



An Roinn Sláinte  
Department of Health

# Policy on Adult Safeguarding in the Health Sector

## *Stakeholder Workshop*

23 October 2019



# Organisations Represented

<b>ALONE</b>
<b>Alzheimer Society of Ireland</b>
<b>Citizens Information Board</b>
<b>City and County Management Association</b>
<b>Daughters of Charity Service for Persons with Intellectual Disability</b>
<b>Decision Support Service</b>
<b>Department of Social Protection</b>
<b>DOH - Older People's Projects Unit</b>
<b>Family Carers Ireland</b>
<b>Health Research Board</b>
<b>Health Information Quality Authority</b>
<b>HSE - Acute (Quality &amp; Safety)</b>
<b>HSE - CHO Safeguarding and Protection Teams</b>
<b>HSE - CHO Safeguarding and Protection Teams</b>
<b>HSE - National Independent Review Panel</b>
<b>HSE - National Safeguarding Office</b>

<b>HSE - Patients Private Property Accounts</b>
<b>Independent Researcher and Health Policy Analyst</b>
<b>Irish Association of Social Workers</b>
<b>Irish College of General Practitioners</b>
<b>Irish Congress of Trade Unions</b>
<b>Irish Medical Council</b>
<b>Irish Prison Service - Healthcare</b>
<b>Irish Wheelchair Association</b>
<b>Local Government Management Agency</b>
<b>Money Advice and Budgeting Service</b>
<b>Mental Health Commission</b>
<b>National Advocacy Service for People with Disabilities</b>
<b>National Centre for Protection of Older People</b>
<b>National Federation of Voluntary Bodies</b>
<b>National Rehabilitation Hospital</b>
<b>Office of the Ombudsman</b>

<b>Psychiatric Nurses Association</b>
<b>Safeguarding Ireland</b>
<b>SAGE Support and Advocacy Service</b>
<b>Seanad Éireann</b>
<b>SIPTU - Health Division</b>
<b>St Christopher's Services CLG</b>
<b>St Michael's House</b>
<b>State Claims Agency</b>
<b>Steering Group</b>
<b>Sunbeam House Services</b>
<b>UCD School of Social Policy, Social Work &amp; Social Justice</b>
<b>Western Care Association</b>
<b>Safeguarding Ireland</b>
<b>SAGE Support and Advocacy Service</b>
<b>Seanad Éireann</b>
<b>SIPTU - Health Division</b>
<b>St Christopher's Services CLG</b>

# Introduction



Stakeholder input, expert advice, research and good policy analysis processes all contribute to high-quality policy development.

From the outset of its work in developing a national policy on adult safeguarding in the health sector as tasked by Government, the Department recognised the importance of broad consultation and engagement with a wide range of parties including expert frontline practitioners, key stakeholders, service users and the general public.

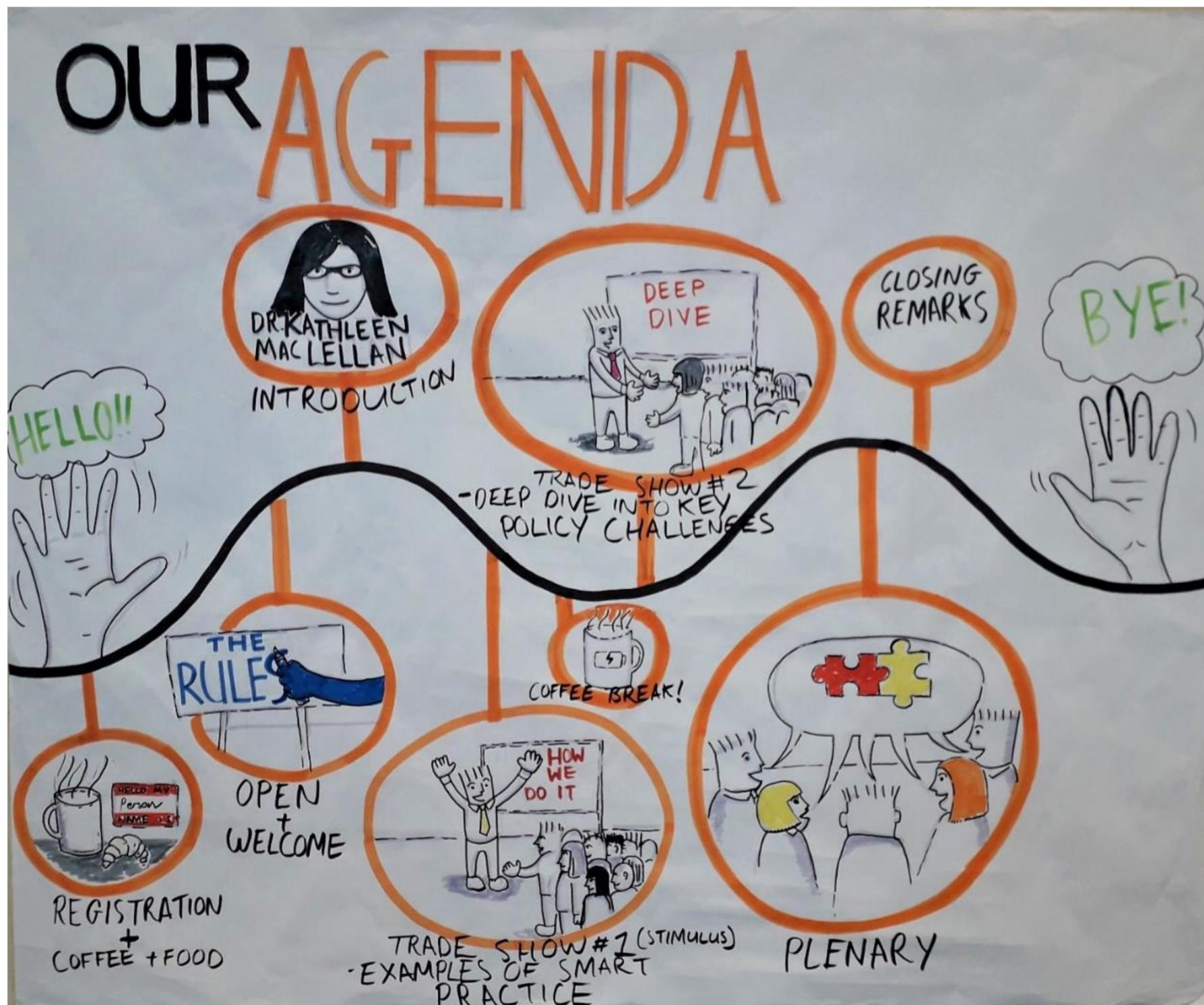
The inputs from the various consultation and engagement processes will come together with key research and evidence and policy analysis to assist in informing the development of the health sector policy.

## Introduction (contd.) – DOH consultation & fact-finding activities



- Stakeholder survey on themes to be covered in the policy (*Autumn 2018*)
- Frontline site visits - with HSE Safeguarding and Protection Teams (*2018*)
- Consultation and fact-finding meetings with key national stakeholders - *Ongoing since late 2017, including with:*
  - HSE National Safeguarding Office, HIQA, Mental Health Commission
  - Dept of Children & Youth Affairs, Law Reform Commission, DOH(NI)
  - Safeguarding Ireland, Sage Advocacy
- Consultation strategy adopted following discussion at Steering Group (*May 2019*)
- **STAKEHOLDER CONSULTATION WORKSHOPS (23 OCT 2019)**
- Service user focus group consultation (*Nov 2019 – Feb 2020*)
- Further frontline site visits (*Nov 2019 – Feb 2020*)
- Evidence review research completion (*Feb/March 2020*)
- Public consultation on draft policy (*target: Q2 2020*)

A multi-stakeholder group convened to consider key elements required to form adult safeguarding policy that can improve outcomes for patients and people in Ireland.



### The group met with the following objectives:

- To share views on the content of the national policy on adult safeguarding in the health sector being developed by the Department.
- Stimulate engaging debate and discussion in this area by:
  - hearing about current progress;
  - getting a picture of what excellence looks like in other jurisdictions/sectors;
- To explore key elements of a new policy around adult safeguarding and foster a collective understanding of the requirements for this sectoral policy.

*\*views expressed are of those who attended the workshop and do not necessarily reflect the views of the Department of Health or the project's Steering Committee.*



A stimulus tradeshow highlighted excellence/innovative solutions to in key areas in different sectors, as well as progress on how safeguarding is working on the ground.

**Sexual Assault Treatment Units (SATUs)**

**Maeve Eogan**

**Sarah O'Connor**



**HSE CHO Safeguarding Team**

**Siobhan Nunn**

**Mary McNutt**

**National Advocacy Service for People with Disabilities**

**Gareth Walsh**



# We then held a deep dive tradeshow session on 4 key safeguarding policy areas...

1

Preventing Abuse

2

Reporting and Investigating Suspected Abuse

3

Adult Safeguarding Roles and Responsibilities at an Individual and Organisational Level

4

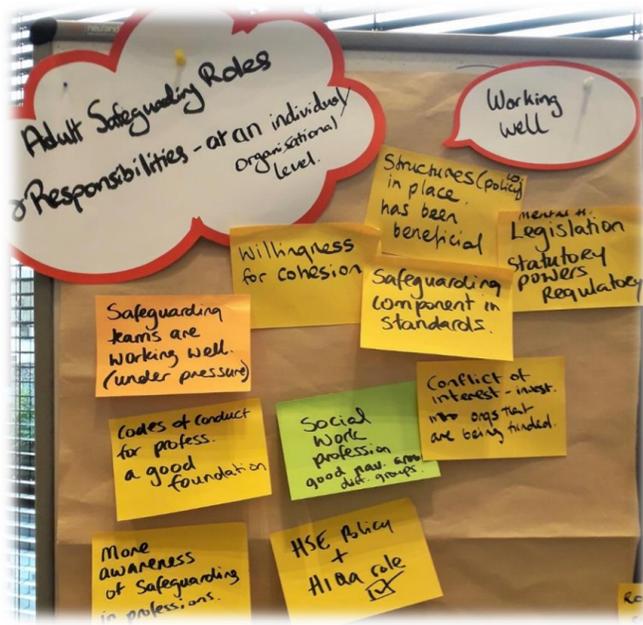
Interagency Collaboration

...and considered as a group the following questions:

i) What's working well?

ii) What's not working well?

iii) What does better look like?



# 1. Preventing Abuse

Well?

## Positive practices ongoing in preventing abuse include:

- ❖ Good professional awareness of the need to be watchful for signs of abuse.
- ❖ Positive examples of inter-agency cooperation and shared learning in preventing abuse.
- ❖ HSE's "Safeguarding Vulnerable Persons at Risk of Abuse - National Policy & Procedures" is a good place to start from.

Improvements?

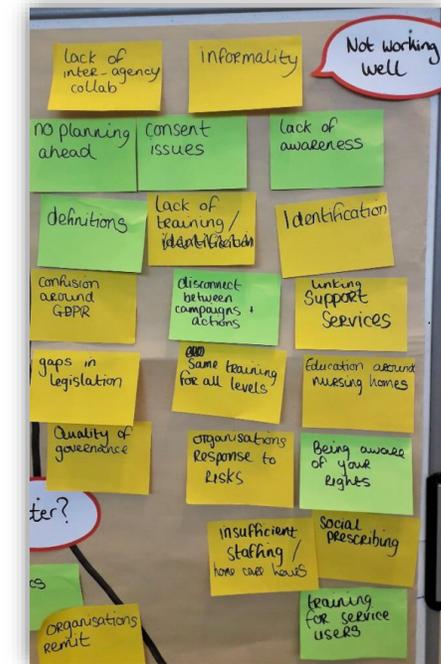
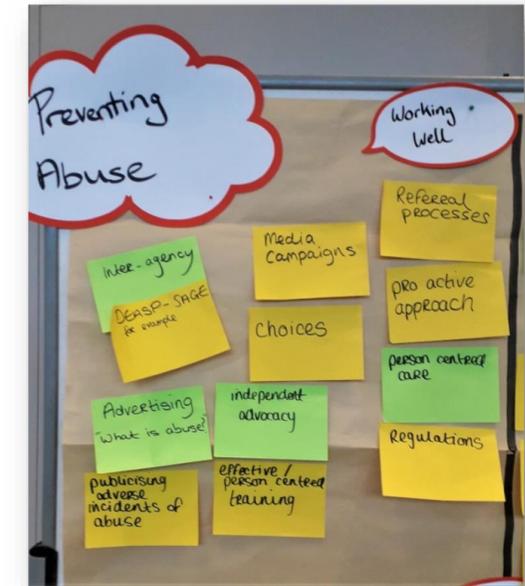
## Potential improvements in preventing abuse:

- ❖ Enhancing and formalising inter-agency collaboration.
- ❖ Increasing training in relevant services on their responsibilities in relation to prevention.
- ❖ Strengthening governance.
- ❖ Looking for potential gaps in legislation.
- ❖ Reflecting on innovative ways to address GDPR in sharing data relevant to preventing abuse.
- ❖ Accounting for the current burden on carers.

Better?

## What better prevention of abuse might look like after developing adult safeguarding policy:

- ❖ Improved awareness campaigns for organisations and individuals.
- ❖ Clear understanding of responsibilities in all contexts.
- ❖ Improved monitoring.
- ❖ More data sharing.
- ❖ Support services available post-reporting.
- ❖ Support for people with insufficient capacity.
- ❖ Local Implementation Groups.





# 3. Adult Safeguarding roles and responsibilities at an individual/organisational level

## Positive practices ongoing in adult safeguarding roles and responsibilities at individual/organisational levels include:

- ❖ HSE Safeguarding and Protection teams are working well.
- ❖ Existing model is positive and embeds safeguarding into management structures.
- ❖ There is good awareness and cooperation on safeguarding issues among front-line staff.
- ❖ There is a willingness across professions to collaborate more on safeguarding.

## Potential improvements in adult safeguarding roles and responsibilities at individual/organisational levels:

- ❖ Improving consistency of practice through regular and updated training.
- ❖ Improving links to other services.
- ❖ Formalising information sharing between different agencies.
- ❖ Encouraging a proactive approach to adult safeguarding across different health settings and professions.
- ❖ Introducing a legal framework for adult safeguarding.
- ❖ Integrating assessment tools into adult safeguarding standards and frameworks.
- ❖ Improving governance and oversight.

## What better roles and responsibilities at individual/organisational levels might look like after developing adult safeguarding policy:

- ❖ Improved governance of adult safeguarding practices.
- ❖ Improved understanding of responsibilities between agencies.
- ❖ Improved educational supports around safeguarding for non-health professionals.
- ❖ Clear protocols and procedures for all front-line staff, including procedures for informing someone of an allegation against them.
- ❖ Regulatory powers for adult safeguarding e.g. Children First.
- ❖ A pipeline of adult safeguarding trainers available for staff CPD in relevant agencies.



Well?

Improvements?

Better?

# 4. Interagency Collaboration

Well?

## Positive current practices in interagency collaboration include:

- ❖ Good reporting relationship with HIQA.
- ❖ HSE National Safeguarding and Protection Office a good bedrock for improving interactions.
- ❖ Good reporting and communication mechanisms with Gardaí.
- ❖ Good opportunities to leverage GDPR effectively.

Improvements?

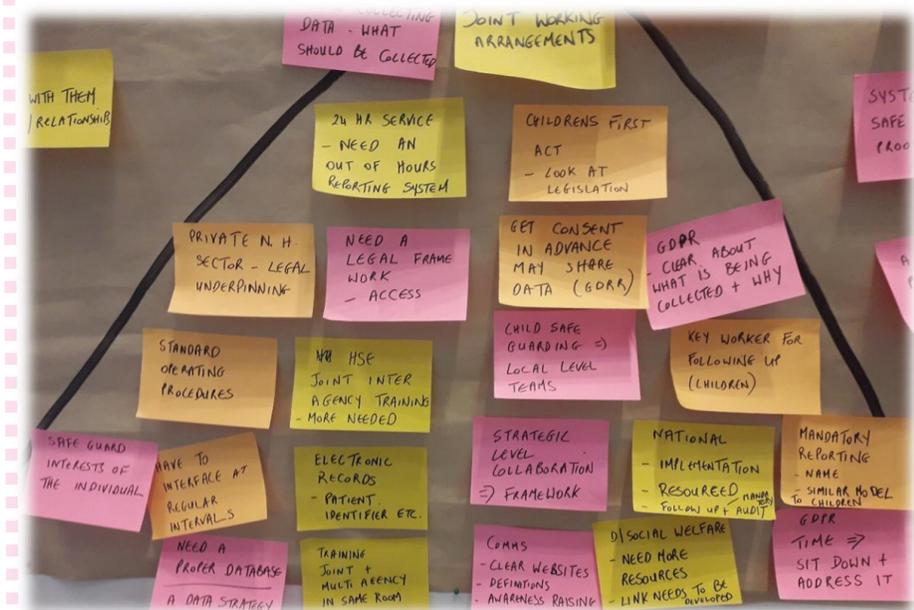
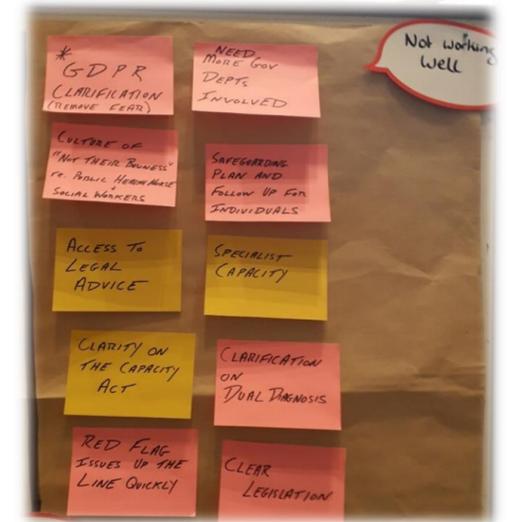
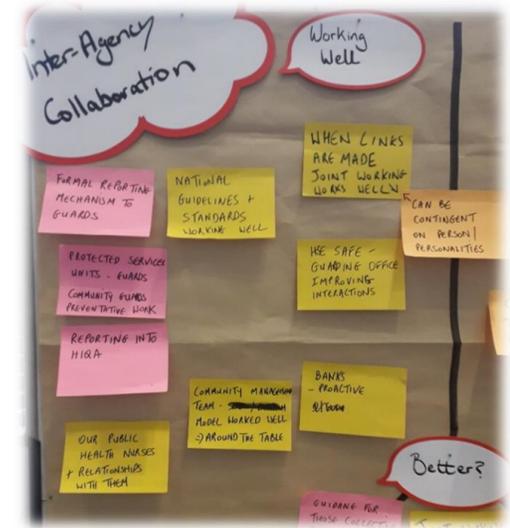
## Potential improvements in interagency collaboration:

- ❖ Having a framework for data sharing between relevant agencies that complies with GDPR.
- ❖ Formalising relationships.
- ❖ Ensuring all relevant stakeholders are involved in developing clear interagency working arrangements.
- ❖ Ensuring interagency working accounts for the private nursing home sector.
- ❖ Ensuring clarity of practice on issues of diminished capacity and dual diagnosis.

Better?

## What better interagency collaboration might look like after developing adult safeguarding policy:

- ❖ A legal underpinning for interagency collaboration that uses existing structures effectively e.g. Children First.
- ❖ Standard Operating Procedures/Protocols and clear pathways for information sharing between relevant agencies.
- ❖ A culture of sharing relevant knowledge.
- ❖ A centralised IT/Comms system for sharing data between relevant agencies.



# We formed a picture of 'what better might look like' across each of the 4 key safeguarding policy areas...

## Reporting and Investigation

- Improved data collection.
- Underpinning legislation for adult safeguarding with guidelines developed for every case and circumstance.
- A streamlined approach to reporting i.e. a single form for all agencies.
- Scope for more full-time roles working in safeguarding.
- Scope for including inputs from independent advocates and decision-support services.
- Consideration for how to balance safeguarding concerns with clinical judgment.

## Roles and Responsibilities

- Improved governance of adult safeguarding practices.
- Improved understanding of responsibilities between agencies.
- Improved educational supports around safeguarding for non-health professionals.
- Clear protocols and procedures for all front-line staff, including procedures for informing someone of an allegation against them.
- Regulatory powers for adult safeguarding e.g. Children First.
- A pipeline of adult safeguarding trainers available for staff CPD in relevant agencies.

## Preventing Abuse

- Improved awareness campaigns for organisations and individuals.
- Clear understanding of responsibilities in all contexts.
- Improved monitoring.
- More data sharing.
- Support services available post-reporting.
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## Interagency Collaboration

- A legal underpinning for interagency collaboration that uses existing structures effectively e.g. Children First.
- Standard Operating Procedures/Protocols and clear pathways for information sharing between relevant agencies.
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# ...before generating a list of high-level priorities for Adult Safeguarding in the Health Sector.

Improving Resourcing

Introduce GDPR compliant interagency data sharing to promote early detection

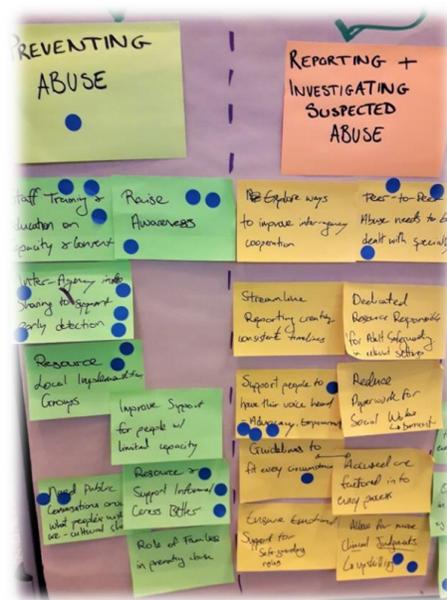
Improve multidisciplinary working

Create a legislative underpinning for adult safeguarding e.g. Child Care Act

Ensure supports to empower individuals are available e.g. advocacy, decision support

Ensure strategy for dealing with potential organisational abuse

Promote greater awareness of adult safeguarding practices



## Next Steps:



- In-scope feedback from all consultation and fact-finding processes
  - ⇒ Will inform DOH's development of a draft policy (*target: Q1 2020*)
  - ⇒ Formal public consultation on draft policy (*target: Q2 2020*)
  - ⇒ Submission to Government for approval of health sector policy (*target: Q2 2020*)
- *Scope: Develop national policy on adult safeguarding in the health sector (Government Decision Dec 2017)*