National Safeguarding Office
Annual Report 2022



HSE National Safeguarding Office

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Contents

1.0	**Foreword**	**5**
2.0	**Introduction**	**7**
3.0	**The HSE NSO**	**13**
3.1	THE OBJECTIVES OF THE NATIONAL SAFEGUARDING OFFICE	13
3.2	CORE FUNCTIONS OF THE NATIONAL SAFEGUARDING OFFICE	13
3.3	KEY STRATEGIC ISSUES FOR THE NATIONAL SAFEGUARDING OFFICE	14
3.4	ADULT SAFEGUARDING IN 2022	14
4.0	**Data on Safeguarding Concerns**	**17**
4.1	SAFEGUARDING DATA	17
4.1.1	SAFEGUARDING CONCERNS BY AGE AND GENDER	18
4.1.2	COMMUNITY/SERVICE CLASSIFICATION	25
4.1.3	CONCERNS BY REFERRING CARE GROUP AND REFERRAL SOURCE	26
4.1.4	PROFILE OF PERSON ALLEGEDLY CAUSING CONCERN BY AGE CATEGORY	29
4.2	PROFILE OF ABUSE TYPE ALLEGED	29
4.3	OUTCOME OF SAFEGUARDING PRELIMINARY SCREENING	32
4.4	SUMMARY FINDINGS 2022	33
5.0	**Adult Safeguarding Initiatives**	**37**
5.1	USER ENGAGEMENT IN STEWARTS CARE	37
5.2	NSO NEWSLETTER	39
5.3	DESIGNATED OFFICER LISTING	40
5.4	SAFEGUARDING SELF AUDIT TOOL FOR SERVICES	40
5.5	TOOL FOR RISK INTERVENTION AND OUTCOMES- TRIO	41
5.6	HSE COMMITTEE REPRESENTATIONS	41
6.0	**Learning and Development**	**43**
6.1	ADULT SAFEGUARDING TRAINING	43
6.1.1	SAFEGUARDING ADULTS AT RISK OF ABUSE PROGRAMME	43
6.1.2	DESIGNATED OFFICER TRAINING	44
6.1.3	EXTENDING SAFEGUARDING LEARNING	46
6.1.4	SAFEGUARDING TRAINING QUALITY ASSURANCE	46

6.2	LEARNING TO SAFEGUARD REPORT	46
6.2.1	LEARNING TO SAFEGUARD EXECUTIVE SUMMARY	47
6.3	LEARNING AND DEVELOPMENT SEMINAR	48
6.4	DEVELOPMENT DAY FOR FACILITATORS OF DESIGNATED OFFICER TRAINING	52
6.5	INTRODUCTORY DAY	53
6.6	SPONSORSHIP OF STUDENTS ATTENDING TRINITY COLLEGE DUBLIN MICRO CREDENTIALS COURSE ON ADULT SAFEGUARDING	53
7.0	**Awareness Raising**	**55**
7.1	WORLD ELDER ABUSE AWARENESS DAY	55
7.2	ELDER ABUSE CONFERENCE	56
7.3	SAFEGUARDING AND RESTRICTIVE PRACTICE WITHIN INTELLECTUAL DISABILITY SERVICES WEBINAR	56
7.4	DEMENTIA SEMINAR	57
7.3	ADULT SAFEGUARDING DAY	57
8.0	**IT Project Plan**	**61**
8.1	BACKGROUND	61
8.2	TENDER	61
8.3	VENDOR	61
8.4	PROJECT GROUP	61
9.0	**Challenges and Opportunities in Adult Safeguarding**	**63**
9.1	COVID-19 NURSING HOMES EXPERT PANEL IMPLEMENTATION	63
9.2	ADULT SAFEGUARDING WITHIN THE REVISED HSE STRUCTURE	63
9.3	ENHANCING NURSE EDUCATION AND DEVELOPMENT WORK IN ADULT SAFEGUARDING	63
9.4	INTERAGENCY DATA SHARING	64
9.5	STRENGTHENING GOVERNANCE OF OUT OF REGION PLACEMENTS	64
9.6	REQUIREMENT FOR ADULT SAFEGUARDING LEGISLATION	64
10.0	**References**	**67**

Foreword

1.0 Foreword

It has been another very busy year in HSE Community Healthcare Organisations in 2022, with our staff delivering more services to meet increasing demand. As our staff continue to deliver a wide range of health and social care to our service users, I am increasingly assured from my engagement with them that they are fully cognisant of their responsibility to keep the adults they care for safe. In the vast majority of instances we deliver on this requirement, but we also know that in some cases the risk of abuse is not recognised and reported in a timely enough manner to prevent harm. The HSE are fully committed to continue to do better, and I note the increased number of safeguarding referrals in 2022, up by 18% on the previous year. We should acknowledge that we can only safeguard against abuse when we are aware of the risk in order that we can respond appropriately. This means that increased reporting is positive and to be welcomed.

There has been a range of developments in our safeguarding operations over recent years, including a significantly increased social work workforce, the appointment of a Director of Nursing to the National Safeguarding Office and shortly the introduction of a national IT system for adult safeguarding. Since the HSE established safeguarding operations formally in 2014, they have been working across older persons and disability services which we provide and fund, as well as accepting wider community referrals. The expected Department of Health Adult Safeguarding Policy will, we understand, require an expansion of the HSE's safeguarding operations across all our services.

In that context, the establishment of Regional Health Areas provides an opportunity to consider the future operating model for HSE safeguarding operations. The HSE will be considering the future of this important aspect of our work as the programme of health service reform continues this year. In addition, the HSE will continue to work with partners including Safeguarding Ireland where we join in their call for a legislative basis for adult protection.

As our population ages, and as we deliver care in new and changing ways, it is more important than ever that those caring for adults in any setting have the skills needed to recognise and respond to the risk of abuse – be it psychological, physical, financial or sexual. Our new safeguarding training platform and programme have been designed to build the skills needed. I would ask that all staff, regardless of their role or discipline takes that opportunity and completes safeguarding training.

Finally, I would like to take the opportunity to note the contribution of the staff in CHO Safeguarding and Protection Teams and the National Safeguarding Office who play such an important role in our organisation. I would also like to sincerely thank HSE staff of all disciplines, and indeed the staff in funded agencies, who all have a critical role in recognising the signs of abuse and responding to them.



Yvonne O Neill
National Director Community Operations

Introduction

2.0 Introduction

The Health Service Executive (HSE) aims to provide integrated health and personal social services that meet the highest standards, where people are treated with respect and dignity and can live as independently as possible. The HSE adult safeguarding policy, Safeguarding Vulnerable Persons at Risk of Abuse - Policy and Procedures (2014) and CHO Safeguarding Operations are part of a wide range of measures to protect the welfare and safety of adults who may be vulnerable and at risk of abuse. These measures also include the complaints process, protected disclosure, incident management framework, risk management policy and procedures and the office of the confidential recipient.

In implementing the adult safeguarding policy, the HSE set up the National Safeguarding Office as well as nine Safeguarding and Protection Teams (SPTs) in 2015, one in each Community Health Organisation (CHO). These teams are managed and led by a Principal Social Worker and staffed by qualified social workers. As well as assessing and managing community referrals they provide a range of safeguarding functions including quality assurance, oversight and advisory support to HSE and funded service providers. The oversight function is of particular importance in monitoring the standards of individual preliminary screenings and safeguarding plans. Importantly the service retain responsibility for the safety of the person at risk. Within the service agreements with funded agencies there is an obligation to evidence compliance with the HSE safeguarding policy.

The implementation of the HSE Adult Safeguarding policy has seen some significant developments:

- The establishment up of a network of designated officers across older persons and disability services with specific lead safeguarding roles. Each of the nine CHO Safeguarding and Protection Teams now holds a regional listing of designated officers within services. These designated officers have a lead role for screening and responding to cases of alleged abuse and neglect.

- The formation of an inter-sectoral national safeguarding committee now known as Safeguarding Ireland.

- The delivery of adult safeguarding training programmes nationally which includes a basic awareness raising training programme for all on HSeLanD eLearning platform. There is specific blended training for designated officers. Since 2015, there has been over 100,000 completions of safeguarding training.

- The establishment of safeguarding committees in each CHO with the aim of supporting the development of a culture which promotes the welfare of vulnerable adults and to provide support and advice to the SPTs and senior management.

- The convening of a quarterly meeting between the HSE National Safeguarding Office and representative bodies from the service providers in the Disability sector including DFI and the National Federation of Voluntary Service Providers to discuss adult safeguarding developments and opportunities for collaborative work.

At a strategic level, the National Safeguarding Office in Community Operations QPS has a role monitoring and reporting on data relevant to adult safeguarding as well as supporting the development of education and practice support measures to deliver service improvement. The information from these sources as well as learning from ongoing engagement with staff and service users is considered at various levels to improve service delivery.

The past few years has seen some key improvements in policy and procedures in relation to the protection of adults at risk in the health and social care sector including the publication of national adult safeguarding standards for all services regulated by HIQA and the Mental Health Commission (HIQA, 2019). The HSE has invested in strengthening safeguarding services over the past two years and is focused on service improvement by implementing the HSE Patient Safety Strategy (HSE, 2019) as well as utilising learning from safeguarding internal audits, national review panel findings and HIQA Inspection Reports.

2022 has been a year of recovery and consolidation following two years of disruption to safeguarding services with COVID-19 pandemic outbreaks and significant impact of the cyber-attack in May of 2021. At time of writing, some areas are still experiencing issues using manual work rounds on the submission of preliminary screenings from services.

This Annual Report sets out the data returns and has commentary on emerging trends, challenges and opportunities concerning adult safeguarding during 2022. This report gives an account and analysis of safeguarding activity and indicates that 13,696 concerns were reported to the Safeguarding and Protection Teams in 2022. This represents a significant 18% increase on 2021 figures. Whilst there has been a marked growth in safeguarding posts in 2021 and 2022, it does need to be stressed that capacity remains a significant issue in light of

increasing referrals rates and also the serious impact of work force recruitment and retention across a number of CHOs.

On efforts to strengthen safeguarding practice a number of developments are noted:

- The appointment of an NSO Director of Nursing.
- The publication of the TRIO project evaluation.
- Research into safeguarding education eLearning programme.
- The appointment of business managers within the SPTs.
- Commencement of a project to advance the use of making safeguarding personal guidance tool.

The adult safeguarding policy Safeguarding Vulnerable Persons at Risk of Abuse - Policy and Procedures (HSE, 2014) and the programme of adult safeguarding services will need to adapt to reflect a range of developments from the expected changes in state policy and to ensuring safeguarding practices are in line with human rights informed model of service delivery.

The COVID-19 pandemic has highlighted the stark reality of the risk to health that living in a congregated setting poses.

There are efforts to transform how services are delivered and rights are upheld in accordance with the UN Convention on the Rights of People with a Disability. Whilst the Time to Move On from Congregated Settings (HSE, 2011) and Transforming Lives Supporting Person-Centred Disability Services (HSE, 2016) policies are showing progress, further efforts are needed for progress for people who remain living within congregated settings and to promote socially valued lives.

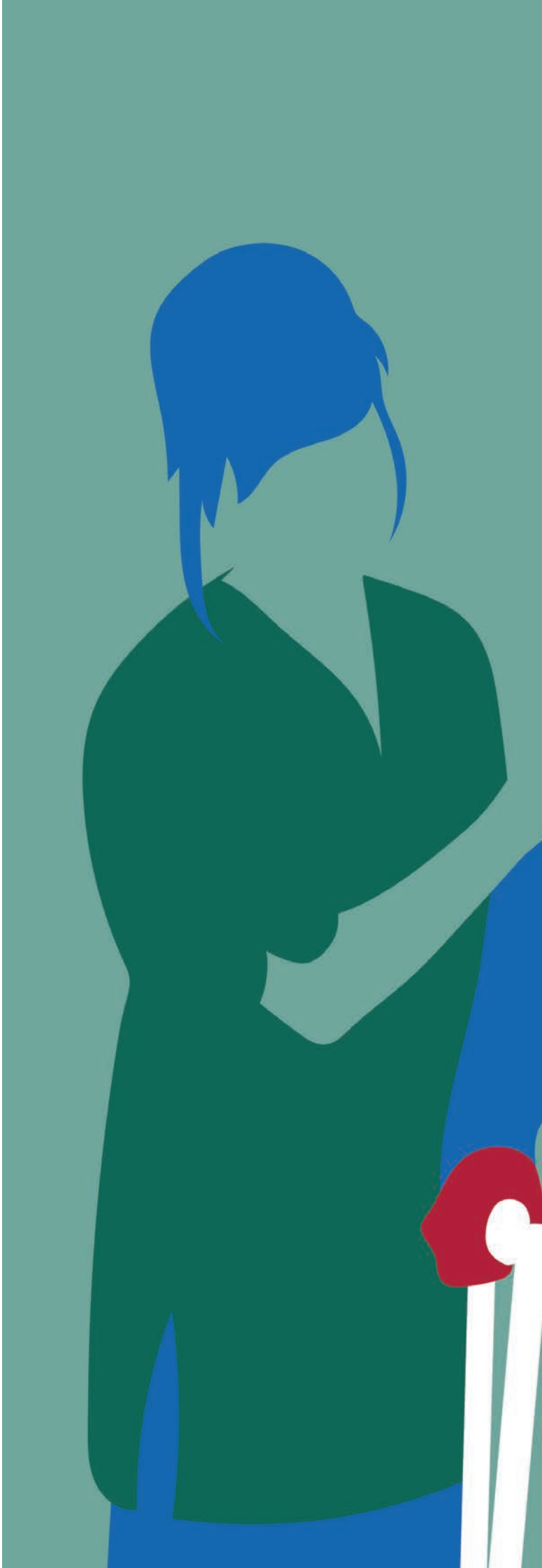
The HSE continues to work with to improve compliance for designated centres focusing on progress on physical infrastructure, governance and management processes. These issues and the associated costs will continue to be a significant challenge.

The learning from regulation, reporting and reviews have continued to highlight the importance of delivering human rights informed models of service delivery. There is an urgent need to progress on decongregation of services, advancing the social care model and to adequately respond to client compatibility. Ongoing Sláintecare reforms and commencement of the Assisted Decision Making (Capacity) legislation along with improved health service structures should advance human rights informed and person centered service delivery models.

As highlighted in previous years, there remains a significant requirement for primary legislation in the area of adult safeguarding to support and enhance the HSE's ability to respond to safeguarding concerns. In addition to legislation and policy development, there also remains a need for further investment to fully support the expansion of the coverage and scope of HSE adult safeguarding policy.

Following the pending publication of a health sector-wide policy by the Department of Health in 2023 and the upcoming publication of the Law Reform Commission Report on the future regulation of adult safeguarding services the HSE will align to expand our operations in relation to adult safeguarding. This policy transition will need to align with the overall programme of restructuring associated with the establishment of the Regional Health Areas and the further consolidation of service delivery through the Community Healthcare Networks as part of Sláintecare implementation.

In addition during 2022, after many setbacks the ICT procurement process has yielded a successful bidder, Liquidlogic. There is now a focus for the year ahead to configure and implement the adult safeguarding ICT case management system. This should lead to a safer delivery system, enhance data collection and reporting. During 2022 work has also continued on the implementation of the recommendations contained in the Nursing Home Expert Panel (NHEP). This Report highlights the additional social work posts allocated to provide safeguarding support and guidance across all nursing homes.





The HSE National Safeguarding Office

3.0 The HSE NSO

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 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 HSE adult safeguarding policy 2014.
- Provide leadership oversight and coordination for aspects pf policy and practice in relation to safeguarding of vulnerable persons.

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 including 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 CHOs;
- 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 operational practice;
- 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;
- With all stakeholders via newsletters and media messages;
- Devise service development plans in line with Sláintecare reforms and the Department of Health future policy on adult safeguarding.

3.4 Adult Safeguarding in 2022

Some of the work areas in of the National Safeguarding Office include:

- Completion of the adult safeguarding ICT procurement process and commencing the contract negotiations with the successful bidder,
- Working with the recently appointment SPT business managers to support individual CHOs hold and maintain listings of designated officers,
- Continuing the delivery of the safeguarding adults at risk of abuse eLearning programme (and associated explainer video) with HSeLanD,
- Continuing the delivery of safeguarding designated officer training using a blended learning approach,
- Undertaking a programme of events and activities to promote World Elder Abuse Awareness Day based on the theme “Rights don’t get old”,

- Supporting Safeguarding Ireland in the promotion of the second annual Adult Safeguarding Day in November 2022,
- Advising CHOs and SPTs on policy and practice matters relating to adult safeguarding,
- Concluding the evaluation of the pilot into the Tool for Risk Intervention and Outcomes (TRIO) an evidenced-based adult safeguarding assessment tool across three community health care organisations. Plans are now progressing for utilization across the HSE following consideration of the evaluation findings and recommendations,
- Supporting the investment of additional staff for safeguarding teams under the Capacity and the Nursing Home Expert Panel programmes,
- 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 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,
- Following up on national recommendations for improvements following internal audits across 6 HSE community nursing units in early 2022. This work has resulted in development of a revised self-audit tool and preliminary screening form,
- Co-chairing an interagency group to address data sharing in the context of safeguarding risk information within the nursing home sector and submission of recommendations to the Data Commissioners Office,
- Completing submissions to the plans for the operational model of the Community Support Teams following the recommendations of the Nursing Homes Expert Panel.

Data on Safeguarding Concerns

4.0 Data on Safeguarding Concerns

Our safeguarding teams continue to engage across services and community in accordance with the application of the adult safeguarding policy. This activity is recorded at a local level and collated nationally for performance and annual reporting. This is a fundamental role of the service. In accordance with the safeguarding policy (operational in disability and older persons services), each concern of abuse raised has a preliminary screening undertaken. The outcome of which determines 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 a designed officer who works with the SPT in reaching an agreed outcome and putting the necessary safeguarding measures in place. Community concerns are referred directly to the SPT and they act as designated officers in these cases.

The safeguarding activity recorded within this report pertains to the work of the SPTs and the HSE and HSE funded services that are engaging with them in accordance with the safeguarding policy. There is further safeguarding activity that takes place external to the teams that is not reflected in these figures.

4.1 Safeguarding Data

In 2022, 13,700 safeguarding concerns were reported to the SPTs, averaging 1,114 monthly. Table 1 illustrates the breakdown of the in excess of 77,000 safeguarding concerns reported by community health organisations (CHO) for the previous 8 years.

In 2022 there was an overall increase of 18% in safeguarding reporting to the SPTs. CHO7 continues to have the highest reporting rate with 2,411 concerns reported in 2022. As illustrated in Table 1 the relative change in reporting between 2021 and 2022 shows an increase evident across all CHOs most significantly in CHO9.

Table 1: Profile of safeguarding concerns by CHO 2016 – 2022

CHO	2016	2017	2018	2019	2020	2021	2022	Grand Total	Change 2021-22
1	711	768	878	879	828	791	993	**5,848**	+26%
2	687	704	755	649	646	665	721	**4,827**	+8%
3	635	927	1,110	886	697	865	953	**6,073**	+10%
4	1,060	1,189	1,628	1,730	1,342	1,583	1,880	**10,412**	+19%
5	1,310	1,567	1,476	1,493	1,398	1,435	1,687	**10,366**	+18%
6	478	850	916	1,001	955	1,081	1,166	**6,447**	+8%
7	1,018	1,772	2,575	1,976	1,760*	2,137	2,411	**13,649**	+13%
8	1,158	1,454	1,507	1,338	1,547	1,627	1,828	**10,459**	+12%
9	976	1049	935	1,263	1,401	1,456	2,061	**9,141**	+42%
Total	**8,033**	**10,280**	**11,780**	**11,215**	**10,574**	**11,640**	**13,700**	**77,222**	+18%

4.1.1 Safeguarding Concerns by Age and Gender

The breakdown of HSE, voluntary and community service provision varies across community healthcare organisations. This is, 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 are presented to facilitate comparisons across areas. The following tables are applying the 2016 census figures as the 2022 census is awaiting publication.

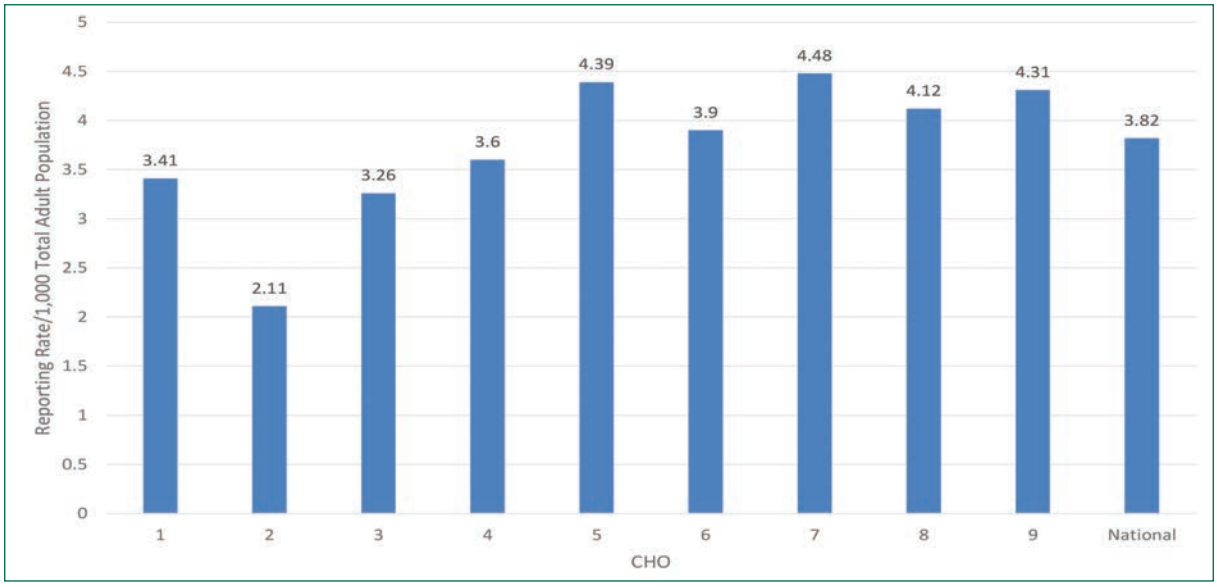
Of the 13,700 safeguarding concerns, 9,413 related to adults 18-64 (19% increase on 2021), 4,214 related to adults 65+ (13% increase on 2021). Of those classified as over 65 years 1,738 were over 80+ years (32% increase on 2021).

In 2022 the total number of concerns raised for all adults per CHO ranged from 2.11/1,000 population in CHO2 to 4.48/1,000 population in CHO7. The national average of 3.82/1,000 population is exceeded in five CHOs (CHO 5, 6, 7, 8 and 9).

Table 2: Reporting rate per 1,000 of adult population: all adults by CHO 2022

	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	474	3.31	147,289	517	3.51	290,705	991	3.41
2	167,995	353	2.10	173,234	366	2.11	341,229	719	2.11
3	141,996	391	2.75	145,439	547	3.76	287,435	938	3.26
4	255,667	986	3.86	266,216	894	3.36	521,883	1,880	3.60
5	186,605	777	4.16	193,439	891	4.61	380,044	1,668	4.39
6	141,841	543	3.83	155,848	619	3.97	297,689	1,162	3.90
7	259,417	1,113	4.29	274,204	1,280	4.67	533,621	2,393	4.48
8	218,781	895	4.09	225,075	932	4.14	443,856	1,827	4.12
9	229,925	915	3.98	244,976	1,134	4.63	474,901	2,049	4.31
Total	**1,745,643**	**6,447**	**3.69**	**1,825,720**	**7,180**	**3.93**	**3,571,363**	**13,627**	**3.82**

Fig 1: Rate of Reporting/1,000 Population by CHO – All Adults

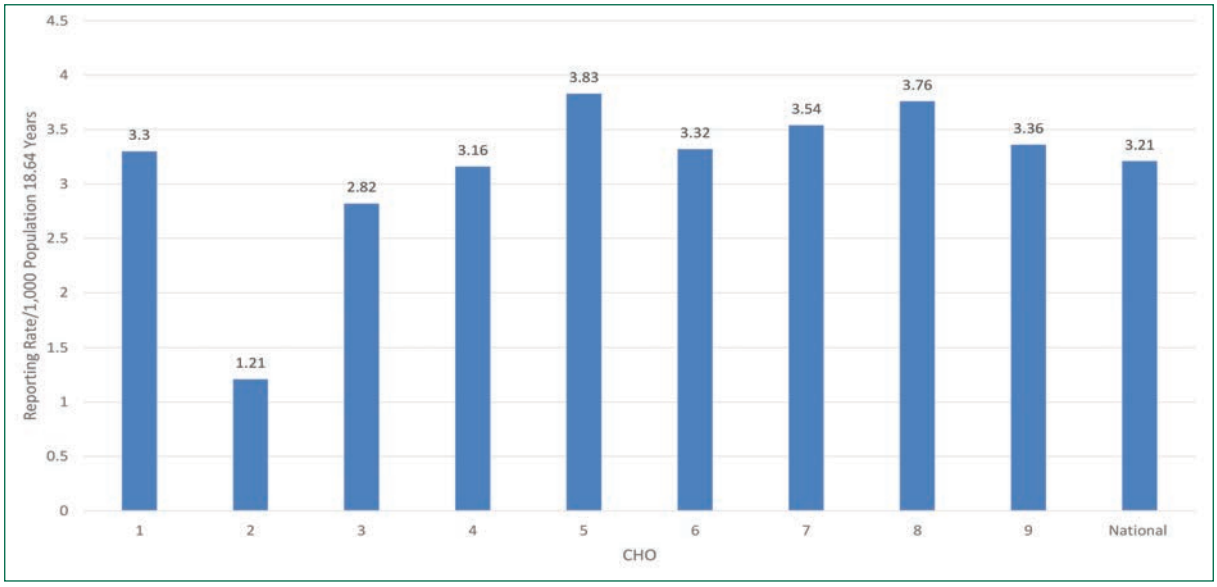


In the 18-64 age category the national average of 3.21/1,000 population was exceeded in CHO 1, 5, 6, 7, 8, 9. The rate of reporting in CHO2 at 1.21/1000 of population continues to be considerably lower than in all other areas.

Table 3: Reporting Rate per 1,000 of Population by CHO: 18-64 Years 2022

	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	381	3.33	116,228	379	3.26	230,642	760	3.30
2	135,208	185	1.37	137,463	146	1.06	272,671	331	1.21
3	115,927	316	2.73	115,899	338	2.92	231,826	654	2.82
4	209,629	778	3.71	213,377	560	2.62	423,006	1,338	3.16
5	151,195	588	3.89	154,258	581	3.77	305,453	1,169	3.83
6	116,807	406	3.48	124,324	395	3.18	241,131	801	3.32
7	223,779	810	3.62	232,397	804	3.46	456,176	1,614	3.54
8	183,632	704	3.83	185,966	686	3.69	369,598	1,390	3.76
9	198,215	708	3.57	205,078	648	3.16	403,293	1,356	3.36
Total	**1,448,806**	**4,876**	**3.37**	**1,484,990**	**4,537**	**3.06**	**2,933,796**	**9,413**	**3.21**

Fig 2: Reporting rate per 1,000 of adult population: 18-64 years by CHO 2022

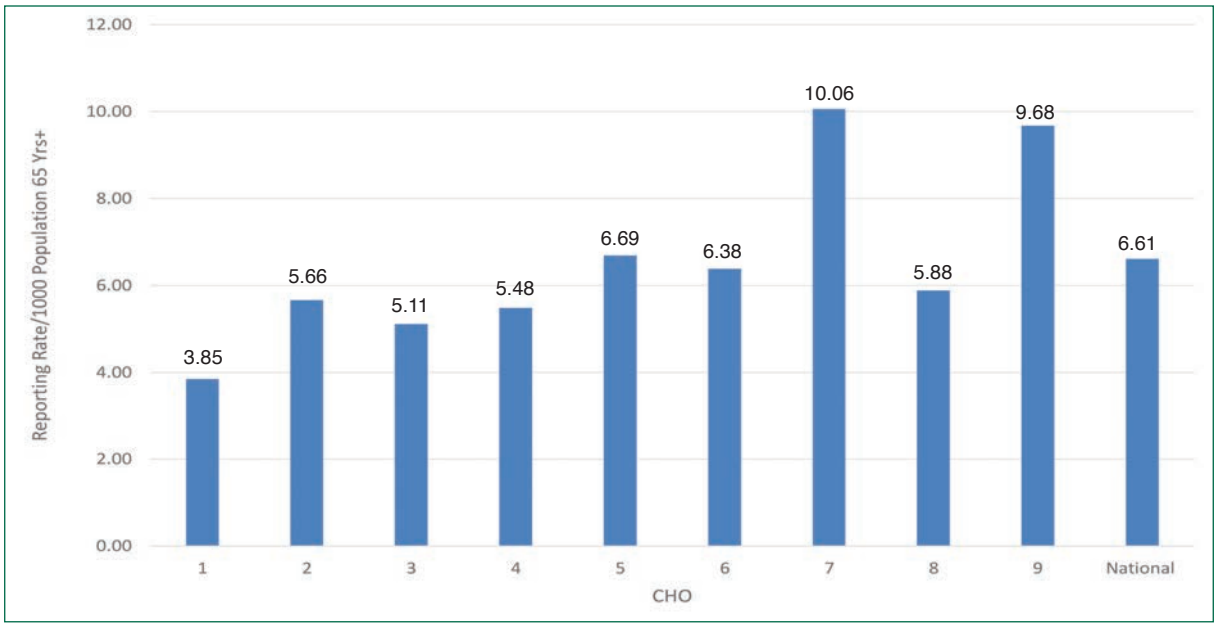


The national reporting rate for adults over 65 years in 2022 was 6.61/1,000 population (rising from 5.84 in 2021). The national rate was exceeded in CHO 5, 7 and 9.

Table 4: Reporting rate per 1,000 of adult population: 65+ years by CHO 2022

	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	93	3.21	31,061	138	4.44	60,063	231	3.85
2	32,787	168	5.12	35,771	220	6.15	68,558	388	5.66
3	26,069	75	2.88	29,540	209	7.08	55,609	284	5.11
4	46,038	208	4.52	52,839	334	6.32	98,877	542	5.48
5	35,410	189	5.34	39,181	310	7.91	74,591	499	6.69
6	25,034	137	5.47	31,524	224	7.11	56,558	361	6.38
7	35,638	303	8.50	41,807	476	11.39	77,445	779	10.06
8	35,149	191	5.43	39,109	246	6.29	74,258	437	5.88
9	31,710	207	6.53	39,898	486	12.18	71,608	693	9.68
Total	**296,837**	**1,571**	**5.29**	**340,730**	**2,643**	**7.76**	**637,567**	**4,214**	**6.61**

Fig 3: Reporting rate per 1,000 of adult population: 65+ years by CHO 2022



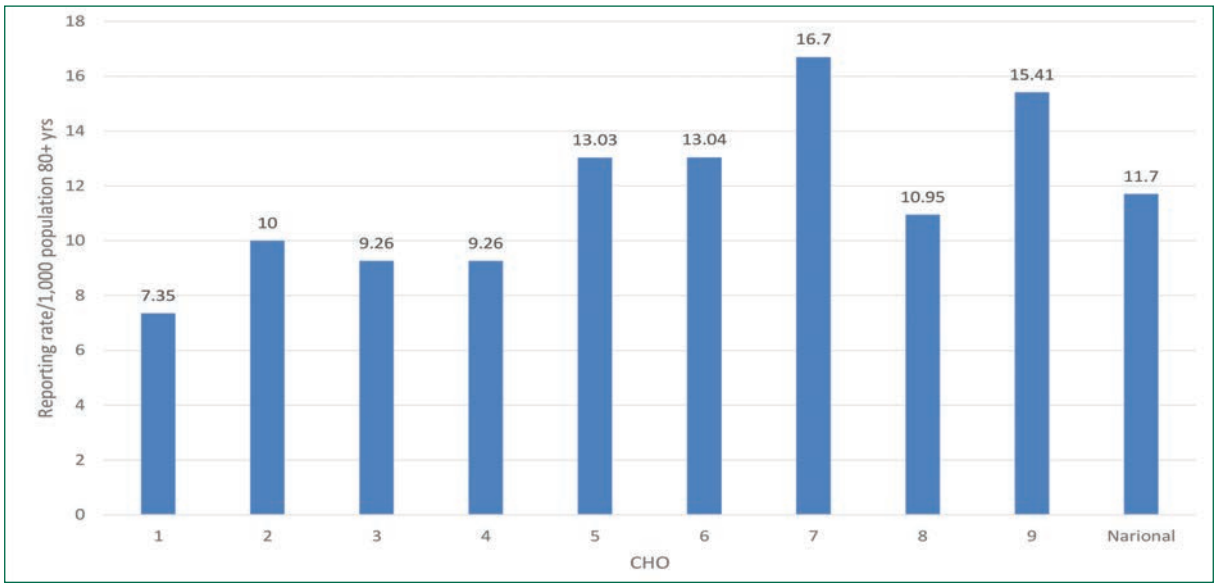
In 2021 the national reporting rate for adults over 80 years was 8.88/1000 population, increasing to 11.70 in 2022 (see table 5). Consistent with previous years CHO5 and CHO6 rate of reporting exceeds the national average, with a high level of PHN engagement in community referrals. More significant this year is the increase evident from 2021 in the following CHOs.

- CHO1 – reporting rate in 2021 was 3.95 increasing to 7.35 in 2022. The 106 concerns reported this year were referred predominantly from PCCC staff (33%) private agency (26%) and self-referral (21%)
- CHO7 – reporting rate in 2021 was 9.48 increasing to 16.70 in 2022. The 280 concerns reported this year were referred predominantly from voluntary agencies (60%) carer/home help (9%) PHN (9%) and family (9%)
- CHO9 – reporting rate in 2021 was 8.52 increasing to 15.41 in 2022. The 266 concerns reported this year were referred predominantly from nursing homes (32%) PHNs (12%) and voluntary agencies (11%)

Table 5: Reporting rate per 1,000 of adult population: 80+ years by CHO 2022

	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	30	5.11	8543	76	8.90	14413	106	7.35
2	6756	63	9.33	10045	105	10.45	16801	168	10.00
3	4961	28	5.64	7570	88	11.62	12531	116	9.26
4	8929	68	7.62	14061	145	10.31	22990	213	9.26
5	6892	76	11.03	10074	145	14.39	16966	221	13.03
6	5399	68	12.59	8938	119	13.31	14337	187	13.04
7	6433	99	15.39	10335	177	17.13	16768	280	16.70
8	6635	66	9.95	9892	115	11.63	16527	181	10.95
9	6383	68	10.65	10876	194	17.84	17259	266	15.41
Total	**58258**	**498**	**8.55**	**90334**	**1164**	**12.89**	**148592**	**1738**	**11.70**

Fig 4: Reporting rate per 1,000 of adult population: 80+ years by CHO 2022





4.1.2 Community/Service Classification

In accordance with the application of the safeguarding policy, safeguarding concerns are managed along two separate pathways, community and service. Service referrals are collated together, by age irrespective of care group.

As illustrated in fig 5 concerns from services in both the 18-64 and 65+ continued to increase in 2022. Service concerns relating to those over 65 years represents in both disability services and older person's services. In 2021 seven out of nine CHOs had the majority of service concerns for over 65 years come from the disability sector, while 2022 there has been a shift with five out of nine CHOs having greater number of concerns from older persons services (see fig 6).

Community concerns, though more significant in the over 65 age category, have shown little variation within both age categories over an 8 year period.

Fig 5: Profile of Safeguarding Concerns by Setting and Age 2016-2022

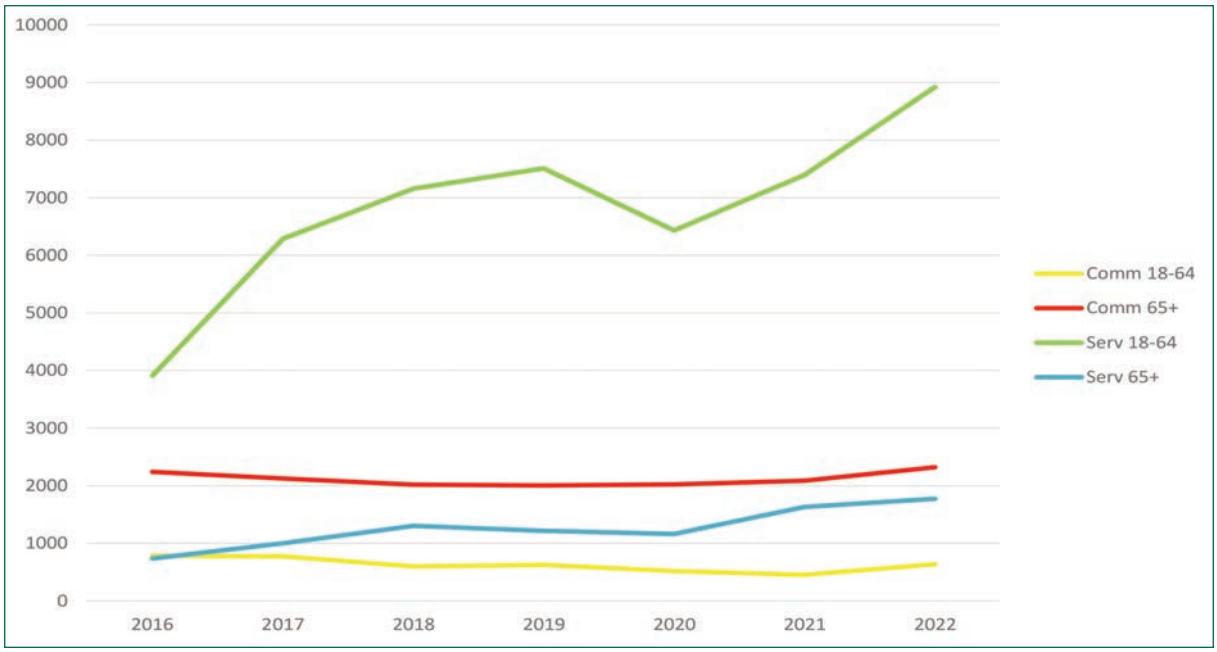
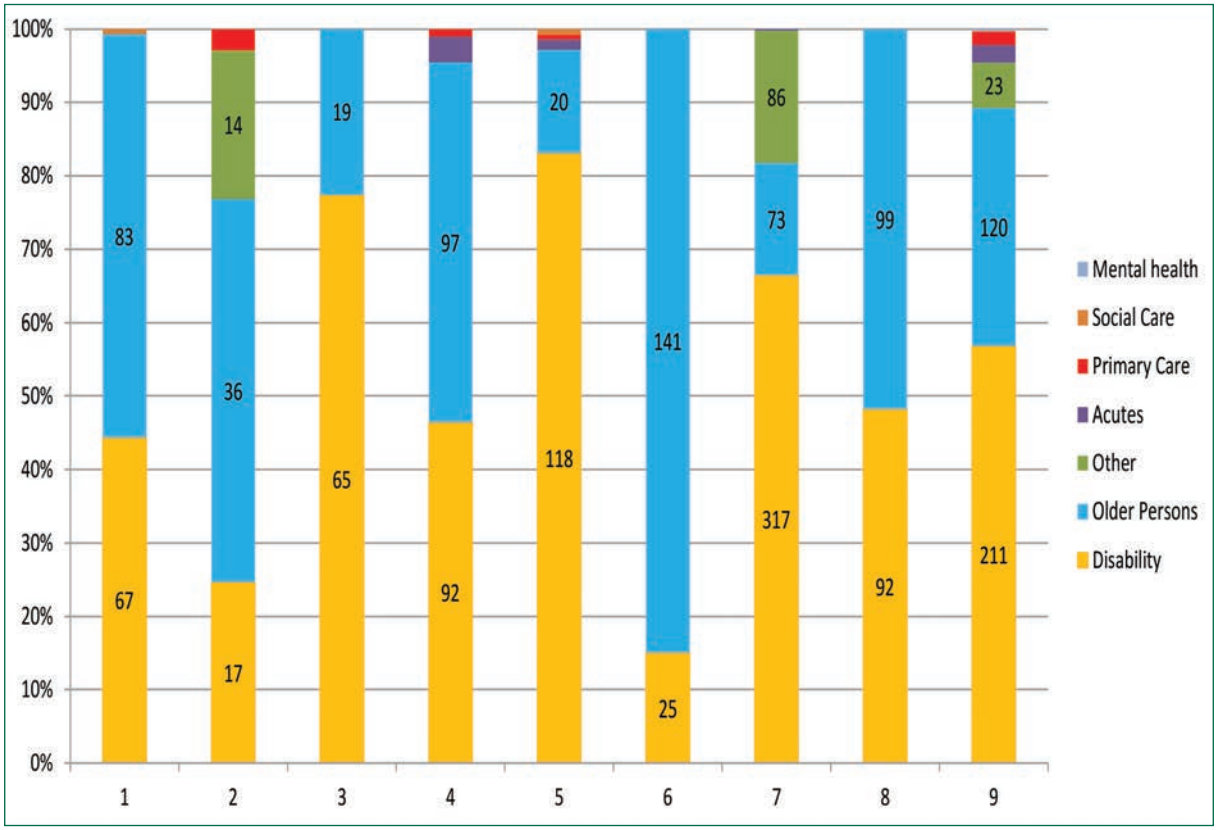


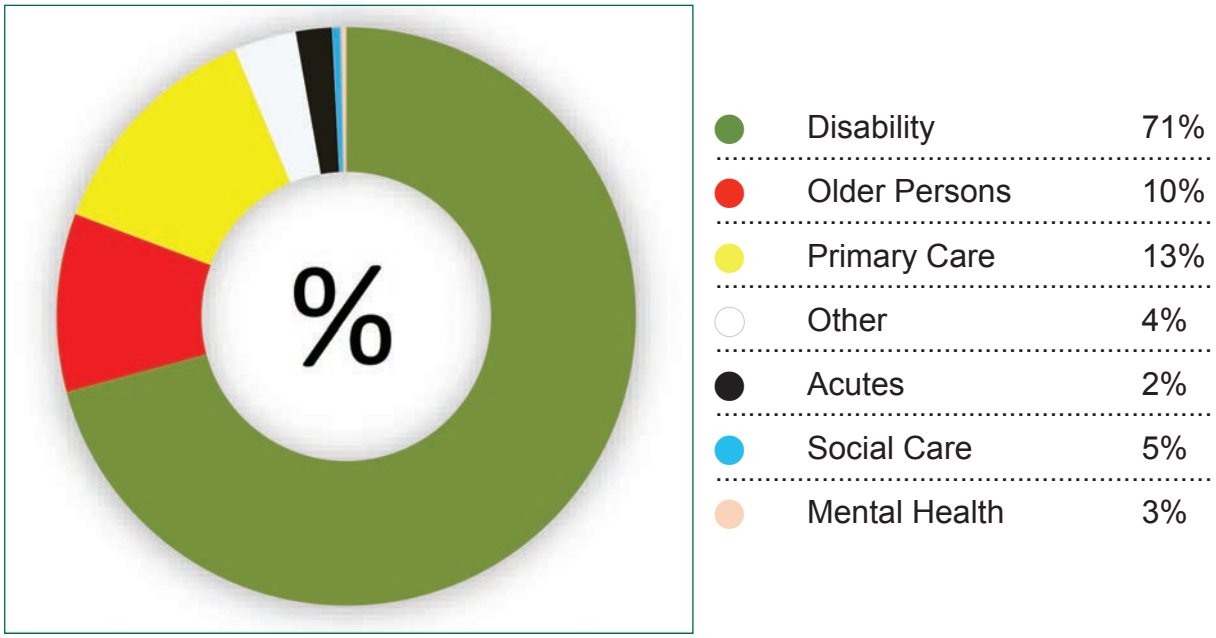
Fig 6: Profile by CHO of service concerns for adults 65+ by referring care group



4.1.3 Concerns by Referring Care Group and Referral Source

In 2022 the former Social Care Division encompassed referrals classified as disabilities 71%, older persons 10% and other social care 1%. Reporting from primary care represented 13% of concerns reported rising from 1,192 in 2021 to 1,721 in 2022. Primary care encompasses referrals from nursing, GPs and the wider community and continuing care staff.

Fig 7: Profile of Referring Care Group 2022

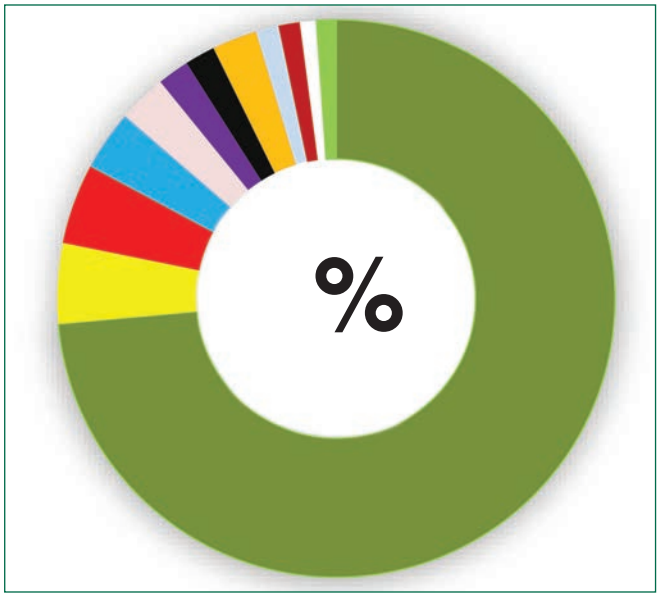


There has been an increase in the level of reporting from Primary Care for adults at risk both in the under and over 65 age categories. “Other” comprises mainly of community referrals from family, neighbours and friends.

Table 6: Profile of Concerns by Referring Care Group 2016-22- All Adults

Care Group	2016	2017	2018	2019	2020	2021	2022
Social Care	74.24%	76.06%	81.14%	81.12%	78.49%	82.60%	81.28%
Primary Care	21.37%	19.83%	14.73%	14.40%	15.91%	10.40%	12.65%
Others	0%	0.04%	0.06%	2.23%	4.35%	4.35%	4.13%
Acute Hospitals	2.69%	3.36%	3.47%	1.70%	1.06%	1.06%	1.57%
Mental Health	1.31%	0.67%	0.54%	0.43%	0.08%	0.08%	0.15%
Health & Wellbeing	0.38%	0.04%	0.05%	0.09%	0.01%	0.01%	0.02%
Tusla	0.01%	0.01%	0.01%	0.03%	0.01%	0.01%	0.01%

Fig 8: Profile of Referral Source 2022



In 2022 concerns referred from a voluntary agency represented 74% of concerns, an increase from 69% in 2021. Staff in public health, primary and continuing care and hospitals were the other main referring sources.

Table 7: Referral Source 2016-2022

Care Group	2016	2017	2018	2019	2020	2021	2022
Voluntary Agency	38%	42%	49%	63%	65%	69%	74%
PHN/RGN	26%	20%	23%	8%	8%	6%	5%
PCCC Staff	11%	8%	9%	8%	7%	6%	5%
Hospital Staff	6%	6%	6%	8%	4%	4%	3%
Family	4%	3%	3%	2%	3%	3%	3%
Self	2%	3%	2%	1%	2%	2%	2%
Carer/Home Help	3%	2%	2%	2%	2%	2%	2%
Other	0%	0%	4%	3%	3%	2%	3%
GP	2%	2%	1%	2%	2%	1%	1%
Other HSE Staff	0%	0%	0%	3%	2%	1%	1%
Gardai	2%	1%	1%	1%	2%	1%	1%
Private Agency	0%	0%	0%	0%	1%	1%	1%

4.1.4 Profile of Person Allegedly Causing Concern by Age Category

Of the 13,700 concerns, 13,618 had a person allegedly causing concern (remaining 82 classified as extreme self neglect). Of these there was defined information on the person allegedly causing concern for 11,323 (83%). Table 8 below provides a summary categorised by age of the adult at risk of abuse for those under 65 years. Peer on peer abuse accounts for 68% of reported concerns, other risks are allegedly posed by staff (17%) and immediate family members (12%). In contrast in the over 65-year age category 43% of concerns relate to immediate family members (spouse/partner/son/daughter) allegedly posing a risk while peers and staff account for 29% and 15% respectively. Further analysis in the over 65 age category indicates that for those over 80 years alleged abuse from an immediate family member represents over half of those cases reported.

Table 8: Person allegedly causing concern by age of adult at risk of abuse 2022

Person Allegedly Causing Concern	18-64		65+		65-79		80+		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Service User/Peer	5486	68%	922	29%	666	38%	256	18%	6408	57%
Immediate Family member	983	12%	1386	43%	619	36%	767	53%	2369	21%
Staff	1366	17%	561	17%	292	17%	269	19%	1927	17%
Other Relative	134	2%	180	6%	85	5%	95	7%	314	3%
Neighbour/Friend	144	2%	123	4%	72	4%	51	4%	267	2%
Stranger	223	3%	38	1%	24	1%	14	1%	261	2%
TOTAL	**8113**	**100%**	**3210**	**100%**	**1734**	**100%**	**1452**	**100%**	**11323**	**100%**

4.2 Profile of Abuse Type Alleged

In 2022 there were 15,464 abuse types alleged in relation to the 13,700 concerns 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.

The levels of reported financial abuse and neglect increase with age.

Table 9: Abuse types (all cases) by age of adult at risk of abuse 2022

Abuse Types Alleged	18-64 Years		65-79 Years		80+ Years		Total Years	
	No.	%	No.	%	No.	%	No.	%
Physical	3896	37%	708	27%	475	21%	5079	33%
Sexual	507	5%	72	3%	93	4%	672	4%
Psychological	4672	44%	1038	39%	716	32%	6426	42%
Financial	619	6%	401	15%	449	20%	1469	9%
Neglect	636	6%	284	11%	350	16%	1270	8%
Discriminatory	18	0%	6	0%	8	0%	32	0%
Institutional	116	1%	28	1%	24	1%	168	1%
Self Neglect	113	1%	133	5%	102	5%	348	2%
Total	10577	100%	2670	100%	2217	100%	15464	100%

Fig 9: Abuse Types (all cases) by age of adult at risk of abuse 2022

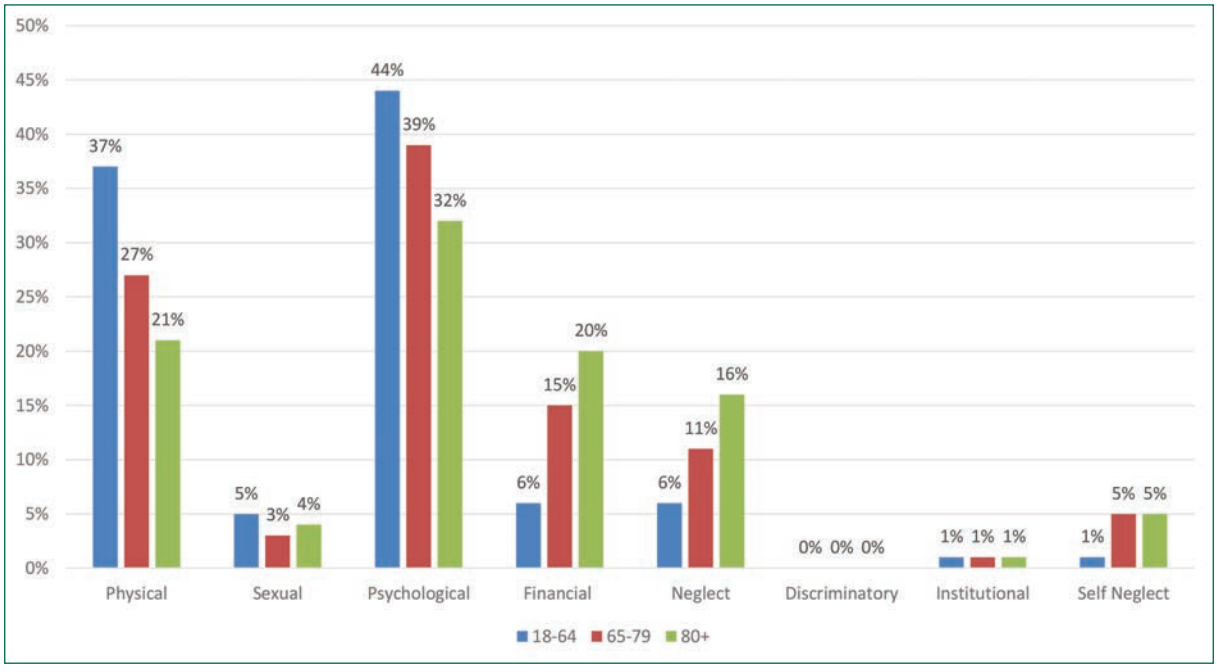
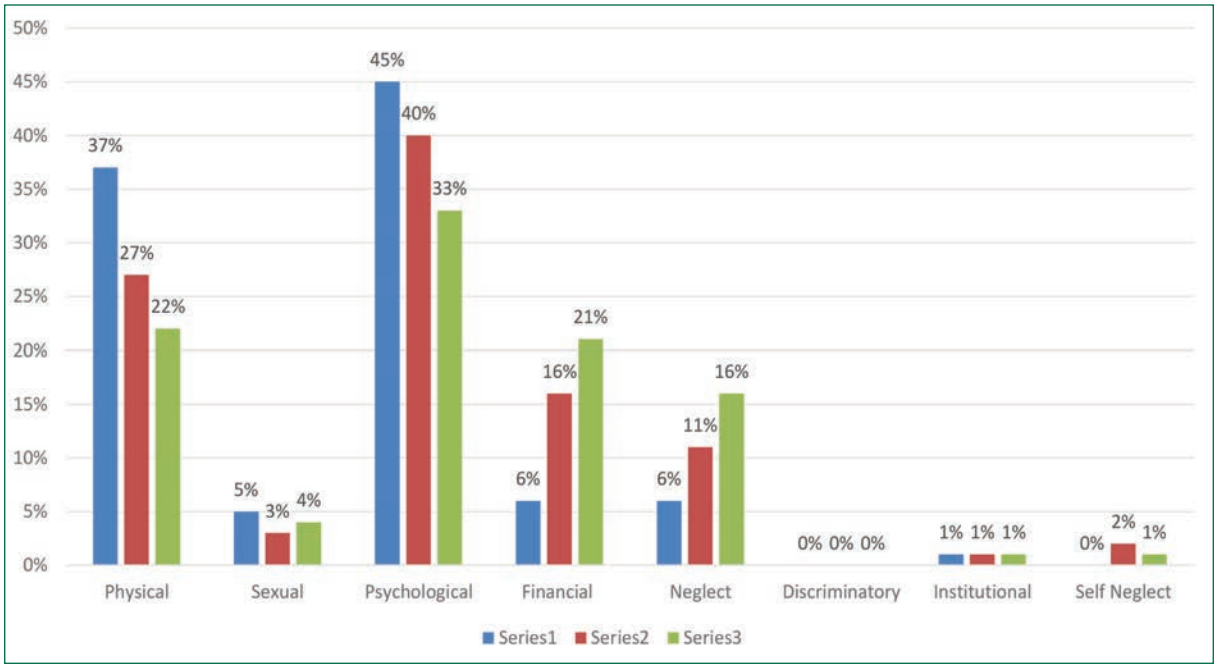


Table 10: Abuse types (with person allegedly causing concern) by age of adult at risk of abuse 2022

Abuse Types Alleged	18-64 Years		65-79 Years		80+ Years		Total	
	No.	%	No.	%	No.	%	No.	%
Physical	3896	37%	708	27%	475	22%	5079	33%
Sexual	507	5%	72	3%	93	4%	672	4%
Psychological	4672	45%	1038	40%	716	33%	6426	42%
Financial	619	6%	401	16%	449	21%	1469	10%
Neglect	636	6%	284	11%	350	16%	1270	8%
Discriminatory	18	0%	6	0%	8	0%	32	0%
Institutional	116	1%	28	1%	24	1%	168	1%
Self-Neglect	31	0%	39	2%	25	1%	95	1%
Total	**10495**	**100%**	**2576**	**100%**	**2140**	**100%**	**15211**	**100%**

Fig 10: Abuse types by age of adult at risk, with a person allegedly causing concern 2022



In 14% 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 2022

Abuse Types Alleged	18-64 Years		65-79 Years		80+ Years		Total
	No.	%	No.	%	No.	%	
Psych/Physical	642	64%	157	81%	107	30%	906
Psych/Financial	93	9%	103	53%	110	31%	306
Psych/Neglect	69	7%	31	16%	50	14%	150
Psych/Sexual	57	6%	2	1%	14	4%	73
Financial/Neglect	16	2%	17	9%	32	9%	65
Psych/Institutional	41	4%	4	2%	2	1%	47
Physical/Neglect	24	2%	5	3%	8	2%	37
Neglect/Self neglect	8	1%	19	10%	7	2%	34
Physical/sexual	16	2%	2	1%	12	3%	30
Physical/financial	18	2%	5	3%	7	2%	30
Neglect/institutional	13	1%	7	4%	4	1%	24
Total	997	100%	195	100%	353	100%	1545

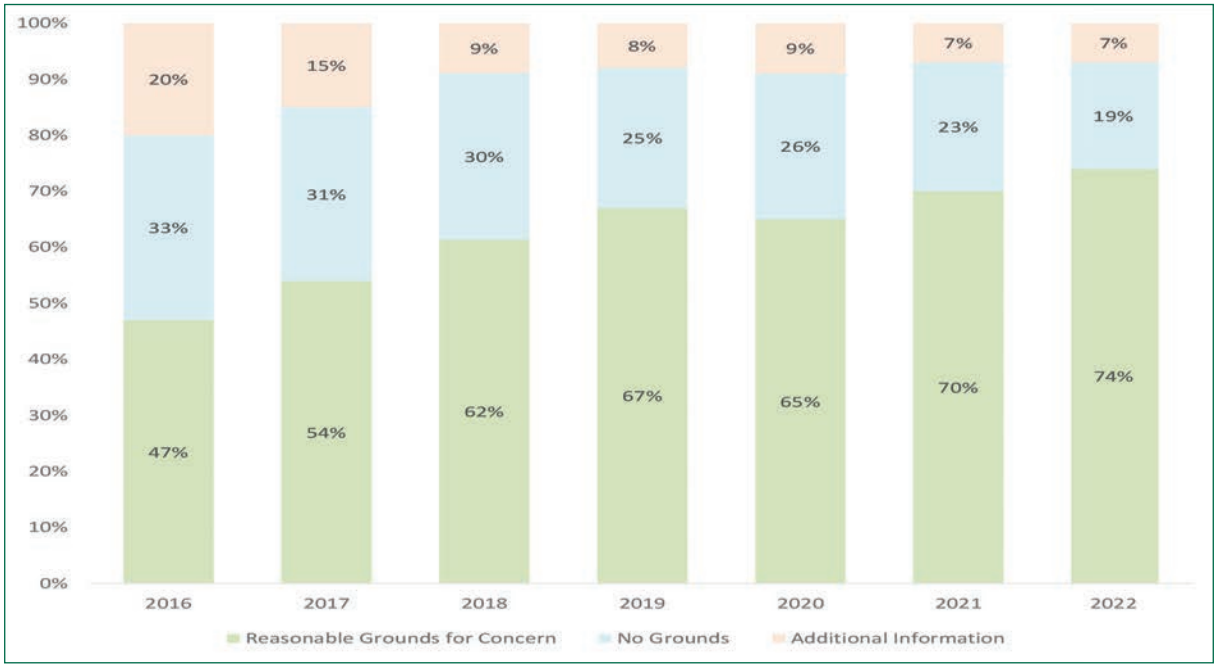
4.3 Outcome of Safeguarding Preliminary Screening

When a preliminary screening assessment is concluded 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 with the SPT. Figure 12 outlines the breakdown of outcomes by year. The progressive increase in the proportion of reasonable grounds and corresponding decrease in no grounds is evident.

In 2022 three out of every four concerns reached an agreed outcome with the SPT of “reasonable grounds for concern”. Those classified as having “no grounds” further reduced in 2022 to 19%, a drop of seven percent.

Fig 11: Outcome of preliminary screening agreed with SPT 2016-2022



4.4 Summary Findings 2022

- There was an 18% increase in reported concerns in 2022. The proportion of concerns of abuse across age groups is 69% for those under 65 years of age and 31% for those aged over 65. Of those over 65 years the greatest increased was evident in the over 80 years age category.
- For adults aged under 65 the most significant category of alleged abuse is psychological 45% followed by physical abuse 37%.
- For adults aged 65-79 years the most significant categories of alleged abuse is psychological abuse 40%, physical 27% and financial abuse 16%.
- For adults over 80 years the most significant categories of alleged abuse is psychological 33% physical 22% and financial 21%.
- In relation to the person allegedly causing concern for adults under 65 years the majority of concerns are reported from a service setting with “another service user” most frequently cited.

In contrast for those over 65 years "immediate family members" are the most frequently reported persons causing concern and this increases with age accounting for over half in the over 80s category.

- Three quarters of all reported concerns result in an outcome agreed with the SPT of "reasonable grounds for concern.

- A log of "advice only" calls is currently in use in six of the nine CHOs. This log recorded an additional 2,196 advice calls responded to by the SPTs in 2022, the majority of which related to older people residing in the community. The primary source of these calls were family, PHN/RGN/PCCC staff and hospital staff.

4.5 Discussion Points

- 2022 is the first year that concerns relating to those over 65 years have exceeded 4,000 cases. This increase is accounted for by greater level of reporting within older persons services as opposed to changes in the level of reporting in the community. The NSO welcomes this proactive engagement by older persons services with the SPTs to provide advice, support and safeguarding planning for these adults at risk of abuse.

- In comparison to 2021 there was a 32% increase in the reporting of concerns for those over 80 years. The majority are residing in the community and are most likely to be reported via the PHN and wider network of community support staff.

- Although notifications have increased year on year it is important to contextualise the figures. These statistics do not reflect the overall safeguarding activity either within the health services or within society as a whole. The SPT work within the scope and remit of the adult safeguarding policy which is applicable in disability and older persons services.

- The NSO is awaiting the publication of the 2021 census which was delayed by a year due to the COVID-19 pandemic. The expected growth in population as anticipated by population projections will impact on the reporting rate/1000 population in all age categories.

- From a whole service perspective there is a necessity to have more comprehensive safeguarding activity captured. Necessary steps to make this a reality include the introduction of the ICT system.

- There are some regional differences in the reporting rates that cannot be accounted for by population size or services available. Any comparative analysis should be undertaken with a level of caution being mindful of regional circumstances and context.

- For those over 65 years residing in the community the NSO will consider specific awareness initiatives and roadshow events to engage with community services around recognising, responding and referring safeguarding concerns.

  Further engagement is required with the Directors of Public Health Nursing network managers and wider primary care stakeholders to discuss possible factors for the decline in referral rates.

- The COVID-19 Nursing Home Expert Panel recommendations were progressed in relation to recruitment of safeguarding social workers. The clarity around legal basis for involvement in this sector remains unclear. The teams have developed a support pathway to the private nursing homes however this lacks uniformity. There will be need in future to classify and measure the support activity to the private nursing homes by the SPTs as the community support teams become operational.

- Our dataset is limited and the introduction of the ICT system incorporating the Tool for Risk Interventions and Outcomes (TRIO) will greatly enhance the information on risk profiles and intervention outcomes to be able to develop a more effective evidence based service.

Adult Safeguarding Initiatives

5.0 Adult Safeguarding Initiatives

5.1 User Engagement in Stewarts Care

In 2022 the NSO, in partnership with Stewarts Care, undertook a service user engagement study. This study examined how to include the voice of service users in safeguarding processes and plans.

In line with the principles of "Making Safeguarding Personal" the study explored whether service users can be involved to a much greater extent in the creation of their own safeguarding plans, or at the very least have an equal partnership with the Designated Officer's created plans. There are many compelling reasons to actively and meaningfully engage service users in safeguarding processes and plans but ultimately there is a moral imperative placed on practitioners to follow the simple maxim "nothing about us without us". Some of the principles underpinning the Safeguarding Vulnerable Persons art risk of abuse policy include respecting human rights, empowerment of the individual and person-centred approach. The principles are in line with current legislation and policy such as the United Nations Convention on the Rights of Persons with Disabilities (NCRPD), Assisted Decision Making Act 2015 and the National Consent Policy, all of which confirm that adults engaging with services have a legal right to make decisions about their lives. If a person needs to make a decision in relation to their care or treatment, they must be supported to make that decision, e.g. through the provision of accessible information.

In February 2022 a short interview was conducted with a service user about their experience with safeguarding processes (e.g. their experience talking to a keyworker and Designated Officer, their understanding of the forms used by the HSE, and their understanding of what steps happen next). This was videoed with consent, and presented to the HSE Quality and Safety Committee. Following from this a series of focus groups were held for service users in Stewarts Care between August and November. The focus groups examined the service user's experiences and understanding of safeguarding processes, along with issues of consent and sharing information. Both a video and a case study were used to aid discussion and help with communication. Arising from this service users were invited to complete their own safeguarding plan (using existing HSE forms-with help from Speech & Language for easy read). A Designated Officer was also invited to complete the same forms for that service user and the two plans were compared.

The results identified 4 themes:

Theme 1. Service users understanding of safeguarding

The participants throughout demonstrated a knowledge and understanding of safeguarding and a growing understanding as the conversations developed in the focus group. Upon initial introduction of the word "safeguarding" the participants demonstrated an understanding of the overall essence of safeguarding. Participants said its "keeping yourself safe from anyone harming you", "calling people names and trying to hurt them" or "being disrespectful". At times there were some participants who misunderstood the term thinking it was linked to safety overall which references being "safe crossing the road" or "fire safety".

There was some inconsistency between the understanding of the types of abuse as categorised in the national policy i.e. physical abuse, psychological abuse, financial abuse, sexual abuse, neglect, institutional abuse and discrimination. Most participants understood physical abuse however neglect and financial abuse required further explanation to grasp the concept of, with participants in general not elaborating with examples of what it was. After the video was shown in the focus groups, the participants demonstrated a clearer understanding of what safeguarding was and retained this information when discussing the case study.

Theme 2. Restorative Justice

Throughout the focus groups a very strong theme around restorative justice was established. All the service users felt that an apology was a really important step needed in a safeguarding plan. For example one service user said:

"Maybe they can sort it out themselves first, and if this doesn't fix it then get help. Get mediation with the Guards. Write it down and bring it to a key worker meeting"

Theme 3. Consent

Throughout the focus groups the importance of consent was highlighted and reinforced by participants. They spoke about the need to be given the choice about what is in their safeguarding plan. The participants involved in the focus groups were able to engage in discussions about interventions and the potential risks and benefits associated. This confirmed their ability to provide informed consent.

Participants spoke about the key people they would consent to sharing information with.

"Tell her social worker",
"Need to report it to Safeguarding Officer",
"Tell my parents or someone I trust, like an Aunt or Uncle".

Theme 4. High levels of emotional intelligence and Compassion

All the participants demonstrated high levels of emotional intelligence, perspective taking and compassion throughout. During the focus groups the participants spoke not only of how the "abused" person was feeling but considered the feelings of the individual engaging in abusive behaviours.

Differences between Safeguarding Plans.

Overall there were no significant differences between the designated officer's plans and the service users. The service users provided extensive information as to what safeguarding means to them, their understanding of it and how they can identify the support they, and others, require if they report safeguarding concerns. There was very good group cohesion in all of the groups and lots of agreement as to what actions were needed in the safeguarding plans.

The report will be published by the NSO in 2023.

5.2 NSO Newsletter

The National Safeguarding Office publishes a newsletter on a quarterly basis. In 2022 the newsletter provided updates on key developments within safeguarding and advanced notice of important events and seminars of interest. The newsletter was distributed widely to the SPTs and other stakeholders around the country. To subscribe to our mailing list please contact us at safeguarding.socialcare@hse.ie



5.3 Designated Officer Listing

In preparation for the electronic case management system the NSO engaged with the newly appointed business managers in the Safeguarding and Protection Teams throughout 2022. The business managers assisted with an exercise to confirm nominated designated officers associated with each service for persons with disability and older persons services within the relevant CHO.

Key information was captured so that the prospective ICT users and services can be mapped appropriately. The information gathered will need to updated as we move closer to implementation.

5.4 Safeguarding Self Audit Tool for Services

A safeguarding self-audit tool was developed by the National Safeguarding Office a number of years ago to assist services to consider their safeguarding practices and to assess their own compliance with safeguarding policy. In addition it aids services to identify areas of strength and areas where capacity building or assistance is required.

Undertaking this self-audit annually is a requirement of HSE funded service providers in older persons and disability residential services, under their service level agreements.

During 2022 an audit of older person's residential services was conducted by the HSE Internal Audit Division. Following this audit it was recommended that, *"the senior most accountable person in the NSO should issue a communication to all centres providing services to vulnerable adults to (a) consider the use of the NSO Safeguarding Self Audit template on a regular basis (at least annually) as a means to measure service level commitments to safeguarding its service users, and (b) for ease of access, a copy of the tool should be clearly available on the NSO presence on the HSE website."*

The NSO will revise the services self-audit tool in 2023 and make it available for use more widely. This revision process will align the self-audit tool with the eight themes of the of the HIQA-Mental Health Commission Safeguarding Standards.

5.5 Tool for Risk Intervention and Outcomes- TRIO

TRIO is a risk identification and assessment framework developed in California by the Adult Protection Services (APS) social workers and administrators who 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.

The NSO accepted a recommendation of a working group on the the identification of performance and evaluation data to use this tool. Following a period of engagement and training in the use of the tool, a pilot project on the implementation of TRIO in three CHO areas was commissioned by the NSO in conjunction with the Department of Health.

This pilot project concluded in 2022 and the NSO continues to study the recommendations with a view to introducing TRIO for use in all of the SPTs during 2023.

5.6 HSE Committee Representations

During 2022 the NSO were represented on a number of HSE committees:

- HSE National Assisted Decision-Making Implementation Steering Group
- HSE Assisted Decision-Making Implementation Plan Working Group
- Advance Healthcare Directive Multi-Disciplinary Group
- Community Operations Assisted Decision Making Sub-Group
- HSE Consent Policy Review Group
- Midlands Louth community Healthcare Regional Safeguarding Committee
- Safeguarding Ireland Advisory Committee
- The Arts Council Safeguarding Advisory Group

Learning and Development

6.0 Learning and Development

6.1 Adult Safeguarding Training

The NSO delivers two main adult safeguarding programmes. A safeguarding adults eLearning programme targeting all staff, and a follow-up programme for designated officers and others with a responsibility for responding to concerns of adult abuse within services. As well as these programmes, a toolkit to extend safeguarding learning is available to further promote safeguarding learning within services in addition to the minimum required training.

Delivery of these standardised programmes continued throughout 2022.

6.1.1 Safeguarding Adults at Risk of Abuse Programme

Having commenced in 2020, the delivery of our eLearning programme *Safeguarding Adults at Risk of Abuse* continued on HSeLanD. There has been almost 130,000 completions since then.

The eLearning module is introduced with an explainer video which highlights the key role of staff in recognising, responding and reporting safeguarding concerns. Various scenarios follow which depict abuse across different contexts. The learner works though interactive 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 and how and who to report concerns to.

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

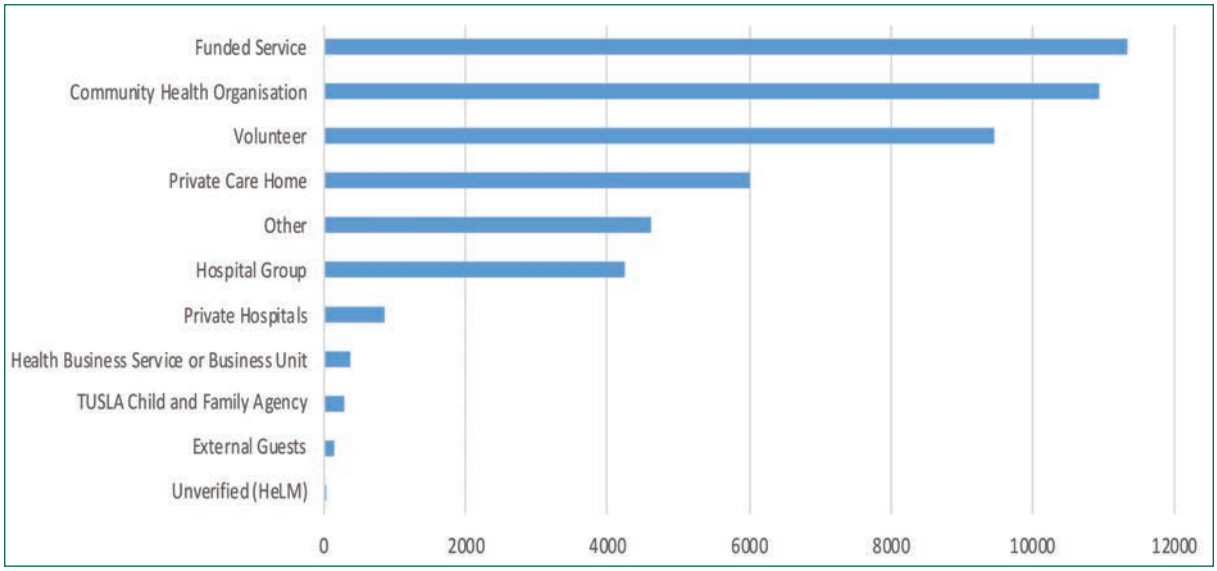


During 2022 there were a total of 48,815 completions of the programme by 48,197 staff. The breakdown of completions per quarter is set out below in Table 12.

Table 12: Safeguarding Adults at Risk of Abuse completions in 2022

Quarter 1	12,422
Quarter 2	11,698
Quarter 3	12,212
Quarter 4	12,483
Total 2021	**48,815**

Fig 12: eLearning staff completions by service 2022



6.1.2 Designated officer training

Designated officer training is delivered using a blended learning format hosted on HSeLanD. The programme comprises a number of sequential steps that culminate in a live interactive workshop hosted by adult safeguarding facilitators on a videoconferencing platform.

A number of changes were made to the programme set up on HSeLanD in late 2022 resulting in increased accessibility and plans for re-commencement of in-person workshops in parallel to online workshops for 2023.

2022 saw 239 staff complete designated officer training.

Fig 13: Attendees at designated officer training by geographic area in 2022

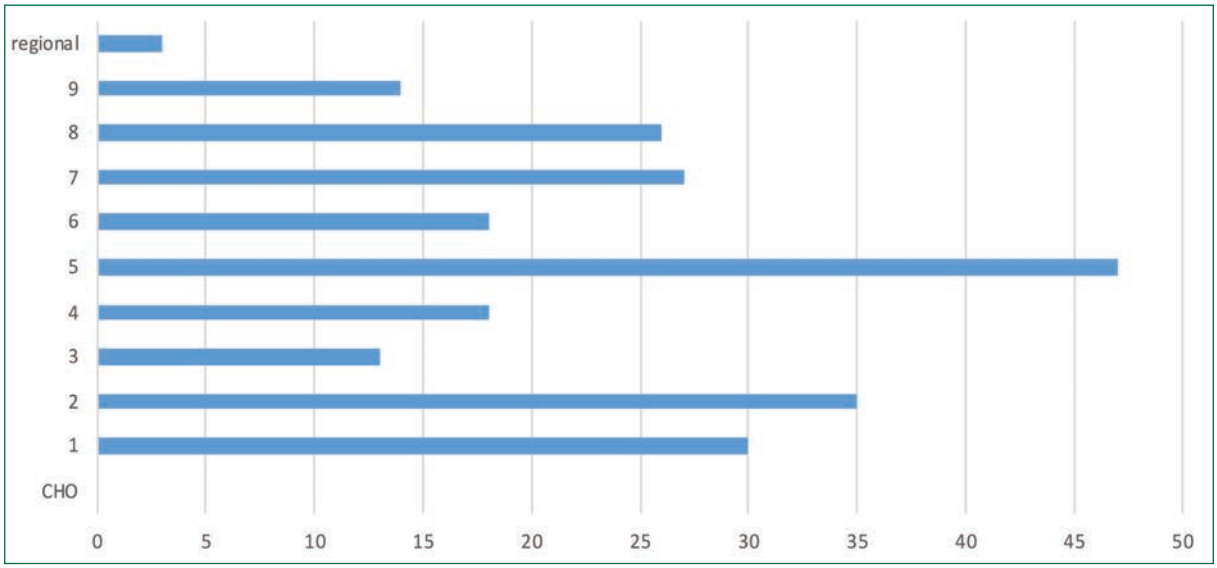
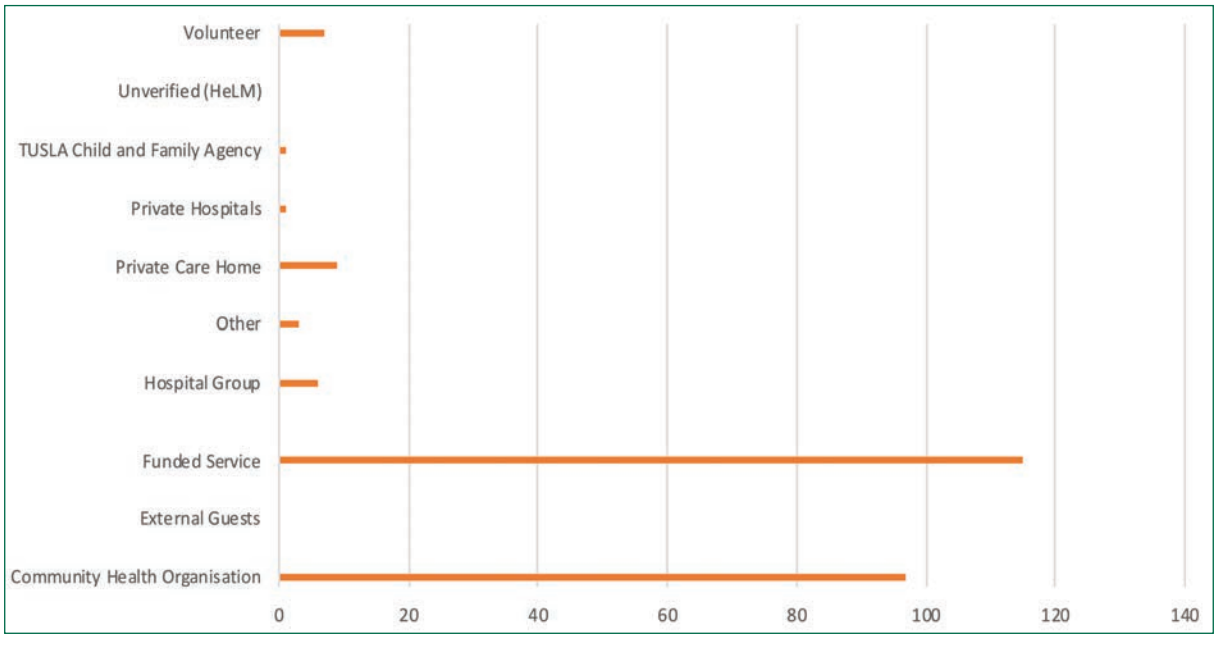


Fig 14: Designated officer training, attendees by staff sector, 2022



6.1.3 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 help advance safeguarding learning in the workplace.

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. This toolkit has been further promoted in 2022 and some workshops have been delivered to support managers in its use.

6.1.4 Safeguarding training quality assurance

The quality assurance process for safeguarding training as developed and applied in 2018 was updated in 2022 to reflect changes to adult safeguarding training programmes. This document sets quality assurance measures that should be adhered to in order to ensure quality and consistency of adult safeguarding training and development. Responsibilities are set out for the NSO, facilitators, training participants and management.

6.2 Learning to Safeguard Report

"In October 2022 the NSO published *Learning to Safeguard,* a report on two studies into HSE adult safeguarding training programmes, undertaken in March 2022."

Learning to Safeguard is divided in three parts:

- Part A An examination of adult safeguarding officers' readiness for online learning and their perceptions of a blended learning approach employed in an adult safeguarding training programme. This study (presented here in Part A) is a condensed account of a thesis undertaken by Bridget McDaid, National Safeguarding Office, as part of an MA in Adult Learning & Development (University of Galway, 2022).
- Part B An examination of staff learners perceptions of the Safeguarding Adults at Risk of Abuse eLearning programme
- Part C Summary of recommendations for both programmes.



The report was launched by Midwest Community Healthcare Area Chief Officer Maria Bridgeman in October 2022, pictured with Tim Hanly and Bridget McDaid.

6.2.1 Learning to Safeguard executive summary

Part A: Designated officer training programme

Designated officer training was reconfigured from face-to-face training to a blended format during 2020. This study has sought to establish participants readiness for online learning and their perception of the blended approach.

The survey employed a quantitative design. Modified versions of two previously validated survey tools were used as well as data from an existing post-training programme evaluation questionnaire, with response rates of 49% and 37% respectively.

Designated officers regarded the specified competencies as important to very important with highest importance placed in time management. Designated officers expressed they were confident to very confident in their ability to accomplish all competencies in online learning. The highest confidence was in the technical competencies. Designated officers are demonstrating high readiness for online learning.

Designated officers reported positively on online contributions and on blended learning workload. The scores indicate positive perceptions of the blended learning experience. The perceptions of blended learning have also been positively expressed within the post

training programme evaluation questionnaire. Responses to open-ended questions in both surveys were largely positive with some suggestions for improvement made.

Findings will help inform planning and development of HSE adult safeguarding training for designated officers or others in a comparable role.

Part B: Safeguarding Adults at Risk of Abuse eLearning programme

The HSE Safeguarding Adults at Risk of Abuse eLearning programme was launched in 2020.

HSeLanD evaluation surveys relating to this programme since it commenced in late 2020 to February 2022 were examined to ascertain learners perceptions of this programme and its delivery mode/pedagogy. Survey responses yielded a response rate of 12% for this time period.

Learners demonstrated a very high level of satisfaction with programme content and reported that the programme was relevant and applicable to their role. A high rate of intention to put their learning into practice was also reported.

Discursive commentary was provided in response to two opened ended questions. This data was overwhelmingly affirmative and further elucidated the positive perceptions of the programme. The themes that emerged in the commentary provide useful additional information and suggestions for improvement that can be considered at the time of programme review.

Part C: Recommendations

In summary, *Learning to Safeguard* recommended that the blended approach be continued for the designated officer programme with the additional option of in person interactive workshops for the final stage to be added. The provision of eLearning should continue as the minimum required training for staff. There should be efforts within services to extend safeguarding learning on a more ongoing basis after the minimum training has been completed.

6.3 Learning and development seminar

The NSO hosted its annual learning and development event for staff of Safeguarding and Protection Teams on 11th and 12th October in Limerick. The theme this year was *Positive Risk Taking.*

Tim Hanly, General Manager, NSO welcomed everyone on the first morning and the opening address was given by Maria Bridgeman, Chief Officer, Mid West Community Healthcare

Key note speakers on the first morning were;

- Prof. Shaun O'Keeffe, Consultant Geriatrician who spoke on the theme of; *Geriatric Medicine: Risky Business*
- Ruth Connolly, Chartered Clinical Psychologist delivered a paper on; *Why it is not always better to be safe than sorry: The magic of a little Risk Taking*

- Adam Harris, Founder & Chief Executive Officer, AS I AM spoke on; *The lived experience*

In his contribution to the event, Prof. O'Keeffe posed a number of key questions for consideration;

- What is risk?
- Risk for whom?
- What is an acceptable level of risk?

He discussed issues of "danger", "likelihood" and "uncertainty" in considering what risk is. He queried whose risk professionals consider (risk to the professional or the vulnerable adult) and noted that as professionals we sometimes substitute our risk tolerance for that of the vulnerable adult. He teased out the issue of what might be considered an acceptable level of risk and pointed out that it is important to understand the weight that people place on what is important to them in considering the level of risk they wish to live. Prof. O'Keeffe concluded his remarks by warning against the over use and over simplification of the risk lens and suggested that we need to focus on risk mitigation rather than risk avoidance.

In her address, Ruth Connolly set out her intention to initiate a broad discussion on how health and social care services can balance their responsibilities to safeguard their service users from abuse while upholding their right to self-determination, autonomy and risk taking.

She framed this discussion in the context of four central themes;

- The current position as services exit from the recent pandemic conditions
- What research (particularly psychological research) tells us about human decision-making in the context of risk
- What organisational supports are required to promote risk enablement
- How can we collect and share human stories of the lived experiences of disability and examples of good practice

Adam Harris commenced his address to the seminar by pointing out that people's awareness of autism and their knowledge of the facts of autism need to be underpinned by an empathy and an understanding of the factors that influence a person's ability to make decisions and their ability to be autonomous.

He suggested there may be as much support required for neuro-typical people to understand those who are neuro-divergent as there is for those who are neuro-divergent to understand those who are neuro-typical.

He framed the discussion in the context of his own experiences of autism and the establishment of As I Am. In particular he highlighted the challenges for people with autism as they grow to adulthood and leave many of the supports they may have had at school behind. However he also pointed out that this transition can also present opportunities for growth and development.

All presentations are available at: https://youtube.com/@hsenationalsafeguardingoff2630

Throughout the two days of the event there were a number of parallel workshops on offer to participants;

- ICT Project & Liquid Logic Demonstration (Helen Butler, Senior Product Specialist - Liquid Logic Marguerite Clancy & Don Munro NSO)
- Non-intimate Coercive Control and Older Adults: The Safeguarding Social Work Experience. (Freda Quinlan Social Work Team Leader CHO 2)
- Advancing the Field of APS: An Introduction to the Tool for Risk, Interventions and Outcomes (TRIO). (Carey Aldava & Marcy Snider County of Ventura Human Services Agency USA)

In addition on the first day of the event, there was a plenary session delivered by Ray Mitchell, Assistant National Director, Parliamentary Affairs Division on *The HSE's Role and Responsibility in Supporting the Work of the Oireachtas and Local Government*

On day 2, Elaine Kilroe, Enterprise Risk Management, Governance and Risk - Office of the Chief Strategy Officer set the scene with her contribution on *Use of the Risk Register to Manage and Monitor Risk*

Attendees accessed further workshop offerings and heard about plans for Adult Safeguarding Day on November 11th from Ronan Cavanagh, Communications Consultant, Safeguarding Ireland as well as some initial findings from the pilot evaluation of the TRIO project by D Marita O'Brien Social Researcher & Health Policy Analyst.



Tim Hanly, Shaun O'Keeffe, Ruth Connolly, Maria Bridgeman and Adam Harris



Pictured: Kristen Murphy, Bridget Walsh, Teresa Cronin and Sarah Mahon



Pictured workshop presenters Marcy Snider, Carey Aldava, Freda Quinlan, Helen Butler, Don Munro & Marguerite Clancy



Attendees at the Learning and Development Seminar

6.4 Development day for facilitators of designated officer training

A development day for facilitators of designated officer training was held in May 2022.

The day provided opportunity for reflection and peer support for facilitators' as well as providing for important discussion on programme improvement.

Programme amendments have been planned with some to be implemented in 2023 and others in development. The commitment of this group and their significant contribution was lauded by Tim Hanly on the day.



Pictured: Donal Hurley, Kristen Murphy, Grainne Cowan, Yildiz Jennings, Kate Ryan, Pauline Glavin, Bridget McDaid, Stephan Sperber and Lorna O'Neill; some of the facilitators of designated officer training.

6.5 Introductory day

Conscious of the number of new staff who have joined Safeguarding and Protection Teams in the recent past (both social work and administrative) the NSO organised an "Introductory Day" for newly appointed staff on 22nd June. This was an opportunity to meet, network, hear some key messages on adult safeguarding and share their experiences of working in this area to date. Subjects covered included;

- A briefing on where adult safeguarding has come from and where it is going,
- Safeguarding training programmes,
- The safeguarding process,
- Key guidance documents,
- Developments in ICT,
- Reflective session,

Feedback on this day has been positive and the NSO will continue to organise similar events to facilitate new staff taking up posts in adult safeguarding in the future.

6.6 Sponsorship of students attending Trinity College Dublin micro credentials course on adult safeguarding

Micro-credential courses are a new academic offering from many third level colleges. They are short, accredited learning experiences that facilitate flexible and innovative professional development and lifelong learning.

This is the second year that Trinity College Dublin has offered a micro-credentials course on *Safeguarding Adults at Risk of Abuse*, running for a twelve week period. The topics covered in this micro-credential include:

- Theories of abuse and application to adult safeguarding case scenarios,
- Issues related to decision making capacity and adult safeguarding,
- Multi agency collaboration in safeguarding case management-interventions,

On completion of the course learners will be able to:

- Understand the complexity of adult safeguarding in health care environments and the community,
- Identify a rights-based approach in safeguarding adults at risk,
- Critically appraise methods of prevention and intervention in case management of adult safeguarding,
- Discriminate central factors related to adult safeguarding and decision-making capacity.
- Critically review the conditions for adult safeguarding using as socioecological focus.

In 2022 HSE Quality and Patient Safety, Community Operations (through the NSO) continued to support this course and sponsored thirteen applicants.

Staff of both HSE and HSE funded services were successful in their funding applications.

Awareness Raising

7.0 Awareness Raising

7.1 World Elder Abuse Awareness Day

The HSE NSO has supported World Elder Abuse Awareness Day for many years in collaboration with partners across academia, health, social care, finance, advocacy and justice sectors. The aim is to raise greater awareness and understanding of elder abuse, promote discussion on how best to prevent abuse to advance the human rights and empowerment of older people. This year, the theme was "Rights Don't Get Old" and there was a range of events and activities across older persons' services to raise awareness.





The NSO promoted discussion on the FREDA principles of

fairness, respect, equity, dignity and autonomy both by service providers but more importantly by older people within services. Resource materials were developed and circulated to HSE

SPTs, all HSE community nursing units and private nursing homes.

7.2 Elder Abuse Conference

On June 15th to coincide with World Elder Abuse Awareness Day, The NSO and the Trinity College School of Nursing and Midwifery staged an all-Ireland conference under the theme of "Rights Don't Get Old".

The conference heard from

Professor Amanda Phelan, Professor in Ageing & Community Nursing, TCD & Secretary-General of International Network for the Prevention of Elder Abuse (INPEA) who looked at how older people's rights are viewed.

Carol Grogan, Chief Inspector of Social Services, Health Information and Quality Authority on why a *Human Rights-based approach to Health and Social Services for Older Persons* is needed

Susan Somers, international campaigner for the rights of older people and President of International Network for the Prevention of Elder Abuse (INPEA) spoke on the subject of Aging and Human Rights – The need for an international convention.

Celine Clarke, Head of Advocacy and Communications at Age Action spoke on the need for a Commissioner for Older People in the Republic of Ireland.

Deborah Hanlon, Head of Adult Safeguarding, Southern Trust, Northern Ireland and Patricia Rickard-Clarke Chair of Safeguarding Ireland spoke about why safeguarding legislation is needed North and South to protect and defend the human rights of Older People.

Recordings are available on the NSO You Tube Channel

https://youtube.com/@hsenationalsafe-guardingoff2630

7.3 Safeguarding and Restrictive Practice within Intellectual Disability Services"

On February 1st, the NSO and the National Federation of Voluntary Service Providers hosted a joint webinar on the topic of "Safeguarding and Restrictive Practice within Intellectual Disability Services"

The webinar featured an excellent panel of speakers including:

- Mick Keating, HIQA regional manager with responsibility for designated centres for people with disabilities
- Marie Kehoe-O'Sullivan, National Quality Improvement Specialist, HSE Disability Services, Social Worker Managers.
- David Toomey and Regina Chambers from Western Care
- Ruth Connolly, Principal Clinical Psychologist from the Muiriosa Foundation.

The webinar heard how the development of HIQA's restrictive practice thematic programme has helped to embed a human rights based approach in the disability sector. In addition the webinar looked at the guiding principles.
These scenarios considered how to promote an environment that is the least restrictive as well as promoting a human rights based approach to the delivery of care.
The seminar available to view on the NSO You Tube Channel
https://youtube.com/@hsenationalsafeguardingoff2630

7.4 Dementia Seminar

The NSO in partnership with the HSE National Dementia Office hosted a joint webinar on 21st September entitled; *A Focus on Non-Cognitive Symptoms of Dementia: Promoting a Culture of Safety.* The target audience included staff within and outside of the HSE who provide care to people with dementia, HSE Safeguarding and Protection teams, safeguarding designated officers, people with dementia, and family carers of people with dementia.
Ms Janette Dwyer, Assistant National Director, HSE Services for Older People, Change & Innovation introduced the webinar and the webinar heard from;

- Matthew Gibb, Director, Dementia Services Information and Development Centre on responsive behaviours and non-pharmacological approaches for non-cognitive symptoms of dementia
- Kevin Quaid on the lived experience of a person with dementia
- Prof Suzanne Timmons, Co-Chair of the Guideline Development Group for No. 21 on the impact of inappropriate prescribing of psychotropic medication
- Susan Crampton, Dementia Carers Campaign Network on the lived experience of a family carer of a person with dementia

Following a question and answer session moderated by Sarah Mahon, Principal Social Worker in the NSO, Mr Tim Hanly, General Manager, NSO closed the webinar with a reflection on the key messages from the day.
Almost 700 people attended the webinar which is available at the following link:
https://dementiapathways.ie/education-and-training/additional-education-resources/a-focus-on-non-cognitive-symptoms-of-dementia-promoting-a-culture-of-safety

7.5 Adult Safeguarding Day

Adult Safeguarding Day took place on the 11th November. The themes were:

- Supporting decision making prevents adult abuse
- Supporting people to respond and report adult abuse if they have a concern.

On the eve of Adult Safeguarding Day Safeguarding Ireland, in collaboration with the HSE National Safeguarding Office, an online half-day seminar was held on the afternoon of 10th

November. This seminar focused on hidden abuse, e.g., marginalised groups, homeless people, coercive control, etc. Speakers included Dr Michael Browne, Billy Murphy, Amanda Casey, and Sarah Mahon with a video message provided by James Browne, TD Minister of State for Law Reform at Department of Justice. This seminar had in excess of 400 participants.

- CHO1 promotional materials were distributed across the services
- CHO4 Cork/Kerry Community Healthcare held a number of service engagement sessions with services for older people and disability services
- CHO5 information stands were manned by members of the SPT providing information on the servie to the general public and raising awareness. Within CHO5 they also launched theire new Freephone number 0818 101 101 with the Chief Office and Heads of Services.
- CHO6 held a learning event in Wicklow Library. The event was open to anyone interested in hearing more about how we can all work together to prevent adult abuse and neglect, focusing on the key themes of empowerment, advocacy and inclusivity in decision making and planning ahead. Members of the SPTS also manned safeguarding information stands in Nutgrve, Ballinteer and Bray Shopping Centres
- CHO7 hosed a networking morning with representation from An Garda Siochana, HSE older persons services, consumer affairs, disability services including KARE
- CHO8 held an information and coffee morning in An Tealach, Navan

There was significant media interest and attention on the day, with a number of interviews held with the HSE interim CEO. HSE Safeguarding Principal Social Workers, NSO team members and Safeguarding Ireland. A number of media outlets were involved including RTE TV and radio, Newstalk, Kildare FM, LMFM, Mid-West Radio (Mayo), East Coast Radio, Cork County Sound, Limerick Live 95, Kilkenny Community Radio, Northern Sound, Athlone Today, Tipperary Midwest FM, Connemara Community Radio and Near FM.



Aoife Gavin SPT CHO5



CHO7 Networking Event in attendance were Michael Birdno, Consumer affairs, Deirdre Berry NHSS, Jacinta Barrett KARE, Celine O Connor PSW SPT, Sergeant John Dunne, Community policing An Garda Siochana, Lorraine Madden NHSS, Rosemary Keenan KARE, Orla Martin NHSS

IT Project Plan

8.0 IT Project Plan

8.1 Background

The HSE National Service Plan 2022 contained specific reference to adult safeguarding and pinpointed the NSO will "procure and introduce a national safeguarding case management system".
The procurement process is well underway and the tender evaluation documentation was signed off by the Project Evaluation Group in quarter one, 2022. At this stage the Project Evaluation Group was formally dissolved.

8.2 Tender

In March and April submissions for project approval were made to a number of HSE groups.
The NSO would like to put on record our thanks for all the members' hard work during the evaluation and scoring process.
HSE Procurement, Sourcing and Contracting supported the NSO to ensure all tendering and notification requirements were met.
We would like to thank Roisin McLoughlin, Senior ICT Project Manager Community and Public Health who, has worked tirelessly on this project since day one. Roisin steered us through the tender and procurement process, her knowledge and experience has been an invaluable resource on this journey.

8.3 Vendor

The successful company was Liquidlogic. Liquidlogic's parent company is System C, a leading supplier of healthcare IT to the NHS.
The software chosen is Liquidlogic Adults' Social Care Software System (LAS). The company is a leading supplier of social care software with more than 70 local authorities in England implementing LAS.
In October the NSO were happy to welcome Helen Butler, Senior Product Specialist with Liquidlogic to our learning and development seminar in Limerick. Helen presented an outline of the capabilities of the software to the Safeguarding and Protection Teams..
The presentations were eagerly attended by the teams who were keen to get a preview of the solution.
Negotiations are underway to finalise the contract for signing.

8.4 Project Group

The HSE Programme Management Office (PMO) has allocated an ehealth Senior Project Manager and an ehealth Project Support Officer to support the NSO and Liquid Logic in the delivery of the system.
Their roles are to assist the NSO and the project team in the management of the project and the plan.
In addition they will deal with ICT and technical issues with assistance from ehealth Technical Office. The HSE ehealth division are responsible for the delivery of technology-enabled solutions to support healthcare.

Challenges and Opportunities in Adult Safeguarding

9.0 Challenges and Opportunities in Adult Safeguarding

9.1 COVID-19 Nursing Homes Expert Panel Implementation

The COVID-19 Nursing Homes Expert Panel Report identified the need for greater integration of nursing and residential care facilities into the wider health system. The Nursing Homes Expert Panel (NHEP) recommended the establishment of Community Support Teams (CSTs) with clearly defined joint leadership and responsibility across each CHO and hospital group.

The recommendations contained in the has resulted in 18 additional social work posts allocated. This will enhance integration between adult SPTs and the new CSTs ensuring a focus and pathway to provide safeguarding social work support to residents in public, private and voluntary nursing homes.This is a welcome development which advances an equitable response to safeguarding concerns across HSE, HSE funded and private nursing homes.

9.2 Adult Safeguarding within the Revised HSE Structure

Work has continued on support structures and plans to move operational delivery in line with the Community Networks as the future developments will need to be considered in the context of the design of integrated Regional Health Authorities. 2022 has shown a significant rise in notifications in both service and community settings. Further education and awareness work needs to continue to address levels of reporting of elder abuse, which was highlighted in previous annual reports. While work has progressed on the accessibility and content of training and the availability of ICT system, investment is needed into the regional SPTs for them to be fully capable of responding to the level of need within community networks.

9.3 Enhancing nurse education and development work in adult safeguarding

The area of nurse education and development in adult safeguarding is important as the nursing profession make up a significant number of designated officers and health care staff working on the frontline with vulnerable adults. While introducing a new role of the clinical nurse manager in adult safeguarding, the HSE acknowledges that social work is, and will continue to be, the lead profession concerning adult safeguarding. The social work profession has a central role in adult safeguarding case management and case coordination which is well-established and well-valued within the health and social care field. It is critical however, to note that adult safeguarding cannot be the reserved function of one discipline, with service experience and international studies highlighting the benefits to service users of a multidisciplinary approach in addressing safeguarding issues.

In developing these nursing posts the HSE intends to introduce a small cohort of clinical nurse managers (with one in each CHO) working alongside safeguarding social work colleagues to support the implementation of HSE

safeguarding policy by working corroboratively. This will bring nursing practice, knowledge, and skill to assessments and interventions and support nurse colleagues in making safeguarding referrals. Casework management will continue to be a social work role with the nurse team member adding value by bringing health-related perspective, knowledge and experience.

9.4 Interagency Data Sharing

There is a need to strengthen inter agency data sharing of adult safeguarding information and develop data sharing agreements with a range of agencies such An Garda Siochana, Decision Support Service, Department of Social Protection, etc. Uncertainty on data sharing of safeguarding information is one of the main sources of queries into the National Safeguarding Office from both SPTs and service providers. Uunfortunately, there is evidence from safeguarding teams and service providers that the interpretation of GDPR has in some circumstances led to delays in the sharing of safeguarding information and even defensive practices and risk averse approaches. The NSO has engaged proactively to try and progress relevant inter agency data sharing agreements and has engaged with the Data Protection Commissioner along with other organisations in seeking the publication of proactive guidance on adult safeguarding data sharing. It is hoped that such guidance on data sharing would give greater clarity on the grounds and legal basis for services and professionals.

9.5 Strengthening governance of Out of Region Placements

Following the publication of Dr Evan Yacoub report and the NSO Annual Report 2021 highlighting concerns with out of area placements there are plans by the HSE to strengthen the corporate and clinical governance of out of area placements which will be a welcome development.

9.6 Requirement for Adult Safeguarding legislation

As noted each year in the annual report there is a pressing need for primary adult safeguarding legislation and the HSE is constrained with limited authority to take protective measures. The HSE await the Law Reform Commission Report to Government on a regulatory framework for adult safeguarding. Such a framework when in place will strengthen the capacity and authority of agencies for safeguarding operations. It is of interest to note the significant progress in Northern Ireland in framing the content of legislation in that jurisdiction.



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Appendices

11.0 Appendices

Appendix 1

National Safeguarding Office Staff

Teresa Cronin	Director of Nursing
Tim Hanly	General Manager
Marguerite Clancy	Senior Researcher and Information Officer
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

Dublin North, Dublin North City, Dublin North West
St Mary's Hospital, Phoenix Park, Dublin 20
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Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West
Beech House, 101-102 Naas Business Park, Naas, Co. Kildare
Tel: 045 920410 Email: safeguarding.cho7@hse.ie

Wicklow, Dun Laoghaire and Dublin South East
Ballinteer Health Centre, Ballinteer Avenue, Ballinteer, Dublin 16.
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