APPENDIX 19

Adult Safeguarding Policy and Procedures

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For attention of and action by:	The Tara Centre Board of Directors, managers, staff, service providers and volunteers, service users, carers and advocates, and visitors.	
Review date:	(currently being reviewed – due October 2023)	
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CONTENTS

	Page
Introduction	3
The Adult Safeguarding Continuum	4
Legal and Policy Context	5
Definition of Terms	6
Underpinning Principles	8
Standard 1: Tara Centre Adult Safeguarding Policy Statement	10
Standard 2: Recruitment and Selection of Staff, Service Providers and Volunteers	12
Standard 3: Effective Management of Staff, Service Providers and Volunteers	15
Standard 4: Raising Awareness of, Responding to, Recording and Reporting Concerns about Actual or Suspected Incidents of Abuse	18
Standard 5: Assessing and Managing Risks with Regard to Safeguarding Adults	33
Standard 6: Receiving Comments & Suggestions, and Dealing with Concerns and Complaints About the Organisation	38
Standard 7: Management of Records, Confidentiality and Sharing of Information	39
Standard 8: Code of Behaviour	43
Appendices	
Appendix 1: Categories and Indicators of Abuse	

Introduction

There have been considerable developments in the area of adult safeguarding in Northern Ireland since the establishment of the Northern Ireland Adult Safeguarding Partnership (NIASP) and the five Local Adult Safeguarding Partnerships (LASPs) in 2010. These are 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). They are made up of representatives from the main statutory, voluntary and community sectors involved in adult safeguarding across NI.

A key development in more recent years has been the launch of a new regional adult safeguarding policy 'Adult Safeguarding: Prevention and Protection in Partnership', jointly developed and published by the DOH and the DOJ in July 2015. This policy makes it clear that safeguarding is everyone's business, and whilst assisting organisations providing services to adults, it is also there to assist individuals acting as responsible citizens at home and in their local communities.

Concepts involved move away from 'vulnerability' to 'risk of harm' in adulthood, and places responsibility for harm caused by those who perpetrate it. At all stages along the safeguarding continuum (see page 4), safeguarding interventions aim to provide appropriate information, supportive responses and services which become increasingly more targeted and specialist as 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.

The Tara Centre, like all organisations, must uphold the rights of adults, and ensure that any service or activity provided is underpinned by the principles of treating adults with dignity and respect, with implementation of preventative measures being at the forefront of this ethos (and which are clearly explained in this policy).

However, empowerment is essential to the prevention of harm. All adults using services at the Tara Centre, including those at risk of harm, will be encouraged to manage their own health and well-being to keep themselves safe. By implementing good practice, the Tara Centre is honouring its commitment to keeping adults safe from harm and exploitation, and upholding their rights. The standards that the Tara Centre works to are stated in this policy.

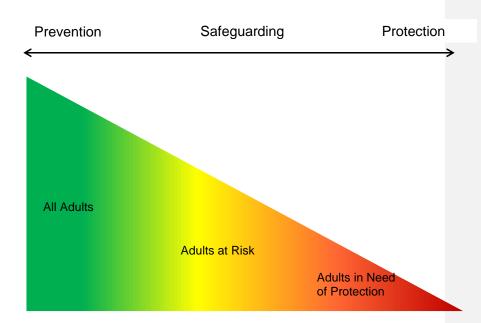
NOTE: (Updating – November 2017)

Material additional to the July 2017 document is incorporated in this edition of the Policy, November 2017, in accordance with advice given by Ruth Mulholland of Volunteer Now:

- (a) insertion of the word " ${f serious}$ ", in Flowchart 1;
- (b) extra paragraphs pages 22, 23,24 & 25.

Signed:		Date:	
-	Company Chairperson		

The Adult Safeguarding Continuum



Services provided to all adults by the public and private sector, accessible by accessible by all.

Community and voluntary activities and social welfare provided by voluntary, community, independent and faith sector

Targeted Services – provided by a range of statutory, voluntary, community, independent and faith sector organisations

Protection Services

– led by HSC

Trust, Social

Workers and/or
PSNI

Legal and Policy Context

The Tara Centre recognises it's legal and moral responsibilities to keep adults safe whilst they are in our care. We have produced this policy to provide reassurance that the welfare of adults is paramount. The policy has also been produced to support staff, service providers and volunteers by providing information and guidance to increase confidence in what they do.

The Tara Centre has developed this policy in line with the following legislation, policies and good practice guidelines:

Legislation:

- The Criminal Law Act (NI) 1967
- The Disability Discrimination Act 1995
- The Public Interest Disclosure (NI) Order 1998
- The Human Rights Act 1998 enacted 2000
- The Safeguarding Vulnerable Groups (NI) Order 2007 (as amended by The Protection of Freedoms Act 2012)
- The Sexual Offences (NI) Order 2008

For further information on adult safeguarding legislation please visit www.opsi.gov.uk

Policy and good practice guidelines:

- Adult Safeguarding: Prevention and Protection in Partnership (DOH and DOJ, July 2015) https://www.health-ni.gov.uk/publications/adult-safeguarding-prevention-and-protection-partnership-key-documents
- Keeping Adults Safe: A Shared Responsibility (Volunteer Now, Nov 2016) http://www.volunteernow.co.uk/fs/doc/publications/vn-kas-nov-2016.pdf

Definition of terms

The following terms are used throughout this policy and are defined as follows:

- 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.

- 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 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 at risk' or an 'adult in need of protection' is met demands the careful exercise of professional judgement applied on a case by case basis. The Adult Protection Gateway Team, Western Health and Social Care Trust can be contacted for advice.

(Adult Safeguarding: Prevention and Protection in Partnership, DOH and DOJ, July 2015)

- An 'advocate' refers to someone who speaks up on behalf of the adult at risk
 and takes action to ensure their voice is heard. An advocate supports and
 facilitates the adult at risk's involvement in services and activities and ensures
 their interests are represented (whether legal, independent, peer or selfadvocate).
- 'Regulated activity' with adults includes:
 - Providing health care the provision of health care to an adult by or under the supervision of a health care professional.
 - Providing personal care providing physical assistance, prompting and supervision, training, guidance or instructions to an adult 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.
 - Providing social work the provision of social work by a social care worker in connection with any health or social services, including assessing or reviewing the need for these services, and providing ongoing support to clients.
 - Assistance with general household matters 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 bills and/or shopping on their behalf.
 - 5. Assistance in the conduct of a person's own affairs.
 - Conveying transporting 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 (healthcare, personal care or social care are outlined above).

(Safeguarding Vulnerable Groups (NI) Order 2007, as amended by the Protection of Freedoms Act 2012)

Underpinning principles

The Tara Centre's adult safeguarding policy and practice is guided by five underpinning principles as outlined below. At first observance, these seem obvious, but the Tara Centre takes seriously the obligation to examine all procedures and guidelines by ensuring these principles are at the heart of the work we do, fitting into the overall ethos of '... in the service of healing, peace and holistic well-being'.

- 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
- 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.

Consent and Capacity

Consent is a clear indication of a willingness to participate in an activity or to accept a service. Generally the method of obtaining consent is likely to be dictated by the seriousness of what is proposed, i.e. attending a seminar implies consent, changing accommodation requires consent to be considered more formally.

Consent is only considered to be valid when:

- the adult has the capacity to consent, that is that s/he can understand and weigh up the information needed to make the decision; and
- the adult is appropriately informed, that s/he has 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 are absent, consent cannot be thought 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, <u>service providers</u> 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); and be aware that an adult who has capacity has the right to make what others may regard as an unwise decision, and also to change their mind.

Mental capacity is the ability to make a decision and take actions. Staff, service providers and volunteers must be mindful that capacity can fluctuate, and it is both issue and time specific, therefore needs to be kept under regular review. If staff members, service providers or volunteers have any concern about capacity, the concern must be brought to their line manager, who in turn should seek professional advice as necessary. 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, and in consultation with carers, advocates and statutory authorities, as appropriate. An adult who lacks capacity to make a decision may benefit from advocacy services.

STANDARD 1: Tara Centre Adult Safeguarding Policy Statement

Our Commitment to Safeguard

Abuse is a violation of an individual's human and civil rights; it can take many forms. Staff, <u>service providers</u> and volunteers in the Tara Centre are committed to practice which promotes the welfare of adults at risk and safeguards them from harm.

Staff, service providers and volunteers in the Tara Centre 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 including adults at risk, their carers and advocates, and our staff, service providers and volunteers, with a view to how we may continuously improve our services/activities.

This adult safeguarding policy is intended to cover all functions of the Tara Centre where staff, service providers and volunteers have contact with adults at risk in the course of their duties.

This policy will be owned at all levels within the Tara Centre. The Chairperson directs the development of the policy and the Board of Directors approves it and ensures that it is fully implemented and reviewed at regular intervals. All staff, service providers and volunteers within the Tara Centre have a responsibility for the implementation for the policy. The Adult Safeguarding Champion supports the implementation of the policy and has responsibility for ensuring the dissemination of the policy across the organisation i.e. that the policy statement is prominently displayed with the Tara Centre, and that all stakeholders receive or have access to a copy of the full adult safeguarding policy, including our Board of Directors, Senior Management, staff, service providers and volunteers, adults at risk, their carers and advocates.

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 staffstaff, service providers and volunteers;
- providing effective management for staff, service providers and volunteers through supervision, support and training;
- implementing clear procedures for raising awareness of and responding to abuse within the Tara Centre and for reporting concerns to statutory agencies that need to know, while involving adults at risk, their carers and advocates appropriately;
- ensuring general safety and risk management procedures are adhered to;
- implementing clear procedures for receiving comments and suggestions and for dealing with concerns and complaints about our organisation;
- managing personal information, confidentiality and information sharing; and
- implementing a code of behaviour for staff, service providers and volunteers.

The Tara Centre is committed to reviewing this policy every three years. The next review will take place in June 2020, unless there is a significant change to legislation, policy, procedure or practice in the interim.

STANDARD 2: Recruitment and Selection of Staff, Service Providers and Volunteers

The Tara Centre understands the importance of having good recruitment and selection procedures in place to minimise the opportunity for unsuitable people to work or volunteer with adults at risk, and that a robust recruitment and selection procedure is one of the most sensible ways of assessing a person's suitability to work with adults at risk. The Tara Centre consistently applies a thorough and clearly defined method of recruiting staff, service providers and volunteers in line with legislative requirements and best practice.

An AccessNI Enhanced Disclosure with Barred List Check is required for staff, service providers and volunteers in regulated activity (as defined under the SVG (NI) Order 2007, as amended by The Protection of Freedoms Act 2012). Therefore, before advertising a job, service provider or volunteering role, the Tara Centre will decide if it falls into the category of regulated activity.

The Tara Centre's recruitment and selection procedures for staff, regulated activity service providers and volunteers include the following:

- defining the post through a clear job description and personnel specification for staff and clear role description, service provision specification and contract and volunteer specification for volunteers. These identify the key skills, qualities, abilities and qualifications required to fill the post/contract. The job/role description or service provision indicates whether the post/role constitutes regulated activity under the SVG (NI) Order 2007 (as amended by the Protection of Freedoms Act 2012) or if the post meets the pre-September 2012 definition of regulated activity. If a post falls within the scope of regulated activity, any individual included on the Adult's Barred List is prohibited by law from applying for the job/role. The Tara Centre is also prohibited from employing/involving a Barred individual in regulated activity.
- an open recruitment process. The Tara Centre draws up detailed recruitment/selection material outlining the activities and aims of the organisation to ensure an open process and equality of opportunity, and all posts are advertised widely, depending on the nature of the role, to ensure it is not repeatedly drawing applicants from the same small pool of people.
- completion of an application form (supplied along with a clear job/role description and personnel/volunteer specification), which covers past work/volunteering experience. <u>Individual service providers of regulated activities are required to complete a similar form.</u> Information about the Tara Centre is included, along with a copy of the adult safeguarding policy statement. The <u>formapplication</u> is drafted to allow participants to provide all relevant details and includes a written assurance that all information received is dealt with confidentially.

- completion of a declaration form. The applicant must declare any past criminal convictions, cautions and bind-overs which are not protected and any cases pending against them. If the post constitutes regulated activity the applicant must declare if their name is included on the Adult's Barred List. The applicant must provide information on any investigation carried out in relation to adult abuse in which they have been the alleged perpetrator, and agree to further enquiries being made, relevant to the declaration. The declaration form must be returned to the Tara Centre in a sealed envelope marked 'confidential' and is only opened when the preferred candidate has been identified.
- completion of a consent form for an AccessNI disclosure check, if required.
 The applicant must give written consent for the relevant level of AccessNI Disclosure Check to be requested if they are considered the preferred candidate for a post, and have been conditionally offered the job/role subject to the results of appropriate checks. The Tara Centre makes it clear that where consent to carry out an AccessNI check is not provided, the recruitment/selection process will not proceed and the applicant will no longer be considered eligible for the post.
- Interview or meeting (in the case of a volunteer/regulated service provider) with the shortlisted applicants with at least two appropriate representatives from the Tara Centre. Information contained in the application form is explored against the kinds of qualities and skills needed for the job/role. The Tara Centre can take this opportunity to gauge the applicant's understanding of adult safeguarding to ensure that s/he is committed to meet the standards set out in this policy. Identification, qualification and training checks are also made (on production of appropriate documents).

Following a conditional offer of employment/, regulated service provision or volunteering contract the following procedures apply:

- references are sought from at least two sources (not family members), ideally
 one of whom should have first-hand knowledge of any previous
 work/service/volunteering the applicant has undertaken with adults at risk.
 Referees are asked specific questions on the reference form, and in
 particular, referees are asked to confirm, in writing, that they have no
 concerns about the applicant working/volunteering with adults at risk.
 References are followed up orally if there are any concerns or issues to be
 clarified.
- appropriate checks will be undertaken where required. An Access NI
 Enhanced Disclosure with Barred List Check will be requested on the
 preferred candidate if the job/role constitutes regulated activity. Where the
 post meets the former definition of regulated activity (pre-September 2012) an
 Enhanced Disclosure without Barred List Check will be requested. Once the
 Disclosure Certificate has been received by the applicant and forwarded to
 the Tara Centre, it will be cross-referenced with any information provided on
 the applicant's declaration form. Relevant staff within the Tara Centre use
 discretion when a Disclosure Certificate reveals criminal history information.

A number of factors are considered including the nature of the information or conviction, any frequency or pattern in offending, and care is taken to consider this information alongside the requirements of the post.

Where required, a registration check with an appropriate Professional Body e.g., BACP, IAHIP, HPA, FHT, BAAT, etc., is also carried out.

At this point the Tara Centre will be able to make a final recruitment decision, and where satisfied, a conditional offer of employment/volunteering/service contract should now be confirmed with the preferred candidate;

• all posts/roles are approved by management.

The Tara Centre ensures that all information relating to the recruitment and selection of staff.service providers and volunteers is securely and confidentially stored. Handling and storage of criminal history information complies fully with Access NI's Code of Practice for the storage, retention and disposal of disclosure information.

Copies of the Tara Centre's policy on the handling of AccessNI information; the security policy regarding disclosure information; and the policy on the recruitment of ex – offenders are available on request. Contact the Chief Executive Officer, Tara Centre, for further information.

Commented [FC1]: They have helpfully provided an Access NI Policy but it appears they need a policy on the recruitment of exoffenders – perhaps we could discuss?

STANDARD 3: Effective Management of Staff, Service Providers and Volunteers

Effective management of staff, <u>service providers</u> and volunteers ensures that everyone in the Tara Centre is clear about what we are trying to achieve and what their particular job/role is. The Tara Centre wants to prevent harm to the adults we support and the provision of appropriate training and support and supervision of staff, <u>service providers</u> and volunteers helps to achieve this. We also want staff and volunteers to feel valued and listened to.

The Tara Centre's management procedures for staff, <u>service providers</u> and volunteers include the following:

- induction, encompassing the following elements:
 - information on the Tara Centre's activities and ethos;
 - meeting co-workers and relevant managers and leadership team;
 - information about key stakeholders and their roles;
 - practical information about breaks, tour of the building etc.;
 - awareness raising and training on the recognition, recording and reporting of abuse;
 - what is expected and required of staff, <u>service providers</u> and volunteers and the boundaries or limits within which they should operate;
 - introducing the staff member/<u>service provider</u>/volunteer to relevant Tara Centre policies, procedures and guidelines, with an opportunity for clarification as required, and a written acknowledgement that they understand and agree to abide by them;
 - written acknowledgement of completion. The staff member/<u>service</u> <u>provider/</u>volunteer and their manager/coordinator (<u>normally the CEO</u>) sign off the induction.

With an increasing number of people entering the workforce from outside Northern Ireland, the Tara Centre will be mindful of cultural sensitivities, and consider that cultural awareness raising may be required to minimise misunderstandings about what is considered acceptable and unacceptable practice within the established culture here. This may be part of the initial induction programme.

- probationary period for staff and a trial period for <u>service providers/</u>volunteers:
 - all appointments of staff and volunteers should be conditional on a satisfactory period of employment or involvement, the timeframe for which will be agreed. During this time, the line manager will pay particular attention to the work of the individual, attitude to and aptitude for working with others, including adults at risk. A record will be made of any matters arising during the probationary/trial period and any training needs identified.
 - all contracts entered into with regulated service providers will include an
 initial period for monitoring and review. During this time, contract liaison
 co-ordinator (normally the CEO) will pay particular attention to the services
 provided, attitude to and aptitude for working with others, including adults
 at risk. A record will be made of any matters arising during the initial
 review period and any training needs identified.

- following an agreed probationary/trial period, there is a review of the staff member's/volunteer's performance in the job/role. If there are concerns, provision will usually be made to extend their probationary/trial period, to offer additional or specific training, or to terminate their services altogether. If there are no concerns the post/contract will be confirmed in writing and or extended in accordance with its terms.
- relevant training is provided appropriate to the job/role:
 - in addition to induction, all staff, regulated service providers and volunteers (including the Board of Directors, Adult Safeguarding Champion and Designate/Nominee) receive training, appropriate to their need and their job/role.
 - staff and volunteers receive training on basic awareness and understanding of safeguarding issues including recognising possible/actual abuse; responding to and reporting concerns, disclosures and allegations; and dealing with issues such as confidentiality. The Adult Safeguarding Champion and Designated/Nominee receive training at the next level, appropriate to their role and responsibilities. All adult safeguarding training provided for staff and volunteers meets the learning outcomes outlined in the NIASP Training Strategy and Framework http://www.volunteernow.co.uk/fs/doc/publications/ni-adult-safeguarding-partnership-training-strategy-and-framework-2016.pdf
 - training is also provided on the Tara Centre's adult safeguarding policy, procedures and guidelines, including recording and reporting procedures and the code of behaviour for staff and volunteers;
 - other related training depends on specific needs of the Tara Centre and its services users, and may vary depending on specific programmes being offered:
 - additional training needs identified are discussed with their line manager/coordinator;
 - training is updated regularly (at least every three years) in line with relevant changes in legislation, policy or practice.
- support and supervision for all staff, service providers and volunteers, appropriate to the job/role:
 - the Tara Centre Board of Directors are aware that staff, service providers and volunteers need to feel supported in the work that they do, to enable them to work to the required high standard. This need is filled with opportunities for one to one sessions with their line manager, group supervision, group development sessions and full staff/contractor meetings which assist the Tara Centre in identifying and dealing with any issues that prevent the work being carried out effectively.
- annual appraisal for staff and annual review for volunteers:
 - -this helps the Tara Centre assess performance and how the staff member or volunteer has been undertaking the job/role. This allows the opportunity to give feedback on the individual's general performance, competence and relationships with co-workers and service users.

Commented [FC2]: Need to discuss??

Commented [FC3]: Service providers? We need to discuss this before finalisining the wording

This meeting also gives an occasion to recognise the good work they are doing, identifying future training needs to develop their skills further, and refresh expectations of the job/role.

The Tara Centre keeps written records of all areas of staff and volunteer management, development and support including records of support and supervision, team meetings, annual appraisals/reviews, training needs identified and training completed. These records are stored confidentially and in line with the Tara Centre's Data Protection Policy.

STANDARD 4: Raising Awareness of, Responding to, Recording and Reporting Concerns about or Suspected Incidents of Abuse

Good safeguarding practice means that organisations, including the Tara Centre, must ensure that all staff, service providers and volunteers know how to recognise abuse, and how to pass on any safeguarding concerns to relevant people within the organisation. This does not mean that staff, service providers 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 at risk, staff, service providers or volunteers that suggests that something may be wrong.

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 rights' (Action on Elder Abuse). 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. Categories of abuse and possible indicators are outlined in Appendix 1 of this document.

Abuse may occur anywhere: in someone's home; 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.

An abuser can be anyone who has contact with the adult including someone who is physically and/or emotionally close to adult, and on whom they may depend and trust. Staff, service providers and volunteers should be aware that abusers come from all sections of society, all professions and all races, can be male or female, and old or young. An abuser could be a partner, spouse, child, relative, friend, peer, informal carer, healthcare, social care or other worker, volunteer, or less commonly a stranger.

Reporting concerns

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 information. Often staff, service providers 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.

It is important to note that it is not the responsibility of one person to evaluate information regarding an 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 Staff and Volunteers May be Alerted to Signs that an Adult is Suffering Harm

It is possible the adult may disclose to you; someone else may share their concerns; the adult may show 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/neglect; the behaviour of a person close to them makes you feel uncomfortable; the behaviour of another member of staff/service provider/volunteer makes you feel uncomfortable; or through general good neighbourliness and social guardianship.

Being alert to abuse plays an important 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.

In cases where an **adult discloses abuse** to a member of staff, <u>service provider</u> or volunteer, it is important that staff/<u>service provider/</u>volunteers know how to react appropriately, according to guidelines below.

Guidelines

DO	DO NOT
Stay calm.	Don't stop someone disclosing to you
Listen attentively	Don't promise to keep secrets
Express concern and sympathy and acknowledge what is being said	Don't press the person for more details or make them repeat the story
Reassure the person – tell the person that s/he did the right thing in telling you	Don't gossip about the disclosure or pass on the information to anyone who does not have a legitimate need to know
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	Don't contact the person alleged to have caused the harm
If urgent medical/police help is required, call the emergency services	Don't attempt to investigate yourself
Ensure the immediate safety of the person	Don't leave details of your concerns on a voicemail or by email
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 and make sure nothing you do nothing to contaminate it	Don't delay
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 Tara Centre procedures at the earliest possible time	
Act without delay	

Under no circumstances should any individual member of staff, service provider or volunteer, or the Tara Centre (as an organisation) 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.

Recording and reporting

There may be emergency situations when it is appropriate to contact the police immediately. But whatever the circumstances of the concern, disclosure or allegation, it is vital that the staff member, service provider or volunteer records the details and reports these to the Adult Safeguarding Champion (or Designate/Nominee in the ASC's absence) without delay.

The Tara Centre has implemented a reporting procedure that is communicated to staff, service providers and volunteers at induction, contract commencement and and through support, and supervision and contract review meetings, as well as at safeguarding training. Staff, service and volunteers are also provided with a copy of the Tara Centre's adult safeguarding policy which outlines the recording and reporting procedure. The following reporting procedure should be followed:

Staff, service providers and volunteers should record any concerns, disclosures, allegations and/or suspicions of abuse on the **Adult Abuse Report Form** in Appendix 2 of this document. This should include the date and time that the staff, member, service provider, or volunteer became aware of the concerns, the parties who were involved, and any action taken. Any questions asked in 'checking out' the concerns should also be recorded on this report form. This information must be kept in a secure place (including electronic filing) and passed to the Adult Safeguarding Champion or Designate/Nominee as soon as possible.

It is also good practice for staff, service providers 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, service provider 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, service providers 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 should not be shared inside or outside the Tara Centre, other than with those who need to know, such as the Adult Safeguarding Champion or Designate/Nominee. Breaches of confidentiality can be damaging to the adult at risk and any investigations that may

take place. The Tara Centre has robust systems in place for the maintenance of all records, including records of alleged or suspected abuse.

Adult Safeguarding Champion (ASC) Role and Responsibilities

It is essential that everyone in the Tara Centre knows that the Chief Executive Officer acts as ASC. The ASC provides strategic and operational leadership and oversight in relation to adult safeguarding and is responsible for ensuring implementation of the Tara Centre's adult safeguarding policy statement. Their key responsibilities and contact details are outlined in Appendix 3 of this document.

The ASC (or Designate/Nominee in the ASC's absence) will communicate internally with staff, service providers and volunteers and externally with appropriate authorities about matters relating to adult safeguarding. Internally they will be a source of advice and support, and also receive safeguarding concerns.

When an adult safeguarding alert is raised within the Tara Centre, the ASC or Designate/Nominee must 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/<u>service provider</u> 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, service providers 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.

When establishing the correct course of action, the ASC or Designate/Nominee should consider: Is the adult an Adult at Risk/Adult in need of Protection?

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.

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 likely to cause him/her to be harmed.

The decision as to whether the definition of an 'Adult at Risk' or an 'Adult in need of Protection' is met demands the careful exercise of professional judgement applied on a case by case basis.

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 the HSC Trust Adult Protection Gateway Service.

Has the threshold for referral to the Trust Adult Protection Gateway Service been met?

The threshold for referral to the HSC Trust Adult Protection Gateway Service is likely to be met if one or a number of the following characteristics are met:

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

Consent and Capacity

Is there a need to dispense with consent?

Adults at risk of harm 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.

A duty of confidentiality applies and information should only be shared on a need-to-know basis, and in most circumstances, with the consent of the adult. However, in relation to adult safeguarding, the duty to share information about an individual can be as important as the duty to protect it.

If there is a protection issue, (where there is a clear and immediate risk of serious harm/alleged crime), the ASC or Designate/Nominee may need to dispense with consent and report straight to the HSCT Gateway service or PSNI.

If this threshold is not met and an adult at risk does not want a referral made to the HSC Trust or PSNI, the ASC or Designate/Nominee 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, <u>service provider</u>, <u>a</u>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 Designate/Nominee 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.

Referral to the HSC Trust:

The ASC or Designate/Nominee should contact the HSC Trust by phone in the first instance, but should send the referral in writing under confidential cover within two working days. They should expect to receive an acknowledgement from the HSC Trust within two working days of the referral. As a minimum the referral information must include the name and address of the adult at risk and his/her current location or address; the nature of the harm; the need for medical attention, if any; the reasons for suspicion of abuse; any action already taken; and any other information that may be useful e.g. information related to the alleged perpetrator and his/her location. The ASC or Designate/Nominee will be required to provide this information on the HSC Trust APP1(a) Referral Form and Body Map.

Flow Chart 1 overleaf outlines the Reporting Procedures

Flow Chart 1 - Reporting Procedures

Staff/service provider/volunteer records and reports concern to Adult Safeguarding Champion (CEO) or Designate/Nominee in ASC absence

ASC or Designate/Nominee decides appropriate response and ensures immediate safety of adult (Liaise with HSC Trust where necessary)

No safeguarding issue

- Exit process and consider alternatives
- Keep a record of concerns on file
- Monitor the situation

Safeguarding issue

- Record on relevant proforma
- Seek consent for referral to HSC Key Worker (where known) or HSC Trust Adult Protection Gateway Service
- ASC or Designate/Nominee will act as conduit for any investigation

Protection issue (where there is a clear and immediate risk of serious harm/alleged crime)

 Refer to HSC Trust Adult Protection Gateway Service/PSNI

What if the ASC or Designate/Nominee Cannot Be Contacted?

In circumstances where the ASC or Designated Nominee cannot be contacted staff. service providers and volunteers can contact the local HSC Trust or PSNI (contact details included in Appendix 4 of this document). However, they must record the name of the person in the statutory agency to whom they reported and the date and time of the report. They must also inform the Tara Centre's ASC as soon as possible after they have made the report.

Historical Abuse

In the case of a staff member/<u>service provider/</u>volunteer receiving information that abuse has occurred in the past this information should be passed to the Adult Safeguarding Champion as there could be a continued risk.

Allegations Against Staff, Service Providers and Volunteers

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

The Tara Centre Board of Directors is well aware of its dual responsibility in such situations, firstly to the adult at risk and secondly to the staff member/volunteer. Therefore, there are procedures for dealing with an allegation made against a member of staff/service provider/volunteer, which, in the case of a concern about an adult at risk, run parallel to the procedure for reporting an adult safeguarding concern.

Record and Report

If a staff member/service provider/volunteer receives any information about an allegation against another staff member/service provider/volunteer this must be recorded and reported to the Adult Safeguarding Champion (or Designate/Nominee in ASC absence) on the **Adult Abuse Report Form** in Appendix 2 of this document. This should include the date and time that the staff member/service provider/volunteer became aware of the information and the parties who were involved. This information must be kept in a secure place and shared only with the ASC or Designate/Nominee.

When the information has been reported all details should be recorded fully by the ASC or Designate/Nominee and passed on to the Company Chairperson. The steps outlined below are taken (and should occur simultaneously and not necessarily sequentially):

- The ASC or Designate/Nominee consults with 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, the Chairperson informs the staff
 member/service provider/volunteer that an allegation has been made against
 him/her and provide them with an opportunity to respond to the allegation.
 His/her response will be recorded in full;
- The ASC or Designate/Nominee consults 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/service provider/volunteer to another post without contact with adults
 at risk or suspending/moving him/her from their role. 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/volunteer, the allegation should be dealt with as quickly
 and as sensitively as possible.
 - Additional steps may be required to deal with the contractual position of service providers.

All actions are taken in accordance with the Tara Centre disciplinary/problem solving procedures and will have due regard to the guidance from the HSC Trust and/or PSNI so as to not prejudice any investigation.

Flow Chart 2 outlines the procedures for dealing with allegations against staff, service providers and volunteers.

Flow Chart 2 – Dealing with Allegations Against Staff, Service Providers and Volunteers

Record and report allegation to Adult Safeguarding Champion (CEO) or Designate/Nominee in Adult Safeguarding Champion absence Adult Safeguarding Champion or Designate/Nominee consults with Statutory Authorities i.e. Gateway Team and/or PSNI Take Inform Follow Tara Centre's Refer to disciplinary protective subject of Statutory Authorities measures <u>the</u> procedure allegation **Tara Centre** Consultation Statutory Investigation internal and investigation coordination Outcome Allegation of harm/risk of harm Refer the individual to the DBS substantiated - individual removed and if relevant, inform appropriate <u>or</u> from regulated activity professional body Appropriate disciplinary sanction Allegation of harm/risk of harm substantiated - individual reinstated should be applied, training/retraining undertaken, appropriate support and to regulated activity supervision provided. If relevant, inform appropriate professional body. <u>or</u> Allegations of harm/risk of harm 3 Staff member/service provider/volunteer should be offered unsubstantiated - ongoing concerns e.g. practice concerns. additional support, training/retraining and supervision if necessary. If relevant, inform appropriate <u>or</u>

professional body.

4	Allegations of harm/risk of harm	Staff member/service provider/
	unsubstantiated – no ongoing	volunteer should be offered additional
	concerns	support, training/retraining and
		supervision if necessary

Possible Outcomes of Investigation

As outlined in the Flow Chart above, there are four possible outcomes which the Tara Centre Board of Directors consider and plan for:

- 1. 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 Tara Centre is 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. If the staff member/service provider/volunteer resigns, terminates the contract 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.
- 2. 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 or contract re-instated subject to appropriate disciplinary sanctions, training and support and support or contract term 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.
- 3. Allegations 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 individual or placed them at risk of harm, but the organisation has ongoing concerns about the conduct of the staff member/service provider/volunteer, the organisation may conclude that the individual can be reinstated with additional support, supervision and training/retraining.
- 4. Allegations 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 the individual has not harmed or placed at risk of harm an adult, the staff member/service provider/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. service providers and volunteers can be traumatic and unsettling for any organisation. It is therefore vital that all staff, service providers and volunteers have a clear understanding of how allegations will be handled, and where appropriate how the Tara Centre's disciplinary procedure and/or provisions for terminating contracts for volunteers and service providers will be consistently implemented.

-The allegation will be handled sensitively from initiation to conclusion ensuring that anxieties expressed or demonstrated by adults at risk, carers, advocates or any other member of staff, service provider or volunteer are acknowledged and addressed.

What if a Staff Member's/Volunteer's Concerns Are Not Taken Seriously?

If a staff member/service provider/ volunteer raises a safeguarding concern but the Adult Safeguarding Champion or Designate/Nominee is reluctant to pass it on, the staff member/service provider/volunteer should discuss the concern with the Tara Centre Chairperson (as head of the organisation). Where this fails, the staff member/service provider/volunteer should contact the local HSC Trust Adult Protection Gateway Service or the PSNI (see Appendix 4 of this document for contact details). Full record keeping is essential.

Whistleblowing

Whistleblowing occurs when a member of staff, <u>service provider</u> 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, <u>service provider's</u> or volunteer's concerns are not acted upon by the Adult Safeguarding Champion, Designate/Nominee or the Chairperson of the Board of Directors.

The Tara Centre has a <u>Public Interest Disclosure Policy (sometimes referred to as a</u> Whistleblowing Policy) and procedure in place which makes it clear that:

- The Tara Centre is committed to the highest possible standards of conduct, openness, honesty and accountability;
- The Tara Centre takes poor or malpractice seriously, giving examples of the types of concerns to be raised, to ensure that a whistleblowing concern is clearly distinguished form 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;

Commented [FC4]: In light of this section I believe the Public Interest Disposure Policy will need to be amended slightly in three respects 1. Giving examples of types of concerns; 2. Making it more explicit that there is the option to go outside line management and 3. a named source of confidential advice. If you advisor has a model policy will could use that or I will amend ours following discussion with you.

- The Tara Centre will, where possible, respect the confidentiality of a member of staff raising a concern through the whistleblowing procedure;
- It is a disciplinary matter to both 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 Tara Centre 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 whistle-blowers should be confident of support. It is everyone's duty to be vigilant in preventing abusive practice. To access the full Policy Whistleblowing Policy and Procedures please contact <a href="https://doi.org/10.1007/theps://doi.org/10.1007/t

Guidance for a Complainant who is dissatisfied with the way the Tara Centre has Dealt with a Concern

Every avenue will be explored to deal with a complainant's concerns. If anyone is unhappy with the way the Board of Directors has dealt with their concerns, they can ask for an independent review. They cannot ask for the matter to be reinvestigated but can ask for the process (i.e. how it was dealt with) to be reviewed.

The individual should write to the Board of Directors setting out the reason why they are unhappy with the process. If they have any difficulty doing this, they can contact the WHSCT to discuss other ways they may be able to help to ask for a review.

STANDARD 5: Assessing and Managing Risks with Regard to Safeguarding Adults

Assessing and managing risks to service users is integral to the Tara Centre's risk management strategy. Risks relate to Tara Centre's working, its service provision, delivery of individual activities and its social guardianship responsibilities.

Assessment of risk is the process of examining what could possibly cause harm to adults, staff, <u>service providers</u>, volunteers or others in the context of the activities and services that Tara Centre 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 or violence;
- Suicide or self-harm;
- · A person's impairment or disability;
- Accidents/incidents/near misses e.g. whilst out in the community or participating in a social event or activity;
- Venue/environment;
- Lack of training/support/supervision;
- Inappropriate ratios.

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 relationship with others, the choices open to them and the circumstances in which they find themselves.

For the Tara Centre, the level of risk depends on the balance achieved between the right of an adult to be safeguarded, the duty of care owed to the adults served by the Tara Centre, the duty of care owed by the Tara Centre to its staff, service providers 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.

In assessing and managing risks, the aim is to minimise either the likelihood of risk or its potential impacts. In safeguarding, 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.

Tara Centre staff and volunteers should take time to identify risks, evaluate and put in place risk reducing measures. An identification of risk carries a duty to report this risk to their line manager/coordinator, who will then complete a risk assessment (see Appendix 5 of this document for **Risk Assessment Record Form**). A risk review should be carried out at least once per year.

Principles of working with risk

- 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;
- 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, <u>service providers</u> and volunteers must be made clear by their manager/coordinator 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 Tara Centre Board of Directors takes its obligations towards identifying and determining levels of risk seriously. When identifying risks, there is a specific focus on safeguarding risks, for example, by identifying the circumstances where abuse or exploitation are more likely to occur. Determining the level of risk combines its likelihood and impact, with low risk being unlikely and low impact, and high risk being likely and high impact. High level risk is given most urgent attention.

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, service providers 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.

Risks can be managed in a number of ways. The Chairperson and the Board of Directors 'own' the risks associated with the Tara Centre. The primary aim of the safeguarding policy 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 (of zero tolerance of abuse wherever it occurs and whoever causes it). Risk can be managed in a number of ways:

- Avoid the risk decide not to engage with particular service or activity;
- Control the risk by reducing its likelihood and impact;
- Finance the risk provide resources to meet liabilities caused by the identified risks:
- Transfer the risk engage a third party

 Accept the risk – tolerating low level risks may be acceptable to the Board of Directors

Positive Risk Taking

The Tara Centre recognises 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.

Mindful that being too risk averse can be stifling, the Tara Centre Board of Directors encourage a culture of positive risk taking, pursued in the context of promoting opportunity and safety, not poor practice. Risk assessment may involve a range of relevant stakeholders.

Dealing with Accidents, Incidents and Near Misses

Staff, <u>service providers</u> and volunteers must record all accidents, incidents and near misses on the Tara Centre's **Accident/Incident/Near Miss Report Form** in Appendix 6 of this document. This form must then be passed to the CEO, Tara Centre.

Where an accident, incident or near miss is in some way connected to a safeguarding matter, it must also be reported to the ASC or Designate/Nominee for appropriate action. The Tara Centre has a procedure in place for reviewing accidents, incidents and near misses, which in turn informs practice and the risk assessment and management procedure. This is useful for extracting useful information and learning, to inform safer future practice by making relevant changes in practice, policy and procedure.

Guidelines Relating to Activities

Staff, service providers and volunteers within the Tara Centre must consider the following factors when planning any activity for adults at risk:

- Activities must take place in a safe environment. An initial safety check for hazards should be done on each occasion before premises are used;
- There must be an appointed first aid person available;
- Staff, service providers and volunteers must adhere to the Tara Centre's procedures for recording and reporting accidents, incident and near misses (as outlined below);
- Staff, service providers and volunteers must adhere to the Tara Centre's procedures for dealing with emergencies;
- Employees must be fully aware of their roles and responsibilities during the activity;

- Leaders working with a mixed group must be drawn from both genders;
- There must be designated group leader for all activities;
- Participants (or their carers, where appropriate) complete a registration and consent form including relevant medical details, any special needs and emergency contact numbers;
- A risk assessment must be carried out for all activities;
- Accident/incident/near miss report forms are kept on the premises and must be completed as per procedures;
- Health and safety policies must be adhered to;
- Attendance at each activity must be recorded;
- Personal data is confidential and is to be stored securely;
- Games and icebreakers should be structured to take into consideration the risk of physical injury and personal space issues;
- Insurance must be up-to-date, adequate and appropriate, with extra insurance cover for occasional activities;
- Areas where maintenance work is being carried out should never be used for activities:
- Regular fire drills are undertaken, in addition to weekly testing of the fire alarm, appointed fire warden and fire extinguishers;
- A list of emergency telephone numbers must be displayed and kept up to date:
- Staff and volunteers must be competent in their given roles and additional training and support provided as necessary;
- Staff, service providers and volunteers must be aware of responsibilities in relation to ensuring safety, and safe use of equipment;
- Ratios must be identified in advance and adhered to at all times, with emergency situations being accommodated in setting the ratios.

Guidelines for Staff, Service Providers and Volunteers Who Have Responsibility for Transporting Adults at Risk:

- Except in cases of emergency, a driver must never transport an adult at risk alone, and informs someone immediately if he/she does so;
- Vehicles must be road worthy, taxed and insured;
- Drivers must hold a full licence and must be fit to drive safely.

If transport is sourced from an external provider, staff must use a reputable provider who can provide evidence that the vehicle is roadworthy, taxed and insured.

Health and Safety Statement

The Tara Centre has a Health and Safety PolicyStatement. While this Policystatement refers mainly to employees, it is also applicable to service providers, volunteers and to all activities relating to adult safeguarding. Where adults are engaged in new activities the Health and Safety Statement should be reviewed to ensure that the particular activity is covered. Where adults are engaged in one-off

activities or away on trips, a written plan must be drawn up. The elements outlined above are to be included. To access the Health and Safety Policy please contact the CEO, Tara Centre.

STANDARD 6: Receiving Comments and Suggestions, and Dealing with Concerns and Complaints about the Organisation

The Tara Centre has a culture of inclusion, transparency and openness and is open to feedback from service users, carers, advocates, staff, service providers and volunteers with a view to improving how our activities are carried out and services are delivered. We are committed to treating adults with dignity and respect, safeguarding them from harm and encouraging them to have an active role in planning and decision making.

This is achieved through:

- a commitment to a listening environment;
- people are welcome to make suggestions about how things could be improved;
- · evaluating services and asking for feedback; and
- providing information and feedback on actions being taken and developments within the Tara Centre.

Effective management helps ensure that valuable insights are gained and lessons are learned through contact with staff, <u>service providers</u> and volunteers, and satisfaction surveys from a myriad of stakeholders.

Dealing with Concerns and Complaints

Adults accessing support from the Tara Centre also need to know and understand information about the Tara Centre and our activities. They need to be aware of who they can talk to if they have a concern or a complaint. This needs to be communicated in a way that can be clearly understood.

The Tara Centre has a robust complaints procedure, involving the CEO, Board of Directors (including Chairperson), and external signposting as necessary. Staff and volunteers should raise their complaint through the Grievance Procedure. For full details of these policies please contact **xx**the CEO*, Tara Centre. The complaints procedure is communicated appropriately to everyone involved in the organisation, including adults at risk and their carers and advocates, where relevant. It is also displayed on premises and in material relating to the Tara Centre.

Records of discussions and information shared at each stage of the Complaints/Grievance Procedure will be made clearly and accurately. All information

relating to the complaint/grievance will be kept confidential and stored in a secure location, accessed only on a need to know basis.

Where there is a complaint in relation to potential abuse, the Tara Centre's reporting procedures take precedence over the complaints procedure.

STANDARD 7: Management of Records, Confidentiality and Sharing of Information

Confidentiality

The Tara Centre has a clear statement about confidentiality and how this is to be respected in the context of safeguarding work. Tara Centre staff, service providers and volunteers 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 also know that information cannot be passed on to others without good cause or reason and that we all have a fundamental right to privacy of information and confidentiality. Care is 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 is only communicated on a need-to-know basis and, in most circumstances, with the consent of the adult.

Where the decision is made to share information without consent, the Tara Centre ensures 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.

The DOH Code of Practice on Protecting the Confidentiality of the Service User Information (2009) provides practical guidance to assist decision-making about the disclosure of personal information and the legal context in Northern Ireland in relation to confidentiality and disclosure.

As stated in the Code '...the obligation to protect confidentiality can be expressed in terms of three core ethical principles which underpin the law:

- Individuals have a fundamental right to the confidentiality and privacy of information related to their health and social care;
- Individuals have a right to control access to and the disclosure of their own health and social care information by giving, withholding or withdrawing consent:
- For any disclosure of confidential information, health and social care staff should have regard to its necessity, proportionality and any risks attached to it?

However, staff, service providers and volunteers should be clear that in circumstances where they have concerns about an adult'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 Tara Centre's reporting procedures.

Staff, <u>service providers</u> and volunteers within the Tara Centre acknowledge their responsibility in relation to the gathering, storage, usage and sharing of personal information in line with the requirements of the Data Protection Act 1998, sometimes referred to as the principles of 'good information handling'.

The Tara Centre Board of Directors has referred to The Information Commission's Office (ICO)'s published Data Sharing Code of Practice to assist the Tara Centre in complying with the Data Protection Act. Within it, there is 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

Data protection principles

Personal data:

- Shall be processed fairly and lawfully;
- Shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes;
- Shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed;
- Shall be accurate and, where necessary, kept up to date;
- Shall not be kept for longer than is necessary for the purpose or those purposes for which it was obtained;
- Shall be processed in accordance with the rights of the data subject under the Data Protection Act;
- Shall be protected against accidental loss or destruction of, or damage to, personal data by way of appropriate technical and organisational measures;
- Shall not be transferred to a country or territory outside the European Economic Area, unless that country or territory ensures an adequate level of protection of the rights and freedoms of data subjects in relation to processing of personal data.

The Tara Centre has a robust Confidentiality Policy taking all of the following factors into consideration:

- What personal information is needed and why;
- How that information should be securely stored;
- Who should have access to information;
- How long information should be kept;
- With whom information should be shared;
- An adult's right of access to his/her own records:
- How records will be disposed of.

To access this policy please contact the CEO, Tara Centre.

Personal Information

The Tara Centre requires essential personal details about all adults who engage in our services and activities. Essential joining information includes:

- 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.

The Tara Centre has registration forms for this information. The form being used depends on which service is being accessed. These are completed before the adult accesses any service, so that reasonable adjustments can be made if appropriate.

The Tara Centre also keeps 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.

Careful consideration is given to the storage of, and access to, this information. The Tara Centre Board of Directors, staff, service providers and volunteers are aware that adults have the right to know why information is required and how it will be used.

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

Information is disposed of within timescales that are in keeping with the requirements of the Data Protection Act.

Sharing Information

Within the Tara Centre, information is shared within the organisation on a 'need to know' basis only. The ASC 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.

Adults at Risk and Their Carers and Advocates are told how information will be used before they are asked to provide it and given an opportunity to discuss such uses. This is communicated in a way which is clearly understood, using alternative means of communication where necessary. Any information is 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. The Tara Centre maintains records of the information gathered which explains and justifies their decisions.

Service Users

Adults at risk can normally see any information held by the Tara Centre about them and are 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 his/her consent to another person acting on his/her 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, service providers 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.

Anyone engaging in activities or services provided by the Tara Centre will:

- be given information about the activities, services, policies and procedures of the organisation;
- be informed of the Adult Safeguarding Policy by the appropriate staff member on commencement of the activity/service;
- be made aware of the reporting procedures and the Adult Safeguarding Champion:
- be made aware of the Adult Safeguarding Policy Statement and details on how to access the full policy;
- be informed of the procedures for giving us feedback and for making a complaint. Evaluations, surveys and meetings are all essential ways of receiving feedback about our services and activities.

STANDARD 8: Code of Behaviour

Having a Code of Behaviour for the Tara Centre will minimise the opportunity for adults to suffer harm. It will also help to protect staff, service and providers, 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 the Tara Centre Code of Behaviour are common sense but it is worth formalising these to ensure consistency of practice throughout the organisation.

The Tara Centre Code of Behaviour reflects the nature and activities of the organisation. It provides a clear guide to staff and volunteers on how they should behave when working with adults at risk. It is a positive document, encouraging staff and volunteers to take a rights based approach. However, the Code also highlights behaviours to be avoided and those which are unacceptable.

If a staff member or volunteer is unsure of their actions and feel they may have breached the Code, they should consult with their Line Manager/coordinator without delay.

Breaching the Code is a serious issue that will be investigated. Staff members/volunteers who breach any of the following may be subject to the Tara Centre's disciplinary/problem solving procedures and ultimately dismissal, and if it constitutes harm/risk of harm, referral to the HSC Trust, PSNI, DBS and regulatory bodies, as appropriate. A similarly robust procedure will be followed in relation to alleged breaches by service providers and this may lead to the termination of contracts—and if it constitutes harm/risk of harm, referral to the HSC Trust, PSNI, DBS and regulatory bodies, as appropriate. A similarly robust procedure will be followed in relation to alleged breached by service providers and this may lead to the termination of contracts and, if it constitutes harm/risk of harm, referral to the HSC Trust, PSNI, DBS and regulatory bodies, as appropriate. To access full details of the disciplinary/problem solving procedures please contact the CEO, Tara Centre.

Positive Behaviours

Staff, service providers - 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.

Behaviours to be Avoided

Staff, service providers 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.

Unacceptable Behaviours

Staff, service providers and volunteers should never:

- 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;
- Use inappropriate language with adults at risk
- · Make sexually suggestive comments;
- Form inappropriate relationships;
- Gossip about personal and sensitive information; or
- Make/accept loans or gifts of money.

Physical Contact and Intimate Care

Staff, service providers and volunteers should:

- Ensure that physical contact is supportive, takes place in an open environment and is not secretive;
- Ensure that it is person-centred and appropriate to the task required;
- Inform their line manager/coordinator of any changing or additional needs with regards to physical contact required by the adult;
- They are trained to understand and implement a care plan, where required;
- Ensure that when providing intimate care, it is done sensitively and with respect for the individual's dignity and privacy;
- Ensure that they involve the individual as far as possible in his/her own intimate care;
- Report, at the earliest opportunity, anything that they are concerned about during intimate care.

Physical Intervention and Restraint

Staff, service providers 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.

Diversity and Additional Care and Support Needs

Staff, service providers 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;
- Report any discrimination.

Handling of Money

Staff, service providers and volunteers should:

- Maintain records of personal allowances, receipts and expenditure in line with organisational policy;
- Never deny an adult access to his/her money;
- Never gain in any way when using the adult's money on his/her 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.

Technology

Staff, service providers and volunteers should:

- Never give out their personal contact details to adults they are working with;
- Never make or receive personal calls or texts while supervising or caring for adults;
- Never contact service users outside of the organisation's activities, including through their own personal pages on social networking sites;
- Not photograph/video an adult, even by mobile phone, without the adult's valid consent;
- Ensure that any photographs/videos taken are appropriate, that they have a required purpose and that this purpose has been explained fully;
- · 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.

Adult Safeguarding Policy Appendix 1

CATEGORIES AND INDICATORS OF 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 medicine, 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.

Possible indicators include fractures, bruising, pain, burns, repeated attendance at GP surgery/hospital and delay between injury and seeking medical attention.

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. It may 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.

Possible indictors include genital itching or soreness, genital bruising or bleeding, stomach/abdominal pain, sexually transmitted disease or infection, changes in sexual behaviour or language and not wanting to be touched.

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.

Possible indicators include being withdrawn, the adult being too eager to do everything they are asked, compulsive behaviour and lack of concentration/focus.

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 of inheritance.

Possible indicators include having unusual difficulty with finances, being protective of money and possessions, not paying bills, not having normal home comforts and refusing care because of finances.

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 or use. This can happen in any organisation within and outside 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 when the routines, systems 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 a collective failure of service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that necessary preventative and/or protective measures are in place.

Possible indicators include no personal clothing/possessions for the service user, no care plan for him/her, repeated admissions to hospital, poor staff morale and high staff turnover, lack of clear lines of accountability and instances of staff/volunteers treating service users unsatisfactorily.

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 wellbeing 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

Possible indicators include being hungry/thirsty, weight loss, being unclean or untidy, isolation and inadequate supervision and experiencing pain/discomfort.

'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.

Possible indicators include malnourished or unkempt appearance, person is unfamiliar about where they live or work, few or no personal possessions and restricted freedom of movement.

This list of types of harmful conduct is neither 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, s/he may very well be experiencing harm in other ways.

Related Definitions

There are related definitions which interface with adult safeguarding, each of which has 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 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 purpose 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, or 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 any adult experiencing human trafficking/modern slavery or hate crime will usually be to report the incident to PSNI.

Adult Safeguarding Policy Appendix 2

TARA CENTRE ADULT ABUSE REPORT FORM

Please answer all relevant questions as fully as you can and pass the form on as quickly as possible (even if you cannot complete all sections).

Work Location	
Name of Adult	
Age/Date of Birth	
Gender	
Name of Carers (if known)	
Home Address (if known)	

PLEASE COMPLETE THOSE SECTIONS BELOW THAT ARE RELEVANT

1. DISCLOSURE BY ADULT AT RISK
When was the disclosure made (dates and times)?
,
Who did the adult make the disclosure to?
What did the adult actually say?

2. INDICATORS
Describe any signs or indicators of abuse (with dates and times)
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)
3. CONCERNS EXPRESSED BY ANOTHER PERSON ABOUT AN ADULT AT RISK
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.
4. DETAILS OF ANY IMMEDIATE ACTION TAKEN e.g. FIRST AID

5.	HAS THE ADULT EXPRESSED ANY RESERVATIONS ABOUT YOU
	TALKING TO THE ADULT SAFEGUARDING CHAMPION OR DESIGNATE/NOMINEE ABOUT THE MATTER?
	DESIGNATE/NOMINEE ABOUT THE MATTER:
6.	DOES THE ADULT HAVE ANY PARTICULAR NEEDS e.g. COMMUNICATION etc.?
	Signatures
	To be signed by the person reporting the concern
	Name:
	loh Titlo:
	Job Title:
	Job Title: Signed:

Action taken by Adult Safeg	guarding Champion or Designate/Nominee
Signed	Date

Adult Safeguarding Policy Appendix 3

ADULT SAFEGUARDING CHAMPION

'Adult Safeguarding: Prevention and Protection in Partnership' (DOH and DOJ, July 2015) outlines the following key responsibilities:

- 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;
- Make records available for inspection.

TARA CENTRE ADULT SAFEGUARDING CHAMPION

NAME: Margaret Spencer, Chief Executive Officer, Tara Centre, 11 Holmview Terrace, Omagh, Co. Tyrone, BT79 0AH

DIRECT LINE: 028 82 250024

MOBILE: 0792 3240 151

DESIGNATED OFFICER (NOMINEE)

NAME: John Friel, Co-Ordinator of Therapeutic Services, (COTS)

Tara Centre, 11 Holmview Terrace, Omagh, BT79 0AH

DIRECT LINE: 028 82 250024 MOBILE: 0785 8592 699

Adult Safeguarding Policy Appendix 4

HSC TRUST, PSNI AND RQIA CONTACT NUMBERS

HSC Trust Adult Protection Gateway Teams

	Normal working hours (9am – 5pm)	Regional Out of Hours (including weekends, bank and public holidays)
Belfast	028 9504 1744	
Northern	028 9441 3659	
South Eastern	028 9250 1227	028 9504 9999
Southern	028 3756 4423	
Western	028 7161 1366	

PSNI

Emergency	999
Non emergency/General enquiries	0845 600 8000

RQIA

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

RISK ASSESSMENT RECORD FORM

Adult Safeguarding Policy Appendix 5

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

Adult Safeguarding Policy Appendix 6

ACCIDENT/INCIDENT/NEAR MISS RECORD FORM

ACCIDENT / INCIDENT / NEAR MISS (please circle one)

Name: (person involved/injured)	Date:	Time:
If more than one person has been involved please use separate forms for each person		
Status:		
Service User () Employee () Visitor () Other ()	Service Provide	er() Volunteer ()
If Other, please specify		
Details of Accident/Incident/Near Mis (Please include what happened prior		that was done immediately
and by whom. Please include a draw		
Details of injuries or damages and a	ny first aid/medical tr	eatment given:
Name of Person Reporting:		
Job Title:	Date:	

Management Section

Long Term Action Plan: (What action is to be carried out to prevent the Accider happening again).	nt/Incident/Near Miss
	VEQ.()
Is a risk assessment (or support plan) review required as a result of this Accident/incident/Near Miss?	YES () NO ()
Action to be out by: (Name)	By Date:
Management Section reviewed by: (Name)	Date:
RIDDOR Report confirmed by: (name)	Date:

Acceptance of Adult Safeguarding Policy and Procedures

Name:
Job/Role:
l
hereby declare that I have read and understood the Tara Centre Adult Safeguarding Policy and will comply with the associated procedures and guidelines.
Signature:
Date: