

NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP



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## STRATEGIC PLAN

2013 – 2018



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## **1. Introduction: What is this Strategy about?**

This section sets out what we want the adult safeguarding strategy to achieve over the next 5 years. The strategy represents the commitment of all the organisations working with the Northern Ireland Adult Safeguarding Partnership (NIASP) and Local Adult Safeguarding Partnerships (LASPS) to work together to continually improve services to safeguard adults at risk in Northern Ireland.

The strategy

- Sets out a vision of the shape and scope of adult safeguarding services in Northern Ireland over the next 5 years;
- Reflects new policy directions and the development of new working relationships and arrangements;
- Gives direction for future work by NIASP;
- Provides clarity of role, purpose and function, and offers a single coherent message in relation to adult safeguarding across the region;
- Reflects a growing maturity of understanding, research and practice in adult safeguarding; and
- Provides an agreed framework for LASPs, Trusts and other partner organisations to develop their own strategies and work plans.

## **2. Policy Context: Why are we doing this?**

This part of the strategy describes the background to the changes we want to see happening in adult safeguarding, and lists some of the most important documents that direct our work.

There has been a growing recognition that a wide range of adults, for a variety of reasons, are at risk of harm from abuse, exploitation or neglect.

This has been accompanied by an increasingly sophisticated understanding of the nature and extent of the abuse of adults, which, in turn, has led to improvements in the ways in which individuals and

organisations respond to situations where abuse is alleged or suspected.

This developing recognition has been reflected in the continuing evolution of government thinking and policy in relation to adult safeguarding at national, regional and local levels.

In a Northern Ireland context, there has been a series of documents published in recent years that have had considerable influence in the delivery of safeguarding services. They include:

*Safeguarding Vulnerable Adults: Regional Adult Protection Policy and Procedural Guidance* (2006) which set agreed minimum requirements for statutory sector organisations undertaking adult safeguarding activities;

*The Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults* (2003 and revised in 2009) and *Achieving Best Evidence in Criminal Proceedings (Northern Ireland)* ((2003), revised in 2010 and again in 2012) which set out in detail how health and social care and criminal justice professionals should work together to more effectively support adult victims of neglect, abuse or exploitation;

*Safeguarding Vulnerable Adults: A Shared Responsibility* (2010), produced by Volunteer Now, provided invaluable advice to voluntary and community sector organisations on how to recognise and respond to situations of alleged or suspected abuse;

In 2010, the Department of Health Social Services and Public Safety (DHSSPS) and the Northern Ireland Office (now Ministry of Justice) jointly issued *Adult Safeguarding in Northern Ireland: Regional and Local Partnership Arrangements*, which led to the establishment of the Northern Ireland Adult Safeguarding Partnership and the five Local Adult Safeguarding Partnerships.

The inter-departmental policy statement on adult safeguarding is due to be published for consultation in 2013. NIASP has been closely involved in the development of the inter-departmental policy statement and has provided substantive commentary on draft policy statements.

### **3. Underpinning Principles: How are we going to do this?**

This section of the strategy describes the values and attitudes that will form the basis of all our work in relation to adult safeguarding.

The following principles underpin the development and implementation of this strategy:

Principle 1 - to promote and respect an adult's rights to the protection of the law; to freedom from harm and coercion; to privacy; to confidentiality; to equality of treatment, free from discrimination; and to be safe and secure - **a rights-based approach**.

Principle 2 - to empower adults to keep themselves safe and free from harm in ways that manage exposure to risk and maximise opportunities to participate in wider society - **an empowering approach**.

Principle 3 - to promote and facilitate full participation by the adult in all decisions affecting his or her life and take full cognisance of the views, wishes and feelings of the individual and, where safe and appropriate, the views of others who have an interest in his or her well-being - **a person-centred approach**.

Principle 4 - to make a presumption of the adult's decision-making capacity and ability 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 very particular circumstances, for very specific purposes and always in accordance with the law - **a consent-driven approach**.

Principle 5 - 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 private sectors working together with and for adults at risk; and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood - **a partnership approach**.

#### 4. Definitions: Who are we talking about?

It is important that there is an agreed understanding of who we mean when we talk about adult safeguarding. This strategy will use the definitions set out in the draft government policy “Safeguarding Adults at Risk- Prevention and Protection in Partnership”.

Given the timeframe of this strategy, it has been agreed with the Department of Health, Social Services and Public Safety that the definitions contained within the draft policy should be used in the adult safeguarding strategic plan. NIASP acknowledges that the definitions may be subject to some change as a result of public consultation on the draft inter-departmental policy statement. While this is likely to require some adjustment to the strategic plan at a later stage (but within the lifetime of the plan), overall, this is unlikely to impact significantly on the strategic direction conveyed in this document.

When we refer to an **adult**, we mean a person who has attained the age of 18.

When we refer to an **adult at risk of harm**, we mean an adult who –

- is an older person; **or** is affected by disability, illness, or physical or mental infirmity; **or** has an impairment of, or disturbance in, the functioning of the mind or brain; **AND**
- as a result may be unable to safeguard their own well-being, property, rights or other interests.

The basis for the definition of ‘adult at risk of harm’ is the identification of a number of risk of harm factors i.e. a range of characteristics or life circumstances in adulthood, which increase exposure to harm either because an adult may be unable to safeguard him or herself or is ‘more’ open to exploitation by another or others. This does not mean that every adult who is older, disabled or ill is unable to safeguard him/herself; it simply represents a greater exposure to risk of harm.

When we refer to an ‘**older person**’ we understand that a person is defined as older in different ways for different purposes, for example:

- at the moment, there is no United Nations standard numerical criterion, but the agreed cut-off to refer to the older population is 60+ years;<sup>1</sup>
- in the context of the *Commissioner for Older People Act (Northern Ireland) 2011*<sup>2</sup> 'older person' means a person aged 60 or over. However, if the Commissioner is of the opinion that a matter raises a question of principle affecting persons aged 50 or over, the Commissioner may direct that, for the purposes of this Act, 'older person' means a person aged 50 or over in relation to that matter; and
- in the UK, currently, the State Pension age for men is 65. On 6 April 2010, the State Pension age for women started to increase gradually from 60 to 65. The government has recently announced new proposals to increase the State Pension age. The proposed changes to the timetable are not yet law and still require the approval of Parliament.

We use the term '**disability**' to cover sensory impairment, and/or physical disability.

We use the term '**illness**' to mean a state of poor health, or a perception by a person that they are not well. It is a subjective sensation and may have a physical or psychological cause.

When we use the term '**physical and mental infirmity**' it is intended to cover deterioration, debility or frailty of mind or body, which are often, although not exclusively, associated with old age.

When we use the term '**an impairment of, or disturbance in, the functioning of the mind or brain**' we mean conditions that will usually affect the way the mind or brain works and can be either temporary or permanent. Examples of an impairment of or disturbance in the functioning of the mind or brain may include, **but are not limited to:**

- mental health needs;
- dementia;
- learning disability;

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<sup>1</sup> World Health Organisation: *Definition of an older or elderly person* can be accessed at: <http://www.who.int/healthinfo/survey/ageingdefnolder/en/index.html>

<sup>2</sup> See: <http://www.legislation.gov.uk/niu/2011/1/section/25/enacted>

- the long-term effects of brain damage/injury;
- physical or medical conditions that cause confusion, drowsiness or loss of consciousness;
- delirium;
- concussion following a head injury; and
- symptoms of alcohol or drug use.

The term '**well-being**' means the state of being healthy, happy and prospering. It comprises psychological well-being and social well-being, that is, it incorporates not only how people feel, e.g. the experiences of pleasure, enjoyment, satisfaction, but also how people function, e.g. their sense of autonomy, competence, interest, engagement, social inclusion and meaning or purpose in life. A person's sense of well-being will be determined by the interplay between a range of factors, including their personal characteristics, social interactions and socioeconomic and environmental living conditions.

When we refer to an **adult in need of protection** we mean someone who is –

- an adult at risk of harm **and** the conduct of another person **or** the conduct of the person him/herself is such that it is causing (or is likely to cause) him/her to be harmed; **OR**
- an adult who is the victim of harm as a result of domestic violence or abuse, hate crime or human trafficking.

### **WHAT DO WE MEAN BY HARM?**

By harm we mean all harmful conduct whether by commission or omission, deliberate or as the result of a lack of knowledge or awareness, and, in particular, includes –

- (i) Conduct which causes **physical harm**, i.e. physical mistreatment of one person by another which may or may not result in physical injury. This may include, among other things, hitting, slapping, pushing or pulling, kicking, rough handling, shaking, exposure to heat and cold, not giving adequate food or drink, force-feeding, unreasonable confinement (e.g. locked in, tied to a bed or chair), the improper administration of drugs or treatments or the denial of prescribed medication, misuse of medication, misuse or illegal use of restraint, or physical interventions and/or deprivation of liberty, misuse of manual



handling techniques, or inappropriate sanctions (e.g. controlling access to personal resources or withholding basic necessities of life such as food and drink).

- (ii) Conduct which causes **sexual harm**, i.e. the involvement of a person in sexual activities or relationships that either he or she does not want and has not consented to or cannot consent to. This may include, among other things, use of offensive, suggestive or sexual language, indecent exposure, inappropriate touching, not allowing expression of sexuality, withholding appropriate educational information, sexual harassment, sexual assault, rape, 'grooming', 'stalking', or human trafficking.
- (iii) Conduct which causes **psychological harm**, i.e. behaviour that is psychologically harmful or inflicting mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include, among other things, threats of harm or abandonment, withholding of security, affection, care or support, deprivation of contact, provoking fear of violence, threat of institutional care, humiliation or ridicule, denial of the opportunity for privacy, shouting, yelling and swearing, blaming, controlling, intimidation, coercion, harassment, isolation or withdrawal from services or supportive networks.
- (iv) Conduct which causes **financial, property or material harm**, i.e. misappropriation or misuse of money, material goods or other assets, transactions to which the person did not consent to, could not consent to, or which were invalidated by intimidation or deception. This may include, among other things, theft, fraud, exploitation, embezzlement, withholding pension, not spending allowances on the individual, denying the person access to his or her money, misuse of benefits, mismanagement of bank accounts, pressure in connection with wills, property, inheritance or financial transactions, unreasonable restriction of a person's right to control his or her life in financial/material terms.
- (v) **Neglect** is the deliberate withholding, or failure through a lack of knowledge 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, among other things, the physical neglect of someone to such an extent that

health, development and/or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health, social care or educational services, withholding the provision of the necessities of life such as adequate nutrition, heating or clothing, failure to intervene in situations that are assessed as being dangerous to the person concerned or to others, particularly when the person lacks the capacity to assess risk.

## **5. Prevalence Information: How many adults are at risk of harm or in need of protection?**

This section of the strategy sets out the facts and figures in relation to the number of adults who are likely to have experienced some form of abuse.

Information on the exact number of adult residents in Northern Ireland who have experienced some form of neglect, abuse or exploitation, is not readily available. This continues to be an emerging area of academic interest and studies to date have concentrated either on a particular age range, for example those over 65 years, or on location, for example those who live alone or in institutional care, or on members of a group defined by a medical condition for example people experiencing mental ill health.

Nonetheless, the following available research information does provide sufficient data on which to base strategic and operational decisions.

### **OLDER PEOPLE**

The *UK Study of Abuse and Neglect of Older People Prevalence Survey Report* (June 2007) reported that:

- 4% of people aged 66 and over, living in private households, reported that they had experienced mistreatment involving a family member, close friend, neighbour, acquaintance, or care worker during the past year.
- Overall, 51% of mistreatment in the past year involved a partner/spouse, 49% another family member, 13% a care worker and 5% a close friend. (Respondents could mention more than one person.)

- The one year prevalence estimates for each country were: 2.6% in England, 3.1% in Wales, 3.0% in Scotland and 2.0% in Northern Ireland (the differences between countries were not statistically significant overall). As for the UK as a whole, neglect was the most commonly reported type of mistreatment in each country.

*Hidden Voices: Older People's Experience of Abuse* (September 2004) reported that:

- The type of abuse most frequently reported to the Action on Elder Abuse (AEA) helpline is psychological (34%), followed by financial abuse (20%) and physical abuse (19%), neglect is reported at 12%, while sexual abuse is identified in 3% of cases. Forty four per cent of callers reported more than one type of abuse occurring simultaneously.

*The Abuse and Neglect of Older People in Ireland Report Summary* (November 2010) reported that:

- The overall prevalence of mistreatment in the previous 12 months was 2.2%. Applying these statistics to the general population of people aged 65 years or older (Central Statistics Office Ireland 2007), the number of older people who have experienced mistreatment is estimated at 10,201.
- Including neighbours and acquaintances as perpetrators in a 12-month definition of elder mistreatment, the prevalence rate increased to 2.9%. The inclusion of strangers increased the mistreatment prevalence rate to 3%.

### **People who have a Mental Illness:**

*Another Assault* Mind's campaign for equal access to justice for people with mental health problems (2007) reports that:

- Nearly one in five respondents to the survey rarely felt safe in their community, and fewer than half felt safe most or all the time.
- 71% of respondents had been victimised in the community at least once in the past two years and felt this to be related to their mental health history. Nearly 90% living in local authority housing had been victimised.
- 41% of respondents were the victims of on-going bullying.

- 62% had been called names or insulted.
- 34% had been the victim of theft of their money or valuables, from their person or from their bank account.
- 27% had been sexually harassed and 10% had been sexually assaulted.
- 22% cent had been physically assaulted.
- 60 per cent of respondents who did report a crime felt that the appropriate authority did not take the incident seriously.

## **People with a Learning Disability**

*A Life Like Any Other? Human Rights of Adults with Learning Disabilities* (The Joint Committee on Human Rights, Seventh Report of Session 2007-08 Volume 1) reports, among other things, that:

“The evidence we have received suggests that people with learning disabilities may be vulnerable to a range of ill-treatment, ranging from verbal abuse, through harassment and bullying to neglect, sexual or financial exploitation, to physical assaults. For example:

- we have experienced, seen and heard about lots of bullying happening in the community;
- people with learning disabilities are often scared to go out;
- people said that they were restricted in their ability to go out and enjoy their local community, because of the name-calling and hate crime;
- they also felt that it was important to use the words ‘hate crime’ rather than bullying, since the latter plays down the importance of what people experience.”

## **6. Strategic Themes: What are we going to do?**

Once we understand the policy background for adult safeguarding, agree the principles on which our work will be based, and gain some understanding of the likely numbers of people who have experienced abuse, it is important to set out what we action we are going to take to make real improvements in adult safeguarding over the next 5 years.

This section of the strategy sets out the main tasks NIASP is going to undertake. These strategic developments should be achievable and relevant, and should be focused on the delivery of an effective as well as efficient service to adults at risk and adults in need of protection. Above all, we need to be able to see and understand the difference these activities have made over the lifetime of the strategy.

The strategic developments can be grouped under the following 7 broad themes:

1. Leadership and Partnership Working;
2. Public Awareness and Prevention;
3. Access to Adult Safeguarding Services;
4. Effective Interventions;
5. The User Experience;
6. Training and Practice Developments; and
7. Governance Audit and Quality Assurance.

Each theme is developed more fully and related strategic objectives are identified below.

### **1. Leadership and Partnership Working:**

Adult safeguarding is not a “stand alone” activity; nor is it the sole responsibility of any one sector or organisation. By focusing on both prevention and protection activities, adult safeguarding is placed at the heart of a complex network of strategies and plans designed to minimise risk and keep people safe from harm.

These, and related activities, are delivered by a range of agencies and organisations, many of which actively demonstrate their commitment to adult safeguarding through membership of the NIASP or one of the LASP.

It is vital that partner organisations provide leadership within their own sector or area of expertise and develop new and successful ways of working together to promote adult safeguarding and more effectively keep people safe from harm.

For this strategy to be effective, partner organisations should recognise adult safeguarding as part of their core business and have a clear understanding of their role and responsibilities including the development of effective partnership arrangements if we are to deliver on a wider adult safeguarding agenda.

Through the course of this strategy NIASP will:-

- Work with partner organisations to ensure that within each organisation there is an identified Senior Manager designated as the organisation's Alerting Manager for Adult Safeguarding. Working with partner organisations, NIASP will develop a common understanding of the key operational and governance responsibilities of this role, and will develop appropriate training and support mechanisms;
- Continually review NIASP and LASP structures to make effective use of all available resources, identify skills and expertise within all partner organisations and create opportunities for them to provide local and regional leadership in the development of adult safeguarding services; and
- Work with the emerging Police and Community Safety Partnerships to ensure that adult safeguarding issues are given appropriate consideration at a local level.

## ***2. Public Awareness and Prevention:***

Public awareness of the abuse, exploitation or neglect of adults at risk is gradually increasing and is heightened by particular events or enquiries such as the recent documentary programme exposing abuse of adults with learning disabilities living in Winterbourne View Hospital in England.

It is important to have a single consistent message for the general public that supports a "zero tolerance" attitude to harm to ensure that the signs

and symptoms of harm are widely understood and concerns are passed on as quickly as possible.

LASPs are already developing local community based prevention plans, which should also lead to an increased awareness of adult safeguarding in general. It will be important to build on these plans and to develop more sophisticated prevention activities which will also, for example, target specific “hard to reach” groups such as migrant workers or members of black or minority ethnic groups.

Over the course of this strategy, the NIASP will:

- Develop linkages with other public protection awareness raising campaigns such as Domestic and Sexual Violence, Human Trafficking or Community Safety to ensure that adult safeguarding is an integral part of such programmes;
- Develop and make available information and advice for individuals, families and carers on keeping safe and how to access adult safeguarding services when necessary. This information will be made available using a variety of communication methods such as leaflets and information cards. Consideration will also be given to the potential use of social network media such as Facebook and Twitter to communicate key messages in relation to keeping safe;
- Develop a programme of planned, co-ordinated local awareness raising activities targeted at both staff and service users to be delivered within all partner organisations; and
- Develop a regional programme of awareness raising activities targeting “hard to reach” groups such as migrant or immigrant workers, black or minority ethnic groups etc.

### **3. Access to Adult Safeguarding Services:**

As awareness of adult safeguarding grows within the workforce and the general public, it is vital that it is as straightforward as possible to express concerns or make a referral to adult safeguarding services.

A streamlined referral process has a number of benefits, including making it easier for individuals to access specialist advice and support, and reducing the requirements on individuals to repeat their story

unnecessarily. It will also support “whistle blowers” to raise issues or concerns.

All partner organisations should work to ensure that internal lines of reporting concerns are clear and communicated to both staff and service users. The process of referral for further action should also be streamlined where necessary. It is likely that the organisation’s Alerting Manager for Safeguarding Adults (see Leadership and Partnership Working) will assume lead responsibility for these tasks.

Organisations receiving referrals should ensure that their processes and systems for responding to concerns are clear, easily accessed and widely publicised. Such systems should also ensure that referrals can be made outside normal office hours.

Throughout the course of this strategy NIASP will:

- Establish an easy-to-use, standardised electronic referral form for use by all partner organisations;
- Ensure that all partner organisations have separate intranet sections on adult safeguarding which will include easy access to core documentation including referral forms;
- Establish a single point of access to specialist adult safeguarding services within each Health and Social Care Trust; and
- Establish a single regional contact to be made available to the general public which will facilitate referrals outside normal working hours, week-ends and public holidays.

#### **4. *Effective Interventions:***

People who make use of adult safeguarding services are likely to be among the most vulnerable members of our society. It is vital that any interventions to support them are shown to be effective, of the highest possible quality and secure the best possible outcomes for the individuals concerned.

It is, therefore, important to develop a menu of interventions to guide practitioners from all sectors and organisations as they support adults at risk of harm or in need of protection. Such interventions must be based



on the best available evidence, compliant with human rights principles, and available to users throughout the region.

During the course of this strategy NIASP will:

- Develop a standardised, validated risk assessment tool for use by practitioners across disciplines and organisations;
- Establish partnerships with academic and other organisations such as the Social Care Institute for Excellence to develop and disseminate models of best practice in investigation and protection techniques that are evidence based, robust and effective; and
- Work with groups of service users to “road test” and evaluate new or developing interventions such as the application of Family Group Conferencing or the use of Non-Molestation Orders in adult safeguarding.

## **5. *The User Experience:***

Users’ experience of adult safeguarding will vary, depending on the nature and extent of their engagement with the system. For example, an organisation that makes a referral to adult safeguarding will have a different type of user experience from an individual who has themselves experienced abuse, exploitation or neglect. However, whatever the origin of contact with adult safeguarding, the user experience should be as supportive as possible, avoid duplication and result in positive outcomes for all concerned.

Over the course of this strategy NIASP will:

- Develop partnership arrangements with academic institutions and experts in user based research (including peer researchers) such as the Patient and Client Council to identify a range of outcomes for adults at risk and adults in need of protection. These outcomes should originate in the experience of service users, be based on the best available evidence and result in an identified improvement for the service user;
- Develop and implement an audit programme that will include qualitative measures of users’ experiences of adult safeguarding; and

- Clarify the interface between adult safeguarding and other public safety strategies such as the Domestic and Sexual Violence Strategies so that the potential for confusion and duplication is minimised.

## **6. *Training and Practice Development***

Effective adult safeguarding is a complex task, which requires different but complementary knowledge and skills from practitioners and partner organisations. Adult safeguarding services must be delivered by a confident, competent and trained workforce, which includes those working in a voluntary or unpaid capacity, and by organisations committed to learning from experience and to the steady improvement of services.

NIASP will adopt a multi-disciplinary approach to training and practice development, while at the same time working with in-service training providers and academic institutions to ensure that practitioners are provided with appropriate knowledge and skills to deliver adult safeguarding services of the highest quality.

Over the course of this strategy, NIASP will:

- Work with academic and other partners to develop a validated and recognised post-qualifying award in adult safeguarding for practitioners;
- Develop and agree a regional menu of adult safeguarding training opportunities which will specify learning outcomes, core content and target groups to meet a range of identified training needs within partner organisations ; and
- Regularly review specialist training courses to ensure that they continue to meet the needs of practitioners and partner organisations, and to ensure that they are responsive to developing practice and standards.

## **7. Governance, Audit and Quality Assurance:**

The introduction of new structures and the development of policy in relation to adult safeguarding will continue to result in new and increasingly onerous responsibilities for NIASP and the LASPs, such as the commissioning and completion of Serious Case Reviews.

It is important that there is a governance framework in place to sustain these developments which is fit for purpose, promotes adult safeguarding and ensures accountability. The framework will also support a programme of audit and quality assurance and ensure that there is regional consistency in developments within adult safeguarding.

Over the course of this strategy NIASP will:

- Develop and publish a governance scheme which will set out core responsibilities and accountability arrangements in relation to adult safeguarding for NIASP, LASPs and all partner organisations;
- Develop and implement an audit programme that sets out the regional audits that NIASP will undertake over the next 5 years:  
and
- Develop and publicise a suite of standards for adult safeguarding in Northern Ireland. Performance against these standards will be included in the regional audit programme.

## **7. Implementation and Review Arrangements: How will we know the Strategy is working?**

The next section of the Strategy describes how we will know that the themes we talked about in Section 6 are making a difference for people who use adult safeguarding services. Our Implementation Plan suggests some success indicators and measures for each theme and the related objectives. It also sets out who is responsible for ensuring that the objective is met, and sets a timescale for completion.

The lead responsibility for the implementation of this strategy will rest with NIASP. NIASP will get regular updates on the progress being made to achieve the objectives in the strategy, and will use the themes and objectives to form the basis of its own Workplans every year. The progress report will form a part of its NIASPs Annual Report.

Because this strategy is designed to cover a period of 5 years, many of these measures will change over time. Any changes or amendments will be agreed by NIASP and incorporated into its annual Workplan.

## NIASP STRATEGIC PLAN : IMPLEMENTATION

### Theme: Leadership & Partnership Working

Objective	Success Indicators	Measures	Lead Responsibility	Timescale
<p>Work with partner organisations to ensure that within each organisation there is an identified Senior Manager designated as the organisation's Alerting Manager for Adult Safeguarding. Working with partner organisations, NIASP will develop a common understanding of the key operational and governance responsibilities of this role, and will develop appropriate training and support mechanisms.</p>	<ul style="list-style-type: none"> <li>• Alerting Manager role description agreed by NIASP;</li> <li>• Identification of Alerting Manager in each partner organisation;</li> <li>• Alerting Manager training programme developed;</li> <li>• Alerting Manager support mechanism described and implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Alerting Manager role description published by NIASP;</li> <li>• 100% of all NIASP/LASP partner organisations have an identified Alerting Manager for Adult Safeguarding;</li> <li>• Alerting Manager training and support mechanism in place</li> </ul>	<p>NIASP and LASP partner organisations</p>	<p>By end Year 2</p>
<p>Continually review NIASP and LASP structures to make effective use of all available resources, identify skills and expertise within all partner organisations and provide opportunities for them organisations to provide local and regional leadership in the development of adult safeguarding services.</p>	<ul style="list-style-type: none"> <li>• Development of flexible, responsive working arrangements within NIASP and LASP;</li> <li>• NIASP and LASP workstreams led by cross section of partner organisations</li> </ul>	<ul style="list-style-type: none"> <li>• Audit of relevant skills and expertise within partner organisations;</li> <li>• Internal evaluation of NIASP and LASP working practices</li> </ul>	<p>Chair of NIASP; Chairs of LASPs</p>	<p>Year 1 and annually thereafter.</p>
<p>Work with the emerging Police and Community Safety Partnerships to ensure that adult safeguarding issues</p>	<ul style="list-style-type: none"> <li>• Adult safeguarding prevention activities included in local</li> </ul>	<ul style="list-style-type: none"> <li>• Local prevention plans;</li> <li>• Local Police and</li> </ul>	<p>Chairs of LASPs</p>	<p>Year 1 and on-going</p>

<p>are given appropriate consideration at a local level.</p>	<p>community safety plans;</p> <ul style="list-style-type: none"> <li>• Local prevention plans to include developing working relationships with Police and Community Safety Partnerships.</li> </ul>	<p>Community Safety Partnership Plans</p>		
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**Theme: Public Awareness and Prevention**

Objective	Success Indicators	Measures	Lead Responsibility	Timescale
<p>Develop linkages with other public protection awareness raising campaigns such as Domestic and Sexual Violence, Human Trafficking and Community Safety to ensure that adult safeguarding is an integral part of such programmes.</p>	<p>Adult Safeguarding seen as an integral part of public protection campaigns and included in the design and planning of awareness-raising campaigns.</p>	<ul style="list-style-type: none"> <li>• Identification of relevant public awareness raising campaigns;</li> <li>• Preparation of awareness raising material on adult safeguarding;</li> <li>• Inclusion of adult safeguarding in at least 2 campaigns through the life of the strategy</li> </ul>	<p>NIASP Workstream</p>	<p>By end of Year 5</p>
<p>Develop and make available information and advice for individuals, families and carers on keeping safe and how to access adult safeguarding services when necessary. This information will be made available using a variety of communication methods such as leaflets and information cards. Consideration will also be given to the potential use of social network media such as Facebook and Twitter to communicate key messages in relation to keeping safe.</p>	<p>Provision of high quality, user-friendly information using a variety of formats that is widely disseminated.</p>	<ul style="list-style-type: none"> <li>• Presence of adult safeguarding “keeping safe” information on all partner organisation web-sites and other sources of public information;</li> <li>• Costed proposal re the development of an adult safeguarding social network site such as Facebook or Twitter</li> </ul>	<p>NIASP workstream; All partner organisations.</p>	<p>Year 2 - 5</p>

<p>Develop a programme of planned, co-ordinated local awareness raising activities targeted at both staff and service users to be delivered within all partner organisations.</p>	<p>Delivery of a range of local activities which reflect the needs of local communities while conveying a consistent message in relation to adult safeguarding</p>	<ul style="list-style-type: none"> <li>• Core content of awareness raising activities agreed by NIASP;</li> <li>• Local awareness raising activities developed;</li> <li>• Delivery of at least 1 programme in each LASP area per year</li> </ul>	<p>LASP Chairs</p>	<p>Year 2 and on-going</p>
<p>Develop a regional programme of awareness raising activities targeting “hard to reach” groups such as migrant or immigrant workers, black or minority ethnic groups etc.</p>	<p>Development of a co-ordinated approach to reach out to “hard to reach” groups that has a single consistent message; Evidence of joint working with representatives of these groups</p>	<ul style="list-style-type: none"> <li>• Development of specific activities targeting “hard to reach groups”:</li> <li>• Programme delivered at least once in every LASP area</li> </ul>	<p>LASP Chairs</p>	<p>Year 5</p>



**Theme: Access to Adult Safeguarding Services**

<b>Objective</b>	<b>Success Indicators</b>	<b>Measures</b>	<b>Lead Responsibility</b>	<b>Timescale</b>
Establish an easy-to-use, standardised electronic referral form for use by all partner organisations.	Streamlined referral system that captures all necessary information; Improved response times.	<ul style="list-style-type: none"> <li>• Content of referral form agreed by NIASP;</li> <li>• Agree introduction of electronic form with IT leads in partner organisations.</li> </ul>	NIASP Workstream	Year 2
Ensure that all partner organisations have separate intranet sections on adult safeguarding which will include easy access to core documentation including referral forms.	Standardised information available to staff within partner organisations	<ul style="list-style-type: none"> <li>• Core information for inclusion agreed by NIASP</li> <li>• Agree content with IT leads in partner organisations;</li> <li>• 100% of partner organisations to have adult safeguarding sections on their intranet.</li> </ul>	NIASP Workstream	Year 3
Establish a single point of access to specialist adult safeguarding services within each Health and Social Care Trust.	<ul style="list-style-type: none"> <li>• Improved access to adult safeguarding advice and expertise for SAMs and members of the public;</li> </ul>	All Trusts to have a single point of contact for all external and internal adult safeguarding queries	LASP Chairs	Year 3

	<ul style="list-style-type: none"> <li>• More efficient response to referrals</li> </ul>			
Establish a single regional contact to be made available to the general public which will facilitate referrals outside normal working hours, weekends and public holidays.	Streamlined process for the general public to access adult safeguarding advice or make a referral	Single point of access for the region in place	NIASP Workstream	Year 5

**Theme: Effective Interventions**

Objective	Success Indicators	Measures	Lead Responsibility	Timescale
Develop a standardised, validated risk assessment tool for use by practitioners across disciplines and organisations.	Quality assured risk assessment process ensuring key areas for consideration are included, so enhancing decision making and improving protection planning	<ul style="list-style-type: none"> <li>• Core elements of a safeguarding risk assessment agreed;</li> <li>• Validation of risk assessment tool;</li> <li>• Tool piloted in 5 sites</li> </ul>	NAISP Workstream	Year 4
Establish partnerships with academic and other organisations such as the Social Care Institute for Excellence to develop and disseminate models of practice in relation to investigation and protection techniques that are evidence based, robust and effective.	Practice guidance made available to practitioners which highlights evidence-based research in relation to the processes of investigation and protection	<ul style="list-style-type: none"> <li>• Agreement secured form SCIE/academic partners;</li> <li>• Scope out available evidence of best practice;</li> <li>• Develop practice guidance</li> </ul>	NIASP Workstream	Year 5
Work with groups of service users to “road test” and evaluate new or developing interventions such as the application of Family Group Conferencing or the use of Non-Molestation Orders to adult safeguarding.	Practical application of research to real-life situations, leading to better outcomes for service users as well as developing practice options for practitioners.	Adult Safeguarding Forum to review at least one potential practice development per year	NIASP Workstream	Year 3

## Theme: The User Experience

Objective	Success Indicators	Measures	Lead Responsibility	Timescale
<p>Develop partnership arrangements with academic institutions and experts in user based research (including peer researchers) such as the Patient and Client Council to identify a range of outcomes for adults at risk and adults in need of protection. These outcomes should originate in the experience of service users, be based on the best available evidence and result in an identified improvement for the service user.</p>	<p>Identification of a range of user-based outcomes which can be used to evaluate local and regional service developments</p>	<ul style="list-style-type: none"> <li>• Establish partnerships;</li> <li>• Recruit “peer researchers”;</li> <li>• Identify outcomes</li> </ul>	<p>NIASP Workstream</p>	<p>Year 4</p>
<p>Develop and implement an audit programme that will include qualitative measures of users’ experiences of adult safeguarding;</p>	<p>An audit programme will ensure that there is a systematic approach to ensuring that adult safeguarding services are being provided consistently and at the appropriate standard</p>	<ul style="list-style-type: none"> <li>• Draw up and agree annual and 5-year audit plan;</li> <li>• Implementation of audit plan;</li> <li>• Regular reporting to NIASP on findings from audit and any necessary follow-up actions</li> </ul>	<p>NIASP Workstream</p>	<p>Year 1 and on-going</p>
<p>Clarify the interface between adult safeguarding and other public safety strategies such as the Domestic and Sexual Violence Strategies so that the potential for confusion and duplication</p>	<p>Partner organisations should be clear about their role and contribution to a number of different initiatives and how those</p>	<p>Contribution to other strategies is agreed and clearly set out</p>	<p>NIASP Workstream</p>	<p>Year 2 and on-going</p>

is minimised.	initiatives support adult safeguarding			
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**Theme: Training and Practice developments**

Objective	Success Indicators	Measures	Lead Responsibility	Timescale
Work with academic and other partners to develop a validated and recognised post-qualifying award in adult safeguarding for practitioners	<ul style="list-style-type: none"> <li>• The level of knowledge and skills required to undertake complex adult safeguarding tasks should be recognised by professional bodies;</li> <li>• Staff should be given the opportunity to develop their knowledge and skills to the appropriate level and recognition in the form of academic achievements be available</li> </ul>	<ul style="list-style-type: none"> <li>• Establish academic partnership;</li> <li>• Secure appropriate accreditation for training</li> </ul>	NIASP Workstream	Year 4
Develop and agree a regional menu of adult safeguarding training opportunities which will specify learning outcomes, core content and target groups to meet a range of	Standardised content of training will lead to an increase in the level of skills within all	<ul style="list-style-type: none"> <li>• Content of core training agreed by NIASP;</li> <li>• Target groups for training identified;</li> </ul>	NIASP Workstream	Year 3

<p>identified training needs within partner organisations ;</p>	<p>staff groupings, and ensure a consistency in responding to concerns</p>	<ul style="list-style-type: none"> <li>• Costed training plan developed and implemented</li> </ul>		
<p>Regularly review specialist training courses to ensure that they continue to meet the needs of practitioners and partner organisations, and to ensure that they are responsive to developing practice and standards.</p>	<ul style="list-style-type: none"> <li>• Specialist training courses should be up-to-date and reflect the most recent policy or procedural developments as well as emerging practice;</li> <li>• Wherever possible, specialist training will be delivered on a multi-agency basis.</li> </ul>	<ul style="list-style-type: none"> <li>• Content of specialist training agreed by NIASP;</li> <li>• Identification of target staff groups;</li> <li>• Costed training plan developed and implemented</li> </ul>	<p>NIASP Workstream</p>	<p>Year 1 and on-going</p>

**Theme: Governance Audit and Quality Assurance.**

<b>Objective</b>	<b>Success Indicators</b>	<b>Measures</b>	<b>Lead Responsibility</b>	<b>Timescale</b>
Develop and publish a governance scheme which will set out core responsibilities and accountability arrangements in relation to adult safeguarding for NIASP, LASPs and all partner organisations.	An agreed governance scheme provides assurance to all partner organisations sponsoring authorities and the public that NIASP is accountable for its work, open to scrutiny and is performing to an acceptable level	<ul style="list-style-type: none"> <li>• Governance scheme agreed by NIASP;</li> <li>• Implementation of governance scheme</li> </ul>	NIASP Workstream	Year 1
Develop and implement an audit programme that sets out the regional audits that NIASP will undertake over the next 5 years.	An agreed audit programme will scrutinise different areas of practice to ensure that procedures and practice in relation to adult safeguarding are delivered at an appropriate standard, both locally and regionally.	Regional audit programme agreed by NIASP; Regular reports to NIASP on findings from audit and any necessary actions	NAISP Workstream	Year 1 and on-going
Develop and publicise a suite of standards for adult safeguarding in Northern Ireland. Performance against these standards will be included in the regional audit programme.	Staff and service users should understand what they can expect from adult safeguarding services at all levels and stages of involvement	Standards developed and agreed by NIASP; Annual Audit of a sample of Standards	NAISP Workstream	Year 3 and on-going



## 8. Bibliography:

- Safeguarding Vulnerable Adults: Regional Adult Protection Policy and Procedural Guidance DHSSPS, 2006.
- Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults HSCB, 2009
- Safeguarding Vulnerable Adults : A Shared Responsibility - Volunteer Now 2010
- Adult Safeguarding in Northern Ireland : Regional and Local Partnership Arrangements – DHSSPS/NIO 2010
- Achieving Best Evidence in Criminal Proceedings (Northern Ireland) DoJ 2012
- The UK Study of Abuse and Neglect of Older People Prevalence Survey Report. National Centre for Social Research and King's College London 2007.
- Hidden Voice's Older People's Experience of Abuse Action on Elder Abuse (2004).
- Abuse and Neglect of Older People in Ireland: Report on the National Study of Elder Abuse and Neglect – Report Summary. National Centre for the Protection of Older People, Dublin 2012.
- Another assault: Mind's campaign for equal access to justice for people with mental health problems. Mind 2007
- Living in Fear: The need to combat bullying of people with a learning disability. Mencap 1999
- Behind Closed Doors – Preventing Sexual Abuse against adults with a learning disability, Mencap, Respond and Voice UK, 2001.

- A life like Any Other? Human Rights of Adults with Learning Disabilities. Joint Committee on Human Rights, Seventh Report of Session 2007-08. Vol 1.
- Older Women's Lifelong Experience of Domestic Violence in Northern Ireland. QUB 2010.
- Safeguarding Adults – A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work. ADASS 2005.
- No Secrets – Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse. DOH 2000.
- A Global Response to Elder Abuse and Neglect. Building Primary Health Care Capacity to Deal with the Problem Worldwide. WHO 2008.
- Protecting our Future – Report of the Working Group on Elder Abuse. Department of Health and Children, Dublin 2002.
- Protecting Adults at Risk – London multi-agency policy and procedures to safeguard adults from abuse - SCIE 2011.
- Clinical Governance and Adult Safeguarding Processes - DOH 2010
- Interagency Protocol for Responding to Abuse of Older People – Gov of New South Wales 2007.
- In pursuit of inter-agency collaboration in the public sector – Hudson B., Hardy B., Henwood M., Wislow G. Public Management 1461-667x Vol 1 Issue 2 1999 235.260.

- Prevention in Adult Safeguarding - SCIE Adult Services Report 2011.
- Safeguarding Adults: The role of NHS Commissioners – DofH 2011.
- Safeguarding Vulnerable Adults: a toolkit for general practitioners – BMA 2011.
- Partnership and Regulation in Adult Protection – Penhale B., Perkins N., Pinkey L., Reid D., Hussein S., Manthrope J. Social Care Workforce Research Unit, King's College, London 2007.