National Safeguarding Office
Annual Report 2021

HSE National Safeguarding Office

Annual Report 2021

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Foreword

1.0 Foreword

It has been another busy year for the HSE's Safeguarding and Protection Teams (SPTs), and for the National Safeguarding Office (NSO). Safeguarding referrals have recovered in number from the decline seen during the COVID 19 pandemic. The HSE National Service Plan 2022 recognises that further investment is needed in safeguarding and it will be critical that this is within the context of the development of Community Health Networks (CHNs) and Regional Health Areas (RHAs).

More broadly, there is a requirement for safeguarding to be understood as a societal rather than solely a health and social care obligation. The HSE are of course committed to the operation of our 2014 safeguarding policy across the services we provide and fund, however, citizens need effective safeguarding operations to be in place in all sectors and services. The HSE believe the recent Safeguarding Ireland report Identifying Risk, Sharing Responsibilities to be seminal in that it sets out the fundamental requirements for a comprehensive approach to safeguarding adults at risk of abuse in the state. These requirements include an all-sector approach to safeguarding overseen by an independent safeguarding authority, underpinned by adult safeguarding legislation. The HSE believe that fit-for-purpose integrated safeguarding operations are dependent on these matters being progressed. In the interim, in the absence of a safeguarding authority or legislation, the HSE will work to build safeguarding operations into the future health service by considering safeguarding within the CHN and RHA design phase.

Over the past year, despite on-going challenges, a number of important developments have been in train. The new safeguarding education platform is in place and being well received, and the procurement of a safeguarding case management system is at a late stage. In 2021 and 2022 new posts have been invested in by the HSE for safeguarding operations. Notwithstanding the accepted need for further investment – specifically linked to CHN populations, these posts have provided additional capacity. Even with this extra capacity it is clear that our social workers are dealing with more complex cases, more often. I would therefore like to conclude by offering my particular thanks to our social workers and staff in SPTs and the NSO for their work. I would also like to the acknowledge the work of all HSE staff and the staff of funded agencies for the critical role they play in recognising, responding to and reporting safeguarding concerns.

Yvonne O Neill
National Director Community Operations

Introduction

2.0 Introduction

2021 has been another exceptional year with continued disruption to services along with further waves of COVID-19 outbreaks and the unprecedented impact of the cyber-attack in May. The cyber-attack had a very serious impact on service delivery with safeguarding teams reverting to manual workaround and the use of the share file system resulting in ongoing delays and disruptions.

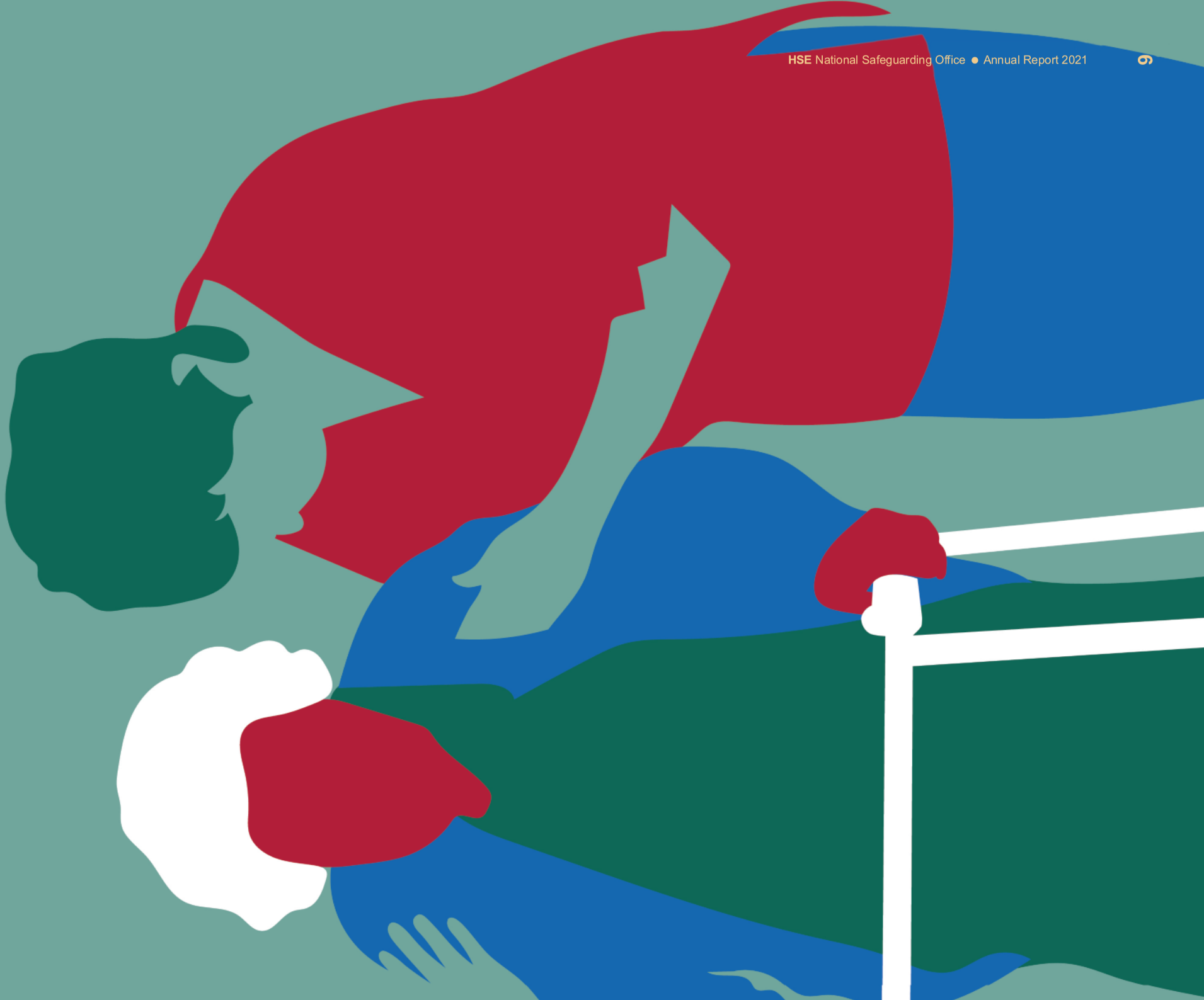
This Report gives an account of safeguarding activity in 2021. The Report sets out the data returns and has commentary on emerging trends, challenges and opportunities concerning adult safeguarding during another challenging year. There is also a section in this year's report that reflects the experience and perspective of some designated officers.

The current adult safeguarding policy Safeguarding Vulnerable Persons at Risk of Abuse – Policy and Procedures (HSE, 2014) (the Safeguarding Policy) and the programme of adult safeguarding services are all part of a range of measures to support the welfare and safety of adults at risk of abuse. The HSE continues to engage with stakeholders with a view to the transition to a revised safeguarding policy following the publication of a health sector-wide policy by the Department of Health. The engagement and planning required are complex and must be undertaken concurrently to align with the overall programme of health service reform in the context of the establishment of Community Healthcare Networks and wider Sláintecare implementation. The HSE looks forward to the publication of the Law Reform Commission Report on the future regulation of adult safeguarding services as well as the full commencement of the Assisted Decision Making (Capacity) Act (2015).

Capacity building initiatives have seen additional investment for new posts in both safeguarding and protection teams (SPT) and the National Safeguarding Office (NSO), which is a welcome development to enhance service delivery. There remains a significant requirement for primary legislation in the area of adult safeguarding to support and enhance the HSE's ability to safeguard.

In addition to legislation and policy development, there also remains a need for further investment to support the expansion of the coverage and scope of the adult safeguarding policy. Ongoing Sláintecare reforms and future implementation of the HSE Patient Safety Strategy 2019-2024 (HSE, 2019)

along with improved health service structures should lead to improved service delivery models for all users of health and personal services. The publication of the Independent Review on the Management of Brandon serves as a reminder of the importance of addressing models of practice with a human rights-based approach. A key role of the NSO is focused on engaging with stakeholders on service improvement initiatives and in doing incorporates recommendations from such reports. The recruitment of a Business Manager and additional Principal Social Worker post for the NSO is intended to further enhance the scope of work of the office. In addition, the appointment of Heads of Quality Safety and Service Improvement in Community Health Areas with operational responsibility for SPTs is a positive move to advance the integrated and strategic development of safeguarding within a wider service user/ patient safety focus.



The HSE National Safeguarding Office

3.0 The HSE National Safeguarding Office

The NSO, as part of the HSE Quality and Patient Safety Community Healthcare is committed to service reforms that advance person-centered care, promote integrated care programmes and encourage choice and autonomy of service users. The office coordinates and leads the implementation of the safeguarding policy in the HSE disability and older person services. The NSO has key functions in areas such as training, public awareness, strategic planning, safeguarding, data collection and establishment and support for national and regional safeguarding committees.

3.1 The Objectives of the National Safeguarding Office

- Support the consistent implementation of the safeguarding policy 2014.
- Plan for the implementation of a revised adult safeguarding policy.

3.2 Core Functions of the National Safeguarding Office

- Implement HSE service plan objectives in relation to adult safeguarding;
- Collect and collate data in relation to notifications and referrals to SPTs of alleged abuse and neglect of adults at risk of abuse;
- Contribute to public awareness campaigns relating to adult safeguarding World Elder Abuse Awareness Day and Adult Safeguarding Day;
- Develop practice guidance and tailored resources for all stakeholders;
- Develop, update and coordinate safeguarding learning and development programmes;
- Publish an annual report which is inclusive of data and trends on safeguarding concerns of vulnerable persons;
- Commission research to establish best practices in promoting the welfare and protection of vulnerable persons from abuse;
- Act as a resource of information for HSE staff, HSE funded agencies and other relevant organisations on adult safeguarding matters;
- Contribute to the development of performance measures and reporting obligations of the HSE;
- Promote the development of regional Safeguarding Committees in all Community Health Organisations (CHO),
- Contribute to and support the work of Safeguarding Ireland as the national inter-sectoral committee;
- Facilitate and coordinate the interagency reference group with representatives from the disability umbrella organisations.

3.3 Key Strategic Issues for the National Safeguarding Office

- Continue development and implementation of HSE adult safeguarding training;
- Develop resource and guidance materials to underpin a revised and expanded HSE adult safeguarding policy;
- Respond to emerging developments in adult safeguarding;
- Enhance safeguarding systems and processes by advancing the procurement of an ICT system for adult safeguarding notifications, referrals, case management and data collection and analysis;
- Support the HSE in the implementation plans for service improvements regarding adults at risk of abuse following reports and inquiries;
- Promote safer and more responsive services that enhance the human rights of service users and in general promote a human rights agenda for adults in line with the UN Convention on the Rights of Persons with Disabilities (2006) and the Assisted Decision Making (Capacity) Act (2015);
- Improve interagency collaboration and coordination of responses around adult safeguarding;
- Communicate with all stakeholders via newsletters and media messages;
- Devise service development plans in line with Sláintecare reforms (Houses of Oireachtas, 2017), Department of Health future policy on adult safeguarding and the National Standards on Adult Safeguarding (HIQA and MHC, 2019).

3.4 Adult Safeguarding in 2021

Some of the work areas in 2021 of the National Safeguarding Office included:

- Advancing the adult safeguarding ICT procurement process. By year end this project had progressed to the product evaluation stage, with companies having been shortlisted after passing stage 1,
- Consolidating the delivery of the safeguarding adults at risk of abuse eLearning programme (and associated explainer video) with HSeLanD which went live in September 2020,
- Continuing the delivery of safeguarding designated officer training using a blended learning approach,
- Developing an education and training plan to support the implementation of a revised adult safeguarding policy,
- Undertaking a programme of events and activities to promote World Elder Abuse Awareness Day

based on the theme “No excuse for Elder Abuse”,

- Supporting Safeguarding Ireland in the promotion of the inaugural Adult Safeguarding Day,
- Advising CHOs and SPTs on policy and practice matters relating to adult safeguarding,
- Supporting the piloting of Tool for Risk Intervention and Outcomes (TRIO) an evidenced-based adult safeguarding assessment tool across three community health care organisations,
- Supporting the investment of additional staff for safeguarding teams,
- Facilitating grant funding to Safeguarding Ireland to support their work and actively engage with their programme of public awareness campaigns,
- Membership of the policy advisory group for the HSE National Consent Policy,
- Membership of the HSE wardship group to develop guidance for staff,
- Membership of the Assisted Decision Making Implementation Groups,
- Engaging with the Garda National Protective Services Bureau on developing a joint Garda Síochána/ HSE data sharing protocol,
- Ongoing engagement with the Department of Health on the work of the NSO,
- Assisting preparations for the internal HSE Health Audit team to undertake safeguarding internal audits across 6 HSE community nursing units in early 2022,
- Co-chairing an interagency group to address data sharing in the context of safeguarding risk information within the nursing home sector,
- Completing submissions to the HSE estimates process to develop new resource posts in the National Safeguarding Office and commencing the recruitment of a Business Manager and additional Principal Social Worker post for the NSO and
- Reponding to FOI, PQ and media queries regarding adult safeguarding on behalf of the HSE.

The COVID-19 pandemic has had an ongoing impact on the work programme of the NSO especially in areas such as classroom-based education and learning events. Furthermore, the NSO continued to support the COVID-19 response and our Senior Research and Information Officer was redeployed for 8 months to work as a Business Manager in an Area Vaccination Centre.

Despite the significant challenges of the cyber-attack the SPTs and designated officers within services maintained a full safeguarding response and showed incredible commitment, resilience and adaptability.

The allocation of additional social work positions and the introduction of business manager support will enhance the capacity of the SPTs.

Data on Safeguarding Concerns

4.0 Data on Safeguarding Concerns

A key role of the NSO is the collation of data on concerns of abuse raised with designated officers and reported to the SPTs. Community concerns are referred directly to the SPT and they act as designated officers in these cases. In accordance with the safeguarding policy, each concern of abuse that is raised has a preliminary screening undertaken. This determines the outcome of the preliminary screening and the next steps to ensure the immediate and ongoing safety of the adult at risk.

Designated officers are tasked with undertaking the preliminary screenings and data is recorded on standardised forms. Each service has a requirement to have designated officers that work with the SPT in reaching an agreed outcome and putting the necessary safeguarding measures in place.

At present all concerns are assigned a unique identifier and logged on an Excel database within each CHO. This is then collated into national data for reporting purposes both within performance and annual reports.

4.1 Safeguarding Data

The total number of safeguarding concerns reported to the SPTs in 2021 was 11,640 – averaging just under 3,000 concerns per quarter. Table 1 illustrates the breakdown by CHO from 2016 to 2021. As documented in the 2020 safeguarding annual report, year end data was incomplete as there was a backlog in CHO7. This has now been updated and table 1 reflects the revised position. In 2020 there was a further 358 concerns logged for CHO7 which resulted in a shift upwards in the national year-end position from 10,216 to 10,574.

2021 shows a 10% increase on the revised 2020 figures. CHO7 showed the highest number of concerns reported at 2,137. This represents 18% of all safeguarding referrals in a CHO that has 15% of the adult population.

Table 1: Profile of safeguarding concerns by CHO 2016 – 2021

CHO	2016	2017	2018	2019	2020	2021	Grand Total
1	711	768	878	879	828	791	**4,855**
2	687	704	755	649	646	665	**4,106**
3	635	927	1,110	886	697	865	**5,120**
4	1,060	1,189	1,628	1,730	1,342	1,583	**8,532**
5	1,310	1,567	1,476	1,493	1,398	1,435	**8,679**
6	478	850	916	1,001	955	1,081	**5,281**
7	1,018	1,772	2,575	1,976	1,760*	2,137	**11,238**
8	1,158	1,454	1,507	1,338	1,547	1,627	**8,631**
9	976	1049	935	1,263	1,401	1,456	**7,080**
Total	**8,033**	**10,280**	**11,780**	**11,215**	**10,574**	**11,640**	**63,522**

*adjusted for revised figures in CHO7 in 2020

4.1.1 Safeguarding Concerns by Age and Gender

The HSE, voluntary and community service provision varies across community healthcare organisations. These, together with population differences impact on the number of concerns raised in any particular area. In the following section reporting rates per 1,000 of population will be presented to facilitate comparisons across areas.

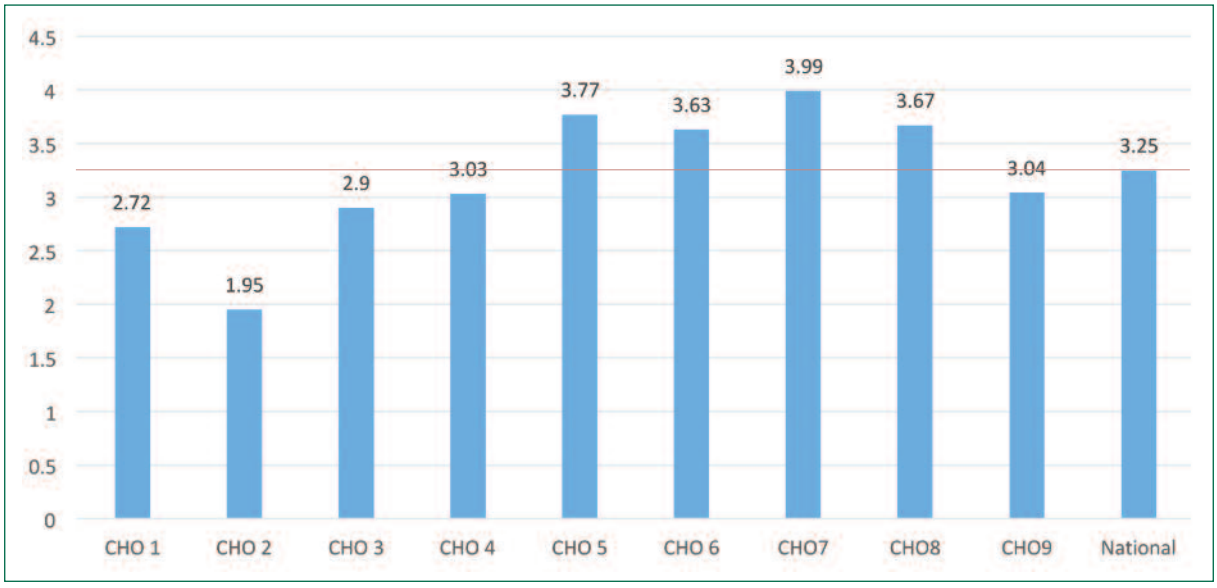
Of the 11,640 safeguarding concerns, 7,835 related to adults 18-64 and 3,671 related to adults 65+ (1,320 of which are over 80+ years).

In 2021 the total number of concerns raised for all adults per CHO ranged from 1.95/1,000 population in CHO2 to 3.99/1,000 population in CHO7. The national average of 3.25/1,000 population is exceeded in four CHOs (CHO5, 6, 7, 8).

Table 2: Reporting rate per 1,000 of adult population: all adults by CHO 2021

	Males 18 Years+			Females 18 Years+			Total 18 Years+		
CHO	Pop.	Concern	Rate/ 1000 Pop.	Pop.	Concern	Rate/ 1000 Pop.	Pop.	Concern	Rate/ 1000 Pop.
1	143,416	412	2.87	147,289	379	2.57	290,705	791	2.72
2	167,995	310	1.85	173,234	354	2.04	341,229	664	1.95
3	141,996	401	2.82	145,439	458	3.15	287,435	859	2.99
4	255,667	806	3.15	266,216	777	2.92	521,883	1,583	3.03
5	186,605	665	3.56	193,439	769	3.98	380,044	1,434	3.77
6	141,841	474	3.34	155,848	607	3.89	297,689	1,081	3.63
7	259,417	963	3.71	274,204	1,167	4.26	533,621	2,130	3.99
8	218,781	893	4.08	225,075	734	3.26	443,856	1,627	3.67
9	229,925	658	2.86	244,976	787	3.21	474,901	1,445	3.04
Total	**1,745,643**	**5,582**	**3.20**	**1,825,720**	**6,032**	**3.30**	**3,571,363**	**11,614**	**3.25**

Fig 1: Reporting rate per 1,000 of adult population: all adults by CHO 2021

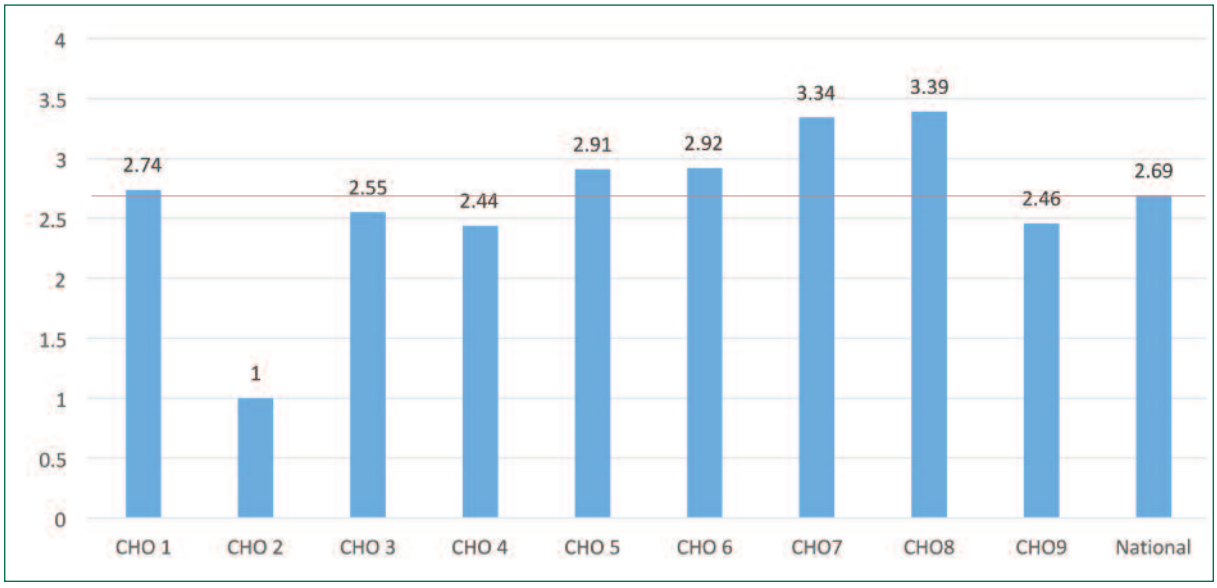


In the 18-64 age category the national average of 2.69/1,000 population was exceeded in CHO 5, 6, 7, 8. The rate of reporting in CHO2 1.00/1000 of population is considerably lower than in all other areas.

Table 3: Reporting rate per 1,000 of adult population: 18-64 years by CHO 2021

	Males 18-64 Years			Females 18-64 Years			Total 18-64 Years		
CHO	Pop.	Concern	Rate/ 1000 Pop.	Pop.	Concern	Rate/ 1000 Pop.	Pop.	Concern	Rate/ 1000 Pop.
1	114,414	338	2.95	116,228	294	2.53	230,642	632	2.74
2	135,208	133	0.98	137,463	140	1.02	272,671	273	1.00
3	115,927	295	2.54	115,899	295	2.55	231,826	590	2.55
4	209,629	573	2.73	213,377	460	2.16	423,006	1,033	2.44
5	151,195	463	3.06	154,258	427	2.77	305,453	890	2.91
6	116,807	340	2.91	124,324	364	2.93	241,131	704	2.92
7	223,779	686	3.07	232,397	836	3.60	456,176	1,522	3.34
8	183,632	706	3.84	185,966	546	2.94	369,598	1,252	3.39
9	198,215	517	2.61	205,078	476	2.32	403,293	993	2.46
Total	**1,448,806**	**4,051**	**2.80**	**1,484,990**	**3,838**	**2.58**	**2,933,796**	**7,889**	**2.69**

Fig 2: Reporting rate per 1,000 of adult population: 18-64 years by CHO 2021

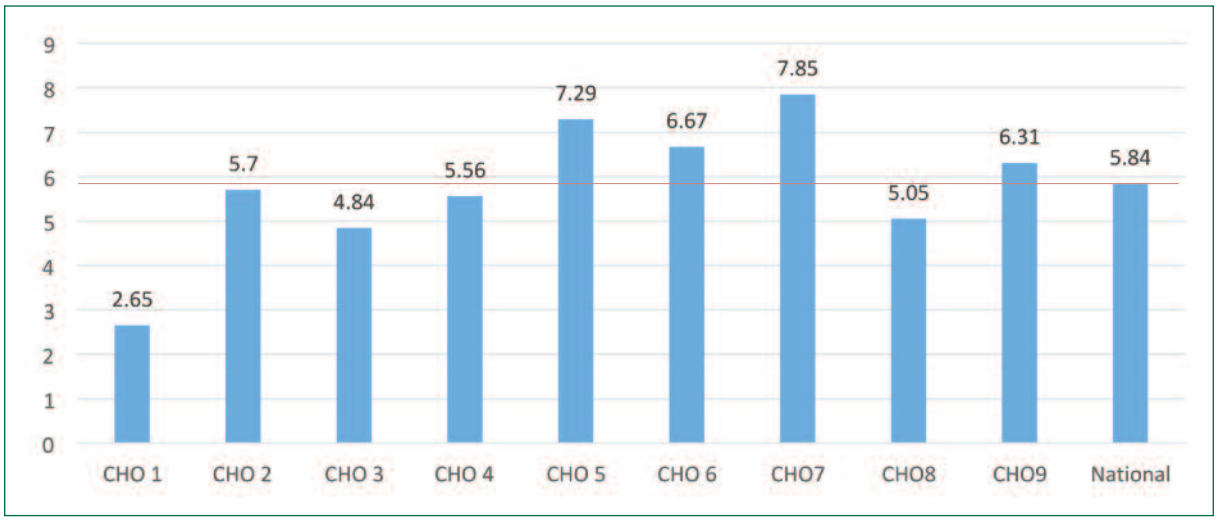


The national reporting rate for adults over 65 years in 2021 was 5.84/1,000 population. This rate was exceeded in CHO 5, 6, 7 and 9.

Table 4: Reporting rate per 1,000 of adult population: 65+ years by CHO 2021

	Males 65+ Years			Females 65+ Years			Total 65+ Years		
CHO	Pop.	Concern	Rate/ 1000 Pop.	Pop.	Concern	Rate/ 1000 Pop.	Pop.	Concern	Rate/ 1000 Pop.
1	29,002	74	2.55	31,061	85	2.74	60,063	159	2.65
2	32,787	177	5.40	35,771	214	5.98	68,558	391	5.70
3	26,069	106	4.07	29,540	163	5.52	55,609	269	4.84
4	46,038	233	5.06	52,839	317	6.00	98,877	550	5.56
5	35,410	202	5.70	39,181	342	8.73	74,591	544	7.29
6	25,034	134	5.35	31,524	243	7.71	56,558	377	6.67
7	35,638	277	7.77	41,807	331	7.92	77,445	608	7.85
8	35,149	187	5.32	39,109	188	4.81	74,258	375	5.05
9	31,710	141	4.45	39,898	311	7.79	71,608	452	6.31
Total	**296,837**	**1,531**	**5.16**	**340,730**	**2,194**	**6.44**	**637,567**	**3,725**	**5.84**

Fig 3: Reporting rate per 1,000 of adult population: 65+ years by CHO 2021

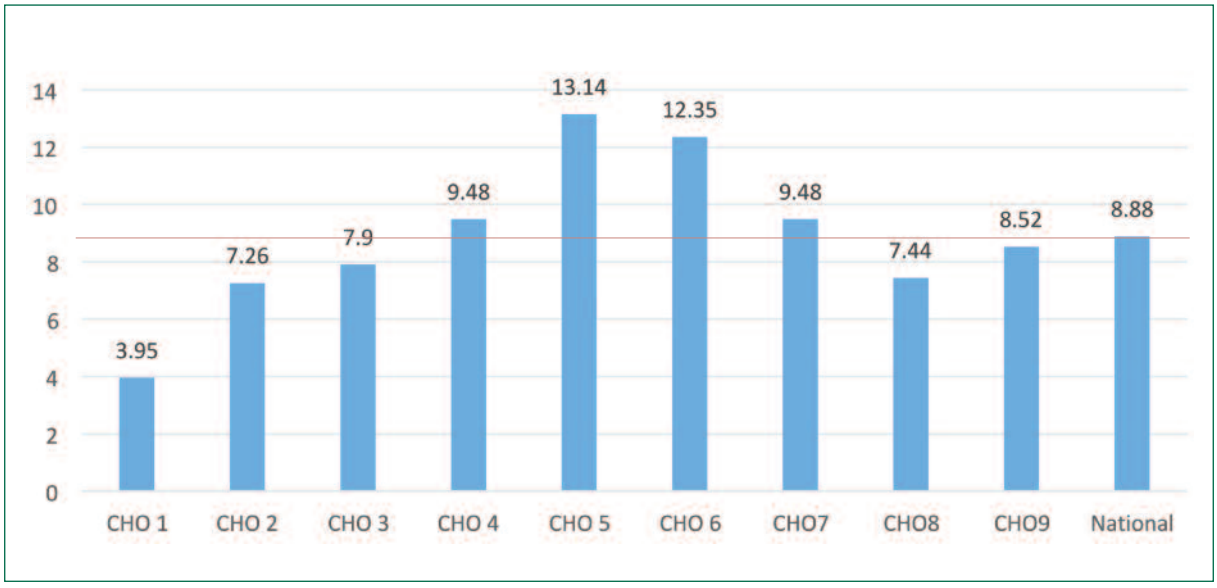


The national reporting rate for adults over 80 years was 8.88/1000 population. Specifically, in 2021 CHO5 and 6 had the highest rate of reporting in relation to adults over 80 years with 13.14 and 12.35/1,000 population respectively. In CHO5 (n=223) concerns originated from PHNs (28%) and voluntary agencies (26%). In CHO6 (n=177) private nursing homes 28%, voluntary agencies 17%, PHNs 17% and hospitals 11% were the main referring source. CHO1 has the lowest rate of reporting at 3.95/1000 population.

Table 5: Reporting rate per 1,000 of adult population: 80+ years by CHO 2021

	Males 80+ Years			Females 80+ Years			Total 80+ Years		
CHO	Pop.	Concern	Rate/ 1000 Pop.	Pop.	Concern	Rate/ 1000 Pop.	Pop.	Concern	Rate/ 1000 Pop.
1	5870	25	4.26	8543	32	3.75	14413	57	3.95
2	6756	46	6.81	10045	76	7.57	16801	122	7.26
3	4961	38	7.66	7570	61	8.06	12531	99	7.90
4	8929	80	8.96	14061	138	9.81	22990	218	9.48
5	6892	74	10.74	10074	149	14.79	16966	223	13.14
6	5399	52	9.63	8938	125	13.99	14337	177	12.35
7	6433	46	7.15	10335	113	10.93	16768	159	9.48
8	6635	50	7.54	9892	73	7.38	16527	123	7.44
9	6383	38	5.95	10876	109	10.02	17259	147	8.52
Total	**58258**	**449**	**7.71**	**90334**	**871**	**9.64**	**148592**	**1320**	**8.88**

Fig 4: Reporting rate per 1,000 of adult population: 80+ years by CHO 2021



4.1.2 Community/Service Classification

Concerns arise within a community or service setting and are managed along that pathway.

Service related concerns for those 18-64 years which had dipped in 2020 have now increased in 2021. Service related concerns for those over 65 years have shown a sharp increase in 2021 going from 1,163 in 2020 to 1,663 in 2021. This represents those in disability services that are over 65 years and those in receipt of older person's services. Analysis by CHO indicates that in 7 out of 9 CHOs the majority of service concerns for over 65 years come from the disability sector (see fig 6).

Fig 5: Profile of safeguarding concerns by setting and age

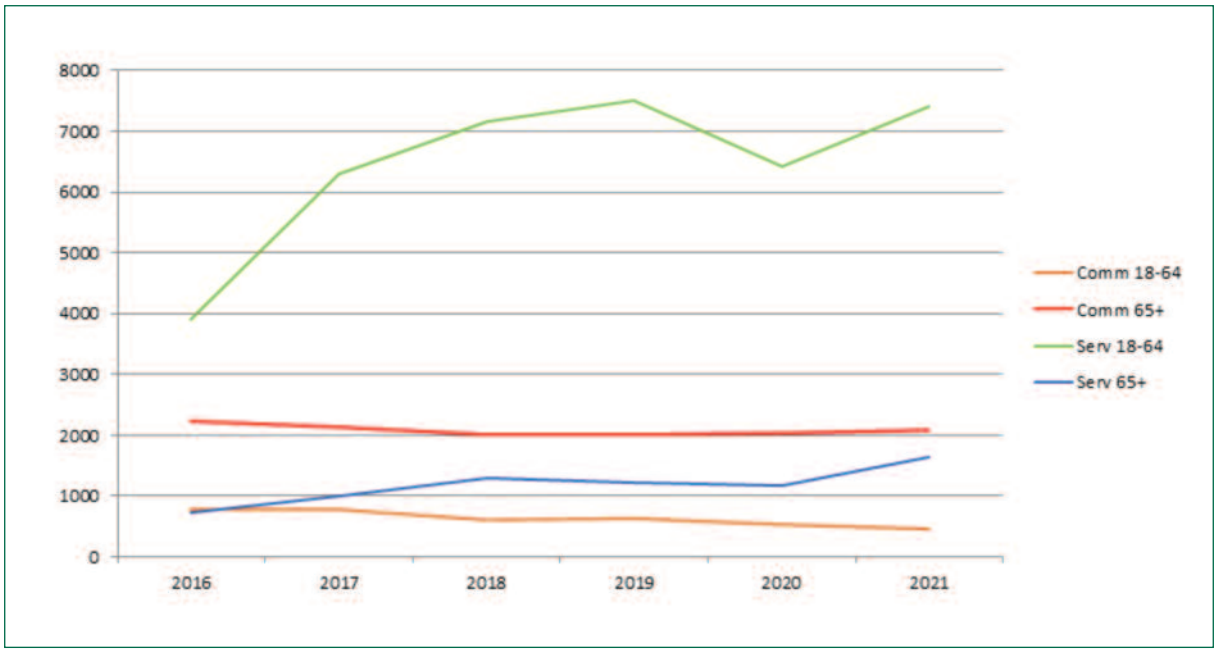
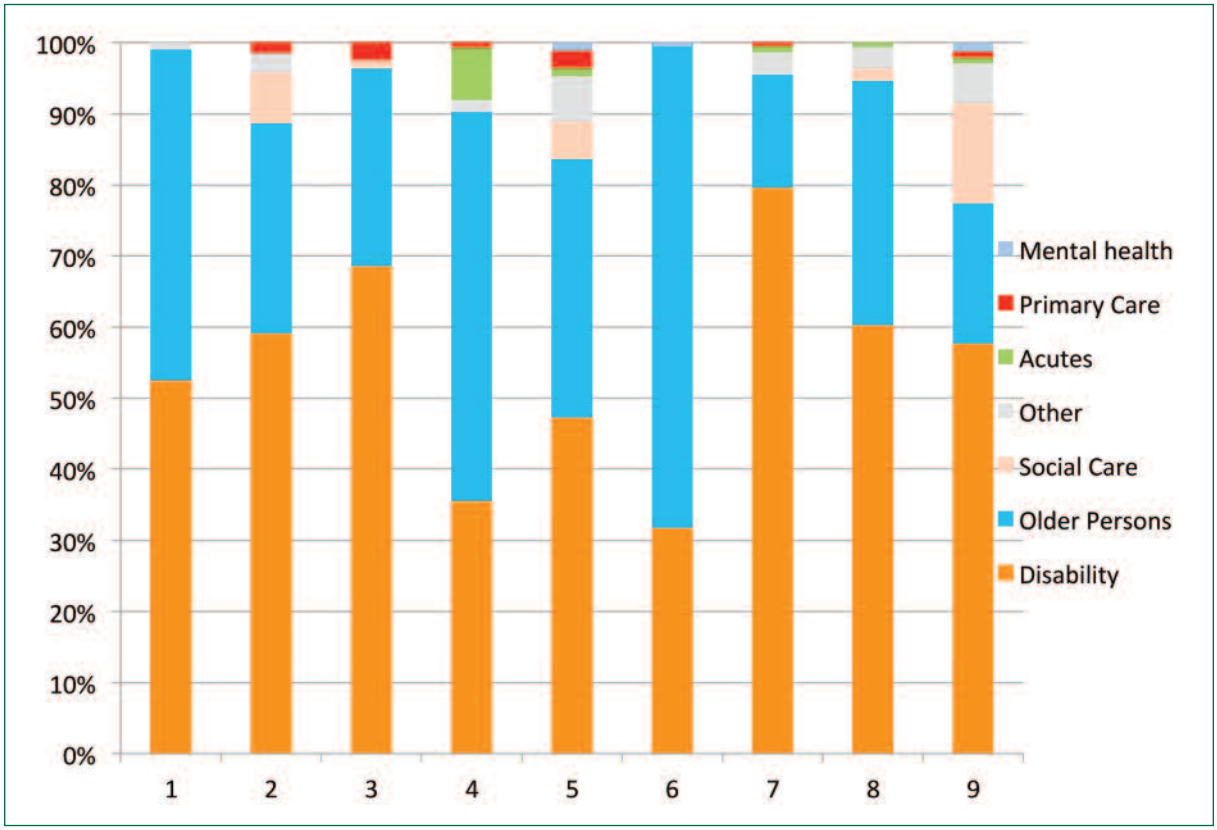


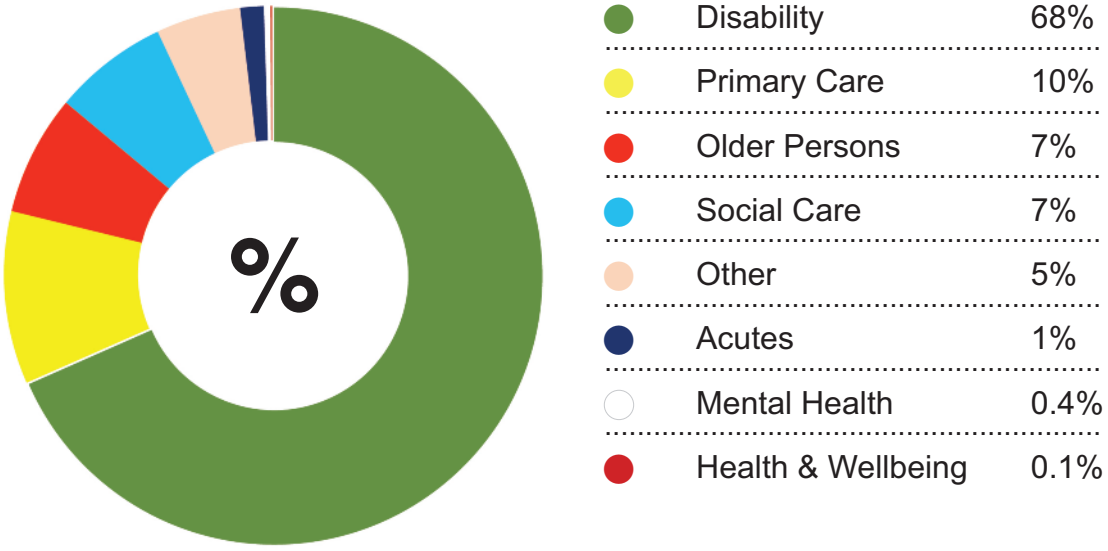
Fig 6: Profile by CHO of service concerns for adults 65+



4.1.3 Concerns by Referring Care Group and Referral Source

Social Care services are now under two separate operational remits – older persons and disability services. The SPT deal with concerns coming from both in addition to a smaller percentage from the other care divisions. In 2021 the former Social Care Division encompassed referrals classified as disabilities 68%, older persons 7% and other social care 7%. The combined total is used in table 6 to faciliatate comparisons with previous years. Primary care represented the highest other care division (n=1,192) and it is important to note that this relates to referrals in the community from PHNs/Primary Community and Continuing Care Staff. 85% of primary care referrals relate to adults over 65 years.

Fig 7: Concerns by referring care group 2021



Comparative figures over the past 6 years illustrate the declining referral rate over time from Primary Care from a 21% in 2016 to 10% in 2021. “Other” comprises of mainly for community referrals from family, neighbours and friends.

Table 6: Concerns by referring care group 2016-2021

Care Group	2016	2017	2018	2019	2020	2021
Social Care	74.24%	76.06%	81.14%	81.12%	78.49%	82.60%
Primary Care	21.37%	19.83%	14.73%	14.40%	15.91%	10.40%
Others	0%	0.04%	0.06%	2.23%	4.35%	5.10%
Acute Hospitals	2.69%	3.36%	3.47%	1.70%	1.06%	1.40%
Mental Health	1.31%	0.67%	0.54%	0.43%	0.08%	0.40%
Health & Wellbeing	0.38%	0.04%	0.05%	0.09%	0.01%	0.10%
Tusla	0.01%	0.01%	0.01%	0.03%	0.01%	0%

In terms of the referral source, in 2021 69% of concerns were referred from a voluntary agency. Staff in public health, primary and continuing care and hospitals were the other main referring sources.

Fig 8: Referral source 2021

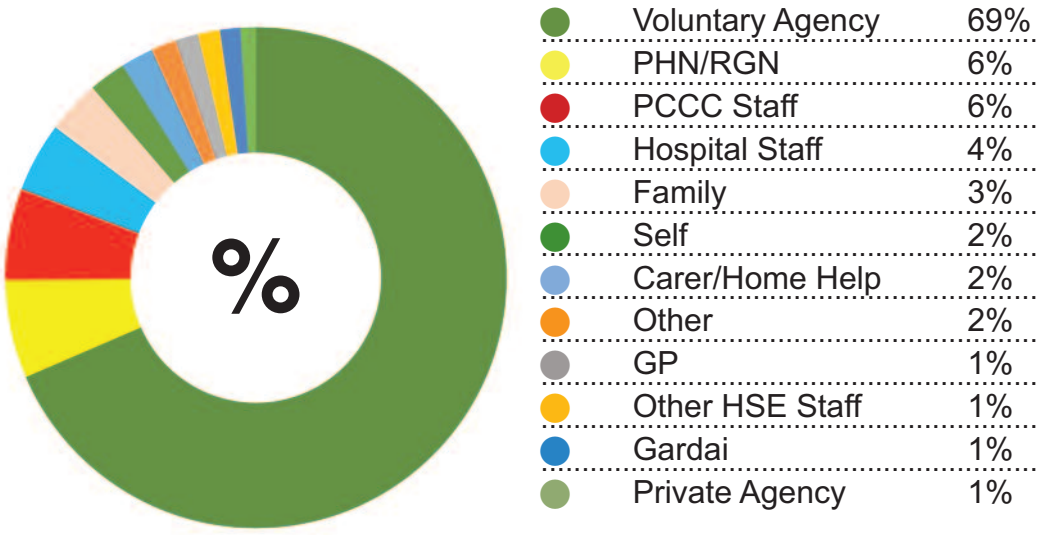


Table 7 shows that the referring rates from voluntary agencies have increased from 38% in 2016 to 69% of concerns in 2021. In contrast there has been a significant decrease in referrals from the public health service. On average between 2016 and 2017 there were 1,710 referrals made this contrasts with 592 in 2021.

Table 7: Referral source 2016-2021

Care Group	2016	2017	2018	2019	2020	2021
Voluntary Agency	38%	42%	49%	63%	65%	69%
PHN/RGN	26%	20%	23%	8%	8%	6%
PCCC Staff	11%	8%	9%	8%	7%	6%
Hospital Staff	6%	6%	6%	8%	4%	4%
Family	4%	3%	3%	2%	3%	3%
Self	2%	3%	2%	1%	2%	2%
Carer/Home Help	3%	2%	2%	2%	2%	2%
GP	2%	2%	1%	2%	2%	1%
Other HSE Staff	0%	0%	0%	3%	2%	1%
Gardai	2%	1%	1%	1%	2%	1%
Private Agency	0%	0%	0%	0%	1%	1%
Other	0%	0%	4%	3%	3%	2%

4.1.4 Profile of Person Allegedly Causing Concern by Age Category

For those under 65 years two out of every three concerns reported document “other service users” being the person allegedly causing concern. In contrast in the over 65-year age category almost half of concerns relate to immediate family members (spouse/partner/son/daughter) allegedly posing a risk. Overall in 17% of cases a staff member was the person allegedly causing concern.

Table 8: Person allegedly causing concern by age of adult at risk of abuse 2021

Person Allegedly Causing Concern	18-64		65+		Total	
	No.	%	No.	%	No.	%
Service User/Peer	4706	66%	786	26%	5492	54%
Immediate Family member	800	11%	1398	46%	2198	22%
Staff	1224	17%	477	16%	1701	17%
Neighbour/Friend	124	2%	153	5%	277	3%
Other Relative	103	1%	156	5%	259	3%
Stranger	165	2%	45	1%	210	2%
TOTAL	**7122**	**100%**	**3015**	**100%**	**10137**	**100%**

4.2 Profile of Abuse Type Alleged

In 2021 there were 13,791 abuse types alleged in relation to the 11,640 concerned reported. Psychological and physical abuse remain the main types of abuse reported. Almost half of the concerns reported for those 18-64 years had a psychological component. Concerns of alleged physical abuse decrease with age but remain significant across all age categories.

In both the 65-79 year age category and in the 80+ there are an increasing levels of financial abuse and neglect reported.

Table 9: Abuse Types (all cases) by age of adult at risk of abuse 2021

Abuse Types Alleged	18-64 Years		65-79 Years		80+ Years		Total	
	No.	%	No.	%	No.	%	No.	%
Physical	3058	34%	696	24%	343	17%	4097	30%
Sexual	434	5%	52	2%	58	3%	544	4%
Psychological	4105	46%	1166	41%	592	30%	5863	43%
Financial	497	6%	454	16%	348	18%	1299	9%
Neglect	574	6%	316	11%	279	14%	1169	8%
Discriminatory	15	0%	2	0%	7	0%	24	0%
Institutional	165	2%	36	1%	19	1%	220	2%
Self-Neglect	111	1%	148	5%	316	16%	575	4%
Total	**8959**	**100%**	**2870**	**100%**	**1962**	**100%**	**13791**	**100%**

Fig 9: Abuse Types (all cases) by age of adult at risk of abuse 2021

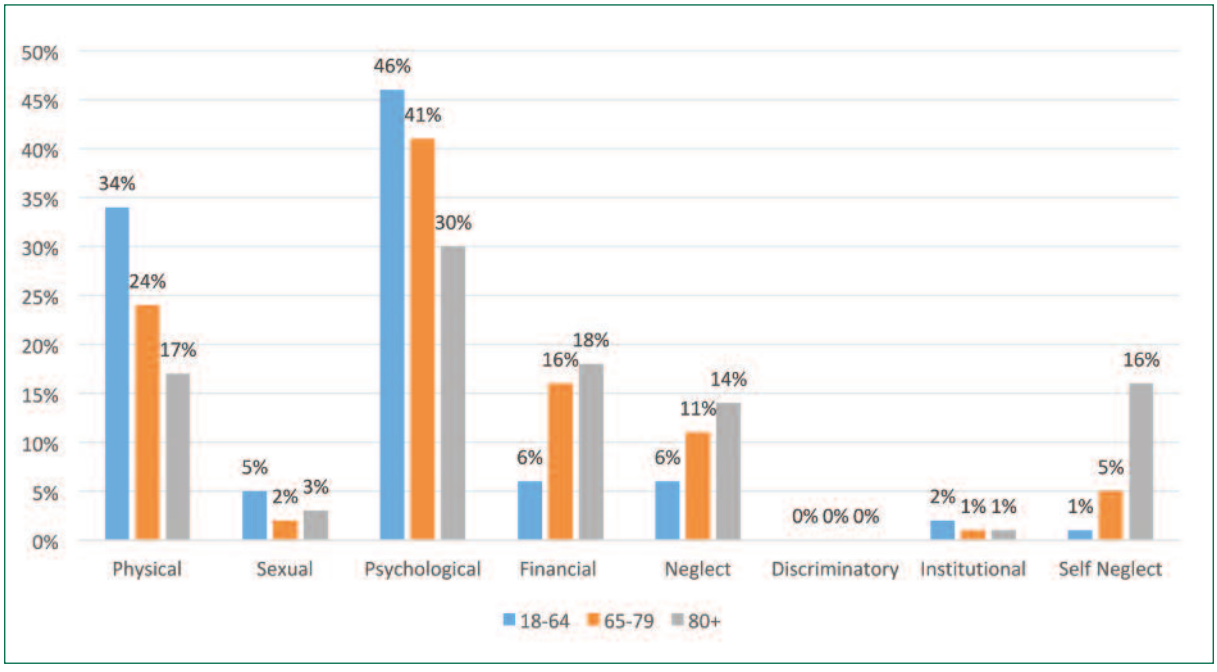
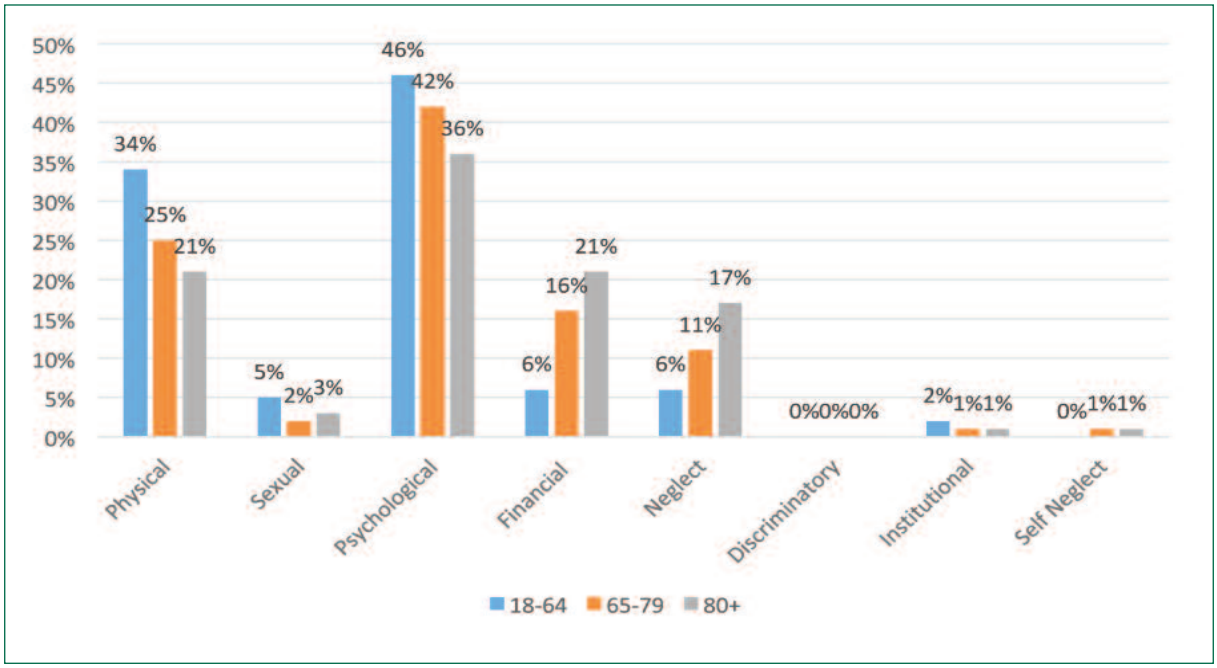


Table 10: Abuse types (with person allegedly causing concern) by age of adult at risk of abuse 2021

Abuse Types Alleged	18-64 Years		65-79 Years		80+ Years		Total	
	No.	%	No.	%	No.	%	No.	%
Physical	3058	34%	696	25%	343	21%	4097	31%
Sexual	434	5%	52	2%	58	3%	544	4%
Psychological	4105	46%	1166	42%	592	36%	5863	44%
Financial	497	6%	454	16%	348	21%	1299	10%
Neglect	574	6%	316	11%	279	17%	1169	9%
Discriminatory	15	0%	2	0%	7	0%	24	0%
Institutional	165	2%	36	1%	19	1%	220	2%
Self-Neglect	39	0%	40	1%	15	1%	94	1%
Total	**8887**	**100%**	**2762**	**100%**	**1661**	**100%**	**13310**	**100%**

Fig 10: Abuse types by age of adult at risk, with a person allegedly causing concern 2021



In 13% of cases there are more than one abuse type alleged. As outlined in table 11 regardless of age, psychological abuse is the most likely to be associated with another abuse type, most commonly physical.

Table 11: Concerns with two abuse types by age of adult at risk of abuse 2021

Abuse Types Alleged	18-64 Years		65-79 Years		80+ Years		Total	
	No.	%	No.	%	No.	%	No.	%
Psychological/Physical	432	61%	167	44%	90	32%	689	50%
Psychological/Financial	73	10%	102	27%	85	30%	260	19%
Psychological/Neglect	85	12%	66	17%	61	22%	212	16%
Psychological/Sexual	66	9%	3	1%	8	3%	77	6%
Financial/Neglect	14	2%	24	6%	28	10%	66	5%
Physical/Financial	34	5%	16	4%	11	4%	61	4%
Total	**704**	**100%**	**378**	**100%**	**283**	**100%**	**1365**	**100%**

4.3 Outcome of Safeguarding Preliminary Screening

Where a preliminary screening assessment is concluded or an outcome is determined, the outcomes are:

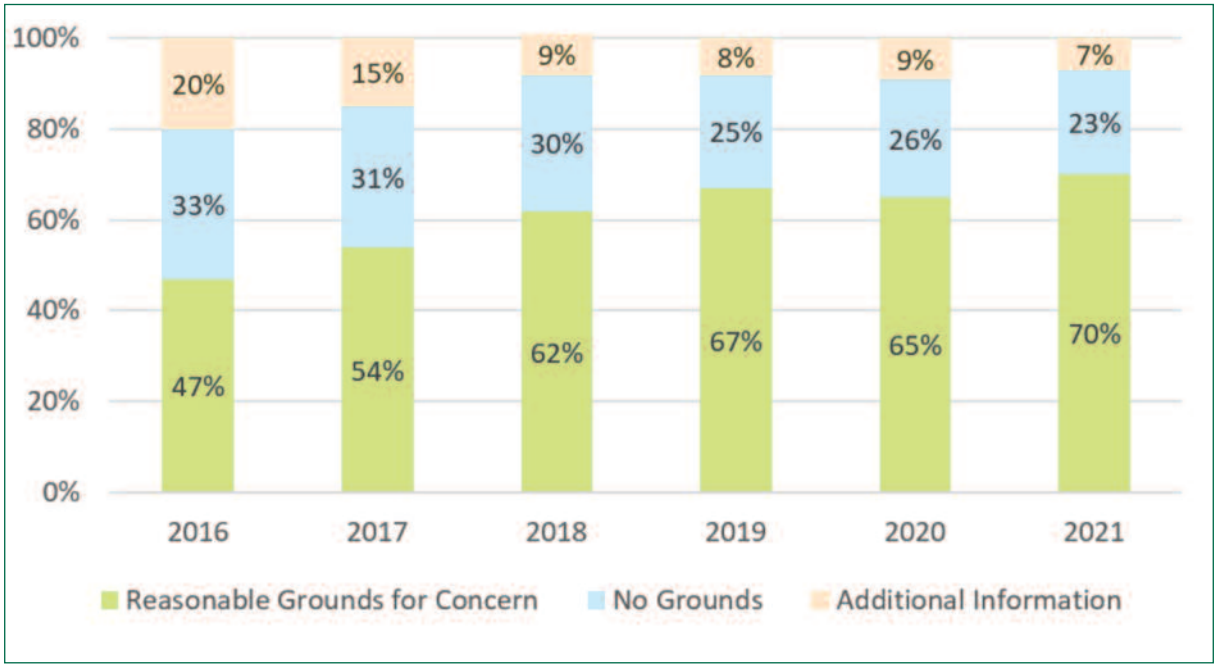
- Reasonable grounds for concern,
- No grounds for concerns,
- Additional information required (a holding position until either of the two options above are reached).

Cases are reviewed on an ongoing basis and outcomes are updated in the data file.

Designated officers conclude an outcome for each preliminary screening and this must then be agreed upon with the SPT. Figure 11 outlines the breakdown of outcomes by year. The progressive increase in the proportion of reasonable grounds and corresponding decrease in additional information and no grounds is evident.

In 2021 seven out of ten concerns reported reached an agreed outcome with the SPT of “reasonable grounds for concern”. A further 23% documented “no grounds” which reduced from 26% in 2021.

Fig 11: Outcome of preliminary screening agreed with SPT 2016-2021



4.4 Summary Findings 2021

- There was a 10% increase in reported concerns in 2021. The age profile of adults that are the subject of notifications is 67% for those under 65 years of age and 33% for those aged over 65.
- For adults aged under 65 the most significant category of alleged abuse is psychological 46% followed by physical abuse 34%. This replicates the figures from 2020 and indicates an increasing trend of psychological abuse being associated with another alleged abuse type.
- For adults aged 65-79 years the most significant category of alleged abuse is psychological abuse 42%, physical 25% and financial abuse 16%.
- For adults over 80 years the most significant category of alleged abuse is psychological 36% financial 21% and physical 17%.
- In relation to the person allegedly causing concern in those under 65 years two out of three cases identified “another service user”. In contrast for those over 65 years almost half of the concerns report “immediate family members”.

- 82% of concerns were from the former social care division. In line with the division of the social care structure into disability and older person's services 68% of concerns were classified as disability 7% older persons and other social care 7%.
- In seven out of ten cases the outcome agreed with the SPT was "reasonable grounds for concern".
- An additional 1,800 advice calls were responded to by the SPTs, the majority of which related to older people residing in the community.

Discussion Points

- In 2021 there was a 10% increase in safeguarding concerns in comparison to revised 2020 data. This indicates that reporting of safeguarding concerns has shown a noticeable increase as services have reopened and restrictions on individuals and health workers have eased from the earlier waves of COVID-19 in 2020. An increase in reporting was evident in all areas except CHO1. Further analysis by reporting rate indicates that the deficit in this area is most pronounced in the number of concerns in the over 65 age category. This could be explained by the fact that, in contrast to other areas, in CHO1 there are adult social work services undertaking both welfare and community safeguarding work that is not fully integrated with the SPT and their activity is not completely captured within the NSO data. The NSO will work with the CHO to address this issue to ensure all relevant activity is adequately captured.
- For those under 65 years, the reporting rates in CHO2 is lower than other CHO areas. CHO2 is aware of the lower rate of reporting and is considering the context and influencing factors including learning from the area on how ongoing regional engagement with designated officers, the proportional approach to oversight and education with service providers impacts on prevention and submission of informed preliminary screenings.

- While the overall number of concerns reported for those over 65 years has increased on previous years it is still significantly below what would be expected for both community and residential settings given an aging population and the evidence from prevalence studies (Yon, 2019, Conti 2022). In reviewing where these concerns arose the majority were within a disability services setting.
- For those over 65 years residing in the community, primary care services particularly PHNs/RGNs have historically been a dominant referral source. A significant reduction in referrals from the PHN/RGN service was recorded in 2019 and 2020 and the decline is again evident in the 2021 reporting data. There will need to be a concerted engagement between the NSO Safeguarding teams and public health nursing to discuss the challenges encountered by community nursing services in this area and how these can be overcome.
- As documented in the COVID-19 Expert Panel Report the “HSE safeguarding service, does not have any legislative authority in relation to private nursing homes. There is no legal or contractual obligation on private nursing homes to cooperate or assist with the safeguarding service”. The data indicates that the level of engagement with private nursing home safeguarding concerns varies considerably and for example the level of referrals from CHO6 for those over 80 years is much higher than in all other Community Health areas. In 2022 the implementation of the COVID-19 Expert Panel Recommendations is intended to promote equity of access to safeguarding support to all older people and also to enhance the working relationship and support to the private nursing home sector.

Perspective of the Designated Officer

5.0 Perspective of the Designated Officer

Designated officers are at the heart of the safeguarding process within services. The NSO invited some designated officers to share some reflections on 2021 from the general to the specifics of training, continuing impact of COVID-19, engagement with the SPT and the use of virtual technology which are documented below. The NSO wish to thank the designated officers involved for their contribution which provides a valuable insight into their role.

2021 in general

"2021 was a year of crisis management… when I reflect back I think everybody was just firefighting all the time."

"What we had noticed in in 2021, psychological abuse had increased."

"In our service I looked at my safeguarding figures for 2019-2021 and they are up significantly in 2021. Nearly double 2020 figures."

COVID-19

The challenges of working and supporting adults through COVID-19 were varied.

"Looking at my clients. A lot of them overall seemed happier. People were not going out to pubs. I think it was the huge thing. People with disability who might be victims of abuse in the community… alot of that diminished… on the other hand, some of them were starting to drink at home and that brought another kind of risks for them."

"The important thing right from the word go was to engage with residents and with relatives and let people know exactly what was going on."

"Through COVID… what came out in the vast majority of cases, and this was for people with dementia as well, they were more concerned about their relatives at home than they were about themselves. And that did come out as a main theme, particularly throughout any of the surveys that we did."

"People really did miss out on that social aspect when day hospitals weren't open."

"During COVID… both services that historically probably would have operated very much in isolation of each other became very collaborative. It's really enhanced our service delivery on the ground and it's a silver lining coming out of the pandemic. We might have a designated officer in one part of our service and another in our centre and they are now collaborating more together."

"whenever there was an outbreak, it did extend the length of time that it took to put in place to safeguarding plan in terms of having it all written up."

"Some of the adults who use our service might not have been too interested to see me pre pandemic but then with restrictions etc. … it cemented the support they were getting from me around safeguarding. And now they've seen the positive in it."

"The outreach service we began offering as a result of COVID saw many more community concerns becoming known to us than we would normally have seen."

In relation to COVID-19 staff shortages

"It is still firefighting staff shortages, rosters being filled. It is all shoulders to the wheel. people are still fire fighting."

Working with SPTs

Strong productive working relationships with the safeguarding and protection teams was evident.

"I would have a very good relationship with my safeguarding team. I find them very supportive. I know the team well and they come and they would do joint visits with me".

"If there's a difficult case, I would phone them up … they would jointly do work with me."

"The there are times when Designated Officers are being asked to do things beyond their remit. And that's the challenge for us where you might be asked particularly in a community setting where it might be family dynamics causing an issue and we have had some debates with safeguarding teams around that . I think we've come to a better understanding over the years with safeguarding teams."

Using virtual technology

Using virtual technology has had positive and negative impacts.

"There were some cases that you need to get everybody together in the room. There definitely are downsides, but I think the majority of the cases, it's good to use virtual platforms with staff."

"We wouldn't' use video conferencing so much with families… I would prefer to go out and meet them face to face with the staff teams who support the person."

"The option of virtual platforms is definitely good for meetings… I've had much bigger groups attending meetings because it's been more convenient for them."

"For the most part managers just got on board with it and were really open to trying new technology – I did not find any drop off in terms of the quality of conversations – The ability to pull people together in such quick time has been great. We've had meetings for people from all over the country and it's just so great that virtual working makes life so much easier and we can get done stuff done really quick."

Training

"The cyber-attack had a major impact on training."

"The online training was really good."

"We've put in extra face to face learning… through our internal process to supplement the online HSE training, to ensure staff know what their duties are and what their responsibilities are."

"The safeguarding manager at the time was going around to the individual houses and bungalows and was doing in house safeguarding training with people. That, along with our monthly message has really helped with promoting safeguarding culture."

"Our safeguarding committee works on promoting the culture of safeguarding and in the organization we do a monthly message and that gets broadcast to everybody."

Challenges and Opportunities in Adult Safeguarding

6.0 Challenges and Opportunities in Adult Safeguarding

6.1 COVID-19 Nursing Home Expert Panel Implementation

COVID-19 has had a disproportionate and at times tragic impact on residents in care settings, in particular older people living in residential and nursing homes. NPHET recommended the establishment of an Expert Panel on Nursing Homes in May 2020, to examine the complex issues surrounding the management of COVID-19 among residents in nursing homes.

The COVID-19 Nursing Homes Expert Panel Report (Department of Health, 2020) identified the need for greater integration of nursing and residential care facilities into the wider health system. The Expert Panel recommended the establishment of Community Support Teams (CSTs) with clearly defined joint leadership and responsibility across each CHO and hospital group work stream. The CSTs will establish clear working relationships with a range of specialist supports including SPTs. Additional resources will be identified to support the safeguarding response within the nursing home sector.

6.2 Capacity Building and Investment in Adult Safeguarding

Pending the implementation of a revised policy, work continued in 2021 to develop educational support systems and to advance the ICT notification and case management system. The current safeguarding operations, provided under the Safeguarding Policy to disability and older persons' services, remain under-resourced to fully meet the increasing demand for adult safeguarding and to extend safeguarding operations to all HSE provided and funded services. Work continued in 2021 to identify future investment needs in pay and non-pay elements which will feed into the estimates process. Any future developments need to be considered in the context of the operating model of community healthcare networks and the design of integrated healthcare areas.

6.3 Models of Care-Service Improvement Following the Brandon Report

In 2017, the HSE set up the National Independent Review Panel (NIRP). The NIRP was formed as part of a wide range of both quality improvement and quality assurance measures following the broadcast of the Prime Time programme 'Inside Bungalow 3' by RTE, in 2014 and the subsequent independent review (HSE, 2016) into the quality of care being provided.

The Áras Attracta Swinford Review Group presented their findings over a series of three reports which found an institutionalised delivery model that failed to respect the dignity and rights of adults. They strongly advocated for a rights-based social model of service delivery.

The NIRP reviews cases where it is suspected that there are serious failings by the HSE and/or its funded organisations that have led to significant harm and/or have compromised the quality of life of the person/s concerned. The NIRP seeks to determine what the relevant services and individuals involved in the case might have done differently that could have prevented the significant harm or improved the quality of life for the person/s concerned. It also has a role in promoting learning from reviews across health and social care services nationally.

In December 2021, the HSE published a NIRP summary report "Independent Review of the Management of Brandon".

The summary findings have pointed out how the rights of service users were failed and found that the service users did not live in 'a rights-based environment where they can make real decisions about where they live and who they live with, means residents are completely dependent on staff in the service to protect them.

This summary reported that the most significant contributing factor was the clinical environment and practices which were outdated and had all the characteristics of an institutionalised, congregated setting that promoted a medical model approach.

The findings of the Brandon report illustrate very clearly how important it is to continue the service improvement work since the publication of the Aras Attracta Reports. This demonstrates that there is still a way to go in this journey moving some services from outdated institutionlised and medical models towards a person-centered rights-based approach where service users are empowered to live with choice and autonomy along with their rights being safeguarded.

Reflecting on the study by Camacho et al (2016), it is clear that an inclusive social model of care is not something the health service can deliver by itself. It is a wider societal issue. It should involve developing effective partnerships not only with service users and their families/ representatives but also with service providers, local authorities for appropriate housing, and the community sector services.

6.4 Data Sharing

The 2020 Safeguarding Report showed there is a need to strengthen the process and structure for inter-agency collaboration and coordination across public sector areas such as health, justice and welfare services. Effective inter-agency work/ responses in adult safeguarding require the appropriate and timely sharing of information to assess, develop and review safeguarding plans. Data sharing and the development of data sharing agreements is complex. Regulation in this area would be a welcome development. The NSO during 2020, continued to engage with a range of agencies including An Garda Síochána to advance data sharing. In addition, the office has been working on an intra-agency group including SAGE, HIQA, Decision Support Service and Safeguarding Ireland who liaise with the Data Protection Commissioner to develop a data sharing guide for adult safeguarding.

The group has specifically worked on preparing scenarios to address data sharing in the context of safeguarding risk information within the nursing home sector.

6.5 Out of Area Placements

In 2020, Dr Evan Yacoub, Consultant Psychiatrist, National Development Lead (Clinical) Mental Health Intellectual Disability Service and National Placement Oversight and Review Team Clinical Lead, completed a needs assessment to enable the identification of quantitative and qualitative information on social care and mental health funded service users placed outside their area of origin in private placements. In total, the study looked at 307 placements with three residential care providers.

The purpose of this study was to ensure the HSE was “getting good quality person centered services at the most economical cost available”. Such care often comes at a high cost, not just in financial terms but also in terms of the adult being away from home, family and friends and the oversight of local services. Dr Yacoub also made the point that the financial cost of such placements can impact on the ability to develop local services for the adult with an intellectual disability.

Dr Yacoub's study found that;

- Of the 307 people in out-of-area placements reviewed (of which 25 were children), 52% had an intellectual disability.
- Just over 33% of the survey cohort had contact with their extended family, "with the vast majority having no contact".
- In terms of psychotropic use, 100% of those with a diagnosis of autism and a mental health diagnosis were prescribed psychotropic drugs. Of the group identified as having "no confirmed autism or mental health" issue, 64% were prescribed psychotropic drugs despite the fact that this group "… have the least evidence in terms of psychotropic effectiveness…"
- In terms of behavioural intensity, only 2% of people reviewed had current levels which could be described as "extreme (requiring 2:1 or higher staffing levels)".
- A complexity algorithm developed by the study reference group rated 2% of the cohort as currently being in the "highest acuity/complexity band".
- In terms of remission, people with mental health issues showed "no change" in 48% of cases while those with psychological/ personality difficulties showed "no change" in 54% of cases. Rates of improvement for those with behavioural difficulties was however reported as very high (96% good partial amelioration).
- In terms of length of stay nearly 66% of people reviewed were in out-of-area placements for more than three years suggesting that these placements were being viewed as "home".

In further qualitative analysis of 251 of the cases two key themes emerged;

- Complexity/ uniqueness of the cases prior to the person attending a care setting.
- The suitability of the environment from which the person was placed, where parents or local services were unable to manage challenging behaviours either because of the severity of the behaviour or the physical environment being unable to meet the person's needs.

In further discussion of the study findings, several important points are made;

- The service provided by all providers was residential, linked to 24-hour staffed accommodation. This could prove challenging in any plan to move service users to independent living as the providers have not been commissioned to provide such a service.
- Such plans for independent living would make little commercial sense for service providers and may cause anxiety for family members, worried about reduced supervision levels.

- Placements were individually commissioned with no central oversight. By and large, service users did not have locally commissioned day services.
- Out-of-area placements are viewed as “home” rather than an emergency response.
- Some service users could move back to a local service in their own areas (such as those who moved because of the death of a family member in the first instance). Others with higher complexities would need care packages that are equipped to deal with the level of complexity.

This study has highlighted the need to strengthen governance arrangements, case management and overall accountability lines for out of area placements especially with private providers where the placement may be a considerable distance away from the community of origin and home location of the service user.

As a response to these findings and concerns from the SPTs around governance and safety the NSO in conjunction with the Head of Operations, Disability Services communicated to service providers regarding their responsibility to make the placement funder aware of any safeguarding concern that arises. This applies where the adult involved is either the victim or the person allegedly causing concern and it also highlights the governance requirements of the funder in circumstances where a safeguarding concern arises. The NSO amended the Safeguarding Preliminary Screening Form used by services accordingly to include a prompt to the designated officer about these responsibilities.

Learning and Development

7.0 Learning and Development

This section outlines learning and development initiatives undertaken by the NSO in 2021.

The COVID-19 pandemic continued to influence the ability of the NSO to offer a programme of learning and development events to SPT, Designated Officers and the wider public.

All events remained online as physical gatherings of people was not recommended.

However, with these challenges came opportunities and the NSO embraced the available technology and some creative workarounds to offer a comprehensive programme of events throughout the year.

7.1 Adult Safeguarding Training

Delivery of the NSO standardised programmes continued throughout 2021. The eLearning module uses a number of scenarios that represent real-life situations such as different service users who are at risk of abuse, how a staff member learns of the abuse, concerns they have around responding and reporting the abuse, etc. Various types of abuse are depicted across the scenarios. The learner faces thought-provoking dilemmas and must select the most appropriate response to progress through each scenario. To complete the programme the learner must complete all four scenarios.

This module is Nursing & Midwifery Board of Ireland Category 1 approved for one Continuing Education Unit and the programme activity attracts one Continuing Professional Development credit for Doctors. Other professionals may use evidence of programme completion for continuing professional development credit according to their registration bodies' requirements.

The cyber-attack in May has affected the level of reporting available but notwithstanding this, total training figures presented are all-inclusive of HSeLanD and the temporary HSeLanD system. In addition to training figures, evaluation data is presented for our eLearning programme *Safeguarding Adults at Risk of Abuse.*

7.1.1 Safeguarding Adults at Risk of Abuse eLearning Programme

Having commenced in 2020, the delivery of our eLearning programme *Safeguarding Adults at Risk of Abuse* continued on HSeLanD. The cyber-attack in May, while disruptive, did not impede the achievement of training targets as access to the adult safeguarding programme was secured on the temporary HSeLanD system that was made available to staff.

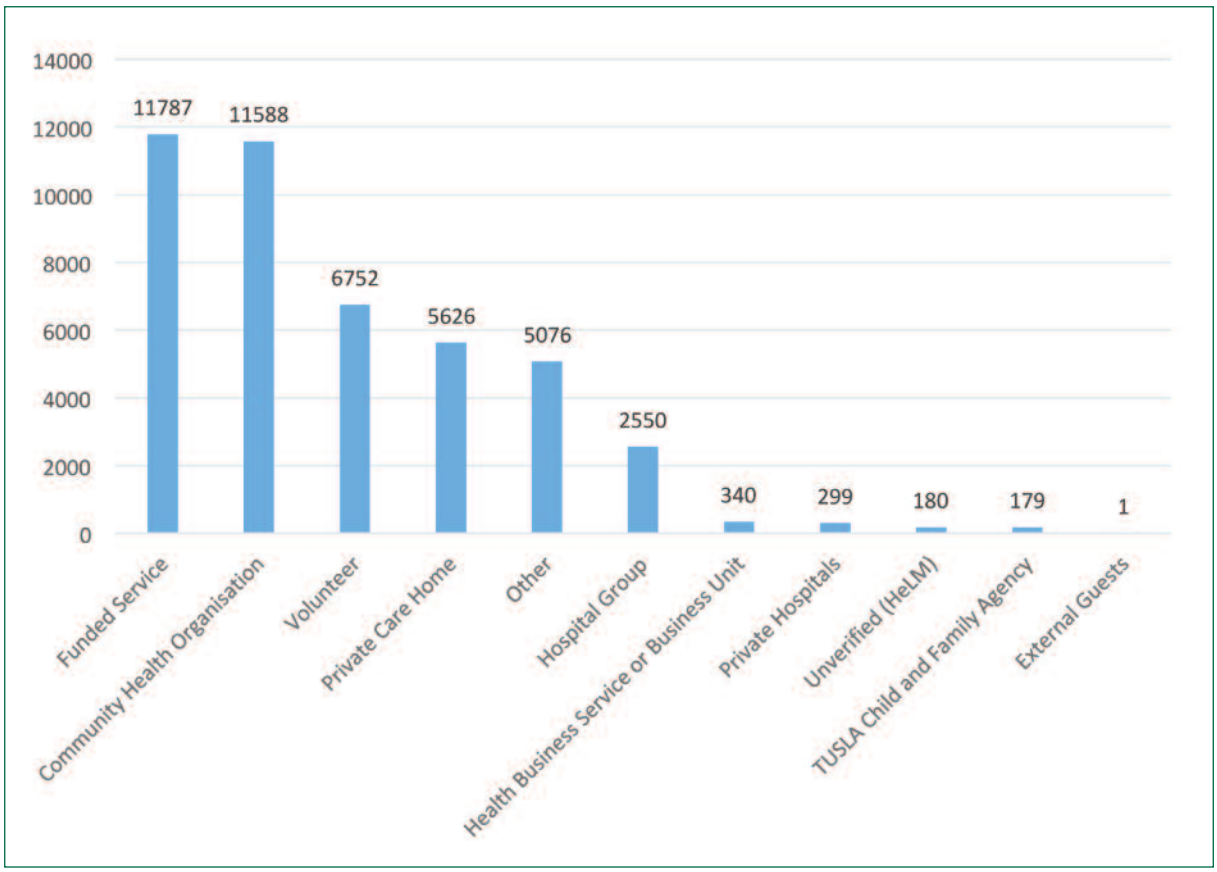
During 2021 there were a total of 52,205 completions. The breakdown of completions per quarter is set out below in Table 14.

Table 12: Safeguarding Adults at Risk of Abuse completions in 2021

Quarter 1	18,134	
Quarter 2	10,832	(inclusive of 2,550 temp HSeLanD figure)
Quarter 3	11,898	(inclusive of 4,667 temp HSeLanD figure)
Quarter 4	11,341	
Total 2021	**52,205**	

Figure 12 provides a breakdown according staff registrations on HSeLanD. Figure 12 relates to 44,378 which excludes the completions undertaken during the duration of the cyber-attack when the temporary HSeLanD system was in use.

Fig 12: Training completions by sector breakdown 2021



7.1.2 Safeguarding Adults at Risk of Abuse Evaluation Summary

From the commencement of the eLearning programme in September 2020 to year end 2021 there were almost 80,000 completions of the programme. Every person who completes the programme is sent an invitation from HSeLanD to complete an anonymous evaluation survey. A comprehensive evaluation is being prepared from evaluations submitted between September 2020 and February 2022 and will be published in the coming months. A summary is presented herein.

Response rate:

7,823 staff submitted evaluation questionnaires to HSeLanD and this represents a 12% response rate for the time period involved.

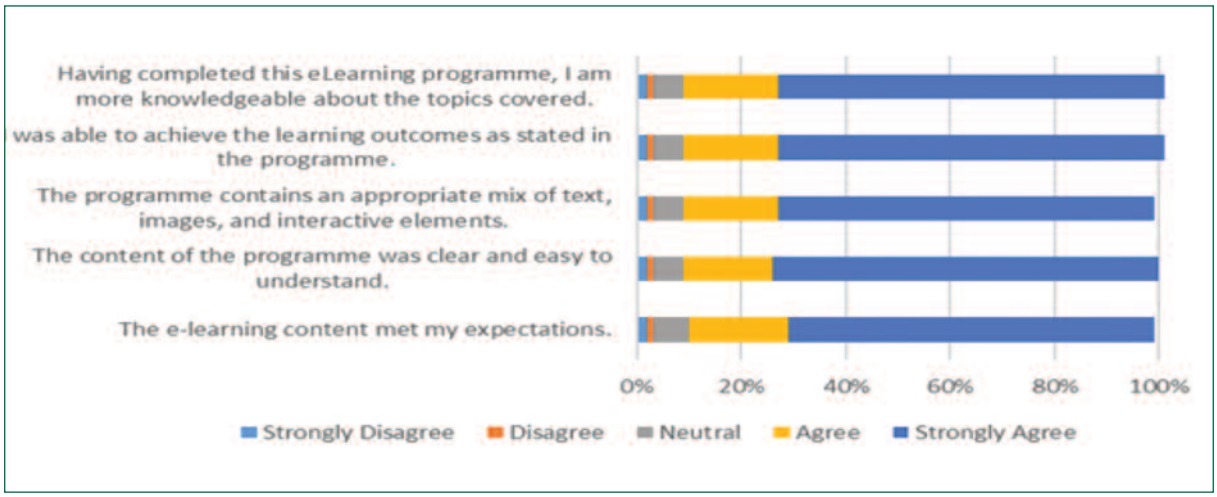
Questionnaire:

The questionnaire tool is comprised of ten Likert scale questions asking respondents to rate their disagreement – agreement. In addition to these ten questions, additional data is collated from two open-ended questions allowing those responding an opportunity to elaborate.

Findings:

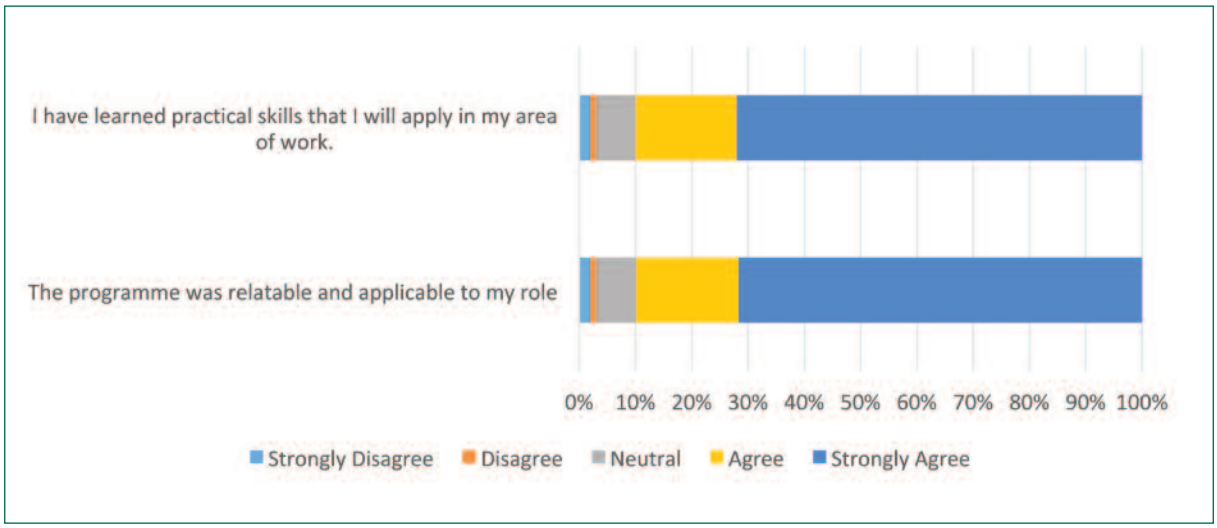
Questions relating to eLearning content demonstrated high satisfaction with the programme as observable in Figure 12. Each of these questions had a combined agreement level of 89-92% with very small number of respondents disagreeing with the statements.

Fig 13: eLearning content



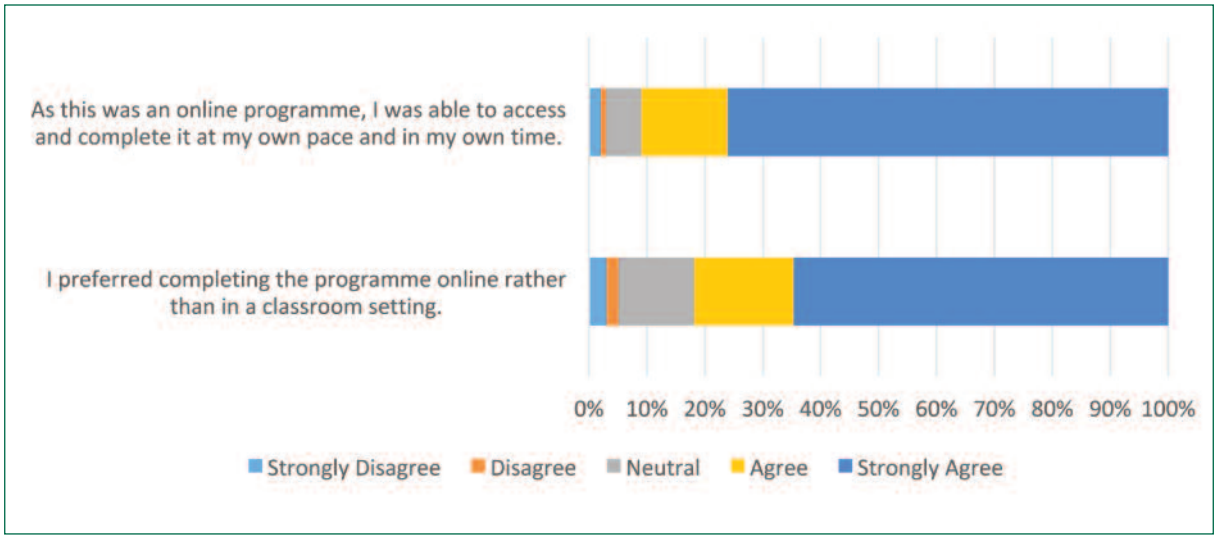
Two questions related to the applicability to their role and these again showed high approval for the statements that it was relatable and applicable to their role (89%) and that they learned practical skills that they will apply in their area of work (90%). The majority of these responses fell into strongly agree (71% and 72% respectively) as shown in Figure 13. Similar to the programme content questions, disagreement with these statements was minimal (3%).

Fig 14: Role relevance



Two questions related to the online format of the programme. The first asked respondents about accessing and completing the programme at their own pace and the second question asked about preference for online versus classroom delivery. Once again, the level of agreement with these statement was high (81% & 91%) and disagreement levels were minimal. A higher neutral response compared to other questions in the survey is observed here, 13% compared to 6-7%. Overall, satisfaction is expressed with the programme delivery via online learning.

Fig 15: Online Format



Recommending the programme to others

Respondents indicated a strong willingness (91%) to recommend the programme to others which is in line with the overall positive findings from this evaluation data.

Open ended feedback

There were over 12,000 responses to two open-ended questions (6,341 & 5,915 answers respectively). The two questions asked were “please tell us what you would change about the programme” and “please provide any additional comments or suggestions about the eLearning programme”. Most respondents across both questions answered no comment/nothing to add and 4,277 provided fuller responses. Of the fuller responses a number of theme emerged with the vast majority of commentary being positive.

Conclusion

The eLearning programme has been well received with respondents rating the content favourably and reporting applicability to their role. Open-ended questions provided for more in-depth perceptions of the programme to be reported and this was observed to be mostly complimentary with some suggestions for improvement provided. A full report on this evaluation will be published later in 2022.

7.1.3 Extending safeguarding learning

The eLearning module contains an 'extend my learning' section which includes resources and tools for staff and managers to extend learning beyond the programme itself and to support further learning and safeguarding awareness in the workplace.

The extend my learning section includes the adult safeugarding explainer video as well as a Safeguarding Learning Managers Toolkit.

The manager's toolkit is designed to be used within services to supplement the minimum required training and promote safeguarding learning on an ongoing basis.

7.2 Designated officer training

Provision of designated officer training continued in a blended learning format. This blended learning format is managed on HSeLanD and comprises a number of sequential steps that culminate in a live interactive workshop hosted by adult safeguarding facilitators on a videoconferencing platform.

2021 saw 179 staff complete designated officer training. The geographic breakdown of designated officer attendance is depicted in Figure 16 and the breakdown of the staff sector of attendees in Figure 17.

Fig 16: Geographic breakdown of designated officer training uptake in 2021

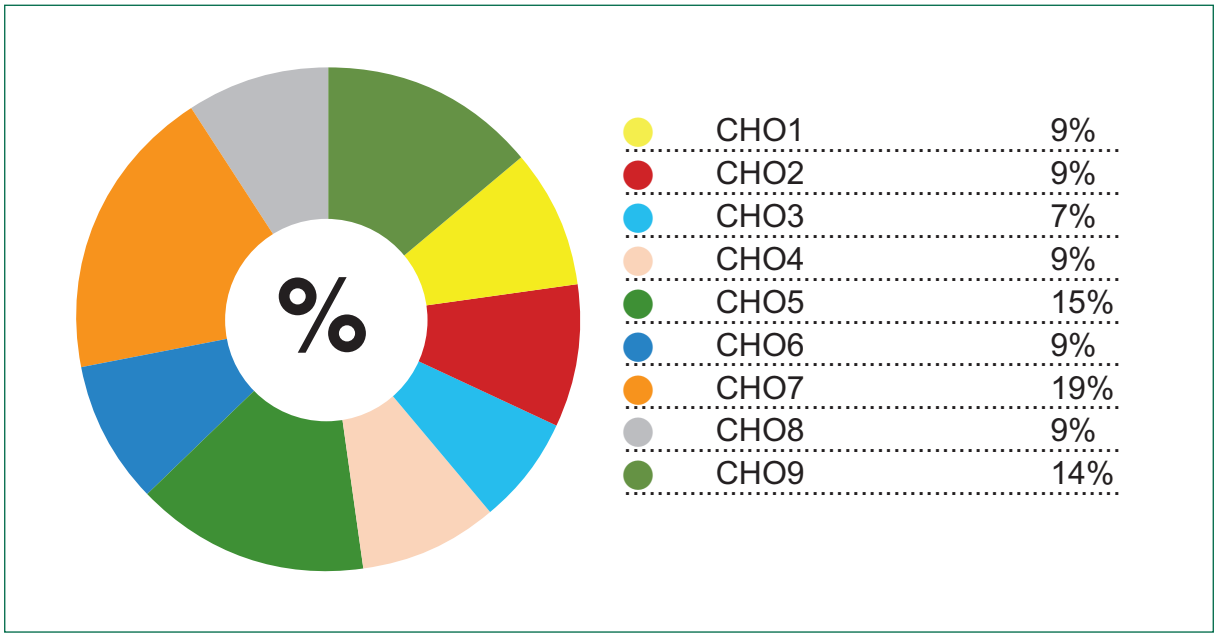
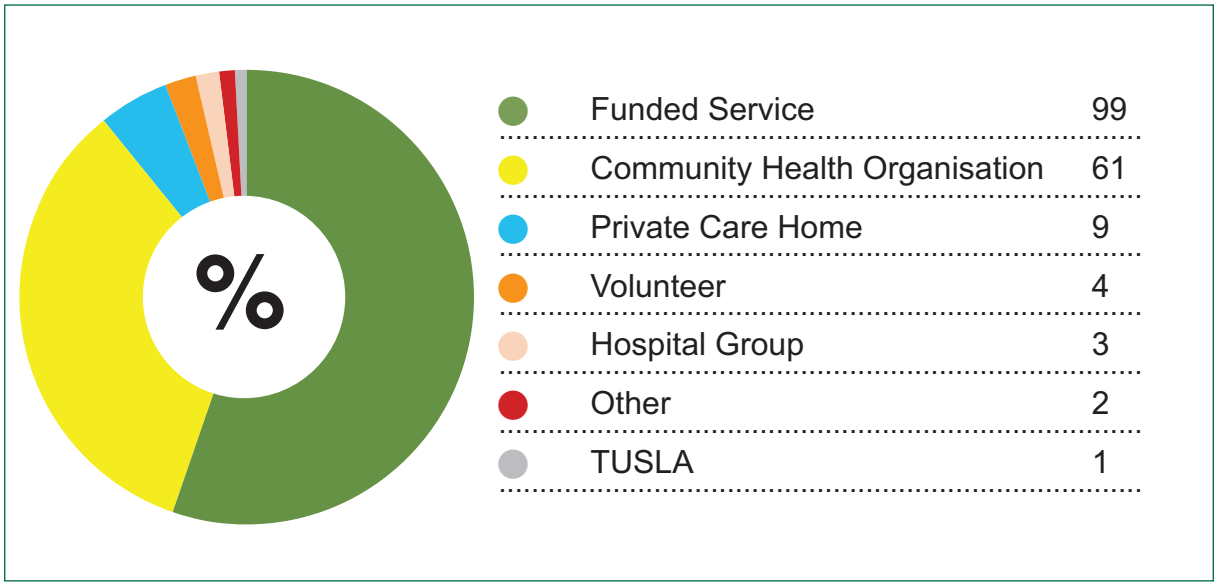


Fig 17: Geographic breakdown of designated officer training uptake in 2021



2022 will see a comprehensive evaluation of this programme in its blended format being undertaken.

7.3 Mate Crime

On 3rd February, 2021 the NSO hosted a webinar entitled “Exploring Mate Crime”. Rod Landman from the Association for Real Change UK, presented on the issue of exploring what it is, what makes people vulnerable to it, reporting issues and learnings from serious case reviews in the UK. Dr Jennifer Schweppe and Dr Amanda Haynes from the University of Limerick presented on the issue of hate crime in an Irish context which explored the current legislative position, planned legislation and gaps in our current knowledge base on hate crime.

This webinar led to the NSO developing a further workshop for SPT which was hosted on 21st and 28th September as well as another webinar for the designated officer group on 30th November.

7.4 Muintir Na Tíre- Lifting the Lid on Elder Abuse

Between March and May the NSO partnered with Muintir na Tíre to organise a series of five regional webinars on the theme of "Lifting the Lid on Elder Abuse". These events allowed staff and volunteers of Munitir na Tíre to hear from SPT professionals, members of An Garda Síochána and staff from the banking sector on the issue of elder abuse. The primary focus was to raise awareness with them as to the key indicators and the supports available to them in their valuable work.

7.5 Towards a Greater Understanding of Dementia

Following on from the 2020 programme of learning events in April 2021 the NSO hosted a webinar entitled "Towards a greater understanding of dementia" in partnership with the HSE, National Dementia Office. This webinar was offered to our designated officers and was presented by Susan O'Reilly, Advanced Nurse Practitioner at James Connolly Memorial Hospital. Issues such as symptoms of dementia, skills to enhance communication, non-cognitive symptoms and resources available the professional were covered.

7.6 Safeguarding adults at risk of abuse microcredentials course

In 2021 Trinity College School of Nursing and Midwifery Department developed a multi-disciplinary blended programme to examine and explore the topic of safeguarding and responses to the abuse of adults at risk over a 12 week period. The programme had an initial student intake of professionals working in any sector which provides care or services to at risk populations. Tim Hanly, General Manager of the NSO contributed as a guest speaker along with a wide range of national and international presenters. The NSO and the Community Health Quality and Patent Safety Office supported this programme through the sponsorship of a number of students.

7.7 Tool for Risk Interventions and Outcomes (TRIO)

In 2021, work streams were established including one focusing on the identification of performance and evaluation data. This group specifically highlighted two models that reflected the values central to the policy for good practice:

- Tool for Risk Interventions and Outcomes (TRIO) model
- Making Safeguarding Personal, (MSP)

These two frameworks proposed a number of domains for assessment and intervention but the TRIO went further to identify an assessment and intervention framework which would facilitate the standardisation and measurement of safeguarding activity.

TRIO was designed by the Adult Protection Services (APS) social workers and administrators from Ventura County, California as they sought to create a tool that would help guide adult protection social work practice and provide enhanced data regarding risks, interventions, and outcomes, and their relationships to one another.

Models from the fields of alcoholism, chronic pain and the Jellinek Curve (Blume 2013) for addition and recovery were the foundation for the design of the TRIO (Sommerfeld *et al.* 2014). In these, assessment and interventions are not discrete functions but integrated and correlated to anticipated or expected outcomes and prognosis for recurrence.

TRIO is built on the premise that adult abuse/neglect does not occur spontaneously. Rather, it occurs subtly over time in a deteriorating nature punctuated by periods of stability. Recurrence is a normal stage in the process of many diseases and is common in abuse/neglect. Tracking recurrence and prognosis are methods used in the TRIO to measure not only program effectiveness but also client response to interventions. More importantly, these outcomes provide valuable information to managers and social workers about trends in the population and gaps in the service delivery system.

TRIO:

- Establishes a standardised approach to assessment.
- Reduces variability and increases consistency in documenting client situations by having social workers assess the same set of risk indicators using agreed definitions.
- Provides a guide to assessment and interventions.
- Documents the work of the adult safeguarding social worker.
- Measures areas of the client improvement, programme outcomes and prognosis of future recurrences.
- Assists the social worker in developing a case plan.
- Provides a stand- alone tool for use in conjunction with any case management system.

TRIO does not supplant social work judgement, experience, training, supervision and skills.

During 2021 the adaptation of the TRIO for an Irish context continued and SPT's in three pilot sites (CHO 3, 5 and 6) were identified to trial the measure for a six-month period. This tool is suitable for community concerns where the social worker has face to face contact with the adult at risk of abuse. This trial period will end in May, 2022 and the tool will then be evaluated for use by SPT's across the country.

Awareness Raising

8.0 Awareness Raising

8.1 World Elder Abuse Awareness Day

Each year the UN observes World Elder Abuse Awareness Day in June15th. The HSE has supported this day for many years and each year the HSE National Safeguarding Office promotes events to show their solidarity and raise awareness which is of particular relevance during the COVID-19 pandemic. In 2021 the theme No Excuse for Elder Abuse was adopted.

8.1.1 Social Media Campaign

To mark this significant day in 2021 the HSE and the National Safeguarding Office asked our colleagues and stakeholders to show solidarity by wearing the purple ribbon and sending us videos of support incorporating the theme – No Excuse for Elder Abuse. We had a fantastic response to the video appeal with a wide range of contributors. The materials promoted on social media and the Twitter profile reached over 77 thosand impressions on Twitter over the course of the day.

8.1.2 Online Discussion with Margaret Flynn

There were many events and webinars organised to help create awareness including an interview between Tim Hanly, General Manager of the NSO and Margaret Flynn, Chair of the Safeguarding Board of Wales. Margaret gave fascinating accounts of her campaigning work and case reviews into tragedies and failures in care systems across the United Kingdom. Margaret passed on some thoughtful observations from her case review findings and views on the actions necessary to transform care settings to prevent abuse of Older Persons.

8.1.3 Elder Abuse Conference

The School of Nursing & Midwifery, Trinity College Dublin and the International Network for the Prevention of Elder Abuse (INPEA) marked World Elder Abuse Awareness day in June 2021 with an international online conference. Speakers presented on issues related to legal aspects, systems responses and practice interventions. Susan Somers: President of INPEA and Dr Elizabeth Podnicks who is the original architect of WEAAD also contributed to this event.

Kieran Stenson and Gillian McConnell, HSE Community Healthcare East Adult SPT gave an insightful presentation on an interdisciplinary approach to navigating two elder abuse cases. Tim Hanly, General Manger in the NSO chaired the event.

Other Speakers:

Elsie Yan

Associate Professor, Department of Applied Social Sciences, The Hong Kong Polytechnic University spoke on the Prevention and Intervention in Elder Abuse in the Chinese Context.

Marie Beaulieu

Co-Director, WHO Collaborative Centre, Age Friendly Communities/Elder Abuse, Research Chair on Mistreatment of Older Adults, Sherbrooke University, Canada gave a presentation on the Voices of older persons with disability who have experienced mistreatment.

Isolina Dabove

Professor of General Theory of Law and Old Age Law, Buenos Aires, Argentina. Director of the Center for Research on Old Age Law (National University of Rosario) and of the Observatory of Human Rights of the Elderly of the University of Morón presented on Elder law in Latin America: New standards about old age, support and care.

Amanda Phelan

Professor of Ageing & Community Nursing, School of Nursing & Midwifery, Trinity College Dublin, Ireland. General Sec INPEA presented on a socio-ecological approach to elder abuse and adult safeguarding.

Patricia Rickard Clarke

Chair, National Safeguarding Ireland, Former Law Reform Commissioner spoke about developing a Roadmap for Adult Safeguarding in Ireland.

Jill Manthorpe

Professor of Social Work and Director of the NIHRHealth & Social Care Workforce Research Unit, London, United Kingdom spoke on "What, if anything, have the English learned from their mistakes in adult safeguarding?"

Watch the conference recording at: https://nursing-midwifery.tcd.ie/events-conferences/world-elder-abuse-awareness-day-2021.php?fbclid=IwAR1FiWsdDCqJ7zAS21Y-79EwlDm3UREwP1SNo9xYBce7RGDMQk6O3CWfZmM

8.2 Adult Safeguarding Day

Ireland's first Adult Safeguarding Day public awareness event took place on Friday November 19, 2021. The event was coordinated by Safeguarding Ireland – in partnership with organisations across the health, social, financial and justice sectors. The aim was to raise greater awareness and understanding of safeguarding with respect to 1) rights 2) services and 3) empowerment.

This inaugural Adult Safeguarding Day was supported by a wide range of stakeholders including the HSE. The day set out to raise public awareness, promote the human rights of adults at risk of abuse and highlight that we all have a role in protecting them. In the lead-up to the day, there was a proactive distribution of campaign materials, advertising and social media activity to highlight what is meant by safeguarding. Geraldine Sutton, Principal Social Worker in the SPT in the South East Community Health Care Area was featured along with others on a series of recorded videos promoting awareness and understanding of adult safeguarding. On the day there were also several online and in-person events to promote Adult Safeguarding Day.

The NSO contributed to several online activities to highlight the day with the promotion in the lead up to the publication of the 2020 NSO Annual Report and the staging of a multi-agency online seminar on the theme of Safeguarding is Everyone's Business.

8.3 Consent Policy Review Group

Over the past two years, the HSE Office for Human Rights and Equality Policy Office has been responsible for the revision of The HSE National Consent Policy. The NSO was represented on this group.

Consent is central to every interaction with service users in the HSE. It is the giving of permission or agreement for treatment, investigation, receipt or use of a service or participation in research or teaching.

The seeking of consent usually occurs as an on-going process rather than a one-off event and involves a process of communication about the proposed intervention in which the person has received sufficient information to enable them to understand the nature, potential risks and benefits of the proposed intervention.

At the time of publication, the 2022 consent policy is available at: https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/consent/hse-national-consent-policy.pdf

Though the core principles underpinning valid consent and good practice will remain unchanged, the revision was required for a number of reasons;

- Legislative and policy changes as a result of the Health (regulation of Termination of Pregnancy) Act, 2018, the General Data Protection Regulation and Data Protection Act2018, Freedom of Information Act 2014 and the Children First Act 2015.
- Alignment with the language of the Assisted Decision Making Act 2015 which is due to be commenced fully in 2022 (and which may require further revision of the HSE National Consent Policy).
- New case law and Court directions.

IT Project Plan

9.0 IT Project Plan

9.1 Background

The cyber-attack highlighted the vulnerability of health systems.The SPTs had to resort to manual processing for some weeks.

The administrative burden over this period and the subsequent effort required to backfill the databases confirmed the urgent need for a secure digital system.

9.2 Project Group

The tender documentation was completed, comprising the following:

- Technical specification consisting three main heading, Technical Functionality, System Functionality and Implementation & Support. This was formatted by Procurement to make the Tender Response Workbook.
- Award Criteria, this signals the percentage of marks available for each sub-section.
- Background information.
- Cost template, a spread sheet for vendors to allocate costs to specific aspects of the tender.

Work has continued on data cleansing, in preparation for data migration, and this sub-group will be busy in 2022.

During the year we carried out extensive work with the SNOMED National Release Centre, part of eHealth Ireland.

SNOMED-CT is the Systemised Nomenclature of Medicine – Clinical Terms, which presents coded terminology that can be used in electronic health records to help define, capture, store and share data. Primarily used within clinical data there has been a move into the arena of social work that we are happy to develop and support.

The first step was the publication, in the April 2021 release, of the Safeguarding Ireland reference set. These codes will be incorporated in the digital case management solution.

The use of digital records improves communication and increases the availability of relevant information. Information is stored in ways that allow meaning-based retrieval.

The added benefits range from increased opportunities for real time decision support to more accurate retrospective reporting for research and management.

9.3 Product Evaluation Group

A comprehensive suite of documents for Stage 2 of the tender process was published, on eTenders, in October.

The 12 vendors, who meet the minimum requirements from Stage 1, were invited to download and submit a costed solution. A period of four weeks was allowed for the submission of questions seeking clarification, answers were shared with all vendors as the tender protocol requires.

The outcome was three of the top four scoring companies from Stage 1 made submissions, each running to several hundred pages.

Following consultation with Procurement it was decided to implement Technical and Specialist Sub-Groups to review and mark specific content. This was to streamline the process and maximise the skill set of the PEG. Each group reported back to the PEG their findings that were incorporated into the Decision Support Matrix (DSM).

This is a lengthy process, due for completion early 2022. The DSM is then returned to Procurement who will incorporate the financials and advise the PEG of the tender outcome.

References

10.0 References

Blume, A. W., Rudisill, D. M., Hendricks, S., & Santoya, N. (2013). Disease model. In P. M. Miller (Ed.), Principles of Addiction (pp. 71–76). Saint Louis, MO: Academic Press.

Conti A, Scacchi A, Clari M, Scattaglia M, Dimonte V and Gianino MM. 'Prevalence of Violence Perpetrated by Healthcare Workers in Long-Term Care: A Systematic Review and Meta-Analysis', *International Journal of Environmental Research and Public Health*. 2022 19(4):2357. available: https://pubmed.ncbi.nlm.nih.gov/35206547/ [accessed 18 May 2022].

Camacho, Concepcion et al (2016) Moving towards a decent and person-centred social care model. International Journal of Integrated Care, 16(6):A175, pp. 1-8, DOI: http://doi.org/10.5334/ijic.2723 accessed 20/04/22

Department of Health (2020) COVID19 Nursing Homes Expert Panel, Examination of measures to 2021, *Report to the Minister for Health, Dublin: Government Publications*, available: https://www.gov.ie/en/publication/3af5a-covid-19-nursing-homes-expert-panel-final-report/ [accessed 18 May 2022].

HIQA and MHC (2019) *National Standards for Adult Safeguarding*, Dublin: HIQA and MHC, available: https://www.hiqa.ie/reports-and-publications/standard/national-standards-adult-safeguarding [accessed 18 May 2022].

HSE (2014) *Safeguarding Vulnerable Persons at Risk of Abuse: National Policy and Procedures*, HSE, available: https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf [accessed 18 May 2022].

HSE (2016) *What Matters Most*, HSE, available: https://www.hse.ie/eng/services/publications/disability/aasrgwhatmattersmost.pdf [accessed 2 June 2022].

HSE (2022) National Consent Policy V1. https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/consent/hse-national-consent-policy.pdf [accessed 18 May 2022].

HSE (2021) *Slaintecare Implementation Strategy & Action Plan 2021-2023*, HSE, available: https://www.gov.ie/en/publication/6996b-slaintecare-implementation-strategy-and-action-plan-2021-2023/ [accessed 18 May 2022].

Iacobucci, G. Medical model of care needs updating, say experts. BMJ 2018;360:k1034 doi: 10.1136/bmj.k103. Available: downloaded on 19th April 2022

National Independent Review Panel (2021) *Independent Review of the Management of Brandon*, NIRP, available: https://www.hse.ie/eng/services/publications/the-national-independent-review-panel-brandon-report-for-publication.pdf [accessed 18 May 2022].

Sommerfeld D.H, Linda B. Henderson, Marcy A. Snider & Gregory A. Aarons (2014) Multidimensional Measurement Within Adult Protective Services: Design and Initial Testing of the Tool for Risk, Interventions, and Outcomes, Journal of Elder Abuse & Neglect, 26:5, 495-522

United Nations (2006) *Convention on the Rights of Persons with a Disability*, available: https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf [accessed 18 May 2022].

Yacoub, E., Rogers, F., O'Brien, T., O'Connor, A., Tighe, A. and Scully, D. (2021) *Out of Area Placements in Ireland: A Needs Assessment, FrontLine Ireland*, available: https://frontline-ireland.com/wp-content/uploads/2021/02/Out-of-area-placements-in-Ireland-a-needs-assessment.pdf [accessed 18 May 2022].

Yon Y, Ramiro-Gonzalez M, Mikton CR, Huber M, and Sethi D. 'The prevalence of elder abuse in institutional settings: a systematic review and meta-analysis', *European Journal of Public Health*. 1;29(1):58-67. available: https://pubmed.ncbi.nlm.nih.gov/29878101/ [accessed 18 May 2022].

Appendices

11.0 Appendices

Appendix 1

National Safeguarding Office Staff

Tim Hanly	General Manager
Marguerite Clancy	Senior Researcher
Donal Hurley	Principal Social Worker
Bridget McDaid	Senior Safeguarding and Older Persons Officer
Carol McKeogh Ryan	Assistant Staff Officer
Colleen Murphy	Clerical Officer
Don Munro	System Administrator
Sinead McNamara	Staff Officer
Bridget Walsh	Business Manager
Sarah Mahon	Principal Social Worker

Appendix 2

Safeguarding and Protection Teams Contact Information

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