



Whose Safeguarding is it anyway?

An exploration of the inclusion of service users in Safeguarding Plans



Background

Specialist disability services and supports are funded by the Health Service Executive (HSE), and delivered predominantly by voluntary sector providers, as well as the HSE.

Stewarts is one of the largest service providers in the area of services for people with a disability and is funded by the HSE. The service aims to provide person centred care and supports through education, day services, residential services and respite. Service users have access to a full multi disciplinary team including GP, nursing, social work, SALT, dietician, occupational therapy, physiotherapy, psychology and psychiatry.

As a funded service Stewarts must follow the HSE Safeguarding Vulnerable Adults Policy. This involves appointing Designated Officers (DO) who co-ordinate a response to any safeguarding concern raised. When a concern is raised the DO will complete a preliminary screening form (PSF1) and submit it to the HSE Safeguarding and Protection Team (SGPT) for oversight. When completing this form the DO must seek the consent of the person it is being written about, and capture their views about what they would like to see happen.





Background

For Stewart's Safeguarding Awareness Day in 2020, the Safeguarding Committee in Stewarts ran a competition for service users, entitled "anti-bullying". Service users could submit an art entry in any form-painting, poetry, and video. The Safeguarding Committee received over 50 entries and the winning submission was a short video called "Lionel the Lion" depicting bullying and how to respond to it. PLAY.

Following from the success of this video the National SafeGuarding Office linked with Stewarts to undertake a service user engagement project.

The project had two elements to it:-

Phase 1-A short interview with a service user about their experience with safeguarding processes (e.g. their experience talking to a keyworker and Designated Officer (DO), their understanding of the forms used by the HSE, what steps happen next). This was videoed with consent, and presented to the HSE Quality and Safety Committee, on the 15th Feb 2022.





Background cont.

Phase 2-a series of focus groups were held for service users in Stewarts between August and November 2022.

- The researchers used the video to examine service user's experiences and understanding of safeguarding processes.
- Using a mock case example, service users were then invited to complete their own safeguarding plan (using existing HSE forms-with help from Speech & Language for easy read).
- A DO was also asked to complete the same forms for the same mock case example and a comparison was undertaken.



Structure of the focus groups

- Introductions of participants and researchers
- General discussion on safeguarding concepts and terminology, with the use of leaflets, “Lamh” and picture boards.
- Use of “Lionel the Lion” video
- Use of mock case study “Patricia and Katy”
- Use of HSE Preliminary Screening Form and Interim Safeguarding Plan





Case Study-
“Patricia and Katy”



Patricia & Katy

- Patricia & Katy both live in a residential care centre. The service provides care to people with intellectual disability.
- This morning, during breakfast in the dining room, Katy shouts at Patricia *“stop looking at me like that”* and then leaned over and slapped her on the face.
- Patricia was shocked and upset and had a red mark across her cheek. Patricia started to cry.
- Earlier in the morning, Katy was noted to be in bad form and had thrown the contents of her wash bag onto the bathroom floor.
- This is the third incident of this nature between Katy and Patricia in the last month.



Preliminary
Screening Form



Preliminary Screening Form



SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY & PROCEDURES PRELIMINARY SCREENING FORM (PSFI)

Please indicate as appropriate: Community setting: Service

setting:

1. Details of Vulnerable Person at Risk of Abuse:

Name:

Home Address:

Current Phone No:

Date of Birth: / / Male Female

Location of vulnerable person if not above address:

Service Organisation (if applicable):

Service Type:

Residential Care Day Care Home care Respite Therapy intervention

Other (please specify)

If Residential Care please provide HICA Code _____

Designated Officer (DO) Name:

Community Health Organisation (CHO) Area:

2. Details of concern (if any questions below is not applicable or relevant please state so in that section):

a. Brief description of vulnerable person:

b. Details of concern including time frame:

c. Was an abuse incident observed and details of any witnesses:

d. Relevant contextual information:

e. Have any signs or indicators of abuse been observed and reported to the designated officer? Please specify:

f. Details of assessment or response to date:



What did we find?



Initial Findings

Participants

Age, Gender & Location

19-30	30-40	40-50	50+
20	7	5	6

Males	Females	Day	Res
20	18	27	11



Initial Findings

Participants

-Groups responded strongly to the concepts portrayed in the video and case study. Viewing the video produced strong emotions for the participants and led to a robust discussion. Some of the comments included “That’s not nice” “He is being bullied” “It is wrong to hit someone”

-When introduced to unknown technical language or jargon, such as Safeguarding Manager/Designated Officer, participants could quickly begin to use the same language (when assistance was given explaining concepts). They spoke about knowing who the DO was for their own area and spoke about their own experiences with the safeguarding screening process.



Initial Findings cont.

In drawing up the safeguarding plan there was group cohesion about what they wanted staff to do next-“Stop the abuse”.

Researchers felt the participants had a strong sense of justice with a number indicating they would like to speak to An Garda Síochána.

Researchers also felt that the participants displayed high levels of emotional intelligence and empathy- for example participants said things like....

Katy
might be
stressed
and needs
help

Katy might
need the
doctor to give
her anti-
depressants

You have to stop
and think before
you say things

Report to
Gardaí

Get help
for Katy

Get help
for
Patricia



1. Service users understanding of safeguarding:

-The participants throughout demonstrated a knowledge and understanding of safeguarding and also a growing understanding as the conversations took place in the focus group.

-Upon initially introducing the word safeguarding the participants demonstrated an understanding of the essence of safeguarding overall. With participants saying its “keeping yourself safe from anyone harming you”, “calling people names and trying to hurt them” or “being disrespectful”.

-At times there were some participants who misunderstood the term thinking it was linked to safety overall which references being “safe crossing the road” or “fire safety”.

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Service users understanding of safeguarding continued:

-There was some inconsistency between the understanding of the types of abuse as categorised in the national policy i.e. physical abuse, psychological abuse, financial abuse, sexual abuse, neglect, institutional abuse and discrimination.

-After the video was shown in the focus groups, the participants presented with a clearer understanding of what safeguarding was and retained this information when discussing the case study. They made references to cyberbullying in saying that abuse is “sending him nasty messages and telling him he wasn’t good enough” and physical abuse when provided with case scenarios “It is both physical and verbal abuse. Not acceptable”.



2. Restorative Justice – Throughout the focus groups a very strong theme around restorative justice was established. This involves concepts such as:

- knowing what the participants felt to be “right and wrong”
- access to the legal system such as contacting gardai
- Seeking an apology/mediation

“No-one else is allowed to hit anyone else”

“Katy’s family might want a word with her, but they need to explain to Katy that they are not “giving out” just want to help her. Patricia should get an apology”

“The Guards need to tell Katy to stop”

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



3. Consent

Throughout the focus groups the importance of consent was highlighted and reinforced by the participants.

The National Consent policy informs us that “consent is the giving of permission or agreement for a treatment, investigation, receipt or use of a service or participation in research or teaching”. (2022:12)

Participants spoke about the need for being given the choice about what is in their safeguarding plan. The participants involved in the focus groups were able to engage in communication about interventions and the potential risks and benefits associated. This demonstrated their ability to provide informed consent.



3. Consent continued

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

“Tell her social worker”, “Staff need to report it to Safeguarding Officer”, “Report Katy to the PIC”, “Tell my parents or someone I trust, like an Aunt or Uncle”.

Participants named key people and professionals to assess and support the participants with the safeguarding concern. In highlighting these key people, information sharing to assess the risk of harm becomes possible.

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4. High levels of emotional intelligence and compassion:

All the participants demonstrated high levels of emotional intelligence, perspective taking and compassion throughout.

During the case scenarios the participants spoke not only of how the “abused” person (Patricia) was feeling but considered the feelings of the individual engaging in abusive behaviours (Katy).

They expressed that Patricia might be feeling a variety of complex emotions such as “hurt”, “sad”, and “she might feel down”. They considered her thought processes “she would wonder why it is happening to her” and acknowledged that she may also be feeling “angry” about what happened.

For Katy the prevailing emotions used to describe how she was feeling were that she was angry, aggressive and frustrated, however the participants were also aware of more complex emotions that she could have been feeling from jealous, to guilt and regret. They also were aware of how emotions can change over time “She’s disappointed and scared about what will happen to her now”.



*Interim Safeguarding Plan. Please include follow up actions and any safety and supports measures for the Vulnerable Person:



What are you trying to achieve	What specific follow up or safeguarding actions are you taking to achieve this	Who is going to do this	When will this be completed
Keep me (Patricia) safe	Tell Katy to stop	Me (Patricia)	Immediately
	Tell keyworker	Me (Patricia)	Immediately
	Check if bruised	Patricia to check herself. Staff to check Patricia for any injuries and ask her what happened to her face	Immediately
	Ask Katy for an apology	Keyworker or Guards to ask Katy	Immediately
	Talk to someone for reassurance	Psychologist or social worker to help me (Patricia) if I am upset afterwards	Soon as possible
Help for Katy	Find out if Katy is stressed and needs help	Psychologist or Doctor (Keyworker to ask)	Immediately



Comparison with Designated Officer



Things that were the same

- Overall no significant differences between the DO's plans and the service users. The service users provided extensive information as to what safeguarding means to them, their understanding of it and how they can identify the support they (and others) require if they report safeguarding concerns.
- There was very good group cohesion in all of the groups and lots of agreement as to what actions were needed in the safeguarding plans.
- Types of abuse identified-physical and psychological abuse
- Consent to complete form
- Plan to keep Patricia safe-staff to stop the abuse
- Plan to support Katy-staff to talk to Katy



Things that were different

Some differences emerged such as service users requesting medical assessment and access to Gardai. In the DO plans the medical assistance sought focused on psychiatric/psychological and behavioural support, whereas some service users wanted the GP to assess the bruising. None of the DO plans referred to An Garda Síochána. In terms of language used the DO's used specific terminology as this is part of their professional perspective. The service users were more emotive in their language and more straightforward in terms of what they felt was needed.

- Contact doctor to assess any bruising
- Contact Gardaí/access to legal redress
- Seeking an apology

The DO plan:

- Language used-technical language from DO such as risk assessment and compatibility assessment

***Interim Safeguarding Plan. Please include follow up actions and any safety and supports measures for the Vulnerable Person:**

What are you trying to achieve	What specific follow up or safeguarding actions are you taking to achieve this	Who is going to do this	When will this be completed	Review date for actions	Review Status/Update
To keep Patricia safe in her home.	Refer Katy for Positive Behaviour Support planning assessment.	CNS Positive Behaviour Support	15 th of September	15 th of October	
	Utilise FSP that will be developed following this PSF01 to protect Patricia in her home.	PIC and CH07 Safeguarding Team	15 th of September	15 th of October	
	Use house meetings to help support both service users to build their interpersonal skills and help learn co living skills like having dignity and respect for other residents.	PIC / SCW	15 th of September	15 th of October	
Support Katy with her behavioural needs	Make referral for MHID for Katy to find the underlying cause of her behaviour.	MHID/ PIC	15 th of September	15 th of October	
	Carry out MDT to assess Katy's day activation needs and how best they can support her.	PIC / PM / MDT	15 th of September	15 th of October	
	Support both Katy and Patricia to engage more with their local community through programs such as <u>Stitchin</u> and <u>B*tchin</u> which allows people to learn to sew and engage with their community in a group setting.	PIC and Keyworker	15 th of September	15 th of October	
	Carry out compatibility assessment for both residents to see if alternative accommodation for either would better suit their health and social care needs at this time.	PIC	15 th of September	15 th of October	



It is clear that service users can and want to participate in creating a safeguarding plan.

Further discussion is needed regarding practical issues that will remove barriers to this happening, such as the type of forms used, jargon/language used and provision of communication tools and strategies. A key consideration is the time given to practitioners to assist service users.

Thank you for listening! 😊



Stewarts
Per Tenebras Ad Lucem



Thank you for listening!

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