

Adult Safeguarding Policy

Adult Safeguarding

Prevention and Protection in Partnership



Name of responsible party	Denise Kelly, Service Manager for Advocacy and Engagement Katherine McElroy, Client Support Manager
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The content of this document should be read in conjunction with any COVID-19 guidance and other PCC policies and procedures. For further information contact the Head of Development and Corporate Services on 028 9536 2548.

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Introduction

Everyone has a fundamental right to be safe. While the majority of adults live full, independent lives free from harm caused by abuse, exploitation or neglect, there is a growing recognition that some adults, for various reasons, may have been harmed or may be at risk of harm. The Patient and Client Council (PCC) believes everyone has the right to live free from abuse, exploitation or neglect regardless of age, ability or disability, sex, religion, political opinions, ethnic origin, dependants, marital or gender status.

Our vision in the PCC is for a “Health and Social Care Service to be actively shaped by the needs and experience of patients, clients, carers and communities, to enable them to live the best lives they can” (PCC, Statement of Strategic Intent, 2022). For this vision to become a reality, the PCC will “walk beside” and “empower people” to represent the interests of the public, promote the involvement of the public and assist people making or intending to make a complaint about their experience of a Health and Social Care service. Through this work, it is recognised that PCC staff may come into contact with adults at risk of harm or in need of protection.

Purpose

This document sets out the PCC’s adult safeguarding policy for adults at risk of harm or in need of protection in keeping with the Department of Health / Department of Justice regional policy “Adult Safeguarding: Prevention and Protection in Partnership” (2015). This policy clearly outlines the expectation that all organisations and their staff will work in partnership to apply this policy to their work with adults who may be at risk of harm or in need of protection.

PCC is committed to safeguarding the welfare of all adults at risk of harm from abuse, exploitation or neglect who may come into contact with the PCC. We recognise and accept that safeguarding is everyone’s responsibility and are committed to a model of practice which promotes the welfare of adults at risk and safeguards them from harm, exploitation or neglect. We will ensure that we have robust systems in place to safeguard the welfare of adults at risk and to ensure that our staff are adequately trained and supported to do so.

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 and our staff with a view to promoting a continuous learning approach to adult safeguarding.

Who is this policy for?

This policy applies to all PCC staff and Board members and all those who operate under PCC policies or to whom these policies apply.

Who is impacted by this policy?

This policy will promote the safeguarding of adults who may come into contact with the PCC. This may include:

- Staff
- Members of the public who make contact through the phone or email
- Clients, carers who are in receipt of advocacy support

Aim of this policy

The aim of this policy is to ensure we have robust adult safeguarding arrangements embedded within our organisation for adults who may be at risk of harm or in need of protection from abuse, exploitation or neglect.

We will commit to the following:

- To ensure clear adult safeguarding processes and procedures are in place to reflect the regional adult safeguarding policy in Northern Ireland.
- To support staff to understand their roles and responsibilities with regard to adult safeguarding, including escalation of safeguarding concerns internally and external to the organisation.
- To promote a continuous learning approach to adult safeguarding by providing staff supervision, staff support and training.
- To prevent and reduce the risk of harm to adults, while supporting people's right to maintain control over their lives and make informed choices free from coercion.
- To carefully follow the procedures laid down for the recruitment and selection of staff.
- To ensure the PCC general safety and risk management procedures are adhered to.
- To ensure PCC Information Governance policies are adhered to.

Key definitions

What do we mean by Adult Safeguarding?

Adult Safeguarding is based on fundamental human rights and involves empowering and enabling all adults, including those at risk of harm, to manage their own health and well-being and to keep themselves safe. Adult Safeguarding is a broad continuum and includes activity which prevents harm from occurring and activity which protects adults at risk where harm has occurred. All adults at risk of harm or in need of protection should be central to any actions and decisions affecting their lives.

Within this policy the term safeguarding is used in its widest sense, that is, to encompass both activity which prevents harm from occurring in the first place and activity which protects adults at risk where harm has occurred or is likely to occur without intervention.

Adult at risk of harm (Preventative Safeguarding)

The definition of an 'adult at risk of harm' takes account of a complex range of interconnected personal characteristics and/or life circumstances, which may increase exposure to harm either because a person may be unable to protect him/herself or their situation may provide opportunities for others to neglect, exploit or abuse them. It is not possible to definitively state when an adult is at risk of harm, as this will vary on a case by case basis. The following definition is intended to provide guidance as to when an adult may be at risk of harm, in order that further professional assessment can be sought.

An 'adult at risk of harm' is a person aged 18 or over and those aged over 25 who have learning difficulties, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- a) Personal characteristics
- 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.

Preventative Safeguarding includes a range of actions and measures such as practical help, care, support and interventions designed to promote the safety, wellbeing and rights of adults which reduce the likelihood of, or opportunities for, harm to occur. Effective preventative safeguarding requires partnership working, that is, individuals, professionals and agencies across the public, voluntary, statutory, community, independent and faith sectors, working together to recognise the potential for, and to prevent harm.

Prevention will strive towards early intervention to provide additional supports at all levels for adults whose personal characteristics or life circumstances may increase their exposure to harm.

Adults in Need of Protection (Protective Safeguarding)

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
- b) Life circumstances
- c) Who is unable to protect their own well-being, property, assets, rights or other interests;
- d) Where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

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 in need of protection' is met will demand the careful exercise of professional judgment applied on a case by case basis. This will take into account all the available evidence, concerns, the impact of harm, degree of risk and other matters relating to the individual and his or her circumstances. The seriousness and the degree of risk of harm are key to determining the most appropriate response and establishing whether the threshold for protective intervention has been met.

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

Harm

Harm is the impact on the victim of abuse, exploitation or neglect. It is the result of any action whether by commission or omission, deliberate, or as the result of a lack of knowledge or awareness which may result in the impairment of physical, intellectual, emotional, or mental health or well-being.

The full impact of harm is not always clear from the outset, or even at the time it is first reported. Consideration must be given not only to the immediate impact of harm and risk to the victim, but also the potential longer term impact and the risk of future harm. Harmful conduct may constitute a criminal offence or professional misconduct. A number of factors will influence the determination of the seriousness of harm. A single traumatic incident may cause harm or a number of 'small' incidents may accumulate into

'serious harm' against one individual, or reveal persistent or recurring harm perpetrated against many individuals.

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'.

Abuse is the misuse of power and control that one person has over another. Abuse may be perpetrated by a wide range of people, including those who are usually physically and/or emotionally close to the individual and on whom the individual may depend and trust. This may include, but is not limited to, a partner, relative or other family member, a person entrusted to act on behalf of the adult in some aspect of their affairs, a service or care provider, a neighbour, a health or social care worker or professional, an employer, a volunteer or another service user. It may also be perpetrated by those who have no previous connection to the victim.

Types of Abuse

Abuse can be either deliberate or the result of ignorance, or lack of training, knowledge or understanding. Often if a person is being abused in one way, they are also being abused in other ways. Abuse can take many forms including the following:

Description	Indicator
Physical	Including hitting, slapping, pushing, kicking, burning, misuse of medication, inappropriate restraint or disciplining a person in an inappropriate way. Fractures, bruising, burns, pain, marks or not wanting to be touched.
Psychological	Including emotional abuse, verbal abuse, humiliation, bullying, or the use of threats. Withdrawn, too eager to do everything they are asked, compulsive behaviour, not being able to do things they used to, not being able to concentrate or focus.
Financial or Material	Including theft, fraud, exploitation, pressure in connection with wills/financial control, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. Having unusual difficulty with finances, over protection of money and things they own, not paying bills, and lack of normal home comforts.
Sexual	Direct or indirect sexual activity where the adult at risk cannot or does not give his or her consent.

	Genital irritation, sexually transmitted diseases, offensive language, recoiling contact or uninhibited/overly familiar behaviours, persistent sexually inappropriate behaviour.
Neglect /Act of Omission	Withdrawing or not giving the help that an adult at risk needs, so causing them to suffer. Having pain or discomfort, overly hungry, thirsty or untidy, deterioration in health, changes in behaviour.
Exploitation	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. May manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking. Institutional Abuse or mistreatment by a regime or by any individual within any building where care is provided. Lack of personal clothing / possessions, no care plan, frequent hospital admissions, instances of unsatisfactory professional practice, ill treatment or gross misconduct.

Who might the abuser be?

It can be anyone:

- A partner, child, relative or friend.
- A paid or volunteer carer.
- A health, social care or other worker.
- A person claiming to be an employer of one of the above or a stranger.

Where might the abuse occur?

Abuse can happen anywhere:

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

How can you be alert to signs of abuse?

- You may see or hear something happen.
- An adult at risk may disclose an allegation to you.
- A colleague, family member or somebody else may tell you something that causes you concern.
- You may notice injuries or physical signs that cause you concern.
- You may notice either the victim or perpetrator behaving in a certain way that alerts you something may be wrong.

Underpinning principles for Adult Safeguarding

The PCC will adapt the 5 underpinning principles of adult safeguarding as set out in the regional adult safeguarding policy to include the following:

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.
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.

Responsibilities and Reporting Procedures

Adult Safeguarding is everyone's responsibility and within PCC all employees are expected to safeguard adults who may be at risk of harm or in need of protection by:

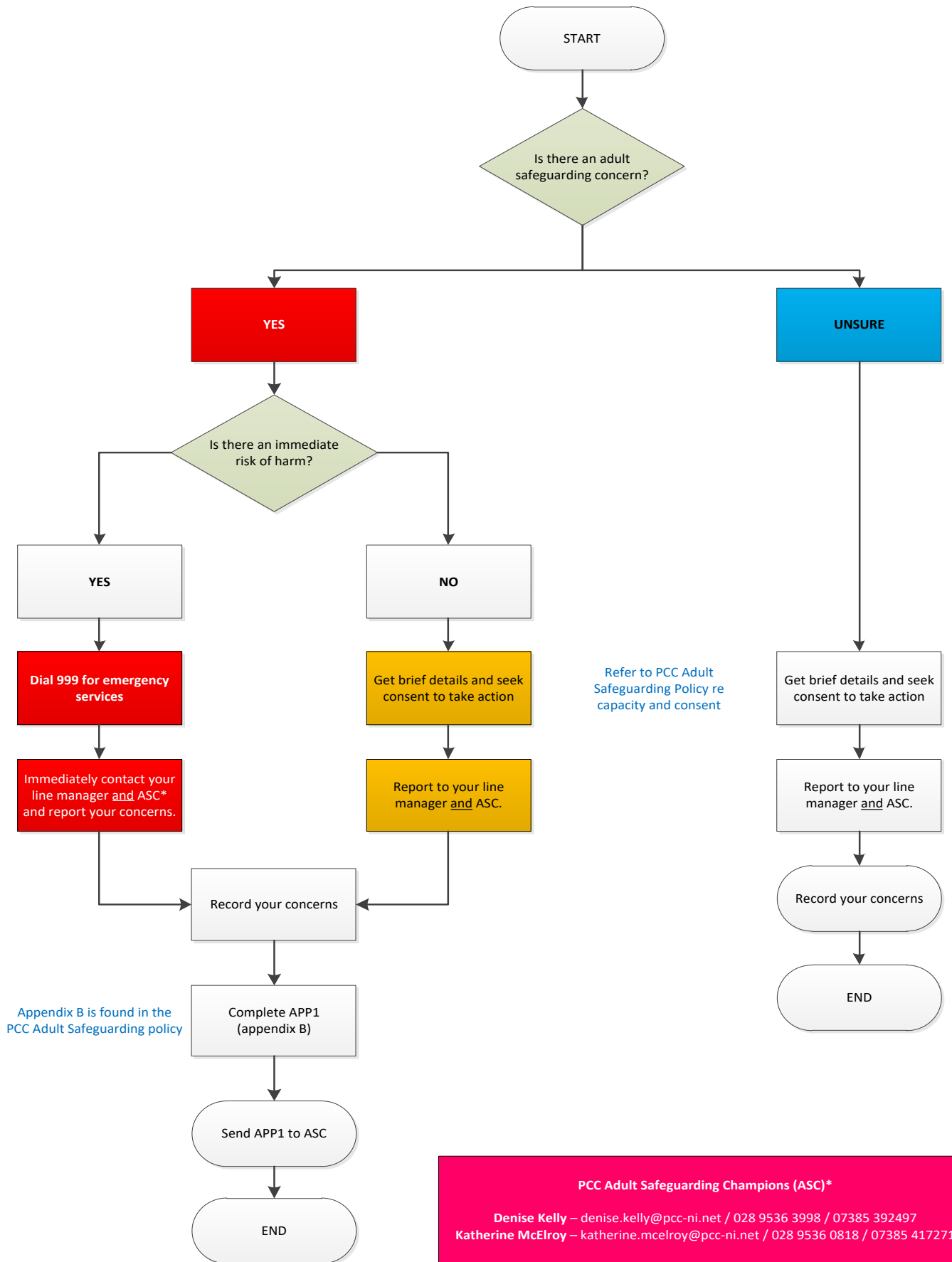
- Ensuring they have read the PCC Adult Safeguarding Policy and attended Adult Safeguarding Training (annually).
- To recognise that abuse, neglect and exploitation is wrong.

- To be aware of the signs of harm from abuse, exploitation and neglect.
- To consider consent and capacity issues relating to any adult considered at risk of harm or in need of protection.
- To know how and when to report adult safeguarding concerns to their line manager, PCC Adult Safeguarding Champion, the HSCTs or the PSNI. In the event that your line manager is not available staff **must** contact the PCC Adult safeguarding Champion(s) (ASC), named below.
- To be aware that failure to report a safeguarding concern in a timely manner may be considered as Gross Misconduct and will be managed under PCC Disciplinary procedures.

What do I do if I am concerned about an adult safeguarding issue?

If you are concerned that an adult may be at risk of harm or in need of protection, you must act immediately. Remember, adult safeguarding is everyone's responsibility. The flowchart below will guide you in your decision making.

Responding to Adult Safeguarding Concerns



PCC Adult Safeguarding Champions (ASC)*
 Denise Kelly – denise.kelly@pcc-ni.net / 028 9536 3998 / 07385 392497
 Katherine McElroy – katherine.mcelroy@pcc-ni.net / 028 9536 0818 / 07385 417271

Respond

- Take emergency action if someone is at immediate risk of harm or in need of urgent medical attention. Dial 999 for emergency services.
- Get brief details about what has happened and what the adult would like done about it, but do not probe or question or conduct a mini investigation.
- Seek consent from the adult to take action and to report the concern. Consider whether the adult may lack capacity to make decisions about their own care and other people's safety and wellbeing. If you decide to act against their wishes or consent you must record your decision and the reasons for this.

Report

- If any member of staff has reason to believe that an adult in receipt of PCC support meets the definition of an adult at risk of harm or in need of protection, they must **immediately** discuss their concerns with their line manager and complete the Adult Safeguarding Reporting Form (Appendix B) outlining any facts, names and full details to support this matter.

Record

- Good record keeping of decision making is essential in cases where information sharing is being considered.
- Staff should maintain records of the information gathered which explains and justifies their decisions.
- Records should be written as soon as possible, dated and signed.
- Keep records about safeguarding concerns confidential and in a secure location
- Access should not be given to any unauthorised personnel. (See link to PCC data protection policy) <https://Data Protection Policy.pdf>

Refer

The ASC should take the following into account:

- The adults wishes and preferred outcome
- Whether the adult has mental capacity to make an informed decision about their own and others safety
- The safety and wellbeing of children or other adults with care and support needs
- Whether there is a person in a position of trust involved
- Whether a crime has been committed

When an Adult Discloses Abuse

In cases where an adult discloses abuse to a staff member, it is vital that staff know how to react appropriately. All staff should be made aware of to the following guidelines:

Do

- Stay calm
- Listen attentively
- Express concern and acknowledge what is being said
- Reassure the person – tell the person that s/he 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 to the Line Manager/person in charge/Adult Safeguarding Champion 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

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 Adult Safeguarding Champion.

Why is it important to take action?

It may be difficult for adults at risk from harm, experiencing exploitation or neglect to protect themselves and to report abuse. They rely on you to help them.

Consent and Capacity

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

There should always be a presumption of an adult's capacity to make decisions unless there is evidence to suggest otherwise. Current guidance for professionals in respect of determining capacity should be followed (refer to Appendix C 'Adult Safeguarding' Policy).

Adult Safeguarding Champions (ASC)

The PCC's Adult Safeguarding Champions (ASC) are:

Katherine McElroy
Katherine.mcelroy@pcc-ni.net
028 9536 0810
07385417271

Denise Kelly
denise.kelly@pcc-ni.net
028 9536 3998
07385392497

The role of the PCC Adult Safeguarding Champion (ASC) is:

- To 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.
- To consult with and refer the matter to the local HSC Adult Gateway protection team for further investigation.
- To provide information, support and advice for staff on adult safeguarding within the PCC.
- To ensure that the PCC's adult safeguarding policy is disseminated and support implementation throughout the organisation.
- To advise within the PCC regarding adult safeguarding training needs.
- To provide advice to staff 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

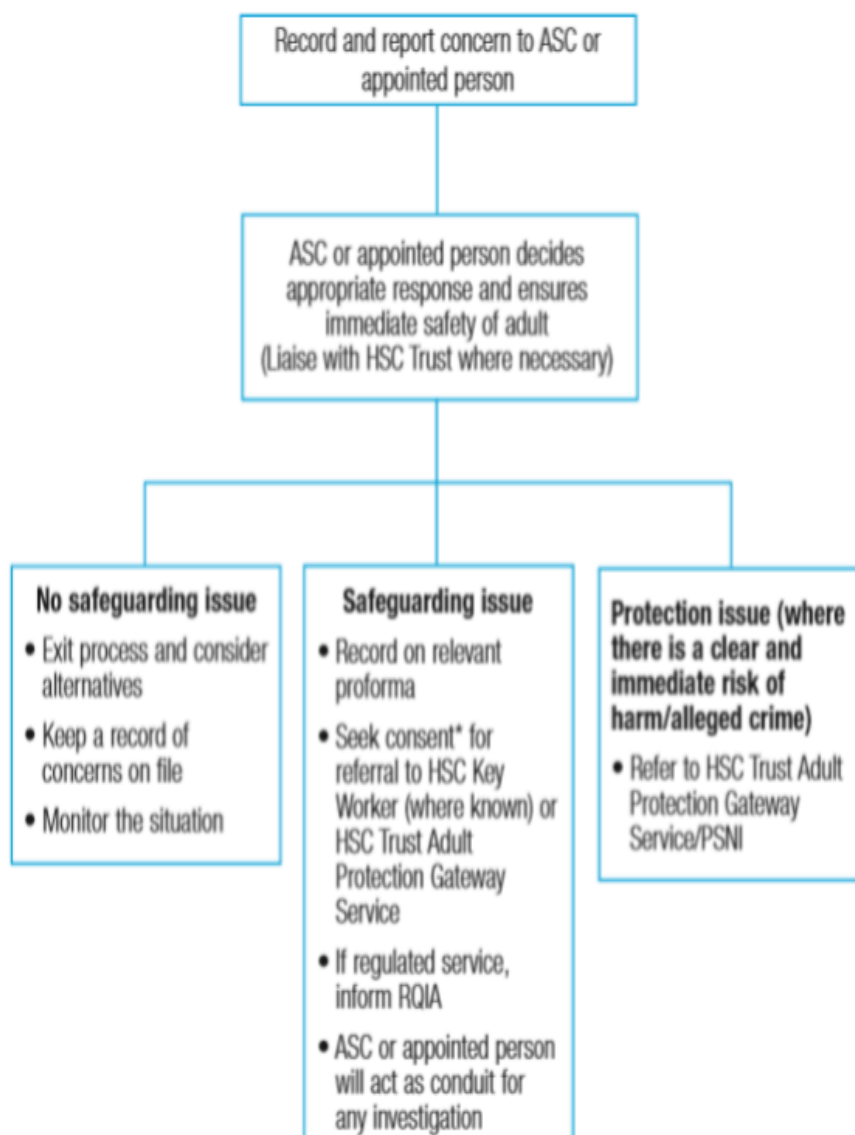
harm being passed to the relevant HSC Trust Adult Protection Gateway Service for assessment and decision-making.

- 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.

Out of Hours

The PCC's telephone lines are open from 9 am to 5 pm, Monday to Friday. If a concern arises or advice is required outside of these hours i.e. 5pm-9am: weekends; and bank or other public holidays, support can be attained through alternative organisations with contact numbers provided in Appendix A.

Reporting Procedure for PCC Adult Safeguarding Champions (ASC)



Confidentiality and Information sharing

The PCC expect all staff to maintain confidentiality at all times. In line with Data Protection legislation, the PCC does not share information if not required.

It should be noted however, that information should be shared with authorities if an adult is deemed to be at risk of immediate harm. Sharing the right information at the right time, with the right people can make all the difference to preventing harm. Any information shared with another body should be password protected.

Recruitment and selection

The PCC is committed to safe employment. Safe recruitment practices such as disclosure and barring checks and professional registration with registered bodies reduce the risk of exposing adults at risk to people who are unsuitable to work with them.

Training, awareness raising and supervision

The PCC will ensure that adult safeguarding is embedded in practice. All staff will receive awareness raising training on safeguarding adults at risk of harm. Staff and volunteers must be equipped with the core knowledge and skills around safeguarding to be confident to identify adults at risk and respond accordingly.

Supervision of staff will provide the mechanism in which to identify training needs related to the prevention and protection of adults at risk from harm, exploitation and neglect.

Equality and Human Rights Screening

This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998.

The screening has identified specific equality impacts and outlines the way that these will be addressed. No significant equality implications have been identified therefore the policy will not be subject to an equality impact assessment.

The equality screening has been published and can be accessed here <http://www.hscbusiness.hscni.net/services/2166.htm>

APPENDIX A

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-9am: weekends; and bank or other public holidays

PSNI

Emergency	999
Non-Emergency	101
General Enquiries	101

RQIA

	Normal working hours (9am to 5pm)
Belfast	028 9536 1111
Omagh	028 9536 1111

APPENDIX B



REGIONAL ADULT SAFEGUARDING PROCEDURE APP 1(a) REFERRAL/SCREENING INFORMATION

For completion by all organisations required to have an Adult Safeguarding Champion

PLEASE ENSURE SECTIONS 1 & 2 ARE FULLY COMPLETED FOR ALL CONCERNS

Staff Name:	Date of Birth: <i>(if not known, please give approx age)</i>	Date of Referral:
PCC OFFICE:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Ethnicity:	
Telephone No:	Is this person known to the PCC? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	

SECTION ONE

Source/Origin of Concern			
<input type="checkbox"/> GP	<input type="checkbox"/> Housing Provider	<input type="checkbox"/> Learning Disability Hospital	<input type="checkbox"/> Regulated Care Home
<input type="checkbox"/> RQIA	<input type="checkbox"/> MARAC	<input type="checkbox"/> Adult Mental Health Hospital	<input type="checkbox"/> Supported Living
<input type="checkbox"/> PSNI	<input type="checkbox"/> Day Care	<input type="checkbox"/> Acute General Hospital	<input type="checkbox"/> Self
<input type="checkbox"/> Prison	<input type="checkbox"/> Homecare Worker	<input type="checkbox"/> Non Acute Hospital	<input type="checkbox"/> Carer
<input type="checkbox"/> Benefits Branch	<input type="checkbox"/> RESW	<input type="checkbox"/> Other Trust	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Vol. Organisation	<input type="checkbox"/>		<input type="checkbox"/> Other <i>Specify</i>

Details of Person reporting the concern <i>(person bringing the concern to the PCC's attention)</i>	
Name:	Relations hip to adult at risk of harm:

Job title and agency:			Contact Number:
Who was the first person to note the concern			
Name:			Relationship to adult at risk of harm:
			Contact Number:
Key Contacts			
	Name	Address	Contact number
Key Worker			
Care Manager			
G.P.			
Family/Carer			
Significant other			
Other			
What is the PRIMARY form of suspected, admitted or known harm or abuse? (tick one only)			
<input type="checkbox"/> Physical	<input type="checkbox"/> Sexual (Incl. violence)	<input type="checkbox"/> Psychological	<input type="checkbox"/> Neglect
<input type="checkbox"/> Financial	<input type="checkbox"/> Exploitation	<input type="checkbox"/> Institutional	
Does the PRIMARY form of alleged harm or abuse also relate to the following definitions?			
<input type="checkbox"/> Domestic & sexual violence	<input type="checkbox"/> Hate crime	<input type="checkbox"/> Modern slavery/Human Trafficking	
INCIDENT REPORT			
Background information (To Include factors precipitating referral, home circumstances, support available, including issues of capacity)			
Incident Report – Location/Date/ Time (please give exact details of what has been reported and if appropriate include names of any witnesses and note injuries on APP1 body chart).			

Details of any witnesses:

1. Name:
Address:
Contact No:

2. Name:
Address:
Contact No:

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

Adult At Risk of Harm's Usual Living Arrangements		
Does the adult at risk of harm live alone?	<input type="checkbox"/>	<input type="checkbox"/> No
Does the person who is suspected to have caused harm live with the adult at risk of harm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/K
If the adult at risk of harm present location different from home address?	<input type="checkbox"/>	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	
If yes please give details:		

Have You Taken Any Emergency Action to Avoid Immediate Serious Risk?	
Was immediate protection needed for adult at risk of harm? <i>If Yes give details:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any children or other adults at risk? <i>If Yes give details:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Was immediate protection required?

Yes No

If Yes give details:

Is there a need for a DASH to be completed? Yes No N/K

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 N/K

Is the adult at risk of harm able to give informed consent?

Yes No

Has the adult at risk of harm consented to a referral?

Yes

Yes

If no please give details:

Record adult at risk of harm or carer's views regarding reporting to PSNI

Details of Person/Persons Suspected of Causing Harm

Name:

Date of Birth:

M

F

Address:

Is the person(s) suspected of causing harm aware an allegation has been made against them?

Yes No N/K

Is the person(s) suspected of causing harm known to the adult at risk of harm? Yes No N/K

If yes please specify below:

Family member Another service user Paid carer Trust employee Other
(specify)

Provide any known information about the capacity of the person alleged to have caused the harm.

Any Additional Information Relevant to the Report

(Please note the views of others you have consulted and note any difference of opinion)

Signature Print	Date

ALL RECORDS TO BE SAVED IN: [P:\LEADERSHIP TEAM\Safe Guarding](#)

Appendix C

CONSENT AND CAPACITY

Consent

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

For consent to be valid, it must be given voluntarily by an appropriately informed person who is able to consent to the intervention being proposed. In cases where the individual lacks capacity, decisions will usually be made on behalf of the individual in accordance with current legal provisions. A consent-driven approach to adult safeguarding will always involve:

- a presumption that the adult at the centre of a safeguarding decision or action is able to give or withhold consent unless it is established otherwise;
- acknowledging that an adult who lacks capacity to make a decision cannot give consent but that he or she should still be involved in decision-making as far as possible and given appropriate support;
- acknowledging that everyone who has capacity to make a certain decision has the right to pursue a course of action that others may judge to be unwise, but that sometimes a balance must be struck between an individual's human rights and the need to intervene to protect others;
- providing support to an adult where they have withheld consent and this has been overridden;
- ensuring consent/non-consent is informed through the provision of full and accurate information, making sure that the information is conveyed in a way which the adult fully understands and taking all practicable steps to help the person make and communicate the decision; and
- Understanding that the choices and decisions made by the individual at any one time are not seen as irrevocable or non-negotiable. Where there is a concern that an adult may be at risk of, or experiencing, harm and there are concerns about coercion or undue influence, this should be referred to the HSC Trust.

Capacity

Adults will always be assumed to have capacity to make a decision unless it is suspected otherwise. Capacity can fluctuate, and is both issue and time specific, therefore should be kept under regular review in connection with any safeguarding intervention, in particular a protection intervention.

Where there is a reasonable doubt regarding the capacity of an adult to make a specific decision or series of decisions, a referral must be made to the HSC Trust. The organisation or individual making the referral may need to consider any reasonable and proportionate interim steps necessary to protect the adult pending further

enquiries by the HSC Trust. An HSC professional within the HSC Trust will conduct a capacity assessment in accordance with existing legislation and guidance.

Lack of capacity

Tensions between an adult's autonomy and the need to intervene to keep an adult safe makes deciding whether or not to intervene when an adult lacks capacity to make a decision particularly difficult, and one that must always require professional judgement in respect of the individual circumstances of the adult.

Where an adult lacks capacity to make a certain decision, they should be supported so they can be involved to the fullest extent in the decision that affects their life. Any interventions and actions taken by the HSC Trust must be in the best interests of the person being safeguarded, and in accordance with existing legislation and policy. HSC Trusts should, where appropriate, consult relevant family members or carers when considering action to be taken regarding an adult who lacks capacity to make a decision.

Lack of Consent

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

- the person causing the harm is a member of staff, a volunteer or someone who only has contact with the adult at risk because they both use the service; or
- consent has been provided under undue influence, coercion or duress;
- other people are at risk from the person causing harm; or
- a crime is alleged or suspected.

In these circumstances, the adult should be informed of that decision, the reason for the decision, and reassured that as far as possible no actions will be taken which affect them personally without their involvement. Consideration should be given to any support the adult may need at this time, as they may be distressed by the prospect of their information being shared without their consent.

Advocacy

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

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

Appendix D

Relevant Legislation, Policies and Standards Frameworks

These include:

- The DoH / Department of Justice regional policy “Adult Safeguarding: Prevention and Protection in Partnership” (2015).
- Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 (amended by the Protection of Freedoms Act 2012)
- Adult Safeguarding Operational Procedures – Adults at Risk of Harm and Adults in Need of Protection (September 2016)
- Safeguarding Vulnerable Adults a Shared Responsibility, Standards & Guidance for Good Practice in Safeguarding Vulnerable Adults (2010)
- Protocol for the joint investigation of alleged and suspected cases of abuse of vulnerable adults (2009)
- European Convention on Human Rights, as amended 2010
- Human Rights Act 1998
- The Health and Social Care Board and Health and Social Care Trusts’ Policies and Procedures
- Northern Ireland Social Care Council Codes of Conduct for Employers and Employees
- Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Criminal Law Act (Northern Ireland) 1967
- The Sexual Offences (Northern Ireland) Order 2008
- The Family Homes and Domestic Violence (Northern Ireland) Order 1998
- The Mental Health (Northern Ireland) Order 1986
- The Public Interest Disclosure (Northern Ireland) Order 1998

- The Human Trafficking & Exploitation (Criminal Justice & Support for Victims) Act (NI) 2015
- The Police and Criminal Evidence (Northern Ireland) Order 1989
- The Race Relations (Northern Ireland) Order 1997
- The Criminal Evidence (Northern Ireland) Order 1999
- The Health and Personal Social Services Act (Northern Ireland) 2001
- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003