



Report on Adult Safeguarding Focus Groups with Health and Social Care Service Users

Executive Summary

A report by the Institute of Public Health for the Department of Health to inform the development of a national policy on adult safeguarding in the health and social care sector in Ireland

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Introduction

This is a report on focus groups on the theme of adult safeguarding carried out with cohorts of adults who may be at risk (also known as vulnerable adults). This commissioned research was carried out by the Institute of Public Health (IPH) on behalf of the Department of Health in Ireland (DOH) to feed into DOH's policy development process on adult safeguarding in the health and social care sector. It aims to capture the views of cohorts of adults who may be at risk of harm - people with intellectual disabilities, people with cognitive impairments (dementia and acquired brain injury), people who have experienced significant mental health challenges¹, and residents of nursing homes - on the topic of adult safeguarding within the health service. The focus group research ran in parallel with other DOH stakeholder consultation processes including questionnaires, meetings and a stakeholder workshop which will feed into the drafting of new policy proposals and public consultation.

Methodology

12 focus groups were held involving 82 participants at locations around Ireland between November 2019 and February 2020. Participants were recruited with the assistance of advocacy groups and service providers working with the cohort groups. Participation was voluntary and by informed consent and the research received ethical approval from a Research Ethics Committee set up by the Department of Health for this project. An additional ethical approval process was also carried out with the Acquired Brain Injury Ireland Ethics Committee. The focus group discussions were semi-structured around the themes of: types of abuse, procedures for getting help and preferences for keeping people safe. They were audio recorded, transcribed and anonymised before analysis, with stringent data protection procedures to protect the identity of participants.

1. The term "significant mental health challenges" was used to ensure a wide range of participants could be recruited if they self-identified with the term, e.g. through past or current mental illness and/or experience of mental health services.

Participant profile

Participants ranged in age from 23 to 97, and there were 54 women and 28 men in total. There were 31 participants with intellectual disability, 19 with cognitive impairment, 20 residents of nursing homes and 12 with significant mental health challenges.

Key findings

Table 1: Summary of key findings by topic

Topic 1:

What kind of behaviours do you consider harmful?

- Physical abuse encompasses a wide range of behaviours including risks from other service users. Abuse in own home harder to tackle than by strangers.
- Sexual abuse includes rape, inappropriate touching, sexual harassment and demanding sexual favours.
- Unreasonable or insensitive pressure may occur during close routine interactions such as supported feeding and medication, particularly if there are time pressures and/or inadequate training for carers.
- Isolation and a lack of meaningful activities or interactions for adults at risk seen as a form of neglect that can be very damaging to mental and physical health.
- Emotional abuse seen as very damaging but more difficult to detect and tackle than physical abuse.
- Financial abuse a particular risk for those reliant on others to shop/manage money.

- Online abuse including financial scams, trolls and breach of privacy a source of concern for many, with some older participants avoiding the Internet for this reason. Guidelines for safe Internet use needed in some healthcare settings.

If you were being harmed by someone who would you tell?

- Wide range of potential sources of assistance, including family, friends, staff members, key workers, service manager, GP, social worker, public health nurse, advocacy service, An Garda Síochána, Ombudsman and community contacts.
- Long term service users (e.g. those with intellectual disability) more aware of different options for seeking assistance than those with more recently acquired conditions (e.g. dementia, brain injury).
- Those with more recently acquired conditions had less interactions with healthcare professionals and fewer known pathways to report an issue.
- Very low awareness of HSE safeguarding service (“Safeguarding and Protection Teams”) as a place to report harm.
- Communication issues can make it difficult to get help – assistance with this vital for those who are non-verbal or have barriers to communication.

	<ul style="list-style-type: none">• Difficulties getting help in family abuse because of fear of repercussions or of being unable to remain at home, and reluctance to go to An Garda Síochána.• Difficult to report abuse by paid carers because of fear of repercussions, fear of being labelled difficult and practical difficulties in identifying whom to report concerns to.• Desire for routine mechanisms such as residents' committees, service user committees and suggestion boxes to identify concerns and potential issues in ways other than making a formal complaint.
What would you like that person to do?	<ul style="list-style-type: none">• Stopping the abuse and preventing a recurrence was the primary objective.• Assess the complaint and establish what could be done.• Proportionate response desirable especially in family abuse. Localised solutions also possible.• Appropriate sanctions or disciplinary procedures for professional carers/staff desired by some.• Zero tolerance policy/dismissal wanted by a few, particularly in relation to physical abuse.

Would you like to be asked about what should happen?

- External reporting/investigation mechanism desired by some to ensure complaints taken seriously, to identify patterns of abuse and to protect service users.
- Some wanted the identity of the complainant kept confidential to prevent repercussions and to encourage third party reporting.
- Feedback desired on outcome of a complaint.
- Many participants wanted to be consulted about the outcome in relation to their care.
- Particularly important to ask those living at home about their wishes to prevent unwanted outcomes.
- A few felt investigation/sanctions should be a professional matter as complainants would have different views on what was appropriate.
- Some third-party complainants (e.g. neighbours) didn't want to be involved in the investigation or follow-up after reporting a safeguarding concern.

What is the best way to keep people safe?

- Find ways to reduce imbalance of power between service users and health services.
- Ensure full communication with service users who are not verbal including being alert to non-verbal signals and communication preferences such as pictures/ technology.
- Independent safeguarding complaints mechanism to protect service users, some suggested HIQA.
- Create feedback mechanisms that facilitate input on service improvements and allow concerns to be flagged to give a voice to service users and address power imbalances, e.g. through residents' committees, service user committees and suggestion boxes.
- Extend and increase access to advocacy services across health sector.
- Protection and confidentiality for staff and third-party whistle blowers to encourage reporting of abuse.
- To ensure good safeguarding and quality of care, including reduction of potential for conflict, provide appropriate training, conditions, supports and time allocations to carers.

- Ensure up-to-date information on safeguarding procedures is available and promoted in accessible formats and clear language tailored to users' needs.
- Safeguarding information and helpline details in multiple formats including online, hardcopy, radio/TV and wallet-sized cards. Tailor language and presentation to user needs.

Summary of key findings of potential relevance to COVID-19

Note: COVID-19-related concerns were not discussed at these focus groups which took place prior to the outbreak in Ireland. Given the impact of the pandemic on health services, IPH carried out a retrospective COVID-19 focused analysis of the findings related to safeguarding procedures which may be helpful to consider in the context of the subsequent outbreak and ongoing/future public health restrictions.

Safeguarding and COVID-19 analysis

- Provide enhanced information on formal safeguarding mechanisms in multiple formats tailored to service users' abilities in light of potential reduction of opportunities to alert personal and advocacy contacts to abuse concerns.

- Consult with service users, e.g. residents' committees, suggestions boxes and other means, on COVID-19-related service changes and restrictions to keep them informed and get their input on managing the challenges.
- Recognise the importance of visitors and activities to mental, cognitive and physical health of nursing home residents when planning infection-control restrictions.
- Facilitate digital access and communication opportunities for nursing home residents while taking account of dexterity, mobility, hearing and sight issues that make that challenging, and try to ensure opportunities for private conversation that would allow them to alert others to safeguarding concerns.
- To meet safeguarding standards given the challenges of COVID-19, ensure appropriate staffing levels are maintained at nursing homes. Provide relevant training and supports to staff and home carers to manage safeguarding-related work pressures in context of COVID-19 challenges.

Conclusion and actionable suggestions

Overall participants had a low awareness of the term safeguarding and of existing safeguarding services, but were conscious of different types of abuse and the need to have clear and accessible structures for reporting and tackling abuse concerns, with proportionate responses. There was also a wish for stronger dialogue and routine feedback mechanisms within services to address underlying imbalance of power between health services and service users to prevent safeguarding issues arising.

Actionable suggestions from focus group participants

Information	<ul style="list-style-type: none">• Provide safeguarding information in multiple formats (print, online, radio, TV) and language tailored to users' needs.• Provide wallet-sized cards with information on safeguarding service helpline.• Run promotional campaigns to publicise safeguarding service and financial planning mechanisms such as enduring powers of attorney.• Facilitate rapid access to advocacy-type support to empower patients in interactions with health professionals, particularly in mental health sector.
Communication	<ul style="list-style-type: none">• Ensure that non-verbal service users are communicated with in an appropriate manner.

Feedback	<ul style="list-style-type: none">• Provide suggestion boxes in health facilities to facilitate feedback.• Establish residents' committees in nursing homes and residential facilities.• Establish service user committees/forums in healthcare facilities.
Carers	<ul style="list-style-type: none">• Screen carers for empathy at recruitment.• Ensure adequate time allocations for carers at appropriate times.• Improve training and conditions for carers to ensure quality of care.• Provide contact number for independent person at care agency's head office to report concerns.
Independent investigation	<ul style="list-style-type: none">• Independent safeguarding complaints mechanism, some suggested HIQA.





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