National Safeguarding Office

Annual Report 2018

HSE National Safeguarding Office

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Foreword

This 2018 Annual Report by the National Safeguarding Office highlights the central position that adult safeguarding has across all health services. This is of particular relevance as we progress to implement a revised HSE Adult Safeguarding policy. 2019 also sees the significant publication by the Mental Health Commission and HIQA of National Standards for Adult Safeguarding. The analysis and messages in this Annual National Safeguarding Office Report highlights areas where there has been progress and others needing attention and improvement.

The HSE works in collaboration with funded agencies in striving to advance service improvements in practices, procedures and care standards. It is vital that learning and findings from this Annual Report inform our future planning and strategic vision.

The HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy, 2014 has played an important role where there has been a failure to protect the human rights, welfare and safety of adults at risk of abuse. The HSE Safeguarding Policy has provided an important support structure for the process of responding to concerns of abuse in a consistent and adequate manner. Whilst much progress has been made since it was launched in December 2014, there are many areas still needing improvement and progress in the ongoing task of supporting our service users live socially valued lives free from abuse. All staff have a role and responsibility for safeguarding, in particular, I would like to acknowledge the special contribution of those with training facilitation and designated officer responsibilities. I also commend the vital interventions and professional oversight role of the HSE Safeguarding and Protection Teams. Their work is critical and essential and is delivered in spite of many challenges some of which are set out in this 2018 Office Report.

In conclusion, I would like to repeat the central message that safeguarding is everybody's business.

Sandra Tuohy
Assistant National Director – Operations,
Services for Older Person

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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 HSE has an important programme of quality improvement and assurance to promote and protect the welfare and safety of adults who may be vulnerable and at risk of abuse. The future Sláintecare (Department of Health, 2019[1]) reforms and health service restructuring should lead to improved service delivery models for all users of health and personal services.

The abuse of vulnerable adults remains a disturbing reality in Irish society. The publication of various reports into failures to adequately protect service users has highlighted the need for greater public awareness about the existence of abuse and the need for legislative reforms to protect the human rights of vulnerable adults. The HSE has responded in recent years to address these challenges. In 2007, to meet the recommendations of set out in Protecting Our Future[2], the HSE published a policy on Elder Abuse[3] and developed a social work-led support service. This was followed in December 2014 by *Safeguarding Vulnerable Persons at Risk of Abuse - Policy and Procedures*[4] (HSE Adult Safeguarding Policy) which resulted in the setting up of Safeguarding and Protection Teams (SPTs) and the HSE National Safeguarding Office (NSO). This policy publicly declared a 'No Tolerance' approach to any form of abuse and for all services to promote a culture which supports this ethos.

Since 2015 there have been some key advances and developments:

- The setting up of a SPT in each of the nine Community Health Care Areas (CHO). Their main focus is 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. They provide oversight and support to all service providers, including those funded by the HSE. Additionally, they manage concerns that are referred from the community. There are now over 70 social work staff members working in the SPTs across the country supported by administrative staff.
- There are over 1,700 Designated Officers (DOs) across the social care sector with specific lead safeguarding roles within their own services.
- The development of an independent inter-sectoral National Safeguarding Committee now known as Safeguarding Ireland. Safeguarding Ireland involves over 30 partners across public, voluntary and private sectors working to promote and advance the rights of vulnerable adults at a national level. The on-going awareness raising initiatives by Safeguarding Ireland is helping to promote greater public awareness about the existence of abuse of vulnerable adults and the need for legislative reforms to protect their human rights.
- The development of a national adult safeguarding training programme which includes an awareness programme for all and specific training for DOs and training facilitators.
- The establishment of a Safeguarding Committee in each of the nine CHOs, chaired by the Heads of Social Care. These committees aim to support the development of a culture which promotes the welfare of vulnerable adults and provide support and advice to the SPTs and senior management.

This report is the third annual National Safeguarding Office Report published by the HSE since the implementation of the HSE Adult Safeguarding Policy 2014. The report aims to give an account of safeguarding activity in 2018 and to highlight significant trends and issues with regard to adult safeguarding.

3

The HSE National Safeguarding Office

The overall purpose of the NSO is to provide leadership, oversight and coordination for all aspects of policy and practice in relation to the safeguarding of vulnerable persons.

The NSO co-ordinates and leads the implementation of the HSE Safeguarding Policy, 2014 Policy in the HSE Social Care Division. The NSO has key functions in areas such as training, planning and data collection. NSO was integral in the establishment of regional and national safeguarding committees. The NSO as part of the HSE Community Operations is committed to service reforms that:

- advance person-centred care models,
- promote integrated care programmes; and
- encourage choice and autonomy of service users.

These developments should, 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	Systems Administrator

3.1
Objectives of the National Safeguarding Office

1. Support the consistent implementation of the HSE Adult Safeguarding Policy 2014
2. Support the work of the National Safeguarding Committee and the working of the Interagency Reference Group
3. Collect and collate data in relation to notifications and referrals to SPTs of alleged abuse and neglect of vulnerable persons
4. Commission research to establish best practice in promoting the welfare and protection of vulnerable persons from abuse
5. Act as a resource for information in relation to abuse of vulnerable persons for HSE personnel, HSE funded agencies and other relevant organisations
6. Develop public awareness campaigns
7. Develop practice guidance and tailored resources for all stakeholders
8. Develop, update and deliver training programmes, as well as managing the processes of approval for safeguarding facilitators
9. Promote the development of Safeguarding Committees in all nine CHOs
10. Support the accountability and reporting obligations of the HSE
11. Prepare and produce an annual report which is inclusive of data and trends on safeguarding concerns of vulnerable persons

3.2
Work Programme of the National Safeguarding Office

The NSO has had a lead role in a number of important developments and initiatives such as the setting up of SPTs in each CHO and running of national awareness campaigns. Over the past 3 years, NSO has implemented an extensive programme of awareness training for over 55,000 health and social care personnel whilst also setting up a national database of over 1,700 Designated Officers who have a lead role for screening and notifying cases of alleged abuse and neglect.

2018 is the third year that the HSE has published data and recorded outputs on adult safeguarding activity. Up to 2016, the HSE published an Elder Abuse Services Report annually. The safeguarding data in this Report presents the numbers, nature and type of preliminary screenings undertaken by DOs and other key personnel operating in service settings as well as direct community referrals to the SPTs. Plans are at an advanced stage at the end of 2018 to move from data collection system utilising excel spreadsheets to an IT system. This should make the system for data collection safer, more efficient and comprehensive.

During 2018 the NSO has also assisted in a number of processes to support safeguarding recommendations arising from inspections by HIQA, assurance reviews and the oversight tasks by HSE SPTs. This has involved supporting service improvement plans especially in areas such as safeguarding and risk management. This work has highlighted the on-going need to strengthen incident reporting as well as governance and accountability in relation to service level agreements.

During 2018 the NSO work programme has included:

- Engaging with the Department of Health on the work of the NSO and updating on plans with regard to the review of the HSE Adult Safeguarding Policy 2014
- Undertaking a programme of public awareness events and activities to promote World Elder Abuse Awareness day and promote general public awareness of abuse towards vulnerable adults
- Facilitating learning and development events for the SPTs
- Active engagement with both the HSE Quality Assurance and Verification Division and the HSE Quality and Patient Safety Sections
- Engagement with the Garda National Protective Services Bureau (GNPSB) on developing a notification system and furthering plans for the development of 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
- Preparing a submission to the public consultation on draft legislation relating to Deprivation of Liberty Safeguards.
- Advising and assisting CHOs on the management of historical case reviews, assurance reviews and implementation of Serious Management Incident Reviews relating to adult safeguarding cases
- Devising submissions to the HSE estimates process
- Recording instances of escalated safeguarding cases (Need-to-Knows)

3.3
Strategic Work involving the National Safeguarding Office

1. Provide a leadership role with the upcoming implementation of the revised HSE Adult Safeguarding Policy
2. Co-ordinate an implementation plan for the revised HSE Adult Safeguarding Policy
3. Devise a plan to develop any necessary resource materials to underpin the expanded, revised HSE Adult Safeguarding Policy
4. Play a lead role in implementing HSE Service Plan objectives regarding adult safeguarding
5. Devise service development plans in line with Slaintecare, future Department of Health policy on adult safeguarding and any future National Standards
6. Promote learning for staff on how to recognise and respond to concerns of abuse for adults at risk of abuse

7. Enhance and improve safeguarding materials and training tools for both staff and service users

8. Revise and update the HSE adult safeguarding training plan and oversee its implementation and associated quality assurance processes

9. 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 The UN Convention on the Rights of Persons with Disabilities and full implementation of the Assisted Decision Making (Capacity Act 2015) legislation

10. Play a leading role with the National Safeguarding Committee and CHO Safeguarding Committees on public awareness campaigns for the general public and adults who may be vulnerable and at risk of abuse highlighting how they can report problems and seek support.

11. Work with HSE Quality Assurance Division on aligning an Adult Safeguarding Reporting System and National Incident Management System

12. Play a lead role for the HSE in the implementation plans for service improvements regarding adults at risk of abuse following reports and enquiries

13. Improve interagency collaboration and coordination of responses around adult safeguarding

14. Enhance a communication strategy with all stakeholders via newsletter and online media messages

15. Devise a plan to respond to emerging developments such as the HIQA/ Mental Health Commission National Safeguarding Standards and future relevant legislation in adult safeguarding

16. Play a lead role for interagency collaboration and coordination on adult safeguarding with other key organisations such as HIQA, Mental Health Commission, An Garda Siochana and TUSLA

17. Implement an IT system for adult safeguarding notifications, referrals, case management including data collection and analysis

18. Enhance safeguarding systems and processes within all residential and funded agencies underpinned by an operational IT infrastructure and system

Case Studies*

Mark

Mark is 20. He has an intellectual disability. He lives at home with his older sister. Mark attends his local day centre. He never has money for trips out from the centre. Mark's key worker meets Mark about this and Mark discloses that his sister gives him any money he needs. Mark is not sure if he is entitled to Disability Allowance. Mark's sister meets the Designated Officer in the day centre. She confirms that she collects Mark's Disability Allowance but does so because she is afraid he will spend it all on treats. Furthermore she says that she uses it to provide for his "keep" in the house.

Following a safeguarding meeting the following safeguarding plan was developed;

- Mark was assisted to open a bank account
- It was arranged that Mark's Disability Allowance would be paid into his bank account.
- An agreement was made as to how much Mark should contribute towards household expenses
- Staff at the day centre worked with Mark to develop his budgeting skills and manage his own finances

Jim

Anthony is 45 and has moved back home to live with his father Jim having been made unemployed. Anthony has an alcohol addiction. Jim is initially delighted with the arrangement however Anthony is verbally abusive with alcohol taken, he relies on Jim for regular "loans" and often has friends around late at night. Jim's carer attends one morning and finds Jim upset, sitting in a room littered with beer cans, empty pizza boxes and a stranger asleep on the couch. Jim is upset and tells the carer that "he can't go on living like this." A safeguarding referral is made.

While Jim is glad of the support of the Safeguarding Team, it is difficult to engage with Anthony. He does however eventually begin to engage with the safeguarding process.

The following safeguarding plan was developed;

- Jim is given information regarding the Domestic Violence Act
- Jim is offered support should he decide to seek assistance through the Domestic Violence Act
- Jim is given advice in relation to giving money to his son
- Anthony agrees not to invite others back to his father's house without permission.

* The following case studies are fictionalised accounts of the type of cases dealt with by Safeguarding and Protection Teams

4

Data on Adults at Risk of Abuse in Ireland

Safeguarding Concerns are managed within the Social Care Division. Each concern is subject to a Preliminary Screening. This is completed by a Designated Officer in a service or a member of the SPT and should be recorded in a standardised manner.

Safeguarding concerns managed within the Social Care Division through the SPTs are subject to a preliminary screening. This is completed by a DO either within a service or a member of the SPT and recorded on a standard form. A unique identification key is assigned to each concern which enables it to be tracked through the safeguarding service. At present all concerns are logged on an 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. In addition to caseload data, CHO's also collate data on training attendances.

The information collected provides figures for reporting on performance indicators returned to the Department of Health namely:

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

- Number of staff trained in the HSE Adult Safeguarding Policy 2014

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.

4.1
Safeguarding Concerns 2018

There were 11,780 safeguarding concerns received by the SPTs in 2018. This represents a 14% increase on revised referral figures for 2017. 3,218 were classified as over 65 years which is consistent with the level of reporting in both 2016 and 2017. Table 11 provides a summary of all concerns by CHO from 2016 to 2018. It should be noted that the figures represented here illustrate revised positions for 2016 and 2017 inclusive of late submissions on to the database (2016: previously recorded as 7,884 revised to 8033; 2017 previously reported as 10,118 revised to 10,280).

Safeguarding concerns for 2018 are inclusive of 438 reported 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 increase in institutional abuse notifications in that area. Therefore certain data is missing from subsequent categorical analysis.

Table 2: Profile of Safeguarding Concerns by Year by CHO 2016-2018

CHO	2016	2017	2018	Grand Total
CHO1	711	768	878	2357
CHO2	687	704	755	2146
CHO3	635	927	1110	2672
CHO4	1060	1189	1628	3877
CHO5	1310	1567	1476	4353
CHO6	478	850	916	2244
CHO7	1018	1772	2575	5365
CHO8	1158	1454	1507	4119
CHO9	976	1049	935	2960
Total	**8033**	**10280**	**11780**	**30093**

***note that the total number of cases in 2016 and 2017 differs marginally for that reported previously due to late submissions made onto to the databases**

Cumulatively there have been in excess of 30,000 concerns managed by the SPTs with the majority of areas showing year-on-year increases. These figures merely show activity levels and do not reflect case complexity. Furthermore, they need to be contextualised from a population perspective to conduct any level of meaningful comparison which is explored with the following section.

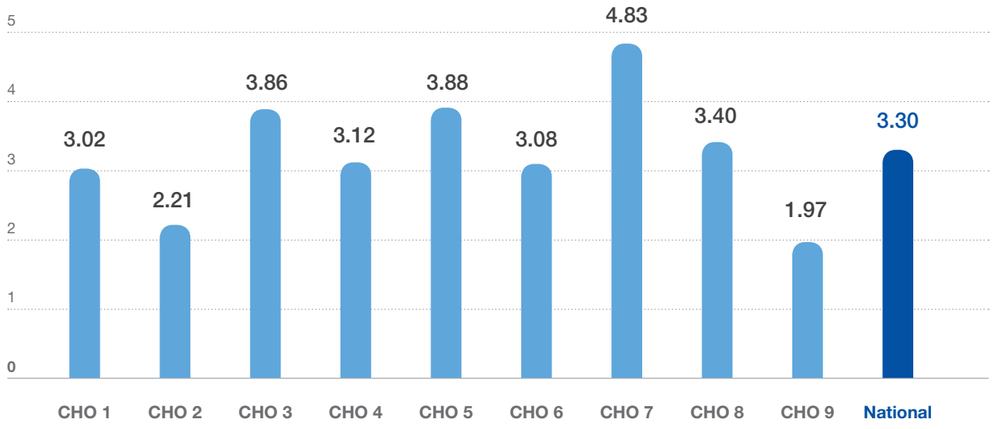
4.1.1 Safeguarding Concerns by Age and Gender

There is a wide variation in the number of safeguarding concerns being managed by each team. In order to provide a more consistent comparative measure on reporting rates, the following section presents the rate per 1,000 population by gender for all adults, those 18-64, 65+ and those over 80 years.

Table 3: Reporting Rate per 1,000 of population: All adults by CHO

	All adult Males			All adult Females			All adult Total		
CHO	**Pop.**	**Concern**	**Rate/ 1,000 Pop**	**Pop.**	**Concern**	**Rate/ 1,000 Pop.**	**Pop.**	**Concern**	**Rate/ 1,000 Pop.**
1	143416	422	2.94	147289	449	3.05	290705	878	3.02
2	167995	364	2.17	173234	387	2.23	341229	755	2.21
3	141996	533	3.75	145439	570	3.92	287435	1110	3.86
4	255667	825	3.23	266216	780	2.93	521883	1628	3.12
5	186605	718	3.85	193439	703	3.63	380044	1476	3.88
6	141841	375	2.64	155848	520	3.34	297689	916	3.08
7	259417	835	3.22	274204	847	3.09	533621	2575	4.83
8	218781	704	3.22	225075	743	3.30	443856	1507	3.40
9	229925	294	1.28	244976	583	2.38	474901	935	1.97
total	**1745643**	**5070**	**2.90**	**1825720**	**5582**	**3.06**	**3571363**	**11780**	**3.30**

Figure 1: Rate of Reporting/1000 Population by CHO - All adults



The national average rate of reporting for all adults is 3.3/1,000 population- four CHOs exceed this rate (CHO 3, 5,7,8) with the highest rate of reporting relative to population in CHO7 at 4.83.

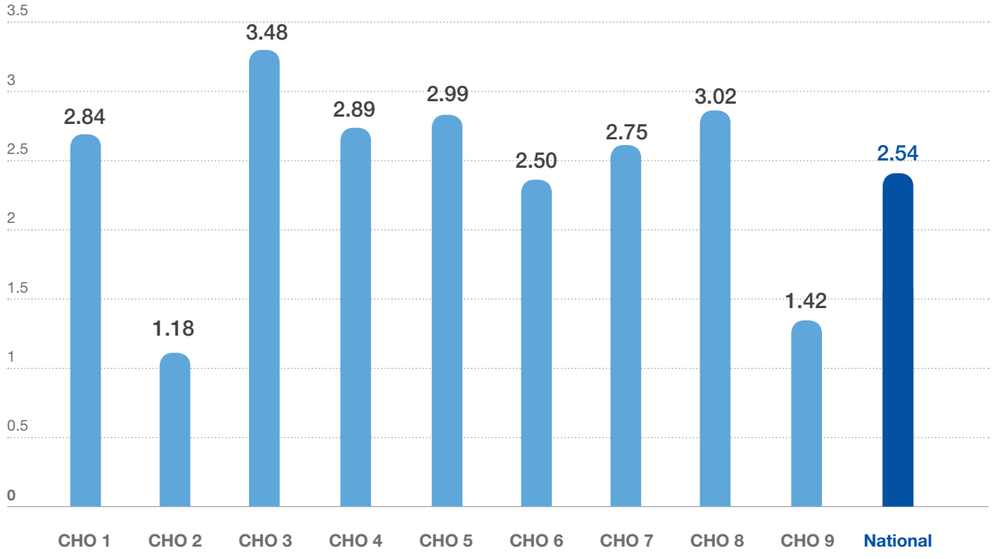
For adults aged 18-64 years, the national average rate of reporting is 2.54/1000 population. Table 4 shows the reporting rate by CHO area. The highest reporting rate per 1,000 population is in CHO3 (3.48/100 population). Note that population figures represent all adults in this age category and do not consider any disability profile.

Table 4: 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	322	2.81	116228	333	2.87	230642	656	2.84
2	135208	164	1.21	137463	157	1.14	272671	322	1.18
3	115927	414	3.57	115899	392	3.38	231826	806	3.48
4	209629	670	3.20	213377	542	2.54	423006	1222	2.89
5	151195	509	3.37	154258	402	2.61	305453	913	2.99
6	116807	273	2.34	124324	328	2.64	241131	602	2.50
7	223779	641	2.86	232397	612	2.63	456176	1255	2.75
8	183632	585	3.19	185966	531	2.86	369598	1116	3.02
9	198215	215	1.08	205078	357	1.74	403293	574	1.42
total	**1448806**	**3793**	**2.62**	**1484990**	**3654**	**2.46**	**2933796**	**7466**	**2.54**

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

Figure 2: Rate of Reporting/1,000 Population by CHO - Total 18-64 Years



The national average rate of reporting per 1,000 population for those over 65 years is 5.05. This rises to 9.27 in the over 80 years. Across all CHOs there are more females reported in both age categories. CHO5 has the highest proportion of over 65 and over 80 referrals at 6.89 and 13.97 concerns/1000 population respectively.

Table 5: 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	100	3.45	31061	116	3.73	60063	216	3.60
2	32787	200	6.10	35771	230	6.43	68558	430	6.27
3	26069	119	4.56	29540	178	6.03	55609	297	5.34
4	46038	155	3.37	52839	238	4.50	98877	393	3.97
5	35410	209	5.90	39181	301	7.68	74591	514	6.89
6	25034	102	4.07	31524	192	6.09	56558	294	5.20
7	35638	194	5.44	41807	235	5.62	77445	429	5.54
8	35149	119	3.39	39109	212	5.42	74258	332	4.47
9	31710	79	2.49	39898	226	5.66	71608	313	4.37
total	**296837**	**1277**	**4.30**	**340730**	**1928**	**5.66**	**637567**	**3218**	**5.05**

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

Figure 3: Rate of Reporting/1,000 Population by CHO - Total 65+ Years

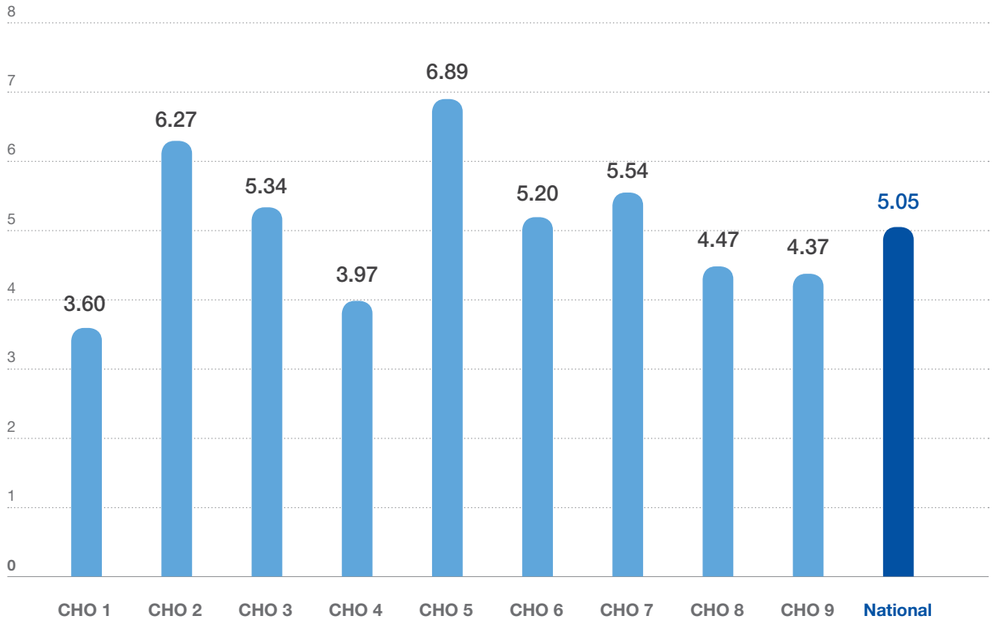
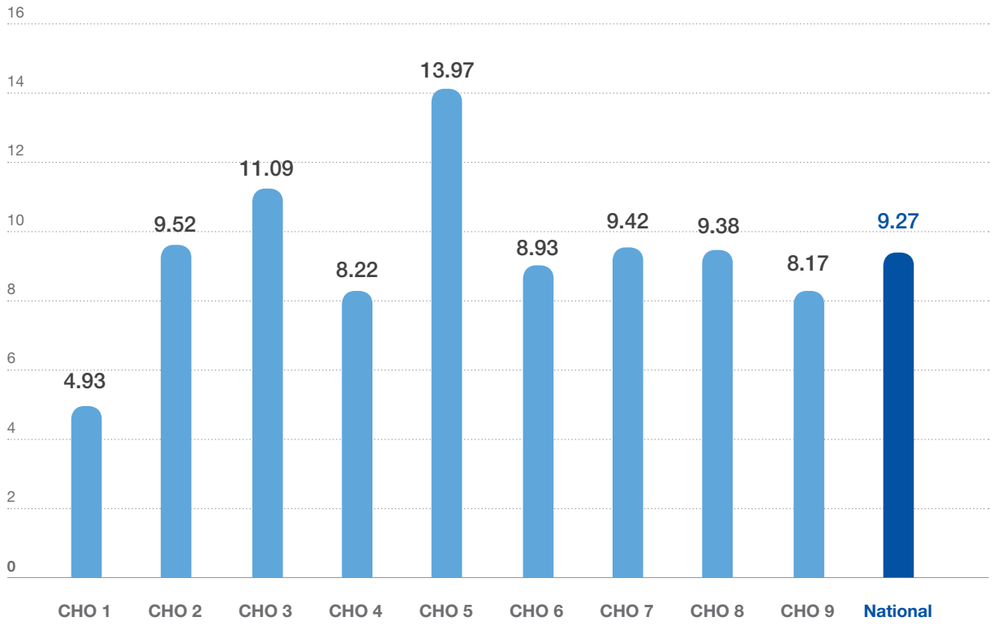


Table 6: Reporting Rate per 1,000 of Population: 80+ by CHO

	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	28	4.77	8543	43	5.03	14413	71	4.93
2	6756	65	9.62	10045	95	9.46	16801	160	9.52
3	4961	48	9.68	7570	91	12.02	12531	139	11.09
4	8929	61	6.83	14061	128	9.10	22990	189	8.22
5	6892	81	11.75	10074	153	15.19	16966	237	13.97
6	5399	32	5.93	8938	96	10.74	14337	128	8.93
7	6433	56	8.71	10335	102	9.87	16768	158	9.42
8	6635	53	7.99	9892	101	10.21	16527	155	9.38
9	6383	40	6.27	10876	98	9.01	17259	141	8.17
total	**58258**	**464**	**7.96**	**90334**	**907**	**10.04**	**148592**	**1378**	**9.27**

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

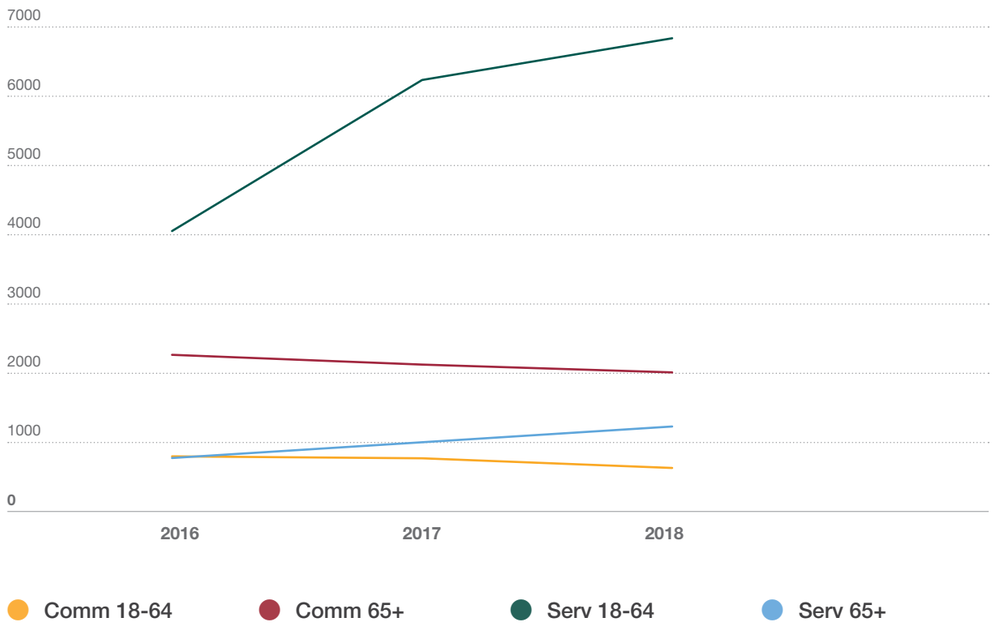
Figure 4: Rate of Reporting/1,000 Population by CHO - Total 80+ Years



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 primary care social work, the population density of designated centres and demographic factors such as age and geographic spread of the population. As was evident in previous years and illustrated in Figure 5 the majority of concerns relate to persons under 65 who are linked to a service. There has been a gradual increase since 2016 in the proportion of over 65 referrals that are referred from a service setting.

Figure 5: Profile of Safeguarding Concerns by Setting and Age Category



In order to examine reporting rates over time control charts are used. These serve to illustrate both the average reporting rate and the variance in terms of expected upper and lower limits. In relation to community concerns figures have remained consistent with previous years.

On average 50 concerns are reported weekly to the SPTs. In relation to service concerns, there was a significant increase in concerns reported in Q2 2018 resulting in an upward shift of the mean from 153 concerns per week to 191 concerns per week. In Q3 and Q4 this returned to on average 149 concerns per week.

Figure 6: Control Chart Community Concerns Q 2017/2018

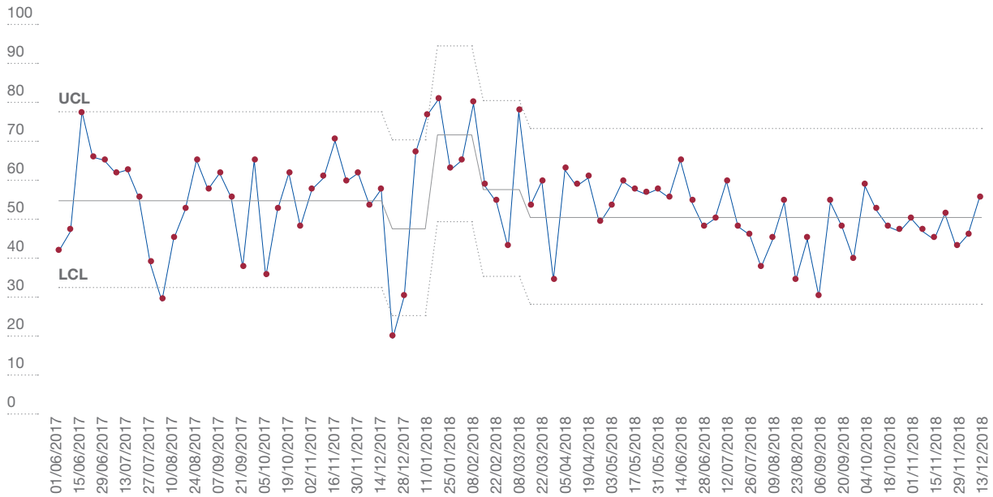
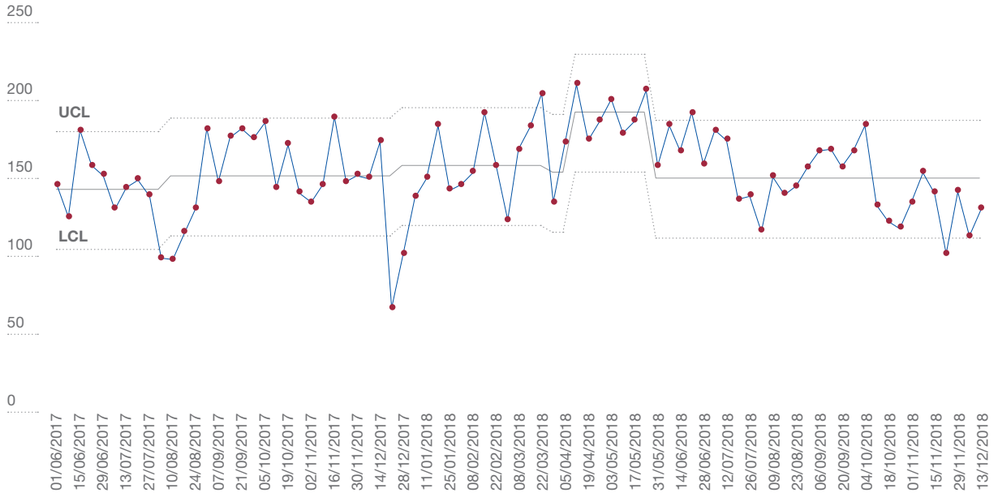


Figure 7: Control Chart Service Concerns Q3 2017-2018



The majority of concerns are reported by Designated Centres for Adults with Disabilities (57%) which are more likely associated with those aged 18-64 by a ratio of almost 9:1.

Community concerns are more likely to relate to those over 65 years. Designated Centres for Older Persons represent 949 concerns with a further 791 from Day Centre Services.

Figure 8: Profile of Concerns by Reporting Location by Age Category of Vulnerable Adult

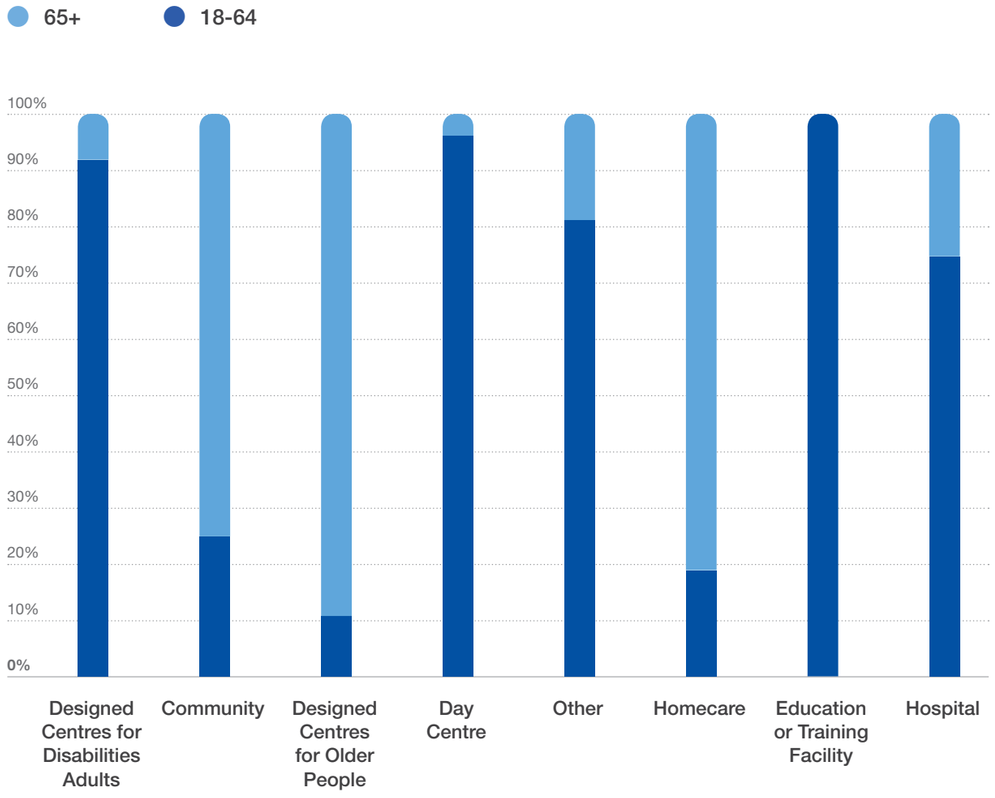


Table 7: 2018 Profile of Reporting Location by Age Category of Vulnerable Adult

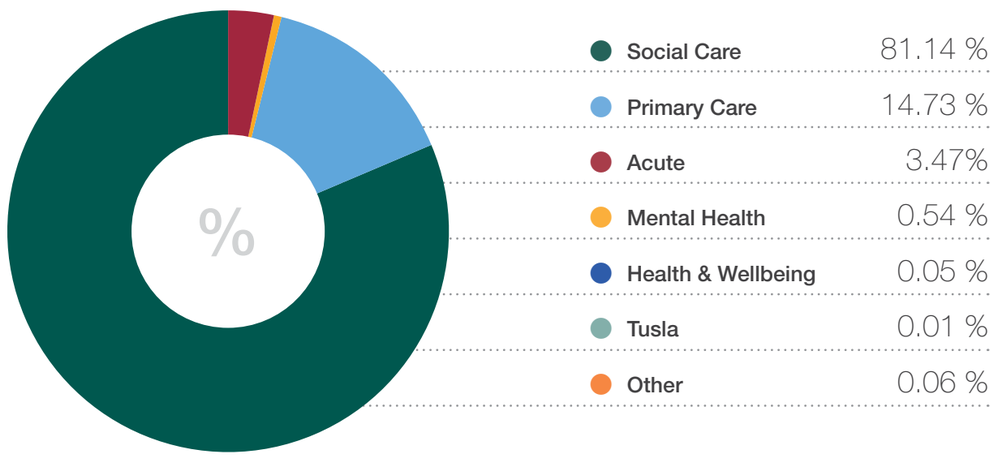
	18-64 years		65+		Total	
Reporting Location	**No.**	**%**	**No.**	**%**	**No.**	**%**
Designed Centres for Disabilities Adults	15282	78%	1403	14%	17309	57%
Community	2214	11%	6696	68%	9116	30%
Designed Centres for Older People	172	1%	1416	14%	1620	5%
Day Centre	1467	7%	63	1%	1550	5%
Education or Training Facility	174	1%	60	1%	234	1%
Homecare	157	1%	37	0%	195	1%
Other	28	0%	121	1%	155	1%
Hospital	140	1%		0%	140	0%
Grand Total	**19634**	**100%**	**9796**	**100%**	**30319**	**100%**

*** 889 cases missing age categorisation data included in the total figures**

4.1.3 Referral Division

The existing policy remains operational within the Social Care Division (services for older people and disability services). Year on year there has been a proportionate increase in referrals from this Division. There are a small proportion of cases that are reported by other divisions, with primary care representing 15% and the acute division responsible for 2% of concerns in 2018.

Figure 9: Profile of Concerns by Referring Division 2018



4.1.4 Referral Source

Voluntary agencies are the main referral source representing 49% of total referrals. Other staff groupings, for example, PHN/RGN, Primary Community and Continuing Care Staff and Hospital Staff represent the largest other referral sources. (see Figure 10)

Figure 10: Referral Source 2018

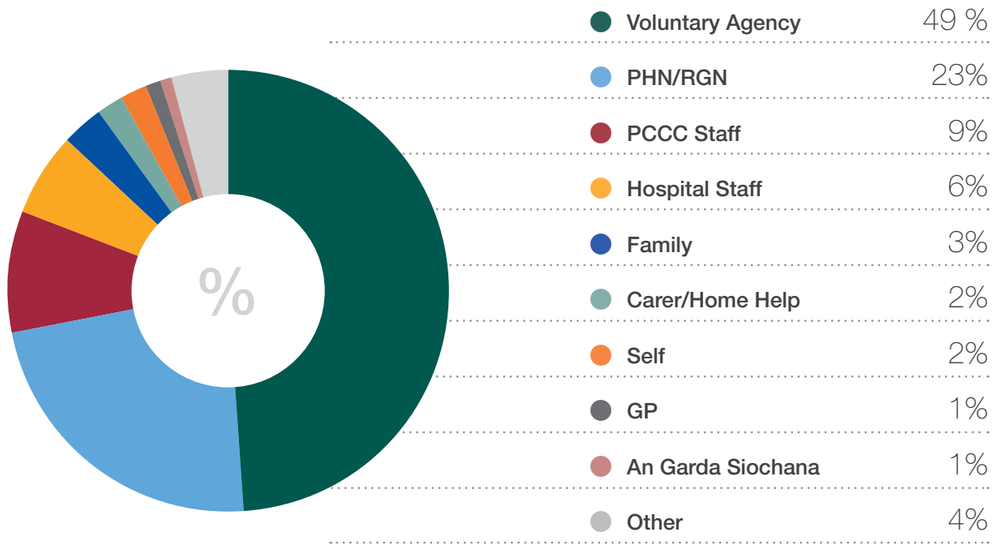
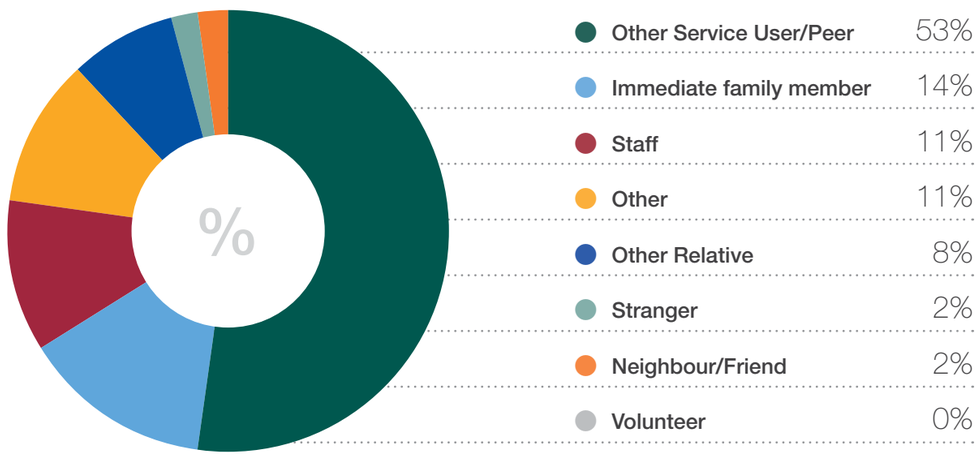


Figure 11: Person Allegedly Causing Concern 2018



4.1.5 Profile of Person Allegedly Causing Concern

Following data protection legal advice changes have been made to how certain categories relating to "Person Allegedly Causing Concern" is recorded. As such, spouse, husband/ wife, adult child and parent is now being replaced with "Immediate Family Member".

Table 8: Summary of Persons Allegedly Causing Concern- 2018

Person Allegedly Causing Concern	No of Concerns	% of Total
Other Service User/Peer	5417	**53%**
Immediate family member	1411	**14%**
Staff	1179	**11%**
Other	1096	**11%**
Other Relative	821	**8%**
Stranger	179	**2%**
Neighbour/Friend	165	**2%**
Volunteer	12	**0%**
Grand Total	**10,280**	**100%**

Further analysis by age category illustrates that the majority of concerns for those 18-64 years relate to "other services users (67%) followed by an immediate family member. For those, over 65 years immediate family members represent 7 in 10 of all concerns reported.

Table 9: Person Allegedly Causing Concern by Age Category of Vulnerable Adult

Person Allegedly Causing Concern	No.		%		Total No.	Total %
	18-64	65+	18-64	65+		
Other Service User/Peer	4783	558	67%	19%	5341	53%
Immediate family member	405	964	30%	70%	1369	14%
Staff	782	363	11%	12%	1145	11%
Other	620	454	9%	16%	1074	11%
Other Relative	353	455	5%	16%	808	8%
Stranger	132	45	2%	2%	177	2%
Neighbour/Friend	82	82	1%	3%	164	2%
Volunteer	9	3	0%	0%	12	0%
Grand Total	**7166**	**2924**	**100%**	**100%**	**10090**	**100%**

* missing age categorisation data on 190 cases

4.1.6 Profile of Abuse Types Alleged

There were 13,720 abuse types alleged. The majority of cases (87%) only had one abuse type recorded. Where there were multiple abuse types reported physical/ psychological and financial/institutional were the most frequently reported, representing 600 and 442 individuals respectively.

Table10: All Abuse Types Alleged 2018

Abuse Types Alleged	18-64		65+		80+		Total	
Physical Abuse	4172	49%	1012	25%	351	20%	**5281**	**39%**
Sexual Abuse	542	6%	98	2%	41	2%	**651**	**5%**
Psychological Abuse	2550	30%	1261	31%	515	29%	**3882**	**28%**
Financial Abuse	418	5%	811	20%	407	23%	**1698**	**12%**
Neglect	497	6%	555	13%	276	16%	**1076**	**8%**
Discriminatory Abuse	17	0.2%	9	0.2%	6	0.3%	**28**	**0.2%**
Institutional Abuse	114	1%	58	1%	23	1%	**621**	**5%**
Self Neglect	139	2%	332	8%	136	8%	**483**	**3%**
Total	**8449**	**100%**	**4136**	**100%**	**1755**	**100%**	**13720**	**100%**

Figure 12: Profile of All Abuse Types Alleged by Age

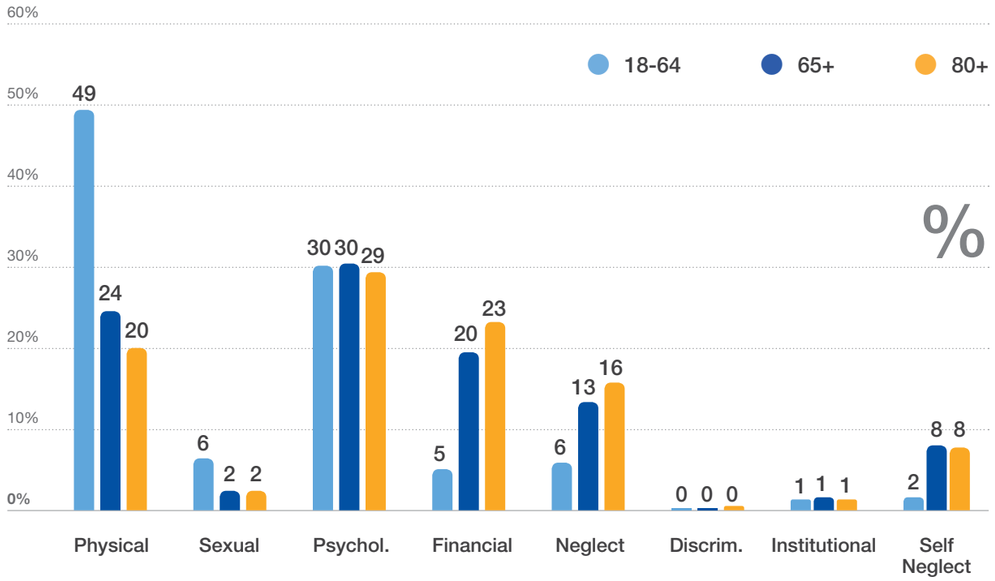
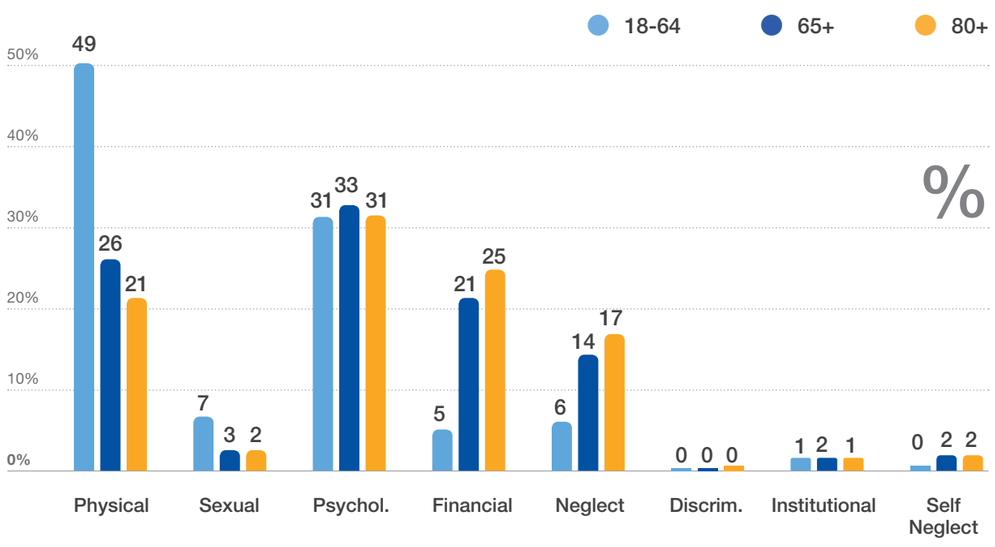


Table 11: Abuse Types Alleged by the Person Allegedly Causing Concern

Abuse Types Alleged	18-64		65+		80+		Total	
Physical Abuse	4172	50.0%	1012	26.2%	351	21.3%	5281	39.6%
Sexual Abuse	542	6.5%	98	2.5%	41	2.5%	651	4.9%
Psychological Abuse	2550	30.6%	1261	32.6%	515	31.3%	3882	29.1%
Financial Abuse	418	5.0%	811	21.0%	407	24.7%	1698	12.7%
Neglect	497	6.0%	555	14.3%	276	16.7%	1076	8.1%
Discriminatory Abuse	17	0.2%	9	0.2%	6	0.4%	28	0.2%
Institutional Abuse	114	1.4%	58	1.5%	23	1.4%	621	4.7%
Self Neglect	35	0.4%	64	1.7%	29	1.8%	102	0.8%
Total	**8345**	**100%**	**3868**	**100%**	**1648**	**100%**	**13339**	**100%**

Figure 13: Profile of Abuse Types Alleged by the Person Allegedly Causing Concern by Age



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 will be 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 two years provides an updated profile of case outcomes as illustrated in Table12.

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. Possible reasons accounting for this are;

1. Training and development informs the appropriate reporting of safeguarding concerns

2. Experience and knowledge gained over time leads to greater confidence in screening safeguarding concerns

3. With greater experience, the teams are reaching an outcome of either no grounds or reasonable grounds with a reducing proportion classified as requiring “additional information”

Table 12: Outcome Agreed with the SPT

Year	Additional Information		No Grounds		Reasonable Grounds		Total	
2016	1401	20%	2366	33%	3403	47%	7170	100%
2017	1421	15%	2964	31%	5240	54%	9626	100%
2018	875	9%	3000	30%	6226	62%	10101	100%
Total	**3697**	**14%**	**8330**	**31%**	**14869**	**55%**	**26896**	**100%**

4.2

Advice Queries Managed by the Safeguarding and Protection Team 2018

The SPTs are a source of advice and support on safeguarding matters for members of the public and indeed for staff in the public, voluntary and private sector. If cases are suitable for a referral they are logged and processed by the SPT. All others are logged on an advice only database which tracks some key factors in relation to the case and the advice provided. It is integral in the future development of the safeguarding service that the HSE is aware of the cases that are coming to the attention of the teams.

There were 1,092 advice only interactions recorded in 2018. Outside of the social care sector, the primary care represented the main group seeking advice and support from the SPTs (see table 9). Details on the person seeking advice are noted in table 10 below. Families, health care staff and vulnerable adults represented the majority of the calls. The vast majority of these concerns related to individuals residing in the community and predominantly related to those over 65 years.

Table 13: Profile of Advice Only Calls Service/ Community

Source of Referral	No.	%
Community	838	77%
Service	188	17%
Not classified	66	6%
Grand Total	**1092**	**100%**

Table 14: Profile of Advice Calls by Caller Classification

Caller Classification	No	%
Family	180	**22%**
PHN/RGN	176	**22%**
Hospital Staff	124	**15%**
Voluntary Agency	96	**12%**
PCCC Staff	56	**7%**
Self	53	**6%**
Carer/Home Help	35	**4%**
GP	30	**4%**
Neighbour/Friend	26	**3%**
An Garda Siochana	18	**2%**
Local Authority	17	**2%**

Examples of some common queries include the following:

- Advice on complaints procedures within private nursing homes
- Complaints relating to service provision- e.g. home help, respite not being significant enough to meet the needs of an individual
- Advice on case transitioning e.g. when a child with mental health needs turns 18 years
- Wards of Court queries
- Pension queries- which have been subsequently diverted to the Department of Employment Affairs and Social Protection
- Queries from older persons on challenging relationships with adult children- many of which relate to complex dynamics including access to grandchildren.

4.3

Network of Designated Officers

There are 1,743 DOs currently registered with the NSO having completed training, 384 of whom were newly trained in 2018.

Each HSE and HSE funded service within the Social Care Division must appoint a DO who will be responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons
- Ensuring the appropriate manager is informed and collaboratively ensuring necessary actions are identified and implemented
- Ensuring reporting obligations are met.

Other responsibilities, such as conducting preliminary assessments and further investigations may be assigned within a specific service. The majority of DOs are based within a voluntary or HSE sector with a consistent level of provision within the private sector when compared to 2017.

Table 15: Profile of Designated Officers Training Attendees in 2018 by Sector

Sector	No.	%
Voluntary	226	59%
HSE Employee	105	27%
Private Sector	46	12%
Statutory Body	6	2%
Other	1	0%
Grand Total	**384**	**100%**

Table 16: Profile of Designated Officers by Sector Trained 2015-18

Sector	No.	%
Voluntary	986	57%
HSE Employee	540	31%
Private Sector	197	11%
Statutory Body	10	1%
Community Sector	8	0%
Other	2	0%
Grand Total	**1743**	**100%**

In 2018 and across the previous 4 years personnel in management/ administration positions represent the greatest number of DOs followed by nursing and Allied Health Professionals.

Table 17: Profile of Job Titles of Designated Officers Trained 2018

Job Title	No.	%
Management/Admin	169	44%
Nursing	99	26%
Allied Health Professional	80	21%
Other	21	5%
Support Worker	15	4%
Grand Total	**384**	**100%**

Table 18: Profile of Job Titles of Designated Officers Trained 2015-18

Job Title	No.	%
Management/Admin	682	39%
Nursing	522	30%
Allied Health Professional	432	25%
Other	75	4%
Support Worker	32	2%
Grand Total	**1743**	**100%**

4.4
Emerging Trends in the Data

In 2018 data there was an increase in overall notifications for the third year in a row. There were 11,780 safeguarding concerns received by the HSE in 2018. This shows a 14% overall increase in concerns being notified to the HSE in 2018. These have predominantly been reported within the Social Care Division.

- The "No Tolerance" message has been an important plank of the HSE Adult Safeguarding policy approach. As illustrated in fig 5 over time there has been a levelling off in the reporting rate. Research would be helpful to explore if professionals have become more confident and informed with regard to the nature of notifications.

- The figures on the awareness raising training programme would show that the programme has now reached widely into the social care sector over the past 4 years

- Public Awareness Campaigns informed by national research (Red C 2017[9], Red C 2018[8]) have focused on prevention, planning ahead and the need for greater conversations around abuse within society. This report highlights awareness campaigns have led to greater self education (evident in social media interaction) rather than immediate rates of referral.

- The Report shows a higher rate of agreed outcomes between services and SPTs. This would indicate that services have shown a level of improvement in the quality of screenings and safeguarding plans. Furthermore where support structures and fora exist between SPTs and DOs stronger collaboration and understanding around community/service pathways exists.

- Demographic trends have illustrated a significant increase in the population over 65 in the last decade (Census 2016[10]). This has not been replicated in the reporting rates to the SPTs for this population which have remained relatively static for the same period. International prevalence studies have shown that close to 1 in 6 older adults have experienced elder abuse in a community setting in the past year (Yon 2017[11]) and evidence from an service setting, though less defined, indicates high prevalence levels (Yon 2018[12]). Further analysis is needed into the possible significance and reasons for this position.

- For persons aged 18-64, the most significant category of abuse alleged remains physical abuse at 50% followed by psychological at 31%.

- For persons aged over 65, the most significant category of abuse alleged is psychological abuse at 33%, physical at 26% and financial abuse at 21%.

- Alleged financial abuse and neglect increase with age with the highest level of reporting in those over 80 years.

- Analysis of the reporting rate per 1,000 population over 65 illustrates that the rate increases with age.

- The proportion of concerns relating to males is higher in the 18-64 year age category. This trend is reversed in both the over 65 and over 80 age category.

- The alleged person causing concern is most likely a service user for those 18-64 years and immediate family member for those over 65 years.

- The total number of institutional abuse concerns alleged has increased from 1% to 5% which is an overall increase in numbers from 183 cases in 2017 to 1061 cases in 2018. Further research and analysis is required into the contextual factors underpinning this trend.

- An additional 1092 advice calls responded to by the SPTs, the majority of which related to older people residing in the community.

Data on Adults at Risk of Abuse in Ireland

HSE National Safeguarding Office • Annual Report 2018

5

Opportunities and Challenges for Adult Safeguarding

5.1
Policy Reforms in Adult Safeguarding

The introduction of the HSE Adult Safeguarding Policy 2014 and associated structures has made a positive difference in driving standards and assisting staff to recognise and respond to concerns of abuse. This policy has been undergoing a review on a cross sectional basis.

This review process also has been informed by international research Rapid Realist Review (HSE/UCD 2017)[7] and in line with the human rights principals contained within the legislation on Assisted Decision Making (Capacity) Act 2015[6].

The review process has also highlighted areas that need improvement in the process. The scope of the revised HSE Adult Safeguarding Policy will be expanded to cover all HSE and HSE funded services at an operational level which have been identified as a weakness of the current policy.

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

The HSE review process is mindful that the Department of Health plans to publish a national health sector policy on adult safeguarding which will have implications for future HSE policy development especially in the context of future legislative provisions for adult safeguarding. It is also noted that the joint work of HIQA and the Mental Health Commission to develop national standards for adult safeguarding will mean that quality standards will now be set out by the Health Regulators which is a welcome development.

5.1.1 Capacity Requirements

There needs to be adequate planning for the expanded operational scope of the revised adult safeguarding policy. Increased capacity building and resourcing for adult safeguarding are essential. Inadequate planning will hinder the capacity to implement a revised adult safeguarding policy and pose significant risks. Without the capacity to deliver an effective updated training programme there is also a risk of inconsistent understanding by services and staff regarding recognising, responding and reporting of abuse and neglect. It is estimated that an expanded training function will at a minimum need to have a dedicated resource in each CHO area to support the implementation of the revised policy and progress the associated training plan. The NSO will require additional resourcing in 2019 to put in place the adequate education and training programmes and the support systems for the planned ICT infrastructure.

5.2
Current Capacity to Respond to Increased Demand

It is essential that HSE SPTs have the capacity to adequately respond. In 2018 the existing level of service has been seriously tested with instances of backlogs and waiting lists because of increasing levels of demand and staffing vacancies. Teams are also encountering time-intensive casework on complex cases as well as the challenges encountered with addressing long-standing institutional abuse concerns. During 2018 SPT's have had greater engagement with both the court system in Ward of Court applications and domestic violence applications and greater involvement with An Garda Siochána.

As previously noted there was a 14% increase in reporting in 2018. SPTs are experiencing significant capacity constraints responding to these increasing demands in a timely manner.

During 2018 there were significant turnover and vacancy issues across a number of SPTs. At the end of 2018, the SPTs nationally had an overall 18% vacancy rate. CHO7 and CHO8, in particular, have been impacted by significant recruitment and retention issues and as a consequence, a backlog of work has resulted. Recruitment and retention constrains were not exclusive to these SPTs, similar challenges were faced across the entire social care sector.

Increased institutional abuse notifications have impacted on the backlog in CHO7 in addition to staff shortages and has had implications for the safeguarding team's overall capacity.

5.3
Limitation of HSE Data Collection and Performance Measures

The data currently collected by the HSE is limited and does not give the full picture on the extent of abuse of vulnerable adults in Ireland. The figures in this NSO Report are a partial picture of information that is mainly associated with the Social Care sector. There is a need to develop outcome based measures as well as gathering quantitative data. International studies show that abuse concerns are significantly underreported compared to prevalence rates. A factor in this can be lack of public awareness about what constitutes abuse and how to report such concerns. Currently, services outside of Social Care do not fall within the remit of the policy and its associated safeguarding data collection so whilst safeguarding activity is happening across all health sectors this is not being captured in this report. There are important sectors outside of health care, dealing with safeguarding concerns whose data is also not captured in this report. This contributes to underreporting in significant areas i.e. financial abuse.

The current casework and reporting systems urgently require an ICT infrastructure. This is required to make systems safer, more consistent and efficient. Paper-based and excel spreadsheet systems need to be replaced. The development of a secure ICT system for tracking referrals and case management should open the possibility to collate safeguarding data wider than the health sector.

5.4
Need for a Whole of Government Approach and Primary Legislation

Adult Safeguarding needs primary legislation. There is a pressing need for clear mandated inter-agency collaboration between state agencies and state-supported organisations. The work of the National Safeguarding Committee (Safeguarding Ireland) has highlighted the potential for inter-agency collaboration in areas such as awareness raising and joint training. This work is on a voluntary basis. Professionals with key roles for safeguarding co-ordination need defined legal authority in areas such as access to information and capacity to carry out safeguarding assessments. Safeguarding is wider than health care and adult safeguarding guidelines are necessary across a wide range of society from business to arts, culture and sporting organisations.

The HSE is mindful that primary adult safeguarding legislation would have significant implications for the future structure and delivery of a safeguarding service. Going forward, the organisation of the safeguarding service may change to align with national policy and any future legislation.

Data protection legislation has greatly impacted on the HSE and other state bodies with regard to the conditions and legal basis for information sharing. The sharing of specified information or so-called soft "information" on persons of concern is a complex and sensitive area. There are competing rights at play and safeguarding personnel are cautious in this context. Primary safeguarding legislation should help to set out legal boundaries and obligations on data sharing.

5.5
Human Rights Measures

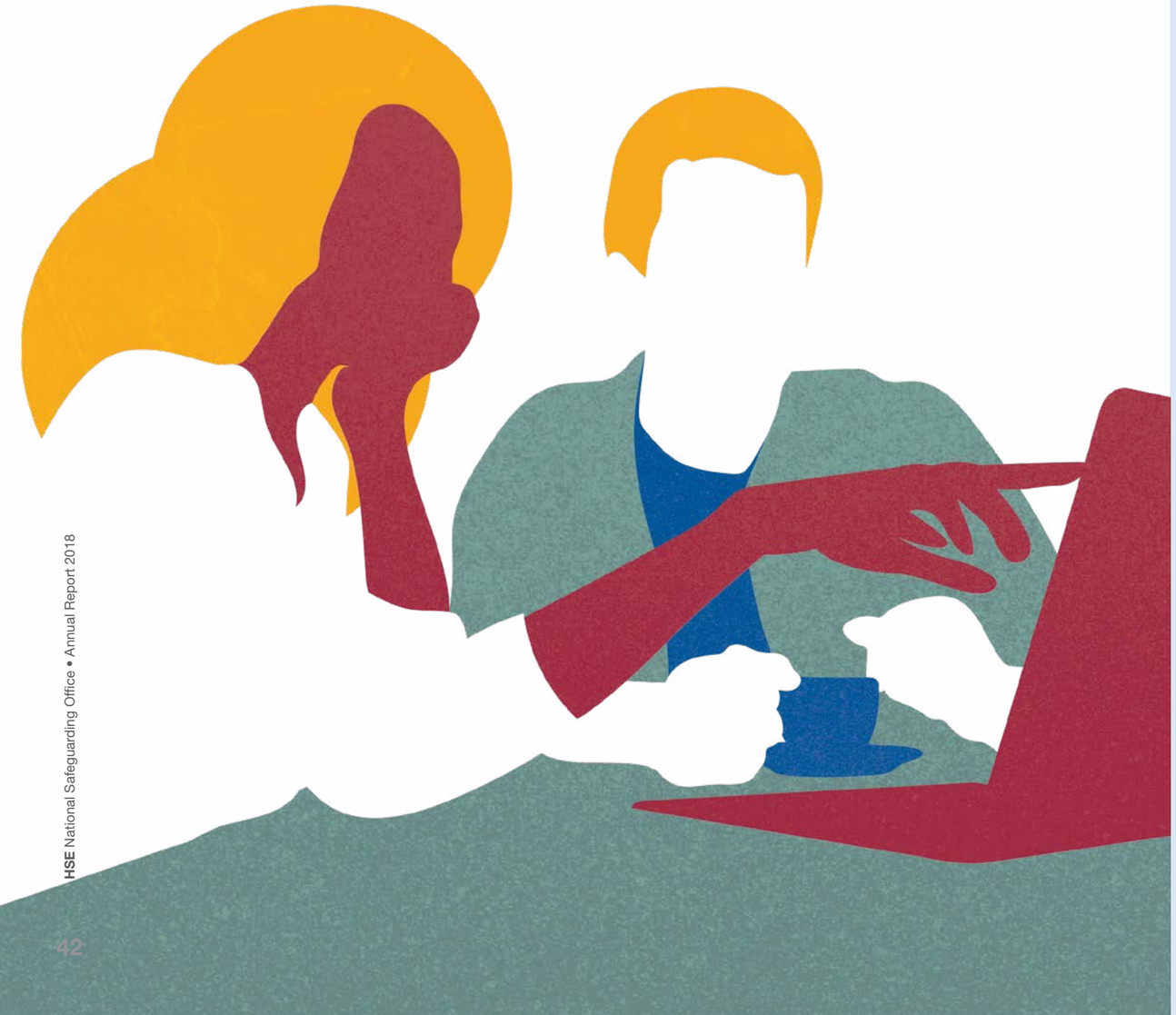
Much work remains in advancing the rights of adults at risk of abuse. SPTs have highlighted cases where human rights are not upheld. Examples include restrictive practices, chemical restraint and continual harmful institutional practices including financial abuse of patient's personal accounts.

There is a pressing need for full commencement of the Assisted Decision Making Act. With clear codes of practice, services are proactive in ensuring adults are supported in their decision making and have their views heard. Adults at risk of abuse should have their will and preference respected and any state interventions or restrictions must always be proportional and necessary. Safeguarding intervention at times is essential. However, the current legal regime of the Ward of Court system is outdated and at times is not respectful of human rights.

State Agencies should be promoting preventative measures such as supporting a person to think ahead and to take action to protect their future eg. Enduring Power of Attorney and Advance Health Care Directives. The full implementation of the Assisted Decision Making legislation and the Deprivation of Liberty safeguards will greatly advance the human rights of service users.

5.6
Private Sector Oversight

The majority of private sector services voluntarily co-operate with HSE safeguarding services and want to provide services that are safe. However private providers without a HSE contract do not fall within the scope of the HSE Adult Safeguarding Policy (2014) and as such, are not overseen by HSE quality assurance measures. As a result, thousands of persons in private nursing home care are not covered by the HSE Adult Safeguarding Policy and the HSE do not have the authority to oversee and manage concerns.



Case Studies*

Dorothy

Dorothy is 79. She was diagnosed with mild dementia 18 months ago. She resides with her husband Frank. Because her short-term memory has become impaired Dorothy frequently asks Frank the same question repeatedly. Frank confides to a PHN that this frustrates him and he has shouted at Dorothy. He has called her “stupid” and he has “put her in the bedroom on her own” for a time.

The following safeguarding plan is developed:

- Frank undertakes an education course run by the Alzheimer Society.
- Frank accepts some home support
- Frank engages with a local carers group.
- Dorothy agrees to attend a local day centre on a trial basis
- Plans for respite care are arranged.

John

John is 50 and has an intellectual disability. He does not attend any services. The concern received by the Safeguarding Team raised concerns that he was being blocked from accessing services by his mother.

Following meetings with John, his mother and the other relevant professionals involved it became evident that the intervention of the Safeguarding Team was welcomed by John while his mother had some reservations and did not wish for John to engage with support services

As the safeguarding concerns persisted and as John was welcoming of the contact by the SPT member, the following safeguarding plan was developed:

- It was arranged for John to be medically assessed and to have a care needs assessment carried out
- John was supported to manage his finances.
- John now plans to attend the local day centre on a weekly basis where he can receive personal and nursing care
- Plans are made for John to access respite care.

* The following case studies are fictionalised accounts of the type of cases dealt with by Safeguarding and Protection Teams

6

Learning and Development

6.1
Safeguarding Training

Safeguarding training developed to support the implementation of HSE Adult Safeguarding Policy 2014 continued throughout 2018. 2018 saw close to 18,000 attendances at safeguarding training. Programmes delivered during 2018:

1. Safeguarding Vulnerable Persons Awareness Programme
2. Designated Officer Training

These Programmes are delivered across the country in HSE and HSE funded services by approved safeguarding facilitators (with a small number of programmes also being delivered in third-level education settings to healthcare students).

6.1.1 Safeguarding Vulnerable Persons Awareness Programme

This is a half-day basic awareness programme delivered across all staff groups and grades. The primary aim of this three and a half hour workshop is to increase participants' awareness and knowledge of abuse of vulnerable persons and ensure they are in a position to recognise it and report any concerns.

Objectives

By the end of this workshop participants will have:

- Discussed and defined 'abuse' in the context of vulnerable persons
- Examined the different types of abuse and indicators of each
- A better understanding of how to recognise when abuse may be taking place
- Explored the HSE procedure from HSE Adult Safeguarding Policy 2014 and discussed their responsibilities therein.
- Considered the underlying principles within which all abuse responses should be framed
- A clear understanding of how and where to report concerns of abuse

6.1.2 Safeguarding Vulnerable Persons Awareness Programme Revision

During 2018 the National Safeguarding Office set up a group to undertake a review and revision exercise of the materials used in the *Safeguarding Vulnerable Persons Awareness Programme*. As the programme was first developed in 2015 it was time to revise and refresh some of the materials used while maintaining consistency with the training aims and objectives.

Terms of Reference for revision group were set by the National Safeguarding Office and nominations to the group were sought from safeguarding facilitators with representation across HSE and HSE funded voluntary services.

Terms of Reference

- Review existing Safeguarding Vulnerable Persons Awareness Programme training materials
- Receive and consider all relevant information and feedback from approved safeguarding facilitators.
- Put forward proposals for improvements and refinements to the existing programme while working within the existing programme structure and aims/objectives.
- Undertake re-drafting of the Safeguarding Vulnerable Persons Awareness Programme materials to include Slides, Facilitators guide and Participants workbook for review by National Safeguarding Office.
- Membership to be drawn from existing approved safeguarding facilitators across HSE and HSE funded services who have delivered a significant number of SVPAP sessions to date.
- Revisions and redrafting to be completed within 3 months.

The revised training materials were distributed to all approved safeguarding facilitators in August 2018. The number of possible case scenarios for safeguarding facilitators to choose from within the programme increased from three to ten strengthening the applicability of them to a greater number of services, staff and service user groups.

Table 20: Membership of the Safeguarding Vulnerable Persons Awareness Programme Revision Group

Bridget McDaid	HSE (National Safeguarding Office)
Donal Hurley	HSE (National Safeguarding Office)
Sarah Mahon	Rehab group
Marie Barr	HSE (Disability)
Helena O'Reilly	HSE (Older Persons)
Kieran Barrett	Brothers of Charity Southern Services
Teresa Duffy	HSE (Disabilities)
Ann Coakley	HSE (Older Persons)
Suzanne Riordan	Cheeverstown House
Maire Brady	HSE (Safeguarding Protection Team)

6.1.3 Designated Officer Training

Training is provided to nominated DO, service managers and to prospective safeguarding facilitators. In 2018 there were 23 safeguarding facilitators available to deliver DO training and it is offered across all CHO areas. All DO programmes are coordinated through the National Safeguarding Office and invites are issued to all nominated DOs who have not yet taken up offers of training.

The purpose of this 1-day training programme is to enable participants to understand the requirements, responsibilities and expectations of the DO and service manager role in line with the HSE Adult Safeguarding Policy 2014. The programme explores the key practice considerations of effective safeguarding approaches. The primary focus of the programme is to explore practice approaches that effectively contribute to safeguarding vulnerable persons at risk of abuse.

DO Training Learning Outcomes:

1. Explore in detail the role of the DO and service manager as outlined in the HSE Adult Safeguarding Policy 2014
2. Understand relevant legislation and related policies to support effective safeguarding practice
3. Explore practice approaches with a specific focus on undertaking preliminary screenings and producing safeguarding plans
4. Consider effective practise approaches in the assessment and management of safeguarding concerns recognising the importance of risk consideration.

6.2
Training Statistics

2018 saw 17,784 attendances at safeguarding training well above the KPI target set at 10,000. The majority completing Safeguarding *Vulnerable Persons Awareness Programme* and 384 undertaking Designated Officer Training.

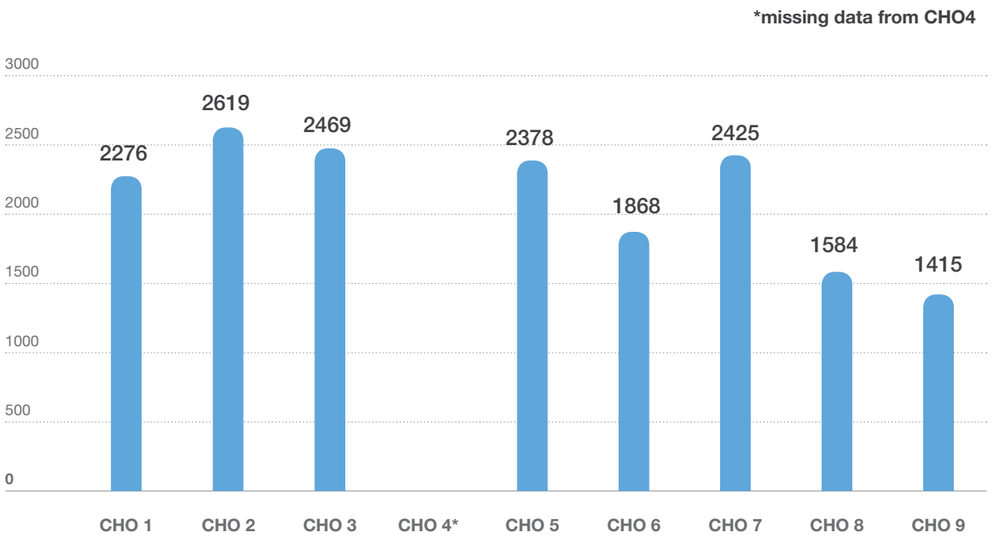
Table 21: Safeguarding Training Figures 2015 – 2018

Safeguarding Training Attendances	
2015	1,261
2016	13,776
2017*	22,048
2018*	17,950
Total 2015-2018*	**55,035**

***missing data from CHO4**

Safeguarding training by CHO

Figure 14: Summary of Training Attendances by CHO - 2018



*In the absence of a training contact person in CHO 4, training returns are received but not inputted or reported to the NSO.

Figure 15: Safeguarding Training 2018 Attendances by Sector

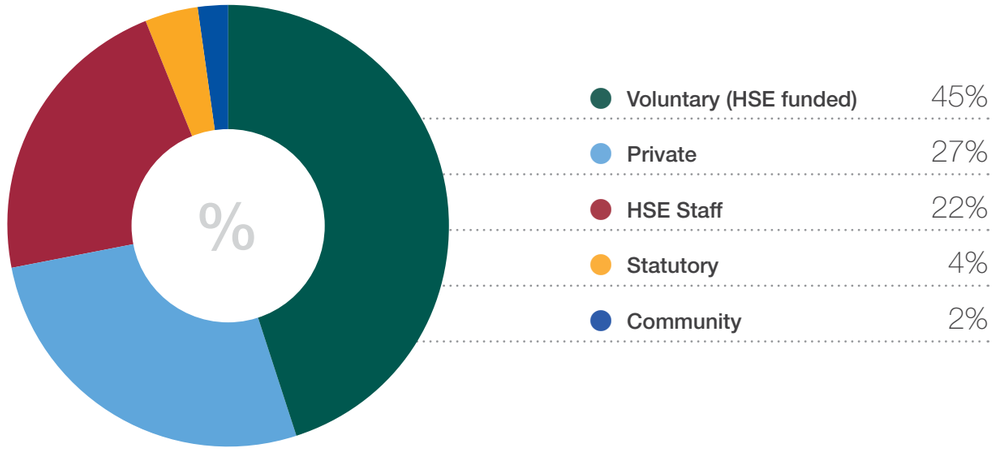
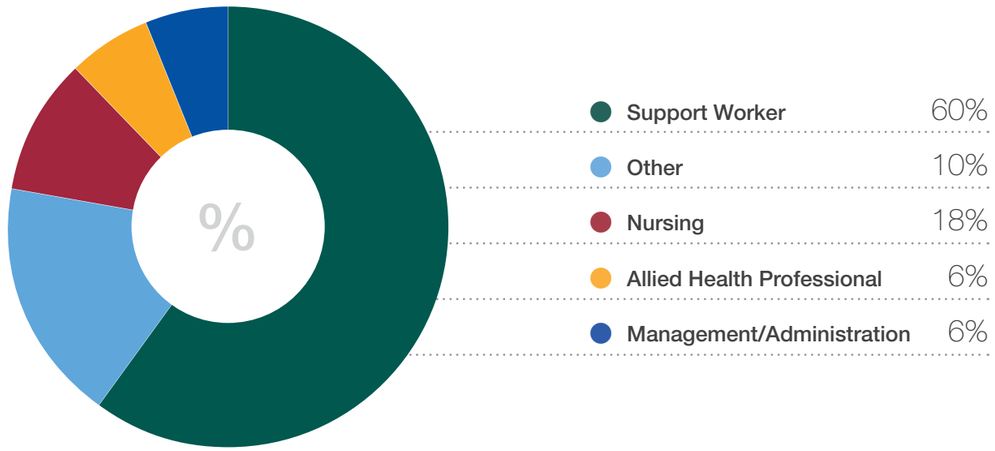


Figure 16: Safeguarding training by Job Description- 2018



6.3
Approved Safeguarding Facilitators

The National Safeguarding Office manage and maintain a database of approved safeguarding facilitators who deliver the standardised programmes *Safeguarding Vulnerable Persons Awareness Programme* and *Designated Officer Training*. Facilitators have been approved to deliver safeguarding training following a Train the Trainer (TTT) programme (2015 – 2016) or via a Safeguarding Framework Facilitators Agreement (FW) (2016 – 2018). The number of approved safeguarding facilitators is constantly evolving as roles change, staff move, retire and new facilitators are approved. Throughout 2018, while there was no TTT programme, 38 facilitators were approved via the Safeguarding Framework Facilitators Agreement.

All safeguarding facilitators approved to deliver the HSE safeguarding programmes are obliged through their approval agreements to report to the HSE on all training programmes they deliver using standardised sign-in sheets. These sign-in sheets are processed in each Community Health Organisation and feed into a national training database managed and reported on by the National Safeguarding Office.

Table 19: Summary of Approved Facilitators 2018

Approved Safeguarding Facilitators in 2018	
HSE approved safeguarding facilitators (TTT & FW)	191
Nursing Homes Ireland list of safeguarding facilitators	56
Approved safeguarding facilitators (non HSE TTT)	153
Total number of facilitators	**400**

Audience picture at the Learning and Development Seminar

6.4
Quality and Assurance Process for Safeguarding Training

In April 2018 a quality assurance process for safeguarding training was disseminated for implementation across HSE and HSE funded social care services. Much of what is contained within the document was already established for delivery of safeguarding training including the standardisation of materials and the required criteria and process of approving safeguarding facilitators but some additional quality assurance measures were introduced:

- Facilitators are asked to complete an annual report on the delivery of *Safeguarding Vulnerable Persons at Risk of Abuse Programme*. This report form asks safeguarding facilitators to identify what works well, any emerging issues and gives the opportunity for safeguarding facilitators to reflect on their confidence in delivering the programme.
- A Participants Post Training Knowledge Assessment Questionnaire was introduced. This new staff knowledge questionnaire is designed to be used, not at the time of sessions, but between 2 to 4 months post-training and is set as a responsibility of line managers. This new measure is to assist managers to address knowledge decay and ensure knowledge gaps can be identified and addressed at the local level.

6.5
Practice Development

2018 was a busy year for the National Safeguarding Office in its rollout of learning and development opportunities to SPT teams.

6.5.1 Safeguarding Considerations in Criminal Justice and Financial Abuse-Building Inter-Agency Collaboration

On 16th April 2018, the NSO hosted a one-day seminar entitled: **Safeguarding Considerations in Criminal Justice & Financial Abuse. Building Inter-Agency Collaboration.**

This seminar explored the various roles and responsibilities of agencies involved with vulnerable adults and was attended by over 70 Safeguarding and Protection staff from around the country.

Det. Inspector Michael Lynch, An Garda Síochána, presented on the law as it applies to vulnerable adults. In particular, he explained the provisions of the Criminal Law (Sexual Offences) Act, 2017 which defines a “protected person” and a “relevant person”. He went on to discuss the issues of consent and grooming and he outlined the process for interviewing vulnerable adults by specialist Garda interviewers. The final part of his presentation focussed on the Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act, 2012.

Geraldine Sutton, Acting Principal Social Worker and **Siobhan Maher**, Social Worker, Safeguarding Team, CHO 5, presented on their experiences of working with the Garda Protective Services Unit in Waterford over the past number of months. They

described a case study that pointed out good cooperation between the two services in relation to a difficult financial abuse concern.

Martin Keville, Assistant Principal Officer, Department of Employment Affairs and Social Protection, presented on safeguarding efforts in his department. He focused on the various types of agency arrangements available to clients.

Denise Cusack, **Community Protection Advisor, Ulster Bank** outlined her role and the type of support Ulster Bank can offer to vulnerable customers who might be exposed to financial harm or a threat of being exposed to financial abuse. She also outlined how her role can support the Safeguarding Teams in ensuring that action is taken where financial abuse occurring or is suspected of having occurred.

Louise O'Mahony, Head of Sustainable Banking at Banking & Payments Federation presented on the banking sector approach to safeguarding customers at risk. She outlined some of the challenges her members face in safeguarding vulnerable adults, what banks try to do individually and also some sector-level activities around safeguarding.

6.5.2 SPT Learning and Development Seminar

The SPT Learning and Development Seminar; *Building the Practitioner Skill Base* was held on 23rd and 24th October 2018.

Bernard Gloster, Chief Officer, Mid-West Area and Interim Head of Operations and Service Improvement, Older Persons Services formally opened the seminar and thanked the Safeguarding Teams on behalf of the HSE for the work they do in safeguarding vulnerable adults.

Margaret Flynn, Chairperson of the Independent Safeguarding Board of Wales was the keynote speaker. She spoke about her experiences of safeguarding both from the professional perspective and as the family member of a person with an intellectual disability seeking to "stand alongside" that person. In that regard, she made the point that as professionals we need to be careful not to diminish what families can offer to their relatives who may be vulnerable. She spoke about the importance of paying attention to that which people are telling us and to ensure that the action we take is understandable to the vulnerable adult. She pointed out the importance of peoples histories and that while we all have a sense of what makes us safe, it is rarely asked of those we work with.

Ms Flynn went on to reflect on some of the serious case reviews that she has been involved in and noted that "scandals fix nothing permanently"

JP Nolan, Head of Quality and Patient Safety HSE Community Healthcare

Mr Nolan spoke about the need for all staff to ask questions and to act to safeguard vulnerable persons in their own right. He expressed a wish that we can operationalise the Safeguarding Policy in a way that impacts on the culture of the organisations we work in and with**.**

The following presentations were made to the SPTs over the two days;

- Jim Gogarty; **Safeguarding, Sexuality and Social Work-current and future challenges**.
- Pauline Levins; **Signposts in Adult Attachment: Implications and applications for safeguarding**
- Margaret Flynn; **Learning from Case Reviews and Enquiries- messages for Safeguarding Practice**
- Caoimhe Gleeson, Jacqueline Grogan, Tony McCusker and Siobhan Nunn; **Assisted Decision Making Act- Implications for Practice**
- Dr Maria Gomes, Fiona Woods, Parick Hynes, St Gabriel's Services; **Promoting Positive Outcomes when planning services for people with Autism Spectrum Disorder (ASD)**
- Dr Áine Fitzpatrick; **Mindfulness for Practitioners, Experiential Mindfulness, Building self-compassion in practice.**

Tim Hanly, General Manager NSO, Louise O'Mahony, Head of Sustainable Banking, Banking and Payments Federation Ireland, Martin Keville, Assistant Principal Officer, Department of Employment Affairs and Social Protection, Det. Inspector Michael Lynch, An Garda Síochána,, Donal Hurley Principal Social Worker NSO

Right to Left: Bernard Gloster, Chief Officer CHO Mid West, Margaret Flynn Chairperson of National Independent Safeguarding Board Wales, JP Nolan, Head of Quality and Patient Safety HSE Community Healthcare.

7

ICT Project Plan

7.1
Background

The nine CHOs manually record data that is collated by the National Safeguarding Office for analysis and reporting. The limitations of manual data-sets are well documented i.e. human error leading to inconsistencies, time-consuming, a lack of security, duplication of data entry, reduced ability to share information, data is not in real-time, a dependency on good individuals and the lack of integration. All of these have informed our requirement for an ICT system for the case management of safeguarding concerns for adults at risk of abuse.

The implementation of a national ICT system would lead to greater efficiencies in terms of the delivery of service and by extension improved person-centred care.

7.2
Progress

During 2018 the NSO System Administrator has visited each CHO and interviewed Administrators, Social Workers, Team Leaders and Principal Social Workers with regards to:

- Current process and priorities
- Paperwork and forms in use, to isolate regional variations
- Requirements and expectations of an IT system
- Case management process
- Communication and security practices
- National Incident Management System
- Quality checks and processes
- Multi-agency working

The information will be incorporated in the technical specification for a new ICT system. In October 2018 several workshops were held to identify requirements needed to simplify current work practices and to make the best use of technology currently available.

7.3
Project Group

The ICT Project Team, which includes representation from the NSO, Office of the Chief Information Officer, SPT members, Community ICT and Voluntary Organisations, has bi-monthly meetings to discuss, research and progress various aspects of the project including:

- A national directory of health services. We are liaising with HSE departments who are compiling a directory of residential, day-centre and service listings which is an essential requirement
- The Individual Health Identifier (IHI) which is another essential tool for a national database
- Vendor research, market soundings to gauge interest
- The Adult Safeguarding Policy (2014) and the impact of the revised policy on roles, responsibilities, workflow and processes and how to incorporate this into our system specification
- Data migration, the clean-up of existing data for inclusion in the system
- Procurement documentation and process with guidance from Health Business Services (HBS)
- Pilot site selection, the criteria and process of choosing a site for configuration, testing and implementation prior to roll out

7.4
Next Steps

The ICT Project Group will carry out in-depth market research and publish information for market soundings, vendors will be asked to review an outline of the business process and the project requirements. The feedback will be assessed to gauge the level of interest in our project and the suitability of products on offer.

The technical specification will be developed, with the input of all stakeholders.

The ICT Project Group will engage with Health Business Services Procurement to identify the best tender process.

An Expression of Interest document will be prepared, under the guidance of HBS, in preparation for the formal tender.

8

National Safeguarding Committee – Safeguarding Ireland

The National Safeguarding Committee now rebranded as Safeguarding Ireland brings together 30 key organisations in public services, legal and financial services, health and socialcare professions, regulatory authorities and NGOs representing older people, people with disabilities and carers. Their collective objective is to work to ensure that adults who may be vulnerable are safeguarded. Safeguarding Ireland receives funding and support from the HSE to pursue the objectives set out in its strategic plan[13].

A comprehensive public awareness campaign was one of the key objectives of Safeguarding Ireland in 2018. This was coordinated by Cavanagh Communications. There were multiple events during the year which are highlighted below. HSE Communication Office and the HSE SPTs were involved in advance of each stage of the campaign to ensure the consistency of the messages being disseminated.

Furthermore, Cavanagh Communications provided media training to SPT staff members in Oct 2018 in advance of the second phase of public awareness to upskill them in managing media queries.

Key Events 2018

Jan 18th - Launch of the Review of Wardship publication

May 9th - HIQA/MHC Adult Safeguarding Seminar

June 14th - World Elder Abuse Awareness Day/BPFI launch of Safeguarding Your Money

Oct 14th - Planning Ahead - Safeguarding Your Future Survey Red C Poll 2018

Key Findings of Red C Poll
6% of sampled adults (over the age of 18) had legally nominated a family member, or friend to be their Attorney (under Enduring Power of Attorney) to make legal and financial decisions, should they become unable to do so.
11% were aware of what an advance healthcare directive is, 22% reported having a personal pension and just 27% had made a will.
8% had discussed a preferred place of care (at home, or nursing home) with family, friends, or an appointed Attorney for if they developed a serious, or long-term illness.

Oct 18th - Fraud Smart Campaign led by the Banking and Payments Federation Ireland

Christmas Campaign - focused on the importance of planning ahead - as a New Year's resolution to put in place an Enduring Power of Attorney

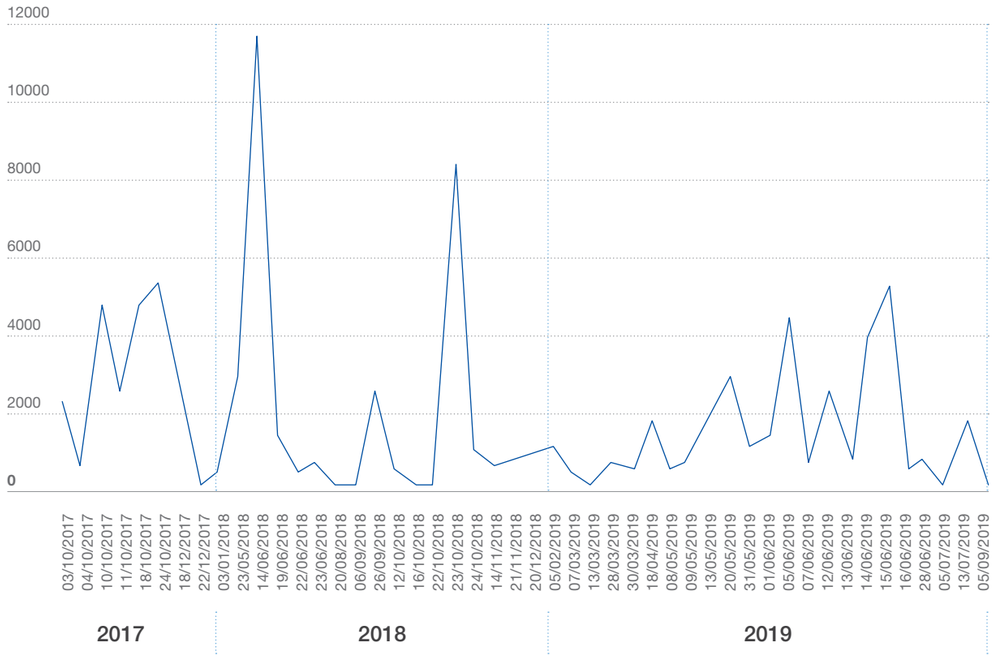
Further information on the work being undertaken by Safeguarding Ireland is available on the website www.safeguardingireland.org

L to R: Tim Hanly General Manager NSO, Louise OMahony, BPFI, Martin Keville Dept of Employment Affairs & Social Protection, Amanda Phelan UCD, Marguerite Clancy NSO, Patricia Rickard-Clarke, NSC.

8.1
Public Awareness Campaign – Social Media Impact

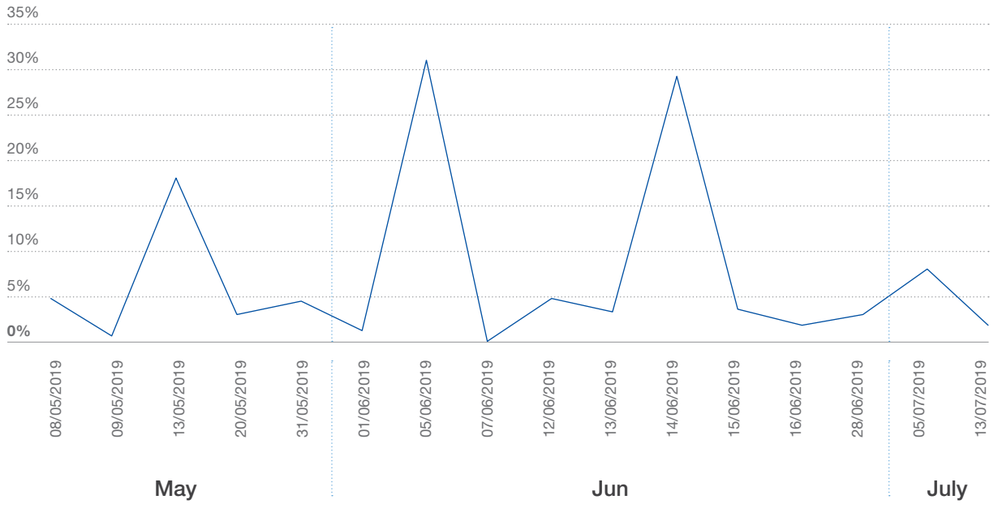
During the Safeguarding Ireland public awareness campaign in the Summer of 2018. The NSO Twitter account attracted 28.8K impressions (between May and July). Furthermore, the complete timeline illustrated in Figure 17 shows the impact that the awareness campaign had across 2018, with peak traffic in June and October – the months the awareness campaigns were active.

Figure 17: Profile of Impressions on the National Safeguarding Office Twitter Account



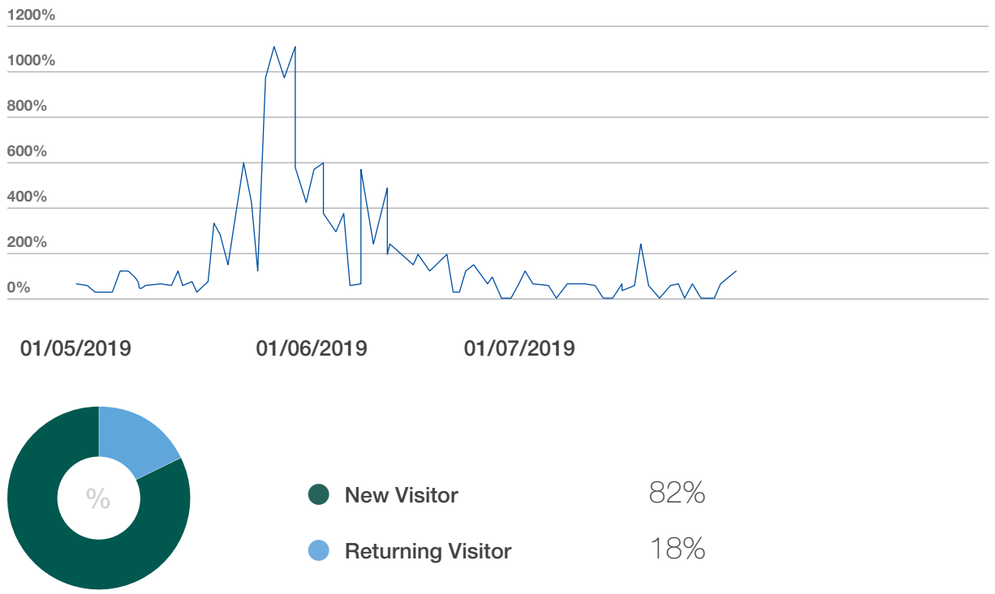
A more tangible way of measuring social impact is the engagement rate as meaningful engagement leads to greater awareness. Engagement rates are metrics that track how actively involved with your content your audience is. People interact through "likes", comments and social sharing. The engagement rate is a metric often used in analysing the efficacy of campaigns. The NSO typical engagement rate is approximately 3%, however, during the June campaign, this exceeded 30% (Figure 18).

Figure 18: Profile of Engagement Rate- May-July 2018



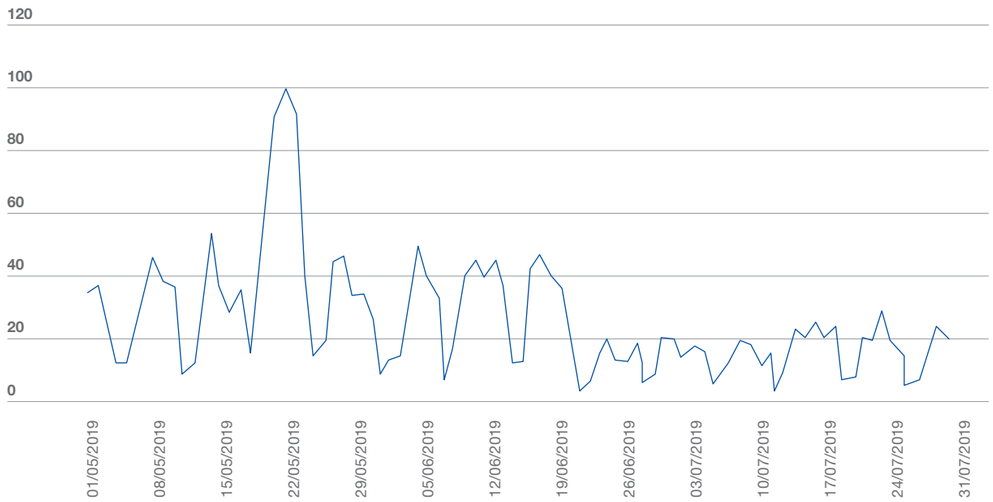
Similarly, the Safeguarding Ireland website, which is designed to provide information to the public, experienced a large increase in page views during the campaign. 81.7% of visitors at this time were new visitors.

Figure 19: Safeguarding Ireland Page views June 2018 and Profile of Visitor



The HSE website has a dedicated safeguarding page. During the campaign, it received more visitors than at any other point in the year as illustrated in Figure 20. It is clear that the public awareness campaign had a positive impact on social media traffic to sites associated with safeguarding.

Figure 20: Profile of Visitors to the HSE SPT Contact Details-Website



9

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