ADULT SAFEGUARDING

IN

NORTHERN IRELAND

REGIONAL AND LOCAL

PARTNERSHIP ARRANGEMENTS

March 2010

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Introduction

1. This guidance is being issued in the context of a developing government policy framework which aims to improve safeguarding and protection outcomes for adults in Northern Ireland who are vulnerable. The development of the policy framework is being undertaken jointly by the Department of Health, Social Services and Public Safety (DHSSPS) and the Northern Ireland Office (NIO) with the support of other government departments.

2. Health and social care and criminal justice agencies have a lead role to play in preventing, detecting and providing protection to vulnerable adults. Specifically they seek to ensure that vulnerable adults receive protection, support and equitable access to the criminal justice system. However, a successful safeguarding agenda requires the support of a much wider network of agencies, organisations, bodies and communities of interest across the statutory, voluntary, community, private and faith sectors. Safeguarding involves not only high quality health and social care provision and responsive policing but also safer communities, coherent public transport policies, public health, housing, promotion of social inclusion, education and adult learning opportunities and effective preventative services. It also requires the support of families and carers and the general public, who, through general good neighbourliness and acts of citizenship, are also key to securing improved safeguarding outcomes for adults who are vulnerable. The overall aim is to move focus from objectives to outcomes as illustrated in **Appendix 1.**

3. The abuse of adults must be recognised for what it actually is. It is an assault on the human and civil rights of the abused individual and can have a significant impact on independence, health and social well-being. Our collective aim is to prevent the abuse of adults whose vulnerability heightens the risk of abuse. A rights-based, multi-disciplinary, interagency approach to adult safeguarding is essential with partner organisations and groups working together in a spirit of co-operation, openness and transparency. Each partner member must be clear about what is expected from it, what its obligations are and where its involvement ends.

4. Adult safeguarding and protection work must be conducted in a way which is person-centred, underpinned by human rights considerations and guided by the principles and approaches set out in *Safeguarding Vulnerable Adults,*[1] the Regional Adult Protection Policy & Procedural Guidance, published in

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[1] Safeguarding Vulnerable Adults can be accessed at:
http://www.nhssb.n-i.nhs.uk/publications/social_services/Safeguarding_Vulnerable_Adults.pdf

September 2006 and its associated Joint Protocol,[2] revised and published in July 2009.

5.   For the purposes of this guidance and the outworking of the partnership arrangements it describes, the definition of vulnerable adult as set out in *Safeguarding Vulnerable Adults* will continue to apply. The definition is:

*"a person aged 18 years or over who is, or may be, in need of community care services **or** is resident in a continuing care facility by reason of mental or other disability, age or illness **or** who is, or may be, unable to take care of him or herself **or** unable to protect him or herself against significant harm or exploitation."*

6.   However, this definition will be subject to further consideration and potential revision as part of ongoing policy development work. It is important that adult protection investigations should at all times be conducted in accordance with *Safeguarding Vulnerable Adults* and the associated Joint Protocol.

7.   While much learning can be derived from the experience of child protection and working with families, there are important differences in work related to safeguarding vulnerable adults. For example, there are considerations to be taken account of such as balancing safeguarding with the right to autonomy and self-determination, securing meaningful consent, assessing mental capacity and assessing and managing risk; adults may be subject to financial exploitation in addition to other forms of abuse; and a different approach is needed for carers, who are often partners, from that which is needed for parents. An important emphasis in adult safeguarding work is on empowerment which enables people, whose situation makes them vulnerable, to keep themselves safe. These are just some of the issues for consideration by the new Safeguarding Partnerships:

- the regional body - the ***Northern Ireland Adult Safeguarding Partnership (NIASP)***; and

- the local bodies - ***the five Local Adult Safeguarding Partnerships (LASPs)***.

8.   In summary, the NIASP will determine the strategy for safeguarding vulnerable adults, develop and disseminate guidance and operational policies and procedures, monitor trends and outcomes and monitor and evaluate the effectiveness of partnership arrangements. In broad terms the LASPs will facilitate practice, including engagement with service users, families and carers and the wider public, at a local level. The roles and responsibilities of the NIASP and LASPs, the relationship between them and the mechanisms for

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[2] The Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults can be accessed through: http://www.hscboard.hscni.net/publications/index.html

securing meaningful participation from service users and carers or their representative organisations, are set out in detail below.

THE NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP (NIASP)

Role and Responsibilities

9.   The role of the NIASP is to develop a strategic approach to safeguarding vulnerable adults. Its specific responsibilities are:

a) to determine, in conjunction with LASPs, the strategy for safeguarding vulnerable adults, identify agreed objectives and priorities for its work, set out in a 3-5 year Strategic Safeguarding Plan for Northern Ireland. The Strategic Safeguarding Plan will be supported by annual Safeguarding Work Plans;

b) to promote activity that raises awareness of adult abuse and the need to safeguard adults at risk of abuse and which highlights the contribution that individuals, carers, families, communities and the wider public can make to safeguarding;

c) to seek continuous improvement in preventive and early intervention services and in services designed to support victims and their carers and families when abuse occurs;

d) to develop, agree, disseminate and keep under review guidance, operational policies and procedures for multi-disciplinary, interagency work to safeguard vulnerable adults, including time frames for action;

e) to improve outcomes for vulnerable adults by setting objectives, performance indicators and, where appropriate, establishing appropriate thresholds for intervention taking account of multi-professional, organisation and other contributions to safeguarding and the views of service users, families, carers and the wider public;

f)   to ensure that equality of opportunity is central to the development of safeguarding policies and procedures and to guarantee that an equality perspective is incorporated in safeguarding policy at all levels and all stages;

g) to communicate clearly to partner organisations, individual services and professional groups and the wider public a shared responsibility for safeguarding vulnerable adults, and to explain how that responsibility can be fulfilled;

h) to bring to the attention of each member organisation's board/executive body their responsibilities for safeguarding vulnerable adults and developments needed in the arena, including resource requirements or changes needed in practice or service provision, and how the NIASP Strategic Safeguarding Plan and annual Safeguarding Work Plans will address these;

i) to monitor and evaluate on a regular and continuing basis how well services work individually and collectively to safeguard vulnerable adults and how well the partnerships are working;

j) to ensure that each partner organisation has a clear, well-publicised policy of "Zero-Tolerance" of neglect, exploitation or abuse wherever they occur;

k) to develop and secure delivery of an interagency/inter-disciplinary training and development strategy with the aim of improving the quality of safeguarding work and of interagency/inter-disciplinary working having identified the training needs of those involved in safeguarding work across Northern Ireland. The strategy should take account of how training partnerships with LASPs can be developed;

l) to ensure that each partner organisation has effective training arrangements for its personnel ranging from awareness training for front line staff to the more in depth training required to discharge specialist functions;

m) to develop and maintain strong links between NIASP and LASPs and equivalent child protection structures in Northern Ireland; and to:

– facilitate better information sharing between them for the purposes of shared learning;

– secure effective co-working where this is required; and

– make sure that young people, particularly around the ages of 16 to 19, do not fall through gaps in processes and practice because of any uncertainty about which professionals and bodies have safeguarding responsibility, particularly if there is a safeguarding concern which lasts some time and covers the transition from children's to adult services;

n) to ensure that there are strong and effective links between the NIASP and Multi-Agency Risk Assessment Conferences (MARAC); Public Protection Arrangements Northern Ireland (PPANI); the United Kingdom Human Trafficking Centre (UKHTC); and the United Kingdom Border Agency (UKBA);

o) to forge effective links with bodies outside Northern Ireland that impact on the lives and well-being of vulnerable adults here, e.g. the approach to track and manage sex offenders in the Republic of Ireland;

p) to properly integrate adult safeguarding strategies with other relevant strategies and procedures, e.g. child protection; domestic violence; sexual violence and abuse; human trafficking; and the assessment and management of individuals who may be a risk to themselves or others due to mental disorder;

q) to develop a public communication strategy, and ensure its implementation in conjunction with LASPs, to raise awareness within the wider community of adult abuse, the need to safeguard adults at risk of harm from neglect, exploitation and abuse and to highlight the contribution to safeguarding that individuals, carers, families, communities and the wider public can make;

r) to develop and deliver an information strategy aimed at vulnerable adults, carers and families to enable them to understand safeguarding vulnerable adult processes, particularly those involved in them;

s) to provide information and advice to practitioners, organisations, service providers and the wider public;

t) to continually review local ways of working, identifying and promoting what works well, taking account of best practice and evidence-based knowledge gained through research and international, national and local experience to bring about service and practice improvements with regard to safeguarding vulnerable adults;

u) to establish an internet presence to act as a repository of information relevant to the work of the NIASP, LASPs and safeguarding more generally;

v) to provide information on a regular basis to the board/executive bodies of partner organisations and relevant government departments, particularly in relation to statutory functions; and advise on the development of information systems to facilitate data capture, management and analysis. As a minimum, information provided should cover safeguarding and protection activity, trends, support provided and outcomes for vulnerable adults involved in safeguarding processes, and how well the partnership is working so as to inform performance management, quality assessments, and policy development; and

w) to produce an annual report to provide an update on progress against objectives set out in the Strategic Safeguarding Plan and annual Safeguarding Work Plans; to ensure that the annual report addresses, in particular, safeguarding activity, trends, outcomes for vulnerable adults

involved in safeguarding processes, and how well the partnership is working; and to ensure that reporting on safeguarding vulnerable adult activity is reflected in the annual report of each partner organisation.

Serious Case Reviews (SCRs)

10. In time, NIASP will undertake SCRs, where necessary. The purpose of a SCR is:

   - to establish whether there are lessons to be learnt from the circumstances of the case about the way in which local professionals and organisations work together to safeguard vulnerable adults;

   - to review the effectiveness of procedures;

   - to inform and improve local interagency and/or inter-disciplinary practice and working together to better safeguard adults;

   - to improve practice by acting on learning and emerging best practice and making sure that the lessons learned are clearly communicated in a timely fashion, understood, and appropriate action is taken within agreed timeframes; and

   - to prepare or commission an overview report which brings together and analyses the findings of the various reports from organisations in order to make recommendations for future action.

11. Partner organisations will have their own internal or statutory review procedures to investigate serious incidents and untoward incidents. The SCR process is not intended to duplicate or replace these. There may be grounds for a SCR, a Children's Case Management Review, a Mental Health Independent Inquiry, or other formal review process. Various regulatory bodies also undertake investigations into serious incidents and Ministers can direct statutory organisations to conduct investigations or approve public inquiries. Where this is the case, a decision should be made at the outset by the decision makers involved as to whether a joint approach is required, who will lead, what needs to be addressed, who needs to be involved, who will chair and to whom the final report, joint if need be, will be made. Legal advice should be sought as necessary.

12. The circumstances which might trigger a SCR include:

   - the death of a vulnerable adult (including death by suicide) and abuse or neglect is known or suspected to be a factor in the death;

- the vulnerable adult has sustained a potentially life-threatening injury through abuse, including sexual abuse, or neglect; serious or permanent impairment of health, development or well-being through abuse or neglect or serious inhuman or degrading treatment; and the case gives rise to concerns about the way in which local professionals and services work together to protect adults at risk of harm; or

- serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time.

13.   The NIASP can also consider conducting a SCR into any incident(s) or case(s) involving adults at risk of harm where it is clearly in the public interest. Terms of reference will need to be carefully constructed to explore the issues relevant to each specific case.

14.   SCRs are not inquiries into how a person died or suffered injury; nor is their purpose to re-investigate, or to apportion blame. Further work will be undertaken to produce SCR Review Guidance which will cover, *inter alia*, the purpose of, and criteria which trigger, a SCR, the review process and the constitution of a SCR Panel.

Leadership and Accountability

15.   Each partner organisation will identify a lead at board/executive level responsible for safeguarding vulnerable adults work within the organisation; to champion the rights of vulnerable adults; and to ensure that safeguarding issues become more central to the work of the organisation. In addition, each organisation will nominate a lead manager with responsibility for safeguarding vulnerable adults to act as that organisation's representative on the NIASP and LASP, as specified. A specimen role profile for the Lead Manager Safeguarding Vulnerable Adults – NIASP & LASPs is set out in **Appendix 2**. Constructive relationships between individual workers and organisations need to be supported by senior management in each partner organisation. Each partner organisation will provide a statement setting out its role and responsibilities in relation to safeguarding vulnerable adults work, including any statutory responsibilities and services provided.

16.   The NIASP and its Chair are accountable, in the first instance, to the Health and Social Care (HSC) Board. NIASP members are also, however, accountable to the organisations that they represent which, in turn, are responsible for taking any action properly falling within their respective remits. The NIASP must work to agreed written terms of reference which set out its remit, including the level of decision-making which can be agreed by partner organisations' representatives without referral back to the individual member organisation. Each partner organisation must accept that it is responsible for the contribution made by its

own representative. Each representative is responsible for ensuring that the issues applicable to their organisation for safeguarding vulnerable adults are given proper consideration by NIASP. Each partner organisation must have a mechanism in place for considering and responding to the policy, planning and resource implications of issues brought to the attention of the organisation by its NIASP representative.

17.   The HSC Board should, through the Director of Social Care and Children's Services, take lead responsibility for the establishment and effective working of the NIASP. The Director of Social Care and Children's Services, with relevant members of the NIASP, will put in place a mechanism, which ensures that ownership of safeguarding issues is promoted within all partner organisations and across all professional groups and service delivery settings in health and social care. They will also ensure that safeguarding issues of general or particular relevance to professional groups and service areas are brought to the attention of the relevant Directors in the HSC Board and the Public Health Agency (PHA) in line with the established governance arrangements within each of those bodies. In non-HSC bodies, the lead at board/executive level will ensure that safeguarding issues of a general or particular nature are dealt with in line with their organisation's established governance arrangements. All partner organisations are responsible for contributing fully and effectively to the work of the NIASP.

18.   The NIASP should contribute to, and work within the framework of the planning, commissioning and performance framework established by the HSC Board in partnership with the PHA and have regard to the requirements of partner organisations. Within this framework, different organisations will also work together in different forums to plan co-ordinated action.

NIASP Membership

19.   The NIASP should be made up of members from the main statutory and voluntary and community organisations involved in adult safeguarding work across the region and include representation from service providers and service users. Some NIASP members may carry a dual role e.g. they may chair a LASP and represent a professional group or lead in an area of service delivery. Contributing to the work of the NIASP is an important responsibility for partner organisations.

20.   Each partner organisation should ensure active participation and representation at a sufficiently senior level. Where possible, representation should be set at not less than 3rd level in the organisation, so that the NIASP can effectively influence the development of guidance, policy and practice with regard to safeguarding vulnerable adults. Where 3rd level representation is problematic, partner organisations should appoint an individual, who is sufficiently senior to represent the organisation's views and to make decisions on behalf of the

organisation. Consideration should also be given at the outset, to identifying an officer to deputise for the lead manager, should this prove necessary. A deputising officer should only be appointed on the basis of authority to represent and make decisions on behalf of the organisation. The name of the deputising officer should be communicated in writing to the chair of the NIASP. Representatives should attend regularly to ensure continuity from all partner interests. This includes membership of subcommittees or working groups.

21. Membership of NIASP will comprise a Chair and 24 members. Membership will include service users and carers or their representative groups, and be drawn from senior staff with responsibility for policy development and implementation representing:

    a) relevant professional groups from the HSC Board and PHA, including social work, primary care, medicine, nursing and allied health professionals and training managers;

    b) Chairs of LASPs to represent the view and contribution of all its members;

    c) the Police Service of Northern Ireland (PSNI);

    d) the Probation Board for Northern Ireland (PBNI);

    e) the Social Security Agency (SSA);

    f) the Northern Ireland Housing Executive (NIHE) and providers of sheltered housing;

    g) independent sector providers of health and social care services;

    h) Society of Local Authority Chief Executives (Northern Ireland);

    i) the Patient and Client Council; and

    j) voluntary, community and private sector groups and faith communities working in the safeguarding vulnerable adults arena or relevant service provision, including advocacy, victim support, 'appropriate adult' support and services meeting the needs of specific groups experiencing neglect, exploitation or abuse. Representation from the voluntary, community and faith sectors, and service users, carers or their representative groups should also reflect the rich range of vulnerable adult interests in Northern Ireland. Where this cannot be fully accommodated on the NIASP, it should be accommodated, as far as possible, across the five LASPs.

22. The NIASP should introduce a system of decision-making by quorum. At the outset, members should agree at what number the quorum will be set and how it will be weighted to determine the validity of NIASP decision-making. The NIASP should also determine and publish nomination and selection criteria for representation by the voluntary, community, private and faith sectors who, with service users and carers or their representatives, are expected to make up one-third of the NIASP membership. It is possible that the NIASP could draw its voluntary, community and faith sector representation and representation from service users, carers or their representative groups from the suggested Adult Safeguarding Forum arrangements (see paragraphs 23 - 25). This is a matter for the NIASP. The NIASP Chair should keep membership under review and, with the agreement of other partners, revise membership as necessary to reflect the changing nature of safeguarding work.

THE ADULT SAFEGUARDING FORUM (ASF)

23. Adults may be at risk for many reasons, for example, poverty, living circumstances, isolation, age, disability or deteriorating physical or mental health, alcohol or substance misuse, reduced ability to make decisions or choices, exploitation or poor family dynamics. It is essential that the voice of adults who are vulnerable, including those who have had experience of protection services, is at the centre of safeguarding and protection systems. Such systems work more effectively when they have clear ways of engaging people in local communities.

24. In recognition of the diversity of interests and the requirement to have regard to the particular needs of different groups, the NIASP, in partnership with LASPs, should consider the establishment of and provision of support to an ASF. The ASF is a mechanism by which the NIASP and LASPs facilitate much wider user participation in the work of the partnerships. Members of the ASF should be representative of the rich range of interests in Northern Ireland. As a key partner for NIASP and the LASPs, the ASF would, among other things:

- inform the development and review of strategies, policies and procedures;

- help with the development, and promote awareness of, risk indicators;

- help inform/equip people with information and plans to safeguard themselves;

- help identify barriers to uptake of access to safeguarding services;

- facilitate development of 'user-friendly' information about what to do and how to get help when needed; and

- promote access to and dialogue with local community and particular interest groups.

25. The agreed operational model should promote maximum opportunity for personal and public participation in safeguarding work at a local level, having regard to existing networks, whilst, at the same time, be able to come together on matters that are of interest across the region. The final model adopted will be a matter for the NIASP in consultation with the LASPs and should be fully operational by the end of year 2 of the establishment of the NIASP/LASPs.

Links with other Bodies

26. The NIASP should also establish definitive links with:

a) the Regulation and Quality Improvement Authority (RQIA);

b) the Coroners Service for Northern Ireland;

c) the Northern Ireland Court Service, including the Office of Care and Protection;

d) relevant bodies with an enforcement and/or inspection/improvement function, e.g. the Health and Safety Executive for Northern Ireland; Criminal Justice Inspection Northern Ireland; and the Education and Training Inspectorate;

e) the Youth Justice Agency of Northern Ireland;

f) the Northern Ireland Fire and Rescue Service;

g) the Northern Ireland Ambulance Service;

h) the Northern Ireland Prison Service;

i) child protection structures in Northern Ireland; the PPANI Strategic Management Board; the UKHTC; and the UKBA;

j) the Co-ordinator or Senior Social Work Practitioner, Soldiers, Sailors, Airmen and Families Association (SSAFA) Forces Help;

k) universities and colleges and other education and training providers;

l) relevant employer and business groups;

m) organisations representative of Section 75 groups and other communities of interest;

n) professional regulatory bodies, e.g. Northern Ireland Social Care Council; Nursing and Midwifery Council; General Medical Council; Health Professions Council; and Pharmaceutical Society Northern Ireland;

o) professional bodies and staff groups; and

p) other strategic partnerships, e.g. those dealing with regeneration, community safety, policing, domestic violence, drug and alcohol matters.

27. The NIASP should also make appropriate arrangements to involve other organisations and professionals in its work as necessary and the NIASP's Annual Report should provide information on their contribution to the business of the NIASP.

Working Groups

28. The NIASP should consider setting up working groups to:

a) carry out specific tasks (e.g. maintaining and updating guidance and operational procedures; developing and reviewing information sharing protocols; identifying interagency training needs and arranging appropriate training);

b) provide specialist advice (e.g. working with specific ethnic or cultural groups);

c) monitor activity and trends in adult protection work, including establishing core data sets to measure activity and outcomes; and

d) carry out audits and research, in conjunction with LASPs, to examine interagency safeguarding arrangements, identify good practice and highlight areas for improvement.

29. All groups working under the auspices of the NIASP should have been established by the NIASP, chaired by a NIASP member, and should work to agreed terms of reference within the framework of the Strategic Safeguarding Plan and annual Safeguarding Work Plans, and with explicit lines of communication and accountability to the NIASP. Groups may be established on a standing or time-limited basis. The continuing need for all groups should be kept under regular review by the NIASP. NIASP should, as a minimum, move quickly to establish four separate working groups to further progress work in relation to training; communication and user engagement; information management; and operational policies and procedures.

Chair and Secretariat

30.   It is essential that the NIASP has a Chair with established authority who has a firm grasp of safeguarding issues across the region and is of sufficient standing and expertise to command the support and respect of all member organisations. Consequently, in the first instance, the Chair of NIASP will be the Director of Social Care and Children's Services in the HSC Board or a nominated representative. Consideration should also be given to the appointment of a Vice Chair from within the membership of the NIASP to share responsibility for chairing meetings and to deputise in the chair's absence.

31.   The HSC Board is responsible for providing the NIASP with a secretariat and other support services.

Finance and Administration

32.   NIASP expenditure, and administrative and policy support, is a matter for local agreement. As a partnership, the NIASP should be supported in its work by all its constituent members, reflecting the investment of each partner organisation in activities that are of benefit to all. This can be achieved in a variety of ways ranging from the commitment of resources to financial contributions for particular activities. The DHSSPS has provided recurrent funding for a Regional Adult Protection Officer and associated administrative provision to support the work of the NIASP and ensure the smooth running of its operation, working groups and management of its resources.

33.   Each partner organisation must, however, accept that it has a responsibility to contribute to the effective working of the partnership and is responsible for the contribution made by its own representative. Each representative is responsible for ensuring that the issues applicable to their organisation for safeguarding vulnerable adults are given proper consideration by NIASP. Partner organisations must have a mechanism for considering and responding to the policy, planning and resource implications of issues brought to the attention of the organisation by its NIASP representative. Organisations which require resources to discharge, or change the way they discharge, their safeguarding responsibilities or to respond to any increase in safeguarding activity should bid for these in line with their usual process. Information, collected, collated and analysed by the NIASP will be of benefit in this regard.

NIASP Procedures

34.   The NIASP should have in place procedures covering:

a)   reporting and responding to concerns about neglect, exploitation or abuse;

b) determining when a case should be managed under adult protection arrangements;

c) the management of a case from referral and through each stage of the process with associated time frames;

d) information sharing, incorporating the principles of the Data Protection Act 1998, and which balance the requirements of confidentiality with the need to safeguard the vulnerable adult;

e) safeguarding adults in groups known to be vulnerable and in specific circumstances;

f) how adult protection inquiries should be conducted, including links with associated police investigations, and in particular, the circumstances in which joint enquiries are necessary and/or appropriate;

g) the arrangements for supporting reluctant or vulnerable or intimidated witnesses, for example, the Northern Ireland Appropriate Adult Scheme which provides protections and safeguards for mentally disordered or otherwise mentally vulnerable people who are detained in police custody;

h) the arrangements for managing complex investigations; investigations into organised abuse; and investigations involving 'out-of-area' placements;

i) the arrangements to enable the police to make referrals to social services when adult protection concerns emerge during the course of a police investigation;

j) the arrangements to receive referrals from the RQIA in relation to allegations of abuse in regulated establishments and agencies[3] and to make referrals to RQIA where a failure to comply with regulations or standards is suspected;

k) arrangements for the investigation and management of allegations of abuse against staff members;

l) the roles and responsibilities of particular disciplines and staff within organisations working to safeguard vulnerable adults;

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[3] RQIA is responsible for registering, inspecting and encouraging improvement in a range of health and social care services delivered by statutory and independent providers, in accordance with The Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003 and its supporting regulations. Services currently regulated by RQIA include residential care homes; nursing homes; children's homes; independent health care providers; nursing agencies; adult placement agencies; domiciliary care agencies; residential family centres; day care settings; and boarding schools. Further information can be accessed through the RQIA website: http://www.rqia.org.uk/home/index.cfm

m) a quick, effective and straightforward means of resolving professional and/or organisation differences of view in individual cases, for example, on whether an adult protection case discussion, including the form of case discussion, should be convened or about respective roles and responsibilities;

n) participation in strategy discussions and adult protection case discussions;

o) the involvement of carers and family members in strategy discussions and adult protection case discussions, the role of advocates as well as criteria for excluding carers/family members in exceptional circumstances;

p) decision-making processes for monitoring vulnerable adults; and

q) the handling of complaints from service users, families and carers about the functioning of adult protection strategy discussions and case discussions having regard to the HSC Complaints Procedure.

Frequency of NIASP meetings

35. As a minimum, meeting of NIASP should occur on a quarterly basis. Regular attendance by partner members is critical for the continuity of business. In the event of an absence of any organisation for more than 2 successive meetings, the Chair will seek a fresh nomination from the organisation concerned.

Monitoring, Review and Audit

36. NIASP, with LASPs, should develop and agree a 3-5 year audit/review plan with performance indicators against which audits/reviews will be conducted. In conjunction with LASPs, the NIASP should conduct audits/reviews against the plan to, *inter alia*, monitor and evaluate the way in which their policies, procedures and practices for the protection of vulnerable adults are working; how well organisations respond individually and collectively to allegations of abuse; and how well the partnerships are working. For this purpose, organisations should work together. Feedback on performance to all organisations should be a key feature of the audit/review process.

37. In determining the content of the audit/review plan, NIASP, with LASPs, should consider the following elements:

- an evaluation of community and public understanding – the extent to which there is an awareness of indicators of possible abuse; the policy and procedures and services for safeguarding vulnerable adults; and how to access them;

- links with other systems for protecting those at risk – for example, child protection, public protection, domestic violence, victim support and community safety;

- an evaluation of how staff and organisations are working together (e.g. timely and appropriate information sharing; sharing of skills, knowledge and expertise; the fostering of shared decision-making, shared ownership and shared responsibility; and effective co-ordination of responses and incorporation of different professional/organisation perspectives) and how far policies and procedures continue to be appropriate;

- the extent to which operational guidance continues to be appropriate in general and, in the light of reported cases of abuse, in particular;

- increase in staff awareness of abuse and safeguarding processes across all organisations and service settings – the extent to which there is an awareness of indicators of possible abuse; the policy and procedures and services for safeguarding vulnerable adults; and how to access them;

- the range, uptake and quality of training available to staff in all organisations relevant to their roles and responsibilities;

- the performance and quality of services for the protection of vulnerable adults;

- the conduct of investigations in individual cases;

- identification of barriers to the uptake of safeguarding services; and

- the development of services and models of practice to respond to the needs of adults who have been abused.

38. The above elements, proportionate to the role of partner organisations, should form the basis for informing outcome measures which can be used by partner organisations, and commissioners and providers of services to monitor and evaluate effectiveness of service provision. It should also inform the planning and reporting processes and, for partner organisations, identify the need, if any, for resources to deliver service or practice change or development. It will also help identify any matters that require clarification of, or further development in, government policy with regard to safeguarding. Bids for resources should be progressed in line with each partner organisation's usual process.

Strategic Safeguarding Plan and Annual Safeguarding Work Plans

39.   The NIASP will, in conjunction with LASPs set out its strategy for safeguarding vulnerable adults with agreed objectives and priorities for its work in a rolling 3-5 year Strategic Safeguarding Plan for Northern Ireland. The Strategic Safeguarding Plan will be supported by annual Safeguarding Work Plans. The annual Safeguarding Work Plan should set out a work programme for the forthcoming year and include measurable objectives. The NIASP's plan should both contribute to, and derive from the framework for planning and commissioning health and social care services and their performance management. It should reflect the objectives of partner organisations and be endorsed by senior managers in each of the organisations.

40.   The NIASP may wish to make the Strategic Safeguarding Plan and Safeguarding Work Plans, or an edited version of them, available to a wider audience, for example, to explain to the wider community the work of local organisations in helping to safeguard vulnerable adults.

41.   Production of comprehensive communication and information strategies and associated action plans, in partnership with LASPs will be a priority in Year 1 of the NIASP's work.

Annual Report – NIASP and LASP

42.   The annual report presents an opportunity for the NIASP and LASPs to reflect on their roles, responsibilities and functioning. The reports also provide an opportunity to promote dialogue within and between organisations and to communicate with the wider public.

43.   The reports should contain analysis, review and comment on NIASP and LASP processes and functioning, and on how well they are discharging their responsibilities. The reports should also include statements of progress against objectives for the previous year; indicate how well services work individually and collectively to safeguard vulnerable adults and how well the partnerships are working; set out developments in service and practice; actions for improvement still required and timeframe for delivery. Management information on adult protection activity and outcomes in the course of the previous year and objectives for the coming year should also be included.

44.   As a minimum NIASP's Annual Report should contain sections on:

   a) membership, vision, roles and responsibilities and the principles underpinning safeguarding work with vulnerable adults;

   b) the work of the NIASP in-year, including information about activity undertaken by sub-groups and partner organisations;

c) information on activity, trends, support provided and outcomes in relation to safeguarding and the protection of adults at risk; and audits undertaken (**Appendix 3** provides an outline of matters for consideration);

d) information on training provided and community and public awareness work undertaken;

e) reports from the LASPs;

f) feedback on service user, family and carer experience of safeguarding activity;

g) audit, review and research activity undertaken;

h) its conclusions about the effectiveness of safeguarding arrangements, how well organisations have worked together and the effectiveness of partnership arrangements and what, if anything needs to be addressed, by whom and by when; and

i) its objectives for the coming year.

45. Constituent organisations should, commensurate with their role in safeguarding, provide the NIASP with management information on safeguarding work in general and, in particular, on the level of activity, trends, support provided and outcomes in adult protection work within their organisation on an annual basis. The information provided should not include identifying details of individuals. Each organisation should submit annual progress reports to its board/executive body to ensure that adult safeguarding and protection requirements are part of the organisation's overall approach to service provision and service development. Reports to each board/executive body should be commensurate with the organisation's safeguarding role and be sufficient for it to be assured that it is discharging its responsibilities and partnership commitments appropriately and effectively. NIASP may need to provide further guidance on reporting requirements as they apply to all partner organisations. NIASP should keep reporting requirements under review. The structure of the LASPs' Annual Reports should reflect that of the NIASP as set out above. An item about work undertaken in relation to safeguarding vulnerable adults should be included in each organisation's annual report.

46. The NIASP and LASPs will also want to consider how to make the findings set out in their reports more widely available:

• within member organisations;

• to other organisations with a role in, and responsibilities for, safeguarding and the support and protection of vulnerable adults;

- to service users and carers; and

- to the general public.

The NIASP and LASPs will therefore want to consider the issue of publication and the formats in which the reports' findings are made available; the NIASP web site will be an important mechanism for dissemination of Annual Reports and information relevant to safeguarding vulnerable adults more generally.

THE LOCAL ADULT SAFEGUARDING PARTNERSHIP (LASP)

Role and Responsibilities

47. The role of the LASP located within each of the HSC Trust areas is to implement locally the NIASP's guidance and operational policy and procedures ensuring a high standard of professional practice. Its main tasks are:

a) to work within, and contribute to the NIASP Strategic Safeguarding Plan, and ultimately the framework for planning, commissioning and performance management of health and social care services having due regard to the objectives of partner organisations;

b) to contribute to delivery of the annual Safeguarding Work Plan;

c) to implement the NIASP's guidance and operational policies and procedures;

d) in partnership with the NIASP to measure how and to what degree the objectives, performance indicators and outcome measures set by the NIASP have improved outcomes for vulnerable adults in the locality;

e) to monitor and evaluate how well local services work together to safeguard vulnerable adults. This should be done in partnership with the NIASP and form part of the NIASP annual Safeguarding Work Plan;

f) to encourage and develop good working relationships between different services, professionals, and community, voluntary and private sector groups with the aim of developing trust and mutual understanding;

g) to ensure that each partner organisation has a clear, well-publicised policy of "Zero-Tolerance" of neglect, exploitation or abuse wherever they occur;

h) to ensure that there are strong and effective links between the LASP and MARAC, PPANI and SSAFA Forces Help (where there is a large service base in the area) at local level;

i) to develop and maintain strong links with local child protection structures;

j) to properly integrate adult safeguarding strategies with other relevant strategies and procedures, e.g. child protection; domestic violence; sexual violence and abuse; human trafficking; and the assessment and management of individuals who may be a risk to themselves or others due to mental disorder;

k) to advise the NIASP and LASP's constituent organisations on resource needs;

l) to develop an outline training plan, contribute to the NIASP training and development strategy and to the delivery of training and development programmes on a multi-agency/disciplinary basis and, in partnership with NIASP, to assess how identified training/development needs are being met;

m) to promote public awareness about adult safeguarding and protection services in keeping with the NIASP public communication and information strategies; and

n) to provide an annual report to the NIASP.

Accountability

48. The LASP as a body is accountable to the HSC Trust in which it is located, although its members are accountable to the organisations they represent. The LASP should work within the agreed NIASP Strategic Safeguarding Plan and associated Safeguarding Work Plans, guidance and adult protection operational policies and procedures, which they do not have the discretion to amend. Each partner organisation should accept that it is responsible for monitoring the performance of its own representative.

49. Each partner organisation must accept that it has a responsibility to contribute to the effective working of the partnership and is responsible for the contribution made by its own representative. Each representative is responsible for ensuring that the issues applicable to their organisation for safeguarding vulnerable adults are given proper consideration by the LASP. Each partner organisation must have procedures in place for considering reports from its LASP representative and for responding to the policy, planning and resource implications of issues brought to its attention by its LASP representative.

Terms of Reference

50. The LASP should work within agreed terms of reference that set out its remit. The terms of reference should be agreed with members of the LASP, endorsed by the NIASP, and include the level of decision-making that may be agreed by

partner organisation representatives, without referral back to individual member organisations.

LASP Membership

51. The LASP should be made up of members from the main statutory and voluntary and community organisations involved in adult safeguarding work and service providers in the HSC Trust's area, and include representation from service users. Each partner organisation should ensure active participation and representation at a sufficiently senior level so that the LASP is effective in the implementation of guidance, policy and procedures at a local level, including engagement with service users, families, carers and the wider public. Membership will comprise a Chair and 24 members which should include service users and carers or their representative groups and practitioners and managers from a range of disciplines and organisations **in the HSC Trust area**, including:

    a) relevant professional groups from the HSC Trust, including social work, medicine, nursing, allied health professionals and training managers;

    b) the PSNI;

    c) general practitioners;

    d) the relevant Local Commissioning Group;

    e) the PBNI;

    f) the SSA;

    g) the NIHE and providers of sheltered housing;

    h) independent sector providers of health and social care services;

    i) relevant District Council(s);

    j) the Patient and Client Council; and

    k) voluntary, community and private sector groups and faith communities working in the safeguarding vulnerable adults arena or relevant service provision, including advocacy, victim support, 'appropriate adult' support and services meeting the needs of specific groups experiencing neglect, exploitation or abuse. Representation from the voluntary, community and faith sectors, and service users, carers or their representative groups should also reflect the rich range of vulnerable adult interests in Northern Ireland.

52. Consideration should also be given, at the outset, to identifying an officer to deputise for the lead manager, should this prove necessary. A deputising officer should only be appointed on the basis of authority to represent and make decisions on behalf of the organisation. The name of the deputising officer should be communicated in writing to the chair of the LASP. Representatives should attend regularly to ensure continuity from all partner interests. This includes membership of subcommittees or working groups.

53. The LASP, in consultation with NIASP, should introduce a system of decision-making by quorum. At the outset, members should agree at what number the quorum will be set and how it will be weighted to determine the validity of LASP decision-making. The LASP, in consultation with NIASP, should also determine and publish nomination and selection criteria for representation by the voluntary, community, private and faith sectors who with service users and carers or their representative groups are expected to make up one-third of the LASP membership. It is possible that the LASP could draw its voluntary, community and faith sector representation and representation from service users, carers or their representative groups from the suggested Adult Safeguarding Forum arrangements (see paragraphs 23 - 25). This is a matter for the LASPs. The LASP Chair should keep membership under review and, with the agreement of other partners, revise membership as necessary to reflect the changing nature of safeguarding work.

Links with other Bodies

54. The LASP should seek to establish links locally with RQIA and with other relevant local professionals, bodies, organisations and groups which have a contribution to make with regard to safeguarding vulnerable adults, for example, relevant employer and business groups; organisations representative of Section 75 groups; and other communities of interest. Examples of local partnership arrangements with which links should also be forged include: Domestic Violence Partnerships, Child Protection Panels, Local Area Public Protection Panels and Community Safety Partnerships. Where such links are established, the LASP's Annual Report should provide information on their contribution to the work of the LASP.

Working Groups

55. The LASP will also have the capacity to utilise sub-groups to reflect 'special interest' and service user needs and to draw on the expertise of groups and practitioners, for example, with regard to accident & emergency departments, mental health, learning disability, physical disability and sensory impairment, dementia and geriatrics. Groups may be established on a standing or time-limited basis. The continuing need for all groups should be kept under regular review by the LASP. As a minimum, LASPs will need to move quickly to establish groups in relation to training; communication and user engagement;

information management; and operational policies and procedures to mirror arrangements within the NIASP.

Chairing

56.   At the outset, the LASP should be chaired by the Trust's Executive Director of Social Work or a senior designated nominee, on the grounds that existing partnership arrangements are led by senior social care staff. Over time, it may be possible to rotate chairing arrangements among partnership members. However, it is essential that the Chair has a firm grasp of local safeguarding issues and is of sufficient standing and expertise to command the support and respect of all member organisations. Consideration should also be given to the appointment of a Vice Chair from within the membership of the LASP to share responsibility for chairing meetings and to deputise in the chair's absence. The Trust's Executive Director of Social Work or nominee, with relevant members of the LASP, will put in place a mechanism, which ensures that ownership of safeguarding issues is promoted across all professional groups and service delivery settings in health and social care. They will also ensure that safeguarding issues of general or particular relevance to professional groups and service areas within the HSC Trust are brought to the attention of the relevant Trust Director, in line with established governance arrangements within the Trust. In non-HSC bodies, the lead at board/executive level will ensure that safeguarding issues of a general or particular nature are dealt with in line with their organisation's established governance arrangements.

Finance and Administration

57.   The HSC Trust is responsible for core funding the LASP and providing it with a secretariat and other support services. As a partnership, the LASP should be supported in its work by all its constituent organisations, reflecting the investment of each partner organisation in activities that are of benefit to all. This can be achieved in a variety of ways ranging from the commitment of resources to financial contributions for particular activities. The DHSSPS has provided recurrent funding for a Specialist Adult Protection Manager and associated administrative provision to support the work of each LASP to ensure the smooth running of its operation and management of its resources.

58.   Each partner organisation must, however, accept that it has a responsibility to contribute to the effective working of the partnership and is responsible for the contribution made by its own representative. Each representative is responsible for ensuring that the issues applicable to their organisation for safeguarding vulnerable adults are given proper consideration by LASP. Partner organisations must have a mechanism for considering and responding to the policy, planning and resource implications of issues brought to the attention of the organisation by its LASP representative. Organisations which require resources to discharge, or change the way they discharge, their safeguarding

responsibilities or to respond to any increase in safeguarding activity should bid for these in line with their usual process. Information, collected, collated and analysed by the LASP will be of benefit in this regard.

Frequency of LASP meetings

59. At a minimum, meeting of LASPs should occur on a quarterly basis, synchronised with the quarterly meeting of the NIASP. Regular attendance by partner members is critical for the continuity of business. In the event of an absence of an organisation for more than 2 successive meetings, the Chair will seek a fresh nomination from the organisation concerned.

Monitoring, Review and Audit

60. In accordance with the agreed 3-5 year audit/review plan and in conjunction with the NIASP, LASPs, should audit, monitor and review the way in which their policies, procedures and practices for the protection of vulnerable adults are working; how well organisations respond individually and collectively to allegations of abuse; and how well the partnership is working. Further guidance in determining the content of the audit/review process is set out in paragraph 37.

Information for the LASP

61. Constituent organisations should, commensurate with their role in safeguarding, provide the LASP with management information on safeguarding work in general and, in particular, on the level of activity, trends, support provided and outcomes in adult protection work within their organisation on an annual basis. The information provided should not include information capable of identifying any individual (see also paragraphs 42 - 46).

Information from the LASP

62. The LASP should review annually the adult safeguarding work in its area and plan for the year ahead. This information should be submitted to the HSC Trust board, copied to the NIASP and circulated to all constituent organisations as soon as possible after the end of the financial year. As safeguarding work evolves, there should be a periodic review by NIASP, in conjunction with LASPs, of the information collected to make sure of its continued relevance and to identify and address any information gaps (see also paragraphs 42 - 46).

ADULT SAFEGUARDING IN NORTHERN IRELAND: OBJECTIVES TO OUTCOMES – AN ILLUSTRATION

Objectives…	…pursued through functions…	… help produce outputs…	…that contribute to overall outcomes…
1. To secure effective co-ordination of what is done by each person and partner organisation on the NIASP for the purpose of safeguarding and promoting the welfare of vulnerable adults in Northern Ireland	Overseeing the development of person-centred, rights-based policies and procedures for safeguarding and promoting the welfare of vulnerable adults, including: - action where there are concerns, including thresholds; - training of persons who work with vulnerable adults; - co-operation with relevant authorities in other parts of the United Kingdom and in the Republic of Ireland; and - participating in the planning of services for vulnerable adults in Northern Ireland.	Effective local work to safeguard and promote the welfare of vulnerable adults	The general well-being of vulnerable adults is promoted and, in particular, they are kept safe.
2. To ensure the effectiveness of what is done by each person or partner organisation for that purpose.	Monitoring effectiveness of what is done to safeguard and promote the welfare of vulnerable adults. Procedures to ensure a co-ordinated response to suspected or allegations of abuse. Collecting, collating and analysing information abuse and operation of safeguarding procedures. In time, ensuring that Serious Case Reviews are undertaken.	Evaluating effectiveness and advising on way to improve.	
3. To raise awareness of adult abuse and communicate the need to safeguard and promote the welfare of vulnerable adults to the wider community.	Raise awareness of: - adult abuse and risk to vulnerable adults and the danger signs in relation to neglect, exploitation and abuse; and - sources of help and how to access them for vulnerable adults, carers, families and the wider community.	All citizens accept mutual responsibility to safeguard the vulnerable, to be aware of the danger signs and to act on concerns.	

ROLE PROFILE FOR LEAD MANAGER SAFEGUARDING VULNERABLE ADULTS – NIASP & LASPS

1. To represent their organisation at the NIASP or LASP, as appropriate.

2. To promote the role of their organisation within safeguarding adults work. To provide a summary of that role to the LASP and NIASP, as appropriate.

3. To promote effective multi-professional, inter-disciplinary, interagency working on safeguarding adult issues and in particular in relation to adult protection procedures. To negotiate changes to internal and interagency processes to facilitate this.

4. To lead the implementation of safeguarding adults work within their organisation in line with current good practice, including:

    −   the safeguarding of people using the organisation's services;
    −   the appropriate use of the regional adult protection procedures; and
    −   ensuring staff, volunteers and service users and carers are informed about safeguarding adults work and have appropriate skills relevant to their role.

5. To give regular reports to the LASP and NIASP, as appropriate, of progress on implementation of safeguarding adults work within their organisation including:

    −   numbers and roles of staff trained, including range, uptake and quality of training;
    −   monitoring and quality assurance data in relation to adult protection referrals;
    −   services delivered to victims or perpetrators of adult abuse; and
    −   any issues arising in relation to the implementation of safeguarding adults work.

6. To ensure that the organisation is appropriately and consistently represented on NIASP, LASP or any sub-groups, work groups or task groups.

7. To report to the organisation's board/executive body member with responsibility for Safeguarding Adults and make regular reports to that board/executive body and, in particular, to identify any resources required to discharge, or change the way safeguarding responsibilities are discharged or as a consequence of any increase in safeguarding to ensure that bids for resources are progressed in line with the organisation's usual process.

8. To promote the work of the LASP and NIASP, as appropriate and represent the NIASP or LASP in other multi-organisation forums as agreed.

MANAGEMENT INFORMATION – A SUGGESTED OUTLINE

Information should be routinely gathered in two categories, namely:

1. Activity and trends; and

2. Outcomes and performance indicators.

1. INFORMATION ON ACTIVITY AND TRENDS

a) Safeguarding activity to include, for example, evidence of:

- awareness campaigns, e.g. about abuse and how to prevent it; support services and how to access them; promotion of health and well-being and social inclusion;

- stay safe, keep safe and dignity in care initiatives;

- Safeguarding Adults Conferences which incorporate the range of safeguarding networks;

- publicity materials available in formats and languages required;

- participation by partnerships/member organisations in events to mark international awareness days, e.g. World Elder Abuse Day which happens each year on 15 June;

- information and awareness raising events held in and by partner organisations;

- systems in place for the management of malpractice and to ensure, as far as possible, that service users are safeguarded against potential risks from employees;

- embedding of safeguarding and protection policies in service agreements/contracts with providers of services to adults who are vulnerable;

- proactivity in early intervention and promotion of a culture of service users' rights to high standards of care, treatment and service;

- availability of advocacy services which reflect the needs of the population served; and/or

- dissemination of learning by staff/organisations from safeguarding/protection work.

b) Protection work to include:

- number and source of referrals, e.g. self-referral, carer/family member, friend, member of public, care worker, service provider, police, acute hospital, incl. A&E, RQIA, GP, anonymous, other;

- information about the abused person, such as age, marital and dependent status, gender, ethnicity and primary service user group, e.g. physical disability, sensory impairment, learning disability, older person, dementia, mental health, acquired brain injury, alcohol/substance misuse, other, e.g. data collection should be sensitive to abuse perpetrated because of an individual's religion, political opinion or sexual orientation;

- information about the alleged abuser, e.g. institutional setting, partner, main family carer, other relationship paid carer, friend, service user, professional, other family member, stranger;

- type(s) of abuse referred using commonly agreed categories as suggested in *Safeguarding Vulnerable Adults* (September 2006), Paragraph 3.3, i.e. physical abuse (including inappropriate restraint or use of medication); sexual abuse; psychological abuse; financial or material abuse; neglect and acts of omission; institutional abuse; and discriminatory abuse;

- location in which abuse took place, e.g. own home, alleged abuser's home, other person's home, residential care home (statutory, voluntary or private), nursing home, day care setting; adult placement setting, hospital, public place;

- outcomes of investigation, e.g. abuse discontinued, allegation unsubstantiated, current/open case, changes in care arrangements, increased monitoring of situation, family/carer support, use of protective legislation (specify), admission to residential care/hospital, specialist external service, vulnerable adult reluctant to continue, allegation withdrawn, lack of evidence, awaiting outcome of police investigation, case proven, prosecution brought, not adult protection;

- whether the person is already known to any organisation or whether it is a new referral;

- how the profile of activity has changed from previous year; and

- service user/carer views on how policy has worked for them.

c) Processes, by Programme of Care, to include:

- number of current cases;

- number of cases closed;

- number of new referrals, identifying whether received in or out of hours;

- number of consultations with designated officers

- number of initial assessments/screenings;

- number of strategy discussions;

- number of case discussions, identifying participation by service user, family and carer;

- number of single agency investigations;

- number of joint protocol investigations;

- number of 'complex' investigations, including profile of activity undertaken, e.g. interviews of service users, staff, etc;

- number of investigations involving regulated establishments and agencies, by type, e.g. residential care homes, nursing homes, day care settings, domiciliary agencies, etc;

- number of care and protection plans;

- number of review meetings;

- number of other related professional meetings;

- number of repeat victims of abuse;

- proactive use of available legislative provision to safeguard, e.g. guardianship, powers of attorney, non-molestation orders, etc;

- percentage of successful prosecutions; and

- number and nature of interventions that prevented further abuse.

d) The partnership, to include:

- representation of member organisations and level of representation;

- attendances at meetings;

- representing organisation needs to LASP/NIASP;

- representing LASP/NIASP to organisation;

- contributing to annual report;

- single agency and interagency training activity; and

- initiatives to engage with service users, family, carers and wider public.

To minimise the reporting burden, NIASP and LASPs should have regard to other reporting arrangements within the organisation, for example in HSC Trusts, reports provided:

- in compliance with Circular: CC3/02 - Role and Responsibilities of Directors for the Care and Protection of Children;

- in relation to serious adverse incident reporting;

- in relation to the discharge of delegated statutory functions; and

- in relation to the monitoring of complaints and their resolution.

2. OUTCOMES AND PERFORMANCE INDICATORS

Outcomes are important not only in terms of the experience of the vulnerable adult but also in focusing organisations on their objectives and giving greater priority to safeguarding as core area of work for partner organisations and others. Outcomes and performance indicators may include:

- A demonstrated improvement in the quality of life for a person who had been 'safeguarded'.

- A reduction in incidents of abuse reported.

- Increased numbers of care and protection plans created and closed.

- Identification of under-reporting by programmes of care, teams and/or sectors and management/organisational action to address this.

- Support for "whistleblowers".

- Timeliness of organisation responses.

- A quantifiably better understanding of abuse issues in local communities.

- A quantifiably better understanding of abuse issues in constituent parts of partner organisations.

- People empowered and better able to protect themselves.

- People able to raise alerts and better awareness of safeguarding.

- More referrals, on the basis of robust and thorough investigative and decision-making processes, to the Independent Safeguarding Authority (ISA) in accordance with Safeguarding Vulnerable Groups requirements.

- Progress with regard to ISA-registration in accordance with the phasing rules determined by AccessNI.

- More referrals, on the basis of robust and thorough investigative and decision-making processes, to professional regulatory bodies.

- Improved service planning.

- Better partnership arrangements.

- Effective working with other strategic partnerships.

- More and better training.

- Continuous improvement in the quality of record keeping, personalisation of care and protection plans, communication of information and management of records.

- Initiatives which demonstrate a move from a reactive to a proactive safeguarding system.