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Background:

I am Professor of Social Work at Queen's University with a particular interest in Adult Protection. Myself and colleagues have published a number of research studies on Adult Protection. We would welcome their consideration as evidence in this consultation period. I will outline below a summary of the published research, key findings and potential relevance to the Adult Protection Bill. I will structure this evidence under two broad categories. Very broadly this evidence relates to Part 1 of the Bill, clauses 1-29 :

A. Projects focusing on Adult Protection within Northern Ireland .
B. Evidence drawn from collaborative work with academics and key stakeholders within the UK and Ireland.

A. Projects focusing on Adult Protection within Northern Ireland

1. Welfare Inequalities and Adult Protection: Community Referrals

Reference: Montgomery, L., Doyle, L., Bunting, L., & Gleghorne, N. (2024). Adult Safeguarding Inequalities in Northern Ireland: An Exploratory Study. *The British Journal of Social Work*, *54*(7), 2841-2861.

In their seminal work on the relationship between poverty, child abuse and neglect, Bywaters et al. (2016), raised awareness of the impact of poverty on child maltreatment, seeking to frame this as a public issue. They argue that poverty should not only be seen as an underlying, contextual factor, but as a pervasive feature of families' everyday lives, which has a direct influence on relationships between parents and children, contributing to clearly identified child welfare inequalities. Given the significance of the relationship between deprivation and child welfare, we considered adult safeguarding (AS) in the context of welfare inequalities. The problem of 'avoidable social inequality' (Bywaters et al., 2016), has a fundamental impact on

individuals across their life course and therefore is likely also to be a pervasive feature in the context of adult social care (Hood et al., 2022) and, more specifically, in the lives of adults at risk.

Routinely gathered statistics for community adult safeguarding referrals (2015-2017) were linked to area level deprivation across Northern Ireland using service users' postcode. The relationship between deprivation and the screening, investigation and safeguarding planning stages of intervention was examined.

Our analysis identified a clear social gradient in relation to AS referrals; the higher the level of deprivation the higher the rates of AS screening and protection plans. Findings for investigations showed more variability. Further research is needed to explore the factors associated with areas of high deprivation that shape adult safeguarding social work responses.

Relevance: The study findings, that structural factors play a significant role in adult safeguarding interventions, and should contribute to a determination of how and where social work interventions are best focused, helping to shape policy and practice guidance. This evidence addresses Clause 3: Duty to make inquiries, highlighting that differential responses to safeguarding referrals have been made by statutory services based on areas of socioeconomic setting

2. *Welfare Inequalities and Adult Protection: Institutional Referrals*

Reference: Montgomery, L., Bunting, L., Gleghorne, N., & Doyle, L. (2025). Adult Safeguarding: welfare inequalities and institutional abuse in Northern Ireland. An exploratory study. *British Journal of Social Work*.

Risk assessment frameworks tend to focus on organisational level features of institutional care such as staff training and support. This project drew attention to the significance of socioeconomic factors in understanding institutional abuse of older people in Northern Ireland. By conducting a secondary analysis of routinely collected Adult Safeguarding referrals for institutional abuse in Northern Ireland, we explored the impact of socio-economic conditions on rates and outcomes of adult institutional abuse.

Our findings indicate that Adult Protection referrals declined overall during the study period, with most processes involving females and adults aged 65+. Physical abuse was the predominant abuse type, followed by neglect.

Area-level deprivation significantly influenced referral and outcome patterns, revealing systematic disparities in human rights protection. A clear inverse relationship emerged between deprivation levels and screening rates, suggesting unequal access to protective interventions. Screening rates per 100 places were 1.72 times higher in the most deprived areas (Quintile 1) compared to the least deprived (Quintile 5). Social work responses also varied by location, with investigation rates of 45% in high-deprivation areas versus 59% in low-deprivation areas, indicating potential inequities in the right to equal protection and procedural justice.

Relevance: Our findings indicate that if you live within a residential facility in an area with higher levels of deprivation, you are considerably more likely to be subject to an Adult Safeguarding referral, and the progress of that referral in terms of investigation and levels of support, may differ from those individuals living in facilities within areas of low deprivation. These findings should contribute to a determination of how and where social work interventions are best focused, helping to shape policy and practice guidance. This evidence addresses Clause 3: Duty to make inquiries, highlighting that differential responses to safeguarding referrals within institutional settings, have been made by statutory services based on areas of socioeconomic setting

3. *Public understanding of adult safeguarding in Northern Ireland*

Reference: Montgomery L and Devine, P (2025, under review) Everybody's business? Public understanding of adult safeguarding in Northern Ireland. In *The British Journal of Social Work*.

Social work, as the frontline profession in Adult Safeguarding, relies on the vigilance and active participation of the public to identify and report safeguarding concerns. To date, little has been known about the public understanding of, and attitudes to Adult Safeguarding. We report on the first comprehensive assessment of these issues in Northern Ireland. The 2024 Northern Ireland Life and Times survey asked a representative sample of 1,199 respondents aged 18 years or over about their recognition of abuse, perceived levels of harm and responses to abuse. The findings reveal that the public perceives substantial harm occurring to adults, particularly in private homes, although significant variations exist across demographic groups. Despite a reported willingness to act, many respondents indicated they would not know what to do, suggesting a significant knowledge gap. Concern about potential victimisation of those who

report abuse was identified, and only moderate confidence in trusting the investigative role of Social Services and the police.

Relevance: The survey findings can help guide policy development, awareness-raising, and service enhancement. Recommendations include the need for social work to develop demographic-specific awareness initiatives, publicise clear reporting mechanisms and increase confidence in Social Services by improving public communication about investigations and protective measures. This evidence suggests that Clause 31: Objective of the Board, should include a focus on enhancing public understanding and commitment to the identification and reporting of abuse

4. *Empowering people with a learning disability to influence adult safeguarding policy.*

Reference: Empowering people with a learning disability to influence adult safeguarding policy. Montgomery, L., Davidson, G., Kelly, B., McKendry, L., Newton, L. A., Webb, P., & Wood, L. (2021). Getting our voice heard: empowering people with a learning disability to influence adult safeguarding policy. *The Journal of Adult Protection*, *23*(6), 384-396.

The purpose of this project was to exam the development of adult safeguarding policy from the perspectives of both policymakers and those who have sought to influence policy. In so doing we sought to empower individuals with a learning disability to have a say in how policies, that influence their life and impact their right to independence, are developed.

This was a UK-wide interdisciplinary and multi-agency project in which was lead, which included the central involvement of peer researchers who had lived experience of learning disability. It was based on a participatory disability research design.

Factors which enabled or restrained individuals with a learning disability, and their supporting organisations, from getting their voice heard in policy development, were identified.

Relevance: This project and associated publication builds on policy theory and research, making recommendations for policy makers, disabled people and their supporting organisations as to how adult safeguarding policy, could be more effectively informed and influenced. This evidence addressesnClause 28: Involvement by HSC trust of relevant persons, highlighting the current limits to involvement of individuals in contributing to how policies and practices, that influence their life and impact their right to independence, are developed.

5. *Service users' experiences of adult safeguarding*

Ref: Montgomery, L., Hanlon, D., & Armstrong, C. (2017). 10,000 Voices: service users' experiences of adult safeguarding. *The Journal of Adult Protection*, *19*(5), 236-246.

Using the 10,000 Voices: methodology we reported on a small scale pilot study undertaken in Northern Ireland to gather service user feedback from individuals who have been subject to adult safeguarding procedures. Findings - The pilot project highlighted how an initiative which captures the experiences of patients, service users, carers and staff in the health and social care sector (10,000 Voices) could be successfully adapted for use in adult safeguarding, facilitating the collation of complex experiences and enabling insights to be gleaned and shared.

Relevance: For the first time the 10,000 Voices model was utilised in the context of a non-health related service, namely adult safeguarding. This evidence addresses Clause 28: Involvement by HSC trust of relevant persons, highlighting experiences of service users and families to safeguarding processes

B. Evidence drawn from collaborative work with academics and key stakeholders within the UK and Ireland.

1. *Safeguarding adults within institutional settings; a narrative overview of the literature focused on the care of people with mental ill-health and learning difficulties.*

Reference: Montgomery, L., & Cooper, A. (2024). Safeguarding adults within institutional settings: a narrative overview of the literature focused on the care of people with mental ill-health and learning difficulties. *The Journal of Adult Protection*, *26*(2), 59-71.

A narrative overview was undertaken of a range of empirical evidence, discussion papers, enquiry reports, reports from regulatory bodies, and professional guidance, in order to explore safeguarding practices within institutional care for individuals with learning disabilities and/or mental health conditions.

Three key themes were identified: Failings within institutional care; safeguarding issues and concerns; good practice within institutional care. Whilst guidance is available, standards make

explicit, and protocols facilitate improvement potential in this area, a consistent message was that statutory recommendations for reform have not been effective.

Relevance: This project provided an important resource for practitioners and service providers involved in institutional care. An accessible overview of both the empirical evidence and grey literature on adult safeguarding within institutional settings is provided, along with a range of standards and resources which specify practice in these settings. The evidence supports Clause 28: Involvement by HSC trust of relevant persons, highlighting often negative experience of service users and families to safeguarding processes

2. *Carer Harm: A Challenge for Practitioners, Services and Research*

Ref: Donnelly, S., Isham, L., Mackay, K., Milne, A., Montgomery, L., Sherwood-Johnson, F., & Wydall, S. (2025). Carer harm: a challenge for practitioners, services and research. *The Journal of Adult Protection*, *27*(3), 122-132.

This article explored how carer harm i.e. harm to carers caused by the person for whom they are caring, is understood, surfaced and responded to in contemporary policy, practice and research. The paper offers a reflective commentary on the current 'state of play' relating to carer harm drawing on existing research and related literature. It focuses on: how we define carer harm and what we know about its impact; lessons from, and for, practice and service provision; and (some) considerations for policy development and future research.

We highlight the importance of engaging with the gendered dimensions (and inequalities) that lie at the intersection of experience of care and violence and the need to move beyond binary conceptions of power(lessness) in family and intimate relationships over the life course. We suggest that changing how we think and talk about carer harm may support practitioners to better recognise the impact of direct and indirect forms of carer harm on carers without stigmatising or blaming people with care needs. Findings also consider how carer harm is 'hidden in plain sight' on two accounts. The issue falls through the gaps between, broadly, domestic abuse and adult and child safeguarding services; similarly, the nature and impact of harm is often kept private by carers who are fearful of the moral and practical consequences of sharing their experiences.

Relevance: the paper raises awareness of harm to carers, and identifies gaps in policy and practice in relation to carer harm. Suggesting that specific reference to care harm should be

made in policy and /or practice guidance. This evidence suggests that Clause 3: Duty to make inquiries, should be cognisant of the possibility that the 'carer' may themselves be victims of harm and abuse, by the adult they are caring for

I hope this evidence is of some and am happy to comment more fully on any aspect of it

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