Irish Association of Social Workers

Minister of Statement at the Department of Children, Equality, Disability, Integration and Youth and at the Department of Health.
Block 1, Miesian Plaza,
50 – 58 Lower Baggot Street,
D02 XW14

Sent to: anne.rabbitte@oireachtas.ie anne.rabbitte@oir.ie

15th July 2022

Dear Minister Rabbitte,

I write to express concerns in relation to the development and appointment of nurse-only specialist posts in adult safeguarding in the HSE (see attached job description) and to call for this process to be paused initially and ultimately replaced by alternative and more appropriate developments. The post in question relates to a Director of Nursing 2 in Adult Safeguarding who, as currently planned, will have responsibility for the strategic management of nursing practice and line management of nurses, including proposed new Clinical Nurse Specialists, in Adult Safeguarding.

Background to Concerns:
Adults at risk of abuse require that the most expert level of knowledge and intervention is available, strategically, and operationally, within the HSE. The Irish Association of Social Workers (IASW) are concerned that the HSE proposed investment in nurse-only posts disregards the lessons of the Brandon report, among other considerations. Nurse-only posts repeats the single profession approach criticised in the Brandon report and continues a pattern of the medical model leading itself in safeguarding, despite repeat safeguarding failures and underreporting of safeguarding concerns in our medical model-led services.

The HSE should deliver the best practice model available, recognising the high standards of care and maximum protection of all citizens and despite any financial constraints. As the representative of social work, which is the lead profession in adult safeguarding, IASW supports the type of multi-disciplinary leadership model recommended in the Brandon Report, a report which was accepted in full by the HSE. We call on the HSE now to revise the proposed role in question to ensure it is also open to colleagues in Speech and Language Therapy, Occupational Therapy, Psychology and Social Care Workers, as well as Social Workers. The muti-disciplinary team (MDT) approach we advocate here is in keeping with the MDT approach that is currently being promoted and embedded in the context of the implementation of the Assisted Decision-Making (Capacity) Act 2015.

Nature of IASW Concerns:
Nursing plays a vital and important role in the identification of safeguarding concerns, however there are significant challenges within existing nurse-led services around the identification, reporting and management of safeguarding concerns. This is evidenced by:

The Brandon Report:

The National Independent Review Panel (NIRP) reported that Stillwater services was a nursing-led service, with a management team entirely composed of nursing.

According to Brandon report, nursing management:

- Were fully aware of the sexual abuse of residents in their care for twenty years.
- Were found to lack the management skills or competence required to deal with the serious problems Brandon's behaviour presented.
- Disregarded guidance from the lead profession, social work, in terms of responding to serious safeguarding concerns in Stillwater.
- Disregarded requests for a safeguarding plan for Brandon from the specialist safeguarding and protection social work teams in Brandon's new nursing home for eleven months.
- Created a single profession approach, rather than a multidisciplinary approach, which ultimately led to a lack of strategic challenge to the old order.
- Failed to put advocacy services in place for the victims of Brandon, despite requests to do so.
- Advised NIRP that Stillwater provided biopsychosocial care, yet there was little evidence of this approach during the investigation.

The Aras Attracta Report:

- In this nursing-led service, six registered nurses had findings of either serious misconduct or misconduct against them in a Trust in Care Inquiry, as did five care assistants.

Low Reporting Rates:

- The HSE introduced 'Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures' in 2014. In 2017, while instructing nurses to refuse to comply with the HSE policy, the INMO wrote in a national update to nurse members, 'The INMO's concern remains the workloads involved in completing large volumes of paperwork in relation to recurring, frequent events such as peer on peer incidents.' While the national nursing organisation acknowledged recurring and frequent events observed by their members such as peer on peer incidents, reporting levels in relation to these concerns from nurse-led services remain low.
- Despite being the majority profession in designated officers for safeguarding in Ireland, there is a known trend of underreporting of safeguarding concerns from nursing. This is evident in the below table from the HSE annual report, which shows a concerning and prolonged drop in reporting of adult safeguarding concerns from nursing to the Safeguarding and Protection Social Work teams.
- Social care workers however, who form the majority of Designated Officers in the voluntary sector have almost doubled their notifications of abuse in the same time period.

Safeguarding Concerns Referral Source 2016-2018:

Care Group	2016	2017	2018	2019	2020	2021
Voluntary Agency	38%	42%	49%	63%	65%	69%
PHN/RGN	26%	20%	23%	8%	8%	6%
PCCC Staff	11%	8%	9%	8%	7%	6%
Hospital Staff	6%	6%	6%	8%	4%	4%
Family	4%	3%	3%	2%	3%	3%
Self	2%	3%	2%	1%	2%	2%
Carer/Home Help	3%	2%	2%	2%	2%	2%
GP 2% 2% 1% 2% 2% 1%	2%	2%	1%	2%	2%	1%
Other HSE Staff	0%	0%	0%	3%	2%	1%
Gardai	2%	1%	1%	1%	2%	1%
Private Agency	0%	0%	0%	0%	1%	1%
Other	0%	0%	4%	3%	3%	2%

What next?

The Brandon report was supposed to herald landmark change in how we govern and deliver adult safeguarding. As referenced above (*Background to Concerns*), there is a clear need to move to an MDT approach. In this context, NIRP clearly advised that the essential **move from a medical model to the MDT social, rights-based model requires a change in management structures, working practices and most important of all culture.**

Prioritising investment in nurse-only posts is contrary to the recommendations of the report. It delivers the same kind of management structures traditionally used to address safeguarding in nursing. It will create a scenario where nurses are a lead profession in the management and delivery of services, in the identification of abuse for people using those services and for safeguarding management within those services and communities. This is the single profession approach critiqued in the Brandon report, now proposed for use at national strategic and operational level. The era of solely nursing managing nursing in safeguarding must be dismantled, this proposed role reinforces that flawed approach.

The concerns already raised, coupled with the ongoing safeguarding challenges in CHO1 make it difficult to understand why the HSE would create such nurse-only roles. The Brandon report clearly established all professions (and the adults at risk using their services), benefit from external eyes and holistic perspectives to change culture and safeguarding management. This is particularly true for our existing structures, given recurring high-profile failures in nursing-led services.

It is also surprising that while Social Workers, Speech and Language Therapists, Occupational Therapists and Psychologists will assess capacity alongside their nursing & medical colleagues under Assisted Decision-Making Legislation, they are excluded from applying for a safeguarding leadership role as now envisaged by the HSE. The HSE appears to be under the impression that only nurses can lead nurses in safeguarding practice, when the evidence suggests that opening

nursing and all professions to holistic safeguarding leadership will deliver better outcomes for adults at risk.

Lead Profession – In Name Only?

The Department of Health, the HSE and Safeguarding Ireland have acknowledged social work is the lead profession in adult safeguarding.

Despite this, In the Brandon report, the expert advice of onsite and safeguarding and protection social workers was ignored by nurse managers both in Stillwater and in the private nursing homes. It is unclear to us what if any steps the HSE has taken to establish the authority and leadership of social work safeguarding guidance at operational level in light of these findings and the view of NIRP that disregarding this advice had a negative impact on adults at risk.

Can the HSE now provide assurance that the expert advice provided by social work as lead profession in safeguarding is no longer disregarded by HSE middle and senior management? **We call for the incorporation of strong senior-level social work input to strategic leadership in the health area, for example through the appointment of a Chief Social Worker to provide and be responsible for such strategic leadership.**

IASW Calls:

Considering above, it is imperative that:

- Recognising social work as lead profession, the HSE must pause current recruitment of the Director of Nursing 2 post, commit to the multi-disciplinary leadership and staffing models in all new safeguarding recommended by NIRP and ensure additional safeguarding roles within HSE are open to *all* relevant professions. This ensures that adults at risk of harm receive holistic perspectives and best outcomes in safeguarding responses.
- The single profession approach, so evident in the medical model traditionally employed, must be dismantled by the HSE, and replaced with more effective – MDT – approaches.
- All investigation reports relevant to safeguarding must be routinely published to inform learning and change practice. Onerous work is currently required to understand the lessons of unpublished or hard to access reports. In the absence of the publication of the Brandon report, IASW members have shared lessons from formal and informal briefings on the Brandon case to understand the learning for social work. Parliamentary questions prompted by IASW members were required to unearth, thanks to Fergus O' Dowd T.D. for example, the disciplinary findings of the Aras Attracta Trust in Care Review. Data produced by the National Safeguarding Office on reporting of adult safeguarding concerns (and by whom) remains weak. The routine publication of safeguarding investigation reports allows relevant stakeholders to understand the lessons learned and subsequently monitor how that learning is translated into policy and practice.
- The HIQA remit to be extended to include inspections of Safeguarding and Protection Social Work teams. Just as we call for holistic perspectives in the delivery of safeguarding, so too, we call for external eyes and perspectives in social work practice. HIQA inspections will ensure that any gaps in the delivery of safeguarding social work practice are identified and addressed.

Irish Association of Social Workers

Behind every safeguarding failure, is an adult who experienced preventable abuse. If the Brandon report has any meaning, the lessons of it must be reflected in policy and practice. We ask that this matter is raised with the HSE as a matter of urgency, so that the process of recruiting for the proposed post is paused, reviewed, and changed, so that important developments in adult safeguarding can have real positive impact, rather than perpetuating failed systems.

Please do not hesitate to contact me via the office on 087 7392420, if any additional information is required.

Sincerely,

Vivian Geiran
Chair
SW000319