Rialtas na hÉireann
Government of Ireland

National Policy Framework for Adult Safeguarding in the Health and Social Care Sector

Department of Health

Acknowledgement
All contributors to the public consultation, stakeholder engagements and focus groups are acknowledged and sincerely thanked for their input and role in the development of Ireland's first ever National Policy Framework for Adult Safeguarding in the Health and Social Care Sector.

Published by:
The Department of Health, Block 1, Miesian Plaza, 50 – 58 Lower Baggot Street,
Dublin, D02 XW14, Ireland

December 2025

Citation text
Department of Health (2025), National Policy Framework for Adult Safeguarding for the Health and Social Care Sector.

Available at: www.gov.ie/AdultSafeguardingPolicy

In text citation
(Department of Health 2025)

Contents

Foreword

This is the first national policy framework on adult safeguarding for the health and social care sector.

It sets out an ambitious programme of policy and legislative measures that will significantly expand and strengthen the existing supports and protections for adults at risk of abuse in the sector. It will apply right across our health and social care services, including public, voluntary and private.

The policy framework is two-pronged, balancing legislative reform with measures to drive a strengthened safeguarding culture on the ground in every service. It aims to deliver better outcomes for adults at risk through better prevention, more effective responses when abuse occurs and, importantly, through improved autonomy supports so that our service users can live more independently, making their own decisions about their lives.

We are committing in this policy framework to new dedicated adult safeguarding legislation that will underpin the policy framework for the sector. This will include explicit safeguarding and cooperation obligations for providers of health and social care services and the introduction of mandatory reporting and mandatory learning reviews for serious incidents.

In particular, it will include statutory functions, duties and powers for the HSE and will provide that HSE safeguarding structures will operate independently in the performance of these functions. A Health (Adult Safeguarding) Bill has been included in the Government Legislation Programme to facilitate this and work to develop this legislation will follow on immediately from the adoption of this policy.

While legislation is an essential component of reform, culture and governance are also critically important if we really want to improve the daily lived experience of adults at risk who receive our services. We must recognise safeguarding as being intrinsic to the day-to-day provision of good care by everyone working in or managing services. We must drive a proactive culture throughout our services, where poor care, poor practice and abusive and inappropriate behaviours are not tolerated.

The policy framework also emphasises the importance of listening to those affected, placing their voice at the centre of safeguarding responses, respecting and supporting their right to make decisions about their own lives and ensuring that any intervention is reasonable, proportionate and justified.

Safeguarding in its widest interpretation is about safe services. We must ensure public confidence in our services and our adult safeguarding system, recognising that we all have a fundamental right to feel safe and to be safe, especially when we are receiving care. However, we know that this has not always been the case. This policy framework provides us with the roadmap for delivering a stronger adult safeguarding service. And in turn, better safeguarding outcomes for all those using our services.

Jennifer Carroll MacNeill TD
Minister for Health

Kieran O'Donnell TD
Minister of State for Older People and Housing

Core definitions for the purposes of this policy framework

Other key terms and abbreviations used throughout are shown in the Glossary.

Abuse	A single or repeated act, or omission, which violates a person's human rights or causes harm or distress to a person. Abuse may take a variety of forms. Abuse may be perpetrated as the result of deliberate intent, negligence, ignorance or lack of insight or knowledge and can arise from acts of abuse by individuals and also from inappropriate or inadequate care or programmes of care. Anyone who has contact with an adult at risk may be abusive, including a healthcare or social care worker or volunteer, a member of their family or community, a friend or informal carer.
Abuse types:	The main areas of abuse[1] which cause people harm are physical abuse, coercive control, emotional/psychological abuse (including bullying), sexual abuse, neglect of the person and financial abuse.
Adult at risk:	An adult (person aged 18 or over) who: • needs help to protect themselves or their interests at a particular time, whether due to circumstances or personal characteristics, and • may be at risk of experiencing harm by another party.
Adult safeguarding:	Putting measures in place to promote and protect the safety, health, wellbeing and human rights of adults at risk, reduce their risk of harm, empower them to protect themselves and support them to live free from abuse, harm and neglect.
Harm:	The adverse impact of abuse, including distress experienced by a person as a result of being abused.

1. It is important to note that this is not an exhaustive list. For a more detailed list refer to the HSE's 2014 national adult safeguarding operational policy document: Health Service Executive (HSE), "Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures" (2014). Available at: https://www2.healthservice.hse.ie/organisation/national-pppgs/safeguarding-vulnerable-persons-at-risk-of-abuse-2014-national-policy-procedures/

Executive Summary

Every adult has a fundamental right to be safe and to live a life free from harm. Some adults, for a wide variety of reasons, may be more at risk of experiencing harm by another person and may need additional measures, known as adult safeguarding, to protect themselves from harm.

Adult safeguarding is especially important in the health and social care sector, where the provision of quality and safe services is a fundamental objective. This policy framework sets out how adult safeguarding will operate in the health and social care sector and will provide a guiding framework for the expansion and strengthening of existing protections and supports across the sector. It sets a vision that every adult interacting with health and social care services in Ireland is safeguarded effectively against abuse and harm.

The policy framework has been informed by research, stakeholder and service user engagement, a public consultation and relevant recommendations from the Law Reform Commission (2024) and from an independent review of adult safeguarding in the HSE (2024).

Major scope extension

The policy framework will apply to all health and social care services, whether provided by public, voluntary or private bodies. This represents a significantly expanded scope compared to the existing HSE policy. Subsequent legislation will also apply across the full sector.

A culture of safeguarding

Safeguarding adults at risk against abuse is an intrinsic element of the delivery of quality, safe and person-centred health and social care services, and must be seen as everyone's responsibility in the sector. For adult safeguarding to be truly effective, a culture and understanding of safeguarding must permeate all levels in our services.

The policy framework promotes the development of a strong culture of adult safeguarding within services that:

- is rights-based and person-centred,
- fosters safe environments and focuses on preventative actions,
- promotes openness, transparency, learning and improvement,
- does not tolerate poor practice or abusive behaviours and avoids defensive responses, and
- facilitates the early identification of abuse risks and effective responses.

Leadership teams of organisations, including owners, boards and senior management, must establish a positive adult safeguarding culture by ensuring good governance systems are in place, poor practice or abusive behaviour is not tolerated and all safeguarding concerns or allegations of abuse are taken seriously and responded to appropriately. This will be supported at national level by the introduction of legislation and through central initiatives such as training, public awareness raising and the development of clear operational policies by the HSE.

Underpinning legislation

The policy framework commits to introducing adult safeguarding legislation for the health and social care sector and sets out, at a high level, proposed legislative provisions. This includes:

- A range of legal duties on health and social care service providers to put proactive measures in place to prevent abuse, including undertaking risk evaluations, publishing adult safeguarding statements and ensuring staff are appropriately trained.
- A duty on health and social care service providers and state agencies to cooperate and share information with each other to the extent necessary for the purpose of safeguarding adults at risk against abuse.
- Sector-wide statutory safeguarding functions and duties for the HSE to provide it with responsibility for leading and coordinating adult safeguarding across the sector. The legislation will provide that HSE adult safeguarding structures will operate independently in the performance of these statutory safeguarding functions.
- Powers for HSE adult safeguarding personnel (i.e. in Regional Adult Safeguarding and Protection Teams) to enter service premises, to speak to residents (in privacy, where appropriate), to access relevant records of service providers and to apply for new court orders (e.g. no-contact or removal orders).
- The introduction of mandatory reporting of concerns or allegations of abuse in specified circumstances.
- Statutory protections for a person who reports an adult safeguarding concern in good faith.
- The introduction of mandatory adult safeguarding learning reviews for serious incidents that reach defined criteria.
- A new role for HIQA providing independent oversight of HSE's adult safeguarding services.

Adult safeguarding structures and responsibilities

Effective leadership, clarity on roles and responsibilities and accountability are important enablers of good adult safeguarding practice. In designing structures and responsibilities, it is important to strike a balance between embedding safeguarding as part of core service delivery and having sector-level specialist safeguarding expertise to provide leadership and intervention when required. This policy framework sets out a tiered system of responsibilities and a robust system of checks and balances to achieve this, including:

- Adult safeguarding must be considered a core part of the normal job of everyone working in health and social care services.
- Service providers have primary responsibility for safeguarding adults at risk. Providers will be subject to new legal duties, will have to set out roles, responsibilities and reporting pathways in Adult Safeguarding Statements, and will have to appoint Designated Adult Safeguarding Officers.
- The HSE will have responsibility for leading and coordinating adult safeguarding across the sector and will have explicit sectoral statutory adult safeguarding functions, duties and powers to support this role. The legislation will provide that HSE adult safeguarding structures will operate independently in the performance of these statutory safeguarding functions.
- Current adult safeguarding structures within the HSE will be strengthened to provide greater identity, visibility, leadership and independence for adult safeguarding services, drive cultural change, ensure a more consistent delivery of adult safeguarding services and provide for a professional reporting relationship between HSE's national and regional adult safeguarding structures.
- At national level, the health and social care sector's professional regulation and service regulation bodies will continue to set professional and service standards for adult safeguarding and to monitor and enforce compliance as appropriate. HIQA's remit will be extended to include oversight and monitoring of HSE's adult safeguarding services.

Autonomy

Respect for an individual's autonomy is a cornerstone of the policy framework. The provisions of the Assisted Decision-Making (Capacity) Act 2015, including its Guiding Principles, must be central to all adult safeguarding considerations. The policy framework sets out how the autonomy of adults at risk and their right to make decisions about their own lives must be proactively respected and supported. This includes engaging with the person, seeking consent, providing accessible information, tailoring communication, facilitating access to decision-making supports under the Assisted Decision-Making (Capacity) Act 2015 and facilitating access to advocacy supports if required.

Prevention

Preventative approaches and measures to reduce the likelihood of, or opportunities for, abuse to occur in the first place are a critical component of our adult safeguarding system. The policy framework sets out a combination of legislative and non-legislative measures to drive a preventative approach and culture including obligations on service providers to put proactive preventative measures in place and functions for the HSE in relation to awareness-raising, advice pathways (e.g. helpline), training and research.

Reporting, responding and intervening

Robust processes and procedures are essential for supporting the early identification, reporting, assessment and investigation of concerns or allegations of abuse. The policy framework commits to a revision of the current HSE national adult safeguarding operational policy to reflect the sector-wide scope of the policy framework and to provide clear pathways and protocols in relation to the referral, assessment and investigation of reported adult safeguarding concerns, and guidance on supports to be provided to the person. The policy framework also sets out the new investigation (e.g. powers of entry) and intervention (e.g. safeguarding orders) powers that will be vested in relevant staff of the HSE who will have statutory safeguarding functions (e.g. in Regional Adult Safeguarding and Protection Teams). It is emphasised that interventions must be reasonable, justified and proportionate. Finally, there is provision for the introduction of mandatory reporting of concerns or allegations of abuse in specified circumstances and for a strengthened statutory system of learning reviews following serious safeguarding incidents.

Cooperation

Adult safeguarding is not the responsibility of any one organisation or any one sector alone. It is about people and organisations working together to make sure adults who may be at risk of harm are supported and protected. This requires a strong culture of cooperation within and across sectors, underpinned by robust protocols and processes. The policy framework sets out how existing cooperation arrangements will be strengthened. This includes the introduction of a statutory duty for relevant organisations to cooperate and share information to the extent necessary for the purposes of safeguarding adults at risk and the development of cooperation protocols and agreements to support this duty. Regional Adult Safeguarding and Protection Committees will support cooperation between organisations at regional level.

Implementation

Implementation of this policy framework will take place over a number of years and will require the development of legislation, a coordinated and sustained programme of other measures and investment. Dedicated implementation structures will be established, including processes for engaging with experts, stakeholders and people with lived experience, and an implementation plan will be developed within six months of the publication of the policy framework. An independent evaluation of implementation progress and impact will be undertaken within five years.

1

Introduction

Every adult has a fundamental right to be safe and to live a life free from harm.

Upholding this right must be a core objective across all of society. Some adults, for a wide variety of reasons, may be more at risk of experiencing harm by another person and may need additional measures, known as adult safeguarding, to protect themselves from harm. This may be a temporary requirement or may be more enduring in nature.

Adult safeguarding is especially important in the health and social care sector, where the provision of quality and safe services is a fundamental objective. This policy framework sets out how safeguarding will operate in the health and social care sector and will provide a guiding framework for the expansion and strengthening of existing protections across the sector.

What do we mean by adult safeguarding?

Adult safeguarding is grounded in the protection of human rights. We define adult safeguarding as putting measures in place to promote and protect the safety, health, wellbeing and human rights of adults at risk, reduce their risk of harm, empower them to protect themselves and support them to live free from abuse, harm and neglect.

It encompasses a broad continuum of behaviours, activities and processes and is strongly influenced by organisational culture and leadership. This continuum can be classified into the following broad categories:

- **Empowerment**: Empowering people to be independent and make choices about how they want to live their own lives.
- **Prevention**: Taking measures to reduce the likelihood of, or opportunities for, abuse to occur in the first place.
- **Protection**: Responding effectively to support and protect people when abuse is suspected, has occurred, or is likely to occur without intervention.

Adult safeguarding should not be viewed as a separate activity but should be seen as an intrinsic element of the delivery of quality, safe and person-centred health and social care services.

Why is there a need for a national sectoral policy framework on adult safeguarding for health and social care?

While the protection of adults at risk against abuse has always been intrinsic to care provision, structured adult safeguarding measures have evolved more recently in many countries, including Ireland.

Significant measures have been introduced over the last two decades to underpin adult safeguarding in the health and social care sector in Ireland, comprising a combination of sectoral operational policies, cross sectoral legislation and some sector-specific legislation (see Appendix A).

These developments have been important in delivering improvements in adult safeguarding responses in health and social care services. However, the scope of adult safeguarding services in the sector is limited and there have also been some serious safeguarding failures. It is now widely accepted that a more definitive policy framework and a more robust legislative underpinning is required to enhance and strengthen adult safeguarding in the sector.

Development of this policy framework

This national policy framework for adult safeguarding in the health and social care sector was developed by the Department of Health, in liaison with the Department of Children, Disability and Equality.

Extensive research and consultation was undertaken to inform its development, including an international evidence review, stakeholder engagement and service user focus groups. Draft policy proposals were published by the Department for public consultation in 2024.[2] 260 responses were received and a report on the findings of the public consultation was prepared by the Institute of Public Health for the Department of Health.[3]

2. Department of Health "Policy Proposals on Adult Safeguarding in the Health and Social Care Sector" (2024). Available at: https://www.gov.ie/en/consultation/2a1ce-public-consultation-on-policy-proposals-for-adult-safeguarding-in-the-health-and-social-care-sector/
3. Neill, R., Finch, T. and O'Sullivan, R. (2025) Proposals on Adult Safeguarding in the Health and Social Care Sector. Public Consultation Report. A report by the Institute of Public Health. (Dublin: Institute of Public Health) Available at: https://www.gov.ie/en/department-of-health/publications/policy-proposals-on-adult-safeguarding-in-the-health-and-social-care-sector-public-consultation-report/

Two other important policy papers on adult safeguarding were published in 2024:

- The Law Reform Commission's Report: "A Regulatory Framework for Adult Safeguarding" (April 2024),[4] hereinafter referred to as the Law Reform Commission Report.
- The independent high-level review of the HSE's adult safeguarding policy, procedures, structures and options for the future, by Ms. Jackie McIlroy: "Moving Forward: Adult Safeguarding in the Health Service Executive", June 2024[5], hereinafter referred to as the Independent Review of Adult Safeguarding in the HSE.

Relevant recommendations in both of these reports, together with the public consultation feedback and previous stakeholder consultation and research, were considered in finalising this policy framework.

Additional documentation on the development of this framework is posted on the Department of Health's website.[6]

Alignment with complementary policies

The focus of this policy framework is specific to addressing potential or actual abuse and harm of adults at risk who interact with health and social care services. Other relevant policies and operational procedures (a non-comprehensive list) are set out in Appendix B.

4. Law Reform Commission, "A Regulatory Framework for Adult Safeguarding" (2024). Available at: https://www.lawreform.ie/news/the-law-reform-commission-publishes-report-on-a-regulatory-framework-for-adult-safeguarding.1141.html
5. Jackie McIlroy, "Moving Forward: Adult Safeguarding in the Health Service Executive" (HSE, 2024). Available at: https://about.hse.ie/news/hse-publishes-review-independent-safeguarding-expert-jackie-mcilroy-on-hse-safeguarding-policies-and-procedures/
6. Department of Health, "Adult Safeguarding". Available at: https://www.gov.ie/en/publication/2861af-adult-safeguarding/#consultation-and-research

2

Scope of policy framework

Key Messages

- **This policy framework is intended to support every adult who interacts with a health or social care service in Ireland and who may be at risk of abuse.**
- **The framework is to be applied by every service provider across the full spectrum of public, voluntary and private healthcare and social care services in Ireland.**

In scope

This document is a policy framework for the entire health and social care sector. It is intended to support and benefit every adult who may be at risk of being abused or harmed by another person and who interacts with a health or social care service, whether within a service setting or within the home.

The policy framework is to be applied across all health and social care service providers, hereinafter referred to as service providers, and all those working or volunteering within them. This includes:

- **All public, voluntary and private healthcare services** (e.g. hospitals, mental health services, primary care including dentists, GPs, etc.).
- **All public, voluntary and private social care services** (e.g. disability services, nursing homes, home support, day care centres, etc.).
- **All staff, volunteers, and leaders** (persons-in-charge, managers, owners, members of board or equivalent) of those services.

This represents a significantly expanded scope compared to the HSE's operational adult safeguarding policy, Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures (2014),[7] hereinafter referred to as HSE's national adult safeguarding operational policy, which focused on older persons' and disability services provided or funded by the HSE and primary healthcare services provided in the community by the HSE to older people and disabled people.

For clarity, the scope of the policy includes situations where formal health or social care services are not currently in place but where concerns have been raised in relation to the safeguarding of an individual (by, for example, neighbours, family members and members of the public) and where a healthcare and/or social care service response is therefore required. The term "adult at risk" is used throughout this policy in reference to this scope.

7. Health Service Executive (HSE), "Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures" (2014). Available at: https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf

Out of scope

As this policy framework focuses specifically on the health and social care sector, adult safeguarding issues relating exclusively to other sectors are beyond its scope. However, in recognition of the importance of cross-sectoral and cross-societal cooperation and engagement for truly effective adult safeguarding, it does cover referral of concerns or allegations of abuse to the correct sector and cooperation on safeguarding with other key sectors and state agencies, for example An Garda Síochána and Tusla.

This policy framework does not relate to children (i.e. those under 18 years of age). The Children First legislation and policy framework addresses child protection generally, including safeguarding issues relating to young people aged 16 and 17 years who access adult health and social care services.

Self-neglect is outside the scope of this policy framework, which focuses exclusively on third party abuse. However, we also recognise the importance of having robust policies and a joined-up system of supports for self-neglect. As recommended in the 2024 Independent Review of Adult Safeguarding in the HSE, the HSE is currently developing a separate operational policy on self-neglect.

3

Vision, aims and principles of the policy framework

Vision, aims and principles

Vision

This policy framework's vision is that every adult who interacts with health and social care services in Ireland is safeguarded effectively against abuse and harm.

Aims

Uphold the autonomy rights of adults at risk to make their own decisions about their own lives.

Foster a strong culture of safeguarding so that all service settings and environments are safe.

Support adults at risk and protect them against abuse.

Foster consistency in safeguarding processes across and within health regions.

Principles

- Person-centredness and empowerment
- A human rights-based approach
- Proportionality
- Accountability

Objectives

The aims of this policy framework can be met by delivering on the following objectives:

Awareness, education and training

Through accessible awareness-raising initiatives, education and training:

- empower and support adults at risk, including by equipping them to exercise their autonomy and decision-making rights, to recognise signs of abuse and to protect themselves,
- equip and support the wider public, and the staff, volunteers, and leaders of service providers working with adults at risk, to recognise and respond to abuse, and
- improve the consistency of adult safeguarding practice across the sector.

Prevention

Prevent abuse, including by putting in place a preventative and responsive rights-based culture of adult safeguarding and an open and transparent learning culture in all health and social care services.

Protection

Require and empower service providers and relevant state agencies to take whatever actions are necessary to respond and intervene respectfully and effectively to concerns or allegations of abuse, in consultation with the adult at risk and in cooperation with other service providers or state agencies where appropriate.

Good governance

Strengthen service user and public confidence in safeguarding of adults at risk through improved governance arrangements within and across services, to ensure that:

- roles, responsibilities and reporting pathways are clear so that everyone knows what is expected and how to respond,
- adult safeguarding processes and policy operate consistently across the sector,
- system-wide learning from adult safeguarding incidents is shared and applied as part of an open and transparent learning culture,
- leaders champion a culture of adult safeguarding,
- services are accountable, avoid defensive responses and promote trust and openness, and
- leaders (i.e. owners, boards (or equivalent), persons in charge, senior managers), staff and volunteers feel supported to report abuse and to seek expertise when appropriate.

Cooperation

Promote and facilitate cooperation for adult safeguarding purposes across the health and social care sector and with other sectors. This cooperation includes lawful information-sharing to the extent that is necessary and proportionate for the purpose of the performance of the adult safeguarding functions of all relevant state agencies and service providers.

Research

Promote and ensure best outcomes for adults at risk through building a research base that:

- informs process and practice consistency and improvement,
- supports effective interventions,
- is evidence based, outcome and evaluation focused, and
- is informed by the lived experience of adults at risk.

Principles

The core principles underpinning these policy proposals include:

Person-centredness and empowerment

This principle requires service providers to

- always respect the autonomy of each individual adult at risk,
- involve them as a partner at the heart of safeguarding-related decisions and interventions that affect their lives, and
- ensure they are empowered to understand abuse and minimise risk.

The focus should be on respecting and valuing service users' will, preference, values and beliefs and enhancing their engagement, choice and control.

A human rights-based approach

Service providers must promote and uphold the rights of adults at risk, in accordance with human rights and equality law. These include, for example, their rights to autonomy, respect, dignity, bodily integrity, liberty, privacy and control over financial affairs and property. An adult at risk may not be treated less favourably in a similar circumstance than a person who is not considered at risk.

Proportionality

All interventions in a person's affairs must be demonstrated to be necessary. This means that they provide a genuine benefit to that person that could not realistically be provided without intervention. The intervention that is the least intrusive or restrictive of the person's freedom in the circumstances should be pursued insofar as this is sufficient to safeguard the person. Adult safeguarding actions or interventions must be proportionate to the level of risk involved, limited to the necessary duration and designed to prevent or minimise traumatisation or re-traumatisation.

Accountability

Service providers and state agencies, as applicable, must be answerable for their adult safeguarding actions or interventions. Being accountable includes recognising and promoting trust, transparency and proactive avoidance of defensive responses in all aspects of the safeguarding of adults at risk. Key supports to achieve this include:

- clarity on roles and responsibilities,
- regular monitoring and evaluation, and
- having and implementing clear written processes and procedures for risk management, lawful information-sharing and escalation / reporting of abuse concerns or allegations.

4

Strengthening adult safeguarding structures

Key Messages

- **Adult safeguarding is everyone's responsibility: it is a core part of everyone's job in the health and social care sector to empower the people who use our services and keep them safe from abuse and harm.**
- **A tiered system of adult safeguarding structures and responsibilities, involving regulators, service providers and the HSE, is required to contribute effectively to safeguarding adults at risk from abuse and harm.**
- **The HSE will have responsibility for leading and coordinating adult safeguarding services across the sector. Legislation will provide for explicit sectoral statutory adult safeguarding functions, duties and powers for the HSE and will provide that HSE adult safeguarding structures will operate independently in the performance of their statutory safeguarding functions.**

Adult safeguarding should be an intrinsic component of care delivery throughout the health and social care sector, and sectoral adult safeguarding structures and responsibilities must reflect this. As a matter of best practice, most adult safeguarding activity is carried out within services and by multi-disciplinary teams that support the person, as they know the person and their situation best and can provide ongoing support. There is also a requirement to have a single body with responsibility for leading and coordinating adult safeguarding across the sector, with sector-wide adult safeguarding functions, duties and powers and equipped with specialist adult safeguarding expertise.

This combination of mainstreamed service-level adult safeguarding activities along with the requirement for specialist expertise results in the need for a tiered system of structures and responsibilities as set out below.

The proposals for strengthening and reforming adult safeguarding structures outlined in this policy framework have been informed by relevant recommendations in the Law Reform Commission's Report and the Independent Review of Adult Safeguarding in the HSE.

Roles and duties of health and social care service providers

First and foremost – adult safeguarding is everyone's responsibility: it is a core part of the normal job of everyone working in health and social care services to:

- keep adults at risk safe from abuse if they are unable to protect themselves,
- never tolerate poor practice or abuse,
- believe those who report abuse, take their reports seriously and take appropriate action, and
- know when and how to refer concerns or allegations of abuse to others, when required.

Service providers are responsible in the first instance for working to prevent abuse within their service and for responding to and addressing concerns or allegations of abuse arising within or reported to their services. Service providers will be subject to new legal duties as set out in this policy framework.

Adult safeguarding within services requires the adoption of a multi-disciplinary approach, with appropriate roles for different professions and/or staff groups working in the service being set out in the service provider's Adult Safeguarding Statement (see Chapter 6). This Statement should also document the roles and responsibilities of leaders (i.e. owners, boards (or equivalent), persons in charge and senior managers), staff and volunteers in respect of safeguarding and provide clarity as to pathways for reporting or escalating abuse concerns.

Service providers are responsible for ensuring that their staff and volunteers take whatever actions are necessary, including cooperating with other service providers and state agencies, to carry out their assigned duties.

Leadership teams of organisations (including owners, boards, persons in charge and senior management) must establish a positive adult safeguarding culture by ensuring good governance systems are in place, poor practice or abusive behaviour is not tolerated and all adult safeguarding concerns or allegations of abuse are taken seriously and responded to appropriately.

Designated Adult Safeguarding Officers (DASOs)

Service providers are required to nominate one or more Designated Adult Safeguarding Officers (DASOs) to fulfil additional adult safeguarding duties. These duties will be detailed in HSE's revised national adult safeguarding operational policy and should include:

- receiving concerns or allegations of abuse from within the service,
- ensuring appropriate policies and processes are followed and actions taken, and
- ensuring reporting obligations are met.

Strengthening and reforming adult safeguarding structures in the HSE

As set out above, it is necessary to have a single body with responsibility for leading and coordinating adult safeguarding across the sector, with sector-wide adult safeguarding functions, duties and powers and equipped with specialist safeguarding expertise. Following significant consideration and consultation, it has been determined that the HSE is the most appropriate body to locate this service.[8]

There are a number of reasons for this decision. Firstly, the HSE already has significant capacity and expertise. The National Safeguarding Office and Regional Adult Safeguarding and Protection Teams have been undertaking a range of adult safeguarding functions in the health and social care sector for over a decade. Building on these existing structures will facilitate more timely implementation of this policy framework. Secondly, having responsibility for adult safeguarding aligns with the statutory object of the HSE to "improve, promote and protect the health and welfare of the public" and reflects the intention for adult safeguarding to be an intrinsic element of health and social care delivery. Thirdly, it can support a multi-disciplinary response to adult safeguarding concerns or allegations of abuse and the provision of appropriate ongoing supports to adults at risk.

However, it is recognised that the HSE's current remit is limited and that governance reforms and a more robust legal basis is required to enable it to perform this role in an effective and independent manner and to ensure public confidence in the system.[9]

8. The public consultation on draft policy proposals contained a specific question on this issue. 60% of respondents agreed that the HSE should continue to have the lead operational adult safeguarding role for the sector, subject to strengthening and expanding its adult safeguarding remit, structures and functions, as proposed in the policy. 15% disagreed and 25% were unsure.
9. Some respondents to the public consultation raised concerns in relation to independence, oversight, and potential investigatory issues where the HSE may be required to investigate itself.

Reforms under this policy framework will seek to build on and enhance existing adult safeguarding structures. Forthcoming legislation will:

- provide the HSE with explicit sectoral statutory adult safeguarding functions, duties and powers as set out in this framework,
- provide that HSE adult safeguarding structures will operate independently and with full authority in the performance of their statutory adult safeguarding functions,
- provide for an expanded remit to include all public, voluntary and private healthcare and social care services, and
- underpin the roles of the National Safeguarding Office and Regional Adult Safeguarding and Protection Teams as set out in the box below.

How these functions will be structured in the HSE will be considered as part of the legislative drafting process and will have due regard to relevant recommendations in the Law Reform Commission Report[10] and the Independent Review of Adult Safeguarding in the HSE.[11] The reformed organisational structure will provide greater identity, visibility, leadership and independence for adult safeguarding services, drive cultural change, ensure a more consistent delivery of safeguarding services and provide for a professional reporting relationship between HSE's national and regional adult safeguarding structures. It is important that adult safeguarding structures are designed to be sufficiently service facing so that they can support service providers and influence a positive safeguarding culture, while also ensuring that they can perform their functions independently.

It will also be important that there is clear and visible senior leadership for adult safeguarding.

At a national level, in August 2024 the HSE established a new Chief Social Worker (CSW) role, to have overall responsibility for HSE's delivery of adult safeguarding services. The Chief Social Worker will be responsible for the strategic development of adult safeguarding across the health and social care sector, and for leading the delivery of a reform programme to support implementation of this policy framework. In addition, the Chief Social Worker will have the authority to independently oversee and direct responses to more serious and significant adult safeguarding concerns or allegations of abuse across the health and social care sector.

At regional level, new senior leadership positions, Regional Directors of Adult Safeguarding, will be established in each health region as recommended in the 2024 Independent Review of Adult Safeguarding in the HSE. The Regional Director of Adult Safeguarding will provide strategic leadership and direction on adult safeguarding across the region, including delivery of the reform programme regionally, will have authority for safeguarding decisions, and will have management responsibility for the region's Adult Safeguarding and Protection Team. Regional Directors of Adult Safeguarding will report operationally within the health region and professionally to the Chief Social Worker.

10. Law Reform Commission, "A Regulatory Framework for Adult Safeguarding" (2024). Available at: https://publications.lawreform.ie/Portal/External/en-GB/RecordView/Index/62560
11. Jackie McIlroy, "Moving Forward: Adult Safeguarding in the Health Service Executive" (HSE, 2024). Available at: https://about.hse.ie/news/hse-publishes-review-independent-safeguarding-expert-jackie-mcilroy-on-hse-safeguarding-policies-and-procedures/

Adult Safeguarding Structures in the HSE

National Safeguarding Office

The National Safeguarding Office, reporting to the Chief Social Worker, currently provides strategic leadership and coordination for all aspects of adult safeguarding policy and practice across the sector.

The role of the National Safeguarding Office will be strengthened and expanded in line with this policy framework and the National Safeguarding Office will have responsibility independently for:

- coordinating and delivering a reform programme to strengthen adult safeguarding across the sector,
- reviewing and formulating the sector's national adult safeguarding operational policy,
- providing expert advice, guidelines and guidance on good adult safeguarding practice to the health and social care system to drive consistency of safeguarding delivery across all regions and services,
- developing and implementing a training framework for adult safeguarding for the sector, and
- undertaking a range of other central functions including:
    - collecting, publishing and analysing safeguarding data,
    - awareness raising,
    - commissioning and undertaking academic research that informs process and practice, and
    - disseminating learning from safeguarding reviews and leading initiatives that support good practice in safeguarding.

Regional Adult Safeguarding and Protection Teams

Each health region will continue to have a Regional Adult Safeguarding and Protection Team, reporting to Regional Directors of Adult Safeguarding. The remit of these teams will expand to include all public, voluntary and private healthcare and social care services within their health region, in line with this policy framework. The Teams will be social work-led, with inter-disciplinary support, and will have responsibility for:

- building relationships with and providing expert adult safeguarding advice and practical guidance to service providers,
- fostering consistency in adult safeguarding structures, processes and practices within and across regions,

- receiving and responding appropriately to reports of concerns or allegations of abuse and, where appropriate, and in line with revised HSE guidelines, undertaking direct case management of certain adult safeguarding concerns in both service and community settings, and
- acting as a key point of contact for the general public and for service providers in relation to adult safeguarding concerns or queries and, where appropriate, cooperating with state agencies and public bodies in other sectors.

Regional Adult Safeguarding and Protection Committees

Each region will continue to have a multi-agency Regional Adult Safeguarding and Protection Committee, comprising representatives of relevant state agencies and service providers involved in adult safeguarding within the region.

- These Committees should have a visible leadership role in supporting operational practice to keep adults who may be at risk of abuse or harm safe, including through good communication, cooperation and information-sharing between the region's senior adult safeguarding personnel, relevant service providers and state agencies.
- The role and membership of these Committees will be reviewed and strengthened to support multi-agency working and processes.
- The HSE National Safeguarding Office will develop standard operating procedures to be adopted by the Committees to ensure consistency of approach across the regions.

Regulatory bodies

Health and social care service regulators

HIQA and the Mental Health Commission have a key role in adult safeguarding and are responsible for:

- setting national standards for adult safeguarding in health and social care services,
- more generally, setting care quality standards for health and social care services, which include standards for safeguarding adults at risk, and

- monitoring and enforcing compliance by regulated health and social care service providers with relevant regulations[12] (the existing regulations will be reviewed and strengthened in line with this policy framework).

Furthermore, regulators can have access to important information from a range of sources that can uncover poor practice that could amount to abuse. As part of their inspection work, inspectors have the opportunity to engage with service users and families where an adult safeguarding issue may be disclosed or become apparent. Regulators also receive correspondence from service users, families and the public. This information should inform the regulators' own work and, where appropriate, should be referred to other relevant bodies.

In order to strengthen regulatory oversight of adult safeguarding services further HIQA's remit will be extended to include independent oversight and monitoring of the adult safeguarding services delivered by the HSE.[13]

Professional regulation bodies

Health and social care professional regulation bodies (e.g. CORU, the Irish Medical Council (IMC), the Nursing and Midwifery Board of Ireland (NMBI), the Dental Council and the Social Work Registration Board) have key roles in relation to protecting the public, including adults at risk, including by:

- promoting high standards of professional conduct, education, training and competence through statutory registration of professionals,
- ensuring that their standards, guidance materials and codes of practice align with this overarching policy framework, and
- investigating complaints against registered professionals. Failure to comply with relevant legislation or with codes of professional conduct and ethics may result in a sanction being imposed.[14]

Policy oversight and legislation

The Department of Health is responsible for making and periodically reviewing adult safeguarding policy and legislation for the health and social care sector (in liaison with the Department of Children, Disability and Equality). The Department is also responsible for ensuring that structures and processes are in place within the HSE to support implementation of this policy framework and it will monitor progress against an agreed implementation plan.

12. Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Consolidated version available at: https://www.gov.ie/en/department-of-health/publications/informal-consolidations-of-regulations-governing-designated-centres-for-older-people/, and Mental Health Act 2001 (Approved Centres) Regulations 2006: Available at: https://www.irishstatutebook.ie/eli/2006/si/551/made/en/print
13. This would be in line with HIQA's existing functions to regulate child protection and welfare services.
14. For example, a breach of a profession's Code of Professional Conduct and Ethics could lead to a fitness to practice inquiry, potentially resulting in a disciplinary sanction being imposed. Sanctions may include admonishment or censure, suspension or cancellation of professional registration or attachment of conditions to that registration.

5

Supporting the decision-making autonomy of adults at risk

Key Messages

- **We will foster a strong rights-based culture of adult safeguarding in every health and social care service.**
- **This includes a key role for service providers in respecting and supporting the autonomy of the adults at risk who use our services and their right to make decisions about their lives and to be provided with accessible information on these rights and access to advocacy services if required.**

Self-determination and the right to make decisions about our own lives are essential for dignity and self-esteem. Respect for autonomy, grounded in human rights and equality law, is fundamental to adult safeguarding.

The Assisted Decision-Making (Capacity) Act 2015,[15] as amended, was commenced in 2023 and establishes a modern, human rights based legal framework to support decision-making by adults who may have difficulty making decisions without assistance. The provisions of the Act, including its Guiding Principles, must be central to all adult safeguarding considerations.

In 2024, the HSE launched the Making Safeguarding Personal[16] initiative to guide the health and social care sector's adult safeguarding activities in a way that enhances service user involvement, choice and control as well as improving quality of life, wellbeing and safety. Making Safeguarding Personal is a person-led and outcomes focused initiative that recognises each individual as an expert in their own life and promotes a "no decision about me, without me" approach to responding collaboratively to adult safeguarding situations.

15. Irish Statute Book, Assisted Decision-Making (Capacity) Act 2015, available at: https://www.irishstatutebook.ie/eli/2015/act/64/enacted/en/html.
16. Health Service Executive (HSE), "Making Safeguarding Personal", available at: https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/makingsafeguardingpersonal.html

Respecting and supporting decision-making autonomy

Service providers must respect the autonomy of adults at risk in relation to making decisions about their own lives, including in relation to safeguarding issues. This includes ensuring that:

- The rights of each adult at risk (including their rights to dignity, respect, bodily integrity, liberty, privacy, autonomy and privacy and control over financial affairs and property) are promoted and protected.
- A person is presumed to have decision-making capacity and is considered able to make decisions unless the contrary is shown.
- Even if a person is found to lack capacity to make a particular decision, their will and preference should still be central to any decisions taken.
- The right of individual adults at risk to make their own day-to-day decisions and to participate in a broad range of desired activities is respected.
- The individual has a meaningful say in how any safeguarding decisions about them are made, including full participation in and input to any Individual Adult Safeguarding Plan in relation to them.

Service providers must also proactively support and empower their service users to exercise their autonomy in making their own decisions, including about managing risks and dealing with safeguarding concerns. This includes:

- supporting each adult at risk to share their views and experiences, exercise choice and understand the potential consequences of their decisions, including decisions involving an element of positive risk-taking,
- facilitating access to decision-making supports under the Assisted Decision-Making (Capacity) Act 2015 and any other assistance where required or requested so that adults at risk can make their own decisions and remain in control of their lives,
- putting measures in place that aim to advance person-centred, collaborative and outcomes-focused practices that empower adults at risk and enable positive risk-taking, while minimising risk,
- ensuring that adults at risk are empowered to recognise and report abuse, including through provision of appropriate and adequate information and awareness initiatives (in accessible formats) and, where required, relevant communication supports,
- tailoring communication with adults at risk to ensure best understanding and engagement, including communicating clearly in relation to safeguarding concerns or allegations of abuse and any proposed safeguarding interventions relating to them, outlining potential risks and benefits of the intervention,
- regularly seeking the views of adults at risk on how best to communicate with them individually in relation to safeguarding matters (e.g. paying particular attention to the needs of those that have difficulty expressing their views) and respecting those views,

- regularly provide adults at risk (and their families and visitors) with accessible information on safeguarding at prominent positions within the service where it is clearly visible using language or other forms of communication tailored to the needs of all adults at risk within the service, and
- putting in place a range of supports and structures (e.g. residents' committees, service user committees and suggestion boxes) to allow service users and their families and support networks highlight safeguarding related issues.

Consent

As with all aspects of health and social care services, adults at risk have the right to give valid and informed consent, refuse consent and withdraw consent on safeguarding matters in relation to themselves. The HSE National Consent Policy (2024) provides the guiding framework for seeking consent to health and social care interventions.[17] Service providers are required to:

- put measures in place to consult adults at risk at every step of a safeguarding action or intervention in relation to them,
- explain any related risks and options,
- ensure that their consent, where given, or where refused or withdrawn, is valid and informed consent (including that the adult at risk is not acting under duress/coercion),
- record each such consent decision on the individual's file,
- respect the individual's decision and their will and preferences, subject to the need to safeguard other potentially affected adults at risk from abuse or harm and to comply with relevant legal obligations (e.g. to report certain offences to the Gardaí), and
- be guided by the Assisted Decision-Making (Capacity) Act 2015 and the HSE National Consent Policy in situations where a person lacks capacity to consent to a safeguarding intervention designed to support them.

17. Health Service Executive (HSE), "HSE Consent Policy" (2024). Available at: https://healthservice.hse.ie/staff/procedures-guidelines/hse-consent-policy/

Advocacy and related supports

In many cases, an adult at risk will have a network of support, such as family or friends with a bona fide interest in their personal welfare, who provide support to the person in aspects of their lives and advocate on their behalf, including in relation to safeguarding matters. However, where no relative or friend is available or there are concerns around their suitability, or where there are other conflicting interests, it may be necessary for the person to have access to someone acting in an independent professional capacity, such as independent advocacy services. An independent advocacy service is one that is free from any conflict of interest and is independent of families and service providers.

The use of independent advocacy services, particularly for those who have difficulty being heard or expressing their views, can assist adults to be involved in, and influence, decisions taken about their care.

It is proposed that:

- Service providers will be required to facilitate access to an independent advocacy service (on-site and in privacy where required) if:
    - there is cause for concern that an adult is at risk of abuse,
    - the adult at risk has significant challenges in understanding and engaging with safeguarding processes, and expressing their will and preferences, and
    - there is no suitable person available from their network of support to assist them throughout the process of investigation of the concern.
- Service providers will be required to display accessible information about advocacy services in prominent positions within their service where they are clearly visible, using language or other forms of communication tailored to the needs of all adults at risk within the service, including those with additional communication needs.
- The HSE National Safeguarding Office will be responsible for developing and publishing guidance for service providers on the involvement of independent advocacy services in relation to adult safeguarding in health or social care services, in consultation with relevant stakeholders.[18]

Independent advocacy organisations providing services to adults at risk have responsibility for ensuring that independent advocates are appropriately vetted and trained. Advocates should not make decisions on behalf of the adult at risk but always work in partnership with the adult they are supporting.

It is important to emphasise that other forms of advocacy are equally important, such as peer advocacy and self-advocacy, as well as the support provided by families, friends, social workers and other professionals to empower adults to advocate for themselves.

18. There are already a number of guidance frameworks that are relevant for the provision of advocacy services in the health and social care sector, including the "Code of Practice for Independent Advocates" in the context of the Assisted Decision-Making (Capacity) Act 2015 published by the Decision Support Service and the HIQA booklet on the Fundamentals of Advocacy in health and social care. Decision Support Service (DSS) "Code of Practice for Independent Advocates". Available at: https://www.decisionsupportservice.ie/resources/codes-practice/code-practice-independent-advocates and Health Information and Quality Authority (HIQA), "Resources on the Fundamentals of Advocacy in Health and Social Care". Available at: https://www.hiqa.ie/reports-and-publications/guide/fundamentals-advocacy-resources.

Protecting autonomy through advance planning

The Assisted Decision-Making (Capacity) Act 2015 provides for a number of important legal mechanisms which allow an individual to protect their own autonomy in the future. These include an Enduring Power of Attorney (EPA) and Advance Healthcare Directives (AHD) that enable a person to express their wishes, make advance decisions about their future and to give authority to a named person(s) to act on their behalf in the event that they lack capacity to make certain decisions in the future. These can act as essential safeguarding measures that can come into effect when a person lacks capacity.

It is important that these mechanisms continue to be promoted, and individuals are encouraged to plan for the future. To support this:

- The Decision Support Service and the HSE should continue to provide accessible information, targeted communications campaigns and supports in relation to EPAs and AHDs.
- Service providers should:
  - provide adults at risk who are admitted to their services with information on, and assistance if appropriate, on planning for their future including in relation to EPAs and AHDs, and
  - make enquiries as to whether a person has an EPA and/or an AHD when a person is availing of any service.

6

Preventing abuse

Key Messages

- **All service providers will be assigned a statutory duty to put proactive measures in place to work to prevent abuse of adults at risk who use their services.**
- **To achieve this, service providers will need to foster a culture of prevention, openness, transparency, learning and improvement, informed by lived experience and put in place a range of preventative processes and measures including robust governance, risk management, and training.**
- **The HSE National Safeguarding Office will have central responsibility for developing a training framework for safeguarding, public awareness initiatives and research.**

Preventative approaches and measures to reduce the likelihood of, or opportunities for, abuse to occur in the first place are a critical component of our adult safeguarding system. A range of measures can be taken to manage and reduce risk and support the prevention of abuse.

Abuse prevention duties

Service providers will be assigned statutory duties to put proactive measures in place to work to prevent abuse to adults at risk in receipt of their services. These will include, in particular, service providers' duties outlined below in respect of "Good governance" (e.g. risk evaluations and publication of adult safeguarding statements) alongside training obligations.[19]

19. There are already training requirements in legislation for some services. Under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013: (Available at: https://www.irishstatutebook.ie/eli/2013/si/367/made/en/print) and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Consolidated version available at: https://www.gov.ie/en/publication/f643d-informal-consolidations-of-regulations-governing-designated-centres-for-older-people/) service providers are currently required to ensure that staff have access to appropriate training and to take measures to protect residents from abuse, including measures relating to staff training on detection and prevention of abuse and responding to abuse. Under the Mental Health Act 2001 (Approved Centres) Regulations 2006, (Available at: https://www.irishstatutebook.ie/eli/2006/si/551/) service providers are required to ensure that staff have access to education and training to enable them to provide care and treatment in accordance with best contemporary practice.

Preventative culture

Alongside the new legislative measures, a robust system of prevention will largely rely on culture and practice within services.

A preventative culture of adult safeguarding that emphasises the importance of targeted actions must be fostered across all services to ensure a safe environment and safe outcomes and to help prevent abuse from occurring in the first place.

This will be supported by a culture of openness, transparency, learning and improvement, one in which poor practice or abusive behaviours are not tolerated and where the lived experience of adults at risk is central. This will assist service providers to:

- avoid defensive responses when safeguarding concerns or allegations of abuse arise,
- take all steps to intervene to protect and support the adult at risk, and
- put measures in place to reduce the risk of reoccurrence.

Early identification of abuse risks and the implementation of effective responses will be supported by:

- equipping adults at risk to identify risk and supporting them to manage potential abuse,
- ensuring assessment of safeguarding risks forms part of relevant individual assessments of adults at risk, especially on admission,
- ensuring each staff member, volunteer and leader has a clear understanding of their duty of care to work to prevent abuse, to be intolerant of poor care or practice and to appropriately escalate issues that arise as part of their everyday job,
- putting measures in place to ensure that staff feel supported to report poor care or practice and to escalate concerns that arise,
- routine consideration of assessment of safeguarding risks to adults, and of related abuse prevention measures, in multi-disciplinary team meetings and case conferences, and
- facilitating thematic analyses and learning concerning relevant incident reviews, audits or complaints.

Good governance

Robust governance arrangements are key to an organisation's ability to safeguard adults at risk from harm. This includes clear guidance on roles and responsibilities, clear policies and processes, and a system of checks and balances that provide assurance that the organisation is doing all it can to keep adults in receipt of its services safe from harm. While service providers will already have internal arrangements in place, more structured requirements will be established.

Service providers' risk evaluations and adult safeguarding statements

- Each service provider will have a statutory duty to conduct regular Service Safeguarding Risk Evaluations to identify any potential for abuse or harm to adults at risk using any of its services. These evaluations should be completed in compliance with HSE operational safeguarding guidelines and in consultation with key stakeholders, including adults at risk, their families/representatives and any other relevant bodies.
- Informed by the Risk Evaluation, each service provider will also have a statutory duty to publish an Adult Safeguarding Statement that documents:
  - identified risks,
  - the principles, procedures, policies and support measures to manage risk and to protect adults at risk who use the service provider's service against abuse and harm,
  - the roles and responsibilities of leaders, staff and volunteers in respect of safeguarding, and
  - the arrangements the service provider has in place to ensure appropriate cooperation and information sharing for safeguarding purposes.
- Service providers will be required to:
  - display the Adult Safeguarding Statement publicly in a prominent position within the relevant service where it is clearly visible,
  - publish it online,
  - circulate it to all staff members and service users,

  - make it available upon request to family members or others in the person's network of support, to the relevant service regulator (where applicable), to the relevant Regional Adult Safeguarding and Protection Team and to members of the public, and
  - review and republish it at regular intervals.[20]
- Regulatory bodies, where applicable, will oversee service providers' compliance with these obligations. Appropriate oversight mechanisms for monitoring compliance will be developed for any relevant services that are not currently subject to regulatory oversight.

Integrating safeguarding into routine planning and reporting processes

As set out earlier, adult safeguarding should not be viewed as a stand-alone activity, but should be embedded in the day-to-day activities of service providers:

- Every service provider in contact with adults at risk should include adult safeguarding requirements, aims, objectives and measures as standard elements of its corporate and business planning (e.g. as a standing agenda item for relevant meetings) and as part of its normal reporting processes.
- Every service provider should put measures in place to ensure that all relevant new or existing staff, volunteers, Designated Adult Safeguarding Officers and leaders are made aware of any assessed risks or Adult Safeguarding Plans that are in place for any individual in their care, including ensuring that such assessments and plans are routinely discussed as an everyday part of managing and delivering care to the individuals concerned.

HSE Service Arrangements

HSE will utilise, where possible, the Service Arrangement process to require that good adult safeguarding processes are in place within funded or contracted services.

Training and education

Training and education in adult safeguarding for staff, volunteers and leaders will be a cornerstone of the sector's adult safeguarding system. Everyone working within health and social care services must be adequately trained to understand their role and undertake the level of safeguarding duties appropriate to them, including recognition of signs of different types of abuse, and how and when to report abuse.

20. Similar requirements are in place in relation to child safeguarding statements under the Children First Act 2015 (reviews are required at intervals of not more than 2 years). See Children First Act 2015. Available at: https://www.irishstatutebook.ie/eli/2015/act/36/enacted/en/html

Related measures will include:

- The HSE National Safeguarding Office will be responsible for developing a national training framework for adult safeguarding in the sector. This framework should reflect the tiered levels of expertise required in different roles and settings. The framework may also include provision for joint training initiatives together with relevant state agencies in other sectors. In developing the framework, the HSE National Safeguarding Office will engage with staff, adults at risk and their support networks. Their voices will:
  - guarantee diverse perspectives to enrich the training content,
  - ensure it resonates with real-life experiences, and
  - address the specific needs and challenges faced by adults at risk as well as health staff.
- Service providers will be required to ensure that staff, volunteers and leaders are provided with adult safeguarding training appropriate to their duties, including training on how to detect, prevent and respond to abuse.
- The HSE National Safeguarding Office will be responsible for engaging with higher education institutions and health and social care professional training bodies on:
  - how, in line with the overall policy approach that safeguarding is everyone's responsibility and intrinsic to care delivery, adult safeguarding should be appropriately incorporated within undergraduate and postgraduate education programmes for relevant health and social care disciplines, and
  - how to ensure that the continuing professional development of social workers and other professionals meet the requirements of the health and social care sector in relation to their safeguarding duties.

Public awareness and communication

Enhancing the public's understanding of adult safeguarding and how to recognise and report abuse is a core prevention measure. The HSE and non-governmental organisations already engage in public awareness activities. These will be expanded further.

- The HSE National Safeguarding Office, working with other relevant bodies, will have a lead role in raising public awareness on adult safeguarding issues across the sector, including who to contact if concerns or allegations of abuse arise. This includes developing education, training and public awareness materials, information and advice pathways (e.g. a helpline) and communication strategies and initiatives.
- Service providers will be required to display accessible information on safeguarding and the contact details of Designated Adult Safeguarding Officer(s) in prominent positions within their service where they are clearly visible.

Vetting

Effective recruitment and selection processes, especially in relation to vetting, support good practice in safeguarding. Statutory obligations on employers in relation to Garda vetting requirements for persons working with adults at risk are set out in the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Service providers must ensure that they comply fully with Irish vetting legislation requirements in respect of their employees and volunteers.

Research

Evidence-based research can play an important role in informing the health and social care sector's approach to adult safeguarding. It can drive key improvements and reforms, by demonstrating what works and makes the difference when designing and providing supports to adults at risk.

The HSE National Safeguarding Office will have responsibility for:

- building a well-researched evidence base by undertaking, commissioning or collaborating in appropriate research that supports effective prevention and protection interventions and effective adult safeguarding initiatives and measures,
- ensuring that the research it undertakes or commissions aims to identify the best adult safeguarding outcomes for service users,
- ensuring that the voice of the service user is taken into account in relation to all relevant research activities through meaningful participation structures, and
- informing process and practice consistency and improvement by disseminating appropriate academic research and audits of adult safeguarding practice.

7

Reporting and responding to abuse

Key Messages

- **Abuse will not be ignored. Reported concerns or allegations of abuse will always be taken seriously, believed in principle and investigated professionally and thoroughly.**
- **The HSE National Safeguarding Office will review and revise the current HSE national adult safeguarding operational policy to provide clear referral pathways and processes for reporting, assessment and investigation of concerns or allegations of abuse.**
- **Forthcoming legislation will:**
  - **create mandatory reporting duties for specified persons and/or bodies,**
  - **provide statutory functions, duties and powers for the HSE's adult safeguarding structures to underpin their role in receiving reports of concern and responding appropriately and independently, and**
  - **introduce mandatory adult safeguarding learning reviews for serious incidents that reach defined criteria.**

Effective adult safeguarding relies on having robust processes and procedures for the identification, reporting and investigation of concerns or allegations of abuse. Clear pathways, with clearly defined thresholds that are understood across the sector, are essential to ensuring everyone understands their role and what to do if they have a concern.

Reporting and responding to abuse

The HSE national adult safeguarding operational policy currently provides the framework for how service providers across the health and social care sector should respond to concerns or allegations of abuse. The HSE National Safeguarding Office will be responsible for reviewing and revising this 2014 operational policy. The revised framework will include:

- clear pathways and protocols, with defined thresholds, for reporting of concerns or allegations of abuse (1) internally within the service, (2) to the Regional Adult Safeguarding and Protection Teams, and (3) externally to other state agencies when appropriate. Protocols and procedures for inter-agency cooperation are an intrinsic component of such pathways and guidelines,
- the actions to be taken and supports to be provided to the adult at risk, and
- protocols in relation to the assessment and investigation of reported adult safeguarding concerns, to include a tiered approach with defined thresholds, depending on the nature and seriousness of abuse.

Abuse or neglect may not be ignored. Service providers and their staff will be required to report and respond to concerns or allegations of abuse in line with HSE's revised national adult safeguarding operational policy.

Clear channels for reporting relevant adult safeguarding concerns or allegations of abuse will be developed by the HSE National Safeguarding Office and made available to the health and social care sector and to the public.

It is important to ensure that adults at risk (and those in their network of support) feel safe to discuss or disclose abuse. Those who report abuse will be believed and supported. All those who report abuse, including adults at risk, their family members, friends, advocates, decision supporters or staff will be taken seriously and believed in principle if they report a concern or an allegation of abuse. They will be supported and the issues they raise will be investigated professionally and thoroughly, regardless of the medical condition or diagnosis of the adult at risk.

To further strengthen reporting and response processes, the HSE will be given statutory functions, duties and powers to underpin its role in relation to receiving reports of concerns or allegations of abuse and responding appropriately and independently. Statutory protections will also be put in place for a person who reports an adult safeguarding concern in good faith.[21]

21. Similar legislation is in place in relation to child protection. See Protections for Persons Reporting Child Abuse Act 1998. Available at: https://revisedacts.lawreform.ie/eli/1998/act/49/revised/en/html

Mandatory reporting in specified circumstances

Mandatory reporting of abuse concerns or allegations is a feature of adult safeguarding systems in a number of different countries and jurisdictions, with a range of different models in use.[22] It is proposed to introduce legislation which will require specified persons and/or bodies to report concerns or allegations of abuse that meet a defined reportable harm threshold to the HSE's adult safeguarding structures.[23]

The design of this system of mandatory reporting will be informed by the Law Reform Commission's report. In particular, careful consideration will need to be given to upholding the autonomy and consent rights of adults, defining appropriate thresholds, and the requirement for detailed preparatory work, including guidance, training, awareness raising and appropriate resourcing.

No Wrong Door

Every adult safeguarding concern raised must be taken seriously, never ignored and followed up appropriately. This includes ensuring that any immediate supports required by the adult at risk are provided without delay.

Some adult safeguarding concerns or allegations of abuse that are disclosed to a health and social care service or agency may be more appropriately responded to by a different body, whether within or outside the health and social care sector. In all cases, it is very important that health and social care staff respond supportively and sensitively to such disclosures from the outset and continue to do so through to the point of referral and handover of ownership, if appropriate, to another body.

Each health or social care worker will be required to take responsibility for supportive and sensitive handover of every safeguarding concern reported to them to the correct person or body and it is vital to ensure that all relevant staff will be appropriately trained and supported to undertake such handovers appropriately.

Investigation powers

Currently, the Regional Adult Safeguarding and Protection Teams have no statutory power to enter public or private health and social care facilities to assess and investigate a concern or allegation of abuse.

There is a recognised need for strengthened powers, and new provisions will be introduced in legislation to underpin this policy to provide relevant staff of the HSE who will have statutory safeguarding functions (e.g. in Regional Adult Safeguarding and Protection Teams) with stronger adult safeguarding investigation powers, including powers to:

22. The Law Reform Commission provides a detailed analysis of reporting systems in different jurisdictions in Chapter 9 of its report.
23. This is in keeping with the Law Reform Commission's recommendations for mandatory reporting by mandated persons.

- enter health and social care service premises (including privately provided and voluntary services) for safeguarding purposes, including the purpose of investigating concerns or allegations of abuse and making any necessary enquiries,
- speak in private to a service user who may be at risk of abuse or may have experienced abuse,
- inspect documents and other items on the premises and interview staff members, and
- access relevant records of a health and social care service user for appropriate safeguarding investigation purposes.

The exercise of these powers will be subject to appropriate safeguards, including, for example, a certain threshold of risk applying, seeking the consent of the adult at risk, provision of advocacy supports and/or accompaniment by Gardaí.

There may also be occasions when the Regional Adult Safeguarding and Protection Teams require access to private dwellings to investigate safeguarding concerns. It is noted that the Law Reform Commission recommended that in light of the constitutional protection afforded to the inviolability of the dwelling, authorised officers should not be able to enter or inspect a private dwelling for safeguarding purposes other than with the consent of the occupier or in accordance with a warrant or other legal power of entry. The introduction of powers of entry to private dwellings will be given detailed consideration as part of the legislative drafting process.

Adult safeguarding learning reviews

Adult safeguarding learning reviews following serious safeguarding incidents, with an emphasis on learning and system improvement, have a very important contribution to make to:

- ensuring timely lessons are learned from a systemic understanding of the circumstances of cases where significant safeguarding failures have occurred,
- bringing a consistent, standardised and transparent approach to the review of all serious incidents that meet certain criteria,
- promoting a positive shared learning culture to facilitate effective multi-agency collaboration and to support learning within services, and
- bringing together service providers, agencies, individuals, and families to learn from what has happened, in order to better protect adults at risk of abuse, improve safeguarding responses and improve the quality and safety of health and social care services.

Reviews of serious adult safeguarding incidents are already an important feature of our safeguarding system. Specifically, the National Independent Review Panel (NIRP) was established in 2017 to promote learning and best practice in the delivery of services by reviewing serious incidents in HSE and HSE-funded community services. The NIRP is independent in the performance of its functions, making findings and recommendations and producing objective reports that are independent of the HSE and other service providers. The NIRP operates separately from the HSE and has an independent Chair and Panel members.

However, it is acknowledged that the NIRP process needs to be strengthened. The remit is currently limited to community health and social care services provided by the HSE and HSE-funded bodies, and the process operates on an administrative basis. Moreover, currently there is no specific requirement that the NIRP process must be utilised for a serious incident review, with other review mechanisms currently being used.[24]

It is proposed to introduce a new standardised approach for adult safeguarding learning reviews, building on the NIRP process. The forthcoming legislation will place the NIRP on a statutory footing and will require that all adult safeguarding incidents that reach a defined criteria must be referred to the NIRP for review. The legislation will provide:

- that the NIRP will operate independently,
- for an expansion of the NIRP's remit to enable it to review adult safeguarding incidents across all health and social care services,[25]
- clear criteria for when adult safeguarding incidents must be referred to NIRP, and by whom,[26]
- that the NIRP can review adult safeguarding incidents that do not meet the mandatory criteria, on the basis of a clear referral process which will be developed,
- for powers of access to information and to interview relevant persons, and
- that the primary focus of reviews is learning and system improvement.[27]

Referral to and joint working with An Garda Síochána

Health and social care service providers, state agencies and their staff and volunteers must comply with obligations under law to disclose information or knowledge to An Garda Síochána about the commission of criminal offences.[28] Service providers and state agencies are required to put measures in place to ensure that staff and volunteers are aware of their statutory obligations.

If an abuse concern arises that may also constitute a criminal offence, service providers, staff and volunteers should follow operational policy issued by the HSE National Safeguarding Office as regards both the appropriate adult safeguarding response within the health and social care system and any required cooperation with and/or referral to An Garda Síochána.

24. The Law Reform Commission provides an overview of different reviews methods for serious incidents in health and social care settings in Chapter 17 of its report.
25. The remit of the NIRP is currently limited to community health and social care services provided by the HSE and HSE-funded bodies. This remit covers incidents in these services broadly and is not limited to adult safeguarding incidents.
26. A number of factors will influence the determination of what constitutes a serious adult safeguarding incident. This could be a one-off significant incident, or a number of less serious incidents may accumulate into "serious harm" against one individual or reveal persistent or recurring harm perpetrated against many individuals. The judgement of what constitutes "serious harm" is a complex one and will always require careful application of professional judgement.
27. The Law Reform Commission recommended that serious adult safeguarding reviews should be focused on learning, not on individual culpability. Their purpose should not be to hold any individual or organisation to account. Depending on the serious incident at issue, there may be other processes that exist for that purpose, such as criminal investigations and proceedings, disciplinary proceedings, and professional and service regulation. Reviews are distinct from these processes, and it is important that they are carried out in a way that does not undermine the primary objective of learning.
28. For example, under the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012, available at: https://revisedacts.lawreform.ie/eli/2012/act/24/revised/en/html, or section 19 of the Criminal Justice Act 2011, available at: https://www.irishstatutebook.ie/eli/2011/act/22/section/19/enacted/en/html

Referral to or cooperation with An Garda Síochána may also be appropriate in other circumstances, for example in the context of the roles of An Garda Síochána and of public bodies in relation to the prevention of harm to individuals who are vulnerable or at risk.[29]

Peer abuse

Peer abuse is an abusive interaction involving one service user towards another or towards a group of service users within a care setting. It can occur in any communal setting, such as day centre, club, residential care setting, nursing home or other care setting. Bullying can be considered as a manifestation of peer abuse.

Peer-to-peer abuse can be just as serious as other forms of abuse. The harm and distress that may be experienced by the victim is in no way negated by the capacity or intent of the person causing harm.

In a situation where there is a concern or allegation of abuse within a care setting by a fellow service user who lacks capacity to fully understand their actions, service providers should refer to the HSE's revised national adult safeguarding operational policy and any related guidance[30] in order to respond appropriately to their actions or behaviours. In such circumstances:

- The needs of the person who has been harmed is the paramount consideration.
- Our responsibility towards the person causing harm is also an important consideration: service providers are obliged to protect both adults at risk and ensure that required supports are put in place for each of them.
- If it is the case that an adult at risk lacks capacity to fully understand their actions, it is not the sector's policy to label them as an "abuser" or "perpetrator".
- Measures should be put in place to prevent the person causing harm from causing further harm in the future.
- If a crime is suspected, appropriate supports should be provided to the alleged person of concern in the event they may be interviewed by Gardaí.

29. E.g. under sections 9(1)(f) https://www.irishstatutebook.ie/eli/2024/act/1/section/9/enacted/en/html#sec9 and 118 https://www.irishstatutebook.ie/2024/en/act/pub/0001/sec0118.html#sec118 of the Policing, Security and Community Safety Act 2024.
30. See Health Service Executive (HSE) "HSE's Adult Safeguarding Practice Guidance on Peer Abuse". Available at: https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/peerabuse.pdf

Standardised recording of data on adult safeguarding concerns

Effective recording of adult safeguarding concerns or allegations of abuse is an important element of good governance and will provide important evidence and data to inform policy, practice, and workforce planning. The HSE National Safeguarding Office will be responsible for implementing processes to facilitate standardised recording of adult safeguarding concerns or allegations of abuse across all regions and services.

The HSE's initiative, in 2024, to move to a single digital platform (Adult Safeguarding Portal[31]) for the standardised reporting and referral of adult safeguarding concerns or allegations of abuse to Regional Adult Safeguarding and Protection Teams from members of the community / general public and from relevant professionals across the health and social care system was a significant step forward towards the achievement of a standardised recording system for key safeguarding data.

The referral portal is a key element of the HSE's Online System for Adult Safeguarding (OSAS) which combines a case management function along with the above referral portal and a delegation portal. Service providers and/or the Regional Adult Safeguarding and Protection Teams are responsible for submitting adult safeguarding activity onto the OSAS system, in accordance with standard processes. The HSE National Safeguarding Office will be responsible for publishing annual data on reported safeguarding concerns.

31. Health Service Executive (HSE), "HSE Adult Safeguarding Portal". Available at: https://adultsafeguardingportal.hse.ie/web/portal/pages/home

8

Interventions

Key Messages

- **Service providers and professionals with adult safeguarding roles will be required to act promptly and decisively to protect adults at risk who interact with our services from being abused and to provide appropriate supports to adults at risk who may have experienced abuse.**
- **Interventions must be reasonable, justified and proportionate.**
- **Strengthened statutory intervention powers, including provision for safeguarding and protection orders in limited circumstances, will be introduced.**

Where it is determined that there are reasonable grounds for concern in relation to concerns or allegations of abuse, consideration must be given to the nature of intervention and support required and an Individual Adult Safeguarding Plan must be developed. Safeguarding interventions should be reasonable, justified and proportionate, balancing the level of risk and impact of harm with respecting the adult's choices and preferred outcome for their own life circumstances. Interventions must strike a balance between autonomy and protection.

Principle of proportionality

The autonomy of each adult at risk will be supported through proportionate use of interventions. This includes intervening only in ways that:

- provide benefit to the adult which could not reasonably be provided otherwise,
- are the least intrusive or the least restrictive to the adult's freedom,
- are limited to the necessary duration,
- are designed to prevent or minimise traumatisation or re-traumatisation, and
- include seeking the consent of adults at risk to interventions concerning them.

Individual Adult Safeguarding Plan

Where it is determined in relation to a concern or allegation of abuse that there are reasonable grounds for concern, an Individual Adult Safeguarding Plan must be prepared and implemented. Responsibility for the preparation and implementation of the plan will generally rest with the service provider, but in certain circumstances it will involve Regional Adult Safeguarding and Protection Teams. Protocols will be detailed in the HSE's revised national adult safeguarding operational policy.

The plan will document the safeguarding needs of the adult at risk concerned and the safeguarding measures and supports the service provider will put in place to minimise their risk of abuse or harm and to support them to protect themselves.

The plan will also document the cooperation arrangements, where appropriate, the service provider will put in place with other agencies or service providers to safeguard the adult at risk.

An Individual Adult Safeguarding Plan must give due consideration to the will and preferences of the adult at risk and place them at the heart of any safeguarding decisions about themselves.

The plan must be reviewed and updated as frequently as required (in cooperation with other relevant service providers or agencies if appropriate), taking account of the service user's stated preferences.

Safeguarding and protection orders

There will be occasions when more intrusive interventions may be required. Having considered the use of certain interventions in other jurisdictions and the Law Reform Commission's recommendations, provision will be made in legislation to give authority to relevant staff of the HSE with statutory safeguarding functions (e.g. in Regional Adult Safeguarding and Protection Teams) to apply to the court for intervention orders as set out below.

It is acknowledged that this provision will have significant rights implications and will require careful drafting so as to interfere minimally and proportionately with constitutional rights and international human rights conventions. It is also acknowledged that these orders should only be used in limited circumstances, following reasonable attempts being made to ascertain and consider the wishes of the adult at risk and seek their consent and must meet a high threshold of risk (e.g. where such an order is necessary to protect an adult at risk from serious and immediate risk of abuse or harm).

Provision for the following intervention orders will be made:

- A **no-contact order** prohibiting a person from being in a specified place or from communicating, including electronically, with the adult at risk for a specified period, where an adult at risk is likely to be seriously harmed and where an order for no contact with a person will more effectively safeguard the adult at risk than removing the adult at risk from that place.
- A **removal and transfer order** authorising, where necessary, the removal of the adult at risk to a place of safety for a specified period, where there is a likelihood of serious abuse or harm if not moved.

9

Interagency and inter-sectoral cooperation

Key Messages

- **Relevant service providers and state agencies will have a duty to cooperate for the purpose of safeguarding adults at risk.**
- **This duty includes the lawful sharing of relevant information to the extent that is necessary and proportionate for the purpose of safeguarding an adult at risk who uses their services against potential abuse.**

Adult safeguarding is not the responsibility of any one organisation or any one sector alone. It is about people and organisations working together to make sure adults who may be at risk of harm are supported and protected. In addition to legislative measures, this requires a strong culture of cooperation within and across sectors, underpinned by robust protocols and processes. While the scope of this policy framework is specific to the health and social care sector, this chapter includes arrangements for cooperation on adult safeguarding with other key sectors and state agencies.

Existing cooperation requirements

Existing practice in relation to cooperation and information-sharing is largely based on informal or local arrangements and can rely on individual relationships and partnerships. There are also some existing legislative provisions which place obligations on, or facilitate, organisations to cooperate and share information on adult safeguarding matters:

- Under recent policing and community safety legislation, public bodies now have a duty to cooperate with each other to improve community safety, including the prevention of harm to individuals, in particular those who are vulnerable or at risk. This includes sharing information lawfully to the extent that is necessary and proportionate.[32]

32. Under section 118 of the Policing, Security and Community Safety Act 2024 available at: https://www.irishstatutebook.ie/eli/2024/act/1/enacted/en/html cooperation as defined in that Act includes lawful sharing of documents and information (including personal data within the meaning of the Data Protection Regulation) to the extent that is necessary and proportionate for the purpose of the performance of the functions of the public bodies concerned for the purposes of improving community safety. This includes cooperation through the prevention of crime and through the prevention of harm to individuals, in particular those who are vulnerable or at risk. Public bodies as defined in the Act include health and social care agencies and public bodies in other sectors, including An Garda Síochána and Tusla.

- It is an offence for any person to withhold from An Garda Síochána, without reasonable excuse, any information they have about the commission or suspected commission of certain offences against children or "vulnerable persons" (i.e. adults at risk) under the Criminal Justice (Withholding of Information on Certain Offences against Children and Vulnerable Persons) Act 2012.
- Under the HSE's current national adult safeguarding operational policy it is a requirement to contact An Garda Síochána immediately where there is a concern that a serious criminal offence may have taken place, or a crime may be about to be committed.
- The EU General Data Protection Regulation (GDPR) legislation facilitates lawful data sharing for specified purposes, including purposes relevant to safeguarding, and is not a barrier to the lawful sharing of relevant information to the extent that is necessary and proportionate for the purpose of safeguarding any individual adult at risk against being abused or harmed.

Enhancing cooperation arrangements

These existing arrangements will be strengthened to support service providers and agencies in carrying out their adult safeguarding responsibilities, as follows:

- A statutory duty to cooperate for the purposes of safeguarding all adults at risk from abuse will be introduced for relevant organisations. This will include all relevant service providers and state agencies in the health and social care sector. This duty will be in addition to the statutory duties of public bodies under policing legislation to cooperate with each other to improve community safety, including through preventing harm to adults at risk.
- Safeguarding information by its nature is personal and sensitive and should be treated with confidentiality. However, there will be times when the duty to share information about an individual will be as important as the duty to protect that information. Therefore, the duty to cooperate will include a duty to lawfully share relevant information to the extent that is necessary and proportionate for those purposes (including personal data within the meaning of the EU General Data Protection Regulation (GDPR)).
- The HSE National Safeguarding Office will be responsible for the development of protocols or guidance on standardised approaches for cooperation and lawful, necessary and proportionate information-sharing for adult safeguarding purposes across the health and social care sector, including situations where multiple bodies are providing services to an adult at risk.

- The HSE National Safeguarding Office will be responsible for liaising with key state agencies in other sectors (for example Tusla and An Garda Síochána) so that effective, consistent, person-centred and coordinated interagency cooperation arrangements are in place, including, for example:
  - developing, putting in place, and periodically reviewing, protocols, partnership or cooperation agreements on adult safeguarding (e.g. Memoranda of Understanding) and, where appropriate, joint agency policies with relevant state agencies in other sectors, and
  - joint training sessions with relevant state agencies in other sectors.
- The Department of Health will be responsible for any related inter-Departmental engagement that may be appropriate or necessary to facilitate the HSE National Safeguarding Office in carrying out this role, for example with the Department of Justice, Home Affairs & Migration, Department of Children, Disability & Equality, Department of Social Protection.
- Regional Adult Safeguarding and Protection Committees, comprising representatives of relevant state agencies and services involved in safeguarding within the region, should have a visible leadership role that supports interagency communication, cooperation and information-sharing between organisations within the region.

10

Roadmap for implementation planning and monitoring

Key Messages

- **Implementation of this policy will take place over a number of years and will require a sustained and programmatic approach.**
- **Dedicated implementation structures will be established and an implementation plan developed to support implementation.**
- **An independent evaluation of implementation progress and impact will be undertaken within five years.**

Implementation of this policy framework will take place over a number of years and will require the development of legislation, a coordinated and sustained programme of other measures, and investment.

The Department of Health (in liaison with the Department of Children, Disability and Equality) will be responsible for the preparation of primary legislation required to underpin this policy framework and for making such related secondary legislation (e.g. regulations) as may be required.

Outside of this programme of legislation, the Chief Social Worker in the HSE will have responsibility for the implementation of this national policy framework, in conjunction with other relevant public bodies.

Proposed implementation structures

The following structures will be established to inform and support implementation:

Implementation Oversight Group

The Chief Social Worker in the HSE will establish and chair an Implementation Oversight Group to coordinate, monitor and drive the delivery of a programme of work to support implementation of the national policy framework for adult safeguarding. The Implementation Oversight Group may establish working groups and expert advisory structures to support its work.

The role of the Implementation Group will include:

- developing an Implementation Plan to be approved by the Department of Health within 6 months of the publication of this policy and establishing required workstreams and projects to deliver the plan,
- developing a set of Key Performance Indicators (KPIs) to support the monitoring of implementation,
- providing clear direction and leadership on the delivery of the Implementation Plan and oversight and guidance to workstream and project leads,
- acting as a decision-making and approval body for the programme of work,
- monitoring progress against plans and acting where required to address slippage, and
- resolving implementation issues and managing risks.

The Implementation Group will provide quarterly updates to the Department of Health detailing progress achieved and highlighting risks to implementation as necessary. Oversight of the HSE's performance will be governed through established performance oversight arrangements in the Department of Health.

Lived Experience Committee

To ensure that the work remains focused on the needs of people requiring safeguarding services, and grounded in their experience, a Lived Experience Committee will be established by the HSE. This will ensure experts through experience inform the work of the Implementation Oversight Group and also the development of legislation.

Stakeholder Forum

The Department of Health will establish a Stakeholder Forum on adult safeguarding for the health and social care sector. The Forum will enable regular engagement with key stakeholders on the implementation of the policy framework. It will provide a platform for:

- providing stakeholders with regular updates on implementation progress,
- engaging and consulting with stakeholders on proposed legislation and programmes of work under the Implementation Plan,
- stakeholders to raise issues in relation to adult safeguarding, and
- engaging on adult safeguarding more generally.

Review of implementation

The Department of Health will arrange an independent evaluation of the effectiveness of the operation of this policy framework within five years of its implementation.

Glossary of terms and abbreviations

Term / Abbreviation	Meaning
Abuse	A single or repeated act, or omission, which violates a person's human rights or causes **harm** or distress to a person. Abuse may take a variety of forms. Abuse may be perpetrated as the result of deliberate intent, negligence, ignorance or lack of insight or knowledge and can arise from acts of abuse by individuals and also from inappropriate or inadequate care or programmes of care. Anyone who has contact with an adult at risk may be abusive, including a healthcare or social care worker or volunteer, a member of their family or community, a friend or informal carer.
Abuse types	The main areas of **abuse** which cause people harm are physical abuse, coercive control, emotional/psychological abuse (including bullying), sexual abuse, neglect of the person and financial abuse. **Peer abuse** (see below) is an abusive interaction involving a service user towards another service user in a care setting. It is important to note that this is not an exhaustive list. For a more detailed list refer to the HSE's 2014 national adult safeguarding operational policy document Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures (2014)
Adult	Person aged 18 or over.

Term / Abbreviation	Meaning
Adult at risk	An **adult** who: • needs help to protect themselves or their interests at a particular time, whether due to circumstances or personal characteristics, and • may be at risk of experiencing **harm** by another party, and • interacts with a health or social care service, whether within a service setting or within the home. This includes situations where formal health or social care services are not currently in place but where concerns have been raised in relation to the safeguarding of an individual (by, for example, neighbours, family members and members of the public) and where a health and/or social care service response is therefore required.
Adult safeguarding	Putting measures in place to promote and protect the safety, health, wellbeing and human rights of **adults at risk**, reduce their risk of **harm**, empower them to protect themselves and support them to live free from **abuse**, **harm** and **neglect**.
Adult Safeguarding Statement	A service provider's written Statement that documents identified risks and the principles, procedures, policies and measures to manage risk and protect the **adults at risk** who use these services from **abuse** and harm.
Advocate / Advocacy	A person nominated by an **adult** to speak on their behalf and represent their views. Advocacy comes in different forms including informal support and independent advocacy services. Advocacy should always be independent from the service providing care or support.
An Garda Síochána	An Garda Síochána (also commonly referred to as the Gardaí) is Ireland's National Police Force.
Autonomy	The right to make decisions and take actions that are in keeping with one's beliefs and values.
Capacity	Decision-making capacity as defined in the Assisted Decision-Making (Capacity) Act 2015. In this context, capacity means a person's ability to understand, at the time that a decision is to be made, the nature and consequences of the decision to be made by them in the context of the available choices at the time.

Term / Abbreviation	Meaning
Consent	The giving of permission or agreement for an intervention (including in relation to healthcare treatment, property and finances), receipt or use of a service or participation in research. Consent may only be given following a process of communication in which the person has received sufficient information in a manner and form appropriate to their needs to enable them to understand the nature, potential risks and benefits of the proposed intervention or service.
CORU	Ireland's multi-professional health and social care regulator.
Decision supporter	A decision supporter is an umbrella term used to describe a person with legal authority specified in a decision support arrangement made under the Assisted Decision-Making (Capacity) Act 2015 to support a relevant person to make their own decisions or to make the decisions on their behalf. There are five decision supporters under the Act: • Decision-making assistant. • Co-decision-maker. • Decision-making representative. • Attorney. • Designated healthcare representative.
Designated Adult Safeguarding Officer(s)	Staff members nominated by **service providers** to undertake additional safeguarding duties within services.
Harm	The adverse impact of **abuse**, including distress experienced by a person as a result of being abused.
Health and Social Care Service Regulators	Statutory regulatory bodies (e.g. the Health Information and Quality Authority (HIQA) and the Mental Health Commission) responsible for setting **safeguarding** and care quality standards and monitoring the compliance of regulated providers of **health and social care services**/mental health services with relevant regulations and standards.

Term / Abbreviation	Meaning
Health and Social Care Sector	Public sector organisations, services and **service providers** that fall within the remit of the Minister for Health (or, in relation to specialist community-based disability services, the Minister for Children, Disability and Equality) and similar voluntary and private organisations, services and service providers.
Health and/or social care services	Every healthcare service and every social care service that is provided under legislation by the HSE (or on the HSE's behalf) and every similar service that is provided by a voluntary or private body.
Health and/or social care service user	A person who receives a **health and/or social care service**.
HIQA	The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.
HSE	The Health Service Executive (HSE) is Ireland's public health and social care service.
IMC	The Irish Medical Council is the **professional regulatory body** for medical doctors in Ireland.
Independent Review of Adult Safeguarding in the HSE	The independent high-level review of the HSE's adult safeguarding policy, procedures, structures and options for the future, by Ms. Jackie McIlroy: "Moving Forward: Adult Safeguarding in the Health Service Executive", published in June 2024. Available at: https://about.hse.ie/news/hse-publishes-review-independent-safeguarding-expert-jackie-mcilroy-on-hse-safeguarding-policies-and-procedures/
Individual Adult Safeguarding Plan	A plan prepared by a **service provider** (in cooperation with other relevant service providers or bodies if appropriate) that documents the **safeguarding** needs of the adult at risk concerned and the safeguarding measures and supports the service provider proposes to put in place to minimise their risk of **abuse** or **harm** and to support them to protect themselves. Safeguarding Plans must be reviewed and updated as frequently as required (in cooperation with other relevant service providers, agencies or bodies if appropriate), taking account of the **service user**'s stated preferences.

Term / Abbreviation	Meaning
Law Reform Commission Report	The Law Reform Commission's Report on "A Regulatory Framework for Adult Safeguarding", published in April 2024. Available at: https://www.lawreform.ie/news/the-law-reform-commission-publishes-report-on-a-regulatory-framework-for-adult-safeguarding.1141.html
Leaders	The person-in-charge, senior managers, owners and members of board (or equivalent) of a **service provider**.
Mental Health Commission	The Mental Health Commission was established to promote, encourage and foster high standards and good practices in the delivery of mental health services in Ireland.
Neglect	A failure to adequately protect an adult under a person's care from preventable and foreseeable harm, or to provide adequate food, clothing, heating or medical aid or to take steps (where a person cannot look after an adult under their care) to have them looked after under relevant legislation.
NMBI	Nursing and Midwifery Board of Ireland (Professional regulatory body for nurses and midwives).
Peer abuse	This is an abusive interaction involving one service user towards another or towards a group of service users within a care setting. It can occur in any communal setting, such as day centre, club, residential care facility, nursing home or other care setting. Bullying can be considered as a manifestation of peer abuse.
Professional Regulation Bodies	Health and social care professional regulation bodies (e.g. CORU, Irish Medical Council, Nursing and Midwifery Board of Ireland etc.).
Regional Adult Safeguarding and Protection Team(s)	A social work-led Team, with inter-disciplinary support, providing expert advice and practical guidance to **service providers** within each Health Region and where appropriate in line with HSE guidelines undertaking case management of certain **safeguarding concerns**. Each Team will report to its Regional Director of Safeguarding.

Term / Abbreviation	Meaning
Regional Director of Adult Safeguarding	New senior HSE post that will be established in each Health Region as recommended in the 2024 Independent Review of Adult Safeguarding in the HSE.
Regulated services / regulated service providers	HSE, voluntary and private **health and social care service providers** that are subject to compliance requirements to ensure they meet key care and safeguarding standards.
Service provider	An organisation that provides a **health or social care service** and the organisation's staff, volunteers and leaders.
Service	A **health and/or social care service** that is delivered by a **service provider** to service users including adults at risk.
Service Safeguarding Risk Evaluation	An evaluation by a **service provider** of potential risks of **abuse** or **harm** to a person using or requiring the service.
Vulnerable adult	Term formerly used for **Adult at risk**.
Will and preferences	A person's will incorporates their values, personal beliefs and ultimate goals. A person's preferences refer to a greater liking for one alternative over another.

Appendices

Appendix A: Current (2025) Adult Safeguarding Framework

While the protection of adults at risk against abuse or harm has always been intrinsic to care provision, structured adult safeguarding policies and programmes have evolved more recently in many countries, including Ireland.

In Ireland's health and social care sector, this evolution dates back to the early 2000s. The initial focus was on protecting older people against abuse. In 2002, the Report of the Working Group on Elder Abuse was published[33] and in 2007 the Health Service Executive (HSE) published an implementation policy for responding to allegations of elder abuse[34] and established an Elder Abuse Programme. In 2014, the HSE published its national adult safeguarding operational policy[35], marking a broadened remit embracing publicly-provided social care services (i.e. both older persons and disability service contexts). This provided guidelines for HSE and HSE-funded staff to follow in cases of concerns or allegations of abuse or neglect of adults at risk. Also in 2014, the HSE established its National Safeguarding Office and Regional Adult Safeguarding and Protection Teams.

Many of the key protections in place for adults at risk range across all sectors, including legislation on:

- Assisted decision-making[36]
- Equal status / non-discrimination[37]
- Vetting[38]
- Public bodies cooperating on preventing harm to at-risk adults[39]
- Reporting of certain offences to An Garda Síochána[40]

33. Report of the Working Group on Elder Abuse, "Protecting Our Future: Report of the Working Group on Elder Abuse" (2002). Available at: https://www.lenus.ie/handle/10147/46362
34. Health Service Executive (HSE) "Implementing 'Protecting Our Future'. A programme to raise awareness of elder abuse among healthcare staff", (2007). Available at: https://www.lenus.ie/bitstream/10147/73915/1/HSE_Elder_Abuse_Policy.pdf
35. Health Service Executive (HSE), "Safeguarding Vulnerable People at Risk of Abuse – Policy and Procedures" (2014). Available at: https://www2.healthservice.hse.ie/organisation/national-pppgs/safeguarding-vulnerable-persons-at-risk-of-abuse-2014-national-policy-procedures/
36. Irish Statute Book, Assisted Decision-Making (Capacity) Act 2015. Available at: https://revisedacts.lawreform.ie/eli/2015/act/64/revised/en/html
37. Irish Statute Book, Equal Status Act 2000. Available at: https://www.irishstatutebook.ie/eli/2000/act/8/enacted/en/html
38. Irish Statute Book, National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Available at: https://www.irishstatutebook.ie/eli/2012/act/47/enacted/en/html
39. Irish Statute Book, Policing, Security and Community Safety Act 2024, (Section 118), https://www.irishstatutebook.ie/eli/2024/act/1/enacted/en/html
40. Irish Statute Book, Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012. Available at: https://revisedacts.lawreform.ie/eli/2012/act/24/revised/en/html

- Protected disclosure / whistleblowing[41]
- Coercive control[42]
- Domestic, sexual and gender-based violence[43]

Specifically within the health and social care sector, protections include:

- HSE's National Safeguarding Office, leading operational safeguarding policy development and providing training programmes for all HSE staff and more advanced training for staff with specific safeguarding roles.
- Initiatives and reforms within HSE recommended in the independent high-level review of the HSE's adult safeguarding policy, procedures, structures and options for the future, by Ms. Jackie McIlroy ("Moving Forward: Adult Safeguarding in the Health Service Executive", 2024).[44]
- The Health Service Executive's (HSE) national adult safeguarding operational policy "Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures" (2014).[45]
- The appointment in 2024 of the first Chief Social Worker in the HSE.
- Regulatory and inspection functions of HIQA and the Mental Health Commission.[46]
- National Standards for Adult Safeguarding[47] prepared jointly by the Health Information and Quality Authority (HIQA) and the Mental Health Commission (2019).
- National Standards[48] on residential care quality (older people and adults with disabilities).
- Regulations on residential care quality (older people and adults with disabilities). These Regulations set out a number of specific obligations in relation to safeguarding against abuse that registered providers must comply with, including requirements to:
    - adopt and implement written policies and procedures on the prevention, detection and response to abuse,
    - take measures to protect residents from abuse,
    - investigate any incident or allegation of abuse,

41. Irish Statute Book, Protected Disclosures Act 2014. Available at: http://revisedacts.lawreform.ie/eli/2014/act/14/revised/en/html
42. Domestic Violence Act 2018 (Section 39), Available at: https://www.irishstatutebook.ie/eli/2018/act/6/enacted/en/html
43. Irish Statute Book, Domestic, Sexual and Gender-Based Violence Agency Act 2023. Available at: http://www.legislation.ie/eli/2023/act/31/section/2/enacted/en/html
44. Heath Service Executive (HSE), "Moving Forward: Adult Safeguarding in the Health Service Executive" (2024). Available at: https://about.hse.ie/news/hse-publishes-review-independent-safeguarding-expert-jackie-mcilroy-on-hse-safeguarding-policies-and-procedures/
45. Health Service Executive (HSE), "Safeguarding Vulnerable People at Risk of Abuse – Policy and Procedures" (2014). Available at: Safeguarding Vulnerable People at Risk of Abuse – Policy and Procedures"(2014)
46. Under the Health Act 2007, available at: http://revisedacts.lawreform.ie/eli/2007/act/23/revised/en/html and the Mental Health Act 2001, available at: http://revisedacts.lawreform.ie/eli/2001/act/25/revised/en/html
47. Health and Information Quality Authority (HIQA), "National Standards for Adults Safeguarding". Available at: https://www.hiqa.ie/reports-and-publications/standard/national-standards-adult-safeguarding
48. Health and Information Quality Authority (HIQA), "National Standards for Residential Services for Children and Adults with Disabilities" available at: https://www.hiqa.ie/reports-and-publications/standard/national-standards-residential-services-children-and-adults and National Quality Standards for Residential Care Settings for Older People in Ireland, available at: https://www.hiqa.ie/sites/default/files/2017-01/National-Standards-for-Older-People.pdf

  - record any incident of abuse and make it available for inspection by the Chief Inspector of Social Services (in the Health Information and Quality Authority),
  - maintain a risk management policy that includes measures and actions in place to control abuse, and
  - notify the Chief Inspector of any incident of confirmed or alleged abuse.[49]
- Regulations[50] on minimum standards required in registered approved centres for mental health care and treatment (including requirement that approved centres must have and implement a comprehensive risk management policy that covers arrangements for protection of residents from abuse).
- Sectoral whistle-blowing legislation.[51]
- Guidelines[52] for protecting the finances and private property of service users in the care of the HSE.
- Role of HSE Confidential Recipient[53].
- Legislation on roles of professional regulatory bodies in relation to registration requirements and professional codes of conduct for all regulated professions.
- A dedicated Safeguarding and Protection Team in each of the HSE's Regions.
- Designated Adult Safeguarding Officers within many services (staff members nominated by service providers to undertake additional safeguarding duties).
- HSE Incident Management Framework.[54]
- Policy for health service employers[55] on managing allegations of abuse against staff members.

49. Irish Statute Book, Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, available at: www.irishstatutebook.ie/eli/2013/si/367/made/en/print, and Department of Health, Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, consolidated version available at: https://www.gov.ie/en/department-of-health/publications/informal-consolidations-of-regulations-governing-designated-centres-for-older-people/
50. Irish Statute Book, Mental Health Act 2001 (Approved Centres) Regulations 2006 available at: https://www.irishstatutebook.ie/eli/2006/si/551/
51. Irish Statute Book, Health Act 2004, (Part 9A,) available at: https://www.bing.com/ck/a?!&&p=f81e4ec85a93e9f6530e107131a9db3b1d8e166b972726014faf5261f6a34aa2JmltdHM9MTc2MzUxMDQwMA&ptn=3&ver=2&hsh=4&fclid=3d00b1c6-ec54-6529-12dc-a405ed2b64cf&psq=Health+act+2004&u=a1aHR0cHM6Ly93d3cuaXJpc2hzdGF0dXRlYm9vay5pZS9lbGkvMjAwNC9hY3QvNDIvZW5hY3RlZC9lbi9odG1s
52. Health Service Executive (HSE), "HSE Patients' Private Property Guidelines". Available at: https://www2.healthservice.hse.ie/organisation/national-pppgs/patients-private-property-guidelines/
53. 'Health Service Executive (HSE), "National Confidential Recipient". Available at: https://www.hse.ie/eng/about/who/complaints/confidentialrecipient/
54. Health Service Executive (HSE), "HSE Incident Management Framework and Guidelines 2020". Available at: https://www2.healthservice.hse.ie/organisation/qps-incident-management/incident-management/
55. Health Service Executive (HSE), "Trust in Care" (2005). Available at: https://www.hse.ie/eng/staff/resources/hrppg/trust-in-care.pdf

Appendix B: Selected complementary policies, procedures and frameworks

The focus of this policy framework is specific to addressing potential or actual abuse and harm of adults at risk who interact with health or social care services. Other relevant policies and operational procedures include (a non-comprehensive list):

- HSE's complaints framework (Your Service Your Say[56]), HSE Confidential Recipient[57], and other complaints processes across the sector.
- HSE's Trust in Care policy[58] (Policy for Health Service Employers on upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse against Staff Members.
- HSE's National Consent Policy.[59]
- HSE's Sexual Safety Framework.[60]
- HSE's Making Safeguarding Personal (MSP) Toolkit of Resources.[61]
- Children First: National Guidance for the Protection and Welfare of Children.[62]
- Role of Department of Social Protection's Safeguarding Unit in response to alleged abuse of pension/benefit recipients.[63]
- Central Bank Consumer Protection Code provisions on financial abuse[64] and related Regulations.[65]
- Data Protection Commission guidance (Adult Safeguarding Toolkit).[66]

56. Health Service Executive (HSE), "Make a complaint or give feedback". Available at: https://www2.hse.ie/complaints-feedback/
57. Health Service Executive (HSE), "National Confidential Recipient: Appointed by the HSE". Available at https://www.hse.ie/eng/about/who/complaints/confidentialrecipient/
58. Health Service Executive (HSE), "Trust in Care" (2005). Available at: https://www.hse.ie/eng/staff/resources/hrppg/trust-in-care.pdf
59. Health Service Executive (HSE), "HSE Consent Policy". Available at: https://healthservice.hse.ie/staff/procedures-guidelines/hse-consent-policy/
60. Health Service Executive (HSE), "Sexual Safety Framework for Approved and Designated Centres" (2025). Available at: https://www.hse.ie/eng/services/publications/sexual-safety-framework.pdf
61. Health Service Executive (HSE), "Making Safeguarding Personal". Available at: https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/makingsafeguardingpersonal.html
62. The Child and Family Agency (Tusla), "Children First Guidance and Legislation". Available at: https://www.tusla.ie/children-first/children-first-guidance-and-legislation/
63. Available at: https://www.gov.ie/en/department-of-social-protection/collections/social-welfare-phone-numbers/
64. Central Bank of Ireland, "Consumer Protection Code 2025". Available at: https://www.centralbank.ie/regulation/consumer-protection/consumer-protection-code
65. Irish Statute Book, Central Bank (Supervision and Enforcement) Act 2013 (Section 48) (Consumer Protection) Regulations 2025. Available at: https://www.irishstatutebook.ie/eli/2025/si/81/made/en/print. These will come into operation on 24 March 2026 (see in particular Chapter 3 of the Regulations "Consumers in vulnerable circumstances").
66. Data Protection Commission (DPC), "Adult Safeguarding Toolkit" (2025). Available at: https://dataprotection.ie/en/dpc-guidance/adult-safeguarding-toolkit

- HSE's Incident Management Framework[67] and other patient safety policies/protocols.
- Risk management policies and procedures.
- Decision Support Service resources[68] supporting the application of the Assisted Decision-Making (Capacity) Act 2015.
- Legislation (in development) on Protection of Liberty Safeguards.

67. Health Service Executive (HSE), "Incident Management". Available at: https://www2.healthservice.hse.ie/organisation/qps-incident-management/incident-management/
68. Decision Support Service (DSS), "Resources". Available at: https://www.decisionsupportservice.ie/resources

Rialtas na hÉireann
Government of Ireland