National Safeguarding Office

Annual Report 2019

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Foreword

Adult Safeguarding is one of the priorities contained within the HSE Patient Safety Strategy (2019 – 2024), this year safeguarding moving within the governance of Quality & Patient Safety, and so I am very pleased to foreword the Annual Report. The publication of the 2019 Annual Report of the National Safeguarding Office is a timely reminder in what are challenging times for the health service of the central position that adult safeguarding plays across all health and personal social care services. This is of particular resonance when we consider the individual stories and experiences lived behind the activity data and statistics contained herein.

Working in collaboration with stakeholders and funded agencies we must strive together to advance the necessary service improvements in practice, procedures, service provision and care to protect adults at risk of abuse. It is vital that the business intelligence contained in the Annual Report should inform our future planning as well as the transition from the 2014 to the revised 2019 HSE Safeguarding Policy.

The current HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy, 2014 has played an important role in supporting the human rights, welfare and safety of adults at risk of abuse. A policy however is just that, without committed people to operate the policy its benefits would not be realised. The National Safeguarding Office itself, our Community Healthcare Organisation Safeguarding Protection Teams in particular, and all of our Social Work, Nursing, Medical and other Health & Social Care professionals have contributed to the progress we have made to date – and their continued dedication will be the foundation for further developments. I am also aware of the importance of managers at all levels supporting our Safeguarding efforts, I thank managers for their support and ask that this continues.

A core commitment contained in the 2019 HSE National Service Plan is the future operation of the revised HSE Adult Safeguarding Policy (2019) across all HSE and HSE funded services. During 2020 an intense and challenging year of work has been undertaken by an Implementation Steering Group, building on three previous years of consultation to prepare for a phased transition to the revised policy. This transition will be complex and will require investment and ongoing engagement with all stakeholders during 2021 and beyond. The successful transition to the revised Safeguarding Policy is critical to the equitable and effective safeguarding of adults at risk of abuse in our country.

We all have a responsibility for safeguarding, and I know that every day HSE staff and our colleagues in funded agencies go to work with the intention to keep people safe, and provide high quality services. I would like to commend the work of the wide range of staff who undertake specific safeguarding tasks as part of their job in areas such as training, assessment, protection planning, and designated officer duties. I am conscious of the immense effort on your part to continue this important work despite the COVID19 related Pubic Health measures which were put in place to manage the pandemic.

Notwithstanding the clear need to reduce transmission of COVID 19 we have seen the pandemic evolve in a way that has isolated many. As we have developed many innovative new ways of delivering care, these can involve reduced in-person contacts with our communities. This in turn can lead to a reduction in opportunity to identify risk of abuse. The HSE are committed to ensuring that new models of care and services have due regard to the need to recognise, respond and report abuse or the risk of abuse. We will continue to engage with key partners in Safeguarding Ireland and Advocacy organisations to seek their input on how best to achieve this, as well as to achieve our overriding ambition to effectively safeguard.

In conclusion I would like to thank you again for your work, and I look forward to engaging with you, our partners and stakeholders during the phased transition to our new HSE Safeguarding Policy in 2021.

JP Nolan
HSE Head of Quality & Patient Safety

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Introduction

The Health Service Executive (HSE) aims to provide integrated health and personal social services that meet the highest standards, where people are treated with respect and dignity and can live as independently as possible. The delivery of adult safeguarding service and the promotion of the welfare of vulnerable service users is a core service objective.

The current Safeguarding Vulnerable Persons at Risk of Abuse - Policy and Procedures (The 2014 Safeguarding Policy) and the programme of adult safeguarding services are all part of a range measures to support the welfare and safety of adults who may be vulnerable. In recognition that the term *vulnerable person* will change with the introduction of the revised policy and in the interest of a person centred approach the term *adult at risk of abuse* will replace vulnerable person.

Since the launch of the 2014 Safeguarding Policy, a number of supporting structures have been put in place, including the establishment of the National Safeguarding Office (NSO), which provides systems leadership, oversight and coordination for all aspects of the policy and practice.

In implementing the policy, the HSE set up 9 Safeguarding and Protection Teams (SPTs), one in each Community Health Organisation (CHO), to co-ordinate consistent responses to concerns of abuse and neglect. These teams are managed and led by Principal Social Workers and staffed by Social Work Team Leaders and Professionally Qualified Social Workers with administrative support. They provide a range of safeguarding functions from direct case management to quality assurance as well as oversight and support to all service providers including those funded by the HSE.

Since 2015 there have been key advances and developments:

- Setting up of a network of over 1,800 Designated Officers across the social care sector with specific lead safeguarding roles

- The development of an inter-sectoral National Safeguarding Committee now known as Safeguarding Ireland. Safeguarding Ireland, which is independent of the HSE, involves over 30 partners across public, voluntary and private sectors working to promote and advance the rights of adults at risk of abuse at a national level. The ongoing awareness raising initiatives by Safeguarding Ireland are helping to promote greater public awareness about the existence of abuse of adults who may be vulnerable to abuse. Safeguarding Ireland have been central in highlighting the need for legislative reforms to protect the human rights of adults at risk of abuse.

- The development of a national adult safeguarding training programme which includes a basic awareness session for all staff and specific training for Designated Officers and training facilitators

- Setting up of a Safeguarding Committee in each CHO, chaired by the Head of Social Care. These committees aim to support the development of a culture which promotes the welfare of adults at risk of abuse and provide support and advice to the SPTs and senior management.

Future Slaintecare reforms and wider health service restructuring should lead to improved service delivery models for all users of health and personal services. As highlighted in the 2018 NSO annual report the abuse of adults at risk of abuse remains a disturbing reality in Irish society. The current adult safeguarding policy has been in place since December 2014 and was only operational within the Social Care Division of the HSE. A review was undertaken which considered and agreed expansion of the policy to all HSE and HSE funded services. The draft revised HSE Safeguarding Policy finalised in June 2019 was endorsed by HSE Leadership and plans are now commenced to progress an implementation plan.

This is the 4th annual report of the NSO published by the HSE since implementation of the 2014 Safeguarding policy. The Report aims to give an account of safeguarding activity each year and to highlight significant trends, challenges and opportunities with regard to adult safeguarding.

This Report highlights some key activities by the NSO during 2019 and set out some planned developments for 2020.

The information and commentary in this Report is based on data collected and trends observed during 2019. The significant impact of the Covid-19 pandemic on adult safeguarding services and responses will be reflected in the 2020 Report.

3

The HSE National Safeguarding Office

The National Safeguarding Office was established in 2015 following the publication of the *Safeguarding Vulnerable Persons at Risk of Abuse, Policy and Procedures 2014.* The overall purpose of the NSO is to provide leadership, oversight and co-ordination for all aspects of policy and practice in relation to the safeguarding of vulnerable persons.

The NSO co-ordinates and leads the implementation of this Policy in the HSE Social Care Division. The NSO has certain key functions in areas such as training, planning, data collection and supporting the work of Safeguarding Ireland. The NSO is committed to service reforms that advance person centered care models, promote integrated care programmes and encourage choice and autonomy of service users. These developments will in turn lead to better and safer outcomes for service users.

Table 1: National Safeguarding Office Staff

Tim Hanly	General Manager
Marguerite Clancy	Senior Researcher
Donal Hurley	Principal Social Worker
Bridget McDaid	Senior Safeguarding and Older Persons Officer
Carol McKeogh Ryan	Assistant Staff Officer
Colleen Murphy	Clerical Officer
Don Munro	System Administrator

3.1
Objectives of the National Safeguarding Office

1. Support the consistent implementation of the *2014 Safeguarding Policy*
2. Contribute to and support the work of Safeguarding Ireland as the national intersectoral committee
3. Facilitate and co-ordinate the Interagency Reference Group with representatives from the disability sector
4. Collect and collate data in relation to notifications and referrals to SPTs of alleged abuse and neglect of adults at risk of abuse
5. Prepare and produce an annual report which is inclusive of data and trends on safeguarding concerns of adults at risk of abuse
6. Commission research to establish best practice in promoting the welfare and protection of adults at risk of abuse
7. Act as a resource for information in relation to adults at risk of abuse for HSE personnel, HSE funded agencies and other relevant organisations
8. Contribute to public awareness campaigns in relation to adult safeguarding
9. Develop practice guidance and tailored resources for all stakeholders
10. Develop and update relevant training programmes
11. Promote the development of Safeguarding Committees in all nine CHOs
12. Contribute to performance measures and reporting obligations of the HSE

3.2
Key Strategic Objectives for the National Safeguarding Office

- Support the development and co-ordination of the implementation plan for the revised HSE Adult Safeguarding Policy
- Revise and update the HSE adult safeguarding training plan and oversee its implementation and associated quality assurance processes
- Devise a plan to develop any necessary resource and guidance materials to underpin the revised and expanded HSE Adult Safeguarding Policy.
- Play a key role for the HSE in responding to emerging developments such as the HIQA/Mental Health Commission National Safeguarding Standards and future relevant legislation in adult safeguarding
- Enhance safeguarding systems and processes by advancing the procurement and implementation of an ICT system for adult safeguarding notifications, referrals, case management systems including data collection and analysis

- Play a lead role for interagency collaboration and coordination on adult safeguarding with other key organisations such as HIQA, Mental Health Commission, An Garda Siochána and TUSLA
- Play a leading role with Safeguarding Ireland and CHO Safeguarding Committees on public awareness campaigns for the general public and adults who may be vulnerable and at risk of abuse.
- Contribute to HSE implementation plans for service improvements regarding adults at risk of abuse following reports and enquiries
- Promote safer and more responsive services that enhance the human rights of service users and in general promote a human rights agenda for adults at risk of abuse in line with UN Human Rights Conventions and full implementation of the Assisted Decision Making legislation
- Devise a clearer and more integrated system to manage safeguarding concerns across the entire HSE
- Promote learning for staff on how to recognise and respond to concerns of abuse for adults at risk of abuse.
- Enhance and improve safeguarding materials and training tools for both staff and service users
- Improve interagency collaboration and coordination of responses around adult safeguarding
- Enhance a communication strategy with all stakeholders via newsletter and on line media messages
- Play a lead role in implementing HSE Service Plan objectives with regard to adult safeguarding
- Devise service development plans in line with Slaintecare Reforms, future Department of Health policy on adult safeguarding and the National Standards on Adult Safeguarding

3.3

Work Programme of the National Safeguarding Office

Since its creation in 2015 the NSO has been a key component of the HSE service improvement plan for adults at risk of abuse. The Office has also led out on a number of important developments and initiatives such as the setting up of a SPT in each CHO and running of national awareness campaigns. Over the past 4 years the NSO has developed an extensive programme of awareness training with 76,823 attendances. In addition the Office has established and maintains a national database of over 1,800 Designated Officers who have a lead role for screening and notifying cases of alleged abuse and neglect.

Plans are at an advanced stage at the end of 2019 to move from data collection using excel spread sheets to an ICT system for notification and case management. This will make data collection more timely, safer, more efficient and comprehensive.

During 2019 the work of the office has included:

- Ongoing engagement with the Department of Health on the work of the NSO including the review of the 2014 Safeguarding Policy as well as plans by the Department of Health to develop a health sector Safeguarding Policy.
- Undertaking a programme of events and activities to promote World Elder Abuse Awareness day on June 15th, and raise public awareness of abuse towards adults at risk.
- Facilitating learning & development events for the SPTs as well as co-hosting safeguarding events with other agencies.
- Continuing delivery of safeguarding training and associated quality assurance process and coordination of a network of approved safeguarding facilitators across all CHO areas.
- Active engagement with HSE Quality Assurance and Verification Division and HSE Quality and Patient Safety.
- Engagement with the Garda National Protective Services Bureau (GNPSB) on developing a joint Garda Siochána/ HSE data sharing protocol.
- Membership of the Advisory Group set up by HIQA and the Mental Health Commission for the development of National Standards for Adult Safeguarding, published December 2019.
- Submission to the public consultation on draft legislation relating to the Deprivation of Liberty Safeguarding Proposals, published July 2019.
- Advising and assisting CHOs on the management of adult safeguarding reviews.
- Completing submissions to the HSE estimates process.
- Membership of HSE Wardship Group to develop guidance for staff.
- Membership of the Policy Advisory Group tasked with the revision of the HSE National Consent Policy.
- Membership of Department of An Taoiseach sub group on the implementation of the Commission on the Future of Policing in Ireland Report 2018.
- Recording, and mapping trends, related to escalated safeguarding cases.
- Membership of PPI (Patient Participatory Involvement) Ignite UL-The PPI theme was launched in the Health Research Institute in 2016 with the focus of developing capacity for meaningful patient participatory involvement in health research.
- The NSO continued in secretariat support to Safeguarding Ireland.

4

Data on Adults at Risk of Abuse in Ireland

Safeguarding concerns managed by the social care division SPTs are subject to a preliminary screening. This is completed by a Designated Officer within a service or a member of the SPT and recorded on a standard form. A unique identification is assigned to each concern which enables it to be tracked through the safeguarding process. At present all concerns are logged on a Microsoft Excel database within the SPTs which are collated monthly onto a national database in the NSO.

Summary tables enable teams to critically assess the concerns they are receiving and provide an up-to-date log of caseloads by team member. It also facilitates SPT analysis of cases held by Designated Officers.

The information collected provides figures on concerns raised and allows for reporting on key performance indicators to the Department of Health. The performance indicators are;

- Number of staff trained in safeguarding policy which also include a training performance indicator

- Number of preliminary screenings with an outcome of reasonable grounds for concern that are submitted to the SPTs accompanied by an interim safeguarding plan

In addition to the core data requirements a log of advice and information provided by the teams has been included within their databases since 2017 so that they could account for this level of activity which is particularly evident at times of public awareness campaigns.

4.1
Safeguarding Data 2019

2019 saw a marginal 1% increase in the number of concerns received by the SPTs which totalled 11,929 concerns. Since 2016 there have been in excess of 40,000 concerns reported to the SPTs. In 2019 3,337 concerns related to adults over 65 years. This is consistent with the trend in reporting from previous years.

Table 3 illustrates a summary of all concerns by CHO from 2016-2019. Note that in CHO7 there continues to be a significant backlog issue that is impacting on the management and oversight of reports. Safeguarding concerns for 2019 reported on this table are inclusive of 1,000 concerns in CHO7 that have been received by the STP but are not logged in detail on the safeguarding system. This is due to staff shortages and the impact of a significant reporting in institutional abuse notifications in that area. As a result classification data is missing from subsequent categorical analysis throughout this section, which represents a significant issue to data reporting and risk to the organisation.

Table 3 illustrates activity levels across the 9 CHOs but it is important to recognize that this is not necessarily a measure of output as there can be an extensive variation in case complexity evident in the associated cases represented by these numbers.

Table 3: Profile of Safeguarding Concerns by Year by CHO 2016-2019

CHO	2016	2017	2018	2019	Grand Total
CHO1	711	768	878	879	3236
CHO2	687	704	755	649	2795
CHO3	635	927	1110	886	3558
CHO4	1060	1189	1628	1730	5607
CHO5	1310	1567	1476	1493	5846
CHO6	478	850	916	1001	3245
CHO7	1018	1772	2575	2690*	8055
CHO8	1158	1454	1507	1338	5457
CHO9	976	1049	935	1263	4223
Total	**8033**	**10280**	**11780**	**11929**	**42022**

***Note that the total number of cases in CHO7 is inclusive of approximately 1,000 concerns that have not been logged on the database**

In 2019 a sample of SPTs collated additional data fields to facilitate more in-depth information on

1. If the adult at risk of abuse is aware that the concern has been raised
2. The type of abuse reported where the agreed outcome with the SPT is “reasonable grounds”
3. Any engagement with other services in the management of the case including referrals to HIQA, An Garda Siochana, Department of Employee Affairs & Social Protection and the Law Society.

4.1.1 Safeguarding Concerns by Age and Gender

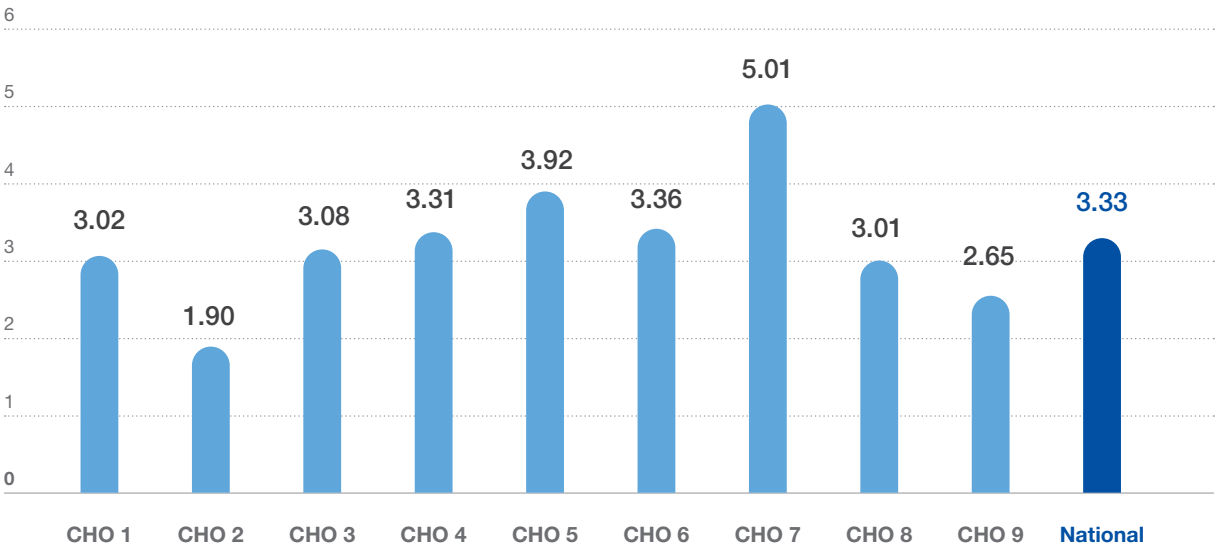
Each SPT operates within a unique service provision structure. Factors such as the number of voluntary services, the number of HSE run facilities and the organisation of community services can impact on the number of concerns managed by the teams. In 2019 the number of safeguarding concerns managed by each team ranging from 5.01/1,000 population in CHO7 to 1.9/1,000 population in CHO2. The national average at 3.3/1000 population reflected that reported in 2018. The following tables will provide further age classification.

Table 4: Reporting Rate per 1,000 of population: All adults by CHO 2019

	Males 18 Years+			Females 18 Years+			Total 18 Years+		
CHO	Pop.	Concern	Rate/ 1,000 Pop	Pop.	Concern	Rate/ 1,000 Pop.	Pop.	Concern	Rate/ 1,000 Pop.
1	143416	473	3.30	147289	406	2.76	290705	879	3.02
2	167995	271	1.61	173234	378	2.18	341229	649	1.90
3	141996	373	2.63	145439	512	3.52	287435	885	3.08
4	255667	849	3.32	266216	881	3.31	521883	1730	3.31
5	186605	743	3.98	193439	746	3.86	380044	1489	3.92
6	141841	455	3.21	155848	546	3.50	297689	1001	3.36
7	259417	820	3.16	274204	851	3.10	533621	2671	5.01
8	218781	615	2.81	225075	723	3.21	443856	1338	3.01
9	229925	504	2.19	244976	755	3.08	474901	1259	2.65
Total	**1745643**	**5103**	**2.92**	**1825720**	**5798**	**3.18**	**3571363**	**11901**	**3.33**

***Note 1,000 cases from CHO7 are included in the total but not in the gender classification due to missing data**

Figure 6: Rate of Reporting/1000 Population by CHO - All adults



For adults aged 18-64 years, the national average rate of reporting is 2.53/1,000 population, summarized by CHO in Table 5. The highest reporting rate per 1,000 population is in CHO5 (3.07/1,000 population) with the lowest reporting rate in CHO2 at .95/1000 population.

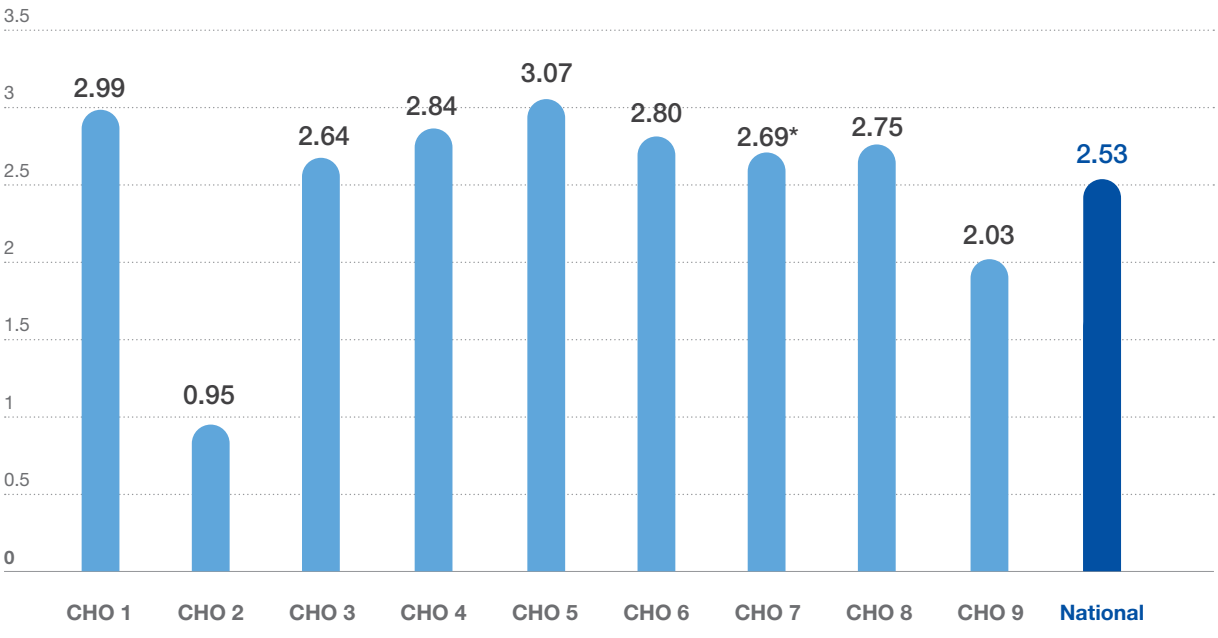
CHO2 has applied an oversight meeting framework with their funded agencies which may explain the lower rate of reporting.

Table 5: Reporting Rate per 1,000 of population: 18-64 Years by CHO

	Males 18-64 Years			Females 18-64			Total 18-64		
CHO	**Pop.**	**Concern**	**Rate/ 1,000 Pop.**	**Pop.**	**Concern**	**Rate/ 1,000 Pop.**	**Pop.**	**Concern**	**Rate/ 1,000 Pop.**
1	114414	372	3.25	116228	317	2.73	230642	689	2.99
2	135208	111	0.82	137463	149	1.08	272671	260	0.95
3	115927	283	2.44	115899	328	2.83	231826	611	2.64
4	209629	649	3.10	213377	554	2.60	423006	1203	2.84
5	151195	517	3.42	154258	420	2.72	305453	937	3.07
6	116807	342	2.93	124324	332	2.67	241131	674	2.80
7	223779	635	2.84	232397	592	2.55	456176	1227	2.69
8	183632	498	2.71	185966	520	2.80	369598	1018	2.75
9	198215	390	1.97	205078	428	2.09	403293	818	2.03
National	1448806	3797	2.62	1484990	3640	2.45	2933796	7437	2.53

Population figures represent all adults in this age category and do not consider any disability profile.
***Note that CHO7 is underestimated due to missing categorical data**

Figure 7: Rate of Reporting/1,000 Population by CHO - Total 18-64 Years



***Note that CHO7 is underestimated due to missing categorical data**

The national average rate of reporting per 1,000 population for those over 65 years has increased from 5.05 in 2018 to 5.23 in 2019 with increases observed in four CHOs.

The SPTs collectively managed more concerns relating to clients over 80 years than had been the case in 2018. The rate of reporting for this cohort increased from 9.27 in 2018 to 9.37 in 2019. Increases from 2018 data were observed in six CHOs.

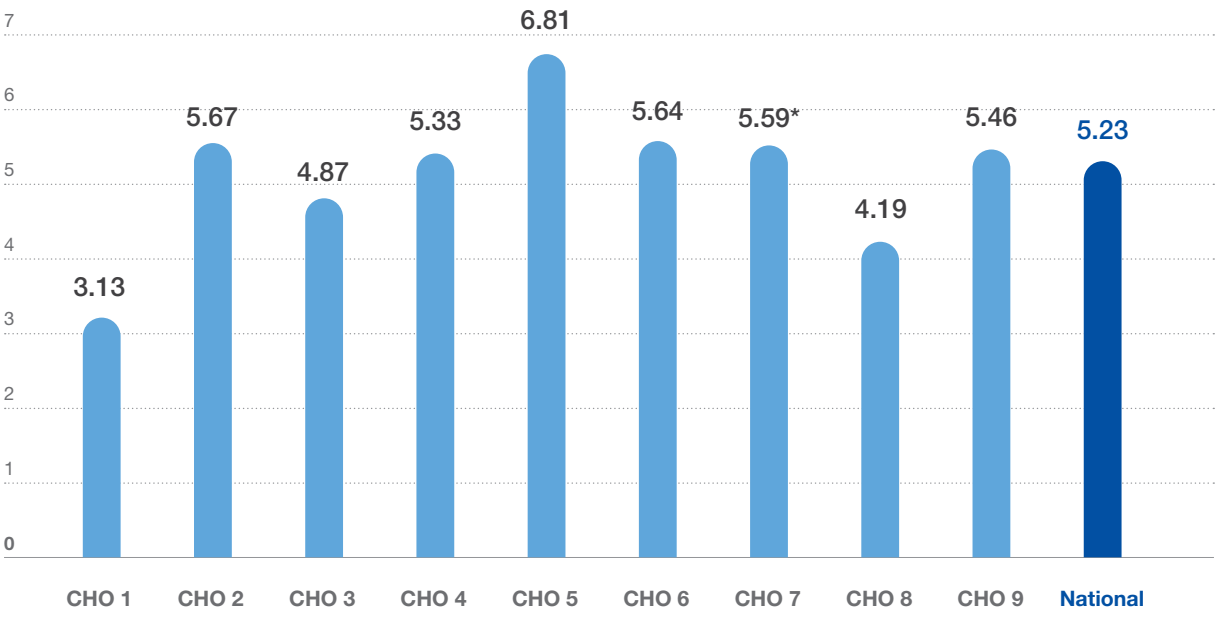
Based on the information available CHO5 continues to have the highest proportion of over 65 and over 80 referrals at 6.81 and 11.08 concerns/1000 population respectively.

Table 6: Reporting Rate per 1,000 of Population: 65+ Years by CHO

	Males 65+ Years			Females 65+ Years			Total 65+ Years		
CHO	Pop.	Concern	Rate/ 1,000 Pop.	Pop.	Concern	Rate/ 1,000 Pop.	Pop.	Concern	Rate/ 1,000 Pop.
1	29002	101	3.48	31061	87	2.80	60063	188	3.13
2	32787	160	4.88	35771	229	6.40	68558	389	5.67
3	26069	88	3.38	29540	183	6.19	55609	271	4.87
4	46038	200	4.34	52839	327	6.19	98877	527	5.33
5	35410	211	5.96	39181	297	7.58	74591	508	6.81
6	25034	109	4.35	31524	210	6.66	56558	319	5.64
7	35638	176	4.94	41807	257	6.15	77445	433	5.59
8	35149	111	3.16	39109	200	5.11	74258	311	4.19
9	31710	97	3.06	39898	294	7.37	71608	391	5.46
National	296837	1253	4.22	340730	2084	6.12	637567	3337	5.23

***Note that CHO7 is underestimated due to missing categorical data**

Figure 8: Rate of Reporting/1,000 Population by CHO - Total 65+ Years



***Note that CHO7 is underestimated due to missing categorical data**

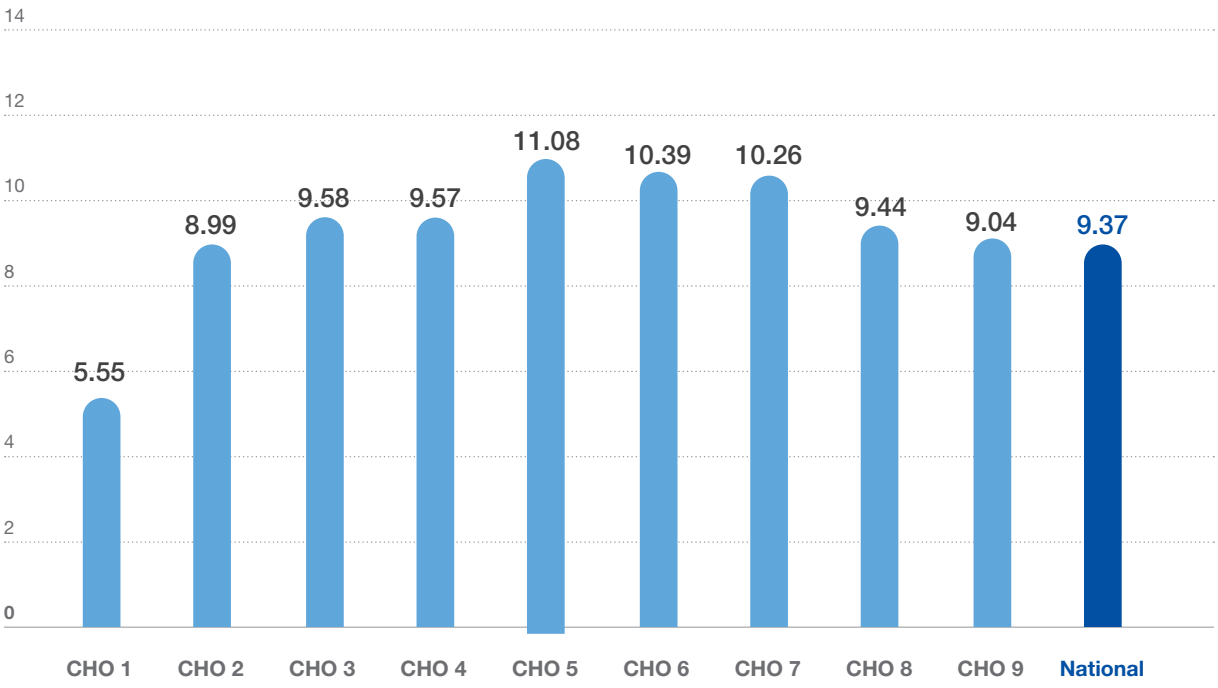
The lower rate of reporting in the over 65 population in CHO1 is reflective of how services are orientated within that community health care area. The expertise of the SPT is directed more towards oversight rather that community case management.

Table 7: Reporting Rate per 1,000 of Population: 80+ by CHO

	Males 80+ Years			Females 80+ Years			Total 80+ Years		
CHO	Pop.	Concern	Rate/ 1,000 Pop.	Pop.	Concern	Rate/ 1,000 Pop.	Pop.	Concern	Rate/ 1,000 Pop.
1	5870	38	6.47	8543	42	4.92	14413	80	5.55
2	6756	58	8.58	10045	93	9.26	16801	151	8.99
3	4961	34	6.85	7570	86	11.36	12531	120	9.58
4	8929	71	7.95	14061	149	10.60	22990	220	9.57
5	6892	68	9.87	10074	120	11.91	16966	188	11.08
6	5399	32	5.93	8938	117	13.09	14337	149	10.39
7	6433	58	9.02	10335	114	11.03	16768	172	10.26
8	6635	51	7.69	9892	105	10.61	16527	156	9.44
9	6383	39	6.11	10876	117	10.76	17259	156	9.04
National	58258	449	7.71	90334	943	10.44	148592	1392	9.37

***Note that CHO7 is underestimated due to missing age categorisation data**

Figure 9: Rate of Reporting/1,000 Population by CHO - Total 80+ Years



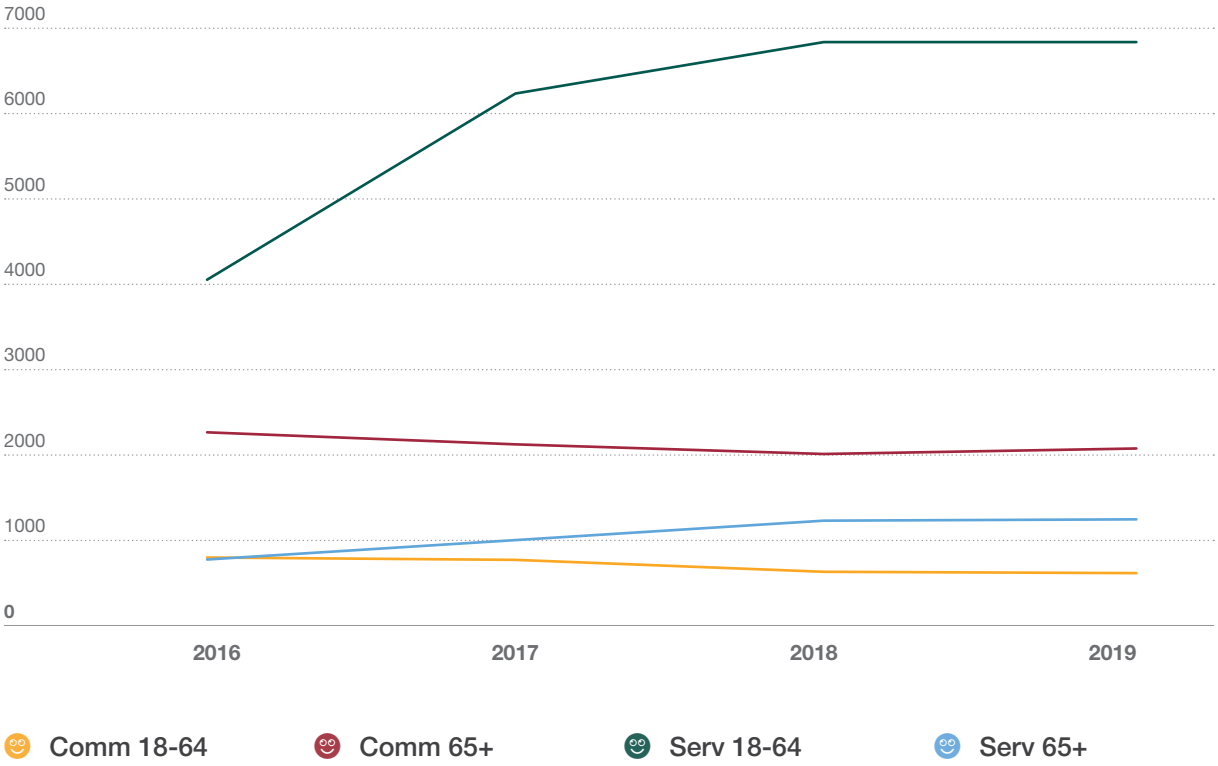
***Note that CHO7 is underestimated due to missing categorical data**

4.1.2 Community / Service Classification

Concerns arise within a community or service setting. Many factors impact on the number of concerns that are managed through each channel including the provision of voluntary services, the engagement between community services and the SPT and the level of awareness of safeguarding within a particular area.

Figure 10 illustrates the current trend in reporting for community and service concerns by age category. The impact of the missing data from CHO7 is strongly evident here as it is challenging to identify any meaningful change from 2018. To examine the potential impact of the missing data from CHO7 a review of the proportionate service versus community reporting since 2016 indicates an average 86%/14% split. Therefore it would be expected that both the service 18-64 and service over 65 years would have a higher gradient of change than is illustrated.

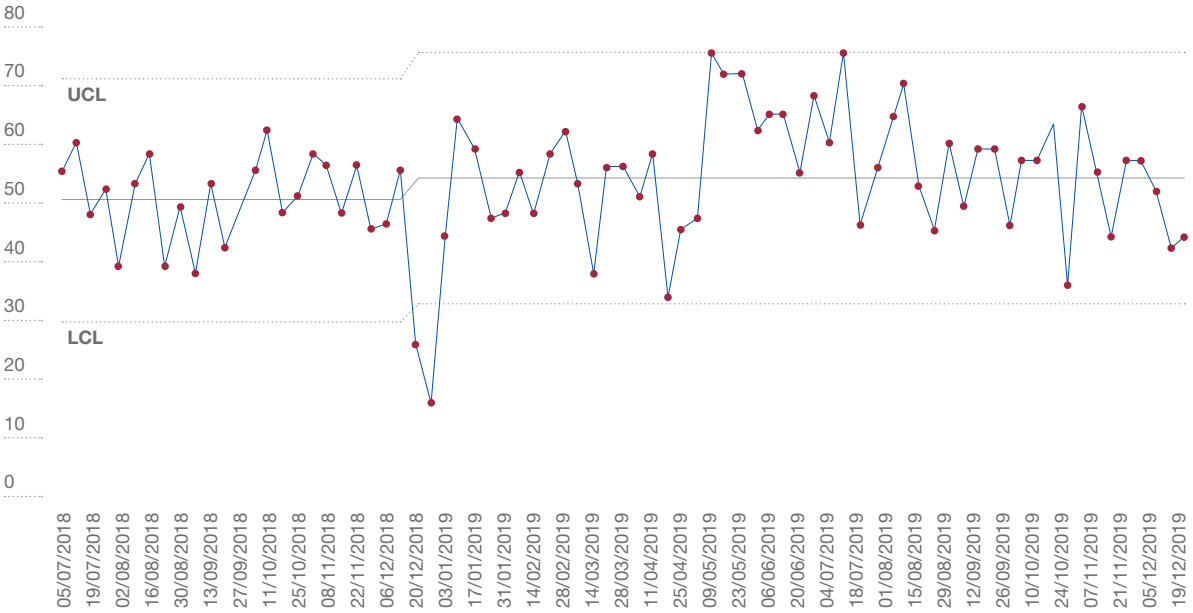
Figure 10: Profile of Safeguarding Concerns by Setting and Age Category



***Data is underestimated due to missing categorical data from CHO7**

Control charts in fig 11 and fig 12 examine the weekly reporting rate as an average and illustrating how much this can vary within a normal distribution- represented by the upper and lower confidence limits. In relation to community concerns examining returns over an 18 month period (July 2018-Dec 2019) indicates only one upward shift in the average, occurring in December 2018. Throughout 2019 there has been a steady rate of reporting averaging at 51 concerns per week. Based on the rationale outlined above the impact of missing data from CHO7 on the community side is not anticipated to be significant accounting for approximately 160 concerns over the year.

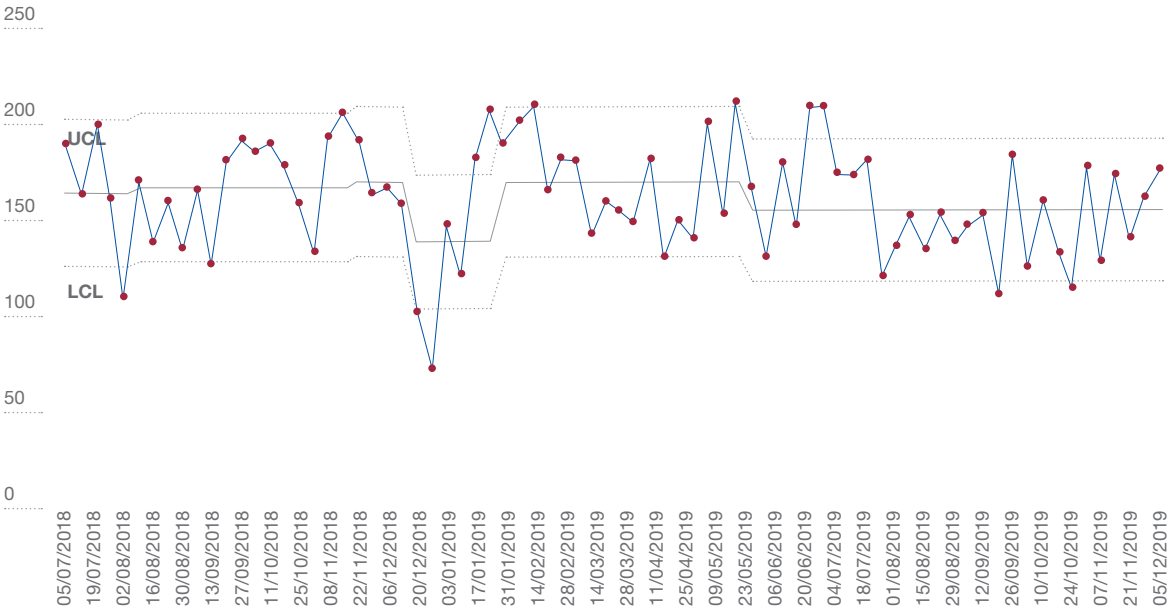
Figure 11: Control Chart Community Concerns Q 2018/2019



In relation to service concerns illustrated in Fig 12 excluding December 2018 reporting rates stayed consistent from 2018 into Q1 2019 averaging at 171 concerns per week. This rate subsequently declined in May 2019 to an average of 155 concerns/week.

CHO7 have confirmed that the backlog specifically pertains to the last 5 months of the year. Applying the 86%:14% service community split would equate to potentially 860 cases that should be included in this chart. The inclusion of these 860 cases, applied equally to the latter 22 weeks of the year, would result in an increase in the average rate of referral by 39 cases/week. Thus increasing the average as reported from 151 cases per week to a revised 190 cases/week.

Figure 12: Control Chart Service Concerns Q3 2018/2019

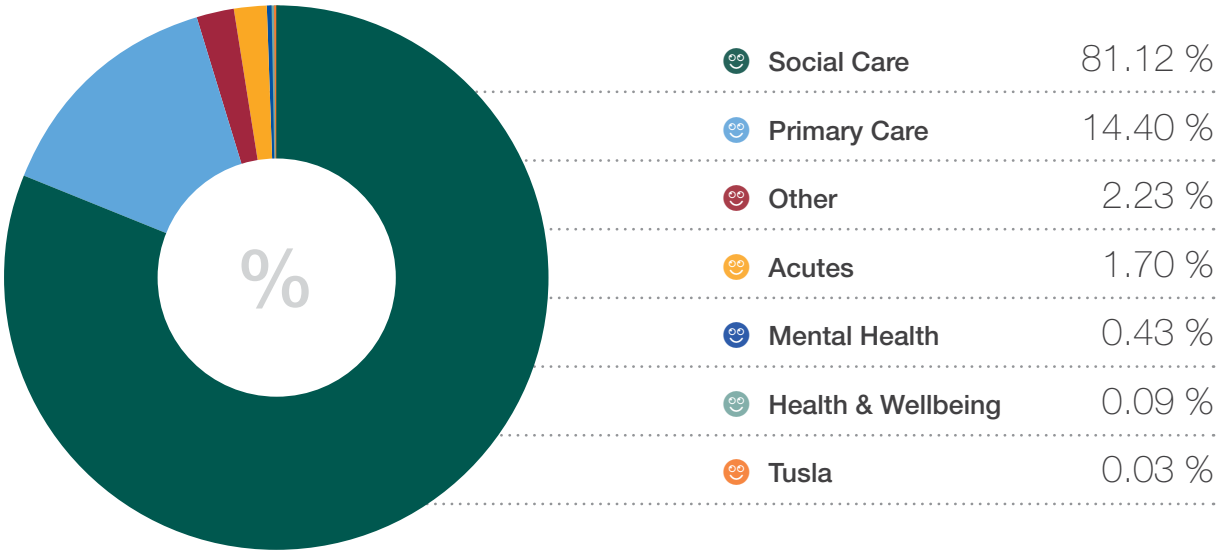


4.1.3 Referral Care Group

The existing policy is operational within Social Care (services for older people and disability services). Consistent with 2018, 81% of referrals were from this care group.

Primary Care represents the highest other reporting care group at 14% At a CHO level this can vary considerably based on the structures of services such as the availability of Primary Care Social Workers.

Figure 13: Profile of Concerns by Referring Care Group 2019

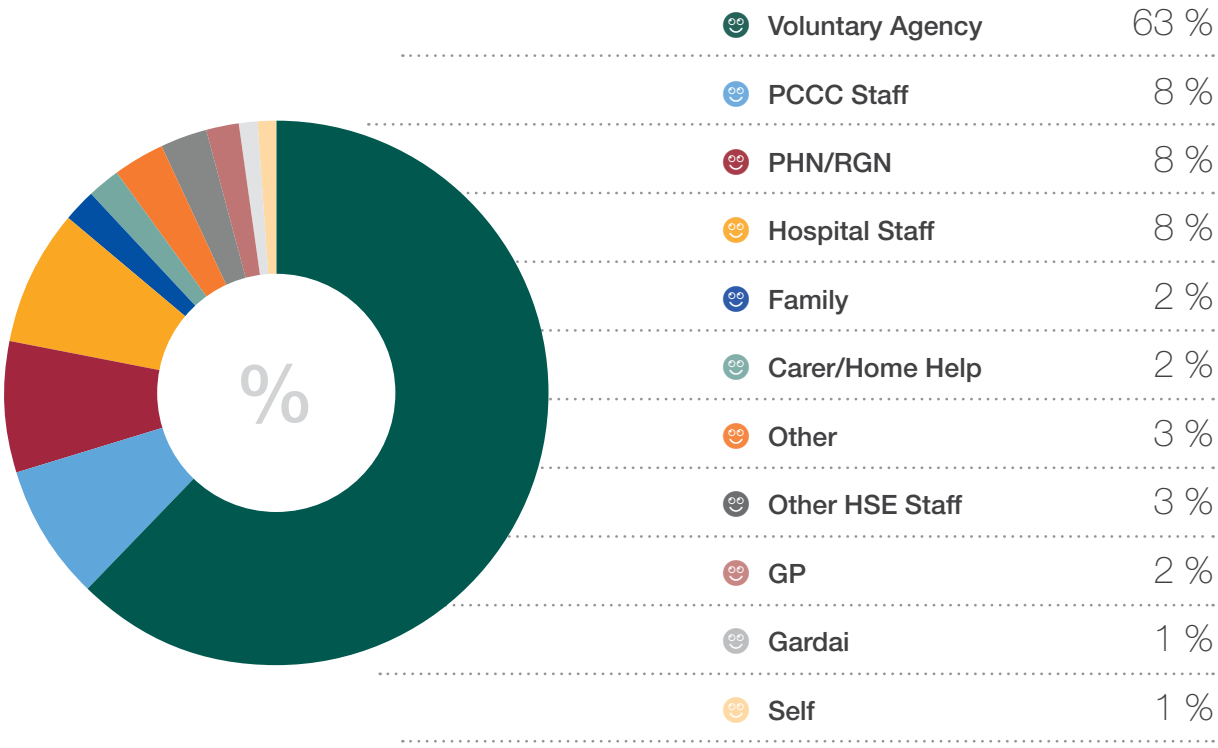


***Data is underestimated due to missing categorical data from CHO7**

4.1.4 Referral Source

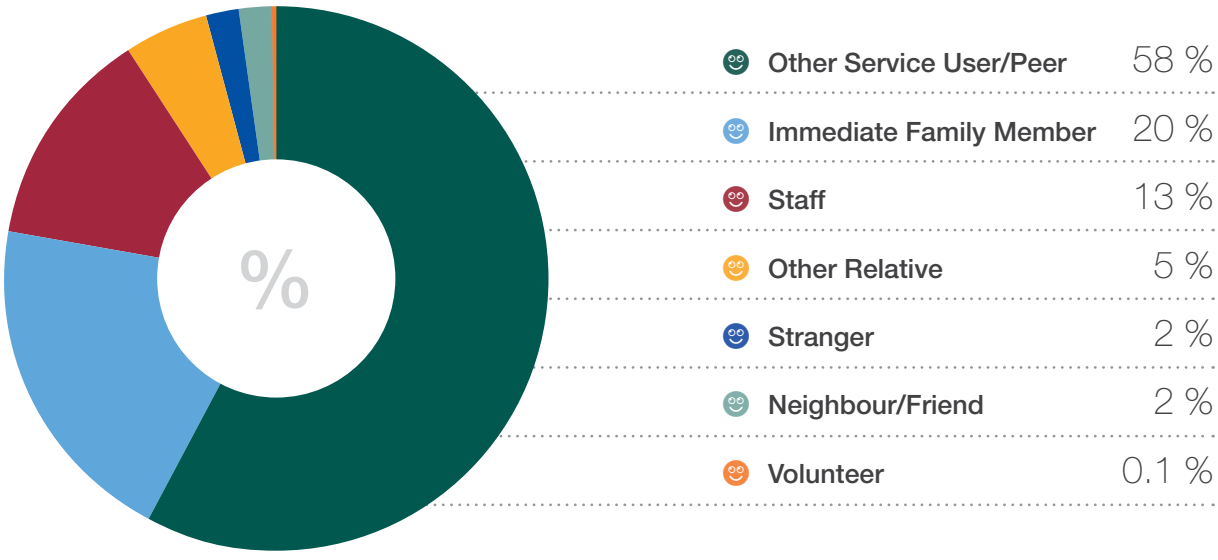
The proportion of referrals received from the voluntary sector equated to 63% of the total in 2019. (See Figure 14)

Figure 14: Referral Source 2019



***Data is underestimated due to missing categorical data from CHO7**

Figure 15: Person Allegedly Causing Concern 2019



***Data is underestimated due to missing categorical data from CHO7**

Table 9: Summary of Persons Allegedly Causing Concern- 2019

Person Allegedly Causing Concern	No of Concerns	% of Total
Other Service User/Peer	5522	**58%**
Immediate family member	1865	**20%**
Staff	1249	**13%**
Other Relative	453	**5%**
Stranger	213	**2%**
Neighbour/Friend	200	**2%**
Volunteer	10	**0%**
Grand Total	**9512**	**100%**

***Data is underestimated due to missing categorical data from CHO7**

4.1.5 Profile of Person Allegedly Causing Concern

For those under 65 years the majority of persons allegedly causing concern are "other service users" followed by staff. In contrast, for those over 65 the greatest risk relates to "immediate family members" which includes spouse/partner, adult child and parent. Due to data protection limitations we are unable to further differentiate this category. Reported risk by strangers for both age categories remains very low.

Table 10: Person Allegedly Causing Concern by Age Category of Adult at Risk of Abuse

Person Allegedly Causing Concern	18-64		65+		Total	
	No.	**%**	**No.**	**%**	**No.**	**%**
Other Service User/Peer	4759	72%	702	26%	5461	58%
Immediate family member	594	9%	1235	45%	1829	19%
Staff	856	13%	375	14%	1231	13%
Other Relative	181	3%	269	10%	450	5%
Stranger	141	2%	66	2%	207	2%
Neighbour/Friend	99	1%	100	4%	199	2%
Volunteer	7	0%	3	0%	10	0%
Total	**6637**	**100%**	**2750**	**100%**	**9387**	**100%**

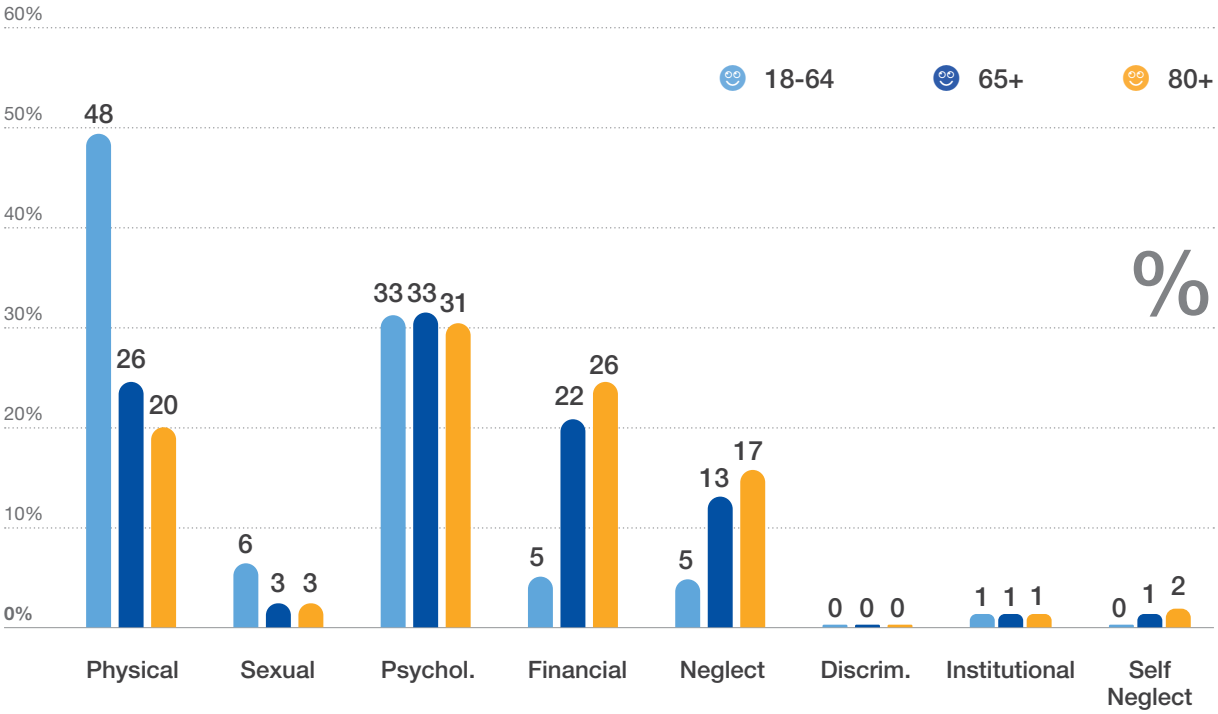
4.1.6 Profile of Abuse Types Alleged

Table11: All Abuse Types Alleged 2019

Abuse Types Alleged	18-64		65+		80+		Total	
	No.	%	No.	%	No.	%	No.	%
Physical Abuse	3985	48%	1046	26%	348	20%	**5067**	**40%**
Sexual Abuse	488	6%	122	3%	54	3%	**629**	**5%**
Psychological Abuse	2781	33%	1356	33%	537	31%	**4197**	**33%**
Financial Abuse	444	5%	875	22%	437	26%	**1334**	**10%**
Neglect	438	5%	545	13%	286	17%	**998**	**8%**
Discriminatory Abuse	26	0%	12	0%	6	0%	**38**	**0%**
Institutional Abuse	115	1%	42	1%	16	1%	**159**	**1%**
Self Neglect	29	0%	56	1%	29	2%	**340**	**3%**
Total	**8306**	**100%**	**4054**	**100%**	**1713**	**100%**	**12762**	**100%**

***Data is underestimated due to missing categorical data from CHO7**

Figure 16: Profile of All Abuse Types Alleged by Age Category of Adult at Risk of Abuse



***Data is underestimated due to missing categorical data from CHO7**

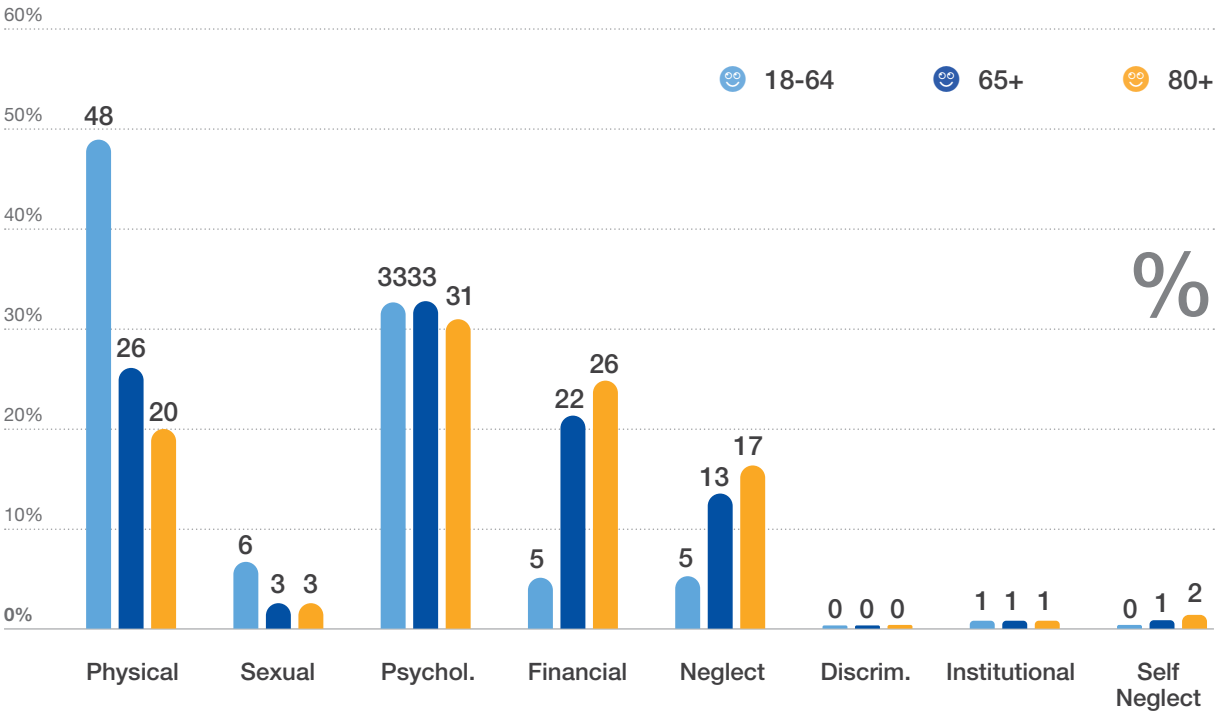
There were 12,762 abuse types alleged. There was an increase in cases with more that one type of abuse reported from 13% in 2018 to 28% in 2019. Where there were multiple abuse types documented the most frequent combinations were physical/psychological and psychological/financial. Table 12 below excludes concerns that relate only to self-neglect cases and focuses just on those that had a person causing concern. (Note that within this group in a small proportion of cases (n=29) self neglect was reported in addition to other abuse types)

Table 12: Abuse Types Alleged by the Person Allegedly Causing Concern

Abuse Types Alleged	18-64		65+		80+		Total	
	No.	%	No.	%	No.	%	No.	%
Physical Abuse	3985	48%	1046	26%	348	20%	5067	41%
Sexual Abuse	488	6%	122	3%	54	3%	629	5%
Psychological Abuse	2781	33%	1356	33%	537	31%	4197	34%
Financial Abuse	444	5%	875	22%	437	26%	1334	11%
Neglect	438	5%	545	13%	286	17%	998	8%
Discriminatory Abuse	26	0%	12	0%	6	0%	38	0%
Institutional Abuse	115	1%	42	1%	16	1%	159	1%
Self Neglect	29	0%	56	1%	29	2%	88	1%
Total	**8306**	**100%**	**4054**	**100%**	**1713**	**100%**	**12510**	**100%**

***Data is underestimated due to missing categorical data from CHO7**

Figure 17: Profile of Abuse Types Alleged by the Person Allegedly Causing Concern by Age



***Data is underestimated due to missing categorical data from CHO7**

4.1.7 Outcome Agreed with the SPT

As part of the assessment process, the preliminary screening must be submitted to the SPTs with an outcome and a safeguarding plan if required. Based on the information gathered an agreed outcome is reached to determine if there is;

A. No grounds for concern
B. Additional information required
C. Reasonable grounds for concern

Case outcomes are updated on the system on a constant basis. A retrospective review of cases over the past four years provides an updated profile of case outcomes as illustrated in Table13.

Year on year there is a higher proportion of cases that are classified as "reasonable grounds" increasing from 47% in 2016 to 62% in 2019 with an associated significant decrease in cases classified as requiring additional information over the same time period (20% in 2016 to 8% in 2019). This is reflective of the maturation of the service both in the appropriateness of referrals and their management.

Table 13: Outcome Agreed with the SPT

Year	Additional Information		No Grounds		Reasonable Grounds	
2016	1401	20%	2366	33%	3403	47%
2017	1421	15%	2964	31%	5240	54%
2018	875	9%	3000	30%	6226	62%
2019	783	8%	2422	25%	6593	67%

***Data is underestimated due to missing categorical data from CHO7**

4.1.8 Sample Study: Abuse Type Categorisation for Cases - Reasonable Grounds Agreed with SPT

In the data collection process for 2019 a sample of cases from three CHOs provided additional information on the nature of the abuse type where the screening outcome agreed with the SPT was reasonable grounds. This sample reflected an 85% average of the total applicable cases. In a wider context this equated to 27% of the overall concerns received in 2019 (1,772 cases recording the actual abuse type from a total of 6593 cases with reasonable grounds). This is a limited sample and the results are indicative of the reporting areas. However they can potentially provide some insight into the type of abusive behaviour that is being reported. The categorisation used in this exercise are summarised in Appendix 1

Within financial abuse theft is the highest reported abuse and within physical abuse it relates to abusive actions such as pushing, biting and kicking.

4.1.9 Sample Data: Engagement with Adult at Risk of Abuse

Integral to the successful delivery of safeguarding service is the appropriate and timely consultation with the adult at risk regarding the process of referral. In 2019 a sample number of CHOs documented whether the adult at risk of abuse was aware that this concern was being raised. As a general principle, consent of or on behalf of the adult should always be sought. In this sample of 6,188 adults at risk of abuse 66% were aware that the concern was being raised. The potential for adults to not have the mental capacity to understand the relevant issues and have the awareness that a concern is being raised is a significant challenge for some of this vulnerable population. Furthermore cases that are referred in anonymously to the SPTs would usually not meet this criteria.

Table 14: Engagement Adults at Risk of Abuse

Abuse Types Alleged	Community		Service		Total	
	No.	%	No.	%	No.	%
No	694	42%	1420	31%	2114	34%
Yes	957	58%	3117	69%	4074	66%
Grand Total	**1651**	**100%**	**4537**	**100%**	**6188**	**100%**

***Data is underestimated due to missing categorical data from CHO7**

4.1.10 Engagement Adults at Risk of Abuse

There was limited information captured in relation to engagement with services from the sample CHOs that could be expanded on in 2020. The limited information showed the greatest engagement with HIQA from the service side and An Garda Siochána on the community side.

4.2

Advice Queries Managed by the Safeguarding and Protection Team

An essential part of the SPT roll is to offer advice and support on safeguarding matters for both staff and the general public. Should a case be deemed suitable for referral it is logged and processed by the team. Calls that pertain to advice are logged which enables tracking of source and advice provided.

In 2019 a total of 1,046 calls were logged and this figure along with the breakdown are broadly in line with the figures reported in 2018.

Table 15: Profile of Advice Calls by Caller Classification

Caller Classification	No	%
Family	160	**19%**
PHN/RGN	140	**17%**
Hospital Staff	123	**15%**
Voluntary Agency	127	**15%**
PCCC Staff	69	**8%**
Self	57	**7%**
Carer/Home Help	22	**3%**
G.P.	28	**4%**
Neighbour/Friend	43	**5%**
An Garda Siochana	24	**3%**
Local Authority	35	**4%**
Total	**828**	**100%**

***218 calls were unclassified**

Table 16:

	18-64 Years	65+	Total
Service	212	472	684
Community	41	59	100
Total	**253**	**531**	**784**

***262 calls were missing age category data**

Some of the common topics relate to:

- Complaint procedures in nursing homes
- Question arising from service provision
- Ward of Court queries
- Pension queries – these are redirected as appropriate to the Department of Employment Affairs and Social Protection

4.3
Emerging Trends Highlighted in the Data

The 2019 data is showing that whilst the reported types of alleged abuse has remained consistent in percentage terms with previous years, notifications numbers have stabilised after growing for the previous three years. There was a marginal increase of 1% in the number of safeguarding concerns received by the SPT's to 11,929 in 2019.

Factors to consider in relation to stabilisation of figures:

- Services initially may have been unsure about the nature of abuse concerns when the 2014 Safeguarding Policy was first implemented and over time have become better. It is important to look at areas where there may be underreporting and focus initiatives where key messages need to be emphasised.
- The figures on the awareness raising training programme show that it has reached widely into the Social Care sector over the past 4 years and future expansion is now required in other areas.
- Much of the public awareness campaigns over the past two years have focused on prevention, planning ahead and the need for greater conversations about abuse within society. Greater focus and research are required into highlighting the impact of abuse in areas outside Social Care, empowering persons to directly report abuse and focus on emerging areas such as online abuse.

Findings from the data in 2019;

- There was a significant deficit in the 2019 data as approximately 1,000 cases in CHO7 were not logged in the system therefore associated categorical information is missing from the majority of sections of this report.
- The age profile of persons that are the subject of notifications is 72% for those under 65 years of age and 28% for those aged over 65.
- The number of notifications for persons aged over 65 was 3,337 2019 compared to 3,061 in 2018
- For persons aged under 65 the most significant category of alleged abuse remains physical abuse at 48% followed by psychological at 33%.
- For persons aged over 65 the most significant category of alleged abuse is psychological abuse 33%, physical 26% and financial abuse 21%
- In line with the policy scope, the majority of notifications originate from social care which accounts for 80% of the total. The majority coming from HSE funded agencies
- Analysis of the reporting rate per 1,000 population over 65 illustrates that the rate increases with age.
- Notifications of alleged financial abuse and neglect increase with age with the highest level of reporting in those over 80 years
- In relation to "reasonable grounds agreed with the SPT" the overall rate has increased significantly from 47% in 2016 to 62% in 2019.
- The person allegedly causing concern is most likely to be a service user for those 18-64 years and immediate family member for those over 65 years

- The number of concerns from community settings have been consistent throughout 2019, averaging at 51 cases/ week. This highlights the need for investment in research campaigns.

- Concerns in service settings for all ages continue to increase and extrapolating the missing data in CHO7 is estimated to have exceeded 190 concerns/week

- A sample of notifications were analysed for additional detail on the nature of the alleged abusive behaviour. Within financial abuse theft is the highest reported form and in relation to physical abuse, abusive actions such as pushing, biting and kicking were most frequently reported.

- In over 60% of cases the adult at risk of abuse was aware that the concern of abuse was being raised.

- An additional 1,046 advice calls were responded to by the SPTs, the majority of which related to older people residing in the community.

5

Challenges, Gaps and Opportunities for Adult Safeguarding

5.1

Capacity building and investment requirement to adequately implement the revised Adult Safeguarding Policy

The 2014 HSE Safeguarding Policy has been undergoing an extensive review process on a cross divisional basis. In June 2019 the final draft was approved by HSE Leadership. The review process highlighted areas that needed improvement and in a significant development the revised policy will now be expanded to cover all HSE and HSE funded services. This gap has been a key weakness of the current policy. Another key recommendation was for less prescriptive processes with stronger focus on person centred outcomes ensuring the input of the adult at risk of abuse where protection plans are being considered.

The implementation framework for the revised policy will require considerable training, investment and support systems to build capacity in areas not currently under the operational scope of the 2014 Safeguarding Policy such as mental health, primary care and acute services. Implementation planning and impact analysis will therefore be required across all these sectors during 2020.

The HSE review process is mindful that the Department of Health plan to publish a national health sector policy on adult safeguarding which will have implications for future HSE policy development. The implementation of the revised HSE safeguarding policy will need to be aligned to the national Departmental policy and the HIQA and the Mental Health Commission national standards for adult safeguarding.

In 2020 and beyond the NSO will require additional resourcing to put in place plans to develop adequate enablers for the revised policy in areas such as education, training, research and the implementation of a case management system.

5.2
Maintaining existing levels of services

It is essential that HSE SPTs have the capacity to adequately respond to the increased complexity of adult safeguarding work. Again during 2019 as in 2018 the existing level of service has been seriously tested with examples of backlogs and waiting lists being introduced to manage increasing levels of demand. Teams are encountering time intensive casework on certain complex cases as well as the challenges encountered with addressing long standing institutional abuse and retrospective abuse disclosures. During 2019 complex case work has resulted in greater activity with both the court system in Ward of Court applications and domestic violence applications and ongoing liaison with An Garda Síochána and their expanded Regional Protective Services Units.

The backlog in CHO7 of over 1,000 cases to process is a matter of serious concern for the second year in a row. This situation has seriously impacted on the capacity of the SPT to deliver a safe service and progress work in a timely manner. An urgent plan to address this on-going deficit needs to be implemented. Retention and recruitment constrains were experienced across the country which also hampers efforts to progress and allocate work.

A perspective on barriers to safeguarding encountered by SPTs:

As well as the challenges outlined above in maintaining existing levels of service, SPTs were asked for their perspective on the possible barriers and challenges which can limit their ability to adequately safeguard adults at risk of abuse. A number of teams responded to this request and while the information below can only be seen as a sample of the barriers being experienced it does illustrate the challenges faced by SPTs in their work.

At a broad level, the response from SPTs highlighted the fact that while there is a HSE policy to safeguard adults at risk of abuse, they continue to work in a legal lacuna with no primary legislative basis for their work. It was noted that the 2014 Safeguarding Policy promotes a clear message that "safeguarding is everyone's business", but there are also challenges in how this message is interpreted.

Safeguarding practice is person-centred and based on the will and preference of the adult at risk of abuse. Honouring these principles can prove challenging in practice however and one team noted the challenge in the tension that sometimes develops between respecting the right of the adult at risk of abuse to self-determination (and the need to respect their will and preference) in circumstances where a serious safeguarding issue remains active. There has been an ask to improve governance including service level oversight and to strengthen overall decision making processes.

The teams that responded identified a number of barriers and challenges which relate to a lack of availability of placements for adults at risk of abuse such as day centre, respite, long-term and alternative placements. One team pointed out that while there is a national protocol for processing emergency placements, the reality is that some service users spend protracted periods waiting for an alternative placement resulting in on-going safeguarding incidents. There has been a challenge with a growing trend of private placements being sourced far away from the person's home area where the person has few local connections and there can be difficulties with the suitability of persons living together. Where placements such as day centre are available, it was noted that limited access to transport (especially in rural areas) can mean that people cannot access such services.

Another issue identified as a barrier or challenge to safeguarding was that of access to other clinical supports such as behavioural support input, Occupational Therapy and Speech Therapy services, geriatric assessments and assessments of capacity. A lack of other social work resources in the HSE were also referenced as challenges, including an inadequate number of community /Primary Care social workers

and the limited number of social workers allocated to HSE managed residential services.

Home support (including home help and meals–on-wheels) often plays an important role in on-going safeguarding plans and the teams noted that the lack of availability of adequate home support hours as a challenge to safeguarding adults at risk of abuse. In addition to this, one team faced challenges in accessing translation services and there were also challenges in accessing a timely interview for adults with an intellectual disability with An Garda Síochána.

5.3
Limitation of HSE data collection

As previously stated the current data as collected by the HSE is limited and lacks the depth of information necessary to provide a comprehensive assessment of abuse of adults at risk of abuse in Ireland. The figures predominantly represent only Social Care within the Health Service with plans to capture all activity across division when the revised policy is implemented.

The expansion of the service into other divisions further necessitates the development of an online system of reporting to provide a safer, consistent and efficient service.

There are also important sectors outside of health care that do not gather data and as such safeguarding concerns are underreported especially in areas such as financial abuse. The nationwide Red C public opinion survey commissioned by Safeguarding Ireland shows that there is a lack of public awareness and understanding around aspects of abuse of adults at risk of abuse and of how to respond appropriately when it is observed or suspected.

5.4

Urgent need for legislative reform and full commencement of the Assisted Decision Making (Capacity) Act 2015

The statistics highlighted in this report represent the real life experiences of adults at risk of abuse in Ireland today. These experiences include examples of coercive control of older persons in their family home, assaults on residents and continual harmful institutional practices including financial abuse of personal accounts of adults with intellectual disabilities. Much work remains in advancing the rights of these adults and therefore adult safeguarding urgently needs primary legislation.

It is welcome that the Law Reform Commission in the Fifth Programme of Law Reform has commenced an examination of the form of a statutory regulatory framework for adult safeguarding in Ireland. In addition it is also a positive development that the Government has committed to consider what form legislation may be required to underpin an approved national health sector policy and that work is ongoing by the Department of Health to progress this national policy. There remains an urgent need to progress on a statutory basis for adult safeguarding as reflected by the information in this and previous NSO annual reports. Also adult safeguarding should be seen as an issue beyond heath care and into the future there is a need for a broader cross societal responsibility.

HSE safeguarding teams and staff in HSE funded services continue to be restricted in adequately safeguarding adults at risk of abuse because of the lack of a statutory basis to adult safeguarding activity. One such area is the pressing need for clear mandated inter-agency collaboration between state agencies and state supported organisations. it is very difficult for professionals with key roles for safeguarding coordination to work without any defined legal authority in areas such as;

- access to information
- capacity to carry out safeguarding assessments

The review of the 2014 Safeguarding Policy highlighted a number of operational constraints and restrictions. A significant constraint is the lack of legal authority to oversight the management and assessment of safeguarding concerns within private health care sectors not covered by individual HSE contracts. This is most relevant within the private nursing home sector. Whilst the majority of private sector providers voluntarily co-operate with HSE safeguarding services and want to provide services that are safe there is no satisfactory method to ascertain the adequacy of how such services internally assess and investigate abuse concerns. HIQA and the Office of the Ombudsman do have certain areas of authority with regard to compliance with regulations and investigation of complaints. However no state agency has that clear authority to oversee or independently carry out individual safeguarding investigations. At present private providers without a HSE contract for individual residents are not covered by HSE quality assurance oversight measures and as a result this means that thousands of persons in private nursing home care are not adequately covered by a health sector adult safeguarding policy. There is a pressing need for legislative or policy reform to address this safeguarding gap.

The full commencement of the Assisted Decision-Making legislation and the protection of liberty safeguards will greatly advance the human rights of service users. There is now a pressing need to make progress in this area. Adults at risk of abuse need to have their will and preference respected and any state interventions or restrictions in an adult's life must always be proportional and necessary. Safeguarding intervention at times is essential, however the reliance on the current legal regime of wardship is unsatisfactory and is clearly not respectful of human rights standards and obligations.

6

Learning and Development

6.1
Safeguarding Training

There are two standardised safeguarding training programmes delivered across the country to support the implementation of the HSE *Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures 2014*.

- **Safeguarding Vulnerable Persons at Risk of Abuse Programme**
- **Designated Officer Training**

These programmes are delivered by facilitators in HSE and HSE funded services (and some third level institutions) who have been approved by the National Safeguarding Office to deliver the programmes.

6.1.1 Safeguarding Vulnerable Persons at Risk of Abuse Programme

This is a 3.5 hour programme basic awareness raising programme that is required of all staff working in the HSE & HSE funded social care division services. The aim of this programme is to increase participants' awareness and knowledge of abuse of vulnerable persons and ensure they are in a better position to recognise abuse and report abuse concerns.

6.1.2 Designated Officer Training

Designated Officer training is offered to nominated Designated Officers, service managers and safeguarding facilitators. Designated Officer training is coordinated through the NSO and invitations are issued to all nominated Designated Officers who have not yet availed of training. This one day training programme focuses on the role of the nominated Designated Officer and service manager as set out in the 2014 Safeguarding Policy. The programme explores practice approaches to safeguarding with a particular focus on undertaking preliminary screening and safeguarding planning.

6.1.3 Approved Safeguarding Facilitators

In line with the quality assurance process for safeguarding training, the NSO maintain a register of approved safeguarding facilitators. Safeguarding facilitators are approved to deliver the Safeguarding Vulnerable Persons Awareness Programme and Designated Officer training programmes. The number of safeguarding facilitators changes over time as some facilitators may become inactive (roles change, staff move/retire) and new facilitators are approved. Throughout 2019 there were 432 approved safeguarding facilitators with 116 of those approved during 2019.

Attendees at Designated Officer training in Mallow, Co Cork during 2019

6.1.4 Training Data

During 2019 there were 21,788 attendances at approved safeguarding training programmes, well above the 10,000 target set under key performance indicators (KPIs). The majority of these were attendances at *Safeguarding Vulnerable Persons Awareness Programme* (98%) while there were 316 attendances at Designated Officer training.

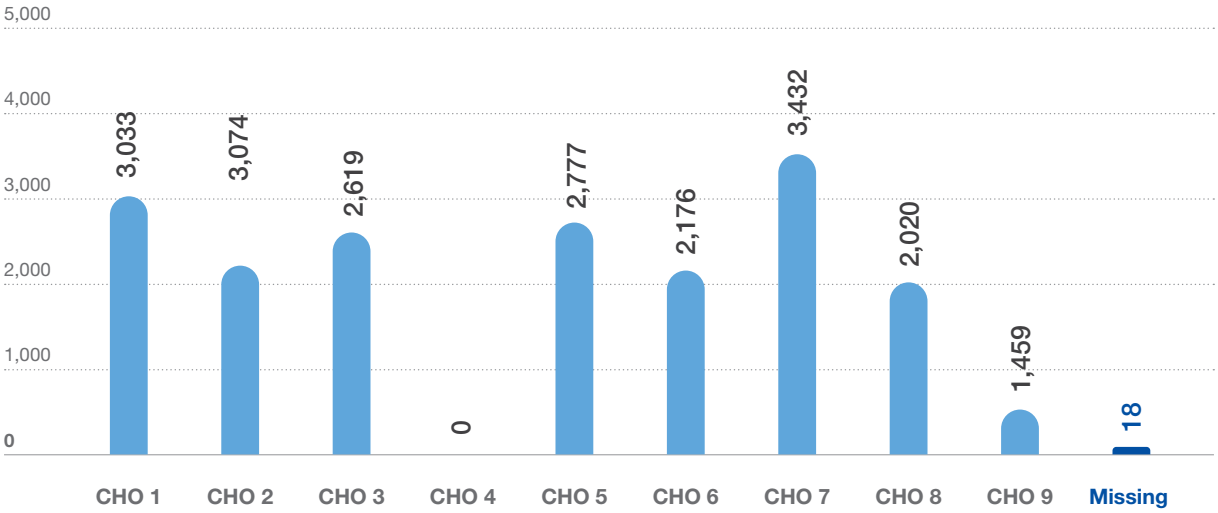
Table 2: Attendances at Safeguarding Training 2015 - 2019

Safeguarding Training Attendances	
2015	1,261
2016	13,776
2017	22,048
2018	17,950
2019	21,788
Total	**76,823***

***Data missing from CHO4**

Safeguarding Training by CHO

Figure 1: Summary of training attendances by CHO – 2019



***In the absence of a training contact person in CHO4 training returns are submitted to the CHO but are not reported to the NSO.**

Figure 2: 2019 Attendances at safeguarding training by sector

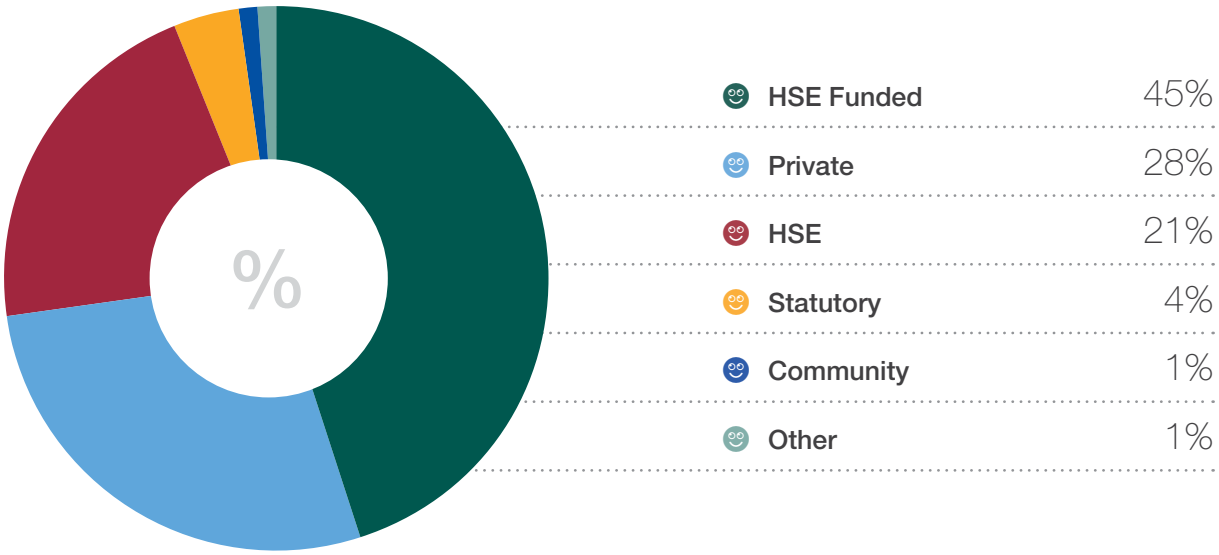
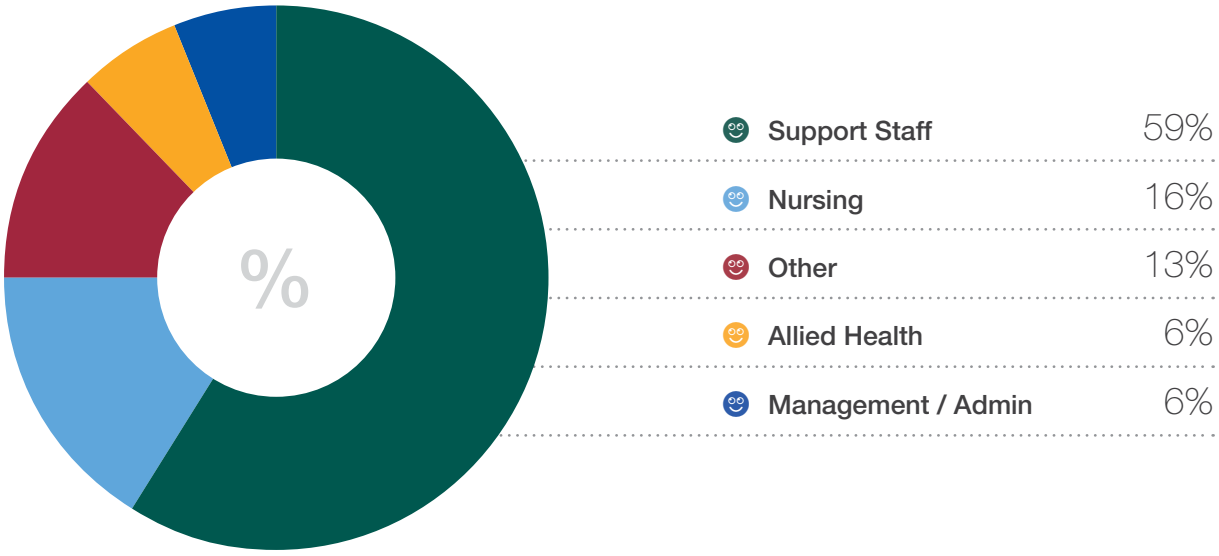


Figure 3: 2019 Attendances at safeguarding training by job description



Profile of Designated Officer Training attendees

Consistent with previous years the majority of the 316 Designated Officers taking up the offer of training in 2019 are employed in the HSE funded voluntary sector (53%) with HSE staff making up the next highest proportion (23%). When these attendances are analysed by job description - management/Administrative (51%), Nursing (26%) and Allied Health professionals (16%) grades provide the highest proportion of attendees and combined account for 93% of attendees at Designated Officer training.

Approved Safeguarding Facilitators

In line with the quality assurance process for safeguarding training, the NSO maintain a register of approved safeguarding facilitators. Safeguarding facilitators are approved to deliver the *Safeguarding Vulnerable Persons Awareness Programme and Designated Officer training programmes*. The number of safeguarding facilitators varies over time as some facilitators may become inactive (roles change, staff move/retire) and new facilitators are approved. Throughout 2019 there were 432 approved safeguarding facilitators with 116 of those newly approved during 2019.

Figure 4: 2019 Designated Officer Training - attendees by job sector

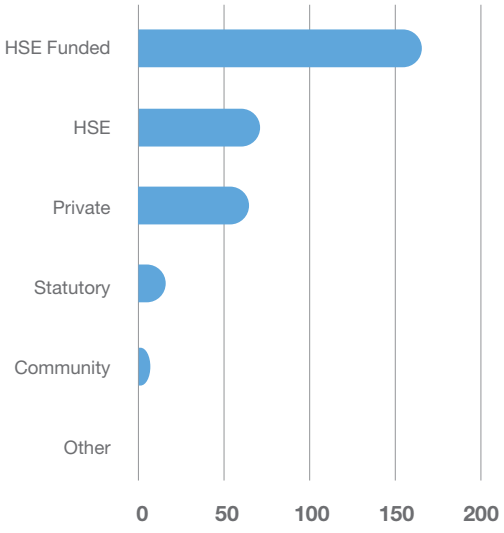
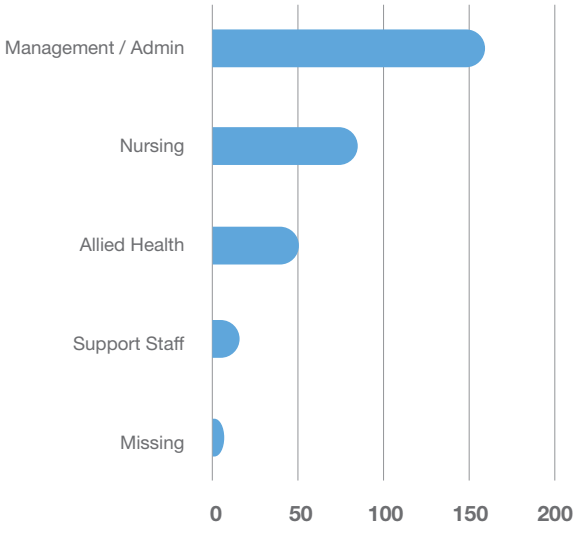


Figure 5: 2019 Designated Officer Training - attendees by job description



6.2

Collaboration in safeguarding adults at risk of abuse from financial abuse and exploitation Workshop

On 7th March, 2019 the National Safeguarding Office and the Banking and Payments Federation of Ireland co-hosted a workshop for Safeguarding and Protection team members and staff of financial institutions entitled: **Collaboration in safeguarding adults at risk of abuse from financial abuse and exploitation.**

This workshop provided participants with an understanding of how the HSE and the financial institutions protect adults at risk of abuse. In addition it allowed participants to explore the following key areas:

- Issues arising for financial services providers and for safeguarding teams in safeguarding adults at risk of abuse;
- the likely current response of each party to a safeguarding issue;
- the ideal joint / combined response;
- the steps that would be required to achieve this joint response.

Attendees at Financial Abuse & Exploitation Workshop

Financial Abuse and Exploitation Workshop L To R: Donal Hurly NSO, Martin Keville Department of Employment Affairs & Social Protection, Marguerite Clancy NSO, Louise O'Mahony Banking and Payments Federation, Ross Moore, Bank of Ireland & Siobhan Nunn, PSW CHO7

6.3
World Elder Abuse Awareness Day 2019

On 5th June, 2019 the National Safeguarding Office and the School of Social Policy, Social Work and Social Justice at UCD co-hosted a joint seminar to mark World Elder Abuse Awareness Day 2019. The event was chaired by Professor Jim Campbell, UCD.

Dr Jeremy Dixon, Senior Lecturer, Department of Social & Policy Sciences at University of Bath presented the results of a research study on how social workers in England understand risk when screening safeguarding referrals. The title of the presentation was: ***Assessing risks to adults at risk of abuse and referrer motivation: An analysis of how social workers screen adult safeguarding referrals.***

Dr Dixon's research was based on observing and interviewing qualified social workers doing initial screening assessments as well as interviewing social workers engaged in longer term safeguarding work.

He pointed out that social work academics have been critical of the way in which risk has replaced need within social care settings, with agencies focussing on those who are unable or unwilling to manage their own risk. These factors are seen to limit ethical decision-making.

His research indicates that social workers believe that the riskiest cases should be prioritised. Workers paid attention to the severity of risks or patterns of risk over time when making decisions about thresholds. However, agency culture was important in making judgements about these.

Dr Dixon found that social work academics have been critical about the way in which risk has been 'individualized'. However, whilst law and policy support user involvement, he found that such involvement is often ignored at the screening stages.

Finally, Dr Dixon found that tensions remain amongst teams as to whether the reporting of 'routine' risks (such as failure to follow a care plan) should be encouraged or discouraged.

This presentation was followed by a round-table discussion with a panel consisting of Aine McGurk, Chairperson IASW, Pauline Levins, Principal Social Worker, CHO2, Sarah Donnelly, Assistant Professor, School of Social Policy Social Work and Social Justice, UCD and Collette McLoughlin, member of the Health and Social Care Professionals Council, CORU.

6.4
Learning and Development Seminar 2019

The NSO annual learning and development seminar for SPTs was held in Limerick on 15th and 16th October. The theme this year was ***Ethical Considerations in Safeguarding.***

Tim Hanly, General Manager welcomed everyone to Limerick and Sandra Tuohy, Assistant National Director, Older Persons Services gave the opening address in which she acknowledged that we need to be proactive rather than reactive in adult safeguarding and that going forward we cannot just pin adult safeguarding roles and responsibilities on one professional body and not everyone else.

Professor Mary Donnelly, Professor of Law at UCC presented a keynote address on the theme of *Consent, Autonomy and the Role of the State: Legal and Ethical Issues for Social Workers.* She addressed issues around the increased role of human rights, the review of the HSE Consent Policy, deprivation of liberty and dilemmas around consent in areas such as refusal of consent and the use of wardship proceedings.

Dr Sarah Donnelly, Assistant Professor, School of Social Work, UCD continued this theme but from a social work perspective in her address on *Ethics and Ethical Decision - making in Adult Safeguarding*. She looked at values in social work, ethical dilemmas (how they are defined and what this means for practice), some ethical frameworks and what research is telling us about adult safeguarding.

The seminar included parallel workshops on *Data Protection and Safeguarding Practice* (Sean O'Donnell and Aislinn Cullen, Byrne Wallace Solicitors) and *Access to Justice for Victims of Crime with Intellectual Disabilities in Ireland* (Dr Alan Cusack, School of Law, University of Limerick).

In addition to this, Don Munro and Colleen Murphy from the National Safeguarding Office hosted a workshop for the SPT administration staff that covered topics such as:

- The importance of data accuracy and integrity
- Using shared folders
- Uploading databases
- Self-reporting using excel tools

The second day of the seminar (16th October) focussed on the issue of domestic violence. Jim Gogarty, Social Work Consultant presented a workshop on *Coercion and Control within 'Caring' Relationships* while Monica McElvaney, Director of Services for Adapt House spoke about the experiences of her service in dealing with service users who may also be considered adults at risk of abuse in her presentation on *Domestic Violence Services and the Adult at Risk of Abuse*.

Finally, Michelle Cronin, Solicitor with Comyn, Kelleher, Tobin Solicitors presented on Domestic Violence Legislation: An overview of the Domestic Violence Act, 2018.

Learning & Development Seminar 2019 Left to Right: Donal Hurley, Dr Sarah Donnelly, Tim Hanly, Professor Mary Donnelly

7

IT Project Plan

7.1
IT Project Plan Background

The nine SPTs manually record the notifications of abuse concerns and manage their cases. There is variation in storage and handling of data with a combination of manual, digital or both, and this is inefficient.

The NSO has been tasked with co-ordinating the provision of an electronic case management system to streamline the process of recording and managing notifications and case files.

7.2
ICT Project Group

During 2019 the IT Project Group has conducted market soundings with potential vendors.

The group engagement, with five companies included:

- Teleconferences to understand requirements
- Face to face discussions
- Webinar demonstrations
- Live demonstrations
- Visits to reference sites
- Participation in user forums

These contacts allowed the ICT Project Group to gain valuable insights into market potential and readiness and the validity of the requirements.

The tender process, when formally commenced, precludes direct contact with any vendor, it was therefore timely to complete this work before an Expression of Interest was published.

The implementation framework of the revised safeguarding policy will guide the ICT programme plan.

7.3
Tender

The tender process will be managed by the Procurement division of Health Business Services.

An Expression of Interest document has been finalised and is for publication on the eTenders procurement website as Stage 1 of the Restricted Tender process. Any potential vendor may submit an interest.

A technical specification will be completed in readiness for publication in Stage 2 of the process when successful applicants will be required to make a formal offer.

8

Safeguarding Ireland

Safeguarding Ireland was established to promote safeguarding of adults who may be vulnerable, protect them from all forms of abuse by persons, organisations and institutions and develop a national plan for promoting their welfare. This will be achieved by promoting inter-sectoral collaboration, developing public and professional awareness and education, and undertaking research to inform policy, practice and legislation. Safeguarding Ireland whilst originally founded by the HSE now operates as an independent inter sectorial body with the HSE as an active member.

During 2019 the NSO supported a range of initiatives undertaken by Safeguarding Ireland formerly the National Safeguarding Committee. Additionally secretarial support for the committee was provided by the office until mid-way through 2019. At his time point the committee was restructured and an external resource was sourced.

Material associated with Safeguarding Ireland can be viewed on their website www.safeguardingireland.org including public awareness campaigns, research polls and annual reports.

9

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Appendices

Sample Study Abuse Type Defined for Cases with outcome of Reasonable Grounds

Of the 6,593 concerns where the outcome agreed with the SPT was reasonable grounds 1,979 recorded details on the actual abuse type. The following is a summary of the frequency of the 2000 abuse types recorded.

Physical		
Removed or prevented the client's access to equipment such as hearing aids, walking aids	≤5	
Pushed, grabbed or shoved the client	272	14%
Attempted to or succeeded in hitting, biting or kicking the client	717	36%
Burned or scalded the client	≤5	
Given the client drugs or too much medicine to control them or make them sleepy	≤5	
Restrained the client in any way e.g. locked them in a room, tied them in a chair	≤5	
Threatened the client with an implement	10	1%
Injured the client with an implement	17	1%
Total	**1031**	**52%**

Sexual		
Talked to the client in a sexual way that they felt uncomfortable with	19	1%
Exposed the client to pornographic images against their wishes	≤5	
Tried to touch the client in a sexual way they did not like/against their will	30	2%
Touched the client in a sexual way they did not like/against their will	53	3%
Forced the client or tried to force the client to have sexual intercourse against their will	10	1%
Total	**116**	**6%**

Psychological		
Insulted the client, called him/her names or swore at him/her	273	14%
Threatened the client verbally	127	6%
Undermined or belittled the client	138	7%
Repeatedly ignored or excluded the client	11	1%
Threatened to harm others that the client cares about	12	1%
Prevented the client from seeing others that they care about or care for them e.g. family / professionals	10	1%
Total	**571**	**29%**

Financial		
Not contributing to household expenses such as rent or food against the clients wishes	≤5	
Stolen money/possessions or documents	104	5%
Deliberately prevented client from accessing money/possessions/property/land or documents	15	1%
Forced or misled the client into giving them money/ possessions/ or pension book against their will	26	1%
Forced or misled the client to sign over ownership of their home or property against their will	≤5	
Forced or misled the client to change their Will (Last Will and Testament).	≤5	
Signed the client's name on cheque/pension book or other financial documents against their will	≤5	
Forced or misled the client into granting a power of attorney or had power of attorney misused.	0	
Tried/pressured the client (but not succeeded) in doing any of the above to (steal money, property, change legal documents, pension book)	≤5	
A financial institution (bank/insurance company) has applied undue pressure on the client to buy products	0	
Total	**160**	**8%**

Neglect		
a) To go shopping for food/clothes or travel outside the home	≤5	
b) To prepare their own meals or eat	≤5	
c) To do routine jobs around the house and move about the house	≤5	
d) To take medicines in the right doses at the right time	≤5	
e) To get out of bed/wash/dress themselves	≤5	
f) To care for toileting needs	≤5	
g) family / relevant others refusal to facilitate Fair Deal application or healthcare support required by the client	≤5	
h) General Neglect of the client (other than those categories specified above)	105	5%
Total	**121**	**6%**

Discrimination		
The client has been the subject of discrimination	≤5	
Total	**≤5**	

HSE National Safeguarding Office

South East Wing, St. Joseph's Hospital,
Mulgrave Street, Limerick

061 461165 | www.hse.ie