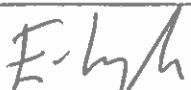


KEEPING ADULTS SAFE

POLICY AND PROCEDURE

WHEN DEALING WITH MEMBERS OF THE PUBLIC

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1. INTRODUCTION

- 1.1 Keeping Adults Safe is a matter of priority for the Commissioner for Older People for Northern Ireland (COPNI). This policy sets out what is expected from staff when dealing with external clients.
- 1.2 COPNI has a zero tolerance approach to abuse or neglect wherever it occurs and whoever is responsible.
- 1.3 Everyone has a responsibility for the safety of vulnerable adults and, in accordance with relevant legislation, COPNI has both a moral and legal obligation to ensure proper procedures are in place for their safeguarding when they are in contact with COPNI staff.
- 1.4 Everyone without exception has the right to protection from abuse regardless of age, gender, ethnicity, religion, disability, sexuality or beliefs.
- 1.5 In order to ensure COPNI's Safeguarding policy is up to date and reflects best practice COPNI is a member of the Department for Communities Safeguarding Forum. The aim of the Forum is to provide a space to share best practice learning, establish a consistent approach to safeguarding from Arm's Length Bodies and to give management structure to deal with issues, concern, policy and practice development.
- 1.6 The legislative context within which vulnerable adults are protected included: -
 - Adult Safeguarding: Prevention and Protection in Partnership 2015.
 - Stopping Domestic and Sexual Violence and Abuse in Northern Ireland – A Seven Year Strategy
 - Keeping Adults Safe: A Shared Responsibility – Standards and Guidance for Good Practice in Adult Safeguarding
- 1.7 Other COPNI policies that relate to this policy include the following:-
 - Complaint Handling Policy
 - Recruitment & Selection Policy and Procedure
 - Standards of Conduct Policy
 - Whistleblowing Policy

These policies can be found on the COPNI website or by contacting Human Resources.

2. PURPOSE

- 2.1 This policy and procedure ensures that staff are aware of the issues that can cause harm to vulnerable adults, know how to respond to concerns relating to the possibility of an individual suffering harm and so help protect vulnerable adults. It outlines the practical steps COPNI will take in the form of robust procedures supported by clear guidelines.

3. SCOPE

3.1 This policy applies to everyone involved with the organisation who has direct or indirect contact with members of the public, including the Commissioner, members of ARAC, all managers and staff (permanent or temporary). Staff members have a duty to adhere to this policy and to notify the Appointed Person (Legal Officer) on any matter regarding keeping adults safeguarding of adults at risk.

4. POLICY STATEMENT

4.1 This Policy is intended to cover all functions and services of COPNI where there is the potential for direct or indirect contact with adults at risk.

4.2 COPNI staff, and staff of organisations undertaking work on our behalf, should all be committed to practices which protect adults at risk from all forms of harm (verbal, physical, financial, sexual, psychological, discriminatory, emotional harm and neglect).

4.3 The organisation's policy statement on keeping adults safe is given in Appendix 1.

5. ROLES AND RESPONSIBILITIES

5.1 The "Adult Safeguarding: Prevention and Protection in Partnership" Policy (DHSS&PS and DPOJ July 2015) makes it clear that "safeguarding is everyone's business". 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.

5.2 The Commissioner has ultimate responsibility for ensuring compliance with this policy and act as the organisation's **Adult Safeguarding Champion (ASC)**. Day to day responsibility for implementation is delegated through the management structure to the Head of Legal & Advocacy Services who will act as the **Deputy Adult Safeguarding Champion (DASC)**.

5.3 The role of the Adult Safeguarding Champion / Deputy Adult Safeguarding Champion is:

- to provide information and support for staff on adult safeguarding within the organisation;
- to ensure that the organisation's keeping adults safe policy is disseminated and support implementation throughout the organisation;
- to advise within the organisation regarding adult safeguarding training needs;
- to provide advice to staff who have concerns about the signs of harm, and ensure reporting to HSC Trusts where there is a safeguarding concern;
- to support staff to ensure that any actions take account of what the adult wishes to achieve – this should not prevent information about any risk of

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

- to establish contact with the HSC Trust Designated Adult Protection Officer (DAPO), PSNI and other agencies as appropriate;
- to ensure accurate and up to date records are maintained detailing all decisions made, the reasons for those decisions and any actions taken;
- to compile and analyse records of reported concerns to determine whether a number of low-level concerns are accumulating to become significant; and make records available for inspection

5.4 The Legal Officers will assume the role of **Appointed Person (AP)** and will be responsible for acting as a central point of contact for reporting concerns and a source of advice for staff on safeguarding adults at risk in adherence to the organisational reporting and recording procedures (Section 10).

5.5 The ASC / DASC will be responsible for providing suitable training in adult safeguarding to staff working or coming into contact with adults at risk as follows:-

- Level 1 – general awareness for all staff.
- Level 2 – staff with substantial contact with Adults at risk
- Level 3 – Adult Safeguarding Champions & Appointed Persons.

5.6 The ASC and DASC will also have responsibility for reviewing the implementation of the procedures, ensuring appropriate reporting and recording systems are in place, reviewing all reported incidents and ensuring that follow-up actions have been undertaken.

5.7 All staff have a duty to adhere to the Keeping Adults Safe Policy & Procedure and to notify their Appointed Person on any matters regarding safeguarding adults at risk.

5.8 Line managers are responsible for ensuring that: -

- All new staff are familiar with the Safeguarding policy and any associated policies.
- All new staff have either recently undertaken adequate safeguarding training at an appropriate level specific to their role or do so as soon as possible (no later than 12 months into role), and that it is refreshed every three years.
- Support and supervision arrangements are in place to enable staff to become more effective, identify adult protection and safeguarding training needs and deal quickly with any difficulties the new recruit might present with.

6. DEFINITION OF ADULTS AT RISK

6.1 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

6.2 Personal characteristics may include but are not limited to a mental or physical illness, a mental or physical disability, a sensory impairment, memory or communication problems, or being older or frail.,

6.3 Life circumstances may include, but are not limited to, isolation or loneliness, dependence on a carer, socio-economic factors and environmental living conditions.

6.4 An individual may go through periods of temporary vulnerability or may be vulnerable on a more permanent basis.

6.5 Due to his/her vulnerability, the individual may be in receipt of a care service in his/her own home or a relative's home, in supported living or in a residential care home, nursing home or other institutional setting.

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

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

6.7 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).

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

7. DEFINITION OF ABUSE

7.1 Abuse is a violation of an individual's human and civil rights by any other person or persons. It 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. Abuse occurs within all social classes and cultures. Some forms of abuse are a criminal offence.

7.2 The abuse of a vulnerable adult is defined as "the physical, psychological, emotional, financial or sexual maltreatment or neglect of a vulnerable adult by

another person". It may be a single or repeated act, and may take one form or multiple forms. Often if a person is being abused in one way, they are also being abused in other ways. The lack of appropriate action to tackle abuse can also be a form of abuse.

- 7.3 Abuse is a "single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights". (Action on Elder Abuse 1993 / World Health Organisation) It can also occur outside such a relationship.
- 7.4 Abuse may be through a lack of training, knowledge or awareness, or through a decision not to act when they know the adult in their care needs help.
- 7.5 The different forms of abuse and possible signs as identified by the publication "Adult Safeguarding: Prevention and Protection in Partnership" (DOH and DOJ, July 2015) are detailed in Appendix 2.

8. WHERE MIGHT ABUSE OCCUR?

- 8.1 Anywhere a vulnerable adult lives or visits, including:

- In the person's own home or a relative's home.
- In 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 on commercial premises.
- In public places.
- On transport.

9. WHO CAN ABUSE?

- 9.1 Anyone who has contact with a vulnerable person:

- Domestic/familial abuse: By a family member such as a partner, son, daughter, sibling, parent, niece, nephew or cousin. Abuse by a familiar person: Friend, acquaintance, neighbour, carer (main or informal).
- Professional abuse: The misuse of power and abuse of trust by a professional or health or social care worker; the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services.
- Peer abuse: The abuse of one vulnerable adult by another vulnerable adult within a group or communal setting, such as day care centres, clubs, residential care homes, nursing homes or other institutional settings.
- Stranger abuse: By someone who the vulnerable adult has no previous connection to, such as a stranger, a member of the public or a person who deliberately targets vulnerable people.

PROCEDURE - CONCERNS AND DISCLOSURES

10. HOW STAFF SHOULD DEAL WITH A CONCERN

- 10.1 When there are concerns or where a disclosure or allegation is made staff may feel anxious about passing on the information to anyone else. Concerned individuals may ask themselves, "What if I'm wrong?" and this may hold them back from taking action.
- 10.2 It is important for staff to know that they are neither responsible for deciding whether abuse has occurred or not, nor are they responsible for conducting any investigations (this is the role of the Appointed Person (Legal Officer) and the appropriate authorities such as Health and Social Care Trusts or the PSNI).
- 10.3 However, staff do have a duty of care to report any concerns they have with regard to the abuse of a vulnerable adult through this procedure, to allow appropriate action to be taken. . It is crucial that staff members do not attempt to deal with the situation alone.
- 10.4 Being alert to potential abuse plays a major role in ensuring that vulnerable adults are safeguarded and it is important that all concerns about possible abuse are reported.

11. RECOGNISING SIGNS OF ABUSE OR HARM

- 11.1 There are a variety of ways you could be alerted that an adult at risk is suffering from harm:-
 - An adult at risk may tell you about abuse or neglect happening to them.
 - Someone else (third party) may tell you of their concerns or something that causes you concern.
 - An adult at risk may show some signs of physical injury for which there does not appear to be a satisfactory or credible reason.
 - An adult at risk's demeanour or behaviour may lead you to suspect abuse or neglect.
 - The behaviour of a person close to the adult at risk makes you feel uncomfortable.
 - Through general good neighbourliness and social guardianship.
 - Through an anonymous source via email, letter or telephone.

12. HOW TO RESPOND IF AN ADULT AT RISK OR A THIRD PARTY DISCLOSES ABUSE

- 12.1 Where a disclosure has been made staff should react appropriately according to the following guidelines:

Do:

- Stay calm, even if you are upset by what you hear
- Listen attentively.

- Express concern and acknowledge what is being said.
- Reassure the person – tell the person that she/he did the right thing in telling them.
- Let the person know that the information will be taken seriously and that you will refer the matter to a Legal Officer.
- Ensure the immediate safety of the vulnerable person, as far as possible.
- Record all the key points in writing using the Enquiry Pro-Forma and give it to a Legal Officer at the earliest possible time on the same day advising you believe it to be a safeguarding query. If no Legal Officers are in the office pass the Enquiry Pro-Forma to the Head of Legal and Advocacy Services. If the Head of Legal and Advocacy Services is not in the office pass the Pro-Forma to another member of the Senior Management Team.
- Act without delay.

Do not:

- Stop someone disclosing information to them.
- Promise to keep the disclosure secret.
- Press the person for more details, make them repeat the story, or ask leading questions.
- Repeat the disclosure or pass on the information to anyone (internal or external) who does not have a legitimate need to know.
- Contact the alleged abuser.
- Attempt to investigate the matter themselves.
- Leave information about the disclosure on a voicemail or send via email.
- Delay.

12.2 Staff should not attempt to investigate alleged or suspected abuse by asking questions that relate to the detail, or circumstances of the alleged abuse, beyond initial listening, and expressing concern. However if the individual has contacted COPNI seeking assistance it will be necessary for Administration staff to gather sufficient appropriate information/facts to complete the Enquiry Pro-Forma (Appendix 4) so it can be referred to the Appointed Person (Legal Officer).

12.3 Any disclosure or suspicion that a vulnerable person has been abused by a COPNI staff member should be reported directly to the Deputy Safeguarding Champion / Safeguarding Champion, who will take such steps as considered necessary to ensure the safety of the vulnerable person in question and any other person who may be at risk.

Allegations of Previous Abuse

12.4 It is possible for non-recent allegations of abuse to be made years after the actual incident. Such non-recent allegations, giving cause for concern, should be treated in line with more current allegations and statutory authorities must be informed (police or Adult Protection Gateway Service).

12.5 The following should be considered: -

- Clearly establish with the adult complainant if there may be any children currently at risk of harm by the person, they are saying abused them.
- Advise the person making the compliant that they should inform the police. (Offer support and encouragement to the person recognising how brave it was for them to come forward and the risk to that person continuing to abuse after that incident or abusing others).
- If the complainant refuses to contact statutory authorities but has provided you with adequate detail to identify the individual and you believe there is potential for the alleged perpetrator to present a risk to children, and he/she is still alive you **MUST** contact the police. The risk to children is paramount and takes priority to any request for confidentiality by the complainant – this should be explained clearly and as early in the process as possible.
- Offer support to the complainant when making a formal complaint to the police.
- Signpost the complainant to support agencies. This will provide the individual with further appropriate support such as counselling.
- When a person making the complaint chooses not to report the matter, he/she must be informed that this is the organisation's moral and legal responsibility (Criminal Law Act 1967). If the person refuses to report to the police, then they should be encouraged to speak directly with the HSCT Gateway team to protect any children potentially at risk.

Managing Allegations of Abuse against COPNI Employees

12.6 COPNI treats any allegation of abuse of an adult at risk by an employee as a serious matter and where such an allegation is made the timely resolution of that allegation should be a priority for all concerned. Any unnecessary delays should be avoided.

12.7 The possible risk of harm to an adult at risk posed by the member of staff named in an allegation needs to be effectively evaluated and managed, including the adult at risk involved in the allegation, and any other person in that member of staff's home, work, or community life.

12.8 Allegations of abuse against employees may be received by COPNI from a variety of sources and in a number of ways including:

- from the adult at risk, their relatives, a member of staff, a member of the public, a witness, social services, the police, other organisations, the media, a school, or an anonymous source.
- In person, by correspondence, by phone or by electronic means.

12.9 Allegations can also be historical, for example: where the person making the allegation has left the organisation

12.10 It is extremely important that when an allegation of abuse against an COPNI employee is received that the employees line manager is informed and seeks advice from HR staff.

12.11 A line manager who receives an allegation of abuse against a member of their staff should progress the matter in accordance with the agreed employment/HR procedures.

12.12 COPNI staff may also refer to the COPNI's Making A Protected Disclosure Policy (Whistleblowing Policy).

12.13 Every effort should be made to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered. Allegations should not be shared with other staff.

13. ACTION BY THE APPOINTED PERSON (OR SAFEGUARDING / DEPUTY SAFEGUARDING CHAMPION)

13.1 On receipt of the Enquiry Pro Forma from a member of staff, the Appointed Person (Legal Officer) should review the information and consider whether the concern is a safeguarding issue or not. This may involve some 'checking out' or preliminary clarification of information provided whilst being careful not to stray into the realm of investigation.

13.2 COPNI may decide that not every Enquiry Pro-Forma merits additional 'checking out'. It may be that a report submitted by a COPNI employee provides the necessary or decisive final piece of information to enable the matter to be referred to the PSNI or Adult Protection Gateway Service for investigation.

13.3 The Legal Officer will take any immediate action required to ensure the adult at risk is safe and make a decision as to when it is appropriate to speak with them about the concerns and any proposed actions.

13.4 Where there is a clear and immediate risk of harm to the adult or a crime is alleged or suspected, the matter will be immediately referred to the PSNI using the emergency police 999 number and the Designated Adult Protection Officer in the Adult Protection Gateway Service in the relevant Health and Social Care Trust.

13.5 Where it has been deemed that it is a safeguarding issue, the Legal Officer will immediately report the matter to the Adult Protection Gateway Service in the relevant Health and Social Care Trust and may also report the matter to the PSNI.

13.6 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;
- It has previously been referred to a regulated service provider for action and has not been sufficiently addressed.

13.7 If there is doubt about whether the threshold for Adult Protection has been reached, the concern should be discussed with the HSC Trust Adult Protection Gateway Service, and a Designated Adult Protection Officer will advise whether the matter meets the threshold.

13.8 The Legal Officer should also inform the Deputy Safeguarding Champion / Safeguarding Champion about any action taken and any further action required, including advising the Departmental (DfC) Designated Safeguarding Officer for monitoring and accountability purposes.

13.9 If the concern involves a regulated service, the RQIA will be informed.

13.10 The Legal Officer will act as the liaison point with external contacts regarding the matter.

13.11 Where it has been deemed that it is not a safeguarding issue, other alternative responses should be considered such as advice or monitoring.

13.12 The Legal Officer will maintain the confidentiality of information about the vulnerable adult, their family and carers, staff members and any alleged perpetrator at all times. Any referrals will be securely stored, and information regarding a safeguarding referral will only be shared on a "need to know" basis.

13.13 The Legal Officer will ensure all documentation regarding the matter (including actions taken and decisions made) is completed and returned to the Administration team to save in the relevant area of the J drive once the matter has been dealt with by COPNI.

13.14 The Legal Officer will monitor any trends in safeguarding matters, to determine whether a number of low level concerns are accumulating to become more significant. Report any trends to the Senior Management Team.

13.15 Some useful contact numbers are given in the table below:

HSC Trusts (Adult Safeguarding Service)		
	Working Hours (9am-5pm)	Regional Out of Hours *
Belfast	(028) 9504 1744	(208) 9504 9999
Northern	(028) 2563 5512	(208) 9504 9999

South Eastern	(028) 9250 1277	(208) 9504 9999
Southern	(028) 3741 2015	(208) 9504 9999
Western	(028) 7161 1366	(208) 9504 9999

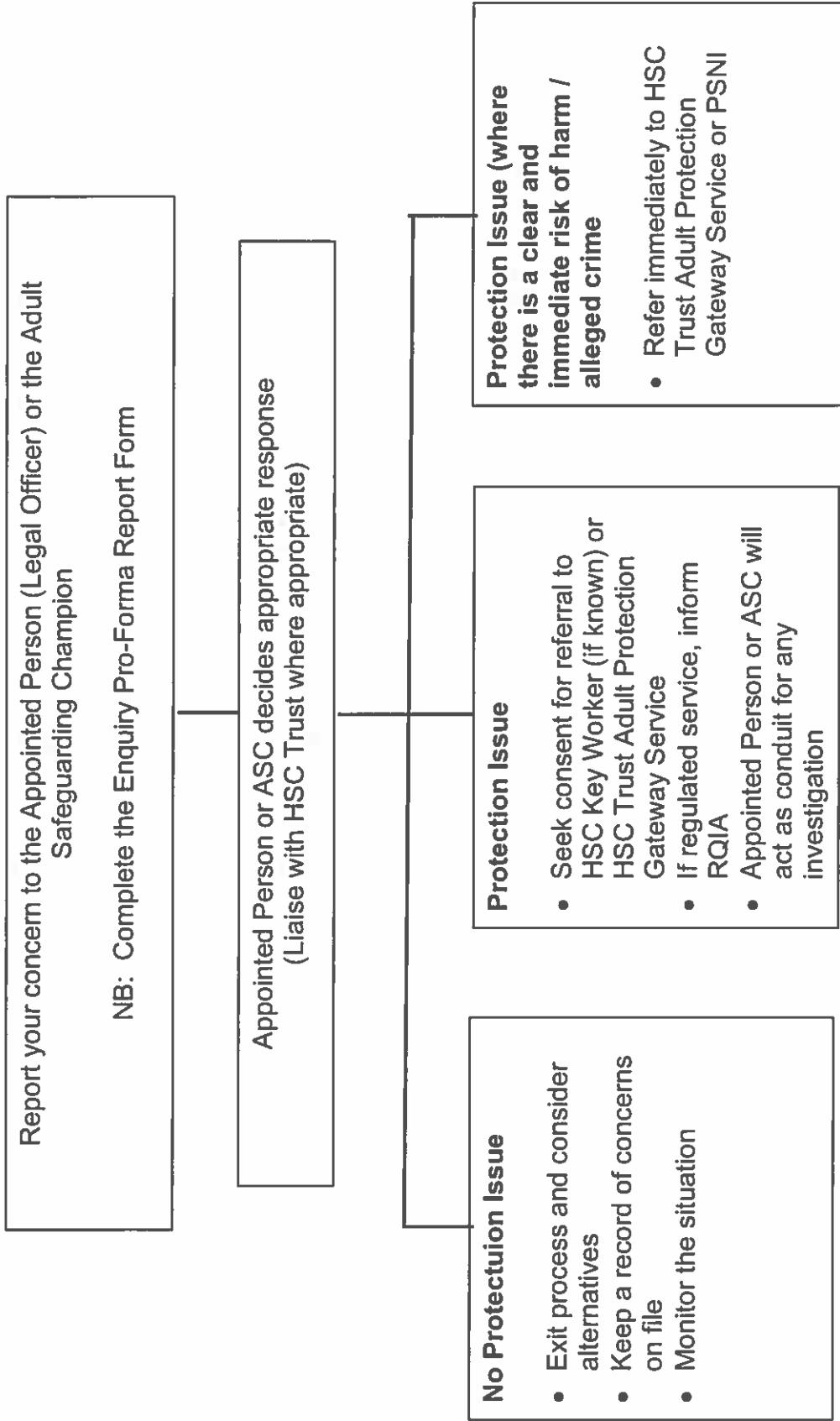
* Regional Emergency Social Work Service (RESWS) out of hours means 5pm to 9am and bank holidays.

Police Service Northern Ireland	
Emergency	999
Non Emergency	101
General Enquiries	101

Regulation & Quality Improvement Agency	
	Working Hours (9am-5pm)
Belfast	(028) 9051 7500
Omagh	(028) 8224 5828

Other Useful Numbers	
NSPCC Freephone	0800 800500
Childline	0800 1111
Contact Youth	028 9074 4499
The Nexus Institute	028 9032 6803
Rape Crisis & Sexual Abuse Centre	028 9032 9002
Lifeline – Helpline for Young People	0808 80880000

Reporting Procedure – Flow Chart



14. STAFF CODE OF BEHAVIOUR

Introduction

- 14.1 This Code of Behaviour is to help minimise the opportunity for adults at risk to suffer harm and to help to protect staff by ensuring they are clear about the behaviour that is expected of them and the boundaries within which they should operate.
- 14.2 It sets out the expectation that everyone in the organisation and everyone who uses our services should relate to each other in a mutually respectful way.
- 14.3 COPNI staff will encounter adults at risk in a range of situations and in a range of locations including the office, external communication and engagement events and over the telephone.
- 14.4 It is not practical within this Code to provide definitive guidance that will cover all situations, however the principles set out below should be applied in all situations. Staff who breach these standards of behaviour may face disciplinary procedures.

14.5 When interacting with adults at risk staff should:

- 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.
- Be open to and aware of diversity in the beliefs and practices of individuals and their families.
- 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.

Behaviours That Should Be Avoided

- 14.6 These refer to behaviours that staff may slip into through lack of experience or training. While not intentionally harmful, such behaviour might be misconstrued, which ultimately could lead to allegations of abuse being made.

For example:

- Staff should not spend excessive amounts of time alone with adults at risk away from others.
- Staff should not take an adult at risk to his/her own home.
- Staff should not take an adult at risk alone on car journey, unless this forms part of the organisation's core activities.
- Staff should not take receipt of any money from an adult at risk, unless for safekeeping in which case another member of staff or responsible person should witness and sign a note to detail the circumstances, date, time and amount of money.

14.7 If these kinds of behaviours are unavoidable or necessary, they should occur with the full knowledge and consent of a Line Manager and an appropriate record should be maintained.

Unacceptable Behaviours

14.8 A staff member should never:

- Abuse, neglect, or harm / place at risk of harm an adult at risk whether by omission or commission.
- Engage in rough physical games with adults at risk, including horseplay.
- Make sexually suggestive comments to or about an adult at risk .
- Form inappropriate relationships with an adult at risk.
- Gossip about personal details of an adult at risk and their families.
- Make/accept loans, gifts or money from an adult at risk.

Diversity And Additional Care And Support Needs

14.9 Staff should:

- Be open to and aware of diversity in the beliefs and practices of adults at risk and their families.
- Be aware of the difficulties posed by language barriers and other communication difficulties.
- Not discriminate against adults at risk and their families who have different cultural backgrounds and beliefs from their own.
- Use the procedures outlined in this policy to report any discrimination against adults at risk and their families by other staff members.

Use Of Technology (including Photography)

14.10 Technology, such as social networking websites and mobile phones, can be misused by those who are intent on harming or exploiting adults at risk. Staff should:

- Never photograph/video an adult at risk without their valid consent and only if there is a valid business reason for doing so.
- Assume that consent has not been given if there is any uncertainty about a person's capacity to give consent.
- Ensure that any consented photographs/videos taken of an adult at risk are appropriate and held in accordance with GDPR.
- Report any inappropriate use of images of an adult at risk.
- Treat the following as a 'disclosure': Where an adult at risk is aware of the dangers associated with technology, such as social networking websites and the internet, they may tell someone if they encounter anything that makes them feel unsafe or threatened.

14.11 Staff should not engage with service users on their personal social media platforms. Any interaction with service users should be through the organisation's social media platforms. Social media platforms can include, but is not restricted to, any of the following; Twitter, Facebook, LinkedIn, YouTube, Flickr, SoundCloud, Storify, Instagram. (NB: Staff should be made aware or / familiar with the organisation's Social Media Policy).

14.12 Staff must not at any time share their personal contact details with service users (phone numbers, address, email address). Only their work contact details should be shared. In the absence of work mobile phones, service users should be given COPNI's office number where they can be directed to the appropriate member of staff. Staff must not share personal contact numbers of service users with other third parties without their express consent unless it relates to an imminent safeguarding concern.

14.13 Staff must not share the personal contact details of service users with other third parties without their express consent unless it relates to an imminent safeguarding concern.

Sanctions In The Case Of Staff Breaching The Code Of Behaviour

14.14 Staff members should understand that:

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

15. CONFIDENTIALITY AND INFORMATION SHARING

Information and Record Management

15.1 COPNI will at all times manage 'personal data' and 'sensitive personal data' in accordance with the law, primarily data protection and human rights legislation, which gives individuals the right to respect for private and family life, home and correspondence. All such information will be accurate, kept up to date, limited to only what is needed, kept for no longer than required then securely destroyed, be securely stored, accessed only by authorised staff and only shared with the appropriate individuals / authorities.

(NB: Staff should be made aware or / familiar with the organisation's Data Protection Policy in relation to the gathering, storage, usage, access and sharing of personal information).

15.2 Information will be handled and disseminated on a need to know basis only (i.e. Adult / Deputy Safeguarding Champions, Appointed Persons, Administration Team, members of the Senior Management Team, Communications & Engagement Team, social services, PSNI, the adult at risk, courts and relevant staff).

15.3 If enquiries arise from the public or media staff must not make any comment regarding the situation and all queries should be referred to the Chief Executive or Commissioner.

15.4 Freedom of Information requests and Subject Access Requests regarding safeguarding matters will be dealt with by the appropriate Data Protection Officer (Finance & Governance Manager) on a case-by-case basis; however it is likely that such requests will be refused due to the extremely confidential and sensitive nature of the information sought..

Information Sharing for Safeguarding Purposes

15.5 The duty to share information about an individual can be as important as the duty to protect it. Effective safeguarding will depend on information being made available to those who need it at the right time. Proportionate information sharing may be required to prevent harm to the adult at risk or to others and can facilitate preventative or early intervention approaches.

15.6 It is important that confidentiality is not confused with secrecy. Proportionality is the key in respect of the risks associated with deciding whether or not to share information.

15.7 Assurances of absolute confidentiality in adult safeguarding cannot be given where there are concerns about risk of harm to one or more adults, nor should it be assumed that someone else will pass on information which may be critical to the prevention of harm to an adult.

15.8 **Within the organisation:** - Information will only be shared within the organisation on a 'need to know' basis. Appointed Persons 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.

15.9 **Adults at Risk, Carers & Advocates:** Adults at risk, their carers and advocates should be told how information will be used before they are asked to provide it and should be given an opportunity to discuss such uses. This must be communicated in a way which is clearly understood, using alternative means of communication where necessary. Any information should be sought sensitively and with privacy.

15.10 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.

15.11 **External agencies:** While information is confidential, it may be disclosed to / shared with 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. In all such cases COPNI will ensure that accurate records are kept regarding the decision to share or not share information.

16. POLICY REVIEW

16.1 This policy will be reviewed on a three year basis and will be provided to the Chief Executive and Accounting Officer for approval.

17. VARIATION

17.1 COPNI reserves the right to vary this Policy as it deems appropriate to include compliance with any legal requirements. The appropriate staff/Union(s) will be notified of any proposed variation and consulted in advance. However in the absence of any agreement, the COPNI reserves the right to vary this Policy on 4 weeks' notice.

APPENDIX 1**Keeping Adults Safe Policy Statement (2022)**

- Abuse is a violation of an individual's human and civil rights; it can take many forms.
- The staff in COPNI are committed to practice which promotes the welfare of adults at risk and safeguards them from harm.
- Staff in our organisation accept and recognise our responsibilities to develop awareness of the issues that cause adults harm, and to establish and maintain a safe environment for them. We will not tolerate any form of abuse wherever it occurs or whoever is responsible.
- We are committed to promoting an atmosphere of inclusion, transparency and openness and are open to feedback from the people who use our services, carers, advocates and our staff with a view to how we may continuously improve our services/activities.
- We will endeavour to safeguard the adults we work with and care for by:
 - Adhering to our keeping adults safe policy and ensuring that it is supported by robust procedures;
 - Carefully following the procedures laid down for the recruitment and selection of staff, including the requirement that all applicants will be vetted before appointment . This will include a check of a candidate's identity, employment history, nationality and immigration status and criminal record check;
 - Providing effective management for staff through supervision, support and training;
 - Implementing clear procedures for raising awareness of and responding to abuse within the organisation and for reporting concerns to statutory agencies that need to know, while involving adults at risk and their carers appropriately;
 - Ensuring general safety and risk management procedures are adhered to;
 - Promoting full participation and having clear procedures for dealing with concerns and complaints;
 - Managing personal information, confidentiality and information sharing; and
 - Implementing a code of behaviour for staff.
- We will review our policy, procedures, code of behaviour and practice regularly.
- If staff have concerns about an adult at risk they should raise it directly with their line manager (Appointed Person) in line with the organisational safeguarding policy & procedure.

- If a service user wishes to report a concern about a member of staff they should contact the individuals direct line manager or if not available another member of the management team. The manager will then determine whether it should be processed as a safeguarding issue under the Keeping Adults Safe Policy or as a general complaint under the Complaints procedure.

APPENDIX 2**Different Forms of Abuse and Possible Signs**

The following indicators may be a helpful guide in detecting abuse. However, caution must be exercised – the presence or absence of any of these indicators does not serve as proof that mistreatment has or has not taken place. The best indicator of all is the person who has been abused confiding in someone. Effective communication skills are therefore essential for all staff working with vulnerable people.

Physical Abuse: Is the use of force which results in pain or injury or a change in the person's natural physical state.

Examples - Punching; slapping; hitting; shaking; pinching; pushing; rough handling; improper administration of medication; denial of treatment; burning; scalding; enforced sedation; forced feeding; misuse or illegal use of restraint; not being allowed to go where you wish, when you wish.

Possible signs - Fractures; sprains; dislocations; lacerations; black eyes; scalds; cigarette burns; pressure sores; bruises (especially in well protected areas); drowsiness/confusion due to over sedation; delays in seeking medical attention; unexplained injuries; burns; pain; marks; wounds; anxiety or fear more evident in the presence of a possible abuser (not wanting to be alone with certain people); history of unexplained falls or minor injuries; evidence of the use of inappropriate restraints e.g. arms or legs tied to chair.

Psychological or Emotional Abuse: Is behaviour that has a harmful effect on a vulnerable adult's emotional health and development.

Examples - Verbal or non-verbal; absence of warm support or human contact; racist abuse; shouting; swearing; threats, humiliation or ridicule; fear of violence; intimidation or coercion; ignoring; lack of stimulation; depriving an individual of the right to choice, information and privacy, respect; enforced isolation; confining or locking someone in; preventing access of other people in the home; blaming; controlling; unreasonable withdrawal of support networks.

Possible Signs – Fear, depression, withdrawal, passivity, confusion; running away, disturbed sleep pattern, unusual weight loss; low self-esteem; wandering; behaviour which is out of character; signs of self-injurious behaviour (self-harm); uncontrolled or unprovoked crying; mental anguish/anxiety; a lock on the outside of room; a physical environment that does not allow access to other parts of the home; loss of independence.

Financial or Material Abuse: Is the use of a vulnerable person's property, assets, income, without their informed consent or making financial transactions which they do not comprehend (unless this is legally sanctioned).

Examples - Trying to steal, stealing or defrauding the person of their property, benefits, money or goods; embezzlement; exploitation for financial gain; exerting pressure around wills, property, inheritance or financial transactions; withholding pension or benefits. It can also include internet scams and doorstep crime.

Possible Signs – Inadequate money to pay bills etc; insufficient money to purchase basic necessities; arrangement of financial contracts/transactions that the abused adult did not understand or has not willingly agreed to; sudden and/or large withdrawals from bank etc; sudden interest by family members and other people in the abused adult's assets; homelessness; a 'disappearing' pension; missing money, possessions or financial documents; inadequate clothing, inadequate heating/lighting; malnutrition; hypothermia.

Sexual Abuse: Is the involvement of a vulnerable adult in sexual activities or relationships (including rape and sexual assault) to which they have not consented, or could not consent, or was pressurised into consenting.

Examples - Unwanted sexual activity or sexual behaviour that happens without consent or understanding. Sexual violence and abuse can be physical contact or non-contact sexual activities, such as indecent exposure; stalking; grooming; forced to look at or be involved in producing sexually abusive material; forced to watch sexual activities.

Possible Signs – Changes in behaviour or appearance (e.g. more withdrawn, depressed, confused, fearful, agitated, self-mutilation); unexplained difficulty in walking or sitting; torn, bloody or stained underclothes; love bites; pain or itching in the genital area; recurring genital infections; bruising or bleeding in the genital or anal area; frequent complaints of abdominal pain without any obvious cause; frequent showering, bathing and washing of genitalia; exhibiting sexually implicit/explicit behaviour.

Neglect or Acts of Omission: Is behaviour which results in the vulnerable person's basic needs not being met.

Examples - Neglect is the ongoing failure to provide for basic needs e.g. medical attention, food, clothing, medicine, hygiene, supervision or shelter, which is likely to result in suffering.

Possible Signs – Having pain or discomfort; being very hungry thirsty or untidy; losing weight; failing health; changes in behaviour.

NB: "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' but is a key issue for Disability Action staff to consider as a

safeguarding matter. All staff should therefore be aware of the signs of self-harm and action any concerns in line with the organisation's reporting procedures,

Each case will also 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.

Further guidance on self-harm / suicide is given in Appendix 3.

Discriminatory Abuse: May manifest itself as any of the other categories of abuse previously stated. What is distinctive, however, is that discriminatory abuse is motivated by oppressive and discriminatory attitudes towards a person because of their disability; race; gender; age; religion; cultural background; sexual orientation; political convictions; appearance.

Examples - Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation. Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic. Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader. Harassment or deliberate exclusion on the grounds of a protected characteristic. Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic. Substandard service provision relating to a protected characteristic.

Possible Signs – A tendency for withdrawal and isolation. Fearfulness and anxiety. Being refused access to services or being excluded inappropriately. Resistance or refusal to access services that are required to meet assessed needs. The indicators of discriminatory abuse above may take the form of any of those listed under any of the other categories of abuse. The difference lies in that the abuse is motivated by discriminatory attitudes, feelings or behaviour towards an individual.

Institutional Abuse: Is the mistreatment or neglect of an adult at risk by a regime or individuals. It takes place within settings and services that adults at risk live in or use, including any organisation, in or outside the Health and Social Care sector.

Examples - Institutional abuse may occur when routines, systems and regimes result in poor standards of care; when poor practice and behaviours are in place; within strict regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm; within a culture that denies, restricts or curtails privacy, dignity, choice and independence.

Possible Signs – Vulnerable adult has no personal clothing or possessions, there is no care plan for him/her, s/he is often admitted to hospital. There are instances of staff/volunteers having treated him/her badly or unsatisfactorily or acting in a way

that causes harm. Poor staff morale, high staff turnover and a lack of clear lines of accountability and consistency of management. Lack of training of staff and volunteers; poor record keeping and liaison with other agencies.

Professional Abuse: The misuse of power and abuse of trust by a professional or health or social care worker.

Examples - The failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services.

Possible Signs - Entering into an inappropriate relationship with a vulnerable adult; Failure to refer disclosure of abuse; Poor, ill-informed or outmoded care practices(s); Failure to support a vulnerable adult to access health care/treatment; Denying a vulnerable adult access to professional support and services such as advocacy; Inappropriate responses to challenging behaviour; Failure to whistleblow on issues when internal procedures to highlight issues are exhausted.

Exploitation: 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

Examples - 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 signs - A tendency for withdrawal and isolation. Fearfulness and anxiety. Being refused access to services or being excluded inappropriately. Deprivation of money/benefit; taking possessions. Changes in behaviour (e.g. more withdrawn, depressed, confused, fearful, agitated, self-mutilation); Dehydration, malnutrition, hypothermia; inadequate clothing. Mental anguish or anxiety; a lock on the outside of room; a physical environment that does not allow access to other parts of the home; loss of independence.

This list of types of harmful conduct is not exhaustive, nor listed here in any order of priority. There are other indicators which should not be ignored. It is also possible that if a person is being harmed in one way, s/he may very well be experiencing harm in other ways.

APPENDIX 3**Staff Guidance on Self-harm / Suicide****Suicidal Thoughts**

- Talk to the person and reassure them that having thoughts of suicide is not uncommon but that it is important to get support.
- Check if they feel that they may act on any suicidal ideas.
- Let them know that, if you are concerned about their safety, you will have to pass on information to family/health professionals.
- Contact family, GP or other health professional to let them know about your concerns.
- Help them call Lifeline free of charge on 0808 808 8000 (text-phone 18001 0808 808 8000). The helpline is staffed 24 hours a day, every day of the year.
- Alternatively, you can call Lifeline on their behalf to request support. Lifeline will call the person back within 24 hours provided they are in agreement to being contacted.
- Follow-up with the person the next day to check that they sought/received support and make sure they have the lifeline number.

Immediate crisis

- Seek immediate support from a family member, GP, social worker, hospital or the emergency services.
- Call Lifeline on 0808 808 8000 if you are worried about the individual and need advice on what to do next.
- Help the individual to make an appointment with the GP or to call Lifeline.
- If you feel there is immediate physical danger through self-harm and a need for urgent medical attention call emergency services on 999 or bring them to the nearest casualty department.

Look after Yourself

- Always contact your manager to let him/her know about the situation and your proposed actions.
- Take advice and seek reassurance, particularly if you are about to leave work for the day or the weekend.
- If you can't get in touch with your manager talk to another manager or other senior manager.
- Make a note on a safeguarding form of your concerns and actions and forward it to your manager.

Remember

- It is not your responsibility to decide the level of risk a person is presenting – unless they are in imminent danger ensure they talk to a trained person (Lifeline, their GP or other mental health support) who will make an informed judgement on next steps.

- COPNI staff are not an emergency service – don't allow yourself to be the principal point of contact as you will not always be available.
- Your principal role is to pass on your concerns and signpost to mental health supports – make sure you pass on useful contact numbers to family or carers if you have raised your concern with them.
- Family, carers or others should make contact with Lifeline if fresh concerns arise in your absence – this is a 24 hour, 365 service.

Useful Contacts

Information for service users <http://www.lifelinehelpline.info/page/contacting-lifeline>
<https://www.mindingyourhead.info/i-am-feeling-suicidal>

Information for people who are worried about others

<http://www.lifelinehelpline.info/page/worried-about-someone-else>
<https://www.mindingyourhead.info/concerned-about-someone-else>

Other supports are available locally – use the internet to put people in touch with ongoing local supports

APPENDIX 4**ADULTS AT RISK REPORT FORM
COVER SHEET**

Name:	Position:
Signature:	Date:
Have you consulted anybody about this? If so, please give details:	

Once the Enquiry Pro-Forma is completed please forward to a Legal Officer.

ADULTS AT RISK REPORT FORM

Name of Vulnerable Adult			
Name of Carer		Date of Incident	
Address of Vulnerable Adult:			
Postcode (if known)			
Telephone Number (if known)			
Have Social Services/PSNI already been informed? If so, please give details:			
Please give a brief description of what has prompted the concerns, including any specific incidents, also any observations of physical or behavioural signs:			

Are you reporting your own concerns or passing on those of someone else?
Give details:

Have you spoken to the vulnerable adult? If so, what was said?

Have you spoken to the carer/s? If so, what was said?

Has anyone been alleged to be the abuser? If so, please give details: