

## **Responding to an Adult Safeguarding Concern—the Role of the ASC**

When an alert is raised within an organisation in relation to an adult safeguarding concern or disclosure, the ASC or appropriate appointed person, where these tasks have been delegated, will ensure the following actions occur:

- Consider whether the concern is a safeguarding issue or not. This may involve some 'checking out' of information provided whilst being careful not to stray into the realm of investigation.
- Where immediate danger exists or the situation warrants immediate action ensure any necessary medical assistance has been sought and refer to HSC Adult Protection Gateway or PSNI.
- Support staff to ensure any actions take account of the adult's wishes.
- Where it has been deemed that it is not a safeguarding issue, other alternative responses should be considered such as monitoring, support or advice to staff or volunteers.
- If it is decided that it is a safeguarding issue, the situation should be reported to the HSC Key Worker where known. If unaware of HSC Key Worker contact details, a referral will be made to HSC Trust Adult Protection Gateway service. The HSC Trust will then conduct a risk assessment and decide what response is appropriate.
- If a crime is suspected or alleged, contact the HSC Adult Protection Gateway Service directly.
- If the concern involves a regulated service, inform RQIA.
- Act as the liaison point for any investigative activity, which is required and will ensure easy access to relevant case records or staff.
- Ensure accurate and timely records and any adult safeguarding forms required have been completed.

If an adult at risk does not want a referral made to the HSC Trust or PSNI, the ASC or appropriate person must consider the following:

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

These factors will influence whether or not a referral without consent needs to be made. If in doubt contact the HSC Trust Gateway service for advice and guidance.

If it is determined that the concern(s) do not meet the definition of an adult at risk or an adult in need of protection, the concerns raised must be recorded; including any action taken; and the reasons for not referring to HSC Trust. The ASC will ensure that records of reported concerns are compiled and analysed to determine whether a number of low-level concerns are accumulating to become significant. If the organisation is regulated by RQIA

or other bodies, then the ASC will make records available to them for inspection.

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

In most circumstances there will be an emerging safeguarding concern which should be referred to the relevant HSC Trust for assessment. HSC professionals will determine whether the threshold for an adult protection intervention has been met, or whether alternative safeguarding responses are more appropriate.

### **Confidentiality, consent and information sharing**

Ethical and statutory codes concerned with confidentiality serve to protect individual patients but are not intended to prevent exchange of information between different professionals and staff who have a responsibility for ensuring the protection of children, young people and adults at risk. In cases where there are safeguarding concerns, there is a duty to share all relevant information with professionals and agencies who need to know. This may include disclosing information with or without the permission of the child, young person, parents or carers or adult at risk, with other professionals for the purposes of safeguarding.

Professionals are frequently uncertain as to whether their concerns reach a threshold for action. In these circumstances, advice should be sought from a professional with expertise in safeguarding. Furthermore, while consent is desirable, it is not essential for safeguarding referrals. If no consent is given by the child, parents or carers to share information, a risk assessment of the child or adult at risk concerned should be undertaken and further advice sought from the relevant local safeguarding contact. If it is felt that a patient may be a victim of neglect or physical, sexual or emotional abuse, that they lack capacity to consent to disclosure and where it is felt that the disclosure is in the patient's best interests or necessary to protect others from a risk of serious harm, such information should be shared with the appropriate professionals and agencies.

In the process of any subsequent investigations by the police and social services, it should be expected that the referral and its source will be made known to parents or carers. Therefore, any concerns about the impact of this on staff should be shared with the police or social services departments at the time of referral.

