. Rights of Vulnerable People - Adults who become vulnerable have the right:
      1. To be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs.
      2. To be given access to knowledge and information in a manner that they can understand, to help them make informed choices.
      3. To be provided with information on, and practical help in, keeping themselves safe and protecting themselves from harm or abuse.
      4. To live safely without fear of coercion or violence in any form.
      5. To have their money, goods and possessions treated with respect and to receive equal protection for themselves and their property through the law.
      6. To be given guidance and assistance in seeking help as a consequence of harm or abuse.
      7. To be supported in making their own decisions about how they wish to proceed in the event of harm or abuse and to know that their wishes will be considered paramount unless it is considered necessary for their own safety or the safety of others to take an alternate course, or if required by law to do so.
      8. To be supported in bringing a complaint.
      9. To have alleged, suspected or confirmed cases of harm or abuse investigated promptly and appropriately.
      10. To receive support, education and counselling following harm or abuse.
      11. To seek redress through appropriate agencies.
   5. Harm or Abuse is 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 wellbeing, 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.
   6. There are several forms of harm or abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or lack of insight and knowledge. A person may experience more than one form of harm or abuse at any one time.
   7. The following are the main categories/types of harm or abuse.
      1. 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.
      2. Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
      3. 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.
      4. 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.
      5. 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.
      6. Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
      7. 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.
   8. Who may harm or abuse
      1. Anyone who has contact with a vulnerable person may be abusive, including a member of their family, community, friend or a professional.
      2. Familial Abuse – Harm or abuse of a vulnerable person by a family member.
      3. Professional Abuse - Misuse of power and trust by professionals and a failure to act on suspected harm or abuse, poor practice or neglect.
      4. Peer Abuse - Abuse, for example, of one vulnerable person by another vulnerable person.
      5. Stranger Abuse – Harm or abuse by someone unfamiliar to the vulnerable person.
   9. Where might harm or abuse occur
      1. Harm or abuse can happen at any time in any setting.
      2. Harm or abuse of a vulnerable person may be a single act or repeated over a period of time. It may comprise one form or multiple forms of harm or abuse.
      3. The lack of appropriate action can also be a form of harm or abuse.
      4. Harm or abuse may occur in a relationship where there is an expectation of trust and can be perpetrated by a person who acts in breach of that trust.
      5. Harm or abuse can also be perpetrated by people who have influence over the lives of vulnerable people, whether they are formal or informal carers or family members or others. It may also occur outside such relationships.
      6. Vulnerable people may also be subject to additional forms of harm or abuse such as financial or material abuse and discriminatory abuse.
3. **Policy Scope**

This Policy and Procedure applies to all staff members, volunteers, fundraising representatives, third party partners and contractors working with The Care Trust. It applies to all situations where harm or abuse is apparent, suspected or disclosed to anyone working or volunteering with The Care Trust. It applies in situations where concerns have been raised with staff, volunteers or partners of The Care Trust by, for example, family members or others in relation to the safeguarding of an individual and a response is required.

1. **Responsibilities**

The CEO is responsible for ensuring that the organisation operates from policies and procedures that protect vulnerable people. This policy has been developed in line with the guidance in the HSE Safeguarding Vulnerable Adults policy and The Charities Regulator’s Guidelines for Charitable Organisations on Fundraising from the Public. The CEO ensures staff and volunteers are trained and sign off in the operations of the policy and that the policy and procedures are operated and reviewed as required.

The Designated Officer is responsible for operating all Designated Officer responsibilities outlined in the procedure. The Designated Officer is the CEO. If the CEO is unavailable the Director of Finance and Administration will act as the Designated Officer in their absence.

1. **Engaging with Supporters and potential Supporters who may be a vulnerable person**
   1. The Care Trust is committed to effectively identifying vulnerable Supporters and potential Supporters. Some vulnerable people, due to personal circumstances, are especially susceptible to detriment, particularly when The Care Trust fails to act with an appropriate level of care.
   2. During direct engagement, The Care Trust Fundraising Representatives must consider if potential Supporters are vulnerable and, in such cases, make a judgement in the best interests of the individual and The Care Trust.
   3. In the field, Fundraising Representatives may become aware of vulnerability through:
      1. Interaction: During the course of general interactions with the person
      2. Fact-finding: During the course of gathering detailed information on the person
      3. Advised: Person puts the Fundraising Representatives on notice of their vulnerability
   4. When a member of the public is identified as vulnerable during the enrolment process, the Fundraising Representatives must not enrol the individual.
2. **Signs of a person in vulnerable circumstances for Fundraising Representatives**
   1. Individual capacity to make a decision depends on a range of factors and some are more obvious to The Care Trust Fundraising Representatives than others. However, common signs that a person may be vulnerable include:
      1. Continually asking for statements or questions to be repeated.
      2. Making statements that indicate others look after their affairs (e.g., “my son/daughter normally looks after these matters for me”).
      3. Responses that indicate the person does not fully understand what they are being told by the Fundraising Representatives.
      4. Any expressions of being uncomfortable, stressed or anxious.
      5. Irrational, confusing or erratic responses to simple statements or questions.
      6. Excuses to not talk or interact.
      7. A clear reliance on the immediate care or support of a care provider.
      8. Eagerness to donate (perhaps large sums) without sufficient knowledge of the charity or without asking the types of questions others would in the same situation.
   2. The Care Trust Fundraising Representatives should take the following steps to fairly identify a vulnerable person:
      1. Speak clearly, slowly and use terms that the person can understand.
      2. Repeat important information, such as consequences of a decision to sign a mandate.
      3. As the interaction progresses, check the person understands and is happy to continue.
      4. Do not assert pressure on to sign a mandate and accept refusals without reservation.
      5. Ask the person if they need to consult someone else about the decision.
      6. Provide the person with relevant information and options for signing up later so they can consider their decision in their own time.
   3. If a Fundraising Representative thinks a potential Supporter may be vulnerable and unable to make an informed decision during the interaction, they must not accept the enrolment.
   4. If it transpires that a vulnerable person is enrolled, The Care Trust will take steps to immediately cancel the mandate. The Care Trust may refund any / all contributions paid and incentive payments made to Fundraising Representatives will be recouped.
   5. The maximum monthly contribution that The Care Trust will accept from any individual for entry into The Care Trust (car) prize draws is €50. If a Supporter or potential Supporter wishes to contribute more than €50 per month, they will be advised that they can decide to make a non-prize fund contribution in respect of the amount in excess of €50 per month. This does not in itself limit the amount of a non-recurring prize fund or of a non-prize fund contributions / donations.
3. **Date of Birth** 
   1. Any adult who is not vulnerable may be enrolled by a Fundraising Representative. In enrolling a Supporter, Fundraising Representatives complete a Mandate with personal details including date of birth (DOB).
   2. If the person provides a DOB and is over the age of 75 years, i.e., has reached their 76th birthday, and if there is no apparent reason other than age to believe the potential Supporter may be vulnerable, the Fundraising Representative may complete the Mandate as normal. The Fundraising Representative will clearly mark the mandate form as ‘Over 75 years’ and forward the signed form to Head Office.
   3. If the person is unable or unwilling to provide a date of birth, the Fundraising Representative may complete the Mandate as normal but endorse it with the reason for not including a DOB. The Fundraising Representative may provide an observation on the likely age category and record any information given in respect of age, e.g., ‘I am under 75’; ‘I do not want to give that information because…’. The Fundraising Representative will clearly mark the Mandate as ‘No DOB provided’ and forward the signed form to Head Office.
4. **Review and Screening for Vulnerability**
   1. On receipt of a mandate marked as ‘Over 75’ or ‘No DOB provided’, Head Office will call the potential Supporter, within a reasonable time period, to ensure they understand the consequences of signing a mandate and are aware of The Care Trust cancellation options.
   2. In the event that Administration staff are satisfied the Supporter is not vulnerable and fully understands the commitment, the mandate is activated through the standard process. If Administration staff are not satisfied in this regard, or if they believe that this Supporter may be vulnerable, the mandate will not be processed, and an appropriate letter issued.
   3. Head Office will update the Manager of Lottery Operations and Marketing and/or the relevant Manager as to the outcome of the review. The Fundraising Representative will, under no circumstances, make further contact with the potential Supporter.
5. **Operating Procedure for Screening for Vulnerability**
   1. On receipt of a mandate marked as ‘Over 75’ or ‘No DOB provided’, Administration staff in Head Office will call the potential Supporter, within 5 working days, to ensure that they understand the consequences of signing a mandate and are aware of The Care Trust cancellation options.
   2. Administration staff may make up to 3 attempts to contact the potential Supporter by telephone within a two-week period but will not make any further attempts unless explicitly invited to do so by the potential Supporter.
   3. During the conversation with the potential Supporter, Administration staff confirm that the person:
      1. Remembers meeting The Care Trust Fundraising Representative.
      2. Remembers signing a mandate.
      3. Understands the financial implications of signing a recurring mandate.
      4. Is aware of The Care Trust cancellation options, i.e. that they can cancel the mandate at any time by contacting The Care Trust or giving an instruction to their bank.
   4. In the event that Administration staff is satisfied the Supporter is not vulnerable and fully understands the commitment, the mandate is activated through the standard process.
   5. If Administration staff believe that this Supporter may be vulnerable, the mandate will not be processed, and an appropriate letter will be issued. (Examples in Appendix 1) Letters will be auto-generated, in line with the process for Incomplete mandates.
   6. In the event that an issue arises, including where there is insufficient information, making it difficult for Administration staff to determine whether the potential Supporter is vulnerable, they may refer the decision to a member of the Senior Management Team.
   7. In all cases, details of the attempts to contact, questions asked etc., along with confirmation of the decision reached, will be noted in writing and stored on the Supporter Profile on the database.
   8. Administration staff will update the MLOM and/or the relevant Manager by e-mail as to the outcome of the review. The MLOM and/or the relevant Manager will inform the Fundraising Representative.
   9. The Fundraising Representative will not, under any circumstances, make further contact with the vulnerable Person.
6. **Incentive Payments**

Incentive payments will be applied as per the normal process, except in the instance where a repeated pattern of Fundraising Representatives signing up vulnerable people arises. Such instances will be managed by the MLOM and Line Manager.

1. **Systemised Check**
   1. A regular communication will be issued to Supporters, ensuring that all Supporters are contacted over a 36-month rolling period, to be reminded of The Care Trust standard cancellation options.
   2. Any responses from these communications indicating that Supporters are vulnerable will result in the mandates being deactivated promptly.
2. **Complaints**

All staff in The Care Trust should handle complaints via the Complaints Policy and make Supporters and the general public aware of the complaints procedure if they wish to do make a complaint. Particular attention should be made by staff managing the complaints procedures to any allegation that indicates harm or abuse of a vulnerable person. In this case the Safeguarding procedures should be followed.

1. **Responding to concerns or allegations of harm or abuse** 
   1. All staff members, volunteers, fundraising representatives, third party partners and contractors working with The Care Trust who have a concern, or a report of harm or abuse must immediately make a written report notifying the Designated Officer – the CEO and in the event of their unavailability the Director of Finance and Administration will act as the Designated Officer in their absence.
   2. Failure to record, disclose and share information in accordance with this policy is a failure to discharge a duty of care.
   3. In making a written report to the Designated Officer, it is essential to be clear and detailed in the report. The report may also contain the views and wishes of the vulnerable person where these have been, or can be, ascertained.
   4. All information relating to allegations or concerns of harm or abuse will be subject to the limits of confidentiality within The Care Trust confidentiality policy if:
      1. A vulnerable person is the subject of harm or abuse. and/or
      2. The risk of further harm or abuse exists. and/or
      3. There is a risk of harm or abuse to another vulnerable person(s). and/or
      4. There is reason to believe that the alleged person causing concern is a risk to themselves.
      5. A legal obligation to report exists.
   5. Accurate records of concerns and allegations of harm or abuse and any subsequent actions will be kept by the Designated Officer.
   6. A concern regarding concerns or allegations of harm or abuse of a vulnerable person may come to light in one of a number of ways:
      1. Disclosure by a vulnerable person.
      2. Disclosure by a relative/friend of the vulnerable person.
      3. Reported anonymously.
      4. Direct observation of an incident of harm or abuse.
      5. Reported by a third party organisation such as the HSE
      6. Observation of signs or symptoms of harm or abuse.
2. **Stages in responding to allegations of concerns of harm or abuse**
   1. **Stage One:** Staff member responsibilities and actions: When an allegation or concernof harm or abuse arises, the staff member should ensure the immediate safety of the vulnerable person. If safety is a concern, they must contact An Garda Siochana directly. The staff member should compile a written report providing all relevant information as soon as possible on the same day. The reporting form to use is included in this policy (Appendix 2).
   2. The written report will need to include:
      1. When the disclosure was made, or when you were told about the incident;
      2. Who was involved and any other witnesses;
      3. Exactly what happened or what they were told;
      4. Any other relevant information.
      5. The name of the person completing the form signed and dated.
   3. The report should be kept confidential and stored securely.
   4. The staff member should inform and send the completed reporting form to the Designated Officer – the CEO as soon as possible (If the CEO is unavailable the Director of Finance and Administration will act as the Designated Officer in their absence).
   5. Staff member responsibilities when dealing with and allegation or concern of harm or abuse are as follows:
      1. Listen, Reassure and Support - If the vulnerable person has made a direct disclosure of harm or abuse or is upset and distressed about an abusive incident, listen to what they say and ensure they are given the support needed.
      2. Immediate Protection – If the vulnerable person discloses that they are in immediate risk of harm or abuse and require assistance, take any immediate actions to safeguard them, for example, calling for the assistance of An Garda Síochána or for medical assistance, as appropriate.
   6. As much as possible it is very important to try to not:
      1. Appear shocked or display negative emotions
      2. Press the individual for details
      3. Make judgments
      4. Promise to keep secrets
      5. Give sweeping reassurances
3. **Stage Two**: Designated Officer Procedures
   1. Designated Officer - The Care Trust Designated Officer the CEO (If the CEO is unavailable the Director of Finance and Administration will act as the Designated Officer in their absence) is responsible for:
      1. Receiving concerns or allegations of harm or abuse regarding vulnerable persons.
      2. Ensuring concerns or allegations of harm or abuse are investigated and followed up.
      3. Ensuring reporting obligations are met.
   2. The Designated Officer (CEO, the Director of Finance and Administration will act as the Designated Officer in their absence) will undertake a preliminary assessment (Appendix 2 the form accompanies the reporting form) within three working days or designate another person to undertake the preliminary assessment if appropriate. The results of the Preliminary Screening will be returned back to the Designated Officer within 3 working days following the report. Additional expertise may be added as appropriate.
   3. On receipt of the written report of suspected or actual harm or abuse, the Designated Officer or other person designated by them will establish and document the following:
      1. What is the concern
      2. Who is making the report
      3. Who is involved, how they are involved and are there risks to others.
      4. What actions have been taken to date
      5. Biographical information of those involved, including the alleged perpetrator where appropriate,
      6. What is known of the vulnerable person and of their wishes in relation to the harm or abuse.
      7. If any immediate risks have been identified, or actions already taken, to address immediate risks.
      8. Establish the current safety status of the vulnerable adult.
      9. Establish if An Garda Síochána have been notified.
   4. The Preliminary Screening will take account of all relevant information which is readily available to establish:
      1. If a harmful or abusive act could have occurred and
      2. If there are reasonable grounds for concern.
   5. Should further information be required as part of the preliminary screening the Designated Officer or other person designated by them will execute a plan to get the necessary information needed
   6. The Designated Officer (CEO or Director of Finance and Administration in the absence of the CEO) must report the concern to the HSE Safeguarding and Protection Team (Vulnerable Persons) within three working days after he/she has been informed of the concern.
   7. The Designated Officer must also notify Tusla immediately if there are concerns in relation to children.
   8. Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the allegation or harm, or abuse should be discussed with An Garda Síochána.
   9. A report of the preliminary screening and who the Designated Officer has notified ( e.g. HSE, TUSLA, An Garda Siochana) will be completed by either the Designated Officer, or individual given the responsibility by the Designated Officer.
   10. The Designated Officer or individual given the responsibility by the Designated Officer is responsible for preparing a full written report, determining the appropriate actions that are required following the preliminary screening and plan for each action. The report and the associated action plan should be submitted by the Designated Officer or individual given the responsibility by the Designated Officer to the HSE Safeguarding and Protection Team who may advise on other appropriate actions.
   11. The outcome of the Preliminary Screening may be:
       1. No grounds for reasonable concern exist.
       2. Additional information required (this should be specified).
       3. Reasonable grounds for concern exist.
   12. **No grounds for reasonable concern exist.** An outcome that there are not reasonable grounds for concern that harm, or abuse has occurred does not exclude an assessment that lessons may be learned from the allegation.
   13. **Additional information required.** A plan to secure the further information within a specified time should be developed by the Designated Officer or another appointed person. This may involve the appointment of a small team with relevant expertise. All immediate safety and protective issues must also be specified by the Designated Officer.
   14. **Reasonable Grounds for Concern Exists.** A safeguarding plan must be developed to address the concerns. The plan may include:
       1. Internal processes
       2. Internal Inquiry
       3. An Independent Inquiry
   15. If the preliminary screening determines that reasonable grounds for concern exist a safeguarding plan must be developed. Responsibility to ensure a safeguarding plan is developed rests with the Designated Officer and relevant staff members identified by the Designated Officer.
   16. In The Care Trust a safeguarding plan will be an unusual outcome as the organisation does not offer residential or day care service and have little opportunity to manage or implement a safeguarding plan. However, we will participate with developing and activating a and provide the HSE S&P team the information required for decisions relating to safety plans to be taken further. Further guidelines relating to safety plans can be found in the HSE Safeguarding Vulnerable adults Policy and can be referred to if required.
   17. Safeguarding plans will be undertaken, implemented and submitted to the HSE safeguarding team within 21 days. If The Care Trust is involved in implementing a plan, the Designated Officer will be the safeguarding plan co-ordinator and will be charged with implementing and reviewing the plan.
4. **Whistleblowing Policy and Protected Disclosures**

The Care Trust has a whistleblowing policy which may be used if an employee reports a workplace concern in good faith and on reasonable grounds in accordance with the procedures outlined in the policy.

1. **Appendices**
   1. Appendix 1 Draft Letter to be issued in the case of a Rejected Mandate
   2. Appendix 2 Record Form of a Safeguarding Allegation/ Concern (Internal Form)
   3. Appendix 3 The Care Trust Safeguarding Vulnerable People Policy Statement

**Appendix 1 Draft Letter to be issued in the case of a Rejected Mandate**

Dear [Supporter],

I refer to your recent generous offer to make regular monthly contributions of € X to the good causes represented by The Care Trust and to our recent phone call relating to this.

We will not be implementing the instructions to your bank. Accordingly, the mandate that you signed has been securely destroyed. The Care Trust has not retained any record of your bank details and we will not request any payment from your bank.

Many thanks for your kind offer.

Yours Sincerely,

(NAME)

(ROLE)

**Appendix 2 Record Form of a Safeguarding Allegation/ Concern (Internal Form)**

This form is to be used by staff, volunteers or partners working with The Care Trust who have a concern/ received an allegation of harm or abuse of a vulnerable person and need to record a particular incident. This form must be filled out confidentially and submitted to the Designated Officer (CEO or Director of Finance and Administration in the absence of the CEO).

Please outline your concerns in this box. (use extra paper if required) Details should be included as guided by the Safeguarding Policy:

**Details of the person making the allegation:**

Name of the vulnerable person:

Address of the vulnerable person:

Date of birth of the vulnerable person (if known):

Next of Kin:

Details of staff member or volunteer completing this form:

Name: Position:

Date completed

**PLEASE EMAIL THIS FORM TO THE DESIGNATED OFFICER DIRECTLY ALONG WITH MAKING A PHONE CALL TO REPORT.**

**Section For Designated Officer (ONLY)**

**Date that report was submitted:**

* + - What is the concern
    - Who is making the report
    - Who is involved, how they are involved and are there risks to others.
    - What actions have been taken to date
    - Biographical information of those involved, including the alleged perpetrator where appropriate,
    - What is known of the vulnerable person and of their wishes in relation to the harm or abuse.
    - If any immediate risks have been identified, or actions already taken, to address immediate risks.
    - Establish the current safety status of the vulnerable adult.
    - Establish if An Garda Síochána have been notified.

Further details discussed with staff member/ volunteer:

Details of decision made regarding situation and actions taken:

1. Has the concern been reported to the HSE Safeguarding and Protection Team (Vulnerable Persons) within three working days

* To whom
* Date

1. If there are concerns in relation to children has the concern been reported to Tusla

* To Whom
* Date

Decision reported back to staff member/ volunteer:

Decision reported back to Board (date of conversation)

What is the outcome of the Preliminary Screening

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

This form should be kept confidentially. This report is subject to court orders / Commissioner orders where information must be disclosed and HSE requirements of information Sharing.

**Appendix 3 The Care Trust Safeguarding Vulnerable People Policy Statement**

The Care Trust was established to fundraise from the public on behalf of our charity beneficiaries CRC, Rehab and various Special Charitable Projects. In doing this The Care Trust is committed to operating with integrity, honesty, transparency and respect.

The Care Trust is committed to high ethical, legal and moral standards and safeguarding is a key priority for the charity.

All staff members, fundraising representatives, third party partners, volunteers and contractors working with The Care Trust are committed to practices that promote the welfare of all Supporters and potential Supporters of the charity and to uphold their rights and safeguard them from harm.

The Care Trust operates a ‘No Tolerance’ approach to any form of harm or abuse.

We will strive to safeguard those we engage with on a day-to-day basis in our fundraising efforts adhering to The Care Trust Policy – Safeguarding Vulnerable People– and the HSE Safeguarding Policy – Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures.

You may contact us if you have any concerns that you or another adult you know is being or has been subjected to harm or abuse, please contact a member of staff on 01 2000 060 or at The Care Trust, College House, 71/73 Rock Road, Blackrock, Co Dublin.

The Designated Officer for The Care Trust is the CEO.

If you wish to make an external complaint about harm or abuse, you may also contact HSE services directly via the HSE complaints process – contact 1850 24 1850