

The objectives for the **Volunteer Advocacy Councils** will be:

- >> To **promote, protect and defend the wellbeing of residents**, both individually and collectively, and to facilitate measures and initiatives with the potential to **empower residents** and **enhance their wellbeing** in a constructive way.
- >> To promote the development of **circles of support around residents** based on reinforcing the natural support structures of family and community in partnership with health and social care professionals and local development agencies.
- >> To ensure continuous focus on **establishing the will and preferences of residents and to ensure that their 'voice' is heard** and to strive to ensure that residents can participate in the day to day running of their homes, in so far as it is within their ability to do so.
- >> To support the development of **multi-perspective** as well as **multi-disciplinary approaches** to service provision and to ensure that the role of a public interest representative / 'critical friend' is developed at all levels including meetings of residents, families, staff and management.
- >> To engage equally with service users and providers to ensure the growth of a culture which understands, cherishes and promotes attitudes and approaches which are empowering and creative and which foster respect for the dignity and human rights of all concerned.

The first resident's council is being established in Áras Attracta, which will play an important part in the advocacy support for residents and families. The council will be independently chaired by a family member and will be empowered to raise any concerns with local management, HSE national management, HIQA, the Ombudsman, or the confidential recipient.

## 05 assurance review

A full assurance review has been commissioned of all of the Units in the Áras Attracta facility under the independent chairmanship of **Dr Kevin McCoy**, assisted by 3 experts within the field and independent of the HSE. In addition to recommending specific plans for each unit in Áras Attracta, the output from the Review Team will help to inform a **system-wide programme of improvement and assurance** for all residential centres for people with intellectual disabilities nationwide.

The group are currently engaging with residents, family members, staff and management, and are designing a **Consultation Document** for all external parties and for the wider system / services providers as well as

academics and interest groups. This document will be used to develop and enhance disability services in line with best practice for the future.

The work of the review group will support service providers in ensuring that recommendations are in place and that the service has absorbed them, as well as ensuring that there is **safe, standardised best practice guidance** for Áras Attracta and the wider disability services.

Recommendations within a range of reports both internally and externally are being reviewed; the April Summit will hear feedback from Dr. McCoy on some of the emerging themes and learnings to date.

## 06 national summits

A series of summits will be held in **April, June & September 2015**. These summits, building on the December 2014 summit, will provide an opportunity to report on progress with the implementation of our plan, to hear from stakeholders on the challenges emerging and to discuss solutions to ensure best outcomes for service users. The outcome from these National Summits will inform the work of the National Implementation Task Force throughout the year, incorporating feedback and learning as we proceed with the implementation of the six-step change programme.

## living the vision

As we continue to implement the six-step change programme, we cannot underestimate the importance of leaders as agents of cultural change. Leaders have the capacity to bring people through change by describing the vision of the future, acting as role models for desired behaviours and being consistent about new systems and structures. The people who use our services are among our greatest leaders and champions and we must listen to their voices.

In order to achieve our vision to ensure that people with disabilities are safe and empowered to maximise their potential, we must support each other to embody the qualities of respect and understanding which are vital to the work we do.

# Empowering and Safeguarding Vulnerable People in Residential Centres

## Implementing the System-wide Programme of Change across our Social Care Services

### our vision - making it happen

As we continue to implement the six-step change programme of measures to ensure the quality and safety of all our services and specifically those in residential care, it is vital that we keep the service user at the heart of all we do.

'Safeguarding Vulnerable Persons at Risk of Abuse', the new policy launched in December 2014, now provides one overarching policy to which all Social Care Services, including those provided directly or funded by the HSE, will subscribe and will implement in their place of work ensuring:

- >> a consistent approach to protecting vulnerable people from abuse and neglect,
- >> that all services have a publicly declared 'No Tolerance' approach to any form of abuse, and that
- >> a culture which supports this ethos is promoted.

The policy builds on, and incorporates, existing policies in HSE Disability and Elder Abuse services.

Our plan is for people with disabilities to be supported to live ordinary lives, in ordinary places doing ordinary things. We want to ensure that people with disabilities are safe and empowered to maximise their potential, through respect and understanding.

To enable this approach, we have a responsibility to change how we do things. We need to empower service-users and their families, as well as our staff, to be vigilant and to have the confidence to speak out when the need arises, certain in the fact that they will be heard. People can speak up in many ways, for example, through local or national management, the HSE's complaint's process Your Service - Your Say, HIQA, the Ombudsman and, more recently, through our confidential recipient Leigh Gath.

This is a change of culture which has already begun – but it will require ongoing reinforcement from all of us, returning again and again to our plan for success to inform our work.

Improvement is a continuous process, and we will continue in our efforts, responding to the needs of service users, their families and staff in order to improve what we do, and to facilitate and support meaningful changes in the provision of services to people with disabilities in residential centres in Ireland.

Pat Healy

National Director Social Care,  
Chair of the National Implementation Task Force



## implementing the change programme

To implement the change programme, a six step plan has been initiated:



### 01 national implementation task force

The HSE has established a National Implementation Task Force for Residential Services to ensure that the system-wide programme of change, which has been put in place, improves the quality and safety of residential services for people with disabilities. This programme is focused on the 90 service providers who deliver residential services in over 900 designated residential centres regulated by HIQA.

The purpose of the National Implementation Task Force is two-fold:

Firstly, it will aim to provide the necessary leadership and oversight, at national level, to drive the implementation of the six step programme. Secondly, the National Implementation Task Force will provide a mechanism for communication and engagement with, and input from, all stakeholders around this change programme.

Stakeholders include:

- >> People with disabilities,
- >> Their families and/or carers,
- >> Advocates,
- >> Service providers,
- >> Academics,
- >> Staff, and
- >> Other interested parties.

A multi-agency National Implementation Task Force, led by Pat Healy, National Director Social Care will drive the implementation of the six step programme.

**national implementation task force members**

Pat Healy, National Director Social Care (Chair)  
 Marion Meany, Head of Operations and Service Improvement  
 Gerry Clerkin, Quality and Safety Lead Social Care  
 Maria Lordan Dunphy, Quality Improvement Division  
 Paschal Moynihan, National Office Safeguarding Vulnerable Persons at Risk of Abuse  
 Martin Naughton, Service User Representative  
 John Hayes, Chief Officer Area 1  
 Bernard Gloster, Chief Officer Area 3 & Interim Chief Officer Area 2  
 Ger Reaney, Chief Officer Area 4  
 Martina Queally, Chief Officer Area 6  
 David Walsh, Chief Officer Area 7 & Interim Chief Officer Area 5  
 Gerry O'Neill, Chief Officer Area 9  
 Pat Bennett, Chief Officer Area 8  
 John Hannigan, National Federation of Voluntary Bodies  
 Brian O'Donnell, National Federation of Voluntary Bodies  
 Joanne McCarthy, Disability Federation of Ireland  
 Mark Blake-Knox, Not for Profit Business Association  
 Paddy Connolly, Inclusion Ireland  
 Children and Family Services Representative  
 Siobhan Barron, National Disability Authority

## 02 national policy & procedures implementation

This new policy, which is for all Social Care Services staff, applies where any concerns arise of abuse or neglect of vulnerable adults. It builds on and incorporates existing policies in HSE Disability and Elder Abuse services and in a range of other Disability Service providers. A National Safeguarding Office has been established; the main functions of which are to:

- >> Ensure implementation of the policy.
- >> Collect and collate data on referrals of abuse and neglect.
- >> Support the recruitment of additional social worker posts.
- >> Support the establishment of Safeguarding and Protection Teams in each Community Healthcare Organisation.
- >> Develop staff training programmes in relation to the policy. Nine Safeguarding and Protection Teams are currently

being developed. Each team, one per Community Healthcare Organisation, will be led by a Principal Social Worker and supported by social work team leaders and social workers. Recruitment is already underway, with twenty additional social worker posts being recruited to the Safeguarding and Protection Teams. Every unit/ group home will identify a Designated Officer assigned as the go-to person to deal with all complaints and allegations of abuse.

A Safeguarding Policy training programme for staff is currently being developed. The initial people prioritised for training will be the members of the Safeguarding and Protection Teams and the Designated Officers.

### 03 quality improvement enablement programme

The implementation of a **Quality Improvement Enablement Programme** in disability residential centres will involve undertaking an evaluation of the transfer of HIQA Standards of Care into practice in services provided by approximately 90 service providers who deliver residential services in over 900 designated residential centres regulated by HIQA.

The **HSE's Quality Improvement Division and Social Care Division** will work together to form interdisciplinary **Quality Improvement Enablement Project Teams**. These teams will combine extensive knowledge and competencies in the areas of audit and evaluation, quality improvement, disability services, and clinical expertise across two key phases of implementation of the quality improvement programme.

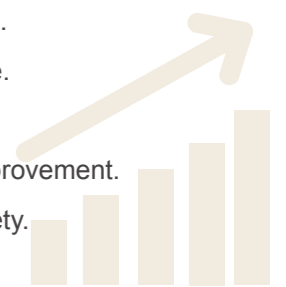
In Phase One '**Supporting Service Improvement**' Enablement Project Teams will work with HSE residential services for adults with intellectual disabilities. The objective of this phase will be to advise and support the enhancement of structures and processes to enable them to improve the delivery of quality and safe services.

The learnings from Phase One will be built on in Phase Two '**Supporting Quality Improvement**', to develop capacity for the wider organisational and workplace cultural change required for quality improvement and person-centred outcomes.

Throughout this quality improvement enablement project, sites will be supported in developing improvement plans and projects using quality improvement methodologies and measures – and in particular the six key drivers of quality improvement – to influence change.

The **six key drivers of quality improvement** are:

1. Leadership for quality improvement.
2. Supporting person-centred care.
3. Supporting staff to improve care.
4. Safe care above all.
5. Learning and measuring for improvement.
6. Governance for quality and safety.



### 04 national volunteer advocacy programme

The HSE is working in partnership with key internal and external stakeholders, families and service users to develop and implement a **Volunteer Advocacy Programme**, drawing on experience of other models of advocacy currently in use by Disability Groups, Older Persons Groups and others. We will support the development of service user / family councils that focus

on the **welfare of all residents** and will seek to **protect residents' rights and to enable them to participate in matters that affect their daily lives**. These councils will be independently chaired and will empower service users and their families and will focus on quality development based on service user needs.