Adult Safeguarding Operational Procedures

November 2025

Procedure Owner	
Owner:	Assistant Director – Public Protection
Author:	Assistant Director – Public Protection
Screening and Proofing	
Equality screened:	07 November 2025
Human Rights screened:	07 November 2025
Data Protection screened:	07 November 2025
Trauma Informed Screening:	16 December 2025
Consultation	
	N/A
Approval	
SLT:	11 November 2025
Board (if required):	-
Version	
Version:	V1
Publication date:	19 January 2026
Implementation date:	19 January 2026
Review date:	01 June 2029

Document Control

Version No.	Date	Description
0.1		
0.2		
0.3		
0.4		
0.5		

Alternative Formats

This documentation can be made available in alternative formats such as large print, Braille, disk, audio tape or in an ethnic-minority language upon request. Requests for alternative formats can be made to the Probation Board using the following contact information:

Equality Manager
Probation Board for Northern Ireland 2nd Floor
80-90 North Street Belfast
BT1 1LD
Telephone number: 028 9052 2522
Textphone: 028 90262490
E-mail: info@probation-ni.gov.uk

CONTENTS

1. INTRODUCTION

These procedures are linked to the Health and Social Care Board's Adult Safeguarding Operational Procedures. https://online.hscni.net/wpfd_file/adult-safeguarding-operational-procedures/

All adults have a right to live in safety, free from harm and neglect. PBNI is committed to working in partnership with other agencies to help prevent the abuse of adults who are assessed as being at risk of harm.

During the course of their duties, PBNI staff will come into contact with service users who pose a risk to adults at risk of harm (as defined at 4.9) and also service users who are themselves, adults at risk of harm. Adult safeguarding concerns may relate to a PBNI service user as a perpetrator or as a victim.

It is important that PBNI staff identify, assess and manage the risks posed to adults at risk of harm by service users subject to licences or statutory orders. This information should be shared with relevant agencies as appropriate (i.e. PSNI, HSCTs).

It is also important that PBNI staff identify, service users (or potentially members of their family) who are themselves adults at risk of harm and take appropriate action (i.e. refer to HSC Trust Adult Protection Gateway Service) when their needs are unmet.

PBNI recognises that safeguarding work can be emotionally demanding. Staff are encouraged to seek support from line managers or the Adult Safeguarding Champion (AD – Public Protection). PBNI's Policy and Procedures seek to provide staff with clear guidance to ensure they feel confident, safe, and empowered to take appropriate action.

2. GLOSSARY

- AD: Assistant Director.
- APP1: Adult Protection referral form.

- ECMS: PBNI's Electronic Case Management System.
- HSC Trust: Health and Social Care Trust.
- MARAC: Multi-Agency Risk Assessment Conference.
- PO: Probation Officer.
- PPANI: Public Protection Arrangements for Northern Ireland.
- Safeguarding Champion: Named senior officer responsible for safeguarding queries.

3. PRINCIPLES

PBNI bases its Adult Safeguarding Procedures on the following underpinning principles:

A Rights-Based Approach: adults have a right to be safe and secure; to be free from harm and coercion; to equality of treatment; to the protection of the law; to privacy; to confidentiality; and freedom from discrimination.

Staff are also entitled to a safe and supportive working environment and to be treated with respect and fairness when raising or acting on safeguarding concerns.

An Empowering Approach: adults should be empowered to make informed choices about their lives, to maximise their opportunities to participate in wider society, to keep themselves safe and free from harm and enabled to manage their own decisions in respect of exposure to risk.

Staff should be empowered to make informed decisions in their safeguarding practice, supported with clear guidance and supervision, and with opportunities to provide feedback on procedures.

A Person-Centred Approach: adults should be facilitated to fully participate in all decisions affecting their lives taking full account of their views, wishes and feelings and, where appropriate, the views of others who have an interest in their safety and well-being.

Staff should consider individual circumstances and needs when responding to

safeguarding concerns, using person-centred and trauma-informed approaches.

A Consent-Driven Approach (from the victim's perspective): there should be a presumption that adults (at risk of harm/in need of protection) have the ability to give or withhold consent; to make informed choices; to have their choice informed through the provision of information, and the identification of options and alternatives; there should be particular regard to the needs of individuals who require support with communication, advocacy or who lack the capacity to consent; intervention in the life of an adult against his or her wishes should only occur in particular circumstances, for very specific purposes and always in accordance with the law.

Staff should be supported to understand and navigate situations where consent is unclear, and to seek guidance from managers or the Adult Safeguarding Champion (AD – Public Protection), ensuring safe and legally compliant practice.

A Collaborative Approach: it is acknowledged adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood.

Staff input and collaboration are encouraged, and staff should have opportunities to participate in multi-agency safeguarding planning and review processes.

4. DEFINITIONS

4.1 Adult at Risk of Harm

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 personal characteristics and/or 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.

Staff should consider that risk is dynamic and may be influenced by a traumatic history, recent events, coercive relationships, or stressors not immediately visible.

4.2 Adult in Need of Protection

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

A) Personal characteristics and/or
B) Life circumstances

AND

C) Who is unable to protect their own well-being, property, assets, rights or other interests;

AND

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

In order to meet the definition of an ‘adult in need of protection’ either (A) or (B) must be present, in addition to both elements (C) and (D).

Staff should seek guidance promptly if they are unsure whether an adult meets this threshold, using supervision as appropriate or consulting the Adult Safeguarding Champion (AD – Public Protection).

4.3 What is Abuse?

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

Abuse is the misuse of power and control that one person has over another. It can involve direct and/or indirect contact and can include online abuse. The main forms of abuse are:

Physical Abuse: Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty. Female genital mutilation (FGM) is considered a form of physical and sexual abuse.

Sexual Violence and 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 non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

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

coercion.

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

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

4.4 Related Definitions

There are related definitions which interface with Adult Safeguarding, each of which

have their own associated adult protection processes in place.

Domestic violence and abuse: Domestic violence or abuse is 'threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member'. Domestic violence and abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography.

The response to any adult facing this situation will usually require a referral to specialist services such as Women's Aid or the Men's Advisory Project. In high risk cases a referral will also be made to the Multi- Agency Risk Assessment (MARAC) process. Specialist services will then decide if the case needs to be referred to a HSC Trust for action under the safeguarding procedures. If in doubt, anyone with a concern can ring the Domestic and Sexual Violence helpline (0808 802 1414) to receive advice and guidance about how best to proceed.

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

The response to adults at risk experiencing human trafficking/modern slavery will always be to report the incident to the Police Service.

Hate Crime: Hate crime is any incident which constitutes a criminal offence perceived

by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

The response to adults at risk experiencing hate crime will usually be to report the incident to the Police Service.

5. ROLES & RESPONSIBILITIES

Social Services / HSC Trust: Lead statutory adult safeguarding investigations and lead multi-agency responses.

Probation Officer (PO) / Operational Staff: Recognise signs of harm; raise concerns; record observations; consult manager; implement immediate safety actions where required.

Area Manager: Decide whether matter meets safeguarding threshold in discussion with the PO, provide advice and oversight of complex cases, ensure APP1 is completed and counter-signed, ensure inter-agency liaison, support staff wellbeing through supervision.

Adult Safeguarding Champion (AD – Public Protection): Single point of contact for safeguarding queries, alternative escalation route if manager unavailable or conflict of interest exists.

PSNI: Lead on criminal investigation where appropriate.

6. RECOGNISING ADULT SAFEGUARDING CONCERNS

Whilst adult safeguarding is principally the responsibility of the Health and Social Care Trusts and, where a crime is suspected or alleged, the Police Service for Northern Ireland, it is everyone's business.

All PBNI staff should be able to recognise indicators of potential or actual abuse and

know how to act in responding to such concerns. Operational staff should be particularly alert to signs and symptoms of potential abuse when visiting the homes of service users. **Appendix 2** sets out the sign and symptoms of abuse. This should be used as a guide not a checklist.

Where a staff member is uncertain but has concerns that there is an adult experiencing harm or abuse, it is important that they consult with their line manager immediately and record that this consultation took place.

7. RESPONDING TO ADULT SAFEGUARDING CONCERNS

Any staff member who believes or suspects that an adult is experiencing (or is likely to experience) harm or abuse shall immediately discuss their concerns with their line manager. Or in their absence, their line Assistant Director or another member of the senior leadership team.

The Area Manager and staff member shall consider whether the concern is a safeguarding issue. This may involve checking out information whilst being careful not to stray into the realms of investigation and ensuring that all actions taken are proportionate and clearly recorded. If there is disagreement between the staff and the Area Manager about whether the threshold has been met or the action to be taken, resolution should be sought via the relevant Assistant Director or the Adult Safeguarding Champion at the earliest opportunity.

Where immediate danger exists, medical assistance should be sought, if appropriate, and reported to the PSNI without delay.

Where discussion confirms the staff member's concerns meet the definition of an adult in need of protection, a referral shall be made to the HSC Trust Adult Protection Gateway Service. In the first instance this should be by telephone (Appendix 3) and followed up within 24 hours by written confirmation on the correct proforma (Appendix 4). APP1s are required to be counter signed by the referring Probation Officer's line manager. Or in their absence by the Adult Safeguarding Champion (AD – Public Protection).

Social Services will be responsible for notifying the police, where appropriate, under the joint protocol arrangements.

Referrals outside of office hours should be made to appropriate Trust's out of hours number (Appendix 3).

Referral to the HSC Trust Adult Protection Gateway Service should be made if one or more of the following characteristics are met:

- The perceptions of the adult(s) concerned and whether they perceive the impact of harm as serious.

- There is a clear and significant impact on the physical, sexual, psychological and/or financial health and well-being of the person affected.

- There is a clear and significant impact, or potential impact, on the health and well-being of others.

- There are serious or repeated acts of omission or neglect that compromise an adult's safety or well-being.

- There is a potential criminal offence against the adult at risk; the action appears to have been committed with the deliberate and harmful intent of the perpetrator(s).

- Concerns about an abuse of trust by individuals in a position of power or authority.

- There has been a previous referral to a regulated service provider for action, and it has not been sufficiently addressed.

If PBNI staff have any doubt as to whether the threshold has been reached, the concern should be discussed with the HSC Trust Adult Protection Gateway Service (Appendix 3). If, following this discussion, it is agreed a referral is not required, the Gateway Social Worker, will record the advice and information given on a proforma and save on encompass (the digital health and care record used by the HSCTs).

The consent of the adult in need of protection (i.e. victim) should be sought before making a referral to the HSC Trust Adult Protection Gateway Service or contacting the police. The need for consent can, however, be over-ridden if, for example, the individual does not have capacity, there is a potential risk to others, or it is in the public interest. In such cases, the rationale for overriding consent must be clearly recorded.

A copy of the referral form must be attached to PBNI's electronic case management system. The acknowledgement and outcome from the Health and Social Care Trust should also be attached on ECMS. Case records should detail any actions or roles to be carried out by PBNI, and any follow-up required.

8. CASE MANAGEMENT RESPONSIBILITIES

Where adult safeguarding issues are identified in a case being supervised by PBNI (or at the pre-sentence stage), where the service user is either a victim or an alleged perpetrator, staff shall remain vigilant to signs of potential abuse during on-going contact and ensure these observations are recorded promptly in line with recording standards.

Staff shall remain in regular contact with Social Services and record details in the case management system, including dates, times and key outcomes of all contacts.

As part of the supervision process the line manager shall be kept apprised of any current or emerging concerns.

If invited, staff shall attend any relevant meetings convened by Social Services. And, if appropriate, shall invite Social Services to attend PBNI or PPANI convened meetings to support coordinated risk management.

If there are any adult safeguarding issues extant in a service user's circumstances, action to mitigate against the same shall be included in a service user's case plan. For example, referral to addiction services; referral to counselling; referral to a

programme for domestic abuse; referral to the MARAC; referral to PPANI.

Clear and accurate records should be kept in line with PBNI Practice Standards, ensuring that safeguarding actions, decisions and rationales are fully documented.

9. SHARING INFORMATION

Accurate and timely sharing of information between relevant agencies is key to adult safeguarding.

Effective adult safeguarding depends on assessment of risk to an individual. Effective assessment relies on the availability of relevant, accurate and up-to-date information that is shared responsibly and recorded consistently.

It is important that PBNI shares information with relevant agencies about individuals who may present a risk of harm. Wherever possible this should be with the individual's consent, but consent is not a prerequisite for the information to be shared.

The Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information without consent where necessary and proportionate.

Principles to be considered when sharing information:

- **Proportionate** (PBNI staff should not share more information than is necessary)
- **Relevant** (what is the intended purpose of the disclosure?)
- **Adequate** and **accurate** (the information must be easily understood and up-to-date)
- **Timely** (information should be shared in a timely manner to reduce the risk of missed opportunities)
- **Secure** (information should be shared in a secure way and in line with PBNI's

policy and information governance requirements)

- **Recorded** (decisions to share information should be recorded and the reasons for doing so cited, including who the information was shared with and when).

10. STAFF SAFETY, WELLBEING & TRAINING

Staff Safety: Staff must follow organisational lone-working and safety protocols when conducting home visits. Before a home visit staff should:

- Complete a dynamic safety check (known risks, location, who will be present).
- Inform line manager of location and estimated return time.
- Use agreed check-in/check-out methods.
- Decline visits or request an accompanied visit where risks are high.

If staff feel physically unsafe during a visit: leave the situation if safe to do so, seek immediate assistance, and contact PSNI if appropriate. Record incident in ECMS and inform line manager as soon as possible.

Wellbeing Support: PBNI recognises the importance of supporting staff who may experience stress or emotional impact when managing adult safeguarding concerns.

Line managers shall ensure that staff have access to supervision, reflective practice and opportunities to discuss the emotional impact of safeguarding work.

I In addition, staff can access emotional support through Lena by Inspire, which offers confidential wellbeing support. **Read more about this on our Intranet**

Staff are encouraged to utilise these supports proactively.

Training: All operational staff will receive mandatory adult safeguarding training on induction and regular refresher training thereafter.

APPENDIX 1

This one-page summary is intended as an immediate reference for operational staff when they suspect adult safeguarding concerns.

1. **If you suspect harm or abuse:** Immediately discuss with your line manager ***or*** the Adult Safeguarding Champion if the manager is unavailable.

2. **If immediate danger:** seek medical assistance and contact PSNI.

3. **If threshold met for adult in need of protection:** telephone HSC Trust Adult Protection Gateway Service (Appendix 3) and submit APP1 within 24 hours. Upload APP1 on to ECMS.

4. **Record** all discussions, decisions, consent considerations and rationales on ECMS. (include who was contacted and timescales).

5. **If you feel unsafe or stressed:** contact your line manager, Assistant Director, Adult Safeguarding Champion, or the staff wellbeing lead for debriefing and support.

6. **If decision disputed:** escalate through the formal chain if required.

Appendix 2

Possible indicators of physical abuse:

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Possible indicators of sexual abuse:

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

Possible indicators of emotional abuse:

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem

- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Possible indicators of financial abuse:

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

Possible indicators of institutional abuse:

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures

- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Possible indicators of neglect:

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

Possible indicators of domestic violence:

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Possible indicators of human trafficking/modern slavery:

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the

same address

- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Possible indicators of discriminatory abuse:

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Appendix 3

Health and Social Care Trust

Adult Safeguarding Regional Reporting Numbers

HSC Trust	Adult Safeguarding Number/Email address	Out of Hours Number
Belfast	028 9504 1744 adultsguarddutydesk@belfasttrust.hscni.net	028 9504 9999
Northern	028 94413659 AdultSafeguarding@northerntrust.hscni.net	028 9504 9999
Western	028 7161 1366 adultsafeguarding.referral@westerntrust.hscni.net	028 9504 9999
South Eastern	028 9250 1227 adultprotectiongatewayteam@setrust.hscni.net	028 9504 9999
Southern	028 3756 4423 adultsafeguard.team@southerntrust.hscni.net	028 9504 9999

Appendix 4

REGIONAL ADULT SAFEGUARDING PROCEDURE APP1 ADULT AT RISK OF HARM CONCERN

SECTION A (ALL sections of this form are mandatory)

Name:	**Date of Birth:** *(if not known, please give approx age)*	**Date of Referral:**
Address: **Postcode:**	**Gender:** M ☐ F ☐ Prefer not say ☐ Other ☐ **Ethnicity:**	**First Language** Is an interpreter required? Yes ☐ No ☐
Telephone No:	**Is this person known to the Trust?** Yes ☐ No ☐ Don't Know ☐	**H&C No:**

Details of Referrer *(person bringing the concern to your agency's attention)*	
Name:	Relationship to adult at risk of harm:
Job title:	Contact Number:

Referring agency			
☐GP	☐Housing Provider	☐Learning Disability Hospital	☐Carer/Family
☐RQIA	☐ Day Care	☐ Mental Health Hospital	☐Anonymous
☐PSNI	☐ Supported Living Facility	☐ Acute General Hospital	☐ Self
☐ MARAC	☐ Regulated Care Home	☐ Non Acute Hospital	
☐ RESW	☐ Community Trust Staff	☐ Voluntary Organisation	
☐ Office of Care and Protection	☐ Domiciliary/Home Care Worker	☐Other *Specify*	

Programme of care (POC)? (tick one only)					
☐ POC 1 Acute	☐ POC 4 Elderly Care	☐ POC 5 Mental Health	☐ POC 6 Learning Disability	☐ POC 7 Physical Disability & Sensory Impairment	☐ POC 9 Primary Health & Adult Community

Key Contacts where these are known			
	Name	**Address**	**Contact number**
Key Worker			
Care Manager			
G.P.			
Family/Carer			
Significant other			
Other			

What is the PRIMARY form of suspected, admitted or known harm or abuse? (tick one only)			
☐ Physical	☐ Sexual (Incl. violence)	☐ Psychological	☐ Neglect
☐ Financial	☐ Exploitation	☐ Institutional	
Select if the PRIMARY form of alleged harm or abuse also relates to the following definitions?			
☐ Domestic & sexual violence	☐ Hate crime	☐ Modern slavery/Human Trafficking	☐ None Applicable

Details of Concern
Context – what was happening before the incident?
Exact Location; date and time of incident:
Please provide a detailed description of the concern that has been identified *– including who was present. Include exactly what was said; observed or heard using words of the persons involved.*
What is the referrer worried about today? *(ie risk of escalation; risk of further harm; risk of harm to others etc)*

Details of any witnesses:		
Name: **Address:** **Contact No:**	**Name:** **Address:** **Contact No:**	

Location category of incident			
☐**Own Home**	☐**Nursing Home**	☐**Residential Home**	☐**Supported Living**
☐**Mental Health Hospital**	☐**Learning Disability Hospital**	☐**Acute general hospital**	☐**Non acute hospital**

☐**Day Care**	☐**Public Place**	☐ **Home of other person**	☐ **Other** *specify*

Capacity of the adult at risk of harm

What is your understanding of the adult's capacity to make various decisions? Include what is known about the person's capacity to make decisions about different aspects of their life, eg manage their finances, care arrangements. Include your assessment of their capacity to consent to a referral and protection investigation.

Adult at Risk Involvement

Has the referral been discussed with the Adult at Risk? Yes ☐ No ☐ If not explain why:

Details of Adult at Risk's Views

What are the Adult at Risk's views about the referral being made?
What does the Adult at Risk want to happen next?
What are the Adult at Risk's views about reporting to PSNI if required?
What are the views of family/carer (where appropriate)?

Communication needs of adult at risk

Provide a brief pen picture of communication needs

Describe the impact of the incident on the Adult at Risk

Describe evidence of the adult's presentation - emotional state, distress, anxiety, change of normal routines, changes in behaviour, physical injuries, potential or actual impact on health, quality of life, financial loss, impact on the family, this list is not exhaustive.

Additional Information - Home circumstances

Does the adult at risk of harm live alone?	☐Yes	☐No
Does the person suspected to have caused harm live with the adult at risk of harm?	☐Yes	☐No
Is the adult at risk of harm present location different from home address?	☐Yes	☐No

If *Yes* give present location

Interim Protection Arrangements

Was immediate protection required for Adult at Risk? *(consider place of safety/ emergency report to PSNI / has PSNI attended?)* *If Yes give details:*	☐**Yes** ☐**No**
Provide details of supports provided to the adult when the concern was raised	
Was immediate protection required for children or other adults at risk? ***If Yes give details:***	☐**Yes** ☐**No**
Has a Domestic Abuse, Stalking and Harassment Risk Identification Checklist (DASH) been completed?	☐**Yes** ☐**No** ☐**N/K**

Referrer Signature			
Signature	**Print**	**Position/Job Title**	**Date**

Decision Making to be completed by Line Manager/Delegated Appointed Person/Adult Safeguarding Champion

Details of Person/Persons Suspected of Causing Harm		
Name:	☐**M** ☐ **F** ☐ Prefer not say Other ☐	**DoB:**
Address:		
Is the person(s) suspected of causing harm aware an allegation has been made against them?	☐**Yes** ☐**No** ☐**N/K**	
Is the person(s) suspected of causing harm known to the adult at risk of harm?	☐**Yes** ☐**No** ☐**N/K**	
If yes please specify below: ☐Family member ☐ Peer service user ☐Paid carer ☐Trust employee ☐Voluntary Worker ☐ Public ☐Other *(specify)*		
Provide any information about the capacity of the person alleged to have caused the harm		
Any Additional Information Relevant to the Report *(Please note the views of others you have consulted and note any difference of opinion)*		
Have previous APP1s or DASH assessments/concerns been recorded? ☐**Yes** ☐**No** ☐**N/K** *If yes give summary of previous APP1s / DASH*		
Who has been notified? ☐ PSNI (Emergency) ☐ Responsible Keyworker / Case manager ☐ Contracts ☐ Human Resources ☐ RQIA ☐ Adverse incident report **Where applicable include DATIX reference number:**		

OUTCOME following ASC discussion with referrer (Tick **one** of the following)

1. **Adult in need of protection** ☐**Yes** ☐**No**

If yes Refer to Trust Adult Protection Gateway service

OR

2. **Adult at risk of harm** ☐**Yes** ☐**No**

If yes Manage through alternative safeguarding response *(Forward copy to Trust Key worker)*

OR

3. **Inappropriate Referral Yes** ☐ *(Forward copy to Trust Key worker)*

(This option should be by exception as discussion between the referrer and the delegated appointed person should take place and rule out inappropriate referrals such as general welfare issues; self neglect etc.)

If in doubt, contact Trust Adult Protection Gateway service to discuss before decision is made.

Record rationale for decision making *(incl who concern was discussed with; any differences of opinion or where the issue raised is not a safeguarding matter etc)*
If alternative safeguarding response detail what action (s) has been taken and by whom?
Line Manager/Delegated Appointed Person/Adult Safeguarding Champion **Signature Print Position/Job Title Date**
If a referral is to be made to Trust Adult Protection Gateway Team please note responsibility for the immediate and ongoing safety remains with the referrer until actions are agreed with the Trust **Name of Trust staff referral forwarded to –**