Department of Health Steering Group: National Policy on Adult Safeguarding in the health sector

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Overview

- **HSE National policy and approach to safeguarding adults**
  - HSE Adult Safeguarding Policy + Draft Review of Policy

- **System Challenges, enablers and priorities for the new national policy on safeguarding adults at risk in the context of their interaction with the health sector**
  - New national policy being developed by the Department of Health

Acknowledgment

- Safeguarding Vulnerable Persons at Risk of Abuse Policy (2014)
  - Framework
  - Set out an Agenda

- Revised Draft Policy
  - Consultation and Engagement
  - Experiences
  - Further consideration of a number of issues

HSE Policy

Definitions

- **Definitions**
  - Require further consideration
  - Some areas where policy does not follow through on definition

- **Gaps**
  - Domestic Violence
  - Historical abuse – policy states that it will only apply if there is a current or ongoing risk to a service (10.2)

Scope of the Policy (services)

- In the absence of legislation and a national policy, the HSE Policy needs to extend to all operators of services who engage with the HSE or subject to HIQA standards/regulations

  - Services funded through the NHSS
  - Services funded through NTPF and
  - Private Nursing Homes

- Scope should also be clear that it applies in the community, acute care settings and mental health settings.
- **Roles and procedures as outlined in the [draft] policy appear to be linked with a person with a service**

Culture

- Importance of 'culture' should get a greater emphasis in draft Policy

- A positive, empowering and open culture limits the likelihood of abuse, neglect or exploitation and supports and gives confidence to staff in dealing with any issues that arise.

- A significantly greater portion of the draft policy should be devoted to culture and its role in the prevention of abuse, neglect and exploitation.

Institutional/Organisational Abuse

- Closely linked to the culture of an organisation is the likelihood of institutional/organisational abuse.
- Mentioned in the definitions section but draft policy does not go into detail
- **Potential for institutional abuse** in healthcare settings, particularly in institutional care settings for older people and people with physical and/or intellectual disabilities, **is significant**
- Considerable attention needs to be given to the elimination of institutional abuse and preventing its occurrence.
- **Policy needs to give more attention to this issue**
- Where there are concerns – senior staff may be part of the problem – leadership and management issues with regard to recognition and reporting
- Important to recognise in institutional abuse, care issues may be abusive

Human Rights based approach to Safeguarding

- Draft policy drafted with a service perspective - tone

- A lot about the **process** of a Safeguarding Initial Assessment and Safeguarding plan and its monitoring, review and closure and timelines for all of this but little about direct intervention to protect and support the individual person

- HSE and other Policies - must be reviewed against and in compliance with 'this' policy. Reference to a number of policies. Safeguarding lens…..

- Person centred care mentioned but little about respect for the person and his or her individual rights and setting out what those rights are

Expertise and Oversight

- To conduct assessments, implement safeguarding plans and ensuring adequate oversight requires a certain level of expertise and knowledge

- Policy appears to suggest that if abuse occurs within care settings, the assessment, safeguarding planning, implementation and review rest with the service itself through line managers – Safeguarding Co-Ordinators and Safeguarding Managers

- **This will lead to significant differences in the responses to concerns of abuse, neglect and exploitation**

- There is already evidence of an inconsistent approach by CHO teams operating independently with different interpretations of process and systems in different areas

Quality and Patient Safety Oversight

- Quality and Patient Safety Oversight - set out in Appendix but not dealt with within the policy
- The HSE will ensure that there is adequate quality assurance and safety oversight of the adult safeguarding process (8.8)

- Clarity is required around accountability for the management of concerns
- Who has responsibility for case management generally?

- Some level of independence of oversight arrangement is required

Safeguarding and Protection Teams (SPT)

- Policy suggests that aside from referrals from the community in which there are no care services already in place and aside from complex and/or serious cases, the Safeguarding and Protection Teams will provide an advisory, data collection and training/education function

- There is a real need for a particular expertise and consistency in dealing with concerns – SPT should provide this

- SPT should have oversight of all cases and satisfy themselves that they have dealt with it appropriately

National Safeguarding Office (NSO)

- In addition to suggested role of quality assurance of safeguarding training including the management of training database -
  - NSO should deliver the safeguarding training and education programme – would help in ensuring nationwide consistency in training
  - NSO should be a repository of knowledge in relation to all aspects of abuse, neglect and/or exploitation.
  - Be a resource for SPTs in providing advice, guidance on best practice and dealing with particularly complex cases
  - In addition to significant social work expertise in NSO, consideration should be given to the provision of additional expertise and resources to include a finance expert and a legal expert as supports for SPT

System challenges, enablers and priorities

Challenges

- Cultural shift needed to recognise human rights of individuals. Many professionals and members of the public do not recognise abuse
  - Respect for rights of the person
  - Voice of the person
- Taking a health-centric view of Safeguarding denies the multifaceted nature of abuse. Protecting adults involves a multidisciplinary approach which embraces many systems external to health
- Sharing information with Gardaí and TULSA. Currently SPT unable to access historical information about adults with disabilities where child abuse concerns existed in the past – absence of important contextual information
- Policy needs underpinning of a Legal framework
  - Right to access to vulnerable adult
  - Right to access information – public v private divide
  - Access to Private Nursing Homes/Care facilities

Challenges continued…..

- There is no safeguarding practice development/case management team within HSE - necessary under a National Policy. Linkage across sectors necessary.
- Absence of data on safeguarding issues
  - Very limited collection or analysis of data
  - No collaboration on collection of data

- Absence of independent oversight agency to ensure implementation and quality standards
- Regulation of safeguarding services – currently not regulated by HIQA

- Specialist human resources required to deliver and develop services
  - Specific Expertise wider than social work expertise

Enablers

- Knowledge from international research, limited Irish research and serious incidents – Leas Cross 2005, Aras Attracta 2014, Evelyn Joel 2006
- HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy (2014)
- Knowledge and data from HSE Elder Abuse and Safeguarding Protection teams
- Safeguarding Ireland –
  - Surveys/polls and work on an intersectoral basis which identify gaps in safeguarding responses across systems and sectors
  - Public awareness campaigns
- Assisted Decision-Making (Capacity) Act 2015 - to include briefings/codes
- Adult Safeguarding Bill 2017 - events/discussion
- Supreme Court decision in the AC case
- HIQA and MHC Standards
- Development of Advocacy
- Successes to date

Priorities

- Policy application must include all health and social care systems equally

- Culture - Obligation on service providers to develop an open culture with a human rights based approach to care and support
- Include **identification and prevention** of institutional/organisational abuse within organisations and across systems. Link to quality assurance, change management and 'The Learning Organisation'

- **Prevention** must be a core component in new national policy
- **Identify abuse** (in policy) and other health policies to be formulated to enable the identification of risk/safeguarding issues

- Clarify organisational responses to individuals receiving services where there are concerns of abuse within their organisation
- Clarify organisational responses to individuals receiving services where there are concerns of abuse from outside their organisation

Priorities continued…..

- Clarify professional responses to individuals in the community where there are concerns of abuse in the community
- Understand that there is a connection between domestic violence and safeguarding (not two separate disciplines)
- Have agreed protocols for sharing information, expertise and multidisciplinary working within health and across sectors with health
- Ensure access to services/resources is included as part of protective response to abuse
- Create an independent management structure to avoid conflicts of interest
  - In 2014 HSE Policy Safeguarding teams are placed within social care -conflict
- Development of an integrated comprehensive data collection and analysis system
- Develop expertise

Thank You

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