



# Keeping Adults Safe: A Shared Responsibility

Standards & Guidance for  
Adult Safeguarding

**VOLUNTEER NOW**  
*think · act · do*





# Keeping Adults Safe: A Shared Responsibility

Standards & Guidance for  
Adult Safeguarding



The publication of this Guidance is supported by  
the Department of Health

**Volunteer Now, January 2022**

Tel: 028 9023 2020

[www.volunteernow.co.uk](http://www.volunteernow.co.uk)

Registered Office: The Skainos Centre, 239 Newtownards Road,  
Belfast, BT4 1AF.

Charity Registration No. NIC101309.

Company Limited by Guarantee No. NI602399.

Registered in Northern Ireland

# Contents

## Ministerial Foreword

---

## Introduction

---

### Section 1

The organisation has a written adult safeguarding policy supported by robust procedures and guidelines.

---

### Section 2

The organisation consistently applies a thorough and clearly defined method of recruiting staff and volunteers in line with legislative requirements and best practice.

---

### Section 3

There are procedures in place for the effective management, support, supervision and training of staff and volunteers.

---

### Section 4

The organisation has clearly defined procedures for raising awareness of, responding to, and recording and reporting concerns about actual or suspected incidents of abuse.

---

### Section 5

The organisation operates an effective procedure for assessing and managing risks with regard to safeguarding adults.

---

### Section 6

There are clear procedures for receiving comments and suggestions, and for dealing with concerns and complaints about the organisation.

---

### Section 7

The organisation has a clear policy on the management of records, confidentiality and sharing of information.

---

### Section 8

There is a written Code of Behaviour that outlines the behaviour expected of all involved in the organisation.

---

## Appendices

### 1 Advisory Group

### 2 Professional Regulatory Bodies

### 3 Useful Contacts

### 4 Organisational Self-Assessment Checklist

**All adults** have the  
right to live a life  
**free from abuse  
and exploitation.**



# Ministerial Foreword



As Health Minister I am committed to supporting and protecting those most vulnerable in our society, including those adults who are at risk from harm. Key to this is empowerment, that is, helping people to help themselves, to have and maintain control over their lives and to be able to keep themselves safe.

I welcome the revision and republication of **A Shared Responsibility** by Volunteer Now. The original guidance was commissioned by my Department in 2010. It is important that it is kept up to date to ensure that it is keeping pace with new developments. It is particularly good to see new adult safeguarding policy reflected in the guidance.

I am confident that this publication will assist organisations to meet the minimum standards required by the adult safeguarding policy, **Adult Safeguarding: Prevention and Protection in Partnership**, published jointly by my Department and the Department of Justice in July 2015. The intention of the policy is to improve safeguarding outcomes for all adults who are at risk of harm from abuse exploitation or neglect. The policy places a strong emphasis on prevention and early intervention, approaches I have, and will continue to prioritise as health minister alongside robust protection measures.

**A Shared Responsibility** is targeted at the voluntary, community and independent organisations, which play a crucial role in keeping adults safe. They provide support to adults at risk of harm, in many cases close to home or at home.

In keeping with the aims of the adult safeguarding policy, voluntary, community and independent sector organisations can assist with empowering and enabling adults to keep themselves safe, supporting their right to choose. They are often well placed to intervene early and prevent harm from occurring in the first place. It is important that organisations work to a consistent standard of safeguarding practice and in accordance with robust safeguarding procedures.

**A Shared Responsibility** helpfully sets the standard and assists organisations to tighten their procedures – that is to be welcomed. Most importantly, it also sends out a very clear message that keeping adults safe is everyone's business – a responsibility that we all share.

Is Mise,

**Michelle O'Neill MLA**  
(2017)

# Introduction

In April 2009 the Department of Health commissioned the Our Duty to Care Team in Volunteer Now to develop standards and guidance for good practice in adult safeguarding for voluntary, community and independent organisations. To ensure that the standards and guidance developed was applicable to a wide range of organisations, representing different adult groups, an adult safeguarding Advisory Group was established comprising representatives from key agencies with experience and expertise in their field ([See Appendix 1 Advisory Group](#)).

Since the guidance was first published there have been considerable developments in the area of adult safeguarding in Northern Ireland. One of the key developments was the establishment of the Northern Ireland Adult Safeguarding Partnership (NIASP) and five Local Adult Safeguarding Partnerships (LASPs) in 2010. They were collaborative partnerships with a responsibility for adult safeguarding in Northern Ireland, tasked by the Department of Health (DOH), with support from the Department of Justice (DOJ). The NIASP was the regional body and the five LASPs were located within, and accountable to, their respective Health and Social Care Trusts (HSC Trusts). The partnerships are made up of representatives from the main statutory, voluntary, community and independent sectors involved in adult safeguarding across Northern Ireland and include representation from service providers and users.

Another key development was the launch of the regional adult safeguarding policy “Adult Safeguarding: Prevention and Protection in Partnership”, jointly developed and published by the DOH and the DOJ in July 2015. The policy makes it clear that **safeguarding is everyone’s business** and whilst it is intended to assist organisations, working with, or providing services to adults, it is also there to assist individuals acting as responsible citizens at home and in their local communities.

The policy outlines the broad continuum of safeguarding activity. It ranges from empowerment and strengthening of communities, through prevention and early intervention, to risk assessment and management, including investigation and protective intervention. At all stages along the 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.

Safeguarding includes activity which **prevents** harm from occurring and activity which **protects** adults at risk where harm from abuse, neglect or exploitation has occurred or is likely to occur without intervention.



More recently, in response to an independent review commissioned to care failings at Dunmurry Manor Care Home, Minister Swann has undertaken to bring forward a new Adult Protection Bill for Northern Ireland - there has been a consultation undertaken and the findings have been published <https://www.health-ni.gov.uk/consultations/legislative-options-inform-development-adult-protection-bill-northern-ireland>

The Chief Social Worker, Sean Holland will chair a new Adult Safeguarding Transformation Board. The move to an independent structure will require a statutory footing. The development and commencement of legislation (primary and secondary) and the establishment of the Board is likely to take at least 2 years. With NIASP being stood down, an Adult Protection Board (APB) has been established as an interim measure. The Interim APBNI arrangements will remain in place until the necessary legislation has been passed and commenced. The Board will test new ways of working which will inform the new legislation, and adult protection arrangements will be hosted by the HSCB and Chaired by Brendan Whittle, the Director of Social Care and Children. Board Membership includes representation from PSNI, RQIA, Directors from each of five HSCTs, Patient Client Council, Public Health Agency and NI Social Care Council. Wider membership will include individuals, community and voluntary sector organisations, advocacy groups and HSC representation. LASPs are continuing to operate within the arrangements.

“Adult Safeguarding: Prevention and Protection in Partnership” sets out clear safeguarding expectations for all organisations working with adults, including those at risk. Organisations will find that adherence to the standards and guidance contained within this publication will enable them to meet these expectations, and, if they provide Regulated Services, their adult safeguarding requirements set out in the Minimum Standards published by the DOH and in the Quality Assessment Framework under Supporting People.

However, it is important to note that this guidance outlines **the minimum standards of practice for organisations**.

The guidance is divided into 8 sections. Each section contains:

- **The Standard;**
- **The criteria to meet the Standard;**
- **Supporting information for each criteria; and**
- **Resource material relating to the Standard where referenced in the narrative.**

There are additional generic Appendices at the end of the guidance which contain useful information, reference material and an organisational self-assessment checklist. Organisations can use the self-assessment checklist to identify strengths and weaknesses in their current adult safeguarding policy and practice, with a view to making improvements where necessary.

This guidance will contribute to the range of prevention, support and protection measures needed to meet the needs of adults, their families and carers. Ultimately, our success will be determined by improved safeguarding outcomes for those adults who may be at risk or in need of protection in Northern Ireland.

Reasonable precautions have been taken to ensure information in this publication is accurate. However, it is not intended to be legally comprehensive; it is designed to provide guidance in good faith without accepting liability. If relevant, we therefore recommend you take appropriate professional advice before taking any action on the matters covered herein.

Permission is granted to reproduce for personal and educational use only.

Commercial copying, hiring, lending is prohibited.

**‘Good practice** means  
a commitment to  
keeping adults **safe**  
**from harm and**  
**exploitation** and to  
upholding their rights’.



# Section 1

The organisation has a written adult safeguarding policy supported by robust procedures and guidelines.



### Standard 1

**The organisation has a written adult safeguarding policy supported by robust procedures and guidelines.**

#### Criteria:

1. There is a written policy statement of the organisation's intention to keep adults safe from harm.
2. There is an outline of the procedures and guidelines that the organisation will implement to meet this commitment, in line with the minimum standards.
3. The adult safeguarding policy is supported by other organisational policies, procedures and guidelines aimed at promoting safe and healthy working practices.
4. The policy is 'owned' at all levels within the organisation and the person(s) with responsibility for its approval, implementation and review is named.
5. The policy, procedures and guidelines are subject to regular review; at least once every three years.
6. Everyone involved in the organisation is aware that the policy exists, what it aims to achieve and the steps that will be taken to achieve those aims.

## 1.1 There is a written policy statement outlining the organisation's intention to keep adults safe from harm.

As an organisation working with adults at risk, you will want to reassure them and their carers and advocates that your organisation is committed to good practice. Good practice means a commitment to keeping adults safe from harm and exploitation and to upholding their rights; that is, always acting in their best interests and with their consent. The most effective way to do this is to have well thought out safeguarding policies, procedures and guidelines in place. All organisations who work with or have potential interfaces with adults at risk, irrespective of size and sector, need to develop a safeguarding policy supported by robust procedures and guidelines to inform and promote good practice in their work.

### Who is an adult at risk of harm?

'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:

a) **personal characteristics**

**AND/OR**

b) **life circumstances**

**Personal characteristics** may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain.

**Life circumstances** may include, but are not limited to, isolation, socio-economic factors and environmental living conditions'.

### Who is an adult in need of protection?

'An **'Adult in need of protection'** is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

a) **personal characteristics**

**AND/OR**

b) **life circumstances**

**AND**

c) who is **unable to protect** their own well-being, property, assets, rights or other interests;

**AND**

d) where the **action or inaction of another person or persons** is causing, or is likely to cause, him/her to be harmed'.<sup>1</sup>

---

<sup>1</sup> These definitions are from the regional adult safeguarding policy for Northern Ireland, "Adult Safeguarding: Prevention and Protection in Partnership", (DOH and DOJ, 2015) available at [www.health-ni.gov.uk](http://www.health-ni.gov.uk)

In order to meet the definition of an 'adult in need of protection' either (a) or (b) must be present, in addition to both elements (c), and (d).

The decision as to whether the definition of an 'adult at risk' or an 'adult in need of protection' is met will demand the careful exercise of professional judgement applied on a case by case basis. Organisations can contact a HSC professional, if the adult is known to the HSC Trust or the Adult Protection Gateway team for advice.

### Adult Rights

The rights of adults to live a life free from neglect, exploitation and abuse are protected by the Human Rights Act 1998 – their right to life is protected (under Article 2); their right to be protected from inhuman and degrading treatment (under Article 3); and their right to liberty and security (under Article 5).

### [See Resource 1.1 – Legal and Policy Context](#)

### Underpinning Principles

Your organisation's safeguarding policy and practice must be guided by five underpinning principles as outlined below. These principles are contained within the new regional adult safeguarding policy "Adult Safeguarding: Prevention and Protection in Partnership", (DOH and DOJ, 2015).

- (1) **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.
- (2) **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 and enabled to manage their own decisions in respect of exposure to risk.
- (3) **A Person-Centred Approach:** To promote and facilitate full participation of adults in all decisions affecting their lives taking full account 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) **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 the identification of options and alternatives; to have particular regard to the needs of individuals who require support with communication, advocacy or 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 ([see Resource 1.2 - Consent and Capacity](#)).
- (5) **A Collaborative Approach:** **To acknowledge that adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community, independent and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood.** Working in partnership and a person-centred approach will work hand-in-hand.

It may seem obvious that the rights of adults should be recognised and respected, but you must examine the policies and practices in your organisation by asking yourself if this is really the case.

The way we work with adults at risk, how we behave around them and our attitudes towards them, all contribute to the way they feel about themselves. Induction, training and staff/volunteer development, which raise awareness of adult rights, the concept of adult abuse and how to respond to it, are essential to the delivery of your safeguarding policy aims and the creation of an environment where adults at risk are valued and their safety and well-being is paramount.

While such an environment will encourage adults to disclose issues that are worrying them, it will also enable staff and volunteers to observe the demeanour and behaviour of adults with whom they work or who are in their care, and to be alert to changes that may indicate abuse.

We know that abuse occurs in situations where another adult, sometimes a family member or friend or care worker, misuses a position of trust and power over an adult at risk. It is important, therefore, that adults at risk are made aware of their rights and sources of support and information which they can draw upon if they feel uncomfortable or threatened. This means sharing information with adults at risk; actively working towards raising their confidence; involving them in decision-making; taking their views and concerns seriously; and ensuring that those who have been abused receive support and protection from further abuse.

### Adult Safeguarding Policy Statement

An adult safeguarding policy statement appears at the beginning of the safeguarding policy. It should acknowledge the rights of adults and make a clear commitment to uphold these rights by creating and maintaining an environment which aims to ensure, as far as possible, that adults who take part in activities or avail of the organisation's services are kept free from abuse and exploitation.

The adult safeguarding policy statement should be explicit about the organisation's zero-tolerance of abuse wherever it occurs or whoever is responsible. It should state how this will be done, by outlining the procedures and guidelines which all involved with the organisation will follow in order to safeguard adults at risk of harm. It should be clear that the adult safeguarding policy applies to everyone involved with the organisation, including members of the management committee, managers and leaders, staff and volunteers, adults availing of your services or participating in your activities, their carers, advocates and visitors.

### [See Resource 1.3 – Sample Adult Safeguarding Policy Statement](#)

#### **1.2 There is an outline of the procedures and guidelines that the organisation will implement to meet this commitment, in line with the minimum standards.**

Your organisation's adult safeguarding procedures and guidelines will describe the practical steps that the organisation will undertake to deliver on the safeguarding policy aims. The standards related to these procedures and guidelines are described in this guidance at:

**Section 2:** Recruitment and selection of staff and volunteers;

**Section 3:** Management, support, supervision and training of staff and volunteers;

**Section 4:** Recognising, responding to, recording and reporting concerns about abuse;

**Section 5:** Risk assessment and management;

**Section 6:** Receiving comments and suggestions and management of concerns and complaints;

**Section 7:** Management of records, confidentiality and sharing of information;

**Section 8:** Code of Behaviour.

### **1.3 The adult safeguarding policy is supported by other organisational policies, procedures and guidelines aimed at promoting safe and healthy working practice.**

In addition to an adult safeguarding policy, a 'healthy' organisation will have a range of organisational policies in place. These are necessary to ensure that your organisation is being properly managed, that the organisation's resources, both human and financial, are being used effectively and that your practice will maintain public confidence. The other policies required will depend on the make-up of the organisation and the needs of the individuals with whom your organisation works. It is essential these policies are linked and cross referenced to ensure consistent practice in adult safeguarding. Some relevant additional policies are:

- Health and Safety;
- Moving and Handling;
- First Aid;
- Fire Safety;
- Equal Opportunities;
- Handling Money;
- Bullying/Harassment;
- Domestic Violence and the Workplace.

**Note:** Organisations providing Regulated Services, that is, services which are registered with and inspected by the Regulation and Improvement Authority (RQIA) will also need to take account of the regulations and associated Minimum Standards for these services.<sup>2</sup>

### **1.4 The policy is 'owned' at all levels within the organisation and the person(s) with responsibility for its approval, implementation and review is named.**

It is essential that your adult safeguarding policy is 'owned' at all levels within your organisation. To demonstrate an organisational commitment to keeping adults safe from harm and exploitation, the Head of the organisation will direct the development of the policy, approve it and will ensure that it is fully implemented and reviewed at appropriate intervals. The Adult Safeguarding Champion supports the implementation of the policy throughout the organisation.

The safeguarding policy should be signed off by the Head of the organisation and the person(s) responsible for the review identified, so that everyone is clear about who they can discuss or share their comments with.

---

<sup>2</sup> Information about Regulated Services can be accessed at [www.rqia.org.uk](http://www.rqia.org.uk)

### **1.5 The policy, procedures and guidelines are subject to regular review; at least once every three years.**

Your organisation's adult safeguarding policy, including all related procedures and guidelines, needs to be reviewed at regular intervals to ensure it remains up to date and continues to be relevant to the work and activities of the organisation. As a minimum, it is recommended that a review is conducted at least once every three years. However, an earlier review may need to take place, particularly in circumstances where there are changes in practice or legislation, or where there is a change in your organisation's operational procedures.

### **1.6 Everyone involved in the organisation is aware that the policy exists, what it aims to achieve and the steps that will be taken to achieve those aims.**

The adult safeguarding policy statement should be prominently displayed in each of the organisation's facilities and everyone involved with the organisation should receive or have access to a copy of the full safeguarding policy. The Adult Safeguarding Champion has responsibility for ensuring the dissemination of the policy across the organisation.

#### **Adults at risk, carers and advocates**

While the safeguarding policy statement should be prominently displayed in the organisation's premises, adults at risk, carers and advocates should have access to the full adult safeguarding policy. If appropriate, information sessions on the safeguarding policy should be arranged. Attention will need to be paid to the provision of alternative formats where necessary, for example, large print or easy-read versions.

#### **Staff and volunteers**

Staff and volunteers, including managers and leaders, should be made aware of the adult safeguarding policy through their initial induction training and adult safeguarding training and should have easy access to a copy. Staff and volunteers should be encouraged to feedback on any areas of the safeguarding policy that need to be reviewed. Managers and leaders have a particular oversight and assurance role in relation to adherence to the policy by all involved with the organisation.

#### **Management Group/Committee**

While the Head of the organisation is responsible for the approval of the policy, all members of the Senior Management Team or Management Committee should be fully aware of and understand their collective role and responsibility to deliver the safeguarding policy aims.

A Management Committee has ultimate responsibility for all actions carried out by an organisation. It is therefore essential that management committees ensure robust adult safeguarding policy, procedures and guidelines are in place and being implemented across the organisation. Training may need to be provided to the Senior Management Team or Management Group/Committee members to help with their understanding of the safeguarding policy and their role.

## Resource 1.1 Legal and Policy Context

Adults at risk are protected in the same way as any other person against criminal acts. If a person commits theft, rape or assault against an adult at risk they should be dealt with through the criminal justice system, in the same way as in cases involving any other victim. Where there is a reasonable suspicion that a criminal offence may have occurred, it is the responsibility of the police to investigate and make a decision about any subsequent action. The police should always be consulted about criminal matters.

There are a number of pieces of legislation relating to safeguarding adults at risk which can be accessed through [www.opsi.gov.uk](http://www.opsi.gov.uk)

Some of the relevant legislation is as follows:

### The Criminal Law Act (Northern Ireland) 1967

Section 5 of the Criminal Law Act (Northern Ireland) 1967 creates an obligation on citizens, if they suspect a serious offence has been committed, to provide the police with any information they may have. In particular, anyone who knows or believes that a "relevant" offence has been committed, and has information which is likely to help to secure the arrest, prosecution or conviction of a suspect, is under a duty to give that information to the police within a reasonable period. A "relevant" offence is either an offence for which the penalty is fixed by law, eg life imprisonment, or one for which someone of 21 years upwards can be sentenced to 5 years' imprisonment.

Anyone who fails, without reasonable excuse, to provide information in those circumstances commits an offence under section 5 of the 1967 Act. The maximum custodial punishment for this offence depends on the seriousness of the offence that should have been reported, but the maxima lie between 3 and 10 years.

There is one notable exception. A "relevant" offence does not include an offence under Article 20 of the Sexual Offences (NI) Order 2008. This exception means that it is not unlawful if a person does not report to the police information about sexual activity involving a young person under 16 where the other person is under 18.

The Act also provides for an exception to the "duty to inform" offence for the victim of the "relevant" offence, or someone acting on his behalf, where the victim is reasonably recompensed by the suspect for any loss or injury.

### The Health and Personal Social Services (Northern Ireland) Orders and the Health and Social Care (Reform) Act (Northern Ireland) 2009

The Health and Personal Social Services (NI) Order 1972 (the 1972 Order) as amended by the Health and Personal Social Services (NI) Order 1991, the Health and Personal Social Services (NI) Order 1994 and the Health and Social Care (Reform) Act (NI) 2009 (the Reform Act 2009) are key pieces of legislation governing the provision of health and social care in Northern Ireland.

The legislation imposes a number of duties including:

- A general duty to promote an integrated system of health and social care designed to secure improvement in the physical and mental health and social well-being of people in Northern Ireland;
- A duty to make arrangements, to such extent as the DOH considers necessary, for the prevention of illness and the care and aftercare of a person suffering from illness;

- A duty to make available advice, guidance and assistance, to such extent as the DHSSPS considers necessary, and to make such arrangements and provide or secure the provision of such facilities as it considers suitable and adequate in order for it to discharge its duty to secure improvement in the social well-being of people in Northern Ireland;
- A duty on health and social services boards (now the Regional Health and Social Care Board under the Reform Act 2009) to make arrangements in respect of their area for the provision of personal medical services.

### The Mental Health (Northern Ireland) Order 1986

The Mental Health (NI) Order 1986 (the 1986 Order) covers the assessment, treatment and rights of people with a 'mental disorder' defined in the Order as 'mental illness, mental handicap and any other disorder or disability of mind'. Learning disability has replaced the term mental handicap in current usage.

While most people with a mental disorder receive care and treatment in the community or in hospital on a voluntary basis, the Order sets out the criteria and process whereby a person may be compulsorily admitted to hospital and, subject to further criteria being met, treated without his or her consent.

The 1986 Order gives power to an Approved Social Worker (who is specially trained for the purpose) to make an application for admission to hospital for assessment in respect of a mentally disordered person. The 1986 Order also contains provisions in relation to the need for a person with mental illness or severe learning disability to receive the less restrictive means of assistance in the form of guardianship in a community care setting. Article 129 of the 1986 Order makes provision for a police officer to enter, if need be by force, any premises specified in a warrant authorised by a Justice of the Peace and remove to a place of safety a person believed to be suffering from mental disorder who (a) has been, or is being, ill-treated, neglected or kept otherwise than under proper control; or (b) being unable to care for him/herself, is living alone.

The 1986 Order sets out offences in relation to the ill treatment or wilful neglect by staff of a patient who is receiving in-patient or out-patient care in a hospital, private hospital or nursing home. Similarly, offences apply to any individual who ill-treats or wilfully neglects a patient who is subject to guardianship under the 1986 Order or who is otherwise in his or her custody or care.

Article 107 of the Mental Health (NI) Order 1986, places a duty on a Health and Social Care (HSC) Trust to notify the Office of Care and Protection<sup>3</sup> if it is satisfied that any person within its area is incapable, by reason of mental disorder, of managing and administering his or her property and affairs. A similar duty is placed on a person managing a nursing home, a residential care home or a private hospital if they are satisfied that any person within their care is incapable, by reason of mental disorder, of managing and administering his property and affairs.

The Office of Care and Protection may appoint someone, who will have the authority to manage and administer a person's financial affairs. Such a person is called a Controller and is often a relative or close friend. If no relative or friend is willing or able to act, or because there is a disagreement between members of the family as to who should be appointed, the Master can order that the Official Solicitor be appointed as Controller. If circumstances change later the Court can direct a change of Controller. It is important to note that the Controller's authority relates only to finances and does not allow another individual to make welfare or medical decisions on another person's behalf.

---

<sup>3</sup> The Office of Care and Protection is part of the Family Division of the High Court. It operates under the supervision of a Master, who is authorised to exercise any direction, power or other function of the court.

Useful Leaflets published by the Office of Care and Protection can be accessed through [www.courtsni.gov.uk](http://www.courtsni.gov.uk)

### **The Police and Criminal Evidence (Northern Ireland) Order 1989**

Codes of Practice issued under the Police and Criminal Evidence (Northern Ireland) Order 1989 state that a person of any age suspected of being mentally disordered or otherwise mentally vulnerable and detained by police must have the support of an appropriate adult. The appropriate adult can be a parent, relative or guardian or someone experienced in dealing with mentally disordered or mentally vulnerable people. Generally if police can't secure the attendance of a parent or guardian then they will contact the Northern Ireland Appropriate Adult Scheme which will provide a trained person to perform the appropriate adult role. MindWise has been contracted by the Department of Justice to deliver the Northern Ireland Appropriate Adult Scheme. The scheme aims to protect and safeguard the rights of young people and mentally vulnerable adults who are detained by the Police. The role of the Appropriate Adult is to make sure an individual is supported and that they fully understand the process during their period in police detention. The scheme is accessible to every designated PSNI station throughout Northern Ireland.

### **The Disability Discrimination Act 1995**

The Disability Discrimination Act 1995 introduces new laws and measures aimed at ending the discrimination faced by many people with a disability in the fields of employment; access to goods, facilities and services; and the management, buying or renting of property. The discrimination occurs when, for a reason related to an individual's disability, they are treated less favourably than other people to whom the reason does not apply, and this treatment cannot be justified.

It also applies when an employer or service provider fails to make a reasonable adjustment in relation to a person with a disability cannot be justified.

Further information on the Disability Discrimination Act 1995 can be obtained from [www.equalityni.org](http://www.equalityni.org)

### **The Race Relations (Northern Ireland) Order 1997**

The Race Relations (NI) Order 1997 outlaws discrimination on the grounds of colour, race, nationality or ethnic or national origin. The Irish Traveller community is specifically identified in the Order as a racial group against which racial discrimination is unlawful. The Race Relations Order makes direct racial discrimination, indirect racial discrimination and victimisation unlawful in the fields of employment; access to goods, facilities and services; education; and housing management and disposal of premises.

Further information on the Race Relations (NI) Order 1997 can be obtained from [www.equalityni.org](http://www.equalityni.org)

### **The Public Interest Disclosure (Northern Ireland) Order 1998**

The Public Interest Disclosure (NI) Order 1998 protects most workers who 'whistleblow' about wrongdoing in their place of work from suffering detriment from their employer for doing so. Detriment may take the form of denial of promotion or training or dismissal as a consequence of whistleblowing.

The Order sets out a list of situations, which if an employee discloses, should not result in detriment to them. Such situations would include criminal offences, or where there is a danger to the health and safety of individuals.

### **The Family Homes and Domestic Violence (Northern Ireland) Order 1998**

Domestic violence includes threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional), occurring between adults who are or have been intimate partners or family members.

The main purpose of the Family Homes and Domestic Violence (NI) Order is to consolidate the law on domestic violence and occupation of the family home.

Under this legislation, a Non-Molestation Order can be issued to prevent the perpetrator from threatening or using violence against the victim. A perpetrator can be forced to leave and stay away from a property by an Occupation Order so as to protect a victim.

### **The Northern Ireland Act 1998, Section 75**

Section 75 of the Northern Ireland Act 1998 requires public authorities designated for the purposes of the Act to comply with two statutory duties.

The first duty is the Equality of Opportunity duty, which requires public authorities in carrying out their functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity between the nine equality categories of persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; men and women generally; persons with a disability and persons without and persons with dependants and persons without.

The second duty, the Good Relations duty, requires that public authorities in carrying out their functions relating to Northern Ireland have regard to the desirability of promoting good relations between persons of different religious belief, political opinion and racial group.

Section 75 aims to mainstream consideration of equality of opportunity and good relations in the policy development process. The statutory duties require more than the avoidance of discrimination. Public authorities should actively seek ways to encourage greater equality of opportunity and good relations through their policy development such as, for example, the kind of measures permitted under disability discrimination legislation.

Authorities should give particular consideration to positive action where the impact of a policy will affect different people in a different way, for example, the impact of a policy on people with disabilities. Authorities should take an approach which recognises that certain groups such as people with disabilities may experience higher levels of inequalities than people without disabilities.

The Equality Commission for Northern Ireland recommends that authorities, as part of the policy development process, effectively assess the equality implications of a policy through screening of all policies for equality impact and undertaking an equality impact assessment where appropriate.

Public authorities must consult on screening decisions and equality impact assessments with stakeholders, including those directly affected by the policy.

Further information on Section 75 of the Northern Ireland Act 1998 can be obtained from [www.equalityni.org](http://www.equalityni.org)

### **The Criminal Evidence (Northern Ireland) Order 1999**

The Criminal Evidence (NI) Order 1999 introduced a range of special measures to assist vulnerable and intimidated witnesses to give their best evidence in criminal proceedings.

This includes giving evidence by live link.

## The Human Rights Act 1998 – enacted 2000

The Human Rights Act 1998 came into effect in 2000 and makes the European Convention on Human Rights part of the law of Northern Ireland. It allows individuals and organisations to go to court or tribunal to seek redress if they believe that the rights conferred on them by the European Convention have been violated by a public authority. The Human Rights Act says that persons carrying out certain functions of a public nature will fall within the definition of a public authority. The courts are still deciding exactly what this means. In any event, following human rights standards, even in matters not strictly covered by the ambit of the Human Rights Act, will be good practice. It should be noted that Section 145 of the Health and Social Care Act 2008 extended the coverage of the Human Rights Act to residents in residential care and nursing homes where their care has been contracted for by HSC Trusts.

There are 16 basic rights in the Human Rights Act – all taken from the European Convention on Human Rights. The following have particular relevance to adult safeguarding:

### • Article 2 Right to Life

Everyone's right to life will be protected by law. This places a positive obligation on public authorities to act in a manner which reduces the risk of harm (including death) to individuals. For example, if staff were aware of an abusive situation and did not take any action to prevent it, and the individual died as a result of the abuse, it could be argued that the authority had failed in respect of its positive duty under Article 2.

### • Article 3 Prohibition of Torture

No one will be subjected to torture or to inhuman or degrading treatment or punishment. This places a positive duty on public authorities to prevent inhuman or degrading treatment by others, e.g. a care worker mistreating a person using health or social care services. If the public authority was aware of the abuse and did not take steps to prevent this, it could be argued that it had failed in respect of its positive obligations under Article 3.

### • Article 4 Prohibition of Slavery and Forced Labour

Everyone has an absolute right not to be held in slavery or servitude or to be required to perform forced or compulsory labour. This has relevance in that people who are victims of organised crimes such as human trafficking, prostitution and slavery are adults who are being exploited. There is a positive obligation on public authorities to intervene to stop slavery, servitude or forced or compulsory labour as soon as they become aware of it.

### • Article 5 Right to Liberty and Security

Everyone has the right to liberty and security of person. No one will be deprived of liberty unless in accordance with a procedure prescribed in law. In terms of safeguarding adults, this has implications for actions such as seclusion, restraint, 'locked door' policies and use of medication. There is a positive obligation on public authorities to intervene to prevent abusive situations in relation to these occurring.

### • Article 6 Right to a Fair Trial

Everyone has the right to a fair trial and public hearing within a reasonable time by an independent and impartial tribunal established by law. This is relevant in terms of equality of access to justice. It was one of the drivers behind the development of the Criminal Evidence (NI) Order 1999 and the "Protocol for Joint Investigation of Adult Safeguarding Cases".<sup>4</sup>

<sup>4</sup> The protocol can be accessed through [www.hscboard.hscni.net](http://www.hscboard.hscni.net)

### • **Article 8 Right to Respect for Private and Family Life**

Everyone has the right to a private and family life without interference, except in accordance with the law. A positive duty is also placed on public authorities to ensure others do not infringe the individual's Article 8 rights.

### • **First Protocol - Article 1 Protection of Property**

A person has the right to the peaceful enjoyment of their possessions. Public authorities cannot usually interfere with things people own or the way they use them, except in specified limited circumstances. This has implications for the prevention of financial abuse.

### • **First Protocol - Article 2 Right to Education**

No person will be denied the right to an education. Adults at risk therefore have the same right to education as everyone else. This has implications, for example, for adults with learning difficulties in terms of their right to sex education.

Further information about human rights can be accessed through [www.nidirect.gov.uk](http://www.nidirect.gov.uk)

## **The Health and Personal Social Services Act (Northern Ireland) 2001**

The Health and Personal Social Services Act (Northern Ireland) 2001 (the 2001 Act) established the Northern Ireland Social Care Council (NISCC) to regulate the social work profession, and other social care workers, in line with the introduction of similar bodies in England, Scotland and Wales. The 2001 Act also sets out NISCC's functions with regard to regulating the education and training of social workers.

It is the duty of the Council to promote (a) high standards of conduct and practice among social care workers; and (b) high standards in their training. Among other things, NISCC is required to maintain a register of social workers and social care workers; and from time to time publish codes of practice laying down (i) standards of conduct and practice expected of social care workers; and (ii) standards of conduct and practice in relation to employers of social care workers.

Individuals have a right of appeal against a decision of NISCC not to register them or to remove them from the register. Appeals are heard by an independent Care Tribunal.

## **The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003**

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) is part of a framework designed to raise the quality of services provided to the community and tackle issues of poor performance in health and social care provision. Among other matters, the 2003 Order:

- Established the Regulation and Quality Improvement Authority (RQIA), an independent body, with overall responsibility for monitoring, regulating and reporting on the quality of health and social care services delivered in Northern Ireland;
- Gave RQIA responsibility for and powers to regulate a wide range of care services including many services (establishments and agencies) which had previously been unregulated and many services delivered by the Health and Social Care sector as well as services delivered by the voluntary, community and independent sectors;

- Introduced a common system of regulation based on Minimum Standards set out by the DOH, and supported by a programme of registration and inspection; and
- Reconstituted the main appeals tribunal used by this and other legislation.

The 2003 Order also provides for an appeal against a decision of RQIA in relation to the regulation of establishments and agencies (“Regulated Services”). Appeals are heard by an independent Care Tribunal.

## **The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 (as amended by the Protection of Freedoms Act 2012)**

The Safeguarding Vulnerable Groups (NI) Order 2007 establishes certain safeguarding requirements when organisations are recruiting staff and volunteers to certain positions which involve contact with adults at risk.

Under the Order it is an offence for employers to knowingly recruit barred individuals into ‘regulated activity’ with adults. Organisations can ensure that they are complying by requesting an Enhanced Disclosure with Barred List Check from AccessNI, before confirming an appointment in regulated activity.

There is also a requirement for organisations to refer to the Disclosure and Barring Service (DBS), any individual who has harmed or poses a risk of harm to adults, and who has been permanently removed (or would have been had they not left the organisation) from regulated activity.

For more information on the requirements visit [www.volunteernow.co.uk](http://www.volunteernow.co.uk) or contact the

Our Duty to Care Team in Volunteer Now on 028 9023 2020.

For further guidance on the DBS referral process visit

[www.gov.uk/government/organisations/disclosure-and-barring-service](http://www.gov.uk/government/organisations/disclosure-and-barring-service)

## **The Forced Marriage (Civil Protection) Act 2007**

A forced marriage is a marriage where one or both people do not or cannot consent to the marriage, this includes where physical force or emotional pressure have been used. This is different from an arranged marriage where families may take a lead role in arranging the marriage but both parties have the free will and choice to accept or decline the arrangement.

The Forced Marriage (Civil Protection) Act 2007 seeks to assist victims of forced marriage, or those threatened with forced marriage. It extends to England and Wales and Northern Ireland. A person threatened with forced marriage can apply to court for a Forced Marriage Protection Order. The Order will contain provisions to prevent the forced marriage from taking place, or to protect a victim of forced marriage from its effects.

Protection measures may include confiscation of passports or restrictions on contact with the victim. A person who violates a Forced Marriage Protection Order may be subject to imprisonment or a fine.

## **The Sexual Offences (Northern Ireland) Order 2008**

The Sexual Offences (NI) Order 2008 provides a new legislative framework for sexual offences, including offences against people with a mental disorder, as defined in the Mental Health (NI) Order 1986. Articles 43 – 46 relate to offences against people who are unable to legally consent to sexual activity because of a mental disorder. Articles 47 - 50 provide added protection for those who have capacity to consent but might be at risk of exploitation through inducement, threats or deception.

The Order also sets out clear parameters for people working with adults at risk and sets strong penalties for offenders. Articles 51 – 57 contain new offences for people who are engaged in providing care, assistance or services to adults at risk. Under the Order, any sexual activity between a care worker (which includes doctors, nurses and social workers) and a person with a mental disorder is prohibited whilst that relationship of care continues, whether or not the victim appears to consent and whether or not they have the legal capacity to consent. Friends or family members who provide care, assistance or services to the adult also fall within the scope of the Order.

### **The Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015**

The Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (NI) 2015 aims to provide Northern Ireland with a more robust legal framework in relation to; the prosecution of traffickers and those subjecting people in Northern Ireland to conditions of slavery; the provision of improved support for victims; and tackling the demand for the services of trafficked victims.

The Act establishes a new offence of slavery, servitude and forced or compulsory labour, a new consolidated offence of human trafficking and clarifies that a victim's consent to any act forming part of these offences is irrelevant. It enhances public protection by increasing the maximum sentence for such offences to life imprisonment; introducing a minimum 2 year sentence for such offences, unless there are exceptional circumstances to warrant a lower sentence; and by introducing slavery and trafficking prevention orders (STPOs) which enable courts to restrict the behaviour of any individual convicted, where necessary. Additionally, the Act makes forced marriage an illegal offence in Northern Ireland.

The Act creates a new offence of paying for sexual services of a person, whilst ensuring that the person who is selling sex is not guilty of aiding and abetting, counselling or procuring this offence, conspiring to commit the offence, or encouraging or assisting the commission of the offence. It also places a duty on the DOH to provide a programme of assistance and support for people who want to leave prostitution.

Under the Act, the Department of Justice is required to provide assistance and support to adult potential victims who are referred to the National Referral Mechanism (NRM). Examples of support which may be provided include safe accommodation; help with living/travel costs; help to access healthcare; sign-posting to immigration advice; sign-posting to independent legal advice and advice on compensation; help to access counselling or other therapeutic services; and interpreter/translation services.

The Act also introduces new measures aimed at protecting victims of human trafficking and slavery-like offences during investigations and criminal proceedings. This includes the introduction of a statutory defence for victims who have been compelled to commit certain offences as a direct consequence of their trafficking or slavery situation. Under the Act, victims of human trafficking and slavery-like offences are protected in respect of avoiding secondary victimisation in police interviews and are automatically eligible for special measures in court when giving evidence.

## Policy Context

A regional adult safeguarding policy “Adult Safeguarding: Prevention and Protection in Partnership” was launched in July 2015. The policy was jointly developed and published by the Department of Health (DOH) and the Department of Justice (DOJ) on behalf of the Northern Ireland Executive. The aim of the policy is to improve safeguarding arrangements for adults who are at risk of harm from abuse, exploitation or neglect. It sets out how the Northern Ireland Executive intends adult safeguarding to be taken forward across all Government Departments, their agencies and in partnership with the voluntary, community, independent and faith organisations. A key objective is to reduce the incidence of harm of adults who are at risk; to provide them with effective support and, where necessary, protective responses and access to justice for victims and their families.

Organisations should take time to read the new regional policy and associated operational procedures to ensure they are meeting their safeguarding expectations. “Adult safeguarding: Prevention and Protection in Partnership” can be accessed at

**[www.health-ni.gov.uk/publications/adult-safeguarding-prevention-and-protection-partnership-key-documents](http://www.health-ni.gov.uk/publications/adult-safeguarding-prevention-and-protection-partnership-key-documents)**

[Go back to \*\*Section 1.1\*\*](#)

## Resource 1.2 Consent and Capacity

### Consent

An organisation that provides activities and services for adults should adhere to the underpinning principles set out in Section 1.1 of this guidance. In so doing, you will seek always to work in the best interests of the adult and with their consent. Staff and volunteers should always be mindful of the need for the adult to consent to, and to be comfortable with, any proposed activity or service. Consent is a process - it results from understanding through dialogue and the provision of information.

Consent is a clear indication of a willingness to participate in an activity or to accept a service. It may be signalled verbally, by gesture, by willing participation or in writing. As a general rule, the method of obtaining consent is likely to be dictated by the seriousness of what is being proposed. For example, an adult may signal their consent to participate by turning up at the luncheon club voluntarily. However, an adult being asked to agree to transfer from a residential care home to a nursing home where their needs will be better served will require a more formal consideration of consent. Such decisions should involve health and social care professionals. It does not matter so much how an adult gives consent, the important issue is to ensure the consent given is valid.

Consent is only considered to be valid when:

- The adult has the capacity to consent, that is, they can understand and weigh up the information needed to make the decision; **and**
- The adult is appropriately informed, that is, they have been given sufficient information, in an appropriate way, on which to base the decision; **and**
- It has been given voluntarily, that is, free from coercion or negative influence.

**If any of these factors is absent, consent cannot be considered to be valid.** In cases where the adult lacks capacity, decisions will usually be made on behalf of the adult in accordance with current legal provisions.

Staff and volunteers should remember that no one can give, or withhold, consent on behalf of another adult unless special legal provision for particular purposes has been made for this. In certain situations the need for consent may be overridden. This is generally when it is in the public interest to do so, for example, the disclosure of information to prevent a crime or risk to health or life.

Staff and volunteers should:

- Always presume that the adult at the centre of the decision or action is able to give or withhold consent unless it is established otherwise;
- Make every effort to encourage and support the adult to make the decision for themselves and communicate the decision. This includes giving them all the necessary information which is explained or presented in a way which the adult fully understands. If lack of capacity is established, it is still important that you involve them as far as possible in making decisions.
- Be aware that an adult who has capacity has the right to make what others may regard as an unwise decision. Everyone has their own values, beliefs and preferences which may not be the same as those of other people, but sometimes a balance needs to be struck between the adult's human rights and the need to intervene to protect others;
- Provide support to an adult where they have withheld consent and this has been overridden; and
- Understand that an adult can change their mind about any choice or decision they have made.

## Section 1

Where there are concerns about consent, for example, doubts about whether it is valid, the staff member or volunteer should bring this to the attention of their Line Manager, who should in turn seek professional advice where necessary. In Regulated Services, the care plan completed on referral should address any issues about consent that might affect day to day living. This should be kept under continuous review.

In some cases it may be necessary for the withholding of consent to be overridden. This is generally in circumstances where there is a strong overriding public interest, or where a crime is alleged or suspected.

### Capacity

Mental capacity means the ability to make a decision and take actions. An adult will always be assumed to have capacity to make a decision unless it is suspected otherwise. This means staff and volunteers should always start by believing that the adult can make their own decisions unless they can prove otherwise. It does not matter what the adult looks like, how they behave, what age they are or if they have a disability or illness.

Staff and volunteers must be aware that capacity can fluctuate, and it is both issue and time specific, therefore it should be kept under regular review.

If a member of staff or volunteer has any doubts about the capacity of an adult to make a decision or series of decisions, they should inform their Line Manager or Adult Safeguarding Champion, who should seek professional advice from the local HSC Trust. It may be necessary for a HSC professional to conduct a capacity assessment.

Any decisions made or actions taken on behalf of an adult who lacks capacity must be done in their best interests, after considering their preferences. The person/agencies making the decision must consider whether it is possible to do this in a way that would interfere less with the freedoms and rights of the adult. Where appropriate, relevant family members or carers will be consulted regarding what action to take.

### Advocacy

An adult who lacks capacity to make a decision may have the potential to benefit from advocacy services. Advocacy helps people to:

- Access information and services;
- Be involved in decisions about their lives;
- Explore choice and options;
- Defend and promote their rights; and
- Speak out about issues that matter to them.

Advocacy helps to ensure that the adult at risk remains central to the decision making process.

An advocate should not make decisions on behalf of the adult, but always work in partnership with them.

[Go back to Section 1.1](#)

[Go back to Section 8.8](#)

### Resource 1.3 Sample Adult Safeguarding Policy Statement

A sample adult safeguarding policy statement is a statement of your intention to keep adults safe while in the care of your organisation.

It should be a simple statement, which reflects the nature and activities of your organisation such as:

#### **Our commitment to safeguard**

Abuse is a violation of an individual's human and civil rights; it can take many forms. The staff and volunteers in (organisation name) are committed to practice which promotes the welfare of adults and safeguard them from harm.

Staff and volunteers in our organisation accept and recognise our responsibilities to develop awareness of the issues that cause adults harm, and to establish and maintain a safe environment for them. We will not tolerate any form of abuse wherever it occurs or whoever is responsible. We are committed to promoting an atmosphere of inclusion, transparency and openness and are open to feedback from the people who use our services, carers, advocates, our staff and our volunteers with a view to how we may continuously improve our services/activities.

We will endeavour to safeguard the adults we work with and care for by:

- Adhering to our adult safeguarding policy and ensuring that it is supported by robust procedures;
- Carefully following the procedures laid down for the recruitment and selection of staff and volunteers;
- Providing effective management for staff and volunteers through supervision, support and training;
- Implementing clear procedures for raising awareness of and responding to abuse within the organisation and for reporting concerns to statutory agencies that need to know, while involving adults at risk and their carers appropriately;
- Ensuring general safety and risk management procedures are adhered to;
- Promoting full participation and having clear procedures for dealing with concerns and complaints;
- Managing personal information, confidentiality and information sharing; and
- Implementing a code of behaviour for staff and volunteers.

We will review our policy, procedures, code of behaviour and practice at regular intervals, at least once every three years.

<b>Author:</b>	
<b>Publication date:</b>	
<b>Approved by:</b>	
<b>Effective from:</b>	
<b>For attention of and action by:</b>	Members of the Senior Management Team, Management Committee/Group; managers and leaders; staff and volunteers; service users; and advocates; and visitors.
<b>Review date:</b>	
<b>Adult Safeguarding Champion:</b>	(Name and contact details)

[Go back to Section 1.1](#)

[Go back to Section 5.2](#)

# Section 2

The organisation consistently applies a thorough and clearly defined method of recruiting staff and volunteers in line with legislative requirements and best practice.



## Standard 2

**The organisation consistently applies a thorough and clearly defined method of recruiting staff and volunteers in line with legislative requirements and best practice.**

### Criteria:

1. There is a clear job description for staff and role description for volunteers and a personnel/volunteer specification outlining the key skills and abilities and qualifications, if any, required.
2. There is an open recruitment process.
3. There is an application form that covers past work/volunteering.
4. There is a declaration form requesting information on previous convictions which are not protected, and investigations, if any.
5. A consent form for an AccessNI disclosure check is completed, if required.
6. There is an interview process suitable to the post/role and task.
7. Written references are sought (and followed up when necessary).
8. If a professional qualification is a requirement of the post, a registration
9. check is made with the appropriate Professional Regulatory Body.
10. Where required, an appropriate AccessNI disclosure check is carried out.
11. The post is approved by management.

### **2.1 There is a clear job description for staff and role description for volunteers and a personnel/volunteer specification outlining the key skills and abilities and qualifications, if any, required.**

It is important to have good recruitment and selection procedures in place to minimise the opportunity for unsuitable people to work or volunteer with adults who may be at risk. The same procedures must be applied consistently with paid staff (full time and part time) and volunteers alike, even those who live locally and are known to the organisation or those with a lot of experience.

This section sets out the procedures that should be followed to ensure good practice. The actual degree of formality applied to the procedures will vary from one organisation to another but should be developed in line with these standards.

The first step is to define the job or volunteer role. This involves thinking through what exactly you consider the job/role to be, identifying what skills will be required of them and being clear about the qualities required to fill the post. For a staff post this will be outlined in a job description and for a volunteer, in a role description. The qualifications, if any, skills and qualities required of the member of staff/volunteer will be described in a personnel specification for an employee and in a volunteer specification for a volunteer.

The job and role descriptions should indicate whether the post constitutes regulated activity under the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, as amended by the Protection of Freedoms Act 2012. If a post does fall within the scope of regulated activity, any individual included on the Adult's Barred List, is prohibited by law from applying for the job or role. Organisations are also prohibited from employing/involving a Barred individual in regulated activity.

#### [See Resource 2.1 – Disclosure and Barring Arrangements](#)

### **2.2 There is an open recruitment process.**

In addition to the job or role description and personnel or volunteer specification, detailed recruitment material should be drawn up outlining the activities and aims of the organisation. Posts should be advertised widely; this may be at regional level for paid posts and at a more local level for volunteer roles but will depend on the nature of the job or role and the organisation.

### **2.3 There is an application form that covers past work/volunteering**

An application form should be supplied along with a clear job or role description and personnel or volunteer specification. Information about the organisation should be included, as well as a copy of the organisation's safeguarding statement. The application form should be drafted to allow applicants to provide all relevant details and should include a written assurance that all information received will be dealt with confidentially.

#### [See Resource 2.2 – Sample Employment Application Form](#)

#### [See Resource 2.3 – Sample Volunteer Application Form](#)

When recruiting staff, organisations providing services regulated by the RQIA must ensure that they comply with the regulatory requirement in relation to the service they provide. With regard to the 'fitness of staff' this generally requires that:

- They are of integrity and good character;
- They have the qualifications, skills and experience for the work they are to perform;
- They are physically and mentally fit for the work they have to perform; and
- Full and satisfactory information, as specified in regulations, is available in relation to them.

### **2.4 There is a declaration form requesting information on previous convictions which are not protected, and investigations, if any.**

All applicants should be asked to sign a declaration form which gives them the opportunity to declare criminal history information, in line with legal requirements. The extent of the declaration of criminal history will depend on the nature of the post. The reason for this is to ensure that the information provided by the applicant concurs with the information that appears on any subsequent Disclosure Certificate.

Sometimes details of an individual's criminal record will not appear on their disclosure certificate. They are 'filtered' from Standard and Enhanced checks because they are old and/or minor. The individual does not have to tell a prospective employer/organisation about these convictions and/or cautions. Therefore, where organisations are processing these levels of checks they may only ask applicants for details of convictions and information that is 'not subject to filtering'.

The applicant should also be asked to provide any information on any investigation carried out in relation to adult abuse in which they have been the alleged perpetrator, and to agree to further enquiries being made, relevant to the declaration.

Organisations should make it clear that such information will be dealt with in a confidential manner and not used unfairly to disadvantage the applicant. The declaration form should be returned to the organisation in a sealed envelope marked 'confidential' and only opened when the preferred applicant has been identified.

### **2.5 A consent form for an AccessNI disclosure check is completed, if required.**

Where an AccessNI disclosure check will be carried out, the applicant should be provided with a consent form which outlines the level of AccessNI check to be sought, and asking the applicant's written consent to the check.

Organisations should make it clear that where consent to an AccessNI disclosure check is not provided, the recruitment process will not proceed and the applicant will no longer be considered eligible for the post.

### **[See Resource 2.4 – Sample Declaration and Consent Form](#)**

Note:

**Regulated activity** - the declaration and consent form should include questions 1 - 4.

### **Non-regulated activity eligible for an Enhanced Disclosure without Barred List Check**

- the declaration and consent form should include questions 2 - 4.

[See Resource 2.5 – AccessNI Information](#)

#### **2.6 There is an interview process appropriate to the post/role and task.**

At least two representatives of the organisation should conduct the interview (or meeting in the case of a volunteer) at which you should assess the information contained in the application form against the kinds of qualities and skills needed for the job or role. You should take this opportunity to gauge the candidate's understanding of adult safeguarding to ensure that they are able and committed to meet the standards set out in this Guidance.

An acceptable form of identification, ideally a form of photographic identification such as a passport or driving licence, and, where required, documentary evidence of qualifications and any accredited training should be produced by the candidate at the interview.

Based on the interview/meeting, it should be possible to identify a preferred candidate and make a conditional offer of the job or role, subject to satisfactory references and the result of an AccessNI check (where relevant).

#### **2.7 Written references are sought (and followed up when necessary)**

References should be taken up in writing with at least two people who are not family members and ideally, one of whom should have first-hand knowledge of any previous work the applicant has undertaken with adults at risk. A more accurate and reliable reference will be achieved by asking specific questions on the reference form. In particular, referees should be asked to confirm that they have no concerns about the applicant working with adults at risk.

[See Resource 2.6 – Sample Employee Reference Request Form](#)

[See Resource 2.7 – Sample Volunteer Reference Request Form](#)

#### **2.8 If a professional qualification is a requirement of the post, a registration check is made with the appropriate Professional Regulatory Body.**

The job description should also indicate whether registration with a Professional Regulatory Body, e.g. the Northern Ireland Social Care Council (NISCC), Nursing and Midwifery Council (NMC), Health Professions Council (HPC) is required and this should be checked.

[See Appendix 2 – Professional Regulatory Bodies](#)

### 2.9 Where required, an appropriate AccessNI disclosure check is carried out.

Under the Safeguarding Vulnerable Groups (NI) Order 2007, as amended by the Protection of Freedoms Act 2012, it is an offence for organisations to knowingly recruit Barred individuals into 'regulated activity' with adults. Organisations can ensure they are complying by requesting an Enhanced Disclosure with Barred List Check, before confirming an appointment in regulated activity. This check will be carried out by AccessNI, either through a Registered Body or an Umbrella Body.

A Barred individual is legally prohibited from working or volunteering in regulated activity and is committing an offence by applying for or offering to undertake such work.

If the post meets the former definition of regulated activity (i.e. pre 2012 definition) the organisation can choose to request an Enhanced Disclosure without Barred List Check on the preferred applicant.

If the post does not meet either of the above definitions, there is no eligibility to undertake AccessNI checking at enhanced level. Organisations may decide to request a Basic Check.

[See Resource 2.1 - Disclosure and Barring Arrangements](#)

[See Resource 2.5 - AccessNI Information](#)

Information obtained through an AccessNI check will ensure that decisions about appointments are made based on all available information. Once the Disclosure Certificate has been received by the applicant and forwarded to the organisation, it should be cross referenced with the applicant's self-declaration form. At this point the organisation will be able to make a final recruitment decision. Where the organisation is satisfied, the conditional offer of employment/volunteering should now be confirmed with the preferred candidate.

Discretion needs to be applied when a Disclosure Certificate reveals criminal history information. A number of factors should be considered including the nature of the information or conviction, any frequency or pattern of offending, and care needs to be taken to consider this information alongside the requirements of the post.

### 2.10 The post is approved by management.

All posts should be approved by management. It is not the responsibility of any individual member of staff or volunteer to appoint a new staff member or volunteer, but an organisational responsibility.

#### **And finally...**

Safeguarding adults must be a primary consideration in developing a thorough method of recruiting, selecting and managing staff and volunteers. However, there are other matters that you should consider in order to enhance the quality of care provided by your organisation. The make-up of your staff and volunteers should be responsive to the needs of the adults with whom you work or who are in your care.

Some things to consider are:

- Your obligations as an employer/volunteer organisation to adopt a policy of non-discrimination within the terms of equality legislation;
- Attempting to attain, as far as possible, an appropriate balance of male and female staff and volunteers;
- Attempting to attain, as far as possible, staff and volunteers who are reflective of any minority cultural or linguistic groups represented in your organisation's user groups.



## Resource 2.1 Disclosure and Barring Arrangements

Organisations delivering services and activities to adults at risk must ensure they comply with disclosure and barring arrangements which are in place through law and/or best practice. The following information should be read in conjunction with **Resource 2.5 AccessNI Information**.

### Disclosure arrangements

The Safeguarding Vulnerable Groups (NI) Order 2007, as amended by the Protection of Freedoms Act 2012 defines 'regulated activity' with children and adults. Regulated activity is work which a Barred person must not undertake. It is a criminal offence for a Barred person to seek or undertake work from which they are Barred, and it is an offence for organisations to 'knowingly employ' a staff member or involve a volunteer in regulated activity if they are Barred. Organisations can ensure they are complying by requesting an Enhanced Disclosure with Barred List Check, before confirming an appointment in regulated activity.

### What is regulated activity?

The following categories of people (and anyone who provides day to day management or supervision of those people) fall within the definition of regulated activity:

- 1. Providing health care** - any health care professional providing health care to an adult or anyone providing health care to an adult under the direction or supervision of a health care professional.

A **health care professional** is a person who is regulated by one of the following professional regulators:

- General Medical Council,
- General Dental Council
- General Optical Council
- General Osteopathic Council
- General Chiropractic Council
- Pharmaceutical Society of Northern Ireland
- Nursing and Midwifery Council
- Health Professions Council.

**Health care** includes all forms of health care provided for adults, whether relating to physical or mental health, and includes palliative care. This includes diagnostic tests and investigative procedures. Health care also includes procedures that are similar to forms of medical or surgical care that are not provided in connection with a medical condition. An example of this is taking blood from a blood donor or cosmetic surgery.

The provision of psychotherapy and counselling (including over the telephone) to an adult which is related to health care the adult is receiving from, or under the direction or supervision of, a health care professional, is regulated activity. Life coaching is excluded.

First aid, when any person administering the first aid is doing so on behalf of an organisation established for the purpose of providing first aid (for example, St John Ambulance Service), is regulated activity. This includes first aid given by First Responders. However, a worker employed for another purpose who volunteers, or is designated, to be that organisation's first aider is not in regulated activity.

Members of peer support groups, staff in community pharmacies, opticians, GP surgeries and dental practices who do not provide health care are not in regulated activity.

**2. Providing personal care** - Anyone providing physical assistance, prompts and supervision, training, guidance or instructions to an adult with eating, drinking, toileting, washing, bathing, dressing, oral care or care of the skin, hair or nails because of the adult's age, illness or disability.

Excluded from regulated activity is any physical assistance provided to an adult in relation to the care of their hair when that assistance relates only to the cutting of the adult's hair. Hairdressers who cut the hair of patients and residents in hospitals and care homes are not engaging in regulated activity.

Illustrative examples:

- a) A care assistant in a care home who cuts and files an adult's nails to keep the nails short and safe, because the adult cannot do it themselves, because, for example, they cannot see well enough, is engaging in regulated activity.
- b) A beauty therapist who attends a day care centre once a week and provides manicures for anyone who would like one, instead of for people who need them because of their age, illness or disability, is not engaging in regulated activity.
- c) A volunteer who prepares and serves a meal to an adult in their own home (but does not feed the adult) is not engaging in regulated activity. To be engaged in regulated activity you must provide physical assistance to the person, for example spoon feeding that person, or you must be prompting and supervising (for example, prompting and supervising a person with dementia, because without it they would not eat), or you must be training or instructing (for example, teaching a person who has suffered a stroke to eat using adapted cutlery).

**3. Providing social work** - A social care worker providing social work in connection with any health or social services, including assessing or reviewing the need for these services, and providing ongoing support to clients.

**4. Assistance with general household matters** - Anyone providing day to day assistance to an adult because of their age, illness or disability, where that assistance includes managing the person's cash, paying the person's bills and/or shopping on their behalf.

Illustrative examples:

- a) A volunteer who collects shopping lists and the cash to pay for the shopping from older adults' homes, who then does the shopping on their behalf, is engaging in regulated activity.
- b) A befriender who helps a disabled person compile their weekly shopping list is not in regulated activity.

**5. Assistance in the conduct of a person's own affairs** - Anyone who provides assistance in the conduct of a person's own affairs by virtue of:

- The Enduring Powers of Attorney (NI) Order 1987;
- An order or direction in relation to a person's property and affairs of the High Court under the Mental Health (NI) Order 1986;
- Being appointed a controller by the High Court under the Mental Health (Northern Ireland) Order 1986; and/or

- Receiving payments on behalf of that person under the Social Security Administration (Northern Ireland) Act 1992.

**6. Conveying** - Anyone who transports an adult, who requires it because of their age, illness or disability, to or from a place where they have received or will receive health care, personal care or social care (health care, personal care or social care are outlined above).

Hospital porters, Patient Transport Service drivers and assistants, employees of the Northern Ireland Ambulance Service Health and Social Care Trust and staff within an emergency department who transport an adult because of their age, illness or disability to or from places where they have received, or will be receiving, health care, personal care or social work are also included in regulated activity.

Conveying does not include licensed trips taken for purposes other than to receive health care, personal care or social work (for example, trips for pleasure are excluded).

Illustrative examples:

- a) A person who volunteers to take an adult to and from their GP appointment on behalf of a community group is in regulated activity. It would not matter if that person knows, or is friends with, the adult they were taking to the appointment if the conveying is on behalf of the group.
- b) A friend who takes their neighbour to a hospital appointment would not be in regulated activity, as this is a personal relationship.

Regulated activity continues to exclude any activity carried out in the course of family relationships, and personal, non-commercial relationships.

### Barring arrangements

The Disclosure and Barring Service (DBS) is responsible for maintaining the list of individuals barred from engaging in regulated activity with children and/or adults across England, Wales and Northern Ireland. Organisations who have permanently removed an individual from regulated activity (or would have done had the employee/volunteer not left) because of harm or risk of harm to an adult, are required by law to refer the individual to the DBS who will then consider inclusion on a Barred list.

Guidance on how to refer and in what circumstances is available from the DBD website

**[www.gov.uk/government/organisations/disclosure-and-barring-service](http://www.gov.uk/government/organisations/disclosure-and-barring-service)**

Individuals who have been convicted or cautioned for very serious offences against children or adults at risk will be automatically barred. A list of relevant offences is available on the DBS website listed above.

[Go back to Section 2.1](#)

[Go back to Section 2.9](#)

## Resource 2.2 Sample Employment Application Form

### Application Form

Candidate Reference Number	
<b>JOB TITLE</b>	Return to

<b>PERSONAL DETAILS</b> (Please complete using block capitals and black ink)			
Surname		Forename	
Address			
		Postcode	
Home Tel No		Work Tel No	
Mobile No			
May we contact you at work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Email Address			
Where did you see the vacancy advertised?			

<b>CURRENT OR MOST RECENT EMPLOYER</b>			
Name			
Address			
Postcode		Tel No	
Position held and brief outline of duties			
Date Started		Date Left	
Reason for leaving			
Job Title		Salary	
Notice Period (if applicable)			

## PREVIOUS EMPLOYMENT

Please give details of employment (paid or unpaid) over the last 10 years.  
**Please give your most recent first.**

Name & Address of Employer and Nature of Business	Date of Employment		Position Held	Reason for leaving
	From	To		

## EDUCATION

Please give details of all qualifications obtained, along with grade and date achieved.  
**Please give your most recent first.**

Level: Secondary/Further/Higher	Dates		Course details and Exam Results	Date obtained
	From	To		

## Professional Qualifications (Held or working towards)

Professional Body/ College/University	Dates		Course details and Exam Results	Date obtained
	From	To		

**SPECIALISED TRAINING OR COURSE ATTENDED**

Course Taken	Organised By	Location	Date

**MEMBERSHIP OF PROFESSIONAL BODIES**

Please give details of membership or any professional duties

Name of Professional Body (e.g. NMC, NISCC, HPC)	Level/Type of Membership	Registration Details (e.g. Part of Register)	Expiry Date

**SUPPORTING INFORMATION**

(Please ensure when completing this section that you demonstrate that you meet the shortlisting criteria)

Experience			
Knowledge			

Ability
Qualifications

**REFERENCES** Please give details of two referees; one must be your current or most recent Line Manager. References from family or friends are NOT acceptable.

REFERENCE 1		REFERENCE 2	
Name		Name	
Job Title		Job Title	
Organisation		Organisation	
Address		Address	
Postcode		Postcode	
Tel No		Tel No	
Email Address		Email Address	

**DECLARATION OF CONVICTIONS**

See attached – Declaration and Consent Form

**DECLARATIONS** Please ensure you sign and date this declaration before returning your application form

**DATA PROTECTION DECLARATION** - The information on the application form will be held and processed in accordance with the requirements of Data Protection Legislation.

I understand that the information is being used to:

- Process my application for employment;
- Form the basis of a computerised record on the recruitment system for processing and monitoring purposes;
- Form the basis of a manual job file with other application forms and will be used for processing;
- If appointed, form the basis of a manual and computerised employment record.

I declare that the information provided on this form is true and complete to the best of my knowledge and belief.

I understand that any false or omitted information may result in dismissal or other disciplinary action if I am appointed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please note:**

All information received will be dealt with in confidence, consistent with our commitment to safeguard adults.

[Go back to Section 2.3](#)

## Resource 2.3 Sample Volunteer Application Form

### Volunteer Application Form

<b>Name of Organisation:</b>	
Address:	
Town:	Postcode:
Tel No:	

Please note that the information given below will be used to try to match potential volunteers to the most appropriate roles available at the time of application to volunteer with [name of organisation].

Name:			
Address:			
Postcode:			
Home Tel No:		Work Tel no:	
May we contact you?			
Mobile No:			
Email Address:			

Please tick the volunteer roles that you would be interested in:

Role Title 1       Role Title 2       Role Title 3       etc  
 (Or list Geographical area/sites available to volunteer in).

When would you be available to volunteer with us? (Please tick)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

What motivated you to apply for a volunteer role in (name of organisation)?


## Section 2

What previous work experience, including voluntary work, do you have?


Do you have any hobbies or interests relevant to the post?


What skills, knowledge and experience do you feel you could bring to a voluntary role in our organisation?


Are there reasonable adjustments that we could make as part of your recruitment process that would enable you to enjoy equality of opportunity in seeking a volunteer role with us?

Please specify:


Please provide names and addresses of two people who we could contact for a reference.  
(Someone who is not a relative, but has known you for 2 years within the last 5 years.)

1. Name:		2. Name:	
Address:		Address:	
Postcode:		Postcode:	
Work Tel No:		Work Tel No:	
Home Tel No:		Home Tel No:	

Signature:

---

Date:

---

Thank you for your interest, we will be in touch soon.

Please return completed form to:

Volunteer Organiser, (*name of organisation*)

**Please note:**

All information received will be dealt with in confidence, consistent with our commitment to safeguard adults.

[Go back to Section 2.3](#)

### Resource 2.4 Declaration and Consent Form

We are committed to safeguarding adults and to ensuring equal opportunity for all applicants. Information about criminal convictions is requested to assist the selection process and will be taken into account only when the conviction is considered materially relevant to the position applied for.

You have applied for a position that is defined as Regulated Activity under the Safeguarding Vulnerable Groups (NI) Order 2007, as amended by the Protection of Freedoms Act 2012. This post is not open to anyone who is included on the Adult's Barred List.

#### **OR**

You have applied for a position that is eligible for an Enhanced Disclosure Check under the Safeguarding Vulnerable Groups (NI) Order 2007, as amended by the Protection of Freedoms Act 2012.

#### **(Select as appropriate)**

It also falls within the position of an 'excepted' position under The Rehabilitation of Offenders (Exceptions) Order (NI) 1979. This means that you must tell us about all offences and convictions, including those considered 'spent', which are not subject to filtering\*. If you leave anything out it may affect your application.

This information **will** be verified through an **AccessNI Enhanced Disclosure Check (EDC)** if you are considered to be the preferred candidate and are being offered the position. The EDC will tell us about your criminal record history (and, if the post is regulated activity, if your name has been included in a Barred List). It is to make sure that individuals who are considered a risk to adults are not appointed.

The information received will be treated confidentially and will be assessed alongside normal selection criteria to determine suitability for the position. A separate meeting will be held with you if clarification is required to discuss any issues around your disclosure before a final decision is reached. After the decision has been made the information will be destroyed.

Please complete the attached form and return it with your application. The form also asks you to give your written consent to the AccessNI Check and to agree to further enquiries being made relevant to the declaration, which will only be obtained if you are the preferred candidate.

If you do not consent we will not accept your application.

Applicants can also submit a separate statement of disclosure if they wish. This may include details such as the particular circumstances around the conviction(s); how circumstances may have changed; and what has been learnt from the experience. Applicants can contact the Northern Ireland Association for the Care and Rehabilitation of Offenders (NIACRO) for more information.

#### **Guidance notes on filtering\***

Filtering is the term given to the non-disclosure of information, which is considered to be old and minor, on disclosure certificates. You do not need to give us details of any criminal history information that may be subject to filtering. Filtering rules are summarized below. However, if you need additional guidance on what you should disclose, you should seek advice from NIACRO.

<b>Disposal</b>	<b>Aged 18 or over at time of issue/conviction</b>	<b>Aged under 18 at time of issue/conviction</b>
Conviction for non-specified offences	Filtered after 11 years	Filtered after 5 ½ years
Cautions for non-specified offence	Filtered after 6 years	Filtered after 2 years
Informed warnings for non-specified offence	Filtered after 1 year	Filtered after 1 year
Diversionsary Youth Conferences	n/a	Filtered after 2 years

AccessNI does not filter the following:

- a conviction or caution, diversionary youth conference or informed warning for a specified offence
- a conviction resulting in a custodial sentence (including a suspended sentence)
- a conviction for trying to commit a specified offence
- a conviction for encouraging or helping someone else commit a specified offence

'Specified offences' include serious, sexual or violent offences or those relevant to safeguarding. A full list of 'specified offences' is available from the Department of Justice website: [www.dojni.gov.uk](http://www.dojni.gov.uk)

## Declaration of Criminal Convictions, Cautions & Bind-Over Orders

In Confidence

**1. Are you included in the Adult's Barred List?**

(if yes, please give details)

YES

NO

**2. Do you have any cases pending?**

(if yes, please give details)

YES

NO

**3. Do you have any convictions, cautions, warnings, diversionary conferences or bind-over orders that are not subject to 'filtering' (as defined by the Rehabilitation of Offenders (Exceptions) Order (NI) 1979, as amended in 2014)?**

YES

NO

If yes, please provide details below, giving as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.

**4. Have you ever been the subject of an Adult Abuse investigation which alleged that you were the perpetrator?**

YES

NO

If yes, please provide details below, giving as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.

### Declaration and Consent

I declare that the information I have given is complete and accurate. I understand that I will be asked to complete an AccessNI Disclosure Certificate Application Form if I am considered to be the preferred candidate. I consent to the appropriate AccessNI check being made and I agree to enquiries relevant to this declaration.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Any surname previously known by: \_\_\_\_\_

Position applied for \_\_\_\_\_

### Resource 2.5 AccessNI Information

AccessNI is the system for the disclosure of an individual's criminal history to help organisations make safer recruitment decisions. It was established in April 2008 by the Northern Ireland Office as a result of the introduction in Northern Ireland of Part V of the Police Act 1997. Since then, AccessNI has moved under Department of Justice. Registered bodies can process applications for standard and enhanced disclosure checks. Typically, a Registered Body will be an employer seeking disclosures as part of the recruitment process. Registered Bodies must submit over 20 applications a year to maintain their status. Organisations who are not Registered Bodies can use the services of an organisation which has already registered with AccessNI and can deliver all of the necessary services on their behalf - an Umbrella Body. Full details of Umbrella Bodies and any costs are available on the AccessNI website.

#### Age of applicants

AccessNI will not accept applications for Basic, Standard or Enhanced checks where the individual is not aged 16 or over on the day the application was submitted. The only exception to this is where the applicant is seeking an Enhanced check and they are a member of a family, where an adult in that family is a registered childminder or is seeking to foster or adopt a child; or is living or working at the same premises where the childminding, fostering or adoption is to take place. In such circumstances, applications will continue to be processed provided the applicant is over 10 years of age.

#### Types of AccessNI checks

There are different levels of disclosure certificates available through AccessNI, each returning different levels of information. Individuals can apply directly to AccessNI using the appropriate application form to obtain a Basic Disclosure. Standard and Enhanced Disclosures can only be accessed through Registered/Umbrella Bodies.

Further information on the process and associated costs can be found at

<https://www.volunteernow.co.uk/app/uploads/2021/06/AccessNI-What-you-need-to-know.pdf>

[Go back to Section 2.5](#)

[Go back to Section 2.9](#)

## Resource 2.6 Sample Employee Reference Request Form

### Reference Request Form

#### In Confidence

Name of Applicant		
Position applied for		
1 In what capacity do you know the applicant, e.g. line manager, supervisor, professional colleague		
2 How long have you known the applicant?		
3 Length of service.	Start date:	End Date
4 Reason for leaving		
5 Most recent position held		
6 Summary of main duties		
7 Please comment on the following areas as relevant to the post: Be as specific as possible		
• Applicant's main strengths		
• Areas for improvement		
• Applicant's ability to meet the competencies and skills of the post (see job description)		
8 Please detail any concerns about any aspects of their work, where relevant to the post		

## Section 2

9 Please detail any particular supervision or support needs that the applicant may have had if different to above

10 Has the applicant been subject to any formal action in relation to discipline or competence at any time?

Yes  No

11 Has the applicant had a satisfactory attendance record?

Yes  No

If no, please give details

12 Do you have any concerns about the applicant's suitability to work with adults at risk?

Yes  No

If yes, please give details

Under Data Protection Legislation, I am aware that this reference may be made available to the applicant, if requested.

Signature

Date

Position Held

Organisation/Business

Tel No

Email Address

**Note:** We may contact you to clarify any of the information provided.

[Go back to Section 2.7](#)





# Section 3

There are procedures in place for the effective management, support, supervision and training of staff and volunteers.



## Standard 3

**There are procedures in place for the effective management, support, supervision and training of staff and volunteers.**

### Criteria:

1. There is an induction process for staff and volunteers.
2. There is a probationary period for staff and a trial period for volunteers.
3. Relevant training is provided, appropriate to the post/role.
4. There is a robust structure and process for support and supervision for all staff and volunteers, appropriate to the post/role.
5. There is an annual appraisal for staff and review for volunteers.
6. Comprehensive, written records are kept of: training completed; support and supervision; and annual appraisals/reviews.

### 3.1 There is an induction process for staff and volunteers.

Good management of staff and volunteers will ensure that everyone in the organisation is clear about what the organisation is trying to achieve and what their particular roles and responsibilities are. A thorough induction process is integral to good organisational practice. It ensures that staff and volunteers are properly prepared for their work and reduces anxieties associated with starting a new job or role. Organisations should ensure they have an induction process in place for staff and volunteers.

Induction should take place when a new staff member or volunteer starts with your organisation.

It should be well planned and its format explained to the new worker. It should include:

- Information on organisational policies, procedures, guidelines, activities and ethos;
- What is expected and required of them and the boundaries or limits within which they should operate;
- Awareness raising and training on the recognition, recording and reporting of abuse;
- Meeting co-workers, relevant managers and senior staff;
- Information about key stakeholders and their roles;
- Practical information such as breaks, the location of the kitchen and toilets, etc.

The Northern Ireland Induction Standards are required to be implemented by employers of individuals for whom registration with the NISCC is a requirement. For individuals not required to register with NISCC, the standards are suggested as best practice.<sup>5</sup>

Induction will ideally be done over a few days as new staff and volunteers can only take in a certain amount of information at a time. A timeframe should be set within which induction should be completed. Staff and volunteers should be asked to acknowledge that they have completed induction training and have read and understood the organisation's policies, procedures and guidelines, and agree to abide by them.

With the increasing number of people entering the workforce from outside Northern Ireland, organisations should take account of cultural sensitivities. Some cultural awareness raising may be required by organisations and existing staff and volunteers to minimise misunderstandings. Awareness raising for staff and volunteers from outside Northern Ireland may be required on what is considered acceptable and unacceptable practice within the established culture here. This should be part of the initial induction programme. Guidance on cross cultural issues may be obtained from Bryson Intercultural (formerly the Multicultural Resource Centre).

#### [See Appendix 3 – Useful Contacts](#)

To ensure that everything necessary is covered at induction, it is good practice to have an Induction Checklist. It is also useful for organisations to put together a handbook of information covered at induction to give to staff and volunteers for reference.

#### [See Resource 3.1 – Sample Induction Checklist](#)

<sup>5</sup> NISCC has developed a resource for managers who are implementing induction and a workbook for new staff to help them plan and record their progress towards completing induction. These materials are available through [www.niscc.info](http://www.niscc.info)

### 3.2 There is a probationary period for staff and a trial period for volunteers.

All appointments of staff and volunteers should be conditional on the completion of a satisfactory period of work i.e. a probationary period for staff and a trial period for volunteers. A minimum period should be established at the time of employment/involvement e.g. three to six months. During this time you should pay particular attention to the work of the individual and their attitude to and aptitude for working with adults at risk. A record should be made of any matters arising during the probationary/trial period and any training needs identified.

At the end of the probationary/trial period it is good practice to have a review of the staff member's/volunteer's progress in the job or role. In cases where there are concerns about a staff member's/volunteer's performance, it may be necessary to extend their probationary/trial period, or to terminate their services altogether. Any decision made at this stage should not come as a surprise if regular support and supervision has been carried out with the member of staff/volunteer.

### 3.3 Relevant training is provided, appropriate to the post/role.

In addition to induction, all staff and volunteers (including Adult Safeguarding Champions and Management Committee Members) should receive adult safeguarding training relevant to their job or role and the nature of the contact they will have with adults at risk. This training should be reviewed and updated regularly in line with changing legislation and practice. It is recommended that update training takes place at least every three years, unless otherwise stipulated in the Minimum Standards relevant to your service area.

Adult safeguarding training should include an awareness and understanding of the factors which increase the risk of harm in adulthood; the possible signs of adult abuse; responding when abuse is disclosed or suspected; recording and reporting procedures; and what is meant by confidentiality in the context of adult safeguarding. Staff and volunteers should be trained to take concerns about adult abuse seriously; to deal with information about alleged or suspected abuse sensitively; to know never to make promises to keep secrets; to understand that their role is not to investigate; and to know how to report concerns about alleged or suspected abuse in line with the organisation's reporting procedures ([see Section 4](#)).

A training needs analysis is useful to determine the nature and level of training that staff and volunteers should receive. Organisations should ensure that any adult safeguarding training provided for their staff and volunteers meets the required learning outcomes in the Northern Ireland Adult Safeguarding Partnership (NIASP) Training Strategy and Framework available at [www.volunteernow.co.uk/publications/?category=7&type=0&Search.x=26&Search.y=12](http://www.volunteernow.co.uk/publications/?category=7&type=0&Search.x=26&Search.y=12)

Other relevant training should be provided on, for example, equal opportunities, communication skills; partnership working with carers; dealing with challenging behaviour; and training particular to the needs of the adults, such as understanding dementia. The type of training required will depend very much on the profile of the adults with whom you work.

It is best practice to keep a record of training needs, training provided, date provided and how useful staff and volunteers found it. For organisations providing Regulated Services, this will be mandatory.

All organisations should have a Code of Behaviour for staff and volunteers outlining the behaviours expected and behaviours to be avoided when working with adults at risk of harm. Staff and volunteers should have training on the Code of Behaviour and should also have an input into its regular review. Guidelines on drawing up a Code of Behaviour can be found in Section 8. Professionally qualified staff will be required to adhere to a professional code of practice, which will be available from their Professional Regulatory Body's website.

### [See Appendix 2 – Professional Regulatory Bodies](#)

#### **3.4 There is a robust structure and process for support and supervision for all staff and volunteers, appropriate to the post/role.**

For providers of Regulated Services, there will be specific requirements for support and supervision. However, even where not specified, support and supervision is essential to ensure that staff and volunteers feel supported in the work they do, and that the organisation is confident that individuals are carrying out the work to the required standard.

Staff and volunteers should be facilitated to discuss their work, and support and supervision issues at regular intervals. This will, in turn, assist managers to become aware of and deal with any issues that may prevent the work being carried out effectively, such as resource issues, problematic working relationships between staff and volunteers or difficulties which could highlight the need for additional training.

The overarching benefit of having a good system of support and supervision in place is that the organisation can have confidence in the quality of service being provided.

There are various methods of providing support and supervision from regular one-to-one meetings with individual staff and volunteers, to meetings with a group of staff and volunteers who are engaged in the same type of work. There are advantages and disadvantages to each type of method used: for example, one-to-one meetings on a regular basis for each staff member/volunteer can put demands on time and, in certain circumstances, ratios. On the other hand, group sessions which may appear more efficient, may inhibit staff and volunteers raising concerns they have in front of colleagues and may not be a suitable environment to address certain individual needs.

If using group sessions, it is important to have separate meetings with individual members of staff and volunteers, particularly if they have different roles or undertake different kinds of work.

Whatever the method used, it is useful for the benefit of all parties concerned to have an agenda or checklist of what is to be discussed and a brief written note of the discussion, including actions agreed, who will take them forward and a timetable for completion.

#### **3.5 There is an annual appraisal for staff and review for volunteers.**

An annual appraisal (staff) or annual review (volunteers), to assess and give feedback to individuals on their general performance, is important so that they can be given recognition for the good work they are doing and helped to develop their skills further.

### [See Resource 3.2 – Support/Supervision/Appraisal Checklist](#)

### **3.6 Comprehensive, written records are kept of: training completed; support and supervision; and annual appraisals/reviews.**

It is best practice for written records to be kept of all training completed by staff and volunteers, support and supervision meetings held and all annual appraisals/reviews. Both parties should agree the content of the records and each should have a copy. These records should be stored confidentially and in line with the organisation's data protection policy.

#### **And finally...**

While the above procedures should apply to both staff and volunteers, it is worth ensuring that everyone in the organisation is clear about the different roles and responsibilities within the organisation.

**[See Resource 3.3 – Employees and Volunteers – Definitions](#)**

## Resource 3.1 Sample Induction Checklist

What	Who	Date
<b>About the Organisation</b> <ul style="list-style-type: none"> <li>• aims, philosophy and ethos</li> <li>• people we work/volunteer with</li> <li>• work/volunteering we do</li> <li>• limitations of the organisation</li> <li>• structure: departments/teams</li> <li>• management</li> </ul>		
<b>The Building</b> <ul style="list-style-type: none"> <li>• toilets, cloakrooms, parking, etc.</li> <li>• where to get tea/coffee/lunch</li> <li>• health and safety rules</li> </ul>		
<b>The Job/Role</b> <ul style="list-style-type: none"> <li>• worker's/volunteer's area of responsibility</li> <li>• line management</li> <li>• days/hours of work/volunteering and breaks</li> <li>• relevant organisational policies and procedures, including the safeguarding policy</li> <li>• code of behaviour</li> </ul>		
<b>The Support System</b> <ul style="list-style-type: none"> <li>• who will supervise worker/volunteer, where and when to find them</li> <li>• support available</li> <li>• supervision/support meetings</li> <li>• resources, facilities, equipment,</li> <li>• training</li> <li>• complaints procedure</li> <li>• reasonable adjustments, if required</li> </ul>		
<b>Fellow Workers/Volunteers</b> <ul style="list-style-type: none"> <li>• who and what they do</li> <li>• team meetings</li> <li>• working/volunteering with others</li> </ul>		
<b>Other Information</b> <ul style="list-style-type: none"> <li>• settling in – probationary/trial period</li> <li>• claiming expenses</li> <li>• key stakeholders and their roles</li> </ul>		
<p><b>Employee/Volunteer:</b> I confirm that I have completed all items in the induction checklist and, where indicated, read and understood policies and procedures.</p> <p>Signature _____ Date _____</p> <p><b>Line Manager:</b> I confirm that all items in the induction checklist have been completed by (name) either with me, or a member of (organisation) authorised by me.</p> <p>Signature _____ Date _____</p>		

[Go back to Section 3.1](#)

## Resource 3.2 Support/Supervision/Appraisal Checklist

### 1. Generally:

How do you feel your work is going?

- What's going well?
- What's not been going so well? Why? What would help?
- Is there anything that has happened which you are unsure about? Are there particular situations that you would like to talk through?

### 2. Workload:

What is your workload like? e.g. is it too much, too little or about right?

### 3. Objectives/Actions:

Let's review the objectives we set last time which we need to review.

Last meeting you raised issues of... let's talk about...

### 4. Relationships:

How are you getting on with the rest of the team – staff/volunteers? People who use our services, their carers, family and advocates?

### 5. Personal Development:

Are there things you would like to learn more about/undertake further training on?

### 6. Ideas for Improvement:

Do you have any ideas of how the organisation could improve how it provides its services or its conditions for staff/volunteers?

### 7. Developments to job/role:

Are there any particular projects/new areas of work you would like to explore?

### 8. Objectives/Actions:

Are there any actions that we should set ourselves between now and next time we meet? Is there any particular issue that you would like me to bring to the team/management?

### 9. Adult Safeguarding

Are there any adult safeguarding issues you would like to raise that we have not yet discussed?

[Go back to Section 3.5](#)

### Resource 3.3 Employees and Volunteers - Definitions

There are distinct differences between the terms 'volunteer' and 'employee' (or 'paid worker').

Volunteering is defined as 'the commitment of time and energy, for the benefit of society and the community, the environment, or individuals outside (or in addition to) one's immediate family. It is unpaid and undertaken freely and by choice.'

Policies and procedures in place to effectively manage volunteers will reflect the voluntary nature of the relationship between the volunteer and the organisation. The only payment received by volunteers will be reimbursement of out of pocket expenses.

Employees will have a contract of employment. This is not just a piece of paper but a relationship between an individual and an organisation where:

- The individual receives remuneration (payment) or consideration (something else of material value) in return for work or services;
- The employer has an obligation to provide work and the individual has an obligation to do the work;
- The work is controlled by the person who is paying;
- The relationship between the parties is consistent with a contract of employment

i.e. documentation, management procedures etc.

It is important that these differences are maintained.

More information about the effective involvement of volunteers can be found in As Good As They Give (Volunteer Now 2013) available from [www.volunteernow.co.uk](http://www.volunteernow.co.uk)

[Go Back to Section 3.6](#)

# Section 4

The organisation has clearly defined procedures for raising awareness of, responding to, recording and reporting concerns about actual or suspected incidents of abuse.



## Standard 4

**The organisation has clearly defined procedures for raising awareness of, responding to, recording and reporting concerns about actual or suspected incidents of abuse.**

### Criteria:

1. The policy outlines what constitutes adult abuse, where abuse can occur and who abuses.
2. There is a written procedure outlining how staff and volunteers respond to, record and report adult safeguarding concerns.
3. There is a system to communicate the reporting procedure to staff and volunteers to ensure they are familiar with it.
4. There is an Adult Safeguarding Champion or appointed person who has responsibility for dealing with adult safeguarding concerns which come to light within the organisation.
5. There is a procedure for the Adult Safeguarding Champion or appointed person to report adult safeguarding concerns to the appropriate authorities.
6. There is a written procedure outlining how staff and volunteers respond to and report allegations made against staff and volunteers.
7. There is a whistleblowing policy and procedure.

#### 4.1 The policy outlines what constitutes adult abuse, where abuse can occur and who abuses.

Good safeguarding practice means that organisations must ensure that all staff and volunteers understand how to recognise abuse, and how to pass any safeguarding concerns to the relevant people within the organisation. This does not mean that staff and volunteers are responsible for deciding whether or not abuse has occurred, but they do have a responsibility to be alert to the physical signs, actions and/or behaviour by adults, staff or volunteers that suggests something may be wrong.

An adult may be at risk of harm because of their personal characteristics and/or life circumstances, which may increase exposure to harm either because a person may be unable to protect themselves 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.

In most situations HSC Trusts will make decisions regarding the degree of risk and level of harm an adult may be facing and decide on the most appropriate action to take. 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 Gateway Service.

#### What is abuse?

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'.<sup>6</sup>

Abuse is the misuse of power and control that one person has over another. It can involve direct and indirect contact and can include online abuse.

"Adult Safeguarding: Prevention and Protection in Partnership" (DOH and DOJ, July 2015) outlines the main forms of 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. Female Genital Mutilation (FGM) is considered a form of physical AND sexual abuse.

**Sexual violence and abuse** is 'any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability).'<sup>7</sup>

Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of

<sup>6</sup> Action on Elder Abuse: definition of abuse 1993 which can be accessed at [www.elderabuse.org.uk/Mainpages/Abuse/abuse.html](http://www.elderabuse.org.uk/Mainpages/Abuse/abuse.html) This was later adopted by the World Health Organisation: [www.who.int/ageing/projects/elder\\_abuse/en/](http://www.who.int/ageing/projects/elder_abuse/en/)

<sup>7</sup> The definitions of 'sexual violence and abuse' and 'domestic violence and abuse' are from "Stopping Domestic and Sexual Violence and Abuse in Northern Ireland, A seven year strategy" (DOH and DOJ, March 2016) available at [www.health-ni.gov.uk](http://www.health-ni.gov.uk)

sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual 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** 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, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

**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** is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can happen in any organisation, within and outside Health and Social Care (HSC) provision. 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 the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails 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.

**Neglect** occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. 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, or failure to intervene in situations that are dangerous to the person concerned or to others particularly where the person lacks the capacity to assess risk.

**“Adult Safeguarding: Prevention and Protection in Partnership” does not include self-harm or self-neglect within the definition of an ‘adult in need of protection’.** Each case will require a professional HSC assessment to determine the appropriate response and consider if any underlying factors require a protection response. For example self-harm may be the manifestation of harm which has been perpetrated by a third party and which the adult feels unable to disclose.

**Exploitation** is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take 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.

This list of types of harmful conduct is not exhaustive, nor listed here 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, they may very well be experiencing harm in other ways.

### Related Definitions

There are related definitions which interface with Adult Safeguarding, each of which have their own associated adult protection processes in place.

**Domestic violence and abuse** is 'threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member'. 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.

The response to any adult facing this situation will usually require a referral to specialist services such as Women's Aid or the Men's Advisory Project. In high risk cases a referral will also be made to the Multi-Agency Risk Assessment (MARAC) process. Specialist services will then decide if the case needs to be referred to a HSC Trust for action under the safeguarding procedures. If in doubt anyone with a concern can contact the Domestic and Sexual Violence helpline (0808 802 1414) to receive advice and guidance about how best to proceed.

**Human trafficking/Modern Slavery** 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/modern slavery 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** 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.

The response to adults at risk experiencing hate crime will usually be to report the incident to the Police Service.

### Where might abuse occur?

Abuse can happen anywhere:

- In someone's own home;
- At a carer's home;
- Within day care, residential care, nursing care or other institutional settings;
- At work or in educational settings;
- In rented accommodation or commercial premises; or
- In public places.

### Who can abuse?

Staff and volunteers should be aware that abusers come from all sections of society, all professions and all races and can be male or female.

An abuser can be anyone who has contact with the adult including someone who is physically and/or emotionally close to the adult at risk, and on whom they may depend and trust. It could be a:

- Partner;
- Spouse;
- Child;
- Relative;
- Friend;
- Informal carer;
- Healthcare, social care or other worker;
- Peer; or less commonly a
- Stranger.

**Professional abuse** – the misuse of power and trust by professionals; the failure of professionals to act on suspected abuse/crimes; poor care practice or neglect in services; or resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems.

**Peer abuse** – the abuse of one adult by another within a care setting. It can occur in group or communal settings such as day centres, clubs, residential care homes, nursing homes or other institutional settings.

**Stranger abuse** – the abuse of an adult by someone they don't know such as a stranger, a member of the public or a person who deliberately targets adults at risk.

### Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harm a child or affect the environment in which they live (Bellis et al 2016). ACEs can include abuse; neglect; domestic violence; mental ill health; alcohol or drug misuse, parental separation; a household member in prison; homelessness; adversities associated with living in care; chronic ill health or serious illness; the death of a parent or sibling; and the impact of the conflict in our region. This is not an exhaustive list, there are many other adversities which children and young people experience.

ACEs can create levels of stress that are dangerous to the child's brain development, behaviour, health, and learning. Individuals who have experienced multiple ACEs are more likely to have poor physical and mental health in adulthood. They are also more likely to engage in health harming behaviours. Staff and volunteers working with adults should be mindful that such behaviours can signify trauma and they should adopt a trauma sensitive approach in their work to reflect and explore why an individual may be behaving in the way that they are, what their needs might be, and what support they may require.

Further information can be found at <https://www.safeguardingni.org/aces-and-trauma-informed-practice>. Free e-learning programmes can be accessed at <https://www.ascert.biz/specialist-courses/>

### 4.2 There is a written procedure outlining how staff and volunteers respond to, record and report adult safeguarding concerns.

Organisations must ensure that there is a written procedure which tells all staff and volunteers how to record and report any adult safeguarding concerns, and the procedure for dealing with an allegation made against them. This should be covered at induction and through ongoing safeguarding training and contained in the organisation's adult safeguarding policy.

Where there are concerns raised about an adult at risk, or where a disclosure or allegation is made, people often feel anxious about passing on the information. Often staff and volunteers can feel afraid that their concerns may be wrong and because of this, they may delay in passing on vital information regarding an adult at risk. Staff and volunteers who have concerns do not need any evidence of wrongdoing, nor are they responsible for conducting an investigation, they simply need to pass on their concerns through the organisation's reporting procedures, as soon as possible.

It is important to remember that it is not the responsibility of one person in an organisation to evaluate information regarding the adult at risk and any safeguarding concerns. It is unlikely that one person will hold all the information relevant to the adult as often important information may be held by several people and more than one organisation but each piece of information may add to the overall jigsaw, which can show a fuller picture of an adult's situation. Sharing information is one of the most important ways to prevent and detect adult abuse.

#### How can you be alerted to signs of abuse or neglect?

There are a variety of ways that you could be alerted that an adult is suffering harm:

- They may disclose to you;
- Someone else may tell you of their concerns or something that causes you concern;
- They may show some signs of physical injury for which there does not appear to be a satisfactory or credible explanation;
- Their demeanour/behaviour may lead you to suspect abuse or neglect;
- The behaviour of a person close to them makes you feel uncomfortable (this may include another staff member, volunteer, peer or family member); or
- Through general good neighbourliness and social guardianship.

**Being alert to abuse plays a major role in ensuring that adults are safeguarded, and it is important that all concerns about possible abuse are taken seriously and appropriate action is taken.**

#### What if an adult at risk discloses abuse?

In cases where an adult discloses abuse to a staff member or volunteer, it is important that staff/volunteers know how to react appropriately, according to the following guidelines:

##### Do

- Stay calm;
- Listen attentively;
- Express concern and sympathy and acknowledge what is being said;
- Reassure the person – tell the person that they did the right thing in telling you;

- Let the person know that the information will be taken seriously and provide details about what will happen next, including the limits and boundaries of confidentiality;
- If urgent medical/police help is required, call the emergency services;
- Ensure the immediate safety of the person;
- If you think a crime has occurred be aware that medical and forensic evidence might be needed. Consider the need for a timely referral to the police service and make sure nothing you do will contaminate it;
- Let the person know that they will be kept involved at every stage;
- Record in writing (date and sign your report) and report as per your organisation's procedures at the earliest possible time;
- Act without delay.

### **Do not**

- Stop someone disclosing to you;
- Promise to keep secrets;
- Press the person for more details or make them repeat the story;
- Gossip about the disclosure or pass on the information to anyone who does not have a legitimate need to know;
- Contact the alleged person to have caused the harm;
- Attempt to investigate yourself;
- Leave details of your concerns on a voicemail or by email;
- Delay.

It is important for everyone to be aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is a task for statutory authorities. The primary responsibility for the person who first suspects or is told of abuse is to report it in line with the organisation's reporting procedures and to ensure that their concern is taken seriously.

The Line Manager or person in charge will take any immediate action required to ensure the adult at risk of harm is safe and make a decision as to when it is appropriate to speak with the adult at risk of harm about the concerns and any proposed actions. They must then report the concerns and any action taken to the appointed person or Adult Safeguarding Champion.

**Under no circumstances** should any individual member of staff or volunteer or the organisation itself attempt to deal with the problem of abuse alone or investigate the situation. They should not ask questions that relate to the detail, or circumstances of the alleged abuse, beyond initial listening, expressing concern and checking out.

### **Reporting and recording**

All concerns, disclosures and allegations should be recorded on pro formas provided by the organisation. An accurate record should be made of the date and time that the member of staff/volunteer became aware of the concerns, the parties who were involved, and any action taken. If there is a disclosure it is important to record what was said as soon as possible in the adult's own words.

The record should be clear and factual, since any information may be valuable to professionals investigating the incident and may at some time in the future be used as evidence in court. This kind

of information should always be kept in a secure place (including electronic filing) and shared only with those who need to know about the concerns, disclosures, allegations or suspicions of abuse.

### [See Resource 4.1 – Sample Form for Recording and Reporting Concerns, Disclosures and Allegations or Suspicions of Abuse](#)

It is also good practice for staff and volunteers to record the fact that they made a report, on what date and to whom the report was made.

### Confidentiality

When a staff member or volunteer has a concern about an adult they are working with, that concern needs to be recorded and reported on a 'need to know' basis. Staff and volunteers should be clear that information relating to a concern, disclosure, allegation or suspicion should only be passed on to the relevant people whose task it is to decide what action to take. It is essential that the organisation has robust systems in place for the maintenance of all records, including records of alleged or suspected abuse ([see Section 7](#)).

#### **4.3 There is a system to communicate the reporting procedure to staff and volunteers to ensure they are familiar with it.**

All staff and volunteers should be made aware of the procedure for recording and reporting adult safeguarding concerns. This should be covered at induction and through ongoing training. Staff and volunteers should also have a copy of the organisation's adult safeguarding policy which outlines the recording and reporting procedure.

### What if a staff member's/volunteer's concerns are not taken seriously?

If a staff member/volunteer raises a safeguarding concern but the Line Manager, Adult Safeguarding Champion or appointed person is reluctant to pass it on, the staff member should contact the Head of the organisation. Where this fails, the staff member or volunteer should contact the local HSC Trust Adult Protection Gateway Service, the PSNI, or RQIA if it is a Regulated Service. Contact details should be included in the safeguarding policy.

#### **4.4 There is an Adult Safeguarding Champion or appointed person who has responsibility for dealing with adult safeguarding concerns which come to light within the organisation.**

Organisations, even small ones, should nominate at least one person with responsibility for dealing with adult safeguarding concerns, disclosures or allegations about actual or suspected abuse.

Organisations which have staff or volunteers subject to any level of vetting under the Safeguarding Vulnerable Groups (NI) Order 2007 must nominate an **Adult Safeguarding Champion (ASC)**.

Organisations which do not have staff or volunteers subject to vetting, are not required to nominate an ASC. Although the organisation may wish to do so, to adhere to good practice.

The role of the ASC set out in "Adult Safeguarding: Prevention and Protection in Partnership", has both strategic and operational components. In larger organisations the ASC may delegate the operational day to day responsibility for safeguarding to an appointed person(s) within their organisation. For example, a provider with a number of Nursing Homes throughout Northern Ireland

may choose to delegate some of the tasks of an ASC to a member of staff in each facility. They will then report to the ASC on adult safeguarding matters on a regular basis and assist in the compilation of reports, training needs analyses and data analysis. Organisations who delegate operational tasks to appointed person(s) must have sufficient numbers to ensure they are accessible to all service areas in the organisation as a source of advice and guidance.

In smaller organisations the ASC may be responsible for all actions relating to adult safeguarding situations, including working with the adult at risk and making referrals to PSNI and/or HSC Trusts.

Organisations which are not required to nominate an ASC, can contact the HSC Trust Adult Protection Gateway Service directly for advice and guidance on adult safeguarding concerns.

It is essential that everyone in the organisation knows who they have to report adult safeguarding concerns to and how to contact them. The relevant name(s) and contact details should be included in the adult safeguarding policy, be widely available and 'out of hours' contact included.

### [See Resource 4.2 – Role and Responsibilities of an Adult Safeguarding Champion \(ASC\)](#)

#### What support is available for an ASC?

The HSC Trust Adult Protection Gateway Team is available to advise and support each ASC on operational issues such as necessary, particularly if the ASC is unsure whether or not a referral is required.

The HSC Trust Adult Safeguarding Specialist is available to offer advice and support on strategic issues such as local developments in adult safeguarding, regional policy or strategic direction, and prevention initiatives in the area.

#### **4.5 There is a procedure for the Adult Safeguarding Champion or appointed person to report adult safeguarding concerns to the appropriate authorities.**

All organisations should have procedures in place to report adult safeguarding concerns to the appropriate authorities. This important role needs to be carried out by someone who, in addition to being in a senior position and having a good knowledge of the organisation, can communicate well internally with staff and volunteers and externally with the appropriate authorities.

If your organisation is required to have an ASC, it will be their responsibility to provide advice to staff and volunteers who have concerns about the signs of harm and ensure a report is made to the HSC Trust where there is a safeguarding concern.

When an alert is raised within an organisation in relation to an adult safeguarding concern or disclosure, the ASC, or appointed person where the tasks have been delegated, will ensure the following actions occur:

- Consider whether the concern is a safeguarding issue or not. This may involve some 'checking out' of information provided whilst being careful not to stray into the realm of investigation;
- **Where immediate danger exists or the situation warrants immediate action**, ensure any medical assistance has been sought and refer to the HSC Trust Adult Protection Gateway Service or PSNI;
- Support staff to ensure that any actions take account of the adult's wishes;

- Where it has been deemed that it is not a safeguarding issue, other alternative responses should be considered such as monitoring, support or advice to staff and volunteers. A record should be made of the concern and the details kept on file, including any action taken; the reasons for not referring; and the situation monitored on an ongoing basis;
- If it is decided that it is a safeguarding issue, the situation will be reported to the HSC Key Worker where known. If unaware of HSC Key Worker contact details, a referral will be made to the HSC Trust Adult Protection Gateway Service. The HSC Trust will then conduct a risk assessment and decide what response is appropriate;
- If a crime is suspected or alleged, contact the HSC Trust Adult Protection Gateway Service directly;
- If the concern involves a regulated facility, the RQIA will be informed;
- Act as the liaison point for any investigative activity which is required and will ensure easy access to relevant case records or staff;
- Ensure accurate and timely records and any adult safeguarding forms required have been completed.

**Where there is any doubt or uncertainty about whether there is a safeguarding issue this should be discussed with the HSC Key Worker (if known) or HSC Trust Adult Protection Gateway Service.**

### Consent and Capacity

Adults should be central to decisions regarding any actions to prevent or protect them from harm; their wishes are of paramount importance in all cases of alleged or suspected abuse. If an adult does not want a referral made to the HSC Trust or PSNI, the ASC or appointed person must consider the following:

- Do they have capacity to make this decision?\*
- Have they been given full and accurate information in a way which they understand?
- Are they experiencing undue influence or coercion?
- Is the person causing harm a member of staff, a volunteer or someone who only has contact with the adult at risk because they both use the service?
- Is anyone else at risk from the person causing harm?
- Is a crime suspected or alleged?

\*There should be no assumptions made regarding an individual's capacity or incapacity and in the first instance, unless there is contrary information, every individual should be viewed as having the capacity to make decisions about their own situation. However, if an issue is raised in relation to any individual's cognitive ability to make an informed decision about their safety, the HSC Trust Designated Adult Protection Officer (DAPO) should ensure a capacity assessment is completed.

The above factors will influence whether or not a referral without consent needs to be made.

**If in doubt, the ASC or appointed person should contact the HSC Trust Adult Protection Gateway Service for advice and guidance.**

If it is determined that the concerns do not meet the definition of an adult at risk or an adult in need of protection, the concerns raised must be recorded; including any action taken; and the reasons for not referring to the HSC Trust.

The ASC will ensure that records of reported concerns are compiled and analysed to determine whether a number of low-level concerns are accumulating to become significant. If the organisation is regulated by RQIA or other bodies, the ASC will make records available to them for inspection.

**Where the ASC or appointed person is not immediately available, this should not prevent action being taken or a referral being made to the HSC Trust in respect of any safeguarding concern.**

### **HSC Trust Decision Pathway**

On receipt of the adult at risk referral the Key Worker will discuss the concern with their Line Manager and/or DAPO in core services to establish the facts of the concern and determine if the threshold for an adult at risk is met. Where this is not met they will inform the referrer of the outcome of their decision and make any necessary recommendations for alternative responses.

Where the decision is that the adult is potentially at risk of harm, the Key Worker and their Line Manager will discuss the appropriate response. This will include an assessment of the risk identified in the referral and review of the care and support needs which will minimise the risk of harm. The consent of the adult at risk will be sought and the assessment will include the wishes and views of the adult at risk and, where appropriate, their family and carers. The Key Worker will inform the referrer of the outcome of the assessment and care plan.

Where the Line Manager determines that the threshold for an adult in need of protection is met, the Key Worker will refer the concern to the HSC Trust Adult Protection Gateway Service. The Key Worker will advise the adult in need of protection of the decision to refer.

### **[See Resource 4.3 – Reporting Procedures](#)**

### **[See Resource 4.4 – HSC Trust, PSNI and RQIA Contact Numbers](#)**

### **What information will be required for a referral?**

If a referral is made, as a minimum, the information required will include:

- The name and address of the adult at risk and their current location;
- The nature of the harm;
- The need for medical attention (if any);
- The reasons for suspicions of abuse;
- Any action already taken;
- Any other information that may be useful to an investigation e.g. information related to the alleged perpetrator and their location.

### **[See Resource 4.5 – HSC Trust APP1\(a\) Referral Form and Body Map](#)**

Contact can be made with the HSC Trust by phone in the first instance but should be confirmed in writing under confidential cover within two working days. Organisations should expect to receive an acknowledgement from the HSC Trust within two working days of the referral.

### 4.6 There is a written procedure outlining how staff and volunteers respond to and report allegations made against staff and volunteers

One of the most difficult situations for an organisation to deal with is an allegation of abuse against a member of staff or volunteer. In many cases the person may be a close colleague, friend or neighbour. Nevertheless, the response from the organisations to allegations of abuse must at all times be consistent, regardless of relationships as the primary interest must always be the safety and well-being of adults.

When responding to an allegation that has been made against a member of staff or volunteer, the organisation has a dual responsibility; firstly, to the adult at risk, and, secondly, to the staff member or volunteer.

Organisations should have procedures for dealing with an allegation made against a member of staff or volunteer which, in the case of a concern about an adult at risk, should run parallel to the procedure for reporting an adult safeguarding concern.

In the first instance the details of the allegation should be fully recorded by the ASC or appointed person and passed on (depending how the organisation is constituted) to the Line Manager of the individual whom the allegation has been made against or the Head of the organisation.

The individual's Line Manager/Head of the organisation should take the actions outlined below. It is possible that the actions outlined will occur virtually simultaneously and not necessarily sequentially:

- Through the organisation's ASC or appointed person, consult with the HSC Trust and/or PSNI to ensure that any subsequent action taken by the organisation does not prejudice the HSC Trust or PSNI investigation;
- Following the above consultation, inform the staff member/volunteer that an allegation has been made against them and provide them with an opportunity to respond to the allegation. Their response should be recorded fully;
- Through the organisation's ASC or appointed person, consult with the HSC Key Worker (if known) or the HSC Trust Adult Protection Gateway Service (if Key Worker is not known) to agree the most appropriate way forward;
- Take protective measures which may involve transferring the staff member/volunteer to another post without contact with adults at risk, or suspension. It should be noted that suspension is a neutral act to allow the investigation to proceed and to remove the staff member/volunteer from the possibility of any further allegation. If it is necessary to suspend a staff member or volunteer, the allegation should be dealt with as quickly and sensitively as possible.

All actions taken should be in accordance with your organisation's disciplinary procedure and have due regard to guidance from the HSC Trust and/or PSNI so as not to prejudice any investigation. It is recommended that the ASC or appointed person is not the person who carries out the disciplinary procedure.

#### [See Resource 4.6 – Allegations of abuse against staff and volunteers](#)

#### Possible Outcomes of Investigation

As a result of the investigation, there are 4 possible outcomes which organisations should consider, and plan for, and outline in the adult safeguarding policy.

- **Allegation of harm/risk of harm substantiated – the individual is removed from regulated activity.**

If the investigation finds that the allegation is substantiated, that is harm or risk of harm to an adult has occurred, and the individual is removed from regulated activity, the organisation will be under a statutory duty to refer to the Disclosure and Barring Service (DBS) under the SVG (NI) Order 2007, as amended by the Protection of Freedoms Act 2012. Referral to the DBS should be at the point that the organisation determines that harm/risk of harm has occurred and there has been a decision made to permanently remove the staff member or volunteer from regulated activity. This may happen at any stage during the disciplinary process and not necessarily when the process concludes.

If the staff member or volunteer resigns or retires at any point during the investigation process, the investigation should still be concluded and a referral made to the DBS if it is found that harm or risk of harm to an adult has occurred.

- **Allegation of harm/risk of harm substantiated – the individual is reinstated to regulated activity.**

It is possible that the investigation finds that the allegation is substantiated, but the circumstances of the case are such that the individual can be reinstated to their job/role subject to appropriate disciplinary sanctions, training and support and supervision arrangements being implemented. Despite the finding that harm/risk of harm has occurred, the decision to return the individual to the job/role means that a referral to the DBS is not required.

- **Allegation of harm/risk of harm unsubstantiated – but there are ongoing concerns.**

In a situation where the investigation concludes that the allegation is unsubstantiated and that the individual has not harmed an adult or placed them at risk of harm, but the organisation has ongoing concerns about the conduct of the staff member or volunteer, the organisation may conclude that the individual can be reinstated with additional support, supervision and training/retraining.

- **Allegation of harm/risk of harm unsubstantiated – there are no ongoing concerns.**

In an instance where the internal investigation finds that the allegation is unsubstantiated, that is that the individual has not harmed or placed at risk of harm an adult, the staff member or volunteer may be reinstated and provided with support to reintegrate back into the organisation. Training and supervision may be necessary depending on the nature of the allegation and findings of the investigation.

Regardless of the outcome of an investigation, dealing with allegations made against staff and volunteers can be traumatic and unsettling for any organisation. It is therefore vital that all staff and volunteers have a clear understanding of how allegations will be handled and how the organisation's disciplinary procedure will be consistently implemented. If, for example, the organisation's policy is to suspend without prejudice when an allegation of abuse or harm is made, all members of staff and volunteers should be aware of the policy. There is an onus on organisations to ensure the investigation is handled sensitively from initiation to conclusion while ensuring that anxieties expressed or demonstrated by adults at risk, carers, advocates or any other member of staff or volunteer are acknowledged and addressed.

Following the investigation and regardless of the outcome, there will be issues for everyone involved in the organisation, including staff, volunteers, adults, carers and advocates. Clearly this will be a sensitive issue for the whole organisation. Through training and staff discussion, organisation should explore strategies for addressing a range of issues such as:

- Possible reactions of other members of staff and volunteers within your organisation of anger, disbelief, doubt, fear, guilt, shock, anxiety;

- The effects of internal proceedings, an official safeguarding investigation or criminal investigation on the individual against whom the allegation has been made;
- The reactions of staff, volunteers and other adults involved in the organisation towards an adult who has been abused or whose allegation is being investigated;
- The reactions of carers, advocates or other family members; and
- The reputation of the organisation and reaction within the wider community.

It is extremely valuable to have a discussion with staff and volunteers about what could happen and how people might feel if an allegation of abuse is made or a suspicion is reported. Rehearsing the issues will give everyone concerned the confidence to face what will inevitably be a very difficult situation.

There may be situations in which suspicions or allegations turn out to be unfounded. Nevertheless, it is important that everyone in the organisation knows that if they raise a concern it will be taken seriously.

### 4.7 There is a whistleblowing policy and procedure.

Whistleblowing occurs when a member of staff or volunteer raises a concern about misconduct, illegal or underhand practices by individuals and/or an organisation; or about the way care and support is being provided, such as practices that cause harm or risk of harm to others or are abusive, discriminatory or exploitative. This will include situations where a staff member's or volunteer's concerns are not acted upon by the Adult Safeguarding Champion or appointed person, or Head of the organisation.

Your organisation should have a whistleblowing policy and procedure in place which makes it clear that:

- The organisation is committed to the highest possible standards of conduct, openness, honesty and accountability;
- The organisation takes poor or malpractice seriously, giving examples of the types of concerns to be raised, to ensure that a whistleblowing concern is clearly distinguished from a grievance;
- Staff or volunteers have the option to raise concerns outside of line management structures;
- Staff or volunteers are enabled to access confidential advice from an independent source;
- The organisation will, where possible, respect the confidentiality of a member of staff raising a concern through the whistleblowing procedure; and
- It is a disciplinary matter both to victimise a bona fide whistleblower and for someone to maliciously make a false allegation.

There may be situations in which concerns or allegations turn out to be unfounded. It is important that everyone in the organisation knows that if they raise a concern which, through the process of investigation, is not validated, they have not in any way been wrong in their initial action.

Responsible action needs to be encouraged in the organisation and whistleblowers should be confident of support. The whistleblowing policy needs regularly reviewed to ensure the procedures work in practice. It is everyone's duty to be vigilant in preventing abusive practice.



<b>2. Indicators</b>
Describe any signs or indicators of abuse (with times and dates)
Has the adult alleged that any particular person is the abuser (if so, please record details and the relationship, if any, to the adult below)
<b>3. Concerns expressed by another person about an adult at risk</b>
Record the concerns that were passed to you (with dates and times) and if possible ask the person who expressed the concerns to confirm that the details as written are correct
<b>4. Details of any immediate action taken, e.g. first aid, etc</b>

<b>5. Has the adult expressed any reservations about you talking to your Line Manager/Adult Safeguarding Champion/appointed person about the matter?</b>	
<b>6. Does the adult have any particular needs, e.g. communication, etc?</b>	
<b>Signatures</b>	
<i>To be signed by the person reporting the concern</i>	
Name	
Job title	
Signed	
Date	
<i>Date received and actioned by Line Manager</i>	
Name	
Signed	
Date	
<i>Date received and actioned by Adult Safeguarding Champion/appointed person</i>	
Name	
Signed	
Date	
<i>Action taken by Line Manager/Adult Safeguarding Champion/appointed person</i>	
Signed	Date

[Go back to Section 4.2](#)

### Resource 4.2. Role and Responsibilities of an Adult Safeguarding Champion (ASC)

#### What is an Adult Safeguarding Champion (ASC)?

The ASC provides strategic and operational leadership and oversight in relation to adult safeguarding for an organisation or group and is responsible for implementing its adult safeguarding policy statement.

The ASC should ensure that, at a minimum, the organisation safeguards adults at risk by:

- Recognising that adult harm is wrong and should not be tolerated;
- Being aware of the signs of harm from abuse, exploitation and neglect;
- Reducing opportunities for harm, abuse, exploitation and neglect to occur; and
- Knowing how and when to report adult safeguarding concerns to HSC Trusts and/or the PSNI.

#### What are the key responsibilities of an ASC?

“Adult Safeguarding: Prevention and Protection in Partnership” summarises the key responsibilities for the ASC as follows:

- To provide information, support and advice for staff and volunteers 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 harm and ensure a report is made to HSC Trusts where there is a safeguarding concern;
- 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 Designated Adult Protection Officer (DAPO), 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 more significant; and make records available for inspection.

#### What sort of information should an ASC monitor?

Most ASC’s will already have daily access to a great deal of information that will assist the organisation or group improve the services it provides to adults at risk or in need of protection. To meet the governance requirements set out in the Policy, the ASC should compile an annual Adult Safeguarding Position Report using the following core data:

- Number of referrals made to HSC Trusts involving both an adult at risk and an adult in need of protection;

- Number of adult safeguarding discussions where the decision taken was to not refer to HSC Trust;
- Any untoward event that triggered an adult protection investigation;
- Adult safeguarding training opportunities provided and uptake across staff groups; and
- Any action that your organisation plans to take to ensure it is compliant with “Adult Safeguarding: Prevention and Protection in Partnership” and to implement the organisation’s own adult safeguarding policy.

### What does the ASC do with the Adult Safeguarding Position Report?

The Position Report is an important overview and governance tool for all organisations and groups supporting adults at risk or in need of protection. As such, it contains significant information for your organisation’s Senior Management Team and/or Trustees. It should be scrutinised by them on an annual basis.

It would also be appropriate to provide core information from the Position Report in any organisational annual reports or updates.

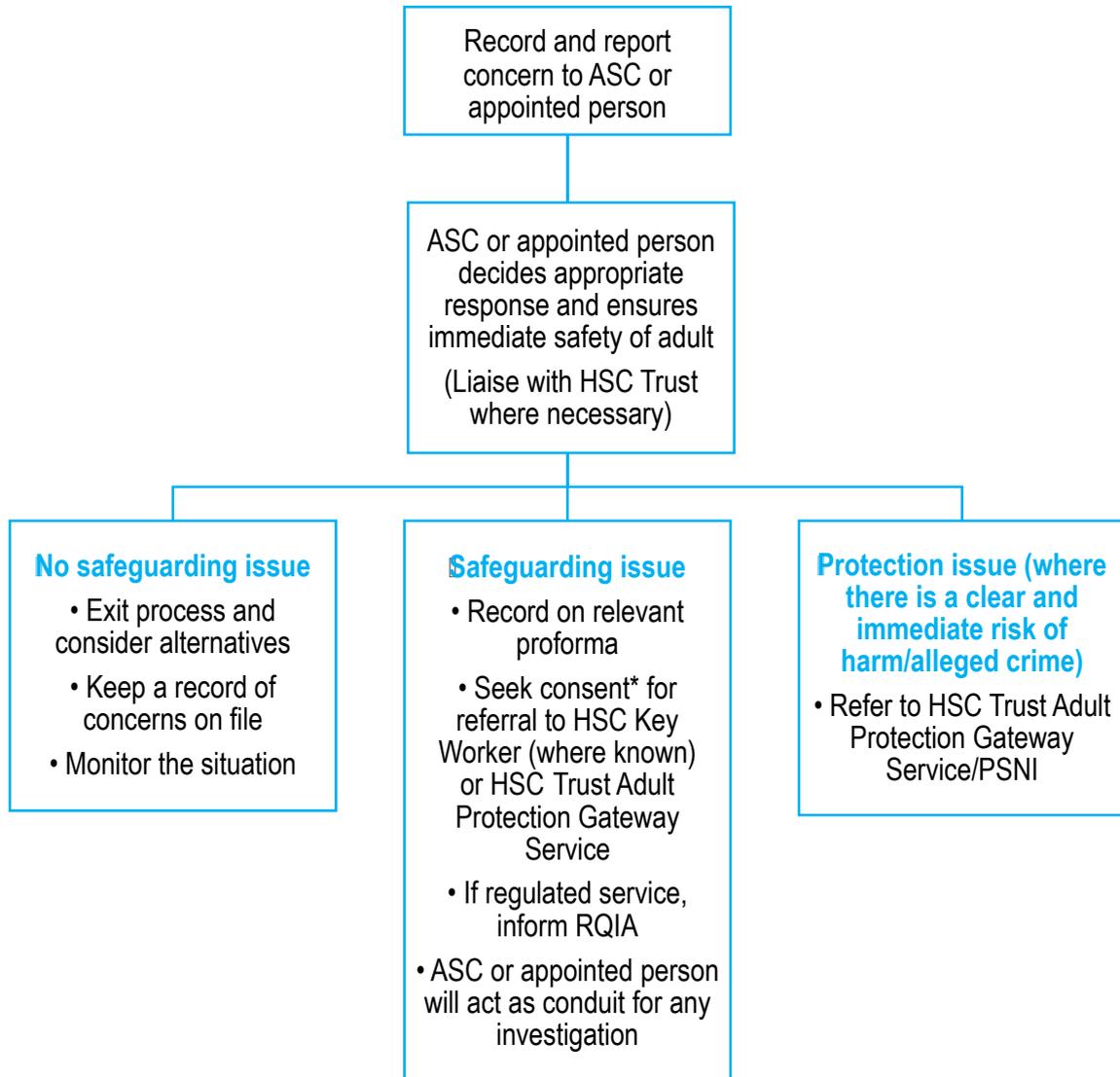
The Position Reports should also be made available for any external audit purposes, for example any audits undertaken by the Local Adult Safeguarding Partnership, and to demonstrate compliance with policies as specified within any contracts with HSC Trusts.

Services that are externally regulated e.g. by RQIA, CJINI, or other relevant bodies may also be subject to inspection on adult safeguarding arrangements. The Position Report will be key in demonstrating that the organisation is complying with the requirements of the regional policy.

If the service or group you represent is contracted to provide services by the HSC Trust, as part of your normal contract monitoring process you should provide confirmation to the relevant Trust(s) that the Safeguarding Position Report is available for scrutiny.

[Go back to Section 4.4](#)

## Resource 4.3 Reporting Procedure – Flow Chart



[\\*See Section 4.5 Consent and Capacity for guidance.](#)

[Go back to Section 4.5](#)

## Resource 4.4 HSC Trust, PSNI and RQIA Contact Numbers

### HSC Trusts

	Normal working hours (9am to 5pm)	Regional Out of Hours*
Belfast	(028) 9504 1744	(028) 9504 9999
Northern	(028) 9441 3659	(028) 9504 9999
South Eastern	(028) 9250 1227	(028) 9504 9999
Southern	(028) 3756 4423	(028) 9504 9999
Western	(028) 7161 1366	(028) 9504 9999

\*NOTE: Out of hours means 5pm to 9am; weekends; and bank or other public holidays.

### PSNI

Emergency	999
Non Emergency	0845 600 8000
General Enquiries	0845 600 8000

### RQIA

	Normal working hours (9am to 5pm)
Belfast	(028) 9051 7500
Omagh	(028) 8224 5828

[Go back to Section 4.5](#)

## Resource 4.5 HSC Trust APP1(a) Referral Form and Body Map

N.B This form should be completed by the Adult Safeguarding Champion or appointed person. It can be found in the regional adult safeguarding operational procedures.



### Regional Adult Protection Procedures APP1(a) Referral / Screening Information

APP1 FORM

(For completion by HSC staff and contracted providers)

Please ensure Sections 1 & 2 are fully completed before referral to Trust DAPO

<b>Name:</b> _____	<b>Date of Birth:</b> (if not known, please give approximate age)	<b>Date of referral:</b>
<b>Address:</b> _____ _____	<b>Gender:</b> M <input type="checkbox"/> F <input type="checkbox"/>	<b>Service/Client Group</b> _____ _____
<b>Postcode:</b>		
<b>Telephone Number:</b> _____	<b>Is the person known to the Trust?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Reference No:</b>

#### SECTION ONE (Completed by Referrer)

Source of Referral			
<input type="checkbox"/> Carer	<input type="checkbox"/> Other Trust	<input type="checkbox"/> RQIA	<input type="checkbox"/> Regulated Care Home
<input type="checkbox"/> GP	<input type="checkbox"/> Other Health Professional	<input type="checkbox"/> Adult Mental Health Unit	<input type="checkbox"/> Other Regulated Facility (Specify)
<input type="checkbox"/> Hospital Staff	<input type="checkbox"/> Anonymous	<input type="checkbox"/> Self	<input type="checkbox"/> Learning Disability Hospital
<input type="checkbox"/> PSNI	<input type="checkbox"/> Social Worker	<input type="checkbox"/> MARAC	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> DHSS	<input type="checkbox"/> Care Manager/ Care or Homecare Worker	<input type="checkbox"/> Adult Safeguarding Champion	_____ _____
<input type="checkbox"/> Vol. Organisation	<input type="checkbox"/> Housing Association	<input type="checkbox"/> Acute General Hospital	_____ _____



Details of Referral (the person who brings the concerns to the attention of the agency)		
Name:		Relationship to Adult at Risk of Harm:
Job Title & Agency		Contact Number:
Who was the first person to note concern?		
Name:	Relationship to Adult at Risk of Harm:	Contact Number:

Key Contacts			
	Name:	Address:	Contact Number:
Key Worker			
Care Manager			
GP			
Family/Carer			
Significant Other			
Other			

What is the main form of suspected, admitted or known abuse?			
<input type="checkbox"/> Physical	<input type="checkbox"/> Sexual	<input type="checkbox"/> Institutional Abuse	<input type="checkbox"/> Human Trafficking
<input type="checkbox"/> Financial	<input type="checkbox"/> Neglect	<input type="checkbox"/> Psychological	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Exploitation		

Incident Report
<p><b>Background Information:</b> (To include factors precipitating referral, home circumstances, support available, including issues of capacity)</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p><b>Incident Report - Location / Date / Time of Incident</b> (Please give exact details of what has been reported and if appropriate include names of any witnesses and note injuries on the attached body chart)</p> <p>_____</p> <p>_____</p> <p>_____</p>
--

Details of any witnesses	
Name:	Name:
Address:	Address:
Contact No:	Contact No:



Describe the impact of the incident on the adult at risk of harm

---



---



---

#### The adult at risk of harm usual living arrangements

Does the adult at risk of harm live alone? Yes  No

Does the person who is suspected to have caused harm live with the adult at risk of harm? Yes  No

Is the adult at risk of harm present location different from home address? Yes  No

If Yes, give present location:

---



---



---

#### Have you taken any action due to emergency situation to avoid immediate serious risk?

Was immediate protection needed for adult at risk of harm? Yes  No

If Yes, give details:

---



---

Are there any children or other adults at risk? Yes  No

If Yes, give details:

---



---

Was immediate protection required? Yes  No

If Yes, give details:

---



---

#### Adult at risk of harm's knowledge of referral

Does the adult at risk of harm know that a referral may be made? Yes  No

Is the adult at risk of harm able to give informed consent? Yes  No  N/K

Has the adult at risk of harm consented to a referral? Yes  No

Details of person/persons suspected of causing harm		
Name	Date of Birth	M <input type="checkbox"/> F <input type="checkbox"/>
Address		
_____		
_____		
Does the person/persons suspected of causing harm know that an allegation has been made against them? Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/>		
Is the person/persons suspected of causing harm known to the adult at risk of harm? Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/>		
If yes, please specify below:		
<input type="checkbox"/> Family member	<input type="checkbox"/> Another service user	<input type="checkbox"/> Paid carer
<input type="checkbox"/> Trust employee	<input type="checkbox"/> Other (specify) _____	

Any additional information relevant to the referral (Please note the views of others you have consulted and note any difference of opinion)
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature:	Date:
------------	-------


**SECTION TWO** (completed by Appointed Person)

Have 'Alerts' been checked to establish if previous APP1s are recorded? Yes  No  N/K

Have previous APP1 alerts been recorded? Yes  No  N/K

If yes, give summary of previous APP1s

---



---



---

**Actions agreed by Appointed Other**

Further information required prior to decision being made and if yes, what information is required and who will action.

Yes  No

**Answer EITHER**
**(a. HSC Trust Line Manager)**

Consultation with core team DAPO re adult at risk of harm

Yes  No

**OR**
**(a. Adult Safeguarding Champion managers)**

Consultation with key worker, if known / or Adult Protection Gateway service re adult at risk of harm

Yes  No

Referral of adult in need of protection to Trust Adult Protection Gateway Services

Yes  No

No further action under Adult Protection Procedures

Yes  No

**Is there a need to refer or notify?**

- |  |   |
|--|---|
| <input type="checkbox"/> Professional Community Assessment | <input type="checkbox"/> Quality Assurance Team |
| <input type="checkbox"/> Care Management                   | <input type="checkbox"/> Contracts              |
| <input type="checkbox"/> Adverse Incident Team             | <input type="checkbox"/> RQIA                   |
|  | <input type="checkbox"/> Human Resources        |
|  | <input type="checkbox"/> PSNI                   |

Is there a need to consider any immediate Human Rights issues?

Yes  No

(Please refer to drop down of Convention Human Rights or manual form)

**Details of decision making**

This should prioritise issues of risk/harm/possible criminal offence

---



---

**Signature:**

**Date:**

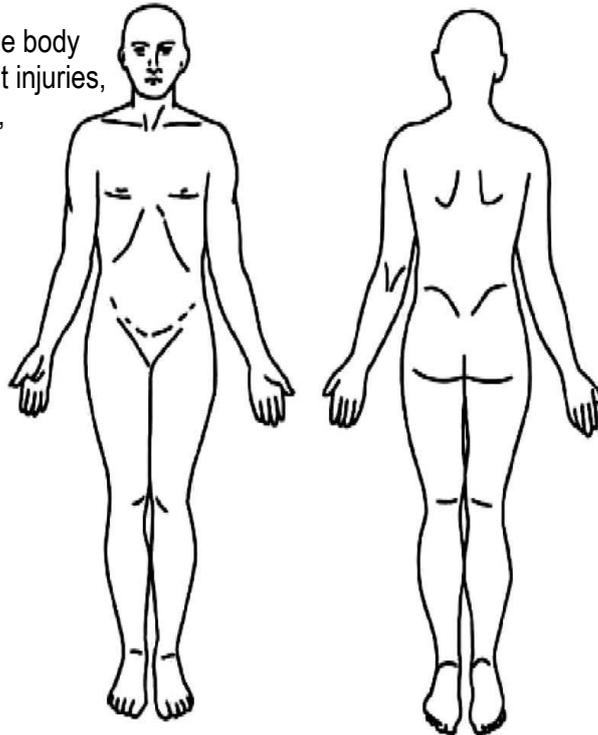
**HSC** Adult Protection Procedures  
**REFERRAL FORM – BODY MAP**

APP1 Body Map

<b>Name</b>	<b>Date of Birth</b>
<b>Health &amp; Social Care Number</b> (if known)	

APP1(a) Body Map is to be used in conjunction with the APP1 Referral Form by practitioners to record the location, size and number of injuries which may have been caused as a result of abuse or inappropriate care. Where used, the completed APP1(a) Body Map should be submitted with the APP1 Referral Form.

Please mark with numbers drawn on the body map in black ink to indicate the different injuries, and provide brief details for each injury, e.g. measurements of wound, colour of bruise, etc., using arrows (a ruler is provided to assist with measurement).



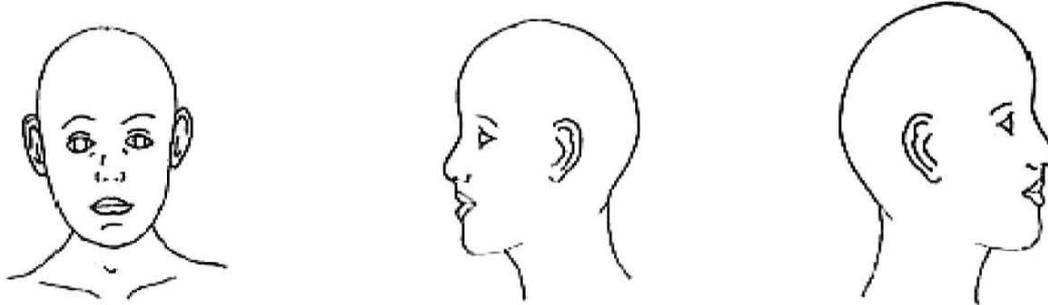
No	Site	Size	Bruise/cut/ burn/pressure ulcer/other	Colour	Comments
1					
2					
3					
4					
5					
6					

## Section 4



Body Map notes:

Note any other details, such as anything the adult discloses on examination (verbatim), or information received from any other source regarding injuries.



No	Site	Size	Bruise/cut/burn/pressure ulcer/other	Colour	Comments

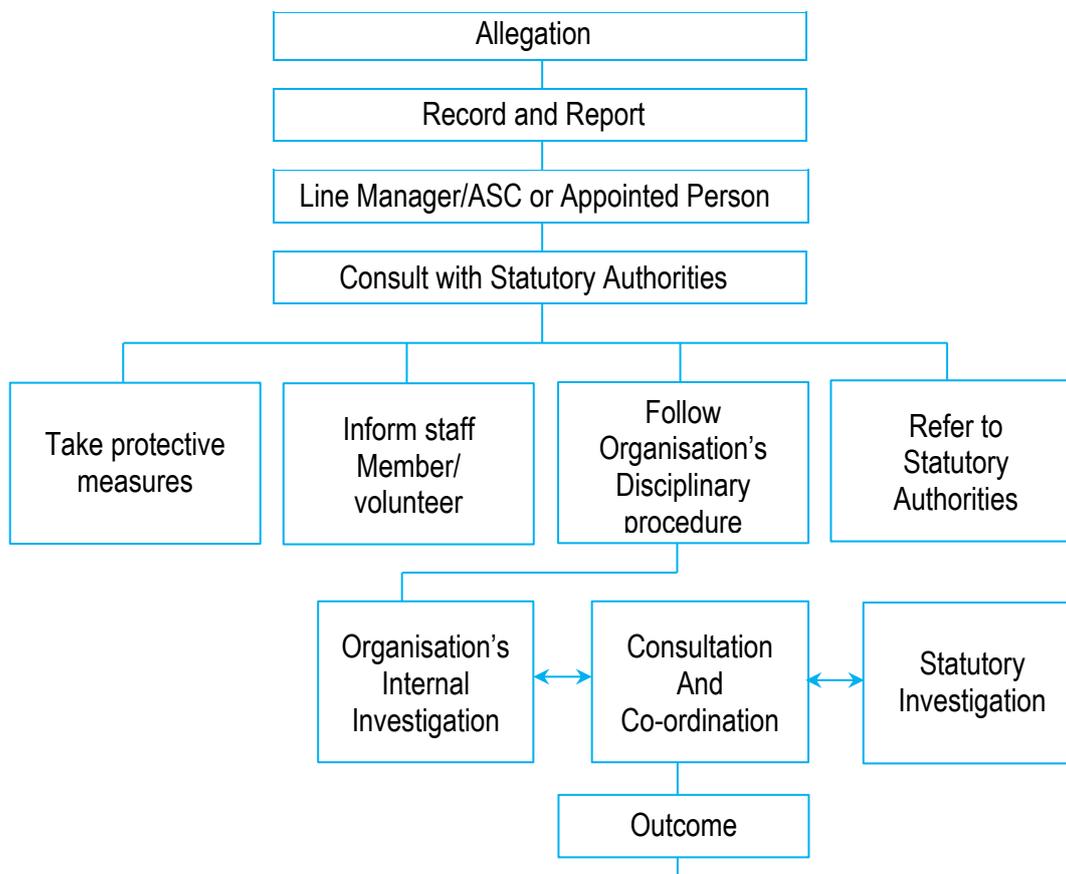
<b>Time of injury:</b>	
<b>Date when injury happened (if known)</b>	
<b>Date injuries above were observed</b> (if this is different to the original date)	

<b>Completed by:</b>	
<b>Printed name/designation of person completing Body Map form</b>	
<b>Signature of person completing Body Map form</b>	
<b>Contact details of person completing Body Map form</b>	
<b>Date/time of completion</b>	
(NB. When used, completed APP1 Body Map form should be attached to completed APP1 Referral form)	

[Go back to Section 4.5](#)

[Go back to Resource 4.3](#)

## Resource 4.6 Allegations of abuse against staff and volunteers – Flow Chart



1 <b>OR</b>	Allegation of harm/risk of harm substantiated - individual removed from regulated activity.	Refer the individual to the DBS and if relevant, inform appropriate professional body.
2 <b>OR</b>	Allegation of harm/risk of harm substantiated - individual reinstated to regulated activity.	Appropriate disciplinary sanction should be applied, training/retraining undertaken, appropriate support and supervision provided. If relevant, inform appropriate professional body.
3 <b>OR</b>	Allegation of harm/risk of harm unsubstantiated - ongoing concerns, e.g. practice concerns.	Staff member should be offered additional support, training/retraining and supervision if necessary. If relevant, inform appropriate professional body.
4	Allegation of harm/risk of harm unsubstantiated - no ongoing concerns.	Staff member should be offered additional support, training/retraining and supervision if necessary.

[Go back to Section 3.3](#)

[Go back to Section 4.6](#)

[Go back to Section 6.2](#)

[Go back to Section 6.3](#)

[Go back to Section 7.1](#)

[Go back to Section 7.4](#)

# Section 5

The organisation operates an effective procedure for assessing and managing risks with regard to safeguarding adults.



## Standard 5

**The organisation operates an effective procedure for assessing and managing risks with regard to safeguarding adults.**

### Criteria:

1. A risk assessment is carried out to identify and evaluate risks to adults using services or participating in activities.
2. The identified risks are managed by putting in place risk-reducing measures.
3. All identified risks and risk-reducing measures are recorded and reviewed at least once per year.
4. The organisation should recognise that all adults have the right to take risks and should provide help and support to enable them to identify and manage potential and actual risks to themselves and others.
5. The organisation has a procedure in place for reporting, recording and reviewing accidents, incidents and near misses, which should in turn inform practice and the risk assessment and management procedure.

## 5.1 A risk assessment is carried out to identify and evaluate risks to adults using services or participating in activities.

Assessing and managing risks to service users should be integral to your organisation's risk management strategy. Risks may relate to the working of the organisation; its provision of services; its delivery of individual activities; or its social guardianship responsibility.

### What is risk assessment?

Assessment of risk is the process of examining what could possibly cause harm to adults, staff, volunteers or others in the context of the activities and services your organisation provides; in the interactions with and between individuals; and with the wider community.

Risk of harm can be posed by actions and inactions in many different situations such as:

- Intimidation and other threatening behaviours;
- Behaviours resulting in injury, neglect, abuse, and exploitation by self or others;
- The use of medication;
- The misuse of drugs or alcohol;
- Aggression and violence;
- Suicide or self-harm;
- A person's impairment or disability; or
- Accidents, for example, whilst out in the community or participating in a social event or activity.

For the individual, the level of risk, that is the likelihood of an event occurring and the impact it might have depends on the nature of the person, their relationships with others, the choices open to them and the circumstances in which they find themselves.

For the organisation, the level of risk will depend on the balance achieved between the right of an adult to be safeguarded; the duty of care owed to the adults served by the organisation; the duty of care owed by the organisation to its staff and volunteers; the legal duties of statutory bodies and service providers; and the right of adults to make informed lifestyle choices and take part in activities.

No endeavour or activity, or indeed interaction, is entirely risk free and even with good planning, it may be impossible to completely eliminate risks from any activity, service or interaction. However, having in place good risk assessment and management practice is essential to reduce the likelihood and impact of identified risks. In some situations, living with a risk can be outweighed by the benefit of having a lifestyle that the individual really wants, values and freely chooses. In such circumstances, risk-taking can be considered to be a positive action. Consequently, as well as considering the dangers associated with risk, the potential benefits of risk-taking have to be considered.

### Why assess and manage risk?

In assessing and managing risks, the aim is to minimise either the likelihood of risk or its potential impacts. In safeguarding terms, the aim of risk assessment and management is to prevent abuse occurring, to reduce the likelihood of it occurring and to minimise the impacts of abuse by responding effectively when it does occur. An organisation should always take time to identify, evaluate and put in place risk-reducing measures.

### Principles of working with risk

A number of important issues need to be considered by staff and volunteers who carry out risk assessments and risk management:

- The assessment and management of risk should promote the independence, real choices and social inclusion of adults;
- Risks change as circumstances change;
- Risk can be minimised, but not eliminated;
- Information relating to adults, activities, relationships and circumstances will sometimes be incomplete and possibly inaccurate;
- Identification of risk carries a duty to do something about it, i.e. risk management;
- Involvement of adults who use services, their families, advocates and practitioners from a range of services and organisations helps to improve the quality of risk assessments and decision-making;
- 'Defensible' decisions are those based on clear reasoning;
- Risk-taking can involve everybody working together to achieve positive outcomes;
- Confidentiality is a right, but not an absolute right and may be breached in exceptional circumstances when people are deemed to be at serious risk of harm or it is in the public interest;
- The standards of practice expected of staff and volunteers must be made clear by their team manager/supervisor to give them the confidence to support decisions to take risk;
- Sensitivity should be shown to the experience of people affected by any risks that have been taken and where an event has occurred.

### The risk assessment process

There are a number of risk assessment methodologies available and it is important to use the methodology that is most suited to your organisation's activities, or that is recommended or required by a Regulatory Body.

The risk assessment process involves:

- The identification of risks; and
- Determining the level of risk by evaluating its potential impact and the likelihood of it happening.

### The identification of risks

This involves identifying in advance what risks may be associated with all of the activities of your organisation and the services you provide. Risks may vary for individuals and can depend on the nature and extent of an individual's vulnerability. Identification of risk should involve a balanced approach which looks at what is and what is not an acceptable risk. When identifying risks, there should be a specific focus on safeguarding risks, for example, by identifying the circumstances where abuse or exploitation are more likely to occur.

Risk to adults is known to be greater when:

- The adult is emotionally or socially isolated;
- A pattern of violence exists or has existed in the past;
- Drugs or alcohol are being misused;
- Relationships are placed under stress.

When care services are provided, abuse is more likely to occur if staff and volunteers are:

- Inadequately trained;
- Poorly supervised;
- Lacking support or working in isolation.

In addition, to the known risk factors, a range of other factors may increase the likelihood of abuse:

- Where an illness causes unpredictable behaviour;
- Where the person is experiencing communication difficulties;
- Where the person concerned demands more than the carer can offer;
- Where the family dynamics undergo a change in circumstances (for example the sudden death of partner, unemployment, divorce);
- Where a carer has been forced to change their lifestyle as a result of becoming a carer;
- Where a carer experiences disturbed nights on a regular basis;
- Where a carer becomes isolated and is offered no relief from a demanding role;
- Where other relationships are unstable or placed under pressure whilst caring;
- Where persistent financial problems exist;
- Where a partner abuses drugs (especially alcohol), is unemployed or underemployed, is poorly educated or has been in a previous, perhaps turbulent, relationship with the victim;
- Where a victim seeks to disclose abuse; get support; or to leave an abusive relationship.

The circumstances and factors listed above are neither exhaustive nor placed in order of priority.

The number of staff and volunteers available is crucial, and, for Regulated Services, the need for an appropriate number of suitably qualified, skilled, competent and experienced staff is a requirement. How and where services and activities are organised can also heighten or lessen the level of risk.

### Determining the level of risks

You need to be able to determine the level of risk (e.g. high, medium or low) associated with the risks identified. The purpose of determining the level of risk is to establish which risks warrant most attention. While an organisation will want to be mindful of all risk, those which have been determined to be 'high' level should be given the greatest and most urgent attention.

The level of risk is a combination of likelihood and impact. For each risk identified, you need to rate the risk according to the likelihood of it happening (e.g. from unlikely to likely) and the seriousness of the impact (e.g. from minor to major) if it were to happen. The matrix below maps 'likelihood' against 'impact' and gives an overall risk level of high, medium or low.

For example, an organisation, which provides services to adults with epilepsy, might assess the level of risk associated with an adult with severe epilepsy having a seizure as high, on the grounds that a seizure is 'likely to occur' and will have a 'major impact' if it does. As a risk-reducing measure, the organisation would want to ensure that it had sufficient numbers of staff available, trained in responding appropriately to seizures.

To take another example, the abuse of an adult would in all cases be considered as having a major impact on the adult involved. To reduce the likelihood of the risk of abuse occurring, the organisation will want to put in place a range of safeguarding measures (as set out in the Safeguarding Policy), the aim of which is to reduce the likelihood of abuse.

LIKELIHOOD of the Identified risk	Determining the levels of risk		
	Likely	Medium	Medium
Possible	Low	Medium	High
Unlikely	Low	Medium	High
	Minor	Moderate	Major
	IMPACT of the identified risk		

Note that the level of risk, assessed as high, medium or low, is a combination of the likelihood of an identified risk occurring and the impact it would have if it did occur. So where a risk is:

- **likely to occur** and of **major impact** the level of risk is **high**;
- **possible** and of **moderate impact** the level of risk is **medium**; and
- **unlikely** and of **minor impact** the level of risk is **low**.

## 5.2 The identified risks are managed by putting in place risk-reducing measures.

### The management of risk

The next step is to look at what can be done to reduce the likelihood and lessen the impact of the identified risks. Risks can be managed in a number of ways. It is the responsibility of a named individual (the risk owner) to ensure that each identified risk is properly managed. Risk ownership is an ongoing process for the lifetime of the identified risk. The risk owner will normally be a senior person within the organisation and they will be named in the organisation's risk log/register ([see Section 5.3](#)), alongside the risk(s) for which they are responsible.

For the organisation, the primary aim of the Safeguarding Policy ([see Section 1](#)) is to manage the risk of abuse to adults by establishing an organisational culture in which the rights of adults are fully respected and by putting in place a range of procedures which support that culture. Establishing a culture, which is mindful of and has a 'zero tolerance' of abuse wherever it occurs and whoever causes it, and putting in place robust procedures are all part of an organisation's risk-reducing armoury. If properly implemented, the Safeguarding Policy has the potential to reduce both the likelihood and impact of abuse by, for example:

- Preventing unsuitable people from joining the organisation through good recruitment and selection practice;
- Making staff and volunteers aware of risk of harm in adulthood, the possible signs of abuse and equipping them to respond quickly to concerns about actual, alleged or suspected abuse;

- Ensuring that staff and volunteers are properly inducted, trained, supported and supervised in their work with adults at risk;
- Ensuring that staff and volunteers know what constitutes acceptable behaviours and good practice and that they are supported when they challenge poor practice;
- Promoting a culture of inclusion, transparency and openness throughout the organisation and its services and activities;
- Making staff and volunteers aware of how information about adults should be handled; and
- Having in place good overall organisational management and practice supported by a range of organisational policies and procedures.

## **Risk management options**

For activity/service provision, an identified risk can be managed in a number of ways. It can be avoided, controlled, financed, transferred or accepted.

### **Avoid the risk**

If the level of risk cannot be satisfactorily reduced through other means, you may decide not to engage in a particular activity or provide a particular service.

### **Control the risk**

Controlling risk involves implementing measures to both reduce the likelihood of a harmful event occurring and to minimise the impact of such an occurrence. This is about identifying the good practice policies that need to be adhered to and the staff and volunteer training required to reduce risk and harm.

### **Finance the risk**

It is important to provide resources to meet the liabilities caused by the risks when they are identified.

### **Transfer the risk**

This typically happens when an organisation decides to have a qualified third party carry out a particular activity so that the risk is transferred to them.

Risk of financial loss can be mitigated through insurance, indemnity or exemption from liability. However, if an organisation fails to take reasonable steps to prevent/manage risk, then it may still be liable, despite insurance or any form of indemnity or exemption from liability.

### **Accept the risk**

Tolerate the risk, perhaps because no reasonable action can be taken to mitigate it or the likelihood of the risk occurring and its impact are at an acceptable level. An organisation should only ever accept risks which they have judged to be very low level, without putting in place some form of risk-reducing measure. All the while, having regard to the positive outcomes for the adult that may accrue from positive risk taking ([see Section 5.4](#)).

### **5.3 All identified risks and risk-reducing measures are recorded and reviewed at least once per year.**

It is essential that all risks and risk-reducing measures are recorded. Typically this will take the form of a Risk Register. Organisations working with adults at risk should have a section of the Risk Register that deals specifically with safeguarding risks. It is also essential that risks and risk-reducing measures are kept under review. It is recommended that a risk review should be carried out at least once per year. Also, a risk review may be necessary at the point an organisation undergoes a process of change, for example, in circumstances where organisations with different cultures or experience merge or an organisation takes on a new activity or service.

#### **[See Resource 5.1 – Sample Risk Register](#)**

[Go back to Section 5.2](#)

### **5.4 The organisation should recognise that all adults have the right to take risks and should provide help and support to enable them to identify and manage potential and actual risks to themselves and others.**

It is important that the organisation has a policy of 'positive risk-taking' and avoids becoming totally risk averse. Risk averse cultures can stifle and constrain and could lead to inappropriate restriction to the individual's rights. Life is never risk free. Some degree of risk-taking is an essential part of fostering independence. For instance, if you identify an activity or set of circumstances as potentially risky for an individual or group, this needs to be offset against the benefits which they might draw from taking part in that activity. Risk-taking should be pursued in a context of promoting opportunities and safety, not poor practice.

In a culture of positive risk-taking, risk assessment should involve everyone affected – adults using services, carers and advocates, staff and volunteers and, where they are involved, health and social care staff.

### **5.5 The organisation has a procedure in place for reporting, recording and reviewing accidents, incidents and near misses, which should in turn inform practice and the risk assessment and management procedure.**

Very often, there are lessons to be learned from accidents, incidents or near misses, which occur within an organisation. As a result, the organisation should have in place a procedure for reporting and recording accidents, incidents and near misses that occur. These may involve service users; they can also involve staff members or volunteers. Staff and volunteers should be aware of the reporting and recording procedure.

Accidents, incidents and near misses, particularly those which are recurring, can be indicators of organisational risk, including a risk to safeguarding, which needs to be managed. It is important, therefore that the risk identification exercise makes reference to reported accidents, incidents and near misses and that the learning from these is (a) identified and disseminated to staff and volunteers; and (b) used to inform changes in practice, policy and procedures.

Where the accident, incident or near miss is in some way connected to a safeguarding matter, it should be drawn to the attention of the Adult Safeguarding Champion for appropriate action.

**[See Resource 5.2 – Sample Accident/Incident/Near Miss Record Form](#)**

## Resource 5.1 Sample Risk Register

Identify <b>MAIN RISKS</b> to people, property and/or organisation's work and reputation	Evaluate the seriousness of these risks		Assessed Level of Risk	Risk Owner	How can you manage these risks				Action Completed (date)	By Whom	Review
	Likelihood of it happening	Impact of it happening	Combination of likelihood and impact		Stop the Activity	Reduce the Risk	Finance the Risk	Transfer the Liability			How and when will you review the risks in this area?
	Unlikely Possible Likely	Minor Moderate Major	Low Medium High		Action Needed	Action Needed	Action Needed	Action Needed			
A)											
B)											

Go back to **Section 5.3**

## Resource 5.2 Sample Accident/Incident/Near Miss Record Form

### ACCIDENT/INCIDENT/NEAR MISS

*Please circle one of the above*

REPORT FORM Ref No:

Name: <i>(person involved/injured)</i>  <i>If more than one person has been involved please use separate forms for each person.</i>	Date:	Time:
Status: Service User <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="checkbox"/>		
If other, please specify:		
Details of Accident/Incident/Near Miss: <i>(Please include what happened prior, event details and what was done immediately/by whom? Please include a drawing if helpful and use extra sheets if necessary).</i>		
Details of injuries or damages and any first aid/medical treatment given:		
Name of person reporting:		
Job Title:	Date:	

## Manager Section

Long Term Action Plan: <i>(What action is to be carried out to prevent the Accident/Incident/Near Miss happening again).</i>	
Is a risk assessment (or support plan) review required as a result of this Accident/Incident/Near Miss?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Action to be carried out by: <i>(name)</i>	By Date:
Line Manager Section Reviewed by: <i>(name)</i>	Date:
RIDDOR <sup>8</sup> Report confirmed by: <i>(name)</i>	Date:

[Go back to Section 5.5](#)

[Go back to Section 7.2](#)

<sup>8</sup>The reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), place a legal duty on employers, self-employed people, people in control of premises to report work-related deaths, major injuries or over-three-day injuries, work related diseases and dangerous occurrences (near miss accidents).

# Section 6

There are clear procedures for receiving comments and suggestions, and for dealing with concerns and complaints about the organisation.



## Standard 6

**There are clear procedures for receiving comments and suggestions, and for dealing with concerns and complaints about the organisation.**

### Criteria:

1. The organisation has an ethos of inclusion, transparency and openness which is communicated to everyone involved in the organisation.
2. There are appropriate procedures in place to share concerns or make complaints about the organisation.
3. Complaints procedures are communicated appropriately to everyone involved in the organisation.

### **6.1 The organisation has an ethos of inclusion, transparency and openness which is communicated to everyone involved in the organisation.**

Having a culture of inclusion, transparency and openness means that an organisation has nothing to hide in terms of its practice, and that it is open to feedback from service users, carers, advocates, staff and volunteers with a view to improving how it carries out its activities and delivers its services.

It is important to communicate that your organisation is committed to this principle through having a statement to this effect in your Safeguarding Policy. Such a statement should also be prominently displayed in your premises and in information materials about the organisation.

An organisation, which purports to treat adults with dignity and respect and is committed to safeguarding them from harm, will encourage and enable them to take an active role in planning and decision-making.

Some ways this can be achieved are through:

- A commitment to a listening environment within the organisation;
- A suggestion box to give everyone an opportunity to make suggestions about how things could be improved;
- A consultative committee of adults who use your services and staff/volunteers who discuss matters affecting their interests;
- Maintaining a record of matters and suggestions made by service users and their representatives and actions taken;
- Involvement of service users on interview panels;
- Providing regular feedback on actions taken and developments in the organisation.

It is also important to establish and maintain contact with the carers and advocates of adults who are involved in your organisation. Carers and advocates will have a wealth of knowledge about the emotional, physical and cultural needs of the adults whom they care for or work with.

Involvement of carers and advocates can range from their representation on management committees, to their participation in services or activities provided by the organisation. Such involvement will also be an important source of reassurance and support for carers.

Good management should help to ensure that the organisation is operating effectively. Managers can gain valuable insights or learn lessons through the support and supervision processes.

In addition, feedback can also be gained from satisfaction surveys that staff and volunteers, carers, advocates and service users can complete anonymously.

### **6.2 There are appropriate procedures in place to share concerns or make complaints about the organisation.**

Where an individual has a concern or complaint about some aspect of the organisation, they should have access to the organisation's complaints procedure.

In a complaints procedure the following issues should be addressed:

- Who is the first point of contact for the complaint? There should be a named alternative in case the first point of contact is unavailable (e.g. on holiday) or is the subject of the complaint;
- If the complaint cannot be resolved at the first stage, how will it be dealt with subsequently?  
It is usual, but not always necessary, to have a number of stages in a complaints procedure. The aim is to provide a clear and fair process;
- State clearly where the final decision lies, and whether there is any option to appeal against it;
- Specify realistic time limits for each stage: complaints should be dealt with promptly.

Everyone involved, the complainant and the subject(s) of the complaint, should be given the opportunity to represent their side of the case. In the case of a complaint from an adult at risk, representation might include input from a carer or an advocate. In the case of a complaint made by a carer, representation might include input from a friend or family member. If the complaint is about a member of staff, volunteer or family member or carer acting inappropriately, the person dealing with the complaint should be very clear about:

- The nature of the complaint;
- Any previous incidents;
- Any remedial action to be taken e.g. an apology;
- Any new behaviour expected;
- What will happen if the agreed arrangements are not adhered to.

Records of discussions and information shared at each stage of the complaints procedure should be made clearly and accurately. All information relating to the complaint should be kept confidential and stored in a secure location. Organisations which provide Regulated Services will need to ensure that their complaints procedure complies with the appropriate regulatory requirement.

### What about serious incidents?

If there is a complaint in relation to a particularly serious incident, for example, where abuse or exploitation is suspected, then the reporting procedure takes precedence over the complaints procedure ([see Section 4](#)).

## **6.3 Complaints procedures are communicated appropriately to everyone involved in the organisation.**

As well as the complaints procedure being outlined in the safeguarding policy, it should be displayed on the premises and in material relating to the organisation. If necessary, it should be provided in alternative formats, and one-to-one explanations should be provided if required.

While volunteers should use the complaints procedure, members of staff should have access to the organisation's grievance procedure. The organisation should also have a whistleblowing policy for staff and volunteers where there are concerns about malpractice in the organisation ([see Section 4](#)).

# Section 7

The organisation has a clear policy on the management of records, confidentiality and sharing of information.



## Standard 7

**The organisation has a clear policy on the management of records, confidentiality and sharing of information**

### Criteria:

1. The policy is based on an expectation of confidentiality in the recording, use and management of personal information.
2. The policy informs staff and volunteers what information needs to be recorded.
3. The policy informs staff and volunteers how written records should be secured, stored and eventually disposed of.
4. The policy outlines what and how information is shared with relevant people within and outside of the organisation.
5. Adults involved with the organisation should have access to information held about them.

### 7.1 The policy is based on an expectation of confidentiality in the recording, use and management of personal information.

Your organisation should have a clear statement about confidentiality and how this is to be respected in the context of safeguarding work. It is important that staff and volunteers in the organisation know that personal and sensitive details about the lives of adults with whom they work or who are in their care and their families should not be the subject of gossip. They should also know that information cannot be passed on to others without good cause or reason and we all have a fundamental right to privacy of information and confidentiality. Care should be taken to ensure that when cases do have to be discussed with colleagues, the details cannot be overheard by others. Information of a confidential nature should only be communicated on a need-to-know basis and, in most circumstances, with the consent of the adult.

However, staff and volunteers should be clear that in circumstances where they have concerns about an individual's safety and welfare or the safety of others, they should pass on information that they may have been told in confidence, in line with the organisation's reporting procedures (see Section 4).

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, providing this does not increase risk to the adult. Organisations should avoid asking for consent to share information when it is likely that a decision will be taken to share the information regardless of whether consent is given.

All organisations need to consider their responsibility in relation to the gathering, storage, usage and sharing of personal information in line with the requirements of the Data Protection Legislation.

The Information Commission's Office (ICO) has published a statutory Data Sharing Code of Practice to assist organisations to comply with The General Data Protection Regulation (GDPR) 2018. It contains guidance in factors to consider when deciding whether or not to share personal data, including checklists to assist organisations in their decision making. The Data Sharing Code of Practice can be accessed at [www.ico.org.uk](http://www.ico.org.uk)

## Data protection principles

### Six Principles for Processing of Personal Data

Data protection principles underpin the new GDPR. These principles set out obligations for businesses and organisations that collect, process and store individuals' personal data. These principles relate to:

1. Lawfulness, fairness and transparency - you must process personal data lawfully, fairly and in a transparent manner in relation to the data subject.
2. Purpose limitation - you must only collect personal data for a specific, explicit and legitimate purpose. You must clearly state what this purpose is, and only collect data for as long as necessary to complete that purpose.
3. Data minimisation - you must ensure that personal data you process is adequate, relevant and limited to what is necessary in relation to your processing purpose.
4. Accuracy - you must take every reasonable step to update or remove data that is inaccurate or incomplete. Individuals have the right to request that you erase or rectify erroneous data that relates to them, and you must do so within a month.

5. Storage limitation - You must delete personal data when you no longer need it. The timescales in most cases aren't set. They will depend on your business' circumstances and the reasons why you collect this data.
6. Integrity and confidentiality - You must keep personal data safe and protected against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

### **GDPR provides the following rights for individuals:**

1. The right to be informed – fair processing information, transparency over how their data will be used, e.g. privacy statement.
2. The right of access – access to personal data and how it is being used and processed, e.g. subject access request.
3. The right to rectification – personal data can be rectified if inaccurate or incomplete. This should be rectified within one month of being advised and third parties may also need advised if data has been shared.
4. The right to erasure – the right to request personal data be deleted, except where there is a compelling reason for continued processing, e.g. legal obligation, public interest, statistical analysis.
5. The right to restrict processing – to permit the storage of personal data, but block or restrict processing, e.g. when accuracy of data is contested. Third parties may also need advised if data has been shared.
6. The right to data portability – individuals can obtain and reuse their personal data across different services without hindrance to usability.
7. The right to object – objection to direct marketing, processing for legitimate reasons, e.g. public interest, statistical research.
8. Rights in relation to automated decision making and profiling – can only be carried out when: fulfilling a contract with the individual, authorised by law or the individual has given consent.

Many organisations hold information about their volunteers in paper and computer-based records i.e. personal details, equality monitoring data. Compliance with the legal obligations in respect of the handling of personal data is the responsibility of the 'data controller'. That is the title given to the person (individual, company or organisation) who decides why personal data is held and the way in which such data is dealt with. A Privacy Policy outlining how you will hold volunteers' information is an important document to be shared with volunteers. An important concept to consider is consent.

### **7.2 The policy informs staff and volunteers what information needs to be recorded.**

All organisations need to ensure that they have essential personal details of all adults for whom they provide services or activities.

Essential joining information should include:

- The name, address and contact number of all adults and where appropriate their carers, advocates or next of kin name(s) and contact details;
- Any medical and health issues or particular requirements;
- Contact with other professionals/agencies, if any.

It is useful to have a standard registration form for this information. This should be completed before the adult accesses any service from your organisation so that reasonable adjustments can be made if appropriate. Careful consideration needs to be given to the storage of, and access to, this information. Adults have the right to know why information is required and how it will be used.

### [See Resource 7.1 – Sample Service User Health Form](#)

**Note:** Organisations providing Regulated Services will also need to take account of the regulations and associated Minimum Standards for these services.

Organisations should also keep records which reflect the adult's ongoing engagement with the organisation. This will include records on attendance, activities participated in and any incidents/accidents/near misses that occur.

### [See Resource 5.2 – Sample Accident/Incident/Near Miss Record Form](#)

#### **7.3 The policy informs staff and volunteers how written records should be secured, stored and eventually disposed of.**

All written records should be stored in a secure location and accessed by authorised personnel only. Electronic records held on computers should also be appropriately secured by way of password protection and restricted access.

Information should be disposed of within timescales that are in keeping with the requirements of The General Data Protection Regulation (GDPR) 2018. It contains guidance in factors to consider when deciding whether or not to share personal data.

#### **7.4 The policy outlines what and how information is shared with relevant people within and outside of the organisation.**

##### **Within the organisation**

Information should be shared within the organisation on a 'need to know' basis only. Line Managers will have access to information to check that records are being made and maintained appropriately and to enable them to identify patterns of behaviour emerging from incident reporting, which might give rise to the need to make a report to the local HSC Trust in accordance with procedures ([see Section 4](#)).

##### **Adults, carers & advocates**

Adults and their carers and advocates should be told how information will be used before they are asked to provide it and should be given an opportunity to discuss such uses. This should be communicated in a way which is clearly understood, using alternative means of communication where necessary. Any information should be sought sensitively and with privacy. When information needs to be shared, for example, in cases of emergency or in the case of suspected abuse, the adult and/or their carer or advocate should be told what information was shared as soon as possible, ensuring that this does not expose the adult to further risk of harm.

##### **External agencies**

While information is confidential, it may be disclosed to external agencies to ensure the care and safety of an individual or of others, or where a crime is suspected. This includes the disclosure of information to the HSC Trust or PSNI for such purposes.

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

Agencies and organisations which are required to share information on a regular basis to safeguard adults at risk must have Information Sharing Agreements (ISAs) in place which identify key members of staff and contact points within the organisation through which information can be channelled, including out of normal working hours. The agreements should be agreed at Board/Director level and subject to regular review.

This agreement should outline how organisations have agreed to share information and ensure compliance with legal requirements. It should stipulate when information may be shared without the adult's consent.

### **7.5 Adults involved with the organisation should have access to information held about them.**

Adults at risk should normally expect to see any information held by the organisation about them and should be so informed. This applies to paper and electronic records and should extend to access of a care record, unless any of the reasons for limiting access set out below apply. Access should be provided, if requested, to the adult, and, with their consent to another person acting on their behalf (where possible all such requests should be received in writing). In any case, a record should be made of all requests received and their outcomes. Where access is limited, this should also be recorded. For example, it may be necessary to limit access if: any part of the record contains confidential information about other people; or information was provided by another person or agency (such as doctor or other professional) and you have not been able to obtain their permission. It might also be necessary to limit access to information in circumstances where a care professional thinks access would cause serious harm to the adult's or someone else's physical or mental well-being.

It is also helpful to set out the uses to which information may be put, for example to:

- Better manage, plan and improve the services/activities provided;
- Help train staff and volunteers;
- Help with research, but only with the adult's agreement; and
- Provide statistics about services/activities delivered by the organisation, noting that personal information is not used in this way and not shared with anyone other than in the circumstances set out above.

## Resource 7.1 Sample Service User Health Form

**SERVICE USER HEALTH FORM**

IN CONFIDENCE

Name (organisation)	
Activity	
<b>PERSONAL DETAILS</b>	
Name (adult)	
Address	
Tel No	
Medical card number	
Are you taking any medication/treatment?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
Please detail:	
<b>CONTACTS FOR EMERGENCIES</b>	
Should be in a position to collect you if necessary.	
<b>CONTACT 1</b>	<b>CONTACT 2</b>
Name	Name
Address	Address
Relationship to you	Relationship to you
Home Tel No	Home Tel No
Work Tel No	Work Tel No
Other Tel No	Other Tel No

## Section 7

<b>DOCTOR'S CONTACT DETAILS</b>	
Name	
Address	
Tel No	
<b>MEDICAL DETAILS</b>	
Do you have any medical conditions?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please detail	
Do you have any allergies, including allergies to foods and medication?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please detail	
Do you have hearing loss?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you visually impaired?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please detail	
Are there any issues related to your: Physical health	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please detail	
Mental health and emotional well-being	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please detail	

## Section 7

Awareness and decision-making skills	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please detail		
Personal care & daily tasks	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please detail		
Administration of medicines	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please detail		
Walking & movement	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please detail		
Communication & sensory functioning	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please detail		
Any other relevant information:		
Please detail		

## CONSENT

I agree that the information provided may be shared with other staff/volunteers/ professionals who can contribute to providing me with a service or activity or care.

I understand that I may withdraw my consent to share information or have further assessment at any time, but that this may affect ability to provide full services for me.

If there is any information on this form which you do not wish to be shared, please specify

1) Which information you do not wish to share


2) Who you do not wish to share information with


Signature

Date

Print Name

## IF SIGNED BY SOMEONE OTHER THAN THE ADULT

What is your relationship to the adult?


On what grounds do you have the authority to sign on their behalf?<sup>9</sup>


[Go back to Section 4.2](#)

[Go back to Section 7.2](#)

<sup>9</sup>This should not be construed as being able to consent on behalf of the adult to whom this form relates.

# Section 8

There is a written Code of Behaviour which outlines the behaviour expected of all involved in the organisation.



## Standard 8

**There is a written Code of Behaviour which outlines the behaviour expected of all involved in the organisation.**

### Criteria:

1. The Code of Behaviour (the Code) contains positive statements about how staff and volunteers are expected to behave in their work with adults.
2. Code outlines behaviours to be avoided.
3. The Code outlines unacceptable behaviours.
4. The Code contains guidelines relating to physical contact and intimate care.
5. The Code contains guidelines relating to physical intervention and restraint.
6. The Code contains guidelines relating to diversity and additional care and support needs.
7. The Code contains guidelines on the handling of money.
8. The Code contains guidelines on the use of technology, including photography.
9. The Code outlines sanctions in the case of staff and volunteers breaching the Code
10. The Code sets out an expectation that everyone involved in the organisation should relate to each other in a mutually respectful way.
11. The Code is tailored to organisational activities or services.

### **8.1 The Code of Behaviour (the Code) contains positive statements about how staff and volunteers are expected to behave in their work with adults.**

Having a Code of Behaviour for your organisation will minimise the opportunity for adults to suffer harm. It will also help to protect staff and volunteers by ensuring they are clear about the behaviour that is expected of them and the boundaries within which they should operate. Many aspects of a Code of Behaviour are common sense, but it is worth formalising these to ensure consistency of practice throughout the organisation. In terms of encouraging ownership, it is useful to involve staff and volunteers, adults at risk and their carers/advocates in drafting and reviewing the Code for the organisation. The Code should be reviewed every three years or earlier if organisational changes make it necessary.

Each organisation's Code will be different, reflecting the nature and activities of the organisation. It should provide a clear guide to your staff and volunteers on how they should behave when working with adults at risk. It should be a positive document encouraging staff and volunteers to take a rights-based approach. However, the Code should also highlight behaviours to be avoided and those which are unacceptable.

Staff and volunteers must:

- Promote and protect the human rights of all adults in every aspect of their work;
- Treat all adults with dignity and respect;
- Be patient and listen;
- Communicate clearly, in whichever way best suits the individual and check their understanding;
- Adopt a person-centred approach;
- Treat all adults fairly and equally;
- Promote independence and choice;
- Encourage participation;
- Help all adults to fulfil their ability and potential;
- Involve all adults in decision making to the fullest extent.

Standards of expected behaviour already exist for particular sectors, for example, the NISCC Codes of Practice for Social Care Workers and Employers of Social Care Workers. Organisations may find it useful to refer to sector-specific guidance when drawing up a Code of Behaviour for staff and volunteers.

#### **[See Appendix 2 – Professional Regulatory Bodies](#)**

The NISCC Standards of Conduct and Practice for Social Care Workers sets out the following six positive statements which may be useful for organisations to refer to or tailor when developing their own Code of Behaviour.

Social care workers must:

1. Protect the rights and promote the interests of adults at risk and carers;
2. Strive to establish and maintain the trust and confidence of adults at risk and carers;
3. Promote the autonomy of adults at risk while safeguarding them as far as possible from danger or harm;
4. Respect the rights of adults at risk while seeking to ensure that their behaviour does not harm themselves or other people;
5. Uphold public trust and confidence in social care services; and
6. Be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills.

### 8.2 The Code outlines behaviours to be avoided.

The Code should also highlight the behaviours that should be avoided when working with adults at risk. These refer to behaviours that staff and volunteers may slip into through lack of experience or training. While not intentionally harmful, such behaviour might be misconstrued, which ultimately could lead to allegations of abuse being made. For example:

Staff and volunteers should not:

- Spend excessive amounts of time alone with an adult at risk;
- Take an adult at risk to your own home;
- Take an adult at risk alone on car journey, unless this forms part of the organisation's core activities.

If it is unavoidable or necessary, these kinds of behaviours should only occur with the full knowledge and consent of a manager and an appropriate record maintained.

### 8.3 The Code outlines unacceptable behaviours.

Unacceptable behaviours are those that should always be avoided in the interests of the safety of all those involved in the organisation.

Staff and volunteers should never engage in any of the following behaviours with adults at risk:

- Abuse, neglect or harm an adult, or place them at risk of harm, whether by omission or commission;
- Engage in rough physical games including horseplay;
- Engage in sexually provocative games e.g. spin the bottle, strip poker;
- Make sexually suggestive comments;
- Form inappropriate relationships;
- Gossip about personal and sensitive information; or
- Make/accept loans or gifts of money.

### **8.4 The Code contains guidelines relating to physical contact and intimate care.**

Staff and volunteers should ensure that:

- Physical contact is person-centred and appropriate to the task required;
- They are trained to understand and implement a care plan, where required;
- When providing intimate care, it is done sensitively and with respect for the individual's dignity and privacy;
- They involve the individual as far as possible in their own intimate care;
- If they are concerned about anything during intimate care, they report it at the earliest opportunity.

### **8.5 The Code contains guidelines relating to physical intervention and restraint.**

The guidelines should state that staff and volunteers should:

- Seek to defuse a situation, thereby avoiding the need to use any form of restraint;
- Only use restraint where it is absolutely necessary to protect the individual or others from harm;
- Ensure that any restraint used is proportionate to the risk of harm;
- Only use forms of restraint for which they have received training and which follow current best practice;
- Record and report any use of restraint;
- Review any situation that led to the need for restraint with their Line Manager, with a view to avoiding the need for restraint in the future.

### **8.6 The Code contains guidelines relating to diversity and additional care and support needs**

Staff and volunteers should:

- Be open to and aware of diversity in the beliefs and practices of individuals and their families;
- Ask how an individual's care should be delivered, having regard to the cultural needs of others;
- Be aware of the difficulties posed by language barriers and other communication difficulties;
- Not discriminate against individuals and their families who have different cultural backgrounds and beliefs from their own;
- Use the procedures outlined in this Guidance to report any discrimination.

### 8.7 The Code contains guidelines on the handling of money.

Staff and volunteers should:

- Maintain records of personal allowances, receipts and expenditure in line with organisational policy;
- Never deny an adult access to their money;
- Never gain in any way when using the adult's money on their behalf or guiding them in the use of their own money;
- Never borrow money from, or lend money to, an adult you are working with or caring for;
- Report any suspicions of financial abuse.

### 8.8 The Code contains guidelines on the use of technology, including photography.

New technologies, such as social networking websites and mobile phones, can be misused by those who are intent on harming or exploiting adults at risk.

Staff and volunteers should:

- Not photograph/video an adult, even by mobile phone, without the adult's valid consent;
- Ensure that any photographs/videos taken are appropriate;
- Report any inappropriate use of images;
- Report any inappropriate or dangerous behaviour on the internet that involves an adult at risk.

It is important that adults at risk are made aware of the dangers associated with new technology, such as social networking sites and the internet, and know to tell someone if they encounter anything that makes them feel unsafe or threatened.

[See Resource 1.2 – Consent](#)

### 8.9 The Code outlines sanctions in the case of staff and volunteers breaching the Code.

Staff and volunteers should understand that:

- If they are unsure of their actions and feel they may have breached the Code, they should consult with their Line Manager;
- Breaching the Code is a serious issue that will be investigated;
- Breaching the Code may result in disciplinary action and ultimately dismissal and if it constitutes harm/risk of harm, referral to the HSC Trust, PSNI, DBS and regulatory bodies, as appropriate.

## **8.10 The Code sets out an expectation that everyone involved in the organisation should relate to each other in a mutually respectful way.**

It is essential to establish a set of ground rules in terms of the behaviour expected of everyone involved in the organisation, including adults using services or participating in activities. The Code may cover behaviours such as having respect for each other, staff and volunteers and avoiding the use of offensive language; guidelines on the use of alcohol, particularly on day trips and sleeping arrangements for residentials.

The Code should be drawn up in consultation with staff and volunteers, service user groups, carers and advocates, with the understanding that its breach could lead to their exclusion, or where the behaviour constitutes abuse, e.g. of a peer, referral to the local HSC Trust or PSNI for further investigation and action.

Everyone involved in the organisation, including visitors, should be made aware of the Code, in the expectation that they will also act in accordance with the Code when they are in contact with the organisation and any aspect of its work.

## **8.11 The Code is tailored to organisational activities or services**

As an organisation's Code of Behaviour should be a living document, the organisation should take time to develop a Code of Behaviour which is appropriate to its specific activities, rather than attempting to use an 'off the shelf' version created by another organisation. The importance of particular areas of the Code will depend on the nature of the organisation's activities, for example, handling money may not apply to some settings.

In terms of encouraging ownership, it is useful if everyone to whom the Code applies is actively consulted about what should be contained in the Code.

The Code should be used as a training tool at induction, where each element is explained and discussed with new staff and volunteers. It can also be used as a framework for discussion in support and supervision sessions, and ongoing training. It should be reviewed on a regular basis to take account of situations arising for the first time, for example, in relation to new technology and at least once every three years.

# Appendix 1

## Advisory Group

### Membership:

John Black	Regulation and Quality Improvement Authority
Kathleen Boyle	AgeNI
Alexa Brown	Autism Initiatives
Alison Conroy	Police Service of Northern Ireland
Gerardine Cunningham	Northern Ireland Social Care Council
Helen Ferguson	Carers Northern Ireland
Bill Halliday	Mindwise
Tim Kennedy	South Eastern Health and Social Care Trust
Mary McGoldrick	Independent Health Care Providers
Randal McHugh	Northern Health and Social Care Trust
Yvonne McKnight	Belfast Health and Social Care Trust
Joanne McWhirter	Alzheimer's Society
Rosemary Magill	Women's Aid
Gerry Maguire	Health and Social Care Board
Donna Moore	Simon Community
Brian O'Kane	Northern Ireland Housing Executive
Colette Slevin	Mencap
Sinead Twomey	Northern Ireland Housing Executive
Margaret Yarr	Church of Ireland
Michael McArdle	Department of Health
Eilís McDaniel	Department of Health
Pat Newe	Department of Health
Dee Kelly	Volunteer Now
Rosie Oakes	Volunteer Now
Carol Twycross	Volunteer Now

### Acknowledgement:

A huge debt of gratitude is owed to the individuals and organisations that provided the benefit of their knowledge, expertise and experience to the guidance. Thank you for your support, your time and your commitment.

[Go back to Introduction](#)

# Appendix 2

## Professional Regulatory Bodies

The Professional Regulatory Bodies are responsible for establishing and operating schemes of statutory regulation and professional standards relating to conduct and practice for organisations and individuals in their respective professions. Their aim is to protect the public and to develop their profession.

Professional Regulatory Bodies	Contact
General Chiropractic Council	<a href="http://www.gcc-uk.org">www.gcc-uk.org</a>
General Dental Council	<a href="http://www.gdc-uk.org">www.gdc-uk.org</a>
General Medical Council	<a href="http://www.gmc-uk.org">www.gmc-uk.org</a>
General Optical Council	<a href="http://www.optical.org">www.optical.org</a>
General Osteopathic Council	<a href="http://www.osteopathy.org.uk">www.osteopathy.org.uk</a>
General Teaching Council for Northern Ireland	<a href="http://www.gtcni.org.uk">www.gtcni.org.uk</a>
Health and Care Professions Council	<a href="http://www.hcpc-uk.co.uk">www.hcpc-uk.co.uk</a>
Northern Ireland Social Care Council (NISCC)	<a href="http://www.niscc.info">www.niscc.info</a>
Nursing and Midwifery Council	<a href="http://www.nmc.org.uk">www.nmc.org.uk</a>
Pharmaceutical Society of Northern Ireland	<a href="http://www.psni.org.uk">www.psni.org.uk</a>

[Go back to Section 2.8](#)

[Go back to Section 3.3](#)

[Go back to Section 8.1](#)

# Appendix 3

## Useful Contacts

<b>Statutory Bodies</b>	<b>Contact</b>
Department of Health	<a href="http://www.health-ni.gov.uk">www.health-ni.gov.uk</a>
Health & Social Care Board	<a href="http://www.hscboard.hscni.net">www.hscboard.hscni.net</a>
Public Health Agency	<a href="http://www.publichealth.hscni.net">www.publichealth.hscni.net</a>
Health & Social Care Trusts	<a href="http://www.belfasttrust.hscni.net">www.belfasttrust.hscni.net</a> <a href="http://www.northerntrust.hscni.net">www.northerntrust.hscni.net</a> <a href="http://www.setrust.hscni.net">www.setrust.hscni.net</a> <a href="http://www.southerntrust.hscni.net">www.southerntrust.hscni.net</a> <a href="http://www.westerntrust.hscni.net">www.westerntrust.hscni.net</a>
Patient and Client Council	<a href="http://www.patientclientcouncil.hscni.net">www.patientclientcouncil.hscni.net</a>
Health & Safety Executive	<a href="http://www.hseni.gov.uk">www.hseni.gov.uk</a>
Northern Ireland Housing Executive	<a href="http://www.nihe.gov.uk">www.nihe.gov.uk</a>
Regulation and Quality Improvement Authority	<a href="http://www.rqia.org.uk">www.rqia.org.uk</a>
Police Service of Northern Ireland	<a href="http://www.psnipolice.uk">www.psnipolice.uk</a>
<b>Advocates/Commissioners</b>	
Commissioner for Older People for Northern Ireland	<a href="http://www.copni.org">www.copni.org</a>
<b>Voluntary Organisations &amp; Service Providers</b>	
Action on Elder Abuse	<a href="http://www.elderabuse.org.uk">www.elderabuse.org.uk</a>
Age NI	<a href="http://www.ageuk.org.uk/northern-ireland">www.ageuk.org.uk/northern-ireland</a>
Alzheimer's Society	<a href="http://www.alzheimers.org.uk">www.alzheimers.org.uk</a>
Apex Housing Association	<a href="http://www.apex.org.uk">www.apex.org.uk</a>
Autism Initiatives	<a href="http://www.autisminitiatives.org">www.autisminitiatives.org</a>
Autism NI	<a href="http://www.autismni.org">www.autismni.org</a>
Bryson Intercultural (formerly Multi-Cultural Resource Centre)	<a href="http://www.brysonintercultural.org">www.brysonintercultural.org</a>
Carers NI	<a href="http://www.carersuk.org/northernireland">www.carersuk.org/northernireland</a>
Extern	<a href="http://www.extern.org">www.extern.org</a>
Independent Age	<a href="http://www.independentage.org">www.independentage.org</a>

Independent Health and Care Providers	<a href="http://www.ihcp.co.uk">www.ihcp.co.uk</a>
Mencap	<a href="http://www.mencap.org.uk">www.mencap.org.uk</a>
Mindwise	<a href="http://www.mindwisenv.org">www.mindwisenv.org</a>
NIAMH	<a href="http://www.niamhwellbeing.org">www.niamhwellbeing.org</a>
Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO)	<a href="http://www.niacro.co.uk">www.niacro.co.uk</a>
Northern Ireland Women's Aid Federation	<a href="http://www.womensaidni.org">www.womensaidni.org</a>
Praxis Care	<a href="http://www.praxisprovides.com">www.praxisprovides.com</a>
Public Concern at Work	<a href="http://www.pcaw.org.uk">www.pcaw.org.uk</a>
Simon Community	<a href="http://www.simoncommunity.org">www.simoncommunity.org</a>
United Kingdom Homecare Association	<a href="http://www.ukhca.co.uk">www.ukhca.co.uk</a>
Volunteer Now	<a href="http://www.volunteernow.co.uk">www.volunteernow.co.uk</a>
<b>Others</b>	
AccessNI	<a href="http://www.nidirect.gov.uk/accessni">www.nidirect.gov.uk/accessni</a>
DBS	<a href="https://www.gov.uk/government/organisations/disclosure-and-barring-service">https://www.gov.uk/government/organisations/disclosure-and-barring-service</a>
nidirect Government Services for Northern Ireland	<a href="http://www.nidirect.gov.uk">www.nidirect.gov.uk</a>
The Care Tribunal for Northern Ireland	<a href="http://www.courtsni.gov.uk/en-GB/Tribunals/CareTribunal">www.courtsni.gov.uk/en-GB/Tribunals/CareTribunal</a>
The Adult Safeguarding Hub (SAaRIH)	<a href="http://www.saarih.com">www.saarih.com</a>
<b>Helplines</b>	
AccessNI	0300 200 7888
DBS	03000 200 190
Domestic and Sexual Violence	0808 802 1414
Elder Abuse	0808 808 8141
Lifeline	0808 808 8000
NIACRO (Belfast)	028 903 20157
Northern Ireland Housing Executive	03448 920 900

[Go back to Section 3.1](#)

# Appendix 4

## Organisational Self Assessment Checklist

### How to use...

This Organisational Self Assessment Checklist is a tool designed to help you assess where your own organisation is in relation to the criteria contained within each standard in Keeping Adults Safe: A Shared Responsibility.

The Checklist will help you see which criteria your organisation is already meeting and which criteria are not currently being met and need attention, i.e. where policies, procedures and guidelines need to be developed.

When each of the criteria within a standard is met, then the standard is met.

An electronic version of this Self Assessment Checklist can be downloaded from [www.volunteernow.co.uk](http://www.volunteernow.co.uk) which organisations can use as a tool.



**Standard 1 – The organisation has a written adult safeguarding policy supported by robust procedures and guidelines.**

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date:
			What?	By whom?	By when?	
1. There is a written policy statement of the organisation's intention to keep adults safe from harm.						
2. There is an outline of the procedures and guidelines that the organisation will implement to meet this commitment, in line with the minimum standards.						
3. The adult safeguarding policy is supported by other organisational policies, procedures and guidelines aimed at promoting safe and healthy working practices.						
4. The policy is 'owned' at all levels within the organisation and the person(s) with responsibility for its approval, implementation and review is named.						
5. Everyone involved in the organisation is aware that the policy exists, what it aims to achieve and the steps that will be taken to achieve those aims.						

**Standard 2 – The organisation consistently applies a thorough and clearly defined method of recruiting staff and volunteers in line with legislative requirements and best practice.**

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date:
			What?	By whom?	By when?	
1. There is a clear job description for staff and role description for volunteers and personnel/volunteer specification outlining the key skills and abilities and qualifications, if any, required.						
2. There is an open recruitment process.						
3. There is an application form that covers past work/volunteering.						
4. There is a declaration form requesting information on previous convictions which are not protected, and investigations, if any.						
5. A consent form for an AccessNI disclosure check is completed, if required.						
6. There is an interview process appropriate to the post/role and task.						
7. Written references are sought (and followed up when necessary).						
8. If a professional qualification is a requirement of the post, a registration check is made with the appropriate Professional Regulatory Body.						
9. Where required, an appropriate AccessNI disclosure check is carried out.						
10. The post is approved by management.						

**Standard 3 – There are procedures in place for the effective management, support, supervision and training of staff and volunteers.**

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date:
			What?	By whom?	By when?	
1. There is an induction process for staff and volunteers.						
2. There is a probationary period for staff and a trial period for volunteers.						
3. Relevant training is provided appropriate to the post/role.						
4. There is a robust structure and process for support and supervision for all staff and volunteers, appropriate to the post/role.						
5. There is an annual appraisal for staff and review for volunteers.						
6. Comprehensive, written records are kept of: training completed; support and supervision; and annual appraisals/reviews.						

**Standard 4 – The organisation has clearly defined procedures for raising awareness of, responding to, recording and reporting concerns about actual or suspected incidents of abuse.**

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date:
			What?	By whom?	By when?	
1. The policy outlines what constitutes adult abuse, where abuse can occur and who abuses.						
2. There is a written procedure outlining how staff and volunteers respond to, record and report adult safeguarding concerns.						
3. There is a system to communicate the reporting procedure to staff and volunteers to ensure they are familiar with it.						
4. There is an Adult Safeguarding Champion or appointed person who has responsibility for dealing with adult safeguarding concerns which come to light within the organisation.						
5. There is a procedure for the Adult Safeguarding Champion or appointed person to report adult safeguarding concerns to the appropriate authorities.						
6. There is a written procedure outlining how staff and volunteers respond to and report allegations made against staff and volunteers.						
7. There is a whistleblowing policy and procedure.						

**Standard 5 – The organisation operates an effective procedure for assessing and managing risks with regard to safeguarding adults.**

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date:
			What?	By whom?	By when?	
1. A risk assessment is carried out to identify and evaluate risks to adults using services or participating in activities.						
2. The identified risks are managed by putting in place risk-reducing measures.						
3. All identified risks and risk-reducing measures are recorded and reviewed at least once per year.						
4. The organisation should recognise that all adults have the right to take risks and should provide help and support to enable them to identify and manage potential and actual risks to themselves and others.						
5. The organisation has a procedure in place for reporting, recording and reviewing accidents, incidents and near misses, which should in turn inform practice and the risk assessment and management procedure.						

**Standard 6 – There are clear procedures for receiving comments and suggestions and for dealing with concerns and complaints about the organisation.**

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date:
			What?	By whom?	By when?	
1. The organisation has an ethos of inclusion, transparency and openness which is communicated to all involved in the organisation.						
2. There are appropriate procedures in place to share concerns or make complaints about the organisation.						
3. All identified risks and risk-reducing measures are recorded. Complaints procedures are communicated appropriately to everyone involved in the organisation.						

**Standard 7 – The organisation has a clear policy on the management of records, confidentiality, and sharing of information.**

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date:
			What?	By whom?	By when?	
1. The policy is based on an expectation of confidentiality in the recording, use and management of personal information.						
2. The policy informs staff and volunteers what information needs to be recorded.						
3. The policy informs staff and volunteers how written records should be secured, stored and eventually disposed of.						
4. The policy outlines what and how information is shared with relevant people within and outside of the organisation.						
5. Adults involved with the organisation should have access to information held about them.						

**Standard 8 – There is a written Code of Behaviour which outlines the behaviour expected of all involved in the organisation.**

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date:
			What?	By whom?	By when?	
1. The Code of Behaviour (Code) contains positive statements about how staff and volunteers are expected to behave in their work with adults.						
2. The Code outlines behaviours to be avoided.						
3. The Code outlines unacceptable behaviours.						
4. The Code contains guidelines relating to physical contact and intimate care.						
5. The Code contains guidelines relating to physical intervention and restraint.						
6. The Code contains guidelines relating to diversity and additional care and support needs.						
7. The Code contains guidelines on the handling of money.						
8. The Code contains guidelines on the use of technology, including photography.						
9. The Code outlines sanctions in the case of staff and volunteers breaching the Code.						
10. The Code sets out an expectation that everyone involved in the organisation should relate to each other in a mutually respectful way						
11. The Code is tailored to organisational activities or services.						

**“A Shared Responsibility helpfully sets the standard and assists organisations to tighten their procedures – that is to be welcomed.”**

Michelle O'Neill MLA

