Safeguarding - Everyone’s responsibility

Portlaoise 17/11/2016
Safeguarding, Progress and Challenges

Perspective from the National Safeguarding Office
Safeguarding- Everyone’s responsibility

Building a best quality consistent approach to protection

Ensuring we are making a positive difference
Outline of presentation

• Aim of National Safeguarding Policy
• Context
• Impact
• Progress
• Challenges
• Review of policy
Aim of the National Safeguarding Policy

To provide a consistent approach to safeguard and protect clients of Disability Services and Older Persons’ Services from abuse and neglect.
Consistent approach to protection

- Human Rights central
- Safety needs Standards and Quality
- Learn from research, success and failings
Safeguarding
Policy principles

• Publicly declared “No Tolerance”

• Principles –
  ▶ Human Rights;
  ▶ Person-Centeredness;
  ▶ Advocacy;
  ▶ Confidentiality;
  ▶ Empowerment;
  ▶ Collaboration.

Building a Better Health Service
National Safeguarding Office
Key Policy priorities

• Everyone’s right to live life free from abuse, exploitation and neglect
• Adults at risk must be aware of their rights and given information, advice and support
• Promote the well being, security and safety of adults at risk of abuse consistent with their rights, mental capacity and personal choices
• Adults at risk to be protected by legal processes
• Consistent process and procedure to protect vulnerable adult in service and community setting
Key Policy priorities contd.

- Safeguarding process respects autonomy and assumption of capacity
- In most cases, the adult at risk should be the person who decides the course of action whilst given all possible support
- If an adult with mental capacity chooses to remain in an abusive environment – consider advice and support to be offered to reduce their risk from harm
Context
“The Perfect Cocktail”
“Perfect cocktail”

- Human rights central – will and preference
- Policy and Reform – decongregation, new directions and individualisation
- Balancing positive risk taking and incident/risk management with living socially valued lives
- Meeting Standards, quality and safety
- McCoy Review Group Recommendations
- Uncertain times; structures, governance, and resources
Wider Context

Article 16 of UN Convention

Assisted Decision Making

National Standards Safe Services

Healthy Ireland

Building a Better Health Service
Healthy Ireland

**Vision**
A healthier Ireland with a high quality health service valued by all

**Values**
We will try to live our values every day and will continue to develop them over the course of this plan

**Mission**
- People in Ireland are supported by health and social care services to achieve their full potential
- People in Ireland can access safe, compassionate and quality care when they need it
- People in Ireland can be confident that we will deliver the best health outcomes and value through optimising our resources

Care  Compassion  Trust  Learning
Impact
Impact-National Data Overview

• Data Analysis Jan-Jun 2016
• Total Referrals and Screenings 3234
• Re-referral Rate
  – 16% previous referred, 70% once, 11% twice
• Service Setting 60%
• Gender: 43% Males 57% Females
National Overview of Safeguarding Stats

Nos. of Preliminary Screening and referrals
Q1-1387 under 65=757
Q2-1847 under 65=1172
Age Profile

• By Age Quarter 1

- 18-64, 757, 55%
- 65+, 620, 45%

• By Age Quarter 2

- 18-64, 1172, 63%
- 65+, 663, 36%
- Not Known, 12, 1%
Concern Arises in Community or Service Setting

Quarter 1

Service 698, 50%
Community 688, 50%

Quarter 2

Service 1193, 65%
Community 654, 35%
Outcome of Preliminary Screening Quarter 1

Quarter 1 Total (1387)
- Reasonable Grounds, 597, 43%
- No Grounds, 474, 34%
- Additional Info, 285, 21%

Quarter 1 Under 65s Total (757)
- Reasonable Grounds, 293, 39%
- No Grounds, 324, 43%
- Additional Info, 131, 17%
Outcome of Preliminary Screening Quarter 2

Quarter 2 - Total (1847)

- Reasonable Grounds, 772, 42%
- No Grounds, 630, 34%
- Additional Information 445, 24%

Quarter 2 Under 65s Total (1172)

- Reasonable Grounds, 480, 41%
- No Grounds, 453, 39%
- Additional Information 239, 20%
Alleged Abuse Categories by Setting

**Community**
- Physical: 18%
- Sexual: 4%
- Psych.: 24%
- Financial: 19%
- Neglect: 20%
- Self Neglect: 13%
- Discrim.: 2%
- Instit.: 0%

**Service**
- Physical: 52%
- Sexual: 12%
- Psych.: 23%
- Financial: 6%
- Neglect: 5%
- Self Neglect: 1%
- Discrim.: 0%
- Instit.: 1%

Building a Better Health Service
Progress to Date

- Policy has in place since December 2014 and operational since 2015

- Establishment of nine Safeguarding and Protection Teams in each Community Healthcare Organisation. Recruitment of 23 additional social work posts including 9 Principal Social Workers

- Establishment of National Safeguarding Office in 2015 to support implementation of the Policy.

- Establishment of database of Designated Officers within services and to date 872 Designated Officers have been trained

- Working alongside Task Force and Quality Improvement Programme

- Establishing National Safeguarding Committee

- Process of setting up Safeguarding Committees in each Community Health Area
Progress to Date contd.

• Development of Training Strategy to embed quality long term training capacity

• 8,000 staff will have received Safeguarding Training in 2016

• National database of safeguarding facilitators established with 153 approved to date.

• Safeguarding facilitators have been approved following a Train the Trainer programme or via a safeguarding training framework agreement.

• Moving to procurement on national safeguarding IT system for notification and data collection

• Practice Handbook going out for circulation by year end

• Collaborative engagement with Reference Group of national umbrella organisations to support and monitor implementation

• Review of safeguarding policy ready to commence
Achievements

• We now have a national system in social care
• Policy has been welcomed
• Getting “buy in”
• Leadership has been shown by managers and health care professionals
• In spite of some process/procedural difficulties evidence policy is making a difference
Some Challenges

• Working with abuse is not easy work
• Implementation is complex
• Launch was abrupt
• Policy has flaws and needs review
• Changing culture can be difficult and uncomfortable
• Tension is inevitable working out roles and responsibility in service and community settings
• Trust in Care and complex industrial relations environment
Quality Improvement Challenges

• Definitions and meanings
• Use of the term “vulnerable person”
• Improving the procedural elements, documentation and processes
• Considering no tolerance concept
Next steps
Safeguarding performance - Evolving from outputs to outcomes

- Making safeguarding personal
- Measuring qualitative difference and impact
- Voice and view of adult at risk
- Profiling quality
- Continuous professional development in a learning environment

Building a Better Health Service
Headlines on Review of Policy

• Review will formally commence work early 2017
• Review will look at all aspects of policy
  • Consider options for change
• Review Development Group
  • Stakeholder consultation process
• Six month timeline
Final thoughts - Safeguarding is everyone’s responsibility

Empowered and supported older people and persons with disabilities are more likely to speak out about concerns and live safely in a socially valued way.
Thank You.

National Safeguarding Office

www.hse.ie/safeguarding
Safeguarding.socialcare@hse.ie
061-461165