



## Statement of Outcomes on public engagement on National Standards for Adult Safeguarding

September 2019

## About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

## About the Mental Health Commission

The Mental Health Commission (MHC) was established under the Mental Health Act 2001 to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services in Ireland.

The MHC's remit includes the broad spectrum of mental health services, including general adult mental health services, as well as mental health services for children and adolescents, older people, people with intellectual disabilities and forensic mental health services.

The MHC's role is to regulate and inspect mental health services, support continuous quality improvement and to protect the interests of those who are involuntarily admitted and detained under the Mental Health Act 2001. Legislation focuses the MHC's core activities into regulation and independent reviews.

In addition, under the provisions of the Assisted Decision-Making (Capacity) Act 2015,<sup>\*</sup> the MHC's remit has been extended to include the establishment of the Decision Support Service (DSS). The DSS will support decision-making by and for adults with capacity difficulties and will regulate individuals who are providing those supports. The main functions of the MHC are:

### **Regulation:**

- Registration and enforcement — registering approved centres and enforcing associated statutory powers, for example attaching registration conditions.
- Inspection — inspecting approved centres and community mental health services and reporting on regulatory compliance and the quality of care.
- Quality improvement — developing and reviewing rules under the Mental Health Act 2001. Developing standards, codes of practice and good practice guidelines. Monitoring the quality of service provision in approved centres and community services through inspection and reporting.

### **Independent reviews:**

- Mental health tribunal reviews — administering the independent review system of involuntary admissions. Safeguarding the rights of those detained under the Mental Health Act 2001.
- Legal aid scheme — administering the mental health legal aid scheme.

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<sup>\*</sup> At the time of writing, the Assisted Decision-Making (Capacity) Act 2015 is not fully commenced, therefore the Decision Support Service is not operational.

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## Chapter 1 Introduction and background

The Health Information and Quality Authority (HIQA) and the Mental Health Commission (MHC) have developed *National Standards for Adult Safeguarding*.

All adults have the right to be safe and to live a life free from harm. Safeguarding means putting measures in place to promote and protect people's human rights and their health and wellbeing, and empowering people to protect themselves.

While existing national standards do address elements of safeguarding, a dedicated set of *National Standards for Adult Safeguarding* will aim to focus attention on safeguarding by:

- offering a common language to describe adult safeguarding in health and social care services
- helping people who use those services to understand what they should expect from a service committed to promoting their rights, health and wellbeing and protecting them from the risk of harm
- enabling a person-centred approach by focusing on the people who use services and placing them at the centre of everything that the service does
- creating a basis for services to improve how they promote the rights, health and wellbeing of the people they serve
- helping to reduce harm – and respond to harm when it does occur – by identifying strengths and highlighting areas for improvement
- promoting practices that are up to date, effective and consistent.

People using health and social care services in Ireland should expect that their risk of harm is reduced and that their rights, health and wellbeing are being promoted and protected. It is expected that all health and social care services will adopt these National Standards to promote improvements in the prevention of harm and responses to adult safeguarding concerns.

A focused literature review was undertaken summarising international, national and published evidence for adult safeguarding, which was used to inform the development of the standards. The review looked at international standards and guidelines, international legislation and policy, and peer-reviewed academic publications. All of the documents that were reviewed and assessed to inform these standards are outlined in the *Background document to support the development of national standards for adult safeguarding (May 2018)*, available at [www.hiqa.ie](http://www.hiqa.ie) and [www.mhcirl.ie](http://www.mhcirl.ie).

An Advisory Group, comprised of a diverse range of interested and informed parties, including representatives from advocacy groups, health and social care professionals, and statutory bodies, including the HSE's National Safeguarding Office, was organised. The group's purpose was to advise on the development of standards for adult safeguarding. Three meetings of the Advisory Group were held. The final meeting of the group took place on 16 October 2018 to discuss changes to the National Standards resulting from the public consultation. Both organisations gratefully acknowledge the hard work and commitment of the Advisory Group. The members of this group are listed in Appendix A of this statement of outcomes report.

## Chapter 2 Overview of the consultation process

### 2.1 Overview of how focus groups that informed the development of the standards were conducted

When developing standards, experts, service providers, people using services, the general public and other key stakeholders are consulted. Focus groups are one way of consulting and engaging with these stakeholders.

During the development of these standards, 17 focus groups<sup>†</sup> were conducted, meeting with a total of 145 participants. These groups discussed their experiences of health and social care services and their opinions on what issues the *National Standards for Adult Safeguarding* should address.

A briefing document was sent to all participants before the focus groups were held. This outlined the purpose of the focus groups, key questions for consideration and how the groups would be conducted. A schedule of questions used in the focus group discussions can be found in Appendix B.

Two one-to-one interviews were conducted with key stakeholders who were unable to attend a focus group to ensure that their opinions were considered in the development of the standards.

Sixteen of the focus groups took place before the public consultation. One focus group and both one-to-one interviews took place during the public consultation.

Focus groups were conducted in seven locations nationally:

- Cork
- Donegal
- Dublin
- Kildare
- Kilkenny
- Meath
- Sligo

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<sup>†</sup> Of the 17 focus groups that were conducted, nine were undertaken on the afternoon of the Adult Safeguarding: Promoting Rights, Health and Wellbeing seminar convened by HIQA and the MHC in May 2018 which was attended by over 200 delegates. The morning session consisted of talks by national and international speakers and focus groups were held in the afternoon. However, it should be noted that focus group participants who attended the seminar in May 2018 travelled from across Ireland and represented people using a range of health and social care service as well as health and social care professionals working with people in both urban and non-urban settings.



The types of people who gave us their views at these focus groups included:

- people using health and social care services
- health and social care professionals
- advocates
- inspectors of disability services, older person's services and mental health services
- Gardaí from Community Engagement.

The Project Team worked with Inclusion Ireland, an advocacy body for people with an intellectual disability, to undertake focus groups with people currently using disability services. The sessions were conducted by Inclusion Ireland and a member of the Project Team was there to take notes of the discussion.

It was explained in every session that these notes would only be used to inform the development of the National Standards.

## **2.2 Overview of the public consultation process**

To promote engagement and participation by informed and interested parties in the development of the National Standards, HIQA and the MHC published the *Draft national standards for adult safeguarding* for public consultation in August 2018. The public consultation ran for seven weeks from 1 August 2018 to 19 September 2018. The purpose of the public consultation was to gather feedback on the content and structure of the draft standards. The full text of the *Draft national standards for adult safeguarding* was made publicly available to download at [www.hiqa.ie](http://www.hiqa.ie) and [www.mhcirl.ie](http://www.mhcirl.ie).

A consultation form (see Appendix C) was developed to assist people to make submissions. Submissions could be made online using an online survey tool. The form was also available to download at [www.hiqa.ie](http://www.hiqa.ie) and [www.mhcirl.ie](http://www.mhcirl.ie) and responses could be emailed to a dedicated email address or posted to the HIQA or MHC offices.

At the start of the consultation, the Project Team notified members of the Advisory Group about the consultation process and asked that they notify the groups they represent and other interested colleagues. The Project Team also contacted focus group participants, relevant health and social care professionals, advocacy groups and interested stakeholders by email to inform them of the process and request that they share information about the public consultation and encourage their colleagues to participate in the process.

A total of 79 responses were received in relation to the draft standards. All submissions to the consultation were considered and the *National Standards for*

*Adult Safeguarding* were revised accordingly. See Appendix D for examples of organisations that made submissions to the public consultation.

This statement of outcomes report gives an overview of the feedback received during the focus groups and submissions received during the public consultation, as well as HIQA and the MHC's response to those submissions.

HIQA and the MHC are very grateful to those who participated in the focus groups and those who made submissions to the public consultation for taking the time to contribute to the development of the National Standards.

## **Chapter 3      Analysis of focus group discussions**

The Project Team analysed all of the feedback received from the focus groups and organised it into the eight themes that comprise the national standards.

### **Theme 1: Person-centred Care and Support**

Focus group participants highlighted the importance of people using health and social care services having the greatest possible involvement and participation in making decisions about their care and support. Participants pointed to the necessity of taking time to find each person's best means of communication and noted that two-way communication should promote self-directed care. Where a person needs more support to make their views known, participants stated that it is important to engage family, friends or an advocate to support them in doing so. In terms of safeguarding, participants discussed how it was important to support the person to develop skills to protect themselves. Participants highlighted the importance of making sure that the rights of all people using health and social care services are respected and promoted and how they should not be negatively affected by the actions of another. The importance of having individualised services was discussed and it was suggested that staff should be trained to think 'How would I like to be treated?' when they are delivering care and support. This question would help to promote a truly person-centred service.

### **Theme 2: Effective Care and Support**

Focus group participants strongly agreed that there needs to be effective communication within and between services. One example was given of a new resident moving into a centre and staff and management not being told about behavioural issues that resulted in other residents being put at risk. The situation would have been managed differently if staff had the necessary information before the resident was admitted. It was agreed that teams and agencies working together brings better results, but there needs to be clear protocols around shared responsibilities so that interagency working is effectively managed and reduces people's risk.

Participants discussed the importance of empowering people using health and social care services to take 'positive risks'<sup>†</sup> and that this should be supported by a culture of learning. Decisions in relation to positive risk-taking should be documented by the service to include reasons and considerations of risk versus benefit. It was noted

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<sup>†</sup> Positive risk-taking means taking carefully considered risks and understanding that there are benefits as well as potential harm from taking risks in day-to-day life.

that it was important to document risk-management plans and to review and update these regularly so that they accurately reflect the person's needs and abilities.

### **Theme 3: Safe Care and Support**

As part of the safe care and support theme, the area of preventing harm was discussed by focus group participants. Having a culture where complaints about the service are listened to impartially and acted on effectively builds a culture of safety. Participants agreed that when this culture of safety was in place, people using the service could raise safeguarding concerns without fear of adverse consequences.

It was noted that having a safeguarding policy in place lets people using the service know who to report concerns to. It also lets staff know what their roles and responsibilities are in responding to and reporting concerns. Participants highlighted the importance of knowing how and where to make a referral about safeguarding concerns where the service is unable to take the necessary actions to protect the person and address the issues.

Some participants also discussed the issue of reporting concerns where another person using the service is causing harm but they lack capacity to understand their actions. Participants felt the zero-tolerance approach as set out in the current HSE policy could potentially lead to people who lack capacity being labelled as abusers.

### **Theme 4: Better Health and Wellbeing**

Focus group participants discussed the importance of services seeing the whole person and not just the health and or social care issues they are presenting with. In doing so, the service can respond to the person's full range of needs and not just the issues that the person presents with. It was discussed that a move away from a best interests model of care and towards a more person-centred and social model of support is necessary to do this.

Providing education, training and support to help people manage their own affairs was discussed and was seen as empowering people to protect themselves in a range of situations, especially socially and financially.

### **Theme 5: Leadership, Governance and Management**

The need for an open culture that recognises that safeguarding is about promoting people's rights as well as protecting people from harm was discussed. Participants stated that this culture needed to be led by management at the highest level of an organisation but that all staff were responsible for supporting this culture. Participants discussed that this culture encourages integrated care within and between services, relationship-based care and support, active promotion of people's

rights, an openness to raising concerns and a focus on learning and development for all when safeguarding concerns arise.

To support this culture, participants noted that it is essential to have a safeguarding policy that everyone knows about and which is communicated in a way that suits people's needs. This policy should include an outline of staff roles and responsibilities and be clear about who to go to for support and advice if they have a concern.

Participants also discussed the importance of services evaluating themselves and being evaluated by an external body to ensure that standards are being put into practice. Participants highlighted that it is essential that staff learn from these evaluations and that recommendations are put into practice to ensure that the service is meeting people's needs.

### **Theme 6: Workforce**

Focus group participants emphasised the importance of good workforce planning, which starts at recruitment. Services should vet and screen staff effectively to safeguard people using services. It should be made clear in the employment contract what is expected of them in their role. Participants stated that continuity of staff is important as it allows them to build relationships with people using the service and get to know their needs.

Participants stated that supervision and support to develop staff skills in promoting people's rights and protecting them from harm is essential both at an individual level and at a team level. Participants also discussed how staff can be supported to raise concerns about a colleague or about the service itself and recommended a clear policy on this.

The importance of training for staff to be able to do their jobs effectively was discussed. Participants stated that staff should be trained in how to support people using services to make informed decisions about their own lives and how to positively manage risk.

Participants noted that staff should also be trained on what safeguarding is, how to prevent issues arising and how to respond when an issue does arise, and that this should be ongoing training. Participants noted that there should also be training and information for people using services to help them understand what harm is and how to protect themselves.

### **Theme 7: Use of Resources**

The need for adequate resourcing for services so that they can give time and attention to each person, respond to their needs in a flexible and creative way and

provide high-quality facilities was emphasised by participants. Participants stated that adequate resources are needed to ensure that all appropriate actions are taken in response to a safeguarding concern.

Participants felt that resources needed to be used effectively and that at times the allocation of a service's resources seemed unequal, with a focus on management or administration and not on staff working directly with people using the service.

### **Theme 8: Use of Information**

It was noted by participants that information needs to be shared effectively between services, especially at transition points (such as discharge from hospital) to ensure that there is follow-up support for the person. Participants agreed that sharing and handover of relevant information in a timely way could prevent harm from occurring.

Participants discussed striking a balance between maintaining a person's confidentiality and sharing information where there is a concern for their safety or the safety of others. Participants discussed that staff need to have the confidence to share information in relation to safeguarding concerns without fear that they will be in breach of data protection regulations.

## **Chapter 4 Analysis of the public consultation**

This chapter presents an overview of the analysis of the responses received during the public consultation period.

### **4.1 Overview of consultation submissions**

All of the feedback received from the public consultation was analysed and collated by the Project Team under the eight themes of the standards development framework, as outlined in Chapter 3.

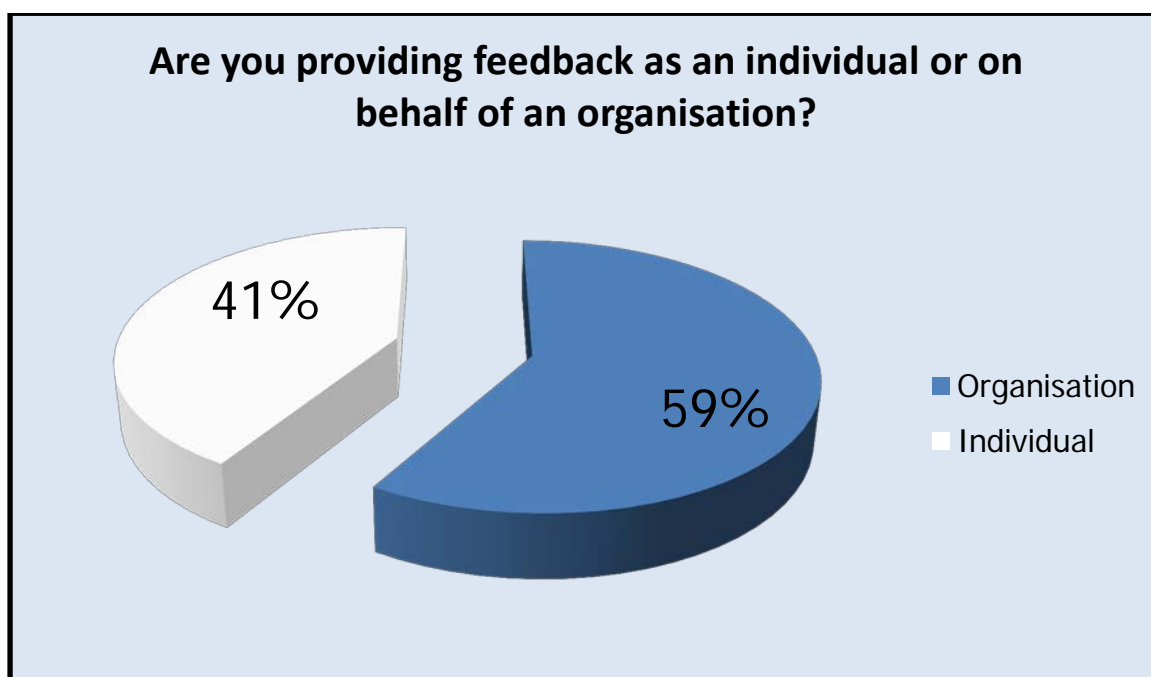
There were 79 responses received over the seven-week public consultation phase. In the 'About you' section, respondents were asked if they were commenting on behalf of an organisation or in a personal capacity. If they were making the submission on behalf of an organisation they were asked to include the name of the organisation. Respondents were also asked whether they were commenting as a person who has used health and social care services or as a staff member or other person working in a health and social care service. Respondents who worked in a health or social care service role were asked to specify their role. Respondents making a submission on behalf of an organisation were asked to provide contact details so that these submissions could be verified.

### **4.2 Results of the consultation submissions**

Of these 79 responses, 31 people (41%) responded in a personal capacity, with 44 people (59%) responding on behalf of an organisation. Figure 1 outlines responses received from individuals or on behalf of an organisation.

Of the 75 respondents who answered the question, 49 people (78%) stated that they were providing feedback as a staff member or other person working in a community health and social care service.

**Figure 1. Responses to consultation**



Sixty-nine respondents (87%) gave details of their roles. Examples of the roles of respondents working in health and social care services include:

- Clinical risk manager
- Head of social work
- Home support coordinator
- Mental health professional
- Primary care social worker
- Principal social worker
- Senior social worker (mental health)
- Senior speech and language therapist
- Team leader for social work services in mental health

See Appendix D for examples of the types of organisations that made submissions to the public consultation.



### 4.3 Feedback on principles underpinning the standards

#### Comments on the six adult safeguarding principles.

This question asked for feedback from respondents on the six principles underpinning the draft standards. These principles are:

- Empowerment
- Rights-based approach
- Partnership
- Proportionality
- Accountability
- Prevention.

#### What the respondents said

There was overall agreement with the principles that underpin the standards. Suggestions for additional principles were the principles of autonomy (the ability of an individual to direct how he or she lives on a day-to-day basis according to personal values, beliefs and preferences), independence and equality.

A number of respondents asked whether the principles outlined in the standards were in line with the principles in the HSE's Adult Safeguarding Policy, which was being revised at the time of the public consultation.

#### HIQA and the MHC's response

The wording of the principle 'A rights-based approach' was amended to include the terms autonomy and equality. Parts of Theme 1 (Person-centred Care and Support) were updated to incorporate these key terms.

The principles outlined in the National Standards and those in the HSE's Draft Adult Safeguarding Policy for public consultation complement one another. However, it is important to recognise that National Standards serve a different purpose than the HSE's Adult Safeguarding Policy, which describes operational procedures for the services it funds. The purpose of the National Standards is to promote improvements in the quality and safety of care and support services in Ireland.

#### 4.4 Feedback questions on specific themes

In this section, respondents could provide feedback on each of the draft standard statements and or features. Respondents were asked to consider the following questions:

- Do you think all important areas have been covered in each standard or are there any areas that should be included or excluded?
- Are the features listed sufficient to assist staff working in health and social care services to meet the National Standards?

When providing their feedback, respondents were asked to reference the number of the standard and feature that they were commenting on. Table 1 provides a breakdown of the percentage of respondents that provided feedback in relation to each theme.

**Table 1. Percentage of respondents that provided feedback on each theme**

Theme	Percent	Number of respondents
1. Person-centred Care and Support	82%	65
2. Effective Care and Support	78%	62
3. Safe Care and Support	73%	58
4. Better Health and Wellbeing	65%	51
5. Leadership, Governance and Management	71%	56
6. Workforce	68%	54
7. Use of Resources	63%	50
8. Use of Information	63%	50

#### Theme 1: Person-centred Care and Support

The majority of respondents (82%, or 65 people) provided comments on Theme 1: Person-centred Care and Support.

#### What the respondents said

Overall, there was a positive response to the standards, and the focus on a rights-based approach to reducing risk and promoting health and wellbeing was welcomed. A number of respondents saw this as a move away from a paternalistic approach that limited the autonomy of people who were perceived to be vulnerable to abuse.

In this theme, respondents suggested a number of areas that could be made clearer to ensure the effective implementation of the standards, including:

- the responsibilities of a service to respond to a safeguarding concern when doing so would not comply with a person's wishes, in order to protect them and or others
- the key terms 'nominated person' and 'advocate'.

Feedback was received about the difficulty of recognising and addressing safeguarding issues in certain health and social care settings where people only accessed the service for a short time, such as acute hospital settings.

It was noted that strengthening the right of each person to make decisions about their care and support was important. It was also noted that the needs of people who may not be able to make decisions about their care and support needed to be reflected in the standards.

Finally, some feedback was received that related to content covered by other themes, including Theme 2: Effective Care and Support, Theme 6: Responsive Workforce and Theme 7: Use of Resources. These points are addressed in the relevant sections.

### **HIQA and the MHC's response**

The 'Introduction' to the standards has been strengthened and the features under Theme 1 were changed to clearly outline the responsibilities of the service to respond to safeguarding when doing so would not comply with a person's wishes in order to protect them and or others. These features now state that any response must be proportionate, must be tailored to the person's needs and be as closely aligned to the person's preferences as possible.

The definitions of the key terms 'nominated person' and 'advocate' were revised to provide clarity on the role of those that are nominated by the person using a health and or social care service.

In response to the feedback on the difficulty of recognising and addressing safeguarding issues in shorter-term health and social care settings, the standards make clear that their aim is to improve the experience of all people accessing health and social care services. The standards emphasise that people interact with and

move between services and should expect the same level of care and support, and commitment to safeguarding from all of the services that they use. It is recognised that how the standards are implemented may be different depending on the context; however, this does not decrease the service's responsibility to reduce the risk of harm and promote each person's rights, health and wellbeing.

In response to the feedback that the standards should reflect the importance of the person being supported to make decisions about their care and support, changes were made to the wording of Standard 1.2 to emphasise the person's centrality in decisions about their own care and support. The standards use the term 'shared decision-making', and a definition for this has been added to the Glossary of Terms.

## **Theme 2: Effective Care and Support**

Over three-quarters of respondents (78%, or 62 people) provided comments on Theme 2: Effective Care and Support.

### **What the respondents said**

While a number of respondents welcomed supporting people using services to make balanced decisions around taking risks, there were a number of questions regarding whether a service would in reality be empowered to do this with the person.

Although many respondents recognised that interagency working (that is, working with other agencies) was necessary to prevent harm from occurring, especially when a person using services was moving from one service to another, a number of respondents questioned how workable interagency working would be.

A number of respondents requested templates and guidance to implement the standards. A number of respondents stated that terms such as 'effective', 'measures' and 'arrangements' could not be measured and queried how services could evidence compliance with the standards.

It was noted that there needs to be clarity about when a person's information could be shared without the person's consent.

Respondents noted that an effective service emphasised preventing safeguarding issues from happening and that an approach based on prevention needed to be strengthened in the standards.

Further feedback indicated that in order for care and support to be effective there needed to be continuity of care.

Where feedback was received that overlapped with content covered in Theme 5: Leadership, Governance and Management and Theme 6: Responsive Workforce, this was addressed under those particular themes.

## **HIQA and the MHC's response**

The standards set out a rights-based approach to decision-making and support a move away from a culture that is risk averse and that acts on the person's behalf without involving them. To support implementing such an approach, the features set out how decisions about a person's care and support are documented and reviewed with the person on a regular basis.

To address the concerns raised about interagency working, a number of features in this theme were strengthened and sought to set out the responsibility on staff members within and between services to work collaboratively to make sure that people receive integrated care and support. Recognising that integrated care and support must be part of the culture of a service and be led by management, further emphasis was placed on integrated working in Theme 5: Leadership, Governance and Management.

The National Standards are designed to be implemented in all health and social care services, settings and locations. The standards are high-level outcome statements in order for them to be applicable across a wide variety of services and settings. HIQA and the MHC acknowledge the requests for guidance and will consider this feedback, along with that received from other consultations with informed and interested parties, to inform the prioritisation and development of guidance in this area.

When there is a safeguarding concern, a person's information may be shared to protect the person or other people. The features and points in the 'What does this mean for me?' section in this theme and also in Theme 8: Use of Information have been strengthened to ensure that staff understand their responsibilities in sharing relevant information to safeguard people.

The standards recognise that in order to reduce risk, effective services must act to prevent risk in the first place. The introduction to this theme has been strengthened to emphasise the need for services to communicate both in and between services in a timely way to reduce the risk of harm.

## **Theme 3: Safe Care and Support**

Almost three-quarters of respondents (73%, or 58 people) provided comments on Theme 3: Safe Care and Support.

### **What the respondents said**

Respondents' feedback indicated that in order to support a culture of safety the standards must state that anyone who raises a safeguarding issue must be able to do so without negative consequences.

Feedback from respondents indicated that restrictive practices can be applied to a person's communication as well as their movement and behaviour.

It was also noted that there should be systems in place to provide feedback to people on the outcomes of their complaints.

Where feedback was received that overlapped with content covered in Theme 1: Person-centred Care and Support and Theme 2: Effective Care and Support, this was addressed under those particular themes.

### **HIQA and the MHC's response**

The features were strengthened to emphasise the importance of an open culture that encourages people to raise safeguarding concerns without suffering negative consequences.

The definition of restrictive practices was broadened to include restrictions to people's communication as well as their behaviour and movement.

Amendments were made to a feature to acknowledge that services should have arrangements in place to provide feedback to people on the outcomes of their complaints.

### **Theme 4: Better Health and Wellbeing**

Two-thirds of respondents (65%, or 51 people) provided comments on Theme 4: Better Health and Wellbeing.

### **What the respondents said**

Within this theme it was noted that it was important for people who were part of specific equality groups, as set out in the Equal Status Act<sup>§</sup>, to be supported in participating in the communities that they identified with and that this participation could be a factor in reducing the risk of harm.

Where feedback was received that overlapped with content covered in Theme 7: Use of Resources, this was addressed under that particular theme.

### **HIQA and the MHC's response**

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<sup>§</sup> The Equal Status Acts 2000-2015 ('the Acts') prohibit discrimination in the provision of goods and services, accommodation and education. They cover the nine grounds of gender, marital status, family status, age, disability, sexual orientation, race, religion, and membership of the Traveller community. The Acts also prohibit discrimination in the provision of accommodation services against people who are in receipt of rent supplement, housing assistance, or social welfare payments.

It was acknowledged within the features that it was important for people to be supported and encouraged to participate in communities that they identified with and that they chose to be part of. This was further strengthened in the 'What does this mean for me?' section of this theme.

### **Theme 5: Leadership, Governance and Management**

Almost three-quarters of respondents (71%, or 56 people) provided comments on Theme 5: Leadership, Governance and Management.

#### **What the respondents said**

Respondents welcomed the emphasis on a culture of openness and accountability in this theme.

A number of respondents wanted more clarity in relation to who is responsible and accountable for safeguarding within a service and recommended that this should be stated in the theme.

Feedback also indicated that a service should monitor and evaluate its own performance regularly by reflecting not only on feedback from those using the service and or their advocates, but also on how they put recommendations from external reviews and inspections into practice.

#### **HIQA and the MHC's response**

The purpose of the standards is not to set out specific procedural detail which is best described in a service's statement of purpose (or an equivalent document) and supported by local procedures. The standards describe high-level roles and responsibilities in order to help them be applied across a wide variety of services and settings.

Theme 5 was strengthened to reflect the importance of services reviewing and evaluating the service against recommendations from internal and external reviews.

### **Theme 6: Responsive Workforce**

Two-thirds of respondents (68%, or 54 people) provided comments on Theme 6: Workforce.

#### **What the respondents said**

Feedback indicated that team working is important in health and social care services and that the standards mainly focused on individual support and supervision.

A number of respondents provided feedback about the importance of having fair procedures for staff where a concern is raised about them.

A number of respondents sought details on the numbers of staff required, the competencies of staff and details of how staff should be supervised.

Where feedback was received that overlapped with content covered in Theme 7 (Use of Resources), this was addressed under that particular theme.

### **HIOA and the MHC's response**

The introduction and features have been changed to include the importance of supporting and developing teams. The features give examples of the ways in which a team-based approach to working is promoted.

It was acknowledged that it is important to include a feature highlighting that services must have fair and transparent processes to support and manage a staff member where a concern has been raised about them. This feature was added under this theme.

It is not the purpose of the standards to set out specific resource requirements, which are best set at a local level.

### **Theme 7: Use of Resources**

Almost two-thirds of respondents (63%, or 50 people) provided comments on Theme 7: Use of Resources.

### **What the respondents said**

Overall, respondents felt that the standards can be implemented and that, while in some health and social care services a shift in culture is necessary, it would not have a huge impact on a service's resources as these were already in place in many services.

A small number of respondents raised concerns about services having enough resources in certain settings, for example acute hospital settings, to reduce the risk of harm and promote people's rights, health and wellbeing.

Feedback was provided that it was unclear which experts would be consulted about buildings and facilities refurbishment and why this had been included as a requirement.

### **HIOA and the MHC's response**

The standards were revised to focus on people's right to be safe as a fundamental right that services must uphold regardless of pressure on resources. This was further strengthened in the features of this theme.



The reference to experts being consulted when buildings or facilities are being refurbished was removed from the features.

## **Theme 8: Use of Information**

Almost two-thirds of respondents (63%, or 50 people) provided comments on Theme 8: Use of Information.

### **What the respondents said**

Respondents emphasised the importance of collecting and sharing good-quality information while protecting people's privacy and confidentiality. A number of respondents requested clarity about when a person's information should be shared without their consent.

A small number of respondents requested that the standards provide detail of, for example, how safeguarding reports should be completed or how breaches in data protection should be reported.

Where feedback was received that overlapped with content covered in Theme 6: Responsive Workforce, this was addressed under that particular theme.

### **HIQA and the MHC's response**

The importance of effective communication and information exchange in providing coordinated care that reduces risk was emphasised in the text. In the 'What does this mean for me?' section, it is clarified that if there is a safeguarding concern, that information is only shared with the person's consent or where it is required to keep people safe.

The purpose of the standards is not to set out specific procedural detail, which is best described in a service's own policies and supported by local procedures. The standards are high-level outcome statements in order to help them be applied across a wide variety of services and settings.

## **4.5 General comments on the draft standards**

**Are there any other general comments on the draft standards that you would like to make?**

This question gave respondents the opportunity to provide general comments on the draft standards. Over three-quarters of respondents (78%, or 62 people) answered this question.

## What the respondents said

The feedback was generally positive and the publication of the draft standards was viewed as a welcome development. Some examples of what respondents said include:

*“The joint approach by HIQA and the Mental Health Commission to the development of this standard is very welcome. Development of the standards using the existing 8 themes provides a consistency and familiarity for services which will enable them to ‘knit’ the safeguarding standard into their existing practices and policies.”*

*“It is important to have standards [for adult safeguarding] as I am a service user who contacted my Designated Officer for support as I had a safeguarding concern and it is helpful.”*

While welcoming the standards, the need for additional resources and safeguarding systems in order to support their implementation was highlighted:

*“We welcome the standards and the principles underpinning these. We feel that there needs to be one single national adult safeguarding policy rather than the piecemeal approach currently in place. Resources to safeguard and to provide supportive services need to be in place as well as extensive training of staff.”*

A number of submissions related to the HSE’s revision of their Safeguarding Vulnerable Adults at Risk of Harm Policy which was also out for public consultation at the time of the public consultation on the National Standards. These respondents also asked how the National Standards will interact with a separate national policy on adult safeguarding, which the Department of Health is developing, and questioned whether the National Standards will improve the safeguarding landscape or confuse it.

In addition, some respondents sought more clarity around the scope of the standards and which services these standards apply to. Other respondents asked for guidance on the monitoring process and how *National Standards for Adult Safeguarding* will interact with other national standards.

## HIQA and the MHC’s response

While the purpose of the standards is not to set out specific procedural detail, which is best described in operational policies and procedures, the ‘Introduction’ to the National Standards was strengthened to highlight the importance of legislation, national policy, standards and local safeguarding systems working together to

support a consistent approach to the prevention of and response to adult safeguarding concerns.

A number of sections in the 'Introduction' were revised for clarity. For example, more detail was added to 'How these national standards should be used' to cover the wide range of settings the standards may be applied in. A section was also added to highlight how these standards interact with other national standards and requirements of other regulatory bodies.

It is envisaged that all health and social care services will adopt these National Standards, which are approved by the Minister for Health, to promote the rights, health and wellbeing of each person and reduce the risk of harm to people using health and social care services. It is the responsibility of each service provider to make sure that it is meeting the National Standards. Details of any potential monitoring process by both organisations are outside of the scope of the National Standards. Both organisations will issue further guidance to service providers prior to the commencement of any such monitoring programme.

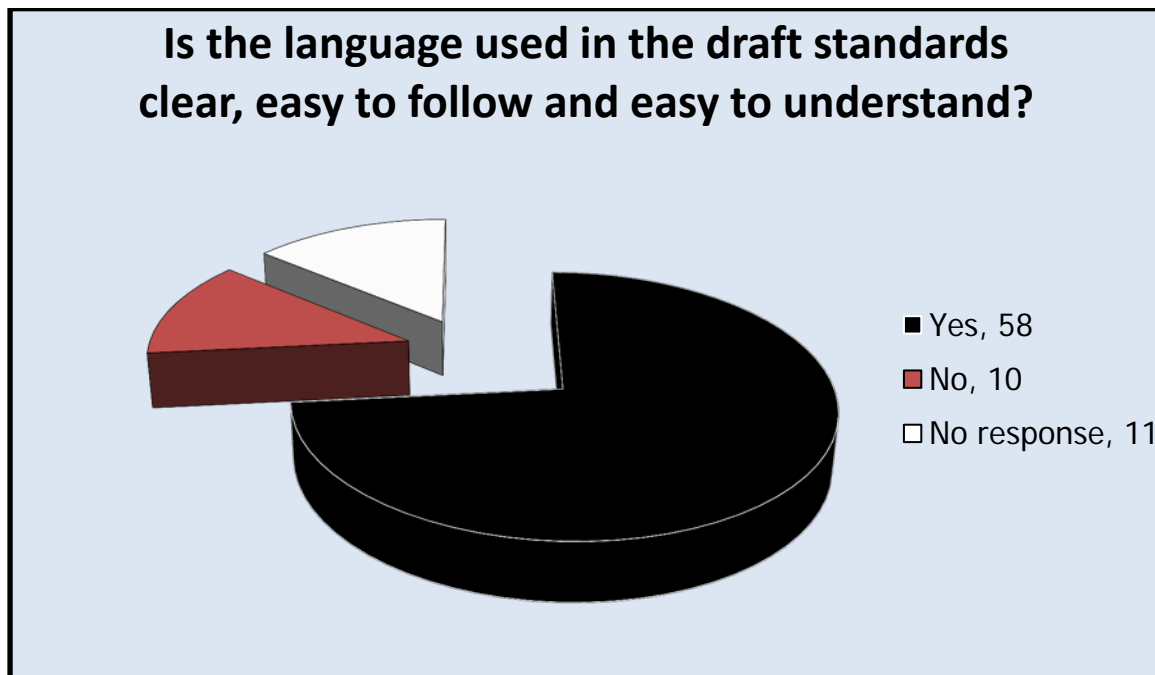
#### **4.6 Feedback on the language, layout and accessibility of the draft standards**

Questions 2a, 2b and 3 asked for feedback on the language, layout and accessibility of the draft standards. This section of the document provides an overview of responses received in relation to these questions.

##### **Language used in the draft standards**

This question asked respondents to state whether the language used in the draft standards is clear, easy to follow and easy to understand. Sixty-eight people (86%) answered this question. Of those who did provide feedback to this question, 58 people (85%) stated that the language used in the draft standards is clear, easy to follow and easy to understand. Figure 2 shows the number of Yes or No responses for whether the language used in the draft standards is clear, easy to follow and easy to understand.

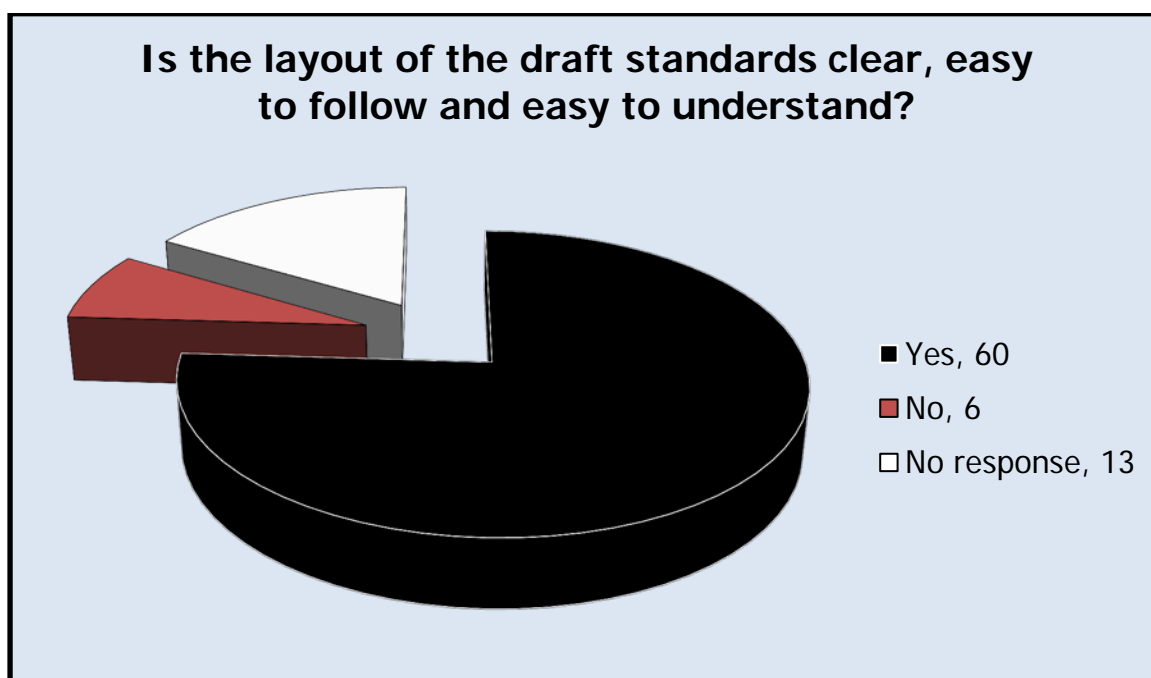
**Figure 2. Responses to consultation question regarding language used in standards**



### **Layout of the draft standards**

This question required respondents to state whether the layout of the draft standards is clear, easy to follow and easy to understand. Sixty-six respondents (84%) provided feedback on this question. Of the respondents who answered the question, 60 respondents (91%) stated that the layout of the draft standards is clear, easy to follow and easy to understand. Figure 3 presents the number of Yes or No responses for whether the layout of the draft standards is clear, easy to follow and easy to understand.

**Figure 3. Responses to consultation question regarding layout of standards**



### What the respondents said

Thirty-five respondents (44%) provided additional comments on the language and layout, which included a number of positive comments about the language and layout of the standards. Such comments included:

*"I think they are very clear and well laid out using colour and 'non jargon' language."*

*"We found the standards very accessible and the sections 'what does this mean for me' particularly helpful."*

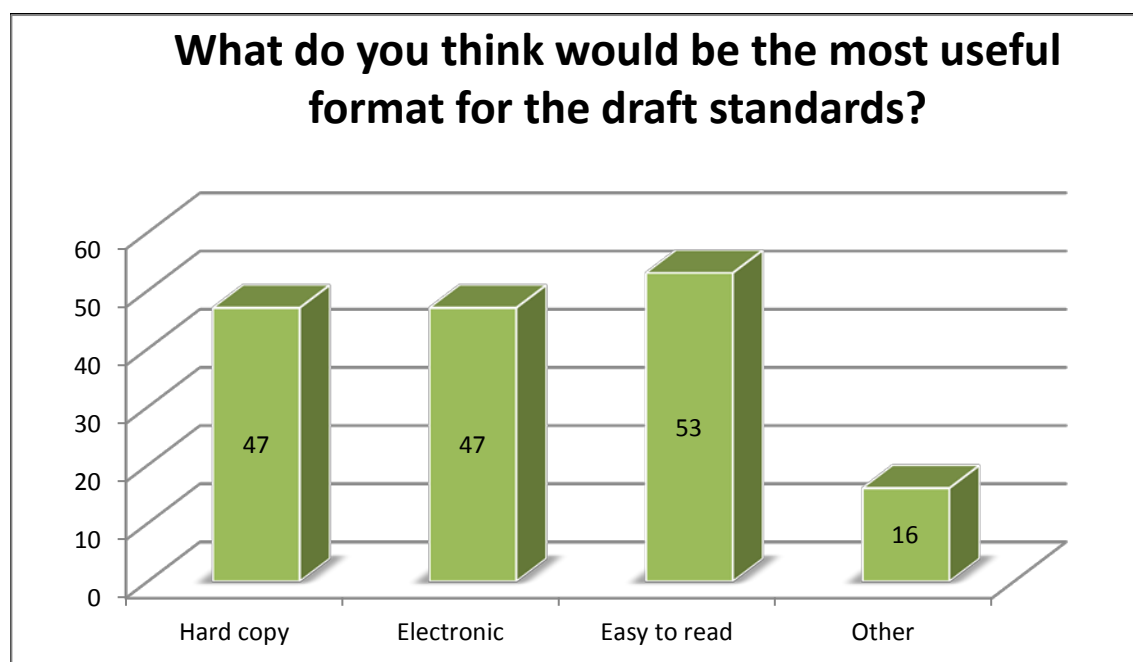
However, some respondents thought that additional supports may be required to implement the standards. One respondent said:

*"At times they appear to be aspirations and I would be unsure on how to implement some of the standards."*

### Format of the draft standards

This question asked respondents to choose from four options, selecting the most useful formats for the draft standards. Respondents were given the choice to select more than one option for this question. Feedback was received from 65 respondents (82%). Figure 4 shows the breakdown of the responses.

Figure 4. Responses to consultation question regarding useful format for the draft standards



Twenty respondents (25%) provided additional comments on the most useful formats of the draft standards. There were a number of additional suggestions, including:

- Braille and audio versions
- DVDs.

#### 4.7 Supporting implementation and expected impact of the standards

Question 4 and 5 focused on how these standards could be implemented in respondents' particular settings and what guides or tools could support this implementation. This section of the document provides an overview of responses received in relation to these questions.

### How do you think these standards could be implemented in your setting?

Fifty-six people (71%) responded to this question. In general, respondents felt that the standards would be easy to put into practice in their services.

#### What the respondents said

*"The service (at all levels) can use the standard to benchmark our practices and policies and identify areas where we need to develop and improve. I*

*think the 'what can I expect' sections enable services to visualise a positive safeguarding environment."*

*"Through E-learning package and face to face training sessions. Through the review of Operations Manuals ensuring compliance. Through the internal audit processes ensuring compliance. Staff newsletter article and team meeting discussions."*

*"We are a community based social work Learning Disability team. We can use the standards to guide best practice in the completion of safeguarding referrals, formal safeguarding plans, ensuring person centred approach that the service users voice, contribution and opinion is respected at meetings, in interviewing and in the formulation and review of his/her safeguarding plan."*

However, some respondents felt that the standards were aspirational and better suited to services where people engaged over longer periods of time. The issue of resources to implement the standards in such settings was also raised as an issue. One respondent said:

*"We feel that this will be extremely challenging in acute hospitals. The standards appear to be written as though they are for more long-term or residential services. Resources would be a major issue, [for example] Safeguarding Designated Officers and local implementation groups would need to be established."*

### **What other guides or tools would support the implementation of the National Standards?**

Fifty-four people (68%) responded to this question, providing a number of suggestions on tools and supports that could be provided. Respondents also highlighted the importance of the commencement of relevant legislation in supporting implementation. They also said that it was important for national policy, standards and local structures and procedures to work together to make sure that the National Standards are clear and consistent in reducing the risk of harm and promoting rights, health and wellbeing.

Respondents suggested guides and tools to do this, including:

- Accessible information for people using services
- Staff training
- Videos

- HIQA and MHC guidance and templates
- Service-specific implementation guides.

### What the respondents said

*“Standards are always dry. A set of examples of situations which may arise and how they should be dealt with would be useful for group discussion. This brings the standards to life and makes them practical.”*

*“It would be useful to develop an E-learning resource (similar to the one available on Tusla website for Children's First).”*

### HIQA and the MHC's response

In line with HIQA's 2019-2021 Corporate Plan, supporting material and guidance to improve understanding and implementation of standards, and to bring about better outcomes for service users will be developed and communicated to health and social care services. HIQA and the MHC will work in partnership on the development of relevant material to support the implementation of the *National Standards for Adult Safeguarding*.

### 4.8 Impact of the draft standards

Question 6 asked what impact the standards will have on safeguarding in health and social care services in Ireland, once they are in place. This section of the document provides an overview of responses received in relation to this question.

**When the National Standards are in place, what impact will they have on adult safeguarding in health and social care services?**

This question asked for the respondents' views on the impact the draft standards would have on adult safeguarding in health and social care services, when they are in place. Fifty-six respondents (71%) provided feedback on this question.

### What the respondents said

In general, respondents who answered this question agreed that the draft standards will have a positive impact on adult safeguarding in health and social care services when implemented across services in Ireland.

Examples of comments received include:

*“These national standards should have a positive impact on adult safeguarding in health and social care services [...] These standards are about*



*more than keeping people safe, but also about people leading fulfilling and autonomous lives where positive risk is supported [...] These national standards should lead to improvements for people in all settings, especially where self-regulation or internal safeguarding policies are not currently robust."*

*"The national standards would improve communication and collaboration between organisations in relation to safeguarding matters in cases wherein inter or multi-agency involvement is needed. The national standards, by various means, are likely to lead to significant improvements in safeguarding the most vulnerable adults from risk of harm or from continuing mistreatment, in whatever guise, when this has been occurring."*

However, there were also questions about whether the standards can make a difference in the absence of regulation and inspection.

*"If they are not subject to inspection what kind of impact will they have? Services that are underfunded will not be able to be in line with these standards. It is also not clear how much responsibility local voluntary and community services are expected to have and may actually dissuade people from volunteering unless services are required to have a safeguarding coordinator."*

*"It depends how they will be inspected. If managers are not held to account in terms of compliance with the standards, it will have little impact on the day to day running. The drive must have the support of management."*

## **HIQA and the MHC's response**

In the 'How the national standards should be used' section of the Introduction, it is stated that HIQA and the MHC's aim in developing these standards is to improve the experience of all people accessing health and social care services, to reduce their risk of harm and to promote their rights, health and wellbeing.

## **Chapter 5 Conclusion and next steps**

Both the focus group feedback and public consultation submissions were reviewed and considered and the draft national standards were revised based on the feedback. A summary of the feedback and changes was presented to the Advisory Group at the final meeting on 16 October 2018 and the revised National Standards were approved by the HIQA and MHC Boards in November 2018. The National Standards were then submitted to the Minister for Health for approval on 21 January 2019.

The *National Standards for Adult Safeguarding* were approved by the Minister for Health on the 20 August 2019. They were published by HIQA and the MHC in December 2019.

## **Appendix A – Membership of the Advisory Group and the HIQA and MHC Project Team in 2018**

### **Advisory Group membership**

<b>Name</b>	<b>Organisation</b>
Áine Flynn	Director of Decision Support Service, Mental Health Commission
Anne Dempsey	Communications Manager & Training Facilitator, Third Age Ireland
Anne O'Loughlin	Principal Social Worker (Retired), Irish Association of Social Workers
Ann-Marie O'Boyle	Investigator, The Office of the Ombudsman
Catherine Cox	Head of Communications and Carer Engagement, Family Carers Ireland
Christine Barretto	Social Care Worker, Cheeverstown House Community Services, Social Care Ireland
Ciara McShane	Regional Manager (Disability Services), HIQA
Conor Foy	Administrative Officer, Older Person's Unit, Department of Health
Donal Hurley	Principal Social Worker, Health Service Executive (HSE)
Emma Balmaine	Chief Executive, St John of Gods, Private Hospitals Association
Iris Elliott	Head of Policy and Research, Irish Human Rights and Equality Commission
Ita O'Driscoll	An Garda Síochána National Liaison Officer for Older People, An Garda Síochána
Linda Moore	Standards, Compliance and Quality Officer, Health Quality and Service User Safety (Mental Health), HSE
Mark Felton	Solicitor, The Law Society
Martin Keville	Assistant Principal, Department of Social Protection
Mary Condell	Legal Advisor, SAGE

Noeleen Byrne	Assistant Inspector, Mental Health Commission
Phelim Quinn **	CEO, HIQA
Rachel Flynn	Director of Health Information and Standards, HIQA
Rosemary Smyth	Interim Chief Executive, Mental Health Commission
Ruth O'Reilly	Senior Standards Officer, National Disability Authority
Sarah Lennon	Communications and Information Manager, Inclusion Ireland
Sinead Morrissey	Practice Development Facilitator, Nursing Homes Ireland
Vicky Blomfield	Head of Quality Assurance, HIQA

### **Project team**

Aidan Murray	Subject Matter Expert (Northern Ireland)
Deirdre Connolly	Standards Development Lead, HIQA
Kate Frowein	Quality Improvement and Regulatory Manager, MHC
Linda Weir	Standards Manager, HIQA
Louise Dolphin	Standards Development Officer, HIQA

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\*\* Chairperson

## **Appendix B — Schedule of questions for focus group discussions**

### **Focus groups facilitated by the Project Team to inform the development of the National Standards**

1. What does a service that promotes the rights, health and wellbeing of people look like?
2. Can you think of some examples of good practice in doing this?
3. How do you think National Adult Safeguarding Standards can help to best protect and promote the rights, safety and wellbeing of people using services?
4. What in your view are the key points that should be included the National Standards for Adult Safeguarding?

### **Focus groups facilitated by Inclusion Ireland to inform the development of the National Standards for Adult Safeguarding**

1. What do you understand by this form of abuse (physical, sexual, emotional, neglect, structural – can you think of examples?
2. What are the things that help you feel safe and protected (with respect to this kind of abuse) in the services that you use?
3. Are there things that make you feel unsafe (with respect to this kind of abuse) when you are using services?
4. What should standards do to prevent harm and abuse (with respect to this kind of abuse)?
5. What standards should be in place to promote your:
  - Privacy
  - Dignity
  - Involvement
6. When you are using services, what rules or ways of doing things
  - Help to protect your privacy
  - Help to make you feel respected and valued
  - Help you make your own choices and get involved in plans and decisions

7. Can you think of situations where you feel that:

- Your privacy is not respected
- You are being disrespected
- You are not allowed make choices and get involved in plans and decisions

8. What rules or ways of doing things would help to:

- Protect your privacy in these situations
- Ensure that you are being respected in these situations
- Promote your involvement in making choices and decisions in these situations

## Appendix C — Consultation feedback form



### Draft national standards for adult safeguarding

#### Public consultation feedback form

1 August 2018

The *Draft national standards for adult safeguarding* have been developed by the Health Information and Quality Authority (HIQA) and the Mental Health Commission (MHC) to give a framework for best practice in providing person-centred, safe and effective care and support that reduces the risk of harm and promotes the rights, health and wellbeing of people using health and social care services across Ireland. You can read the draft standards on [www.hiqa.ie](http://www.hiqa.ie) or [www.mhcirl.ie](http://www.mhcirl.ie).

We are holding a public consultation to give people an opportunity to provide their feedback on these draft standards. Your views are very important to us, and we will carefully assess all feedback received and use it to help develop the final National Standards. The final National Standards and a related statement of outcomes document (a summary of the responses) will be published once the standards have been approved by the Minister for Health.

**Please note the focus for this consultation is the content and structure of the draft national standards.**

The draft national standards contain standard statements under eight themes. Each standard statement describes an area of good practice for services. Listed underneath each standard statement are a number of examples of good practice, called features.

We welcome responses to all questions as well as any additional general comments you would like to make.

**The closing date for the public consultation is 5pm on 19 September 2018.**

## Instructions for submitting feedback

(Please note, your feedback will be treated in compliance with the Data Protection Act 2018).

- If you are commenting in a personal capacity, there is no need to provide your name or any other personal information. However, if you would like to be contacted to partake in future focus groups, there is an option to provide your name and contact number. We will retain your contact information for 12 months.
- If you are commenting on behalf of a service or organisation, please combine all feedback from your organisation into one submission form and include the details of the service or organisation. In this case, we will request a name and contact number for a delegated representative from your organisation should we need to verify the authenticity of your contribution. This information will be retained for 12 months.
- When completing this form online, please ensure you scroll down the webpage and complete the form in full.
- Please include the reference number of the standard or feature that you are commenting on (for example, Standard 2.3 or Feature 2.3.1).
- Do not paste other tables into the boxes already provided — type directly into the box as the box expands.
- Please spell out any abbreviations that you use.

**Please complete and submit your feedback on [www.hiqa.ie](http://www.hiqa.ie).**

**You can also email or post your feedback to us.**

### **Data Protection and Freedom of Information**

HIQA and the MHC will only collect personal information during this consultation for the purposes of verifying your feedback, or where you have indicated that you would like to be contacted to partake in future focus groups. All information received will be treated as confidential. If you have any concerns regarding your data, please contact Brian Ahern, HIQA's Data Protection Officer on 021 240 9386 or email [InfoGovernance@hiqa.ie](mailto:InfoGovernance@hiqa.ie). Please note that HIQA and the MHC are subject to the Freedom of Information (FOI) Act and the statutory Code of Practice in relation to FOI. Following the consultation, we will publish a statement of outcomes document summarising the responses received, which will include the names and types of organisations that submitted feedback to us. For that reason, it would be helpful if



you could explain to us if you regard the information you have provided us as being confidential or commercially sensitive.

If we receive a request for disclosure of the information under FOI, we will take full account of your explanation, but we cannot give you an assurance that confidentiality can be maintained in all circumstances.

## 1. About you

Any information you provide and your feedback form will be held securely and will not be published, subject to legal requirements under Freedom of Information (FOI) legislation. The feedback received will only be used to help develop the final National Standards.

### 1.1 Please tick as appropriate — are you providing feedback as:

- an individual — contact information provided**

(If you would like to be contacted to partake in future focus groups with HIQA, please provide your name and contact details. This information will be retained for 12 months.)

- an individual — anonymous**

- on behalf of an organisation:**

(For verification purposes please provide name of the organisation and a name and landline contact number for a contact person in the organisation. This information will be retained for 12 months.)

### 1.2 Please tick as appropriate — are you commenting as:

- a person who has used or is currently using health and social care services**

- a staff member or other person working in a health and social care service (please specify your role)**

(Please specify your role)

**other**

(Please specify)

## 2. Your feedback on the draft standards

In this section, we would like to find out what you think of the content of the *Draft national standards for adult safeguarding*. This section focuses on the eight themes presented in the draft standards. The questions in this section are not intended in any way to limit your feedback, and other comments relating to the draft national standards are welcome.

**Please consider the following questions as part of your review:**

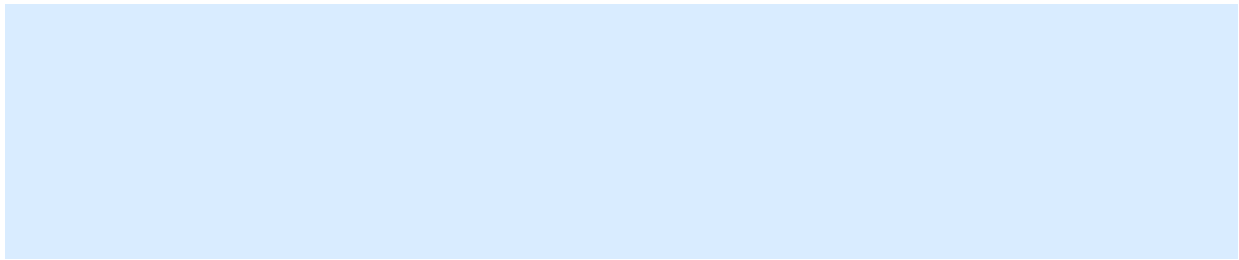
- Do you think all important areas have been covered in each standard or are there any areas that should be included or excluded?
- Are the features listed sufficient to assist staff working in health and social care services to meet the National Standards?

### **Theme 1: Person-centred Care and Support**

*Please include the reference number of the standard and or feature of the standard*

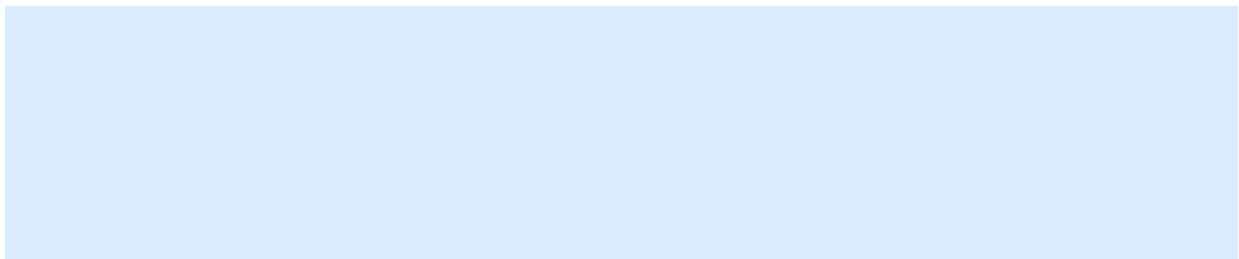
## **Theme 2: Effective Care and Support**

*Please include the reference number of the standard and or feature of the standard*



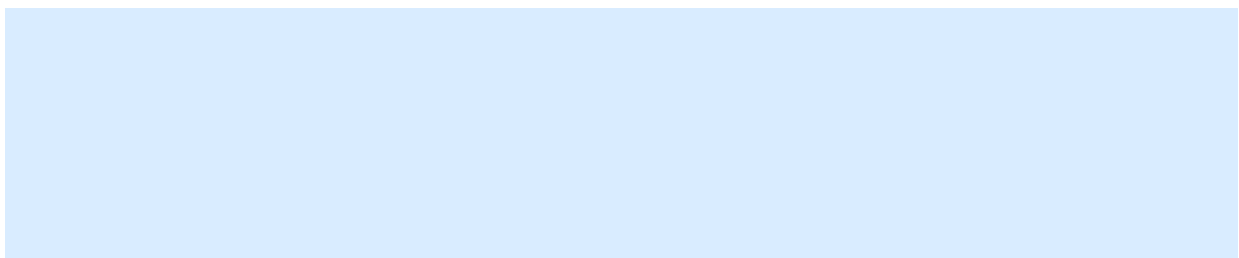
## **Theme 3: Safe Care and Support**

*Please include the reference number of the standard and or feature of the standard*



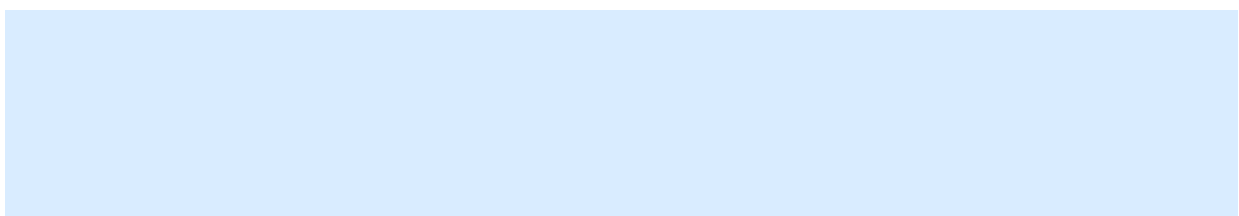
## **Theme 4: Health, Wellbeing and Development**

*Please include the reference number of the standard and or feature of the standard*



## **Theme 5: Leadership, Governance and Management**

*Please include the reference number of the standard and or feature of the standard*



**Theme 6: Responsive Workforce**

*Please include the reference number of the standard and or feature of the standard*

**Theme 7: Use of Resources**

*Please include the reference number of the standard and or feature of the standard*

**Theme 8: Use of Information**

*Please include the reference number of the standard and or feature of the standard*

**Are there any other general comments on the draft standards that you would like to make?**

### 3. General feedback

**Question 1: The draft standards are underpinned by six principles:**

- Accountability
- A rights-based approach
- Empowerment
- Partnership
- Prevention
- Proportionality

For more information on these principles, see Section 4 of the draft standards document. If you have any comments on the six adult safeguarding principles, please comment below.

*Comments on the six adult safeguarding principles, if necessary:*

**Question 2: a)** Is the language used in the draft standards clear, easy to follow and easy to understand?

- Yes**       **No**

**b)** Is the layout of the draft standards clear, easy to follow and easy to understand?

- Yes**       **No**

*Additional comments on language and layout, if necessary:*

**Question 3: What do you think would be the most useful format for the National Standards?**

Please tick all boxes that are applicable.

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Hard copy</b>  | <input type="checkbox"/> <b>Easy-to-read</b> |
| <input type="checkbox"/> <b>Electronic</b> | <input type="checkbox"/> <b>Other</b>        |

*If other, please specify:*

**Question 4: How do you think these standards could be implemented in your setting?**

**Question 5: What other guides or tools would support the implementation of the National Standards?**

**Question 6: When the National Standards are in place, what impact will they have on adult safeguarding in health and social care services?**

**Question 7: Having read these draft standards do you have a better understanding of safeguarding and how it applies in your service?**

- Yes**       **No**

*Additional comments if necessary:*

**Thank you for taking the time to give us your views on the *Draft national standards for adult safeguarding***



You can download a consultation feedback form at [www.hiqa.ie](http://www.hiqa.ie).

You can also email the completed form to [standards@hiqa.ie](mailto:standards@hiqa.ie).



You can print off a consultation feedback form and post the completed form to:

Health Information and Quality Authority  
Draft national standards for adult safeguarding  
Dublin Regional Office  
George's Court  
George's Lane  
Smithfield  
Dublin 7  
D07 E98Y



If you have any questions on this document, you can contact the Standards Team by phoning **(01) 814 7400** and asking to speak to the Team or you can email: **[standards@hiqa.ie](mailto:standards@hiqa.ie)**

**Please ensure that you submit your form online or return it to us either by email or post by 5pm on 19 September 2018.**



## **Appendix D – Organisations that made submissions to the public consultation**

### **Responses from organisations:**

- Ability West
- Anne Sullivan Centre
- Camphill Family and Friends Association
- Cheshire Ireland
- Claremont Services
- Clinical Risk Unit, State Claims Agency
- CoAction West Cork
- Department of Health
- Galway University Hospital
- Head Medical Social Work (HMSW) Forum Special Interest Group of Irish Association of Social Workers
- HSE Social Work Primary Care, Palliative Care, Children's Disabilities Midlands Area
- Social Work. Primary Care. HSE, Midlands
- Regional safeguarding Committee CHO area 1 and Safeguarding and protection team CHO Area 1
- HSE National Safeguarding Office and Community Operations Division
- HIQA – Disability Team
- Inclusion Ireland
- Irish Advocacy Network
- Irish Hospice Foundation
- Irish Wheelchair Association
- KARE intellectual disability service
- Lourdesville Nursing Home

- Mental Health Reform
- National Advocacy Service for People with Disabilities (NAS)
- National Disability Authority (NDA)
- National Rehabilitation Hospital Dun Laoghaire
- Nua Healthcare Services
- Nursing and Midwifery Board of Ireland (NMBI)
- Orwell Healthcare
- Psychiatric Nurses' Association
- RehabCare
- Sage Advocacy
- South Infirmery – Victoria University Hospital
- St Gobnait's Nursing Home
- St Patrick's Mental Health Services
- The Alzheimer Society of Ireland
- The Irish Association of Social Workers
- The Irish Association of Social Workers (IASW) Special Interest Group on Ageing (SIGA)
- The National Federation of Voluntary Bodies Providing Services to People with Intellectual Disability
- Waterford Cheshire

A number of individuals responded to the public consultation. These included people using health and social care services, advocates, social care staff, social workers, mental health staff, health and social care professionals and policy-makers.



Published by the Health Information and Quality Authority and Mental Health Commission.

**For further information please contact:**

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