

Public Consultation on Policy Proposals on Adult Safeguarding in the Health and Social Care Sector

Fields marked with \* are mandatory.



# **Rialtas na hÉireann** Government of Ireland

## How to make an online response?

## This survey consists of 4 Parts, with 11 questions in total.

Part 1 asks you to provide information about yourself. Part 2 asks you to provide overall feedback on the policy proposals. Part 3 invites you to provide feedback on specific aspects of the policy proposals and on specific chapters and sub-chapters. Part 4 invites you to comment overall on the policy proposals.

## Only Part 1 of the survey is mandatory.

This allows you to give as much or as little feedback as you want. Where the survey gives you the opportunity to provide written feedback, please be aware that this is subject to a word / character limit.

## What will we do with your response?

A report on the findings of the public consultation will be prepared by the Institute of Public Health for the Department of Health. Your views will contribute to the further development of adult safeguarding policy for the health and social care sector and subsequent legislation.

## **Privacy Notice:**

By completing this survey, you are agreeing to take part in the public consultation. Personal, confidential or commercially sensitive information should not be included in your submission. If personally identifiable details are included, they will be deleted. All submissions and survey answers are subject to release under the Freedom of Information (FOI) Act 2014 and are also subject to Data Protection legislation. The Department's Privacy Policy can be viewed <u>here</u>.

## Queries

Should you have any queries in relation to this survey, please contact <u>adultsafeguardingconsultation@healt</u><u>h.gov.ie</u>.

## Part 1. About you

#### \* Question 1:

Are you providing feedback as:

- an individual
- on behalf of an organisation

If you are providing feedback on behalf of an organisation please give the name of the organisation.

Citizens Information Board (CIB)

#### Is the organisation?

- An advocacy organisation or a representative organisation for service users?
- A professional body?
- A trade union or worker representative body?
- A social care or healthcare provider?
- A public sector body or regulator?
- A healthcare or medical organisation or body?

#### Other (please give details below):

The Citizens Information Board is a statutory body under the auspices of the Department of Social Protection with a mandate to assist and support individuals, in particular those with disabilities, in identifying and understanding their needs and options and in accessing their entitlements to social services. Other functions of the Board are to support, promote and develop:

(i) greater accessibility, co-ordination and public awareness of social services;

(ii) the dissemination of integrated information in relation to such services by statutory bodies and NGOs; and

(iii) the provision of information on the effectiveness of current social policy and services and to highlight issues which are of concern to users of those services.

CIB funds and supports the nationwide network of Citizens Information Services (CISs) and the Citizens Information Phone Service (CIPS). It also provides and manages the Citizens Information website (www. citizensinformation.ie). The National Advocacy Service for People with Disabilities (NAS) is funded and

supported by the CIB as is the Sign Language Interpreting Service (SLIS).

## Part 2. Overall feedback

This part seeks high level feedback on the overall Policy Proposals on Adult Safeguarding in the Health and Social Care Sector.

Please respond by ticking one of the following, Yes or No or Unsure for each statement.

## **Question 2:**

Overall, do you agree with the following in the policy proposals:

	Yes	No	Unsure
Vision and Key Messages	۲	0	0
Aims and Objectives	۲	0	0
Principles	۲	0	0

Please comment (optional) - max 1200 characters (approx. 200 words)

CIB agrees that there is a need to further enhance and strengthen adult safeguarding in the health and social care sector in Ireland and to ensure that a culture of safeguarding is fostered within every service. Safeguarding will be greatly enhanced by the proposed overarching national policy which should help to bring about the transformational change required in the way adult safeguarding is delivered and the priority given to it by services in practice. The policy proposals address a number of shortcomings in adult safeguarding policy and practice to date, including, in particular, the fact that current policy does not apply to much of the health and social care sector.

The statement by the Department that the proposed framework will be followed by any legislation or other measures that will be required to underpin and implement the policy is important. Follow-through on this will be essential if the proposed policy is to bring about the necessary change in safeguarding practice.

## **Question 3:**

Do you agree that the scope of the policy proposals should:

	Yes	No	Unsure
Cover the full spectrum of public, voluntary and private healthcare services and social care services?	۲	0	O
Support every adult service user who may be at risk of being abused or harmed by another person?	۲	0	O

Please comment (optional) - max 1200 characters (approx. 200 words)

A high proportion of concerns reported to Safeguarding and Protection Teams relate to residential care facilities. High media profile cases such as Áras Attracta, 'Brandon' and 'Emily' have drawn attention to severe forms of abuse in residential care settings.

It is important that the necessary focus on such extreme cases does not in any way take from the need for vigilance about what might be termed 'lesser' forms of abuse. The policy needs to also cover 'less vulnerable' people who are using health and social care services, who may not require the decision-making support under the ADMC Act, but who need to be supported. It is important that safeguarding policy and practice in residential care settings is seen by all involved – staff, residents, and relatives – as requiring zero tolerance of any form of abuse.

## **Question 4:**

Will the overall policy proposals achieve:

	Yes	No	Unsure
A strengthened culture of safeguarding		۲	۲
Meaningful support for the autonomy of at-risk adult service users	۲	0	0
An effective safeguarding structure for the sector	۲	۲	0
A strong legal basis and effective legal powers	۲	0	0
Effective cooperation and information sharing between services and agencies	۲	0	0

Please comment (optional) - max 1200 characters (approx. 200 words)

Current GDPR provisions allow for the sharing of data in instances where there is a safeguarding concern, but this is not mandatory. This absence of a positive obligation on agencies and professionals to share data where there is a safeguarding concern needs to be addressed.

There is a strong case for active consideration of the establishment of a national adult safeguarding authority or regulatory function similar to the institutional or organisational models for the regulation of adult safeguarding outlined in the LRC's Issues Paper on a regulatory framework for adult safeguarding. Such an authority or function could have independent oversight not only of safeguarding in health and social care services but also in broader social contexts relating to financial abuse, coercive control, misinformation /disinformation and psychological abuse. Such a function would have a central role in enabling and reinforcing linkages between all domains where there is potential for safeguarding issues to arise – in care settings, within families and in the management of personal finances.

The establishment of a national adult safeguarding function would also be likely to help to raise public consciousness generally about the importance of adult safeguarding across the whole of society.

## Question 5:

What do you consider will be the benefits of introducing the new policy as set out in these proposals? Please comment (optional) - max 1200 characters (approx. 200 words)

The policy proposals address a number of key shortcomings in adult safeguarding policy and practice to date, including, in particular,

- The fact that current policy does not apply to much of the health and social care sector;
- An underdeveloped public awareness of adult safeguarding and a culture which may ignore or

tolerate some forms of abuse, e.g., financial abuse;

- Insufficient emphasis to date on hearing the voice of service users who have reduced decisionmaking capacity or who communicate differently;
- Significant regional variation in the reporting of abuse (highlighted in the National Safeguarding Office Annual Report 2022).

## **Question 6:**

Do you have any concerns about the policy proposals?

- 🚺 Yes
- 🔲 No
- Unsure

Please comment (optional) - max 1200 characters (approx. 200 words)

While CIB welcomes the policy proposals, it would be beneficial to provide more information on the extent to which care provided in people's own homes is covered. The reference (1.1) to home support could be expanded further to provide clarity. This is an important matter in that people isolated in their own homes can also be at risk of abuse and exploitation. While the HSE, in awarding a tender for homecare, must satisfy itself that an agency meets certain standards, standards only describe best practice to be aimed at and, in this sense, are different from a safeguarding policy and related statutory regulations.

## Part 3. Feedback by chapter

In this part we would particularly welcome your views on the following specific policy proposals on Adult Safeguarding in the Health and Social Care Sector.

Please respond by ticking one of the following, Yes or No or Unsure for each statement below.

## **Question 7:**

Do you agree with the policy proposals on safeguarding structures that:

	Yes	No	Unsure
Safeguarding is everyone's responsibility?	۲	0	0
Adult safeguarding should be grounded in a multi-disciplinary approach?	۲	۲	۲
Services will be required to have one or more nominated Designated Adult Safeguarding Officers?	۲	O	0
The Health Service Executive (HSE) will continue to have the lead operational safeguarding role for the sector, subject to strengthening and expanding its safeguarding remit, structures and functions, as proposed in the policy?	۲	0	O
The remit of the HSE's operational safeguarding structures (encompassing the Safeguarding and Protection Teams and the National Safeguarding Office) should be extended to now include all public, voluntary and private healthcare and social care services?	۲	0	0

The mantra 'safeguarding is everyone's business', referenced repeatedly throughout the policy proposals document, is an important and necessary underlying principle. It recognises the role that all staff and volunteers in services have in keeping people safe and that they know how to respond when an issue arises such as poor quality of care or where abuse is suspected or alleged. At each stage along the spectrum of safeguarding, people will require different responses provided by different people, organisations, and professions. As the risk of harm increases, the safeguarding response required to mitigate it also increases.

There is also a need for greater emphasis on the fact that multiple actors across the whole of society have a role in adult safeguarding – vigilance in identifying safeguarding concerns generally and prompt and appropriate responses by professionals where such concerns arise – social and health care professionals (including GPs), legal practitioners and Gardaí.

## **Question 8:**

Do you agree with the policy proposals on the legal framework for adult safeguarding duties that:

	Yes	No	Unsure
The HSE should be given explicit functions and duties in relation to adult safeguarding across the health and social care sector?	۲	O	O
All providers of health and social care services should have a duty to safeguard the adults at risk who use their services against abuse?	۲	0	
All providers of health and social care services and relevant agencies should have a duty to cooperate for safeguarding purposes?	۲	O	O
All providers of health and social care services should have to conduct Service Safeguarding Risk Evaluations and publish Adult Safeguarding Statements?	۲	O	O
Safeguarding risk assessment should form part of any assessments for the admission of an adult at risk to a residential health or social care service?	۲	O	O
Providers should have to prepare and implement an Individual Adult Safeguarding Plan when recommended following an assessment?	۲	O	0

#### Please comment (optional) - max 1200 characters (approx. 200 words)

The formulation of an adult safeguarding policy in the health and social care sector is a necessary and important development and as such is to be very much welcomed. The Policy Proposals provide an important opportunity to bring about meaningful change in how some of the most at-risk members of the population can be better safeguarded. The proposals are a significant step forward but will require energy and commitment from services in order to promote and embed a culture where safeguarding becomes a transparent part of the fabric of each service. The day-to-day implementation of policy will be critical, and the role of the Designated Safeguarding Officer/s will be centrally important in this regard.

While a wider debate on the need for structures and processes for safeguarding across all of Irish society and for a national safeguarding service across all sectors has been taking place in recent years and is alluded to in the document, this has not been factored into the proposals.

There is clearly an argument for starting initially with the health and social care sector and getting that in

good order before broadening the policy to other sectors. The wider adult safeguarding context is a matter that needs ongoing focused consideration.

## **Question 9:**

Do you agree with the policy proposals that new laws should be introduced to provide legal powers for specified safeguarding bodies or personnel to:

	Yes	No	Unsure
Enter service premises and meet patients/residents (in privacy, where appropriate) to assess a safeguarding allegation?	۲		0
Access relevant records of service providers to assess a safeguarding allegation?	۲		0
Protect an at-risk patient or resident against abuse by moving them temporarily to a place of safety?	۲	0	0
Protect an at-risk patient or resident against abuse by prohibiting a named person from visiting / contacting them?	۲		۲

Please comment (optional) - max 1200 characters (approx. 200 words)

CIB agrees that there is need for additional regulation in the areas listed.

The importance of the Assisted Decision-making (Capacity) Acts 2015 and 2022 cannot be overstated in ensuring that the voice of those with reduced-decision-making capacity is heard in the context of protecting them from abuse. This is centrally important both from a preventative perspective and in the context of concerns that abuse has taken place, whether in the community or in a residential care setting.

An important issue that needs to be acknowledged is that there are likely to be some instances where suitable alternative accommodation for a person against whom an allegation of abuse (especially an allegation of sexual abuse) has been made may be difficult to find. This suggests a need for more specialized residential care facilities for perpetrators of sexual abuse.

The primary consideration should be that a person who has been abused or who is at risk of abuse should not be required to move from their place of residence which in many instances will have been their home for a number of years.

## **Question 10:**

Do you broadly agree with the policy proposals set out in the following Chapters and sub-Chapters?

## Chapter 3 – Supporting the decision making autonomy of adults at risk who use services

Do you broadly agree with the policy proposals set out in the following sub-Chapters?

	Yes	No	Unsure
3.1 Supporting autonomy	۲	0	0
3.2 Advocacy	۲	0	

Please comment (optional) - max 1200 characters (approx. 200 words)

Independent advocacy has a necessary and critical role to play in ensuring that adults living in vulnerable situations are protected. The policy proposals state (3.2) that providers must support adults at risk by ensuring that they have access to advocacy services when needed for safeguarding purposes.

CIB believes that the focus should be more clearly on independent advocacy, that is, advocacy that is independent of families and services. An independent advocate working on a non-directed advocacy basis, can raise legitimate questions about whether a person who lacks decision-making capacity is being fully safeguarded within a service.

## Chapter 4 – Preventing abuse

Do you broadly agree with the policy proposals set out in the following sub-Chapters?

	Yes	No	Unsure
4.1 Duty to prevent abuse	۲	۲	0
4.2 Preventative culture	۲	۲	0
4.3 Public awareness and communication	۲	۲	0
4.4 Training	۲	۲	0
4.5 Vetting	۲	۲	0
4.6 Good governance	۲	۲	0

Please comment (optional) - max 1200 characters (approx. 200 words)

The Policy Proposals emphasise the need to embed preventative and protective safeguarding approaches within day to day care provision models. There is a need for more consideration of the factors that are likely to contribute to the under-reporting of adult abuse and a broader policy framework to address them. Such factors are likely to include:

- Fear on the part of the person being abused of the consequences of disclosing abuse
- A lack of awareness by people that what they are experiencing is abuse
- Insufficient emphasis culturally and traditionally on adult abuse, especially more subtle forms of financial abuse and coercive control
- Limited verbal and other communication skills
- · Fear of upsetting relationships
- Poor awareness on the part of people who are being subjected to abuse as to whom to report their concerns

## Chapter 5 – Reporting and assessing suspected abuse

Do you broadly agree with the policy proposals set out in the following sub-Chapters?

	Yes	No	Unsure
5.1 "No Wrong Door"	۲	۲	0
5.2 Reporting Abuse	۲	۲	0
5.3 Reported peer abuse	۲	۲	0
5.4 Standardised recording of data on safeguarding concerns and incidents	۲	۲	0
5.5 Assessing and reviewing reported concerns of abuse	۲	۲	$\odot$
5.6 Powers / Orders	۲	۲	0

Please comment (optional) - max 1200 characters (approx. 200 words)

The proposals set out are comprehensive and provide clarity about the range of options for reporting abuse. The provisions of the assisted decision-making legislation and related media publicity about people's rights to be safeguarded and to have their voice heard are likely to help to bring about necessary changes in the culture and address to some extent the under-reporting of abuse and exploitation of adults in Ireland.

The role of the Designated Safeguarding Officer/s in each service is crucial and more emphasis needs to be placed on the role and the skills and related training required. The nature and the quality of training for DSOs should be agreed with and monitored by the HSE National Safeguarding Office oversight group.

## Chapter 6 – Interventions and sanctions

Do you broadly agree with the policy proposals set out in the following sub-Chapters?

	Yes	No	Unsure
6.1 Principle of Proportionality	۲	0	0
6.2 Individual Adult Safeguarding Plan	۲	0	0
6.3 Powers / Orders	۲	0	0
6.4 Sanctions - corporate	۲	0	0
6.5 Sanctions – professional	۲	$\bigcirc$	0
6.6 Referral to An Garda Síochána	۲	0	0

Please comment (optional) - max 1200 characters (approx. 200 words)

The creation of an Individual Safeguarding Plan is clearly important in all services. However, in order for such plans to be meaningful, implementation and monitoring by the relevant service will be essential. Clear mechanisms within services for this purpose will be required.

Referral to An Garda Síochána should clearly be mandatory where there is any suggestion that a law has been broken. It will be important that any involvement by Gardaí is accompanied by the provision of supports

to both the person alleging the abuse and to the person against whom an allegation has been made.

This is particularly important where there is any question about a person's decision-making capacity and/or where a person communicates differently. It will also be important that An Garda Síochána has members who are specifically trained in how to relate to people who have reduced decision-making capacity and/or who communicate differently. The provisions for supported decision-making in the assisted decision-making legislation will be central in this regard.

## Chapter 7 – Interagency and inter-sectoral cooperation

Do you broadly agree with the policy proposals set out in the following sub-Chapters?

	Yes	No	Unsure
7.1 Duty of services and agencies to cooperate for adult safeguarding purposes	۲	$\bigcirc$	0
7.2 Cooperation across the health and social care sector	۲	0	0
7.3 Cooperation with other sectors	۲	$\bigcirc$	0

Please comment (optional) - max 1200 characters (approx. 200 words)

There should be a positive obligation on agencies and professionals to share data where there is a safeguarding concern – current GDPR provisions allow for a sharing of data in instances where there is a safeguarding concern, but this is not mandatory.

## Part 4. Overall comment (Final question)

#### **Question 11:**

Please use the box below to provide any additional comments you have about the Policy Proposals on Adult Safeguarding in the Health and Social Care Sector (optional) - max 1200 characters (approx. 200 words)

In order to be fully effective, the adult safeguarding policy must take into account that safeguarding is fundamentally about enabling people to protect themselves. This requires supporting each individual to exercise choice and control through providing accessible and clear information about their human and legal rights and about their right not to be abused. It also means providing people with decision-making supports and facilitating their 'voice' in accordance with the assisted decision-making legislation.

The Policy Proposals identify the main areas of abuse as: physical abuse, emotional abuse, sexual abuse, neglect of the person and financial abuse. CIB believes that specific reference should be made to coercive control as this type of abuse can be difficult to detect unless it is specifically listed and targeted.

There is a need for more emphasis on the need for a response to adult safeguarding in the broader societal context as well as in the health and social care sector. The matter of the broader social contexts (outside of health and social care settings and in the community) where adult safeguarding issues may arise is not addressed in the proposed policy changes. Financial abuse and coercive control, irrespective of where these

are perpetrated, are critically important matters that require further consideration and discussion in policy proposals.

The Law Reform Commission's (LRC) Report on Adult Safeguarding (forthcoming) is likely to explore the concept of a national adult safeguarding infrastructure supported by appropriate legislation. Any proposals in this regard would evidently have some implications for the health and social care sector.

## Contact

Contact Form