The National SAFEGUARDING OFFICE REPORT 2017

Contents

Foreword

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General Manager, NSO

The HSE aims to provide integrated services that meet the highest standards, where people are treated with respect and dignity and can live as independently as possible. The National Safeguarding Office (NSO) as part of the HSE Community Operations is committed to service reforms in services for older persons and persons with disabilities. They include plans for de-congregation, advancement of person centred social care model, promotion of integrated care programmes and encouraging choice and autonomy of service users. A key focus of HSE reform during 2017 was to maximise the use of existing resources and to develop sustainable models of service provision. Central to this is achieving positive outcomes for service users and delivering best value for money. These developments should lead to better and safer outcomes for service users.

2017 is the second year that the HSE has published data and recorded outputs on adult safeguarding activity. Prior to 2016 the HSE published an annual Elder Abuse Services Report. The data in this Report is made up of the of preliminary screenings undertaken by Designated Officers (DOs) operating in service settings as well as direct community referrals to the HSE Safeguarding and Protection Teams (SPTs). The future development of a web based IT system should make the system for data collection more efficient and comprehensive.

The picture emerging from the 2017 data is that whilst the reported types of alleged

abuse has remained consistent on percentage terms there is a significant overall increase in overall reported notifications to the HSE.

The significant messages are;

- Figures show a 28% overall increase in concerns being raised to the HSE in 2017 with the largest increase evident in the under 18-64 year age category
- The breakdown in reported categories of alleged abuse type has remained consistent with 2016 figures
- For persons aged under 65 the most significant category of alleged abuse remains physical abuse at 46 % (compared with 47% in 2016)
- For persons aged over 65 the most significant category of alleged abuse is psychological abuse and financial abuse at 31% and 22% respectively.
- 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 populations over 65 illustrates that the rate increases with age. Concerns relating to females are higher in all age categories however, male reporting increases three fold in the over 80s category
- The alleged person causing concern is most likely a service user for those 18-64 and a son/daughter for those over 65 years
- The overall percentage of cases with an outcome agreed with the Safeguarding and Protection Team of 'reasonable grounds' for concern has remained similar at 50% in 2017 compared with 47% in 2016
- The provision of training and public awareness has increased the level of concerns being notified to the safeguarding service

During 2017 the HSE NSO has also assisted in a number of processes to support safeguarding recommendations arising from inspections by HIQA, assurance reviews and the oversight audit work by HSE Safeguarding and Protection Teams. This has involved supporting collaborative service improvement actions and improvement plans especially in areas such as safeguarding, risk management and personalised care planning. This work has highlighted the on-going need to strengthen incident reporting as well as governance and accountability in relation to service level agreements with enhanced monitoring arrangements to ensure adequate safety and safeguarding standards.

There is an opportunity for analysis of more intelligent data with the triangulation of information from incidents reporting, HIQA inspection reports and safeguarding data.

The HSE NSO in 2017 has been active on a number of fronts taking forward the office programme of work with a particular emphasis on the project plan to review the Safeguarding Vulnerable Persons at Risk of Abuse, Policy and Procedures 2014. This policy is being reviewed on a cross divisional basis, having regard to the emerging legislation on Assisted Decision Making. The review process has shown that the current safeguarding policy and the introduction of the HSE SPTs has made a significant positive difference especially with regard to ensuring safe standards and assisting staff to recognise and respond to concerns of abuse and neglect. Other areas needing improvement and change were highlighted in the process and it is planned that the revised policy will address these shortcomings.
This review project is mindful that the Department of Health plans to develop a national health sector policy on adult safeguarding and the joint work of HIQA and the Mental Health Commission to develop national standards for adult safeguarding.

Going forward into 2018 and beyond, adult safeguarding faces many challenges and opportunities. An expanded HSE National Safeguarding Policy and the introduction of National Standards should lead to stronger and more consistent practices as well as systems of safety and protection for service users. No doubt there will also be implementation and capacity challenges in this evolving adult safeguarding landscape. The implementation of the Assisted Decision Making legislation and the Deprivation of Liberty safeguards will advance the rights and voice of service users and it will be important to balance the need for promoting autonomy and human rights of services users with an increasing expectation of state intervention.

1.0 Evolution of the Safeguarding Service

Abuse of vulnerable adults is unfortunately a disturbing reality in society, not only in Ireland, but internationally. Year-on-year there is greater public awareness about the existence of abuse of older persons and people with disabilities due to public awareness, personal experience, and training. The impact of well publicised reports and regulatory inspection findings into failings to protect the welfare and safety of service users in recent years has led to significant changes in policy and practice, as well as models of service provision, within the health and social services sector to address this issue. These changes within the sectors have been significantly influenced by the impact of regulatory inspection findings of failure to protect the welfare and safety of those at risk of abuse.

In recognition of the abuse of vulnerable adults in 2007 the HSE published a policy on Elder Abuse and developed a social work-led support service. Following the establishment of the Social Care Division in mid-2013 the HSE launched the Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures December 2014. This policy declares that all service providers across disability and older persons must have a publicly declared 'No Tolerance' approach to any form of abuse. All service provision must promote a culture which supports this ethos.

2.0 The National Safeguarding Office

The HSE National Safeguarding Office (NSO) was established in 2015 following the publication of the Safeguarding Vulnerable Persons at Risk of Abuse, Policy and Procedures 2014. The overall purpose of the NSO is to provide leadership, oversight and co-ordination for all aspects of policy and practice in relation to the safeguarding of vulnerable persons.

The specific aims of the NSO are:

- Support the on-going consistent implementation of the Safeguarding Vulnerable Persons at Risk of Abuse, Policy and Procedures 2014
- Support the work of the National Safeguarding Committee and the working of the Interagency Reference Group
- Collect and collate data in relation to notifications and referrals of alleged abuse and neglect of vulnerable persons
- Prepare and produce an annual report which is inclusive of data and trends on safeguarding concerns of vulnerable persons
- Commission research to establish best practice in promoting the welfare and protection of vulnerable persons from abuse
- Develop practice material
- Act as a resource for information in relation to abuse of vulnerable persons for HSE personnel, HSE funded agencies and other relevant organisations
- Develop public awareness campaigns, on-going staff training, etc.
- Develop practice guidance and tailored resources for all stakeholders
- Support the accountability and reporting obligations of the HSE

Running alongside the main functions of the Office some additional key areas of work for the NSO over 2017 have been:

- Develop and update training programmes and materials
- Promote the development of Safeguarding Committees in all nine Community Healthcare Organisations (CHOs)
- Appearing and presenting at the Joint Health Committee with regard to the private members hearing on the Adult Safeguarding Bill

- Meeting and engaging with the Department of Health on the work of the NSO and updating on plans with regard to review of the Safeguarding Vulnerable Persons at Risk of Abuse, Policy and Procedures 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
- Organising a learning Seminar led by Professor Michael Preston Shoot in October 2017 on "Making Safeguarding Personal"
- Active participation on the Social Care Division Quality and Patient Safety Committee
- 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 protocol
- On-going regular liaison with SPTs
- Contribute to the development of the National Independent Review Panel for disability services across all CHOs
- Engagement with HIQA and the Mental Health Commission on development of National Standards for Adult Safeguarding
- Preparing a submission to the public consultation on draft legislation relating to deprivation of liberty.
- 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.
- Making submissions to the estimates process for ongoing resourcing of the HSE Safeguarding Vulnerable Persons at Risk of Abuse, Policy and Procedures 2014
- Recording instances of escalated cases (Need-to-Knows)
- Development and consultation work with regard to finalising Joint Protocol for Interagency Collaboration between the HSE and TUSLA- Child and Family Agency document

Since the launch of Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures 2014, a number of supporting structures have been put in place,

including the **establishment of the NSO,** which is based in Limerick and the team comprises of the following members:

Table 1 NSO Staff

	Position
Tim Hanly	General Manager
Marguerite Clancy	Senior Research and Information Officer
Donal Hurley	Principal Social Worker
Colleen Murphy	Clerical Officer
Bridget McDaid	SeniorSafeguarding and Older Persons
Carol McKeoghRyan	Assistant Staff Officer
Jo O'Gara	Systems Administrator

As a key part of the implementation of the policy SPT were established at CHO level. 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 case manage concerns that are referred from the community. There is now over 70 staff members working in the SPTs across the country.

Each CHO has also established a Safeguarding Committee, 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

2.1 Safeguarding Vulnerable Persons at Risk of Abuse, Policy and Procedures 2014- Review

2.1.1 Safeguarding Review Development Group

A recommendation at the time of the launch of the Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures 2014, was that the policy would be subject to review within a short period. This was designed to take account of the impact of its application and any legislative or policy changes that could impact on its implementation.

This review work commenced in January 2017 with the formation of the Review Development Group (RDG), chaired by Martina Queally, Chief Officer CHO 6 (membership of the RDG listed in Appendix 1). The Review has been undertaken on a staged project plan basis.

Stage 1: Literature Review and consideration of the operation of the current policy
Stage 2: Stakeholder engagement
Stage 3: Analysis and redrafting process

A key component of the work of the RDG was to consult widely on the current adult safeguarding system and give due consideration to future scope and models of service delivery.

Therefore 3 working groups were established:
1 Research and Evaluation Group
2. Governance Group
3. Consultation Group

2.1.2 Research and Evaluation Group

Safeguarding Legislation and Policy Rapid Realist Review 2017

A central theme arising from the literature review is the importance of an approach that promotes service-user participation and ensures that their wishes and preferred outcomes have been discussed and documented. Introducing this approach will require a cultural shift, as well as support to develop core practice skills.

Key Messages;

- Consider change of language and terms – from Vulnerable Adult to Adult at Risk of Abuse- definitions change with policy and research
- Service-user participation-ensure wishes and preferred outcomes are discussed and documented
- No clear operational model was recommended either specialist v mainstream
- International variation on the inclusion or not of self-neglect within an adult safeguarding policy
- Need to re-prioritise service provision across the preventative – protection continuum in Ireland
- It is not clear if mandatory reporting would fit with person centred and proportional responses
- HSE need to consider how best to support service users to know their rights and how to advocate for themselves

Some key areas for further exploration within the consultation process included thresholds, definition, language and operational models. The policy needed to align with associated policy areas and emerging relevant legislation. The Research Group also undertook to devise potential operational models for adult safeguarding within an Irish Health Service context.

2.1.3 Governance Group

A key task of this subgroup was to analyse the governance 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 allowed 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. Table 2 provides a summary of the headline strengths and weaknesses.

Table 2 Strengths and Weaknesses

Headline Strengths	Headline Weaknesses
Advances the Human Rights principles and better outcomes for vulnerable person Improved clarity and aids recognizing and reporting of abuse and neglect Greater accountability and oversight Better Planning, recording and standardisation Having safeguarding team supports screening/ reporting process	Differing understanding around concepts, terminology and Language Lack of threshold for reporting Inadequate operational scope across HSE and Health Service Inconsistency in the operation and practice of safeguarding teams Lack of current capacity/resource Confusion on roles expectation in mental health services and Primary Care

The Group then considered potential models of adult safeguarding and areas needing governance improvement and strengthening in the revised policy

2.1.4 Consultation Group

A Safeguarding Policy Review Survey Analysis (DOs, SPT members and allied health professionals) was carried out by the Consultation Group.

The information gathered was analysed on an 'as-is' situation in relation to adult

safeguarding in an Irish context. The survey was issued electronically, via survey monkey. It generated both qualitative and quantitative feedback from current users. The information gathered served to inform the next phase of the project.

The survey was issued to all HSE Staff, DOs and members of the joint reference group.

In total there were1,400 valid responses:

- 66% HSE workers, 30% in a funded agency
- 35% of respondents were within the social care division, with primary care and mental health the most significantly represented group outside the social care division
- The majority of participants worked both with older people and adults with a disability 31%
- There was an even dispersal across all CHOs with no correlation in the response rate between the level of reporting and/or training in any particular CHO.

The quantitative feedback provided many positive results in terms of how the policy is being interpreted and managed. The qualitative feedback provided information on where there are challenges, some of which relate to the 'as-is' situation while others link to frustrations that the policy is not cross divisional in nature. Some of these issues relate to policy specifics, such as capacity and definitions, while other stronger themes focused on challenges in the procedural elements.

This information served to provide the RDG with key information on the collective experience of staff who have worked with the current safeguarding policy, while addressing the key issues and challenges.

2.1.5 Public Consultation

The second phase called for formal written submissions from interested parties and stakeholders considering any views on the proposed revision of the current policy. The second phase also incorporated face-to-face stakeholder consultation, via focus groups meetings for more specific feedback and consultation

There were 172 written formal submissions made, the majority of which were received through the online platform (n=144).

Key Challenges identified;

- Lack of national health position and primary legislation
- Need for a wider scope and HSE Cross Divisional Policy
- Requirement for stronger interagency collaboration
- Requirement to rationalise procedures
- Revised policy to consider reporting threshold
- Peer to peer safeguarding concerns
- Safeguarding documentation needs to be rationalised
- Position of self-neglect needs to be clarified
- Training and continuous professional development needs
- Capacity and Decision Making position needs clarification
- Resource capacity concerns
- Service improvements needed

2.1.6 Consultation Focus Groups

A total of 33 focus groups were undertaken. There were 26 directly facilitated by the NSO with key stakeholders including HSE Divisions, funded agencies, professional bodies and Trade Unions. In addition a further 7 focus groups comprising of Service Users/relatives/advocates were consulted as part of this process.

Approximately 33% of the focus group participants comprised of service users. This engagement was primarily conducted independent of the HSE by the key advocacy and representative agencies of Inclusion Ireland, Deaf Hear, Sage and the Alzheimer's Society of Ireland. Valuable information was received directly from service users which will inform the type and nature of the revised policy as well as best practice to promote empowerment and greater awareness.

2.1.7 Redraft and proposed revised policy

This work is due to complete in 2018.

2.2 Training

Training provision has been integral to the roll out of the HSE safeguarding policy with over 37,000 training attendances recorded up to end of 2017. There are 2 main training programmes run to support the implementation of the safeguarding policy

1. **Designated Officer Training**
2. **Safeguarding Vulnerable Persons Awareness Programme (SVPAP)**

2.2.1 Designated Officer Training

The policy outlines the key role and function of DOs within a service setting. To support the implementation of this role a specific training programme was developed. The purpose of this training programme is to support DOs to understand the requirements and expectations of the national safeguarding policy. The primary focus of the programme is to explore practice approaches that effectively contribute to safeguarding vulnerable persons at risk of abuse.

Learning Outcomes:

- Explore in detail the requirements and expectations of the National Policy and Procedures – Safeguarding Vulnerable Persons at Risk of Abuse 2014
- Understand relevant legislation and related policies to support safeguarding practice
- Explore in detail safeguarding practice with a specific focus on undertaking preliminary screenings
- Consider effective practice approaches in the assessment and management of safeguarding concerns
- Consider effective practice approaches in safeguarding planning to address risk and safety considerations.

2.2.2 Safeguarding Vulnerable Persons Awareness Programme (SVPAP)

This is a half day awareness programme for all staff. The aim of this workshop is to increase participant's awareness and knowledge of abuse of vulnerable persons and ensure they are in a better position to recognise it and report concerns.

Learning Outcomes:

- Discuss and define 'abuse' in the context of vulnerable persons
- Examine the different types of abuse and indicators of each
- Develop an understanding of how to recognise when abuse may be taking place
- Explore the HSE procedure from 'Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures 2014' and discuss their responsibilities therein.
- Consider the underlying principles within which all abuse responses should be framed
- Understand how and where to report concerns of abuse.

The NSO recommends that this training is repeated at minimum three yearly.

2.2.3 Safeguarding Training Framework Agreement

Aside from those who completed the Train the Trainer programmes run by the NSO in 2015 and 2016 it was recognised that there are a large number of facilitators working in HSE and voluntary services who were already delivering Safeguarding Vulnerable Adults training programmes prior to the publication of the policy. It was acknowledged that some of these may not have required a comprehensive Train the Trainer programme in order to deliver the SVPAP. Approving them to deliver the NSO developed and approved training programme served to increase capacity to meet training demands.

In order to ensure a consistent standard of training, a framework agreement for approving facilitators was developed in June 2016, and applications sought. This

framework agreement set out certain criteria that must be met by these facilitators as well as agreement on a number of principals and conditions. The safeguarding facilitators approved under this framework agreement have signed up to delivering 5 days training per year over a 3 year period.

These safeguarding facilitators can deliver the SVPAP but the DO training programme is only delivered by those that undertook a specific Train the Trainer.

2.2.4 Train the Trainer for Safeguarding Facilitators (non-HSE sector Nursing Homes)

The NSO, in collaboration with Nursing Homes Ireland delivered a Train the Trainer Programme to nominated facilitators from non HSE sector nursing homes. This allowed those that undertake it to deliver the SVPAP within that sector. The delivery of this programme took place in November 2016 and February 2017.

Nominated facilitators and their Nursing Home management signed up to an agreement to deliver a minimum number of sessions per year and to offer this training to staff from other non HSE sector nursing homes in their area. They also committed to on-going liaison with the NSO in terms of reporting on training delivered.

2.2.5 Nominated Safeguarding Training Contact Person per CHO

In March 2016 all Chief Officers were requested to nominate a contact person within their CHO to be the main point of contact for safeguarding training requests and training returns. This transition from a national to a local role has been beneficial to training service as it ensures oversight of safeguarding training at a CHO level and maximizes the available training resources.

2.2.6 Quality Assurance Process for Safeguarding Training

Throughout 2017 the NSO worked on drafting and finalising a quality assurance process to support the delivery of safeguarding training and to specifically support CHO Areas to quality assure training being provided in their areas. This quality assurance process looks at measures before, during and after delivery of training; from approval of safeguarding facilitators, standardisation and protection of materials to use of tools to assist line managers assess post training knowledge with staff.

2.2.7 Training Statistics

There are 326 approved facilitators providing safeguarding training across the country. Of these 128 were approved during 2017. The training target for 2017 of 17,000 was surpassed by 30% with a total of 22,048 attendances reported within the year. In 2017 the majority of training took place in the voluntary sector with a significant increase evident in the private sector as illustrated in Table 1.

Across all sectors support workers (Health Care Assistants/ Carers) were the primary recipient of training representing 55% (fig 1) of the total illustrating the key role they can play in safeguarding vulnerable persons at risk of abuse through appropriate recognition of and response to concerns.

Table 3 Training Participants by Sector

Sector	2015	2016	2017	Grand Total
Voluntary sector employee	398	6228	9178	15804
HSE Employee	850	6093	4857	11800
Private Sector employee	1	1186	6624	7811
Statutory Body employee	2	201	429	632
Community Sector employee	2	53	484	539
Other	8	13	365	327
(blank)		2	111	113
Grand Total	1261	13776	22048	37085

Table 4 Training Participants by Job Description

Job Description	Count course name	%
Support Worker	11884	55.09%
Nursing	3688	17.10%
Other	2999	13.90%
Allied Health Professional	1519	7.04%
Management/Admin	1430	6.63%
Dental / Medical	25	0.21%
Pharmacist	3	0.01%
GP	3	0.01%
Grand Total	21571	100.00%

Training Course by Month

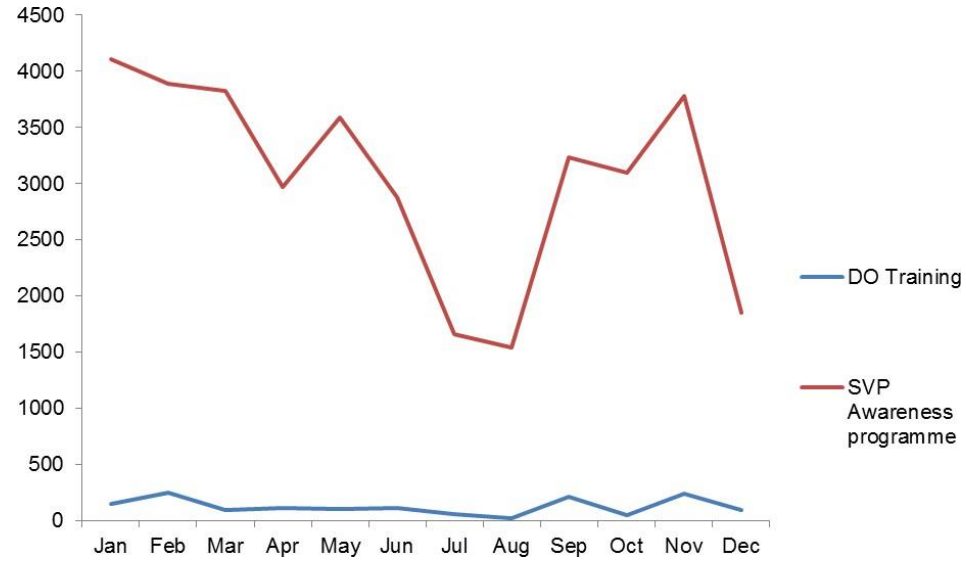
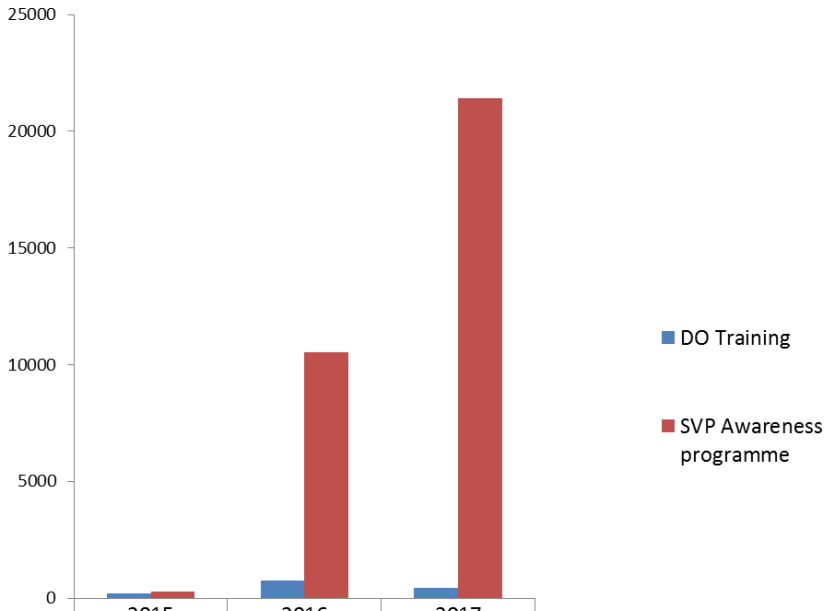


Fig. 1 Training by Month 2017

Training Course



	2015	2016	2017
DO Training	183	746	451
SVP Awareness programme	291	10547	21430

Fig. 2 training by course provided

Figure 2 illustrates the two main training programmes provided namely DO and SVPAP. SVPAP is delivered by a network of training facilitators, with front line support workers the most common attendees.

2.3 IT System

2.3.1 National Safeguarding IT Summary

Background

A new IT system is currently being developed for all 9 CHO areas to ensure that there is a trusted and secure system for tracking referrals and managing cases of vulnerable adults at risk of abuse that will improve outcomes. In the long-term the current system is not viable for a national organisation operating from separate IT domains, where sharing and tracking of information is challenging. An adapted, user-friendly software product will allow the SPTs to prioritise care of their clients rather than spend time-consuming periods overcoming IT issues. With this new IT system in place, it is envisaged safeguarding concerns regarding vulnerable adults will be tracked in a central secure environment where preliminary screenings and safeguarding plans can be actioned.

IT Milestones Progressed and Achieved

- Based on HSE capital approval for the new IT system, a Systems Administrator has been appointed
- Criteria and request for potential new IT system vendor and related demonstration finalised and now progressing to procurement evaluation stage.
- Development of minimum dataset, electronic referrals, interaction between SPT and stakeholders and formal reviews.
- The scope of the project and expanding potential use into other divisions identified for both cost analysis and user support considerations.
- Designated Offices (including technology skillset requirements of staff) and Designated Officer workshop completed.

2.3.2 Safeguarding IT Project Group overview progress to-date:
(see appendix 2, membership)

IT Project Review

Phase 1 and 2 were completed in 2017 (including analysis and consultation with stakeholder groups). The review is now entering stage 3 where key decisions are being made regarding scope, threshold and operating model. Critical dependency and policy deadlines (review timelines, gateways etc.) will be updated accordingly as the project progresses through the next stage and milestones.

Policy and Documentation Working Groups (development of electronic eForms for new system)

(see appendix 3, membership)

The Documentation Working Group was established in quarter 4 2017 in adherence with terms of governance and reference of the Work Place Relations Commission agreement. As part of this agreement safeguarding plans and forms were reviewed to make them more user-friendly (Stage 1). It is expected that these changes will be introduced and utilised as eForms (Stage 2) within the new electronic system. It is envisaged that the new IT system will be implemented in Q4 2018, to be piloted in a CHO site initially and rolled out to other CHO sites thereafter.

CHO On-Site Visits and Related Workshop.

As the Systems Administrator will be liaising closely with the SPTs, a key role of the Systems Administrator is to conduct site visits with all the SPTs to gain an understanding of the ‘as-is’ situation around safeguarding operational process requirements for the new system. Finding from the on-site visits to the SPTs such as; core essential process components, including technical infrastructure requirements for each CHO, to be determined and presented at related workshop.

2.4 Awareness Raising Initiatives

2.4.1 World Elder Abuse Awareness Day

World Elder Abuse Awareness Day was first launch on the 15th of June 2006 by the International Network for the Prevention of Elder Abuse and the World Health Organization at the United Nations. This is marked annually in an effort to raise public awareness about elder abuse in its many forms. As part of World Elder Abuse Awareness Day 2017 the NSO held an information and awareness raising stand for HSE staff and hospital visitors in the entrance to the Outpatients Department in UHL on the morning of the 15th June. There was representation from Ulster Bank, an Garda Siochana, UHL Hospitals Group, Sage and we were also joined by Leigh Gath, the Confidential Recipient for Vulnerable Persons.

Many events were held around the country including in the Mid West where the SPT held events in Tipperary. These included information sessions in all Community Nursing Units for residents and day service users.. As well as members of the SGPT and NSO the Tipperary Rose of Tralee attended these events along with members of Tipperary Senior Hurlers and representation from An Garda Siochana.

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Fig. 3 WEAAD NSO and Leith Gath

Fig. 4 WEEAD St Conlons

Fig. 5 WEEAD Day at UL Hospital

Each event provided an opportunity to spread awareness of elder abuse and the services available to vulnerable people experiencing abuse. We received great feedback in relation to making people aware of WEAAD and providing information in relation to what to do if you have a concern of abuse

2.4.2 Learning and Development Seminar October 2017

In October 2017 a two day seminar took place in Dublin. Day 1-"Implications for considering approach in an Irish Policy Framework" was targeted at members of the NSC and the RDG members. There were 40 attendees with Professor Michael Preston

Shoot, Professor Emeritus (Social Work), faculty of Health and Social Sciences; University of Bedforshire was the key note speaker.

He gave a presentation on 'Making Safeguarding Personal' including topics in relation to:

- Lessons for Irish policy development from the UK experience of introducing 'Making Safeguarding Personal'
- Philosophy and principles underpinning 'Making Safeguarding Personal'
- Rationale for change in approach to safeguarding by UK local authorities
- Opportunities and challenges for future Irish policy direction regarding 'Making Safeguarding Personal'
- Relevant research or evidence on improved outcomes for adult service users
- Some key lessons and messages from safeguarding case reviews in the UK that may have implications for policy and practice in an Irish context.

This presentation was followed by a panel discussion made up of representation from:

- **Professor Michael Preston Shoot**, Professor Emeritus (Social Work), faculty of Health and Social Sciences, University of Bedforshire
- **Dr. Sarah Donnelly**, School of Social Policy and Social Justice, UCD Principal Investigator on Adult Safeguarding Legislation and Policy, Rapid Realist Literature Review
- **Joyce McKee**, Adult Safeguarding Officer in the Health and Social Care Board in Northern Ireland
- **Paul Comley**, National Adult Protection Co-ordinator , Faculty of Social Sciences, University of Sterling, Scotland
- **Martina Queally**, Chief Officer, CHO 6, Dublin SE, HSE

Fig. 6 Speakers at the L&D Seminar: Paul Comley, Pat Healy, Joyce McKee, Professor Micheal Preston-Shoot, Dr. Sarah Donnelly, Martina Queally, Tim Hanly

Day 2 was focused on HSE approved Safeguarding Training Facilitators and there were 84 attendees. Martina Queally Chairperson of the Safeguarding RDG opened the seminar. Presenters on the day included:

- **Professor Michael Preston Shoot,** Professor Emeritus (Social Work), faculty of Health and Social Sciences, University of Bedforshire and an Independent adult safeguarding consultant. On “Making Safeguarding Personnel”
- **Marguerite Clancy** Senior Researcher NSO-“Training Quality Assurance Process and National Data Profile”
- **Maggie McNally**, **Lorna O’Neill**, and **Donal Hurley** Safeguarding and Protection Team CHO -“The Training Experience of the SPT in HSE Mid-West Community Healthcare”
- **Catherine White**, Director of Nursing, St Finbarr’s Hospital, Cork-“Implementing a Link Nurse Practitioner to Educate Staff and Promote Safeguarding Awareness in Residential Care”
- **David Tuomey** and **Regina Chambers** Principal Social Worker and Social Work Team Leader, Western Care -“Practitioners’ Experiences of Safeguarding”
- **Tim Hanly** General Manager, NSO -“Safeguarding Policy Review”

Fig. 7 Carol McKeogh Ryan, Amanda Casey , Siobhan Nunn, Marguerite Clancy and Colleen Murphy at the Learning and Development Seminar

Fig. 8 Phelim Quinn and Pat Healy at the Learning and Development Seminar

All of the presentations are available to view on our YouTube channel. Over the two days we live streamed the event for Facilitators and Designated Officers who could not attend, we achieved 576 separate views over the two days. Multiple tweets associated with the event earned 3.9k impressions over a 28 day period around the event.

2.5 Conciliation agreement from the Workplace Relations Commission

In 2017 the HSE and the 3 Nursing Unions INMO, SIPTU and the PNA agreed to a Conciliation process at the Workplace Relations Commission (WRC) to address a number of issues and difficulties that the Nursing Unions had with the National Safeguarding policy and the process of implementation. As a result of this Conciliation process an agreement was reached on points of clarification and a number of follow up actions. The following is a summary of these points and actions:

- Trust in Care is the agreed policy to investigate allegations against staff members
- Agreement to train additional Designated Officers in 2017 and 2018
- The formation of a Documentation Working Group Group to streamline the Safeguarding forms
- Agreement to undertake a pilot study on peer to peer safeguarding concerns
- Commitment to review the definition of 'institutional abuse'
- Consider an appropriate feedback process to staff who rise concerns
- Nursing Union representation on the formal RDG
- Co-operation by Nursing Union members with the National Safeguarding policy

2.6 HSE and Funded Agencies Joint Reference Group

Following the launch of the National Safeguarding policy, the HSE and the HSE funded agencies agreed to set up a joint Reference Group made up of representatives from

organisations affiliated to the Umbrella Organisations of the National Federation of Voluntary Organisations, Disability Federation of Ireland and the Not for Profit Business Association. The overall purpose of the joint Reference Group is to assist with the implementation process of the National Safeguarding policy and have a forum to address any specific implementation challenges.

During 2017, the Reference Group was an forum to enhance communication and address a number of on-going implementation issues. In particular the following were addressed;

- Advice on safeguarding training for Designated Officers and Training Facilitators
- Highlighting areas needing attention to develop enhanced or more consistent safeguarding protocols/ practices such as oversight process and addressing peer to peer concerns
- Supporting specific areas of work such as development of safeguarding user materials
- Addressing specific areas of challenge such as the working of the Pathways Protocol document, data protection, trust in care and incident management reporting
- Undertook a specific Practice Reflection Workshop on Pathways Protocol document
- Group discussed audit review reports on compliance with National Safeguarding policy
- Assisted in the consultation and stakeholder feedback process in the Review of the current safeguarding policy

3.0 National Safeguarding Committee

In December 2015, in line with one of the recommendations made in safeguarding Vulnerable Persons at Risk of Abuse, the National Safeguarding Committee (NSC) was established by the HSE but independent of the HSE. The HSE is fully supportive of the overall goals of the strategy and is committed to collaborative working with fellow members in achieving these. The NSC is a multi-agency and inter-sectoral body which is chaired by Patricia Rickard-Clarke. This committee, which works collaboratively with a wide range of stakeholders, recognises that safeguarding vulnerable persons from abuse is a matter that cannot be addressed by any one agency working in isolation and cannot be solely seen as a health or social services responsibility.

Membership comprises of key players in public services, legal and financial services, health and social care professions, regulatory authorities and NGOs representing older people and people with disabilities (30 organisations- membership listed in Appendix 4)

In December 2017, the NSC published its first Strategic Plan 2017- 2021 setting out the core objectives of the Committee.

These are;

- To raise public understanding of attitudes, behaviours, circumstances and systems that create vulnerability that may result in abuse and that may require a safeguarding response
- To promote the protection and rights of people who may be vulnerable, by encouraging organisations and services to recognise, prevent and deal with exploitation and abuse effectively
- To inform and influence Government policy and legislation to safeguard the rights of people who may be vulnerable

The work of the committee is coordinated through the following subcommittees:

- Strategy and Resources
- Strategy to include Adult Safeguarding legislation
- Resources for the NSC
- Budgeting and Accountability

- Public Awareness
- Commissioned Red C Poll
- Public Awareness Campaign
- State Payments/Finance
- DEASP –vulnerable customers group
- Collaborated with UCD/BPFI research
- Commissioned research

3.1 RED C Poll National Public Opinion Survey in relation to Vulnerable Adults in Irish Society

Red C conducted a National Public Opinion Survey in relation to Vulnerable Adults in Irish Society the results of which were launch by Minister Finian McGrath Minister of State for Disabilities, in the Mental Health Commission in April 2017. The primary objective of this research was to identify the baseline level of understanding in relation to the perceptions around and treatment of vulnerable adults within Irish society.

Fig. 9 RedC Poll Patricia Rickard Clarke, Finian McGrath Patricia Gilheaney
Fig. 10 RedC Poll Patricia Rickard Clarke, Siobhan Nunn Collette Kelleher, Finian McGrath, Aine Brady

Fig. 11 RedC Poll Launch: Jennifer Molony, Louise O'Loughlin, Finian McGrath, Amanda Phelan, Mary Condel and Tim Hanly

The following slides illustrate the profile of the sample

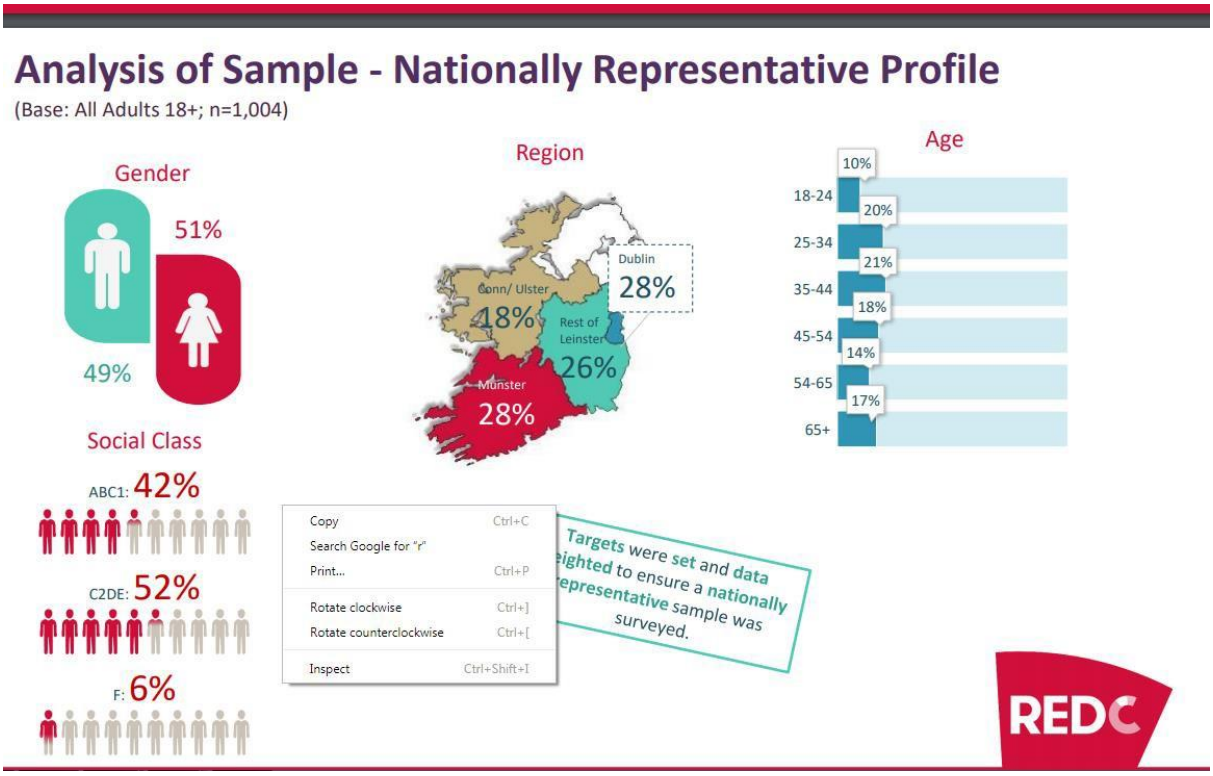


Fig. 12 RedC Poll analysis of sample

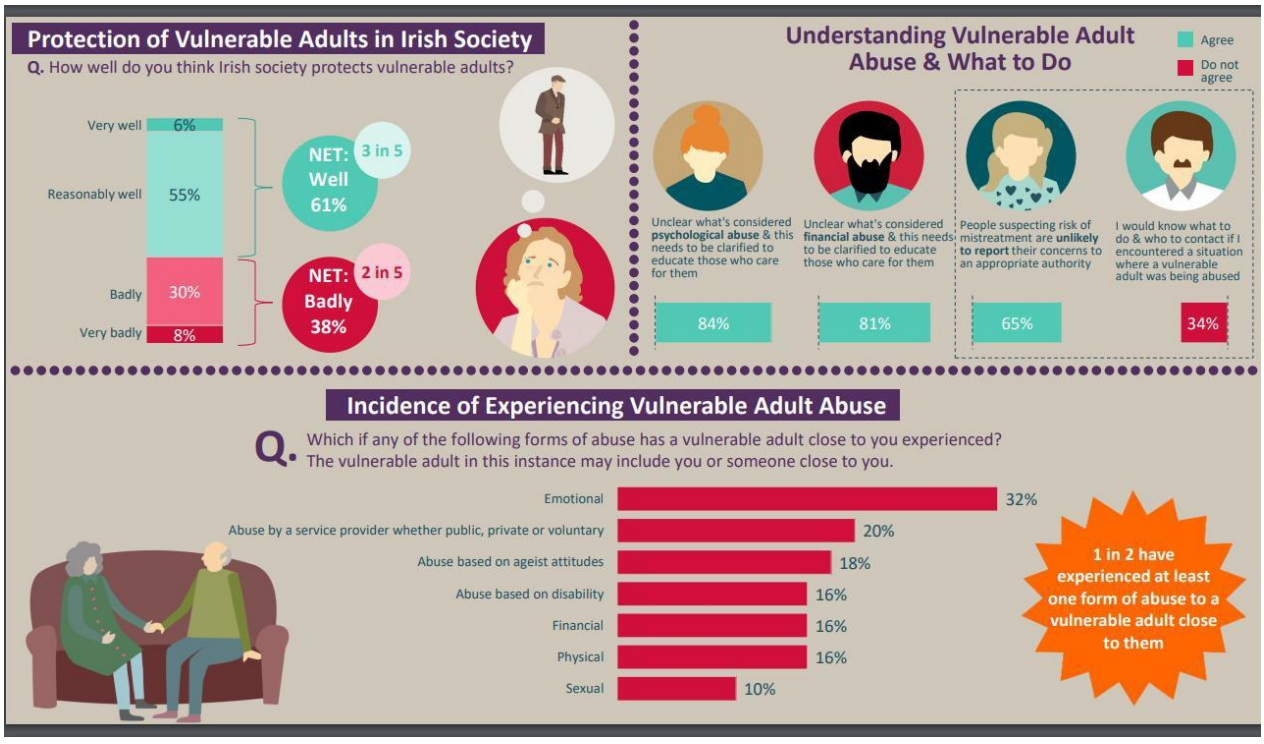


Fig. 13 RedC Poll analysis of sample 2

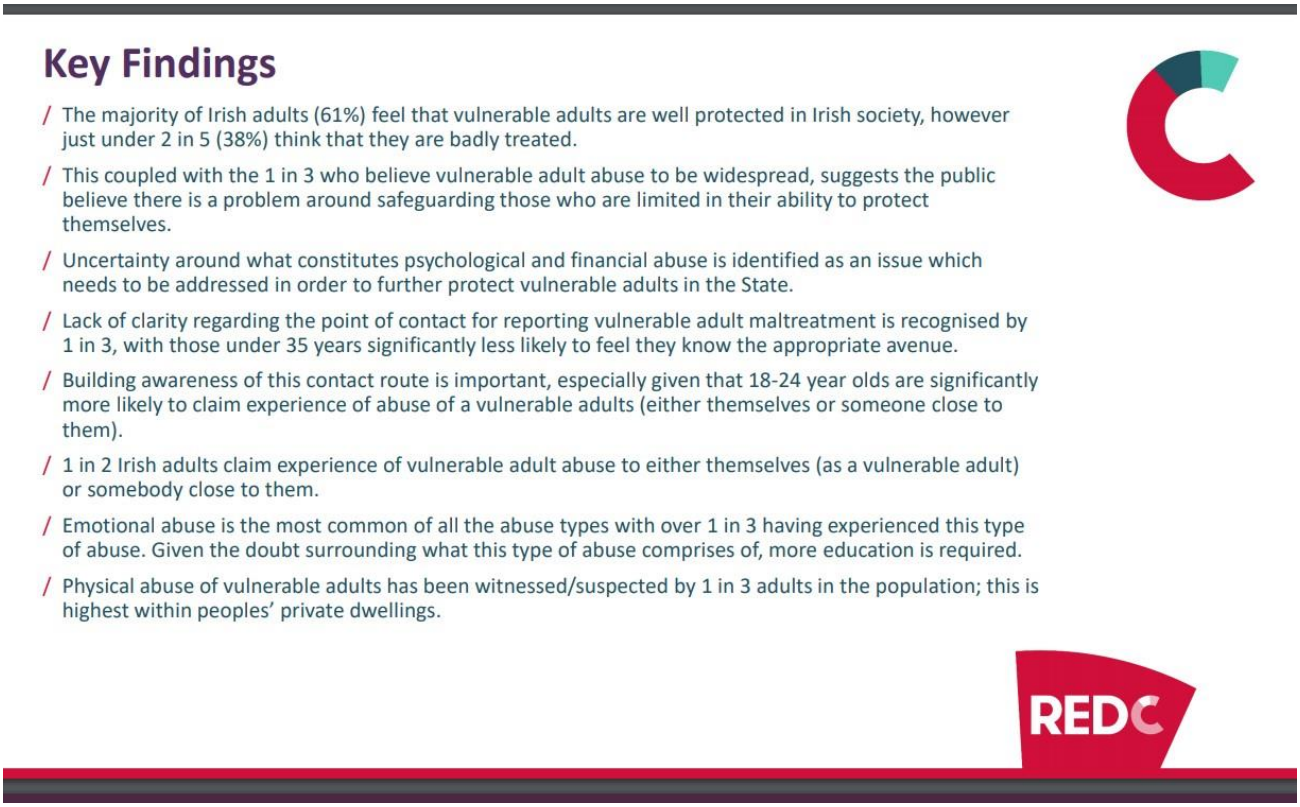


Fig. 14 RedC Poll Key Findings

3.2 Public Awareness

The public awareness campaign for the NSC took a phased approach in 2017. Phase 1 in June 2017 coincided with the HSE launch of the Safeguarding Data Report 2016. The NSC began a nationwide campaign to increase public understanding of what constitutes abuse or neglect of vulnerable adults and the need for greater awareness, policy and legal frameworks to safeguard vulnerable adults.

The following represents the artwork developed for the campaign which focused on abusive behaviours in day-to -day practices/interactions with vulnerable persons.

Fig. 15 Campaign Poster 1

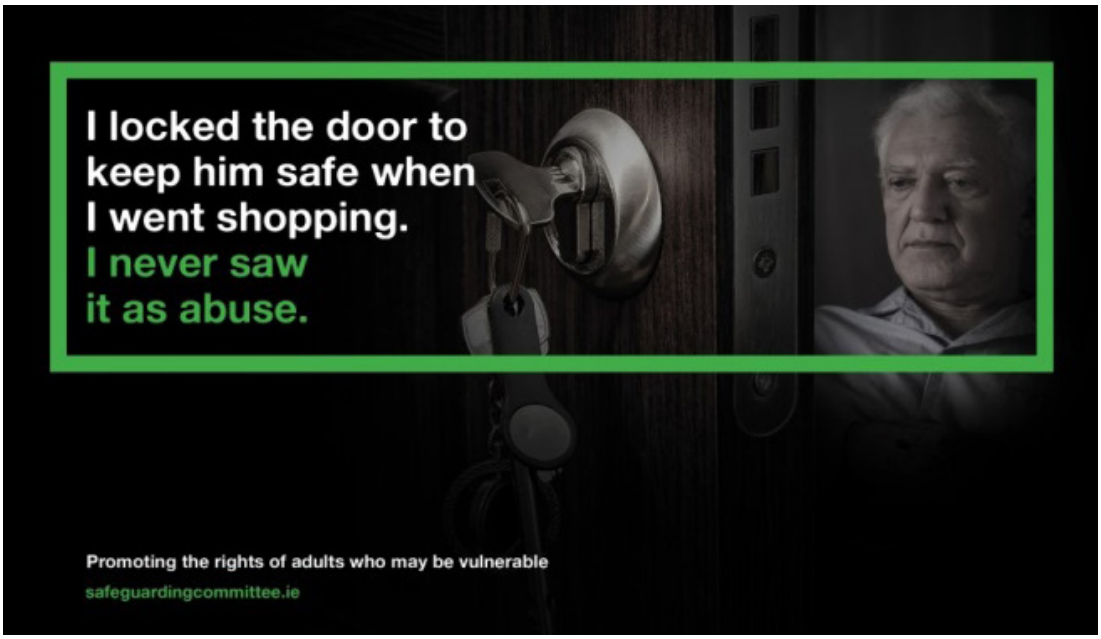


Fig. 16 Campaign Poster 2

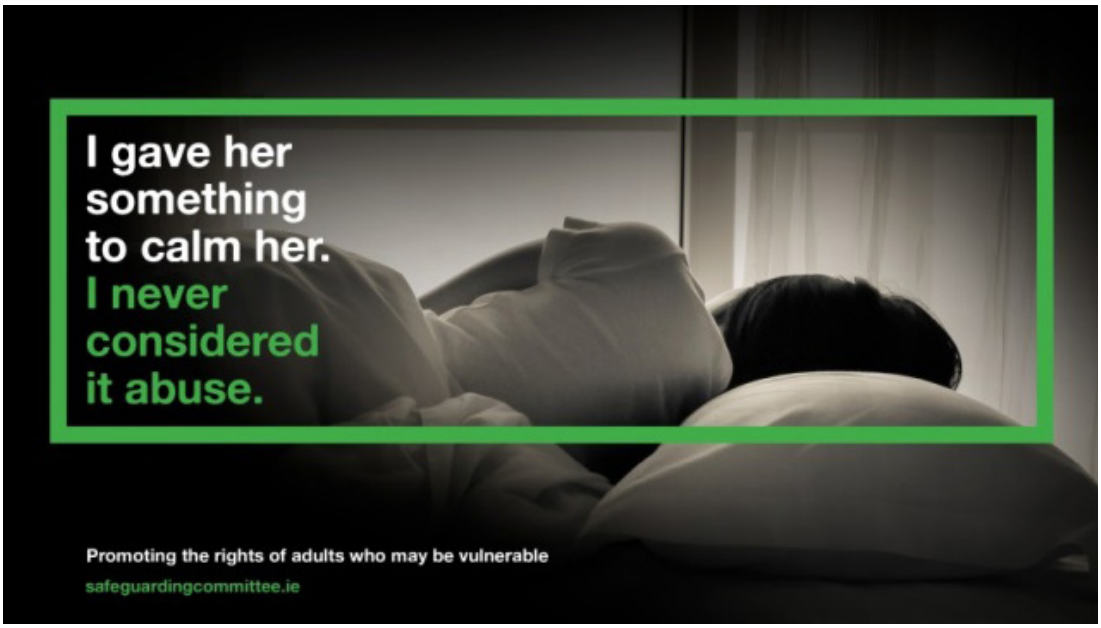


Fig. 17 Campaign Poster 3

NSC Public Awareness Campaign,

Phase 1 June 2017 – Media Coverage

This issue was covered in newspaper articles in the main titles (see appendix 5) in addition to coverage on TV , national and local radio and online (Irish Times, Irish Examiner; Irish Sun; Irish Mirror; The Times; Breaking News.ie; Journal.ie; RTE.ie; Newstalk ;Irishhealth.com; Activelink; InTallaght; Clare Champion)

Phase 2 from Oct 16th -22nd 2017 focused on financial abuse.

There was a high level of engagement on social media from across the membership of the NSC using the hashtags #safeguardingcom or @safeguardingcom. The campaign focused on financial abuse drawing attention to the following

- Those that are appointed as Agents on behalf of vulnerable people must ensure that all of the person's money is managed directly for their benefit and for that purpose only.
- Family members must have legal authority to access another person's bank account, and be able account for how the money is spent. Any other use, without consent, is theft.

The campaign included details of the subtle nature of financial abuse and the urgent need for the State, financial institutions, post offices, nursing homes, families and carers to recognise and tackle financial abuse of vulnerable adults. Media coverage was more targeted towards local radio.

Articles published in national papers in regards to the NSC campaign in Oct 2017 are referenced in appendix 6.

3.3 Review of Current Practice in the Use of Wardship for Adults in Ireland

The NSC commissioned Kate Butler BL and Fionnuala McGee BL to review Current Practices in the use of Wardship in Ireland. This involved engagement with members of the legal and medical professions and with staff of relevant bodies on the subject of wardship proceedings.

Key findings included;

- The voice of the ward is not heard
- Functional assessment of capacity is not being consistently used
- There is no provision for legal or non-legal advocacy
- Court proceedings do not take into account vulnerability
- Wards does not receive a copy of reports or court order
- No general system of reviewing of Wards

The Assisted Decision-Making (Capacity) Act 2015 will ultimately replace the wards of court system but is not yet fully commenced. This Act provides that the capacity of all existing wards be reviewed within a period of 3 years and discharged from wardship. Those wards who, on review, are found to lack the capacity to make decisions will transition to the new system.

4.0 Legislation and Policy Developments

4.1 Adult Safeguarding Bill

In March 2017- The Adult Safeguarding Bill was introduced in the Seanad by Senator Colette Kelleher. The key stages in 2017 were as follows:

- In April the general principles of the Bill were debated
- Received cross party support and was passed to committee stage
- October 2017-It was discussed at the Joint Health Committee.

The main provisions under this Bill include:

1. Definitions- "adult at risk" unable to protect him or herself from harm
2. Establishment of a National Adult Safeguarding Authority
3. Powers of investigation by the Authority
4. Right of entry and inspection by authorised person
5. Reporting Obligations
6. Right to access an independent advocate.

4.2 Assisted Decision Making Act (2015)

This Assisted Decision Making Capacity Act (2015) enables due regard to the person's capacity to keep themselves safe and to the appropriate application of consent.
The Assisted Decision-Making (Capacity) Act 2015 governs the law in relation to adults who are experiencing difficulties with decision making – and it changes the definition of 'capacity'. While capacity was previously assessed on a 'status' basis, now it should be assessed on a 'functional' basis. The Act creates a new system to support people to make decisions and repeals the Ward of Court System.

The Act allows for several brand new support structures as well as Advance Healthcare Directives and changes to the Power of Attorney system. A new office called the Decision Support Service (DSS) has been established and with a director of Support Services. The Act and its implementation will have significant implications for the practice and any interventions in adult safeguarding especially in relation to respecting the principle of "will and preference."

The framing of the legislation has been careful to balance human right principles in areas such as autonomy with the need for protective measures. Any law should be proportionate in its application and scope and needs to include essential safeguards on a person's right to express their will and preference on how they live their lives.

4.3 Development of Standards by HIQA and the Mental Health Commission

HIQA and the Mental Health Commission (MHC) are developing national standards for adult safeguarding to promote best practice in providing person-centred, safe and effective care and support in health, including mental health, and social care services across Ireland. While not all healthcare, mental healthcare, and social care services are within HIQA's or the MHC's regulatory remit, the expectation is that all services will work to achieve compliance with the standards and promote and protect the rights of adults who are at risk of harm.

Since their establishment, HIQA and the MHC have monitored a wide range of health and social care services across the country. During this time, inspectors have come across many services that provide excellent, person-centred care. Unfortunately, however, inspectors have also encountered services where a number of people have been vulnerable to exploitation or abuse of a physical, financial, psychological or sexual nature.

For this reason HIQA and the MHC are developing adult safeguarding standards to ensure that services and their staff know how to prevent harm and abuse from happening and know how to recognise and respond to it quickly and effectively where it does occur.

These standards will drive improvements in the quality of life of people using health and social care services. The standards aim to minimise and prevent the abuse and neglect of at-risk adults. There is an advisory group and standards Development Process with draft standards due later in 2018.

4.4 Joint Health Committee

Representatives from the Health Service Executive; Sage (Support and Advocacy Service) and the NSC appeared before the Joint Committee on Health debate on the 4th of October 2017. From the HSE Mr. Pat Healy, National Director of the Social Care Division; Mr. Michael Fitzgerald, Head of Operations and Service Improvement for Older People; and Mr. Tim Hanly, General Manager of the NSO attended. From Inclusion Ireland and the National Safeguarding Committee were Ms Patricia Rickard-Clarke and Ms Sarah Lennon. Sage representatives were Mr. Mervyn Taylor and Ms Eileen O'Callaghan.

At a second hearing on the 11th October, there was representatives from the Department of Health, (Ms Frances Spillane, Assistant Secretary, Social Care and Disabilities, Mr. Niall Redmond, Principal Officer, Services for Older People) and Ms Joanna O'Riordan from the Institute of Public Administration.

The hearings were in response to the Safeguarding Adults Bill 2017 initiated by Senator Colette Kelleher which has received cross party support. Ms. Spillane noted “The safety and protection of vulnerable people is a key objective of Government and society. We already have a range of legislation and policy-based measures to that end but it is acknowledged that there are gaps in legislation and also that promoting awareness and cultural change is key to effective safeguarding.”

4.5 New National Adult Safeguarding Policy to be developed for the Health Sector

In December 2017 The Department Of Health announced that there is to be a new National Adult Safeguarding Policy to be developed for the health sector, after Government granted approval.

The Department of Health will develop a national safeguarding policy for the health sector underpinned with appropriate legislation. It will be a very broad and complex piece of work, involving an extensive scoping exercise, to determine the precise nature of the policy and the legislative framework that may be required to support it. It includes reviewing current practice and legislation, researching best practice internationally and wide-ranging consultation. A public consultation process will be announced in 2018.

5.0 Data on Adults at Risk of Abuse in Ireland

As outlined in the Red C Poll half of all Irish adults say they have experienced the abuse of vulnerable adults either through being abused themselves or seeing somebody close to them abused. Furthermore, there is widespread public concern that many adults are vulnerable to experiencing abuse in their lives. In the national study of elder abuse and neglect, the overall prevalence of mistreatment in the previous 12 months is 2.2%, of people aged 65 years or older which extrapolates to 14,027 based on the Census 2016 data. This is a growth of 4,000 since the 2007 census and going on the fact that the over 65 population is the fastest growing will be set to increase exponentially over the coming 20 years.

The HSE is currently the only state agency that publishes national data on safeguarding concerns . The focus of this data is within the social care division thus predominantly representing concerns that relate to older persons and users of disability services. While safeguarding issues beyond social care are being managed by health professionals these are not being collated centrally. It is envisaged with greater IT infrastructure in the future that this central collation of data will be possible.

The HSE represents one of many agencies that are working at the front line in recognising and responding to abuse concerns. It is vital in order to get a true reflection of the nature and complexity of abuse concerns in Ireland that we should be working towards data collation and linkages between the various government departments, the banking sector, the legal system, advocacy services and the other partners within the NSC. Safeguarding is everybody's responsibility. It is only with this collective responsibility and ownership that learning's from interagency collaboration can bring about improved outcomes for the most vulnerable members of society.

5.1 Overview of the Data Recording

All safeguarding concerns that arise are subject to a preliminary screening (appendix 7). This process, conducted by a DO, collates all relevant information which is readily available in order to establish:

- If an abusive act could have occurred
- If there are reasonable grounds for concern
- If a safeguarding plan is to be completed

The following sections will provide information on the data collection process and the key findings including:

- Total concerns classified by gender, age and setting
- Alleged abuse categories by age
- Concerns by care division and referral source
- Classification of alleged person causing concern
- Case outcome as agreed with the SPTs.

The SPTs oversee and manage cases for the most part within social care division and these l form the basis of the majority of the concerns reported within this document. The primary classification applied to this data in 2016 subdivided the cases into service and community in line with the pathways within 'The Safeguarding Vulnerable Adults at Risk of Abuse 2014' policy.

However challenges have arisen in the initial implementation stage as this was seen as too simplistic a view of the service, which is more complex and nuanced given the various arrangements in place. Therefore in the evolving context of de-congregation many funded agencies are now providing extensive flexible services and individualised care arrangements in the community context to service users within HSE catchment areas. This in principle carries a duty of care extending into the community and wider living environment of the individual.

In order to provide the necessary guidance and clarity on the appropriate pathway (i.e.

community or service setting) for managing the safeguarding concern the NSO, in consultation with representatives of funded agencies and members of the SPTs, developed a Pathways Guide for Service and Community Provision.

This document confirms that;

- Safeguarding concerns can arise for vulnerable people who are attending services of a HSE-funded agency or who are residing in a facility of a HSE-funded agency at any time. If the alleged incident/ concern happens within the funded agency's facility/ scope of service provision or involves a staff member, another service user or volunteer then the pathway for processing the preliminary screening is clearly within the service setting.
- A safeguarding concern / alleged incident may also happen outside the facility or in a family/ community context and not involve a staff member, other service user or volunteer. This guide carries an expectation that, if the funded agency has the necessary professional governance and the vulnerable person is known or has a relationship with the service then, in principle, they should be in a position to undertake the safeguarding preliminary screening and safeguarding co-ordination regardless of the location of the incident.

5.2 Methodology of Data Collection

All concerns within the social care division are subject to a preliminary screening, completed by a Designated Officer and recorded on a standard form (Appendix 7). On submission to the SPTs, a unique ID is assigned to the concern which enables it to be tracked through the safeguarding service. All concerns are logged on an Excel database within the SPTs, which are collated monthly onto a national database in the NSO.

Within each database summary tables enable SPTs to critically assess the concerns they are receiving. In addition on a quarterly basis the following performance indicators are returned to the Department of Health:

- Total number of preliminary screenings for adults aged 65 and over
- Total number of preliminary screenings for adults under 65 years
- Number of staff trained in safeguarding policy

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

Performance indicators are reported on quarterly in arrears therefore the final quarter for 2017 is reported on in April 2018. The database is constantly updating so the information used to compile this report co-indices with that reported on in the performance indicators to the Department of Health.
In addition to the core data requirements, a log of advice and information provided by the SPTs was included within their databases in 2017. This enabled the SPTs to take account of this activity particularly evident if there is a public awareness campaign.

5.3 Network of Designated Officers

There are 1,503 DOs currently registered with the NSO having completed training, 451 of which were newly trained in 2017. Each service (HSE and funded) providing services to people within the service who may be vulnerable 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.

Given this requirement it is not surprising that the majority of DOs are based within a voluntary or HSE sector however there has been a significant growth in the training provided within the private sector in 2017.

Table 5 Profile of Designated Officers Trained 2017

Sector	No.	%
Voluntary	252	55.9%
HSE Employee	129	28.6%
Private Sector	59	13.1%
Statutory Body	7	1.6%
Community sector	2	0.4%
Other	2	0.4%
Grand Total	**451**	**100.0%**

In 2017, and indeed for all years 2015-17 the profile of job description indicates that DOs are most likely to work within management/administration, followed by nursing and allied health professional, which is inclusive of social workers.

Table 6 Profile of Designated Officers by Sector Trained 2015-17

Sector	No.	%
Voluntary	905	60.2%
HSE Employee	475	31.6%
Private Sector	103	6.9%
Statutory Body	12	0.8%
Community sector	4	0.3%
Other	3	0.2%
Private	1	0.1%
Grand Total	**1503**	**100.0%**

Table 7 Profile of Job Description 2015-17

Job Description	No	%
Management/Administration	198	45%
Nursing	143	33%
Other	46	10%
Allied Health Professional	43	10%
Support Worker (HCA / carer)	10	2%
Grand Total	**440**	**100%**

Table 8 Safeguarding concerns by Gender/Age 2017

Job Description	No	%
Management/Administration	572	38%
Nursing	475	32%
Allied Health Professional	354	24%
Other	60	4%
Support Worker (HCA / carer)	26	2%
Grand Total	**1487**	**100%**

5.4 Safeguarding Statistics

5.4.1 Overview of concerns 2016/2017

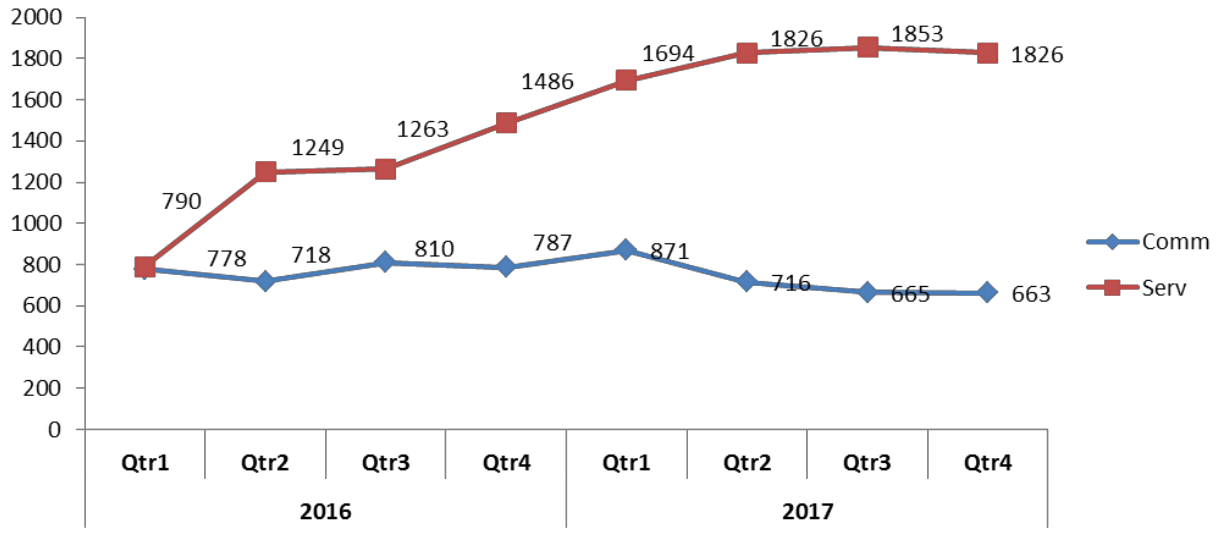


Fig. 18 Overview of concerns 2016/2017

In 2017 there were 10,118 safeguarding concerns managed by the SPTs, representing a 28% increase in alleged concerns reported from 2016. 7,199 were classified as arising from a service setting with the balance of 2,915 being directly referred from the community into the SPT, to be screened and case managed as required.

Further analysis using control charts for Quarter 3 2016 to Quarter 4 2017 illustrates some interesting trends in term of the mean weekly reporting level across all CHOs. For

community concerns there was some fluctuation in the mean at the end of Q4 2016 into Q1 2017. By February 2017 reporting rates had standardised, with all remaining recorded data points lying within ±3SD of the mean of 58 concerns per week.
In contrast, for service related concerns there were 3 upward shifts in the mean, increasing from 115 concerns per week nationally to 148 concerns per week by Q4 2017.

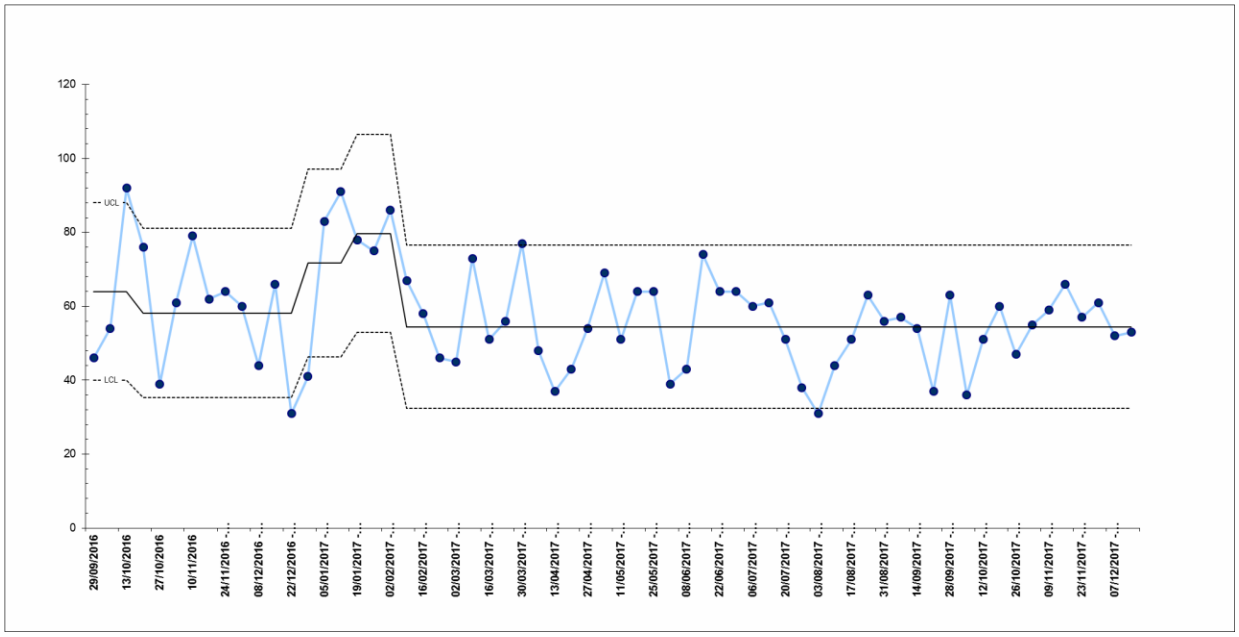


Fig. 19 C-Chart Community Concerns Q3 2016-Q4 2017

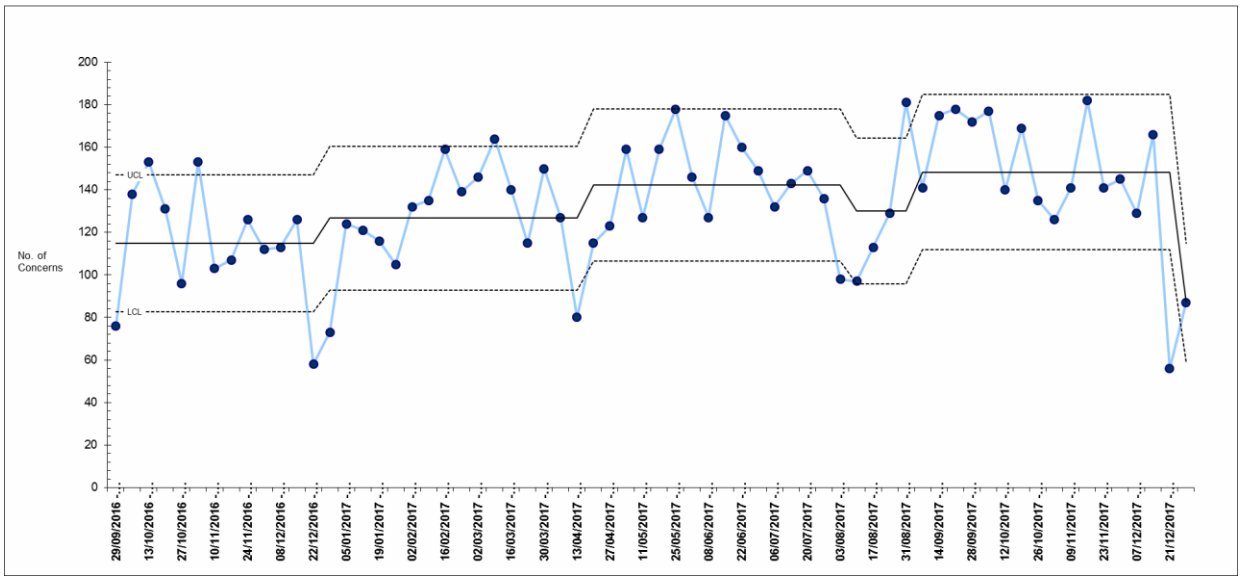


Fig. 20 C- Chart Service Concerns Q3 2016-Q4 2017

5.4.2 Safeguarding concerns by Gender/Age 2017

There is greater reporting of abuse concerns in relation to females in both categories although the gap is marginal in the 18-64 year age group (51%F: 49%M) and more pronounced in the over 65 years, where 66% of referrals come from females. Further analysis of the reporting rate per 1,000 population over 65, applying Census 2016 figures, (table 10) illustrates that the rate increases with age and almost triples for males and doubles for females in the over 80 age category.

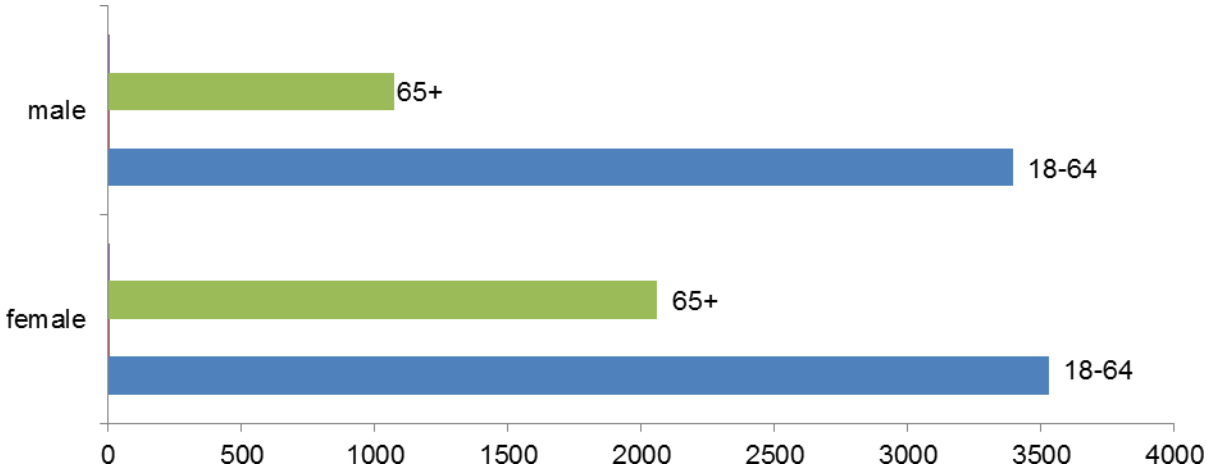


Fig. 21 Safeguarding concerns by Gender/Age (2016/17)

Table 9 Safeguarding concerns by Gender/Age (2016/17)

Gender	18-64		65+	
Female	3530	50.98%	2056	65.69%
Male	3394	49.02%	1074	34.31%

Table 10 the reporting rate per 1,000 of population

Age Category	Pop. Census 2017	Concerns	Rate/1,000 pop	Males	Females
65+	637,567	2804	4.40	3.2	5.5
65-79	488,975	1615	3.30	2.35	4.2
80+	148,592	1189	8.00	6.4	9.03

5.4.3 Setting by Age 2017

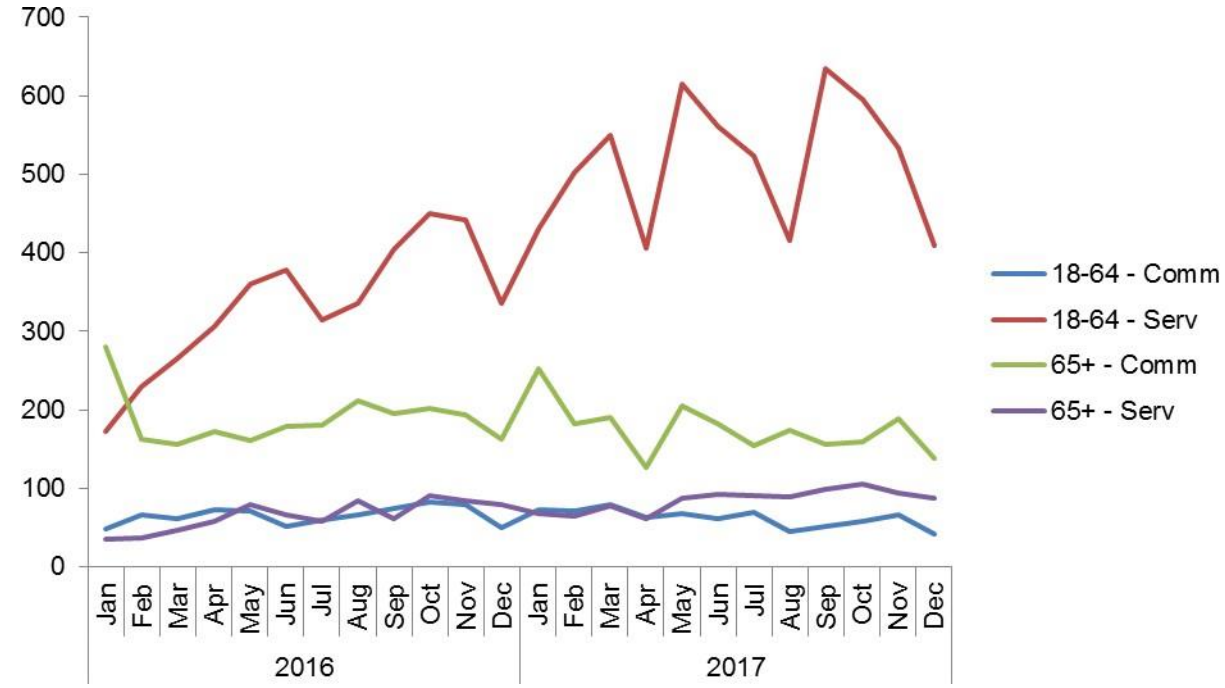


Fig. 22 Safeguarding concerns by setting 2017

Fig 22 illustrated the profile of concerns received by month for 2016 and 2017 subdivided by age category and setting. The majority of service concerns relate to those 18-64 (89% within that age category) with increases evident April/May and Sept/Oct 2017- as outlined in fig 1 within the training section peaks in training provision coincided with these time points. Over 65 concerns are predominantly in the community (67%) with increases evident in April/May and Oct/Nov 2017. This coincides not only with peaks training provision but also the stages of the public awareness campaign. It is also worth noting that for service concerns in those over 65 years there are a greater proportion being received from a disability service (n=588) than centres for older people (n=420).

5.4.4 Location of Concern

As the policy is only operational within social care the majority of concerns reported to and managed by the SPTs come from this division, 76% of concerns in 2017. Primary care represents the most significant care division from the remaining divisions with 20% of concerns.

Table 11 Location of Concern

	2016		2017		Total	
	No. of Concerns	**%**	**No. of Concerns**	**%**	**No. of Concerns**	**%**
Social Care	4489	74.24%	5709	76.06%	10198	75.20%
Primary Care	1605	21.37%	1641	19.83%	3246	20.55%
Acutes	198	2.69%	280	3.36%	478	3.05%
Mental Health	72	1.31%	47	0.67%	119	0.97%
Health and Wellbeing	28	0.38%	2	0.04%	30	0.20%
Other		0.00%	3	0.04%	3	0.02%
Tusla	1	0.01%	1	0.01%	2	0.01%
Total	**6393**	**100%**	**7683**	**100%**	**14076**	**100%**

Consistent with 2016, voluntary agencies are the main referral source in 2017 however their proportionate contribution increased from 38% to 42% of the total.

Table 12 Summary of Referral Source for all concerns received by SPTs in 2016 and 2017

	2016		2017		Total	
	No. of Concerns	**%**	**No. of Concerns**	**%**	**No. of Concerns**	**%**
Voluntary Agency	2476	38.26%	3613	42.28%	6095	37.60%
PHN/RGN	1707	26.38%	1731	20.15%	3453	21.28%
PCCC Staff	731	11.29%	721	8.45%	1452	8.99%
Hospital Staff	399	6.17%	502	5.87%	901	5.53%
Family	241	3.72%	259	2.61%	500	2.70%
Carer/Home Help	168	2.60%	156	1.75%	324	1.93%
Self	145	2.24%	215	2.50%	365	2.20%
Gardai	113	1.75%	135	1.48%	248	1.42%
GP	106	1.64%	131	1.51%	238	1.45%

5.4.5 Person Causing Concern

2017 represents the first year of data on the person causing concern for safeguarding data. The results illustrate that for those aged 18-64, other service user are the main source of concern at (65%). This drops to 23% in the over 65 age group with sons/daughters (29%) being the main source of concern.

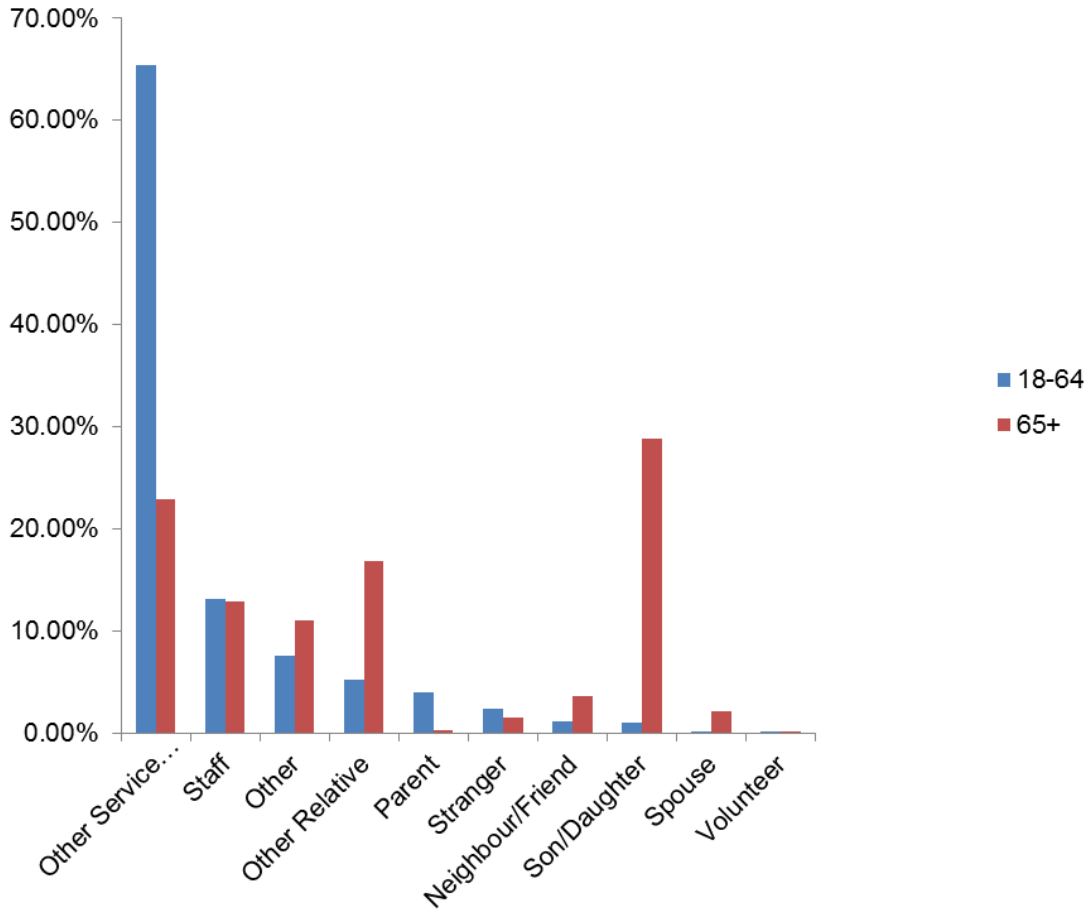


Fig. 23 Person Causing Concern

Table 13 Person Causing Concern

Person Causing Concern	18-64	65+	18-64	65+	Total
Other Service User/Peer	2793	357	65%	23%	54%
Staff	558	201	13%	13%	13%
Other	324	171	8%	11%	8%
Other Relative	222	263	5%	17%	8%
Parent	170	4	4%	0.3%	3%
Stranger	100	23	2%	1%	2%
Neighbour/Friend	50	57	2%	4%	2%
Son/Daughter	42	449	1%	29%	8%
Spouse	5	34	0.1%	2%	1%
Volunteer	3	1	0.1%	0.06%	0.07%
Grand Total	4267	1560	100%	100%	100%

5.4.6 Types of Alleged Abuse

In 2017, of the 10,118 concerns received, 430 related exclusively to self-neglect with no person causing concern. When all cases are considered self-neglect reflects 5% of the total alleged abuse categories (table 14). More self-neglect cases are evident in the 65-79 year age category by a ratio of 3:2.

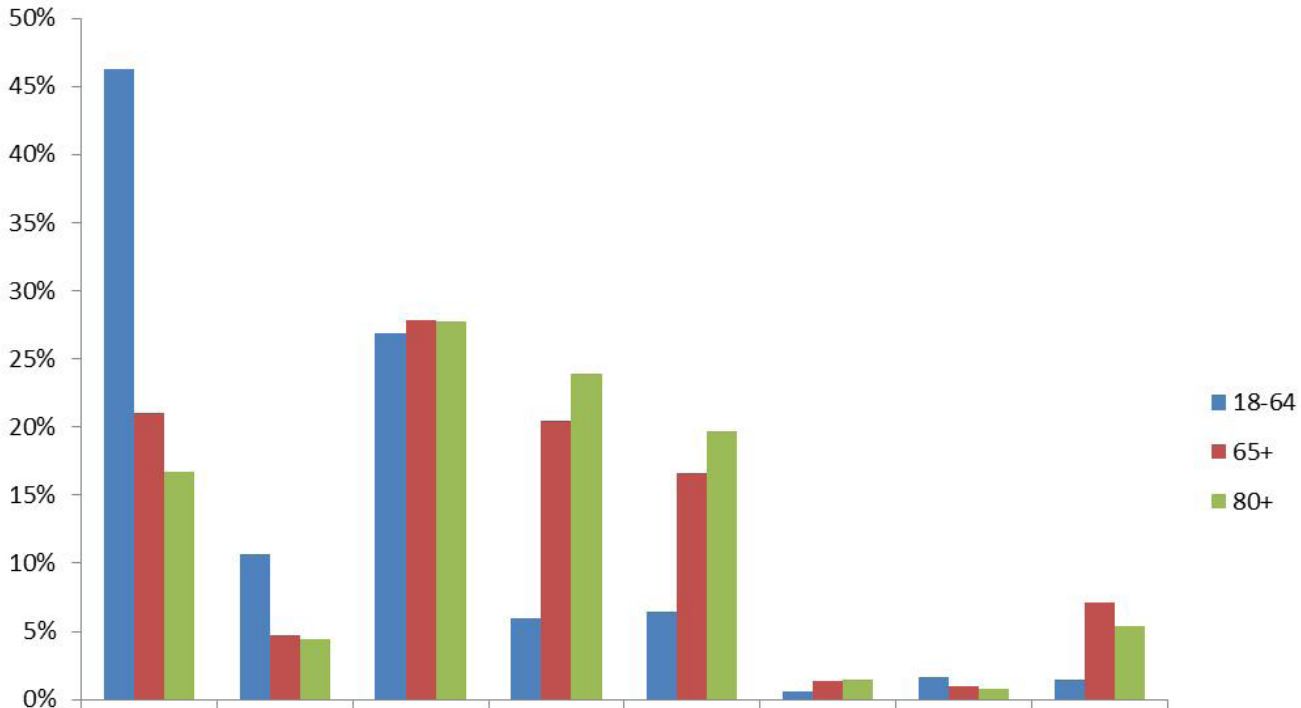
Table 14 2017 Safeguarding Concerns: All Cases

2017 Data - All Cases	18-64		65+		80+		Total
Alleged Physical Abuse	3567	45%	798	20%	265	16%	37%
Alleged Sexual Abuse	845	11%	194	5%	71	4%	9%
Alleged Psychological Abuse	2272	29%	1104	28%	452	28%	29%
Alleged Financial Abuse	460	6%	782	20%	372	23%	11%
Alleged Neglect	437	6%	572	15%	295	18%	9%
Alleged Discriminatory Abuse	49	1%	48	1%	21	1%	1%
Alleged Institutional Abuse	113	1%	22	1%	7	0%	1%
Alleged Self Neglect	173	2%	384	10%	158	10%	5%

Table 15 2017 Safeguarding Concerns with a Person Causing Concern

Alleged Abuse Type	18-64		65+		80+	Total	
Alleged Physical Abuse	3567	46%	798	22%	17%	265	38%
Alleged Sexual Abuse	845	11%	194	5%	5%	71	9%
Alleged Psychological Abuse	2272	29%	1104	31%	30%	452	30%
Alleged Financial Abuse	460	6%	782	22%	25%	372	11%
Alleged Neglect	437	6%	572	16%	19%	295	9%
Alleged Discriminatory Abuse	49	1%	48	1%	1%	21	1%
Alleged Institutional Abuse	113	1%	22	1%	0%	7	1%
Alleged Self Neglect	48	1%	69	2%	2%	32	1%
Total	7791	100%	3589	100%	100%	1515	100%

For cases with a person causing concern (table 15) alleged physical abuse and psychological abuse are the main alleged abuse categories in those aged 18-64. For those over 65 years alleged psychological and financial abuse are the most commonly reported at 31% and 22% respectively. As illustrated in fig 24 while the prevalence of alleged psychological abuse is consistent across all ages, alleged financial abuse increases with age with the highest levels reported in those over 80 years.



	Physical Abuse	Sexual Abuse	Psychological Abuse	Financial Abuse	Neglect	Discriminatory Abuse	Institutional Abuse	Self Neglect
18-64	46%	11%	27%	6%	6%	1%	2%	1%
65+	21%	5%	28%	20%	17%	1%	1%	7%
80+	17%	4%	28%	24%	20%	1%	1%	5%

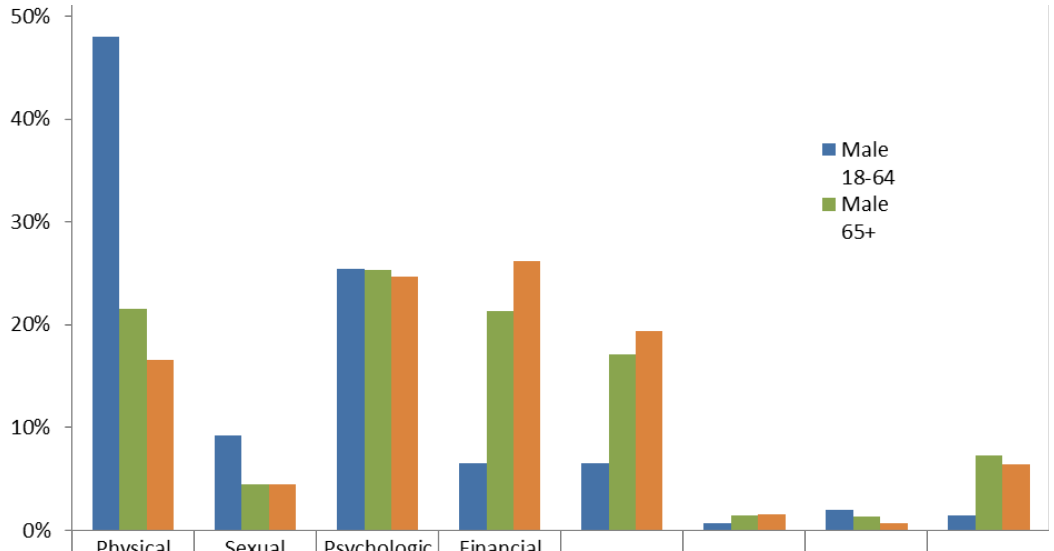
Fig. 24 Alleged abuse categories by age (2016/17)

Where reasonable grounds were agreed with the SPT table 16 illustrates the main person causing concern by alleged abuse category.

- In cases of alleged physical and psychological abuse other service users represent the main person causing concerns for both under and over 65
- In cases of alleged financial abuse son/daughter accounted for 40% of cases for those over 65 with a further 24% being another relative.
- In cases of alleged neglect staff were most commonly linked to cases for those 18-64 while son/daughter and adult child were associated with those over 65 years.

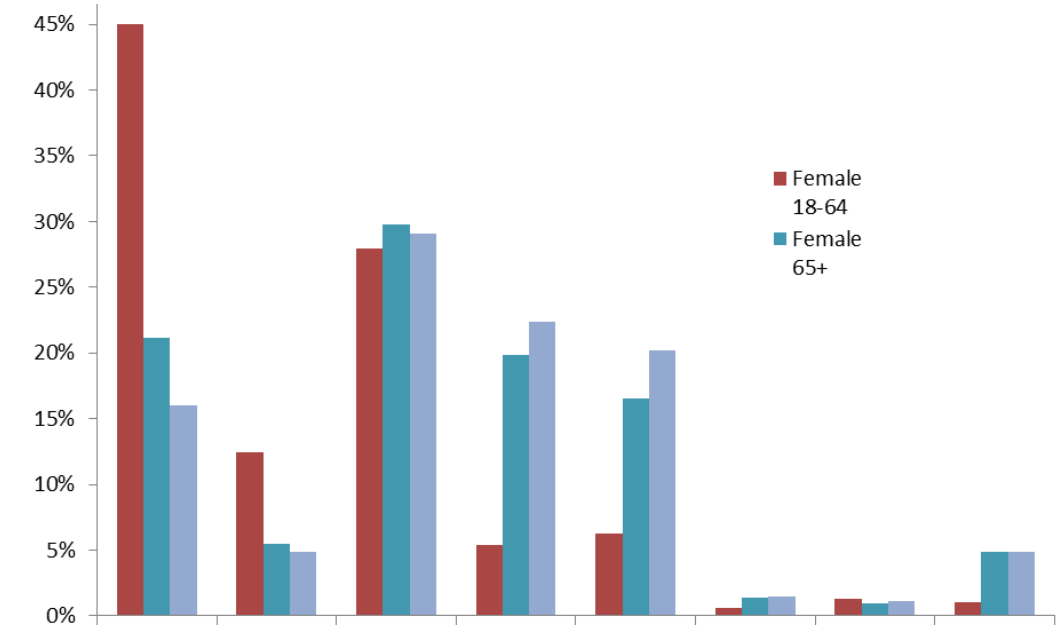
Fig 24 illustrates combined data for 2016 and 2017 for the alleged abuse categories by age. Alleged physical abuse is the most reported in those under 65 years. The prevalence of alleged psychological abuse is consistent across all ages while alleged financial abuse increases with age with the highest levels reported in those over 80 years.

A further breakdown by gender is illustrated in fig 25 and 26



	Physical Abuse	Sexual Abuse	Psychological Abuse	Financial Abuse	Neglect	Discrim.	Institutional	Self Neglect
Male 18-64	48%	9%	25%	7%	7%	1%	2%	1%
Male 65+	22%	5%	25%	21%	17%	1%	1%	7%
Male 80+	17%	5%	25%	26%	19%	2%	1%	6%

Fig 25 Alleged Abuse Categories by Age- Males (2016/17)



	Physical Abuse	Sexual Abuse	Psychological Abuse	Financial Abuse	Neglect	Discrim.	Institutional	Self Neglect
Female 18-64	45%	12%	28%	5%	6%	1%	1%	1%
Female 65+	21%	5%	30%	20%	16%	1%	1%	5%
Female 80+	16%	5%	29%	22%	20%	1%	1%	5%

Fig 26 Alleged Abuse Categories by Age- Females (2016/17)

Table 16 2017 Alleged Abuse Categories by Age for Cases with Outcome Agreed with SPT of Reasonable Grounds

	18-64		65+	
	Person Causing Concern	%	Person Causing Concern	%
Physical (1583)	Other Service User/Peer	83%	Other Service User	56%
	Other Relative	4%	Son/Daughter	20%
Psychological (1172)	Other Service User/Peer	76%	Other Service User	41%
	Staff	8%	Son/Daughter	29%
Financial (316)	Other Service User/Peer	35%	Son/Daughter	40%
	Other Relative	15%	Other Relative	24%
Neglect (204)	Staff	46%	Son/Daughter	36%
	Parent	19%	Other Relative	27%

5.4.7 Outcome Agreed with 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. On the service side DOs completes the preliminary screening and liaises with the SPTs while on the community side this is all completed by the SPTs. Based on the information gathered an agreed outcome will be reached by or with the SPTs to determine if there is;

A. No grounds for reasonable concerns

B. Additional information required

C. Reasonable grounds for concern.

In 2016 47% of concerns agreed an outcome with the SPT of reasonable grounds for concern. This increased marginally to 50% in 2017 giving an overall rate of 49% for 2 data years.

Table 17 Outcome

	Additional Information		No Grounds		Reasonable Grounds		Total No.	Total %
	No.	%	No.	%	No.	%		
				2016				
Qtr1	267	21%	423	34%	567	45%	1257	100%
Qtr2	362	23%	513	33%	669	43%	1544	100%
Qtr3	367	22%	567	34%	733	44%	1667	100%
Qtr4	377	21%	476	26%	958	53%	1811	100%
				2017				
Qtr1	431	20%	776	36%	973	45%	2180	100%
Qtr2	415	19%	667	30%	1150	52%	2232	100%
Qtr3	368	16%	664	29%	1222	54%	2254	100%
Qtr4	369	17%	628	29%	1154	54%	2151	100%
Grand Total	**2956**	**20%**	**4714**	**31%**	**7426**	**49%**	**15096**	**100%**

6.0 Commentary

Since the establishment of the safeguarding service in 2014 it is evident that great progress has been made in introducing standardisation around training and reporting. The training provision has far exceeded the target both in 2016 and 2017 which illustrates the commitment of the network of training facilitators to carry out this vital piece of work. Furthermore, the provision of DOs within HSE and HSE funded services has provided a key resource person to provide advice and support and to process safeguarding concerns.

In relation to the safeguarding data the increase in service related concerns was significant in 2017 and there are many potential reasons for this including

- An increase in DOs in service settings in 2017
- An increase level of awareness within services given the roll out of the awareness programme (SVPAP) with targets exceeded in 2017.
- The implementation of the Pathways Guide for Community and Service (2016) which has put a greater responsibility on services to carry out preliminary screening and safeguarding planning for concerns that arise in the community but relate to clients that are in receipt of services.

We are still operating within a “zero tolerance” approach to abuse and indeed the majority of the safeguarding concerns are once off 79%. High level repeat referrals only account for 2% of referrals in 2017. It is evident that peer on peer safeguarding concerns continue to dominate within the services sector particularly for those 18-64 years with no significant gender differentiation. Consistent with international research older females are at increased risk of abuse.

There are significant challenges faced in providing international comparative data in relation to safeguarding. As outlined in the Rapid Realist Review conducted by School of Social Policy, Social Work and Social Justice at UCD which reviewed Adult Safeguarding Legislation and safeguarding models across 5 English speaking countries- there is wide variation in the legislative and policy basis for reporting and

responding on adult safeguarding in these countries. This information shows that whilst many countries share similar principles there are differing classifications, thresholds and definitions on adult safeguarding. In considering the Irish data with international studies on prevalence rates and outcomes any possible comparisons would need to be treated with caution.

It is possible to conclude more from the data pertaining to those over 65 years. International research relating to elder abuse would indicate that we are still only seeing the "tip of the iceberg" in terms of the level of abuse that exists in society and what is reported. International data on the extent of the problem in institutions such as hospitals, nursing homes, and other long-term care facilities are scarce. However a recent systematic reviews and meta-analyses on elder abuse in both institutional (Yon 2018) and community settings (Yon 2017) based on self-report by older adults suggest that the rates of abuse are much higher in institutions than in community settings- thereby identifying it as a risk factor. Other risk factors outlined by the WHO include

- poor physical and mental health of the victim
- mental disorders and alcohol and substance abuse in the abuser.
- gender of victim –elderly women are at increased risk of neglect and financial abuse particularly when they are widowed
- shared living situation this applies to spouses and adult children. This increases when an abuser is financially dependent on the older person.
- Social isolation
- Socio cultural factors including ageism

Within institutions, abuse is more likely to occur where:

- standards for health care, welfare services, and care facilities for elder persons are low;
- staff are poorly trained, remunerated, and overworked;
- the physical environment is deficient; and
- policies operate in the interests of the institution rather than the residents.

The impact of the abuse cannot be underestimated with research within elder abuse showing that victims are twice more likely to die prematurely than people who are not

victims Lachs (1998).

Cultural practices and attitudes need to be challenged across society. Indeed the role out of public awareness in 2017 has promoted debate on this topic through seminars, radio, tv and newspaper articles. There has been a positive association between public awareness and increased levels of advice and reporting levels experienced by the SPTs.

The area of adult safeguarding still requires legislative and social reform. This can only be achieved through adequate level of state resourcing and comprehensive inter agency collaboration.

7.0 References

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8.0 Appendices

Appendix 1: RDG Members

First Name	Surname	Organisation	Position
Martina	Queally	Nomination for Chair	CO CHO 6
Anna	Killilea	Nomination From HR	Senior Executive
Bernie	Austin	Nomination for PIC older persons services	DON
Finbar	Colfer	Nomination for Safeguarding Committee	Deputy Chief Inspector of Social Services
Siobhan	Nunn	Nomination for Safeguarding Committee	PSW
Geri	Quinn	Nomination for Health and Wellbeing	Senior Health Promotions officer
Ciara	Murphy	Nomination from NFVB	PIC
John	Ryan	Nomination from NFVB	PSW
Tony	McCusker	Nomination from PSW	PSW
Pauline	Levins	Nomination from PSW	PSW
Marguerite	Clancy	Nomination for Researcher	Researcher
Tim	Hanly	NSO	General Manger
Carol	McKeogh-Ryan	Administration NSO	Admin
Amanda	Casey	Nomination from Acutes	PSW
Niall	Myers	Nomination from Not for Profit	National Safeguarding Lead
Darragh	Kennedy	Nomination from DFI	National Safeguarding Officer
Jude	O'Neill	Nomination from Heads of Service	Head of Social Care CHO 8
Monica	Sheehan	Nomination from PHN	Director of PHN CHO 4
Sylvia	Cahill	Nomination from Mental Health	PSW Mental Health
Eileen	Ruddin	Nomination from Acute Hospital	General Manger
Louise	Loughlin	Nomination for National Advocacy Service	National Manager
Mary	O'Dwyer	Nomination for Head of Primary care	QPS Manager Mid-West
William	Ebbitt	Nomination for Primary Care	General Manger
Bridget	O'Donovan	Nomination for Primary Care	Senior Social Worker
Pat	Ni Goran	Nomination from Forsa	(joined Feb 18)
Chris	Cully	Nomination from Forsa	(joined Feb 18)
Tony	Fitzpatrick	Nomination from INMO	INMO
Aisling	Culhane	Nomination from PNA	PNA
Damien	Ginley	Nomination from Siptu	SIPTU

Appendix 2: Safeguarding IT Project Group Members

First Name	Surname	Position
Fidelma	Brady	Cheeverstown House
Emmett	Corrigan	SW CHO8
Marguerite	Clancy	Senior Research and Information Officer, NSGO
Tim	Hanly	General Manger, NSO (Chair)
Mary	Manning	SWTL CHO4
Tony	McCusker	PSW CHO6
Roisin	McLoughlin	Senior ICT Project Manager, Office of the Chief Information Officer
Maggie	McNally	PSW CHO3
Siobhan	Nunn	PSW CHO7
Alan	Price	ICT Delivery Director, Office of the Chief Information Officer

Appendix 3: Documentation Working Group Membership

First Name	Surname	Organisation
Orlaith	Treacy	Enable Ireland
Grainne	Cowan	SWTL Safeguarding and Protection Team
Damian	Ginley	SIPTU
Kathleen	O'Mahony	PSW Safeguarding and Protection Team
David	O'Rourke	PNA
Paula	Phelan	St. Vincent's Community Nursing Unit, IMNO
Donal	Hurley	NSO
Colleen	Murphy	NSO
Maeve	Smyth	HSE, CHO6 Wicklow SIPTU
Caroline	Gourley	St Clare's Nursing Home, INMO

Appendix 4: Membership of National Safeguarding Committee (November 2017)

Organisation Held	Name	Position
Independent Chair	Patricia T Rickard-Clarke	
Active Retirement Ireland	Maureen Kavanagh	CEO
Age Action	Justin Moran	Head of Advocacy and Communications
Alzheimer's Society of Ireland	Pat McLoughlin	CEO
An Garda Síochána	Laura Sweeney	Detective Sergeant
	Anne Ellis	Inspector
An Post	Mick Carrick	
Banking and Payments Federation Ireland	Louise O'Mahony	Head of Sustainable Banking
Chartered Accountants Ireland City & County Managers Association	Tom Fitzpatrick	Chartered Accountant
College of Psychiatrics of Ireland	Maria Moran	Faculty of Old Age Psychiatry
	Verena Keane	Faculty of Learning Disability
COSC (Department of Justice + Equality)	Pat Carey	Assistant Principal Officer
Decision Support Service	Áine Flynn	Director
Department of Health	Maurice O'Donnell	Assistant Principal Officer (Disability Unit)
Department of Social Protection	Miriam Finnegan	Principal Officer (State Pensions)
	Martin Keville	Assistant Principal Officer (Vulnerable Adults)
Disability Federation of Ireland	Joan O'Connor	Policy & Research Officer
Family Carers Ireland	Catherine Cox	Head of Communications
HSE NSO	Tim Hanly	Manager
HSE NSO	Marguerite Clancy	Senior Research and Information Officer
HSE Safeguarding CHO 7	Siobhan Nunn	Principal Social Worker – Safeguarding & Protection Teams
HSE Social Care Division	Michael Fitzgerald	Head of Operations & Quality Improvement for Older People
HSE Social Care Division Service	Cathal Morgan	Head of Operations & Quality Improvement, Disability
Health Information & Quality Authority (HIQA)	Phelim Quinn	CEO
Inclusion Ireland	Sarah Lennon	Campaigns and Policy Lead
ICTU	Phil Ní Sheaghdha	INMO Director of Industrial Relations
Irish College of General Practitioners	Brendan O'Shea	Director of Postgraduate Resource Centre
Law Society of Ireland	Mary Keane Deputy	Director General/Director of Policy & Public Affairs
MABS	Anne-Marie O'Connor	Business Manager
Mental Health Commission	Patricia Gilheaney	CEO
National Advocacy Service	Louise Loughlin	National Manager, NAS for People with Disabilities
National Federation of Voluntary Bodies	Brian O'Donnell	CEO
Not-For-Profit Organisations	Rosemary Keogh	CEO Irish Wheelchair Association
Royal College Physicians Ireland	David Robinson	Medicine for the Elderly, St James's
Sage-Support & Advocacy Service	Mervyn Taylor	Manager

Appendix 5: Public Awareness Campaign, June 2017 – Media Coverage

Attached is a pdf including daily newspaper articles in:

- The Irish Times
- The Irish Examiner
- The Irish Daily Star
- The Irish Daily Mail
- The Irish Daily Mirror
- The Irish Sun
- The Irish Mail on Sunday

NSC June Campaign Daily Papers.pdf

Appendix 6: NSC Financial Abuse Campaign, 16th October 2017 – Media Coverage

NSC PRINT Articles 16-10-17.pdf

Appendix 7 – Referral Form for Community Based Referrals Form & Preliminary Screening Form(PSF1)

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

SEND FORM TO: INSERT THE CHO SAFEGUARDING AND PROTECTION TEAM ADDRESS AND EMAIL DETAILS

REFERRAL FORM FOR COMMUNITY BASED REFERRALS SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY & PROCEDURES

There is duty of care to report allegations or concerns regardless of whether client has given consent Referrer should take any immediate actions necessary as per policy in relation to seeking An Garda Siochana or medical assistance

Vulnerable Person's Details:

Name:_____ DOB: _____

Address:_____
Marital Status: _____Contact Phone Number :/Mobile:_____
Does anyone live with client: Yes □ No □ If yes, who?: _____
Medical history and any communication support needs (as understood by referrer):
_____
_____
_____
Details of the person's vulnerability (as understood by referrer):
_____
_____
Is client aware this referral is being made? Yes □ No □
Has client given consent? Yes □ No □
Is there another nominated person they want us to contact, if so please give details?
Name:_____Contact Details: _____
Relationship to vulnerable person:_____
GP Contact Details:
Name:_____Telephone:_____
Primary care team details i.e. social worker, PHN, etc.
_____
Any other key services/agencies involved with client (*Please include Name and Contact):*
Details:_____
_____

Details of allegation/ concern: Please tick as many as relevant:

Physical abuse □
Psychological/Emotional abuse □
Sexual abuse □
Extreme Self Neglect* □
(extra sheet/report can be included if you wish)
Financial/material abuse □
Neglect/acts of omission □
Discriminatory abuse □
Institutional abuse □

Details of concern:
_____
_____
_____
_____
_____
_____
(*If self neglect is being referred please complete the attached presence of indicators of extreme self-neglect)
Details of Person Allegedly Causing Concern (if applicable)
Name:_____ Relationship to vulnerable person: _____
Address:_____
Is this person aware of this referral being made: Yes □ No □
Details of person making referral:
Name: _____Job Title (if applicable): _____
Agency/Address: _____
Landline_____Mobile:_____
Signature_____Date:_____

Data Protection Advice: If the person allegedly causing concern is a staff member, please use initials & work address only

Standard Referral Form for safeguarding concern. Version 0.2

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Preliminary Screening for [Name of Vulnerable Person**]**

Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures Preliminary Screening Form (PSF1)

Please indicate as appropriate: Community setting: ☐ Service setting: ☐

1. Details of Vulnerable Person at Risk of Abuse:

Name:
Home Address:
Current Phone No:

Date of Birth: / / Male ☐ Female ☐
Location of vulnerable person if not above address:

Service Organisation (if applicable):
Service Type:
Residential Care ☐ Day Care ☐ Home care ☐ Respite ☐ Therapy intervention ☐
Other ☐ (*please specify)*
*If Residential Care please provide HIQA Code*_____

Designated Officer (DO) Name:
Community Health Organisation (CHO) Area:

2. Details of concern (if any questions below is not applicable or relevant please state so in that section):

a. Brief description of vulnerable person:

b. Details of concern including time frame:

c. Was an abusive incident observed and details of any witnesses:

Preliminary Screening for [Name of Vulnerable Person**]**

d. Relevant contextual information:

e. Have any signs or indicators of abuse been observed and reported to the designated officer? Please specify?

f. Details of assessment or response to date?

g. Is it deemed at this point that there is an ongoing risk? If so please specify?

h. Include any incident report or internal alert details if completed(as attachment):

i. Details of any internal risk escalation:

j. Is this concern linked to any other Preliminary Screening? If so give details and reference:

Preliminary Screening for [Name of Vulnerable Person**]**

3. Relevant information regarding concern:

Date that concern were notified to the Designated Officer:

Who has raised this concern?

Self ☐ Family ☐ Service Provider ☐ Healthcare staff ☐ Gardaí ☐

Other ☐ (*please specify)*

Type of concern or category of suspected abuse:

Physical Abuse ☐ Sexual Abuse ☐ Psychological Abuse ☐ Financial / Material Abuse ☐

Neglect / Acts of Omission ☐ Extreme Self-neglect ☐ Discrimination ☐ Institutional ☐

Setting / Location of concern or suspected abuse:

Own Home ☐ Relatives Home ☐ Residential Care ☐ Day Care ☐ Other☐ (*please specify)*

Are there any concerns re: decision making capacity? **Yes** ☐ **No** ☐

Are you aware of any formal assessment of capacity being undertaken?
Yes ☐ **No** ☐
Outcome:

Is the Vulnerable person aware that this concern has been raised? **Yes** ☐ **No** ☐

What is known of the vulnerable person's wishes in relation to the concern?

Are other agencies involved in service provision with this vulnerable person that you are aware of? **Yes** ☐ **No** ☐
If yes, Details:

Preliminary Screening for [Name of Vulnerable Person**]**

4. Is there another nominated person the Vulnerable Adult wants us to contact, if so please give details?

Name:
Address:
Phone:
Nature of relationship to vulnerable person (i.e. family member/ advocate etc):

Is this person aware that this concern has been reported to the Designated Officer?
Yes ☐ **No** ☐ **Not known** ☐
If no – why not?
If yes – date
by whom?

Has an Enduring Power of Attorney been registered in relation to this Vulnerable Person?
Yes ☐ **No** ☐ **Not known** ☐
Contact details for Registered Attorney(s):

Is this Vulnerable Person a Ward of Court? **Yes** ☐ **No** ☐
Contact details for Committee of the Ward:

Has any other relevant person been informed of this preliminary screening?
Details?

5. Details of person allegedly causing concern:

*Name:
Address:
Date of Birth (if known)
Gender: Male ☐ Female ☐

Relationship to Vulnerable person:
Parent ☐ Son/Daughter ☐ Partner/Spouse ☐ Other Relative ☐ Neighbour/Friend ☐
Other Service User / Peer ☐ Volunteer ☐ Stranger ☐ Staff ☐
Other☐ (*please specify)*

***Data Protection Advice: If the person allegedly causing concern is a staff member, please use initials and work address**.*

6. Details of Person completing preliminary screening

Name: Phone:
Address:
Job Title: Are you the Designated Officer: yes ☐ No ☐
Email: Date:

Preliminary Screening for [Name of Vulnerable Person**]**

Preliminary Screening Outcome Sheet (PSF2)

Name of Vulnerable person:

A: Options on Outcome of Preliminary Screening

1. No grounds for further concern ☐
   (If necessary attach any lessons to be learned as per policy)
2. Additional information required (Immediate safety issues addressed and interim safeguarding plan developed**)** ☐
3. Reasonable grounds for concern exist:

- Immediate safety issues addressed ☐
- Interim safeguarding plan developed ☐
- Incident Management System Notified e.g: NIMS ☐

B: Any Actions undertaken:

1. Medical assessment	**Yes** ☐	**No** ☐	**N/A** ☐
2. Medical treatment	**Yes** ☐	**No** ☐	**N/A** ☐
3. Referred to TUSLA	**Yes** ☐	**No** ☐	**N/A** ☐
4. Gardai notified	**Yes** ☐	**No** ☐	**N/A** ☐

An Garda Síochána should be notified if the complaint / concern could be criminal in nature or if the inquiry could interfere with the statutory responsibilities of An Garda Síochána.

C: Other relevant details including any immediate risks identified:

(Attach any interim safeguarding plan on appendix 1 template as required)

D: If the preliminary screening has taken longer than three working days to submit please give reasons. :

Name of Designated Officer/ Service Manager:

Signature :

Date sent to Safeguarding and Protection Team:

Preliminary Screening for [Name of Vulnerable Person**]**

Preliminary Screening Review Sheet from the Safeguarding and Protection Team (PSF3)

Name of Vulnerable person:
Safeguarding Concern ID number generated:

Date Received by SPT: **Date reviewed by SPT:**

Name of Social Work Team Member reviewing form:

Preliminary Screening agreed by Safeguarding and Protection Team

Yes ☐ **No** ☐

If not in agreement with outcome at this point outline of reasons:

Commentary on areas in form needing clarity or further information:

Any other relevant feedback including any follow up actions requested:

Name: **Signature:**

Date review form returned to Designated Officer/ Service Manager:

Preliminary Screening for [Name of Vulnerable Person**]**

Preliminary Screening Review Update Sheet from Designated Officer/ Service Manager (PSF4):

(Only for completion if requested by Safeguarding and Protection Team)

Name of Vulnerable person:

Unique Safeguarding ID: **Date returned to SPT:**

Name of Designated Officer/Service Manager:
Signature:

Reply with details on any clarifications, additional information or follow up actions requested:

Date received by SPT: **Date reviewed by SPT:**

Preliminary Screening agreed by Safeguarding and Protection Team

Yes ☐ **No** ☐

Name of SPT Team Member reviewing form:

Signature:

If not in agreement with outcome at this point give outline of reasons and planned process to address outstanding issues in preliminary screening:

Appendix 1 **Interim Safeguarding Plan for [**Name of Vulnerable Person**]**

***Interim Safeguarding Plan. Please include follow up actions and any safety and supports measures for the Vulnerable Person:**

What are you trying to achieve	What specific follow up or safeguarding actions are you taking to achieve this	Who is going to do this	When will this be completed	Review date for actions	Review Status/Update

Please note that Interim Safeguarding Plan if appropriate can become formal Safeguarding Plan

Name of Designated Officer/ Service Manager: Date of Interim safeguarding plan: