

Safeguarding Vulnerable Adults

A Shared Responsibility

Standards & Guidance for Good Practice
in Safeguarding Vulnerable Adults





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This is the first edition of this Guidance, published by Volunteer Now. The publication of this Guidance is supported by the Department of Health, Social Services and Public Safety.

First Edition 2010

This publication can be downloaded from our website - www.volunteering-ni.org

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A Charity (Inland Revenue) No XT22896. Company Limited by Guarantee No NI602399.
Registered in Northern Ireland.



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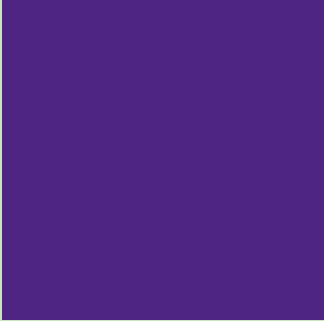
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“
**All adults have the
right to live a life
free from abuse
and exploitation.**”



Ministerial Foreword



We all have the right to lead the lives that we choose safe from abuse. Unfortunately there are times and circumstances where adults are exposed to exploitation, neglect and harm. We need to ensure that adults who are vulnerable receive all the assistance they need to keep them safe from harm and to be protected if harm occurs. Safeguarding vulnerable adults from harm is a shared responsibility. It is the responsibility of government to make sure there is a coherent policy framework that protects fundamental rights whilst ensuring that vulnerable adults are appropriately safeguarded. For organisations working with and delivering services to vulnerable adults there is a

responsibility to ensure that services are safe and appropriate; and that abuse is recognised and responded to wherever it occurs. As citizens, we all have a duty of care to our family, friends and neighbours. Accordingly, we should be alert to and be prepared to take action about any concern that we might have about someone's frailty and vulnerability.

The development of *Safeguarding Vulnerable Adults – A Shared Responsibility*, as Guidance primarily for voluntary, community and independent sector organisations, is part of an ongoing programme of government activity to improve safeguards for vulnerable adults in Northern Ireland. This Guidance defines a standard of practice across a range of organisational activities deemed necessary to safeguard vulnerable adults from harm. It is designed to help organisations establish the minimum standard of practice required to reduce the risk of abuse of the vulnerable adults with whom they work. It defines the criteria considered necessary to meet that standard of practice and includes a range of resources, which I am certain organisations, large and small, will find invaluable.

I would ask you all to embrace this Guidance and to continue to work with us, to share the important responsibility of keeping adults, who are vulnerable, safe from harm.

A handwritten signature in blue ink, appearing to read 'Michael McGimpsey'. The signature is fluid and cursive, with a small dot at the end.

Michael McGimpsey

Minister of Health, Social Services and Public Safety

Introduction

In April 2009 the Department of Health, Social Services and Public Safety (DHSSPS) commissioned the Our Duty to Care (ODTC) team in the Volunteer Development Agency (Volunteer Now from April 2010) to develop standards and guidelines for organisations working with vulnerable adults in the voluntary, community and independent sectors. The introduction of the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, combined with an increased awareness of adult abuse meant that the need for good practice guidelines for groups that work with vulnerable adults in those sectors became a priority.

With thirteen years experience of promoting good practice guidelines for organisations working with children, the ODTC team believed that safeguarding vulnerable adult guidelines should take account of the learning gained from the development of standards and guidelines to support organisations that work with children and young people.


However, the ODTC team was mindful of the fact that, while there are similarities between practice with children and vulnerable adults, there are significant differences and, to a large extent, greater complexity with regard to the latter. The scope of vulnerability, reflected in the definition of vulnerable adults, contributes to that complexity.

To ensure that the Guidance developed was applicable to a wide range of organisations, representing different vulnerable adult groups, a Safeguarding Vulnerable Adults Advisory Group was established comprising representatives from key voluntary, independent sector and statutory agencies with experience and expertise in their field. The project was also guided by the Regional Adult Protection Forum (the Forum) and guidance produced by the Forum in 2005, *Safeguarding Vulnerable Adults – Regional Adult Protection Policy and Procedural Guidance* and the associated Protocol for Joint Working. A debt of gratitude is owed to all those individuals who provided an enormous amount of information and text as well as support to the team. The membership and terms of reference of the Safeguarding Vulnerable Adults Advisory Group are provided in **Appendix 1**.

This Guidance contains 8 safeguarding standards and supplementary information. It is divided into 8 sections. Each section contains:

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

There are additional generic Appendices at the end of the Guidance which contain useful contact information, reference material and an organisational self-assessment checklist.



It is important to note that this document contains **minimum standards of practice for organisations**. Many small community and voluntary organisations have no Safeguarding Vulnerable Adult Policy and these organisations will benefit most from this Guidance. Organisations that are beginning to address the matter of safeguarding vulnerable adults will also find them valuable. Those organisations that provide Regulated Services will find that adherence to these standards will enable their compliance with the requirements for the Protection of Vulnerable Adults set out in the Minimum Standards published by the DHSSPS and in the Quality Assessment Framework under Supporting People.

Safeguarding Vulnerable Adults is a shared responsibility. In order to do this, we need to listen and stand alongside some of the most vulnerable people in our community. In addition, organisations need to work with the public to prevent abuse, where this is possible, and with each other to make sure that a sensitive and effective response is made to support individuals who may have been abused. This Guidance will contribute to the range of prevention, support and protection measures needed to meet the needs of vulnerable adults, their families and carers.

Adherence to this Guidance by organisations working with vulnerable adults in the voluntary, community and independent sectors will go some way to meeting that shared responsibility. Ultimately, our success will be determined by improved safeguarding outcomes for some of the most vulnerable adults in Northern Ireland.

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

This Guidance is a living document. Changes to the document will be signposted on the Volunteer Now website and an updated version will be made available for download at: www.volunteering-ni.org

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

Section 1



The organisation has a safeguarding vulnerable adult policy supported by robust procedures.

Standard 1

The organisation has a safeguarding vulnerable adult policy supported by robust procedures.

Criteria:

1. The organisation has a written safeguarding vulnerable adult policy (a safeguarding policy) statement which: acknowledges that all adults have the right to live a life free from abuse and exploitation; outlines the organisation's commitment to uphold that right; and is explicit about the organisation's 'zero-tolerance' of abuse wherever it occurs.
2. The safeguarding policy should be 'owned' at all levels within the organisation. The Head of the organisation will direct the development of the policy, be responsible for its approval, and will ensure that it is fully implemented and reviewed.
3. The safeguarding policy statement should be clearly displayed and everyone involved with the organisation should be aware that the policy exists, what it aims to achieve and the steps that will be taken to achieve those aims.
4. The safeguarding policy should be supported by robust procedures and guidelines.
5. The safeguarding policy should be supported by a Code of Behaviour for all involved with the organisation, including visitors.
6. The safeguarding policy should be supported by other organisational policies and procedures aimed at promoting safe and healthy working practices.
7. The safeguarding policy, procedures, guidelines and Code of Behaviour should be subject to regular review to ensure that they are fit for purpose; a review at least once every three years is the minimum recommendation.

1.1 The organisation has a written safeguarding vulnerable adult policy (a safeguarding policy) statement which: acknowledges that all adults have the right to live a life free from abuse and exploitation; outlines the organisation's commitment to uphold that right; and is explicit about the organisation's 'zero-tolerance' of abuse wherever it occurs.

Who is a vulnerable adult?

'A vulnerable adult is any person aged 18 years or over who is, or may be, unable to take care of him or herself or who is unable to protect him or herself against significant harm or exploitation. This may be because he or she has a mental health problem, a disability, a sensory impairment, is old and frail, or has some form of illness. Because of his or her vulnerability, the individual may be in receipt of a care service in his or her own home, in the community or be resident in a residential care home, nursing home or other institutional setting.'¹

Vulnerable adult rights

The rights of vulnerable adults to live a life free from neglect, exploitation and abuse are protected by the Human Rights Act 1998. Specifically, a vulnerable adult's right to life is protected (under Article 1); their right to be protected from inhuman and degrading treatment (under Article 3); and their right to liberty and security (under Article 5).

See Resource 1.1 – Legal Context

As an organisation working with vulnerable adults, you will want to reassure them and their carers and advocates that your organisation is committed to good practice. Good practice means a commitment to keeping vulnerable adults safe from harm and exploitation and to upholding their rights; that is, always acting in their best interests and with their consent. Your safeguarding policy sets out how your organisation will do this.

Your organisation's practice and your safeguarding policy should be underpinned and guided by a number of values and principles as set out below.

Values and Principles:

- **Access to information and knowledge** – all vulnerable adults will have access to information that they can understand to make an informed choice, including access to expert knowledge and advocacy, as required;
- **Choice** – all vulnerable adults will have the opportunity to select independently from a range of options based on clear and accurate information;
- **Confidentiality** – all vulnerable adults will know that information about them is managed appropriately and there is a clear understanding of confidentiality and its limits among staff/volunteers;

¹ This definition is from the leaflet entitled 'Adult Abuse – Guidance for Staff', published by the Northern Ireland Office and Department of Health, Social Services and Public Safety in 2009 and available from the nidirect website at www.nidirect.gov.uk It is a working definition which reflects that contained in page 10 of the Safeguarding Vulnerable Adults Regional Adult Protection & Policy Procedural Guidance.

- **Consent** – all vulnerable adults have the right to be supported to make their own decisions and to give or withhold their consent to an activity or service. Consent is a clear indication of a willingness to participate in an activity or to accept a service. It may be signalled verbally, by gesture, by willing participation or in writing. No one can give, or withhold, consent on behalf of another adult unless special provision for particular purposes has been made for this, usually by law;
- **Dignity and respect** – all vulnerable adults will be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs;
- **Equality and diversity** – all vulnerable adults will be treated equally and their background and culture will be valued and respected;
- **Fulfilment** – all vulnerable adults will be invited to engage in activities and offered services that enable them to fulfil their ability and potential;
- **Independence** – all vulnerable adults will have as much control as possible over their lives whilst being safeguarded against unreasonable risks;
- **Privacy** – all vulnerable adults will be free from unnecessary intrusion into their affairs; and there will be a balance between the individual's own safety and the safety of others;
- **Safety** – all vulnerable adults will feel safe, and live without fear of violence, neglect or abuse in any form;
- **Support** – all vulnerable adults will be supported to report any form of abuse and to receive appropriate support following abuse for as long as may be required.

See Resource 1.2 – Consent

It may seem obvious that the rights of vulnerable adults should be recognised and respected, but you must examine the policies and practices in your organisation by asking yourself if this is really the case. The way we work with vulnerable adults, how we behave around them and our attitudes towards them, all contribute to the way vulnerable adults feel about themselves. Induction, training and staff/volunteer development, which raise awareness of adult rights, the concept of adult abuse and how to respond to it, are essential to the delivery of your safeguarding policy aims and the creation of an environment where vulnerable adults are valued and their safety and well-being is paramount.

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

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

What is a written safeguarding vulnerable adult policy statement?

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

The safeguarding policy statement should be explicit about the organisation's zero-tolerance of abuse wherever it occurs or whoever is responsible. It should state how this will be done, by outlining the practical steps the organisation will take in the form of robust procedures supported by clear guidelines. It should be clear that the safeguarding policy applies to everyone involved with the organisation, including members of the management committee, managers and leaders, staff and volunteers, vulnerable adults and their carers, advocates and visitors.

See Resource 1.3 – Sample Safeguarding Vulnerable Adult Policy Statement

1.2 The safeguarding policy should be 'owned' at all levels within the organisation. The Head of the organisation will direct the development of the policy, be responsible for its approval, and will ensure that it is fully implemented and reviewed.

It is essential that your safeguarding policy is 'owned' at all levels within your organisation. To demonstrate an organisational commitment to keeping vulnerable adults safe from harm and exploitation, the Head of the organisation will direct the development of the policy, approve it and will ensure that it is fully implemented and reviewed at appropriate intervals. Depending on how your organisation is constituted, the Head of the organisation may be the Chief Executive; where the organisation is committee-led, the Chair of the Committee will act as Head of the organisation on behalf of the other Committee members. The safeguarding policy should be signed off by the Head of the organisation and the person(s) responsible for the review of the policy should be identified. In addition to a routine review of the safeguarding policy at agreed intervals, (at least once every three years is the minimum recommendation), the Head of the organisation may direct a policy review at any time in response to changes in the law or the organisation.

1.3 The safeguarding policy statement should be clearly displayed and everyone involved with the organisation should be aware that the policy exists, what it aims to achieve and the steps that will be taken to achieve those aims.

The safeguarding policy statement should be prominently displayed in each of the organisation's facilities, and everyone involved with the organisation should receive or have access to a copy.

Vulnerable adults, carers and advocates

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

Staff and volunteers

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

Management group/committee

While the Head of the organisation is responsible for the approval of the policy, all members of the Senior Management Team or Management Committee should be fully aware of and understand their collective role and responsibility to deliver the safeguarding policy aims. Training may need to be provided to the Senior Management Team or Management Group/Committee members to help with their understanding of the safeguarding policy, its aims and their collective role and responsibility to ensure that it is fully implemented.

1.4 The safeguarding policy should be supported by robust procedures and guidelines.

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

Section 2: Recruitment and selection of staff/volunteers;

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

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

Section 5: Risk assessment and management;

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

Section 7: Management of records, confidentiality and sharing of information.

1.5 The safeguarding policy should be supported by a Code of Behaviour for all involved with the organisation, including visitors.

Your organisation should draw up a Code of Behaviour to ensure that staff/volunteers are aware of the behaviour that is expected of them towards vulnerable adults, as well as those behaviours that are unacceptable. The Code of Behaviour should also outline how vulnerable

adults, carers and everyone involved with the organisation, including visitors, should relate to each other in a mutually respectful way. Further information can be found in:

Section 8: Code of Behaviour.

1.6 The safeguarding policy should be supported by other organisational policies and procedures aimed at promoting safe and healthy working practices.

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

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

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

See Appendix 2 – Standards

1.7 The safeguarding policy, procedures, guidelines and Code of Behaviour should be subject to regular review to ensure that they are fit for purpose: a review at least once every three years is the minimum recommendation.

Your organisation's safeguarding policy, supporting procedures, guidelines and Code of Behaviour should be subject to periodic review. As a minimum, it is recommended that a review is conducted at least once every three years. However, an earlier review may be directed by the Head of the organisation, particularly in circumstances where changes to the law or to the organisation require it.

² At present Regulated Services include residential care homes; nursing homes; children's homes; independent clinics; independent hospitals; nursing agencies; adult placement agencies; domiciliary care agencies; residential family centres and day care centres. Up to date information about Regulated Services can be accessed through www.rqia.org.uk

Resource 1.1 Legal Context

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

There are a number of pieces of legislation relating to safeguarding and protecting vulnerable adults which can be accessed through www.opsi.gov.uk

Some of the relevant legislation is as follows:

The Criminal Law Act (Northern Ireland) 1967

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

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

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

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

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

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

The legislation imposes a number of duties including:

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

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

The Mental Health (Northern Ireland) Order 1986

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

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

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

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

Article 107 of the Mental Health (NI) Order 1986, places a duty on a Health and Social Care (HSC) Trust to notify the Office of Care and Protection³ if it is satisfied that any person within its area is incapable, by reason of mental disorder, of managing and administering his or her property and affairs. A similar duty is placed on a person carrying on a nursing home, a residential care home or a private hospital if s/he is satisfied that any person within his/her care is incapable, by reason of mental disorder, of managing and administering his property and affairs.

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

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

welfare or medical decisions on another person's behalf.

Useful Leaflets published by the Office of Care and Protection can be accessed through www.courtsni.gov.uk

The Police and Criminal Evidence (Northern Ireland) Order 1989

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

The Disability Discrimination Act 1995

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

It also applies when an employer or service provider fails to make a reasonable adjustment in relation to the disabled person, and the failure cannot be justified.

Further information on the Disability Discrimination Act 1995 can be obtained from www.equalityni.org

The Race Relations (Northern Ireland) Order 1997

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

Further information on the Race Relations (NI) Order 1997 can be obtained from www.equalityni.org

The Public Interest Disclosure (Northern Ireland) Order 1998

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

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

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

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

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

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

The Northern Ireland Act 1998, Section 75

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

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

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

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

Authorities should give particular consideration to positive action where the impact of a policy will affect different people in a different way, for example, the impact of a policy on people with disabilities. Authorities should take an approach which recognises that certain groups such as people with disabilities may experience higher levels of inequalities than non-disabled people.

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

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

Further information on Section 75 of the Northern Ireland Act 1998 can be obtained from www.equalityni.org

The Criminal Evidence (Northern Ireland) Order 1999

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

The Human Rights Act 1998 – enacted 2000

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

There are 16 Articles in the Human Rights Act. The following have the most relevance to safeguarding and protecting vulnerable adults:

- **Article 2 Right to Life**

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

- **Article 3 Prevention of Inhuman or Degrading Treatment**

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

- **Article 5 Liberty and Security of Person**

This is about the right to freedom. No one should have their freedom of movement restricted without good reason. In terms of safeguarding vulnerable adults, this has implications for actions such as seclusion, restraint, 'locked door' policies and use of medication. There is a positive obligation on public authorities to intervene to prevent abusive situations in relation to these occurring.

- **Article 6 Right to a Fair and Public Hearing**

Everyone has the right to liberty and security of person. No one will be deprived of liberty unless in accordance with a procedure prescribed in law. This is relevant in terms of equality of access to justice for vulnerable adults. It was one of the drivers behind the development of the Criminal Evidence (NI) Order 1999 and the Protocol for Joint Investigation of Alleged and Suspected Incidents of Abuse of Vulnerable Adults.⁴

⁴ The protocol can be accessed through www.hscboard.hscni.net

- **Article 8 Right to a Private and Family Life**

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

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

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

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

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

Further information about human rights can be accessed through www.nidirect.gov.uk

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

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

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

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

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

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

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

- Reconstituted the main appeals tribunal used by this and other legislation.

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

The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007

The Safeguarding Vulnerable Groups (NI) Order 2007 and equivalent legislation in England, Wales and Scotland establishes new safeguarding arrangements across the UK aimed at strengthening protection for children and vulnerable adults in workplace situations.

Key features of the new arrangements, known as the Vetting and Barring Scheme (VBS), include:

- The establishment of a new Independent Safeguarding Authority (ISA), which will register those working with children and vulnerable adults and maintain lists of those barred from such work on the basis of harm or risk of harm;
- A requirement for employees (both paid and unpaid) working in specified positions to register with the ISA and pay a registration fee;
- A requirement for employers to check whether an individual working in specified positions is registered with the ISA prior to employing them. This may be done by way of an on-line check;
- Phased ISA registration of the existing children’s and vulnerable adults’ workforces;
- Continuous monitoring of those registered with the ISA;
- A requirement for employers, professional registration bodies and inspection authorities to refer relevant information to the ISA; and
- Offences for not meeting the requirements created by the legislation.

The VBS will go-live in phases. You can keep up to date with developments through www.isa-gov.org.uk

The Sexual Offences (Northern Ireland) Order 2008

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

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

Resource 1.2 Consent

An organisation that provides activities and services for vulnerable adults should adhere to the Values and Principles set out in Section 1.1 of this Guidance. In so doing, you will seek always to work in the best interests of the vulnerable adult and with his/her consent. Staff/volunteers should always be mindful of the need for vulnerable adults to consent to, and to be comfortable with, any proposed activity/service.

Consent is a clear indication of a willingness to participate in an activity or to accept a service. The vulnerable adult may signal consent verbally, by gesture, by willing participation or in writing. Decisions with more serious consequences will require more formal consideration of consent and appropriate steps should always be taken to ensure that consent is valid.

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

If you have any concerns about consent, for example, doubts about whether it has been given or whether it is valid, you should always contact your Line Manager or Nominated Manager (see Section 4.2), who should in turn seek professional advice where necessary. Similarly, if you have any concerns about a vulnerable adult's ability to consent, especially if s/he is agreeing to an activity or relationship within or outside the organisation that may be abusive, you should report your concerns immediately in line with the arrangements set out in Section 4 of this Guidance.

How do I obtain the consent of a vulnerable adult?

Those who work with adults, including vulnerable adults, should be aware of the need for consent to be considered in all circumstances, including those relating to taking part in straightforward activities or accepting services offered. Obtaining consent does not mean that a signature on a form is necessary on every occasion. Consent is a process - it results from understanding through dialogue and the provision of information. Consent may be expressly given; alternatively it may be signalled by a person's conduct. For example, a vulnerable adult may signal his/her consent to participate by turning up at the Tuesday luncheon club voluntarily; or, in a care context, by willingly going with a staff member to get bathed or dressed.

As a general rule, the method of obtaining consent is likely to be dictated by the seriousness of what is being proposed. The more serious the proposal and the consequences of agreeing to it might require that the vulnerable adult is asked to sign a form. This would be appropriate, for example, in circumstances where a vulnerable adult in a residential care home is being asked to agree to transfer to a nursing home where his or her needs will be better served. Such decisions should involve health and social care professionals, and possibly a more formal assessment of consent.

It does not matter so much how a vulnerable adult shows consent, whether this is by way of signing a form, or saying, or indicating by another means that s/he agrees. The important issue is to ensure the consent given is valid.

When is consent valid?

The consent of a vulnerable adult is considered valid **only** if:

1. S/he has the capacity to consent, that is, s/he can understand and weigh up the information needed to make the decision; **and**
2. Sufficient information has been given to him or her, in an appropriate way, on which to base the decision; **and**
3. Consent has been given on a voluntary basis, that is free from coercion or negative influence.

If any of these three factors is absent, consent cannot be considered to be valid.

It may be possible to intervene in the life of a vulnerable adult who cannot give valid consent but only in very particular circumstances, for very specific purposes and in accordance with laws governing this kind of intervention. This includes the common law of necessity, under which Accident and Emergency staff may need to treat an individual, who is unconscious, for the purpose of saving his or her life.

As indicated above, if you have any concerns or doubts about whether the consent of a vulnerable adult is valid, you should bring this to the attention of your Line Manager or Nominated Manager, who should seek professional advice where necessary. In Regulated Services, the care plan completed on referral should address any issues about consent that might affect day to day living. This should be kept under continuous review.

Resource 1.3 Sample Safeguarding Vulnerable Adult Policy Statement

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

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

Our commitment to safeguard

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

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

We will endeavour to safeguard vulnerable adults by:

- Adhering to our safeguarding vulnerable adult policy and ensuring that it is supported by robust procedures;
- Carefully following the procedures laid down for the recruitment and selection of staff and volunteers;
- Providing effective management for staff and volunteers through supervision, support and training;
- Implementing clear procedures for raising awareness of and responding to abuse within the organisation and for reporting concerns to statutory agencies that need to know, while involving carers and vulnerable adults 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
- Safeguarding vulnerable adults by implementing a code of behaviour for all involved with the organisation, including visitors.

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

| | |
|--|---|
| Author: | |
| Publication date: | |
| Approved by: | |
| Effective from: | |
| For attention of and action by: | Members of the Senior Management Team, Management Committee/Group; managers and leaders; staff and volunteers; vulnerable adults; carers and advocates; and visitors. |
| Review date: | |
| Nominated Manager: | (Name and Contact details) |

Section 2



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

Standard 2

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

Criteria:

1. There is a clear job description for staff and role description for volunteers and a personnel/volunteer specification outlining the key skills and abilities and qualifications, if any, required.
2. There is an open recruitment process.
3. There is an application form that covers past work/volunteering.
4. There is a declaration and consent form requesting information on previous convictions and investigations, if any.
5. There is an interview process suitable to the post/role and task.
6. Written references are sought (and followed up when necessary).
7. If a professional qualification is a requirement of the post, a registration check is made with the appropriate Professional Regulatory Body.
8. Where required, an AccessNI disclosure check and/or a check of Independent Safeguarding Authority registration is carried out.
9. The post is approved by management.

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

It is important to have good recruitment and selection procedures to minimise the opportunity for unsuitable people to work or volunteer with vulnerable adults. The procedures outlined below apply whether you are recruiting staff or volunteers.

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

The job and role descriptions should indicate whether the post constitutes regulated or controlled activity under the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 (SVG NI Order 2007). Under the SVG NI Order 2007, there is a legal requirement to check that an individual who works in regulated activity is a member of the Vetting and Barring Scheme (VBS), established under the SVG NI Order 2007.

See Resource 2.1 – The Vetting and Barring Scheme

2.2 There is an open recruitment process.

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

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

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

See Resource 2.2 – Sample Employment Application Form

See Resource 2.3 – Sample Volunteer Application Form

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

- They are of integrity and good character;

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

2.4 There is a declaration and consent form requesting information on previous convictions and investigations, if any.

All applicants should be asked to sign a declaration and consent form and declare any past (including 'spent') criminal convictions, cautions and bind-over orders and cases pending against them. The reason for this is to ensure that the information provided by the applicant concurs with the information that appears on the Enhanced Disclosure Certificate.

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

Organisations should make it clear that such information will be dealt with in a confidential manner and will not be used unfairly.

See Resource 2.4 – Declaration and Consent Form

2.5 There is an interview process appropriate to the post/role and task.

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

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

2.6 Written references are sought (and followed up when necessary).

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

See Resource 2.5 – Sample Employee Reference Request Form

See Resource 2.6 – Sample Volunteer Reference Request Form

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

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

See Appendix 3 – Professional Regulatory Bodies

2.8 Where required, an AccessNI disclosure check and/or a check of Independent Safeguarding Authority registration is carried out.

If an individual is seeking work in regulated activity with vulnerable adults, there is a legal requirement to check whether s/he is a member of the VBS, established under the SVG NI Order 2007.

Individuals seeking work in regulated activity, who are not already members of the VBS, will have to apply to become members, that is, register with the Independent Safeguarding Authority (ISA). Applications for ISA registration are processed by AccessNI and will include a check of criminal conviction/caution information, relevant intelligence information held by the police and checks against the lists of individuals barred from working in regulated activity held by the ISA. Applications, which are countersigned by the 'employing' organisation, should be supported by identity checking as outlined in the AccessNI Code of Practice.

Individuals who are already members of the VBS can be checked by way of a free on-line check. Again, on-line checking should be supported by robust identity checking using the range of documents recommended in the AccessNI Code of Practice.

Services regulated by RQIA will require a Standard or Enhanced Disclosure Check on proprietors, managers and staff. Enhanced and Standard Disclosure Certificates can be obtained on application from AccessNI and should be requested in line with the AccessNI Code of Practice.

See Resource 2.7 – AccessNI

2.9 The post is approved by management.

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

And finally...

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

Some things to consider are:

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

Resource 2.1 The Vetting and Barring Scheme

The Vetting and Barring Scheme (VBS) is being implemented under the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 (SVG NI Order 2007). This Order replaces the Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003 (POCVA) and the vetting and barring arrangements under POCVA. The aim of the VBS is to prevent unsuitable individuals obtaining work with both children and/or vulnerable adults.

The VBS is a membership scheme where anyone over the age of 16 who has significant contact (expressed in terms of frequency and intensity – see below) with a vulnerable group, through the course of their employment or volunteering, will be checked and registered with the Independent Safeguarding Authority (ISA) before they take up post/role.

The duty for individuals to register with the ISA will apply to those who work and volunteer with children and vulnerable adults in specified activities, in specified places and in specified positions and to those who manage and supervise them in the course of their duties. AccessNI will perform the function of processing VBS applications.

Work with children and vulnerable adults is expressed in terms of ‘regulated activity’ and ‘controlled activity’. These terms, combined with conditions of ‘frequency’, ‘intensity’ and ‘opportunity for contact’ define the scope of the VBS. ⁵

What is regulated activity?

| Regulated Activity | |
|---|--|
| Involves contact with children or vulnerable adults and is: | |
| of a specified nature e.g. care, advice, treatment, or transport teaching, training, etc. | Frequently <ul style="list-style-type: none"> Once a week for most services but once a month or more for health and social care services involving personal care ⁶ or providing assistance with a vulnerable adult's finances. ⁷ |
| OR | |
| is undertaken in a specified place e.g. schools, children's homes, children's hospitals, juvenile detention facilities, adult care homes, etc. | Intensively and/or overnight <ul style="list-style-type: none"> Intensively: takes place on 4 days in one month or more Overnight: between 2am and 6am |
| OR | |
| is a specified post e.g. school governors, chief executives and members of key education, health and social care bodies, the Commissioner for Children and Young People, etc. | |
| No distinction made between paid and voluntary work | |

⁵ Following the examination of the scope of the VBS by Sir Roger Singleton in late 2009, proposals which relate to the continuance or otherwise of controlled activity are the subject of public consultation.

⁶ Personal care includes the provision of appropriate assistance in counteracting or alleviating the effects of old age and infirmity, disablement, past or present dependence on alcohol or drugs, or past or present mental disorder and includes action taken to promote rehabilitation, assistance with physical or social needs and counselling.

⁷ Assistance with finances means having access to the service user's money whether that is by using cash or cards where, for example, a care worker provides assistance with shopping or paying bills.

What is controlled activity?

Controlled activity is work, which is less substantive than regulated activity but which provides opportunities for contact with children or vulnerable adults, or opportunities to access education records (for children only) or health or social services records about children or vulnerable adults in a limited range of settings. The key difference between regulated and controlled activity is that employers will be able to employ someone barred from regulated activity to carry out controlled activity, provided they put in place appropriate safeguards. At the time of writing this Guidance, a consultation is underway which is considering the continuance of controlled activity under the VBS.

What is meant by a vulnerable adult for the purpose of the VBS?

The definition of a vulnerable adult for the purpose of the VBS is summarised in the table below.

| Vulnerable Adult | |
|--|---|
| Any person over age 18 and over who: | |
| <ul style="list-style-type: none"> • receives any form of health care; • lives in residential accommodation including sheltered housing; • receives domiciliary care; • receives support, assistance or advice to help them live independently; • requires assistance in the conduct of their own affairs • receives a direct payment; • is an expectant/nursing mother in residential accommodation. | Health and Social Care |
| <ul style="list-style-type: none"> • receives any service or participates in activity provided specifically because of disability or particular age-related needs. | Sport, Faith, Voluntary and Community Sector Provision |
| <ul style="list-style-type: none"> • is detained in lawful custody; or • is on probation. | Justice |

What does the VBS require and provide for?

The VBS will:

- Require individuals who work in regulated activity to become members of the VBS, that is, register with the ISA. Currently, the cost of registering with the ISA is **£58** (in most cases, there will be no charge for volunteers who apply to join the VBS). In Northern Ireland, applications will be processed by AccessNI. Further details on registration with the ISA, including commencement dates, can be found on the ISA website at: www.isa-gov.org.uk
- Require employers and volunteer managers to check whether someone is a member of the VBS, that is, ISA registered. Employers and volunteer managers will be able to check by way of an on-line facility, which is **free of charge**. Further information about on-line checking can be found on the ISA website.

- Require employees or volunteers, who are included in a barred list, **not** to seek or obtain work in regulated activity.
- Require employers and volunteer managers **not** to offer work or volunteering opportunities in regulated activity to individuals who are included in a barred list.
- Continuously monitor individuals who are ISA registered. Any further information that comes to light as a result of continuous monitoring will be provided to the ISA and potentially trigger barring decision-making.
- Enable employers and volunteer managers to register an interest in employees and volunteers in whom they have a legitimate interest so that they can be informed if the ISA is minded to bar an individual, that is, include him or her on a barred list or when the individual's status within the VBS changes.
- Require employers, volunteer managers, professional regulation and inspection bodies, and child and adult protection teams to refer individuals who have harmed or placed at risk of harm a child or vulnerable adult to the ISA. The ISA will consider individuals referred to it for inclusion on one or both of its barred lists. The requirement to refer to the ISA started on **12 October 2009**. Further information on how to refer and in what circumstances is available in ISA referral guidance and fact sheets, which are available for download from the ISA website. Individuals who are being considered for barring by the ISA will be able to make representations to the ISA; they will also be able to appeal to the Care Tribunal against an ISA decision on the grounds that a mistake has been made on a finding of fact or a point of law.
- Automatically bar individuals who have been convicted or cautioned for very serious offences against children or vulnerable adults. A list of automatic barring offences will be available from the ISA website.

Resource 2.2 Sample Employment Application Form

Application Form

| | |
|----------------------------|-----------|
| Candidate Reference Number | |
| JOB TITLE | Return to |
| | |
| | |
| | |

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

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

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

| Name & Address of Employer and nature of business | Dates of employment | | Position Held | Reason For Leaving |
|--|---------------------|----|---------------|--------------------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

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

| Name & Address of School/ College/University | Dates | | Course details and exam results | Date Obtained |
|---|-------|----|------------------------------------|---------------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PROFESSIONAL QUALIFICATIONS (Held or working towards)

| Professional Body/ College/University | Dates | | Course details and exam results | Date Obtained |
|--|-------|----|------------------------------------|---------------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| |
|----------------|
| Ability |
| |
| |
| |
| |
| Qualifications |
| |
| |
| |
| |

| | | | |
|---|--|--------------------|--|
| REFERENCES Please give details of two referees; one must be your current or most recent Line Manager or school or college. References from family or friends are not acceptable. | | | |
| REFERENCE 1 | | REFERENCE 2 | |
| Name | | Name | |
| Job Title | | Job Title | |
| Organisation | | Organisation | |
| Address | | Address | |
| | | | |
| | | | |
| Postcode | | Postcode | |
| Tel No | | Tel No | |
| Email Address | | Email Address | |

| |
|--|
| DECLARATION OF CONVICTIONS |
| See attached - Declaration and Consent Form |

| | | |
|--|------------------------------|-----------------------------|
| DECLARATION OF HEALTH | | |
| Do you consider yourself to have a disability? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, please give brief details below of the effects of the disability on your day to day activities, and any other information that you feel would help us to accommodate your needs and thus meet our obligations under the Disability Discrimination Act: | | |
| | | |
| | | |
| | | |
| | | |

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

DATA PROTECTION ACT DECLARATION - The information on the application form will be held and processed in accordance with the requirements of the Data Protection Act 1998.

I understand that the information is being used to:

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

I declare that the information provided on this form is true and complete to the best of my knowledge and belief. I understand that any false or omitted information may result in dismissal or other disciplinary action if I am appointed.

Signature _____

Date _____

Please note:

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

Resource 2.3 Sample Volunteer Application Form

Volunteer Application Form

| | |
|------------------------------|-----------|
| Name of organisation: | |
| Address: | |
| Town: | Postcode: |
| Tel No: | |

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

| | | | |
|--|--|--------------|--|
| Name: | | | |
| Address: | | | |
| Postcode: | | | |
| Home Tel No: | | Work Tel No: | |
| May we contact you at work? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Mobile No: | | | |
| Email Address: | | | |

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

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

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

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|-----------|-----|------|-----|-------|-----|-----|-----|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

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

| |
|--|
| |
| |
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| |

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

| |
|--|
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| |

Do you have any hobbies or interests?

| |
|--|
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| |

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

| |
|--|
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| |
| |

We at *(name of organisation)* aim to be an inclusive and supportive organisation. In accordance with Disability Discrimination Act 1995, a person is considered to have a disability if s/he has 'a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities.' Please note it is the effect of the impairment, without treatment, which determines if an individual meets this definition of disability.

Do you consider that you meet this definition of disability?

YES

NO

Resource 2.4 Declaration and Consent Form

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

You have applied for a position that is defined as Regulated Activity under the Safeguarding Vulnerable Groups (NI) Order 2007. It also falls within the definition of an 'excepted' position under the Rehabilitation of Offenders (Exceptions) Order (NI) 1979. This means that you **must** tell us about **all** offences and convictions, including those considered 'spent'.

If you have received a formal caution or are currently facing prosecution for a criminal offence you should also bring this to our attention given the "excepted" nature of the role. If you leave anything out it may affect your application.

This information **will** be verified through an AccessNI **Enhanced Disclosure Check (EDC)** if you are considered to be the preferred candidate and are being offered the position. The EDC will tell us if you have a criminal record or if your name has been included on the Children's Barred List and/or Adults' Barred List. It is to make sure that individuals who are considered a risk to vulnerable adults and/or children are not appointed.

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

Please complete the attached form and return it with your application. The form also asks you to give your written consent to the AccessNI EDC and to agree to further enquiries being made relevant to the declaration, which will only be obtained if you are the preferred candidate. If you do not consent we will not accept your application.

Declaration of Criminal Convictions, Cautions and Bind-Over Orders

In Confidence

| | | |
|---|-------------------------------------|------------------------------------|
| Do you have any prosecutions pending? (if yes give please give details) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|-------------------------------------|------------------------------------|
| Have you ever been convicted at a court or cautioned by the police for any offence? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, please list below details of all convictions, cautions, or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter. | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|-------------------------------------|------------------------------------|
| Declaration of Abuse Investigation(s) | | |
| Have you ever been the subject of an Adult or Child Abuse investigation which alleged that you were the perpetrator of any adult or child abuse? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, please list full details below including the name of police unit or HSC Trust involved in the investigation. If possible please provide the approximate date/s. | | |
| | | |
| | | |

Declaration and Consent

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

Signature:

Date:

Print name:

Any surname previously known by:

Position applied for:

Resource 2.5 Sample Employee Reference Request Form

Reference Request Form

In Confidence

| | | | |
|---|--|------------|----------|
| Name of applicant | | | |
| Position applied for | | | |
| 1 | In what capacity do you know the applicant, e.g. line manager, supervisor, professional colleague? | | |
| 2 | How long have you known the applicant? | | |
| 3 | Length of Service | Start Date | End Date |
| 4 | Reason for leaving | | |
| 5 | Most recent position held | | |
| 6 | Summary of main duties | | |
| | | | |
| | | | |
| | | | |
| 7 | Please comment on the following areas, being as specific as possible | | |
| <ul style="list-style-type: none"> • Applicant's main strengths | | | |
| | | | |
| | | | |
| <ul style="list-style-type: none"> • Areas for improvement | | | |
| | | | |
| | | | |
| <ul style="list-style-type: none"> • Applicant's ability to meet the competencies and skills of the post (see job description) | | | |
| | | | |
| | | | |
| 8 | If you have had any concerns about any aspects of his/her work, please detail | | |
| | | | |
| | | | |
| | | | |

| | |
|----|--|
| 9 | Please detail any particular supervision or support needs that the applicant may have had if different to above |
| | |
| | |
| 10 | Has the applicant been subject to any formal action in relation to discipline or competence at any time? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If yes, please give details |
| | |
| | |
| 11 | Has the applicant had a satisfactory attendance record? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If no, please give details |
| | |
| | |
| 12 | Please state days of sickness absence over the past 2 years |
| | |
| | |
| 13 | Do you have any concerns about the applicant's suitability to work with vulnerable adults? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If yes, please give details |
| | |
| | |

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

Signature

Date

Position Held

Organisation/Business

Tel No

Email Address

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

Resource 2.7 AccessNI

AccessNI assists organisations in Northern Ireland to make more informed recruitment decisions by providing criminal history information about anyone seeking paid or unpaid work in defined areas, such as working with vulnerable groups. AccessNI operates under Part V of the Police Act 1997 and is part of the Department of Justice. AccessNI has replaced the POC (NI) and POVA (NI) services provided by the Department of Health, Social Services and Public Safety.

An **Enhanced Disclosure Check (EDC)** provides criminal record information from across the UK, including spent convictions, barred list information and any relevant non-conviction information held by the police and other enforcement agencies. From 12 October 2009, positions defined as **regulated activity** with children or vulnerable adults as defined by the SVG NI Order 2007, are checked at an EDC level.

Individuals apply for an EDC using the AccessNI application form. This application must be countersigned by a **Registered Body**.

Organisations wishing to countersign applications and receive a copy of the Enhanced Disclosure Certificate for potential staff and volunteers need to register with Access NI. Registration forms can be downloaded from the AccessNI website (address below) and the cost of registration is £150. The process takes approximately four weeks and, once registered, the organisation becomes a Registered Body. Organisations which do not wish to register directly with AccessNI can apply for an EDC through an **Umbrella Body**, details of which can be obtained from the AccessNI website.

EDCs for volunteers are free except: where the volunteering is directly for a statutory organisation; or in a specific project for which that organisation has received funding from Government, which includes provisions covering the cost an EDC for volunteers. For all other applications a cost of £30 is required.

AccessNI will perform the function of registering those who work with children or vulnerable adults in Northern Ireland with the **Independent Safeguarding Authority**. This will be done using the existing network of registered and umbrella bodies. ISA registration will cost £58 in Northern Ireland, but is free for those who qualify for free AccessNI EDCs.

See Resource 2.1 – The Vetting and Barring Scheme

For further information on AccessNI, visit www.accessni.gov.uk

Section 3



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

Standard 3

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

Criteria:

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

3.1 There is an induction process into:

- The organisation; and
- The post/role.

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

Induction should take place when a new staff member or volunteer starts with your organisation. It should be well planned and its format explained to the new worker. It should include:

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

The Northern Ireland Induction Standards are required to be implemented from 1 April 2008 by employers of individuals for whom registration with the NISCC is a requirement. For individuals not required to register with NISCC, the standards are suggested as best practice.⁸

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

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

See Appendix 4 – Useful Contacts

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

See Resource 3.1 – Sample Induction Checklist

⁸ NISCC has developed a resource for managers who are implementing induction and a workbook for new staff to help them plan and record their progress towards completing induction. These materials are available through www.niscc.info

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

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

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

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

Apart from induction, staff and volunteers should receive training, including safeguarding vulnerable adult training, appropriate to their work. This training should be reviewed and updated regularly in line with changing legislation and practice. It is recommended that update training takes place at least every three years, unless otherwise stipulated in the Minimum Standards relevant to your service area. A good understanding of the nature of vulnerable adult abuse is essential to help staff/volunteers to be alert to signs that a vulnerable adult may have been abused.

See Appendix 2 – Standards

Safeguarding vulnerable adult training should include a basic awareness and understanding of the factors which contribute to vulnerability; the possible signs of vulnerable adult abuse; responding when abuse is disclosed or suspected; recording and reporting procedures; and what is meant by confidentiality in the context of adult safeguarding. Staff/volunteers should be trained to take concerns about adult abuse seriously; to deal with information about alleged or suspected abuse sensitively; to know never to make promises to keep secrets; to understand that their role is not to investigate; and to know how to report concerns about alleged or suspected abuse and how to contact a Line Manager or Nominated Manager if they are in any doubt whatsoever (see Section 4).

See Resource 3.2 – Sample knowledge set of key learning outcomes when training staff/volunteers on safeguarding vulnerable adults

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

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

See Appendix 3 – Professional Regulatory Bodies

Analysing staff and volunteers' skills and training needs

Developing an effective training programme requires an assessment of the skills, knowledge and experience of each staff member or volunteer to identify training gaps. This will, of course, differ between individuals. It is best practice to keep a record of training needs, training provided, date provided and how useful they found it. For organisations providing Regulated Services, this will be mandatory.

3.4 There is a robust structure and process for support and supervision appropriate to the post/role.

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

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

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

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

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

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

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

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

See Resource 3.3 – Support/Supervision/Appraisal Checklist

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

It is best practice (and will be a requirement for Regulated Services and Professional Bodies) for written records to be kept of all training completed by staff and volunteers, support and supervision sessions and of annual appraisals.

And finally...

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

See Resource 3.4 – Employees and Volunteers - Definitions

Resource 3.1 Sample Induction Checklist

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

Resource 3.2 Sample knowledge set of key learning outcomes when training staff/volunteers on safeguarding vulnerable adults

- 1. Roles and boundaries**
 - 1.1** Understand the role, responsibilities and boundaries of the worker with regard to safeguarding individuals from danger, harm and abuse.
 - 1.2** Understand the role, responsibilities and boundaries of the worker with regard to recognising potential and actual danger, harm and abuse.
 - 1.3** Understand the role, responsibilities and boundaries of others with regard to safeguarding individuals from danger, harm and abuse.
 - 1.4** Understand the sources of support for the worker following disclosure or discovery of abuse.

- 2. Danger, harm and abuse**
 - 2.1** Understand the different types of abuse/harm.
 - 2.2** Understand that anyone may be at risk of abuse.
 - 2.3** Understand the importance of recognising the indicators of abuse/harm.
 - 2.4** Understand the factors that may lead an individual to harm or abuse.
 - 2.5** Understand the effects of abuse on individuals.

- 3. Social norms, values and perceptions**
 - 3.1** Understand the values, social norms and cultural context of people who use the organisation's services and of staff/volunteers; and how actions may be perceived as abusive or protective.
 - 3.2** Understand that, regardless of perceptions, an objective and professional response is required in situations of potential and actual danger, harm and abuse.

- 4. Legislation and guidance in relation to the safeguarding of vulnerable adults**
 - 4.1** Be aware of the legislation, regulations and guidance related to the safeguarding of vulnerable adults from danger, harm and abuse.
 - 4.2** Understand the organisation's policies and procedures related to safeguarding vulnerable adults.

- 5. Reporting procedures**
 - 5.1** Understand and apply the procedures for recording and reporting concerns about vulnerable adults.
 - 5.2** Understand and apply the principle of confidentiality in relation to safeguarding vulnerable adults, particularly in relation to reporting of concerns.

Resource 3.3 Support/Supervision/Appraisal Checklist

1. Generally:

How do you feel your work is going?

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

2. Workload:

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

3. Objectives/Actions:

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

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

4. Relationships:

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

5. Personal Development:

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

6. Ideas for Improvement:

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

7. Developments to job/role:

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

8. Objectives/Actions:

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

9. Safeguarding Vulnerable Adults

Are there any issues in relation to safeguarding vulnerable adults that you would like to raise that we have not discussed.

Resource 3.4 Employees and Volunteers - Definitions

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

Volunteering is defined as *'the commitment of time and energy for the benefit of society and the community, the environment or individuals outside one's immediate family. It is undertaken freely and by choice, without concern for financial gain'*.⁹

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

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

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

It is important that these differences are maintained.

More information about the effective involvement of volunteers can be found in *As Good As They Give* (Volunteer Now 2001) available from - **www.volunteering-ni.org**

⁹ The compact between Government and the Voluntary and Community Sector in Northern Ireland, 1998

Section 4



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

Standard 4

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

Criteria:

1. All staff/volunteers are aware of what is meant by vulnerability in adulthood, adult abuse, where abuse can occur and who can abuse.
2. There is a Nominated Manager who has responsibility for dealing with concerns about actual or suspected adult abuse, which come to light within the organisation.
3. There is a written procedure for staff/volunteers for responding to, recording and reporting concerns about actual or suspected adult abuse to the organisation's Nominated Manager.
4. There is a procedure for the Nominated Manager to report concerns about actual or suspected adult abuse to the appropriate authorities.
5. There is a procedure for reporting and responding to allegations made against staff and volunteers.
6. There is a system to communicate the reporting procedure to staff/volunteers to ensure they are familiar with it.
7. There is a whistleblowing policy and procedure.

4.1 All staff/volunteers are aware of what is meant by vulnerability in adulthood, adult abuse, where abuse can occur and who can abuse.

Everyone is entitled to have their civil and human rights upheld and to live a life free from abuse and neglect.

What can contribute to vulnerability in adulthood?

An adult may be vulnerable to abuse because s/he has a mental health problem, a disability, a sensory impairment, is old or frail, has some form of illness or because of his or her living circumstances, for example, living alone or in isolation or in a residential care home, nursing home or other institutional setting (See Section 5.1).

Staff and volunteers need to be aware of circumstances that may leave an adult vulnerable to abuse and be able to recognise the possible signs of abuse. They should be alert to the demeanour and behaviour of vulnerable adults and those around them and changes that may indicate that something is wrong.

What is abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons. Many incidents of abuse are criminal acts. Abuse is defined as:

'The physical, psychological, emotional, financial or sexual maltreatment or neglect of a vulnerable adult by another person. The abuse may be a single act or repeated over a period of time. It may take one form or a multiple of forms. The lack of appropriate action can also be a form of abuse. Abuse can occur in a relationship where there is an expectation of trust and can be perpetrated by a person/persons, in breach of that trust, who have influence over the life of a dependant, whether they be formal or informal carers, staff or family members or others. It can also occur outside such a relationship'.¹⁰

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

Physical abuse

- *Including* - hitting, slapping, pushing, burning, giving a person medicine that may harm them, restraining or disciplining a person in an inappropriate way.
- *Possible signs* - fractures, bruising, burns, pain, marks, not wanting to be touched.

Psychological abuse

- *Including* - emotional abuse, verbal abuse, humiliation, bullying and the use of threats.
- *Possible signs* - being withdrawn, too eager to do everything they are asked, showing compulsive behaviour, not being able to do things they used to, not being able to concentrate or focus.

Financial or material abuse

- *Including* - misusing or stealing the person's property, possessions or benefits, cheating them, using them for financial gain, putting pressure on them about wills, property, inheritance or financial transactions.
- *Possible signs* - having unusual difficulty with finances, not having enough money, being too protective of money and things they own, not paying bills, not having normal home comforts.

¹⁰ From Guidance on Abuse of Vulnerable Adults (Management Executive, Department of Health and Social Services, 1996).

Sexual abuse

- *Including* - direct or indirect sexual activity where the vulnerable adult cannot or does not consent to it.
- *Possible signs* - physical symptoms including genital itching or soreness or having a sexually transmitted disease, using bad language, not wanting to be touched, behaving in a sexually inappropriate way, changes in appearance.

Neglect or acts of omission

- *Including* - withdrawing or not giving the help that a vulnerable adult needs, so causing them to suffer.
- *Possible signs* - having pain or discomfort, being very hungry, thirsty or untidy, failing health, changes in behaviour.

Discriminatory abuse

- *Including* - the abuse of a person because of their ethnic origin, religion, language, age, sexuality, gender or disability.
- *Possible signs* - the person not receiving the care services they require, their carer being overly critical or making insulting remarks about the person, the person being made to dress differently from how they wish.

Institutional abuse

This can happen when an organisation where the person is living or receiving care from fails to ensure that the necessary processes and systems are in place to safeguard vulnerable adults and maintain good standards of care and service.

- *Including* - lack of training of staff and volunteers, lack of or poor quality supervision and management, poor record keeping and liaison with other agencies, low staff morale and high staff turnover.
- *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, or 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 lack of clear lines of accountability and consistency of management.

Sometimes there may be concerns about a vulnerable adult's well-being, which are not dealt with under vulnerable adult protection procedures. Where such concerns arise, they should be reported to the local HSC Trust, as the person concerned may benefit from assessment and intervention. A record of a referral of this nature to a HSC Trust should be maintained.

Relevant contact numbers for each of the HSC Trusts can be accessed through: www.hscni.net

Where might abuse occur?

Abuse can happen anywhere:

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

Who can abuse?

An abuser can be anyone who has contact with the vulnerable person - it could be a partner, spouse, child, relative, friend, informal carer, a healthcare, social care or other worker, a peer or, less commonly, a stranger.

Domestic/familial abuse

- The abuse of a vulnerable adult by a family member such as a partner, son, daughter, sibling.

Professional abuse

- The misuse of power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems. Possible signs of professional abuse include: entering into inappropriate relationships with a vulnerable adult; failure to refer disclosure of abuse; poor, ill-informed or outmoded care practice; 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 behaviours; failure to whistleblow on issues when internal procedures to highlight issues are exhausted.

Peer abuse

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

Stranger abuse

- A vulnerable adult may be abused by someone who they do not know, such as a stranger, a member of the public or a person who deliberately targets vulnerable people.

4.2 There is a Nominated Manager who has responsibility for dealing with concerns about actual or suspected adult abuse, which come to light within the organisation.

All organisations working with vulnerable adults should appoint at least one Nominated Manager to be responsible for acting as a source of information and support for staff and volunteers and for dealing with allegations or suspicions of abuse that arise. Everyone in the organisation should know who the Nominated Manager is and how to contact him or her.

This important role should be carried out by someone who, in addition to being in a senior position and having a good knowledge of the organisation, can communicate well internally with staff/volunteers and externally with the appropriate authorities.

Depending on the size of your organisation it may be appropriate to have more than one Nominated Manager and/or Deputy Nominated Manager.

See Resource 4.1 – Role and Responsibility of a Nominated Manager/Deputy Nominated Manager

4.3 There is a written procedure for staff/volunteers for responding to, recording and reporting concerns about actual or suspected adult abuse to the organisation's Nominated Manager.

When there are concerns or where a disclosure or allegation is made people often 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. It is important for staff and volunteers to know that they are not responsible for deciding whether or not abuse has occurred; nor are they responsible for conducting an investigation (this is the role of the appropriate authorities). However, they do need to pass on any concerns they have through the organisation's reporting procedures. It is crucial that the staff member/volunteer does not attempt to deal with the situation alone.

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

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

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

Being alert to 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.

What if a vulnerable adult discloses abuse?

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

Do

- Stay calm;
- Listen and hear;
- Express concern and sympathy about what has happened;
- Reassure the person – tell the person that s/he did the right thing in telling you;
- Let the person know that the information will be taken seriously and give information about what will happen next;
- If urgent medical/police help is required, call the emergency services;
- Ensure the safety of the person;
- Be aware that medical and forensic evidence might be needed;
- Let the person know that they will be kept involved at every stage;

- Record in writing (date and sign your report) and report to the Line Manager/Nominated Manager at the earliest possible time;
- Act without delay.

Do not

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

Checking out

There may need to be some initial 'checking out' with the vulnerable adult who has disclosed information to you in order to ensure his/her safety, for example, if a staff member/volunteer notices a bruise on a vulnerable adult's arm, it would be appropriate to ask, 'I see you have a bruise on your arm. How did that happen?' However, be careful not to start investigating.

It is important that staff/volunteers understand the clear distinction between 'checking out' and an investigation. Staff/volunteers should **not begin to investigate alleged or suspected abuse** by asking questions that relate to the detail, or circumstances of the alleged abuse, beyond initial listening, expressing concern and checking out.

Reporting and recording

There may be emergency situations where it is appropriate to contact the police immediately. But whatever the circumstances of the concern, disclosure, allegation or suspicion, it is vital that the staff member/volunteer records the details and reports to their Line Manager or the Nominated Manager in the organisation without delay. It is preferable that all concerns, disclosures, allegations and suspicions are recorded on proformas provided by the organisation. Where a staff member/volunteer reports to a Line Manager, the Line Manager should report to the Nominated Manager immediately.

See Resource 4.2 – Sample Form for Recording and Reporting Concerns, Disclosures, Allegations and Suspicions of Abuse

An accurate record should be made of the date and time that the member of staff/volunteer became aware of the concerns, the parties who were involved, and any action taken, for example, if first aid was administered. Any questions that staff/volunteers ask in 'checking out' the concerns should also be recorded verbatim.

The record should be clear and factual, since any information you have may be valuable to professionals investigating the incident and may at some time in the future be used as evidence in court. This kind of information should always be kept in a secure place (including electronic filing) and shared only with those who need to know about the concerns, disclosures, allegations or suspicions of abuse.

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

Confidentiality

The safeguarding policy should state that information relating to a vulnerable adult or concerns about a vulnerable adult should be confidential and shared on a 'need to know' basis only. Staff and volunteers should be clear that information relating to a concern, disclosure or allegation or suspicion should not be discussed inside or outside the organisation, other than with those, such as the Line Manager or Nominated Manager, who need to know. It is also essential that the organisation has robust systems in place for the maintenance of all records, including records of abuse or suspected abuse (see Section 7).

4.4 There is a procedure for the Nominated Manager to report concerns about actual or suspected adult abuse to the appropriate authorities.

When a Nominated Manager is alerted to concerns about a vulnerable adult, s/he should act promptly and in accordance with the agreed reporting procedure. The procedure should be clear about what the Nominated Manager needs to do, including, the need to:

- Ensure that the vulnerable adult is in no immediate danger and that any medical or police assistance required has been sought;
- Consider whether the concern is a safeguarding issue or not. This may involve some 'checking out' of information provided but being careful not to stray into the realm of investigation.

If it is not considered a safeguarding issue, and it is decided that there should be no referral made to a statutory authority, a record should be made of the concern; details kept on file, including any action taken; the reasons for not referring; and the situation monitored on an ongoing basis. An example that may fall into this category would be an elderly woman who is always very particular about her appearance and clothes, turning up unkempt with items of clothing on inside out for two days in a row. It would be important to record the details of the concern about the woman's appearance and any action taken and the outcome of that action. Action taken may include speaking to the woman and to her carer and recording their responses. The carer's response may indicate that s/he had also noticed the uncharacteristic change in appearance and is equally concerned.

If it is decided that a referral to the HSC Trust will not be made at this point, you should record the decision not to refer and the reasons for not making a referral. In these circumstances, the situation should be monitored so that a referral can be made if the situation deteriorates. Again, your decision to monitor the situation and the outcome of monitoring, e.g. further concerns coming to light, should be recorded.

It is important to remember that while you may not have a safeguarding concern at this point, the local HSC Trust might be able to offer other services.

- Consult with the Designated Officer in the local HSC Trust, where there is any doubt or uncertainty. With reference to the above example, if the carer's response to enquiries about the elderly woman's appearance was hostile, the Nominated Manager should discuss the situation with the Designated Officer in the HSC Trust. Where a discussion has taken place with the HSC Trust Designated Officer, and it is decided that a referral should not be made, this should be

recorded and the situation monitored. Again, the decision to monitor should be recorded. This is important in case further concerns are raised which, when taken together, indicate that the vulnerable adult is being harmed and protective action is required.

- Make a formal referral if the Designated Officer in the HSC Trust considers the concern to be a safeguarding issue. In cases of alleged or suspected criminal abuse, the Designated Officer for the HSC Trust should discuss the case with the relevant Police Liaison Officer in the PSNI, who will help determine whether a crime may have been committed.
- Be available, as required, to the investigation undertaken by the HSC Trust and/or the PSNI (with input from the RQIA, if needed).

See Resource 4.3 – Reporting Procedure - Flowchart

See Resource 4.4 – HSC Trust, PSNI and RQIA Contact Numbers

What information will be required for a referral?

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

- The name and address of the vulnerable adult and his/her current location;
- The nature of the harm;
- The need for medical attention (if any);
- The reasons for suspicions of abuse;
- Any action already taken;
- Any other information that may be useful to an investigation e.g. information related to the alleged perpetrator and his/her location and whether or not the vulnerable adult is aware of/has agreed to the referral.

All referrals should be made to the appropriate HSC Trust Designated Officer. The contact may be made by telephone in the first instance, but should be confirmed in writing under confidential cover within two working days.

See Resource 4.5 – Sample Form for Nominated Managers to Report Concerns to the HSC Trust

Outside normal office hours the referral should be passed to the Out-of-Hours Social Work Service and followed up in writing by the Nominated Manager to the HSC Trust Designated Officer within two working days. You should expect to receive an acknowledgement from the HSC Trust within two working days of the referral. The first priority should always be to ensure the immediate safety and protection of the vulnerable adult. In life threatening situations, such as severe physical abuse, contact emergency services immediately.

4.5 There is a procedure for reporting and responding to allegations made against staff and volunteers.

An allegation against a member of staff or a volunteer is one of the most difficult situations for an organisation to deal with, as the individual who is the subject of the allegation may be a close

colleague or friend. Nevertheless, the response from the organisation to allegations of abuse must be at all times consistent, regardless of relationships.

When responding to an allegation made against a member of staff or volunteer, an organisation has a dual responsibility; firstly, to the vulnerable adult, and, secondly, to the staff member/volunteer. Organisations should have internal procedures for dealing with allegations against a staff member/volunteer which, in the case of a concern about a vulnerable adult, should run parallel to the process for reporting a concern about a vulnerable adult ([see Section 4.4](#)).

See Resource 4.6 – Handling an Allegation of Abuse against a Staff Member/Volunteer – Flowchart

Initially, all details of the incident should be recorded fully by the Nominated Manager who will pass it on (depending on how the organisation is constituted) to the Line Manager of the individual against whom the allegation has been made or the Head of the organisation. The individual's Line Manager/Head of the organisation should take the actions outlined below. It is possible that the actions outlined will occur virtually simultaneously and not necessarily sequentially.

- Through your organisation's Nominated Manager, consult with the HSC Trust and/or PSNI to ensure that any subsequent action taken by you does not prejudice the HSC Trust or PSNI investigation;
- Following the above consultation, inform the staff member/volunteer that an allegation has been made against him/her and provide them with an opportunity to respond to the allegation. His/her response should be recorded fully;
- Through your organisation's Nominated Manager, refer to the Designated Officer in the HSC Trust, who will liaise with the Police Liaison Officer in the PSNI to agree the most appropriate way forward.
- Take protective measures, which may include suspending the staff member/volunteer or moving him or her to alternative duties. It should be noted that suspension is a neutral act to allow the investigation to proceed and to remove the employee/volunteer from the possibility of any further allegation. Where suspension is considered necessary, it should be dealt with as quickly and sensitively as possible.

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

Possible Outcomes of investigation

As a result of the investigation, the allegation may or may not be substantiated.

There are 4 possible investigation outcomes as outlined below:

• Allegation of harm/risk of harm substantiated – individual removed from regulated activity

The investigation finds that the allegation is substantiated, that is harm or risk of harm to a vulnerable adult has occurred and the individual is removed from regulated activity. Under these circumstances the organisation will be under a statutory duty to refer to the ISA under the SVG NI Order 2007. It should be at the point that a determination of harm/risk of harm is made and a decision taken to remove an individual from regulated activity that the duty to refer to the ISA is triggered; this may happen at any stage during the disciplinary process and not

necessarily when the process concludes. If the staff member/volunteer resigns or retires at any point during the investigation process, the investigation should nevertheless be concluded and a referral should be made to the ISA if the investigation concludes that harm or risk of harm to a vulnerable adult has occurred. If the individual is registered with a Professional Regulatory Body, the organisation should also make a referral to that body. Further information on the ISA referral process, as well as what is meant by harm can be found in the ISA Referral Guidance.¹¹

- **Allegation of harm/risk of harm substantiated - individual reinstated to regulated activity**
The investigation finds that the allegation is substantiated but the circumstances of the case are such that the individual can be reinstated to the post/role subject to appropriate disciplinary sanctions, training/retraining being undertaken and support and supervision arrangements being put in place. The relevant professional body may also need to be informed. Despite the finding that harm/risk of harm has occurred, the decision to return the individual to the post/role means that a referral to the ISA is not required.
- **Allegation of harm/risk of harm unsubstantiated - ongoing concerns**
The investigation finds that the allegation is unsubstantiated, that is the individual has not harmed or placed at risk of harm a vulnerable adult. However, the organisation has ongoing concerns about the conduct of a staff member/volunteer. The organisation may conclude that the individual can be reinstated with additional support, supervision and training/retraining. The relevant Professional Regulatory Body may also need to be informed.
- **Allegation of harm/risk of harm unsubstantiated - no ongoing concerns**
The investigation finds that the allegation is unsubstantiated, that is, the individual has not harmed or placed at risk of harm a vulnerable adult. The staff member/volunteer may be reinstated and provided with support, training and supervision if necessary.

Allegations against members of staff or volunteers can be traumatic and unsettling for any organisation. For this reason, staff and volunteers should have a clear understanding of how allegations will be handled and expect the organisation's disciplinary procedure to be consistently implemented. If, for example, the organisation's policy is to suspend without prejudice when an allegation of abuse or harm is made, all members of staff and volunteers should be aware of the policy. There is an onus on organisations to ensure that the investigation is handled sensitively from initiation to conclusion and to manage any anxieties expressed or demonstrated by any vulnerable adult, carer, family member, advocate or any other member of staff or volunteer.

4.6 There is a system to communicate the reporting procedure to staff/volunteers to ensure they are familiar with it.

All staff and volunteers should be made aware of the procedure for reporting concerns and an outline of the process if there is an allegation against them. This should be covered at induction stage and through ongoing adult safeguarding training. All staff and volunteers should know the name of and contact details for the Nominated Manager.

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

If a staff member/volunteer raises concerns but the Line Manager/Nominated Manager is reluctant to pass them on, the staff member/volunteer should contact the Head of the organisation. Where this fails, the staff member or volunteer should contact the local HSC Trust's

¹¹ ISA Referral Guidance available from www.isa-gov.org.uk

Designated Officer with responsibility for safeguarding adults, the PSNI or RQIA if s/he works in a Regulated Service. Contact details should be in the Safeguarding Policy.

See Resource 4.4 – HSC Trust, PSNI and RQIA Contact Numbers

4.7 There is a whistleblowing policy and procedure.

Whistleblowing occurs when a staff member/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 the risk of harm to others or are abusive, discriminatory or exploitative. This will include situations where a staff member's/volunteer's concerns are not acted upon by the Line Manager, the Nominated Manager or Head of the organisation (see Section 4.6).

Your organisation should have a whistle-blowing policy, which makes it clear that:

- The organisation takes poor or malpractice seriously, giving examples of the types of concerns to be raised, to ensure that a whistle-blowing concern is clearly distinguished from a grievance;
- Staff or volunteers have the option to raise concerns outside of line management structures;
- Staff or volunteers are enabled to access confidential advice from an independent source;
- The organisation will, where possible, respect the confidentiality of a member of staff raising a concern;
- When and how concerns may be raised outside the organisation (e.g. with a regulator);
- It is a disciplinary matter both to victimise a bona fide whistleblower and for someone to maliciously make a false allegation.

You should ensure that staff/volunteers are aware of and have confidence in your whistleblowing procedure and regularly review how the procedure works in practice.

Resource 4.1 Role and Responsibility of a Nominated Manager/Deputy Nominated Manager

General

Every organisation should nominate a person or persons to be responsible for dealing with any safeguarding concerns about vulnerable adults.

The organisation's safeguarding vulnerable adult policy and procedures should include the name of this person, his/her role and responsibilities and how s/he can be contacted.

The person nominated should ensure that s/he is knowledgeable about vulnerable adult safeguarding issues and that s/he undertakes any training, considered necessary, to keep up to date with developments in safeguarding.

Role

The role of the Nominated Manager is to:

- Establish contact with the Designated Officer in the HSC Trust and the Police Liaison Officer in the PSNI responsible for vulnerable adult protection in the organisation's catchment area;
- Provide information and advice on safeguarding vulnerable adults within the organisation;
- Ensure that the organisation's safeguarding vulnerable adult policy and procedures are followed and particularly to inform the Designated Officer within the appropriate HSC Trust or PSNI of safeguarding concerns about individual adults;
- Ensure that appropriate information is available at the time of referral and that the referral is confirmed in writing, under confidential cover;
- Liaise with the HSC Trust, PSNI and other agencies, as appropriate;
- Keep relevant people within the organisation, particularly the Head of the organisation, informed about any action taken and any further action required;
- Ensure that an individual case record is maintained of concerns about abuse and the action taken by the organisation, the liaison with other agencies and the outcome;
- Advise the organisation of safeguarding vulnerable adult training needs.

Responsibility

The Nominated Manager is responsible for acting as a source of advice on vulnerable adult safeguarding matters, for co-ordinating action within the organisation and for liaising with the HSC Trust, PSNI and other agencies, as appropriate, about suspected or actual cases of vulnerable adult abuse.

Resource 4.2 Sample Form for Recording and Reporting Concerns, Disclosures and Allegations or Suspicions of Abuse.

Vulnerable Adult Abuse Report Form

Please answer all relevant questions as fully as you can.

| |
|--|
| Work location |
| Name of Vulnerable Adult |
| Age/Date of Birth |
| Gender |
| Names of carers (if known) |
| |
| Home address (if known) |
| |
| |
| Please complete those sections below that are relevant. |
| 1. Disclosure by a vulnerable adult |
| When was the disclosure made (dates and times)? |
| |
| |
| Who did the vulnerable adult make the disclosure to? |
| |
| What did the vulnerable adult actually say? |
| |
| |
| |
| |

2. Indicators

Describe any signs or indicators of abuse (with times and dates)

| |
|--|
| |
| |
| |
| |
| |
| |

Has the vulnerable adult alleged that any particular person is the abuser
(if so, please record details and the relationship, if any, to the vulnerable adult below)

| |
|--|
| |
| |
| |

3. Concerns expressed by another person about a vulnerable adult

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

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |

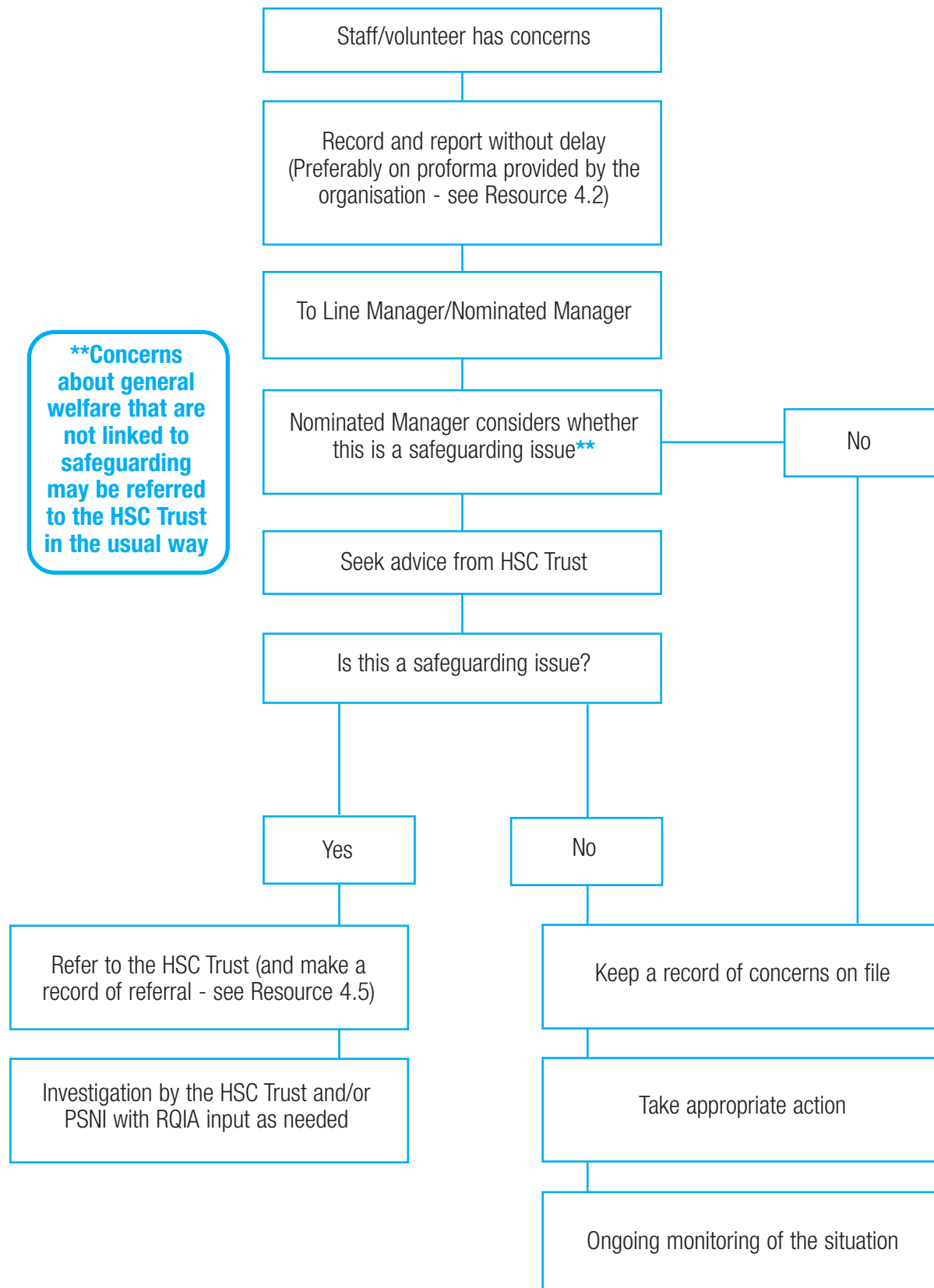
4. Details of any immediate action taken, e.g. first aid, etc

| |
|--|
| |
| |
| |
| |
| |
| |
| |

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

Resource 4.3 Reporting Procedure – Flow Chart

Every organisation should have procedures in place for dealing with concerns raised by staff and volunteers and for reporting those concerns to the local HSC Trust, PSNI or RQIA where appropriate. It is preferable that proformas are used for reporting purposes.



Resource 4.4 HSC Trust, PSNI and RQIA Contact Numbers

HSC Trusts

| | Normal working hours (9am to 5pm) | Out of hours* |
|---------------|--------------------------------------|-----------------|
| Belfast | (028) 9056 5707 | (028) 9056 5444 |
| Northern | (028) 2563 5558 | (028) 9446 8833 |
| South Eastern | (028) 9266 5181 extension 4544 | (028) 9056 5444 |
| Southern | (028) 3083 2650 | (028) 3083 5000 |
| Western | (028) 7131 4090 | (028) 7134 5171 |

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

PSNI

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

RQIA

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

Resource 4.5 Form for Nominated Managers to Report Concerns to the HSC Trust

CONFIDENTIAL

This form should be completed by the Nominated Manager and the information provided to the local HSC Trust **immediately** when there is a concern of abuse or suspected abuse of a vulnerable adult that has been drawn to your attention. You should provide as much detail as possible but **do not** investigate the abuse/ suspected abuse.

| | |
|--|-------------------|
| ORGANISATION INFORMATION <i>(this section can be completed in advance)</i> | |
| Name: | |
| Address: | |
| | |
| | Postcode: |
| Tel No: | Email Address: |
| VULNERABLE ADULT INFORMATION | |
| FULL NAME: | Known By: |
| Age or Date of Birth: | |
| Address: | |
| | |
| | Postcode: |
| Tel No: | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | Current Location: |
| GP NAME: | |
| Address: | |
| | |
| | Postcode: |
| Tel No: | |
| NEXT OF KIN: | |
| Address: | |
| | |
| | Postcode: |
| Tel No: | |
| Is the vulnerable adult aware that the abuse/suspected abuse has been reported: Yes <input type="checkbox"/> No <input type="checkbox"/> | |

ABUSE/SUSPECTED ABUSE INFORMATION

Describe the nature of the harm and the reasons for your suspicions of abuse, providing as much information as possible:
(e.g. dates, times, locations)

Any known previous concerns or evidence of abuse? Yes No
If yes, please provide details:

Was medical attention necessary? Yes No
If yes, please provide details:

Briefly describe any other action taken:

Concern reported by:

Tel No:

Date Reported:

Time Reported:

Does this person wish to remain anonymous? Yes No

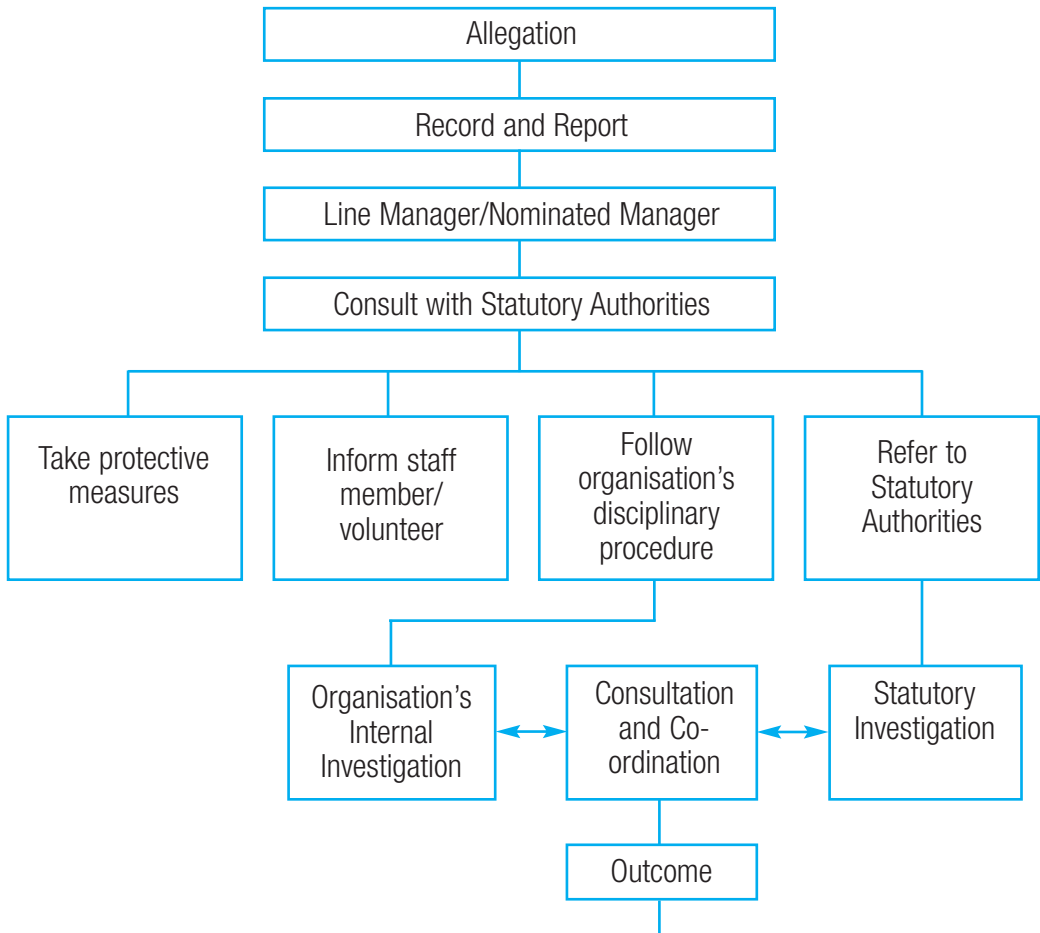
Does the vulnerable adult have any particular needs? e.g. communication, disability etc?

Yes No

If yes, please provide details

| ALLEGED PERPETRATOR INFORMATION | |
|---|--|
| Name: | |
| Age: | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Address/Current Location: | |
| Relationship to Vulnerable Adult: | |
| Is the alleged perpetrator aware of the allegation? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> | |
| Is the alleged perpetrator aware that a referral has been made? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> | |
| REPORTED to the HSC Trust | |
| Date Reported: | |
| Time Reported: | |
| Nominated Manager Signature: | |
| Date: | |

Resource 4.6 Handling an Allegation of abuse against a Staff Member/Volunteer – Flow Chart



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

Section 5



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

Standard 5

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

Criteria:

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

5.1 A risk assessment is carried out to identify and evaluate risks to vulnerable adults.

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

What is risk assessment?

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

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

- intimidation and other threatening behaviours;
- behaviours resulting in injury, neglect, abuse, and exploitation by self or others;
- the use of medication;
- the misuse of drugs or alcohol;
- aggression and violence;
- suicide or self-harm;
- a person's impairment or disability; or
- accidents, for example, whilst out in the community or participating in a social event or activity.

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

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

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

Why assess and manage risk?

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

Principles of working with risk

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

- The assessment and management of risk should promote the independence, real choices and social inclusion of vulnerable adults;
- Risks change as circumstances change;
- Risk can be minimised, but not eliminated;
- Information relating to vulnerable adults, activities, relationships and circumstances will sometimes be incomplete and possibly inaccurate;
- Identification of risk carries a duty to do something about it, i.e. risk management;
- Involvement of vulnerable adults, 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/volunteers must be made clear by their team manager/supervisor to give them the confidence to support decisions to take risk;
- Sensitivity should be shown to the experience of people affected by any risks that have been taken and where an event has occurred.

The risk assessment process

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

The risk assessment process involves:

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

The identification of risks

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

Risk to vulnerable adults is known to be greater when:

- The vulnerable 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/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 undergoes change in circumstances (for example the sudden death of partner, unemployment, divorce);
- Where a carer has been forced to change their lifestyle as a result of becoming a carer;
- Where a carer experiences disturbed nights on a regular basis;
- Where a carer becomes isolated and is offered no relief from a demanding role;
- Where other relationships are unstable or placed under pressure whilst caring;
- Where persistent financial problems exist;
- Where a partner abuses drugs (especially alcohol), is unemployed or underemployed, is poorly educated or has been in a previous, perhaps turbulent, relationship with the victim;
- Where a victim seeks to disclose abuse; get support; or to leave an abusive relationship.

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

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

Determining the level of risks

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

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

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

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

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

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

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

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

The management of risk

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

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

- Preventing unsuitable people from joining the organisation through good recruitment and selection practice;
- Making staff and volunteers aware of the indicators of vulnerability and risk and the possible signs of abuse and equipping them to respond quickly to concerns about actual, alleged or suspected abuse;
- Ensuring that staff and volunteers are properly inducted, trained, supported and supervised in their work with vulnerable adults;
- Ensuring that staff and volunteers know what constitutes acceptable behaviours and good practice and that they are supported when they challenge poor practice;
- Promoting a culture of inclusion, transparency and openness throughout the organisation and its services and activities;
- Making staff and volunteers aware of how information about vulnerable adults should be handled; and
- Having in place good overall organisational management and practice supported by a range of organisational policies and procedures.

Risk management options

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

Avoid the risk

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

- *Example:* Due to widespread travel disruption there is a high risk of an insufficient number of staff/volunteers being present to safely supervise an activity for vulnerable adults with physical disabilities who require assistance to participate. As the risk of injury is considered too great in such circumstances, the activity is cancelled.

Control the risk

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

- *Example:* An organisation which provides activities for an adult with severe epilepsy will ensure that there are suitably trained staff/volunteers present at all times to deal with the situation should the person have a seizure. While the likelihood of a seizure happening may be high, the impact will be reduced by having in place sufficient numbers of staff trained to deal with seizures.

Finance the risk

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

- *Example:* An organisation which risks losing volunteers because some of them are out of pocket through their volunteering, may decide to allocate a budget to cover volunteer expenses. So while the impact of losing volunteers may be high, the likelihood of it happening will be reduced by financing the risk.

Transfer the risk

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

- *Example:* An organisation does not have adequately qualified staff or volunteers to take a group of physically disabled adults canoeing and commissions qualified instructors to do this.

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

Accept the risk

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

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

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

See Resource 5.1 – Sample Risk Register

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

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

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

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

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

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

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

See Resource 5.2 – Sample Accident/Incident/Near Miss Record Form

Resource 5.1 Sample Risk Register

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

Resource 5.2 Sample Accident/Incident/Near Miss Record Form

ACCIDENT/INCIDENT/NEAR MISS

Please circle one of the above

REPORT FORM Ref No:

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

Manager Section

| | |
|---|--|
| Long Term Action Plan: <i>(What action is to be carried out to prevent the Accident/Incident/Near Miss happening again).</i> | |
| | |
| Is a risk assessment (or support plan) review required as a result of this Accident/Incident/Near Miss? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Action to be carried out by: <i>(name)</i> | By Date: |
| Line Manager Section Reviewed by: <i>(name)</i> | Date: |
| RIDDOR ¹² Report confirmed by: <i>(name)</i> | Date: |

¹² The reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), place a legal duty on employers, self-employed people, people in control of premises to report work-related deaths, major injuries or over-three-day injuries, work related diseases and dangerous occurrences (near miss accidents).

Section 6



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

Standard 6

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

Criteria:

1. The organisation has an ethos of inclusion, transparency and openness which is communicated to vulnerable adults, carers, advocates, family members, staff and volunteers.
2. There are appropriate procedures in place for carers, advocates and vulnerable adults to share concerns they may have or to make complaints about the organisation.
3. Complaints procedures are communicated appropriately to vulnerable adults, carers, advocates, staff and volunteers.

6.1 The organisation has an ethos of inclusion, transparency and openness which is communicated to vulnerable adults, carers, advocates, family members, staff and volunteers.

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

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

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

Some ways this can be achieved are through:

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

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

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

Good management should help to ensure that the organisation is operating effectively. Managers can gain valuable insights or learn lessons through the support and supervision processes. In addition, feedback can also be gained from satisfaction surveys that staff and volunteers, carers, advocates and vulnerable adults can complete anonymously.

6.2 There are appropriate procedures in place for carers, advocates and vulnerable adults to share concerns they may have or to make complaints about the organisation.

Where carers or vulnerable adults or their advocates have a concern or complaint about some aspect of the organisation, they should have access to the organisation's complaints procedure.

In a complaints procedure the following issues should be addressed:

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

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

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

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

See Appendix 2 – Standards

What about serious incidents?

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

6.3 Complaints procedures are communicated appropriately to vulnerable adults, carers, advocates, staff and volunteers.

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

While volunteers should use the complaints procedure, members of staff should have access to the organisation's grievance procedure. The organisation should also have a whistleblowing policy for staff and volunteers where there are concerns about malpractice in the organisation (see Section 4.7).

Section 7



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

Standard 7

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

Criteria:

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

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

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

The DHSSPS 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 DHSSPS 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 and volunteers should be clear that in circumstances where they have concerns about an individual's safety and welfare or the safety of others, they should pass on information that they may have been told in confidence. The information should be passed on to the Line Manager or the Nominated Manager, as appropriate ([see Section 4](#)).

All organisations need to consider their responsibility in relation to the gathering, storage, usage and sharing of personal information in line with the requirements of the Data Protection Act 1998, sometimes referred to as the principles of 'good information handling'.

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, ¹³ 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.

You should therefore ensure that your confidentiality policy specifies:

- 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;
- A vulnerable adult's right of access to his/her own records; and
- How records will be disposed of.

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

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

Essential joining information should include:

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

See Resource 7.1 – Sample Health Form

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

See Appendix 2 – Standards

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

See Resource 5.2 – Sample Accident/Incident/Near Miss Record Form

¹³ Information on the countries within the European Economic Area can be obtained from UK Border Agency at www.ukba.homeoffice.gov.uk

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

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

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

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

Within the organisation

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

Vulnerable adults, carers & advocates

Vulnerable adults and their carers and advocates should be told how information will be used before they are asked to provide it and should be given an opportunity to discuss such uses.

This should be communicated in a way which is clearly understood, using alternative means of communication where necessary. Any information should be sought sensitively and with privacy.

When a vulnerable adult's information needs to be shared – for example, in cases of emergency or in the case of suspected abuse, the vulnerable 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 vulnerable adult to further risk of harm.

External agencies

While information about vulnerable adults 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.

7.5 Vulnerable adults involved with the organisation should have access to information held about them.

Vulnerable adults should normally expect to see any information held by the organisation about them and should be so informed. This applies to paper and electronic records and should extend to access of a care record, unless any of the reasons for limiting access set out below apply. Access should be provided, if requested, to the vulnerable 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 vulnerable 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 and teach staff/volunteers;
- Help with research, but only with the vulnerable adult's agreement; and
- Provide statistics about services/activities delivered by the organisation, noting that personal information is not used in this way and not shared with anyone other than in the circumstances set out above.

Resource 7.1 Sample Health Form

HEALTH FORM

IN CONFIDENCE

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

DOCTOR'S CONTACT DETAILS

Name

Address

Tel No

MEDICAL DETAILS

Do you have any medical conditions? YES NO

Please detail

Do you have any allergies, including allergies to foods and medication? YES NO

Please detail

Do you have: Impaired hearing YES NO Impaired vision YES NO

Please detail

Are there any issues related to your: Physical health YES NO

Please detail

Mental health and emotional well-being YES NO

Please detail

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

CONSENT

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

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

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

1) which information you do not wish to share

| |
|--|
| |
|--|

| |
|--|
| |
|--|

2) who you do not wish to share information with

| |
|--|
| |
|--|

| |
|--|
| |
|--|

Signature

| |
|--|
| |
|--|

Date

Print Name

IF SIGNED BY SOMEONE OTHER THAN THE VULNERABLE ADULT

What is your relationship to the vulnerable adult?

| |
|--|
| |
|--|

| |
|--|
| |
|--|

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|--|
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|--|

On what grounds do you have the authority to sign on his/her behalf? ¹⁴

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¹⁴ This should not be construed as being able to consent on behalf of the adult to whom this form relates.

Section 8



There is a written code that outlines the behaviour expected of all involved with the organisation, including visitors.

Standard 8

There is a written code that outlines the behaviour expected of all involved with the organisation, including visitors.

Criteria:

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

8.1 The Code of Behaviour (the Code) contains positive statements about how staff/volunteers are expected to behave towards vulnerable adults.

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

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

See Appendix 3 – Professional Regulatory Bodies

Each organisation's Code will be different, reflecting the nature and activities of the organisation. It should provide a clear guide to your staff and volunteers on how they should behave when working with vulnerable adults. It should be a positive document highlighting positive behaviours as well as those to be avoided.

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

Social care workers must:

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

8.2 The Code outlines behaviours to be avoided.

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

Staff/volunteers should not:

- Spend excessive amounts of time alone with vulnerable adults away from others;
- Take a vulnerable adult to his/her own home;
- Take a vulnerable adult alone on car journey, unless this forms part of the organisation's core activities

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

8.3 The Code outlines unacceptable behaviours.

Unacceptable behaviours are those that should always be avoided in the interests of the safety of vulnerable adults, staff and volunteers. For example:

A staff member/volunteer should never:

- Abuse, neglect or harm or place at risk of harm vulnerable adults whether by omission or commission;
- Engage in rough physical games with vulnerable adults, including horseplay;
- Engage in sexually provocative games with vulnerable adults e.g. spin the bottle, strip poker;
- Make sexually suggestive comments to a vulnerable adult;
- Form inappropriate relationships with vulnerable adults;
- Gossip about personal details of vulnerable adults and their families; or
- Make/accept loans or gifts of money from vulnerable adults.

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

Staff and volunteers should ensure that:

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

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

The guidelines should state that staff and volunteers should:

- Seek to defuse a situation, thereby avoiding the need to use any form of restraint;
- Only use restraint where it is absolutely necessary to protect the vulnerable adult 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.

See Appendix 5 – Useful Reading

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

Staff and volunteers should:

- Be open to and aware of diversity in the beliefs and practices of vulnerable adults and their families;
- Ask how a vulnerable adult'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 vulnerable adults and their families who have different cultural backgrounds and beliefs from their own;
- Use the procedures outlined in this Guidance to report any discrimination against vulnerable adults and their families by other staff members/volunteers.

8.7 The Code contains guidelines on the handling of vulnerable adults' money.

Staff and volunteers should:

- Maintain records of vulnerable adults' personal allowances, receipts and expenditure in line with organisational policy;
- Never deny a vulnerable adult access to his/her money;
- Never gain in any way when using the vulnerable adult's money on his/her behalf or guiding the vulnerable adult in the use of his/her own money;
- Never borrow money from, or lend money to, a vulnerable adult;
- Report any suspicions of financial abuse.

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

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

Staff and volunteers should:

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

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

See Resource 1.2 – Consent

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

Staff members and volunteers should understand that:

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

8.10 The Code sets out an expectation that everyone in the organisation and everyone who uses its services, or participates in its activities or visits, should relate to each other in a mutually respectful way.

It is essential to establish a set of ground rules in terms of the behaviour expected of staff, volunteers and vulnerable adults towards one another. For example, in relation to having respect for each other; avoiding the use of offensive language; use of alcohol, particularly on day trips; and sleeping arrangements on residential. The Code should be drawn up in consultation with staff, volunteers, vulnerable adults and carers/advocates, with the understanding that its breach by individuals using services could lead to their exclusion, or where the behaviour constitutes abuse, e.g. of a peer, referral to the police or HSC Trust for further investigation and action.

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

8.11 The Code is tailored to your services/activities.

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

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

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

Appendix 1

The Safeguarding Vulnerable Adults Advisory Group

Membership:

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

Terms of Reference:

- To represent their fields of interest and expertise in relation to standards of practice with regard to safeguarding vulnerable adults;
- To contribute organisational experience and expertise to ensure that project material produced is fit for purpose and takes account of research, learning and current best practice;
- To adhere to negotiated and agreed deadlines for receipt of comments, input and materials; and
- To meet once per quarter for the duration of the project.

Acknowledgement:

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

Appendix 2

Standards

| MINIMUM STANDARDS | Available through: |
|---|--|
| Nursing Homes - Minimum Standards Department of Health, Social Services and Public Safety, January 2008 | www.dhsspsni.gov.uk |
| Nursing Agencies - Minimum Standards Department of Health, Social Services and Public Safety, January 2008 | www.dhsspsni.gov.uk |
| Residential Care Homes - Minimum Standards Department of Health, Social Services and Public Safety, January 2008 | www.dhsspsni.gov.uk |
| Domiciliary Care Agencies - Minimum Standards Department of Health, Social Services and Public Safety, 2008 | www.dhsspsni.gov.uk |
| As they become available, new Minimum Standards will be published on the Department's web site, www.dhsspsni.gov.uk | |
| OTHER STANDARDS | |
| Safeguarding Adults – A National Framework of Standards for good practice and outcomes in adult protection work | www.adass.org.uk |
| The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HSC, Department of Health, Social Services and Public Safety, March 2006 | www.dhsspsni.gov.uk |
| Standards for Adult Social Care Support Services for Carers Department of Health, Social Services and Public Safety, June 2008 | www.dhsspsni.gov.uk |
| Improving the Patient & Client experience: 5 Standards: Respect, Attitude, Behaviour, Communication and Privacy and Dignity, Department of Health, Social Services and Public Safety, November 2008 | www.dhsspsni.gov.uk |

Appendix 3

Professional Regulatory Bodies

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

General Chiropractic Council

General Chiropractic Council
44 Wicklow Street
London
WC1X 9HL
Tel: (020) 7713 5155
Fax: (020) 7713 5844
E-mail: regulation@gcc-uk.org
www.gcc-uk.org

General Dental Council

General Dental Council
37 Wimpole Street
London
W1G 8DQ
Tel: (020) 7887 3800
Fax: (020) 7224 3294
E-mail: information@gdc-uk.org
www.gdc-uk.org

General Medical Council

General Medical Council
Regent's Place
350 Euston Road
London
NW1 3JN
Tel: 0845 357 0022
E-mail: practice@gmc-uk.org
www.gmc-uk.org

General Optical Council

General Optical Council
41 Harley Street
London
W1G 8DJ
Tel: (020) 7580 3898
Fax: (020) 7307 3939
E-mail: goc@optical.org
www.optical.org

General Osteopathic Council

General Osteopathic Council
176 Tower Bridge Road
London
SE1 3LU
Tel: (020) 7357 6655
Fax: (020) 7357 0011
E-mail: info@osteopathy.org.uk
www.osteopathy.org.uk

General Teaching Council for Northern Ireland

General Teaching Council for Northern Ireland
3rd Floor Albany House
73 - 75 Great Victoria Street
Belfast
BT2 7AF
Tel: 028 9033 3390
Fax: 028 9034 8787
Email: info@gtcni.org.uk
www.gtcni.org.uk

Health Professions Council

(At the time of writing regulates 15 professions including dietitians, occupational therapists and chiropodists)

Park House
184 Kennington Park Road
London
SE11 4BU
FREEPHONE: 0800 328 4218
Tel: (020) 7840 9814
Fax: (020) 7582 4874
E-mail: ftp@hpc-uk.org
www.hpc-uk.org

Northern Ireland Social Care Council

Northern Ireland Social Care Council
7th Floor, Millennium House
19-25 Great Victoria Street
Belfast
BT2 7AQ
Tel: (028) 9041 7633
Fax: (028) 9041 7601
E-mail: conduct@nisocialcarecouncil.org.uk
www.niscc.info

Nursing and Midwifery Council

Nursing and Midwifery Council
23 Portland Place
London
W1B 1PZ
Tel: (028) 7462 5800/5801
E-mail: fitness.to.practice@nmc-uk.org
www.nmc-uk.org

Pharmaceutical Society of Northern Ireland

Pharmaceutical Society of Northern Ireland
73 University Street
Belfast
BT7 1HL
Tel: (028) 9032 6927
Fax: (028) 9043 9919
E-mail: complaints@psni.org.uk
www.psni.org.uk

Appendix 4

Useful Contacts

| Statutory Bodies | Contact |
|--|--|
| Department of Health, Social Services and Public Safety | www.dhsspsni.gov.uk |
| Health & Social Care Board | www.hscboard.hscni.net |
| Public Health Agency | www.publichealth.hscni.net |
| Health & Social Care Trusts | www.belfasttrust.hscni.net www.northerntrust.hscni.net www.setrust.hscni.net www.southerntrust.hscni.net www.westerntrust.hscni.net |
| Patient and Client Council | www.patientclientcouncil.hscni.net |
| Health & Safety Executive | www.hseni.gov.uk |
| Northern Ireland Housing Executive | www.nihe.gov.uk |
| Regulation and Quality Improvement Authority | www.rqia.org.uk |
| Police Service of Northern Ireland | www.psni.police.uk |
| Advocates/Commissioners | |
| The Older People's Advocate | www.olderpeoplesadvocateni.org |
| Voluntary Organisations & Service Providers | |
| Action on Elder Abuse | www.elderabuse.org.uk |
| Age NI | www.ageuk.org.uk/northern-ireland |
| Autism Initiatives | www.autisminitiatives.org |
| Autism NI | www.autismni.org |
| Alzheimer's Society | www.alzheimers.org.uk |
| Belfast Carers' Centre | www.carerscentre.org |
| Carers NI | www.carersni.org |
| Counsel + Care for older people, their families and carers | www.counselandcare.org.uk |
| Extern | www.extern.org |
| Independent Health and Care Providers | www.ihcp.co.uk |
| Mencap | www.mencap.org.uk |
| Mindwise | www.mindwisenv.org |
| Multicultural Resource Centre | www.mcrc-ni.org |

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| Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO) | www.niacro.co.uk |
| Northern Ireland Association of Mental Health | www.niamh.co.uk |
| Northern Ireland Women's Aid Federation | www.niwaf.org |
| North & West Housing | www.northandwest.org |
| Praxiscare | www.praxiscare.org.uk |
| Public Concern at Work | www.pcaw.co.uk |
| Simon Community | www.simoncommunity.org.uk |
| United Kingdom Homecare Association | www.ukhca.co.uk |
| Volunteer Now | www.volunteernow.co.uk |
| Others | |
| Access Northern Ireland | www.accessni.gov.uk |
| nidirect Government Services for Northern Ireland: | www.nidirect.gov.uk |
| The Care Tribunal for Northern Ireland | www.caretribunalni.gov.uk |
| Helplines | |
| Elder Abuse | 0808 808 8141 |
| Domestic Violence | 0800 917 1414 |
| Lifeline | 0808 808 8000 |
| ISA | 0300 123 1111 |
| AccessNI | 028 902 59100 |
| NIACRO (Belfast) | 028 903 20157 |
| Northern Ireland Housing Executive | 03448 920 900 |

Appendix 5

Useful Reading

| Publication: | Available from: |
|--|--|
| Adult Protection Toolkit for Domiciliary Care Agencies Action on Elder Abuse | www.ukhca.co.uk |
| Clear Sexual Boundaries Between Healthcare Professionals and Patients, Council for Healthcare Regulatory Excellence, January 2008 | www.chre.org.uk |
| Elder Abuse Advocacy Toolkit Action on Elder Abuse | www.ukhca.co.uk |
| Good Practice in Consent - Consent for Examination, Treatment or Care Department of Health, Social Services and Public Safety, March 2003 | www.dhsspsni.gov.uk |
| Guidance on Restraint and Seclusion in Health and Personal Social Services Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 | www.dhsspsni.gov.uk |
| Safeguarding Vulnerable Adults - Regional Adult Protection Policy & Procedural Guidance Regional Adult Protection Forum, September 2006 | www.hscboard.hscni.net |
| Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults Health and Social Care Board, Police Service of Northern Ireland & Regulation and Quality Improvement Authority, July 2009 | www.hscboard.hscni.net |
| Seeking Consent: Working with people with learning disabilities Department of Health, Social Services and Public Safety, March 2003 | www.dhsspsni.gov.uk |

| | |
|--|--|
| Seeking Consent: Working with older people Department of Health, Social Services and Public Safety, March 2003 | www.dhsspsni.gov.uk |
| Sexual Violence Directory of Services | www.nidirect.gov.uk |
| The Vetting & Barring Scheme Guidance March 2010 | www.isa-gov.org.uk |
| ISA Referral Guidance March 2010 | www.isa-gov.org.uk |
| ISA Decision Making Process Guidance August 2010 | www.isa-gov.org.uk |

Appendix 6

Organisational Self Assessment Checklist

How to use...

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

The Checklist will help you see which criteria your organisation is already meeting and which criteria are not currently being met and need attention, i.e. where policies, procedures and guidelines need to be developed.

When each of the criteria within a standard is met, then the standard is met.

An electronic version of this Self Assessment Checklist can be downloaded from www.volunteering-ni.org which organisations can use as a tool.

Standard 1 – The organisation has a safeguarding vulnerable adult policy supported by robust procedures.

| Checklist | Supporting Evidence | Fully met? | If not fully met: action needed | | Attained Date |
|---|---------------------|------------|---------------------------------|-------------------|---------------|
| | | | What? | By whom? By when? | |
| <p>1 The organisation has a written safeguarding vulnerable adult policy (a safeguarding policy) statement which: acknowledges that all adults have the right to live a life free from abuse and exploitation; outlines the organisation's commitment to uphold that right; and is explicit about the organisation's 'zero-tolerance' of abuse wherever it occurs.</p> | | | | | |
| <p>2 The safeguarding policy should be 'owned' at all levels within the organisation. The Head of the organisation will direct the development of the policy, be responsible for its approval, and will ensure that it is fully implemented and reviewed.</p> | | | | | |
| <p>3 The safeguarding policy statement should be clearly displayed and everyone involved with the organisation should be aware that the policy exists, what it aims to achieve and the steps that will be taken to achieve those aims.</p> | | | | | |
| <p>4 The safeguarding policy should be supported by robust procedures and guidelines.</p> | | | | | |
| <p>5 The safeguarding policy should be supported by a Code of Behaviour for all involved with the organisation, including visitors.</p> | | | | | |
| <p>6 The safeguarding policy should be supported by other organisational policies and procedures aimed at promoting safe and healthy working practices.</p> | | | | | |
| <p>7 The safeguarding policy, procedures, guidelines and Code of Behaviour should be subject to regular review to ensure that they are fit for purpose; a review at least once every three years is the minimum recommendation.</p> | | | | | |

Standard 2 – The organisation consistently applies a thorough and clearly defined method of recruiting staff and volunteers in line with legislative requirements and best practice.

| Checklist | Supporting Evidence | Fully met? | If not fully met: action needed | | Attained Date |
|--|---------------------|------------|---------------------------------|-------------------|---------------|
| | | | What? | By whom? By when? | |
| 1 There is a clear job description for staff and role description for volunteers and a personnel/volunteer specification outlining the key skills and abilities and qualifications, if any, required. | | | | | |
| 2 There is an open recruitment process. | | | | | |
| 3 There is an application form that covers past work/volunteering. | | | | | |
| 4 There is a declaration and consent form requesting information on previous convictions and investigations, if any. | | | | | |
| 5 There is an interview process appropriate to the post/role and task. | | | | | |
| 6 Written references are sought (and followed up when necessary). | | | | | |
| 7 If a professional qualification is a requirement of the post, a registration check is made with the appropriate Professional Regulatory Body. | | | | | |
| 8 Where required, an AccessNI disclosure check and/or a check of Independent Safeguarding Authority registration is carried out. | | | | | |
| 9 The post is approved by management. | | | | | |

Standard 3 – There are procedures in place for the effective management, support, supervision and training of staff and volunteers.

| Checklist | Supporting Evidence | Fully met? | If not fully met: action needed | | Attained Date |
|---|---------------------|------------|---------------------------------|-------------------|---------------|
| | | | What? | By whom? By when? | |
| <p>1 There is an induction process into:</p> <ul style="list-style-type: none"> • The organisation; and • The post/role. | | | | | |
| <p>2 There is a probationary period for staff and trial period for volunteers.</p> | | | | | |
| <p>3 Relevant training is provided appropriate to the post/role.</p> | | | | | |
| <p>4 There is a robust structure and process for support and supervision appropriate to the post/role.</p> | | | | | |
| <p>5 There is an annual appraisal for staff and review for volunteers.</p> | | | | | |
| <p>6 Comprehensive, written records are kept of: training completed; support and supervision; and annual appraisals.</p> | | | | | |

Standard 4 – The organisation has clearly defined procedures for raising awareness of, responding to, recording and reporting concerns about actual or suspected incidents of abuse.

| Checklist | Supporting Evidence | Fully met? | If not fully met: action needed | | | Attained Date |
|---|---------------------|------------|---------------------------------|----------|----------|---------------|
| | | | What? | By whom? | By when? | |
| 1 All staff/volunteers are aware of what is meant by vulnerability in adulthood, adult abuse, where abuse can occur and who can abuse. | | | | | | |
| 2 There is a Nominated Manager who has responsibility for dealing with concerns about actual or suspected adult abuse, which come to light within the organisation. | | | | | | |
| 3 There is a written procedure for staff/volunteers for responding to, recording and reporting concerns about actual or suspected adult abuse to the organisation's Nominated Manager. | | | | | | |
| 4 There is a procedure for the Nominated Manager to report concerns about actual or suspected adult abuse to the appropriate authorities. | | | | | | |
| 5 There is a procedure for reporting and responding to allegations made against staff and volunteers. | | | | | | |
| 6 There is a system to communicate the reporting procedure to staff/volunteers to ensure they are familiar with it. | | | | | | |
| 7 There is a whistleblowing policy and procedure. | | | | | | |

Standard 5 – The organisation operates an effective procedure for assessing and managing risks with regard to safeguarding vulnerable adults.

| Checklist | Supporting Evidence | Fully met? | If not fully met: action needed | | Attained Date |
|---|---------------------|------------|---------------------------------|-------------------|---------------|
| | | | What? | By whom? By when? | |
| 1 A risk assessment is carried out to identify and evaluate risks to vulnerable adults. | | | | | |
| 2 The identified risks are managed by putting in place risk-reducing measures. | | | | | |
| 3 All identified risks and risk-reducing measures are recorded and reviewed at least once per year. | | | | | |
| 4 The organisation should recognise that vulnerable adults have the right to take risks and should provide help and support to enable them to identify and manage potential and actual risks to themselves and others. | | | | | |
| 5 The organisation has a procedure in place for reporting, recording and reviewing accidents, incidents and near misses, which should in turn inform practice and the risk assessment and management procedures. | | | | | |

Standard 6 – There are clear procedures for receiving comments and suggestions and for dealing with concerns and complaints about the organisation.

| Checklist | Supporting Evidence | Fully met? | If not fully met: action needed | | Attained Date |
|---|---------------------|------------|---------------------------------|-------------------|---------------|
| | | | What? | By whom? By when? | |
| 1 The organisation has an ethos of inclusion, transparency and openness which is communicated to vulnerable adults, carers, advocates, family members, staff and volunteers. | | | | | |
| 2 There are appropriate procedures in place for carers, advocates and vulnerable adults to share concerns they may have or to make complaints about the organisation. | | | | | |
| 3 Complaints procedures are communicated appropriately to vulnerable adults, carers, advocates, staff and volunteers. | | | | | |

Standard 7 – The organisation has a clear policy on the management of records, confidentiality, and sharing of information.

| Checklist | Supporting Evidence | Fully met? | If not fully met: action needed | | Attained Date |
|---|---------------------|------------|---------------------------------|-------------------|---------------|
| | | | What? | By whom? By when? | |
| 1 The policy is based on an expectation of confidentiality in the recording, use and management of personal information. | | | | | |
| 2 The policy informs staff and volunteers what information needs to be recorded. | | | | | |
| 3 The policy informs staff and volunteers how written records should be secured, stored and eventually disposed of. | | | | | |
| 4 The policy outlines what and how information is shared with relevant people within and outside of the organisation. | | | | | |
| 5 Vulnerable adults involved with the organisation should have access to information held about them. | | | | | |

Standard 8 – There is a written code that outlines the behaviour expected of all involved with the organisation, including visitors.

| Checklist | Supporting Evidence | Fully met? | If not fully met: action needed | | | Attained Date |
|---|---------------------|------------|---------------------------------|----------|----------|---------------|
| | | | What? | By whom? | By when? | |
| 1 The Code of Behaviour contains positive statements about how staff/volunteers are expected to behave towards vulnerable adults. | | | | | | |
| 2 The Code outlines behaviours to be avoided. | | | | | | |
| 3 The Code outlines unacceptable behaviours. | | | | | | |
| 4 The Code contains guidelines relating to physical contact and intimate care. | | | | | | |
| 5 The Code contains guidelines relating to physical intervention and restraint. | | | | | | |
| 6 The Code contains guidelines relating to diversity and additional care and support needs. | | | | | | |
| 7 The Code contains guidelines on the handling of vulnerable adults' money. | | | | | | |
| 8 The Code contains guidelines on the use of technology, including photography. | | | | | | |
| 9 The Code outlines sanctions in the case of staff/volunteers breaching the Code. | | | | | | |
| 10 The Code sets out an expectation that everyone in the organisation and everyone who uses its services or participates in its activities or visits should relate to each other in a mutually respectful way. | | | | | | |
| 11 The Code is tailored to your services/activities. | | | | | | |



**Embrace this
Guidance and continue
to work with us, to
share the important
responsibility of
keeping adults, who
are vulnerable, safe
from harm.** ”

Michael McGimpsey

Minister of Health, Social Services and Public Safety





Volunteer Now
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Tel: 028 9023 6100
www.volunteering-ni.org

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