National Safeguarding Office

2016 Safeguarding Data Report

THE NATIONAL SAFEGUARDING OFFICE

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Contents

Overview

2016 represents the first year of data collection on safeguarding concerns reported to the Safeguarding and Protection Teams (SPTs) located in each of the nine community healthcare organisations (CHOs) across the HSE. These teams were established within the Social Care Division following the publication of the *Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (2014)*. They are tasked with managing safeguarding concerns relating primarily to persons with a disability and/ or over 65 years who are deemed vulnerable.

Prior to the establishment of the SPTs the elder abuse service, through its network of senior case workers would have managed abuse concerns relating to those over 65 years. These were reported on annually within the Open Your Eyes: Service Reports available on www.hse.ie/safeguarding . However within the disability services safeguarding concerns were managed locally, with no national system of recording and collating data. Therefore while comparisons can be made within this document to the elder abuse service, 2016 represents the first year of data in relation to clients with a disability that have been referred to the SPTs with a safeguarding concern.

From the outset it is important to clarify that safeguarding concerns are managed by the SPTs within two streams, service and community settings. Service concerns related to individuals who have a safeguarding concern that are in receipt of services from a HSE or HSE-funded agency or who are residing in a facility of a HSE or HSE-funded agency at any time. These concerns are alerted to a Designated Officer within the organisation who liaises with the SPTs in the management of the concern. In contrast, if the safeguarding concern / alleged incident happen in a family/ community context then the concern is managed for the most part by the SPTs, who act as a Designated Officer.

Therefore regardless of the setting all safeguarding concerns that arise are subject to a preliminary screening- this process, conducted by a Designated Officer, collates all relevant information which is readily available in order to establish:

-If an abusive act could have occurred and
-If there are reasonable grounds for concern

The following sections will provide information on the data collection process and the key findings including:

1. Total concerns classified by gender, age and setting
2. Alleged abuse categories by age
3. Case outcome as submitted and agreed with the SPTs

As the service currently exists the SPTs manage cases for the most part within social care division and these will form the basis of the majority of the concerns reported within this document. In the context of the wider health service these figures only represent a portion of all of the safeguarding concerns experienced by vulnerable adults in Irish society that are being managed by the other divisions such as acutes, primary care and mental health services. In addition, in the wider community the prevalence of abuse in Irish society is much greater than that which is reported as evidence in relation to older people in the Abuse and Neglect of Older People in Ireland: Report of the National Study of Elder Abuse and Neglect

Methodology of Data Collection

All concerns are subject to a preliminary screening, completed by a Designated Officer and recorded on a standard form (Appendix 1). On submission to the SPTs a unique ID is assigned to the concern which enables it to be tracked through the safeguarding service. All concerns are logged on an Excel database within the SPTs which are collated monthly onto a national database in the National Safeguarding Office.

Within each database summary tables enable teams to critically assess the concerns they are receiving. In addition on a quarterly basis the following performance indicators are returned to the Department of Health:

1. Total number of preliminary screenings for adults aged 65 and over
2. Total number of preliminary screenings for adults under 65 years
3. Number of staff trained in safeguarding policy
4. Number of preliminary screenings with an outcome of reasonable grounds for concern that are submitted to the SPTs accompanied by an interim safeguarding plan

Performance indicators are reported on quarterly in arrears therefore the final quarter for 2016 was reported on in April 2017. The database is constantly updating so the information used to compile this report co-indices with that reported on in the performance indicators to the Department of Health.

2016 Safeguarding Returns

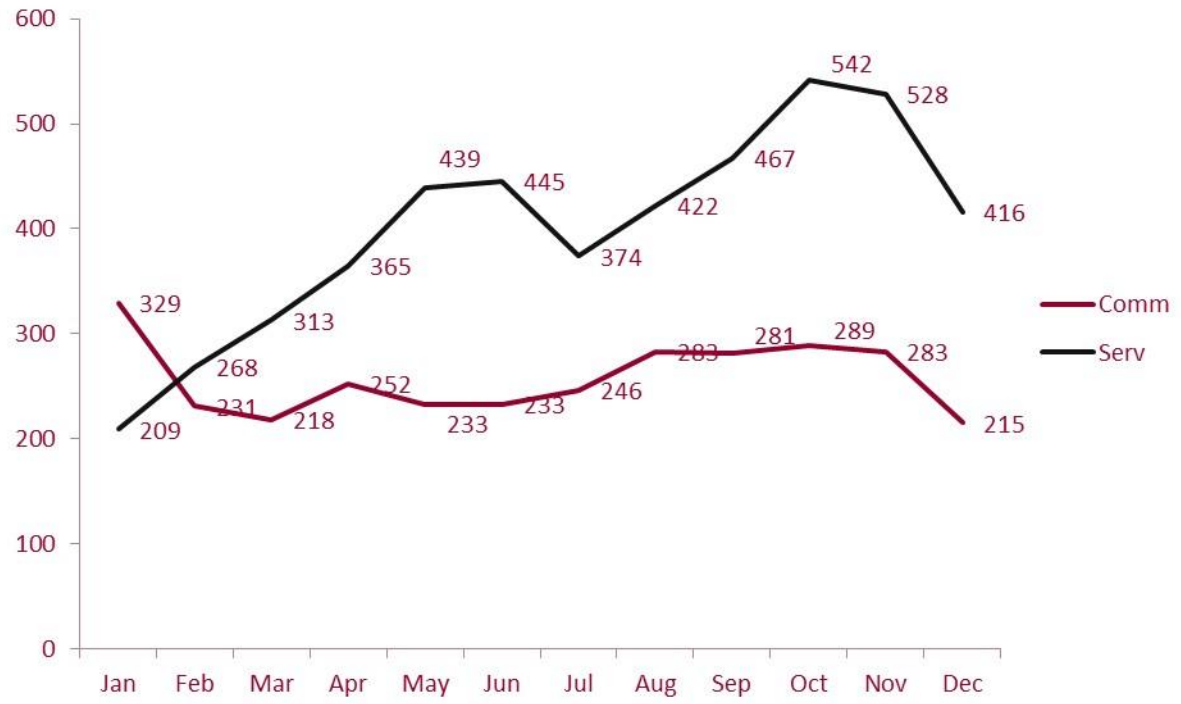

Fig 1: National Overview of Safeguarding Concerns Received

In total, there were 7,884 safeguarding concerns managed by the SPTs in 2016- 4,788 of these came from a service setting with 3,093 from a community setting. The high level of concerns in the community at the commencement of the year relate to the transfer of open elder abuse concerns from the old elder abuse system onto the new adult safeguarding database. Otherwise there is a consistent level of reporting in the community across the months of with on average 257 community concerns per month. In contrast service concerns show month on month increases for almost all months of 2016 with the highest level of reporting in October of 542. It is important to view this trend in the context of the training statistics illustrated in training section on page 14. There is a clear association between increased awareness raising training, much of which is being delivered in HSE or HSE funded services, and increased reporting of service related safeguarding concerns.

As documented in the policy, the HSE and HSE funded services operates a zero tolerance approach to abuse therefore each concern that arises in relation to a person needs to be reported to the SPTs. This can result in multiple referrals on the same individual. However for the most part (62% of cases reported in 2016) concerns are reported just once on an individual with a further 32% having between 2-5 concerns reported and the remainder 6% had over 5 concerns reported on the same individual. Repeat concerns are more likely to be

reported within service setting. This can be largely attributed to enhanced training and the existence of a Designated Officer structure to facilitate the management of safeguarding concerns and engagement with the SPTs.

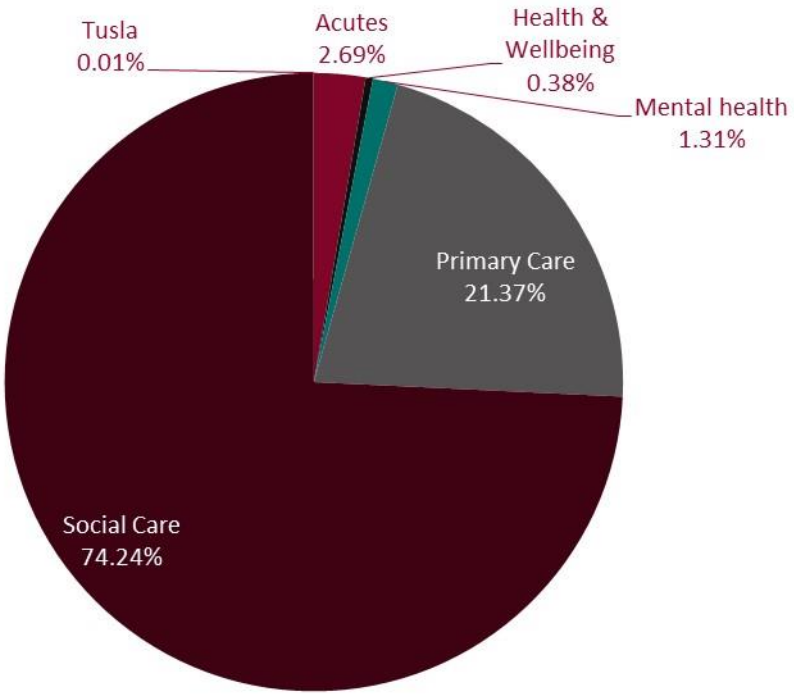

Fig 2: National Overview of Referral Division

As outlined previously this policy, although cross divisional in its ethos, is primarily operational only within the social care division. The SPTs do however, provide advice and support on safeguarding matters within other divisions. In 2016, 74% of all concerns are relating to social care clients, with primary care the largest other division referring into the SPTs.

Table 1 provides more information in relation to the referral source. This indicates that voluntary agencies are the main source of referrals into the SPTs followed by Public Health Nurses and Primary Community and Continuing Care Staff (PCCC). Safeguarding concerns from voluntary agencies are primarily within the disability sector. These represent 89% of all the concerns that are reported from the voluntary sector, with concerns pertaining to older people representing 11% of voluntary agency safeguarding concerns. In contrast, concerns that arise in the community, reported by PHNs, predominantly relate to older people residing in the community. As was the case within the elder abuse service PHNs play a pivot role in alerting the dedicated social work service of abuse concerns in the community.

GP referrals comprise of 2% of direct referrals into the service, the majority of these relate to clients over 65 years (76%). Anecdotal evidence would suggest that even when concerns originate from the GP they would engage with the PHN service to refer the concern to the SPTs.

Table 1 Summary of Referral Source for all concerns received by SPTs in 2016

Referral Source	No of Concerns	% Breakdown[1]
Voluntary Agency	2476	38.26%
PHN/RGN	1707	26.38%
PCCC Staff	731	11.29%
Hospital Staff	399	6.17%
Family	241	3.72%
Carer/Home Help	168	2.60%
Self	145	2.24%
Gardaí	113	1.75%
GP	106	1.64%

Table 2: Summary of Referral Source by Setting/Age Category for all concerns received by the SPT 2016[2]

Referral Source	Community			Service			Overall Total
	18-64	**65+**	**Total**	**18-64**	**65+**	**Total**	
Voluntary Agency	170	55	225	2017	204	2221	2446
PHN/RGN	184	998	1182	399	119	518	1700
PCCC Staff	118	173	291	345	87	432	723
Hospital Staff	56	238	294	31	62	93	387
Family	27	160	187	18	7	25	212
Carer/Home Help	23	70	93	40	26	66	159
Self	18	58	76	52	9	61	137
GP	24	81	105	1		1	106
Gardaí	28	71	99	1		1	100

[1] 94.33% of total referral sources
[2] Where age and setting is known – (full data set 6453) table data set 5970 – (top 9 referral sources represent 94.33% of total referral sources)

Safeguarding Concerns by Age Category

The national age profile for safeguarding concerns reported to the SPTs indicates that 60% of concerns relate to adults 18-64 years (fig 3). In total of the 3,029 concerns for those over 65 years and 40% of these relate to people over 80 years who in 4 out of 5 cases are residing in the community.

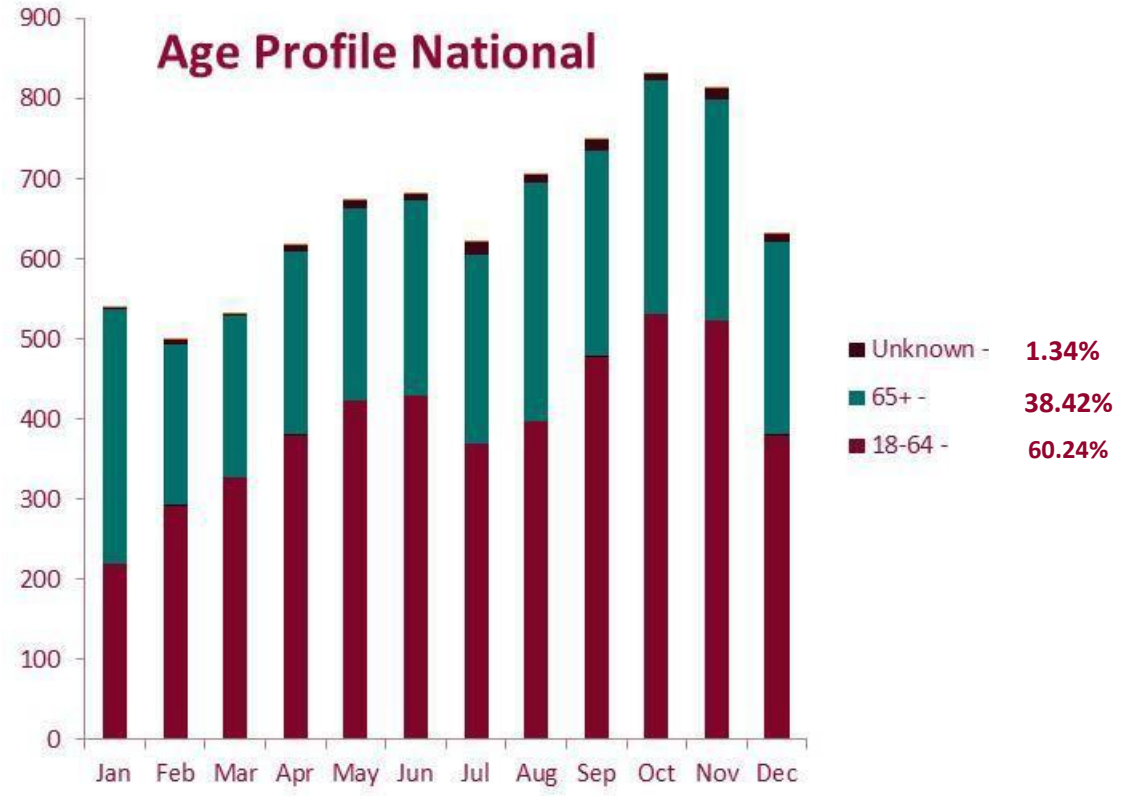

Fig 3: Profile of concerns by Gender by month of 2016

Analysis by setting and age illustrated in fig 4 shows that there is a consistent pattern of reporting in three of the four groupings (service over 65, community over 65s and community 18-64) with only service related concerns for under 65 showing wide fluctuation with month on month, increases for the most part through the months of 2016.

Note that the transfer of elder abuse cases accounts for the elevated concern levels for January 2016 in the community 65+ profile.

It is evident from the data in 2016 that concerns relating to over 65 in a service setting are far greater than that which would have been evident in the referrals to the elder abuse

service. Further analysis indicates that these are coming from both disability and older persons units showing the impact of training and the Designated Officer structure across service settings within the Social Care Division.

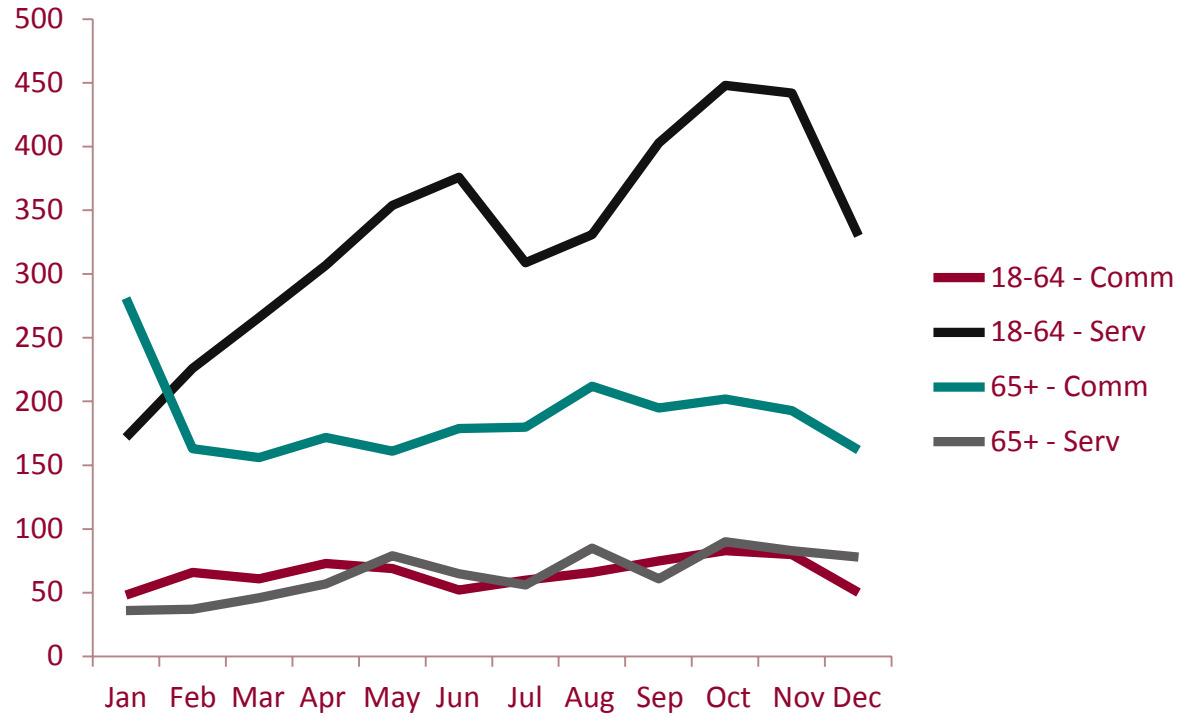

Fig 4: Profile of Concerns by Setting and Age

Safeguarding concerns by Gender/Age

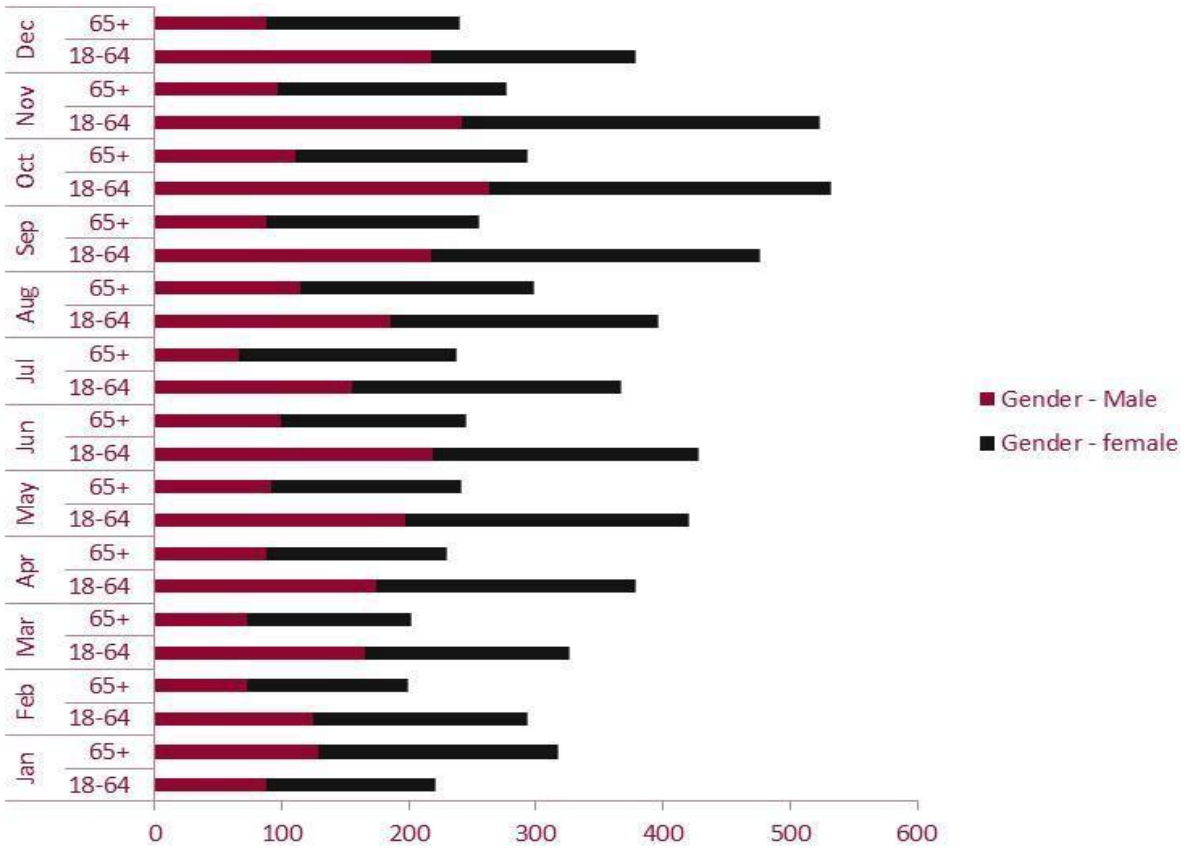

Fig 5: National Profile of Concerns by Age and Gender in 2016

National	Male	Female
18-64	47.55%	52.45%
65+	36.93%	63.07%
Total	**43.41%**	**56.59%**

In the under 65 year age category there was marginally more concerns relating to females. This division is much more pronounced in the over 65s with 63% of concerns relating to females, rising to 67% in the over 80s.

Outcome Agreed with SPTs

As part of the assessment process the preliminary screening must be submitted to the SPTs with an outcome and a safeguarding plan if required. On the service side the Designated Officer completes the preliminary screening and liaises with the SPTs while on the community side this is all completed by the SPTs. Based on the information gathered an agreed outcome will be reached by or with the SPTs to determine if there is

A. No grounds for reasonable concerns

B. Additional information required

C. Reasonable grounds for concern.

Fig 6: Outcome Agreed with SPT

When all cases both from a service and community setting are considered 47% were found to have reasonable grounds for concern, a further 31% had no grounds with additional information required in 22% of cases.

Alleged Abuse Category

This measure was introduced during 2016 therefore we have information on the majority, but not all cases, managed in 2016. In total, there are alleged abuse information recorded on 7,021 cases, 418 of them related entirely to alleged self-neglect. Table 3 provides a summary for all abuse categories inclusive of the self-neglect cases which represent 7% of the overall cases, most of which relate to people in the over 65 age category. Further analysis of abuse categories will be excluding cases where no other abuse type was alleged, other than self-neglect, to focus on cases where there was a person causing concern.

Table 3: Summary of Alleged Abuse Categories by Age Category (all cases)

	All	%	18-64 yrs	%	Over 65 yrs	%
Alleged Physical Abuse	3064	35%	2328	47%	711	20%
Alleged Sexual Abuse	665	8%	516	10%	144	4%
Alleged Psychological Abuse	2074	24%	1160	23%	895	25%
Alleged Financial Abuse	1010	12%	305	6%	688	19%
Alleged Neglect	1022	12%	390	8%	618	17%
Alleged Discriminatory Abuse	77	1%	30	1%	46	1%
Alleged Institutional Abuse	145	2%	99	2%	45	1%
Alleged Self Neglect	582	7%	131	3%	440	12%
Total	8639	100%	4959	100%	3587	100%

As illustrated in Fig 6- abuse profile for those cases with a person causing concern varies considerably when assessed by age category-

- Alleged physical abuse significantly more reported in 18-64 year age
- Alleged psychological abuse reported at a consist level regardless of age
- Alleged psychological abuse most likely to be associated with another abuse type
- Alleged financial abuse and neglect increase with age

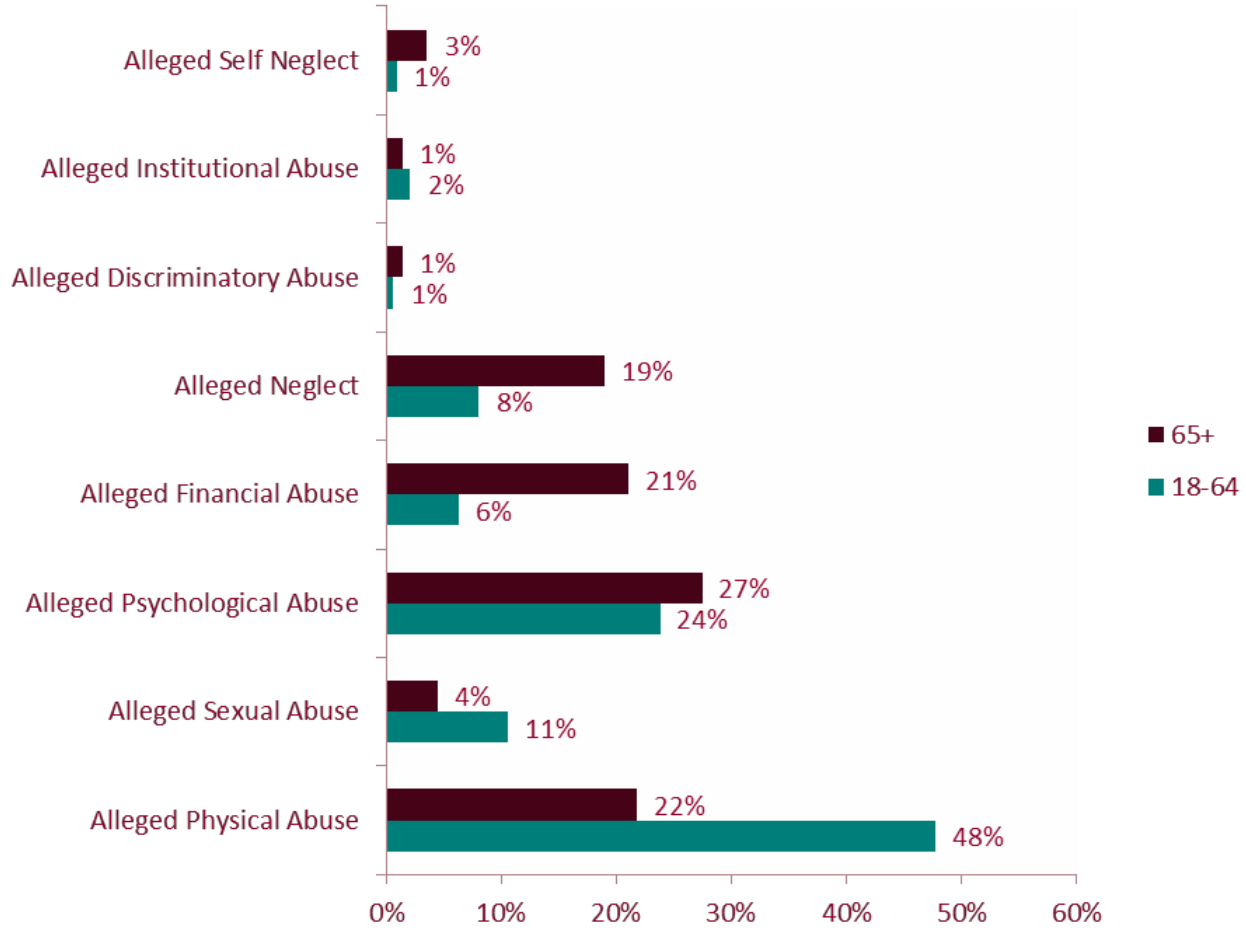

Fig 7 Alleged Abuse Categories by Age Profile with a Person Causing Concern

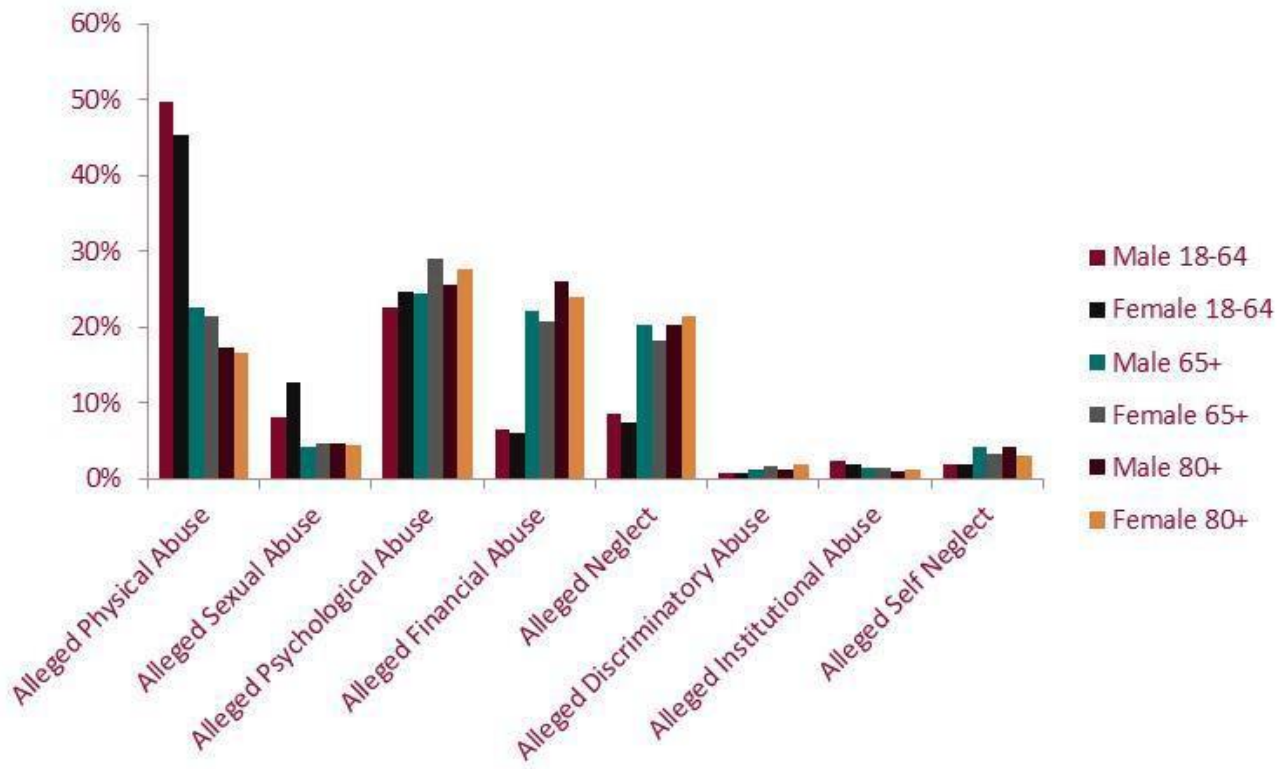

Fig 8: Alleged Abuse Category age profile

- Alleged physical abuse is higher amongst men in all age categories with the greatest level reported in males aged 18-64
- Alleged sexual abuse is highest in younger females although it is important to note that alleged sexual abuse is an issue for younger males also.
- More reporting of alleged financial abuse in males across all age categories, with the highest level of reporting in those over 80s
- Alleged neglect, increases with age, with the highest level reported in females over 80s
- Where alleged institutional abuse was reported, it was highest in younger males

Training

The National Safeguarding Office, established in 2015, is responsible for developing on going staff training as outlined in section 4 of the *Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures 2014*.

The Policy states clearly that safeguarding is a responsibility of all staff and volunteers, of the Social Care Division, and they need to be aware of their responsibilities in relation to safeguarding. In addition, the Policy describes the responsibilities of staff members including managers, the Safeguarding and Protection Teams, Designated Officers and frontline staff. In order for staff to understand and be aware of their responsibilities, training and awareness raising of staff and volunteers within the Social Care Division is essential.

To support the implementation of the safeguarding policy, training is being delivered on a number of different levels:

- **Designated Officer Training (DO training)-** to understand the requirements and expectations under the policy
- **Safeguarding Vulnerable Persons Awareness Programme-** 3½ hour workshop is to increase participant's awareness and knowledge of abuse of Vulnerable Persons and ensure they are in a better position to recognise it and report concerns. To be repeated three yearly.
- **Policy Information Sessions for Managers**
- **Train-the-Trainer programme** (HSE and HSE funded services)- to build capacity within the HSE and HSE funded services to provide both awareness raising and DO training in a consistent manner
- **Train the Trainer programme for non –HSE Sector Nursing Homes** which enables those that undertake it to deliver the ***Safeguarding Vulnerable Persons Awareness Programme*** to non HSE sector nursing homes.

The 2016 HSE Service Plan Key Performance Indicators (KPIs) for safeguarding training was set at 8,000 staff to receive safeguarding training. This was far exceeded with a total of 13,499 trained across the nine CHOs in the year. The profile of training delivered is illustrated in fig 8 which shows that the Safeguarding Vulnerable Persons Awareness Programme represents the majority of all training delivered. Table 4 provides a summary of course delivered by job sector. This illustrates awareness raising is predominantly delivered to support workers while DO training is evenly distributed across management, allied health professionals and nursing.

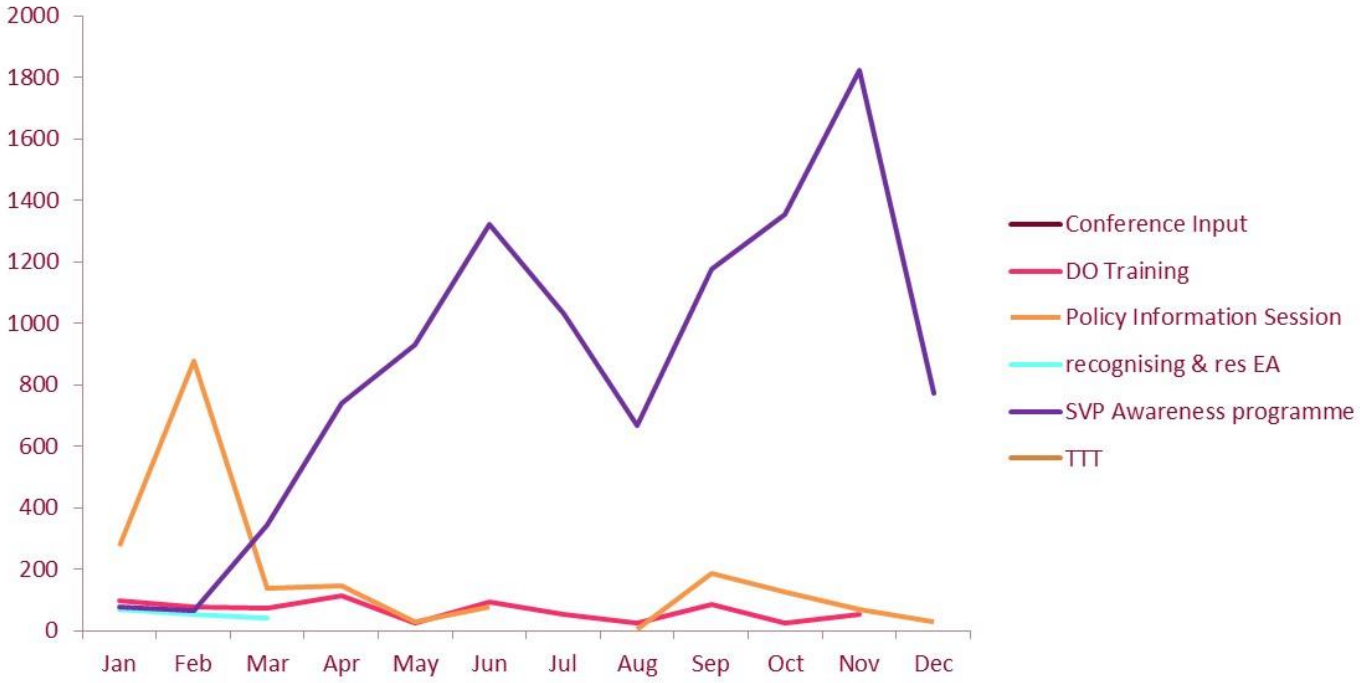

Table 4: Summary of Training Delivered by

	Conference Input	DO Training	Policy Information Session	Recognising & Responding to Elder Abuse	SVP Awareness programme	Train-the-trainer	Grand Total
Support Worker	8	7	554	52	5190		5811
Nursing	38	203	330	38	1934	34	2577
Other		3	147	54	1104		1308
Allied Health Professional	2	271	209	3	1063	37	1585
Mgmt/Admin	136	233	323	10	927	27	1656
Dental / Medical			3		37		40
Grand Total	**184**	**717**	**1566**	**157**	**10255**	**98**	**12977**

Summary

1. 2016 represents the first year of national data on safeguarding concerns within the HSE. They expand from the previously reported elder abuse service to now encompass the disability services.
2. It is clearly evident that the structures devised by the Safeguarding Policy namely the Designated Officer structure, is operational nationwide and has in many respects provided a more consistent method of communication between the HSE and HSE funded services. In total, over 400 services have reported safeguarding concerns to the SPTs in 2016. These are predominantly on the service side; however anecdotal evidence would suggest that the overall system would benefit from a Designated Officer structure on the community referral side.
3. The range of referral sources into the SPTs highlights the important message that is being delivered by the Safeguarding Policy, and reinforced by the training, that safeguarding is everybody's business. Staff, families, home helps, Gardaí and GPs all represent key groups engaging with the SPTs. Indeed the work of the National Safeguarding Committee, of which the HSE is a member is strengthening the cross departmental and cross agency bonds in collectively working to ensure the safeguarding of those most vulnerable in Irish society.
4. Training is core component of the work of both the National Safeguarding Office and indeed the SPTs and facilitators across the public voluntary and private sector. It is evident that there is a strong association between training and reporting. This is serving to enshrine a positive open culture where zero tolerance approach to abuse is promoted. 2017 will have even greater levels of training provided with the target of 17,000 nationally.

Appendix 1

Appendix 1

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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 at Risk of Abuse:

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)*
*If Residential Care please provide HIQA Code*_____

Designated Officer (DO) Name:
Community Health Organisation (CHO) Area:

2. Details of concern (if any questions below is not applicable or relevant please state so in that section):

a. Brief description of vulnerable person:

b. Details of concern 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 assessment or response to date?

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

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

i. Details of any internal risk escalation:

j. Is this concern linked to any other Preliminary Screening? If so give details and reference:

3. Relevant information regarding concern:

Date that concern were notified to the Designated Officer:

Who has raised this concern?

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)*

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

Are you aware of any formal assessment of capacity being undertaken?
Yes ☒ **No** ☒
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?

Are other agencies involved in service provision with this vulnerable person that you are aware of? **Yes** ☒ **No** ☒
If yes, Details:

4. Is there another nominated person the Vulnerable Adult wants us to contact, if so please give details?

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 known** ☐

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 known** ☐

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 allegedly causing concern:

*Name:
Address:
Date of Birth (if known)
Gender: Male ☒ Female ☒

Relationship to Vulnerable person:
Parent ☒ Son/Daughter ☒ Partner/Spouse ☒ Other Relative ☒ Neighbour/Friend ☒
Other Service User / Peer ☒ Volunteer ☒ Stranger ☒ Staff ☒
Other☒ (*please specify)*

***Data Protection Advice: If the person allegedly causing concern is a staff member, please use initials and work address**.

Preliminary Screening for [Name of Vulnerable Person**]**

6. Details of Person completing preliminary screening

Name: Phone:
Address:
Job Title: Are you the Designated Officer: yes ☐ No ☐
Email: Date:

Preliminary Screening Outcome Sheet (PSF2)

Name of Vulnerable person:
A: Options on Outcome of Preliminary Screening

1. No grounds for further concern ☐
   (If necessary attach any lessons to be learned as per policy)
2. Additional information required (Immediate safety issues addressed and interim safeguarding plan developed**)** ☐
3. Reasonable grounds for concern exist:

- Immediate safety issues addressed ☐
- Interim safeguarding plan developed ☐
- Incident Management System Notified e.g: NIMS ☐

B: Any Actions undertaken:

1. Medical assessment	**Yes** ☐	**No** ☐	**N/A** ☐
2. Medical treatment	**Yes** ☐	**No** ☐	**N/A** ☐
3. Referred to TUSLA	**Yes** ☐	**No** ☐	**N/A** ☐
4. 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.

C: Other relevant details including any immediate risks identified:

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

D: 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:
Safeguarding Concern ID number 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:

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:

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:

Appendix 1 **Interim Safeguarding Plan for [**Name of Vulnerable Person**]**

***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

Please note that Interim Safeguarding Plan if appropriate can become formal Safeguarding Plan

Name of Designated Officer/ Service Manager: Date of Interim safeguarding plan: