Director of Disability and Older People

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Dear Keith,

The Committee for Health met on 12 March 2026 and submitted a number of queries to the Department regarding the Adult Protection Bill. As the Minister is out of the country at present he asked me to respond on his behalf. Please see responses below:

- **Clause 43 –** to seek the Department's assessment of adding "Dementia inpatient units" and "learning disability inpatient units" to the list of settings at Clause 43(1).

  Dementia and Learning Disability inpatient units are already covered under the reference to mental health units, as both fall under the definition of "mental disorder" in the Mental Health (Northern Ireland) Order 1986.

- **Clause 46 –** the Department's assessment of an amendment to Clause 46(6)(e) to add "*…family member/next of kin"* of a resident to the list of those who could be interviewed by RQIA in the context of a CCTV inspection.

  The whole of subsection (6) of clause 46 is governed by the opening words, so the powers in subsection (6)(e) are only exercisable by a person authorised to enter the premises in question. It follows that the persons to be interviewed must be on the premises at the time the premises are inspected.

  The essence of the existing provision is the words "in private", so the provision is aimed at giving RQIA access to persons in the establishment without supervision or interference from the managers or staff of the establishment.

  It is not necessary to confer power to talk to relatives in this way. There is nothing to prevent RQIA talking to relatives in private either on or off the premises.

  This clause mirrors RQIA's enforcement powers under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order). Clause 46(6)(e) mirrors exactly Article

4I(4)(d); any amendment of the kind proposed could therefore impede the workings of Article 41(4)(d) of the 2003 Order.

- **Clause 46 –** feedback from the Commissioner for Older People has suggested the addition of a requirement for RQIA to publish anonymised statistics on CCTV inspections and enforcement.

  The CCTV regulations under clause 44(1) could not impose obligations on RQIA to publish inspection and enforcement information because that would not be about "the installation and use of CCTV".

  The majority of RQIA's general functions are however contained in the 2003 Order and there is scope under that Order to impose obligations on RQIA in relation to publishing such material.

  Article 6(1) contains wide enabling powers for the Department to make regulations as to the exercise of the functions of RQIA including the publication of reports.

  Article 6(2) contains a wide power for the Department to issue directions as to the exercise of RQIA functions.

  Article 7(1) requires RQIA to publish an annual report on the exercise of its functions (which would include functions conferred by the Bill).

  RQIA sought legal advice from Directorate Legal Services (DLS) who confirmed that the 2003 Order requires RQIA to provide the Department with its annual report on the way RQIA has (i) exercised its functions and (ii) what it has found in relation to those services, and therefore this could include anonymised statistics on CCTV inspections and enforcements. There is therefore no need to amend the Adult Protection Bill to enable such publication.

- **Clause 49 definitions (and coming back to Clause 2)**, to provide some examples of cases where a person may be deemed an adult at risk but with capacity to make their own decisions.

Below are some examples of situations where a person might be considered an adult at risk despite having capacity to make their own decisions. The situations outlined would not be covered by the Bill if the definition excluded adults with capacity to decide. These examples are not exhaustive, but should give the Committee an idea of the nuanced situations that social workers need to address:

1. Domestic abuse and coercive control are particularly complex due to the relational nature and interdependency between those involved. The person at risk of being harmed may find it difficult to share information due to concerns about damaging or losing a relationship, or may be worried about negative consequences to themselves or others due to disclosure. The social work role is about supporting, empowering and safeguarding, which

is achieved through building the relationship and working with the person affected and with others involved. By making a report to the trust, it enables a social worker to open a connection with the person, to assess and intervene and when required, to reduce or prevent the risk of further harm. Leaving or delaying the reporting of suspected or known harm may increase the risk to the person.

2. A person with disabilities may be receiving care. Not every person with a disability may lack capacity to make their own decisions. However, the person's care needs may mean they are dependent upon a family member or carer on a daily or regular basis. For example, a man who is cared for by his adult son, while he has capacity and is able to make his own decisions, may feel unable to manage without his son's help. The man may want the situation to change and starts to raise it when he comes into contact with other people, such as during hospital or healthcare appointments where he minimised bruising and reported he had fallen and added that his son 'shouts at me, he's under a lot of pressure and he helps me normally, we're ok'. A report made to the trusts enables social workers to become involved, provide support to the emotional, psychological, and potential physical harm developing in the relationship. Addressing such situations at an earlier stage can improve the outcomes, such as preventing a breakdown of this caring relationship by addressing the problems and getting the right supports for everyone involved. It may also lead to taking further protective action where necessary; however, the assessment of what is necessary could not take place if the report was not made in the first place.

3. An older person may find it increasingly difficult to manage their own finances. Despite having capacity to make decisions, the person might struggle to navigate online banking and may struggle with mobility, making it difficult to go out to access their money in person. In such situations, the person may rely on a friend or relative to assist them with money and shopping. Such a person may be considered an adult at risk if under undue pressure to give money, even though they do have capacity to understand and make decisions. The person may be unwilling to act on their own behalf due to fear of losing the relationship, becoming isolated and lonely. They may also not be aware of alternative ways to get help with banking if they refused to comply with the relative's requests for money. Referral into specialist protection service links the adult to professionals who have the skills and knowledge in this complex high-risk area of work. This will provide the adult at risk with the support needed to reflect and process what has happened, help them explore their choices, develop their sense of control, self-determination, how they can be better protected and make informed decisions. Each situation is different and the social worker adopts a person-centred approach that is tailored to the adult's views and wishes to make changes. This type of inter-relational harm is often not a one-off event but part of a repeating pattern of harm which can escalate. A referral provides the adult with capacity with the opportunity to explore their options, and the social work intervention can empower them to regain control and make

informed decisions. An earlier intervention could result in the circle of harm being broken earlier.

4. Social workers will also consider the wider risks involved with the person suspected of causing harm. The person may be involved with other vulnerable people and depending upon the type of risk, may include other caring roles, activities, involvement with other family members and children.

I hope this information is useful to the Committee.

Kind regards,

Director of Disability & Older People

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