



Summary of Governance Workshops
on Review of Safeguarding Vulnerable
Persons at risk of Abuse, National
Policy and Procedures

National Safeguarding Office 2017

Strengths and Weakness
Workshops



Health Service Executive

Summary of Governance Workshops on Review of Safeguarding

Vulnerable Persons at risk of Abuse, National Policy and Procedures
Strengths and weaknesses workshops

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National Safeguarding Office

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1. Background and context:

A Governance sub group was formed as part of the work of the Safeguarding Review Development Group (RDG). A key task of the sub group in phase one of the review process was to undertake feedback from user's experiences as well as some analysis into the strengths and weaknesses of the current safeguarding operational system. A process was devised to consider how effective is the current method of reporting and screening of safeguarding concerns, as well as the system for safeguarding planning. The process would allow for feedback on the how safeguarding information is co-ordinated and shared whilst giving key professionals/service managers an opportunity to comment on the current operational governance system.

It was decided that the best process would be to organise a number of workshops with staff and managers who are operating the current policy or have involvement with the safeguarding concerns for vulnerable adults.

Colm Lehane Learning was commissioned to devise a workshop format and develop an analysis tool to capture feedback. Three workshops of invited personnel were facilitated by Colm Lehane with back up from the National Safeguarding Office and members of the governance subgroup as well as input from John Lamont from Trigraph. A fourth workshop was incorporated into the HSE Disability Taskforce meeting in June to gather feedback from service and agency professionals as well as managers in the Disability field. This fourth workshop was facilitated by Tim Hanly,

General Manager of the National Safeguarding Office and Jude O Neill, Head of Service for Social Care in CHO 8 and chair of Governance sub group.

2. Methodology:

A template was devised for personnel and managers to report feedback using an analysis tool whilst meeting in sub groups and then reporting back to full workshop. Staff were asked to rate and give priority to issues when completing the analysis sheets.

The overall purpose of the exercise was to provide the HSE National Safeguarding Office and the Review Process with an overview of;

- The current operational implementation of the procedures in practice
- The strengths within the current application of the procedures
- The areas of weakness in the current application of the procedures
- The priority areas of consideration for the review process

The template for the feedback was organised into a number of key themes:

- Initial Response to a Concern of Abuse (including definitions)
- Activity of “Preliminary Screening” Concerns of Abuse
- Assessment/Investigation Requirement in the Policy/Procedure
- Safeguarding Plans Requirements in the policy/procedures

- Accountability in the overall structure and process in the procedures of responding to concerns of abuse in Community & Service Settings

3. Dates and settings for workshops:

The Governance workshops took place in Dublin on the following dates

- March 30
- June 12
- June 17

4. Attendance:

In total 88 personnel contributed to the governance workshop process. They were from a variety of settings including safeguarding teams, service setting designated officers, mental health and primary care professionals. A number of frontline professionals as well as Principal Social workers, HSE Senior Managers and funded agency service managers also attended the sessions.

5. Findings:

The introduction of the Safeguarding policy happened in an abrupt manner with very little consultation. In spite of this unfortunate introduction, the feedback from the Governance workshops has shown that the policy has made a number of positive developments in relation to the safety and protection of vulnerable adults. The workshops have also highlighted a number of key weaknesses and implementation constrains that need to be addressed in a revised policy. Some of these deficits may require fundamental refocus and others may require more moderate revision.

This workshop process has shown key positive impacts with the introduction of the safeguarding policy. The policy introduction and the setting up of the safeguarding teams have contributed to the advancement of the core principles of the human rights and person centered agenda. Overall there is greater awareness and understanding of adult safeguarding and a much clearer process for screening and reporting concerns of abuse and harm. The policy has greatly assisted staff and managers in the process of recognizing and responding to abuse and neglect concerns. The critical mass of training has been an important development in this regard.

The introduction of safeguarding teams is broadly seen as a positive development and key to the implementation of the policy. Greater accountability and oversight has been generally welcomed with a broad welcome for the steps and guidance on how to respond to concerns.

The workshops have highlighted key deficits and in particular with the operational and procedural elements of the policy. These deficits and weaknesses cover operational scope, lack of thresholds, meanings/ understanding of safeguarding, inconsistent practice by safeguarding teams, lack of clarity on roles as well as capacity and resource concerns.

In relation to the feedback some practitioners and managers held views and perspectives that were differing in their feedback. This is reflected in the analysis especially in the context of areas such as operational oversight and improvements in standard practice. Whilst some areas of feedback indicated strong commonality it is interesting to note that a number of personnel commented positively on standardisation in screening and safeguarding planning whilst others have held very

differing views noting that the process is flawed and inconsistent. It is clear that certain sectors have found the policy to have brought clear advancements in the management of adult safeguarding whilst others especially those not directly within social care sector have had a number of challenges and difficulties with the introduction of the policy. This may be explained by the fact that the policy does not operationally cover all HSE Divisions and therefore some of the areas of challenge may be service specific.

The following chart sets out the analysis of the key findings from the workshops. There are a number of headline strengths and weaknesses with summary points based on feedback.

6. Table form Summary on Governance Workshops into Strengths and Weaknesses

Headline Strengths	Headline Weaknesses
<p>Advances the Human Rights principles and better outcomes for vulnerable person</p> <ul style="list-style-type: none"> • Human Rights and Person Centred • Impact of training and Zero tolerance has driven change • Increased awareness of safeguarding and keeps us focused • Drives introduction of independent advocates • Drives positive outcome for vulnerable person 	<p>Differing understanding around concepts, terminology and Language</p> <ul style="list-style-type: none"> • Differing understanding of what is meant by vulnerable • Focus on disability no ability • Language in forms needs amending and is repetitive • Need greater clarity on Consent/capacity • Weakness when vulnerable person declines SG Plan
<p>Improved clarity and aids recognizing and reporting of abuse and neglect</p> <ul style="list-style-type: none"> • Positive that there are standardised forms, practices and process • Positive that there are now safeguarding Teams and clear screening/ reporting system 	<p>Lack of threshold for reporting</p> <ul style="list-style-type: none"> • Threshold criteria needed • Lack of consistency on peer on peer concerns • Gardai notification is unclear • Lack of linkage between SG and HIQA process
<p>Greater accountability and oversight</p> <ul style="list-style-type: none"> • Greater accountability and oversight • Positive impact of having designated Officer and safeguarding planning 	<p>Inadequate operational scope across HSE and Health Service</p> <ul style="list-style-type: none"> • Needs to be health wide policy not just social care - seen as social care policy and not enough buy in for across health system • Legislative framework needed • Interface with other policies and Trust in Care not strong • Rushed implementation • Decision making needs strengthening • Does not cover all private sector • Need to simplify the process as procedurally obsessed, administratively focussed • Assessment process unclear on roles and terminology • Self-neglect not clear
<p>Better Planning, recording and standardisation</p> <ul style="list-style-type: none"> • Sets out clear steps and system to screen • Good for planning and recording • Good to record decision making and to inform outcome for client 	<p>Inconsistency in the operation and practice of safeguarding teams</p> <ul style="list-style-type: none"> • Different responses, time delays and lack of consistency from safeguarding teams • Need to improve staff collaborations between safeguarding teams and clinical workers • Lack of clarity re roles and authority of safeguarding teams • Inappropriately oversight and notification to statutory authority • Unclear in relation to person of concern
<p>Having safeguarding team supports screening/ reporting process</p> <ul style="list-style-type: none"> • Support around the process available where there was no previous service/ system • Develops interagency linkages • PS form useful structure – protective actions and voice of Vulnerable person 	

Headline Strengths

Headline Weaknesses

Lack of current capacity/resource

- Lack of staff/ resources to implement safeguarding plan
- Lack of training and manpower planning
- Non-engagement in the process by some professionals
- Unrealistic expectations on some professionals in Mental Health
- Timeframes unrealistic
- Lack of clarity re role of Designated officers in the community

Confusion on roles expectation in mental health services and Primary Care