**Primary Care SIG Feedback to the 2019 Final Draft of the National Safeguarding Policy**

**Date: 11/07/19**

Dear Eamonn and Chris,

The points contained in this document represent the views of the Irish Association of Social Workers Primary Care Social Work Special Interest Group. This group represents all Primary Care Social Workers nationally. As a group we believe this policy will has massive ramifications for all the clients social workers encounter.

We believe that the authors responsible for drafting this policy continue to misrepresent the levels of competencies and complexity required to safely manage the five stages of the Safeguarding process. This policy further demonstrates how policy makers have not taken into account the reality of the context in which we work ie: scarce resources, no administrative support, vacant posts and lack of a national line management structure. We believe implementing this policy will be unsafe and pose risk to service users.

**Our concerns in relation to the 2019 Final Draft of the National Safeguarding Policy are:**

1. Safeguarding is a specialist Social Work role it should only be carried out by Social Workers who are trained and have expertise in the area. Under the Coru Code of ethics to which we are bound; we must **“**Act within the limits of your knowledge, skills, competence and experience and practise only in areas in which you have relevant knowledge, skills, competence, and experience or are appropriately supervised”.
2. Safeguarding duties and responsibilities are not in all HSE job descriptions, and are not in all Social Work job descriptions – because it is and has always been a specialist Social Work role.
3. This current draft policy contravenes previous agreements between FORSA and the HSE that state Safeguarding is a specialist Social Work role advertised to Social Workers only.
4. The Elder Abuse Social Work Service was established in 2007 as a separate service to Primary Care Social Work. The Elder Abuse Social Workers had a specific remit for:

* providing a case working service
* assessing elder abuse allegations
* making a protection plan in consultation with the service user and other professionals.

These Social Workers were subsumed into the new Safeguarding service. Primary Care Social Workers always worked in parallel with Elder Abuse Social Workers we did not take direction from them, they completed their own independent Elder Abuse assessments.

1. The new 2019 policy is more ambiguous than the 2014 policy in that it does not specify who the safeguarding coordinator will be.
2. We are concerned about previously accepted work of specialist Social Workers now being seen as the role of other healthcare professionals.
3. The new policy advocates for the new safeguarding service to become a consultation service. This is wholly unsatisfactory to us, as the role of Safeguarding Social Workers should be to conduct safeguarding assessments, and implement protection plans.
4. The number of allied healthcare professionals that will become involved in Safeguarding assessments and monitoring as per the 2019 document, will dilute the voice of and focus on the client. There is a real concern that without clear governance, the risk to vulnerable clients being safeguarded is potentially compromised.
5. Primary Care Social Work foresee major difficulties amongst multidisciplinary Primary Care Teams who view the assessment of risk as the role of a Specialist Social Worker. In the absence of Specialist Safeguarding Teams taking on these assessments, there is a high likelihood that multidisciplinary team members will refer these issues to Primary Care Social Workers. This is not the remit / function of Primary Care Social Workers.
6. Primary Care Social Work is a consent based service. Being directed to take actions and notify services without clients consent is already an issue in Primary Care Social Work, and will continue to be under the 2019 policy.
7. The whole point of Sláintecare is delivery of safe, reliable, healthcare and early intervention in the community. This is the role of Primary Care Social Workers. If we are expected to undertake safeguarding work we will not be in a position to provide early intervention support.
8. In Primary Care Social Work we have a line management structure. Taking direction from anyone outside this structure compromises and complicates our governance structures.
9. The current Safeguarding Teams already in existence have a line management structure and PPG’s in place. Outsourcing safeguarding work to healthcare professionals will also erode this structure.
10. The primary responsibility is placed on the safeguarding coordinator, but it is not explicit who the coordinators will be. This has the impact of making it everyone business, and no one’s business at the same time. This is unsafe and unfair to service users.

**Our Recommendations:**

1. A National Safeguarding Social Work Service should be in existence with the specific remit of investigating, assessing, managing and monitoring allegations of abuse.
2. This service needs to be properly resourced (in line with governance and structures that already exist within the current Safeguarding service, and that is in line with all existing Social Work job descriptions).
3. The HSE National Safeguarding Policy should assert the requirement for a well-resourced, standalone National Safeguarding Specialist Social Work Service.

While Primary Care Social Workers endorse collaboration and working together with other services, we dispute the role that is being given to us in 2019 Final Draft of the National Safeguarding Policy.

Yours sincerely,

The Primary Care Social Work Specialist Interest Group, IASW