FROM THE MINISTER OF HEALTH

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Dear Keith

Thank you for the e-mail to the Adult Protection Bill Team on the 15th December 2025 with a list of 70 written questions on the Adult Protection Bill as well as 2 additional questions sent to the Bill Team on the 16th January 2026.

I have attached responses to all the questions. The Bill Team is awaiting input to these questions and responses will be forwarded as soon as possible separately.

I hope you find this information helpful.

Yours sincerely

Mike Nesbitt MLA
Minister of Health

Adult Protection Bill – Questions from RalSe paper and written evidence

Principles and Rights Based Approach
Key principles that underpin the safeguarding functions are set out in Part 1 of the Bill.

1. **A number of stakeholders have suggested that the inclusion of an explicit duty to act in accordance with human rights frameworks would strengthen the Bill. Is the Department concerned that the absence of a statutory duty to act compatibly with human rights could undermine the strength of the principles underpinning the legislation?**

The view of the Department and the Adult Safeguarding Transformation Board is that the Bill is in compliance with human rights legislation and that an explicit duty in this regard is not necessary. Necessity of compliance with human rights legislation will also be included within the Statutory Guidance. All public bodies have a duty to uphold an individual's human rights; this is primarily established by the Human Rights Act. It is already a legal requirement.

2. **How will the Department ensure that the principles set out in Part 1 of the Bill are embedded across HSC Trusts through guidance, training and inspection?**

Training on the Adult Protection Bill will include the principles. Additionally, further detail on how the principles should be applied at an operational level will be included in the Statutory Guidance which will sit alongside the draft Bill, and we anticipate that this will filter down into updated Trust policies and procedures. All HSC Trusts have been involved in development of both the draft Bill and the Statutory Guidance, so these principles are not something we are directing them to have account of; they have been involved in developing them.

Following the publication of the CPEA report, Trusts engaged with SPPG to consider how best to integrate human rights principles within their work and how that can be better reflected on the records. There are explicit prompts in the referral process and

practice-based promotion of the FREDA principles to aid reflective practice and record meaningful consideration on case records.

The introduction of the Encompass recording system will provide opportunities to audit and quality assure that human rights principles are embedded in practice. Human rights are also included in safeguarding training for HSC staff and in social work professional training.

In terms of inspection, the RQIA is an independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, ensuring safety, effectiveness and quality of care for service users. This includes the independent assessment of HSC Trust governance arrangements and compliance with the HSC Quality Standards for Health and Social Care (2006), which includes adoption of departmental policy.

The RQIA as Regional Health and Social Care Regulator has the function of carrying out reviews of HSC (statutory bodies) governance arrangements, the management, provision or quality of services, (for which statutory bodies have responsibility) and making reports on their findings, for the purpose of monitoring and improving the quality of services. This provides an independent assessment of governance including compliance with policy. The RQIA currently operates an Annual Review Programme, but this does not routinely include assessment of compliance by HSC Trusts with Governance and Policy matters. The Annual Review Programme is usually made up of a range of issues that have been brought to the RQIA's attention, for example a Review of the Regional SAI process, a Review of Choking Management across care providers, and more. The RQIA is currently considering whether the Review programme could include HSC Trust compliance with Governance and Policy in the future. The RQIA have contributed to the Department's business case for implementation of the Adult Protection Bill.

3. **Are there plans to update multi-agency protocols to reflect these statutory principles, and will a process be established to collect and monitor data on how consistently they are being applied in practice?**

It is anticipated that protocols and procedures will be updated following publication of the Statutory Guidance associated with the draft Bill.

The Department and the PSNI have recently revised the Protocol for Joint Investigation of Adult Safeguarding Cases. Its aim was to improve the practice and experience of those involved in Adult Safeguarding and Protection processes and ensure HR and access to justice are at the forefront.

The Department will consider further review of the Joint Protocol to oversee and support improvement in collaboration with PSNI. In addition, the Adult Protection Board will provide an opportunity to undertake a revision of the current safeguarding procedures as recommended by the Adult Safeguarding Transformation Board. This provides further opportunity to update all protocols accordingly and imbed the HR principles.

4. **Will the Adult Protection Board have a monitoring role in assessing adherence to the principles and reporting on their implementation?**

The Interim Adult Protection Board has established a Data & Performance sub-group which has begun identifying the key data required for the Adult Protection Board. The principles were a key recommendation of the COPNI and CPEA reports, and as such, monitoring implementation, reporting and adherence to the principles will be included in the subgroup's workplan.

Statutory Guidance

Clause 22 provides for statutory guidance. The Department has stated the guidance will be developed alongside the Bill.

5. **Can the Department provide an update on the progress of the statutory guidance, including any timetable for its completion and consultation process?**

The development of the Statutory Guidance is ongoing. It is intended that a full public consultation will be undertaken on the content of the Statutory Guidance. The Bill Team is working towards launching the consultation while the Bill is undergoing its latter Assembly Stages, so that the Guidance can take account of any amendments brought forward for the Bill.

6. **How are stakeholders, including service users and practitioners, being involved in the drafting and consultation process?**

A wide range of stakeholders are represented on the Department's Statutory Guidance Working Group including all Health & Social Care Trusts, Department of Health, Department of Justice, Northern Ireland Ambulance Service, PSNI, Northern Ireland Housing Executive, RQIA and Courts NI. This group is overseeing the development of the Guidance and will contribute directly to its creation. Service users are not involved in the drafting process; however, their views will be taken into account as part of a full public consultation. It is also our intention to engage with our key stakeholder groups in pre-consultation, in advance of the wider public consultation; this will include service users and families who are part of PCC's engagement platform, with whom the Bill Team meets regularly.

7. **How is the work on the statutory guidance and related implementation planning progressing alongside the cost estimates provided by the Department?**

Development of the Statutory Guidance is ongoing. The Bill Team has developed an initial implementation plan which can be shared with the Committee. This is not considered to be a finalised plan, but a live document on which the Department would welcome the views of Committee Members.

Clarity and consistency of definitions

Clear and consistent definitions are fundamental to the Bill's operation.

8. **Will the statutory guidance being developed include practical case examples and illustrative scenarios to support consistent interpretation?**

It is intended that examples will be included for practitioners, however it is not the intention to include detailed case studies. Statutory Guidance is intended to be a practical guide, providing clarification on the application of the Bill and explanations on how to meet the legal duties created through the legislation. Case studies will be incorporated in the training package around the Adult Protection Bill.

9. **How do the Bill's key definitions align with existing legislation, such as the Mental Capacity Act (NI) 2016, domestic violence and human rights frameworks?**

The Department has received legal advice confirming that the Bill is compliant with human rights legislation. The operation of the bill in practice will be influenced by MCA provisions where relevant. It is intended that the Statutory Guidance will go into further detail on the interaction between adult protection law and policy and statutory agencies' responses to domestic violence. This was one of the issues discussed with the Attorney General's officials prior to the Bill's introduction, and the Attorney General advised that her officials would support the Department in ensuring that the Statutory Guidance contains what it needs to on this front.

10. **How does the Department intend to ensure consistency between how the Adult Protection Bill will operate alongside the Mental Capacity Act (NI) 2016 particularly around the assessment and recording of capacity and consent?**

While acknowledging the different purposes and provisions of the two pieces of legislation, the Department recognises the importance of ensuring that the Adult Protection Bill operates as coherently as possible alongside the MCA, particularly in relation to the assessment and recording of capacity and consent.

The Adult Protection Bill is intended to provide a protective framework for adults at risk of harm, and it is not designed to displace or duplicate the MCA.

Where questions of capacity arise, the Department's clear policy intent is that decision-making within health and social care settings should continue to be informed by the principles and approach set out in the MCA, including the presumption of capacity, the provision of appropriate support to enable decision-making, the assessment of capacity, best interests principles and proportionate, least-restrictive interventions.

However, the Bill will make provision for overriding the wishes of someone who has capacity in some limited circumstances where this is deemed necessary for protection purposes.

The statutory guidance will provide further advice and detail on capacity and consent considerations in implementing the provisions of the Bill.

11. Will formal capacity assessments be required before consent is overridden in adult protection cases?

Formal capacity assessments will be undertaken where there is any doubt about someone's capacity in relation to a specific issue, except in cases where immediate protection actions are required and there is insufficient time for a formal assessment. However, even in the absence of a formal assessment, capacity and consent issues will be considered in any decision relating to provisions in the bill.

As above, the provisions in the MCA will inform practice as appropriate and further detail and advice on this will be outlined in the Statutory Guidance.

12. Does the Department intend to develop a regional glossary or shared terminology framework to ensure consistent practice and comparable data collection?

The Statutory Guidance will reflect the terminology used in the Bill and our expectation is that this will filter down through updated policies and procedures. The

Statutory Guidance will include a glossary. The Bill takes the lead in defining the terminology used.

13. **What is the Department's response to stakeholders' concerns that restrictive practices, including seclusion, physical, psychological and chemical restraint, are not explicitly referenced in the Bill, despite their potential to cause significant harm?**

The Department acknowledges the potential for significant harm from a wide variety of practices, including the issues referenced in the question. The Department believes that the definitions of abuse described in the Bill are sufficient to include all manner of harm. Further detail on potential types of harm will be detailed in the Statutory Guidance.

On 20 March 2023 the Department of Health published the Regional Policy on the use of Restrictive Practices in Health and Social Care settings:
Regional policy on the use of Restrictive Practices in Health and Social Care Settings – Public consultation – Consultation Analysis Report and individual responses | Department of Health (health-ni.gov.uk)

This policy provides the regional framework to integrate best practice in the management of restrictive interventions, restraint and seclusion across all areas where health and social care is delivered in Northern Ireland, with the emphasis on minimization, and ideally elimination, of their use. It is applicable across the lifespan - children, young people, adults and older people, to all health and social care staff and within all health and social care services.

While restrictive practices are not specifically included within the Adult Protection Bill, they are not excluded. In addition, the expectation of the regional policy is that all Health and Social Care organisations understand their individual and collective roles and that they implement the guidance in full.The policy also has a strong recommendation for implementation in full by non-statutory health and social care providers.

The policy highlights that the use of restrictive interventions can be traumatic for all those involved. They have the potential to have a long-term negative impact on people subject to the intervention and the staff involved, with damage to any therapeutic relationship. There must be a focus on person centred practice and promotion of positive relationships, to support recognition of any potentially restrictive intervention is recognised as aiming to minimise/eliminate such interventions. However, the policy also recognises that restrictive practice may need to be used on occasion, as one element of managing a high-risk situation. Every use of restrictive practice must be recorded, and records must include the reason for the intervention, de-escalation strategies attempted, duration and type of restriction and follow-up actions and learning. Organisations are required to have governance oversight at a senior level to monitor incidents and trends and to ensure compliance with the policy.

14. Will the statutory guidance define key thresholds such as 'serious harm' and 'undue pressure' to support consistent decisions across HSC Trusts?

It is intended that the Statutory Guidance will further support practitioners to make decisions about whether thresholds referred to within the legislation are met. This will include the factors that need to be considered in making such a judgement. Professional assessment and judgement are key to the exercise of thresholds especially given the complexity of adult protection and the multiplicity of factors that may be relevant.

Duty to report and co-operate in inquiries
Clause 4 sets out a duty to report and cooperate in inquiries.

15. Will the statutory guidance clearly define 'reasonable cause to suspect' and provide practical examples to support consistent reporting thresholds and avoid regional variation in safeguarding responses?

As with the thresholds for harm, it is intended that the Statutory Guidance will further support practitioners to make a professional assessment and judgement about

whether or not they have "reasonable cause to suspect". This will include listing the factors to be considered in reaching this decision and will include some practical examples to assist practitioners in their role. The Statutory Guidance is still being developed, and it is intended that it will be subject to a full public consultation. Both the Committee and other stakeholders will have the opportunity to scrutinise the content of the guidance in due course.

16. Can the Department clarify what the consequences are for failing to report or cooperate?

There are no sanctions within the Bill as it was not felt necessary or appropriate to do so. However, many organisations, including Health and Social Care Trusts have an organisational requirement to report suspected abuse and failure to do so could result in organisational sanctions.

Many of the HSCT contracts for service provision by the community, voluntary and independent sectors require reporting of suspected abuse and a failure to do so by could result in contractual action to address the issues.

In addition, many professional bodies would require reporting of suspected abuse and an individual professional's failure to do so could result in professional sanctions.

SPPG's performance monitoring role with the HSCTs could also address failures to report and result in improvement action.

Processes for serious case reviews, serious adverse incidents and complaints could all potentially result in actions to address a failure to report.

17. How will the Department and HSC Trusts promote a learning culture that supports professional curiosity and safe reporting, rather than blame?

There is an important balance to be struck between ensuring organisational and professional accountability and ensuring that individuals feel supported in their

practice and are not afraid to report failings. It is intended that Serious Case Reviews will function primarily as learning reviews, and the Department is considering whether amendments to the terminology for Serious Case Reviews would help to make this clear. It is also intended that policies and procedures will be regularly reviewed to reflect new learning.

The promotion of a learning culture will need a whole system approach, supported by leadership and management, and good professional governance. It will require building trust with the public, and a commitment to openness and transparency. Awareness raising campaigns and developing positive working relationships with the media to promote positive stories will also support this. A learning culture can be further developed in professional training programmes and developed through the adoption of trauma informed approaches, effective supervision and management oversight of practice.

18. How will multi-agency involvement be co-ordinated and managed? How will disputes or overlaps in responsibility be resolved?

Multi-agency co-ordination is routine in current adult protection practice, and this will continue. This includes a variety of mechanisms for escalation and resolution of disputes between agencies. Current regional and operational policies also support multi-agency co-ordination, and these will be updated as required to align with the Bill.

Where abuse is potentially criminal in nature, the Joint Protocol mandates the joint working arrangements between PSNI and HSCTs. It is planned that a Joint Protocol implementation and oversight group will be established, which will provide a forum for the coordination of joint agency working and escalation of issues and disputes. The establishment of the Adult Protection Board will also provide a structure for interagency co-operation and learning.

19. How does the Department intend to raise awareness about the new reporting obligations to ensure providers, voluntary organisations and the public understand the these and how to raise concerns?

Training needs across a wide range of agencies have been scoped and the Interim Adult Protection Board sub-group on Training and Development is developing a workplan alongside the Office of Social Services in the Department. Training will be delivered at different levels depending on the role, for example Adult Protection Social Workers will receive the highest level of training on the powers and duties in preparation for introduction of the Adult Protection Bill. Adult Protection Social Workers will be responsible for professional decision making and providing support and guidance to other staff. All staff employed by the organisations and professionals named in the Adult Protection Bill will also require their safeguarding training to be updated to reflect the changes and at a level commensurate with their role and contact with service users.

This will require a significant training programme across the HSC workforce and other Departments / Agencies / Independents / Community & Voluntary sector as appropriate. They are also involved in the various sub-groups of the Interim Adult Protection Board with an expectation they will use a knowledge transfer approach across their respective fields. It will also be important to consider the timing and manner of implementation of the Adult Protection Bill, in order to ensure appropriate preparation has been completed and that statutory partners understand what is expected of them.

In terms of wider public messaging, the Department will provide promotional information using various media platforms, as well as through Adult Safeguarding Champions and advocates. Additionally, the Department has already begun to monitor the wider public's understanding of and attitudes towards safeguarding through inclusion of related questions in both the Northern Ireland Life and Times Survey (in partnership with Queen's University Belfast) in 2025, and through the Health Survey in 2026.

Protective Powers

The protective powers in the Bill enable authorities to act where enquiries confirm that an adult is at risk of harm.

20. Is the Department satisfied that sufficiently robust procedural safeguards are in place to ensure that the powers set out in clauses 8 – 16 protect rights under Article 8 and 5 of the European Convention on Human Rights?

The Department has received legal advice confirming that the Bill as a whole is compliant with the ECHR.

21. What is the Department's rationale for not extending powers of entry to other trained adult protection officers?

A range of HSCT professional staff have responsibilities and roles in relation to adult safeguarding particularly in investigation and in advising on particular issues. However, the current Designated Adult Protection Officer (DAPO) role is only open to those who are social work qualified. This was laid down in the 2015 regional policy. The decision was based on the particular focus in social work training and practice on law, human rights, safeguarding and the exercise of statutory duties and compulsory interventions.

This logic extended to the considerations by the Adult Safeguarding Transformation Board about who should carry out these functions under the Bill. The Board recognises the seriousness of any compulsory intervention in someone's personal life and therefore decided that the power of entry and subsequent protection orders are to be undertaken only by Adult Protection Social Workers who will have received additional extensive post-qualifying training in the role.

22. How will urgent or out-of-hours applications, such as removal or banning orders, be handled, including access to courts and legal support?

Any adult safeguarding issues referred in an out of hours situation must be referred to the Regional Emergency Social Work Service (RESWS), which will progress the issue accordingly. In terms of court access and legal support, further engagement will be necessary between the Department, HSC Trusts and the NI Court Service to agree procedures for urgent cases. There are existing procedures in place for handling urgent access under the Children (Northern Ireland) Order 1995, the

Magistrates' Courts (Children (Northern Ireland) Order 1995) Rules (Northern Ireland) 1996 and the Children (Allocation of Proceedings) Order (Northern Ireland) 1996 and it is anticipated that similar arrangements will be developed in relation to the Adult Protection Bill.

23. How will the Department communicate the scope and safeguards of protective powers to service users, families and providers?

The Department is maintaining regular engagement with its core groups of stakeholders. However, as the Bill is embedded in normal practice, it will be part of the role of HSC Trusts to communicate with service users and their families to ensure they understand the process and to keep them informed throughout any investigation.

There will be a suite of training for those who will have roles and functions under the Bill.

Please also see the response to question 19 in relation to wider public messaging around the implementation of the draft Bill.

24. Do adults subject to intervention orders have guaranteed access to independent advocacy and legal representation?

Yes, the Bill provides for independent advocacy and enables access to legal aid.

25. How does the Department intend to align the operational use of police support with Right Care, Right Person principles?

The Department recognises that the police should not be the default responders for health and social care issues. The principle behind the Right Care, Right Person (RCRP) model seeks to ensure that people in crisis receive care from the most appropriate professional, in the most appropriate setting. However, it is also acknowledged that, at times, police support is required to protect those vulnerable members of our society, their family members, members of the public and the staff

who are trying to treat them. Whilst the intention will be that operational police involvement under the Adult Protection Bill will be aligned to the Right Care Right Person model, as implementation progresses, those discussions have not yet taken place at the Silver Operational Group for RCRP. There are plans to discuss the Adult Protection Bill at the next meeting of this group in February 2026.

The PSNI is also a member of the Transformation Board, Statutory Guidance Working Group and the Interim Adult Protection Board (IAPB) including the Training and Development Subgroups. The PSNI has also been involved in the review of the Joint Protocol between Health & Social Care Trusts and PSNI.

RCRP principles will see collaborative working between PSNI and health and social partners to ensure the public are receiving help and support from the most appropriate person.

At the centre of the RCRP approach is a threshold to assist all agencies to agree when police should be involved in responding to incidents, which should extend to the application of the Adult Protection Bill.

26. Will joint-working protocols, risk assessment procedures and escalation processes be formalised to clarify when and how police assistance should be sought?

The Departments of Justice, Health and HSC Trusts are working together to develop agreed processes in a arrange of areas. There are a number of inter-agency Memorandums of Understanding which are being developed by the RCRP Silver group and consideration will be given to including the protection of adults at risk of harm, where appropriate, into the risk assessment procedures and escalation processes under development.

PSNI and health and social partners work effectively jointly in many aspects of adult safeguarding. For good working relationships all protocols, procedures and processes require clearly defined roles and expectations, and this is fundamental when defining when Police assistance should be sought.

27. **Will the statutory guidance provide clear direction on enforcement and referral pathways, particularly in relation to the new offence of obstruction under Clause 23? Will this include agreed procedures between the Department, PPS and HSC Trusts?**

It is intended that the Statutory Guidance will include further detail on enforcement and referral pathways, including the obstruction offence under Clause 23. HSC Trusts are part of the Statutory Guidance Working Group and so will directly contribute to its development, and the Department will engage with the Department of Justice, the PSNI and PPS specifically around what direction should be included around the offences within the Bill.

28. **How will the corporate and personal liability provisions under Clause 24 be implemented in practice and how will the Department ensure that both care providers and regulators understand and meet their new responsibilities?**

The Interim Adult Protection Board sub-group on Training and Development is developing a workplan alongside the Office of Social Services in the Department. All agencies and staff employed by the organisations and professionals named in the Adult Protection Bill will require training on the Bill which will include information on the implementation of the corporate and personal liability provisions. DoH have engaged with professional regulators on the Duty to Report (Clause 4) in particular, and the Regulation and Quality Improvement Authority (RQIA) are a member of the Adult Safeguarding Transformation Board which has overseen the development of the draft Bill.

29. **Will guidance clarify how capacity and coercion are assessed in urgent cases and who is qualified to carry out formal psychiatric assessments?**

The Bill does not refer to formal psychiatric assessments. However, assessments of capacity and coercion will be necessary to inform professional decision making. It is intended that the Statutory Guidance will include further information to support professionals making these assessments, including reference to the approach to assessment of capacity detailed in the MCA. Such assessments will be person and

situation specific. It is envisaged that a range of professionals, including social workers and medical practitioners may be involved in these assessments depending on their roles and expertise.

Ensuring consistency and harmonisation across trusts

It is important that the provisions of the Bill are applied uniformly across Northern Ireland.

30. **How does the Department plan to monitor and evaluate consistency of implementation across Trusts once the Bill is enacted?**

This will be one of the roles of the Adult Protection Board. It is envisioned that the Board will review and analyse data, develop audit processes at agreed stages, take account of Trusts reports and monitor Serious Adverse Incident (SAI) processes. The implementation of adult safeguarding processes will also be included in SPPG's performance management processes for the exercise of statutory functions.

31. **How does the Department intend to track safeguarding outcomes and identify social or geographic disparities? Will there be a single regional data framework established?**

This will be one of the roles of the Adult Protection Board. A Regional Dashboard is in development. The Interim Adult Protection Board has established a Data and Performance sub-group which is scoping how best to track outcomes. including what are the key questions to consider and how to gather the information required.

32. **Is the Department engaging with counterparts in other jurisdictions to learn from their implementation and data monitoring models?**

It is important to develop a model for data monitoring that works in Northern Ireland. The processes in the Adult Protection Bill take their most direct inspiration from Scotland; the Department has engaged with Scottish colleagues around implementation and data monitoring.

Data collection and evaluation

The Bill provides the Adult Protection Board with powers to collect and analyse information to monitor trends and support system learning (Clause 32).

33. **How does the Department intend to standardise data collection and reporting across HSC Trusts?**

Per the answer to question 32, a Regional Dashboard is in development. A standard template with accompanying guidance has been agreed by all Trusts which aims to standardise the data collected and better reflect Adult Protection work across the region.

Workforce capacity and professional confidence

The effectiveness of the Bill will depend on workforce capacity, competence and training.

34. **Does the Department intend to develop a dedicated workforce strategy and training plan to accompany the Bill's implementation?**
35. **How will specialist adult protection social workers will be recruited, trained and supported without having a negative effect on other parts of the system?**
36. **Will cross sector training (involving health, social care and justice partners) be mandated to promote consistent understanding of duties and threshold?**
37. **Has the Department's workforce planning and training commitments been fully costed and how will implementation align with professional standards?**

Social Work Workforce stabilisation and reform plans for 2025/2026 include:

- Producing a 10-year strategic plan to ensure that we have the social work workforce which will be required to meet future demand.
- Growing the number of social work training places as funding allows.

- A recruitment campaign to attract NI students studying social work in the rest of the UK and in the Republic of Ireland to return to practice in NI on qualifying.
- Continuation of the fast-track recruitment route for newly qualified social workers.
- Developing career pathway guidance within social work.
- Issuing guidance to social work employers in relation to supporting social workers.
- Supporting interventions that support social worker well-being, such as the Mindfulness Based Social Work and Self Care programme.
- Developing an implementation plan in relation to safer staffing in social work guidance recommendations. Implementation will be, in some part, dependent on funding but the Department will implement all aspects of the guidance as soon as practicable.
- Establishing an evidence base for caseload ranges in further social work services and including them in safer staffing regional guidance.

Adult Protection Social Workers will be recruited from the existing experienced Designated Adult Protection Officers (DAPO) and provided with additional training, with each HSCT having a number of their current DAPOs trained to the level of APSW. The training for these posts will be fully aligned to the post qualifying programmes for social workers and standards laid down by NISCC.

While the staff who will become APSWs will be from the current workforce, the additional time required for adult protection work means HSCTs will need to expand their numbers of DAPOs and in turn backfill the social work posts.

It is acknowledged that the implementation of the Bill will create additional finance and workforce pressures and plans for implementation will need to address these issues.

The Department believes that there is no conflict between the provisions in the Bill and social work professional standards.

Independent advocacy

Clause 26 places a statutory duty on each Trust to ensure an independent advocate is available to support adults at risk.

38. Will the Department set clear standards for the timing, referral and independence of advocacy provision?

Detail on advocates will be part of the dedicated regulations. As it is intended that regulations will be brought forward in this area, it is right that the full detail would not be part of the Bill.

39. Will advocacy services be accessible to adults with disabilities and additional communication needs?

Yes, it is intended that advocates would be available to any adult at risk who requires their services.

40. Will the Adult Protection Board will have a role in reviewing the accessibility and quality of advocacy provision?

Detail on advocates, and detail on the role of the Adult Protection Board, will be included in the regulations for each area. Further consideration needs to be given to the work of the Board beyond what is expressly defined in the Bill.

41. Will the Department set out clear criteria for referral, minimum standards for advocacy commissioning and the advocate's role where there are disagreements about intervention or risk?

Detail on advocates will be developed in regulations.

42. Will there be a sufficiently trained and supported workforce to meet the new statutory duties under Clause 27?

The Interim Adult Protection Board sub-group on Training and Development is developing a workplan alongside the Office of Social Services in the Department. The Office of Social Services carried out a regional scoping exercise in 2024 of the current safeguarding training across the organisations named in the bill which has been used to inform the work of the Training and Development Sub-group. The Training and Development Sub-group has cross sector representation who are working collaboratively towards regionally consistent training, including HSCTs, PSNI and the independent sector. Training will be delivered at different levels depending on the role i.e. Adult Protection Social Workers will receive the highest level of training on the powers and duties in preparation for introduction of the Adult Protection Bill. Adult Protection Social Workers will be responsible for professional decision making and providing support and guidance to other staff. All staff employed by the organisations and professionals named in the Adult Protection Bill will also require their safeguarding training to be updated to reflect the changes and at a level commensurate with their role and contact with service users. Funding for new staffing accounts for most of the funding required to implement the Bill. The Adult Safeguarding Transformation Board will determine the order in which elements of the Bill should be implemented, taking into account available funding alongside policy and other considerations, including views from the Committee for Health.

Training	Year 1 Costs
Basic Training	300,675.00
Other Training (Full Training Costs + PSNI & NICTS)	1,569,032.00
Overall Training Costs	1,869,707.00

The Interim Adult Protection Board sub-group on Training and Development is developing a workplan alongside the Office of Social Services in the Department. Training will be delivered at different levels depending on the role i.e. Adult Protection Social Workers will receive the highest level of training on the powers and duties in preparation for introduction of the Adult Protection Bill. Adult Protection Social Workers will be responsible for professional decision making and providing support and guidance to other staff. All staff employed by the organisations and professionals named in the Adult Protection Bill will also require their

safeguarding training to be updated to reflect the changes and at a level commensurate with their role and contact with service users.

The Adult Protection Board
Clauses 30 to 36 establish the APB for Northern Ireland.

43. How will the Board's work align with existing bodies such as the SBNI, RQIA and HSC Trusts to avoid duplication or blurred accountability?

The Department has looked to the SBNI as an example when setting up the Board. RQIA and Trusts will be invited as members of the Board and sub-groups. Clear Terms of Reference will help to reduce the issue of duplication.

44. How will the Board ensure consistent, high-quality Serious Case Reviews and effective follow-through on recommendations?

The Serious Case Review / Learning Review process is in the development stage. The Interim Adult Protection Board has a dedicated sub-group which has developed a draft protocol outlining the referral criteria and process for undertaking and completing a review. The sub-group are considering how best to share and cascade any learning and may align with the model currently used by the SBNI. This will involve learning letters / annual regional workshops / briefings / podcasts etc.

45. how will the Board's new information request powers operate in practice and how will data be standardised and shared lawfully under UK GDPR?

The Board will need to be fully compliant with GDPR. Operating procedures will need to be developed; some detail will come from regulations, and there may be some direction in Statutory Guidance, however it is anticipated that the majority of these procedures will be developed later in consultation between the Department and the Adult Protection Bo**How will the Board's reporting duties support public transparency, including how learning from reviews and performance data will be published in accessible formats?**

The Board will be required to make an annual report to the Assembly. It is anticipated that reports, once submitted, will be published online. The Interim Adult Protection Board currently has a web page managed by SPPG in the Department; it is intended that the Adult Protection Board will similarly publish data online.

46. How will the independent and statutory members be appointed? Will lived experience or voluntary-sector voices be represented?

The Bill lays out that there should be members who are not associated with statutory services. Independent members will be appointed via the public appointments process. Statutory organisations will nominate appropriate representatives. It is intended that membership will include representation from the Voluntary and Community Sector and from people with lived experience, although the Board will need to consider the best way to do this as there are many people with different lived experiences and one, two or even five people cannot speak for all. The Department has engaged with SBNI around how they handle this aspect in order to learn from their experience, and this engagement will continue as the regulations for the Adult Protection Board are developed in detail.

Offences

The Bill introduces new criminal offences of the ill-treatment or wilful neglect of adults receiving care.

47. Will the forthcoming prosecutorial guidance clearly define the scope and thresholds of the new offences so that serious, systemic failings can be prosecuted without discouraging good faith professional judgment?

The Department is not aware of any prosecutorial guidance being developed at present. Statutory Guidance to support the draft Bill is being developed, which will include information to support practitioners in implementing all parts of the Adult Protection Bill. Any specific guidance around prosecutorial elements will need to include engagement with the Public Prosecution Service (PPS).

48. How will the Department and the PPS ensure that staff understand where the line lies between a mistake, poor practice and criminal conduct?

The Interim Adult Protection Board's Training and Development Sub-group is currently establishing working groups to develop staff training. The recommendations from the regional scoping exercise were to include practice-based scenarios and training packages that are consistent and shared across organisations and agencies. The Adult Safeguarding Joint Protocol between HSC Trusts and PSNI has recently been reviewed to update the protocol and working arrangements between agencies. The Joint Protocol will also be amended on enactment of the Bill. PSNI are involved as members of the Transformation Board, the Interim Adult Protection Board, and the interim Board's Training and Development Subgroup.

49. Can the Department provide clarity on how 'wilful neglect' and 'gross breach' will be interpreted in practice and communicated to staff and providers?

Statutory guidance will support the interpretation of these terms in practice, which will be disseminated through training. Please also see the above answer for question 49 which provides detail on training as well as joint working between Trusts and PSNI.

50. How will prosecutors ensure fair process and protect reputational rights, particularly where publicity orders are used?

The Public Prosecution Service (PPS) has advised that it will always apply the public interest test to any prosecution decisions it makes. It has noted additionally that a publicity order is intended to be a sentencing option for the court to impose upon conviction for an offence.

51. How do the provisions in Clauses 39 – 41 interact with Clause 24 and will regulators such as RQIA will play a formal role in identifying organisational offences or referring cases for investigation?

The RQIA is one of the organisations listed at Clause 4, and as such will have a statutory duty to report to the HSC Trust (where that adult ordinarily resides) when it has reasonable cause to suspect that an adult is at risk and action needs to be taken to protect that person from harm. That would include referring to the HSC Trust to investigate individual or organisational concerns identified through the course of any of RQIA's statutory functions.

Both Clause 24 and Clauses 39-41 offer ways in which organisations (as opposed to individuals) might be held to account for their complicity in harm befalling an adult at risk. Clause 24 places liability on public bodies with regard to offences under Part 1 of the Bill. Clauses 39-41 are separate, addressing specifically the issues of ill-treatment and wilful neglect.

52. Can the Department provide clarity on how investigations and prosecutions will be handled in practice?

The PSNI and Health and Social Care Trusts are jointly trained in Joint Protocol where suspected abuse may also be a criminal offence, and this protocol will continue to determine PSNI/HSCT actions. Criminal investigations and prosecutions will be undertaken by the PSNI. It is anticipated that further detail on HSC Trust role in investigations under the Adult Protection Bill will be provided in the Statutory Guidance and further extrapolated into internal policies and procedures. The Joint Protocol will be updated, as necessary, when the Adult Protection Bill is enacted.

53. What is the Department's response to PSNI concerns that repeated references to 'charge' in the Bill could restrict operational flexibility and exclude alternatives such as cautions or report-by-summons?

Currently the PSNI have a number of disposal methods available to them and whilst Police will seek every opportunity to charge a suspect, there is a desire that this does not remain prescriptive in doing so as it may restrict consideration of alternative disposals.

It has always been the policy intent that professionals are able to use their professional judgment when addressing individual situations, as it is recognised that each situation involves nuance and not every case is the same. It is not the intention of the Department to prescribe that specific actions must be taken in every case, but rather that professionals have the powers available to them to protect adults at risk where this is required. The Department has engaged with PSNI throughout the development of the Adult Protection Bill; PSNI have been represented on the Adult Safeguarding Transformation Board and are part of the working group which is developing the Statutory Guidance. Engagement with PSNI will continue to ensure that the Bill is fit for purpose and meets their needs.

Engaging families

Clause 28 recognises that families and carers play a role in identifying and preventing harm.

54. how will the Department ensure that families' concerns are taken seriously and responded to in a timely and transparent way?

Clause 28 of the draft Bill places a requirement on Trusts that the views of family members are taken into consideration, and that family members are kept informed throughout the adult protection process. The policy intent behind this Clause is to enshrine in law the importance of keeping family members involved, ensuring that their concerns are listened to, that their views are given sufficient weight and that communication with them is genuine and ongoing.

Additionally, it is anticipated that the Adult Protection Board will engage with families on an ongoing basis; that its membership will include persons who are independent from statutory authorities and that both people with lived experience and their families are involved.

55. Will the guidance provide clear parameters for involving families while maintaining confidentiality and respect for consent?

It is intended that the Statutory Guidance will include detail on this issue.

56. Is it the Department's intention that family experiences will feed into post incident reviews and broader system improvement?

Serious Adverse Incidents sit outside the scope of the Adult Protection Bill. However, where and when it is safe to do so, the views of families are always sought. With regard to the Serious Case Reviews / Learning Reviews, the views of families have also been included in the draft protocol which is being developed.

Use of CCTV in care settings
The Bill introduces powers to regulate the use of CCTV in specified care settings.

57. How will the Department ensure that forthcoming regulations will balance the need for transparency with residents' privacy and dignity?

It is important to note that the regulations would not be compliant with ECHR unless they were cognisant of the right to privacy. Legal advice will be taken on the content of the regulations, and they will also be subject to the Human Rights screening/impact assessment process.

58. Can the Department provide detail on how consent will be sought, recorded and revisited, especially for adults lacking capacity?

Adults lacking capacity in relation to CCTV decisions will not be able to consent. Decisions will need to be made in their best interests.

59. Can the Department provide assurance that RQIA will have the necessary resources, clear powers and expertise to monitor compliance and enforce standards?

RQIA provided input to the business case around their role for CCTV and are a part of the Transformation Board; they were involved in helping to develop the CCTV clauses in the Bill, and the Department will also work with them on the development of the regulations.

60. Will the RQIAs responsibility for oversight function operate under existing care standards legislation or require a separate enforcement framework?

RQIA have confirmed that no additional enforcement powers are required. RQIA will enforce, if required, under the existing legislative framework.

61. Will the forthcoming regulations set out clear procedures for obtaining informed, voluntary consent, particularly where residents lack capacity or may feel pressured to agree?

The regulations will provide this detail.

62. Will independent advocacy under Clause 26 be available to residents who lack capacity or may feel unable to express a view about surveillance?

As currently drafted, Clause 26 makes provision for independent advocates to be available for adults in relation to Part 1 only of the draft Bill. With that said, the policy intention behind the inclusion of independent advocates is that they should be available for additional protections and support for adults at risk. The Department will give consideration to whether any amendments are required to facilitate this policy position.

63. How will conflicting consents will be managed in shared or communal spaces?

This will be a matter for consideration when developing the regulations.

64. Is it the Department's intention that cameras will be prohibited in bedrooms or bathrooms and what safeguards will be in place to prevent inadvertent recording of personal or intimate care?

Decisions on these matters will need to be considered when developing the regulations, bearing in mind the need to balance risks and benefits of CCTV

coverage. The regulations will also be informed by legal advice and consideration of ECHR concerns around the right to a private life.

65. how does the Department intend to ensure compliance with UK GDPR, including whether DPIAs will be mandatory before installation?

The regulations developed for CCTV will need to be compliant with UK GDPR. They will be subject to screening and, if appropriate, Data Protection Impact Assessment to ensure compliance.

66. How will data minimisation, storage, access and retention be regulated and will providers be required to publish CCTV policies or share them with residents and families?.

This will be a matter for consideration when developing the regulations.

67. In relation to the proposed penalties (Levels 3 and 4 fines), has the Department given consideration to stronger or tiered sanctions and whether enforcement can escalate through existing care standards legislation?

The penalties are consistent with RQIA's other enforcement powers. In considering them, the Transformation Board considered that they would not want to send the message that non-compliance with CCTV regulations was deserving of a higher penalty than failing to meet the standards in the other areas monitored by the RQIA or elsewhere in the Adult Protection Bill.

How does the Department and RQIA intend to ensure transparency and public confidence in the new system?

More detail on how these elements will be considered when developing the regulations. It will be important that to consider how reporting on CCTV implementation is publicised and to involve adults at risk, their families and their advocates in decisions made.

How will the Department evaluate the impact of CCTV on safety, dignity, staff morale and care culture?

It is anticipated that the regulations will include processes for review.

Equality and human rights considerations

The Department of Health's Equality Screening and Human Rights Assessment (March 2024) concluded that the Adult Protection Bill would apply equally across all sections of the community and therefore did not require a full Equality Impact Assessment under Section 75 of the Northern Ireland Act 1998.

68. Has the Department has undertaken any further human rights assessment since March 2024?

A further impact screening/assessment has not been undertaken as the Bill was screened out. The Northern Ireland Human Rights Commission (NIHRC) provided evidence to the Committee on the 6 November 2025 advising that in principle, it could be possible to mandate the use of CCTV in the Adult Protection Bill without contravening Article 8 of the European Convention on Human Rights (ECHR). The Department wrote to NIHRC on the 13th November seeking clarification as the Department has received consistent, robust legal advice that it would not be within the legislative competency of the Northern Ireland Assembly to do so. This is because it is felt that the inclusion of such a requirement would contravene Article 8 of the ECHR. NIHRC responded to the Department on the 27th November to clarify that its evidence to the committee should not be interpreted as support for a broad legislative provision mandating CCTV in all health and social care settings. It also concurred with the advice that the Department has received from other sources that such a blanket requirement would be unlikely to comply with Article 8 ECHR, or with Windsor Framework Article 2. This is in line with what the drafting of the Bill.

69. Can the Department confirm that the eligibility and other provisions within the Bill are fully compliant with the ECHR?

It is the view of the Transformation Board that the Bill is compliant with the ECHR; this view is supported by legal advice.

Additional Questions (received 16/01/2026)

70. The Committee agreed to write to the Department seeking further details on the rationale for including volunteers and volunteer organisations within the scope of the Bill (specifically in Clause 38), when this is not the case in similar legislation in Scotland and Wales (evidence from Volunteer Now)

The care worker and care provider offences are inspired by similar offences which exist in England and Wales, which do exclude volunteers. Initial drafts of the Bill did, similarly, exclude volunteers from these offences. However, following discussion with the Office of Legislative Counsel on the policy intention behind the offences, the Department considered that a person with caring responsibility for an adult at risk must be expected to fulfil that responsibility; they should not harm the adult, treat them badly or willfully neglect that person. On consideration, it was the view of both the Department and the Adult Safeguarding Transformation Board that the offence should not rely on whether the care worker was being paid. It should be noted that the Bill defines a volunteer as "a person who volunteers for a body whose activities are not carried on for profit"; this means it applies specifically to individuals who are providing care in an official capacity (whether or not they are paid).

71. The Committee agreed to write to the Department seeking further information on whether consideration has been given to the UN Principles for Older Persons in formulating the key principles set out in Clause 1 and the EFM (evidence from Hourglass).

The key principles set out in Clause 1 were developed and agreed by the Adult Safeguarding Transformation Board and were informed by the views submitted as part of the consultation on legislative options for the draft Bill. It is the view of the Department that the principles included in the draft Bill harmonise with the UN

Principles for Older Persons. For example, both sets of principles place emphasis on:

- supporting the adult's autonomy and dignity.
- the importance of taking into account the adult's opinions and supporting them in participating in their own care.
- the importance of investigating harm quickly and in a manner that is accountable, and in the manner least restrictive to the adult's freedom.

It should be noted that the UN Principles for Older Persons extend to issues beyond social care and safeguarding, and equally that the principles within the Adult Protection Bill apply to all adults at risk, and not solely to older people. Due to this the Department believes it is right that the principles are not exactly the same, but that they should, and do, harmonise with each other.