



Written Evidence Submission to the Northern Ireland
Assembly Health Committee -
Adult Protection Bill

Association for Real Change, Northern Ireland

September 2025

About ARC NI

Association for Real Change (ARC) wants communities that celebrate difference, respect, listen to and include people with a learning disability, autism and other support needs. To achieve this vision, through research, networking, collective advocacy, policy, and training we change thinking, change practice, and ultimately improve the lives of people with a learning disability, autism, and other support needs. Since 1999, [ARC NI](#) has been bringing people together, this includes Experts by Experience – people with lived experience.

In 2016, we supported organisations to get ready to establish the new role of the Adult Safeguarding Champion by delivering capacity building [training](#). We continue to be a lead delivery agent in rolling out Safeguarding training to the NI social care workforce.

In 2017, at the request of providers, we established a [Peer Support Network for Adult Safeguarding Champions](#) because of our history in encouraging respectful relationships. This enabled the sharing of practice and collaborating to solve challenges. Our Peer Network continues to operate in 2025.

We were a partner in the NI Adult Safeguarding Partnership since 2015, until it was disbanded in 2020. We actively contributed our experience, thoughts and solutions to challenges in rolling out a regional policy and procedure to safeguarding adults in Northern Ireland. We also met with the Health & Social Care Board and Trust Adult Safeguarding Specialists (TASS leads) on various occasions to further broker their understanding from a non-statutory providers perspective. ARC NI individually as an organisation, and with their Adult Safeguarding Champion Peer Network, met with Pat Bailey as part of the [CPEA systems review](#) on multiple occasions.

In 2020, ARC NI challenged the creation of an interim Adult Protection Board that was for statutory organisations only, chaired by the same body that chaired the disbanded NIASP. Most recently we have challenged this issue again. We lobbied and however ensured that ARC NI had a seat on all subgroups of the interim Adult Protection Board.

We supported the DoH team responsible for drafting the Bill, throughout the process by enabling their access to our Adult Safeguarding Champions Peer Network and acting as a consultation group of experts.

Executive Summary

Key Points

- We welcome the introduction of the Adult Protection Bill.
- We have concerns about the disproportionate impact to the human rights of people with a learning disability, autism and other support needs
- We support in the main, Part 1-3 but would welcome further scrutiny.
- We do not support Part 4.
- We believe any Statutory Guidance that is developed to support the Bill needs to explicitly address the broader safeguarding continuum, specifically the interface between early intervention, prevention and protection.
- Our recommendations are informed by research, lived experience, and frontline practice.

Recommendations

We are seeking your support in:

1. Scrutinising the impact of the Bill on the human rights of people with a learning disability, autism and other support needs.
2. Scrutinising the proposed content that will be covered within any related Code of Practice and/or Statutory Guidance to address:
 - **Defining clear thresholds** for intervention that avoid discriminatory practices
 - **Embedding supported decision-making** and the inclusion of accessible information.
 - **Ensure procedural safeguards** for liberty, privacy, and autonomy.
 - **The integration of trauma informed practice and rights-based training** for professionals implementing the Bill.
3. Strengthening the detail within the Bill, to an Adult Protection Board being **independent** of the persons or bodies referred to within Part 2 30 (3) [page 18 of Adult Protection Bill As Introduced].
4. Seeking reassurance that there will be robust mechanisms transparently communicated to all stakeholders, should they wish to seek a redress or appeal at any, and all stages of the protection process.
5. Interrogating *“What evidence is there to confirm that the effectiveness of CCTV in care home settings for achieving specific outcomes, is more effective than alternative, and perhaps less intrusive, methods of achieving these outcomes.”*¹

¹ [A review of the international evidence of the effectiveness of the use of CCTV in care home settings: QUB. 2020](#)^v

General Comments on the Bill

ARC NI understands there are situations and circumstances that may result in any adult at any given time in their life, moving into the space of becoming an 'adult at risk' of protection.

The learning disability community is well versed and experienced in supporting adults with a learning disability, autism and other support needs to live full and meaningful lives. Providers have navigated the safeguarding continuum, offering many preventative alternative safeguarding interventions, which on many occasions have negated protective measures of support being required. However, we also recognise there are occasions where adults require protective interventions.

ARC NI welcomes the prioritisation to legislate for the protection of adults in Northern Ireland. As non-statutory providers we wish to continue to play our part, upholding our responsibilities and lending our support in keeping people safe.

Impact on Experts By Experience (the risk to Human Rights)

We are seeking your support in scrutinising the impact of the Bill on the human rights of people with a learning disability, autism and other support needs.

ARC NI has several potential concerns regarding the draft Adult Protection Bill in Northern Ireland, and its impact on people with a learning disability, autism and other support needs.

Our concerns stem from the lived experience of people supported and the workforce supporting them within the current Regional Policy and Operational Procedure. As identified through co-produced research led by QUB:

“... an effective adult safeguarding framework should aim to give people with a learning disability equal access to justice and protection systems while fostering their safety, autonomy, independence, social inclusion and confidence. Devolved governments across the UK have divergent views about appropriate governmental roles and responsibilities vis à vis those of their disabled citizens. There are concerns about overly interventionist responses to low levels of abuse that may result in further trauma to the adult concerned. Conversely, minimalistic responses to serious cases can result in significant trauma for disabled people which have, on occasion, led to death. Ultimately, there is the need to balance autonomy with intervention, in the context of an individual's decision making capacity. Debate continues as to how best to achieve this balance.”²

The concerns, risk and impact on human rights that we would highlight are as follows:

² Montgomery, L., Davidson, G., Kelly, B., McKendry, L., Newton, L., Webb, P., Wood, L., (2020) *Identifying the Best Approaches for People with a Learning Disability to Influence Adult Safeguarding and Associated Policy and Legislation*. Queen's University, Belfast. Association for Real Change, NI, Compass Advocacy Network, and Praxis Care. www.arcni.org.uk/arc-ni-projects-and-research/

1. Right to Autonomy and Decision-Making (Article 8 ECHR & UNCRPD Articles 12 & 19)
 - Concern: The Bill may introduce protective interventions that override a person's wishes without adequate checks or safeguards.
 - Why it matters: People with a learning disability have the right to make their own decisions, even if others disagree with them, as long as they have capacity.
 - Risk: A paternalistic approach may undermine supported decision-making and promote substituted decision-making without clear justification or adherence to the Mental Capacity Act (Northern Ireland) 2016.
2. Lack of Meaningful Participation (UNCRPD Article 4.3 & 12)
 - Concern: People with a learning disability may not be adequately involved in decisions made "for their protection."
 - Why it matters: Everyone has the right to participate in decisions that affect them, including during inquiries or protection processes.
 - Risk: The Bill might lack accessible formats, communication supports (like Easy Read, Makaton).
3. Discriminatory Application (Article 14 ECHR & UNCRPD Article 5)
 - Concern: The Bill could lead to disproportionate scrutiny or intervention in the lives of people with a learning disability in comparison to others.
 - Why it matters: Protection should be based on actual risk and evidence, not assumptions about disability.
 - Risk: Over-identification of people with a learning disability as "at risk" could result in surveillance or restrictions not applied to others in similar situations.
4. Right to Private and Family Life (Article 8 ECHR)
 - Concern: Protective actions (e.g. inquiries, interventions) may infringe on relationships, privacy or living arrangements without sufficient legal safeguards.
 - Why it matters: Any interference with a person's private life must be necessary and proportionate.
 - Risk: The Bill may allow professionals to enter homes or share personal information without consent, potentially breaching privacy rights.
5. Risk of Institutional Responses Instead of Community-Based Support (UNCRPD Article 19)
 - Concern: The Bill could inadvertently encourage risk-averse responses e.g. CCTV in Supported Living (a person's home with a tenancy in place).
 - Why it matters: People with a learning disability have the right to live independently and be included in the community.
 - Risk: Protection frameworks that prioritise safety over inclusion can lead to segregation or loss of community life.

Part-By-Part Commentary

Part 1: Definition of Adult at Risk

We are seeking your scrutiny of the proposed content that will be covered within any related Code of Practice and/or Statutory Guidance to address:

- **Defining clear thresholds** for intervention that avoid discriminatory practices
- **Embedding supported decision-making** and the inclusion of accessible information.
- **Ensure procedural safeguards** for liberty, privacy, and autonomy.
- **The integration of trauma informed practice and rights-based training** for professionals implementing the Bill.

There have been issues in operating the current policy 'Adult Safeguarding: Prevention and Protection in Partnership'; and regional procedure 'Adult Safeguarding Operational Procedures'. Whilst ARC NI has repeatedly raised these issues, inconsistent practice across the five Health & Social Care Trusts continues. Our hope is therefore, that this Bill will be an opportunity to address this.

We acknowledge that protection is not a clear-cut area. However, our experience strongly suggests that the success of the legislation will depend heavily on the content of the accompanying Code of Practice and/or Statutory Guidance, which will shape how the Bill is applied in practice.

Without clear guidance, there is a risk that well-intentioned measures could be implemented inconsistently or in ways that undermine the rights of people with a learning disability.

Adults with a learning disability must not be subject to protective measures solely because of their disability. Instead, decisions must be based on evidence of actual risk and take account of the person's wishes, strengths, and capacity. This requires the embedding of supported decision-making approaches and the routine use of accessible information so that individuals can fully understand and participate in the process. These measures reflect the State's obligations under the UN Convention on the Rights of Persons with Disabilities, which emphasises autonomy, inclusion, and equality before the law.

Alongside this, the Code of Practice must set out clear procedural safeguards to protect liberty, privacy, and autonomy whenever protective actions are considered.

It should also ensure that professionals implementing the Bill are equipped with the right skills and knowledge through trauma-informed and rights-based training. Such training will support balanced, proportionate responses that prioritise dignity and inclusion, and will reduce the risk of overly restrictive or institutional interventions. By embedding these principles in statutory guidance, the Assembly can ensure that the Adult Protection Bill not only prevents harm but also actively promotes the rights and wellbeing of the people it is designed to protect.

Part 2: Adult Protection Board

We are seeking your support in strengthening the commitment in writing within the Bill, to an Adult Protection Board being independent of the persons or bodies referred to within Part 2 30 (3) [page 18 of Adult Protection Bill As Introduced].

We are calling for an Independent Chair and non-statutory persons or bodies as members of the Adult Protection Board. We are aware that the principle of this has been mooted by the Department of Health, however, we would seek the Bill to:

- Strengthen the wording of Part 2 **30** (2) (a) by stating ‘an Independent Chair appointed by the Department;
- Change the responsibility of appointments to be decided by the Independent Chair in consultation with the Department as cited in Part 2 **30** (2) (c);
- Change the responsibility of approval to be decided by the Independent Chair in consultation with the Department as cited in Part 2 **30** (5).

The risk, as previously articulated by ARC NI, that the statutory sector believes they can solve this independently when trying to collectively ensure the protection of adults in NI is a reality now. The Ministerial directive that the interim Adult Protection Board should only include statutory members, fails to recognise the inherent conflict of interest, namely that Health & Social Care Trusts are both commissioner and providers of services.

Furthermore, the intention to maintain this position does not consider that the majority of social care is delivered by non-statutory partners. A key focus of this provision is safeguarding activity and often includes responsibility for implementing protection plans. Excluding membership from the non-statutory sector risks the loss of a significant body of expertise.

It is regrettable that many of these conversations need to be revisited, especially given the roll out of what is described as the regional Adult Safeguarding policy and procedure in 2017, with the now reconfigured interim Adult Protection Board in place. This continues to prove the clear disconnect between the perspective of statutory colleagues and those of non-statutory providers, who play a significant part in protecting adults in community.

We accept that the statutory responsibility of protecting adults falls to statutory colleagues and hence urge the need to better support their efforts by calling for ‘independence’ and broader representation to achieve the objective of the Adult Protection Board.

Part 3: Ill Treatment or Neglect

We are seeking reassurance that there will be robust mechanisms transparently communicated to all stakeholders, should they wish to seek a redress or appeal at any, and all stages of the protection process.

ARC NI however agrees with Part 3. Whilst there is work underway to develop a ‘Being Open Culture’ in Northern Ireland health & social care, we have previously advocated for greater accountability of both provider and worker, for example in previous consultation

responses such as the 'Duty of Candour'. We believe having this Part legislated within the Adult Protection Bill, could increase the public's assurance that where abuse occurs there will be the mechanism for equitable accountability across statutory, private and charitable sector providers.

Part 4: CCTV systems

We are seeking your support in interrogating “What evidence is there to confirm that the effectiveness of CCTV in care home settings for achieving specific outcomes, is more effective than alternative, and perhaps less intrusive, methods of achieving these outcomes.”³

When the public consultation originally occurred in March 2021, the issue of CCTV was not included. However, the Department of Health did raise this within the ARC NI Safeguarding Champion Peer Network at a later date. They confirmed this technology was largely sought for by family carers. Our key points in response were as follows:

1. Accountability – Good Governance v's least restrictive intervention
ARC NI does not feel that CCTV is the vehicle to develop a good relationship between those involved in a person's life. We also do not believe CCTV will encourage the appropriate culture of trust, candour and integrity, but rather the contrary. Following two large scandals in Northern Ireland, it is concerning that CCTV is considered a solution in delivering social care, free from abuse.
2. Human Rights – free from abuse v's life, privacy and independence
As recent as July 2025, a Muckamore Abbey Hospital Inquiry Resettlement Information Session documented that one preferred recommendation of participants was as follows:

“Guidelines should be agreed between the Trusts, resettlement service providers, families and patients about the use of CCTV in **private areas such as bedrooms and bathrooms** as well as strict controls on access to the footage.”⁴

ARC NI would advocate that this is an infringement of human rights.

3. Social Care Services – All v's some
Supported Living enables many people with a learning disability to live independently within local communities. Supported Living is regulated within Domiciliary Care Standards. Within Supported Living the person has their own tenancy agreement.

The Bill does not list Domiciliary Care or Supported Living. ARC NI agrees with this.

³ [A review of the international evidence of the effectiveness of the use of CCTV in care home settings: QUB. 2020](#)^v

⁴ [Inquiry Resettlement Information Session w/c 02 June 2025](#)

As outlined in UK research, funded by DRILL, *“In order to achieve independent living, people with a learning disability should have choice, control, dignity and freedom in the same way as any other citizen. One issue impacting on their experience of independent living is the risk of harm or abuse and the potential for overprotective or under-protective responses to these presenting risks.”*⁵

However there has already been suggestions by the Department of Health of their desire to include the use of CCTV within Supported Living. In our opinion this is an infringement to equality as the physical building is the person’s own home. This is an example where the Bill could lead to disproportionate scrutiny or intervention in the lives of people with a learning disability compared to others.

If there is any expectation that CCTV in Supported Living should move to become contractually mandated, then in our opinion, the same expectation should apply equally to the homes of individuals in Northern Ireland who avail of homecare (domiciliary care).

4. Effectiveness – Prevention v’s Proof of evidence
Unless CCTV footage is being monitored live 24 hours a day, it is not likely to prevent but rather form evidence of proof in the aftermath of an alleged incident.

Furthermore, CCTV could disproportionately impact individuals with autism as for some, awareness of being watched can increase stress, paranoia, or sensory overload. The physical presence of cameras (blinking lights, whirring sounds) may also be unsettling.

In conclusion, ARC NI understands the complexity of this area and how this, as one solution, may bring a feeling of reassurance within family carers. However, ARC NI remains of the view, that the ethical considerations merit intense debate and scrutiny to ensure that all stakeholders views have been equally considered.

Summary Recommendations

We are seeking your support in:

1. Scrutinising the impact of the Bill on the human rights of people with a learning disability, autism and other support needs.
2. Scrutinising the proposed content that will be covered within any related Code of Practice and/or Statutory Guidance to address:

⁵ 5 Montgomery, L., Davidson, G., Kelly, B., McKendry, L., Newton, L., Webb, P., Wood, L., (2020) *Identifying the Best Approaches for People with a Learning Disability to Influence Adult Safeguarding and Associated Policy and Legislation*. Queen’s University, Belfast. Association for Real Change, NI, Compass Advocacy Network, and Praxis Care. www.arcni.org.uk/arc-ni-projects-and-research/

Defining clear thresholds for intervention that avoid discriminatory practices

Embedding supported decision-making and the inclusion of accessible information.

Ensure procedural safeguards for liberty, privacy, and autonomy.

The integration of trauma informed practice and rights-based training for professionals implementing the Bill.

3. Strengthening the detail within the Bill, to an Adult Protection Board being **independent** of the persons or bodies referred to within Part 2 30 (3) [page 18 of Adult Protection Bill As Introduced].
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⁶ [A review of the international evidence of the effectiveness of the use of CCTV in care home settings: QUB. 2020v](#)