



KEY CONTACTS

Adult Safeguarding Champion/ first point of contact:

Eamon Quinn, Director
[REDACTED] (mobile)

call at any time (except during periods of leave)

In Eamon Quinn's absence
Patricia Barrett, Operations Manager
[REDACTED] (mobile)

call at any time (except during periods of leave)

In Patricia Barrett's absence
Gillian McEvoy, Trustee

[REDACTED] (personal mobile); [REDACTED] (work mobile)
[REDACTED] (home)

(call if both of the above are not available/ contactable)

Engage with Age Adult Safeguarding Policy

EWA website version with contact telephone numbers redacted.

1.0 Adult Safeguarding Policy Statement

The board, staff, volunteers and trustees/ directors in Engage with Age are committed to practice which promotes the welfare of adults at risk and safeguards them from harm.

The board, staff, volunteers and trustees/ directors in Engage with Age accept and recognise our responsibilities to develop awareness of the issues that cause adults harm, and to establish and maintain a safe environment for them. We will not tolerate any form of abuse wherever it occurs or whoever is responsible.

We are committed to promoting an atmosphere of inclusion, transparency and openness and are open to feedback from the people we work with, our staff, volunteers and trustees/ directors with a view to how we may continuously improve our services/activities.

We will endeavour to safeguard the adults we work with by:

- Adhering to our adult safeguarding policy and ensuring that it is supported by robust procedures;
- Carefully following the procedures laid down for the recruitment and selection of staff, volunteers and trustees/ directors;
- Providing effective management for staff, volunteers and trustees/ directors through supervision, support and training;
- Implementing clear procedures for raising awareness of and responding to abuse within the organisation and for reporting concerns to statutory agencies that need to know, while involving adults at risk and their carers appropriately;
- Ensuring general safety and risk management procedures are adhered to;
- Promoting full participation and having clear procedures for dealing with concerns and complaints;
- Managing personal information, confidentiality and information sharing; and
- Safeguarding adults at risk by implementing a code of behaviour for staff, volunteers and trustees/ directors.

We will review our policy, procedures, code of behaviour and practice at annually.

2.0 The scope of this policy

This Adult Safeguarding Policy is intended to cover all aspects of Engage with Age's work where there is the potential for direct or indirect contact with adults at risk.

3.0 Adults at risk of harm, and / or Adults in need of protection (referred to as "Adults ARHINP" throughout the rest of this policy).

- 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 wellbeing, property, assets, rights or other interests
 - AND

d) where the action or inaction of another person or persons is causing or likely to cause him/her to be harmed.
EWA believes the above definition includes all adults including participants and service users, staff, volunteers and trustees.

4.0 Values and principles underpinning this policy

Engage with Age believes that the following values and principles should always be adhered to:

Access to information and knowledge – all people accessing our services will have access to information that they can understand to make an informed choice, including access to expert knowledge and advocacy, as required.

Choice – all Adults ARHINP will have the opportunity to select independently from a range of options based on clear and accurate information.

Confidentiality – all Adults ARHINP will know that information about them is managed appropriately and there is a clear understanding of confidentiality and its limits among staff.

Consent – all Adults ARHINP have the right to be supported to make their own decisions and to give or withhold their consent to an activity or service. Consent is a clear indication of a willingness to participate in an activity or to accept a service. It may be signaled verbally, by gesture, by willing participation or in writing. No one can give, or withhold, consent on behalf of another adult unless special provision for particular purposes has been made for this, usually by law. In some circumstances, Engage with Age will have a statutory responsibility to report concerns, such as circumstances where an individual is at risk of immediate harm.

Dignity and respect – all Adults ARHINP will be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs.

Equality and diversity – all Adults ARHINP will be treated equally and their background and culture will be valued and respected.

Fulfilment – all Adults ARHINP will be invited to engage in activities and offered services that enable them to fulfil their ability and potential.

Independence – all Adults ARHINP will have as much control as possible over their lives whilst being safeguarded against unreasonable risks.

Privacy – all Adults ARHINP will be free from unnecessary intrusion into their affairs; and there will be a balance between the individual's own safety and the safety of others.

Safety – all Adults ARHINP will feel safe, and live without fear of violence, neglect or abuse in any form.

Support – all Adults ARHINP will be supported to report any form of abuse.

5.0 Management roles and responsibilities

The board of trustees/ director has ultimate responsibility for ensuring compliance with this policy. Safeguarding is reported on as an agenda item for every board meeting. The board of directors will also have a member, in addition to the chair of

the board, who is a safeguarding representative with responsibility that safeguarding is being managed across EWA. Day-to-day responsibility for implementation is delegated to the Director who acts as the Adult Safeguarding Champion (ASC). The ASC is responsible for acting as a central contact point for reporting concerns and a source of advice on Adults ARHINP safeguarding matters (see appendix A for key responsibilities). EWA will also comply with all statutory and best practice reporting on Safeguarding.

5.1 Staff, volunteer and trustees' roles and responsibilities

Staff, volunteers and trustees/ directors/ board members have a duty to adhere to the Adult Safeguarding Policy and Procedures and to notify the ASC on any matters regarding safeguarding Adults ARHINP.

Staff are also responsible for ensuring that they undertake the relevant training identified for their post.

5.2 Training

Engage with Age is committed to ensuring that suitable training is provided as an integral part of adult safeguarding, to ensure that this policy is fully understood and implemented by board, staff, volunteers and trustees/ directors.

5.3 Recruitment and selection of staff, volunteers and trustees/ directors

Engage with Age will operate established recruitment and selection procedures. These will include an AccessNI disclosure check, where appropriate and possible. Engage with Age in its recruitment and selection processes will pay due regard to ensuring that:

- There is a clear job description for staff and person specification outlining key skills and abilities required. Clear role descriptions for volunteers;
- There is an open recruitment process;
- There is an application form that covers past work;
- There is a declaration form requesting information on previous convictions and investigations, if any;
- There is an interview process suitable to the role and task;
- Written references are sought (and followed up when necessary).

5.4 Code of Behaviour for Staff, volunteers and trustees/ directors

Implementing a “Code of Behaviour” for all staff, volunteers and trustees/ directors offers protection to everyone. It sets boundaries on acceptable staff/ volunteer/ trustee/ director practice, and avoids high risk areas in which Adults ARHINP can be harmed and/ or serious allegations made against staff.

By adopting this Code of Behaviour, Engage with Age sets out to protect Adults ARHINP from being placed in harmful situations.

Engage with Age's primary goal in working with Adults ARHINP is to contribute to their growth of self confidence and esteem. How we behave and our attitude towards Adults ARHINP will contribute to the way Adults ARHINP feel towards themselves.

All Adults ARHINP should be treated with respect. This includes –

- Language used towards them;
- When possible they should be included in decisions taken about them;
- They are offered the time to explain their actions/thoughts etc;
- They are listened to;
- Their views/opinions are valued not ridiculed.

As well as having a professional relationship with service users, the staff, volunteers and trustees/ directors may need to become well acquainted with Adults ARHINP and form good working relationships in order to achieve the range of programme goals which would be set. However, staff, volunteers and trustees/ directors need to follow good practice rules that include:

- Staff, volunteers and trustees/ directors should not spend excessive time alone with vulnerable adults away from others. Meeting with an Adult ARHINP should take place as openly as possible. If privacy is needed, the door to any room should be left open and other staff informed. These informed staff should periodically check the room.
- Staff, volunteers and trustees/ directors should not make unnecessary physical contact with Adults ARHINP. There will be times when physical contact has to be made, e.g. providing comfort and reassurance where it is clear this is required, or physical support in an activity. However, all physical contact should take place with the consent of the Adults ARHINP involved, it should be governed by the age and development stage of the Adults ARHINP, and be in response to the Adults ARHINP needs.
- Staff, volunteers and trustees/ directors should avoid, where possible taking, Adults ARHINP in their private cars. When unavoidable, and insurance permits, travel in staff/ volunteers/ trustees/ director cars should be several Adults ARHINP and with the consent and with the permission of Engage with Age. Staff, volunteers and trustees/ directors should avoid situations where a single Adults ARHINPs are in a vehicle with a single staff member.
- There will be occasions when staff, volunteers and trustees/ directors must use a raised voice/ be audible/ heard for the protection of Adults ARHINP. The effective use of a loud voice is reduced if staff/ volunteers/ trustee/ director continually raise their voice, and should only be used in exceptional circumstances. Staff, volunteers, trustees/ directors should not raise their voice to Adults ARHINP as a matter of course. Raising one's voice in order to be heard in a noisy or dangerous environment/ situation should only be done to avoid harm to Adults ARHINP.
- Staff, volunteers and trustees/ directors should not meet with Adults ARHINP outside of the organised activities unless it is with the knowledge and consent of Engage with Age.

- Staff, volunteers and trustees/ directors should never engage in sexually provocative or rough physical games.
- Staff, volunteers and trustees/ directors should not allow Adults ARHINPs to use inappropriate language unchallenged, such as racism, sexism, sectarianism, negative comments concerning sexual orientation or gender.
- Staff, volunteers and trustees/ directors should never make sexually suggestive comments about or to an Adult ARHINP, even in fun.
- Staff, volunteers and trustees/ directors should not do things of a personal nature for an Adult ARHINP that they can do for themselves.
- Staff, volunteers and trustees/ directors should take any allegation against them very seriously, even if made in jest by an Adult ARHINP. This form of joke needs to be addressed. All statements should be recorded in writing and reported to Engage with Age.
- Individual Adults ARHINP should never be brought to a staff member/ volunteer/ trustee/ director's house.

5.5 Photographic Policy

Staff, volunteers and trustees/ directors must never take photographs/ video of Adults ARHINP without the permission, and in accordance with the photographic policy. Detailed policy and form in Appendix E.

6.0 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' ^{*World health Organisation 2002}

It is abuse when someone misuses their power or control over another person, causing harm or distress. The abuser could be in a close relationship with the Adult ARHINP. They could be someone the adult at risk depends on and trusts. ^{*NI Direct}

Abuse can take many forms. **Appendix B** provides detailed definitions of the main forms of abuse and provides information on the indications of suspected or actual abuse. **Staff, volunteers and trustees/ directors must familiarise themselves** with the definitions and indicators of abuse.

7.0 How to deal with a concern

When there are concerns or where a disclosure or allegation is made people often feel anxious about passing on the information to anyone else. Concerned individuals may ask themselves, 'What if I'm wrong?' and this may hold them back from taking action.

It is important for staff, volunteers and trustees/ directors to know that they are neither responsible for deciding whether abuse has occurred or not; nor are they responsible for conducting any investigations. This is the role of the appropriate authorities.

However, staff/ volunteers/ trustees/ directors do need to pass on any concerns they have through the Adult Safeguarding reporting procedures. It is crucial that staff/ volunteers/ trustees/ directors do not attempt to deal with the situation alone.

We recommend that 'if in doubt, report it'.

7.1 How can you be alerted to signs of abuse?

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

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

7.2 What if a vulnerable adult discloses abuse?

In cases where an Adult ARHINP discloses abuse to a staff member or volunteer they should react appropriately, according to the following guidelines:

Do

- Stay calm
- Listen and hear
- Express concern and sympathy about what has happened
- Reassure the person – tell the person that they did the right thing in telling you
- Let the person know that the information will be taken seriously and tell them what will happen next
- If urgent medical/police help is required, call the emergency services
- Ensure the safety of the person
- Record in writing using the Adult Safeguarding Report Form, date and sign your report, and give it to your ASC at the earliest possible time.
- Use the language said in any disclosure – record the vulnerable adult's words, not your version of their words.
- Act without delay.

Do not

- Stop someone disclosing to you

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

NB: Particular emphasis is to be placed on not promising confidentiality when someone raises a safeguarding concern.

7.3 Checking out

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

It is important that staff understand the clear distinction between 'checking out' and investigating.

Staff should not begin to investigate alleged or suspected abuse by asking questions that relate to the detail, or circumstances of the alleged abuse, beyond initial listening, expressing concern and checking out.

8.0 Procedure for Reporting and Recording

Being alert to potential abuse plays a key role in ensuring that vulnerable adults are safeguarded.

All concerns, disclosures, allegations and suspicions should be recorded on the Adult Safeguarding Report Form (see Appendix C), which can be found on the shared drive (EWA Network/ Policies & Procedures/ EWA Policies and Procedures) and reported to the Adult Safeguarding Champion immediately. Appendix F provides a visual of the reporting procedure.

Records must be objective and factual. It is also important to identify clearly and record information which is substantiated/unsubstantiated and/or anonymous/third party.

On receipt, the ASC will review all information and records and where appropriate discuss with the chair of the board of trustees.

It is the responsibility of the ASC to report to the statutory professionals any suspicion or evidence of abuse.

Engage with Age will work with statutory colleagues in the pursuit of any investigation of alleged 'abuse'. Staff, volunteers and trustees/ directors must acknowledge the priority of this situation and everything of lesser importance must be put on hold whilst this issue is in process.

Staff, volunteers and trustees/ directors must abide by the confidentiality and take every measure to ensure that this is adhered to on all occasions. Any compromising of the duty of confidentiality could lead to disciplinary action being taken against the person breaking that confidentiality.

8.1 Emergency/Urgent

There may be emergency situations where you think that someone may be in immediate danger, there is a severe risk of injury or that injury has already occurred.

In a situation where injury has already occurred you should call 999 to seek medical and/or police assistance; or call 101. An Adult Safeguarding Report Form should then be completed and the ASC informed.

Where the information suggests that the individual is at severe risk of immediate danger, Social Services should be informed without delay.

The Adult Safeguarding Gateway Team operates an open referral system so anyone can contact them directly.

During normal working hours (9am to 5pm) contact 028 95041744.
Out of office hours (5pm – 9am) contact 028 9504 999

Refer to Appendix E for other relevant contact details.

8.2 Responding to allegations or concerns about a member of staff, volunteer or third-party person

Engage with Age has the responsibility to investigate allegations of abuse by staff members, trustees and volunteers. Where a staff member, trustee or volunteer has been alleged to have been the perpetrator/s of an abuse or where, on initial inquiry there are grounds to suspect that staff may have been the perpetrator/s, it will be necessary to pursue any investigation through the staff disciplinary procedures. The primary role of the abuse procedures would then be to ensure that the alleged victim of abuse protected from further harm and was offered support, counseling and practical assistance.

Engage with Age's Whistle Blowing Policy enables employees to raise their concerns about malpractice at an early stage and in the right way. This policy covers all permanent employee, temporary employees, volunteers and consultants.

Complete an Adult Safeguarding Report form and forward the report to ASC as soon as possible, either by hand in a sealed envelope marked 'Confidential', or by a secure email with a 'read receipt' option.

The ASC will discuss the case with the chair of the board if the allegation is about a member of staff and file in the appropriate secure location, and this process may require the volunteer or staff member being asked to suspend their work while an investigation is taking place.

The ASC will forward the report to social services, and / or PSNI. To ensure confidentiality for staff the name of the staff member making the report will be removed.

This policy has been approved by the Engage with Age Board of Directors (INSERT DATE January 2023)

This policy is due for review by the Engage with Age Board of Directors (January 2024)

Key responsibilities of an Adult Safeguarding Champion (ASC)

“Adult Safeguarding: Prevention and Protection in Partnership” summarises the key responsibilities for the ASC as follows:

- Ensure the provision of information, support and advice for staff, volunteers and trustees/ directors on adult safeguarding within the organisation;
- Ensure that the organisation’s adult safeguarding policy is disseminated and support implementation throughout the organisation;
- Advise within the organisation regarding adult safeguarding training needs;
- Provide advice to staff or volunteers who have concerns about the signs of harm and ensure a report is made to Health and Social Care Trusts (HSC) where there is a safeguarding concern;
- Support staff to ensure that any actions take account of what the adult wishes to achieve, however, this should not prevent information about any risk of serious harm being passed to the relevant HSC Trust Adult Protection Gateway Service for assessment and decision-making;
- Establish contact with the HSC Trust Designated Adult Protection Officer (DAPO), PSNI and other agencies as appropriate;
- Ensure accurate and up to date records are maintained detailing all decisions made, the reasons for those decisions and any actions taken;
- Compile and analyse records of reported concerns to determine whether a number of low level concerns are accumulating to become more significant; and make records available for inspection.

DEFINITIONS OF ABUSE

Domestic abuse is an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, inflicted by a current or former partner or close family member. Anyone can be a victim of domestic abuse. Domestic abuse can include: coercive control; psychological/emotional abuse; physical abuse; sexual abuse; economic and financial abuse; online and technological 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. Female Genital Mutilation (FGM) is considered a form of physical AND sexual abuse.

Sexual violence and abuse is 'any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability).

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 nonpenetrative 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 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.

Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, control, or frighten their victim.

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.

Online abuse is any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets and mobile

phones. And it can happen anywhere online, including social media, text messages and messaging apps. It can be used to intimidate, humiliate, scam, and coerce a vulnerable adult.

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 happen in any organisation, within and outside Health and Social Care (HSC) provision. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur 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 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 where the person lacks the capacity to assess risk.

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.

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

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 or
- In public places.

Who can abuse?

Staff, volunteers and trustees/ directors should be aware that abusers come from all sections of society, all professions and all races and can be of any gender.

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
- Healthcare, social care or other worker
- Peer; or less commonly a
- Stranger.

Professional abuse – the misuse of power and trust by professionals; the failure of professionals to act on suspected abuse/crimes; poor care practice or neglect in services; or 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 or other setting. It can occur in group or communal settings such as day centres, clubs, residential care homes, nursing homes or other institutional settings.

Stranger abuse – the abuse of an adult by someone they don't know such as a stranger, a member of the public or a person who deliberately targets adults at risk.

Indications of Suspected or Actual Abuse

Adult abuse normally occurs when an adult who is in some way at risk is faced with a person or a set of circumstances with a potential for harm. Some factors that may place people at particular risk of being abused are described in the following list. However, the presence of one or more of these factors does not automatically imply that abuse has or may occur.

- Poor communication or a breakdown of communication
- Immobility
- Urinary or faecal incontinence
- An inappropriate or dangerous physical or psychological environment e.g. lack of personal space
- Living in the same household as a known abuser or a person who has a history of mental health problems, alcohol or drug misuse or sexual offending
- Mental health problems
- Learning disabilities
- Physical disabilities
- Dependence on others or vice-versa
- Unequal power relationships
- Considerable change in carer's lifestyle
- Emotional and social isolation
- Caring needs in excess of carer's ability to meet them
- Financial problems
- Carer asks financial questions of the staff member/volunteer

- Withholding of money
- Person managing financial affairs is evasive and uncooperative

Possible Indicators of Physical Abuse

- Any injury not fully explained by the history given
- Self-inflicted injury
- Unexplained bruises and welts on face, lips, mouth, torso, arms, back etc. in various stages of healing
- Unexplained burns, especially on soles of feet, palms and back
- Immersion burns, rope burns, electrical appliance burns
- Unexplained fractures to any part of the body
- Lack of personal care, inadequate or inappropriate clothing

Possible Indicators of Financial Abuse

- Power of Attorney obtained when person is unable to comprehend
- Person lacks belongings or services, which they can clearly afford

Possible Indicators of Neglect

- Neglect of accommodation, hoarding, cluttered environment, etc.
- Inadequate heating
- Clothing in bad condition, smelling of staleness and urine
- Evidence of Malnutrition
- Failure to ensure appropriate privacy and dignity
-

Rights Violation Indicators

- Coercion – (physical or verbal)
- Causing distress to a person by locking in at home, cars, etc.
- Inappropriate clothing
- Sensory deprivation, not allowed to have hearing aid, glasses etc.
- Restricted access to personal hygiene and toilet
- Use of furniture and other equipment to restrict movement

Possible Indicators of Psychological Abuse/ Coercive Control

- Ambivalence
- Deference
- Passivity
- Resignation
- Flinching on approach
- Emotional withdrawal

Possible Indicators of Sexual Abuse

- Full or partial disclosure or hints of sexual abuse
- Wetting/soiling
- Torn, stained or bloody clothing
- Love bite

Possible indicators of Online Abuse

- Fixation with being online/ receiving messages
- Reports of intense friendship with person in another country
- Concern for personal reputation

- Sudden unexplained loss of income/ money
- Other indicators as listed above

Adult Safeguarding Report Form

*For recording and reporting concerns, disclosures and allegations or suspicions of abuse
NB: This is a discoverable document.*

Please answer all relevant questions as fully as you can.

PLEASE ALSO NOTE THAT THIS FORM IS NOT A SET OF QUESTIONS TO BE ASKED AS EWA'S POLICY DISCOURAGES INVESTIGATION. PLEASE COMPLETE THIS FORM BASED ON THE INFORMATION GLEANED FROM ANY CONVERSATION OR OBSERVATION.

Work location:
Name of Adult:
Age/Date of Birth:
Gender:
Names of carers / next of kin (if known):
Home address (if known):
Contact telephone number: Home: Mobile:
Please complete those sections below that are relevant.
1. Disclosure by adult at risk
When was the disclosure made (dates and times)?
Who did the adult make the disclosure to?
What did the adult actually say?

2. Indicators

Describe any signs or indicators of abuse (what 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 your Line Manager/Adult Safeguarding Champion about the matter?

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

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Signatures

To be signed by the person reporting the concern

Name:

Job title:

Signed:

Date:

Date received and actioned by Line Manager

Name:

Job title:

Signed:

Date:

Date received and actioned by the Adult Safeguarding Champion (ASC)

Name:

Job title:

Signed:

Date:

Action taken by Adult Safeguarding Champion

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Signed: _____ Date: _____

Appendix D

Useful Statutory Bodies Contact

Department of Health	www.health-ni.gov.uk
Health & Social Care Board	www.hscboard.hscni.net
Public Health Agency	www.publichealth.hscni.net
Health & Social Care Trusts	www.belfasttrust.hscni.net
	www.northerntrust.hscni.net
	www.setrust.hscni.net
	www.southerntrust.hscni.net
	www.westerntrust.hscni.net
Patient and Client Council	www.patientclientcouncil.hscni.net
Health & Safety Executive	www.hseni.gov.uk
Northern Ireland Housing Executive	www.nihe.gov.uk
Regulation and Quality Improvement Authority	www.rqia.org.uk
Police Service of Northern Ireland	www.psni.police.uk

Photography/ Video Policy

It is recognised that Engage with Age will wish to have a visual record of its activities and also use photographs/ videos for promotional purposes and also for submission to third parties (funders etc). When taking photographs or videos, staff, volunteers, trustees/ directors, and users should at all times apply the principles of dignity and respect.

The following must be taken into account:

- At any event where photographs/ video may be taken, Engage with Age's Event Photography/ video Notice must be displayed. Engage with Age has decided that no individual permission is required for group photographs with five or more people, such as large group scenes.
- Consent must be sought for group photographs/video recordings of four people or fewer using Engage with Age's Photography Permission Form and this must be given to the Operations Manager for storing as a record of permission.
- A person's permission should be maintained to use their image. Any person may subsequently retract permission to use their image.
- Where possible, staff will avoid using older person's names in photograph captions, and only when express permission has been given to give names. Where names of older people are published along with photographs/video recordings, their picture will not be used in a way that would allow anyone to associate that picture with a name.
- Photographs/ images/ videos should not be stored on any staff members/ volunteers personal computer/phone etc.
- Photographs or videos should never be taken of older people in what could be perceived as compromising situations, eg, in swimming pools, or nightwear on residential.

In respect of professional photographers/ camera people, or the media who are invited to an event:

- They will be provided with a copy of this policy.
- There will be no unsupervised access to older people.



PHOTOGRAPHY/ VIDEO PERMISSION FORM

Engage with Age seeks your permission to use a photograph/ video of you for the following purposes (tick box):

General purposes	<input type="checkbox"/>
Annual report:	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Social media	<input type="checkbox"/>
Printed material	<input type="checkbox"/>
All of the above	<input type="checkbox"/>

Name of event: _____

Venue: _____ Date of event: _____

Staff member/ volunteer's name: _____

I give Engage with Age permission to use my photograph:

Signed _____

Name _____

Address _____



PHOTOGRAPHY & VIDEO NOTICE

**Please note that photographs/
videos will be taken at this
event for recording and
promotional purposes.**

**If you do not wish to be in any
photographs/ videos please let
the event organisers know.**

**Many thanks,
Engage with Age**

Reporting Procedure – Flow Chart

