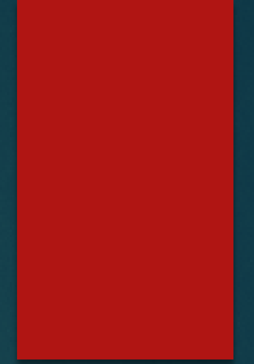
NISCC LUNCHTIME SEMINAR

30TH APRIL 2026

FACILITATORS



- Jacqueline McGarry PiP Lead, Regional Coordinator ASP BHSCT
- Scott Fleming Adult Safeguarding PiP Rep NHSCT
- Lauren Floyd Social Worker SHSCT
- Laura Watson Social Worker SHSCT
- James Breslin Senior Practitioner BHSCT

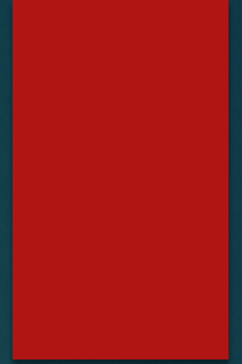
INTRODUCTION TO SESSION

- THE ADULT SAFEGUARDING PROGRAMME SPECIALIST AWARD
- RESEARCH STRATEGY
- LEADERSHIP FRAMEWORK
- RESEARCH PRESENTATIONS – focusing on adult safeguarding practice
- DISCUSSION

Regional Adult Safeguarding Programme: overview

- Specialist Award within the PiP Framework
- Currently modular application
- 3 modules- each with 3 Requirements and 30 academic credits
- Completion of all three modules = full Specialist Award
- SWK747- Sept 2026 – Specialist knowledge in Adult Safeguarding
- SWK749- Jan 2027 – Evidence informed practice & Enabling others
- SWK748- May 2027 – Collaboration in Adult Safeguarding Practice
- 4 fully funded places within each Trust
- 3 taught days/3 study days per module

Research Strategy



- 20-25- currently being reviewed
- Links to Social Work Research Strategy
- Highlights the importance of using research and an evidence base for social work practice

Social Work Leadership

This Social Work Leadership Framework was developed as part of the remit of the Social Work Strategy as it became clear that there was a need to clarify social work leadership capabilities as distinct from generic leadership capabilities.

Four central components of Leadership can be identified

- Leadership is an activity, i.e. it is available to everyone
- Leadership involves influence, i.e. the leader's effect on others determines their success
- Leadership occurs in groups, i.e. leaders mobilise others to achieve a purpose
- Leadership involves common goals, i.e. leaders direct energy to achieving something together

Social Work Leadership Framework

"Social Workers need to demonstrate leadership at all levels and across all roles within the profession."

(Safeguarding Social Wellbeing: Strategy for Social Work -SWS)

1. Leading Self
2. Leading with Others
3. Leading Practice
4. Leading the Profession

Leading Self

Leadership is about *leading self.* This means taking opportunities to develop your knowledge, your skills, your communication and the overall impact you have to service users

Develop your self-awareness and leadership potential

Understand your leadership strengths and areas for development

Skills/capabilities:

- **Authenticity**
- **Emotional intelligence**
- **Self-awareness**
- **Self-care**
- **Self-discipline**

Enabling Others Through Research
SWK749
LAURA WATSON

What is Domestic Abuse?

Legislation and Policy used to inform practice in Northern Ireland

What comes to your mind when you hear the term "domestic abuse"?

As per the Domestic Abuse and Civil Proceedings Act (NI) 2021 "In Northern Ireland, domestic abuse is defined as a pattern of controlling, coercive, threatening, degrading, and violent behaviour, including sexual violence, inflicted by a current or former partner or close family member."

Legislation and policy context

1. Domestic Abuse and Civil Proceedings Act (NI) 2021
2. Mental Capacity Act (NI) 2016
3. Human Rights Act 1998
4. Adult Safeguarding: Prevention and Protection in Partnership (2015) (policy)
5. The Adult Protection Bill (proposed legislation) (draft bill introduced in the NI Assembly 17th June 2025)

N.B. NISCC Standards of Conduct and Practice (2019)

Aims and Objectives of the Study

Domestic abuse against older adults – what can S42 case files tell us?

Hannah Bows, Paige Bromley, Bridget Penhale. Domestic abuse against older adults—What can s42 case files tell us?, *The British Journal of Social Work*, Volume 55, Issue 6, September 2025, Pages 2816–2834

This piece of research addresses some of the findings from a larger study on Domestic Abuse against Older Adult, which took place in three separate phases. The wider study was a mixed methods study comprising of 3 research questions; the article discussed during this presentation focuses on RQ1 and RQ3.

RQ1	RQ2	RQ3
Who are the perpetrators of DA against older adults? What are their profiles?	What are the long-term causes of DA against older adults?	How do statutory services identify, risk assess and respond to cases involving older adults?

What the research tells us

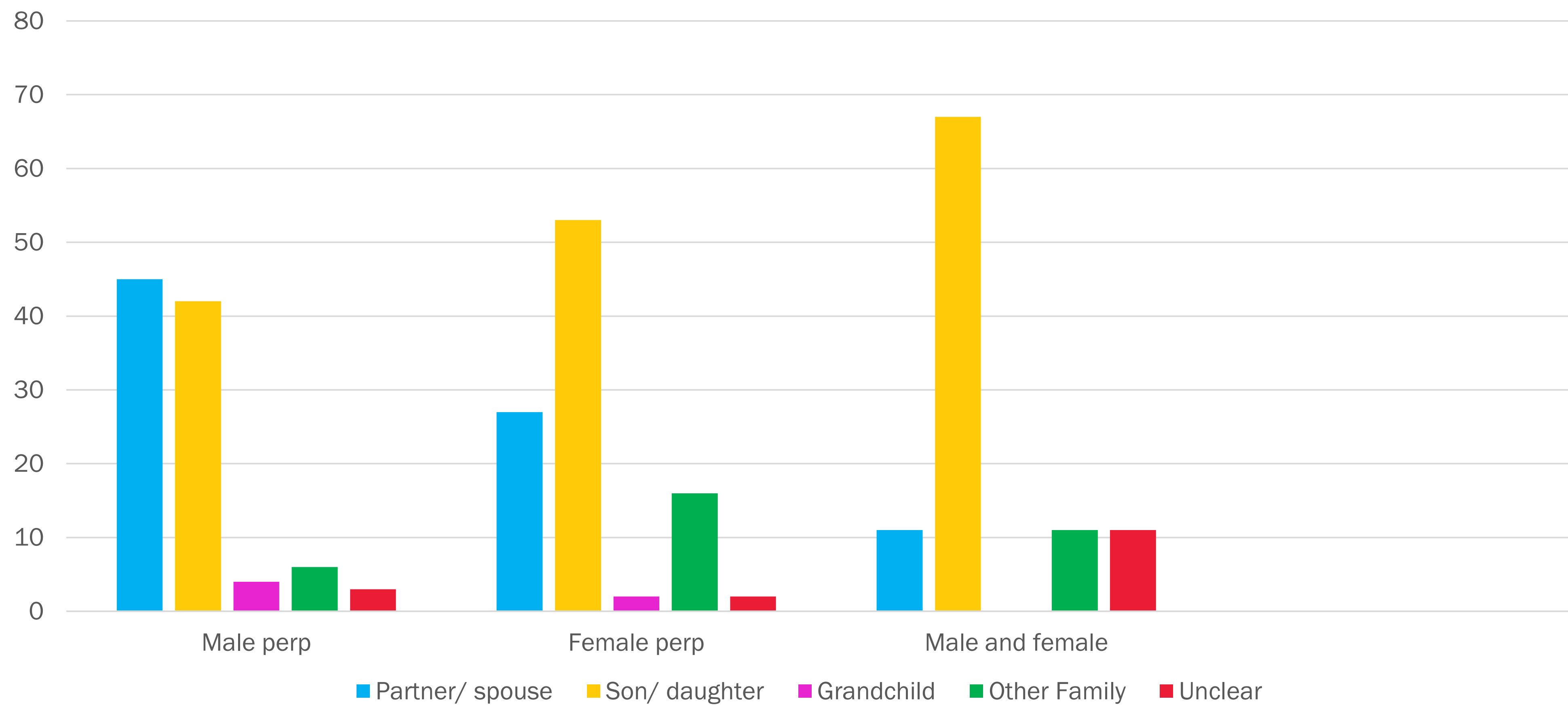
RQ1 - Who are the perpetrators of DA against older adults? What are their profiles?

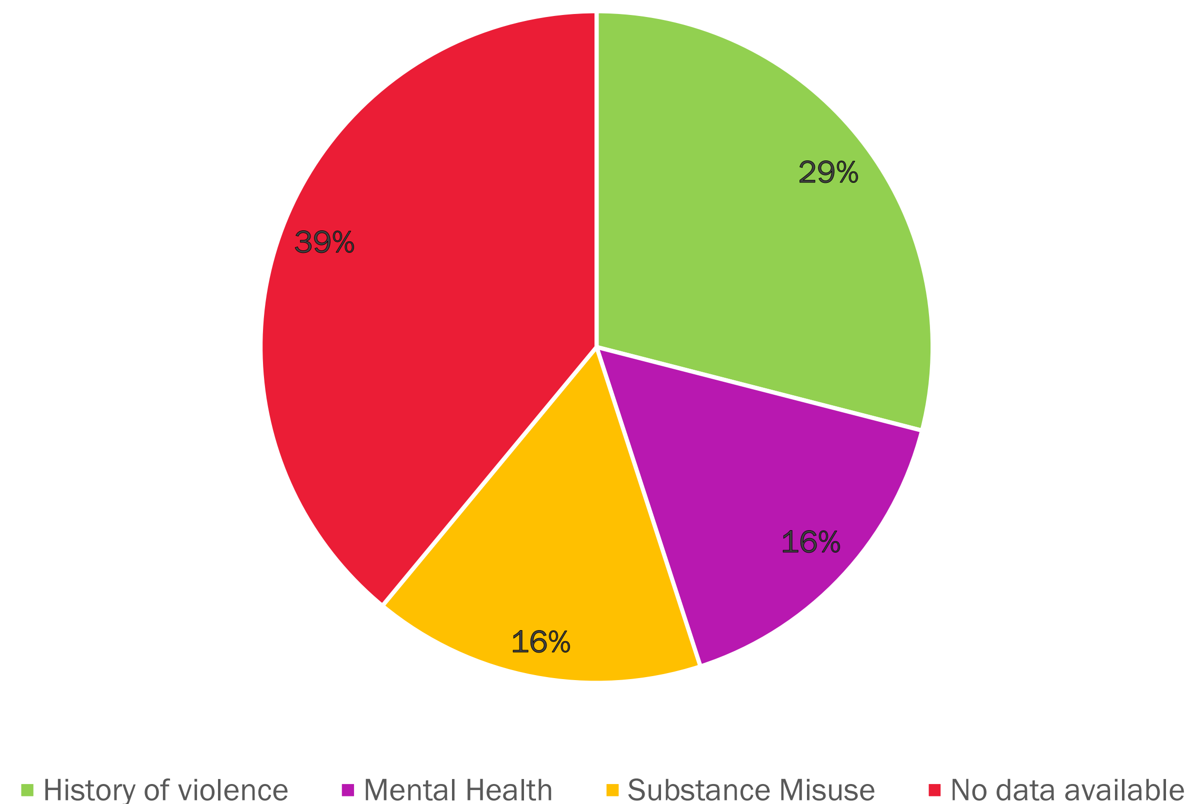
Table 1: perpetrator and victim sex

	Male Victim	Female Victim	Total
Male perpetrator (s)	23	85	108
Female perpetrator (s)	25	24	49
Male and female perpetrators	1	8	9
Total	49	117	166

Key findings

- The majority of victims were females (n = 117, 70%), male victims accounted for under one third (n = 49, 30%)
- Suspected perpetrator was male in over half of the case files analysed (n = 108, 65%), with 49 cases having a female perpetrator (30%), the remaining 5% citing both male and female perpetrators
- Average age of victim was 77.4 years but ages ranged from 60 years old to 98 years old
- Most victims were white (n = 130, 82%), followed by Asian (n = 26) and black (n = 6)





Some patterns of behaviour observed with regards to perpetrator sex, relationship to victim, and the type of abuse recorded: -

- Where perpetrators were male, they were most likely to be a partner/ spouse (n = 49, 45%) or son (n = 45, 42%)
- In contrast to this a larger proportion of female perpetrators were daughters (n = 26, 53%) as opposed to a partner/ spouse (n = 13, 27%)
- In 47 cases (27%) the case files referred to the victim having care and support needs and receiving care/ support from the perpetrator
- Of the total cases 50 case files referred to the victim having dementia
- Poly-victimization evident
- Data relating to perpetrator backgrounds was available in 104 cases

What the research tells us

RQ3 - How do statutory services identify, risk assess and respond to cases involving older adults?

- One of the most prominent findings to come from this piece of research is that in 89 cases (30%) of suspected abuse cases, domestic abuse was not flagged, despite the evidence available
- Clear statutory legislation in place at the time (2019) of data collection to inform professionals and provide necessary and proportionate domestic abuse thresholds – so why were so many cases of domestic abuse missed?
- limited recording of risk assessments being used
- Current risk assessments – heavily skewed towards younger women experiencing intimate partner violence
- A significant finding within the wider study was the limited involvement of the police – even where a criminal offence had been committed

Limitations of the study

- The data consists of s42 files from one local authority and therefore conclusions cannot be drawn that this data is representative of the whole population of older people who are experiencing domestic abuse

- Data analysis was based upon a subsample of the whole dataset; information has been redacted and therefore some information could be missing – more importantly the data analysed was reflective of the worker's casenotes and therefore could be considered subjective

- Lack of risk assessments undertaken – however this may not be a true reflection and should be read with caution

- Lack of intersectional data e.g. experiences of older people from LGBT population or ethnic minorities who have experienced domestic abuse

Recommendations for practice/ future learning

- Older people are considered a "hidden group", this must be addressed through policy, practice and research and through the development of specialist support services that demonstrate inclusivity towards the older population
- Scoping exercise to ascertain whether new risk assessment tools should be developed for this specific demographic i.e. individuals over the age of 60 who are experiencing domestic abuse
- Refocusing the lens – ensuring that older people who are experiencing domestic abuse who have care and support needs have equal access to specialist DA services through DA process e.g. referral to DASS
- Domestic abuse is multifaceted; practitioners should demonstrate professional curiosity and routinely ask older people about domestic abuse, as they would ask the younger population, where domestic abuse is suspected

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Welfare Inequalities & Adult Protection in Northern Ireland

James Breslin

Enabling others through evidence-informed practice in adult safeguarding

SWK749

B0053022

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Introduction to Presentation
Using research in adult safeguarding practice

- This presentation explores the relationship between welfare inequalities and adult safeguarding in Northern Ireland with a strong emphasis on evidence informed social work practice
- The presentation is situated within professional in practice learning (SWK749) and aligns with the NI PIP Framework and the social work research strategy. Its aim is to critically appraise local research and demonstrate how an evidence base can enhance adult safeguarding practice
- Definition of hospital social worker - Heenan et al., (2019, p.1746) defines the role of HSW in an acute setting as *"assessing the health and social care needs of service users and their families and ensuring their social well-being"*

Safeguarding is everyone's responsibility

Critiquing local research and developing an evidence base for adult safeguarding practice

- Adult Safeguarding: Welfare Inequalities in Northern Ireland: An Exploratory Study (2024)

Montgomery, L., Doyle, L., Bunting, L., & Gleghorne, N.

The study uses ***quantitative methods and structured interviews*** to examine links between ***adult abuse, inequalities and safeguarding referrals***

Adult Safeguarding and Inequality – *Findings Highlight*

- Physical abuse was the most frequently reported safeguarding issue, followed by financial abuse, psychological/emotional abuse, neglect, sexual abuse, and misuse of medication.
- Across most types of abuse, rates were 2–3 times higher in deprived areas and declined as deprivation decreased.
- Adults living in the highest-deprivation areas were more likely to be subject to an adult safeguarding protection plan than adults living in low-deprivation areas.
- The social gradient appeared consistently among males and females, across age groups, and across types of abuse identified during screening (except medication misuse).
- Adults aged 65 and over in highly deprived areas were less likely to move from screening to investigation.
- Investigation rates were 24% in the most deprived 20% of areas, compared to 46% in the least deprived 20%.
- The relatively low number of investigations compared to protection plans may reflect the longer duration of protection plans (often lasting months or years).

Key figures from Adult Safeguarding: Welfare Inequalities in Northern Ireland: An Exploratory Study (2024)

- **Key figures (2015-2017)**
- Total community screenings: 4,184
- Total investigations: 938
- Total adult safeguarding plans implemented: 1,984
- Community screening planning rates were about 1.56 times higher in the most deprived areas than in the least deprived areas .

Data and Methodological Limitations of the Study & Critical Reflection

- **Limitations**
  - Given that deprivation tends to be higher in large urban centres, the relationship between area-based deprivation and adult safeguarding may have been stronger if these data had been included.
  - Migration of data to other computerised platforms may also have influenced the data.
- **Practical implications and Critical reflection**
  - Strengthening team knowledge of local research
  - Improving direct social work practice through evidence
  - Promoting better safeguarding outcomes via research informed decision making

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Understanding Carer Harm

Carer Experiences and Professional Responses

Research and Enabling Others in Adult Safeguarding SWK749

Lauren Floyd

Adult Learning Disability Team Social Worker

What does it mean to be a Carer?

The Legislative & Policy Context in Northern Ireland

The Definition of a Carer in Northern Ireland is detailed within the Carers & Direct Payments Act (Northern Ireland) 2002 which details that a Carer is 'an individual aged 16 or over who provides or intends to provide a substantial amount of care on a regular basis' to the cared for person.

(The Carers & Direct Payments Act (Northern Ireland), 2002).

The Carers & Direct Payments Act (Northern Ireland 2002) details a Carers right to request an assessment of their 'ability to provide and to continue to provide care for the person cared for'

(The Carers & Direct Payments Act (Northern Ireland), 2002).

The criteria that must be met for trusts to carry out this assessment is that the trust must be satisfied that 'the person cared for is someone for whom it may provide social care' following an assessment of the cared for persons needs under Health and Personal Social Services (Northern Ireland) Order 1972

(The Carers & Direct Payments Act (Northern Ireland), 2002).

How Common is it to become a Carer in Northern Ireland?

- Northern Ireland statistics detail that ‘there are over 220,000 people providing unpaid care for sick or disabled family members or friends, this represents approximately 1 in 8 adults in Northern Ireland (Carers NI, 2024 p. 3)

- Statistics detail that the role of unpaid carers is saving our Health & Social Care system approximately £5.8 billion each year (Carers NI, 2024)

What have I learned when exploring current Research regarding Carers within the Adult Safeguarding Context?

Indirect Impact of Caring

- Carers Assessments are well integrated into Social Work practice within Northern Ireland
- We focus quite strongly on supporting Carers with the practical care tasks that they need to carry out for the cared for person
- We focus quite strongly on Carer stress/ burnout

Direct Impact of Caring

- What appears to be poorly understood and recognised is the situations where Carers are providing care to individuals who present with complex behaviours that challenge and who may subject the Carer to Physical or Psychological abuse.
- Family Carers are rarely viewed as the victims of Harm/Abuse

(Donnelly et al, 2025)

What is Carer Harm?

The language of the term ‘Carer Harm’ is not commonly utilised by Professionals or Carers in Northern Ireland.

‘Carer Harm’ in such words is not currently defined in any legislation or policy within Northern Ireland, Ireland or the United Kingdom.

Academic definition that Carer Harm occurs when; ‘Carers experience violence or become subject to controlling or coercive behaviour, either on an incidental or systematic basis, resulting in physical, psychological or sexual harm’ (Isham et al, 2021, p.2)

This definition of Carer Harm has similarities to the definitions of abuse detailed within the Northern Ireland Adult Safeguarding Prevention and Protection in Partnership policy framework (DHSSPSNI, 2015)

It is important to consider that this harm may be caused intentionally or unintentionally by the cared for person – with unintentional harm increasing difficulties within Adult Safeguarding procedures particularly if the cared for person does not have the capacity to understand that their actions have harmed the Carer.

Carers have the right to be free from harm/ abuse as equals to every other individual in society protected by the same Human Rights; within this context particularly Article 3 of the Human Rights Act – prohibition of torture, unhuman or degrading treatment (Human Rights Act,1998)

‘Exploring unintentional ‘carer harm’ - insights from family carers and professionals: An Irish case study’ (Donnelly et all, 2025).

- The study’s key Research Question was ‘How do carers perceive and experience carer harm and what are the perceptions of professionals who support those experiencing carer harm? (Donnelly et al, 2025, p. 1699).
- Published in 2025 and is available within the British Journal of Social Work
- Carried out in 2022 by the 5 named authors, Dr Sarah Donnelly from University College Dublin is the corresponding author
- This research was carried out in partnership with Family Carers Ireland (FCI)
- Qualitative piece of Research and an explorative approach was utilised to gain insight into the lived experiences of Family Carers and the views of relevant Professionals.
- Peer Reviewed
- Purposeful sampling approach; however small scale and based in the Republic of Ireland

Findings & Key Themes emerging from the Research Study

- 1. Understanding Carer Harm
- 2. Stigma and Guilt
- 3. Types of Harm Experienced
- 4. Expectations, Responses and Systems that Harm

(Donnelly et al, 2025, pp. 1702-1707)

‘and I don’t think that part is understood, we are talking about domestic violence here, you know, something should be done about it’ (Carer)

‘You know when we think of carer harm, … I struggle with the language … what other language could you use? I don’t know’ (Carer)

‘Carer’s don’t talk about it. I think there is a huge stigma around … there’s a huge silence. I mean, I haven’t told most people what I’ve told you this morning and even when I am talking to other carers, we don’t talk about it, you know. It’s taboo’ (Carer)

‘This is not wilful abuse like its abuse but its within the context of that person’s autism and responsive behaviours.’ (Carer)

'Fear, you know, … I mean the first thing that was said to me was residential care’ (Carer)

Learning from this Research Study to further Enable and Safeguard Carers who have experienced Carer Harm

- Increase awareness and understanding of Carer Harm amongst Carer’s and also Professionals
- Normalise talking about Carer Harm – work to remove stigma and associated feelings of shame/ guilt for Carers
- Highlight that Carer Harm should be viewed with the same significance as other types of harm within Legislation, Policy, Social Work Practice & Adult Safeguarding Procedures
- Remember that just because the harm is unintentional this does not mean that it isn’t harmful to the Carer
- Professionals carrying out Carers Assessments should sensitively ask about Carer Harm, assess Risk and Protection Plan
- Early intervention may help to avoid Carers reaching Crisis point
- Consider Peer/ Group settings that focus on the issue of Carer Harm

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