

NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP



Adult Safeguarding Operational Procedures

Adults at Risk of Harm and Adults in Need of Protection

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SECTION A

INTRODUCTION

1. Introduction

1.1 Scope of the Operational Procedures

The responsibility for enacting the procedures to protect adults from harm caused by abuse, neglect or exploitation is principally the responsibility of Health and Social Care Trusts (HSC Trusts) and, where a crime is suspected or alleged, the Police Service of Northern Ireland (PSNI).

However, **safeguarding is everyone's business.**

These procedures are intended for use by all organisations working with, or providing services to, adults across the statutory, voluntary, community, independent and faith sectors. This includes paid staff and volunteers.

They describe what organisations need to do to provide a safe environment and how to respond appropriately to situations where an adult is at risk of being harmed or abused.

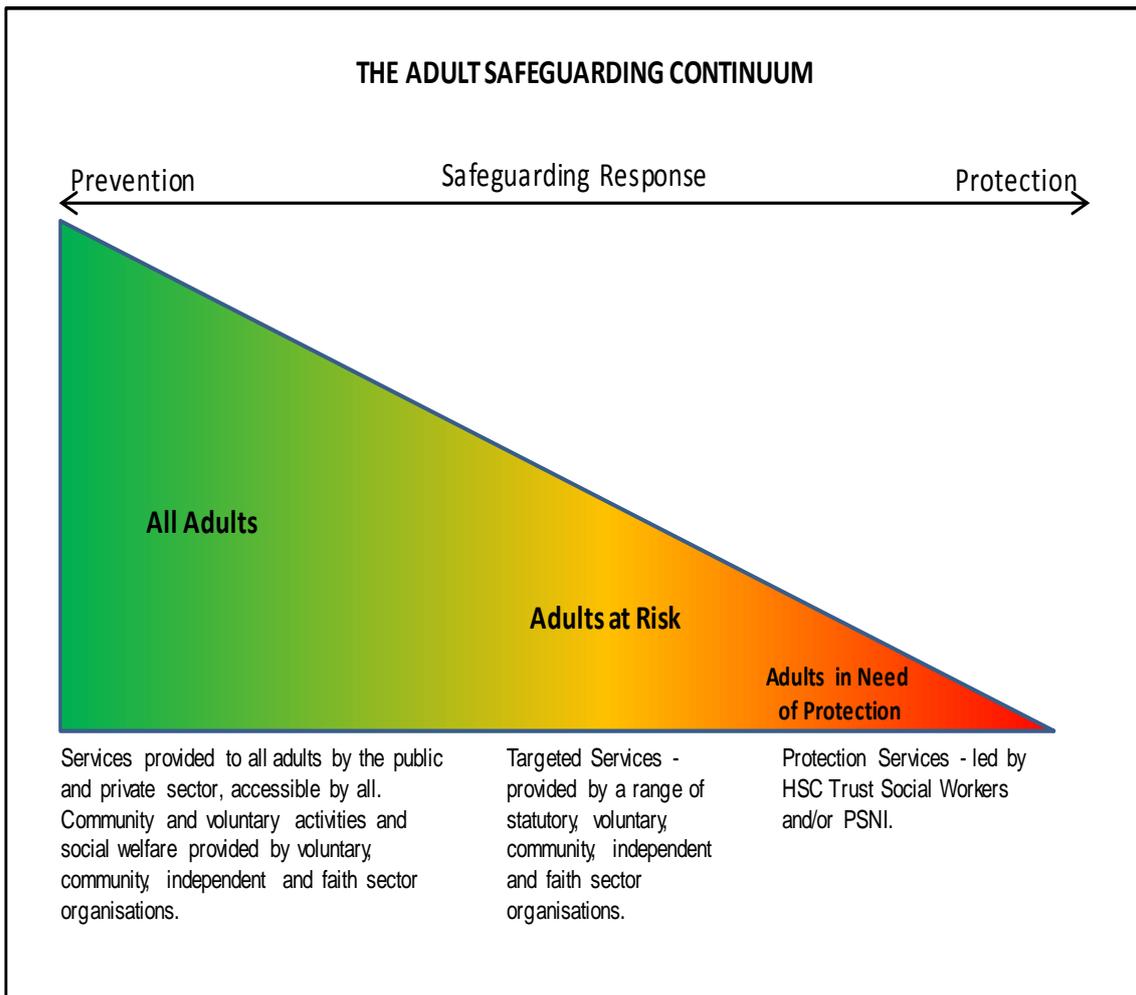
These procedures should be read in conjunction with all other relevant policies, such as:

- Adult Safeguarding: Prevention to Protection in Partnership Policy (DHSSPS 2015)
- Protocol for Joint Investigation of Adult Safeguarding Cases (NIASP 2016)

Safeguarding is a broad continuum of activity. It ranges from the empowerment and strengthening of communities, through prevention and early intervention, to risk assessment and management, including investigation and protective intervention. At all stages along this continuum, safeguarding interventions will aim to provide appropriate information, supportive responses and services which become increasingly more targeted and specialist as the risk of harm increases.

Safeguarding includes activity which **prevents** harm from occurring and activity which **protects** adults at risk where harm has occurred.

The diagram overleaf outlines this continuum



The continuum of adult safeguarding outlines the wide range of organisations involved in people’s lives, from the small community activity groups through to larger organisations and statutory services. All organisations should ensure that any service they deliver is underpinned by the principles of respect and treating others with dignity. This is the first and crucial step to ensuring that services are high quality. The focus is on the individual receiving the service which may help to provide support and that harm is prevented. Increasing levels of need and risk are likely to lead to greater targeting of service provision, which, in turn, requires a heightened awareness of risk of harm and more robust measures will be required to prevent harm.

These procedures outline the actions needed to respond to adults at risk of abuse or harm.

1.2 How to Use the Operational Procedures.

These procedures set out broad principles of good practice when responding to situations where adults are at risk or in need of protection. They place the adult at the centre of the safeguarding process and provide some practical guidance on how specific roles such as the Adult Safeguarding Champion should be implemented.

The procedures support professional decision-making, placing a responsibility on practitioners to respond to each individual and their unique circumstances. Each response should be tailored to meet the needs of that individual, working towards the achievement of their preferred outcome.

The procedures do not describe every potential safeguarding scenario and some, such as those involving Domestic Violence or Modern Slavery, require more specialist responses. Guidance on these responses is available elsewhere and practitioners should refer to such detailed advice as necessary.

2. Definitions

2.1 What is Abuse?

Abuse is 'a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights'¹.

Abuse is the misuse of power and control that one person has over another. It can involve direct and indirect contact and can include online abuse.

The main forms of abuse are:

Physical abuse

¹ Action on Elder Abuse: definition of abuse 1993 which can be accessed at: <http://www.elderabuse.org.uk/Mainpages/Abuse/abuse.html>. This was later adopted by the World Health Organisation - http://www.who.int/ageing/projects/elder_abuse/en/

Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty. Female genital mutilation (FGM) is considered a form of physical **AND** sexual abuse.

Sexual violence and abuse

Sexual abuse is 'any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability).²

Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

Psychological / Emotional Abuse

Psychological / emotional abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

Financial Abuse

Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception. This may include exploitation,

² The definitions of 'sexual violence and abuse' and 'domestic violence and abuse' are from "Stopping Domestic and Sexual Violence and Abuse in Northern Ireland, A seven year strategy. March 2016.

embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

Institutional Abuse

Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside Health and Social Care (HSC) provision. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

Neglect

Neglect occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the capacity to assess risk.

The Safeguarding Adults: Prevention and Protection in Partnership Policy does not include self-harm or self-neglect within the definition of an ‘adult in need of protection’. Each individual set of circumstances will require a professional HSC assessment to determine the appropriate response and consider if any underlying factors require a protection response. For example, self-harm may be the manifestation of harm which has been perpetrated by a third party and which the adult feels unable to disclose.

Exploitation

Exploitation is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

This list of types of harmful conduct is neither exhaustive, nor listed here in any order of priority. There are other indicators which should not be ignored. It is also possible that if a person is being harmed in one way, he/she may very well be experiencing harm in other ways.

2.2 Related Definitions

There are related definitions which interface with Adult Safeguarding, each of which have their own associated adult protection processes in place.

Domestic violence and abuse

Domestic violence or abuse is 'threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member'. Domestic violence and abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography.

The response to any adult facing this situation will usually require a referral to specialist services such as Women's Aid or the Men's Advisory Project. In high risk cases a referral will also be made to the Multi- Agency Risk Assessment (MARAC) process. Specialist services will then decide if the case needs to be referred to a

HSC Trust for action under the safeguarding procedures. If in doubt, anyone with a concern can ring the Domestic and Sexual Violence helpline (0808 802 1414) to receive advice and guidance about how best to proceed.

Human Trafficking/Modern Slavery

Human trafficking/modern slavery involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking/modern slavery can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

The response to adults at risk experiencing human trafficking/modern slavery will always be to report the incident to the Police Service.

Hate Crime

Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

The response to adults at risk experiencing hate crime will usually be to report the incident to the Police Service.

2.3 Adult at Risk of Harm

An '**adult at risk of harm**' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their personal characteristics and/or life circumstances.

Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain. **Life circumstances** may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

2.4 Adult in Need of Protection

An '**adult in need of protection**' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

A. personal characteristics

and/or

B. life circumstances

AND

C) who is unable to protect their own well-being, property, assets, rights or other interests;

AND

D) where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

In order to meet the definition of an 'adult in need of protection' either (A) or (B) must be present, in addition to both elements (C), and (D).

In most situations HSC Trusts will make decisions regarding the degree of risk and level of harm an adult may be facing and decide on the most appropriate action to take. If there is a clear and immediate risk of harm, or a crime is alleged or suspected, the matter should be referred directly to the PSNI or HSC Trust Adult Protection Gateway Service.

If you think a crime has occurred where medical or forensic evidence might still be present consider the need for an urgent referral to the police service and be cautious not to touch or disturb possible evidential material.

SECTION B
ADULTS AT RISK
OF HARM

3. The Adult Safeguarding Champion

3.1 Which Organisations Need an ASC?

Adult Safeguarding: Prevention and Protection in Partnership (2015) sets out the requirement for organisations to have an Adult Safeguarding Champion (ASC). If the organisation or group does not have staff or volunteers who require to be vetted, then it is not required to have an ASC. However, having an ASC is identified as good practice for every group or organisation.

Targeted services include organisations that have staff or volunteers who are subject to **any** level of vetting under the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007.

All providers of targeted services are required to have an ASC and an adult safeguarding policy which demonstrates a zero tolerance of harm to adults.

Members of the public, voluntary and community groups NOT required to have an Adult Safeguarding Champion (ASC) should report all adult at risk or in need of protection safeguarding concerns directly to the HSC Trust Adult Protection Gateway Service. They can do so by phoning the Trust's single point of contact telephone number (see Appendix 2).

3.2 The Role of ASC

The ASC should be within a senior position within the organisation and should have the necessary training, skills and experience to carry out the role. The ASC provides strategic and operational leadership and oversight in relation to adult safeguarding for an organisation or group and is responsible for implementing its adult safeguarding policy.

The ASC is also the main point of contact with HSC Trusts and the PSNI for all adult safeguarding matters. Each organisation should, therefore, ensure that arrangements are in place to provide appropriate cover in the ASCs absence.

The ASC should ensure that, at a minimum, the organisation safeguards adults at risk by:

- Recognising that adult harm is wrong and should not be tolerated
- Being aware of the signs of harm from abuse, exploitation and neglect
- Reducing opportunities for harm, abuse, exploitation and neglect to occur
- Knowing how and when to report adult safeguarding concerns to HSC Trusts and / or the PSNI

3.3 Key Responsibilities of the ASC

1. To provide information, support and advice for staff and/or volunteers on adult safeguarding within the organisation.
2. To ensure that the organisation's adult safeguarding policy is disseminated and support implementation throughout the organisation.
3. To advise the organisation regarding adult safeguarding training needs.
4. To provide advice to staff or volunteers who have concerns about the signs of harm and ensure a report is made to HSC Trusts where there is a safeguarding concern.
5. To support staff to ensure that any actions take account of what the adult wishes to achieve – this should not prevent information about risks of serious harm being passed to the relevant HSC Trust Adult Protection Gateway Service for assessment and decision making.
6. To establish contact with the HSC Trust Designated Adult Protection Officer (DAPO), PSNI and other agencies as appropriate.
7. To ensure accurate and up to date records are maintained detailing all decisions made, the reasons for those decisions and any actions taken.
8. To compile and analyse records of reported concerns to determine whether a number of low level concerns are accumulating to become more significant. These records must be available on request for inspection or by way of service level agreements or contract review meetings.

In larger organisations the ASC may delegate the operational day to day responsibility for safeguarding to an appointed person(s) within their organisation. For example, a provider with a number of Nursing Homes throughout Northern Ireland may choose to delegate some of the tasks of an ASC to a member of staff in each facility. They will then report to the ASC on adult safeguarding matters on a regular basis and assist in the compilation of reports, training needs analyses and data analysis. Organisations who delegate operational tasks to appointed person(s)

must have sufficient numbers to ensure they are accessible to all service areas in the organisation as a source of advice and guidance.

In smaller organisations the ASC may be responsible for all actions relating to adult safeguarding situations, including working with the adult at risk and making referrals to PSNI and/or HSC Trusts.

Contact details for the HSC Trust Adult Safeguarding Gateway Services are contained in Appendix 2.

3.4 Information to be Monitored by an ASC

Most ASCs will already have daily access to a great deal of information that will assist the organisation or group improve the services it provides to adults at risk or in need of protection.

To meet the governance requirements set out in the Policy, the ASC will compile an annual Adult Safeguarding Position Report using the following core data:

- Number of referrals made to HSC Trusts involving both an adult at risk and an adult in need of protection;
- Number of adult safeguarding discussions where the decision taken was to **not** refer to HSC Trust;
- Any untoward event that triggered an adult protection investigation;
- Adult safeguarding training opportunities provided and uptake across staff groups; and
- Any action that your organisation plans to take to ensure it is compliant with Adult Safeguarding: Prevention and Protection in Partnership and to implement the organisation's own adult safeguarding policy.

3.5 The Adult Safeguarding Position Report

The Position Report is an important overview and governance tool for all organisations and groups supporting adults at risk or in need of protection. It will contain significant information for the organisation or group's Senior Management Team and/or Trustees. It should be scrutinised by them on an annual basis.

It would also be appropriate to provide core information from the Position Report in any organisational annual reports or updates.

The Position Reports should be made available for any external audit purposes, for example any audits undertaken by the Local Adult Safeguarding Partnership, and to demonstrate compliance with policies as specified within any contracts with HSC Trusts.

Services that are externally regulated, e.g. by RQIA or CJINI, may also be subject to inspection on adult safeguarding arrangements. The Position Report will be central in demonstrating that the organisation is complying with the requirements of the regional adult safeguarding policy.

If the service or group is contracted to provide services by the HSC normal contract monitoring processes should be used to provide confirmation to the relevant Trust(s) that the safeguarding Position Report is available for scrutiny.

4. Recognising and Responding to Adult Safeguarding Concerns

Staff or volunteers who are concerned about someone who may be experiencing harm or abuse must promptly report these to their line manager or person in charge.

There are a variety of ways that you could be alerted that an adult is suffering harm:

- They may disclose to you;
- Someone else may tell you of their concerns or something that causes you concern;
- They may show some signs of physical injury for which there does not appear to be a satisfactory or credible explanation;
- Their demeanour/behaviour may lead you to suspect abuse or neglect;
- The behaviour of a person close to them makes you feel uncomfortable (this may include another staff member, volunteer, peer or family member); or
- Through general good neighbourliness and social guardianship.

Being alert to potential abuse plays a major role in ensuring that adults are safeguarded and it is important that all concerns about possible abuse are taken seriously and appropriate action is taken.

4.1 When an Adult at Risk Discloses Abuse

In cases where an adult discloses abuse to a staff member or volunteer, it is vital that staff/volunteers know how to react appropriately.

All staff/volunteers should be made aware of to the following guidelines:

Do

- Stay calm;
- Listen attentively;
- Express concern and acknowledge what is being said;
- Reassure the person – tell the person that s/he did the right thing in telling you;
- Let the person know that the information will be taken seriously and provide details about what will happen next, including the limits and boundaries of confidentiality (see leaflet);
- If urgent medical/police help is required, call the emergency services;
- Ensure the immediate safety of the person;
- If you think a crime has occurred be aware that medical and forensic evidence might be needed. Consider the need for a timely referral to the police service and make sure nothing you do will contaminate it;
- Let the person know that they will be kept involved at every stage;
- Record in writing (date and sign your report) and report to the Line Manager/person in charge/Adult Safeguarding Champion at the earliest possible time;
- Act without delay.

Do not

- Stop someone disclosing to you;
- Promise to keep secrets;
- Press the person for more details or make them repeat the story;

- Gossip about the disclosure or pass on the information to anyone who does not have a legitimate need to know;
- Contact the alleged person to have caused the harm;
- Attempt to investigate yourself;
- Leave details of your concerns on a voicemail or by email;
- Delay.

The line manager or person in charge will take any immediate action required to ensure the adult at risk of harm is safe and make a decision as to when it is appropriate to speak with the adult at risk of harm about the concerns and any proposed actions. They must then report the concerns and any action taken to the services appointed person or Adult Safeguarding Champion.

5. Responding to an Adult Safeguarding Concern – the Role of the ASC

When an alert is raised within an organisation in relation to an adult safeguarding concern or disclosure, the ASC or appropriate appointed person, where these tasks have been delegated, will ensure the following actions occur:

- Consider whether the concern is a safeguarding issue or not. This may involve some 'checking out' of information provided whilst being careful not to stray into the realm of investigation.
- **Where immediate danger exists or the situation warrants immediate action** ensure any necessary medical assistance has been sought and refer to HSC Adult Protection Gateway or PSNI.
- Support staff to ensure any actions take account of the adult's wishes.
- Where it has been deemed that it is not a safeguarding issue, other alternative responses should be considered such as monitoring, support or advice to staff or volunteers.
- If it is decided that it is a safeguarding issue, the situation should be reported to the HSC Key Worker where known. If unaware of HSC Key Worker contact details, a referral will be made to HSC Trust Adult Protection Gateway service. The HSC Trust will then conduct a risk assessment and decide what response is appropriate.

- If a crime is suspected or alleged, contact the HSC Adult Protection Gateway Service directly.
- If the concern involves a regulated service, inform RQIA.
- Act as the liaison point for any investigative activity which is required and will ensure easy access to relevant case records or staff.
- Ensure accurate and timely records and any adult safeguarding forms required have been completed.

If an adult at risk does not want a referral made to the HSC Trust or PSNI, the ASC or appropriate person must consider the following:

- Do they have capacity to make this decision?
- Have they been given full and accurate information in a way which they understand?
- Are they experiencing undue influence or coercion?
- Is the person causing harm a member of staff, a volunteer or someone who only has contact with the adult at risk because they both use the service?
- Is anyone else at risk from the person causing harm?
- Is a crime suspected or alleged?

These factors will influence whether or not a referral without consent needs to be made. If in doubt contact the HSCTrust Gateway service for advice and guidance.

If it is determined that the concern(s) do not meet the definition of an adult at risk or an adult in need of protection, the concerns raised must be recorded; including any action taken; and the reasons for not referring to HSC Trust.

The ASC will ensure that records of reported concerns are compiled and analysed to determine whether a number of low-level concerns are accumulating to become significant. If the organisation is regulated by RQIA or other bodies, then the ASC will make records available to them for inspection.

Where the ASC or appointed person is not immediately available, this should not prevent action being taken or a referral being made to the HSC Trust in respect of any safeguarding concern.

In most circumstances there will be an emerging safeguarding concern which should be referred to the relevant HSC Trust for assessment. HSC professionals will determine whether the threshold for an adult protection intervention has been met, or whether alternative safeguarding responses are more appropriate.

6. Responding to an Adult Safeguarding Concern – the Role of the HSC Trust

6.1 Determining if an adult is at risk

On receipt of the adult at risk referral the HSC Trust keyworker will discuss the concern with their line manager to establish the facts of concern and determine if the threshold for an adult at risk is met. Where this is not met they will inform the referrer of the outcome of their decision and make any necessary recommendations for alternative responses.

The line manager must ensure that the adult's immediate needs are met, eg they are in no immediate danger and that any medical assistance required has been sought.

Line managers must refer all cases where there is a clear and immediate risk of harm to the adult or a crime is alleged or suspected, to the PSNI using the emergency police 999 number and the Designated Adult Protection Officer (DAPO) in the HSC Trust Adult Safeguarding Gateway Team. The appropriate documentation should be used (see Appendix 7).

Where the decision is that the adult is potentially at risk of harm the line manager and the keyworker will discuss the appropriate response. This will include an assessment of the risk identified in the referral and review of the care and support needs which will minimise the risk of harm (See Appendix 7). The consent of the adult at risk will be sought (see Section 7:0 below for advice on capacity and consent) and the assessment will include the wishes and views of the adult at risk and where appropriate their family and carers. The keyworker will inform the referrer of the outcome of the assessment and care plan.

6.2 Determining if the Threshold for Referral to the Adult Protection Gateway Service is met

Where a risk assessment concludes that the adult is at risk of or has experienced serious harm, the next step is to consider whether the threshold for referral to the HSC Trust Adult Protection Gateway Service has been met.

Where the line manager determines that the threshold for an adult in need of protection is met, the keyworker refers the concern to the HSC Trust Adult Protection Gateway service (See Section C). The keyworker will advise the adult in need in protection of the decision to refer.

The following thresholds are intended as a guide only. It should be noted that thresholds are not intended to be used as exclusion criteria, but should be used positively to assist professional judgements about making referrals into the HSC Trust Adult Protection Gateway Service, and, critically, to enable informed decisions in respect of the most appropriate or proportionate safeguarding response.

The threshold for referral to the HSC Trust Adult Protection Gateway Service is likely to be met if one or a number of the following characteristics are met:

- the perceptions of the adult(s) concerned and whether they perceive the impact of harm as serious;
- it has a clear and significant impact on the physical, sexual, psychological and/or financial health and well-being of the person affected;
- it has a clear and significant impact, or potential impact, on the health and well-being of others;
- it involves serious or repeated acts of omission or neglect that compromise an adult's safety or well-being;
- it constitutes a potential criminal offence against the adult at risk;
- the action appears to have been committed with the deliberate and harmful intent of the perpetrator(s);
- it involves an abuse of trust by individuals in a position of power or authority; and
- it has previously been referred to a regulated service provider for action, and has not been sufficiently addressed.

If there is doubt about whether the threshold for Adult Protection has been reached, the concern should be discussed with the HSC Trust Adult Protection Gateway Service and a DAPO will advise whether the matter meets the threshold.

Where a criminal act is either alleged or suspected, a report must be made to the PSNI.

NB: In the majority of cases where serious harm has been identified, the threshold for referral to the HSCTrust Adult Protection Gateway Service will have been met. However, in a limited number of circumstances referral to this service may not be the most appropriate response. This may include, for example, a peer on peer incident where capacity is a concern. In such circumstances, an alternative response may be more appropriate (see below)

6.3 Alternative Safeguarding Responses

Where it is determined that the threshold for Adult Protection has **not** been met, other alternative courses of action should be explored with the adult. At all times the least intrusive and most effective response should be made. This is a matter for professional judgement, taking account of the individual circumstances and the wishes and views of the adult and may include:

- a) escalation to the service manager to address any issues about the quality of service provision;
- b) referral to the RQIA for action as the regulator in respect of quality of care concerns or where concerns have been raised and there has been a lack of action by the service provider;
- c) referral to a care manager/key worker for re-assessment and review of service user/carer's needs, views and care plan, or where appropriate a mental capacity assessment;
- d) action taken under complaints procedures;
- e) action taken under human resources/disciplinary procedures and referral to professional bodies, statutory regulatory bodies and/or the Disclosure and Barring Service where appropriate;
- f) referral to an advocacy service;

- g) referral to another service;
- h) a risk management intervention in relation to self-neglect;
- i) a strategy to manage risks within a complex group living environment and the management of challenging behaviour;
- j) no further action required;

or a combination of two or more of the above.

Any safeguarding concerns relating to breaches of regulations or non-compliance with care or service standards are matters for the regulator, regardless of whether the threshold of serious harm has been reached. The HSC Trust should raise such concerns with the RQIA and will then co-ordinate an interagency response. The role of RQIA in inspection and regulation will be critical in the identification and prevention of safeguarding concerns or incidents in a proportionate manner to prevent unnecessary engagement of the Adult Protection Gateway Service.

7. Human Rights, Consent and Capacity

Adults at risk of harm should be central to decisions regarding any actions to prevent or protect them from harm. The adult's reasons for refusal to consent to a referral to the HSC Trust for assessment and support should be explored with them. Consent may be over-riden in some cases, for example, where the individual lacks the capacity to appreciate the nature of the concerns and the potential consequences to them of not addressing those concerns; where there is a potential risk to others or in the public interest.

If you have any concerns that the adult at risk may not have capacity to consent or may be coming under pressure to refuse consent you should refer to the HSC Trust key worker or HSC Trust Adult Protection Gateway team.

Human Rights, Consent and Capacity, the European Convention for the Protection of Human Rights and Fundamental Freedoms (Human Rights Act 1998)

The Human Rights Act 1998 has been fully effective from 2nd October 2000. It incorporates the European Convention for the Protection of Human Rights and

Fundamental Freedoms into United Kingdom Domestic Law. This makes it unlawful for public authorities to act in a manner which is incompatible with the rights and freedoms guaranteed by the Convention sets out the main Convention Rights enshrined in the 1998 Act.

Decisions taken not to comply with the wishes of the adult in need of protection/adult at risk may constitute a breach of Human Rights legislation. Where consideration is being given not to comply with the wishes of the adults in need of protection adult/adult at risk, the decision taken must be lawful, proportionate and in keeping with what is in the public interest.

Public authorities can interfere with an individual's rights providing it is lawful, proportionate and necessary in a democratic society.

Lawful means 'prescribed by law' and the legal basis for any restriction on rights and freedoms must be established and identified. Reporting a relevant offence, as defined in the Criminal Law Northern Ireland Order (1967), is not only lawful but a legal requirement on public authorities.

Proportionate means the proposed action is viewed by any reasonable person as fair, necessary and the least restrictive in order to benefit the individual.

Necessary in a democratic society means

- (1) Does it fulfil a pressing social need?
- (2) Does it pursue a legitimate aim? And
- (3) Is the proposed action in the public interest taking into consideration whether other Adults at risk or children may be at risk of harm?

7.1 The Decision Making Process

In applying the key principles of lawfulness, proportionality and whether it is necessary in a democratic society, a public authority representative must ask the following questions:

- Is there a legal basis for my actions?
- Is it proportionate and necessary in a democratic society?

- Is the procedure involved in the decision-making process fair and does it contain safeguards against abuse?
- Was there an alternative and less restrictive course of action available? (The Intervention should be strictly limited to what is required to achieve the objective).
- Is the restriction required for legitimate purposes?
- If I fail to interfere with this individual's rights could there be a more serious outcome in not affording the individual adequate protection in fulfilment of their human rights?

Decisions to interfere with an individual's rights may be subject to scrutiny by the Courts. However, if public authorities can show that they applied the relevant Human Rights principles when making their decision, they are less likely to be over-ruled. It is very important to keep notes and decisions should be recorded in full.

7.2 Consent

The wishes of the adult in need of protection are of paramount importance in all cases of alleged or suspected abuse. Where a crime is suspected the issue of possible PSNI involvement should be discussed with the adult in need of protection.

The consent of the adult in need of protection for contact with the PSNI should be sought as a first step.

The adult in need of protection should be provided with as much information as possible to assist them in making an informed decision regarding how they wish the situation to be handled. They should be fully advised by the Trust key worker and/or Designated Adult Protection Officer (DAPO) of the Protocol for Joint Working process and of their right to have a referral made to the PSNI. The adult in need of protection should also be informed if this is a referral to PSNI for action, or whether consultation on the need for a Joint Agency approach is required.

The adult in need of protection should be advised that agreeing to a Joint Agency consultation does not in itself constitute agreement to a full PSNI investigation. The benefits of a Joint Agency consultation in terms of information gathering should be explained. Their entitlement to full consultation and involvement at each stage in the

Joint Protocol process should also be emphasised. All staff involved must ensure that this person centred approach is strictly adhered to.

Details of all supports available to an adult in need of protection as outlined in 'Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, the use of special measures and the provision of pre-trial therapy' (2012) should also be provided.

In the majority of cases where the adult in need of protection is deemed to have capacity, the PSNI will only proceed to a full investigation with the consent of the adult in need of protection. In practice this will mean that the adult in need of protection should be willing to make a complaint to the PSNI. However, there are some exceptions to this.

7.3 Dispensing with Consent

In exceptional circumstances, the DAPO may need to consider overriding the wishes of an adult in need of protection if they do not consent to a joint agency consultation with the PSNI. These include situations where:

1. There is reasonable evidence or information to indicate that a possible relevant offence has been committed and the Trust have a legal obligation to report to the PSNI.
2. There is a significant query regarding the individual's capacity to make an informed decision and therefore their ability to give or withhold consent is in question. Actions taken must be proportionate to the level of concern and the views of substitute decision makers.
3. Information available clearly demonstrates that the individual is subject to substantial undue influence or coercion.
4. There is a significant risk to other adults at risk and/or children.
5. The likelihood of further harm is high and there is a substantial opportunity to prevent further crime.

The PSNI also have the authority to investigate alleged or suspected criminal abuse where this is agreed to be in the best interests of the adult in need of protection and or others.

The above list indicates possible situations where the DAPO may need to consider overriding the wishes of an adult in need of protection adult. The list is not exhaustive. Cases will need to be assessed on a case by case basis and requirements in relation to making decisions which are lawful, proportionate and necessary in the public interests are applicable.

7.4 Acting without Consent in Emergency Situation

In situations where the adult in need of protection is in imminent danger it may not be possible to discuss with them their wishes and obtaining a valid consent may not be achievable. Trust staff, under these circumstances, should take whatever action they feel is appropriate to protect the adult in need of protection, including seeking medical and/or PSNI intervention.

Where there is no information and/or clarity regarding the wishes of the adult in need of protection and it is safe to do so, consideration should be given to deferring a decision re a joint agency consultation until such time as the adult in need of protection's views and permission can be sought. The DAPO will need to consider this on a case by case basis, mindful that a number of factors will need to be taken into account. Where a decision is taken to consult with the PSNI and the adult in need of protection has not consented to this, a detailed rationale for this decision should be recorded.

7.5 Capacity

There should be no assumptions made regarding an individual's capacity or incapacity and in the first instance unless there is contrary information, every individual should be viewed as having the capacity to make decisions about their own situation. However, if an issue is raised in relation to any individual's cognitive ability to make an informed decision about their safety, the DAPO should ensure a capacity assessment is completed.

Capacity assessments/reassessment should determine:

- a. the extent to which the adults in need of protection/adult at risk is able to make informed decisions about their safety and protection.

- b. whether the adults in need of protection adult/adult at risk is able to make a complaint to the PSNI and/or give legal instruction.
- c. whether the adults in need of protection adult/adult at risk has the capacity to be interviewed by the PSNI.

Capacity assessments will also inform the assessment of the needs of the adult at risk or in need of protection.

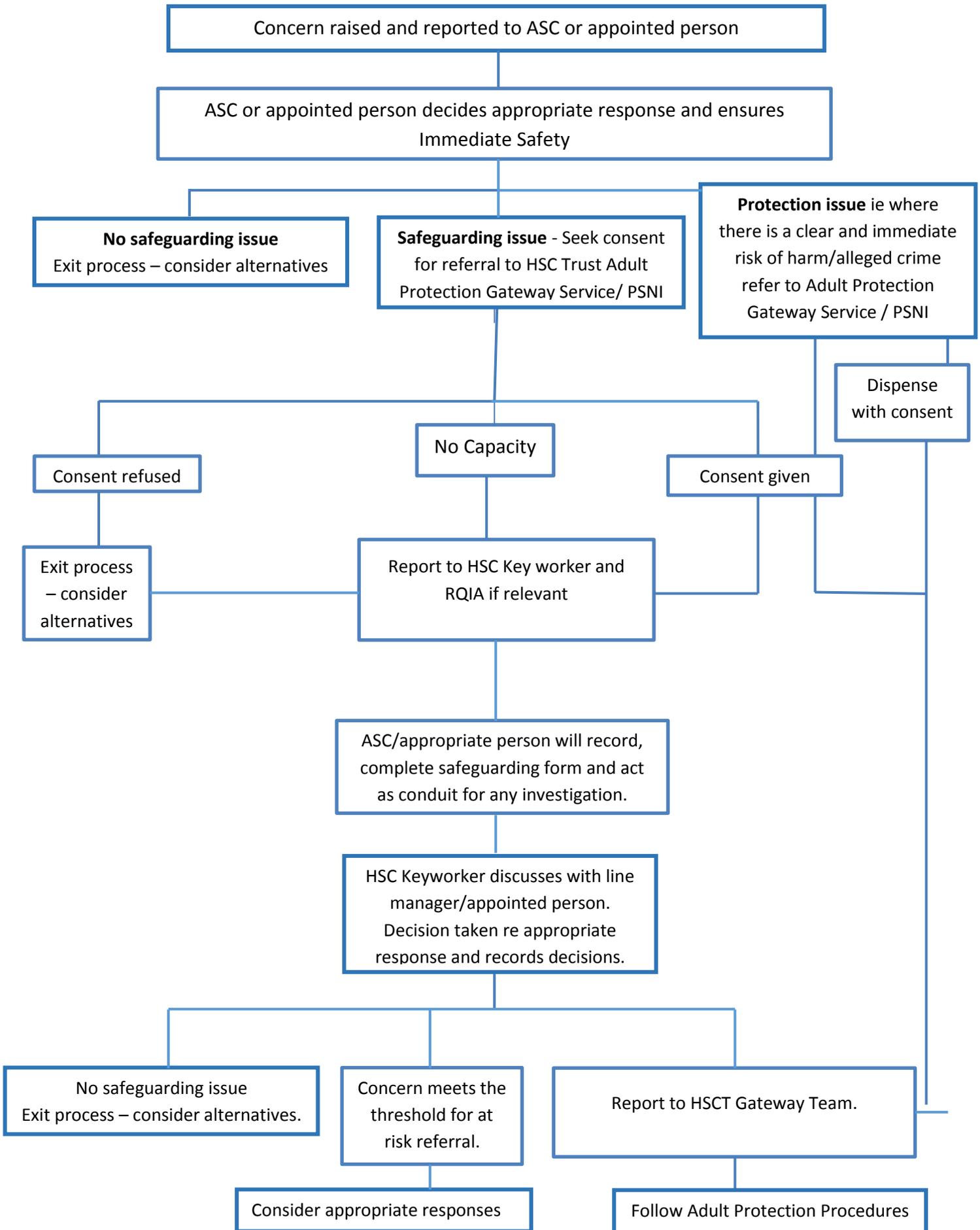
Formal capacity assessments should be carried out by an appropriately trained professional. In cases where the adult in need of protection is already known to specialist services the professional involved may be able to provide an informed opinion in relation to the individual's capacity.

It is important to remember that an individual's capacity to consent to any course of action, decision or intervention may fluctuate. A capacity assessment should not, therefore, be considered as a one-off event. DAPOs should ensure that issues of capacity are constantly borne in mind throughout any safeguarding or protection interventions.

The onus is on professionals such as nurses and social workers to ensure that any intervention where the individual is considered to lack capacity is respectful of the person's human rights and that actions are both proportionate and lawful.

It is important to note that any and all information provided by an adult in need of protection is relevant and should be considered in a safeguarding context.

PATHWAY FOR DEALING WITH CONCERNS



SECTION C

SAFEGUARDING ADULTS IN NEED OF PROTECTION

Introduction:

These procedures set out the process to be followed in reporting and responding to concerns that an adult is at risk of harm and may be in need of protection (see Appendix 3, Six Stages of the Adult Protection Process).

8. Roles and Responsibilities

Safeguarding is everyone's business and includes the decision to make a referral when there is a concern relating to an adult in need of protection. There will however be more specific roles and responsibilities within the process and these will be discussed in more detail in the relevant section of the protection process (see below).

8.1 Designated Adult Protection Officer

A Designated Adult Protection Officer (DAPO) will be responsible for the management of each referral received by a HSC Trust. DAPOs will be in place both within the Adult Protection Gateway Service, and within core service teams.

Every DAPO must:

- ❖ Be a qualified social worker at Band 7 seniority or above;
- ❖ Have first line management responsibilities, or in a senior practitioner role;
- ❖ Be suitably experienced; and
- ❖ Have undertaken the required training as outlined in the Northern Ireland Adult Safeguarding Partnership Training Framework (2016).

The role of the DAPO is to

- ✓ Complete an initial screening against the thresholds for serious harm. Where this threshold has not been met, the DAPO should consider all alternative safeguarding responses
- ✓ Manage and coordinate the adult protection intervention;
- ✓ Provide formal/informal support and debriefing to the Investigating Officer/ABE interviewer;
- ✓ Analyse the adult safeguarding data within their service area and contribute to governance arrangements as appropriate; and

- ✓ Ensure that the connections are made with related interagency mechanisms such as:
 - Multi Agency Risk Assessment Conference (MARAC)
 - Domestic and sexual violence services
 - Public Protection Arrangements in Northern Ireland framework (PPANI)
 - Human trafficking and modern slavery procedures
 - Hate Crime Practical Action Scheme
 - The Office of Care and Protection (or equivalent)
 - Child Protection Gateway Service
 - Business Services Organisation Counter-Fraud Unit.

The DAPO may decide to close the adult protection process at any stage if

- ✓ It is agreed that further investigation, assessment or intervention is not required to protect the adult;
- ✓ The DAPO decides that an alternative safeguarding response is more appropriate, proportionate and effective to address the concern identified;
- ✓ A Protection Plan has been agreed and is in place and is effectively addressing the needs of and the risks to the adult and there is no need to conduct an investigation; or
- ✓ The adult chooses to withdraw from the protection process.

Where the safeguarding concern relates to the quality of care provided to an adult in receipt of a regulated HSC service, the DAPO will engage the Regulation and Quality Improvement Authority (RQIA) to ascertain whether the provider is in breach of regulation or minimum standards. The RQIA will act on all safeguarding concerns where there are breaches of standards or regulation and, where necessary; use their powers of improvement or sanction to ensure that the provider addresses any breach of the minimum standards to the satisfaction of RQIA.

Where there are multiple adults in need of protection the DAPO will also

- ✓ Liaise and agree with other potential DAPOs who will take lead responsibility.
- ✓ Agree joint working and feedback arrangements as necessary.

This is critical:

- a) In cases where there is more than one programme of care involved in delivering a service.
- b) If the adult in need of protection is in a care environment outside their home e.g. Acute Care.
- c) Where there is more than one Trust involved in the provision of care (Ref Section 10 on Large Scale and Complex Investigations).

8.2 The HSC Investigating Officer

The Investigating Officer must be a HSC Trust professionally qualified practitioner (Band 6 and above). Investigating Officers **must** receive specific training as set out in the NIASP Training Framework prior to undertaking the role.

Their role is to carry out an assessment of risk, collate and analyse all available information, determine how best to protect the adult in need of protection and/or others, to explore alternatives available and to provide advice and support.

The Investigating Officer, alongside relevant professionals, will be responsible for direct contact with the adult in need of protection, their carers and relevant others.

While carrying out these duties, the Investigating Officer will be guided and supported by the DAPO. The Investigating Officer will:-

- ✓ Meet with the adult in need of protection and carer/relative separately to establish the preliminary information.
- ✓ Investigate allegations and concerns as directed by the DAPO. The investigation should take the form of an assessment of risk, needs and, where appropriate, a carer's assessment. This will inform the review and updating of the interim protection plan.
- ✓ Inform the adult in need of protection of expressed concerns and the Adult Protection investigation process. The investigation process should ensure that the wishes/choices of the adult are paramount.
- ✓ Inform the adult in need of protection of his/her rights to protection under law.
- ✓ Support the adult in need of protection through the assessment process.

- ✓ Keep the adult in need of protection informed and updated throughout the investigation process to ensure informed decision making.
- ✓ Identify needs and supports which may be required by the person alleged to have caused the harm and, where appropriate, refer on for professional input and support.
- ✓ Commission medical or other specialist assessments, where appropriate.
- ✓ Inform and liaise with relevant professionals and significant others as appropriate.
- ✓ Make a clear record of the investigation process.
- ✓ Keep the DAPO informed of the investigation process and outcome of the assessment, risks and ongoing concerns.
- ✓ Provide an investigation report for a case conference/review. This report must include an analysis of the findings with a conclusion and, where appropriate, make recommendations.
- ✓ Ensure the implementation of any care and protection plan as agreed with the DAPO.

8.3 The HSC Achieving Best Evidence Interviewer

The specialist Achieving Best Evidence (ABE) Interviewer must be a professionally qualified Social Worker. Specialist Interviewers must have completed Investigating Officer training, Joint Protocol training and ABE training prior to undertaking the role.

The Specialist Interviewer will be responsible for planning and conducting interviews with service users who may have been the victim of a crime. These interviews will be undertaken jointly with the PSNI and in accordance with the guidance laid out in “Protocol for Joint Investigation of Adult Safeguarding Cases (2016)” and “Achieving Best Evidence in Criminal Proceedings” (2012).

The Pre Interview Assessment, where possible, will be conducted by the same person conducting the ABE Interview. (See also Protocol for Joint Investigation of Adult Safeguarding Cases (2016) and Achieving Best Evidence in Criminal Proceedings (2012)).

8.4 Line Manager

On receiving an allegation or concern of abuse the line manager must ensure that the adult's immediate needs are being met; i.e. that they are in no immediate danger and that medical assistance if required is sought. The line manager must consider the need for emergency PSNI intervention. For example, where there remains immediate risk of harm to the adult in need of protection or others the line manager must contact the emergency PSNI number, 999.

Line managers must refer all cases where there is a clear and immediate risk of harm or a crime is alleged or suspected regarding an adult at risk to the PSNI or the DAPO in the HSC Trust Gateway Service using the relevant regional referral and recording systems, including where there are concerns that physical harm has occurred, a body map or diagram completed by an appropriately trained person.

In most circumstances there will be an emerging safeguarding concern which should normally be referred to the HSC Trust for a professional assessment of risk. It will be a matter for the HSC professional to judge whether the threshold for an adult protection intervention has been met, or whether alternative responses are more appropriate.

In circumstances where the care manager for the service user is from another HSC Trust, the referral should be made to the Adult Safeguarding Gateway Service in the placing HSC Trust. The line manager must also notify the host Trust for information purposes as this may be relevant to other current concerns (refer to section 15.2). In instances where the person who has allegedly caused the harm is also an adult at risk the line manager should ensure necessary arrangements are in place to support them.

In instances where the allegations are made against a member of staff, the line manager will be responsible for the instigation of appropriate protection measures which may involve staff such as redeployment, being placed on restricted duties or precautionary suspension and any subsequent disciplinary procedures. The line manager must consult with the responsible DAPO to ensure that Disciplinary Procedures run parallel to the adult protection investigation. It is essential in these circumstances that close communication and sharing of information is maintained

between the line manager, DAPO and Human Resources. (See section on Guidance on the Co-ordination of Adult Protection Investigations with Human Resource and/or PSNI Investigations)

8.5 HSC Regional Emergency Social Work Service

The Regional Emergency Social Work Service (RESWS) provides an emergency social work service outside normal office hours including weekends and public holidays. These are 5pm to 9am Monday to Thursday and 5pm on Friday to 9am on Monday. There is 24 hour cover over public holidays.

The RESWS responds to a wide range of people in crisis and deals with situations which cannot be left until the next working day. People in crisis can include older people, people with mental health issues, learning disabilities, physical disabilities, potential victims of human trafficking and children and young people.

There are a number of situations in which the RESWS will become involved or work with other agencies to ensure the safety of an individual and others who may be at risk. Examples of emergency situations are where:

- There are immediate significant protection and welfare concerns in relation to an adult at risk and/or an adult in need of protection;
- There are immediate significant protection and welfare concerns in relation to children and young people;
- Urgent advice and/or support is required by families or carers;
- Older people are at risk;
- There is consideration that compulsory admission to hospital under the Mental Health Order (NI) 1986 is required.

Staff within RESWS will provide an adult safeguarding and adult protection service where required and Managers within the RESW will fulfil the role of Designated Adult Protection Officers (DAPOs) when required RESWS will respond to all elements of the role in emergency situations which require an urgent response.

8.6 Role of Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) has a key preventative role in adult safeguarding practice. As the independent regulator, RQIA has both a

responsibility and the authority to ensure that safety and quality of care concerns which put service users at risk are addressed in the services which they inspect. The RQIA also has a key role in service improvement with the aim of encouraging improvement in the quality of the services they inspect and securing public confidence in the provision of those services by keeping the Department of Health, Social Services and Public Safety informed of their availability and their quality.

Governance information is essential to RQIA in the conduct of its inspections and reviews. It assists with the assessment of the service with specific regard to safeguarding performance. There are core governance elements which should be included in all inspections conducted within regulated services. These are the number, nature and outcome of:

- complaints made;
- safeguarding concerns raised with the Adult Safeguarding Champions;
- notifiable incidents or accidents which occurred as appropriate to that service setting; and
- any disciplinary procedures conducted.

Enforcement action is an essential element of the responsibilities of RQIA. There is a range of enforcement options which RQIA can use to ensure compliance with regulations and minimum standards, to effect improvements and to afford protection to service users. In most circumstances, and where appropriate, RQIA will make recommendations and requirements for quality improvement through regulation and inspection activity. Where a service is identified as being at risk of failing to meet minimum standards and/or comply with regulations, RQIA will consider the various options to enable the registered establishment or agency to make the necessary improvements. RQIA will normally adopt a stepped approach to enforcement. However, this would not rule out the option of moving directly to legal action, including prosecution, if the circumstances require. RQIA may increase inspection activity to monitor compliance and ensure that the necessary improvements are being made. RQIA may escalate enforcement actions at any time, proportionately and in relation to the level of risk to service users and the seriousness of any breach of regulation. RQIA will follow up enforcement action to ensure that quality improvements are achieved. In certain circumstances, where there is deemed to be

a risk of serious harm to service users, RQIA may take urgent action. Such circumstances include, but are not exclusive to, those falling under the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2009). This may involve, where necessary, using its powers to cancel registration and/or to seek the urgent closure of a registered service. RQIA publishes its enforcement policy and procedures online, along with copies of its inspection reports³.

The RQIA will notify any serious concerns in relation to the quality of service provision or risk of harm to an individual/s to the relevant HSC Trust or the PSNI, and will be a key partner contributing to investigations with the other agencies to protect adults at risk who are in receipt of a regulated service

9. Adult Protection Procedures

Each adult protection intervention is likely to be unique and the response made must allow for flexibility and individualised decision-making. It is important that each adult protection intervention is conducted without undue delay, remains outcome focused, rather than process driven, and is subject to ongoing monitoring and review at an appropriately senior level. At all stages throughout the adult protection intervention, consideration should be given to whether the threshold for the Adult Protection Gateway Service continues to be met. Any action necessary to address immediate protection needs of the adult must be taken regardless of which stage of the process has been reached.

10. Stage 1 Screening the Adult Protection Referral

On receipt of a referral the DAPO will take the following actions:

- Consider immediate safeguards for the adult and take appropriate action to meet identified safety needs.
- Ensure that a face to face contact with the adult in need of protection is completed without undue delay.
- Clarify basic facts and determine if the adult meets the definition of an adult in need of protection.

³ RQIA publications are available on www.rqia.org.uk

- Determine whether the threshold for serious harm (Appendix4) and the threshold for referral to the HSC Trust Adult Protection Gateway Service are met. This is likely to be met if one or a number of the following characteristics are met:
 - ✓ The perceptions of the adult(s) concerned and whether they consider the impact of harm as serious;
 - ✓ It has a clear and significant impact on the physical, sexual, psychological and/or financial health and well-being of the person affected;
 - ✓ It has a clear and significant impact, or potential impact, on the health and well-being of others;
 - ✓ It involves serious or repeated acts of omission or neglect that compromise an adult's safety or well-being;
 - ✓ It constitutes a potential criminal offence against the adult in need of protection;
 - ✓ The action appears to have been committed with the deliberate and harmful intent of the perpetrator(s);
 - ✓ It involves an abuse of trust by individuals in a position of power or authority; and
 - ✓ It has previously been referred to a regulated service provider for action and has not been adequately addressed.
- If referral does not meet the above protection thresholds, the DAPO will advise referrer and agree appropriate alternative safeguarding responses. At all times the least intrusive and most effective response should be made.
- Where the HSC Trust Adult Protection Gateway Service DAPO determines that an alternative course of action is appropriate, there must be mechanisms in place to ensure that the outcomes of this action is reported back to the DAPO;
- Consideration of consent is central to adult safeguarding. Consent is a clear indication of a willingness to participate in an activity or to accept a service, including a protection service. It may be signalled verbally, by gesture, by willing participation or in writing. No one can give, or withhold, consent on behalf of another adult unless special legal provision for particular purposes has been made for this. For consent to be valid it

must be given voluntarily by an appropriately informed person who is able to consent to the intervention being proposed. In cases where the individual lacks capacity, decisions will usually be made on behalf of the individual in accordance with current legal provisions. If the person has no suitable family or friend who can be consulted with regarding their best interests, an advocate may be appointed.

- Where there is a query regarding the capacity of the adult to consent to the referral, the DAPO should screen the referral into the adult protection process pending the completion of a capacity assessment. The absence of a capacity assessment must not delay the protection of an adult in need. It is important that a capacity assessment is undertaken as soon as possible. It may be established that with the appropriate support, the adult in need of protection is able to make their own decisions.
- In some circumstances it may be necessary for the withholding of consent to be overridden. Where consent to intervene is not provided by the adult at risk, the DAPO may decide to progress a case in circumstances where there is a strong overriding public interest, or where a crime is alleged or suspected. This may happen when:
 - The person causing the harm is a member of staff, a volunteer or someone who only has contact with the adult at risk because they both use the service; or
 - Consent has been provided under undue influence, coercion or duress;
 - Other people are at risk from the person causing harm; **or** a relevant and reportable crime is alleged or suspected In these circumstances, the adult should be informed of that decision, the reason for the decision, and reassured that as far as possible no actions will be taken which affect them personally without their involvement. Consideration should be given to any support the adult may need at this time, as they may be distressed by the prospect of their information being shared without their consent.
- The DAPO must ensure that the HSC staff member communicating with the adult in need of protection has sufficient knowledge of the Protocol for Joint Investigation of Adult Safeguarding Cases to provide relevant

information in order that the adult in need of protection can make an informed decision in relation to PSNI involvement.

- If the allegation is a potential crime there must be consideration of the application of the Protocol and immediate liaison with the PSNI to avoid contamination of evidence.
- Consider if there are other adults or children in need of protection.
- Consider any indicators of potential human trafficking or modern slavery and, if relevant, refer to regional guidance.
- Inform other relevant organisations of the nature of the allegation and the actions being taken.
- Complete the relevant electronic information system.
- Complete the relevant documentation advising the referrer of outcomes of the screening decision. The referrer, if appropriate, notifies service user / family with due regard to maintaining the safety of the service user in need of protection.
- Where appropriate, the Gateway DAPO will forward the screened referral to the most appropriate DAPO within core operational services to take the lead role in initiating, convening and chairing a strategy planning meeting/discussion. Feedback should be given to the person who made the referral, taking into account confidentiality and data protection issues.

10.1 Supporting an Adult at Risk Who Makes Repeated Allegations

An adult at risk who makes repeated allegations that have been investigated and are unfounded should be treated without prejudice. Each allegation must be responded to and recorded under these procedures. A risk assessment must be undertaken respecting the rights of the individual and measures taken to protect staff and others and a case conference convened, where appropriate.

10.2 Responding to Family Members, Others Who Make Repeated Allegations

Allegations of abuse made by family members or others should be investigated without prejudice. However, where repeated allegations are made and there is no foundation to the allegations and further investigation is not in the best interests of the adult in need of protection, then the appropriate HSC Trust Director should make a determination in consultation with relevant others about an appropriate response.

10.3 If a Referral is Received after an Adult in need of protection has Died:

The referral or complaint may contain an allegation or suspicion that abuse or neglect could have been a contributory factor in the person's death. The allegation may be made by a family member or friend, a concerned member of staff who is 'whistleblowing', or as a result of a report from the Coroner. Such information should immediately be passed to the relevant DAPO who will consider whether a referral to the PSNI is required. If the deceased was in receipt of services at the time of their death, such a referral will give rise to action under the regional Serious Adverse Incident (SAI) reporting procedures. As part of the SAI process, the HSC Trust will consider whether there are potential risks to other adults and, if necessary, will initiate a protection investigation to address these specific concerns.

10.4 Outcome of Screening:

There is Insufficient Information to Determine if an Investigation is Required

Additional information is to be sought to inform the type of investigation needed or to provide a rationale for a decision not to investigate under Adult Protection.

The Threshold of Adult in Need of Protection IS NOT MET

Where it is determined that the threshold for Adult Protection has not been met, other alternative courses of action should be explored with the adult. At all times the least intrusive and most effective response should be made.

At every stage the adult's human rights must be considered, and evidence of the impact of any decision on those rights recorded. The adult's rights, needs, views and wishes, should be central to the protection intervention to ensure that they receive the support needed to achieve an agreed outcome.

A decision to close the Adult Protection process must be agreed by all relevant organisations and signed off by the DAPO. The reasons for closing the Adult Safeguarding process should be recorded and a copy sent to strategy meeting attendees. The adult at risk should have a copy of the decisions that takes into account issues of confidentiality and the need for protection of personally identifiable information.

The Threshold for Referral to Adult Protection Gateway Service is Met: -

The DAPO will proceed with the management of the protection process.

11. Stage Two: Strategy Discussion

11.1 Purpose of the Strategy Discussion

Strategy meetings provide a forum for professionals and agencies to work together to ensure a coordinated investigation and protection response. They are an opportunity to address any potential conflicts between agencies at an early stage. They also provide the opportunity for clarification of roles and responsibilities in relation to HSC Trust, PSNI, RQIA and where applicable an employing organisation.

In complex situations the strategy discussion is normally a meeting of key people to decide the process to be followed after considering the initial available facts.

However, there may be occasions when a telephone discussion would be more appropriate and proportionate, eg emergency situations. There must be careful consideration about the most appropriate way to ensure the wishes of the adult in need of protection are at the centre of the decision making at a strategy discussion.

Every effort should be made prior to the meeting to explain its purpose to the adult in need of protection to find out their concerns, what they want to happen and how they want to be involved in what is decided. This can be done either by the keyworker or the Investigating Officer, or both if this is deemed most appropriate.

11.2 Supporting the Adult in Need of Protection:

The wishes of the adult in need of protection are central to the process and will, as far as possible, direct any decision-making. However, there may be circumstances in which the person concerned about the adult in need of protection may not be best placed to seek their consent to a referral being made, or the person clearly states that they do not want a referral to be made.

Whilst the wishes of the adult should always be the paramount consideration, it is important to remember that there will be circumstances when other factors mean this may not be possible, for example, where there appears to be undue influence or

coercion or another person is suspected to have influenced the adult's decision or other people may be at risk or it constitutes a relevant offence.

The strategy meeting will consider the wishes of the adult in need of protection as to who will support them throughout the adult protection process if this is required.

During this process those involved must:

- Ensure that the adult in need of protection is given every opportunity to speak in private regarding their concerns, taking care not to place the adult in need of protection at greater risk.
- Inform the person of advice, support, assistance or services available.
- Offer the use of an advocate if this would be beneficial.
- Decide what information legally can be shared with next of kin. This may vary in differing circumstances either due to consent and capacity issues or through the choices of the adult in need of protection. The principles of best interests and information sharing apply. Good practice will evidence the rationale for the decision to share such information.
- Promote the human rights of the adult in need of protection.

11.3 Role of DAPO at the Strategy Discussion

The DAPO must ensure that an adult protection strategy discussion is convened and chaired, and minutes taken and circulated. The DAPO will invite those who will provide critical or relevant information that will inform decision making to attend and/or provide a written report. This may include, for example, the PSNI or RQIA. The DAPO will also invite those who will be required to implement the various elements of any protection plan. In respect of regulated services this will include the Regulator. If the allegation involves a member of staff or paid carer, the strategy discussion will be attended, where appropriate, by:

- PSNI
- RQIA
- The authorised officer for contracts
- The HSC Trust commissioning manager/Contracts Manager
- The Human Resources officer
- The line manager of the member of staff

- A senior manager of the employing organisation

Where a formal strategy meeting is convened of any individual requested to attend should treat the request as a priority. In exceptional circumstances, if no one from the organisation is able to attend, they should provide written information as requested and ensure it is available at the meeting.

In most cases it would be deemed to be good practice for a strategy discussion to take place as soon as possible. It is important that each adult protection intervention is conducted without undue delay, and remains outcome focused, rather than process driven. There can be complex issues to be managed such as fluctuating capacity to make decisions and complex investigations that may require interagency collaboration and consultation including cooperation with any PSNI investigations.

Nonetheless, it is important that all adult protection interventions are progressed in a timely manner, and must not be allowed to drift unnecessarily. HSC Trusts must ensure that the timeliness of interventions will be monitored and reviewed at an appropriately senior level.

11.4 Role of Line Managers in Strategy Planning

Line Managers may be required to take part in a strategy discussion in relation to service delivery and /or in relation to a member of staff. The Line Manager will be asked to contribute information about potential risk to inform the protection plan.

Line managers will implement any actions agreed and, in conjunction with the DAPO, they will agree what information will be shared with the person raising the concern and the adult in need of protection. Line managers may also be responsible for taking protective actions in relation to the person who has allegedly caused the harm. They will record all conversations, meetings with the person who allegedly has caused the harm, feedback to the DAPO, refer to HR for advice and notify appropriate professional and regulatory bodies as required.

NB where a PSNI investigation has commenced, it will be necessary to seek PSNI permission prior to interviewing a member of staff under disciplinary procedures, in case this interferes with PSNI procedures.

11.5 Adult Protection Strategy Discussion

The strategy discussion must demonstrate the following actions have been undertaken.

- Review the screening decision, including any requirement to refer to PSNI
- Consider the wishes of the adult in need of protection
- Clarify the mental capacity of the adult in need of protection to make decisions about their own safety. Arrange for an assessment by the most appropriate person, if required
- If the person does not have mental capacity, decide how they will be supported to be involved as much as they are able, and/or who is a suitable person to act in the person's best interests.
- Consider the use of advocacy if appropriate
- Identify any communication needs of the adult in need of protection
- Discuss the nature of the concerns and review preliminary risk assessment and interim protection plan
- Consideration should be given to the safety and wellbeing of other adults or children. Where appropriate, refer to children's Gateway Service and/or Adult Gateway service.
- Consider the human rights for both the adult in need of protection and the person alleged to have caused the harm who may also be an adult at risk.
- Review and record available, relevant information and determine any further information required. Discussions should include decisions about sharing of information.
- Agree the most appropriate way of responding to the concerns identified, e.g. Single agency PSNI investigation; Single agency HSC Trust investigation; Joint Protocol investigation; disciplinary investigation; family group conference; care planning; risk management meeting; or formal complaint in order to create and implement a protection plan. The detailed rationale for this decision must be recorded and will be subject to audit.

- Where a decision has been made that an investigation will take place, agree an investigation plan to include timescales for same and how it should be conducted and by whom.
- Agree a clear rationale for the actions to be undertaken and by whom.
- Agree a communication strategy including who should inform service user/carer/advocate of outcome of strategy discussion.
- Consider the need to inform other regulatory/professional bodies.
- Circulate minutes to all invitees within ten working days using the appropriate regional pro forma (Appendix 6).
- If the investigation is likely to be prolonged, other strategy meeting(s) must be held to ensure that actions are progressed and the interim protection plan is providing adequate safeguards for the adult at risk (and other individuals at risk if necessary).
- Full cooperation will be afforded to police investigations and in such cases the DAPO must ensure appropriate care and protection plans are in place to protect and safeguard the adult in need of protection. It will be necessary to consult with PSNI before proceeding with any internal organisational investigations such as disciplinary proceedings
- Regular contact should be maintained between the DAPO and the PSNI representative during the PSNI investigation process, and the position communicated to the staff member's manager and HR representative (particularly as the suspension/transfer decision must be reviewed every 4 weeks).

11.6 Coordination of Adult Protection and Disciplinary Investigations:

The focus of a Disciplinary Investigation is to determine if a staff member has breached disciplinary rules, which may require disciplinary action to be taken. The threshold for decision-making is whether there is a case to answer 'on the balance of probabilities'.

The different focus of protection and disciplinary investigations will require separate reports to be prepared. However, coordinating the process by which each investigation gathers information will make the best use of the Trust's skills and expertise, avoid duplication, and avoid undue delay.

11.7 Decisions to be Taken at the Strategy Meeting When the Person Alleged to Have Caused Harm is Also an Adult at Risk

The primary focus of the strategy meeting or discussion is the adult in need of protection. However, it may be necessary to hold a separate multi-agency meeting to address the needs and behaviour of the person causing the harm. Decisions that will need to be taken at the strategy meeting in relation to the person causing the harm will include:

- How to co-ordinate action in relation to the adult at risk causing the harm.
- Identification and allocation, of a separate care manager/keyworker in order to ensure that the needs of the adult at risk causing the harm are met and that a care plan is devised to ensure that other adults at risk are not also put at further risk from that person's actions.
- Whether there is likely to be a criminal prosecution (if known at this point).
- What information needs to be shared and with whom.

The DAPO will maintain communication with those concerned with the care of the adult at risk who is also alleged to be the person causing harm.

In all situations, the care manager/key worker representing the adult at risk and the relevant staff working with the person causing the harm must be informed of any risk management issues immediately and be closely involved at all stages of the investigation

Where the person alleged to have caused the harm is under 18 years of age, a referral should be made to the relevant HSC Trust Children's Services

.

The strategy discussion should demonstrate how the needs of the person who has allegedly caused the harm have been supported during the adult protection investigation.

Throughout the Adult Protection process, people alleged to have caused harm must be treated and spoken to without prejudice.

The person allegedly causing harm has a right to information about any allegations made. However, their right to information must be balanced with the rights of the adult in need of protection and/or any other safety concerns.

Where a decision is taken not to inform the person alleged to have caused harm of an allegation there must be a clear rationale for this decision which must be recorded and kept under review. Where a crime is alleged or suspected, advice should be sought from PSNI before information is shared.

11.8 Decisions to be Taken at the Strategy Meeting When the Person Alleged to Have Caused Harm is a Member of Staff/Volunteer

If the person alleged to have caused the harm is a member of staff or a volunteer and an immediate decision is needed, the line manager should notify those with responsibility for Human Resource functions in the relevant organisation of the concern and liaise with the relevant manager for a decision on whether precautionary suspension/transfer/restricted duties of the staff or volunteer is necessary and appropriate. The employer should inform the person in broad terms of the nature of the allegations in line with HR Procedures.

There is a requirement in these circumstances to ensure that the rights of the adult in need of protection and the rights of a member of staff/ volunteer are fully considered and all actions taken at this stage are without prejudice in order to facilitate the investigation/s taking place.

11.9 Decisions to be Taken at the Strategy Meeting When the Person Alleged to Have Caused Harm is a Family Member, Friend or Carer.

Cases where the person alleged to have caused harm is a family member, friend or carer need to be treated with particular sensitivity. For example, information may need to be given to the person alleged to have caused harm to ensure they understand how poor care practices can become abusive. A carer may also require a carer's assessment.

In cases where a crime is alleged or suspected, advice on what can or should be shared should be sought from the PSNI.

11.12 Outcomes of Strategy Discussion

The strategy meeting/discussion must decide who will inform the adult in need of protection of the decisions and outcomes reached at the meeting. There are a number of outcomes that may be determined at the strategy (see Appendix 5). The relevant outcome should be recorded in the minutes of the meeting.

i. Insufficient Information to Determine if an Investigation is Required

It is agreed that additional information is to be sought to inform the type of investigation needed or to provide a rationale for a decision not to investigate under Adult Protection.

ii. Threshold of Adult in Need of Protection is not met

Where the threshold of “an adult in need of protection” is not met other alternative courses of action should be explored with the adult. At all times the least intrusive and most effective response should be made. This is a matter for professional judgement, taking account of the individual circumstances and the wishes and views of the adult and may include:

- ✓ Escalation to the service manager to address any issues about the quality of service provision;
- ✓ Referral to the RQIA for action as the regulator in respect of quality of care concerns or where concerns have been raised and there has been a lack of action by the service provider;
- ✓ Referral to a care manager/key worker for re-assessment and review of service user/carer’s needs, views and care plan, or where appropriate a mental capacity assessment;
- ✓ Action taken under complaints procedures;
- ✓ Action taken under HR/disciplinary procedures and referral to professional bodies, statutory regulatory bodies and/or the Disclosure and Barring Service where appropriate;
- ✓ Referral to an advocacy service;
- ✓ Referral to another service or agency;
- ✓ A risk management intervention in relation to self -neglect;
- ✓ A strategy to manage risks within a complex group living environment

and the management of challenging behaviour;
✓ No further action required; **or**
a combination of any of the above.

At every stage the adult's human rights must be considered, and evidence of the impact of any decision on those rights recorded. The adult's rights, needs, views and wishes, should be central to the protection intervention to ensure that they receive the support needed to achieve an agreed outcome.

A decision to discontinue the Adult Safeguarding process must be agreed by all relevant organisations and signed off by the DAPO. The reasons for closing the Adult Safeguarding process should be recorded and a copy sent to strategy meeting attendees. The adult at risk should have a copy of the decisions that takes into account issues of confidentiality and the need for protection of personally identifiable information.

iii. [The Threshold for an Adult in Need of Protection is Met](#)

If the threshold is met and it is determined that investigation is required then consideration should be given as to the most appropriate type of investigation. This may be either a single agency (HSC Trust or PSNI) or alternatively a Joint Protocol Investigation.

Where the threshold is met and the adult in need of protection has capacity to withhold consent for an adult protection investigation, the expressed wishes of the adult will be respected and the investigation will not proceed provided there are no other adults at risk or concerns which may constitute a relevant and reportable offence.

In such circumstances, practitioners must be confident that the adult at risk is making this decision without undue influence, threats and intimidation. If there are no other people at risk from the person causing the harm, there will be no further action under the procedures at this time. In this situation there should be a written record, confirming their decision not to proceed with an investigation.

The adult at risk should be given information about abuse and neglect, possible sources of help and support and who to contact if they should change their mind or the situation changes and they no longer feel able to protect themselves.

If protection concerns persist the strategy meeting must consider other types of intervention to be offered, including a risk management plan, care plan or Family Group Conference or legal powers available to intervene with the person(s) causing the harm. This must be shared and agreed in writing with the adult in need of protection.

11.13 Single Agency PSNI Investigation

Where a single agency PSNI investigation is considered to be the appropriate response, PSNI officers should refer to Police Service Procedures. During a single agency PSNI investigation the HSC Trust will ensure, where appropriate, any adult safeguarding or protection issues are addressed.

HSC Trusts will give full co-operation to police investigations and in such cases the DAPO must ensure appropriate risk and protection plans are in place to protect and safeguard the adult in need of protection.

The PSNI and HSC Trust should continue to liaise throughout the investigation in relation to any protection issues. The HSC DAPO will continue to hold strategy discussions throughout the PSNI single agency investigation to ensure that the protection plan is reviewed and those involved are updated on the progress of the PSNI investigation.

11.14 Joint Agency Investigations

Refer to Protocol for Joint Investigation of Adult Safeguarding Cases (2016).

In cases where an investigation is proceeding under the Protocol, clarity should be sought at the strategy meeting as to whether any element of a Trust protection investigation can commence (to include review of documentary evidence; meeting with adult in need of protection; meetings with witnesses; meetings with the person alleged to have caused the harm) in parallel with the PSNI investigation. Criminal investigations by the PSNI will take priority over all other investigations. Any internal investigation should not proceed without the knowledge and agreement of the

PSNI. This will ensure that the criminal investigation is not jeopardised or prejudiced by internal enquiries.

11.15 HSC Trust Single Agency Investigation

Where the decision is taken to continue with a single agency HSC Trust investigation under the protection procedures, the DAPO will be responsible for the management of the protection investigation, including the following::

- The appointment of a HSC Investigating Officer(s).
- Ensure the adult in need of protection is aware of the allegation of abuse;
- Ensure the wishes of the adult in need of protection are recorded;
- Agree methodology and terms of reference for the investigation. This should reflect agreed management of other possible forms of harm which may become apparent during the investigation.
- Is the response proportionate?
- Agree documentation to be reviewed.
- Consider needs of other adults at risk/children.
- Consider HR/other investigatory processes. If there are going to be a number of investigations, running alongside adult protection, the meeting or discussion will decide in what order the various investigations, assessments and enquiries should take place.
- Identify an indicative timeframe in which the investigation should take place. The investigation should begin as soon as possible after the strategy meeting or discussion without undue delay.
- Is there any medical evidence or record of the impact of the abuse?
- Has there been a disclosure? Is it signed and dated?
- Have the human rights of both the adult in need of protection and the person alleged to have caused the harm been considered?
- Is there any documentary evidence available? E.g. bank statements, accident reports.
- Has the adult in need of protection been contacted about the alleged abuse?
- Have the holistic 'best interests' of the adult in need of protection remained paramount in the decision making process?
- Have the wishes of the adult in need of protection been recorded?

- Has the adult in need of protection's capacity to consent been considered and is there any report regarding capacity where appropriate?
- Are there risks to other adult in need of protection or children? If so, agree a referral to the children's services and who will make the referral.
- Have appropriate regulatory and professional bodies been informed, e.g. RQIA, NISCC?
- Has consideration been given to notifying other relevant agencies, e.g. other departments, trusts, providers?
- If the alleged offender is an employee Human Resources should be consulted.
- Has consideration been given to ensuring appropriate supports are available for the adult in need of protection accounting for cognitive ability, comprehension and communication needs?
- Has consideration been given to appropriate supports for carers during the investigation?
- Identify any possible personal safety issues for the person who will conduct the investigation and plan to address these.
- Action that may lead to legal proceedings should take precedence over other proceedings and there should be discussion and co-ordination of those processes to avoid prejudicing such investigations.
- Agree how communication will be maintained during the investigation.
- Identify who will be the responsible person within each participating organisation for any agreed actions.
- If the situation indicates that the adult in need of protection is being subjected to domestic violence and the risks are high, agree a referral to MARAC. Designate the organisation and the person who will complete the DASH risk assessment and make the referral (NB The MARAC process does not replace the Adult Protection process, but adds benefit to any risk assessment).
- If the alert was made by a service user or a member of the public about abuse or neglect within an organisation, the organisation's complaints procedure may form part of the investigation and risk assessment. A decision will be made on a case-by-case basis as to whether the

complaints process is suspended pending the outcome of protection investigation.

- Agree the need for further strategy reviews during the investigation and agree dates.

12. Stage Three: Investigation/Assessment

12.0 Purpose of the Investigation

A single agency adult protection investigation is a professional assessment which analyses the risk of harm and serious harm, the impact of that harm on the adult in need and determines if this may have led to abuse. Such assessment requires experienced professional judgement to ensure outcomes are proportionate, necessary and lawful.

The purpose of the investigation is to:

- ✓ Establish the facts and contributing factors leading to the referral.
Determine and manage the level of risk to an adult in need of protection and or others and update the care and protection plan as required.

The investigation must:

- ✓ Be open to the possibility of the presence of other forms of harm.
- ✓ Reflect the wishes of the adult in need of protection
- ✓ Produce an investigation report.

12.1 The Investigating Officer Role

The Investigating Officer will:-

- ✓ Meet with the adult in need of protection and carer/relative separately where appropriate to establish the preliminary information.
- ✓ Investigate allegations and concerns when appointed by DAPO. The investigation should take the form of an assessment of risk and needs. This will inform the review and updating of the interim protection plan.
- ✓ Inform the adult in need of protection of expressed concerns and the adult protection investigation process. The investigation process should ensure that the wishes/choices of the adult are paramount.

- ✓ Inform the adult in need of protection of his/her rights to protection under law.
- ✓ Support the adult in need of protection through the assessment process.
- ✓ Keep the adult in need of protection, or their representative, informed and updated throughout the investigation process to ensure informed decision making.
- ✓ Consider whether there is a need to refer the person alleged to have caused the harm on for professional input and support.
- ✓ Commission medical or other specialist assessments, where appropriate.
- ✓ Inform and liaise with relevant professionals and significant others.
- ✓ Investigating officer may require other information, action and support from other disciplines, agencies and organisations to assist with and adult protection or criminal investigation.
- ✓ Make a clear record of the investigation process.
- ✓ Keep the DAPO informed of the investigation process and outcome of the assessment, risks and ongoing concerns.
- ✓ Provide an investigation report for a case conference/review. This report must include an analysis of the findings and a conclusion and recommendations.
- ✓ Keep personally identifiable information concerning the adult in need of protection, the person causing the harm and any third parties to a minimum.
- ✓ Ensure the implementation of any care and protection plan as agreed with the DAPO.

12.2 The Investigation Report

The investigation report must clearly set out the following:

- ✓ Context of the referral and detail of the alleged concerns;
- ✓ A pen picture of the adult in need of protection and his/her circumstances, including formal and informal networks of support.
- ✓ An assessment of the adult in need of protection's capacity to consent.
- ✓ Information about the person alleged to have caused the harm.
- ✓ A brief account of the methodology for the investigation.
- ✓ The investigation findings, including:

- a professional assessment of the impact of the harm on the adult in need of protection **AND**
- analysis of the evidence giving consideration of the impact of decisions on the person's rights and the need to balance competing rights as positively as possible
- ✓ The report must reach conclusions on the balance of probability, determining whether harm occurred.
- ✓ Make recommendations where appropriate.

12.3 Undertaking the Investigation

Timescales

The Investigating Officer will make contact with the adult in need of protection and begin the investigation immediately following receipt of the referral and an initial discussion with the DAPO. The investigation should be conducted without undue delay. The Investigating Officer must keep the DAPO informed of the progress of the investigation and any change to the investigation plan. If for any reason the investigation plan cannot be completed within the agreed timescales, a revised agreement about timescales and any necessary action(s) to be taken must be reached between the DAPO and other relevant organisations and clearly recorded.

The DAPO can take a professional decision to close the investigation process where additional information identified throughout the investigation demonstrates that there is no requirement to proceed with a protection investigation. The DAPO must communicate the rationale for closing the investigation in writing to the strategy planning group. Any disagreements should be recorded on the regional adult protection closure documentation.

12.4 If the Adult in Need of Protection Moves During the Adult Protection Process

The DAPO must:

- Contact and reach agreement with a senior manager or DAPO in the new host Trust about future action, roles and responsibilities.
- Send fully documented and relevant information and summaries as appropriate.

Other organisations that have been involved in the investigation must also be advised if the adult need of protection has moved to another area.

In some cases family, friends or carers may remove an adult from the UK before a full investigation can be carried out and protective measures put in place. If there is any indication that such a removal is being planned, legal advice must be sought urgently.

12.5 If the Person Alleged to Have Caused the Harm Moves During the Adult Protection Process

If the person allegedly causing the harm is an informal carer or member of the public, any information on a change of address or location should be shared with the PSNI. If the person allegedly causing the harm is a paid worker or a volunteer, the line manager should also follow appropriate Human Resources advice.

12.6 If a Referral or Complaint is Received After an Adult in Need of Protection Has Died

The referral or complaint may contain an allegation or suspicion that abuse or neglect could have been a contributory factor in the person's death. The allegation may be made by a family member or friend, a concerned member of staff who is 'whistleblowing', or as a result of a report from the Coroner. Such information should immediately be passed to the relevant DAPO who will consider whether a referral to the PSNI is required.

If the deceased was in receipt of services at the time of their death, such a referral will give rise to action under the regional Serious Adverse Incident (SAI) reporting procedures. As part of the SAI process, the HSC Trust will consider whether there are potential risks to other adults and, if necessary, will initiate a protection investigation to address these specific concerns.

12.7 Resolution of disagreements

Where there are disagreements at any stage in the process that cannot be resolved by discussions between those responsible for decision making, these should be escalated to senior managers within the HSC Trust and/or PSNI, who will make a determination. At all times participating agencies should avoid delay resulting from

inter-agency disagreement and ensure that the wellbeing of the person in need is prioritised.

13. Stage 4 Implementation / Protection planning

Following the completion of the final draft investigation report consideration must be given by the DAPO to the most appropriate method for sharing and agreeing the final outcomes of the investigation and the process for managing the next steps or recommendations with the adult in need of protection.

The forum for decision-making and managing any outstanding risks must be carefully considered and fully person-centred. It might involve, for example, a risk management meeting, a Family Group Conference, a family meeting held in the person's own home a case discussion or a case conference.

When the adult in need of protection lacks capacity, the DAPO must take the complexity of the case and interagency involvement into consideration when deciding on the most appropriate forum for sharing information and agreeing the protection plan.

13.1 Planning the Meeting

The case conference meeting should take place after the completion of the protection investigation. Some parallel investigations may not be completed, for example, a criminal prosecution or Human Resources process but this should not be considered grounds to delay the meeting. The DAPO should ensure that a suitable meeting is convened without undue delay. The DAPO will Chair and ensure arrangements are in place to have the meeting minuted. The Investigating Officer should submit their investigation report to the Chair of the case conference prior to the meeting. Copies will also be made available to all attendees. Representatives invited to and attending the meeting should have the delegated authority to agree to provide services to contribute to the reviewed protection plan if their organisation has a role to play.

13.2 Purpose of the Case Conference

The purpose of the case conference is to evaluate the available evidence and to determine an outcome based on balance of probability (see above).

The aim of this meeting is to:

- Consider the information contained in the investigating officer's report.
- Consider the evidence and, if the allegation of abuse/serious harm is substantiated, plan what action is indicated.
- Agree and plan further action(s) if required.
- Consider whether there are legal or statutory actions indicated.
- Make a decision about the levels of current risks to the adult in need of protection or others and a judgement about any likely future risks.
- Analyse and evaluate the findings of the investigation report and agree a consensus decision as to the conclusions reached; i.e. substantiated; unsubstantiated; partially substantiated; inconclusive. Record any disagreements/amendments within the minutes of the meeting.
- Agree an ongoing protection plan if required including how this will be reviewed and monitored.

These aims must be met irrespective of whether the meeting is a formal case conference or a meeting with the adult in need of protection within their family home.

13.3 Sharing the report

The content of the draft report and care and protection plan should be shared with the adult in need of protection and their family where appropriate prior to the case conference in order to ascertain their views on the findings and reflect these at the case conference.

A copy of the draft report should also be shared with the person who was alleged to have caused the harm and the relevant employer where the person is a member of staff. This provides an opportunity for a right to reply and the report may either be amended to reflect comments, correct inaccuracies, or to register disagreements. Any decision not to share this draft report must be recorded including the rationale for this decision.

When deciding to share the draft report, the DAPO should carefully consider any possibility of escalating risk to the adult in need of protection or others inclusive of

staff whistleblowing requirements. The rationale for all decisions must be recorded by the DAPO.

All parties, where appropriate, have a right to a copy of the **final** written investigation report except where to do so would place the adult in need of protection or others at greater risk of harm. The adult in need of protection and provider organisations should be advised of the confidential nature of the report.

13.4 Outcomes of the Case Conference

The meeting must reach a decision, based on the balance of probabilities, as to whether the harm occurred. The meeting must agree whether there is a need for an ongoing protection plan with associated roles and responsibilities for implementation. It must agree any recommendations that should be taken forward. The meeting must make a decision as to whether the case should be closed under Adult Protection Procedures.

The protection plan will focus on the adult in need of protection. Actions arising in relation to the person causing the harm should be taken forward by the keyworker under normal care planning arrangements.

Possible recommendations of the case conference may include the following:

- The case conference should consider requirements to refer to other regulatory or professional bodies.
- Consider any systemic, contractual or practice issues that must be referred to the relevant organisation for action.
- Consider the need for further or additional information to be shared with Human Resources.

13.5 Minutes

The minutes record the decisions of the meeting and evidence how these decisions were made. The minutes will be shared with those present and those contributing to the protection plan. The protection plan will be attached to the minutes of the meeting.

Where the adult in need of protection has not been in attendance at the meeting the outcome should be shared with them as soon as possible and the protection plan discussed and agreed. If the person does not have capacity, a decision should be made in their best interests and shared appropriately.

Where there is information that cannot be shared outside the case conference meeting, it should be redacted from versions of documents sent out. It is imperative that Data Protection Act 1998 principles are adhered to. Whether or not minutes of the meeting are shared with the adult in need of protection, the DAPO will decide the best person to feed back to them on the outcome of the meeting. This should take place as soon as possible afterwards. The adult in need of protection should be enabled to raise any issues they may have about the decisions taken and the protection plan that has been developed/agreed.

13.6 Feedback to the Person Alleged to Have Caused the Harm

A decision must be made in the meeting about what feedback should be provided to the person alleged to have caused harm and the organisation that employs that person (if relevant), as well as who should provide it. Due consideration must be given to any potential risk this might pose to the adult in need of protection. The rationale for any decision not to feedback to the person alleged to have caused the harm must be clearly recorded and agreed by the case conference. If the person alleged to have caused the harm does not have mental capacity (and is also an adult at risk), feedback will be given to the person acting in their best interests.

14. Stage Five: Monitoring/Review of the Protection plan

14.1 Purpose of the Review

The purpose of the review is to ensure that the actions agreed in the protection plan have been implemented and to decide whether further action is needed. Additional concerns of abuse or neglect would be considered as a new alert/referral.

The review should

- Review the risk assessment
- Decide about ongoing responsibility for the protection plan

- Decide, in consultation with the adult need of protection or their personal representative, what changes, if any, need to be made to the protection plan to decrease or manage the level of risk
- Decide whether there is need for a further review and, if so, set a date
- Decide whether to close the Adult Protection Plan.

14.2 Recording and Feedback

- Record any decisions, agreed actions and those responsible for contributing to the implementation of the protection plan.
- Ensure that all involved in the review of the protection plan have a copy of the review notes, including the adult in need of protection or their personal representative (with the permission of the adult in need of protection and where it is safe and appropriate to do so).
- Reach agreement about feedback arrangements, in accordance with the adult in need of protections best interests, if they do not have mental capacity and do not attend the review. This feedback should be provided as soon as possible after the review meeting.

15. Stage Six: Closing the Adult Protection Process

The Adult Protection process may be closed at any stage if it is agreed that further investigation is not needed or if the investigation has been completed and a protection plan is agreed and put in place. In most cases a decision to close the Adult Protection process is taken at the case conference or case conference review where the protection plan is reviewed.

The DAPO must reach agreement to close the process with all organisations that have been involved in the investigation and protection plan. Where there is disagreement this should be escalated to the senior managers within the relevant organisations for resolution. The closing process must be signed off by the DAPO and/or a Senior Manager in the case of a serious/complex Adult Protection situation.

15.1 Actions on Closing

The DAPO should ensure that, on conclusion of the process:

- All necessary and agreed actions are completed or are in progress.

- Case records contain all relevant information and forms are satisfactorily completed.
- The person in need of protection knows that the process is concluded and where/who to contact if they have any future concerns about abuse.
- Responsibility for the review of the protection plan transfers to the operational team.
- All those involved with the person are informed about the closure and know how to re-refer if there are renewed or additional concerns.
- Referral is made to appropriate professional and regulatory bodies and/or notifiable occupation schemes where necessary.
- The referrer is notified of completion.
- The necessary monitoring forms and all data monitoring systems are completed.

16. Investigation of Large Scale, Organised or Multiple Abuse Cases

A large-scale adult protection investigation is likely to involve a range of organisations and potentially a number of individual adult protection interventions. Organised or multiple abuse is defined as abuse involving one or more abusers and a number of related or non-related adults at risk. The person alleged to have caused the abuse may be acting with others to abuse adults at risk, may be acting in isolation, or may be using an institutional framework or position of authority to access adults at risk of abuse.

Such abuse occurs both as part of a network of abuse across a family or community and within institutions such as residential or nursing homes, supported living facilities, day support settings and in other provisions such as voluntary or community groups. There may also be cases of adults at risk being abused through the use of the internet. Such abuse is profoundly traumatic for the adults at risk who become involved; its investigation is time-consuming and demanding work which requires specialist skills from PSNI and HSC Trust staff.

Each investigation of organised or multiple abuse will be different, according to the

characteristics of each situation and the scale and complexity of the investigation. Some investigations become extremely complex because of the number of people or places involved and the timescale over which the abuse is alleged to have occurred. However, every investigation will require careful and thorough planning, effective inter-agency working and attention to the needs of the adult(s) in need of protection and the adult(s) at risk involved.

On receipt of information which may indicate organised or multiple abuses, the HSC Trust Gateway Service DAPO must immediately consider whether a report to the PSNI is appropriate, initiate a joint strategy meeting and, **if it is considered necessary**, establish a Strategy Management Group (SMG) to oversee the process of investigation. Core members of an SMG are:

- PSNI;
- HSC Trust DAPO;
- a senior manager from the relevant HSC Trust adult Programme of Care; and
- RQIA (where the allegation relates to a regulated service).

Appropriate legal advice will be necessary and should be sought through PSNI and HSC Trust legal advisers.

16.1 Functions of the Strategic Management Group

The SMG will:

- Establish the principles and practice of the investigation and ensure regular review of progress against that plan;
- Prioritise and allocate expedient resources to establish an Investigative Team within their respective agencies;
- Ensure co-ordination between the key agencies and the Investigative Team within the HSC Trusts and PSNI. This includes resolving any interagency operational interface challenges between various established processes;
- Ensure decisions of the strategy planning group are actioned in a timely manner;

- Act in a consultative capacity to those professionals who are involved in the investigation;
- Draw up a media strategy to respond to public interest issues and agree who will take responsibility for responding to media enquiries;
- Have oversight of the agreed communication strategy/liaison with adults in need of protection/families and carers involved in the investigation;
- At the conclusion of the investigation, discuss salient features of the investigation with a view to making recommendations for improvements either in policy or in practice;
- The closing process must be signed off by the SMG in the case of a serious/complex Adult Protection situation.

16.2 Working Across Trust Boundaries

It should be recognised that there may be an increased risk to the adult in need of protection whose care arrangements are complicated by cross boundary considerations. These situations may arise in residential, nursing or hospital placements where funding or commissioning responsibility lies with one HSC Trust (Placing), but the concerns about potential harm or exploitation subsequently arise in another Trust area (Host).

The scenarios most likely to arise in cross boundary adult protection investigations are:

Scenario A: where allegations relate to one individual only, in which case the responsible Placing HSC Trust undertakes the investigation and informs the Host HSC Trust of the concerns and outcomes for information and any necessary relevant contractual actions.

Scenario B: If, during the course of the investigation, there are emerging concerns about systemic practice potentially leading to harm for other residents, the Placing Trust must notify the Host Trust. The Host Trust must assume responsibility by convening a strategy meeting with a view to extending the investigation.

Scenario C: If an incident arises within an acute hospital it is the responsibility of the DAPO within that acute setting to respond by taking any necessary immediate actions and referring to the Trust of residence as appropriate. If the disclosure

relates to an incident prior to admission, the DAPO will link with the resident Trust to respond as appropriate.

16.3 Responsibilities of the Host Trust

The Host Trust will always take the initial lead on responding to a referral. This will include taking any necessary immediate action to protect the adult/s in need of protection, and where appropriate, making initial contact with the PSNI. Where there are concerns regarding more than one adult in need of protection the HSC Trust where the harm occurs will have overall responsibility for co-ordinating the adult protection investigation.

In all cases, it is vital that, when a referral is received, there is open communication between Host and Placing Trusts to ensure that:-

- Any immediate risks are identified and acted upon;
- There is a single, timely response to the referrer;
- Strategy discussions to co-ordinate the investigation are commenced without delay; and
- The individual's on-going case management needs are addressed.

The Host Trust will also co-ordinate initial information gathering, including systems checks to determine services that have been or are involved and ensures prompt notification to any other relevant agencies.

It is the responsibility of the Host Trust to identify all adults at risk within a regulated facility or service who may have been victims of the person alleged to have caused the abuse and to notify the Placing Trusts, or where the adult at risk's usual place of residence is outside Northern Ireland, the relevant Local Authority in Great Britain or the Health Service Executive in the Republic of Ireland. This includes those adults at risk not known to any HSC Trust.

In those instances where Joint Protocol/ABE social work interviewers are required these will be provided by the Placing Trust or by agreement with the Host Trust.

16.4 Responsibilities of the Placing Trust

- Attend any Strategy Meeting(s).
- Identify the Investigating Officer who will be part of the wider investigation team.
- Provide any necessary support and information to the Host Trust in order for a prompt and thorough investigation to take place.
- Exercise a continuing duty of care to the adult at risk/in need of protection.
- Inform families of investigation and ensure ongoing communication as agreed throughout.
- Devise and implement an Individual Protection plan.
- Act on the case conference recommendations.

Appendices

Appendix 1

References

Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, the use of special measures and the provision of pre-trial therapy.

Department of Justice (2012)

Adult Safeguarding: Prevention and Protection in Partnership

Department of Health Social Services and Public Safety and Department of Justice (2015)

Northern Ireland Adult Safeguarding Partnership Training Framework

NIASP (2016)

Stopping Domestic and Sexual Violence and Abuse in Northern Ireland: A Seven Year Strategy

Department of Health and Department of Justice (2016)

Protocol for Joint Investigation of Adult Safeguarding Cases

NIASP (2016)

Glossary of Terms

Abuse is ‘a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights’. Abuse is the misuse of power and control that one person has over another. It can involve direct and indirect contact and can include online abuse.

ABE (Achieving Best Evidence) Interviewer – The Specialist Achieving Best Evidence Interviewer must be a professionally qualified Social Worker. The Specialist Interviewer will be responsible for planning and conducting interviews with service users who may have been the victim of a crime. These interviews will be undertaken jointly with the PSNI and in accordance with the guidance laid out in “Protocol for Joint Investigation of Adult Safeguarding cases” and “Achieving Best Evidence in Criminal Proceedings.”

Adult Protection Gateway Service – is the central referral point within the HSC Trust for all concerns about an adult who is, or may be, at risk.

Adult Safeguarding - encompasses both activity which **prevents** harm from occurring in the first place and activity which **protects** adults at risk where harm has occurred or is likely to occur without intervention.

Adult at risk of harm – A person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- i) **personal characteristics** (*may include but are not limited to age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain*);
and/or
- ii) **life circumstances** (*may include, but are not limited to, isolation, socio-economic factors and environmental living conditions*).

Adult in need of protection - An adult at risk of harm (above):

- i) who is **unable to protect** their own well-being, property, assets, rights or other interests;
- and**
- ii) where the **action or inaction of another person or persons** is causing, or is likely to cause, him/her to be harmed.

ASC (Adult Safeguarding Champion) - The ASC should be within a senior position within the organisation and should be suitably skilled and experienced to carry out the role. The ASC provides strategic and operational leadership and oversight in relation to adult safeguarding for an organisation or group and is responsible for implementing its adult safeguarding policy statement. The ASC is also the main point of contact with HSC Trusts and the PSNI for all adult safeguarding matters.

Case Conference - The purpose of the case conference is to evaluate the available evidence and to determine an outcome based on balance of probability.

CRU (Central Referral Unit) – The central point of referral to PSNI in relation to adult protection is based in Belfast.

CJINI (Criminal Justice Inspection Northern Ireland) - an independent legal inspectorate with responsibility for inspecting all aspects of the criminal justice system in Northern Ireland apart from the judiciary. It also inspects a number of other agencies and organisations that link into the criminal justice system.

Domestic Abuse - Domestic violence and abuse is threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation. Domestic violence and abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography.

Designated Adult Protection Officer (DAPO) – the person responsible for the management of each referral received by a HSC Trust. DAPOs will be in place both within the Adult Protection Gateway Service and within core service teams. The DAPO will provide formal/informal support and debriefing to the Investigating Officer/ABE interviewer; analyse the adult safeguarding data within their service area and contribute to the governance arrangements as appropriate; and ensure that the connections are made with related interagency mechanisms.

DBS (Disclosure and Barring Service) - helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Exploitation - the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity . It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

FGC (Family Group Conferencing) - A family group conference is a process led by family members to plan and make decisions for a person who is at risk. People are normally involved in their own family group conference, although often with support from an advocate. It is a voluntary process and families cannot be forced to have a family group conference.

Hate Crime - hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

Harm - the impact on the victim of abuse, exploitation or neglect. It is the result of any action whether by commission or omission, deliberate, or as the result of a lack of knowledge or awareness which may result in the impairment of physical, intellectual, emotional, or mental health or well-being.

Investigation Officer (IO) - is a HSC Trust professionally qualified practitioner. Their role is to establish matters of fact, how best to protect the adult in need of protection and/or others, to explore alternatives available and to provide advice and support. The Investigating Officer alongside relevant professionals will be responsible for direct contact with the adult in need of protection, their carers and relevant others.

The Protocol – (Protocol for Joint Investigation of Adult Safeguarding Cases) - the Protocol sets out a framework for joint working in a complex area of practice and emphasises the need to involve all other relevant agencies in information sharing, early assessment and the planning process. The overall aim of the Protocol is to prevent abuse by promoting a multi-agency approach to the protection of vulnerable adults, and to ensure that they receive equitable access to justice in a way that promotes their rights and well-being.

LASP (Local Adult Safeguarding Partnerships) - the five local multi-agency, multi-disciplinary partnerships located within their respective HSC Trusts.

MARAC (Multi Agency risk Assessment Conference) - it is a forum for local agencies to meet with the aim of sharing information about the highest risk cases of domestic violence and abuse and to agree a safety plan around victims.

Modern Slavery - human trafficking involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

NIASP (Northern Ireland Adult Safeguarding Partnership) – the regional multi-agency, multi-disciplinary partnership that brings together representatives from organisations and communities of interest who have a significant contribution to make to adult safeguarding.

NISCC (Northern Ireland Social Care Council) – is the independent regulatory body for the NISC workforce, established to increase public protection by improving and regulating standards of training and practice for social care workers.

NMC (Nursing and Midwifery Council) – is the independent regulator for nurses and midwives in England, Wales, Scotland and Northern Ireland. NMC sets standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.

Protection Plan – a plan agreed with the adult at risk (or the person representing them or their best interests) detailing the actions to be taken, with timescales and responsibilities, to support and protect the person from harm.

Registered Intermediary - RIs have a range of responsibilities intended to help adult witnesses who are in need of protection, defendants and criminal justice practitioners at every stage of the criminal process, from investigation to trial.

RQIA (Regulation and Quality Improvement Authority) - Northern Ireland's independent health and social care regulator, responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

SAI (Serious Adverse Incident) - an adverse incident is an event which causes, or has the potential to cause, unexpected or unwanted effects that will involve the safety of patients, staff, users and other people.

Serious Harm – is a professional decision considering the impact, extent, degree, duration and frequency of harm; the perception of the person and their preferred outcome.

Single Agency Investigation – a single agency adult protection investigation is a **professional assessment** which analyses the risk of harm and serious harm, the impact of that harm on the adult in need and determines if this may have led to abuse. Such assessment requires experienced professional judgement to ensure outcomes are proportionate, necessary and lawful.

Special Measures - the measures specified in the Criminal Evidence (NI) Order 1999, as amended, which may be ordered in respect of some or all categories of eligible witnesses by means of a special measures direction. The special measures are the use of screens; the giving of evidence by live link; the giving of evidence in private; the removal of wigs and gowns; the showing of video recorded evidence in chief, and aids to communication.

SMG (Strategic Management Group) – has responsibility to oversee the process of investigation. Core representatives of SMG are: PSNI; HSC Trust nominated Adult protection Gateway DAPO; a senior manager from the relevant adult programme of care; and RQIA (where the allegation relates to a regulated service).

Strategy Meeting - In complex situations the strategy discussion is normally a meeting of key people to decide the process to be followed after considering the initial available facts.

HSC Trust Adult Safeguarding Contact Details

HSC Trust	Adult Safeguarding Number
Belfast	028 9504 1744
Northern	028 2563 5512
Western	028 7161 1366
South Eastern	028 9250 1227
Southern	028 3741 2015/2354

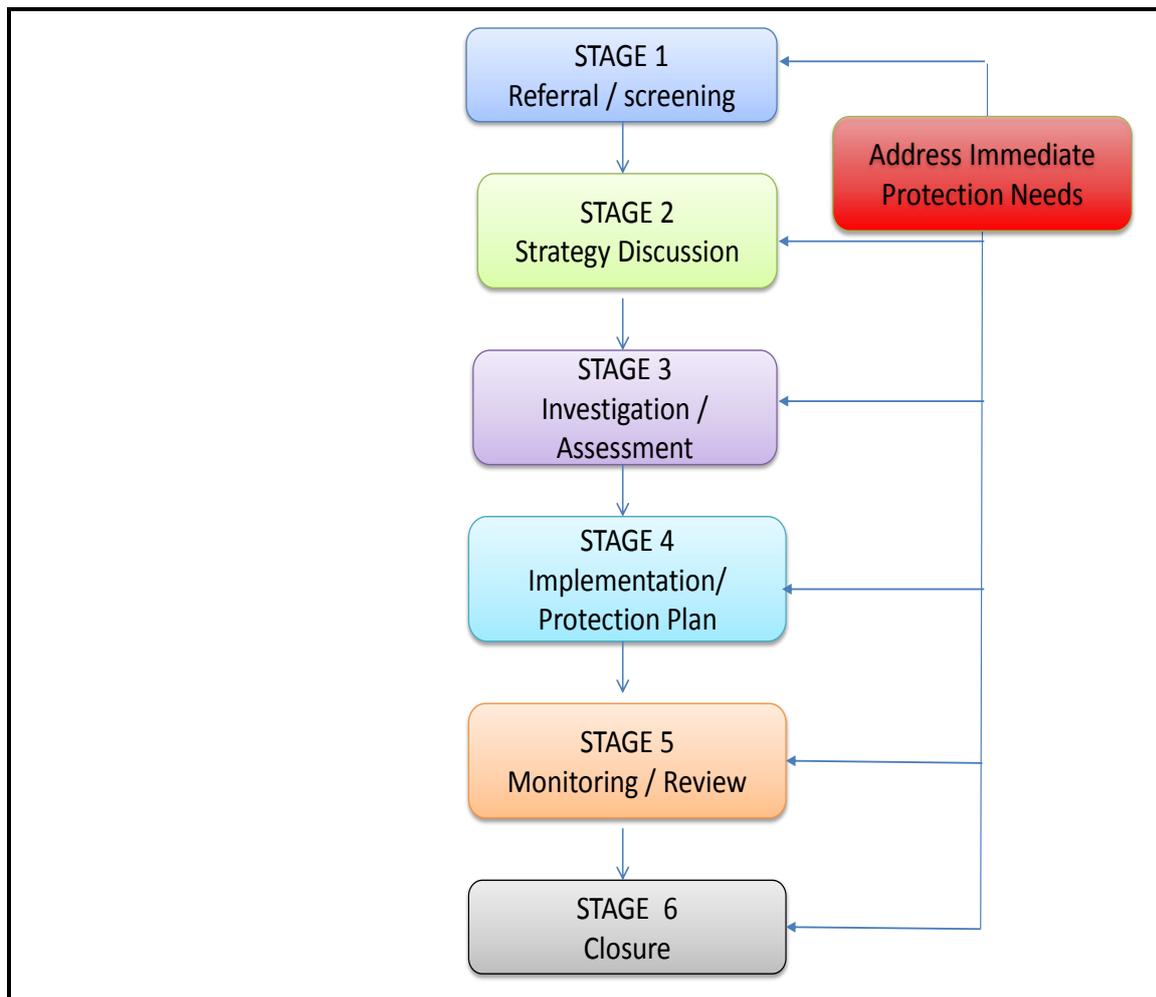
Regional Emergency Social Work Service (RESWS)

Tel: 028 9504 9999 (Mon-Fri 5pm-9am; Saturday & Sunday)

HSC Trust Child Protection Contact Details

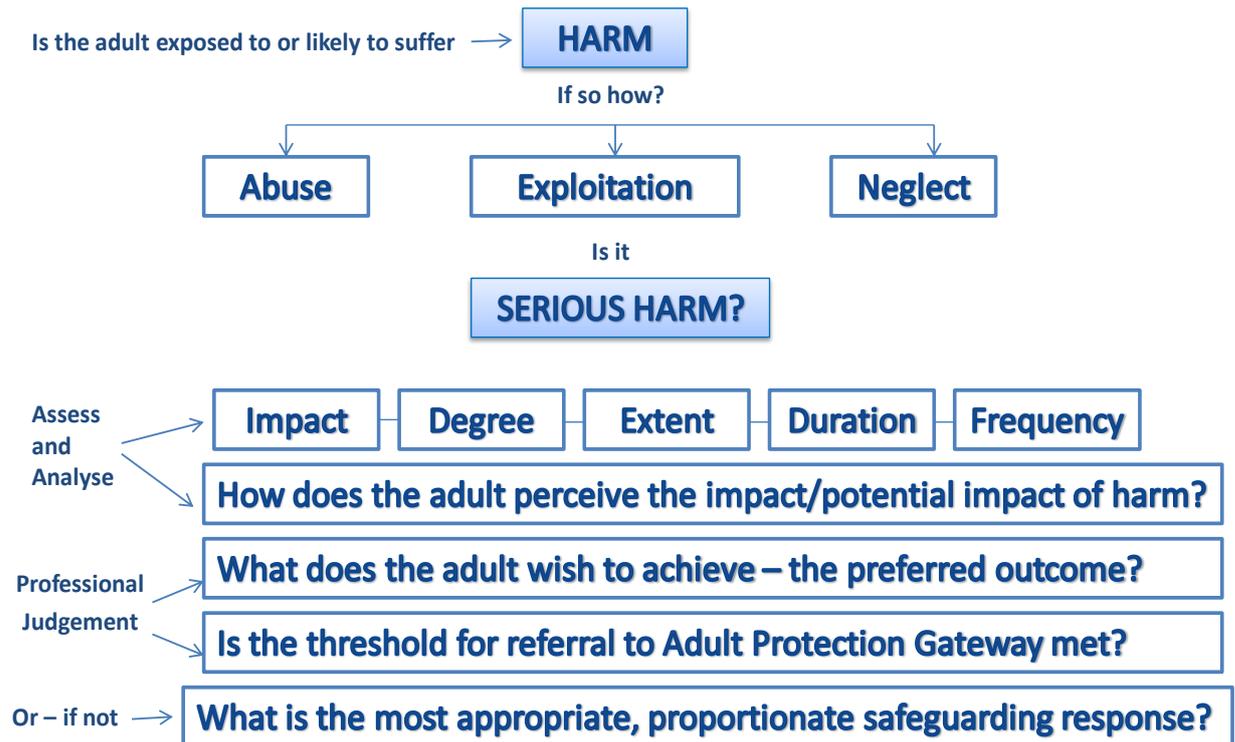
HSC Trust	Child Protection Gateway Number
Belfast	028 9050 7000
Northern	0300 1234 333
Western	028 7131 4090
South Eastern	0300 1000 300
Southern	0800 7837 745

Six Stages of Adult Protection Process



Factors for Consideration in Determining whether Harm has become Serious

Harm



Possible Outcomes

Possible Outcomes for the adult in need of protection	
Protection Plan	Actions
Increased monitoring	Referral to advocacy service
Removal from property	Referral to counselling services
Application to the Office of Care and Protection	Assessment/support/advice/services
Application to change Appointeeship	Referral to MARAC
Referral under the “Family Homes and Domestic Violence (Northern Ireland) Order 1998” re use of non-molestation or Occupancy Order	Seek legal advice regarding use of “The Mental Health (Northern Ireland) Order 1986” Guardianship; or application to the High Court for a Declaration of Best Interests
Review of Self-directed Support/Direct Payments	

Possible outcomes for the person alleged to have caused the harm	
Protection Plan	Actions
Referral under Joint Protocol Procedures	Assessment/support, advice, services
Removal from property	Continued monitoring
Management of access to adult in need of protection	Counselling/training
Action by RQIA	Disciplinary action
Action by contract compliance	Referral to a regulatory/Professional body/ISA
	Referral to court-mandated treatment
	Referral to PPANI
	Action under "The Mental Health (Northern Ireland) Order 1986"

HSC Trust Risk Assessment

When any risk of harm is identified, a risk assessment must be undertaken to establish the degree of risk of harm to that individual and to others. It is the responsibility of suitably qualified statutory HSC professionals to undertake such risk assessments once a concern has been raised. In certain circumstances HSC Trusts may ask another organisation to conduct risk assessments on its behalf. The decision regarding the most appropriate professional to undertake the assessment will be determined by the nature of the need/risk identified, for example where the concern relates to pressure ulcers the most appropriate professional to assess and respond is likely to be from nursing and/or tissue viability.

HSC professionals are required to put the individual's needs and wishes at the heart of the risk assessment process, and to use their expert skills and professional judgement so that the most appropriate and preferred course of action or outcome is found for each individual.

Assessment is a process which focuses on the individual and their circumstances at the time, recognising that needs and risks can change over time. Assessment will analyse and be sensitive to the changing levels of need and risk faced by an individual. It may require specialist assessments or expert opinion to inform the evidence gathering. All information should be analysed to determine the nature and level of risk. The assessment will inform a proportionate response based on the views and wishes and the preferred outcomes of the individual.

In gathering information to inform the assessment, professionals should be aware that this may also be required as part of a criminal investigation. Therefore it is critical to ensure that any potential evidence that may be later required by the PSNI is not compromised.

In making professional judgements, due regard should be given to the capacity of the adult to make informed choices, free from duress, pressure or undue influence and their capacity to make decisions to protect themselves from harm. All adults, including those at risk will always be assumed to have capacity to make decisions unless it has been determined otherwise and, ideally, a referral to the HSC Trust

should be made with the adult's agreement and full participation. However, there may be circumstances in which the person concerned about an adult at risk may not be best placed to seek their consent to a referral being made, or the adult at risk is clearly stating that they do not want a referral to be made. Whilst the wishes of the adult should always be the paramount consideration, it is important to remember that there will be circumstances when other factors may be overriding, for example, where undue influence or coercion is suspected to have influenced the adult's decision or other people may be at risk. The inability to obtain an adult's consent in these circumstances should not prevent or delay concerns about that adult being reported to adult protection services. A balance must also be struck between an individual's human rights and the need to intervene to protect them from harming themselves or others.

The analysis of risk will be central to decisions about future intervention. Any safeguarding intervention is not about being risk averse, nor simply about eliminating risk; adult safeguarding is about empowering and supporting people to make decisions that balance acceptable levels of risk in their lives. This may mean that individuals choose to live with risks or to take risks. The exercise of professional judgement in determining the level of risk of harm and whether a referral for an adult protection intervention is required is critical.

Where professionals have contact with an adult at risk they may have opportunities to identify risk of harm. Within the HSC sector this may be for example a GP, District Nurse, Social Worker or another Allied Health Professional, or may be within acute or hospital settings. Professionals must be alert to signs of harm and having carried out a professional assessment they should escalate their concerns to the Adult Protection Gateway Service with the local HSC Trust.

Consideration must also be given to the vulnerability of the person who is alleged to have caused harm. It is possible that a risk assessment may also be required for the person who is alleged to have caused harm.

Adult Protection Regional Documentation



APP1 FORM

REGIONAL ADULT PROTECTION PROCEDURES
APP1(a) REFERRAL / SCREENING INFORMATION

For completion by HSC staff and contracted providers

PLEASE ENSURE SECTIONS 1 & 2 ARE FULLY COMPLETED BEFORE REFERRAL TO TRUST DAPO

Name: <input style="width: 100%;" type="text"/>	Date of Birth: <input style="width: 100%;" type="text"/> <i>(if not known, please give approximate age)</i>	Date of Referral: <input style="width: 100%;" type="text"/>
Address: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Postcode: <input style="width: 100%;" type="text"/>	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Service/Client Group: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
Telephone No: <input style="width: 100%;" type="text"/>	Is the person known to the Trust? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reference No: <input style="width: 100%;" type="text"/>

SECTION ONE

Section 1 – completed by Referrer

Source Of Referral			
<input type="checkbox"/> Carer	<input type="checkbox"/> Other Trust	<input type="checkbox"/> RQIA	<input type="checkbox"/> Regulated Care Home
<input type="checkbox"/> GP	<input type="checkbox"/> Other Health Professional	<input type="checkbox"/> Adult Mental Health Unit	<input type="checkbox"/> Other Regulated Facility <i>Specify</i>
<input type="checkbox"/> Hospital Staff	<input type="checkbox"/> Anonymous	<input type="checkbox"/> Self	<input type="checkbox"/> Learning Disability Hospital
<input type="checkbox"/> PSNI	<input type="checkbox"/> Social Worker	<input type="checkbox"/> MARAC	<input type="checkbox"/> Other <i>Specify</i> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
<input type="checkbox"/> DHSS	<input type="checkbox"/> Care Manager/Care or Homecare Worker	<input type="checkbox"/> Adult Safeguarding Champion	
<input type="checkbox"/> Vol. Organisation	<input type="checkbox"/> Housing Association	<input type="checkbox"/> Acute General Hospital	

Details Of Referrer <i>(the person who brings the concerns to the attention of your agency)</i>	
Name: <input style="width: 100%;" type="text"/>	Relationship to adult at risk of harm: <input style="width: 100%;" type="text"/>
Job title and agency: <input style="width: 100%;" type="text"/>	Contact number: <input style="width: 100%;" type="text"/>
Who Was The First Person To Note Concern	
Name: <input style="width: 100%;" type="text"/>	Relationship to adult at risk of harm: <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	Contact number: <input style="width: 100%;" type="text"/>



APP1 FORM

Key Contacts			
	Name	Address	Contact number:
Key Worker			
Care Manager			
G.P			
Family/Carer			
Significant other			
Other			

What Is The Main Form Of Suspected, Admitted Or Known Abuse?

<input type="checkbox"/> Physical	<input type="checkbox"/> Sexual	<input type="checkbox"/> Institutional Abuse	<input type="checkbox"/> Human Trafficking
<input type="checkbox"/> Financial	<input type="checkbox"/> Neglect	<input type="checkbox"/> Psychological	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Exploitation		

Incident Report

Background Information: *(To include factors precipitating referral, home circumstances, support available, including issues of capacity)*

Incident Report – Location / Date / Time of Incident *(Please give exact details of what has been reported and if appropriate include names of any witnesses and note injuries on the attached body chart)*

Details Of Any Witnesses

Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
Contact No: <input type="text"/>	Contact No: <input type="text"/>



Describe The Impact Of The Incident On the Adult At Risk of Harm

The Adult At Risk of Harm Usual Living Arrangements

Does the adult at risk of harm live alone? Yes No

Does the person who is suspected to have caused harm live with the adult at risk of harm? Yes No

Is the adult at risk of harm present location different from home address? Yes No *If Yes give present location*

Have You Taken Any Action Due To Emergency Situation To Avoid Immediate Serious Risk?

Was immediate protection needed for adult at risk of harm? Yes No
If Yes give details:

Are there any children or other adults at risk? Yes No
If Yes give details:

Was immediate protection required? Yes No
If Yes give details:

Adult At Risk of Harm's Knowledge Of Referral

Does the adult at risk of harm know that a referral may be made? Yes No

Is the adult at risk of harm able to give informed consent? Yes No N/K

Has the adult at risk of harm consented to a referral? Yes No



Details of Person/Persons Suspected of Causing Harm		
Name:	<input type="text"/>	Date of Birth: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F
Address:		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
Does the person/persons suspected of causing harm know that an allegation has been made against them? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/K		
Is the person/persons suspected of causing harm known to the adult at risk of harm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/K		
<i>If yes please specify below:</i>		
<input type="checkbox"/> Family member	<input type="checkbox"/> Another service user	<input type="checkbox"/> Paid carer <input type="checkbox"/> Trust employee
<input type="checkbox"/> Other (specify)		

Any Additional Information Relevant To The Referral <i>(Please note the views of others you have consulted and note any difference of opinion)</i>
<input type="text"/>

Signature: <input type="text"/>	Date: <input type="text"/>
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SECTION TWO

Completed by Appointed Person

Have 'Alerts' been checked to establish if previous APP1s are recorded? Yes No N/K

Have previous APP1 alerts been recorded? Yes No N/K

If yes give summary of previous APP1s

Actions Agreed By Appointed Other

Further information required prior to a decision being made and
If yes, What information is required and who will action Yes No

Answer EITHER

(a. HSC Trust Line managers)

Consultation with core team DAPO re adult at risk of harm Yes No

OR

(a. Adult Safeguarding Champion managers)

Consultation with key worker if known / or Adult Protection Gateway service re adult at risk of harm Yes No

Referral of Adult in need of protection to Trust Adult Protection Gateway Services Yes No

No further action under Adult Protection Procedures Yes No

Is there a need to refer to or notify?

Professional Community Assessment Quality Assurance Team Care Management

Contracts Human Resources Adverse incident reporting RQIA PSNI

Is there a need to consider any immediate Human Rights issues? Yes No

(Please refer to drop down of Convention Human Rights or manual form)

Details of Decision Making

This should prioritise issues of Risk/ Harm/ Possible Criminal Offence

Signature: <input type="text"/>	Date: <input type="text"/>
---------------------------------	----------------------------



<i>Details of Decision Making</i>	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Is immediate action required to protect the adult in need of protection?	
Urgent medical attention required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional care resources or staff required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection or respite admission required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other action required	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Details of decision making:</i>	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Is there a possible criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/K	
Is there a need to preserve possible forensic evidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a need for immediate report to the PSNI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Joint Agency Consultation required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending more information
<i>If Yes, please complete AJP1</i>	
<hr/>	
Outcome of Report to PSNI / Joint Agency Consultation: <i>(Lead agency to record all decisions on AJP documentation)</i>	
PSNI lead Investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust Lead Investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint Protocol Investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No
PIA required	<input type="checkbox"/> Yes <input type="checkbox"/> No
ABE interview required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/K

**APP1 FORM**

Are the criteria met for Not-Reporting to PSNI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If criteria are met for Not-Reporting complete section below:	
In making the decision NOT to report to the PSNI please ensure that all criteria have been met. (<u>ALL</u> boxes must be ticked):	
<input type="checkbox"/> The victim has capacity to make an informed decision and does not want to make a complaint to PSNI / or the victim does not have sufficient capacity and the next of kin does not wish to make a complaint on their behalf <i>(Refer to Joint Protocol Appendix 7 Consent/Capacity/Human Rights)</i>	
<i>and</i>	
<input type="checkbox"/> The Trust is not required by law to make a referral to PSNI If the incident does not meet the threshold of relevant offence under section 5 of the Criminal Law Act (NI) 1967 <i>(Refer to Joint Protocol Appendix 2 Definition of Relevant Offence)</i>	
<i>and</i>	
<input type="checkbox"/> It is a minor incident A comprehensive assessment of all the factors must be taken into consideration <i>(Refer to Joint Protocol Appendix 8 Factors to be considered in the assessment of the seriousness of Harm and Risk of Harm)</i>	
<i>and</i>	
<input type="checkbox"/> The situation is being managed through an Adult Protection process and/or there are other protective measures in place	
Are there any Human Rights issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(Please refer to drop down of Convention Human Rights or manual form)</i>	
Do the RQIA need to be informed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/K
<i>If yes:-</i>	
Name of Inspector: <input type="text"/>	Date: <input type="text"/>
Does the Trust need legal advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/K
Date of Contact: <input type="text"/>	



APP1 FORM

Are there any other potential DAPOs to be consulted? Yes No N/K
If Yes give details:

Details Of DAPOS:

Name:	<input type="text"/>	Name:	<input type="text"/>	Name:	<input type="text"/>
Trust:	<input type="text"/>	Trust	<input type="text"/>	Trust:	<input type="text"/>
Service Area:	<input type="text"/>	Service Area :	<input type="text"/>	Service Area:	<input type="text"/>
Contact No:	<input type="text"/>	Contact No:	<input type="text"/>	Contact No:	<input type="text"/>

Has a discussion taken place? Yes No

If Yes record any joint working and feedback arrangements agreed between Managers/DAPOs (NB: This is critical when there is more than one Service area or one Trust involved).
Details of discussion:

Signature of DAPO: <input type="text"/>	Date: <input type="text"/>
---	----------------------------



Trust Adult Protection Investigation Commenced		Date:
Referral allocated to: <input type="text"/>		
DAPO: <input type="text"/>	Contact No: <input type="text"/>	
Investigating Officer: <input type="text"/>	Contact No: <input type="text"/>	
Allocated By: <input type="text"/>	Date: <input type="text"/>	

SOSCARE ADMIN BOX: SCREENING DECISION	DO DECISION AS PER CODES
MULTIPLE INCIDENT	
NO OF CLIENTS INVOLVED	
ALLEGED ABUSE	
STAFF INVOLVED	
ADULT PROTECTION PLAN INITIATED	
DATE AP PLAN INITIATED	
LEGAL STATUS OF CLIENT	
DATE OF JOINT AGENCY CONSULTATION	
OUTCOME OF JA CONSULTATION	
DATE SCREENING COMPLETED	
REASON SCREENING COMPLETED	



ADULT PROTECTION PROCEDURES

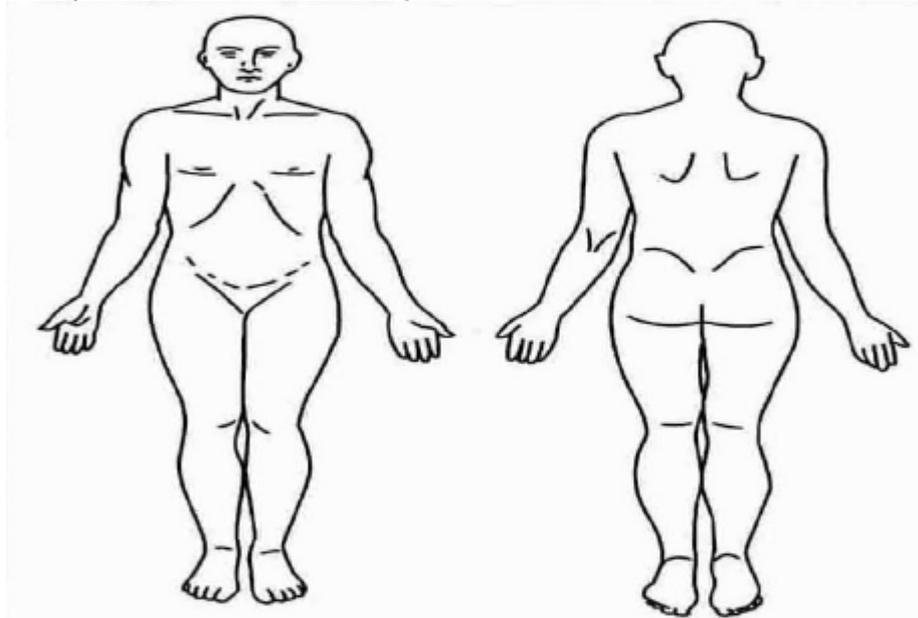
REFERRAL FORM – BODY MAP

Name: _____ Date of birth: _____

Health & Social Care Number (if known) _____

APP1(a) Body Map is to be used in conjunction with the APP1Referral form by practitioners to record the location, size and number of injuries which may have been caused as a result of abuse or inappropriate care. Where used, the completed APP1(a) Body Map should be submitted with the APP1 Referral form.

Please mark with numbers drawn on the body map in black ink to indicate the different injuries, and provide brief details for each injury, e.g. measurements of wound, colour of bruise, etc using arrows (a ruler is provided to assist with measurement):



No	Site	Size	Bruise/cut/burn/ pressure ulcer/other	Colour	Comments
1					
2					
3					
4					
5					
6					

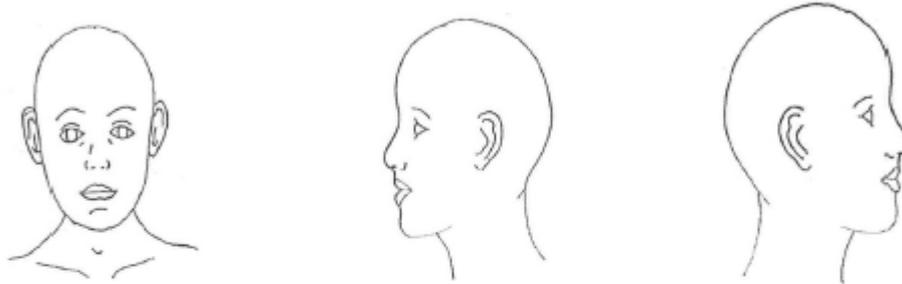


APP1 BODY MAP

Body Map notes:

Note any other details, such as anything the vulnerable adult discloses on examination (verbatim), or information received from any other source regarding injuries.

Front & Side Views – Head



Number	Site	Size	Bruise/cut/burn/ ulcer/other	pressure	Colour	Comments

Timing of Injury:	
Date when the Injury happened (if Known)	
Date Injuries above were first observed (if this is different to the original date)	

Completed By:	
Printed Name/designation of person completing Body Map form	
Signature of personal completing Body Map form	
Contact details of person completing Body Map Form	
Date/time of completion	
<i>(NB. When used, completed APP1 Body Map form should be attached to completed APP1 Referral form)</i>	



REGIONAL ADULT PROTECTION PROCEDURES

ACKNOWLEDGEMENT OF REFERRAL

To be completed by the DAPO and returned to Referrer within 2 days

NAME: [] [] []	ADDRESS: [] [] [] TELEPHONE NO: []	DATE OF BIRTH: [] DATE OF REFERRAL: []
OUTCOME OF REFERRAL RECEIVED		
Referral not appropriate for Adult Protection Investigation <input type="checkbox"/>		
Adult Protection Investigation commenced <input type="checkbox"/>		
Name of Designated Adult Protection Officer []		
Contact telephone number []		
Contact email address []		
Name of Investigating Officer (if appointed at this stage) []		
Address []		
Contact telephone number []		
SIGNATURE OF DAPO []		
DATE [] <input type="checkbox"/>		

REGIONAL ADULT PROTECTION PROCEDURES

RISK ASSESSMENT AND MANAGEMENT

Introduction

This risk assessment and management tool should be used when a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their personal characteristics and/or life circumstances **AND** who is unable to protect their own wellbeing, property, assets, rights or other interest **AND** where the action or inaction of another person or persons is causing or is likely to cause him/her to be harmed. The assessment should be used to inform and support but not replace professional decision making.

Risk assessment and management planning should include key individuals that can contribute to the assessment of risk and/or the management response. This may necessitate the investigating officer commissioning specific risk assessments from relevant others which will be included in the overall risk assessment. Wherever possible this should always include the person who is at risk and in need of protection. If they decline to be involved or it is not appropriate for them to contribute, their views, as far as possible, should be included and feedback provided. If for reasons of mental capacity the person is unable to make decisions about their safety and welfare, it may be necessary to consider opinions from others who can represent them such as family, friends or an independent advocate.

List all risks that require to be considered. These are the risks that are or may leave the person open to harm through abuse, exploitation or neglect. There may be other risks that are managed effectively and therefore do not need to be included in this assessment. Sometimes the concerns emerge because of the persons at risk not accepting or engaging about the risks they are facing. If this is the case, seek to understand the reasons for this and how support can be offered in a manner acceptable to them.

The nature and degree of risk may change, over time, for a variety of reasons. It should not be assumed that the risk management plan will always remain necessary but it should at all times be proportionate, tailored and mindful of the Human rights of the person at risk and others as appropriate.

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REGIONAL ADULT PROTECTION PROCEDURESRISK ASSESSMENT AND MANAGEMENT

(To be completed by INVESTIGATING OFFICER)

SECTION 1

NAME: [] []	ADDRESS: [] [] POSTCODE: []	DATE OF BIRTH: [] []
REFERENCE NUMBER: []	TEL NO.: [] []	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
NAME OF WORKER (S) AND JOB TITLE COMPLETING THE RISK TOOL & THOSE CONTRIBUTING TO THE ASSESSMENT [] []		
Background: <i>(are there factors that may mean the person is more at risk of harm from others due to personal characteristics and / or life circumstances and is unable to protect themselves. Include existing strengths and protection factors precipitating referral, home circumstances, support available, high levels of carer stress or summary / outcome of previous investigations)</i> [] [] [] [] []		
Wishes of adult in need of protection: <i>(is the person aware of alleged abuse? If so what is their perception of the impact/potential impact of harm? Do they understand the risks around the situation they are in? What do they see as the benefits for them in taking the risk? What protective steps do they wish to consider? Do they want to remain in their current environment? Do they wish to involve police?)</i> [] [] []		
Capacity / consent to issues under investigation: <i>(Please include statement as to consent of adult in need of protection for information about risks to be shared; relevant reports / opinions and bear in mind how client's capacity might be enhanced, are the views of others required?)</i> [] [] []		

Section 2. Please complete separately for each risk identified	
Current Risk of abuse / harm identified. <input type="text"/> <input type="text"/> <input type="text"/>	Specific evidence of risk of abuse / harm <input type="text"/> <input type="text"/> <input type="text"/>
What has been the impact of the harm on the adult's independence, health, general wellbeing? <input type="text"/> <input type="text"/> <input type="text"/>	Specific evidence demonstrating impact <input type="text"/> <input type="text"/> <input type="text"/>
Assess evidence demonstrating Pattern / frequency of risk of abuse / harm for each identified risk. (consider repeated acts of omission / neglect that compromise safety) <input type="text"/> <input type="text"/> <input type="text"/>	Outcome Isolated <input type="checkbox"/> Occasional occurrence <input type="checkbox"/> Repeated occurrence <input type="checkbox"/> Established pattern <input type="checkbox"/>
Evidence demonstrating probability of reoccurrence or escalation for each identified risk <input type="text"/> <input type="text"/> <input type="text"/>	Outcome Unlikely <input type="checkbox"/> Likely <input type="checkbox"/> Highly probably <input type="checkbox"/> Certainty <input type="checkbox"/>
Assess the Severity of degree, extent and duration of risk of abuse / harm for each identified risk <input type="text"/> <input type="text"/> <input type="text"/>	Outcome Serious <input type="checkbox"/> Moderately Serious <input type="checkbox"/> Very Serious <input type="checkbox"/> Extremely serious / Death <input type="checkbox"/>
Detail evidence which suggests the risk may constitute a potential criminal offence?(include relevant reference to coercion; threatening behaviour; abuse of trust / position) <input type="text"/> <input type="text"/> <input type="text"/>	Specific evidence demonstrating risk <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Has there been an impact on other adults at risk / in need of protection or children? <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes record what appropriate action has been taken to protect?)
Positive factors that minimise each identified risk of abuse / harm <input type="text"/> <input type="text"/>	

Section 3**Human Rights Considerations:**

Identify which Human Rights have been considered:

(see attached European Convention guidance and please give details)

Risk analysis summary:**View of Professional**

View of adult in need of protection / carer

Explain reasons for any disagreements to the risk assessment and by whom

Completed by: Date: Adult in need of protection signature Date: Carer signature Date: Review Date:



REGIONAL ADULT PROTECTION PROCEDURES

PROTECTION PLAN

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NAME:	DATE CREATED:	DATE OF COMMENCEMENT:	DATE OF REVIEW:
-------	---------------	-----------------------	-----------------

RISK	ASSESSED NEED	INTERVENTION	BY WHOM	REASON FOR NOT TAKING ANY ACTION
1.				
2.				
3.				
4.				
5.				
6.				



UNMET NEED AND UNRESOLVED ISSUES: *(If there are unmet needs or unresolved issues, identify the alternative services that have been provided)*

ARE ANY OF THE FOLLOWING ACTIONS REQUIRED *(tick all appropriate boxes)*

<input type="checkbox"/> REFERRAL TO THE OFFICE OF CARE AND PROTECTION	<input type="checkbox"/> APPLICATION FOR GUARDIANSHIP M.H.O.
<input type="checkbox"/> ADMISSION TO A CARE FACILITY	<input type="checkbox"/> ADMISSION FOR ASSESSMENT M.H.O.
<input type="checkbox"/> NON-MOLESTATION ORDER	<input type="checkbox"/> REFERRAL TO MARAC
<input type="checkbox"/> DASH FORM	<input type="checkbox"/> CARER'S ASSESSMENT

ADULT IN NEED OF PROTECTION / CARER COMMENTS:

WILL THIS CASE BE MONITORED UNDER THE ADULT PROTECTION PROCEDURES YES NO

<p>IF YES, BY WHOM: _____</p> <p>WHAT IS THE FREQUENCY OF MONITORING: _____</p> <p>WILL THE MONITORING BE MANAGED VIA: _____</p> <p><input type="checkbox"/> PROFESSIONAL SUPERVISION DATE: _____</p> <p><input type="checkbox"/> CASE DISCUSSION/CONFERENCE DATE: _____</p>	<p>IF NO,</p> <p><input type="checkbox"/> THE INVESTIGATING OFFICER WILL CONTINUE IN A KEY WORKER ROLE</p> <p><input type="checkbox"/> CASE TRANSFERRED TO OTHER KEY WORKER / SERVICE (please specify) _____</p> <p><input type="checkbox"/> CLOSE CASE UNDER ADULT PROTECTION</p> <p><input type="checkbox"/> OTHER (please specify) _____</p>
---	---

<p>ADULT IN NEED OF PROTECTION'S</p> <p>SIGNATURE: _____</p> <p>DATE: _____</p>	<p>AND/OR CARER / ADVOCATE /</p> <p>REPRESENTATIVE'S SIGNATURE: _____</p> <p>DATE: _____</p>
---	--

<p>KEY WORKER SIGNATURE: _____</p> <p>DATE: _____</p>	<p>DESIGNATED ADULT PROTECTION OFFICER</p> <p>SIGNATURE: _____</p> <p>DATE: _____</p>
---	---



REGIONAL ADULT PROTECTION PROCEDURES

STRATEGY / CASE DISCUSSION MINUTES

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This provides a template to record who attended the meeting, reports submitted and future review arrangements. The DAPO will also include a minute of the essential facts, discussion and decisions taken at the meeting.

NAME: [] []	ADDRESS: [] [] []	DATE OF BIRTH: []
REFERENCE NO: []	POSTCODE: []	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
VENUE: []	DATE: []	
DAPO CHAIR: []		
WAS THE SERVICE USER INVITED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
WAS THE SERVICE USER IN ATTENDANCE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<i>(if not give details)</i> [] []		
OTHERS INVITED (ADVOCATE OR CARER)		
NAME []	IN ATTENDANCE	YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME []	IN ATTENDANCE	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF NOT INVITED OR DID NOT ATTEND SPECIFY REASON [] []		



INVESTIGATION STRATEGY

- *Process of Investigation – single/joint (include detail of methodology – Medical / structured meetings / documentary evidence to be reviewed / Joint Interview)*
- *Appointment of Investigating Officer*
- *Who will conduct interviews / structured meetings / when / with whom*
- *Requirement for ABE Joint Protocol interview*
- *Arrangements for special needs, race, culture, gender, language, communication etc.*

REVISED CARE PLAN *including Actions to be taken / when / by whom*

- *Services, treatment or therapy to be accessed*
- *Modifications in services*

REVIEW OF PROTECTION PLAN (record on APP4)

- *Steps to be taken to ensure future safety, incl. When and by whom.*
- *Support services through the legal process*
- *Updated risk assessment and management including actions to be taken*

OTHER ACTIONS

- *Reporting to other bodies. I.e. RQIA, Professional Regulators, DBS*
- *Reporting back arrangements and communication strategy.*
- *Record of reasons for not proceeding where there is no significant indicator of risk or insufficient evidence to substantiate concern(s)*
- *Decision to terminate protection plan and close involvement on SOS CARE module.*
- *Date for next meeting following completion of the investigation or earlier if required.*

SOS CARE ADMIN BOX: UPDATE VA STRATEGY PLANNING		
1	Date of Meet/Discussion	<input type="text"/>
2	Type of Contact (Select from coded list)	<input type="text"/>
3	Location of incident	<input type="text"/>
4	Alleged Abuse (Select from coded List)	<input type="text"/>
5	DAPO	<input type="text"/>
6	Method of Discussion (Select from coded list)	<input type="text"/>
7	Location of Meeting	<input type="text"/>
8	Other Staff involved (Soscare number)	<input type="text"/>
9	Other Agencies (select from coded list)	<input type="text"/>
10	Initiate/Review APP	(Y <input type="checkbox"/> or N <input type="checkbox"/>)
11	Outcome	<input type="text"/>
12	Date Next meet/Discussion	<input type="text"/>
13	Clarification Meeting	<input type="text"/>
14	Date	<input type="text"/>
15	Date of Investigation	<input type="text"/>



SOSCARE ADMIN BOX: VA CASE DISCUSSION STAGE (Complete for every Discussion/Review)	
4	Other agencies involved (select from coded list) <input type="text"/>
5	Category of abuse <input type="text"/>
6	Outcome of case discussion (select from coded list) <input type="text"/>
7	Has APP been updated? <input type="text"/>
8	Date of Next Discussion/Review <input type="text"/>
9	Termination date <input type="text"/>
10	Reason for termination <input type="text"/>

Signed:

Dated:



SPECIFIC QUESTIONS PERTAINING TO INDIVIDUAL CONTEXT:

(Open ended questions should be relevant to the aspect of care / support being provided and investigated in order to gather the individual's knowledge of the circumstances)

REPORT OF ALLEGED INCIDENT AND COMMENTS FROM THOSE PRESENT:

Summary of Action required:

- To safeguard adults; children or others:

--

- Is dash form required?

--

- To forward information to identified and agreed persons.

--

Signature of
investigators

Date

--



ADULT PROTECTION REPORT ON THE INVESTIGATION IN RESPECT OF

DATE:

Designated Adult Protection Officer:

Designation:

Report Authors:

Date report signed off:

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EXECUTIVE SUMMARY

LIST THE MEMBERSHIP OF THE INVESTIGATION TEAM. <i>(IO (s) and DAPO)</i>

INVESTIGATION TERMS OF REFERENCE <i>(What have you been asked to do?)</i>

INVESTIGATION METHODOLOGY <i>(How were the concerns investigated. Include details of any capacity/consent issues, interviews conducted, documentation reviewed, outcome of JP/PSNI investigations etc.)</i>

PROVIDE A DESCRIPTION OF INCIDENT/CASE. <i>(Outline the details of the adult safeguarding concerns including any previous concerns. Include a pen picture of the adult/s in need of protection.)</i>



FINDINGS <i>(This section must include the detail and analysis of the factual evidence identified in the investigation including the source and dates of any meetings where information came to light. Detail must include the weight attributed by the IO to the seriousness of the harm /abuse and the rationale for same. Attach a copy of the risk assessment completed by the IO.)</i>

CONCLUSIONS <i>(Were the adult safeguarding allegations substantiated on the balance of probability/not substantiated etc. Include the views of the Adult in Need of Protection and/or their representative.)</i>

LESSONS LEARNED

RECOMMENDATIONS AND ACTION PLANNING



DISTRIBUTION LIST

**REGIONAL ADULT PROTECTION PROCEDURES****CLOSURE / TRANSFER SUMMARY MEETING****PRIVATE AND STRICTLY CONFIDENTIAL****NOTE:**

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NAME: <input type="text"/>	ADDRESS: <input type="text"/>	DATE OF BIRTH: <input type="text"/>
REFERENCE NO: <input type="text"/>	<input type="text"/>	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
DATE OF REFERRAL: <input type="text"/>	POSTCODE: <input type="text"/>	
Adult Safeguarding investigation completed <input type="checkbox"/> Yes <input type="checkbox"/> No Summary of Investigation outcomes discussed at case discussion: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
AGREED ACTION		
Case to be transferred <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes complete Sections One and Two)</i> Case closed <input type="checkbox"/> Yes <i>(if yes complete Section One)</i> <input type="checkbox"/> No		
SECTION ONE (CASE TO BE CLOSED TO ADULT PROTECTION SERVICE)		
Reason for Closure? <input type="text"/>	Investigation complete <input type="checkbox"/>	Client unwilling to proceed <input type="checkbox"/>
<input type="text"/>	Refer other agency <input type="checkbox"/>	Refer other process <input type="checkbox"/>
Has anyone expressed a contrary view to transfer/closure? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes specify)</i> <input type="text"/> <input type="text"/>		
Has the service user been informed in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the referrer been notified of outcome? <input type="checkbox"/> Yes <input type="checkbox"/> No Have relevant others been informed in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes specify) (include contracts; HR; RQIA; other professionals)</i> <input type="text"/> <input type="text"/>		

**SECTION TWO (ONGOING SAFEGUARDING ACTIVITY WITH ADULT AT RISK)**

Investigating officer will continue with a key worker role in core team

Transfer to other services
(specify) _____ Date of Transfer _____

Transfer to Investigating Officer in different team
(specify) _____ Date of Transfer _____

Transfer to other Trust
(specify) _____ Date of Transfer _____

Other
(specify) _____ Date of Transfer _____

Date SOSCARE completed _____

SIGNED INVESTIGATING OFFICER _____ _____	DATE _____
SIGNED DAPO _____ _____	DATE _____

Form forwarded to: Care Manager GP PSNI Care Provider
RQIA Client/Carer Relevant other

