

Safeguarding Adults at Risk Policy

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“Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength.’ The second is this: ‘Love your neighbour as yourself.’ There is no commandment greater than these.”

Mark 12:30-31

“And let us watch out for one another to provoke love and good works.”

Hebrews 10:24

“Everyone should look out not only for his own interests, but also for the interests of others.”

Philippians 2:4

“I give you a new command: Love one another. Just as I have loved you, you are also to love one another. By this everyone will know that you are my disciples, if you love one another.”

John 13:34-35

Christ calls us to love, care for and value everyone. As Christians we are duty bound to show compassion for, and to safeguard everyone we come into contact with. Active Listening gives us a unique opportunity to do just that.

1. Introduction

“Everyone has a fundamental right to be safe. Whatever the cause, and wherever it occurs, harm caused to adults by abuse, exploitation or neglect is not acceptable. This policy emphasises that safeguarding is everyone’s business and that as good citizens we should all strive to prevent harm to adults from abuse, exploitation or neglect.”

July 2015 Adult Safeguarding – Prevention and Protection in Partnership
Department of Justice and Department of Health, Social Service and Public Safety

As Christians we have a duty to protect all whom we come across in the course of our Active Listening duties. Harm, abuse and exploitation can happen anywhere. Safeguarding is everyone’s business and should be an integral part of our Active Listening life. It should not be regarded as just another bureaucratic policy but as a way of living out the Gospel imperative to love one another.

This will involve us discussing our concerns and if necessary reporting them to the appropriate person and cooperating with the statutory bodies whose duty it is to investigate. This document aims to reduce the risk of harm, abuse or exploitation by educating you, our volunteers, about the signs to look for and the action to take. Society aims to have a zero-tolerance approach to adult abuse and Active Listening shares that view.

Active Listening volunteers are often placed in a unique position where they can identify adults who appear to be at risk. Often the police have not been present in

homes or met face to face with the people before us and therefore we may be the first who witness these types of situations. Adults have a right to be safe and secure and to expect assistance from us when things go wrong in their lives.

2. Key Messages

Safeguarding is for all - We are familiar with Child Protection principles and now we seek to identify and assist those adults who may be at risk also. Adult safeguarding is much more than the care of older people and those with disabilities. This document seeks to assist us to keep safe all those over the age of 18.

- Safeguarding for all demands that we strive to prevent harm and protect those at risk.
- We have a duty to protect as well as to care.
- We should have zero-tolerance of all forms of harm/abuse/neglect.
- We should receive training in spotting the signs and what action to take.
- We must report concerns immediately.
- We must understand that delay may place individuals at further risk.
- We must cooperate with other agencies.
- We must share information appropriately.

3. Who is the policy for?

Who needs to be aware of this document?

- Volunteers
- Management team
- Everyone working in Active Listening whether actually conducting visits or not.

Who is responsible to ensure implementation and compliance with this policy and procedures?

- Volunteers
- Management team
- Everyone working in Active Listening whether actually conducting visits or not.

Safeguarding is used in its widest sense, that is, to include both prevention of harm in the first place and protection where harm has already taken place or is likely to happen if action is not taken. Previous policies focussed on protection and the term 'vulnerable adult'. This policy focuses on the concept of 'risk of harm'.

4. Adults at Risk

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, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- personal characteristics and/or
- 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.

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:

- personal characteristics and/or life circumstances and
- who is unable to protect their own well-being, property, assets, rights or other interests; and
- where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed

The decision as to whether the definition of an 'adult in need of protection' is met will demand the careful exercise of professional judgement 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. Examples of the type of harm faced are given later in this guide along with some scenarios that volunteers may be faced with.

5. Preventing and Protecting

As an organisation Active Listening needs to ensure that all of our members and clients are protected from abuse, exploitation or neglect and the risk of harm. Safeguarding adults can be complex and challenging and it is vital that we do not work alone and work in partnership with other agencies to protect everyone. Within this policy the term 'safeguarding' is used in its widest sense i.e. to include activity which prevents harm from occurring in the first place and protects adults at risk where harm has already occurred or is likely to occur.

The purpose of these guidelines is to:

- Raise awareness of harm to adults at risk
- Define what 'harm' is and how it manifests itself.
- How to respond to situations where harm has occurred or may occur.

Previous safeguarding policy focussed on protection and the term 'vulnerable adult' will be familiar to all of you – not least due to your Active Listening training. This new policy moves away from the concept of 'vulnerability' and towards the concept of 'risk of harm'.

Harm resulting from abuse, exploitation or neglect violates the basic human rights of a person to be treated with respect and dignity, to have control over their life and property and to live a life free from fear.

Harm can have a devastating and long lasting impact on victims, their families and their carers. It is the impact of an act, or the omission of actions, on the individual that determines whether harm has occurred.

Any action which causes harm may amount to a criminal offence and/or professional misconduct on the part of an employee.

Adult safeguarding is about respecting the rights of adults as individuals, treating all adults with dignity and respecting their right to choose.

It 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. It extends to intervening to protect where harm has occurred or is likely to occur.

Preventive Safeguarding includes a range of actions and measures such as practical help, care, support and interventions designed to promote the safety, well-being and rights of adults and reduce the likelihood of, or opportunities for, harm to occur. It is the responsibility of all of us and requires effective partnership working.

Protective Safeguarding will be aimed at adults who are in need of protection i.e. when harm has occurred or is likely to occur. This service is led by the Health and Social Care Trusts and the police. Other agencies and individuals may also have input in order to investigate an allegation or formulate and deliver a care and protection plan.

Underpinning principles

All adult safeguarding activity must be guided by five underpinning principles:

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 the choice by 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 purpose 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 the roles, responsibilities and lines of accountability are clearly defined and understood. Working in partnership and a person-centred approach will work hand-in-hand.

6. Definitions of 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.

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

Sexual abuse is any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding 6. 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 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 occur in any organisation, within and outside the HSC sector. 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 holding 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 when the person lacks the capacity to assess risk.

This policy does not include **self-harm or self-neglect** within the definition of an 'adult in need of protection'. Each case will require a professional Health and Social Care (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.

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

Human trafficking

involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual

exploitation and organ harvesting. Victims of human trafficking can come from all walks of life; they can be male or female, children or adults, and they may come.

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.

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

7. Adult Safeguarding champion

A key element of the adult safeguarding policy is the Adult Safeguarding Champion (ASC). The ASC for Active Listening is Richard Russell. The ASC will be accessible to all service areas in the organisation as a source of advice and guidance. The ASC is appointed by the Chief Executive Officer, a member of the Senior Management Team, trained, experienced and skilled to carry out the role.

The role of the Adult Safeguarding Champion is:

- to provide information and support for staff on adult safeguarding within the organisation;
- to ensure that the organisation's adult safeguarding policy is disseminated and support implementation throughout the organisation;
- to advise within the organisation regarding adult safeguarding training needs;
- to provide advice to staff or volunteers who have concerns about the signs of harm, and ensure reporting 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 significant; and make records available for inspection.

Adult Safeguarding Champion

Richard Russell

Secure email [REDACTED]

Telephone message service [REDACTED]

Where the ASC is not immediately available, reports or referrals should be made to the Chief Executive Officer (secure email: [REDACTED] in respect of any safeguarding concern.

8. Information Sharing and Reporting

The duty to share information about an individual can be as important as the duty to protect it. Effective safeguarding depends on information being made available to those who need it at the right time. Active Listening undertakes to share full information in a timely manner with the relevant organisations where there are concerns about an adult at risk of harm or who has suffered harm. Normally this will be done through the ASC or the Chief Executive Officer if the ASC is not available. Full records of the information shared will be retained consistent with EDPR.

Adult Protection Services

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

- Each HSC Trust will have an Adult Gateway Service which will receive adult protection referrals.
- HSC Trusts will be the lead agency in terms of the coordination of joint Adult Protection responses.
- Within each HSC Trust, responsibility for Adult Protection rests with the Executive Director of Social Work and the lead profession within the HSC Trusts is social work.

The **PSNI** will be the lead criminal investigation agency and a report should be made to the PSNI where a crime is alleged or suspected. The ASC will report to the PSNI using existing channels.

Each adult protection intervention is unique and the response made must allow for flexibility and individualised decision making.

9. Operational Procedures

Recognising and responding to adult safeguarding concerns

Management or volunteers who are concerned about someone who is at risk of harm or who may be experiencing harm or abuse already must report promptly to the appropriate person.

Active Listening has a compartmented data protection structure in relation to the referrals system, simplified as follows:

- Listening and signposting Volunteers have access to the referral information for referrals allocated directly to them.
- Team Coordinators have access to the referrals allocated to their team only.
- The Senior Management Team, excepting the Adult Safeguarding Champion, do not have access to the referrals system.
- The Board of Trustees do not have access to the referrals system.
- The referrals team currently consists of:
 - The Referrals Coordinator - Ruth Millar
 - The Charity Data Protection Officer (DPO) - Sam Wilson
 - The Adult Safeguarding Champion (ASC) - Richard Russell

To restrict the flow of confidential data, the relevant Volunteer should report directly to the ASC.

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

- They may disclose to you in a phone call or during a visit/meeting.
- Someone else could tell you of their concerns.
- The adult may show signs of physical injury for which there does not seem to be a satisfactory or credible explanation.
- Their appearance or demeanour may lead you to suspect abuse or neglect.
- The behaviour of a person close to them makes you feel uncomfortable.

Being alert to potential 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.

Confidentiality must not be breached unless there is a direct risk of harm as in current instructions.

10. The Referral Process

If there is a **clear and immediate risk of harm or a crime is alleged or suspected**, the matter should be referred immediately to the Adult Safeguarding Champion who will refer to PSNI or HSC Trust Adult Protection Gateway Service.

In most circumstances there will be an emerging safeguarding concern which should normally be referred to the HSC Trust via the Adult Safeguarding Champion, for a professional assessment. It will be a matter for HSC professionals to judge whether the threshold for an adult protection intervention has been met, or whether alternative responses are more appropriate. Referrals can be made from any source.

11. Training

Relevant volunteers will receive training in Adult Safeguarding including types of abuse, signs of abuse and reporting procedures.

Support for volunteers

Volunteers who find themselves dealing with an abusive setting may well have different reactions. Some may feel anger towards the abuser, others may block it out and may even deny that it has happened. Some may become withdrawn and difficult to communicate with. It is vital that volunteers are supported. The support may take the form of:

- Training
- Supervision and mentoring at work
- Support and advice from other agencies

Volunteers are referred to the Active Listening Volunteer Wellbeing Guide.

Please note that the Volunteer Management Team consisting of Jim Murdock, Wendy Ross and Helen Sloan are available to provide support to Active Listening Teams or Volunteers. Due to data protection restrictions, the details of any referral cannot be shared with the Volunteer Management Team. Where Volunteers need to discuss details of a referral, the Data Protection Officer will allocate an approved Officer.

12. Scenarios

Volunteers visit the home of an 80 year old person. They notice that there is little food in the house and the house is cold. They are aware that the person is comfortably off and should not have money problems.

This could be a case of Financial Abuse by a carer or a family member or could be a sign of the early stages of dementia. This should be discussed with the Adult Safeguarding Champion.

Volunteers notice during a visit for another matter that a woman seems withdrawn and has unexplained injuries to her face.

This could be a case of domestic violence. Steps must be taken to protect the woman and encourage her to seek help. She should be offered the opportunity to report to the police and supporte in doing so. The incident should be reported to the Adult Safeguarding Champion. A follow up visit should be arranged.

A client shares with a volunteer that he is coming into a substantial amount of money but first he must share his bank details in order to claim the money.

This person has been the subject of a scam and it should be reported to the police immediately. He may already have lost a substantial amount of money and should be advised never to give out his bank details to caller or emailers.

Volunteers visit an elderly couple who complain that they have financial problems though seem reasonably well off. They mention that they are frequently visited by a family friend who always seems to have money problems.

This could be a case of the couple genuinely trying to help out a friend with advice about financial problems or it could be a case of someone taking advantage. It should be discussed with the Adult Safeguarding Champion.

Volunteers are made aware that a client who has a learning disability had been refused benefits for helping to care for her elderly mother.

Whilst strictly speaking this is not a safeguarding issue there is a role for Active Listening volunteers to assist the client to make a claim for benefits. He/she should be assisted to contact a local Benefits Office.

Reporting form APP1 ADULT AT RISK OF HARM CONCERN for use only by Active Listening Adult Safeguarding Champion or designated alternate



APP1 FORM

REGIONAL ADULT SAFEGUARDING PROCEDURE

APP1 ADULT AT RISK OF HARM CONCERN

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

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

| | | |
|---------------|--|-----------------------|
| Name: | Date of Birth: <i>(if not known, please give approx age)</i> | Date of Referral: |
| Address: | Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> | Service/Client Group: |
| Postcode: | Ethnicity: | H&C / Reference No: |
| Telephone No: | Is this person known to the Trust? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> | |

SECTION ONE

Section 1 – completed by person reporting the concern

| Details of Person reporting the concern <i>(person bringing the concern to your agency's attention)</i> | | | |
|---|--|--|-------|
| Name: | | Relationship 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: | Date: |

| 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> |
| Location of incident | | | |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Own Home | <input type="checkbox"/> Public Place | <input type="checkbox"/> Adult placement |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Residential home | <input type="checkbox"/> Supported living | <input type="checkbox"/> Adult Hostel |
| <input type="checkbox"/> Non acute hospital | <input type="checkbox"/> Acute general hospital | <input type="checkbox"/> Mental Health Hospital | <input type="checkbox"/> Learning Disability Hospital |

APP1 adult at risk of harm concern and adult protection referral