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1. INTRODUCTION

- 1.1.1. Everyone has a fundamental right to be safe. Whatever the cause, and wherever it occurs, harm caused to adults by abuse, exploitation or neglect is not acceptable. This policy emphasises that safeguarding is everyone's business and that as good citizens we should all strive to prevent harm to adults from abuse, exploitation or neglect.
- 1.1.2. The aim of this policy is to improve safeguarding arrangements for adults who are at risk of harm from abuse, exploitation or neglect. It has been jointly developed and published by the Department of Health Social Services and Public Safety and the Department of Justice on behalf of the Northern Ireland Executive. It sets out how the NI Executive intends adult safeguarding to be taken forward across all Government Departments, their agencies and in partnership with independent, community, voluntary and faith organisations. A key objective is to reduce the prevalence of harm from abuse, exploitation or neglect of adults who are at risk in Northern Ireland; to provide them with effective support and, where necessary, protective responses and access to justice for victims and their families. The policy contributes to fulfilment of a Northern Ireland Executive Programme for Government commitment to deliver a package of measures to safeguard children and adults who are at risk of harm and to promote a culture where safeguarding is everyone's business.
- 1.1.3. The policy requires a cross-departmental approach within government because the delivery of improved safeguarding outcomes is the business of us all, as individuals, living in communities, as providers of services, and as Government Departments responsible for the delivery of strategies and policies which directly or indirectly impact on the lives of all adults including those at risk. The policy requires us to put all individuals who may be at risk at the centre of what we do, to listen to them and to work in partnership with them and on an inter-agency basis to create a society which has a zero-tolerance of harm to the most vulnerable adults living in Northern Ireland. Within this policy the term 'safeguarding' is used in its widest sense, that is, to encompass both activity which **prevents** harm from occurring in the first place and activity which **protects** adults at risk where harm has occurred or is likely to occur without intervention.
- 1.1.4. By introducing this policy we aim to raise awareness of harm to adults at risk, what harm is, how it manifests itself and importantly how we respond to it. The act of protecting against harm is principally the responsibility of HSC Trusts, and the PSNI where a crime is alleged or suspected. However the responsibility of preventing harm is shared more widely. It extends beyond statutory providers of services to the voluntary and community sector, financial institutions, the legal profession, churches, independent health and social care providers, carers and all citizens.

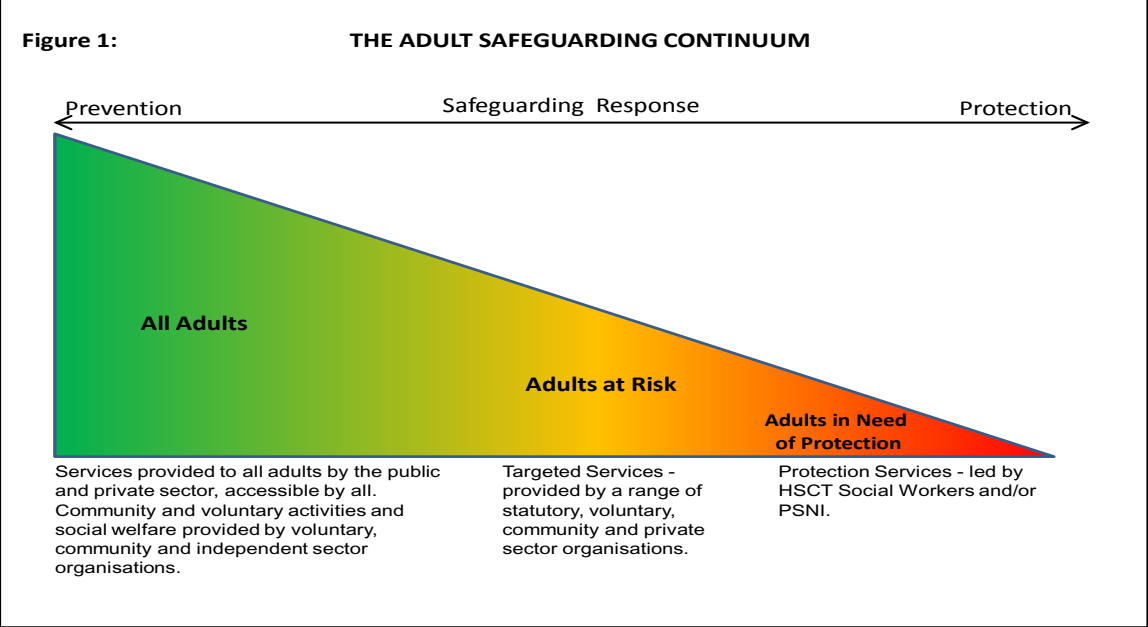
2. WHAT DO WE MEAN BY SAFEGUARDING

- 2.1.1. The majority of adults live full, independent lives free from harm caused by abuse, exploitation or neglect. However, there is a growing recognition that some adults, for a wide variety of reasons, may have been harmed or may be at risk of harm. The full extent of the incidents of harm caused to adults in Northern Ireland is not known but it is suspected to be significantly under-reported.
- 2.1.2. The language of adult safeguarding previously focused on protection and used the term 'vulnerable adult.' This was widely misinterpreted, often used out of context and, for some, the term implied weakness on the part of the adult, which many found unacceptable. This policy moves away from the concept of 'vulnerability' and towards establishing the concept of 'risk of harm' in adulthood. It places the responsibility for harm caused with those who perpetrate it. Harm resulting from abuse, exploitation or neglect violates the basic human rights of a person to be treated with respect and dignity, to have control over their life and property, and to live a life free from fear. Harm can have a devastating and long lasting impact on victims, their families and carers. It is the impact of an act, or omission of actions, on the individual that determines whether harm has occurred. Any action which causes harm may constitute a criminal offence and/or professional misconduct on the part of an employee.
- 2.1.3. Adult safeguarding is based on fundamental human rights and on respecting the rights of adults as individuals, treating all adults with dignity, respecting their right to choose. It involves empowering and enabling all adults, including those at risk of harm, to manage their own health and wellbeing and to keep themselves safe. It extends to intervening to protect, where harm has occurred or is likely to occur, and promoting access to justice. All adults at risk should be central to any actions and decisions affecting their lives.
- 2.1.4. Safeguarding adults is complex and challenging. The focus of any intervention must be on promoting a proportionate, measured approach to balancing the risk of harm with respecting the adult's choices and preferred outcome for their own life circumstances. The right of a person with capacity to make decisions and remain in control of their life must be respected. Consideration of 'capacity' and 'consent' are central to adult safeguarding, for example, in determining the ability of an adult to make lifestyle choices, such as choosing to remain in a situation where they risk being harmed or where they choose to take risks. There should always be a presumption of capacity unless there is evidence to suggest otherwise and current guidance for professionals in respect of determining capacity should be followed (see section 15). However, there are also some circumstances when it may be necessary to consider the protection and rights of others, and overriding lack of consent may be necessary to ensure the protection of others.
- 2.1.5. **Preventative Safeguarding** includes a range of actions and measures including practical help, care, support and interventions designed to promote the safety, wellbeing and rights of adults which reduce the likelihood of, or opportunities for, harm to occur. Effective preventative safeguarding requires partnership working, that is, individuals, professionals and agencies working together to recognise the potential for and to prevent harm. Prevention is therefore the responsibility of a wide range of agencies, organisations and groups; indeed it is the responsibility and concern of us

all as good citizens and neighbours. All professionals and service providers across the public, statutory, independent, voluntary, community and faith sectors, who come into contact with adults, including those who may be at risk of harm, must be alert to the individual's needs and any risks of harm to which they may be exposed. Prevention will strive towards early intervention to provide additional supports at all levels for adults whose personal characteristics or life circumstances may potentially increase their exposure to harm.

2.1.6. **Protective Safeguarding** will be targeted at adults who are in need of protection, that is, when harm from abuse, exploitation or neglect is suspected, has occurred, or is likely to occur. The protection service is led by Health and Social Care Trusts and the PSNI. The input of other individuals, disciplines or agencies may be required, either in the course of an investigation of an allegation of harm or in the formulation and delivery of a care and protection plan.

2.1.7. Figure 1 shows the continuum of adult safeguarding from prevention to protection.



3. THE AIMS OF THIS POLICY

3.1.1. This policy aims to:

- promote zero-tolerance of harm to all adults from abuse, exploitation or neglect;
- influence the way society thinks about harm to adults resulting from abuse, exploitation or neglect by embedding a culture which recognises every adult's right to respect and dignity, honesty, humanity and compassion in every aspect of their life;
- prevent and reduce the risk of harm to adults, while supporting people's right to maintain control over their lives and make informed choices free from coercion;
- seek organisations to work collaboratively across sectors and on an inter-agency and multi-disciplinary basis, to introduce a range of preventative measures to promote individual's capacity to keep themselves safe and to prevent harm occurring;
- establish clear procedures for **reporting** and **responding** to concerns that an adult is, or may be, at risk of being harmed or in need of protection;
- promote access to justice for adults at risk who have been harmed as a result of abuse, exploitation or neglect;
- promote a continuous learning approach to adult safeguarding.

3.2. WHO IS THIS POLICY FOR?

3.2.1. The policy is intended to assist organisations, their staff and volunteers who are in contact with or providing services to adults across the statutory, voluntary, community and independent sectors. While it is intended to be applied by managers, employees and volunteers in the course of the delivery of services and organisational activity, it can also be applied by individuals acting as responsible citizens at home and in local communities.

3.2.2. This policy is of specific relevance to:

- All NI Government Departments, their agencies and Arm's Length Bodies;
- Local councils;
- The Health and Social Care Board (HSCB) and Health and Social Care Trusts (HSCTs);
- The Public Health Agency (PHA)
- The Northern Ireland Adult Safeguarding Partnership (NIASP) and the five Local Adult Safeguarding Partnerships (LASPs);
- The Police Service of Northern Ireland (PSNI);
- The Public Prosecution Service (PPS);
- The Probation Board for Northern Ireland (PBNI);
- Policing and Community Safety Partnerships;
- The Northern Ireland Prison Service (NIPS);

- The Northern Ireland Housing Executive (NIHE);
- Department for Social Development (DSD)
- The Social Security Agency (SSA);
- Regulatory and Inspection bodies across all sectors, including: Criminal Justice Inspection Northern Ireland (CJI), the Regulation and Quality Improvement Authority (RQIA), The Education and Training Inspectorate (ETI), the Northern Ireland Social Care Council (NISCC), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC) and the Charities Commission;
- Domestic and Sexual Violence Partnerships;
- Voluntary and community organisations (VCOs) who work with, provide services to, or engage in activities with adults;
- Carers;
- Financial institutions, including: Banks, Post Offices and Building Societies;
- Professions, including solicitors and barristers;
- The Office of Care and Protection;
- Northern Ireland Courts and Tribunal Service;
- Independent Providers of health and social care service, including: General Medical Practitioners, Pharmacists, Dentists, Private Hospitals, Private Sector providers of domiciliary care, residential and nursing care homes, Independent Counsellors and Independent Therapist Services;
- Faith organisations and communities;
- Further and higher education institutions;
- Advice groups and helplines;
- Self help, user and advocacy groups;
- Leisure facilities; and
- Members of the public.

3.2.3. There is an expectation that all of these organizations and their staff will work in partnership as they apply this policy to their work with adults which may be at risk of harm or in need of protection.

4. UNDERPINNING PRINCIPLES

- 4.1.1. All Adult Safeguarding activity must be guided by five underpinning principles:

A Rights-Based Approach: To promote and respect an adult's right to be safe and secure; to freedom from harm and coercion; to equality of treatment; to the protection of the law; to privacy; to confidentiality; and freedom from discrimination.

- 4.1.2. Agencies and professionals who intervene in the lives of adults at risk should be guided by current best practice, the law and respect for rights set out in the European Convention on Human Rights (the 'Convention')¹ and enshrined in domestic law by the Human Rights Act 1998², acting in accordance with relevant UN and EU Conventions³ on the Rights of Persons with Disabilities. Any intervention to safeguard an adult at risk should be human rights compliant. It should be reasonable, justified, proportionate to the perceived level of risk and perceived impact of harm, carried out appropriately, and be the least restrictive of the individual's rights and freedoms. It cannot be arbitrary or unfair, and all adults should be offered the same services on an equal basis.

An Empowering Approach: To empower adults to make informed choices about their lives, to maximise their opportunities to participate in wider society, to keep themselves safe and free from harm in ways that manage their own decisions in respect of exposure to risk.

- 4.1.3. For adults at risk of harm, empowerment is a process through which individuals are: enabled to recognise, avoid and stop harm; facilitated to make decisions based on informed choices; assisted to balance taking risks with quality of life decisions; supported and enabled to seek redress; and for adults who have been harmed, a process whereby they are enabled to recover their self-confidence and self-determination and make informed choices about how to live their lives.

A Person-Centred Approach: To promote and facilitate full participation of adults in all decisions affecting their lives taking full cognisance of their views, wishes and feelings and, where appropriate, the views of others who have an interest in his or her safety and well-being.

- 4.1.4. A person-centred approach should be at the heart of safeguarding activity. It is a way of working with an individual to identify how he or she wishes to live their life and what support they require. A person-centred approach to adult safeguarding demonstrates respect for the rights of the individual at its core, in particular, respect for the right of the individual to make choices and the right to self-determination. A person-centred approach should result in the individual making informed choices

¹ *The European Convention on Human Rights* can be accessed at:
http://www.echr.coe.int/Documents/Convention_ENG.pdf

² *The Human Rights Act 1998* can be accessed at:
<http://www.legislation.gov.uk/ukpga/1998/42/contents>

³ Relevant Conventions include *The UN Convention on the Rights of Persons with Disabilities*, the *UN Convention on the Elimination of Discrimination Against Women (CEDAW)*, and the *EU Istanbul Convention* on domestic and sexual violence against women

about how he or she wants to live and about what services and supports will best assist them; or, where the person lacks capacity, best interest decisions being made by practitioners which take all available information into account, including information about previously expressed preferences or choices made by the person being safeguarded.

A Consent-Driven Approach: To make a presumption that the adult has the ability to give or withhold consent; to make informed choices; to help inform choice through the provision of information, and advocacy where needed, and the identification of options and alternatives; to have particular regard to the needs of individuals who lack the capacity to consent; and intervening in the life of an adult against his or her wishes only in particular circumstances, for very specific purposes and always in accordance with the law.

- 4.1.5. Consideration of consent is central to adult safeguarding in determining the ability of an adult at risk to make lifestyle choices, including choosing to remain in a situation where they risk being harmed; determining whether a particular act or transaction is harmful or consensual; and determining to what extent the adult can and should be asked to take decisions about how best to deal with a given safeguarding situation. For consent to be valid, the decision needs to be informed, made by an individual with capacity and made free from coercion or undue influence. Each decision must be considered on its own merits as an adult may possess capacity to make some decisions but not others and/or the adult's lack of capacity may be temporary rather than permanent. A consent-driven approach to adult safeguarding will always involve making a presumption that the adult at the centre of a safeguarding decision or action has the capacity to give or withhold consent unless it is established otherwise (see section 12).

A Collaborative Approach: To acknowledge that safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community and independent sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood. Partnership and person-centredness will work hand-in-hand.

- 4.1.6. Harm resulting from abuse, exploitation or neglect can happen to adults in a range of circumstances, regardless of gender, age, class or ethnicity. Adults who are at risk, suitably supported, must be central to the partnership, either as participants in preventative activities or protection intervention, or as contributors to decision-making in connection with the development of safeguarding policy, strategy and procedures. Successful adult safeguarding requires effective arrangements for all involved to work together. The strength of a collaborative approach will, within and across organisations, depend on the commitment and support from the highest level to safeguarding adults.

5. KEY DEFINITIONS

- 5.1.1. The risk of harm occurs in all socio-economic, racial and ethnic groups, regardless of gender, age or sexual orientation. All adults at risk should be supported and empowered to minimise their own exposure to risk and to find their own balance between taking risks and making the most of the strengths in their own life circumstances.
- 5.1.2. The basis for the definition of 'Adult at risk of harm' is the identification of a complex range of interconnected personal characteristics and/or life circumstances, which may increase exposure to harm either because a person may be unable to protect him/herself **or** their situation may provide opportunities for others to neglect, exploit or abuse them. It is not possible to definitively state when an adult is at risk of harm, as this will vary on a case by case basis. The following definition is intended to provide guidance as to when an adult may be at risk of harm, in order that further professional assessment can be sought.
- 5.1.3. An '**Adult at risk of harm**' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:
- i) **personal characteristics** (*may include, but are not limited to age, disability, illness, physical or mental infirmity and impairment of, or disturbance in, the functioning of the mind or brain*); **and/or**
 - ii) **life circumstances** (*may include, but are not limited to, isolation, socio-economic factors and environmental living conditions*);
- 5.1.4. An '**Adult in need of protection**' is an **adult at risk of harm** (above)
- i) who is **unable to protect** their own well-being, property, assets, rights or other interests; **and**
 - ii) where the **action or inaction of another person or persons** is causing, or is likely to cause, him/her to be harmed.
- 5.1.5. The decision as to whether the definition of an 'Adult in Need of Protection' is met will demand the careful exercise of professional judgement. This should take into account all the available evidence, concerns, degree of risk and other matters relating to the individual and his or her circumstances. The seriousness of harm and the degree of risk of harm are key to determining the most appropriate response and establishing whether the threshold for protective intervention has been met.
- 5.1.6. **Harm** is the impact on the victim of abuse, exploitation or neglect. It is the result of any action whether by commission or omission, deliberate or as the result of a lack of knowledge or awareness which may result in the impairment of physical, intellectual, emotional, or mental health or well-being. Some harmful conduct may constitute a criminal offence or professional misconduct.
- 5.1.7. The full impact of harm is not always clear from the outset, for example at the time it is first reported. Consideration must be given not only to the immediate impact and the immediate risk to the victim, but also the potential longer term impact and the risk

of future harm.

- 5.1.8. A single traumatic incident may cause harm or it may be a series of incidents over time which has the impact of causing harm against an individual, or result in persistent harm perpetrated against many individuals.
- 5.1.9. There are no absolute criteria for judging what constitutes serious harm (see section 10.3); however consideration should be given to the degree, severity, duration and frequency of harm. The seriousness of harm depends on the impact experienced by the individual. This demands the application of professional judgement to determine the seriousness of harm. It also requires consideration of the available evidence, concerns and of the wishes of the individual.
- 5.1.10. **Abuse** is 'a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights'⁴.
- 5.1.11. Abuse is the misuse of power and control that one person has over another. Abuse may be perpetrated by a wide range of people who are usually physically and/ or emotionally close to the individual and on whom the individual may depend and trust. This may include, but is not limited to, a partner, relative or other family member, a person entrusted to act on behalf of the adult in some aspect of their affairs, a service or care provider, a neighbour, a health or social care worker or professional, an employer, a volunteer, another service user.
- 5.1.12. All forms of abuse may constitute a crime.
- 5.1.13. The main forms of abuse are:

Physical abuse

Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty.

Sexual violence and abuse

Sexual abuse is any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding⁵. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (also known as groping). Sexual

⁴ Adapted from the World Health Organisation definition of Elder Abuse which can be accessed at: http://www.who.int/ageing/projects/elder_abuse/en/

⁵ Definition within 'Tackling Sexual Violence and Abuse: A Regional Strategy 2008 – 2013', June 2008 and can be accessed at: http://www.dhsspsni.gov.uk/tackling_sexual_violence_and_abuse_strategy_.pdf

violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

Psychological / emotional abuse

Psychological / emotional abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, withholding security, love or support, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

Financial abuse

Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

Institutional abuse

Institutional abuse is the mistreatment or neglect of an adult, by a regime or individuals, in settings within which adults who may be at risk reside or use. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate their dignity and human rights and place adults at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails the privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

- 5.1.14. **Neglect** is the deliberate withholding, or failure through a lack of knowledge, understanding or awareness, to provide appropriate and adequate care and support which is necessary for the adult to carry out daily living activities. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk. Note that self-neglect and self-harm do not fall within the scope of this definition.
- 5.1.15. **Exploitation** is the intentional maltreatment, manipulation or abuse of power and control over another person; to take selfish or unfair advantage of another person or situation usually but not always for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.
- 5.1.16. The types of abuse are not exhaustive, nor listed in any order of priority. There are other indicators which should not be ignored. It is also possible that if a person is being harmed in one way, he/ she may very well be experiencing harm in other ways.

5.2. Mechanisms that interface with Adult Protection arrangements

- 5.2.1. Victims of domestic violence and abuse, sexual violence and abuse, human trafficking and hate crime are regarded as adults in need of protection. There are specific strategies and mechanisms in place designed to meet the particular care and protection needs of these adults and to promote access to justice through the criminal justice system. It is essential that there is an interface between these existing justice led mechanisms and the Health and Social Care (HSC) Trust adult protection arrangements described in this policy.

Domestic violence and abuse

- 5.2.2. Domestic violence and abuse is “threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation.”⁶ Domestic violence and abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography.

Human trafficking

- 5.2.3. Human trafficking involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking can come from all walks of life; they can be male or female; children or adults; and they may come from migrant or indigenous communities.

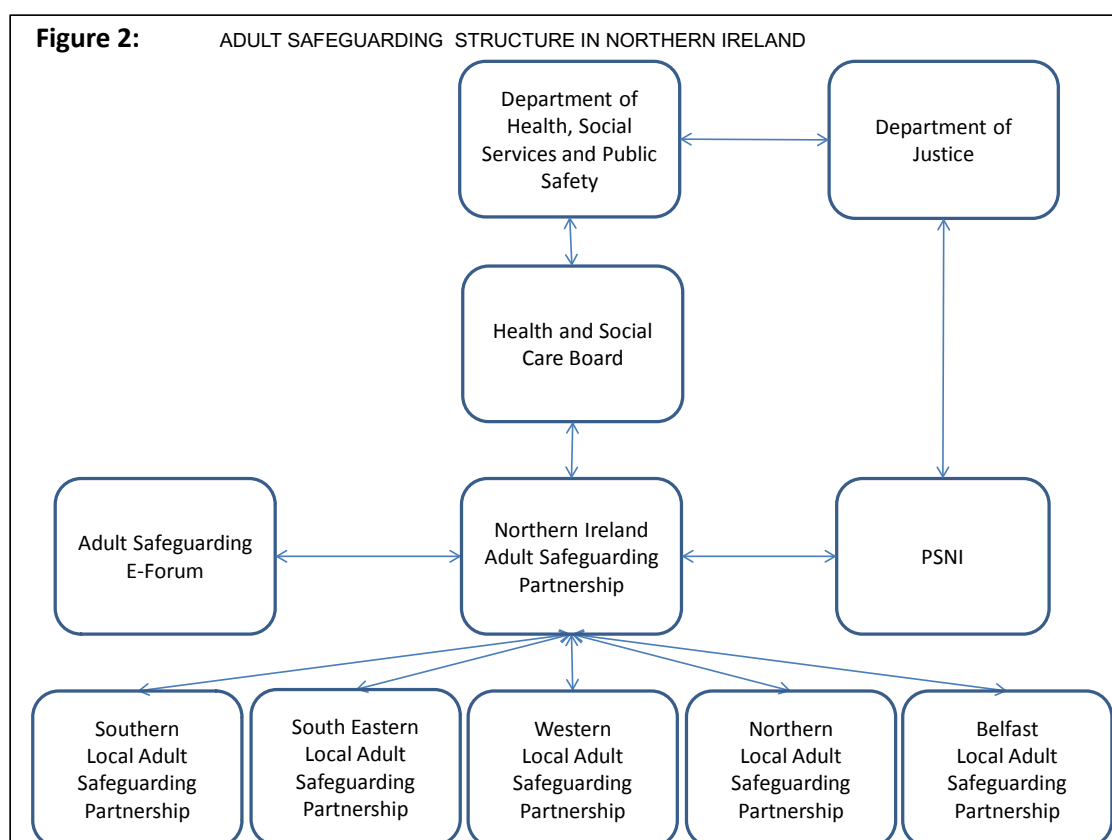
Hate crime

- 5.2.4. Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person’s actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

⁶ Definition taken from *Tackling Violence at Home; a strategy for addressing domestic violence and abuse in Northern Ireland*, October 2005 and can be accessed at:
http://www.dhsspsni.gov.uk/tackling_violence_strategy.pdf

6. THE ADULT SAFEGUARDING INFRASTRUCTURE

- 6.1.1. The **Northern Ireland Adult Safeguarding Partnership (NIASP)** and five **Local Adult Safeguarding Partnerships (LASPs)** were established under the Adult Safeguarding in Northern Ireland, Regional and Local Partnership Arrangements (2010)⁷. They are collaborative partnerships with a responsibility for, adult safeguarding in Northern Ireland. The partnerships have been tasked by the Department of Health, Social Services and Public Safety, with the support of the Department of Justice, with the delivery of improved adult safeguarding outcomes by way of a strategic plan⁸, operational policies and procedures and effective practice, which will be developed and implemented in accordance with this policy. An outline of the structure is provided in Figure 2 below.



6.2. The Northern Ireland Adult Safeguarding Partnership (NIASP)

- 6.2.1. The NIASP is a regional collaborative body led by the HSCB. It is supported in its work by all its constituent members, who have made a commitment to adult safeguarding. The membership is drawn from the main statutory, voluntary, independent and community organisations involved in adult safeguarding across the region and includes representation from service providers and users. The NIASP is

⁷ *Adult Safeguarding in Northern Ireland – New Regional and Local Partnership Arrangements – March 2010* can be accessed at: http://www.dhsspsni.gov.uk/asva-march_2010.pdf

⁸ The *NIASP Strategic Plan* can be accessed at: <http://www.hscboard.hscni.net/NIASP/Publications/NIASP%20-%20Strategic%20Plan%202013-2018.pdf>

responsible for promoting and supporting a co-ordinated and multi agency approach and for creating a culture of continuous improvement in adult safeguarding practice and service responses. The NIASP strategy will promote ownership of adult safeguarding issues within all partner organisations and across all professional groups and service areas.

- 6.2.2. The HSCB has lead responsibility for the effective working of the NIASP, which is chaired by the Director of Social Care and Children's Services, or a nominated deputy. The Chair will ensure that safeguarding matters are brought to the attention of the appropriate Directors in the HSCB and the Public Health Agency (PHA). The Chair is accountable to the HSCB and is responsible for ensuring that there are robust governance arrangements in place and compliance with the HSCB's responsibility for Delegated Statutory Functions.
- 6.2.3. Each member representative is accountable to their employing organisation and should be of sufficient seniority to bring adult safeguarding issues to the attention of NIASP and to make decisions on behalf of their organisation. Each representative should ensure that any actions and decisions taken by NIASP are shared and implemented as appropriate within their organisation.

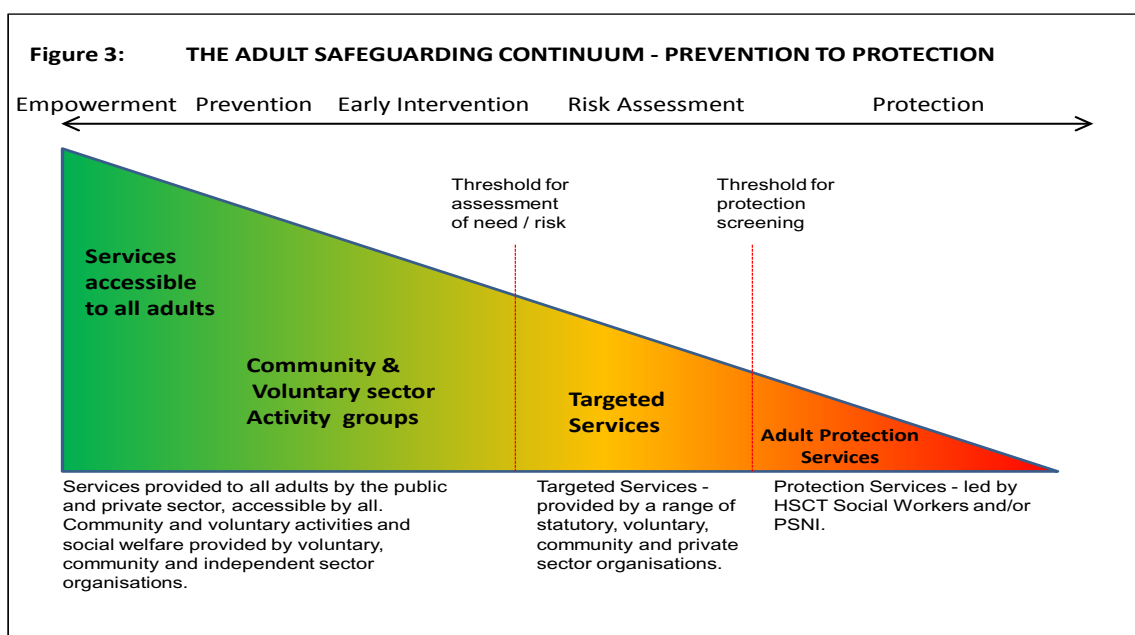
6.3. Local Adult Safeguarding Partnerships (LASPs)

- 6.3.1. The five LASPs are located within and accountable to their respective HSC Trusts. Their role is to implement locally the NIASP Strategic Plan, policy and operational procedures. Each LASP has responsibility to promote all aspects of safeguarding activity in its area and to promote multi-disciplinary, multi-agency and interagency cooperation, including the sharing of learning and best practice. They will be visible within, and engage locally with, communities to raise the profile of adult safeguarding.
- 6.3.2. The LASP is chaired by the HSC Trust's Executive Director of Social Work or a senior designated nominee and is responsible for ensuring that there are robust governance arrangements in place and ensuring compliance with the agreed Statutory functions delegated by the HSCB.
- 6.3.3. Each partner organisation should be represented at a sufficiently senior level so that the LASP is effective in the implementation of guidance, policy and procedures at a local level, including engagement with service users, families, carers and the wider public. Each representative should be sufficiently senior to represent his/her organisation's views, to make decisions on its behalf and to ensure that safeguarding issues are dealt with in line with the organisation's established governance arrangements. Each representative should ensure that any actions and decisions taken by the LASP are shared and implemented as appropriate within their organisation.

7. THE CONTINUUM OF SAFEGUARDING – PREVENTION TO PROTECTION

7.1.1. Safeguarding is a broad continuum of activity. It ranges from the empowerment and strengthening of communities, through prevention and early intervention, to risk assessment and management to protection, including investigation and care and protection planning. At all stages along this continuum, safeguarding interventions will aim to provide appropriate information, supportive responses and services which become increasingly more targeted and specialist as the risk of harm increases. Presenting safeguarding activity in this way is intended to reflect the importance of prevention and early intervention, both as a means of improving the safety and quality of life and outcomes for all adults and reducing the risks of incidents of harm and need for more intrusive protection interventions. This is not intended to suggest that any stage or intervention along the continuum is mutually exclusive of the others. Throughout the continuum it is essential to recognise the importance of promoting empowerment and self-determination and the rights of all adults to make informed lifestyle choices.

7.1.2. Figure 3 below shows adult safeguarding interventions as a continuum of activity.



7.1.3. **Local communities and services provided to the adult population** are the starting point of the adult safeguarding continuum. Individuals will in the first instance be supported by their families and friends and by local community involvement and support. Using community development approaches, and working in partnership with local communities and organisations, we must build stronger, self-reliant communities and effective working relationships that promote people's rights, challenge inequalities and improve local support. Building safer communities involves helping adults to minimise their own exposure to the risk of harm from abuse, exploitation or neglect by empowering, equipping and enabling them to keep themselves safe, while at the same time enabling them to live their lives and pursue their interests to the fullest extent possible. Within communities there are a range of public and private services which will be available to and accessed by all adults.

- 7.1.4. This policy advocates that where there are potential interfaces with adults who may be at risk of harm, the organisations delivering such services should consider how adult safeguarding may be relevant to them and the actions they can take to prevent harm arising from abuse, exploitation or neglect to those using their services.
- 7.1.5. Within communities there are **recreational social, sporting or educational activities** available to all adults provided by a range of organisations across the community, voluntary, faith and independent sectors. Organisations providing these activities contribute to safeguarding adults by ensuring that these activities are delivered in a way which keeps adults safe. These organisations will need to assure themselves and everyone who comes in contact with them, that the organisation is committed to best safeguarding practice and to uphold the rights of all adults to live a life free from harm from abuse, exploitation and neglect. These organisations should have in place a culture of zero-tolerance of harm to adults which necessitates: the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation or neglect manifests itself; and being willing to report safeguarding concerns. This extends to recognising and reporting harm experienced anywhere, including in the person's own home, in any care setting, in the community, and within the context of the community or voluntary activity (see section 8.4).
- 7.1.6. Community, voluntary and independent service and/or activity providers are at the forefront of **preventative** safeguarding responses within the community. To be effective, preventative safeguarding requires everyone in society to work as partners, that is, individuals, families, carers, professionals and agencies working together to keep individuals safe and to prevent harm from abuse, exploitation or neglect.
- 7.1.7. One of the key ways of preventing escalation of the risk of harm is to intervene early. **Early intervention** is part of the safeguarding continuum and provides help and support to prevent problems reaching a point where a protection response becomes necessary.
- 7.1.8. In circumstances where community and voluntary activities can no longer meet the needs of an adult, or where there are emerging safeguarding concerns, contact should be made with the local HSC Trust for a professional **assessment of needs and/or risks**. All actions or interventions must be person centred and put the adult in need or at risk at the centre of decision making.
- 7.1.9. If however the concern is of a more serious nature a referral may be made directly to the Adult Protection Gateway service.
- 7.1.10. Very often it is the General Practitioner (GP) who will be the first point of contact for adults and their families. Where an individual's needs are changing and they require further support. GPs and other allied health professionals, such as opticians, pharmacists, dentists or therapists, have a key role in the identification of risks of harm and ensuring appropriate referral to the HSC Trust for a further assessment of needs and/or risks.
- 7.1.11. **Targeted services** are services delivered specifically to 'adults who may be at risk' in order to meet assessed needs and/or risks. The scale and intensity of service provision and intervention is likely to increase commensurate with the level of

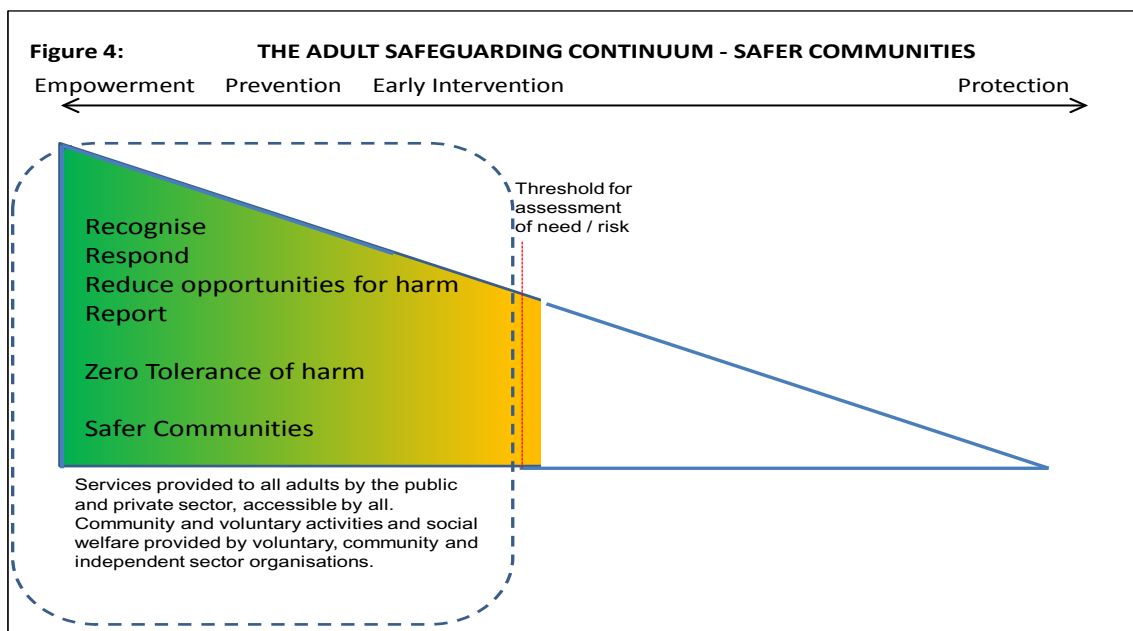
assessed need or risk. As the level of need or risk increases HSC Trusts may need to take action to prevent or manage any identified need or risk of harm, through provision of a service such as domiciliary community based care, supporting living, residential or nursing care. Targeted services will normally be delivered by, or commissioned by, HSC Trusts. However voluntary, community and independent sector organisations may provide services targeted specifically at groups for recreational, social, sporting or educational activities.

- 7.1.12. Targeted services include all services which fall under the definition of Regulated Activity contained within Schedule 2 of the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007⁹. This includes all health and social care services, whether delivered by statutory or independent providers, such as hospitals and GPs.
- 7.1.13. Many adults at risk will spend most of their time where they live, particularly those adults with restricted mobility and/or limited capacity. These adults at risk are more heavily dependent upon targeted services and the support of others, and their level of risk may increase as they spend much of their time indoors, often alone, usually with the same people surrounding them, and with greater dependency on individuals or carers.
- 7.1.14. All targeted service providers, must be zero-tolerant of harm. There is an expectation that providers of targeted services will have robust governance and safeguarding regimes in place within their organisations to ensure that care is delivered in a way which instils confidence amongst those who use the service, staff, management, regulators and the public.
- 7.1.15. There is an expectation that commissioners of services will require, by way of service level agreements or contracts, the providers of targeted services to have robust governance and safeguarding regimes in place. There is an expectation that as employers, both service providers and commissioners must also ensure their organisations promote zero-tolerance of harm to adults within the workplace.
- 7.1.16. As the risk of harm increases, the safeguarding response required to mitigate it also increases. At the higher end of the safeguarding continuum is the **Protection Service**. This service is provided for 'adults in need of protection', that is, those adults for who harm from abuse, exploitation or neglect, is a reality either because it has already occurred or, without intervention, is at serious risk of occurring. Protection interventions are led by social workers within the HSC Trusts and/or PSNI officers; the latter primarily where a crime or criminal act is alleged or suspected. These lead agencies will engage with the adult in need of protection in the first instance. They will also require information, action and support from other disciplines, agencies and organisations to assist with an adult protection or criminal investigation, or to contribute to the development and delivery of a care and protection plan for an adult in need of protection.

⁹ The SVG Order can be accessed at: <http://www.legislation.gov.uk/nisi/2007/1351/contents>

8. PREVENTION – PROMOTING SAFER COMMUNITIES AND SAFER ORGANISATIONS

- 8.1.1. The prevention of harm requires the promotion and creation of:
- **safer communities**, that is, safe places for all adults, including those who may be at risk to live; and
 - **safer organisations**, that is, safe places where all adults, including those who may be at risk access and receive services or participate in organised activities.
- 8.1.2. Whether living in communities or working or volunteering in organisations, each of us needs to be zero-tolerant of potentially harmful behaviours, against others and when we suspect something is wrong, report it (see section 10).
- 8.1.3. Figure 4 shows where safer communities sit on the Adult Safeguarding continuum.



8.2. Safer Communities

- 8.2.1. A key objective of this policy is to promote safer communities for adults to live in and safer organisations for them to be actively part of. The more socially isolated people are the greater the risk of harm arising from abuse, exploitation or neglect. The creation of safer communities for all adults is the responsibility of central and local government; of statutory sector service providers; and of voluntary, community and faith sector providers. Critically, it is also the responsibility of local communities, neighbours and citizens.
- 8.2.2. Empowerment is key to the promotion of safer communities and the prevention of harm. We should seek to connect people with the resources, activities and services that promote involvement and minimise opportunities for people to cause harm to others. Communities should aim to create opportunities to encourage and empower people to participate as fully as possible in their communities and broader society. Safer communities can play a vital signposting role in connecting people with local

resources and supports that enable them to resolve their own problems and challenges.

- 8.2.3. There are a number of strands to the creation of safer communities that will greatly contribute to the prevention of harm.

Effective Health and Social Care Policies and Strategies

Being fit and well means people are better placed to ensure their personal safety.

Initiatives which:

- aim to prevent slips, trips and falls;
- promote healthy eating, exercise and the sensible use of alcohol;
- ensure good dental and eye care;
- promote personal resilience, self awareness and independence;
- encourages and assists people where necessary to feel safe in their own home

all contribute to assisting people to be better able to address their personal wellbeing and safety. This requires effective health and social care planning, robust public health strategies and responses, commissioning and delivery underpinned by standards frameworks¹⁰ which set out the care that patients, clients, their carers and wider family can expect to receive.

Effective Community Safety Policies and Strategies

People who feel safe in their homes and community are more likely to feel in control of their lives and to take positive steps to ensure their personal safety. A number of crime types – such as doorstep crime; distraction burglaries; bogus callers; rogue traders; cold callers and cyber crime – are of particular concern with regard to adults at risk in our communities. The work of voluntary and community groups is critical to help adults who may be at risk live safer lives and minimise their exposure to risk of harm through the promotion of local initiatives to provide information and support.

The 'Building Safer, Shared and Confident Communities – A Community Safety Strategy for Northern Ireland 2012-2017'¹¹ contains commitments to reduce fear of crime and help people to feel safer through regional and local programmes to increase trust and confidence. Through engagement with the voluntary and community sector, the strategy aims to:

- improve understanding of fear of crime and deliver tailored projects to reduce fear;
- promote intergenerational projects to bring old and young together to increase confidence;
- promote positive perceptions of young people; and
- engage with the media on reporting of crime and anti-social behaviour and its impact on fear and confidence.

¹⁰ Frameworks for Mental Health and Wellbeing, Learning Disability and Older People's Health and Wellbeing can be accessed at: http://www.dhsspsni.gov.uk/mhsf_final_pdf.pdf
http://www.dhsspsni.gov.uk/learning_disability_service_framework_june_2013.pdf
http://www.dhsspsni.gov.uk/service_framework_for_older_people-2.pdf

¹¹ <http://www.dojni.gov.uk/community-safety-strategy-2012-2017.htm>

The Policing and Community Safety Partnerships (PCSPs)¹² which operate in each council area are central to the delivery of safer communities. Each PCSP works with its local community to identify and address issues of concern in the local area and PCSP Policing Committees work with local PSNI to develop local policing plans and monitor their performance in enhancing community safety in their area. They also work to secure the co-operation of the public to prevent crime and enhance community safety.

Effective Awareness of Adult Harm and Abuse and Responsibility to Report

Adult abuse is underreported. People may not report their concerns for a number of reasons; including not recognising it for what it is or fear of 'getting it wrong'. It is a reality that the adult who is at risk is often dependent on the person whose behaviour is, either intentionally or unintentionally, causing the harm.

Public awareness campaigns and education programmes can help the public to recognise that adult harm and abuse is unacceptable in a civilised society and encourages the reporting of concerns to the HSC Trust and the Adult Protection Gateway Service. Education programmes in schools and colleges encompassing 'good citizenship' principles and social responsibilities can help begin the shift towards a society which is zero-tolerant of adult harm.

Many public and private service providers within the community are well placed to identify early indications that an adult may be at risk, for example banking or legal services. Providers of services who are in a position of trust or authority, for example banks or solicitors will have access to information regarding adults which may suggest they are at risk of harm. Service providers should be aware of the signs of harm to adults within their respective sectors, and should ensure organisational procedures are in place to guide staff when concerns are identified. All those working to provide services to the community generally, have a responsibility to refer concerns to their relevant HSC Trust, and to cooperate and share information where necessary with any adult safeguarding investigations.

8.3. Safer Organisations

8.3.1. The continuum of adult safeguarding outlines the wide range of organisations involved in people's lives, from the small community activity groups through to larger statutory services. All organisations should ensure that any service they deliver is underpinned by the principles of respect and treating others with dignity (see section 4). This is the first step to ensuring that services are high quality and that the focus is on the individual receiving the service which may help to provide support and that harm is prevented. Increasing levels of need and risk will lead to greater targeting of service provision, which, in turn, requires a heightened awareness of risk of harm and more robust measures to be in place to prevent harm.

8.3.2. Robust governance arrangements are key to an organisation's ability to keep adults safe from harm. A range of governance arrangements exist, which should not and cannot operate in isolation. No single governance measure will ensure the safety of adults at risk. Both internal governance and external measures are vital to ensure

¹² Further information on PCSPs can be obtained from www.pcsp.org

that safeguarding concerns are identified early and escalated to enable appropriate action to be taken. Governance arrangements must be brought together to provide a level of assurance to organisational leaders that the organisation is doing all it can to keep adults in receipt of its services safe from harm.

- 8.3.3. Each organisation will have its own internal governance arrangements depending on the size of the organisation and the nature of its activities. The governance arrangements should be proportionately robust to enable managers at all levels, including the Chief Executive and Board members if applicable, to assure themselves that it is delivering a safe, high quality service to all, and that it is effectively adhering to the adult safeguarding expectations appropriate to the organisation.
- 8.3.4. Management should create a culture where staff and volunteers feel that their role and contribution is valued and that they are empowered, and supported in decision making by line managers. Senior management must ensure good governance is cascaded throughout the organisation. Line managers should ensure decisions taken by their staff which relate to adult safeguarding are consistent with organisational safeguarding policies.
- 8.3.5. Where an organisation permits, by way of contracts or otherwise, the use of its facilities or services by third parties to provide services or activities to adults, assurances should be sought from the third party that it is adhering to the appropriate level of governance as described below.

8.4. Minimum Safeguarding Expectations

- 8.4.1. At a minimum, any public service, community, voluntary or independent organisation providing recreational social, sporting or educational activities or services should safeguard adults who may be at risk by:
- **recognising** that adult harm is wrong and that it should not be tolerated;
 - **being aware** of the signs of harm from abuse, exploitation and neglect;
 - **reducing opportunities for harm** from abuse, exploitation and neglect to occur; and
 - **knowing how and when to report** safeguarding concerns to HSC Trusts or the PSNI.

8.5. Internal Governance – Policy and Procedures

- 8.5.1. The following policies and procedures are the building blocks of good governance that contribute to safe high quality care and they should be robustly implemented by any organisation.
- 8.5.2. These are essential for any organisation delivering or commissioned to deliver targeted services.
- Robust selection and recruitment procedures;
 - Effective management, support, supervision and training of staff;
 - Procedures for responding to, recording and reporting safeguarding concerns;

- Procedures for assessing and managing risks;
- Management of reporting and escalating untoward/adverse incidents;
- Procedures for managing comments, complaints and suggestions;
- Policy on the management of records, confidentiality, and the sharing of information;
- A written code of behaviour/conduct; and
- A whistle-blowing policy.

Care and Service Standards

- 8.5.3. All providers of targeted services are required to have in place the above governance arrangements and depending on the nature and level of the service delivered, providers may also be required to ensure compliance with care and /or service standards against which they will be inspected. Where there are breaches in compliance with standards and the quality of care or the safety of service users is compromised, the role of inspection and that of the relevant regulator is critical in addressing the safeguarding concern and the prevention of harm.
- 8.5.4. As the level of safeguarding concern and service intervention increases, more robust governance measures and requirements will apply.
- 8.5.5. All organisations providing targeted services to adults who may be at risk must have the above governance arrangements in place, supported by the implementation of an adult safeguarding policy.

Adult Safeguarding Policy

- 8.5.6. The **Adult Safeguarding Policy** will clearly demonstrate the organisation's commitment to a zero tolerance of adult harm. The policy must be owned and supported by senior management and be accessible to all within the organisation.
- 8.5.7. A key element of the adult safeguarding policy will be the nomination of an **Adult Safeguarding Champion (ASC)**¹³. The ASC should be accessible across the organisation as a source of advice and guidance. This may necessitate the nomination of more than one person in larger organisations. The nominated ASC should be a senior person within the organisation, suitably trained, experienced and skilled to carry out the role (see section 14 – training).
- 8.5.8. The role of the **Adult Safeguarding Champion** is:
- to provide information and support for staff on adult safeguarding within the organisation;
 - to ensure that the organisation's adult safeguarding policy is disseminated and support implementation throughout the organisation;
 - to advise within the organisation regarding adult safeguarding training needs;
 - to provide advice to staff or volunteers who have concerns about the signs of

¹³ The term Adult Safeguarding Champion is intended to encompass the roles of the 'Nominated Manager' referred to in the Volunteer Now Standards and Guidance document 'Safeguarding Vulnerable Adults – a Shared Responsibility' and the role of the 'Alerting Manager' in the NIASP Adult Safeguarding Strategic Plan 2013-2018.

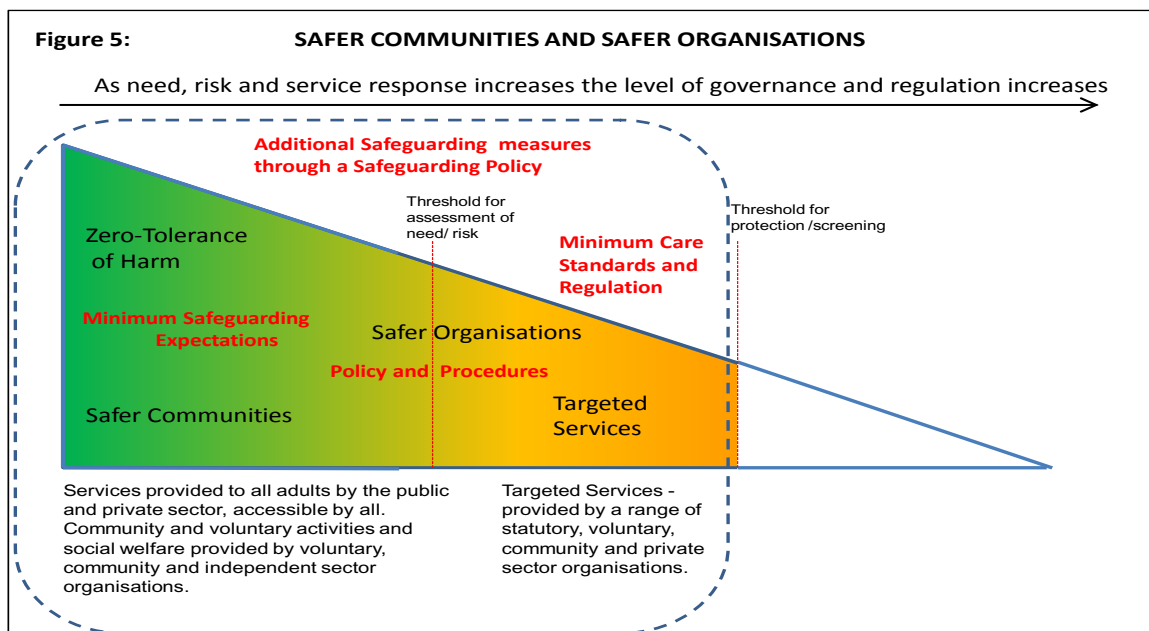
harm, and ensure reporting to HSC Trusts where there is a safeguarding concern (see section 10);

- to support staff to ensure that any actions take account of what the adult wishes to achieve – this should not prevent information about any risk of serious harm being passed to the relevant HSC Trust Adult Protection Gateway Service for assessment and decision-making;
- to establish contact with the HSC Trust Adult Protection Social Work Manager (DAPO) (see section 11), PSNI and other agencies as appropriate;
- to ensure accurate and up to date records are maintained detailing all decisions made, the reasons for those decisions and any actions taken;
- to compile and analyse records of reported concerns to determine whether a number of low-level concerns are accumulating to become significant; and make records available for inspection.

8.5.9. Where the ASC is not available, this should not prevent action being taken or contact being made with the HSC Trust in respect of any safeguarding concern.

8.5.10. Within HSC Trusts the role of the ASC will be undertaken by DAPO. HSC Trusts must ensure that all service areas within their remit are covered by a DAPO. Further information on the role of the DAPO within adult protection is provided in section 11.4. Within the PSNI the role of the ASC will be undertaken by the Detective Chief Inspector who has been allocated as Service Lead for adult safeguarding.

8.5.11. Figure 5 below shows the relationship between safer communities, safer organisations and the increasing governance arrangements



9. EXTERNAL GOVERNANCE

9.1. Commissioning Arrangements

- 9.1.1. The HSCB, HSC Trusts and the PHA may commission or purchase health and social care services from third party providers, whether from the voluntary, community or independent sectors. This will include GP and other primary or health care services, such as private hospitals, nursing or residential care, day care or domiciliary care services. It is critical that the HSCB, PHA and HSC Trusts ensure that it is a condition of all contracts or service level agreements with service providers that there are robust governance arrangements in place within those provider organisations to ensure that adults at risk are safe from harm and receive a high quality service.
- 9.1.2. HSC Trusts must provide advice and guidance to adults who may be at risk who are commissioning their own care, for example using direct payments, outlining what they should expect from their service provider in terms of governance arrangements and good safeguarding practice.
- 9.1.3. Within the commissioning service setting, the roles of Contract Managers, Care Managers and Key Workers are critical for good governance.
- 9.1.4. **Contracts Managers** have a responsibility:
- to specify and issue contracts for the purchase of services commissioned to address identified needs;
 - to require that all services meet their safeguarding requirements described in this policy and other standards of quality set by the DHSSPS;
 - to work closely with service providers to assist them to address ongoing concerns that may relate to contractual/service agreement requirements;
 - to monitor the quality of the performance of service providers and identify any deterioration in standards of care and risks this may present;
 - to escalate any concerns about the provision of care to the care manager or senior management; and
 - to regularly audit the third party service provider to ensure the service is being delivered in accordance with the contract.
- 9.1.5. All professionals with responsibility for carrying out the **care management** function must:
- ensure that needs and risks to the adult at risk are identified and assessed, taking account of their views and preferences;
 - ensure that there is a personalised care plan detailing the needs of the adult and specifying how the service provided will safely meet the needs and mitigate any risks identified;
 - ensure the care plan is being implemented as agreed by the service provider;
 - ensure that the care plan is reviewed regularly, as specified in the Care Management Guidance¹⁴, or more frequently as required in order to

¹⁴ 2010 – complete reference

respond to changing needs and or risks;

- ensure a safe and high quality service is provided, noting any patterns emerging which suggest that there may be a cause for concern and acting upon any such concerns;
- ensure that they are informed of any incidents, accidents or “near misses” in respect of the individuals for whom they have commissioned care;
- ensure that they are informed of any changes in financial circumstances that come to the attention of the HSC Trust;
- ensure that they are informed of any complaints made and action taken to address them;
- analyse trends to identify patterns which may indicate low-level concerns or poor quality care issues which may accumulate to indicate that there is a risk of harm; and
- escalate concerns which may indicate serious harm or risk of serious harm to an adult at risk where appropriate (see section 12.1).

9.1.6. Where any other professionals, for example a GP, District Nurse or other allied health professional, have contact with an adult at risk within a commissioned service setting, they may have opportunities to identify risk of harm. They must be alert to signs of harm and escalate their concerns to the Care Manager or Key Worker within the commissioned service setting, or if an immediate risk is identified, to the Adult Protection Gateway Service with the relevant HSC Trust.

9.2. Professional Regulation

9.2.1. Regulatory bodies are responsible for establishing and operating statutory schemes of regulation underpinned by professional standards and Codes of Conduct relating to the conduct and practice of their respective professions. They maintain registers of workers who meet those standards and this information is publicly available. Within the health and social care sector for example, doctors, nurses, social workers and allied health professionals must register with their respective regulatory body before being able to practice.

9.2.2. A registered person who is the subject of an investigation by a regulatory body on the grounds that he/she failed to act in accordance with professional standards may be the subject of an adult protection investigation. Where both investigations are required, the adult protection investigation by the HSC Trust must take precedence to ensure that the rights and safeguarding needs of adults at risk are being protected.

9.2.3. Where risks of harm to a service user are identified, all professionals must also act in accordance with any professional Code of Conduct agreed with their regulatory body.

9.3. Legal Requirements

9.3.1. Where there are statutory requirements linked to safeguarding or quality of service provision, all organisations will need to be assured that they are fully compliant with the requirements of the law.

9.3.2. Of particular relevance to adult safeguarding is the Safeguarding Vulnerable Groups

(Northern Ireland) Order 2007, which seeks to protect children and vulnerable adults from harm by those who work closely with them. Schedule 2 of this Order contains a definition of Regulated Activity, and anyone engaging in Regulated Activity should have their suitability checked through AccessNI prior to employment.

- 9.3.3. The **Disclosure and Barring Service**¹⁵ (DBS) is responsible for maintaining the list of individuals barred from engaging in Regulated Activity with children and vulnerable adults across England, Wales and Northern Ireland. A regulated activity provider must refer anyone to the DBS who has harmed or poses a risk of harm to a child or a 'vulnerable adult' and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will decide whether the person should be barred from working in regulated activity with children, or adults, or both.
- 9.3.4. It is an offence to knowingly engage a barred person in regulated activity and it is an offence to engage or offer to engage in regulated activity if you are barred.
- 9.3.5. Within the health and social care sector, HSC Trusts, private, independent and voluntary sector providers must be assured that they are fully compliant with the duty of quality imposed on them by the Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003¹⁶ and the Regulations made under that Order.

9.4. Health and Social Care Regulation

- 9.4.1. Regulation should make clear the expectation that service providers must meet the relevant quality standards, detect failings in provision of care or services early, and take appropriate action when sub-standard care is found. The most effective regulation comes from a combination of principles-based standards supported by an inspection regime with experts who apply thoughtful judgement and the right actions in response.
- 9.4.2. Regulation needs to be responsive and proportionate. This can only be achieved by a highly coordinated, integrated and expert regulatory system employing intelligent and thoughtful inspection. It will require the ability to apply both qualitative and quantitative judgement and to take effective enforcement action when necessary.

The Role of RQIA

- 9.4.3. In Northern Ireland, there are a number of regulators or inspectorates which have a key role in measuring the extent to which relevant organisations comply with their own particular service or quality standards and the regulatory framework within which they operate. The RQIA is the independent regulator of the health and social care sector and has an important role in promoting continuous improvement in the quality and safety of care delivered across the range of health and personal social services. RQIA registers and inspects a range of services described in the Health and Person

¹⁵ Information on the Disclosure and Barring Service can be accessed at:

<http://www.nidirect.gov.uk/disclosure-and-barring-protecting-children-and-vulnerable-adults>

¹⁶ The 2003 Order can be accessed at: <http://www.legislation.gov.uk/nisi/2003/431/contents>

Social Services (Quality, Improvement and Regulation) Order (Northern Ireland) 2003. These services are subject to regulation and are provided by both the statutory and independent sectors. RQIA's regulatory function operates within a framework of regulations and standards produced by DHSSPS.

- 9.4.4. RQIA inspections are conducted across a range of HSC settings in the statutory, independent and voluntary sectors, with the aim of ensuring public confidence in the services provided. Within the regulated care sector, inspections may be announced or unannounced, and examine compliance with regulations and minimum standards in the areas of care, medicines management, estates and finance. Other inspections or reviews can be commissioned and conducted across a range of health and personal social services. Where the service inspected is not meeting the required quality standards or compliance issues or concerns are identified there are a range of robust sanctions and powers available to RQIA.
- 9.4.5. The RQIA has a key preventative role in adult safeguarding practice. As the independent regulator, it has both a responsibility and the authority to ensure that safety and quality of care concerns which put service users at risk are addressed. The RQIA also has a key role in service improvement with the aim of encouraging improvement in the quality of the services they inspect and securing public confidence in the provision of those services by keeping the Department of Health, Social Services and Public Safety informed of their availability and their quality.
- 9.4.6. There are core governance elements which must be included in all inspections conducted on regulated services:
- number, nature and outcome of complaints made;
 - number, nature and outcome of safeguarding concerns raised with the Adult Safeguarding Champion;
 - number, nature and outcome of notifiable incidents or accidents which occurred; and
 - any disciplinary procedures conducted and the outcome.
- 9.4.7. Information collected during inspections and other information which may come to the attention of the RQIA, from a range of sources, including statutory notifications, must be collated and analysed to ensure trends are identified. In particular, information on complaints, incidents and accidents should be triangulated as these are key indicators of risk to service users. Inspectors should be aware that a number of low-level concerns could suggest patterns or trends which accumulate to a risk of serious harm to one or more adults.
- 9.4.8. Where the RQIA identifies that a regulated service provider is in breach of regulations or quality standards they will inform the manager responsible. RQIA is responsible for ensuring the application of a range of sanctions and enforcement measures to regulated services, to protect the safety of service users and to drive improvements in regulated care services. Enforcement action is implemented when all other reasonable steps to secure compliance with regulations have failed. Where significant or immediate risks to the safety and wellbeing of vulnerable people are identified, RQIA may impose conditions of registration or exercise its authority to seek the urgent closure of the service. RQIA publishes its enforcement policy and

procedure online, along with copies of its inspection reports¹⁷.

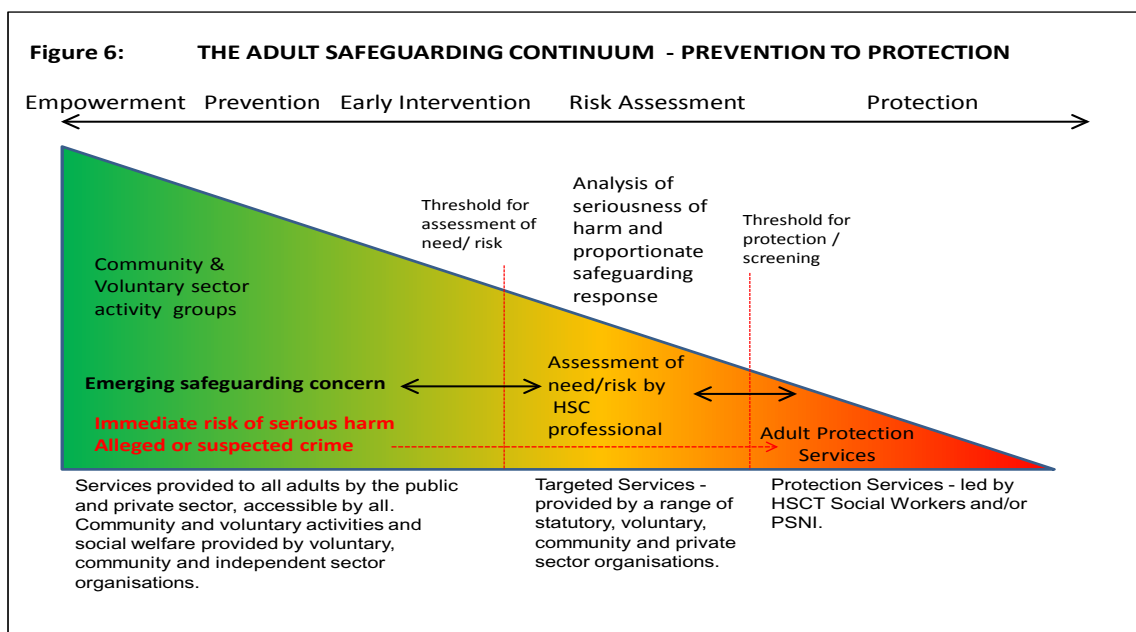
- 9.4.9. The RQIA will notify any serious concerns in relation to the quality of service provision or risk of harm to an individual/s to the relevant HSC Trust or the PSNI, and will be a key partner contributing to investigations with the other agencies to protect adults at risk who are in receipt of a regulated service.

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¹⁷ RQIA publications are available on www.rqia.org.uk

10. REFERRAL PATHWAY FOR SAFEGUARDING CONCERNS

- 10.1.1. If there is a clear and immediate risk of harm or a crime is alleged or suspected, the matter should be referred directly to the PSNI or HSC Trust Adult Protection Service.
- 10.1.2. However in most circumstances there will be an emerging safeguarding concern which should normally be referred to the HSC Trust, for a professional assessment. It will be a matter for HSC professionals to judge whether the threshold for an adult protection intervention has been met, or whether alternative responses are more appropriate. Referrals can be made from any source.
- 10.1.3. Figure 6 shows the pathway for reporting emerging safeguarding concerns through targeted HSC services and if necessary to the HSC Trust adult protection service.



- 10.1.4. All HSC Trusts must have a single point of access for referrals to be received regarding concerns about adults who may be at risk, and will promote and publicise contact arrangements within its area. HSC Trust arrangements must accommodate referrals which do not obviously fit existing Programme of Care structures.

10.2. Risk Assessment

- 10.2.1. When any risk of harm is identified, a risk assessment must be undertaken to establish the degree of risk to that individual and to others. It is the responsibility of statutory HSC professionals to undertake such risk assessments once a concern has been raised.
- 10.2.2. HSC professionals are required to put the individual's needs and wishes at the heart of the risk assessment process, and to use their expert skills and professional judgement so that the most appropriate and preferred course of action or outcome is found for each individual.
- 10.2.3. Assessment is a process which focuses on the individual and their circumstances at

the time, recognising that needs and risks can change over time. Assessment will analyse and be sensitive to the changing levels of need and risk faced by an individual. It may require specialist assessments or expert opinion to inform the evidence gathering. All information should be analysed to determine the nature and level of risk. The assessment will inform a proportionate response based on the views and wishes and the preferred outcomes for the individual.

- 10.2.4. In gathering information to inform the assessment, professionals should be aware that this may be required as part of a criminal investigation. Therefore there it is critical to ensure that any potential evidence that may be later required by the PSNI is not compromised.
- 10.2.5. In making professional judgments, due regard should be given to the capacity of the adult to make informed choices, free from duress, pressure or undue influence and their capacity to protect themselves from harm. All adults, including those at risk will always be assumed to have capacity unless it has been determined otherwise (see section 15) and, ideally, a referral to the HSC Trust should be made with the adult's agreement and full participation. However, there may be circumstances in which the person concerned about an adult at risk may not be best placed to seek their consent to a referral being made, or the adult at risk is clearly stating that they do not want a referral to be made. Whilst the wishes of the adult should always be considered, it is important to remember that there will be circumstances when other factors may be overriding, for example, where undue influence or coercion is suspected to have influenced the adult's decision. The inability to obtain an adult's consent in these circumstances should not prevent or delay concerns about that adult being reported to adult protection services. A balance must also be struck between an individual's human rights and the need to intervene to protect them from harming themselves or others.
- 10.2.6. Consideration should be given to the vulnerability of the alleged perpetrator. It is possible that a risk assessment may also be required for the perpetrator.
- 10.2.7. The analysis of risk will be central to decisions about future intervention. Any safeguarding intervention is not about being risk averse, nor simply about eliminating risk; safeguarding is about empowering and supporting people to make decisions that balance acceptable levels of risk in their lives. This may mean that individuals may choose to live with risks or to take risks. The exercise of professional judgement in determining the level of risk of harm and whether a referral for an adult protection intervention is required is critical.

10.3. The Thresholds for Referral to the Protection Service – A Determination of Serious Harm

- 10.3.1. A number of factors will influence the determination of the level of seriousness of harm. A number of 'small' incidents may accumulate into serious harm against one individual, or reveal persistent or recurring harm perpetrated against many individuals.
- 10.3.2. The judgement of what constitutes serious harm is a complex one and demands careful application of professional judgement against a number of criteria. Assessments conducted by statutory HSC professionals should include consideration

of the following:

- a) the impact on the adult at risk;
- b) the reactions, perceptions, wishes and feelings of the adult at risk;
- c) the frailty or vulnerability of the adult at risk;
- d) the ability of the adult at risk to consent and participate in the decision making process;
- e) the illegality of the act(s);
- f) the nature, degree and extent of harm;
- g) the pattern of the harm causing behaviour;
- h) the level of threat to the individual's right to independence;
- i) the intent of the alleged perpetrator and extent of premeditation;
- j) the relationship between the alleged perpetrator and the adult at risk;
- k) the context in which the alleged harm takes place;
- l) the risk of repetition or escalation of harm involving increasingly serious acts relating to this individual or other adults at risk; and
- m) the factors which mitigate the risk through service provision or wider arrangements.

10.3.3. The list of factors above is not exhaustive, and does not imply a hierarchy of importance. Their analysis will assist with the decision as to whether or not a protective response is required, or whether the level of risk can be managed by one of the alternative safeguarding responses below.

10.3.4. A referral to the HSC Trust Adult Protection Gateway Service is likely to be required if one or a number of the following characteristics are met:

- the perceptions of the adult(s) concerned and whether they perceive the impact of harm as serious;
- it has a clear and significant impact on the physical, sexual, psychological and/or financial health and well-being of the person affected;
- it has a clear and significant impact, or potential impact on the health and wellbeing of others;
- it involves serious or repeated acts of omission or neglect that compromise an adult's safety or wellbeing;
- it constitutes a potential criminal offence against the adult at risk;
- the action is committed with the deliberate and harmful intent of the perpetrator(s);
- it involves an abuse of trust by individuals in a position of power or authority; and
- it has previously been referred to a regulated service provider for action, and has not been sufficiently addressed (see alternative responses below).

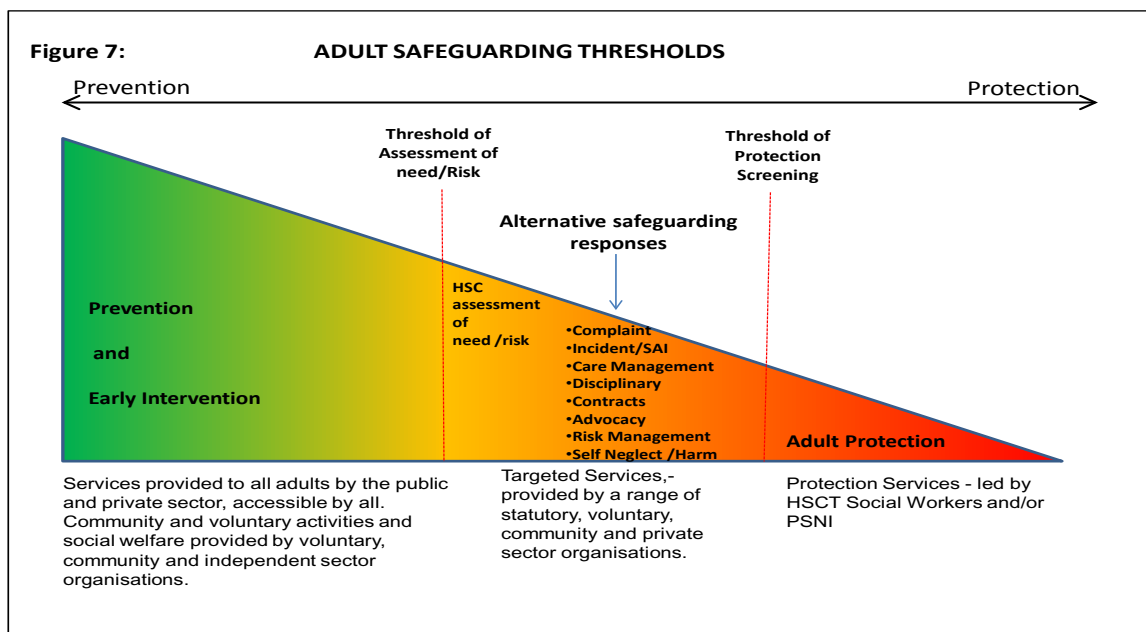
10.3.5. Where it is determined that the serious harm threshold has been reached, the safeguarding concern should be reported immediately to the HSC Trust Adult Protection Gateway Service. Where a criminal act is either alleged or suspected, a report must be made urgently to the PSNI.

10.3.6. If there is doubt about whether the threshold of serious harm has been reached, the concern should be raised with the HSC Trust protection service and a DAPO will advise whether the matter should be referred to the adult protection service.

10.3.7. Thresholds are not intended to be used as exclusion criteria, but should be used positively to assist professional judgements about referral to the HSC Trust protection service, and to enable informed decisions about the most appropriate or proportionate safeguarding response.

10.4. The Threshold of Serious Harm is Not Met – Alternative Safeguarding Responses

10.4.1. Serious harm which requires a protective intervention by the HSC Trust adult protection service and/or the PSNI will, by its nature, have a higher threshold of entry. Where a threshold of serious harm is assessed not to have been reached, alternative safeguarding responses should be considered and pursued, where appropriate.



10.4.2. At all times the least intrusive and most effective response should be made, this is a matter for professional judgement, taking account of the individual circumstances and the wishes and views of the adult.

10.4.3. Where it is determined that the threshold of serious harm is not met it may be possible to take one of a number of alternative courses of action -

- escalation to the service manager if there are issues about the standard of service provision that need to be addressed;
- referral to the RQIA for action as the regulator in respect of quality of care concerns or where concerns have been raised and there has been a lack of action by the service provider;
- referral to a care manager/key worker for further assessment or review of service user needs and views;
- action taken under complaints procedures;
- action taken under serious incident reporting procedures;
- action taken under human resources/disciplinary procedures and referral to

professional bodies and/or the disclosure and barring service where appropriate;

- g) referral to an advocacy service;
- h) referral to another service;
- i) a risk management intervention in relation to self neglect;
- j) a strategy to manage risks within a complex group living environment and the management of challenging behaviour

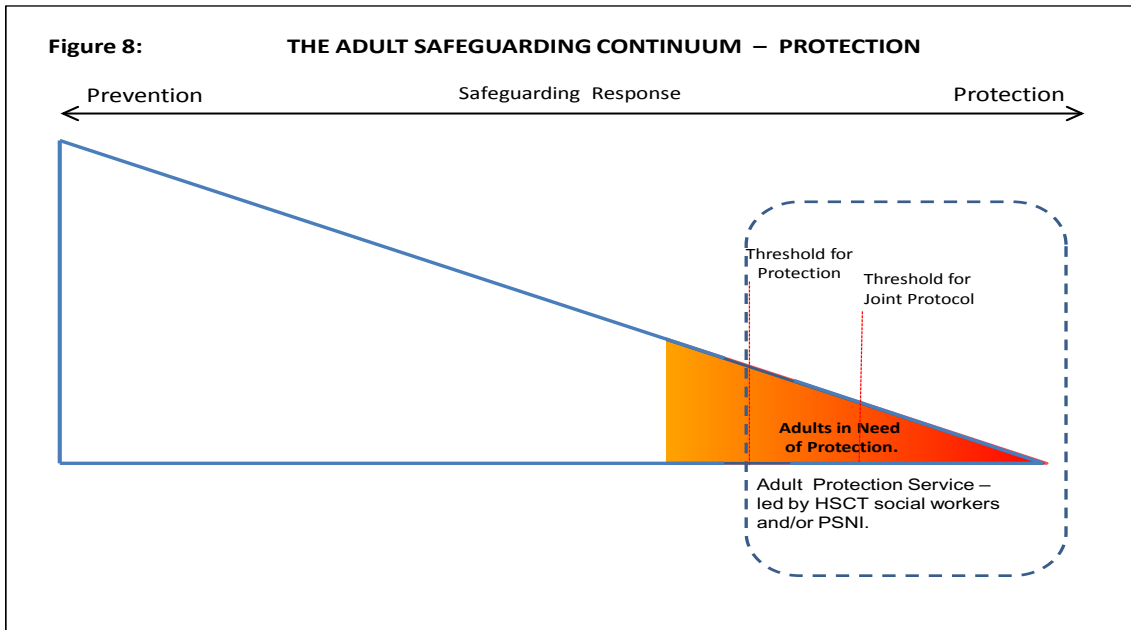
or a combination of two or more of the above.

- 10.4.4. Any safeguarding concerns relating to breaches of regulations or non-compliance with care or service standards are matters for RQIA as the regulator, regardless of whether the threshold of serious harm has been reached. The HSC Trust should raise such concerns with the RQIA and will then co-ordinate an interagency response. The role of RQIA in inspection and regulation is outlined at section 9.4.5 and will be critical in the identification, prevention and management of safeguarding concerns or incidents in a proportionate manner to prevent unnecessary engagement of the protection service.

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11. PROTECTION

Figure 8 shows the Protection service on the safeguarding continuum



11.1.1. HSC Trusts and the PSNI are the lead agencies with responsibility for adult protection.

- **HSC Trusts** will be the lead agency in terms of the co-ordination of joint Adult Protection responses. Within each HSC Trust, responsibility for the Adult Protection rests with the Executive Director of Social Work, and the lead profession within HSC Trusts is social work.
- Where a crime is alleged or suspected, a report should be made to the **PSNI**, which will be the lead criminal investigation agency. Within PSNI, responsibility for Adult Protection rests with the Chief Superintendent who has responsibility for the Public Protection Team.

11.1.2. A Joint Protocol will guide interagency referral, consultation and information exchange and working arrangements and will provide clarity in respect of the roles of the PSNI and HSC Trusts in the delivery of the adult protection response. The Joint Protocol will outline when and how other agencies will be engaged for the purpose of an adult protection investigation and protection planning.

11.1.3. Regional adult protection procedures for HSC Trusts will be developed by the HSCB, endorsed by NIASP and LASPs and implemented across the region to ensure that adult protection responses and practice is consistent across all HSC Trust areas. HSC Trusts will be responsible for implementing these procedures on behalf of the HSCB.

11.1.4. PSNI are guided by current ACPO guidance 'Safeguarding and Investigating the Abuse of Vulnerable Adults 2012' as well as established protocols such as Safeguarding Vulnerable Adults (Regional Adult Protection Policy and Procedural

Guidance) 2006 and 'Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults' NIASP 2009. Public Protection Units will be responsible for triaging reports under Joint Protocol arrangements. When a PPU passes the adult protection response to another branch of PSNI, the PPU will retain oversight and ensure ongoing engagement and communication with other partners under Joint protocol.

- 11.1.5. All operational adult safeguarding policies, procedures and protocols in support of this policy must be consistent with the underpinning principles contained in section 5 of this policy.

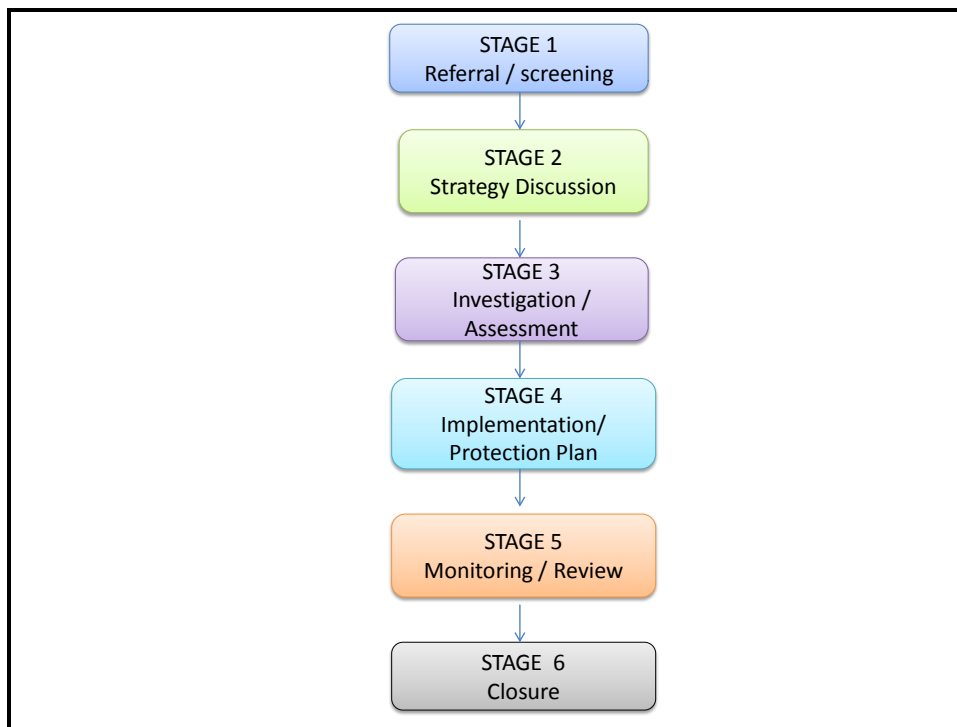
11.2. Adult Protection Referrals

- 11.2.1. Each HSC Trust will have an Adult Protection Gateway Service which will receive adult protection referrals. The service must be available on a 24 hour basis, 7 days per week, and will accept referrals from any source, irrespective of programme of care boundaries.
- 11.2.2. In circumstances where a crime is alleged or suspected, a referral to the PSNI should be made by telephoning 101, or in an emergency, 999. Both numbers are accessible on a 24 hour, 7 days per week basis.

11.3. Adult Protection Intervention

- 11.3.1. Each adult protection intervention is likely to be unique and the response made must allow for flexibility and individualised decision-making. It is important that each adult protection intervention remains outcome focused, rather than process driven. The threshold of serious harm should be applied at all stages throughout the adult protection intervention.
- 11.3.2. Each intervention will be made in accordance with an agreed process. A typical protection process is contained in figure 9 below encompassing 6 distinct stages. This policy does not advocate specific timescales for progressing through the stages of the protection process, because it is important that flexibility is maintained to allow for professional decision making. There can be complex issues to be managed such as fluctuating capacity and complex investigations that may require interagency collaboration and consultation including cooperation with any PSNI investigations. Nonetheless, it is important that all adult protection interventions are progressed in a timely manner, and must not be allowed to drift unnecessarily.

11.3.3. Figure 9 shows the 6 stages of the Adult Protection Process.



11.3.4. At every stage the individuals' human rights must be considered, and evidence of this recorded. The adult's rights and needs and the individual's views and wishes should be central to the protection intervention to ensure that they receive the support needed to achieve an agreed outcome.

11.3.5. Processes and procedures in themselves will not protect, people and good practice will.

11.4. Management of the Adult Protection Process

11.4.1. A **Designated Adult Protection Manager** (DAPO) will be responsible for the management of each referral received by a HSC Trust.

11.4.2. Every DAPO must be social work qualified working in a minimum of first line management role, suitably experienced and have undertaken the necessary training (see section 14).

11.4.3. The role of the DAPO is to:

- make sure the needs, safety and wishes of the adult at risk are kept central to any actions and decisions taken;
- screen the referral;
- make contact with PSNI if a crime is alleged or suspected, or there is an immediate risk of harm to an adult at risk;
- make key decisions including whether the threshold for protection intervention has been met;
- manage and coordinate the adult protection intervention;
- ensure that any risks to the adult(s) and others potentially at risk are assessed and agreed actions taken;

- analyse needs and risk assessments to determine the most appropriate course of action;
- inform and involve other agencies as necessary, and work with them to plan and carry out actions taken;
- will be responsible for coordinating the sharing of information between agencies
- ensure the support needs of the adult at risk and others affected are considered throughout;
- ensure appropriate documentation and records are fully completed, including records of all decisions taken;
- make sure the adult at risk and the referrer are given regular feedback, insofar as this is possible;
- analyse the adult safeguarding data within their service area and contribute to the governance arrangements as appropriate; and
- ensure that the connections are made with related interagency mechanisms such as:
 - Multi Agency Risk Assessment Conference (MARAC)
 - Domestic and sexual violence services
 - Public Protection Arrangements in Northern Ireland framework (PPANI)
 - Human trafficking procedures
 - Hate Crime Practical Action Scheme
 - Referral to the Office of Care and Protection (or equivalent)
 - Child Protection Gateway Service

- 11.4.4. The DAPO may decide to close the adult protection process at any stage if:
- it is agreed that further investigation or assessment is not required to protect the adult at risk;
 - the DAPO decides that an alternative safeguarding response is more proportionate and effective to address the concern identified;
 - a Protection Plan has been agreed and is in place and effectively addressing the needs and risks to the adult; or
 - the adult chooses to withdraw from the protection process.
- 11.4.5. The DAPOs in the HSC Trust will fulfil the role of the Adult Safeguarding Champion (ASC) in their service area (see section 8.5.6). Each service area must have a nominated DAPO to respond to any concerns arising in that service area.
- 11.4.6. Where the safeguarding concern relates to the quality of care provided to an adult in receipt of a regulated HSC service, the DAPO will engage the RQIA to ascertain whether the provider is in breach of regulation or minimum standards. The RQIA will act on all safeguarding concerns where there are breaches of standards or regulation and, where necessary, use their enforcement powers to ensure that the provider addresses any breach of the minimum standards to the satisfaction of RQIA.
- 11.4.7. The PSNI will be the lead agency when a criminal investigation is required, and any other related investigations or assessments must be coordinated with the PSNI. Responsibility for coordinating and communicating the outcome of, the criminal investigation lies with the Detective Inspector PPU. A criminal investigation will take precedence over any other adult safeguarding process. For example, a disciplinary process should not commence until after the conclusion of an adult protection criminal investigation (see section 12.3.3).

11.5. Large Scale or Complex Investigations

- 11.5.1. A large-scale adult protection investigation may be initiated when a number of adults at risk have allegedly been abused or patterns or trends are emerging which suggest serious concerns about the quality of care which put the safety of service users at risk.
- 11.5.2. This could include any of the following:
- multiple concerns within one service provider;
 - one person is suspected of causing harm to multiple adults and/or in a number of settings;
 - a group of individuals are alleged to be causing harm to one or more adults;
 - where care arrangements are complicated by cross-boundary considerations.
- 11.5.3. A large-scale adult protection investigation is likely to involve a wide range of organisations, and potentially a number of individual adult protection interventions.
- 11.5.4. Where there is a need for a large scale or complex investigation a senior manager in the HSC Trust, within whose locality the facility or service is located, should be nominated to take responsibility for coordinating the overall investigation with all other relevant organisations. Where another HSC Trust is responsible for commissioning the care, that Trust will retain the duty of care for the adult and should be involved in all decisions taken affecting the adult. If a crime is alleged or suspected the requirement to report to the PSNI will apply.
- 11.5.5. If there are concerns within a HSC Trust that the integrity of an investigation may be compromised if it were to lead the investigation, it should consider asking another HSC Trust or the HSCB to coordinate the investigation. In exceptional circumstances an independent co-ordinator may need to be appointed.
- 11.5.6. The HSCB's regional operational adult protection procedures will underpin this policy and provide guidance to support good practice and sound professional decision making. Procedures will be subject to regular review.
- 11.5.7. Operational policies and procedures should:
- a) clarify roles, responsibilities and expectations at all levels;
 - b) outline the importance of and interface with the Joint Protocol;
 - c) provide procedures for inter-agency working across the full range of organisations;
 - d) provide a consistent framework to guide adult protection interventions;
 - e) promote flexibility and a focus on outcome;
 - f) describe how the threshold of serious harm is applied at each stage of the process to enable the most proportionate response to be identified;
 - g) provide guidance on the management of adult protection referrals where more than one Trust is involved;
 - h) encourage reflective professional practice;
 - i) support robust decision making;
 - j) strengthen professional line management and governance arrangements;
 - k) outline procedures for integration with the other investigations (see paragraph 11.4.3);

- l) define information exchange procedures; and
- m) outline record keeping requirements.

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12. CONSENT AND CAPACITY

12.1. Consent

12.1.1. Consideration of consent is central to adult safeguarding. Consent is a clear indication of a willingness to participate in an activity or to accept a service, including a protection service. It may be signalled verbally, by gesture, by willing participation or in writing. No one can give, or withhold, consent on behalf of another adult unless special legal provision for particular purposes has been made for this.

12.1.2. For a decision of consent to be valid, the decision needs to be informed, made by an individual with mental capacity and made free from coercion. In cases where the individual lacks mental capacity decisions will usually be made on behalf of the individual in accordance with current legal provisions.

12.1.3. A consent-driven approach to adult safeguarding will always involve:

- a presumption that the adult at the centre of a safeguarding decision or action has the capacity to give or withhold consent unless it is established otherwise;
- acknowledging that everyone has the right to pursue a course of action that others may judge to be unwise, and that a balance must be struck between an individual's human rights and the need to intervene to protect them from harming themselves or others;
- ensuring consent/non-consent is informed through the provision of full and accurate information, making sure that the information is conveyed in a way which the adult fully understands and taking all practicable steps to help the person make and communicate the decision;
- acknowledging that an adult who lacks capacity cannot give consent but that he or she should still be involved in decision-making as far as possible; and
- understanding that the choices and decisions made by the individual at any one time are not seen as irrevocable or non-negotiable.

12.2. Capacity

12.2.1. An adult at risk will always be assumed to have capacity unless it is suspected otherwise. Where there is reasonable doubt regarding the mental capacity of an adult at risk, a capacity assessment must be conducted by a HSC professional using the existing legal mental capacity framework and practice guidance.

12.2.2. Capacity can fluctuate, and is both issue and time specific, therefore should be kept under regular review in connection with any safeguarding intervention, in particular a protection intervention.

Lack of capacity

12.2.3. Tensions between an adult's autonomy and the need to intervene to keep an adult safe makes deciding whether to intervene when an adult is refusing consent or lacks capacity particularly difficult, and one that must always be judged on the individual circumstances of the adult.

12.2.4. Where an adult lacks capacity they should be supported to be involved to the fullest extent in any decisions affecting their life and any interventions and actions taken by the HSC Trust must be in the best interests of the person being safeguarded, and in accordance with existing legislation and policy relating to capacity.

12.3. Lack of Consent

12.3.1. In some circumstances it may be necessary for consent to be overridden. Where consent to intervene is not provided by the adult at risk, action to progress a case may still be taken in circumstances where there is a strong overriding public interest, or where a crime is alleged or suspected. This may happen when:

- the abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care; or
- the person causing the harm is a member of staff, a volunteer or someone who only has contact with the adult at risk because they both use the service; or
- other people are at risk from the person causing harm and they are also adults at risk

12.3.2. In these circumstances, the adult at risk should be informed of that decision, the reason for the decision, and reassured that no actions will be taken which affect them personally without their involvement.

12.4. Advocacy

12.4.1. Advocacy involves enabling people to say what they want, to have their views heard, and empowering them to speak up for themselves. It informs the person about their options and helps them to take action when necessary to have their voice heard and secure their rights.

12.4.2. Whilst advocacy is a social work role, the use of independent advocacy services to support the adult at risk in making their choices may be appropriate, particularly for those who have difficulty being heard or expressing their views, or where there are conflicting interests. This is particularly the case where HSC staff or professionals are of the opinion that what the person wants is not in their best interests.

12.4.3. Advocacy can assist adults at risk be involved in, and influence, decisions taken about their care. It helps to ensure that the adult at risk remains central to the decision making process. Advocacy should not make decisions on behalf of the adult at risk, but always work in partnership with the adult they are supporting. People who are lack capacity rely more heavily on others for many aspects of their care, treatment and support, and have the potential to benefit more from advocacy services to assist them exercise their rights.

13. ACCESS TO JUSTICE: SUPPORT FOR VICTIMS

- 13.1.1. Where a criminal offence is alleged to have occurred a range of mechanisms are in place to support a victim when giving a statement to the PSNI, evidence at court and in terms of emotional and practical support services more generally. The provision of these services requires effective cooperation across a range of organisations including the PSNI, the Public Prosecution Service and voluntary sector service providers.
- 13.1.2. Victims of crime can have access to additional support to help them give evidence, as part of criminal proceedings where a person is under the age of 18, or where the quality of the evidence is likely to be affected because the person has mental health issues, learning or communication difficulties, a neurological disorder or a physical disability. Additional support is also available to those victims who are intimidated and the quality of whose evidence is likely to be affected because of fear or distress about testifying, for example, where the person is a victim of domestic violence, hate crime, trafficking, exploitation, bullying or abuse by professionals or carers or family members. Frail older persons are likely to be considered as intimidated witnesses.
- 13.1.3. For these types of victims the PSNI will carry out interviews in accordance with 'Achieving Best Evidence in Criminal Proceedings' guidance. This sets out good practice in interviewing victims and witnesses and in preparing them to give their best possible evidence in court, so that they have an opportunity to access justice and provide their best evidence. Such interviews are normally video recorded.
- 13.1.4. Victims will have their needs assessed by the PSNI or Victim and Witness Care Unit (which provides a single point of contact from the point when the case file is transferred from the PSNI to the Public Prosecution Service).
- 13.1.5. Additional support at court may be applied for – special measures¹⁸ – by the Public Prosecution Service, with final decisions taken by the judge on their availability. More than one special measure may be granted in a particular case, with this again a decision for the judge. The special measures, as set out below, include:
- screens/curtains in the courtroom so the victim does not have to see the defendant;
 - a live video link allowing evidence to be given away from the courtroom, which also allows for a support to be present with the witness in the live link room;
 - giving evidence in private, where the case involves a sexual offence or the person is deemed to be intimidated;¹⁹
 - video recorded statements – these allow the main evidence to be given using a pre-recorded video statement;
 - using communication aids, such as alphabet boards (where the person's evidence is likely to be affected due to a learning or communication difficulty, mental health issue, physical disability etc.); and

¹⁸ A leaflet on special measures is available at http://www.psnipolice.uk/special_measures_leaflet.pdf. The legislation governing special measures can be found at: <http://www.legislation.gov.uk/nisi/1999/2789/contents>

¹⁹ Changes will be brought forward to include human trafficking within this.

- removal of wigs or gowns.

- 13.1.6. Another special measure is assistance from a communication specialist (a Registered Intermediary) when a person is telling the police what happened to them or is giving evidence in court. Registered Intermediaries are professional with specialist skills in communication. They assist a vulnerable person, who has a significant communication difficulty, during the criminal justice process if their communication difficulties would diminish the quality of their evidence. The Registered Intermediaries Schemes pilot is helping vulnerable people have access to justice where it may not have been possible before.
- 13.1.7. As well as help when giving evidence victims also have access to a range of general support services. Victim Support NI²⁰ helps people who have been a victim of, or a witness to, a crime. They provide emotional support, information and practical help to victims, witnesses and others affected by crime through compensation, community and witness services. Victim Support NI can also refer victims to specialist support services, where appropriate and available.
- 13.1.8. A Victim Charter will provide victims of crime with relevant information, set out what their entitlements are and the standards of service that they can expect to receive as they move through the criminal justice process. It will also make clear to service providers exactly what their duties are in ensuring victims receive the right level of service.

²⁰ www.victimsupportni.co.uk/

14. INFORMATION SHARING AND CONFIDENTIALITY

14.1. Information and Record Management

- 14.1.1. Information associated with adult safeguarding is likely to be of a personal and sensitive nature and its use is governed by the common law duty of confidentiality. At all times personal information must be managed in accordance with the law, primarily the Data Protection Act 1998 (DPA) and the Human Rights Act 1998.
- 14.1.2. Good records management standards and practices are required for the organisation to ensure confidentiality and that the security of service user information is respected. Guidance for Voluntary, Community and Independent sector organisations on the management of records, confidentiality and sharing of information is available in the Volunteer Now guidance document 'A Shared Responsibility'²¹. 'Good Management Good Records'²² provides guidance for those who work within or under contract to Health and Social Care statutory organisations on the required standards of practice in the management of records.

14.2. Information Sharing for Safeguarding Purposes

- 14.2.1. Effective safeguarding will depend on information being made available to those who need it at the right time.
- 14.2.2. In relation to adult safeguarding, the duty to share information about an individual can be as important as the duty to protect it. Proportionate information sharing may be required to prevent harm to the adult at risk or others, and can facilitate preventative or early intervention approaches.
- 14.2.3. It is important that confidentiality is not confused with secrecy. Proportionality is the key in respect of the risks associated with disclosure or non-disclosure. Decisions about what information should be shared and with whom should be taken on a case by case basis, and in accordance with organisational information management policies and the legal framework.
- 14.2.4. Organisations and professionals should not give assurances of absolute confidentiality in adult safeguarding where there are concerns about risk of harm to one or more adults, nor should it be assumed that someone else will pass on information which may be critical to the prevention of harm to an adult.
- 14.2.5. If anyone has concerns about risk of harm to an adult, then they should share the information with the relevant HSC Trust or the PSNI.
- 14.2.6. When deciding whether or not to share information, the following principles apply:
- make no presumption of disclosure / non-disclosure (unless there is a good reason for doing so);

²¹ 'Safeguarding Vulnerable Adults: A Shared Responsibility' can be accessed at: <http://www.volunteernow.co.uk/fs/doc/publications/vn-sva-web-full-colour.pdf>

²² 'Good Management Good Records' can be accessed at: <http://www.dhsspsni.gov.uk/index/gmgr.htm>

- do not operate a blanket approach to sharing information and consider each case individually;
- have a clear, evidence based rationale for sharing or not sharing information and be able to demonstrate that decisions are reasonable, justified and strike the appropriate balance between the need to protect the adult and respect for their privacy;
- ensure any information sharing is proportionate and reflective of what must be shared to protect the adult at risk; and
- ensure the views and interests of the adult concerned, and the impact of decisions on him/her and others who may be adversely affected by a decision to disclose, are clearly taken into account to enable him/her to avail of any remedies available.

14.2.7. Personally identifiable information can be shared when:

- the adult has given his or her valid consent; or
- there is a statutory requirement to use or disclose the information; or
- a substantial public interest favouring disclosure outweighs both the private interests of the individual and the public interest in maintaining confidentiality.

14.2.8. Where the decision is made to share information without consent, the organisation must ensure that the adult is clearly informed of what information will be shared, why it will be shared, and who it will be shared with.

14.2.9. If there is a reason to believe that sharing information due to a statutory duty to disclose may increase the risk of harm, legal advice may be sought. Similarly if there is doubt about whether the organisation can or should share information, legal advice can be sought.

14.2.10. Good record keeping of decision making is essential in cases where information sharing is being considered. Staff should maintain records of the information gathered which explains and justifies their decisions.

14.3. Inter-agency Working and Information Sharing

14.3.1. Effective safeguarding cannot be achieved without organisations working collaboratively to ensure the safety of the adult at risk is prioritised. Working together is dependent on there being a clear framework for doing so, and adult safeguarding should be based on good communication across sector and agency boundaries.

14.3.2. The effective and timely sharing of information is essential to deliver high quality adult safeguarding services focused on the needs of the adult. Agencies and organisations that work to safeguard adults should have an Information Sharing Protocol (ISP) in place. The protocol should be agreed at Board / Director level and subject to regular review.

14.3.3. An ISP should outline how organisations have agreed to share information and ensure compliance with legal requirements. The purpose of an ISP is:

- to facilitate the secure exchange of information, where necessary, to ensure the health, well-being and safeguarding of adults at risk;

- to provide a framework for the secure and confidential sharing of personal information between the partner organisations;
- to promote consistency of information sharing across partner organisations; and
- to support professional decision making in individual cases.

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15. TRAINING

- 15.1.1. Effective adult safeguarding requires a specific level of knowledge, expertise and skill and understanding. Adult safeguarding is complex and must be delivered by a confident, competent and trained workforce, which includes those working in a voluntary or unpaid capacity.
- 15.1.2. All staff with safeguarding responsibilities should have training relevant to their particular roles.
- 15.1.3. NIASP has a responsibility to develop an inter-agency and inter-disciplinary approach to adult safeguarding training and practice development. NIASP will develop and agree a Regional Adult Safeguarding Training Framework which will specify learning outcomes and core content to meet a range of identified training needs within partner organisations.
- 15.1.4. The framework will provide a number of levels of training which reflect the differing needs of organisations across the safeguarding continuum. The appropriate level of training will be determined according to the roles and responsibilities of the individual.
- 15.1.5. Service providers should use the NIASP framework to identify and set out training and development pathways for their staff and volunteers, to ensure they have the appropriate skills and knowledge to respond to safeguarding concerns commensurate with their role. This may involve a combination of formal training events, and time for staff to reflect on their own practice and the practice of others. Records should be maintained of all training and development undertaken by staff and volunteers.

16. A CONTINUOUS LEARNING APPROACH

- 16.1.1. All practitioners, agencies and organisations involved in work with adults at risk must ensure that the highest possible standards of care, support and protection are provided and maintained at all times and improvements identified and put in place on a continuous basis. NIASP will foster a culture of collaborative learning and continuous practice and service improvement in connection with adult safeguarding. This will require knowledge and understanding of the 'system' at the front-line, the identification of and exploration of learning from cases with different outcomes for adults at risk of harm, or adults who have been harmed and the implementation of learning from both. The emphasis should be on learning for the purpose of positive proactive change and improvement. It will require the support of staff who will be responsible for the implementation of change.
- 16.1.2. NIASP will lead a culture of continuous improvement and collaborative learning to improve outcomes for adults who may be at risk and their experience of the adult protection responses.
- 16.1.3. This does not mean that those responsible for harming an adult at risk by an act of commission or omission should not be held to account. A range of accountability mechanisms already exist, including disciplinary mechanisms. These should be used where it is appropriate to do so.
- 16.1.4. The ultimate aim is to establish a system which promotes continuous learning and improvement to:
- establish whether there are lessons to be learned about the way in which local professionals, agencies and organisations work together to safeguard adults at risk;
 - identify clearly what those lessons are, how they will be acted upon, by whom and by when, and what is expected to change as a results;
 - improve, multi-disciplinary and interagency working, and promote better approaches to prevention, protection and support of adults at risk
- 16.1.5. NIASP will seek the full support, cooperation and participation of its member organisations to identify opportunities for learning and to bring these to the attention of NIASP.

17. Glossary

Adult Protection Gateway Service	The Adult Protection Gateway Service is the central referral point within the Health and Social Care Trust for all concerns about an adult who is, or may be, at risk.
Child Protection Gateway Service	The Child Protection Gateway Service is the central referral point within the Health and Social Care Trust for all concerns regarding the safety and welfare of children.
CJINI	Criminal Justice Inspection Northern Ireland is the independent statutory inspectorate with responsibility for inspecting all aspects of the criminal justice system in Northern Ireland apart from the judiciary. It also inspects a number of other agencies and organisations that link into the criminal justice system. CJI is funded by the Department of Justice and the Chief Inspector reports to the Minister for Justice.
Designated Adult Protection Officer	A person within the HSC Trust, suitably experienced, trained and skilled, with responsibility for managing and co-ordinating the adult protection process
DHSSPSNI	The Department of Health Social Services and Public Safety
DOJ	The Department of Justice
Direct Payments	Direct payments are paid by a HSCT to people who have been assessed by a Trust to meet the eligibility criteria for assistance from social services. A payment is made in lieu of the service so that the person can arrange and pay for their own care and support services instead of receiving them directly from the Trust.
ETI	The Employment and Training Inspectorate. The organisation which provides inspection services and information about the quality of education being offered including that within further education and work-based learning, where adults at risk may be enrolled.
HSCB	The Health and Social Care Board. ("The Board") The body responsible for arranging or 'commissioning' a comprehensive range of modern, effective and safe health and social services for the people of Northern Ireland.
HSC Trust	Health and Social Care Trust ("The Trust"). There are five Health and Social Care Trusts in Northern Ireland, providing local and regional health and social care services to the Northern Ireland public. The use of "HSCT" in the Policy document refers to the following five Health and Social Care Trusts: <ul style="list-style-type: none"> • The Belfast Trust • The South Eastern Trust • The Southern Trust • The Northern Trust

	<ul style="list-style-type: none"> • The Western Trust
LASP	Local Adult Safeguarding Partnerships. The five local multi-agency, multi-disciplinary partnerships located within their respective HSC Trusts.
MARAC	A MARAC is a Multi-Agency Risk Assessment Conference. It is a forum for local agencies to meet with the aim of sharing information about the highest risk cases of domestic violence and abuse and to agree a safety plan around victims.
National Referral Mechanism	A framework which exists to assist in the formal identification of victims of human trafficking and help to coordinate support to potential victims to appropriate service. The Department of Justice (DOJ) funds organisations to provide this support to adult potential victims of human trafficking. The PSNI are the lead agency in managing this response. However, consideration should be given to use of the Joint Protocol arrangements.
NIASP	The Northern Ireland Adult Safeguarding Partnership. The regional multi-agency, multi-disciplinary partnership that brings together representatives from organisations and communities of interest who have a significant contribution to make to adult safeguarding.
Office of Care and Protection	Office of Care and Protection is the department of the Court with responsibility for the administrative work associated with Part VIII of the Mental Health Order. This includes matters relating to enduring or lasting powers of attorney, and court-appointed deputies.
PBNI	Probation Board for Northern Ireland. PBNI works alongside statutory and other partners to minimise the risk of harm posed by offenders. PBNI is a Non Departmental Public Body of the Department of Justice (DOJ).
PCSP	Police and Community Safety Partnerships. Local bodies made up of Councillors and independent people in each Council area. PCSPs work with their community to identify issues of concern in the local area and potential solutions, and prepare plans to address these concerns.
PPANI	Public Protection Arrangements Northern Ireland. The purpose of the PPANI framework is to reduce the risks posed by sexual and violent offenders when they are released into the community in order to protect the public, including previous victims, from serious harm.
PPU	Public Protection Unit. These are located in police stations throughout Northern Ireland. Adult Protection Policy.
Programme of Care	The structure in Health and Social Care Trusts within which social care is commissioned and delivered in Northern Ireland.

Protection Plan	A plan agreed with the adult at risk (or the person representing them or their best interests) detailing the actions to be taken, with timescales and responsibilities, to support and protect the person from harm.
PSNI	The Police Service of Northern Ireland.
RQIA	The Regulatory and Quality Improvement Authority. Northern Ireland's independent health and social care regulator, responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

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