



VERSION 1.0

# ADULT SAFEGUARDING PRACTICE GUIDANCE

**TRANSFER AND DISCHARGE OF  
ADULTS AT RISK OF ABUSE  
FROM ONE SERVICE TO  
ANOTHER**

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# INTRODUCTION

People come into contact with a variety of health care services over the course of their lives. They may access individual services, they may access a number of services at once or they may move from one service to another, depending on their circumstances and care needs. People may also be frequent or infrequent users of services.

A safeguarding concern can arise in any of the circumstances described above. In many cases the safeguarding responsibility will remain with one service as it works with the adult to put safeguards in place, but in some circumstances there will be a need for extra consideration to be given to safeguarding where the person accesses a number of services or requires to be discharged from one service to another.

Where a transfer of care or discharge is considered there will often be communication between the various services to assert which service is best placed to carry out a safeguarding assessment, develop a safeguarding plan or manage an ongoing safeguarding concern.

While it is not possible for this guidance document to foresee every possible scenario in which such decisions might occur it is important to note that all HSE and HSE funded services will need to be flexible to ensure that the person remains at the centre of any safeguarding actions and remains safeguarded irrespective of where the safeguarding concern arises and irrespective of movements between services.

A decision to seek the transfer of responsibility for a safeguarding matter from one service to another service is a complex one and should be considered carefully. Decisions should not simply be made on the basis of the number of hours of support provided by a service or the location of where a safeguarding concern arose. Factors such as the will and preference of the adult, the skill set of the staff to lead/guide the safeguarding, the relationship between the adult at risk and the service and also the relationship between the person allegedly causing concern and the service will all need to be considered.

# GENERAL GUIDING PRINCIPLES FOR SAFE TRANSFER

Each case will need to be considered on an individual basis but a number of important principles will help guide decisions in this area;

- There must be no delay in safeguarding.
- Consider the will and preference of the adult.
- The adult should be engaged with by professionals who they know as far as possible.
- Safeguarding is everyone's business.
- A service which requests another service to take a lead in a safeguarding case must confirm that that the request has been accepted.
- A service which transfers responsibility for safeguarding to a second service may still have a role to play in a safeguarding plan.
- Inter-agency cooperation is vital to ensuring that a person is safeguarded. This includes the appropriate sharing of relevant information on the safeguarding matter.
- Responsibility for the safeguarding matter remains with the original service until such time as a formal transfer of responsibility has taken place.



# EXAMPLE OF CASE TRANSFER

John has an intellectual disability and is a user of a number of services. He attends a workshop placement at Service A five days per week. He also attends Service B for respite care every six weeks.

While in respite care in Service B, John becomes upset. He informs a staff member that he was recently in town having a cup of coffee with another service user when they were approached by a man known to the second person. This man joined them and when they were finished he demanded money from John. Because of his level of upset, John sees a counsellor while he is in respite care.

Staff in Service B deal with this matter as a safeguarding concern and a safeguarding protection plan is developed with John.

Given the fact that John will not be in respite care at Service B for another six weeks and given the fact that further assessment and safeguarding is required (both with John and his fellow service user), the designated officer in Service B makes contact with the designated officer in Service A. In consultation with John, they agree that the matter should remain open and be managed by Service A. John is facilitated to continue his engagement with the counsellor at Service B and extra respite nights are made available if necessary, as part of the safeguarding plan.

# DISCHARGE FROM AN ACUTE SETTING: SPECIAL CONSIDERATIONS

A safeguarding concern can arise in an acute care setting in a number of ways;

- It may be disclosed for the first time by the adult at risk in an acute care setting.
- A third party may raise the safeguarding concern to a member of staff in the acute care setting.
- A member of staff in the acute care setting may observe a safeguarding concern occurring in the setting.
- A member of staff in the acute care setting may form an opinion that a safeguarding concern has arisen for the adult at risk.
- A safeguarding concern may already be known to a HSE or HSE funded service before the adult is admitted to an acute care setting.
- All of the possible scenarios outlined above indicate that it will be necessary to plan effectively so that the adult continues to be safeguarded as they move from one setting to another.



# ADDITIONAL GUIDING PRINCIPLES FOR SAFE DISCHARGE

- The service which is managing the safeguarding concern should take a lead in planning the safe discharge of the adult from an acute care setting to another setting.
- Commence safe discharge planning at the earliest possible moment in the acute care setting.
- Consider the risks involved in discharging the adult at risk of abuse to a potentially abusive situation.
- Consider the need to escalate the risk via internal risk escalation procedure.
- Consider the need for legal advice.



# EXAMPLE OF SAFE DISCHARGE 1

Joan is eighty years old. She is admitted to an acute care setting with recurring urinary tract infections. While undergoing tests she discloses to the doctor that her daughter insists on Joan wearing incontinence wear at night in case she wets the bed. This has gone on for long time, even though Joan has never had a problem with incontinence. Joan becomes upset and expresses a wish that the practice should stop.

In this case, the staff in the acute care setting will engage with Joan and ensure that a safeguarding preliminary screening is completed and a safeguarding plan developed. The staff implementing the plan will also take the lead in planning Joan's discharge to ensure the safeguarding concern continues to be managed in the community, post discharge.

# EXAMPLE OF SAFE DISCHARGE 2

Maura is an adult who has an intellectual disability who attends a day service. Maura has raised a safeguarding concern with the day service in relation to her ex-boyfriend who it is believed has taken advantage of Maura's finances. Maura has an ongoing safeguarding plan in place.

Maura is admitted to hospital. She expresses a concern to her designated officer in her service that her ex-boyfriend may try to take advantage of her while in hospital. Maura agrees that the designated officer should share information appropriately with the person responsible for safeguarding in the hospital. Maura is therefore safeguarded in hospital. In this case, because the safeguarding concern was being managed before admission to hospital, the designated officer in the day service takes the lead in planning Maura's discharge to ensure the safeguarding concern continues to be managed in the community, post discharge.