


Slide 1

A graphic for a presentation slide. It features a white rounded rectangle with a blue and red border. In the top left, there is a blue L-shaped line and a blue bar chart icon with three bars of increasing height. In the top right, the text "Adult Safeguarding" is written in blue. In the center, there are four small colored dots (green, blue, red, purple). Below the dots, the text "Introduction to the role.. DAPO" is displayed, with "DAPO" in a large, bold, red font. A red L-shaped line is positioned below "DAPO". At the bottom left, there is a small copyright notice: "©HSC - Adult Safeguarding Training - J. Todd".

Adult Safeguarding

Introduction to the role.. **DAPO**

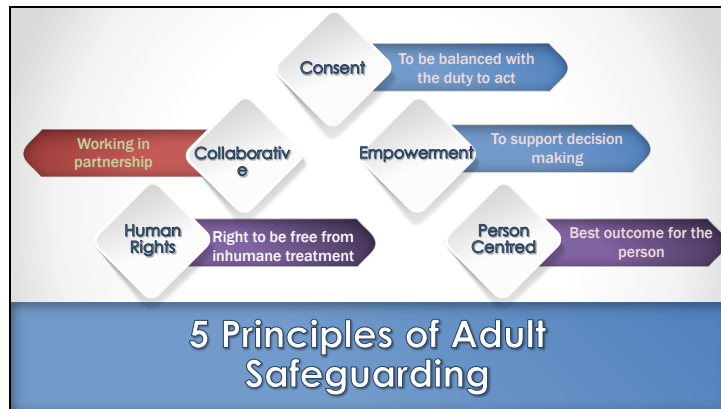
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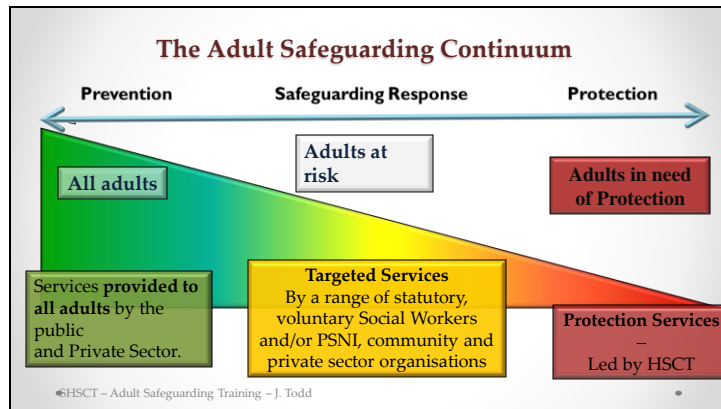
Learning Objectives

- Review of the 5 Underpinning Principles
- The 6 stages of the Process
- Management Issues for DAPOs
 - Timescales
 - Investigation Partners/Contributors
 - Joint Protocol (overview)

Learning Objectives

- Management Issues for DAPOs
 - Networking
 - Communication Strategy
- **QA of Investigation Reports**
- Recording Systems / Analysis of information
- Baseline Capacity assessment





7 MAIN FORMS OF ABUSE:

- Physical
- Sexual
- Emotional
- Neglect
- Financial
- Institutional
- Exploitation

3 Associated Categories

- Domestic Abuse
- Hate Crime
- Human Trafficking

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The main forms of abuse are:

Physical abuse

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.

Sexual violence and abuse

Sexual abuse is any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding⁶. 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, 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 the HSC sector. 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.

6 The definitions of 'sexual violence and abuse' and 'domestic violence and abuse' will be amended to

reflect those included within their revised strategies once published.

14

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.

This policy does not include self harm or self neglect within the definition of an 'adult in need of protection'. Each case will require a professional Health and Social Care (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 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 not 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.

Domestic & Sexual Abuse

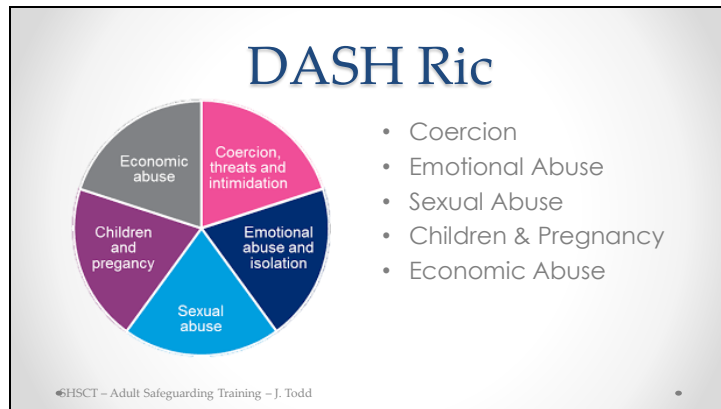
- NON-MOLESTATION ORDER



- REFERRAL TO MARAC

- DASH FORM





Guidance for the Risk Identification Check List (RIC) for Domestic Abuse, Stalking and "Honour" – Based Violence

- **Physical Abuse** in question 1,10,11,13,15,18,19 and 23
- **Sexual Abuse** in question 16
- **Coercion, Threats And Intimidation** in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 & 24
- **Emotional Abuse and Isolation** in questions 4, 5 & 12
- **Economic Abuse** – question 20
- **Children & Pregnancy** – questions 7, 9 & 18

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Ask about **Physical Abuse** in Question 1,10,11,13,15,18,19 and 23

Physical abuse can take many forms from a push or shove to a punch, use of weapons, choking or strangulation.

☑ You should try and establish if the abuse is getting worse, or happening more often, or the incidents themselves are more serious. If your client is not sure, ask them to document how many incidents there have been in the last year and what took place. They should also consider keeping a diary marking when physical and other incidents take place.

☑ Try and get a picture of the range of physical abuse that has taken place. The incident that is currently being disclosed may not be the worst thing to have happened.

☑ The abuse might also be happening to other people in their household, such as their children or siblings or elderly relatives.

☑ Sometimes violence will be used against a family pet.

☑ If an incident has just occurred the victim should call 999 for assistance from the police. If the victim has injuries they should try and get them seen and documented by a health professional such as GP or A&E Nurse.

We ask about whether the victim is experiencing any form of **SEXUAL ABUSE** in question 16

☑ Sexual abuse can include the use of threats, force or intimidation to obtain sex, deliberately inflicting pain during sex, or combining sex and violence and using weapons.

☑ If the victim has suffered sexual abuse you should encourage them to get medical attention and to report this to the police. See above for advice on finding a Sexual Assault Referral Centre which can assist with medical and legal investigations.

We ask about **EMOTIONAL ABUSE and ISOLATION** in questions 4, 5 & 12. This can be experienced at the same time as the other types of abuse. It may be present on its own or it may have started long before any physical violence began. The result of this abuse is that victims can blame themselves and, in order to live with what is happening, minimise and deny how serious it is. As a professional you can assist the victim in beginning to consider the risks the victim and any children may be facing.

☑ The victim may be being prevented from seeing family or friends, from creating any support networks or prevented from having access to any money.

☑ Victims of „honour“ based violence talk about extreme levels of isolation and being „policed“ in the home. This is a significant indicator of future harm and should be taken seriously.

☑ Due to the abuse and isolation being suffered victims feel like they have no choice but to continue living with the abuser and fear what may happen if they try and leave. This can often have an impact on the victims mental health and they might feel depressed or even suicidal.

☑ Equally the risk to the victim is greater if their partner/ex-partner has mental health problems such as depression and if they abuse drugs or alcohol. This can increase the level of isolation as victims can feel like agencies wont understand and will judge them. They may feel frightened that revealing this information will get them and their partner into trouble and, if they have children, they may worry that they will be removed. These risks are addressed in questions 21 & 22.

ECONOMIC ABUSE – Question 20

☑ Victims of domestic abuse often tell us that they are financially controlled by their partners/ex-partners. Consider how the financial control impacts on the safety options available to them. For example, they may rely on their partner/ex-partner for an income or do not have access to benefits in their own right. The victim might feel like the situation has become worse since their partner/ex-partner lost their job.

☑ The Citizens Advice Bureau or the local specialist domestic abuse support service will be able to outline to the victim the options relating to their current financial situation and how they might be able to access funds in their own right.

CHILDREN & PREGNANCY – Questions 7, 9 & 18 refer to being pregnant and children and whether there is conflict over child contact.

☑ The presence of children including step children can increase the risk of domestic abuse for the mother. They too can get caught up in the violence and suffer directly.

- ☒ Physical violence can occur for the first time or get worse during pregnancy or for the first few years of the child's life. There are usually lots of professionals involved during this time, such as health visitors or midwives, who need to be aware of the risks to the victim and children, including an unborn child.
- ☒ The perpetrator may use the children to have access to the victim, abusive incidents may occur during child contact visits or there may be a lot of fear and anxiety that the children may be harmed.
- ☒ Please follow your local Child Protection Procedures and Guidelines for identifying and making referrals to Children's Services.

COERCION, THREATS AND INTIMIDATION is covered in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 & 24.

- ☒ It is important to understand and establish: the fears of the victim/victims in relation to what the perpetrator/s may do; who they are frightened of and who they are frightened for (i.e. children/siblings). Victims usually know the abusers behaviour better than anyone else which is why this question is significant.
- ☒ In cases of „Honour“ Based Violence there may be more than one abuser living in the home or belonging to the wider family and community. This could also include female relatives.
- ☒ Stalking and harassment becomes more significant when the abuser is also making threats to harm themselves, the victim or others. They might use phrases such as “If I can’t have you no one else can...”
- ☒ Other examples of behaviour that can indicate future harm include obsessive phone calls, texts or emails, uninvited visits to the victim’s home, workplace etc, loitering and destroyed or vandalised property.
- ☒ Advise the victim to keep a diary of these threats, when and where they happen, if anyone else was with them and if the threats made them feel frightened.
- ☒ Separation is a dangerous time: establish if the victim has tried to separate from the abuser or has been threatened about the consequences of leaving. Being pursued after separation can be particularly dangerous.
- ☒ Victims of domestic abuse sometimes tell us that the perpetrators harm pets, damage furniture and this alone makes them frightened without the perpetrator needing to physically hurt them. This kind of intimidation is common and often used as a way to control and frighten.
- ☒ Some perpetrators of domestic abuse do not follow court orders or contact arrangements with children. Previous violations may be associated with an increase in risk of future violence.
- ☒ Some victims feel frightened and intimidated by the criminal history of their partner/ex-partner. It is important to remember that offenders with a history of violence are at increased risk of harming their partner, even if the past violence was not directed towards intimate partners or family members, except for „honour“-based violence, where the perpetrator (s) will commonly have no other recorded criminal history.

Multi Agency Risk Assessment Conference

What is a MARAC?

- Multi Agency meeting which has the safety of high risk victims of domestic abuse as its focus.

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Rolled out across England, Wales and N. Ireland.



The main reason for this presentation has been the learning from numerous enquiries in NI and UK regarding the lack of communication and education of between health and social care and public protection arrangements and being clear of the roles and responsibilities.

Organisational Structure

Strategy and Policy -
PPANI Strategic Management Board (PPANISMB)

PPANI Co-ordination Unit

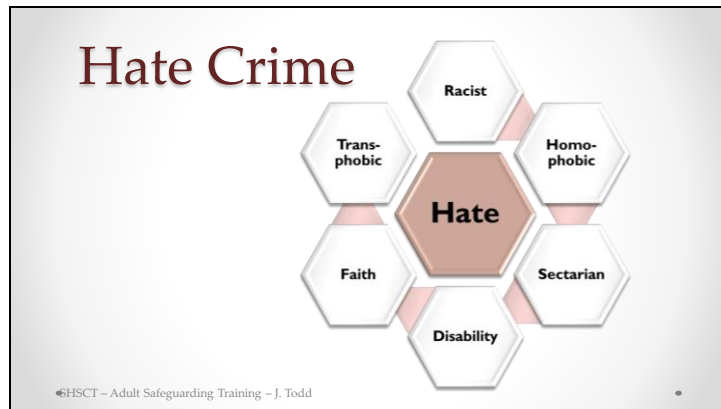
Operational Delivery
Local Area Public Protection Panel (LAPPP)

Local Area Public Protection Panel

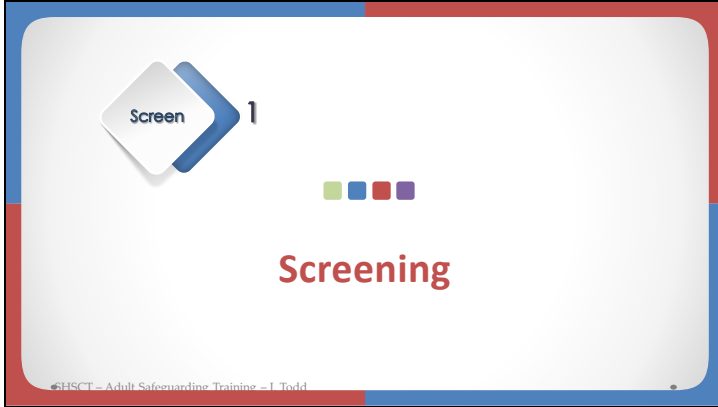
The operation body tasked with two duties:

1. Multi-Agency Assessment of all relevant Offenders
2. Development of appropriate risk management plans for those assessed as Category 2 or 3 risk of serious harm

Presenter should at this point refer to the fact that persons who were deemed Category 1 are not subject to LAPPP meetings and are managed by single agency but if that agency DRM has a current significant concern they can refer to PPANI Admin for consideration.







Screen 1

■ ■ ■ ■

Screening

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A) Personal Characteristics

May include, but are not limited to

- age
- illness,
- disability
- mental or physical frailty
- special educational needs
- impairment of, or disturbance in, the functioning of the mind or brain.

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Age, illness or disability, including mental health, are all factors to consider when identifying a vulnerable adult and signs to assist include:

Communication:

- difficulty in communicating without assistance/interpretation;
- difficulty understanding questions and instructions;
- speech is difficult to understand or the person has limited speech;
- responding inappropriately or inconsistently to questions;
- expressing strange ideas; or
- using signs and gestures to communicate.

Memory

- short attention span;
- inability to read or write;
- difficulty in telling the time; or
- difficulty in remembering their date of birth, age, address and telephone number.

Behaviour


- an angry or distressed person may appear aggressive;
- appearing eager to please or to repeat what you say; or
- physically withdrawn or other isolating behaviours.

B) Life Circumstances

May include, but are not limited to:-



Screening


APP1

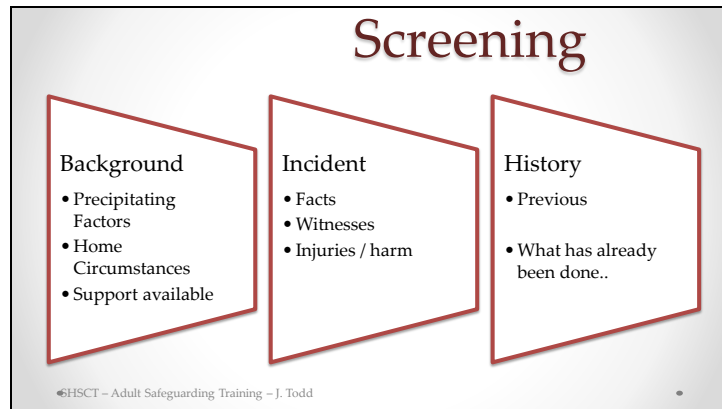
REGIONAL ADULT PROTECTION PROCEDURES

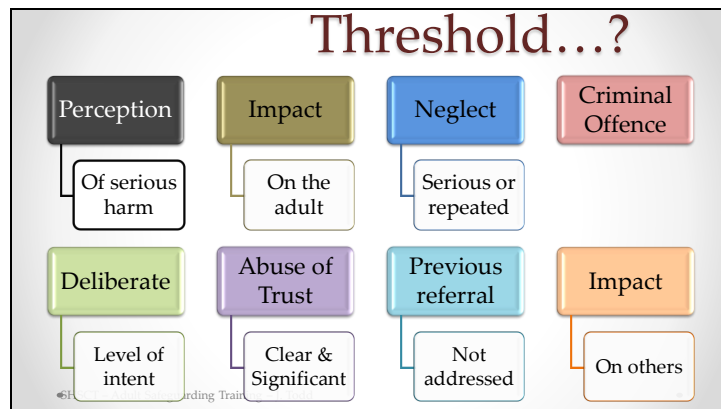
AP1(a) REFERRAL/SCREENING INFORMATION

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

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

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- DAPO determines if the threshold for serious harm (Refer to Appendix 2) and the threshold for referral to the HSC Trust Adult Protection Gateway Service is 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 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 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.



Screening Outcomes

AP1(b) - Initial Screening by Trust Adult Protection Service

SECTION THREE

• Section 3 – completed by Trust DAPO

Referral forwarded to Trust core team for professional assessment as Adult at Risk of Harm

Tick alternative safeguarding responses:

- Referral accepted for investigation under adult protection
- Referral being considered under joint protocol
- No further action under adult safeguarding

Screening Outcomes

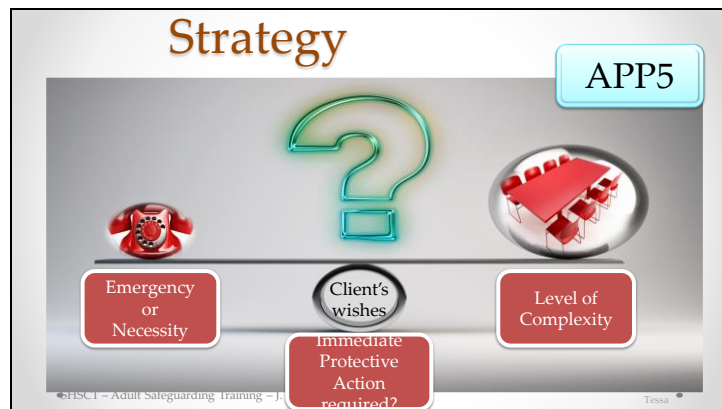
Trust Adult Protection Investigation Date
Commenced: []

Referral allocated to			
DAPO:		Contact No	
IO:		Contact No	
Allocated By		Date	

Strategy 2

Strategy

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Purpose of the strategy discussion

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 proportionate ie. 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.



High Power x High Interest = Key Players

very important to have at your strategy discussion/ case conference
Core contributors to the development of the investigation and protection plan

High Power x Low Interest = Keep Satisfied

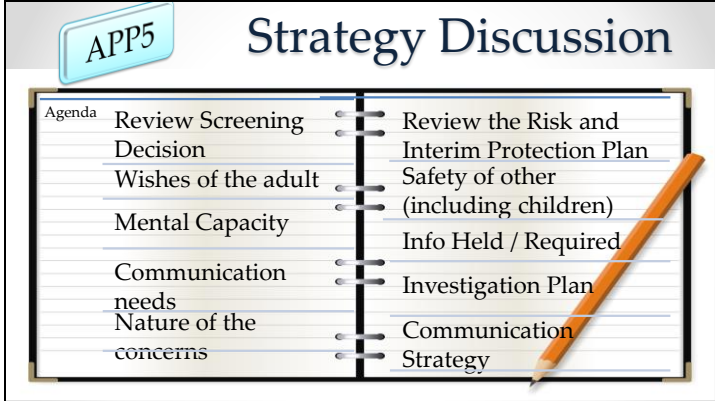
These people probably want to see that the Policy and Procedures are being followed appropriately and in a timely manner.

High Interest x Low Power = Keep Informed

These people may or may not be directly affected but have a high level of interest in what you are doing. You need to keep them up to date about events.
Possibly inviting them to meetings so that they get copies of minutes; but you do not need to time your meeting(s) based on their availability.

Low Power x Low Interest = Minimal Interest

People who have a minimal interest will not be part of the strategy or the protection plan but you may wish to consider their communication needs (if any).
For example – notifying the referral agent that the case has been allocated under safeguarding arrangements.



APP5 **Strategy Discussion**

Agenda	
Review Screening Decision	Review the Risk and Interim Protection Plan
Wishes of the adult	Safety of other (including children)
Mental Capacity	Info Held / Required
Communication needs	Investigation Plan
Nature of the concerns	Communication Strategy

See section 5.4 of the Policy Adult Protection Strategy Discussion

Communication Strategy-

NISCC, RQIA et al

Reporting mechanisms – date of next meeting; supervision etc.

Also:-

Specific decisions to be taken at the strategy meeting when the person alleged to have caused harm is also an adult at risk of harm

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.

ASG Strategy

The graphic illustrates the ASG Strategy. At the top, the title "ASG Strategy" is displayed in a brown serif font. Below it, a large umbrella is formed by a word cloud of terms including "risk", "harm", "care", "services", "may", "HSC", "must", "abuse", "needs", "concerns", "range", "person", "social", "can", "range", "action", "these", "health", "make", "risk", "range", "may", "HSC", "action", "these", "must". To the left of the umbrella's handle is a diagram titled "HUMAN RESOURCES" showing interconnected gears and icons for "Adult Information", "HUMAN RESOURCES", "TELEPHONE", "VIDEO", "CHAT", and "SMS". To the right of the handle is a police badge and the HSC logo with the text "HSC Health and Social Care".

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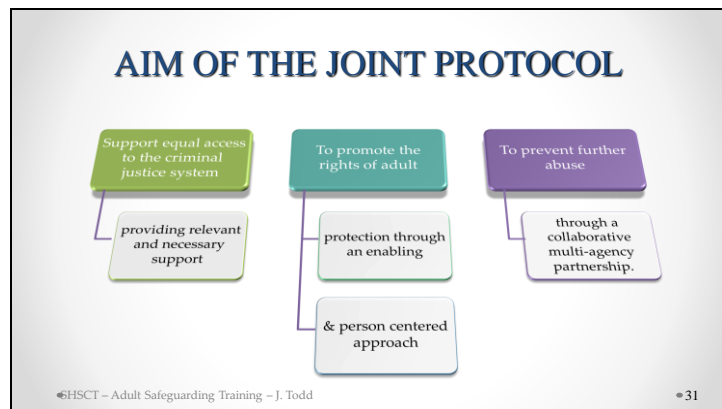


Adult Joint Protocol

For DAPOs

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The slide features a white background with a black border. At the top left is the HSC Health and Social Care logo, which includes a blue square with 'HSC' in white and the text 'Health and Social Care' to its right. At the top right is the Police Service of Northern Ireland logo, a circular emblem with a central red cross and the words 'POLICE SERVICE' and 'NORTHERN IRELAND' around the perimeter. The main title 'Adult Joint Protocol' is centered in a large, bold, dark blue serif font. Below it, 'For DAPOs' is written in a smaller, dark blue sans-serif font. At the bottom left, there is a small copyright notice: '©HSC – Adult Safeguarding Training – J. Todd'. A small black dot is located at the bottom right of the slide area.



Emphasis is on

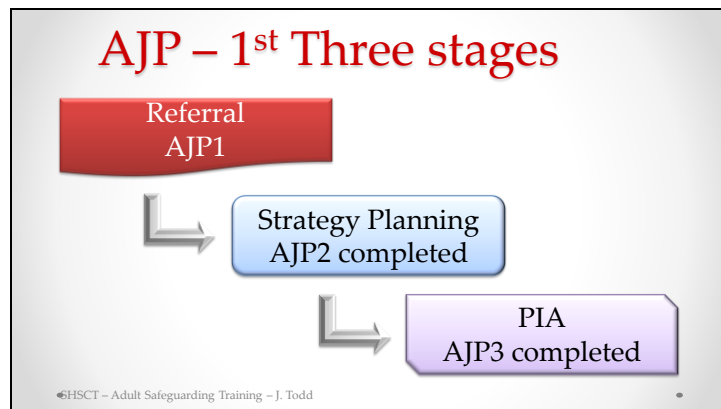
a **multi- agency** approach & victims **equitable** access to the justice system

Forms of Abuse

- Physical Assault
 - *Common Assault* – AOBH – GBH – Murder
 - Attempted GBH, Attempted Murder... incitement to ...
- Sexual Offences
 - *Indecent Exposure* – Sexual Assault – Rape
- Dishonesty Offences
 - Theft - Fraud

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Words in italics are 'non-relevant' offences (unless committed by a member of staff / volunteer)

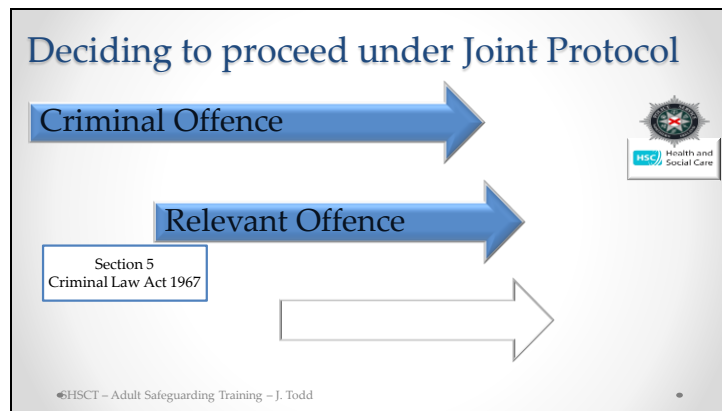


Some of these issues were highlighted earlier in course – re the JP objectives:

- Ensure effective **communication and collaboration** to protect vulnerable adults.
- Determine whether a **single agency or joint investigation** is required & provide a **framework** for early consultation, cross referral and joint working arrangements for investigation and interviewing.
- Identify main form of suspected, admitted or known abuse and if there have been previous concerns/ abuse
- Define the **roles and responsibilities**
- Ensure that protective measures are paramount and run in **parallel with the Criminal Inquiry or any other lines of enquiry.**
- 6. Ensure that information is exchanged which will assist in investigation

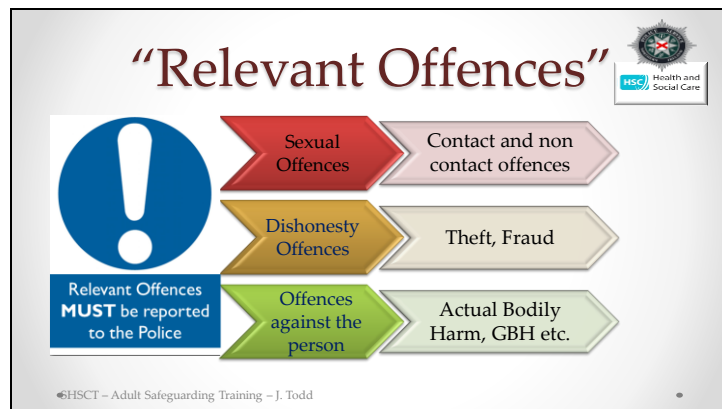
Minimise the number of interviews

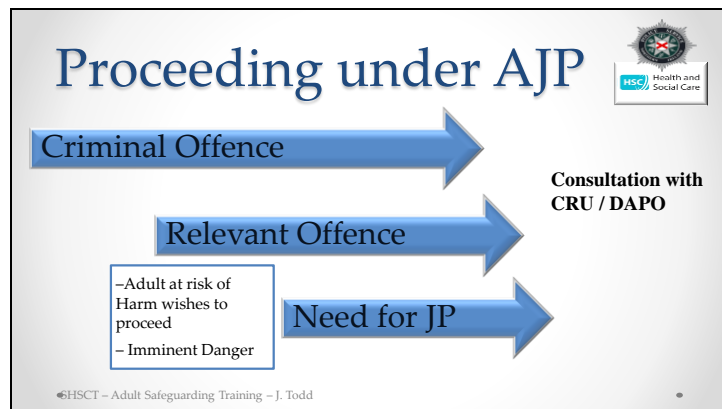
Define the **roles and responsibilities**



Common Assault – slapped and mark left

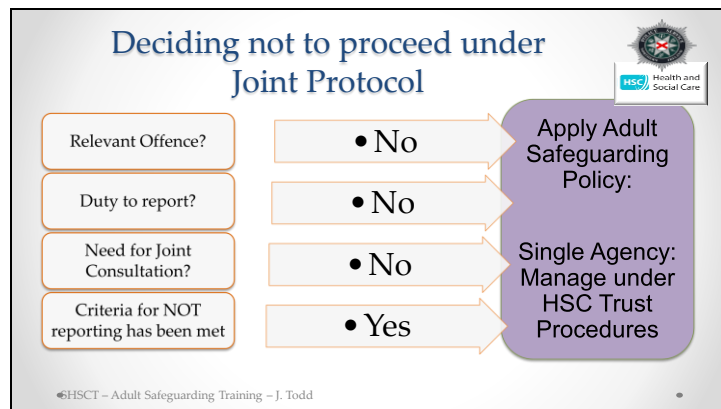
AOABH – Injury including bruising or more

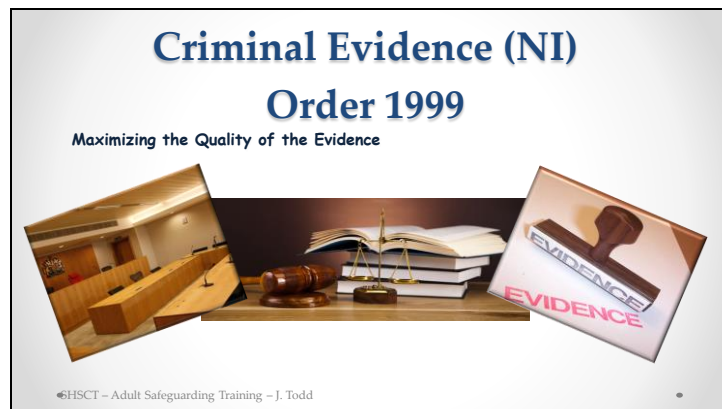




Common Assault – slapped and mark left

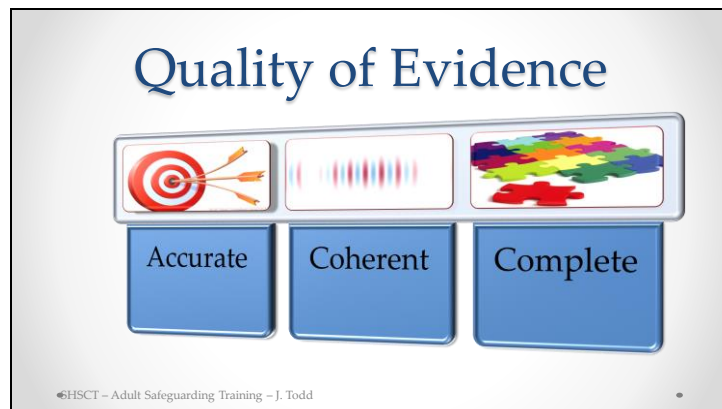
AOABH – Injury including bruising or more





It has been recognised that victims and witnesses to crime who have a physical disability, mental health problem or a learning disability find the process of a criminal investigation, intimidating and stressful. The measures in the Criminal Evidence (NI) Order 1999 include provision to make this a less daunting experience.

These measures are only available for victims of crimes, suspects will still avail of an Appropriate Adult.



Other Vulnerable witnesses;

A person with a disability or disorder is only a Vulnerable Witness when that condition is likely to have the effect of diminishing that person's quality of evidence

Quality of evidence refers to **Accuracy**, **Completeness** or **Coherence**

The purpose of Special Measures is to maximize the quality of the witness's evidence which would otherwise be diminished.

Early identification of disability/disorder is important.

Establishing how any identified condition may impact on quality of evidence should the case proceed to court should be established - talk to the witness/discuss it with them.

Establish which Special Measures might improve the quality of the witness's evidence - talk to the witness/discuss it with them.

Special Measures must be applied for - It is a matter for the court if they are granted or not - they should not be 'guaranteed' to a witness.

A video recorded interview being played in court as the witness's Evidence in Chief (ABE) is only 1 of 7 currently available Special Measures - it may not always be the most appropriate choice.

A statement should be forwarded to the PPS outlining the persons condition, how it is likely to effect the quality of their evidence at court and why the specific special measures requested will maximise the quality of their evidence.

This statement is purely to ground any Special Measures application. It should be separate from any statement regarding the event/incident.

Intimidated Witnesses

Although many people may be intimidated, in the widest sense of the word, the **Criminal Evidence (NI) Order 1999** clearly defines what constitutes an Intimidated Witness.

An intimidated witness is a person whose **quality of evidence is likely to be diminished** by reason of fear or distress in connection with testifying in the proceedings.

The principles outlined above, 'other Vulnerable witnesses' also apply to Intimidated Witnesses

The Special Measures of 'Aids to Communication' and 'Registered Intermediaries' whilst available to Vulnerable Witnesses are NOT available to Intimidated Witnesses.

Victims of sexual offences giving evidence in court in relation to that offence are considered to be Intimidated witnesses and can request Special Measures unless they don't wish to do so.

The legislation states that with regards to a sexual offence victim giving evidence about that offence, video recorded evidence in chief is likely to maximise the quality of their evidence (subject to the discretion of the court) - This is, however, NOT applicable to Magistrates Court cases

Criminal Evidence (NI) Order 1999

Types of Witness

Vulnerable Witnesses

- (Art 4)

Intimidated Witnesses

- (Art 5)
- Intimidated
- Victim of sexual offence

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Vulnerable Witness (ABE)

VULNERABLE by reason of,

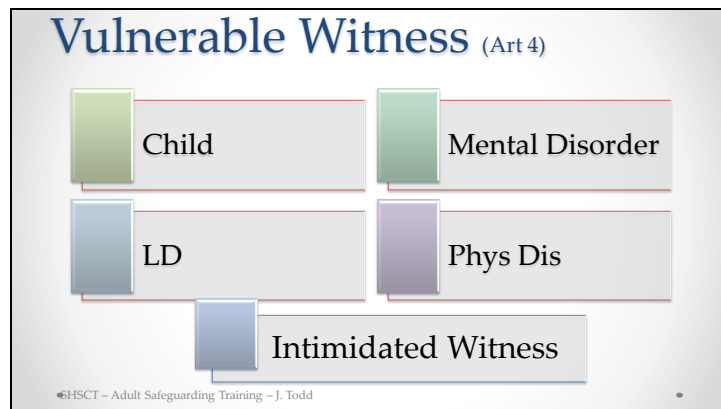
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graph TD; A[A witness whose quality of evidence is likely to be diminished because they:] --- B[Are significantly impaired in relation to intelligence and social functioning, and/or]; A --- C[have a mental disorder as defined by the Mental Health (NI) Order 1986, and/or]; A --- D[Have a physical disability/disorder]; E[under 18 years of age at time of hearing];
```

under 18 years of age at time of hearing

A witness whose quality of evidence is likely to be diminished because they:

- Are significantly impaired in relation to intelligence and social functioning, and/or
- have a mental disorder as defined by the Mental Health (NI) Order 1986, and/or
- Have a physical disability/disorder

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Child – At the time of the special measures hearing, set by the Justice Act 2011

Learning Disability – IQ of less than 70

Mental Disorder as defined by the Mental Health (NI) Order 1986

Physical Disability

Age, language, social, cultural background, religious needs, domestic/employment situation, proximity of accused (or their family) to witness home/family, physical health, ability to read/write, mental capacity, competence, how to prevent further offences

Art 5 – Intimidated Witnesses – intimidated about going into the witness box or attending Court

intimidation, harassment, availability for court, support, appropriate adult, fear of helping police, potential risks to witness

Victim of Human Trafficking

Potentially intimidated in the community to not give evidence

Victim of Rape or other sexual Offence



Special Measures have already been available for children in the Crown and Magistrates Court in June 2003. The measures for adults were initially only available for Crown Court Cases but now available in Magistrates Court .

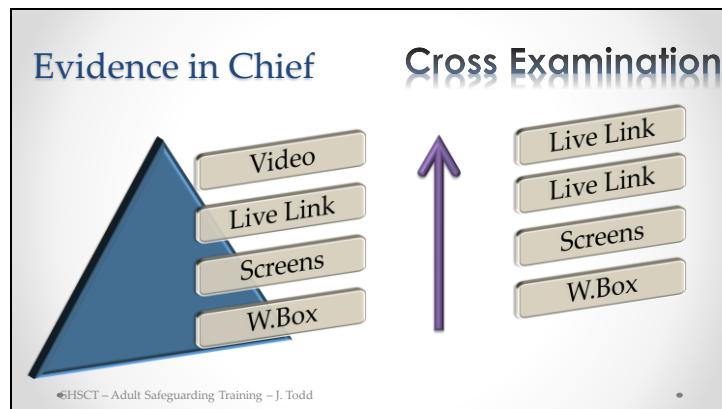
Application for Special Measures

Special measures are not automatically available and are subject to the discretion of the Court.

Witnesses must be consulted about the application

Even though the person may be eligible for special measures, they do not have to avail of the measures or they can select which measure they wish to avail of. User choice is important. PNI need to have early consultation with PPS re applying for Special Measures

- **Screens:** To shield the victim/witness from the defendant.
- **Live link:** to enable witness to give evidence and to be cross examined during the trial. This can be in or outside the Court.
- **Evidence: given in private** which is exclusion of the press (one representative) considered in cases involving sexual offences or intimidation.
- **Removal of wigs and gown:** to introduce a less formal atmosphere.
- **Video Recorded Interview:** These interviews are carried out by the Specialist Interviewers who have received training within the Police Service and Social Services. The victim / witness will give an account of what happened to them or what they saw. This will act as their evidence-in-chief. They will not have to recount the incident again in court. Court can exclude a recording if it contains serious violations of the rules of evidence.
- **Video recorded cross examination : NOT** implemented in N.I. At this time.



For Adults

Special Measures have already been available for children in the Crown and Magistrates Court in June 2003. The measures for adults were initially only available for Crown Court Cases but now available in Magistrates Court .

Application for Special Measures

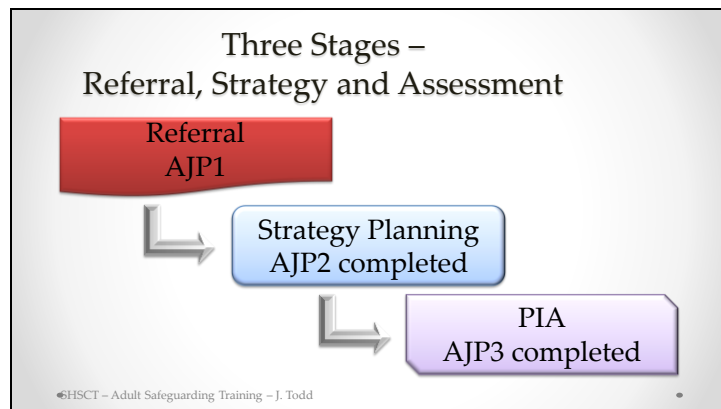
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- **Video recorded cross examination : NOT** implemented in N.I. At this time.
- **Intermediary:**

- **Aids to communication:** such as interpreter or communicator available on grounds of age or incapacity.
- **Cross examination:** by the accused when the defendant does not have legal representation will not be permitted in cases involving sexual offences.
- **Discretionary protection:** from cross examination will be considered in other offences
- **Restrictions:** re complainant's sexual behaviour- in cases of rape and other sexual offences.

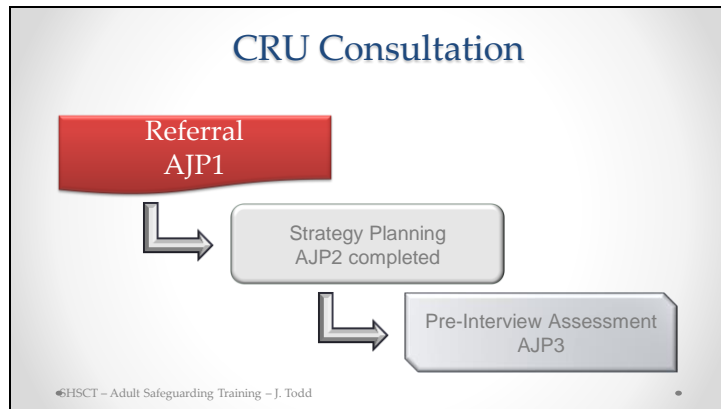


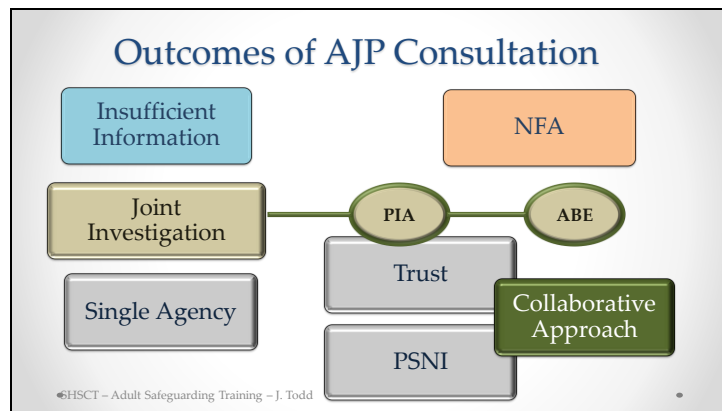
Some of these issues were highlighted earlier in course – re the JP objectives:

- Ensure effective **communication and collaboration** to protect vulnerable adults.
- Determine whether a **single agency or joint investigation** is required & provide a **framework** for early consultation, cross referral and joint working arrangements for investigation and interviewing.
- Identify main form of suspected, admitted or known abuse and if there have been previous concerns/ abuse
- Define the **roles and responsibilities**
- Ensure that protective measures are paramount and run in **parallel with the Criminal Inquiry or any other lines of enquiry.**
- 6. Ensure that information is exchanged which will assist in investigation

Minimise the number of interviews

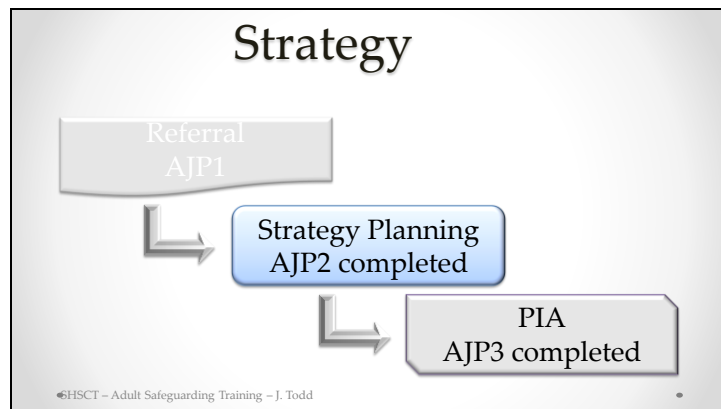
Define the roles and responsibilities





- Insufficient Information
- Single Agency Trust Investigation / Single Agency PSNI
- Joint Collaborative Working
- Joint Investigation

- No Further Action



Some of these issues were highlighted earlier in course – re the JP objectives:

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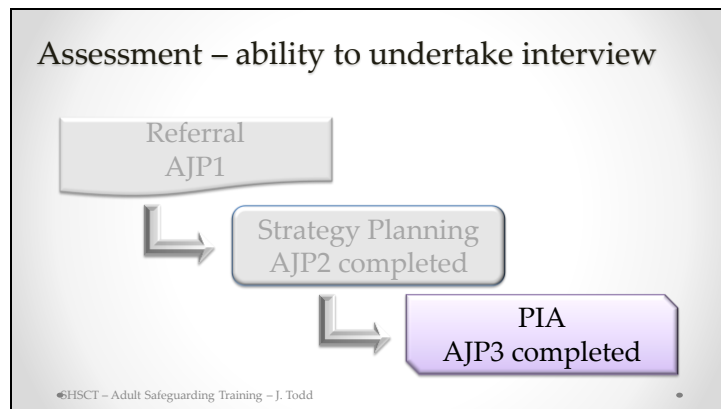
Minimise the number of interviews

Define the **roles and responsibilities**



Suggest break into groups- using case materila

1. **SPECIAL NEEDS**- What issues of special needs, race, culture, gender, or religion are raised in the case, how and by whom they are to be addressed and what advice needs to be sought.
2. **INFORMATION AVAILABLE**- Information brought to the meeting and information still required – who will obtain this information and how.
3. **FEEDBACK AND LIAISON**- Practical arrangements for reporting back to those involved in the investigation.
4. **CAPACITY AND CONSENT**- The need to consider the issue of capacity to consent and the most appropriate person to deal with it.
5. **MEDICAL EXAMINATION**- The requirement for a medical examination to be undertaken and if so, by whom.
6. **PROTECTION**- Whether action is needed to protect the vulnerable adult and who will be responsible for such action.
7. **INTERVIEWS AND INVESTIGATION**- The order in which the interviews will take place and who will carry out the interview.
8. **SPECIALIST ADVICE**- What specialist advice might be needed and who will obtain it.

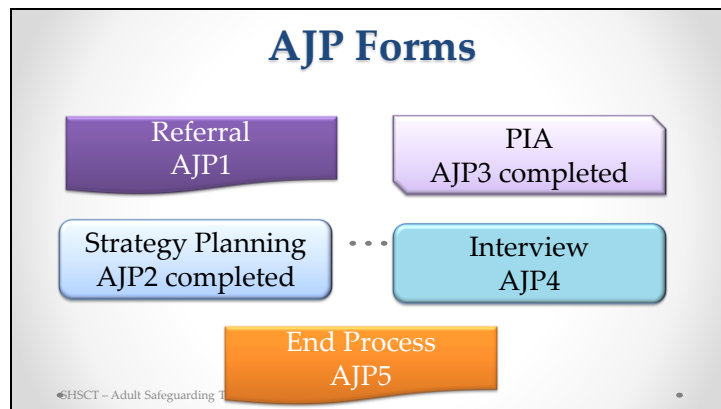


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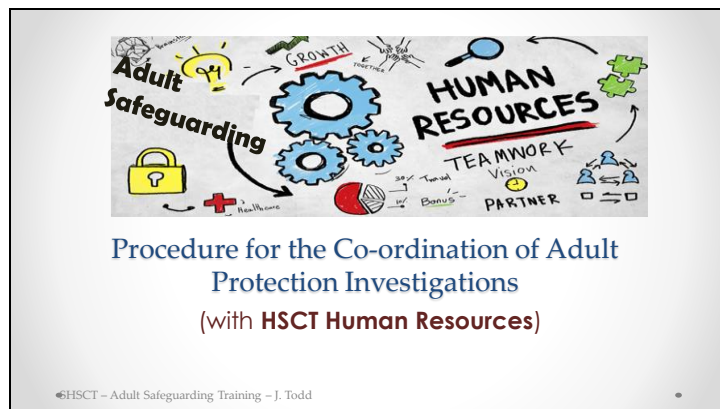
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- 6. Ensure that information is exchanged which will assist in investigation

Minimise the number of interviews

Define the roles and responsibilities





Introductions

Explain that the module today covers the management of performance and conduct
Firstly, I will be discussing the Trust's Capability Procedure and then Sarah will be taking you through the Trust's Disciplinary Procedure.

Fair to say that there is a limited amount of time to discuss 2 detailed procedures therefore the module is quite dry in terms of us talking you through this. Unfortunately no time for role play or something like that to liven it up but we are open to questions getting discussion going and hopefully you will find this useful

Before going in to discuss further – few rules regarding the venue.....

Allegations ... against HSC Trust staff

- Various investigations can be required

Safeguarding	• Adult Safeguarding
HR	• Disciplinary investigation
SAI	• Adverse Even Audit, SCR etc
Complaints	• Investigation of issues
Counter Fraud	• Allegations of fraud in the workplace
PSNI	• Allegations of criminal activity

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Allegations ... against HSC Trust staff

Various investigations can be required

- Safeguarding
- HR
- SAI
- Complaints
- Counter Fraud
- PSNI

The purpose of the guidance is to ensure, where appropriate, the co-ordination of the processes, making the best use of the Trust's skills and expertise in order to achieve safe, effective and timely outcomes for those individuals who may be at risk, and to ensure there is effective management of staff involved.

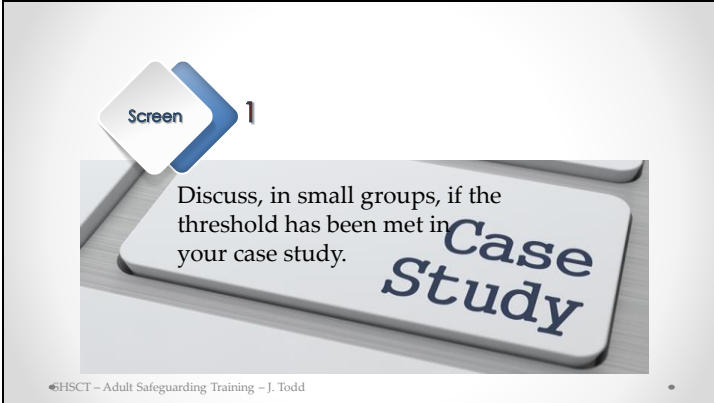
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Co-ordinated Investigations...

HR / Disciplinary Investigation

- 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.





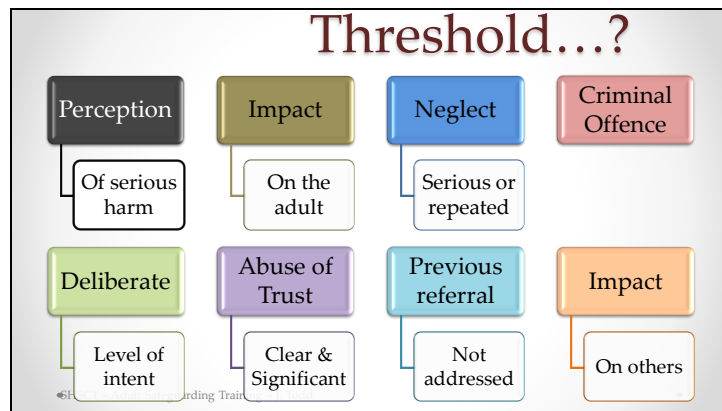
Screen 1

Discuss, in small groups, if the threshold has been met in your case study.

Case Study

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The image shows a 3D-rendered tablet or screen. In the top left corner, there is a blue and white arrow-shaped icon pointing right, containing the word "Screen" and the number "1". The main body of the tablet displays the text "Discuss, in small groups, if the threshold has been met in your case study." followed by "Case Study" in a larger, bold, serif font. At the bottom left of the tablet, there is a small copyright notice: "©HSCCT - Adult Safeguarding Training - J. Todd".



Reflection - Thresholds

Peter lives with Niamh, who his wife, they are both in their 80s and receive assistance from a domiciliary care provider. There is some concern about Niamh's memory and mental state but no clear diagnosis yet.

- Niamh has been observed throwing objects at her husband and hitting him.
- He is presenting today with some unexplained bruises...
- Is he in need of protection?



- Is immediate Action required to protect the Adult in need...?
- Urgent Medical Attention?
- Additional Resources?
- Protection or Respite Admission?
- Any other Action?

APP1 (section 3)



Reflection - Thresholds





Ian (aged 77) lives with his son – Kevin; who is receiving support from the Home treatment team.

Ian tells staff that he had been standing at the sink, washing dishes, when his son grabbed him from behind, pulling him violently to the floor.

- Other family members have provided information about other assaults, described as “the big ones” to Home treatment team


- Is there a possible criminal offence...?
- Is there a need to preserve possible forensic evidence??
- Is there a need to report immediately to PSNI?
- Is Joint Agency Consultation required?

APP1 (section 3)




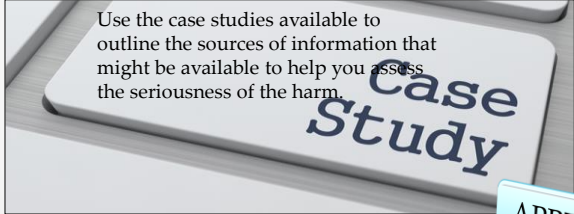
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Also discuss DASH form



processes

Use the case studies available to outline the sources of information that might be available to help you assess the seriousness of the harm.

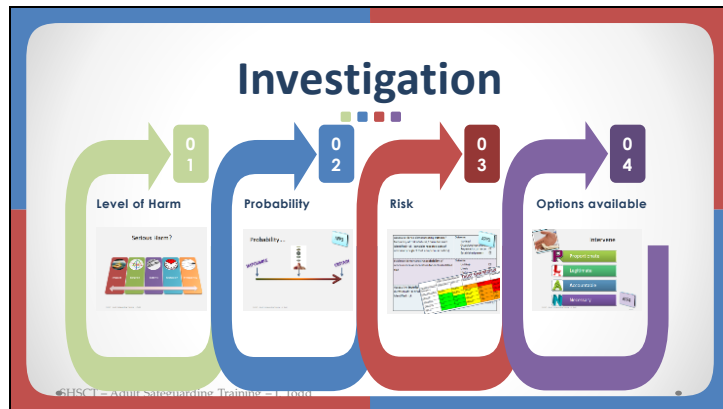


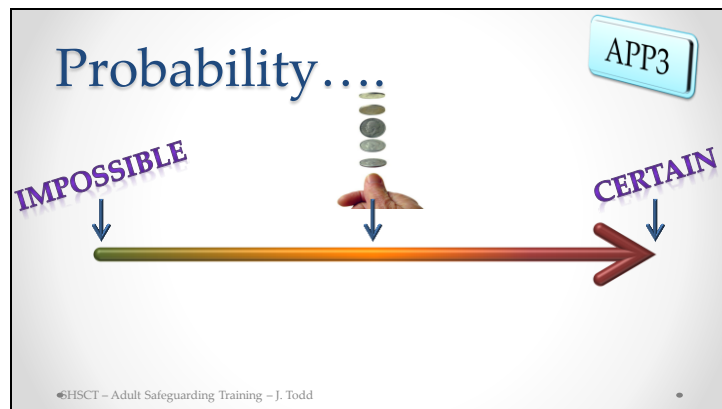
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Session 5
...

Investigate 3 Intervene 4

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- possible
- Good likelihood
- evens
- favourable
- random
- probable
- Poor chance
- experimental probability
- theoretical probability

Assess evidence demonstrating **Pattern** / frequency of risk of abuse / harm for each identified risk. (consider repeated acts of omission / neglect that compromise safety)

Outcome

- Isolated
- Occasional occurrence
- Repeated occurrence
- Established pattern

APP3

Evidence demonstrating **probability** of recurrence or escalation for each identified risk

Outcome

- Unlikely
- Likely

Assess the **Severity** of the risk of abuse / harm for each risk

TRUST RISK MATRIX

Likelihood Scoring Descriptors	Impact (Consequence) Level			
	Insignificant (1)	Minor (2)	Major (3)	Critical (4)
Almost Certain (5)	Medium	Medium	High	Extreme
Likely (4)	Low	Low	Medium	High
Possible (3)	Low	Low	Medium	High
Unlikely (2)	Low	Low	Medium	High
Rare (1)	Low	Low	Medium	High

Extremely serious / Death

The IO's Investigation Report...

History
FACTS

Analysis


Next steps...
we recommend

APP7

CASE CONFERENCE


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Intervene 4

P Proportionate

L Legitimate

A Accountable

N Necessary

APP4

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James

The slide features a central graphic with the word 'Intervene' in a blue serif font, followed by a large number '4'. Below this, four horizontal bars represent the mnemonic: a green bar with a purple 'P' for 'Proportionate', a green bar with a red 'L' for 'Legitimate', a blue bar with a green 'A' for 'Accountable', and a purple bar with a blue 'N' for 'Necessary'. To the right of these bars is a small blue box containing the text 'APP4'. At the bottom left, there is a copyright notice '©HSC - Adult Safeguarding Training - J. Todd', and at the bottom right, the name 'James' is written in a small font.

Legitimate

The Health and Personal Social Services (Northern Ireland) Order 1972


The Mental Health (Northern Ireland) Order 1986

MENTAL CAPACITY ACT

Chronically Sick & Disabled Persons (NI) Act 1978

Human Rights Act 1998

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NAME: _____ DATE CREATED: _____ DATE OF COMMENCEMENT: _____ DATE OF REVIEW: _____

Details of current risk(s) of harm	Planned intervention	Person(s) responsible	Date to be completed	Desired Outcome of Service User/Carer	Desired Outcome of Professional	Reason for not taking any action
1						
2						

Take five minutes postulate on what the Risks and Needs might be within your case study and how you might intervene

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- Trust Services
- Community Groups
- The Adult at risk of harm
- Family members





Special Measures

Take a few minutes to list the special measures we looked at during our last session



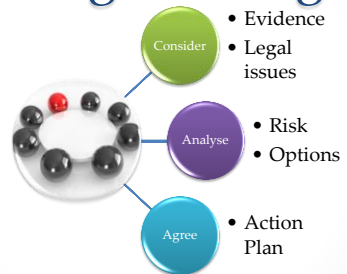
DAPO – The Chairing Role

Types of Meetings



- Decision Making
- Informational
- Strategy Meetings
 - Single Agency
 - Joint Protocol
- Case Discussion
- Case Conference

Chairing meetings...



Agenda

1. Common Challenges
2. Groupthink
3. Success criteria for purposeful meetings
4. Stages of a meeting
5. Difficult Stakeholders
6. 6 strategies to 'do it better'

Remember...

- The role of the Chair in the Adult Safeguarding process is a crucial one
- Staff taking on the role must have an understanding of Adult Safeguarding Policy & Procedures
- Be in an appropriate position within their service group to undertake the task

Challenges

Experience of Adult Safeguarding meetings

- What are the main challenges for you in Adult Safeguarding meetings?
- What's working well at your meetings?
- What's not working well?



Every Meeting
You've ever been to

Without Rules	Rules
Time wasting	Decisions
Arguments	Structure
No Shape	Leadership
	Timed Agenda

<https://youtu.be/K7agjXFFQIU>

©HSCCT - Adult Safeguarding Training - J. T

Challenges- Common Themes:

- ❖ Agendas are too full
- ❖ People don't feel listened to
- ❖ Meetings are boring & lack purpose
- ❖ Meetings are too long
- ❖ Certain people dominate discussions
- ❖ Meetings end & no one is clear what to do next

Groupthink...

WHEN ALL **THINK** ALIKE,
THEN NO ONE IS THINKING
-WALTER LIPPMAN-



<https://youtu.be/jK-1fYhpq2Y>

Irving Janus (1972 & 1982)

Groupthink

- Illusion of invulnerability**
 - Creates excessive optimism that encourages taking extreme risks.
- Collective rationalization**
 - Members discount warnings and do not reconsider their assumptions.
- Belief in inherent morality**
 - Members believe in the rightness of their cause and therefore ignore the ethical or moral consequences of their decisions.
- Stereotyped views of out-groups**
 - Negative views of "enemy" make effective responses to conflict seem unnecessary.

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Groupthink

Direct pressure on dissenters

- Members are under pressure not to express arguments against any of the group's views.

Self-censorship

- Doubts and deviations from the perceived group consensus are not expressed.

Illusion of unanimity

- The majority view and judgments are assumed to be unanimous.

Self-appointed 'mindguards'

- Members protect the group and the leader from information that is problematic or contradictory to the group's cohesiveness, view, and/or decisions.

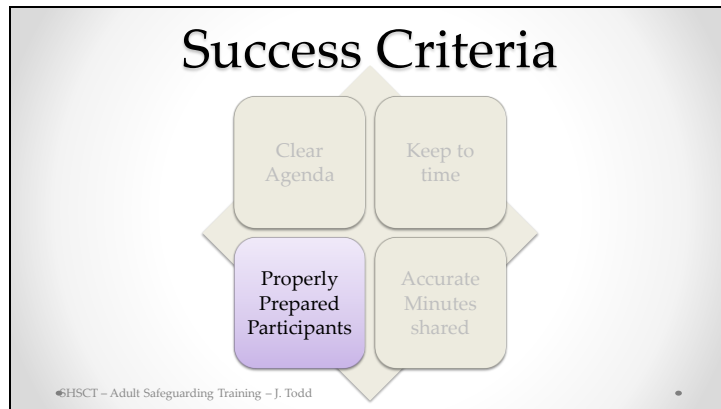
Success Criteria

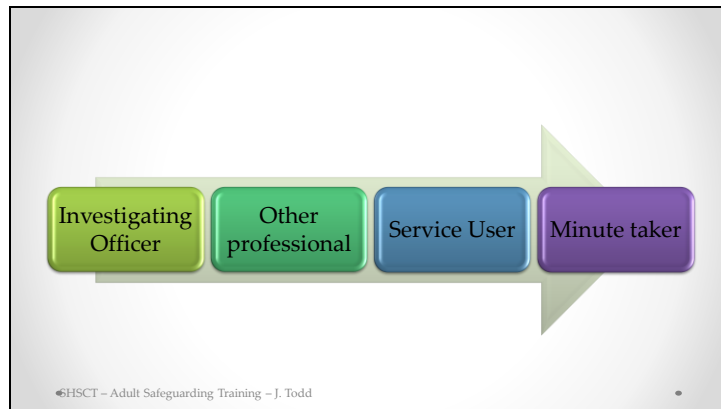
Successful meetings:

In pairs - Think about meetings you have attended that were they successful.

- What makes a meeting successful? Write down the characteristics you think make for a successful meeting.







Success Factors

- ✓ An adult safeguarding meeting is only as effective as the investigation which informs it
- ✓ The quality of the information presented by participants'
- ✓ Participants' knowledge & understanding of adult abuse
- ✓ Participants' skills in risk assessment
- ✓ **The chairing skills of the chairperson**



Chair
Person

Leadership style...?

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Chair Person	Leadership style		
Directing	Delegating	Supporting	Coaching
<ul style="list-style-type: none">• I check team member's work on a regular basis• I have team members report back to me after completing each step	<ul style="list-style-type: none">• I provide team member's with clear responsibilities• I ensure that information ... is fed directly to team members.	<ul style="list-style-type: none">• I appoint team members into task groups• I provide team members with the time and resources	<ul style="list-style-type: none">• I focus on opportunities and not problems• I hold regular meetings to discuss work status

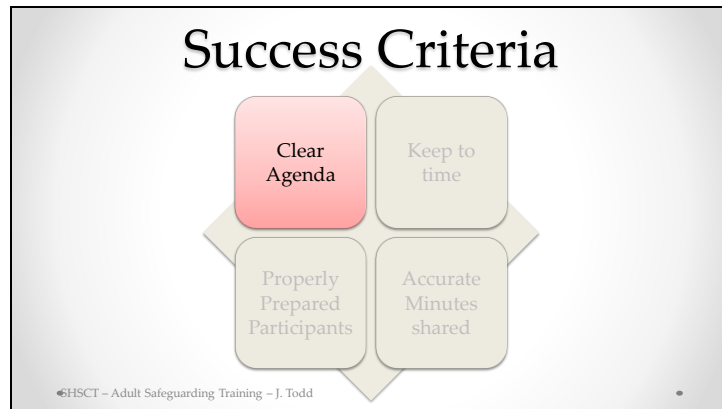
Role of the chair person

- To lessen the intensity of the meeting for the service user
- To 'hold' the meeting together
- To share information after the meeting
 - Minutes
 - Update DATIX / PARIS
 - Risk register?
 - Casting vote?

Accessibility

- Venue
 - loop system
- Reports;
 - timescales,
 - Quality
 - Client preview





Type of meeting

-  Strategy discussion
-  Case conference
-  Case review

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Three Distinct Stages:

- 1 Introduction
- 2 Assessment of Risk
- 3 Decision Making

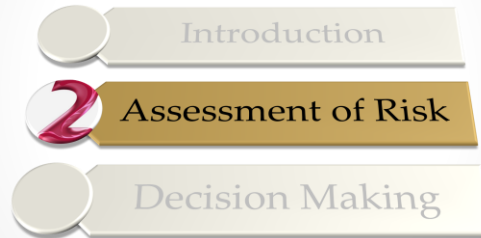
Three Distinct Stages:

1 Introduction

Assessment of Risk

Decision Making

Three Distinct Stages:

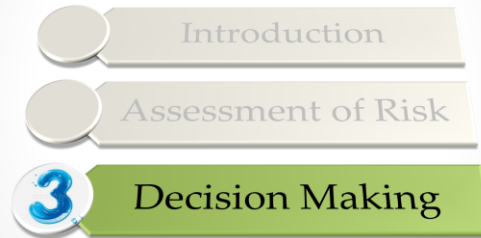


Purpose of ASG meetings

- To determine if serious harm has occurred
- To agree an action plan
- To follow up with review if appropriate
- To ensure client's views are forefront
- "Balance of probability"



Three Distinct Stages:



Planning an agenda

In Pairs –

- Draw up an agenda for your next Safeguarding Case Discussion

Planning an agenda

- General Pattern
 - Intro
 - Roles of attendees
 - Format / purpose of the meeting
 - Analysis
 - Risk factors
 - Investigation report
 - Positive factors / risk factors
 - Service user's view
 - Other people's view
 - Agree a plan (strategy, protection plan, review plan, timescales, legal frameworks)

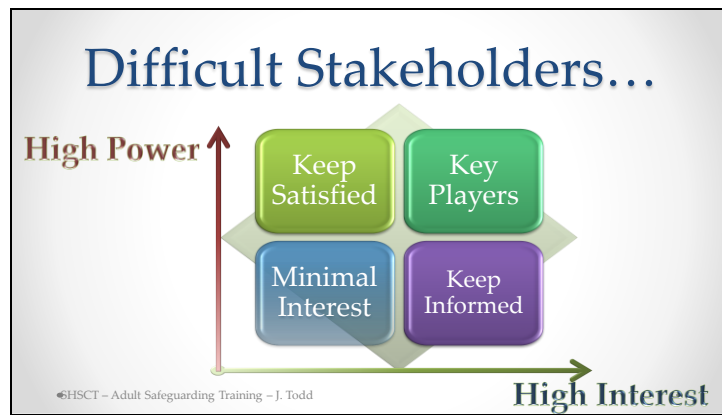
Serious Case Review: MR D

SCR highlighted :

“ the importance of explicitly agreeing actions arising from Safeguarding meetings and ensuring their implementation”

(SCR: Mr D- Surrey Safeguarding Adults Board 2014)





Difficult Behaviour:

- The person who won't 'shut up'
- Dominant /monopolising person- others 'switching off'
- Person constantly repeating information
- Silent person
- Lack of participant contribution
- The cynic
- Aggressive behaviour
- Participants whispering/ chatting/ passing notes to each other
- Chair person ignoring participants
- Use of jargon
- Service user not included in discussion

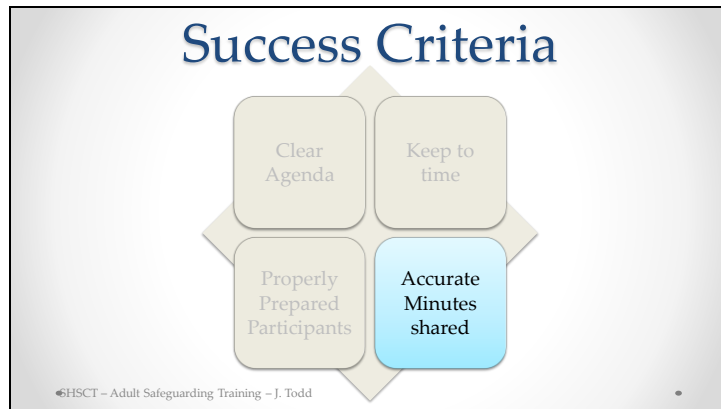
Dealing with Difficult Behaviour

- ✓ Intervene & address behaviour- but not a battleground!
- ✓ Unacceptable behaviour or comments must be acknowledged
- ✓ Remind participants of ground rules
- ✓ Where problems do arise, their cause needs to be clearly understood



Dealing with difficult behaviour

- Agree boundaries for meeting
- Maintain respect



Slide 114

The diagram features a central cloud labeled 'GDPR' surrounded by icons representing digital security and communication: a laptop, a padlock, a smartphone, a globe, a server rack, a document, and an envelope. Dotted lines connect these icons to the central cloud. On the left, a sidebar contains four items: 'Clear Agenda', 'Keep to time', 'Properly Prepared Participants', and 'Accurate Minutes shared'. The 'Accurate Minutes shared' item is highlighted in blue.

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What should be recorded?

- Attendees and apologies including those invited who did not attend
- Background information
- A summary of the discussion
- A summary of service users views.

What should be recorded ?

- A summary of the assessment or risk and needs of each individual
- The name and designation of anyone dissenting from decisions and the reasons why
- The outline protection plan including timescales for action and review.

Purpose of Minute Taking

- To act as a legal and historical record.
- To record decisions made by the group.
- To record agreement or disagreement.
- To record who is responsible for action.
- To record the fact that information has been received.
- To inform those not present.

Minute Taker's Role

- Take notes he /she can understand.
- Record those present and any apologies.
- Ensure that all decisions are recorded.
- Record the main reasons for decisions.
- Record any information received.
- Work with the Designated Officer to ensure decisions are clear.
- Produce an accurate and timely record of meetings.
- Circulate the minutes to the relevant people in the relevant time scale.

What Minutes Are Not!

- A verbatim record of discussions.
- A rehearsal of all the arguments for and against decisions.
- About matters irrelevant to the meeting.

Accuracy

- Meeting minutes have no value if they are not accurate.
- Names and terms, especially the jargon, must be spelled correctly.
- You need to get it right the first time in your notes: familiarisation helps.

Four Eyes Are Better Than Two

Proof Reading

- Working in partnership with minute takers, DAPOs give feedback to help assess whether the minutes are clear, easy to read, free of typos, in line with the agreed template.
- Check that spellings of names and terms agree with the glossary.

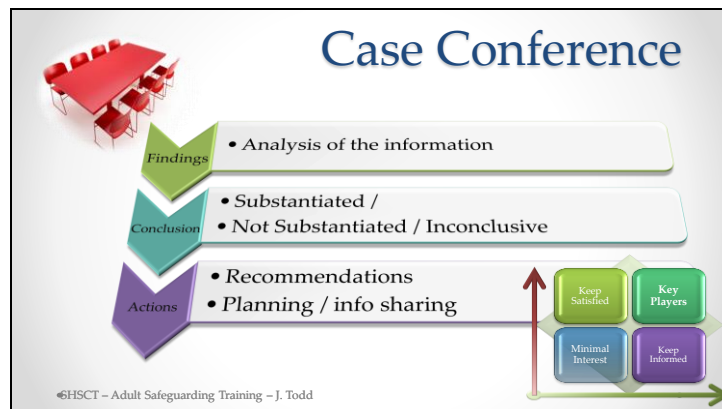
6 Strategies..

- Prepare the attendees
- Position your agenda items
- Open with clear expectations
- Manage the time
- Manage any conflicts
- Wrap up well

©HSC - Adult Sa... .

Review of the session

1. Common Challenges
2. Groupthink
3. Success criteria for purposeful meetings
4. Stages of a meeting
5. Difficult Stakeholders
6. 6 strategies to 'do it better'



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 (see para 7.5 below). 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.

Working Definitions of safeguarding outcomes [from Manchester Mental Health Social CARE Trust March 2015]

Unsubstantiated – this would apply to cases where any allegations of abuse are unsubstantiated on the balance of probabilities. No evidence/witnesses to say it did happen. No suspicions around alleged perpetrator. No past history of concerns or risk. Possible evidence to show alleged perpetrator was somewhere else at time of alleged incident etc...

Partly substantiated – this would apply to cases where multiple abuse has been reported. It may have been possible to substantiate some but not all of the allegations made on the balance of probabilities. For example 'it was possible to substantiate the physical abuse but it was not possible to substantiate the allegation of financial abuse'.

Substantiated – this would apply to cases where any allegations of abuse are substantiated on the balance of probabilities. There may be witnesses, physical/financial evidence or perpetrator may admit abuse.

Inconclusive – this would apply to cases where it is not possible to record an outcome against any of the other categories based on the balance of probabilities, i.e. that an allegation is more probable than not. There may be cases where there is no witnesses/evidence but there may have been concerns around alleged perpetrator in the past and a possible history of abusive behaviour. Also victim may be scared of alleged perpetrator or show negative behaviours them. If suspicions remain but there is no clear evidence the outcome can be recorded as inconclusive



Following the completion of the final draft investigation report consideration must be given by the DAPO to the most appropriate type of meeting for sharing and agreeing the final outcomes of the investigation and the process for managing any recommendations. This must reflect the views and wishes of the adult in need of protection and their family where appropriate.

Sharing the Investigation Report

Decisions to share the investigation information should carefully consider any possibility of escalating risk to the adult in need of protection or others

- **The person who may have caused the harm**

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.

- **The Chair Person**

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.

- **The Adult at Risk of Harm**

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

Attendees

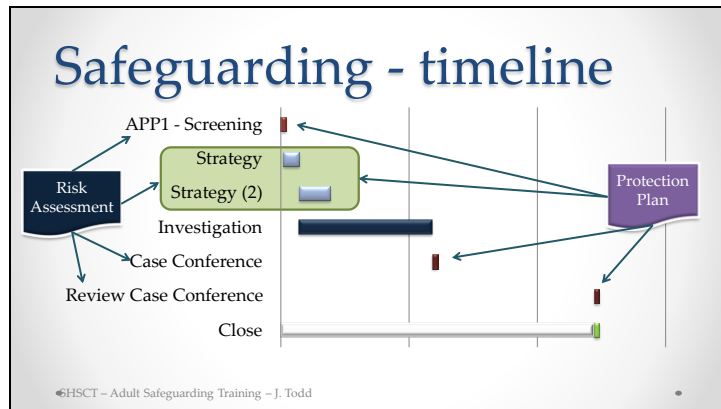
The *Adult at Risk Harm*
The *DAPO* (?as Chair person)
The *IO*

As well as representatives invited to and attending the meeting *who* should have the delegated authority to agree to provide services to contribute to the reviewed protection plan if their organisation has a *continuing* role to play.

A Minute taker

Venue

A venue to support the attendance of the Adult at risk of harm; *where risks can be managed to those attending.*



Review

WHAT NEEDS TO...

stop    start

be maintained

APP5

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Time Scales

These are not set by the Policy or within the procedures.

Factors to consider include Risk to the Adult at risk of harm, access to relevant professionals.

The individual needs to be seen initially as soon as possible, to ensure their safety.

QA Reports

Are the facts stated clearly and evidence sources cited accurately?

Is there sufficient analysis?

Is the analysis clearly link to the preceding statement of fact?

Do the recommendations follow on from the analysis?

Pay attention to the Tense of the work;

- Past tense for what has happened (facts)
- present tense for the analysis
- future tense for the recommendations



The slide features a light grey background with the word "Strategy" in a blue serif font at the top right. In the top left, there is an icon of four stylized human figures in red, blue, green, and yellow, each with a speech bubble above them. Below this icon are two blue rounded rectangular boxes. The first box contains an icon of an envelope with a padlock and the text: "Secure (CJSM) eMail system with PSNI Contact – Roger.Gardiner@southerntrust.hscni.net". The second box contains an icon of a film camera and the text: "SHSCT Corporate Communications Contact – 028 3861 2579 / 3965 (9am -5pm) 07825 141 677 (after 5pm and weekends)". At the bottom left, there is a small copyright notice: "©HSC – Adult Safeguarding Training – J. Todd".

Strategy

Secure (CJSM) eMail system with PSNI
Contact –
Roger.Gardiner@southerntrust.hscni.net

SHSCT Corporate Communications
Contact – 028 3861 2579 / 3965 (9am -5pm)
07825 141 677 (after 5pm and weekends)

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SHSCT Communications staff



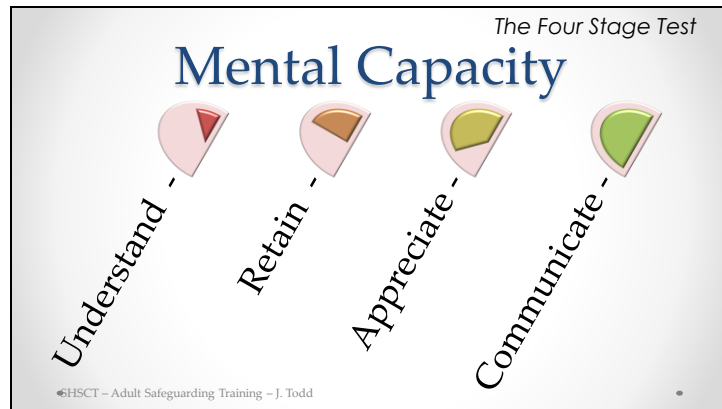
Wii FM – What’s in It For Me

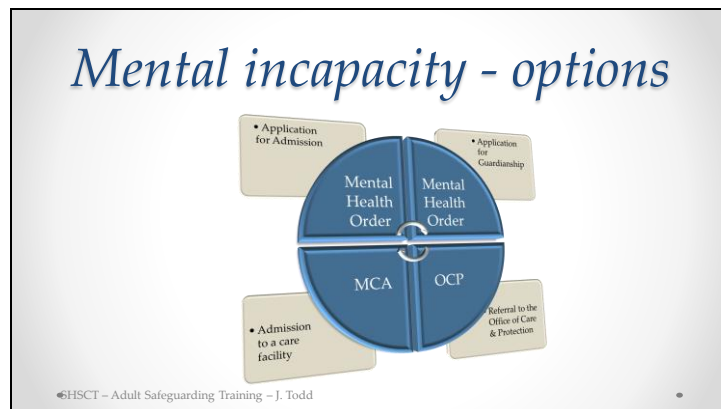
Sharing of information

Safeguarding Data / Trend analysis – for the individual at risk of harm, the care provider or others

Corporate Risk Assessment

Delegated Statutory Function reporting





Admission to MH Hospital – for assessment under the MH (NI) Order 1986

Due to Mental Disorder and the risk to self and others; ASW Application for admission based on a medical recommendation for admission.

Guardianship –

For the welfare of the person and conveys powers to the guardian who can require the patient to reside in a specific place, or attend at places and times so specified for the purpose of medical treatment, occupation, education or training.

Office of Care and Protection

Enduring Power of Attorney vs Controllership

The OCP is responsible for the management of the property and affairs of people in Northern Ireland who, through mental disorder, are incapable of managing their own financial affairs.

NB - Duty to refer when the Trust is aware of a patient who lacks capacity and there is no mechanism to manage their financial affairs, where their assets are more than a set value, currently £24k

Also can convey the power of access to the patient to be given at any place where the patient is residing to any medical practitioner, approved social worker or other person so specified

Best Interests decision Making pathway

