



SISTERS OF MERCY  
NORTHERN PROVINCE

# SAFEGUARDING ADULTS

## AT RISK OF HARM

### POLICY & PROCEDURES

#### NORTHERN IRELAND

2019

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## FOREWORD

The Sisters of Mercy, Northern Province, (NP) are committed to promoting the safety, wellbeing and protection of adults at risk of harm in their ministries and communities. Adult Safeguarding is the responsibility of each one of us and all Sisters, staff and volunteers are required to adhere to and honour this commitment.

The Sisters of Mercy, Northern Province, operates across both jurisdictions on the island of Ireland. The Northern Province includes the six counties in Northern Ireland and eight counties in the Republic of Ireland. **The Safeguarding Adults At Risk of Harm, Policy and Procedures; Northern Ireland, 2019, has been developed in accordance with the legislation and policy guidance in place in Northern Ireland.** This Policy is intended to provide guidance for Sisters and Staff involved with adults at risk of harm who live in the area of the Province located in Northern Ireland.

The “Safeguarding Vulnerable Persons” Policy, 2018, produced by the Congregation of the Sisters of Mercy, provides guidance in relation to the policy and arrangements currently in place in the Republic of Ireland.

The Sisters of Mercy, (NP), take all concerns, allegations and disclosures of abuse seriously and undertake to deal consistently and effectively with any suspicions, allegations or instances of abuse which may arise.

The Policy and Procedures aim to protect adults who may be at risk of harm from abuse, exploitation or neglect and to create a safe and caring environment for all with whom we come into contact.

I commend this Policy to you as a guide to best practice, which should be adhered to and implemented, by personnel of the Province involved with adults at risk of harm in Northern Ireland.



Sr Rose Marie Conlan, Provincial Leader

Sisters of Mercy, Northern Province

September 2019

## INTRODUCTION

The Sisters of Mercy NP, through their ministries and communities, are involved in providing services to a wide range of people in Northern Ireland. The Sisters of Mercy, (NP), recognise that everyone has the right to be safe and to live their life free from neglect, exploitation and abuse.

The Sisters of Mercy, (NP), accept that they have a Christian, civil and legal obligation to ensure that proper procedures are in place for safeguarding adults who may be at risk of harm.

Within this policy the term 'safeguarding' is used in its widest sense, that is, to encompass activity which prevents harm from occurring in the first place and activity which protects adults at risk, where harm has occurred or is likely to occur. The purpose of this Policy is to set out the principles and procedures which should underpin this important area of our work.

The Safeguarding Adults At Risk of Harm; Policy and Procedures, NP, is endorsed by the Provincial Leadership Team and must be adhered to and implemented by personnel of the Sisters of Mercy in Northern Ireland.

The Sisters of Mercy, (NP), require individuals, groups and organisations using or leasing Mercy premises to have their own Adult Safeguarding Policy and Procedures, in place where appropriate.

In addition, Sisters of Mercy, (N), ministering in other settings such as hospitals, social services, schools or care facilities are expected to be familiar with and comply with the Safeguarding Policies operational within their places of ministry or work.

# 1. SAFEGUARDING POLICY

## Adult Safeguarding Statement

Abuse is a violation of an individual's human and civil rights. The Sisters, staff and volunteers of the Sisters of Mercy, NP, are committed to practice which promotes the welfare of adults at risk and safeguards them from harm.

Sisters, staff and volunteers accept and recognise our responsibilities to develop awareness of the issues that cause adults harm and to establish and maintain a safe environment for them. The Sisters of Mercy, (NP), 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. We are open to receiving feedback from the people who use our services, (Sisters, carers, advocates, staff, volunteers), with a view to continuously improving the services/ activities which we provide.

The Sisters of Mercy, (NP), will endeavour to safeguard the adults we work with and care for by:

- Adhering to our Safeguarding Adults At Risk of Harm Policy and ensuring that it is supported by robust procedures
- Following the procedures laid down for the recruitment and selection of staff and volunteers.
- Providing effective management through supervision, support and training of personnel.
- Implementing procedures for recognising, responding to and reporting concerns of a safeguarding nature to the statutory agencies, while involving adults at risk and their carers appropriately.
- Ensuring general safety and risk management procedures are adhered to.
- Promoting full participation and having clear procedures for receiving and dealing with concerns and complaints.
- Managing records, personal information, confidentiality and information sharing, in accordance with Data Protection requirements.
- Having a Code of Behaviour which outlines the behaviour expected of all personnel.

## GUIDANCE, PRINCIPLES AND LEGAL CONTEXT

### POLICY AND GUIDANCE

In April 2009, the Department of Health and Social Services and Public Safety (DHSSPS), Northern Ireland, commissioned 'Our Duty to Care Team' in **Volunteer Now** to develop Standards and guidelines for good practice in adult safeguarding for voluntary, community and independent organisations. 'Keeping Adults Safe: A Shared Responsibility' was published by Volunteer Now, in 2012 and updated in July 2017. The document sets out the Standards and Guidance for best practice in Adult Safeguarding.

Since the guidance was first published there have been considerable developments in the area of adult safeguarding in Northern Ireland. One of the key developments has been the establishment of the Northern Ireland Adult Safeguarding Partnership (NIASP) and the five local Adult Safeguarding Partnerships (LASPs) in 2010. These are collaborative partnerships with responsibility for adult safeguarding in Northern Ireland. The NIASP is the regional body and the five LASPs are located within and accountable to their respective Health and Social Care Trusts.

The partnerships are made up of representatives from the main statutory, voluntary, community and independent sectors involved in adult safeguarding across Northern Ireland.

Another key development has been the launch of a new regional adult safeguarding policy.

### **“ADULT SAFEGUARDING: PREVENTION AND PROTECTION IN PARTNERSHIP” Policy**

In July 2015 the Policy document *‘Adult Safeguarding, Prevention and Protection in Partnership’* was published by the DHSSPS and the Department of Justice, (D.O.J). The policy makes it clear that **adult safeguarding is everyone’s business.**

*‘Adult Safeguarding, Prevention and Protection in Partnership’ introduces new adult safeguarding language and terminology.*

*“This policy recognises that the language of adult safeguarding previously focused on protection and used the term ‘vulnerable adult.’ This was widely misinterpreted, often used out of context and, for some, the term implied weakness on the part of the adult, which many found unacceptable”.*

*Adult Safeguarding, Prevention and Protection in Partnership, 2015.*

**The Policy moves away from the concept of ‘vulnerability’ towards establishing the concept of ‘risk of harm’ in adulthood. The policy outlines the broad continuum of safeguarding activity. Safeguarding includes activity which prevents harm from occurring and activity which protects adults at risk, where harm from abuse, neglect or exploitation has occurred or is likely to occur without intervention.**

**The ‘ADULT SAFEGUARDING: PREVENTION AND PROTECTION IN PARTNERSHIP’ Policy sets out the following;**

#### **“Minimum Safeguarding Expectations**

At a minimum, any public service, voluntary, community, independent or faith organisation providing recreational social, sporting or educational activities or services will be expected to safeguard adults who may be at risk by:

- **recognising** that adult harm is wrong and that it should not be tolerated;
- **being aware** of the signs of harm from abuse, exploitation and neglect;
- **reducing opportunities for harm** from abuse, exploitation and neglect to occur; and
- **knowing how and when to report** safeguarding concerns to HSC Trusts or the PSNI.

#### **Internal Governance – Policy and Procedures**

*“The following policies and procedures are the building blocks of good governance that contribute to safe, high quality care and should be robustly implemented by any organisation”.*

These are essential for any organisation delivering, commissioned or contracted to deliver targeted services.

- Robust selection and recruitment procedures;
- Effective management, support, supervision and training of staff;

- Procedures for responding to, recording and reporting safeguarding concerns in a timely manner to the HSC Trusts;
- Procedures for cooperating within the organisation and with others as required to address safeguarding concerns;
- Procedures for assessing and managing risks;
- Management of reporting and escalating untoward/adverse incidents;
- Procedures for managing comments, complaints and suggestions;
- Procedures on the management of records, confidentiality, and the sharing of information;
- A written code of behaviour/conduct;
- A disciplinary policy, including referral to regulatory bodies where relevant; and
- A whistleblowing policy.

The ***Adult Safeguarding, Prevention and Protection in Partnership*** Policy introduces the concept of an '**adult at risk of harm**' and an '**adult in need of protection**'.

#### KEY DEFINITIONS –

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

- a) **personal characteristics**

**AND/OR**

- b) **life circumstances**

**Personal characteristics** may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain.

**Life circumstances** may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

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

- a) **personal characteristics**

**AND/OR**

- b) **life circumstances**

**AND**

- c) who is **unable to protect** their own well-being, property, assets, rights or other interests;

## AND

- d) where the **action or inaction of another person or persons** is causing, or is likely to cause, him/her to be harmed.

In order to meet the definition of an 'adult in need of protection' either (a) or (b) must be present, in addition to both elements (c), and (d).

The decision as to whether the definition of an 'adult at risk' or 'an adult in need of protection' is met, will require the careful exercise of professional judgment applied on a case by case basis.

## PRINCIPLES

The **principles** which underpin and guide adult safeguarding practice are contained within the adult safeguarding policy '**Adult Safeguarding, Prevention and Protection in Partnership**' (DOH and DOJ 2015).

- (1) A Rights-Based Approach:** To promote and respect an adult's right to be safe and secure; to freedom from harm and coercion; to equality of treatment; to the protection of the law; to privacy; to confidentiality; and freedom from discrimination.
- (2) An Empowering Approach:** To empower adults to make informed choices about their lives, to maximise their opportunities to participate in wider society, to keep themselves safe and free from harm and enabled to manage their own decisions in respect of exposure to risk.
- (3) A Person-Centred Approach:** To promote and facilitate full participation of adults in all decisions affecting their lives, taking full account of their views, wishes and feelings and where appropriate the views of others who have an interest in his or her safety and well-being.
- (4) A Consent-Driven Approach:** To make a presumption that the adult has the ability to give or withhold consent; to make informed choices; to help inform choice through the provision of information, and the identification of options and alternatives; to have particular regard to the needs of individuals who require support with communication, advocacy or who lack the capacity to consent; and intervening in the life of an adult against his or her wishes only in particular circumstances, for very specific purposes and always in accordance with the law.
- (5) A Collaborative Approach:** To acknowledge that adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community, independent and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood. Working in partnership and a person-centred approach will work hand-in-hand.

## LEGAL CONTEXT - NORTHERN IRELAND

Adults at risk are protected in the same way as any other person against criminal acts.



If a person commits theft, rape or assault against an adult at risk, he/she 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 to make a decision about any subsequent action. There are a number of pieces of legislation of relevance to safeguarding adults at risk in Northern Ireland; further information **Appendix 1**

### **Relevant Legislation – Northern Ireland**

The Criminal Law Act (Northern Ireland) 1967, Section 5

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

The Mental Health (Northern Ireland) Order 1986

The Mental Capacity Act (Northern Ireland) 2016

The Police and Criminal Evidence (Northern Ireland) Order 1989

The Disability Discrimination Act 1995

The Race Relations (Northern Ireland) Order 1997

The Public Interest Disclosure (Northern Ireland) Order 1998

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

The Northern Ireland Act 1998, Section 75

The Criminal Evidence (Northern Ireland) Order 1999

The Human Rights Act, 1998

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

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

The Sexual Offences, (Northern Ireland), Order 2008

The Carers and Direct Payments Act (N.I) 2002

The Data Protection Act, 2018

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

Legislation relating to safeguarding and protecting adults can be accessed through [www.opsi.gov.uk](http://www.opsi.gov.uk).

### **CONSENT AND CAPACITY**

The Sisters of Mercy, NP, seek to work in the best interests of the adult at risk with his/her consent. Sisters, staff and volunteers should always be mindful of the need for the adult to

consent to, and be comfortable with, any proposed activity/service. Consent is a process - it results from understanding through dialogue and the provision of information.

Consent is a clear indication of a willingness to participate in an activity or to accept a service. An 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, for example, in circumstances where an adult is in a residential home and 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.

The important issue is to ensure the consent given is valid and appropriate steps should always be taken to ensure that consent is valid.

Consent is only considered to be valid when:

- The adult has the capacity to consent, that is s/he can understand and weigh up the information needed to make the decision; *and*
- The adult is appropriately informed, that is, s/he has been given sufficient information, in an appropriate way, on which to base the decision; *and*
- It has been given voluntarily, that is, free from coercion or negative influence.

If any of these factors is absent, consent cannot be considered to be valid. In cases where the adult lacks capacity, decisions will usually be made on behalf of the adult in accordance with legal provisions.

Sisters, staff and volunteers should remember that no one can give or withhold consent on behalf of another adult unless special legal provision has been made for this. 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.

Sisters and staff should:

- ❖ presume that the adult at the centre of discussion or action is able to give or withhold consent unless it is established otherwise.
- ❖ Make every effort to encourage and support the adult to make the decision for themselves and communicate the decision. This includes giving them all the necessary information which is explained or presented in a way which the adult fully understands. If lack of capacity is established, it is still important to involve the person as far as possible in making decisions.
- ❖ An adult who has capacity has the right to make what others may regard as an unwise decision. Sometimes a balance needs to be struck between the adult's human rights and the need to intervene to protect others.
- ❖ Provide support to the adult where they have withheld consent and this has been overridden
- ❖ Understand that an adult can change their mind about any choice or decision they have made.

Where there are concerns about consent, for example, doubts about whether consent has been given or whether it is valid, the matter should be brought to the attention of the Line Manager, who should seek professional advice where necessary.

## Capacity

Mental capacity means the ability to make a decision and take actions. An adult will always be assumed to have capacity to make a decision unless it is suspected otherwise. This means that personnel should always start by believing that the adult can make their own decisions unless they can prove otherwise. It does not matter what the adult looks like, how they behave, what age they are or if they have a disability or illness.

Personnel must be aware that capacity can fluctuate and it is both issue and time specific, therefore it should be kept under review.

Where there are doubts about an adult's capacity to make a decision or a series of decisions, these concerns should be reported to the Line Manager who should seek professional advice from the local Health and Social Care Trust. It may be necessary for a Health and Social Care professional to conduct a capacity assessment.

Any decisions made or actions taken on behalf of an adult who lacks capacity must be done in their best interests, after considering their preferences. The person/agency making the decision must consider whether it is possible to do this in a way that would interfere less with the freedoms and rights of an adult. Where appropriate, relevant family members or carers should be consulted regarding what action to take.

## Advocacy

An adult who lacks capacity to make a decision may have the potential to benefit from advocacy services. Advocacy helps people to:

- Access information and services;
- Be involved in decisions about their lives
- Explore choice and options
- Defend and promote their rights; and
- Speak out about issues that matter to them.

Advocacy helps to ensure that the adult at risk remains central to the decision-making process. An advocate should not make decisions on behalf of the adult, but always work in partnership with them.

The consent of the individual should be sought by the Designated Liaison Person prior to reporting any matter to the civil authorities and onto family and/or care service providers.

**Individuals have the right to make such choices about reporting, however if a criminal act is suspected, it must be reported to the civil authorities.**

If upon receipt of a concern, in a situation where it is not clear that a criminal act has taken place (yet the Designated Liaison Person believes that others may be at risk of harm) consultation should take place with the civil authorities as to the best course of action, notwithstanding the fact that the adult at risk has not given consent.

If the adult at risk is unable to give informed consent, discussion should take place with the carer/guardian/close family about reporting allegations and consultation should take place with relevant medical and social work personnel. A decision may need to be made regarding who can give consent on behalf of the adult at risk and consultation may be required with legal advisers and professional staff.

The Designated Liaison Person should not make determinations around capacity to give consent without consulting with the appropriate personnel.

## 2. RECRUITMENT AND SELECTION PROCEDURES

It is important to have safe recruitment and selection procedures in place to minimise the opportunity for unsuitable people to work with or volunteer with adults at risk.

The Sisters of Mercy, (NP) make every effort to screen out unsuitable individuals. Safeguarding adults at risk, is a primary consideration in the recruitment, selection and management of personnel.

Recruitment and Selection Procedures have been produced and are applied to all appointments within the Province. A Human resources Co-ordinator has been appointed to assist with the selection and recruitment of personnel and to ensure that the recruitment procedures are being implemented consistently within the Province.

The following procedures are in place:

- ✓ There is a Job Description and Personnel Specification outlining the key skills and abilities required for the post/role.
- ✓ There is an open Recruitment Process.
- ✓ There is an Application Form that covers past work / experience/volunteering.
- ✓ There is a Declaration Form requesting information on previous convictions and investigations, if any.
- ✓ Consent for an Access NI Disclosure check, where appropriate.
- ✓ There is an Interview process appropriate to the post/role and task.
- ✓ Written References are sought from two people (one of whom must be the last employer – not relatives), which are followed up where necessary.
- ✓ There is a Qualification check where appropriate.
- ✓ There is an Identification check where appropriate.
- ✓ There is a Code of Behaviour.
- ✓ An Enhanced Disclosure check through Access NI is carried out, where appropriate.
- ✓ The Post is approved by Management.

### **3. MANAGEMENT, SUPPORT, SUPERVISION AND TRAINING OF PERSONNEL**

#### **Effective Management**

##### **Induction**

The Sisters of Mercy, (NP), recognise that a thorough Induction Process is integral to good managerial practice. Induction will take place when an individual takes up a new post or role and will include:

- Information on the policies, procedures, guidelines, activities and ethos of the Province
- Expectations and boundaries within which the staff member should operate
- Awareness raising in relation to safeguarding
- Meeting with co-workers, managers and relevant others
- Practical information in relation to breaks, location of facilities, etc.

A timeframe is set within which the induction should be completed.

New personnel are provided with the opportunity to read the policies, procedures and guidelines including Safeguarding Adults At risk of Harm material.

Personnel are provided with the opportunity to read the Staff Handbook and are informed on how to access the document for reference purposes.

Following completion of induction, personnel are required to confirm in writing they have read and understood the policies and procedures and agree to abide by them.

##### **The Probationary Period**

Appointments will be conditional on the completion of a satisfactory period of probation, usually a period of six months, established at the time of taking up the post or role. A record will be kept of any matters arising and/or any training needs identified. During the probationary period, progress in post/role will be reviewed at regular intervals and any concerns addressed appropriately.

##### **Structure for Line Management and Support appropriate to the Post/Role**

Good practice indicates that support and supervision are beneficial in enabling personnel to feel supported in the work which they do and to ensure that they are carrying out their duties to the required standard. Regular meetings between staff and management provide the opportunity to give and receive feedback on performance and other relevant issues and to assist in the identification of areas for attention/development. Written records of line management, support and training will be retained.

## **Relevant Training appropriate to the Post/Role**

Personnel will receive training appropriate to the nature of their work and the profile of the adults concerned. The training will be reviewed and updated in line with changing legislation, practice and guidance.

A good understanding of the nature of abuse is essential to ensure that personnel remain alert to signs that an adult may have been abused. Adult Safeguarding training will include a basic awareness and understanding of the factors which increase the risk of harm in adulthood, the possible signs of adult abuse; responding when abuse is disclosed or suspected; recording and reporting procedures and the meaning of confidentiality in the context of adult safeguarding. Personnel must take concerns about adult abuse seriously; deal with information about alleged abuse sensitively; know not to make promises to keep secrets; understand that their role is not to investigate and know how to report concerns in accordance with the Sisters of Mercy, (NP) reporting procedure.

Other relevant training will be provided depending on the profile and needs of the individuals concerned, for example, dealing with challenging behaviour, understanding dementia. A record will be kept of the Adult Safeguarding Training provided for and undertaken by personnel within the Province.

## **4. RECOGNISING, RESPONDING TO AND REPORTING SAFEGUARDING CONCERNS.**

### **RECOGNISING ABUSE**

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

Personnel within the Sisters of Mercy, (NP) are expected to be alert to the signs, actions and or behaviour of adults at risk that suggest something may be wrong.

An adult may be at risk of harm because of their personal characteristics and/or life circumstances which may increase exposure to harm either because a person may be unable to protect him/herself or their situation may provide opportunities for others to neglect, exploit or abuse them.

### **WHAT IS ABUSE?**

Abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights.

Abuse is the misuse of power and control that one person has over another. It can involve direct and indirect contact and can include online abuse.

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

The main forms of abuse are:

#### **Physical abuse**

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

#### **Sexual violence and abuse**

Sexual abuse is any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.



### **Psychological / emotional abuse**

Psychological / emotional abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

### **Financial abuse**

Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

### **Institutional abuse**

Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside the HSC sector. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

### **Neglect**

Neglect occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk.

### **Exploitation**

Exploitation is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

It is also possible that if a person is being harmed in one way, he/ she may very well be experiencing harm in other ways.

### **Related Definitions**

There are related definitions which interface with Adult Safeguarding, each of which have their own associated adult protection processes in place.

### **Domestic violence and abuse**

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

### **Human trafficking**

Human trafficking involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

### **Hate crime**

Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

Victims of domestic violence and abuse, sexual violence and abuse, human trafficking and hate crime are regarded as adults in need of protection. There are specific strategies and mechanisms in place designed to meet the particular care and protection needs of these adults and to promote access to justice through the criminal justice system.

## **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 adult, including someone who is physically and/or emotionally close to the adult at risk, and on whom they may depend and trust. It could be a partner, spouse, child, relative, friend, informal carer, a health, 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.

### **Peer Abuse**

The abuse of one adult by another 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**

The abuse of an adult by someone whom they do not know, such as a stranger, a member of the public or a person who deliberately targets adults at risk.

**The Sisters of Mercy, Northern Province have procedures in place for dealing with concerns raised by Sisters, staff, volunteers and adults at risk and for reporting those concerns to the local HSC Trust or PSNI where appropriate. It is preferable that the established forms are used for reporting purposes. (Appendix 3)**

## **RESPONDING TO & REPORTING ADULT SAFEGAURDING CONCERNS.**

Where there are concerns raised about an adult at risk or where a disclosure or allegation is made, people often feel anxious about passing on the information. Often personnel feel afraid that their concerns may be wrong and because of this, may delay in passing on information regarding an adult at risk. It is important for Sisters, staff and volunteers to understand 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, personnel do need to pass on any concerns they have through the reporting procedures of the Northern Province. Sharing information is one of the most important ways to prevent and detect adult abuse.

## **HOW CAN YOU BE ALERTED TO SIGNS OF ABUSE OR NEGLECT?**

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

- They may disclose to you
- Someone else may tell you of their concerns or something that causes you concern
- An individual may show some signs of physical injury for which there does not appear to be a satisfactory or credible explanation
- A person's demeanour/behaviour may lead you to suspect abuse or neglect

- The behaviour of a person close to them makes you feel uncomfortable. (This may include another staff member, volunteer, peer or family member).
- Through general good neighbourliness and social guardianship.

Being alert to abuse plays a major role in ensuring that adults are safeguarded and it is important that all concerns about possible abuse are taken seriously and appropriate action is taken.

## WHAT IF AN ADULT AT RISK DISCLOSES ABUSE?

In situations where an adult discloses abuse, it is important that personnel respond appropriately and in accordance with the following guidelines:

### DO

- ✓ Stay Calm;
- ✓ Listen attentively;
- ✓ Express concern and sympathy and acknowledge what is being said;
- ✓ Reassure the person – tell him/her that they did the right thing in telling you;
- ✓ Let the person know that the information will be taken seriously and provide information regarding what will happen next, including the limits and boundaries of confidentiality;
- ✓ If urgent medical/police help is required, call the emergency services
- ✓ Ensure the immediate safety of the person;
- ✓ Be aware that medical and forensic evidence might be needed and consider a timely referral to the police;
- ✓ Let the person know that they will be kept involved at every stage;
- ✓ Record in writing, date and sign and report to the Line Manager/ Designated Liaison Person
- ✓ 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 any information about this to anyone who does not have a legitimate need to know;
- Contact the person alleged to have caused the harm;
- Attempt to investigate yourself;
- Leave details of your concern on a voice mail or by email;
- Delay.

## Checking Out

There may need to be some initial checking out with the person who has disclosed information to you in order to ensure his/her safety, for example, if a Sister or staff member notices a bruise on an individual's arm, it would be appropriate to ask "I see you have a bruise on your arm. How did that happen?" **Sisters, staff and 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 checking for factual accuracy, listening, and expressing concern.

## **Reporting and recording**

All concerns, disclosures and allegations should be recorded on the Form provided by the Sisters of Mercy, (NP), Appendix 3. An accurate record should be made of the date and time that the person became aware of the concerns, the parties who were involved and any action taken. If there is a disclosure, record what was said as soon as possible in the adult's own words. The record should be clear and factual and may at some time be used as evidence in court. The information should be kept in a secure place and shared only with those who need to know.

## **Confidentiality**

Personnel need to understand that information in relation to a concern, disclosure, allegation or suspicion should only be passed to their Line Manager/Leader or the Designated Liaison Person for the Sisters of Mercy. The Sisters of Mercy will ensure that records of alleged or suspected abuse are stored securely in Provincial House.

## **Consent and Capacity**

Adults at risk of harm should be central to decisions regarding any actions to prevent or protect them from harm; their wishes are of paramount importance in all cases of alleged or suspected abuse. If an adult at risk does not want a referral made to the HSC Trust or PSNI, the DLP or appointed person must consider the following:

- Do they have capacity to make this decision?
- Have they been given full and accurate information in a way which they understand?
- Are they experiencing undue influence or coercion?
- Is the person causing harm a member of staff, a volunteer or someone who only has contact with the adult at risk because they both use the service?
- Is anyone else at risk from the person causing harm?
- Is a crime suspected or alleged?

\*There should be no assumptions made regarding an individual's capacity or incapacity and in the first instance, unless there is contrary information, every individual should be viewed as having the capacity to make decisions about their own situation. However, if an issue is raised in relation to any individual's cognitive ability to make an informed decision about their safety, the HSC Trust, Designated Adult Protection Officer, (DAPO) should ensure a capacity assessment is completed.

The above factors will influence whether or not a referral without consent needs to be made. If in doubt, the DLP or appointed person should contact the HSC Trust, Adult Protection Gateway Service for advice and guidance.

If it is determined that the concerns do not meet the definition of an adult at risk or an adult in need of protection, the concerns raised must be recorded; including any action taken and the reasons for not referring to the HSC Trust.

The DLP will ensure that records of reported concerns are compiled and analysed to determine whether a number of low-level concerns are accumulating to become significant.

**Where the DLP is not immediately available, this should not prevent action being taken or a referral being made to the HSC Trust in respect of any safeguarding concern.**

## **HSC Trust Decision Pathway**

On receipt of the adult at risk referral the Key Worker will discuss the concern with their Line Manager and/or the Designated Adult Protection Officer, DAPO, in core services to establish the facts of the concern and determine if the threshold for an adult at risk is met.

Where this is not met, they will inform the referrer of the outcome of their decision and make any necessary recommendations for alternative responses.

Where the decision is that the adult is potentially at risk of harm, the Key Worker and their Line Manager will discuss the appropriate response. This will include an assessment of the risk identified in the referral and a review of the care and support needs which will minimise the risk of harm.

The consent of the adult at risk will be sought and the assessment will include the wishes and views of the adult at risk and where appropriate, their family and carers.

The Key Worker will inform the referrer of the outcome of the assessment and care plan.

## **THE ROLE OF THE DESIGNATED LIAISON PERSON/ADULT SAFEGUARDING CHAMPION**

The Sisters of Mercy, NP, have a Designated Liaison Person (DLP) and a Deputy Designated Liaison Person in place who act as the appointed persons (Adult Safeguarding Champions) and are responsible for dealing with concerns, disclosures or allegations of a safeguarding nature.

The Designated Liaison Persons are responsible for managing concerns, allegations and complaints of actual or suspected abuse in relation to children and/or adults at risk.

In addition, the DLPs will provide information and support to personnel in relation to safeguarding issues.

The role of the **Designated Liaison Person (Adult Safeguarding Champion)** is:

- to provide information and support for Sisters and Staff on adult safeguarding matters within the Northern Province
- to ensure that the "Safeguarding Adults At Risk of Harm" Policy and Procedure is disseminated to the personnel of the Sisters of Mercy (NP), situated within Northern Ireland

- to support and oversee the implementation of the Safeguarding Adults At Risk of Harm Policy and Procedures within the Province
- to appraise the Provincial Leadership Team in relation to Adult Safeguarding Training and Resource needs
- to provide advice to Sisters, staff or volunteers who have concerns about signs of harm
- to liaise and report to the HSC Trusts/PSNI as appropriate where there is a safeguarding concern
- to support staff to ensure that actions take into account of the wishes of the adult at risk
- to establish and maintain contact with the HSC Trust, Designated Adult Protection Officer (DAPO), PSNI and other agencies as appropriate;
- to ensure accurate and up to date records are maintained securely, detailing all decisions made, the reasons for those decisions and any actions taken;
- to compile and analyse records of reported concerns to determine whether a number of low-level concerns are accumulating to become significant; and make records available for inspection.

## **PROCEDURE FOR REPORTING ADULT SAFEGUARDING CONCERNS**

The Sisters of Mercy, NP, recognise that the welfare of an adult at risk is the paramount concern. The first priority will always be to ensure the immediate safety and protection of the individual.

When a concern is raised in relation to an adult safeguarding concern or disclosure, the DLP will act promptly and in accordance with agreed procedures.

He/ She will;

- Inform the Provincial Leader without delay.
- Consider whether or not the concern is of a safeguarding nature which may involve checking out the information provided, being careful not to stray into the realm of investigation.
- Where there is doubt or uncertainty the Designated Liaison Person will consult the local Trust, Adult Protection Gateway Team.
- If it is considered not to be a safeguarding issue, there is no requirement to refer to a statutory authority. Alternative responses will be considered, such as, the provision of monitoring, training, support or advice to personnel. A confidential record will be kept of the concern raised, the action taken and the reasons for not referring to the civil authorities. This is important in case concerns are raised in the future, which when taken together, indicate that a person is being harmed and protective action is required.

### **If it is decided that it is a safeguarding issue:**

- Where immediate danger exists, ensure that medical or police assistance has been sought.
- Obtain the consent of the adult at risk to report the matter to the civil authorities, however if the harm involved is a criminal act, then the civil authorities must be informed.
- A formal written referral will be made by the DLP to the HSC Trust, Adult Protection Gateway Service.
- The HSC Trust will conduct a risk assessment and reach a decision regarding the appropriate response.
- Where appropriate, the DLP will provide support to staff to ensure that actions take into account the wishes of the individual.
- The DLP will act as the liaison point for any investigative action and will be available as required to assist the investigation undertaken by the HSC Trust and the PSNI, (with input from RQIA where appropriate).
- The DLP will ensure that accurate and timely records have been completed and are stored securely in Provincial House.
- The DLP will facilitate access to relevant case records or staff as and when required.

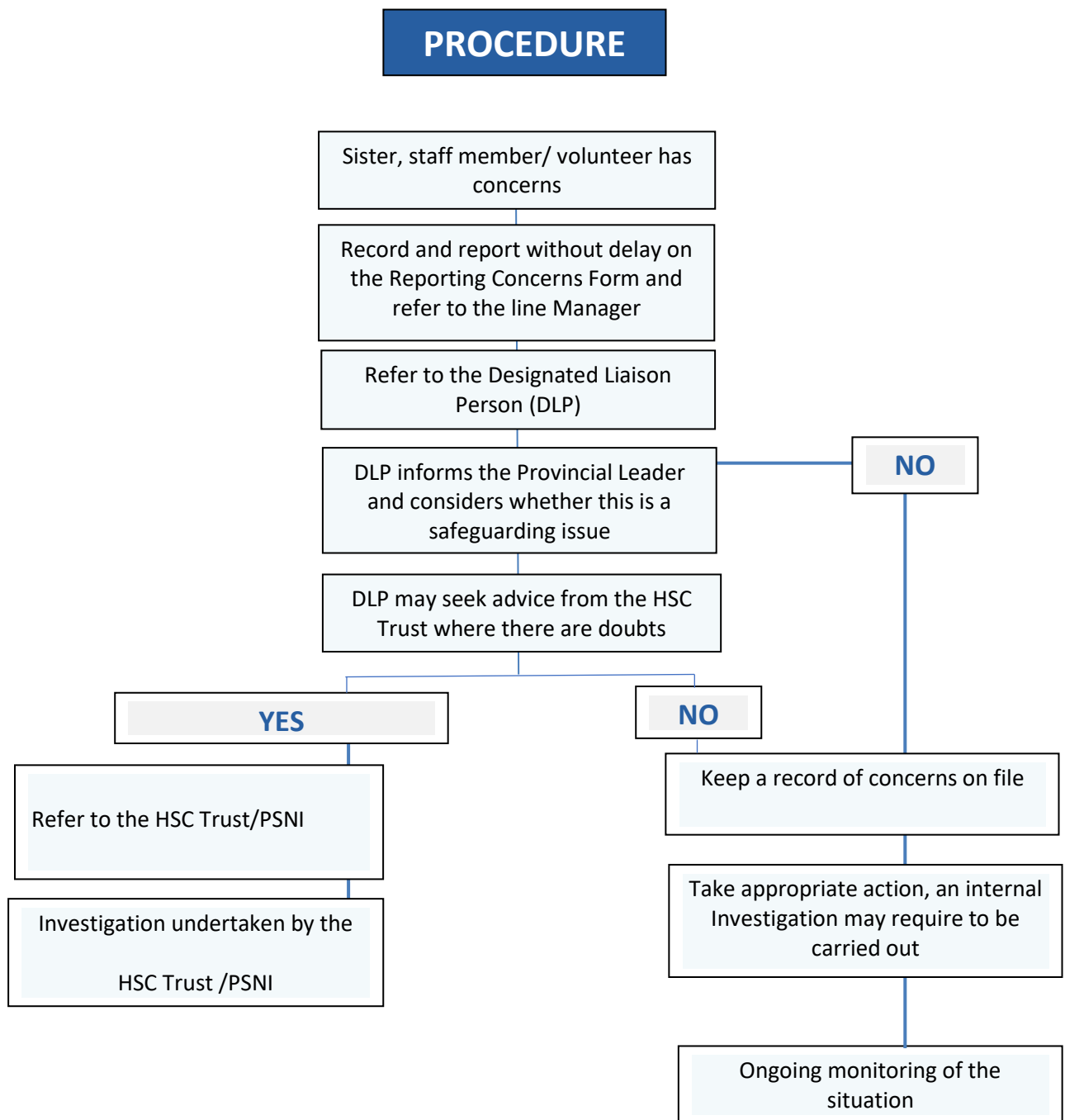
When a referral is made to the HSC Trust by the Designated Liaison Person the minimum information required will include:

- The name and address of the person and his /her current location
- An indication of whether or not the individual is aware of/has agreed to the referral
- 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 - for example, information in relation to an alleged perpetrator and his/her location.

**CONTACT DETAILS FOR SAFEGUARDING PERSONNEL, SISTERS OF MERCY, NORTHERN PROVINCE (Appendix 4)**



# REPORTING PROCEDURE



**Concerns about general welfare that are not linked to safeguarding may be referred to the HSC Trust in the usual way**

## MANAGING CONCERNS OR ALLEGATIONS AGAINST STAFF/SISTERS

An allegation against a Sister, staff member or volunteer is one of the most difficult situations to deal with. The response from the Sisters of Mercy, NP will be consistent at all times, regardless of relationships, as the primary concern must be the safety and well-being of adults at risk. When responding to an allegation made against a Sister, staff member or volunteer the Congregation has a dual responsibility: firstly, to the adult at risk and secondly to the Sister, staff member or volunteer in question.

- Initially the details of the allegation will be fully recorded and passed to the Line Manager/Leader who will inform the DLP
- The details of the incident will be recorded by the Designated Liaison Person (DLP) who will inform the Provincial Leader
- The DLP will establish if the concern relates to a safeguarding issue/whether there are reasonable grounds for concern and whether to report the concerns directly to the relevant civil authorities
- The Line Manager/ DLP will take whatever steps are necessary to ensure the safety of the alleged victim and all parties to prevent risk of further potential harm/abuse
- The DLP will consult with the civil authorities to ensure that any subsequent action does not prejudice their investigation. In all cases, the civil investigation precedes any action which will be undertaken by the Province
- Following consultation, and if agreed with the civil authorities, the Sister, staff member/volunteer will be informed that an allegation has been made against him/her.
- The Designated Liaison Person will refer the adult at risk to the Health and Social Care Trust who will determine the most appropriate way forward.
- It may be necessary to take precautionary measures which may include suspending the person or moving him/her to alternative duties. Suspension is a neutral act to allow the investigation to proceed and to remove the individual from the possibility of any further allegation. Where suspension is considered necessary it will be managed as sensitively as possible.
- Only those internal disciplinary procedures which do not compromise any investigations being conducted by the statutory authorities will commence.
- Once the statutory investigation has concluded, the case will be reviewed internally and all actions taken will be in accordance with the Disciplinary Policy of the Sisters of Mercy, NP.
- If the concerns or allegations relate to a Sister of Mercy, the Provincial Leader will consider asking the Sister to stand aside from ministry to allow the investigation to proceed. On conclusion of the investigation by the statutory authorities, the Provincial Leader will review the case and decide on the way forward.

- A written record of meetings and consultations will be compiled by the DLP and a confidential case file will be opened and stored securely in Provincial House.

### **Outcomes**

As a result of the investigation the allegation may or may not be substantiated. There are four possible outcomes:

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

The investigation finds that the allegation of harm/risk of harm is substantiated and the individual is removed. In these circumstances, in Northern Ireland, there is a statutory duty to refer to the Disclosure and Barring Service, under the *Safeguarding Vulnerable Groups, (Northern Ireland) Order 2007*. It should be at the point when a determination of harm/risk of harm and a decision to remove the individual from regulated activity is made, that the duty to refer to the DBS is triggered. If the individual retires or resigns, the investigation will be concluded and a referral will be made to DBS if the investigation concludes that harm/risk of harm to an adult at risk has occurred.

#### **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, subject to appropriate disciplinary sanctions, training/retraining being undertaken and support or supervision arrangements being put in place. The relevant Professional Regulatory body may need to be informed. Despite the finding that harm/risk of harm has occurred, the decision to return the individual to the post means that a referral to Disclosure and Barring Service is not required.

#### **Allegation of harm/risk of harm unsubstantiated – ongoing concerns**

The investigation finds that the allegation is unsubstantiated, that is, that the individual has not harmed (or placed at risk of harm) an adult at risk, however there are ongoing concerns about the conduct of an individual, The Sisters of Mercy, N.P, may conclude that the person can be reinstated with additional support, supervision and training. 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) an adult at risk. The individual should be reinstated and provided with support where appropriate.

### **Anonymous allegations**

Enquiries will be made into anonymous allegations, however these may not progress into a formal investigation unless there is supporting evidence. A record will be retained of the allegation made and the subsequent enquiries carried out.

### **Mandatory Reporting - Section 5 of the Criminal Law Act (Northern Ireland)1967**

It is a legal requirement in Northern Ireland for any person who knows or believes that a serious offence has been committed, including an offence relating to Rape, Sexual Assault and False Imprisonment to report such information to the police authorities.

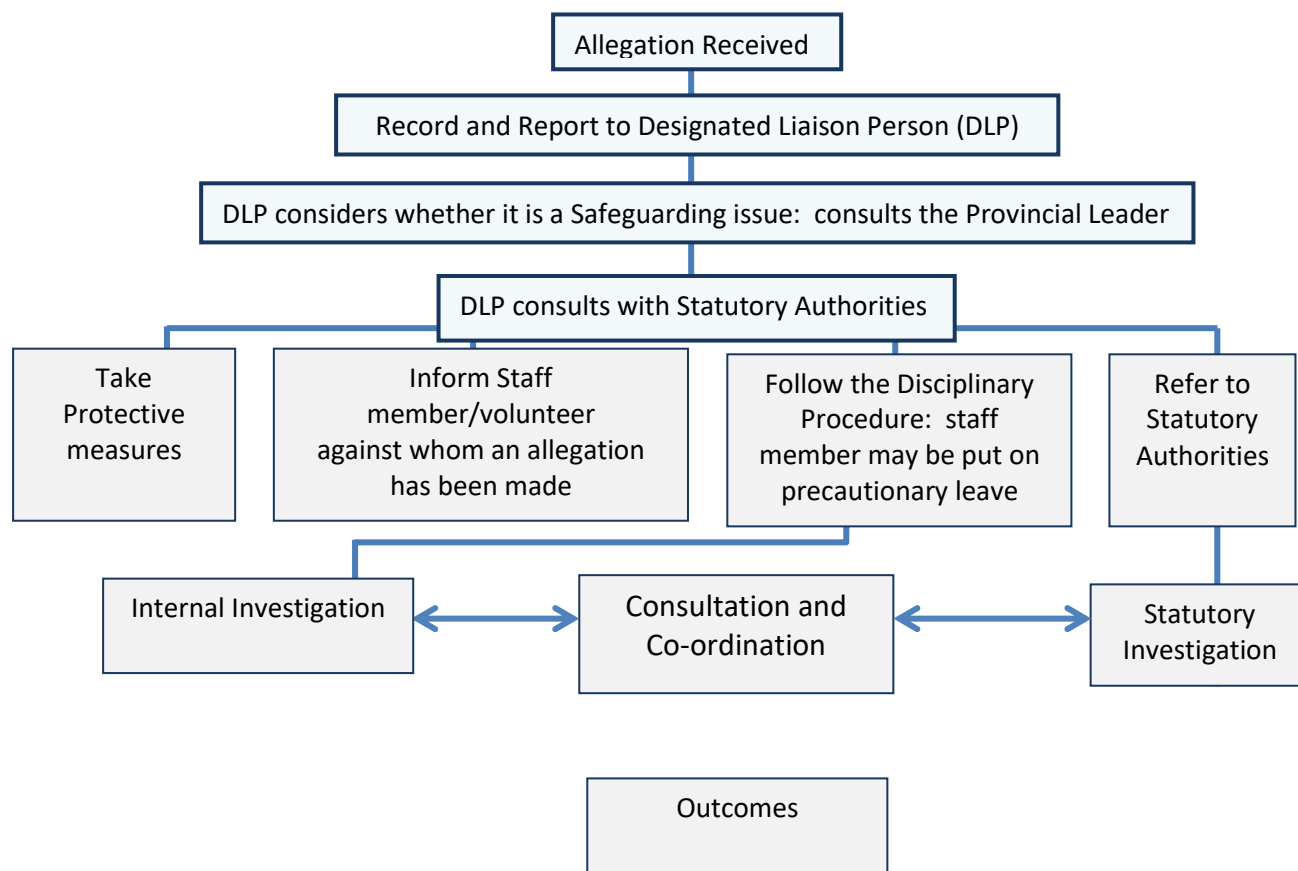
### **Whistleblowing Policy (Appendix 5)**

Whistleblowing occurs when a Sister, staff member or volunteer raises a concern about misconduct or illegal or underhand practices by individuals and/or an organisation. The concern may be about the way care and support is being provided, such as practices that cause harm or the risk of harm to others or where there is abusive, discriminatory or exploitative behaviour.

The Sisters of Mercy, Northern Province, have a Whistleblowing Policy which makes clear that:

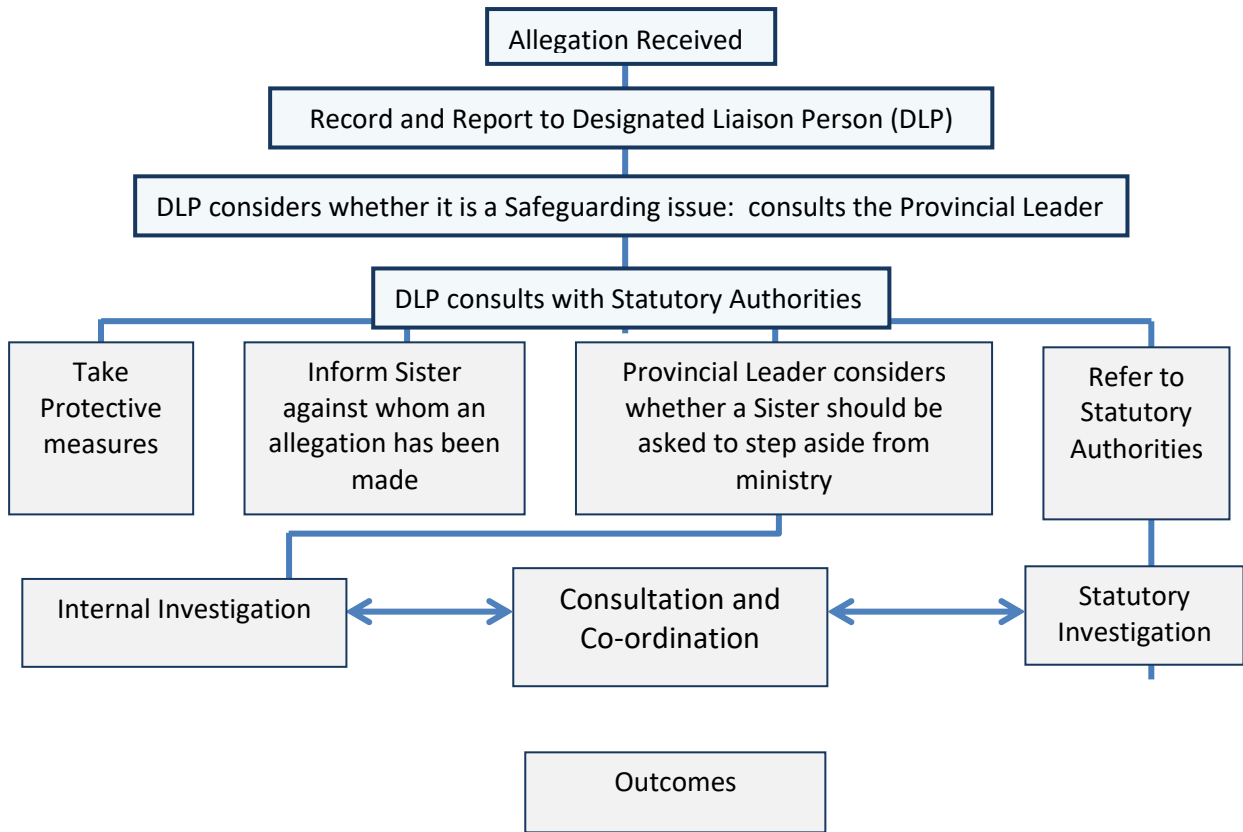
- the Province takes poor practice or malpractice seriously
- Sisters, staff and volunteers have the option to raise concerns outside of the line management structure
- the Province will, where possible, respect the confidentiality of the individual raising the concern
- it is a serious matter to victimise a genuine whistle-blower.
- It is also a serious matter for someone to maliciously make a false allegation.

## HANDLING A CONCERN, SUSPICION OR ALLEGATION OF ABUSE AGAINST A STAFF MEMBER/VOLUNTEER



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

## HANDLING A CONCERN, SUSPICION OR ALLEGATION OF ABUSE AGAINST A SISTER OF MERCY N.P



1  <b>or</b>	Allegation of harm/risk substantiated – individual removed from ministry	Refer the individual to the Disclosure and Barring Service, (DBS). If relevant, inform the appropriate Professional body. Provincial Leader should review the case in accordance with canonical and legal advice.
2  <b>or</b>	Allegation of harm/risk substantiated – individual reinstated to ministry with restrictions.	Appropriate disciplinary sanction should be applied, training/retraining undertaken, support and supervision provided. If appropriate, inform relevant Professional body. Provincial Leader may seek canonical and legal advice.
3  <b>or</b>	Allegation of harm/risk unsubstantiated – individual reinstated to ministry but ongoing concern, for example, practice issues.	Sister should be offered support, training/retraining and supervision if necessary. If appropriate inform relevant Professional body
4	Allegation of harm/risk of harm unsubstantiated –no ongoing concerns	Sister should be offered support, training and/or supervision if appropriate

## 5. ASSESSING AND MANAGING RISKS WITH REGARD TO ADULT SAFEGUARDING

Assessment of risk is the process of examining what could possibly cause harm to adults at risk. in the context of the ministries and services which are provided within the Province.

In terms of safeguarding, the aim of risk assessment and management is to prevent harm from occurring.

The primary aim of the Safeguarding Adults At Risk of Harm Policy and Procedures of the Sisters of Mercy, NP, is to reduce the risk of harm occurring by establishing a culture in which the rights of individuals are fully respected, and by putting in place a range of procedures which promote a culture of zero- tolerance of abuse. A Health and Safety Co-ordinator has been appointed by the Sisters of Mercy, NP, to provide advice and support in relation to risk management.

The Safeguarding Adults At Risk of Harm Policy and Procedures of the Sisters of Mercy, NP, has the potential to reduce the likelihood and impact of abuse by:

- Implementing safe recruitment and selection procedures to prevent unsuitable people from being employed in the Province
- Making Sisters, staff and volunteers aware of indicators of risk and the possible signs of abuse, and by equipping them to respond quickly to concerns about actual, alleged or suspected abuse
- Ensuring that Sisters, staff and volunteers are properly inducted, trained, supported and supervised in their work
- Ensuring that Sisters, staff and volunteers are trained to recognise acceptable behaviours and good practice and know the procedures for challenging poor practice
- Promoting a culture of inclusion, transparency and openness in the ministries/services/activities provided within the Province
- Making Sisters, staff and volunteers aware of how information should be handled
- Having in place effective management processes and practices supported by policies and procedures.
- Making sufficient resources available, for example, personnel, finances.

It is important that risks and risk-reducing measures are recorded and kept under review. Some degree of risk-taking is an essential part of fostering independence.

In a culture of positive risk taking, risk assessment should involve everyone affected, including; Adults at risk, Sisters, Staff, Carers and Volunteers.

Accidents, incidents and near misses, particularly when these recur, may be indicators of risks, including a risk to safeguarding, which need to be managed. It is important that accidents, incidents or near misses which involve adults at risk are reported to the local Leader, Line Manager or Health and Safety Co-ordinator who will determine how the matter should be addressed.

## 6. COMPLAINTS PROCEDURE (Appendix 6)

The Sisters of Mercy, (NP), are open to receiving feedback from adults at risk, carers, advocates, Sisters, staff and volunteers with a view to improving the way in which their activities and ministries are provided. Where there is a complaint about how a concern of a safeguarding nature has been dealt with by the Province, the complainant has access to the *Safeguarding - Complaints Handling Procedure*, which sets out the procedure which will be followed to ensure that their complaint is dealt with in an effective, timely and fair manner.

Records of meetings and the information shared at each stage of the procedure will be kept confidential and stored securely in the Provincial House, Clogher, Co Tyrone.

## 7. MANAGEMENT OF RECORDS, CONFIDENTIALITY AND SHARING OF INFORMATION

Sisters, staff and volunteers should treat Information or concerns/allegations or suspicions relating to adult safeguarding as confidential and share only on a “need to know” basis.

Information of a confidential nature should only be communicated on a need-to-know basis and, in most circumstances, with the consent of the adult at risk. All parties should be informed that they are entitled to seek legal advice and obtain professional support.

### **The Data Protection Act 2018**

The Data Protection Act, 2018, replaces the 1998 Act and provides a comprehensive legal framework for data protection in the UK in accordance with the General Data Protection Regulation (E. U.). The Act sets new standards for protecting personal data, giving people more control over use of their data. The Act confers rights on the person about whom personal information is kept and places duties on those who process or control such data. One of the key provisions of the Data Protection Act is that personal information must be used fairly and lawfully. Personal information should be accurate, relevant and stored securely and can only be shared in limited circumstances, for example, for the detection of a crime.

However, Sisters, 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 which they may have been told in confidence, to the Designated Liaison Person.

All records relating to issues, concerns or allegations of a safeguarding nature will be maintained and stored securely by the Designated Liaison Person in the Safeguarding Office, Provincial House, Clogher, Co Tyrone.



## 8. CODE OF BEHAVIOUR

The Sisters of Mercy, staff and volunteers encounter adults who may be at risk in a range of situations and locations. The Mercy Code of Behaviour sets out the expectation that Sisters, staff, volunteers and everyone who visits its premises, should relate to each other in a mutually respectful way.

The effective implementation of this Policy requires the commitment of all to the Mercy Code of Behaviour.

### **The Code of Behaviour requires all to:**

- treat adults at risk with dignity and respect
- be patient and listen
- adopt a person-centred approach
- treat all fairly and equally
- strive to establish and maintain trust and confidence
- encourage individuals to participate and to fulfil their ability and potential
- promote independence and choice while protecting individuals as far as possible from danger and harm
- respect the rights of adults at risk while seeking to ensure that their behaviour does not harm themselves or other people
- be accountable for the quality of one's work, take responsibility for maintaining knowledge and skills.

### **Sisters, staff and volunteers should:**

- ensure that physical contact is person-centred and appropriate to the task required
- understand and implement the care plan where required to do so
- provide personal care sensitively and with respect for the individual's dignity and privacy
- seek to defuse a situation, thereby avoiding the need to use any form of restraint
- only use restriction following professional consultation where it is absolutely necessary to protect the adult at risk or others from harm
- be open to and aware of diversity in the beliefs and practices of individuals and their families
- ask how care should be delivered having regard to the cultural needs of others
- be aware of the difficulties posed by language barriers and other communication difficulties
- not discriminate against individuals who have different cultural backgrounds and beliefs
- use the procedures in this Policy to report any discrimination against adults at risk and their families by others
- report any concerns to their Line Manager/Designated Liaison Person
- maintain records of receipts and expenditure where appropriate
- never gain when using an individual's money on his/her behalf
- never borrow money from or lend money to adult at risk
- report suspicions of financial abuse
- report any inappropriate use of images of an adult at risk
- report any inappropriate or dangerous behaviour
- encourage individuals to tell someone if they encounter anything that makes them feel unsafe or threatened.

## **Unacceptable behaviours are those that should be avoided**

### **Sisters, staff or volunteers should avoid:**

- spending excessive amounts of time alone with an adult at risk and away from others
- taking an adult at risk to his/her home
- taking an adult at risk alone on a car journey, unless this forms part of their core activities.

### **Sisters, staff member or volunteers should never:**

- abuse, neglect, harm or place at risk of harm whether by omission or commission
- make inappropriate comments/jokes
- engage in rough physical games (including horseplay)
- engage in sexually provocative games or make sexually suggestive comments
- form inappropriate relationships
- gossip about personal details
- photograph/video an adult at risk even by mobile phone, without their valid consent.

Breaching the Code of Behaviour is a serious issue which will be investigated and may result in disciplinary action and ultimately dismissal.

If the behaviour constitutes harm/risk of harm a referral to the HSC Trust, PSNI and the Regulatory Body will be made as appropriate.

# APPENDICES

Appendix 1:	Relevant Legislation
Appendix 2:	Regulated Activity
Appendix 3:	Form for Recording and Reporting Concerns or Allegations of Abuse
Appendix 4:	Contact Details for Safeguarding personnel in the Northern Province
Appendix 5:	Whistleblowing Policy
Appendix 6:	Safeguarding Complaints Handling Policy

## **Appendix 1: Relevant Legislation – Northern Ireland**

The Criminal Law Act (Northern Ireland) 1967, Section 5

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

The Mental Health (Northern Ireland) Order 1986

The Mental Capacity Act (Northern Ireland) 2016

The Police and Criminal Evidence (Northern Ireland) Order 1989

The Disability Discrimination Act 1995

The Race Relations (Northern Ireland) Order 1997

The Public Interest Disclosure (Northern Ireland) Order 1998

The Family Homes and Domestic Violence (Northern Ireland) Order

The Northern Ireland Act 1998, Section 75

The Police and Criminal Evidence (Northern Ireland) Order 1989

The Human Rights Act, 1998

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

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

The Sexual Offences, (Northern Ireland), Order 2008

The Carers and Direct Payments Act (N.I) 2002

The Data Protection Act, 2018

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

### **The Criminal Law Act (Northern Ireland) 1967**

Section 5 of the Criminal Law Act, (Northern Ireland) 1967 creates an obligation on citizens to provide the police with any information they may have if they suspect a serious crime has been committed. 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.

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.

*\*A relevant offence is either an offence for which the penalty is fixed by law (for example, life imprisonment) or one for which someone of 21 years or upwards can be sentenced to 5 years imprisonment.*

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

These are the 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.

### **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 him/herself, 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 Protection 3 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 managing 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 welfare or medical decisions on another person's behalf.

### **The Mental Capacity Act (Northern Ireland) 2016**

The Act applies to people aged 16 and over. It considers their capacity independently to make decisions about their health, welfare or finances, and the safeguards that must be put in place if they lack the capacity to do so. The Act is based upon consideration of "... impairment of, or a disturbance in the functioning of, the mind or brain". This differs from the current Mental Health (Northern Ireland) Order 1986, which applies to any person with a "mental disorder".

The safeguards within the Act are not about having mental ill health or a learning disability. It is irrelevant whether or not an individual has any disorder or disability. The Act applies where a permanent, temporary or fluctuating lack of capacity independently to make decisions concerning health, welfare and/or finances has been established.

There are many circumstances where it may be necessary to consider if individuals have the capacity to make a decision for themselves due to an impairment or disturbance in the functioning of the mind or brain. This could include dementia, cerebrovascular accident, brain injury, psychosis or the unconscious patient. It is relevant in various care settings, for example, hospitals, care homes, GP surgeries, health centres and, in some cases, an individual's own home.

The Act introduces a presumption of capacity in all persons over the age of 16. It continues to make provision for substitute decision making, however an act done or decision made for or on behalf of a person lacking mental capacity, must be done or made in their best interests and with special regard to their past and present wishes and feelings. The Act makes clear that a person is not to be treated as unable to make a decision for himself or herself about the matter unless all practicable help and support to enable the person to make a decision about the matter, have been given without success. The date for full implementation of the Act is 2020, however this lack of devolved government in Northern Ireland may delay the process.

### **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. The role of the Appropriate Adult is to make sure an individual is supported and that they understand the process during their period in police detention.

### **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 and 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.

### **The Race Relations (Northern Ireland) Order 1997**

The Race Relations (NI) Order 1997, outlaws discrimination on the grounds of colour, race, ethnic or national origin. The Irish Traveller 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.

### **The Public Interest Disclosure (Northern Ireland) Order 1998**

The Public Interest Disclosure (Northern Ireland) 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. 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 requires public authorities to comply with two statutory duties. The first duty is the Equality of Opportunity duty, which requires public authorities 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 have regard to the desirability of promoting good relations between persons of different religious belief, political opinion and racial group.

### **The Criminal Evidence (Northern Ireland) Order 1999**

The Criminal Evidence (NI) Order 1999 introduced a range of special measures 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. 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 the HSC Trusts. There are 16 basic rights in the Human Rights Act. The following have particular relevance to adult safeguarding.

**Article 2 - Right to Life.** Everyone's right to life will be protected by law.

**Article 3 - Prohibition of Torture.** No one will be subjected to torture or to inhuman or degrading treatment or punishment.

**Article 4 - Prohibition of Slavery and Forced Labour.** Everyone has an absolute right not to be held in slavery or servitude or to be required to perform forced or compulsory labour.

**Article 5 - Right to Liberty and Security.** No one should have their freedom of movement restricted without good reason. In terms of safeguarding adults, this has implications for actions such as seclusion, restraint, 'locked door' policies and use of medication.

**Article 6 - Right to a Fair Trial.** Everyone has the right to liberty and security of person. This is relevant in terms of equality of access to justice.

**Article 8 - Respect for Private and Family Life.** Everyone has a right to a private and family life without interference, except in accordance with the law.

*First Protocol - Article 1 Protection of Property:* A person has the right to the peaceful enjoyment of their possessions. In relation to safeguarding adults 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.

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

The Health and Personal Social Services Act (N.I) 2001 established the Northern Ireland Social care Council to regulate the social work profession and other social care workers.

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

The Health and Personal Social Services (Quality, Improvement and Regulation (NI) Order 2003 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.

### **The Forced Marriage (Civil Protection) Act 2007**

The Forced Marriage (Civil Protection) Act 2007 seeks to assist victims of forced marriage or those threatened with forced marriage. A person threatened with forced marriage can apply to the court for a Forced Marriage Protection Order. Protection measures may include confiscation of passports or restrictions on contact with the victim.

### **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.

Articles 43–46 relate to offences against people who are unable to legally consent to sexual activity because of a mental disorder. Articles 47–50 provide added protection for those who have capacity to consent but might be vulnerable to exploitation through inducement, threats or deception. Articles 51–57 contain new offences for people who are engaged in providing care, assistance or services to adults at risk. Under the Order any sexual activity between a care worker 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.



### **The Carers and Direct Payments Act (NI) 2002**

The Act places a requirement on Health and Social Care Trusts to make sure that carers know about their right to a carer's assessment of their needs and the provision of services to support them in their caring role. The Act allows Trusts to make direct payments in lieu of the provision of personal social services directly to carers and or to individuals with disabilities.

### **The Data Protection Act 2018**

The Act replaces the 1998 Act and provides a comprehensive legal framework for data protection in the UK in accordance with the General Data Protection Regulation (E. U.). The Act sets new standards for protecting personal data, giving people more control over use of their data. The Act confers rights on the person about whom personal information is kept and places duties on those who process or control such data. One of the key provisions of the Data Protection Act is that personal information must be used fairly and lawfully. Personal information should be accurate, relevant and stored securely and can only be shared in limited circumstances e.g. for the detection of a crime.

**The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, as amended by the Protection of Freedoms Act 2012** established new safeguarding arrangements aimed at strengthening protection for children and adults at risk in workplace situations. The new arrangements included the establishment of **the Disclosure and Barring Service (DBS)** which maintains lists of individuals barred from working with children and/or adults at risk of harm. There is a requirement for organisations to make a check against a barred list before offering a position **of regulated activity** to an employee/volunteer. This check is made through an **Enhanced Disclosure Check** carried out by **Access NI**. There is a requirement for employers, professional registration bodies and inspection authorities to refer relevant information to the DBS.

### **Vetting in Northern Ireland**

The Northern Ireland Executive has made arrangements for individuals who are deemed unsuitable for work in a paid or voluntary capacity with children or adults at risk, to be barred from such work.

### **Regulated Activity relating to Adults (Appendix 2)**

*The Safeguarding Vulnerable Groups (NI) Order 2007, as amended by the Protection of Freedoms Act, 2012, defines **regulated activity** with children and adults. Regulated activity continues to exclude any activity carried out in the course of family relationships and personal, non-commercial relationships.*

Each of the following is a regulated activity in relation to adults:

- (a) Provision of health care by, or under the direction or supervision of, a health care P of personal care
- (c) Provision of social work
- (d) Assistance in relation to general household matters to an adult who is in need of it by reason of age, illness or disability
- (e) Assistance in the conduct of an adult's own affairs
- (f) Conveying adults who need to be transported by reason of age, illness or disability.

These new categories establish the legal requirements for organisations, carrying out regulated activity, to ensure appropriate vetting of personnel and to report to the *DBS* any individual against whom serious allegations have been made.

Access NI is a Criminal History Disclosure Service available to statutory, voluntary, faith, community and private organisations.

In Northern Ireland, if the role requires an individual to carry out a **regulated activity** there is a legal requirement established under the *Safeguarding Vulnerable Groups (NI) Order 2007*, as amended by the *Protection of Freedoms Act 2012*, for the Province to ask the individual to consent to an Access NI Enhanced Disclosure and Barred List check.

A check can only be requested on the preferred candidate following a conditional offer of the job/role.

The Safeguarding Vulnerable Groups (NI) Order 2007, as amended by the Protection of Freedoms Act 2012, provides the legislative framework for these arrangements, known as Disclosure and Barring Arrangements. Since December 2012, **the Disclosure and Barring Service, (DBS)**, has been responsible for maintaining the list of individuals barred from engaging in regulated activity with adults at risk. **Regulated Activity** is activity which a barred person must not engage in. A Regulated Activity Provider must refer anyone who has harmed an adult at risk, or who poses a risk of harm, to the *DBS*. It is a criminal offence for a barred person to seek or undertake work from which they are barred, and it is an offence for an organisation to knowingly employ a staff member or volunteer in regulated activity if they are barred

## Appendix 2: Regulated Activity (Adults) NI

The definition of 'regulated activity' as defined by the Safeguarding Vulnerable Adults Groups Act 2006 (SVGA) and as amended by the Protection of Freedoms Act 2012 identifies the activities which, if an adult requires them, will mean that the adult will be considered vulnerable at that particular time. The SVGA no longer labels adults as 'vulnerable' because of the setting in which the activity is received or because of the personal characteristics or circumstances of the adult receiving the activities. This means that anyone providing personal care to an adult is in regulated activity, irrespective of whether that occurs in a hospital, care home, a day centre, a prison or in sheltered housing. There is no longer a requirement for a person to carry out activities a certain number of times before they are engaging in regulated activity. Any time a person engages in the activities set out below they are engaging in regulated activity.

### General Points

- 1 Regulated activity continues to exclude any activity carried out in the course of family relationships, and personal, non-commercial relationships.
  - (a) Family relationships involve close family (e.g. parents, siblings, grandparents) and relationships between two people who live in the same household and treat each other as family
  - (b) Personal, non-commercial relationships are arrangements where either no money changes hands, or any money that does change hands is not part of a commercial relationship (e.g. gifting a friend money for petrol after they have driven you to the hospital) and the arrangement is made between friends or family friends.
- 2 An adult is a person aged 18 years or over.
- 3 A person whose role includes the management or supervision of any person who is engaging in regulated activity is also in regulated activity.

### Definition of Regulated Activity

There are six categories within the definition of regulated activity. Each of the following is a regulated activity relating to vulnerable adults:

- 1. The provision to an adult of health care by, or under the direction or supervision of, a health care professional.**
- 2. The provision to an adult of relevant personal care.**
- 3. The provision by a social care worker of relevant social work to an adult who is a client or potential client.**
- 4. The provision of assistance in relation to general household matters to an adult who is in need of it by reason of age, illness or disability.**
- 5. Any relevant assistance in the conduct of an adults own affairs the conveying of adults who need to be conveyed by reason of age, illness or disability.**
- 6. the conveying of adults who need to be conveyed by reason of age, illness or disability.**

### Providing Health Care

The provision of health care by any health care professional to an adult, or the provision of health care to an adult under the direction or supervision of a health care professional, is regulated activity. A health care professional is a person who is a member of a profession regulated by a body mentioned in section 25 (3) of the National Health Service Reform and Health Care Professions Act, for example, the Nursing and Midwifery Council. Health care includes all forms of health care provided for adults, whether relating to physical or mental health, and includes palliative care. The provision of psychotherapy and counselling to an adult which is related to health care the adult is receiving from, or under the supervision of a health care professional, is regulated activity. Members of peer support groups are not in regulated activity.

### **Providing Personal Care**

Anyone who provides an adult with physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care, or care of the skin, hair or nails because of the adult's age, illness or disability, is in regulated activity. Anyone who prompts and then supervises an adult who, because of their age, illness or disability, cannot make the decision in relation to personal care without that prompting and supervision, is in regulated activity. Anyone who trains, instructs or provides advice or guidance which relates to relevant personal care to adults who need it because of their age, illness or disability is in regulated activity. A health care assistant who feeds an adult because they are too frail to feed themselves is engaging in regulated activity. A worker who reminds a person with dementia to eat and ensures that they do so, is in regulated activity.

Excluded from regulated activity is any physical assistance provided to an adult in relation to the care of their hair when that assistance relates only to the cutting of the adult's hair. This is to ensure that hairdressers who cut the hair of patients in hospitals and care homes are not engaging in regulated activity.

### **Providing Social Work**

The activities of regulated social workers in relation to adults who are clients or potential clients constitutes regulated activity. These activities include assessing or reviewing the need for health or social care services and providing ongoing support to clients.

### **Assistance with General Household Matters**

Anyone who provides day to day assistance to an adult because of their age, illness or disability, where that assistance includes the following; managing the person's cash, paying the person's bills or shopping on their behalf, is in regulated activity.

### **Assistance in the Conduct of a Person's own Affairs**

Anyone who provides assistance in the conduct of an adult's own affairs, for example, under the Mental Capacity Act, or who acts as a representative to receive payments on behalf of the individual, is in regulated activity.

### **Conveying**

Any drivers and any assistants who transport adults because of their age, illness or disability to or from places where they have received, or will be receiving health care, relevant personal care or relevant social work are in regulated activity. Conveying does not include licensed taxi drivers and does not include trips for purposes other than to receive health care, relevant personal care or relevant social work (for example, trips for pleasure are excluded).

A friend who takes a neighbour to a hospital appointment would not be in regulated activity as this is a personal friendship.

**Appendix 3:**

**Sisters of Mercy Form for Recording & Reporting  
Safeguarding Concerns**

Please answer all relevant questions as fully as you can.

<b>WORK LOCATION:</b>	
<b>NAME OF ADULT:</b>	
<b>AGE/DATE OF BIRTH:</b>	
<b>GENDER:</b>	
<b>NAME OF CARER(S) (IF KNOWN):</b>	
<b>HOME ADDRESS (IF KNOWN):</b>	

**PLEASE COMPLETE THOSE SECTIONS BELOW THAT ARE RELEVANT**

<b>1. DISCLOSURE BY AN ADULT AT RISK</b>
When was the disclosure made (dates and times)?
To whom did the Adult make the disclosure?
What did the adult actually say?

<b>2. INDICATORS</b>
Describe any signs or indicators of abuse (with times and dates)

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

--

**3. CONCERNS EXPRESSED BY ANOTHER PERSON ABOUT AN ADULT AT RISK**

Record the concerns that were passed to you (with dates and times) and if possible, ask the person who expressed the concerns to confirm that the details as written are correct.

--

**4. DETAILS OF ANY IMMEDIATE ACTION TAKEN e.g. FIRST AID, etc.**

--

**5. HAS THE ADULT EXPRESSED ANY RESERVATIONS ABOUT YOU TALKING TO THE LINE MANAGER /DLP ABOUT THE MATTER?**

--

**6. DOES THE ADULT HAVE ANY PARTICULAR NEEDS, E.G. COMMUNICATION, Etc.**

--

**SIGNATURES**

*To be signed by the person reporting the concern.*

Name \_\_\_\_\_

Jobtitle \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

*Date received and actioned by Line Manager:*

Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

*Date received and actioned by Designated Liaison Person*

Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Action taken by the Designated Liaison Person**

---

Signed \_\_\_\_\_

Date \_\_\_\_\_



## **Appendix 4: Contact Details for Adult Safeguarding Personnel - Northern Province**

### **ADDRESS**

**PROVINCIAL LEADER  
SISTERS OF MERCY, NORTHERN PROVINCE  
PROVINCIAL HOUSE  
74 MAIN STREET  
CLOGHER  
CO TYRONE, BT76 0AA**

### **TELEPHONE NUMBER**

**NORTHERN IRELAND - 028 85 548127**

**REPUBLIC OF IRELAND - 048 85 548127**

### **DESIGNATED LIAISON PERSON**

**NAME: TERESA BURNS  
TELEPHONE NUMBER: 028 8554 8127  
EMAIL ADDRESS: burns.teresa@mercynth.org**

### **DEPUTY DESIGNATED LIAISON PERSON:**

**NAME: SR KATHLEEN SAVAGE  
TELEPHONE NUMBER: 028 9071 5478  
EMAIL ADDRESS: kathleensavage27@gmail.com**

## **Appendix 5: Whistleblowing Policy**

### **Introduction**

The Sisters of Mercy NP are committed to the highest standards of openness, integrity and accountability. In line with that commitment we expect Sisters, staff or volunteers who have concerns about the welfare or safety of children or adults at risk to come forward and to voice those concerns, without fear of discrimination or disadvantage. The Sisters of Mercy, (NP) undertake to investigate and deal with concerns raised promptly and consistently.

### **Whistleblowing**

Whistleblowing occurs when an individual who works with an organisation (in a paid or unpaid capacity) 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.

### **Aims of this Policy**

This Policy aims to:

- encourage individuals to feel confident in raising concerns and to question and act upon concerns about practice
- provide avenues for individuals to raise concerns
- receive feedback on action taken and how the matter can be raised externally if the complainant remains dissatisfied
- reassure the complainant that he/she will be protected from reprisals or victimisation if he/she has acted reasonably and in good faith.

There are protections under civil law for individuals who report serious concerns. 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.

### **Safeguards**

The Sisters of Mercy recognise that individuals may be reluctant to raise concerns about the practice or behaviour of colleagues because of:

- fear of getting it wrong and damaging the career or reputation of a colleague
- fear of disrupting working relationships
- fear of not being believed
- fear that the information will be used inappropriately.

These concerns have to be weighed up against the following:

- each person working for or on behalf of the Sisters of Mercy, (NP) has a responsibility for the welfare and safety of children and adults at risk
- raising a concern in a timely manner can prevent a bad situation deteriorating further

- raising a concern about one situation can reduce the risk of similar situations arising elsewhere
- raising a concern about poor practice will prevent the person raising the concern from becoming implicated in such practice.

The Sisters of Mercy, (NP), takes malpractice or poor practice seriously and will not tolerate the harassment or victimisation of anyone raising a genuine concern under this Policy. This assurance is not extended to someone who maliciously raises a matter when they are aware that it is untrue.

### **Confidentiality**

The Sisters of Mercy, (NP), will treat concerns raised in a confidential and sensitive manner. The identity of the individual raising the concern may be kept confidential so long as it does not hinder or interfere with the investigation. However, a situation may arise where the concern cannot be resolved without revealing the informant's identity (for instance because evidence is needed to bring the matter to a conclusion).

### **Anonymous Allegations**

This Policy encourages individuals to put their name to any disclosures made. It is difficult to act on anonymous information as information may need to be clarified and this is not possible without the contact details of the informant. However, if a person raises a concern anonymously, efforts will be made to establish whether there are grounds for concern for the safety and well-being of children or adults at risk. Concerns expressed anonymously will be considered by the Sisters of Mercy NP taking into account the seriousness of the issues raised, the credibility of the concern and the likelihood of confirming the allegation from attributable sources.

### **Untrue Allegations**

If an individual makes an allegation which is not confirmed by a subsequent investigation, in good faith then no action will be taken against that individual. However, if an individual makes an allegation maliciously, frivolously or for personal gain, action may be taken against the individual.

### **How to Raise a Concern**

Any person who is worried about poor or inappropriate practice towards children or adults at risk should try to establish the grounds for their concern. They should make a point of observing the practice or behaviour that is worrying them and making a note of their observations.

The individual should normally raise her/his concerns with their line manager or the Designated Liaison Person/Deputy Designated Liaison Person. If you feel you need to take the matter to someone outside the Safeguarding Office, then you should approach the local Leader or the Assistant Provincial Leader.

Concerns may be raised verbally or in writing. The report should include the background and history of the concern, names, dates, places, the reason for your concern and any other supporting evidence. Where the concern is made verbally, a written record will be made of the concern raised by the individual receiving the complaint

The earlier the concern is raised the easier it is to take action. The informant is not expected to prove beyond doubt the truth of the allegation but will be expected to demonstrate that there

are reasonable grounds for concern. The individual has the right to expect that any concern will be taken seriously and acted upon promptly.

## **HOW WE WILL HANDLE YOUR CONCERN**

The person to whom you report your concern under this Policy must report it to the Designated Liaison Person within five working days. If it is an urgent concern it should be reported to the Designated Liaison Person immediately, or within 24 hours. If the person has information that indicates that a child or adult at risk has been abused or is at risk of abuse, that information must be referred without delay to the Designated Liaison Person. Concerns or allegations which fall within the scope of the Adult Safeguarding Policy will be dealt with under those procedures.

Individuals have the right to share such information directly with the civil authorities.

The action taken by the Sisters of Mercy, (NP), will depend on the seriousness of the concern raised. It might involve encouraging the person to try to resolve the matter at local level or it could involve reporting the matter to the civil authorities.

The matter may be subject to:

- Internal investigation
- Referral to the statutory authorities (Police or Social Services)
- Consideration under the Disciplinary Process

Initial enquiries will be made to establish if an investigation is required and if so what form it should take.

The Designated Liaison Person will:

- send a written acknowledgement of receipt of the concern within ten working days
- keep the complainant informed of the action which will be taken and of the progress of the Investigation
- identify the support which can be provided by the Sisters of Mercy, (NP).
- inform the complainant of the outcome of the investigation subject to legal constraints.

Due to the varied nature of these sorts of complaints it is not possible to lay down precise timescales.

If you are required to give evidence in criminal or disciplinary proceedings, the Sisters of Mercy, (NP) will arrange for you to receive advice about the procedure and any necessary support.

### **Self-Care and Support**

The Sisters of Mercy accept that there may be occasions when personnel are experiencing personal difficulties which may have an adverse impact on their ability to perform their duties/role competently. Individuals are encouraged to discuss any such issues with their manager with a view to receiving support.

## **Advice and Support**

The Sisters of Mercy, (NP) recognise that whistleblowing can be difficult and stressful. The Designated Liaison Person and the Deputy Designated Liaison Person are available to provide advice and support to those who are worried about the safety and welfare of vulnerable adults.

### ***Contact Details:***

Sisters of Mercy, Northern Province  
Provincial House  
74 Main Street  
Clogher  
Co Tyrone, BT76 0AA

Designated Liaison Person  
Teresa Burns - 028 85548127  
[burns.teresa@mercynth.org](mailto:burns.teresa@mercynth.org)

Deputy Designated Liaison Person  
Sr Kathleen Savage – 028 85548127  
[Kathleensavage27@gmail.com](mailto:Kathleensavage27@gmail.com)

## **Appendix 6: Complaints Handling Procedure**

**This Procedure will be followed where a complaint is received regarding how an issue or concern of a safeguarding nature has been dealt with by the Sisters of Mercy, NP.**

**The Sisters of Mercy NP** are committed to providing a high quality, safeguarding service. When something goes wrong in relation to how we respond, we need you to tell us about it. This will help us to become more effective and to improve our standards.

If you have a complaint, please contact the Designated Liaison Person, with the details. If the complaint is in relation to that individual then please contact the Assistant Provincial Leader, (see contact details below).

We will do our best to deal with your complaint within eight weeks.

### **What will happen next?**

1. We will send you a letter acknowledging receipt of your complaint within seven days of receiving it, enclosing a copy of this Procedure.
2. We will then investigate your complaint. This will normally involve passing your complaint to a Designated Person appointed by the Provincial Leader who will review the matter and speak to you.
3. The Designated Person may invite you to a face-to-face meeting to discuss and hopefully resolve your complaint. This may take place by telephone if a face to face meeting is not possible. The Designated Person will do this within 14 days of sending you the acknowledgement letter.
4. Within seven days of the meeting, the Designated Person will write to you to confirm what took place and any solutions agreed with you. The Designated Person will ask you to acknowledge receipt of the record of the discussion and invite you to submit your comments/amendments.
5. If you do not want a meeting or it is not possible, the Designated Person will send you a detailed written reply to your complaint, including her suggestions for resolving the matter, within 21 days of sending you the acknowledgement letter.
6. If you remain dissatisfied with the way your complaint has been dealt with, you may bring the matter to the attention of the Provincial Leader who will decide on the best way forward to resolve the matter.

### **CONTACT DETAILS:**

*SISTERS OF MERCY, NORTHERN PROVINCE  
PROVINCIAL HOUSE  
74 MAIN STREET  
CLOGHER  
CO TYRONE  
NORTHERN IRELAND*