



Rialtas na hÉireann
Government of Ireland

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 [here](#).

Queries

Should you have any queries in relation to this survey, please contact adultsafeguardingconsultation@health.gov.ie.

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.

Disability Federation of Ireland

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):

DFI is a federation of over 120 members working with people with disabilities to implement the UN CRPD and ensure their equal participation in society. Our members are a mix of advocacy organisations, representative organisations for service users, disability service providers, and Disabled Persons' Organisations.

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	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aims and Objectives	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Principles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

It would be useful to refer directly to the UN Convention on the Rights of Persons with Disabilities (and other relevant human rights conventions and legislation) in this section of the proposals. Concepts referred to including fostering a rights-based culture of safeguarding and principles such as 'person-centredness', 'empowerment' and 'support for rights' are in line with UN CRPD principles, however the UN CRPD is not explicitly referred to in the policy proposals. The following UN CRPD articles are particularly relevant from a safeguarding perspective:

Article 14- Liberty and security of the person
 Article 16- Freedom from exploitation, violence and abuse
 Article 17- Protecting the integrity of the person

The principle on proportionality states that "The intervention that is the least intrusive or restrictive in the circumstances should be pursued insofar as is practicable." It would be useful to be more clear here on what is meant by 'practicable.' It is important to clarify that the least intrusive/restrictive intervention will always be followed insofar as this is sufficient to safeguard the person. The current wording is vague, and open to alternative interpretations.

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?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support every adult service user who may be at risk of being abused or harmed by another person?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

DFI fully support the expanded scope, to cover all public, voluntary and private health and social care services, and all adults who use these services. In practice, to ensure that this expanded scope is successful, significant attention will need to be placed on ensuring sufficient training, informational material and resources are put in place across all services to effectively deliver on the policy proposals. A strong focus on implementation and monitoring of the policy will also be needed. Particular attention will need to be

given to smaller voluntary organisation with less staff capacity with implementation or who may rely heavily on volunteers, ensuring that supports and resources are put in place to support implementation in these services.

The intention of the safeguarding policy proposals to apply to all adults using health/social care services, and the recognition that anyone can become at risk due to external factors, and not just a specific diagnosis or disability is important. The document refers throughout to 'adults at risk who receive health or social care health or social care services.' Use of the term 'adults who use health/social care services' would more strongly make the point that any adult may be in need of safeguarding support. The repeated use of 'adults at risk' may wrongly give the impression of referring to a particular category of health service user.

Question 4:

Will the overall policy proposals achieve:

	Yes	No	Unsure
A strengthened culture of safeguarding	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Meaningful support for the autonomy of at-risk adult service users	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
An effective safeguarding structure for the sector	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
A strong legal basis and effective legal powers	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Effective cooperation and information sharing between services and agencies	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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

The success of the policy proposals will be dependent on:

- Putting in place appropriate legislation
- Ensuring sufficient resources to enable all stakeholders (including the safeguarding office and teams, voluntary organisations, HIQA, the Mental Health Commission, the HSE, advocacy services etc.) to effectively implement the policy and provide support
- Ensuring appropriate training and awareness raising- targeted at staff, volunteers, adults at risk, family members and the general public
- Cross-departmental working, including ensuring that the many government Departments with safeguarding responsibilities have mechanisms to collaborate and ensuring that the safeguarding policy for the health and social care sector is developed alongside safeguarding policy for the wider community (including the work on safeguarding regulation led by the Law Reform Commission)

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)

Potential benefits of the policy, if effectively implemented, include:

- Better safeguarding of all adults who engage with health and social care services
- Improved outcomes for disabled people- improved safeguarding policies would improve people's wellbeing and support them to live well in the community
- Widening the scope of safeguarding to all of the health and social care sector
- Clearer understanding from all stakeholders of their responsibilities in respect of safeguarding

- Better governance and support
- Better awareness among adults at risk, and the general public in relation to safeguarding risks, recognising safeguarding issues and how to seek support or report concerns

Question 6:

Do you have any concerns about the policy proposals?

- Yes
- No
- Unsure

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

There is a lack of reference to the UN Convention on the Rights of Persons with Disabilities throughout the policy- it is important that this is explicitly referenced and that the policy is developed in this context.

The proposals reference work to be undertaken by the Department of Health (DoH), in conjunction with the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) a number of times. It is important that DCEDIY is actively involved in forming and implementing safeguarding policy, to ensure that it is appropriate for people with disabilities. Processes to ensure joint working between DoH and DCEDIY are essential.

DFI members expressed some concern about locating the lead safeguarding role for the sector within the HSE- see the next section for more details on this.

DFI members were concerned that there was not enough emphasis placed on the following safeguarding concerns, and that the policy proposals need to contain clearer guidance and mechanisms for accessing safeguarding supports:

- Peer abuse: Very little detail on these in the policy proposals
- Self neglect: Not explicitly referred to in the policy proposals

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?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult safeguarding should be grounded in a multi-disciplinary approach?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services will be required to have one or more nominated Designated Adult Safeguarding Officers?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

DFI have a number of concerns in relation to the proposal for the HSE to retain the lead operational safeguarding role. A number of DFI's members raised concerns of potential conflict raised by "the HSE policing itself." Safeguarding Ireland advocate for the establishment of an independent body with overarching responsibility for regulating adult safeguarding in the paper 'Identifying Risks, Sharing Responsibilities: The Case for a Comprehensive Approach to Safeguarding Vulnerable Adults' (2022). The paper states that there is a logical argument for the transfer of the HSE National Safeguarding Office to the structure of a new National Adult Safeguarding Authority (thereby giving recognition to the reality of the extent of abuse across many aspects of society and across the remits of many agencies), and very strong argument that the Safeguarding and Protection Teams should be independent of the HSE. There is a risk that maintaining the lead operational role within the HSE could lead to safeguarding policy within the health and social care sector being siloed from safeguarding policy to address abuse across the wider community, including the work on a regulatory framework led by the Law Reform Commission. One (of many) arguments cited for retaining this function within the HSE in the policy proposals is "Value for Money advantages"- cost should not be the concern when assessing the best option.

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?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
All providers of health and social care services should have a duty to safeguard the adults at risk who use their services against abuse?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
All providers of health and social care services and relevant agencies should have a duty to cooperate for safeguarding purposes?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
All providers of health and social care services should have to conduct Service Safeguarding Risk Evaluations and publish Adult Safeguarding Statements?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providers should have to prepare and implement an Individual Adult Safeguarding Plan when recommended following an assessment?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

It is difficult to comment on the proposed legal framework at this time without any draft legislation being published. Some issues to consider in relation to the development of legislation include:

- The proposals state that legislative provisions required to underpin the policy will be considered by the Department of Health, in consultation with the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). It is of huge importance that DCEDIY are actively involved throughout all stages of the development of policy, implementation and development of any legislation.
- Legislation in relation to safeguarding in health and social care services, should be considered alongside the work of the Law Reform Commission to develop a regulatory framework for adult safeguarding across the wider community. It is important that these processes do not take place in siloes.
- The legislation in relation to the duty for agencies to cooperate and share information for safeguarding purposes is of great importance. Uncertainty surrounding what information can be shared under GDPR has been identified as a key concern. Legislation should clarify this and ensure a positive duty to share information.
- It is important that legislation increasing safeguarding responsibilities is underpinned by the resources necessary to put these into place and ensure successful implementation. Training and awareness raising for individuals, staff, volunteers and families will also be needed.

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?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access relevant records of service providers to assess a safeguarding allegation?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protect an at-risk patient or resident against abuse by moving them temporarily to a place of safety?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protect an at-risk patient or resident against abuse by prohibiting a named person from visiting / contacting them?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

DFI is not opposed in principle to any of the proposed additional legal powers, however we would have to see the detail of the legislative proposals to be able to comment fully. Furthermore, as previously stated it is important that any additional legislation is supported with increased resources, training and a communication campaign. There is considerable learning from the roll out of other legislation, such as the Assisted Decision Making Act.

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	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2 Advocacy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.3 Consent	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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

Accessible communication is crucial so that adults using services, relatives and visitors understand safeguarding policy, risks and how to seek support. Both Plain English and Easy to Read documentation is essential, as well as providing information in written, digital, spoken and signed accessible formats. The NDA toolkit 'Customer Communications Toolkit for Services to the Public — A Universal Design Approach (2023)' is a useful guide.

Access to advocacy services is rightly identified as being of huge importance. However, provision in the Citizen's Information Act 2007 (section 5) for a full, independent advocacy service has never been commenced. This needs to be prioritised as a key supporting legislative element to safeguarding policy. Furthermore, existing advocacy services are under resourced and demand is increasing, therefore increased resources are needed to ensure that they can effectively support people in need of safeguarding-related support. The National Advocacy Service for People with Disabilities have reported an increasing waiting list for their services.

DFI members raised the need for more support in relation to safeguarding, consent and the issue of self-neglect. An absence of support in this area has led to extreme cases such as people living in unsafe and/or unsanitary conditions and even leading to homelessness. Support from safeguarding services is needed to address these issues as well as clear guidance in the policy on addressing self-neglect.

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	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.2 Preventative culture	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.3 Public awareness and communication	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.4 Training	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.5 Vetting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.6 Good governance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

The governance, prevention and protection systems will need to be laid out clearly in the policy and effectively resourced. Voluntary organisations, particularly smaller organisations, will need considerable support on putting in place the proposed governance arrangements.

The regional Adult Safeguarding and Protection Teams are a key element. Therefore, ensuring that these are adequately resourced and staffed is essential.

Ensuring adequate training for all relevant staff is essential.

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”	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2 Reporting Abuse	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3 Reported peer abuse	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5.4 Standardised recording of data on safeguarding concerns and incidents	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.5 Assessing and reviewing reported concerns of abuse	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.6 Powers / Orders	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

The 'no wrong door' policy rightly includes an obligation to report any abuse outside of the health and social care sector, as well as within the sector- more detail on responding to this and guidance on identifying abuse would be useful.

Will the statutory protection for those who raise an adult safeguarding concern be included in the legislation?

DFI members felt that there needed to be far greater focus on peer abuse in the policy as the proposals primarily point to the existing HSE guidance. Members felt that significantly more support is needed in this area, as this is one of the most common forms of abuse that they encounter. They also felt that more emphasis needed to be placed on the victim/alleged victim and their rights- for example more emphasis is placed on moving the victim where there is a safeguarding concern rather than the person of concern.

This section states that the Sectoral Adult Safeguarding Office will define severity thresholds of abuse, and appropriate responses above or below the thresholds- it is important that this is clearly defined and explained in guidance.

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	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

6.2 Individual Adult Safeguarding Plan	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3 Powers / Orders	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.4 Sanctions – corporate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.5 Sanctions – professional	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.6 Referral to An Garda Síochána	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

More detail on what may constitute a criminal offence and must be referred to An Garda Síochána would be useful. Further, the proposal states that certain non-criminal safeguarding issues may be appropriate for referral and/or joint working with An Garda Síochána in the context of proposed functions on foot of the Policing, Security and Community Safety Bill 2023. It would be useful to include information on the key points from this bill, and the types of non-criminal safeguarding issues that the Gardaí may be able to support or work jointly on in the policy.

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	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.2 Cooperation across the health and social care sector	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.3 Cooperation with other sectors	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

A lack of clarity and guidance on what data can be shared and under what conditions between individuals and organisations has been identified as a major issue- including in Safeguarding Ireland's report 'Identifying Risks, Sharing Responsibilities: The Case for a Comprehensive Approach to Safeguarding Vulnerable Adults' (2022). The report identifies the absence of a positive obligation to share data and lack of guidance from the Data Protection Commission on the safeguarding context of data sharing as barriers to effective safeguarding practice, which contributes to the level of caution regarding sharing information and collaboration. It recommends robust safeguarding legislation addressing this, clarification of other legislative provisions and the presence of an over-arching safeguarding framework and national safeguarding authority.

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)

Contact

[Contact Form](#)