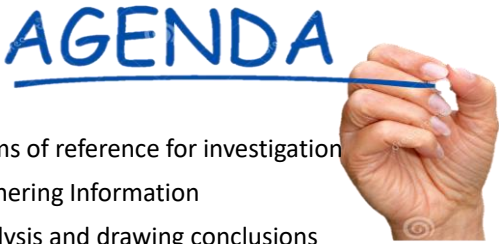


Investigating Officer Training

Teaching Materials used since April '21

Slide 2



AGENDA

- Terms of reference for investigation
- Gathering Information
- Analysis and drawing conclusions
- Making Recommendations
- Report Writing

Slide 3

AGENDA



- Communicating with the DAPO
- Roles of Others
 - Independent Advocate
 - Solicitor
 - HR / Union Rep

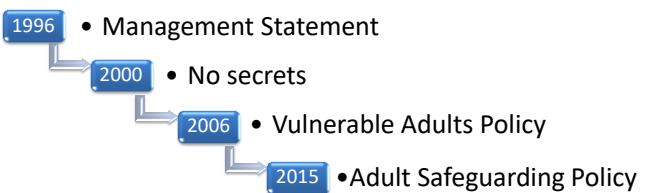
Slide 4

CONTEXT

Therese

Slide 5

Safeguarding Policy Context



1996 • Management Statement

2000 • No secrets

2006 • Vulnerable Adults Policy

2015 • Adult Safeguarding Policy

Prevention **P**rotection **P**artnership

Slide 6

Legislative Context



-  Criminal Law
-  Civil Law
-  Welfare Law

Slide 7




-  Criminal Law

- Common Law
- Offences against the Person Act 1861
- Criminal Law Act (NI) 1967
- Sexual Offences (NI) Order 1978
- Criminal Justice (NI) Order 2003
- Sexual Offences Act 2003, 2008

Slide 8



-  Civil Law


Matrimonial Legislation

Family Homes and Domestic Violence (NI) Order 1998

The Protection for Harassment (NI) Order 1997

The Public Interest Disclosure (NI) Order 1998
(Whistle Blowing)

Slide 9



Welfare Law


The Mental Health (NI) Order 1986


- Compulsory admission
- Guardianship
- Office of Care and Protection
- Willful Neglect

HPSS (NI) Orders (1972 onwards) and Statutory Rules

Slide 10

“Relevant Offences”

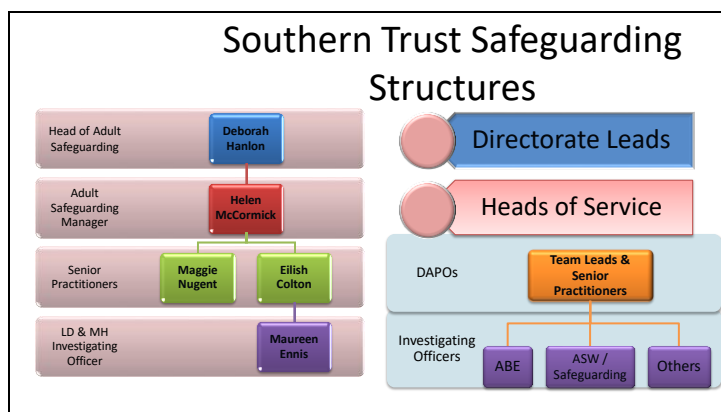




Relevant Offences
MUST be reported
to the Police

Sexual Offences	Contact and non contact offences
Dishonesty Offences	Theft, Fraud
Offences against the person	Actual Bodily Harm, GBH etc.

Slide 11



Slide 12

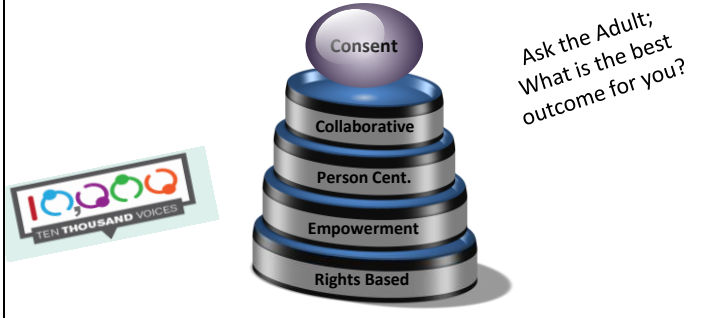
Values Exercise

What are the values that should underpin Adult Safeguarding practice?

What are the value conflicts in this area of practice?

Slide 13

The 5 Principles



Ask the Adult;
What is the best
outcome for you?

A Rights-Based Approach: To promote and respect an adult’s right to be safe and secure; to freedom from harm and coercion; to equality of treatment; to the protection of the law; to privacy; to confidentiality; and freedom from discrimination.

An Empowering Approach: To empower adults to make informed choices about their lives, to maximise their opportunities to participate in wider society, to keep themselves safe and free from harm and enabled to manage their own decisions in respect of exposure to risk.

A Person-Centred Approach: To promote and facilitate full participation of adults in all decisions affecting their lives taking full account of their views, wishes and feelings and, where appropriate, the views of others who have an interest in his or her safety and well-being.

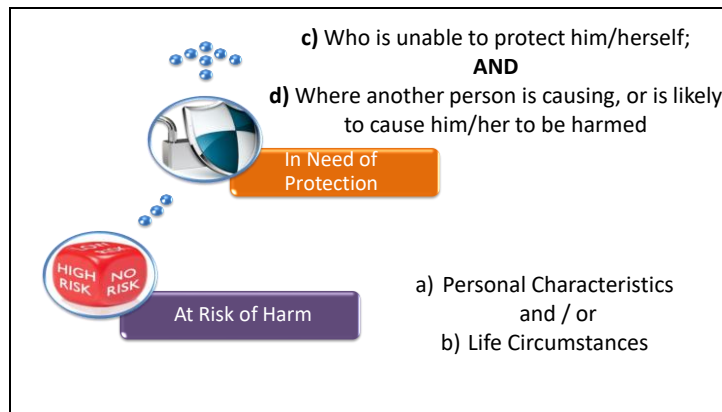
A Collaborative Approach: To acknowledge that adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community, independent and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood. Working in partnership and a person-centred approach will work hand-in-hand.

A Consent-Driven Approach: To make a presumption that the adult has the ability to give or withhold consent; to make informed choices; to help inform choice through the provision of information, and the identification of options and alternatives; to have particular regard to the needs of individuals who require support with communication, advocacy or who lack the capacity to consent; and intervening in the life of an adult against his or her wishes only in particular circumstances, for very specific purposes and always in accordance with the law.

Slide 14



Slide 15



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 (may include, but are not limited to age, disability, illness, physical or mental infirmity and impairment of, or disturbance in, the functioning of the mind or brain) and/or

Life circumstances (may include, but are not limited to, isolation, socio-economic factors and environmental living conditions);

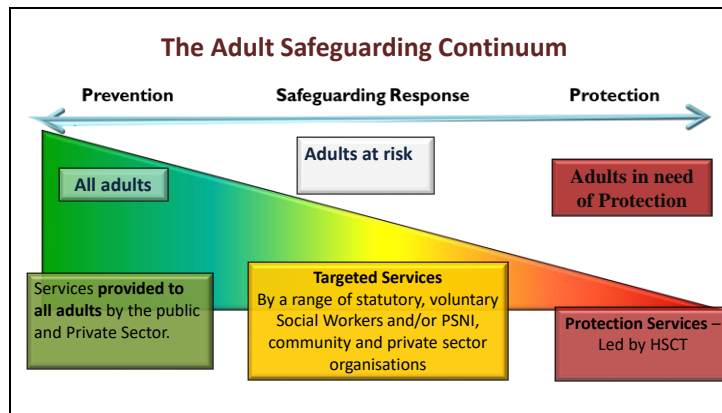
An 'Adult in need of protection' is an adult at risk of harm (above)

Who is unable to protect their own well-being, property, assets, rights or other interests; and

Where the action or inaction of another person or persons is causing, or likely to cause, him/her to be harmed

Best Fit concept – where the adult at risk of harm does not meet the referral criteria for a community team.

Slide 16



Slide 17

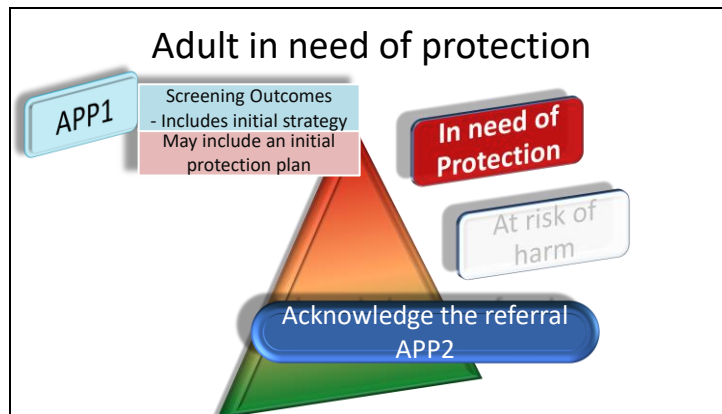
Personal Characteristics

The Adult at risk of Harm

Support needs of people referred to Adult Safeguarding Processes in England 2018-19

	Number of Safeguarding Investigations commenced in England 2018-19	Percentage of Total
Physical Support	49470	41%
No Support Reason	16770	14%
Learning Disability Support	15125	13%
Mental Health Support	13260	11%
Support with Memory & Cognition	11155	9%

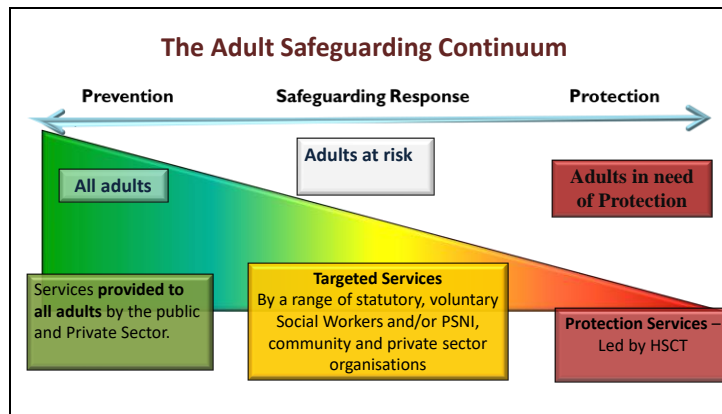
Slide 18



Slide 19

SESSION 2

Slide 20



Slide 21




Slide 22

Adult in need of protection

Mr A, aged 83, explained he had a cupboard in his hall where he kept his collection of alcohol. This was wide range of drinks and all quite expensive in presentation boxes. He told me that his niece would have purchased these on his behalf or they would have been bought by himself some years ago when he was in better health. His niece confirmed that two weeks ago, during one of her fortnightly visits, she had noted two bottles of whiskey missing. She told me that she also noted that the cupboard was reduced in size in general. She told me that her uncle's drinks would have filled two shelves and now they were able to be put on one.

Mr A proceeded to tell the care worker that £500 pounds was also missing, along with a number of gold sovereigns .



Slide 23

Adult in need of protection

DCWs have raised concerns over the provision of meals and are concerned family are not assisting Mrs B with medications . Workers are concerned that no one is about to assist Mrs B with meals or feeding. Workers gave Mrs B something to eat on Sunday at tea time because they had seen no family all day and hadn't seen Mrs B getting anything to eat, they asked Mrs B if she was hungry she said i'm starving. This has happened before at the weekend.

Mrs B's blister pack still contained Saturday and Sunday tea and bed times tablets. Also still in the pack marked week 3, week 4 pack has not been opened.

Concerns have also been raised about Mrs B being isolated, family work all day with only carers calling in and they don't think Mrs B has been out of her room from she came home from hospital.




Slide 24

Adult in need of protection

Female, aged 86 who has hypermobile joints and a connective tissue disorder.

When dcw called at Mrs C's home paramedics had just arrived to see to her as she had a cut to her left leg there was a lot of blood the nephew was cleaning it up.

Nephew said he had pushed the stool and it hit of his aunt causing the injury.



Slide 25

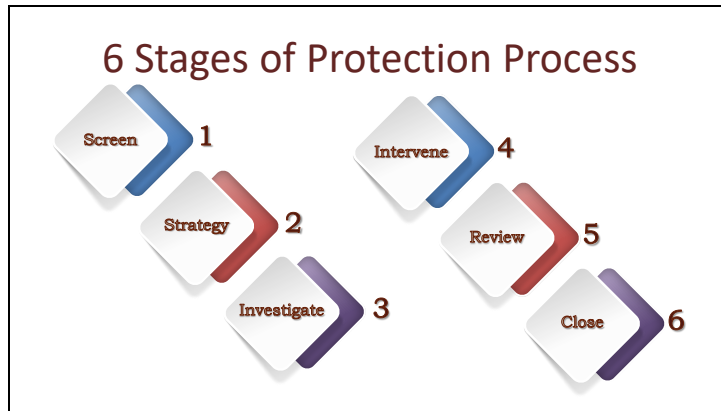
Adult in need of protection

Both male service users live in Trust contracted facility which provides residential care for people who have dementia.

Night care staff were in a bedroom tending to a resident when they heard someone shouting 'No No'. When they came from the room they saw Mr D standing over Mr E and he appeared to be hitting him in the face. The carer shouted for him to stop which he did immediately. Mr D was taken back to the wing in the building where his bedroom was and Mr E was checked for injuries – none apparent. Both residents were very settled and did not appear to be distressed after the event.

Case
Study

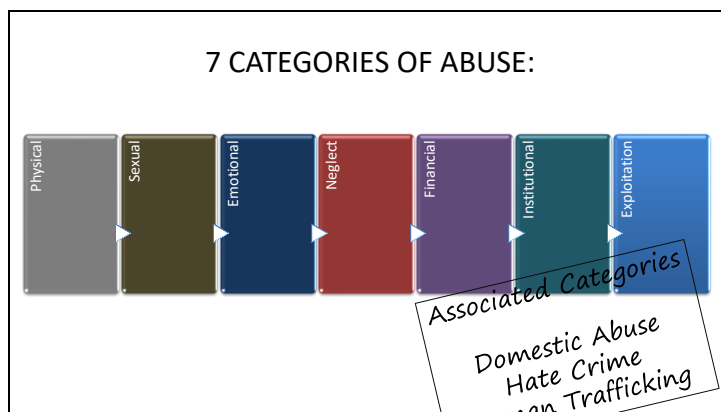
Slide 26



Slide 27

Investigation Officer
TERMS OF REFERENCE
James

Slide 28



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.

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.

Slide 29

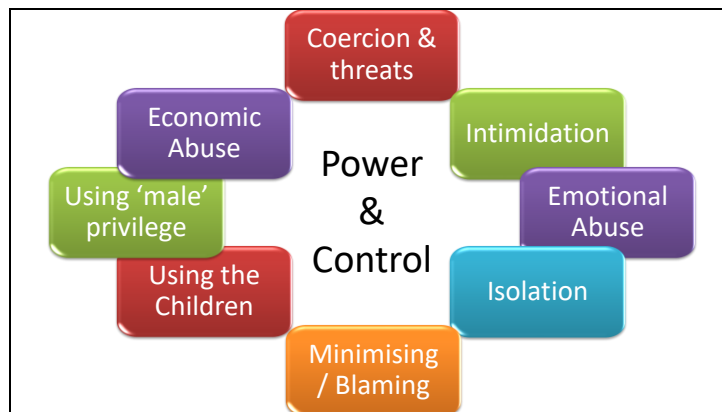
Domestic Violence

- *NON-MOLESTATION ORDER*
- *REFERRAL TO MARAC*
- *DASH FORM*

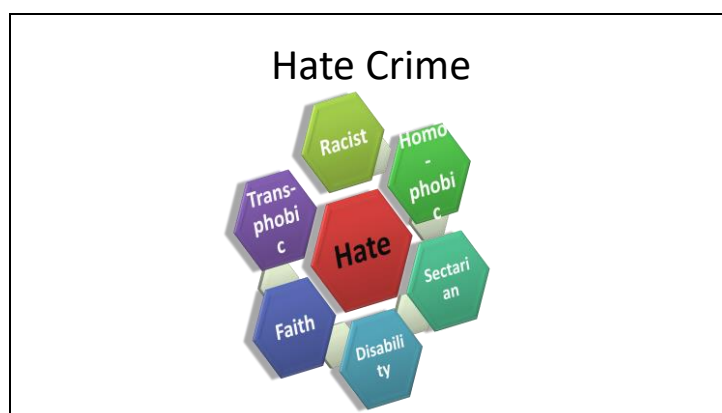


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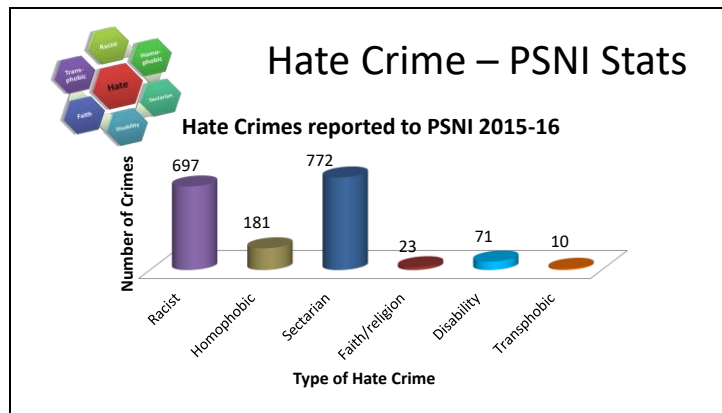
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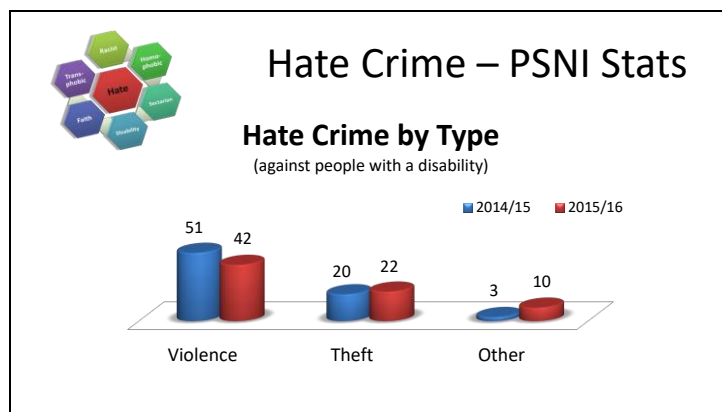
Slide 31



Slide 32



Slide 33



Slide 34

Human Trafficking

- slavery
- being controlled by a person or persons
- forced labour
- domestic violence and abuse
- sexual violence and abuse
- human trafficking

Slide 35

Responding to Trafficking

National Referral Mechanism



- Alert the Trust Adult Safeguarding Specialist for the SHSC Trust
 - The TASS will inform the Home Office.

The 'First Responder' (agency) should then support the person with access to:-

- Safe accommodation and material assistance
- Medical treatment and care
- Counseling and emotional support
- Advice on immigration and legal rights and services
- Advice on the criminal justice system
- Guidance on education, training, and employment
- 45-day 'reflection period'

Assistance Available

Safe accommodation and material assistance

Medical treatment and care

Counselling and emotional support

Advice on immigration and legal rights and services

Advice on the criminal justice system

Guidance on education, training, and employment

45-day 'reflection period' when a person cannot be removed from the UK. The recovery period is intended to give the victim time to recover and escape the influence of traffickers and/or to take an informed decision on cooperating with the authorities

1-year residence permit if the victim is cooperating with the police

Ensuring any return to the home country is safe and dignified

Slide 36



Slide 37



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.

Slide 38

Strategy

Discuss your case study and decide which type of strategy discussion you would be invited to and why.
Who else might be required?

Case Study

APP5

Slide 39

What do you want from the Strategy?

Guidance

Process

Reporting

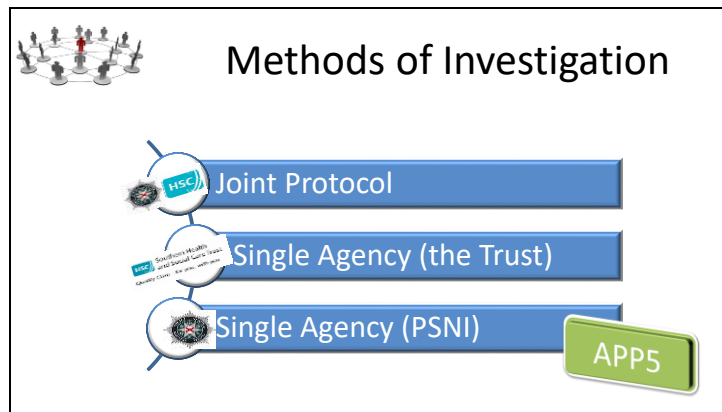
People

Timescales

THIS IS NOT SET IN STONE

APP5

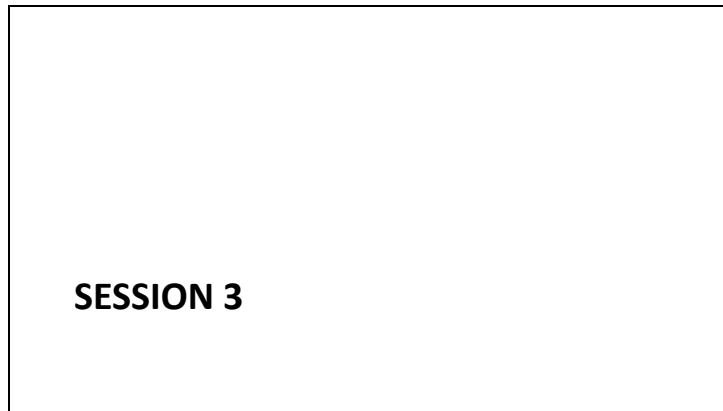
Slide 40



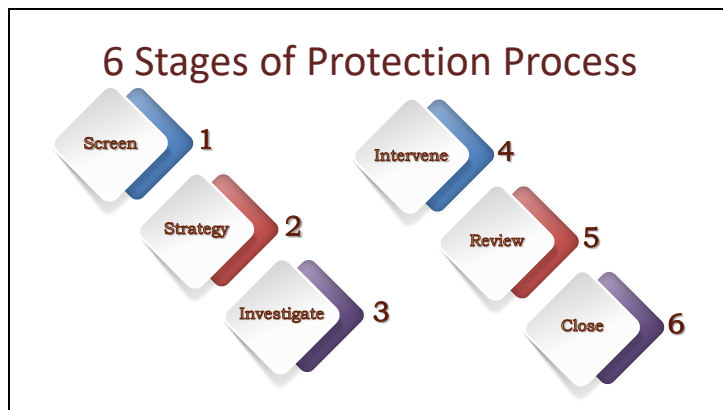
To prevent abuse, by promoting a multi-agency approach to the protection of vulnerable adults and ensuring they receive equitable access to justice in a way that promotes their rights and wellbeing.

Joint strategy planning meeting to agree protection plan/investigation plan. Clarification with V/A ABE Interview or Statement.

Slide 41



Slide 42



Slide 43



Slide 44

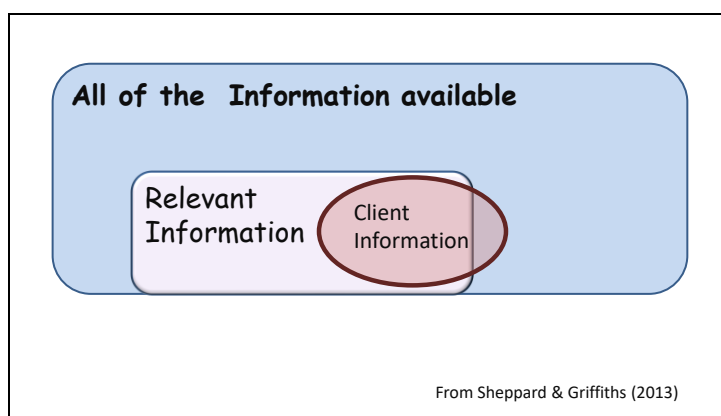
Gathering Information

Timing of intervention
Scheduling of interviews

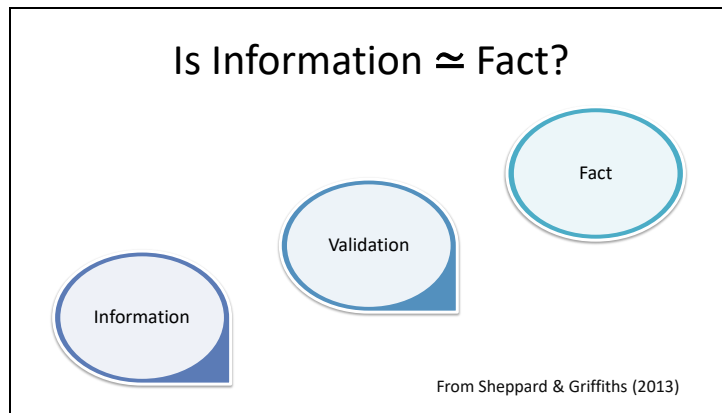
Identification of information sources
Investigative Interviewing skills

The slide is titled "Gathering Information". It contains two main sections. The left section features a graphic of a clock face with the text "Timing is everything" written across it. Below this graphic are the sub-points "Timing of intervention" and "Scheduling of interviews". The right section features a graphic of a tree where the branches are made of various colorful icons representing different information sources (e.g., a smartphone, a laptop, a globe, a mail envelope). Below this graphic are the sub-points "Identification of information sources" and "Investigative Interviewing skills".

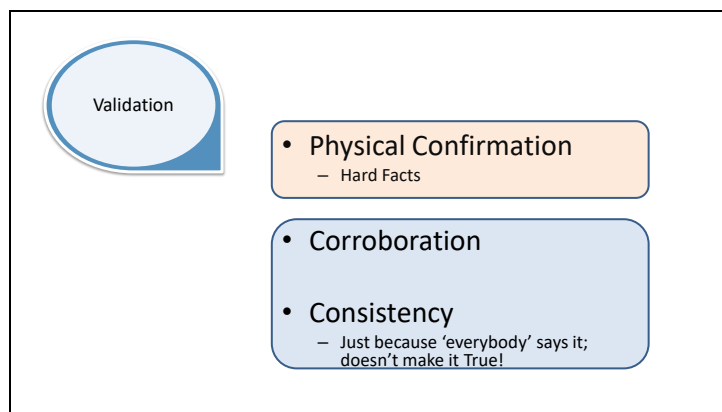
Slide 45



Slide 46

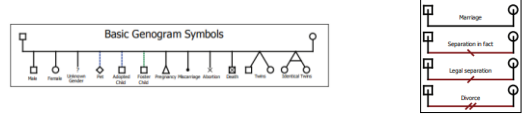


Slide 47



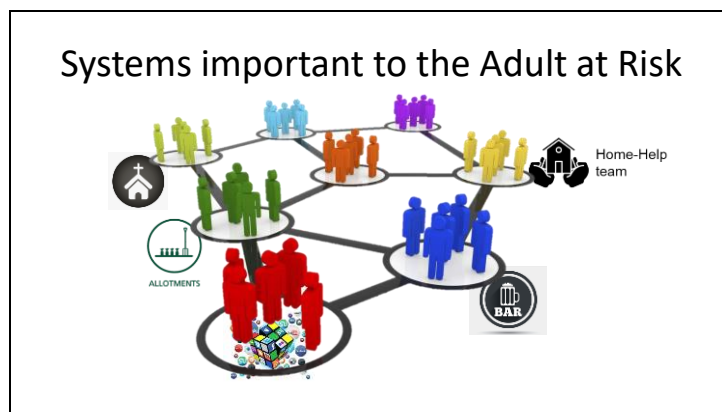
Slide 48

Family / Peer and social systems

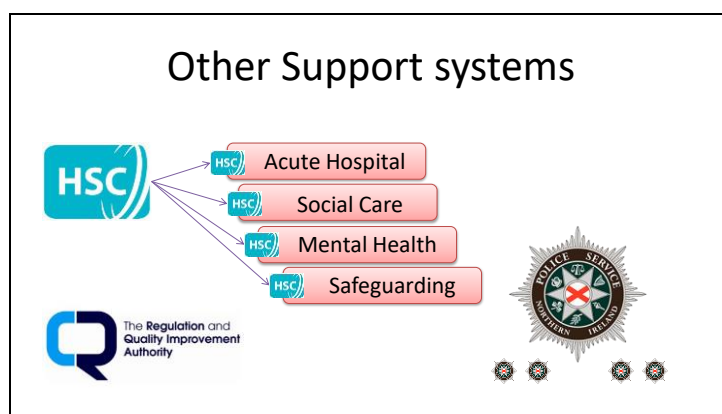


The level of dependence on others was a recurring theme in the serious case reviews (SCRs) considered by Manthorpe and Martineau (2015).

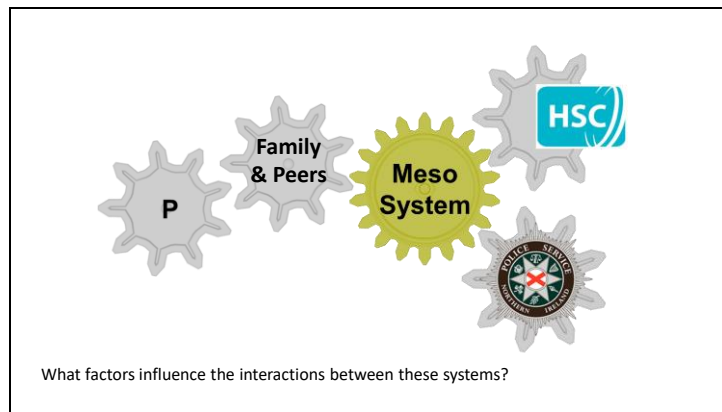
Slide 49



Slide 50



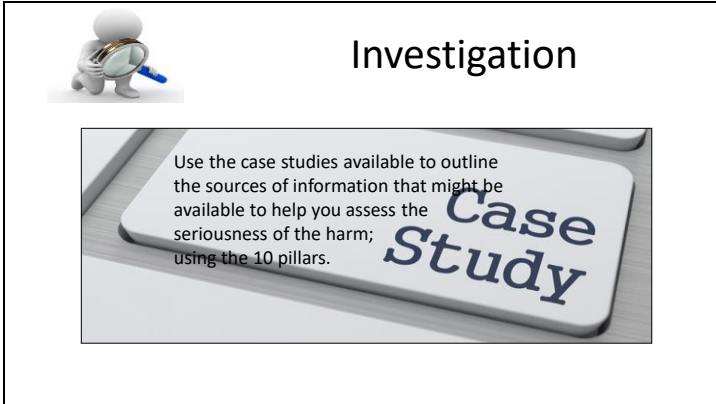
Slide 51



Slide 52



Slide 53



Investigation

Use the case studies available to outline the sources of information that might be available to help you assess the seriousness of the harm; using the 10 pillars.

Case Study

Slide 54

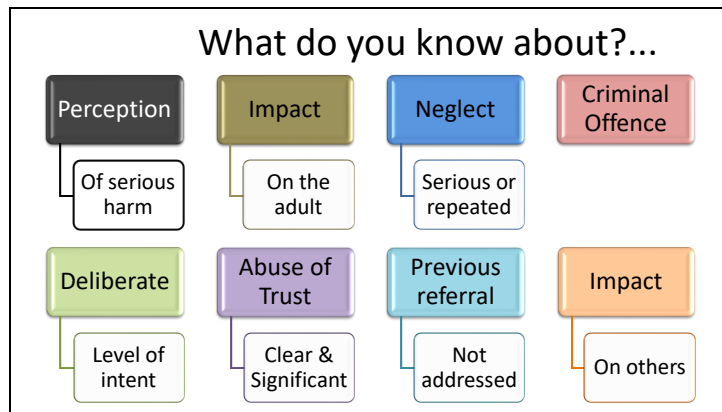
INFORMATION SOURCES
To help you assess these headings



The diagram shows five colored boxes representing information sources: Impact (red), Degree (green), Extent (purple), Duration (blue), and Frequency (orange). A double-headed arrow is positioned below these boxes, indicating a range or spectrum of assessment.

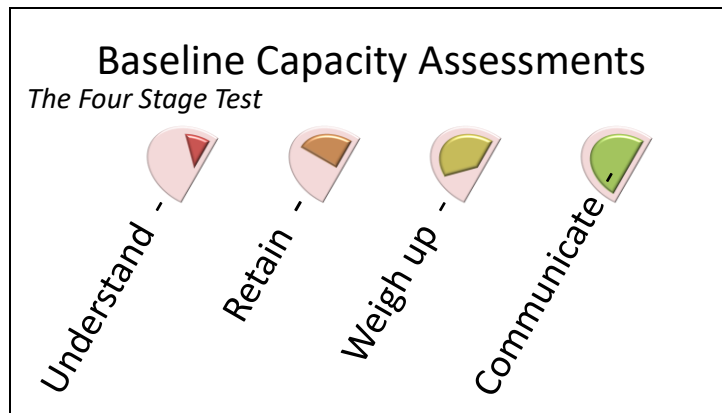
- the impact on the adult at risk;
- the reactions, perceptions, wishes and feelings of the adult at risk;
- the frailty or vulnerability of the adult at risk;
- the ability of the adult at risk to consent and participate in the decision making process;
- the illegality of the act(s);
- the nature, degree and extent of harm;
- the pattern of the harm-causing behaviour;
- previous incidents, including any previous HSC Trust involvement
- the level of threat to the adult at risk's right to independence;
- the apparent intent of the alleged perpetrator and extent of premeditation;
- the relationship between the alleged perpetrator and the adult at risk;
- the context in which the alleged harm takes place;
- the risk of repetition or escalation of harm involving increasingly serious acts relating to this individual or other adults at risk; and

Slide 57



- 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.

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Slide 59

SESSION 4

Slide 60

**INVESTIGATIVE
INTERVIEWING SKILLS**

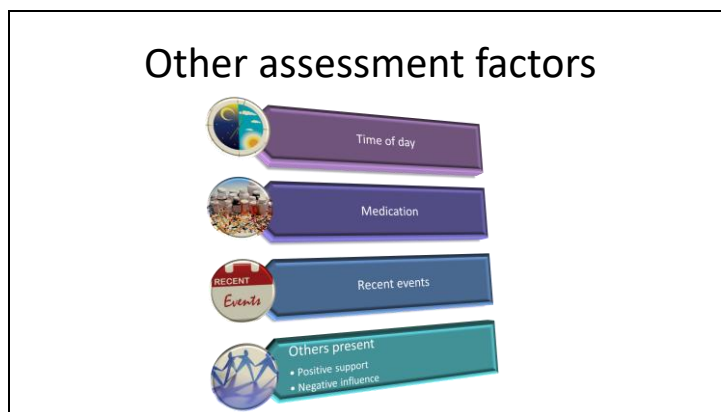
Slide 61



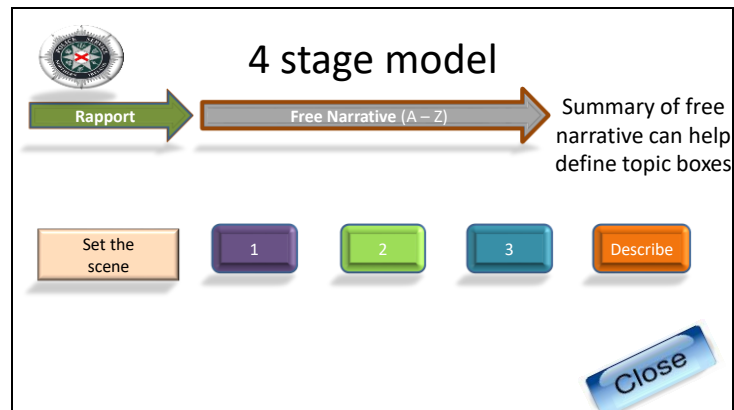
Slide 62



Slide 63



Slide 64

**Stage 1** Rapport

Ground Rules:

Explain roles within the interview and the route map

Stage 2 Free Narrative – TED; Tell me, Explain, Describe.

Use a broad open question

Do not interrupt

Do not question..

Summary (Can help identify topics)

Stage 3 Start with the topic box that focuses on the incident

P – People

L – Location

A – Action

I – Items

T – Time

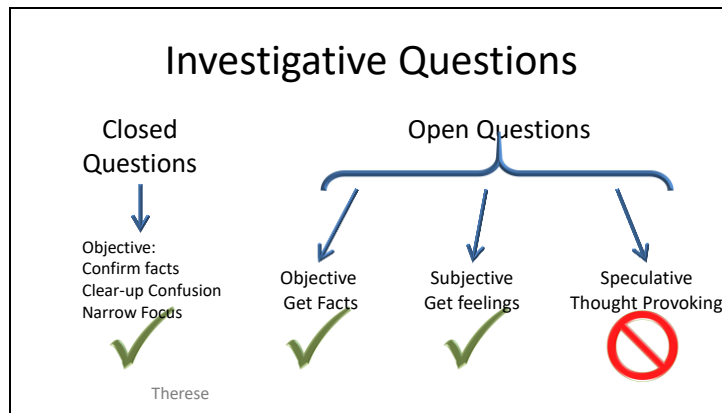
S – Sounds

5 Ws – When, Where, Who, What, How (and possibly Why).

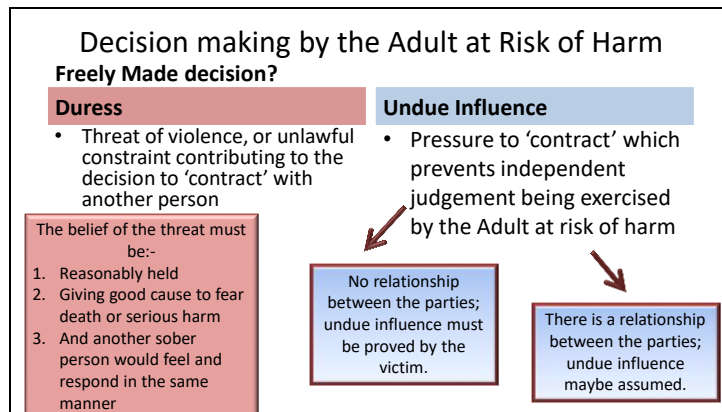
Stage 4 Closure – is there anything I have missed

End interview

Slide 65



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Duress

This means when a contract is made using threat of violence or unlawful constraint.

The Graham Test (R v Graham 1982) is used to determine if Duress is at play.

There are three parts to the test:

1. The person must have a **reasonable belief** in the circumstances;
2. This belief must have caused the person to have a **good cause to fear** death or serious injury (or constraint) would result if he did not comply; and
3. A **sober person of reasonable firmness**, sharing the characteristics of the person, might have acted as in the same way.

Undue Influence

Undue influence had been introduced to deal with cases where duress does not apply. This is where the influence is considered as unnecessary.

A circumstance where undue influence applies is when there is no relationship present between the parties, therefore, it becomes the responsibility of the party who is claiming that there is undue influence to be able to prove that it exists.

Another circumstance where undue influence can apply is when there is a relationship present where one party puts their trust in another party. In the case of Allcard v Skinner (1887), there was a presumption of undue influence.

Where there is trust involved, such as between family members, undue influence may be presumed, evidence would be required in order to show that what is assumed is untrue.


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Undue Influence

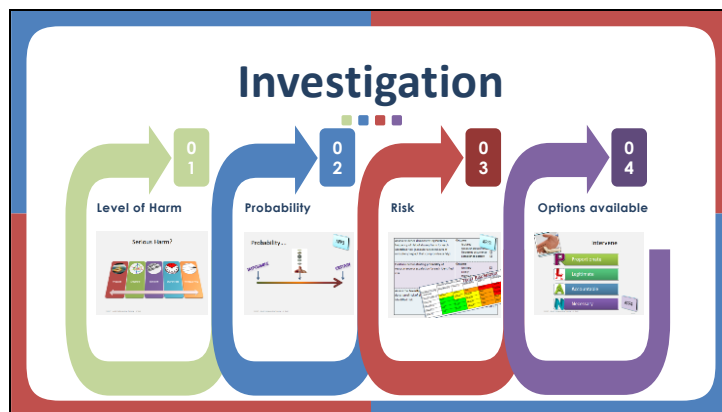
“What then is the principle?
Is it that it is right and expedient to save persons from the consequences of their own folly? Or is it that it is right and expedient to save them from being victimised by other people?

In my opinion the doctrine of undue influence is founded upon the second of these two principles.”

Lord Justice Lindley in Allcard v Skinner (1877)



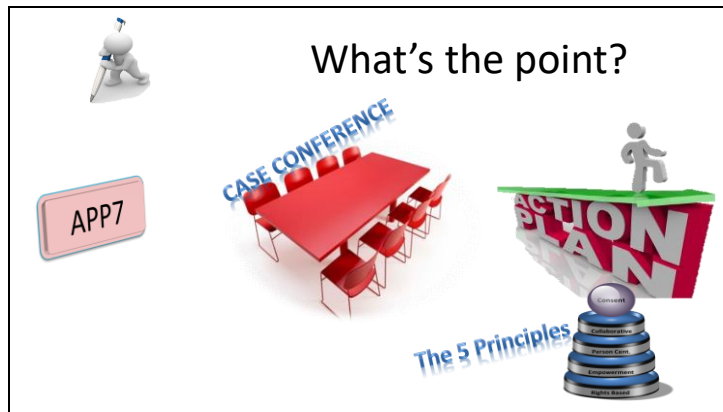
Slide 70



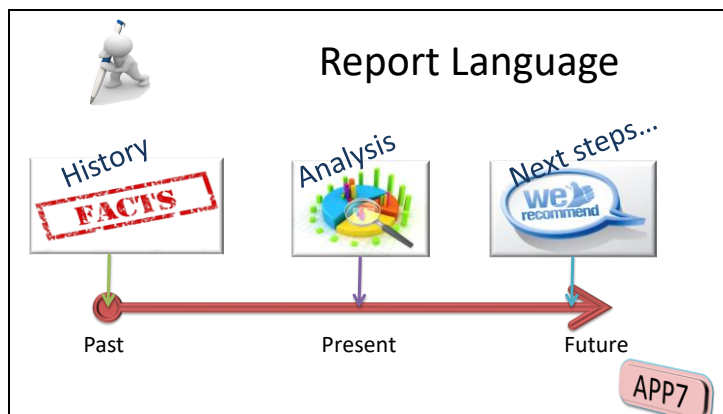
Slide 71



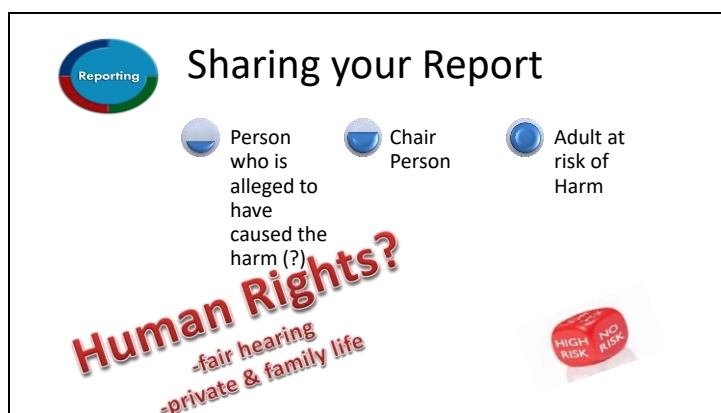
Slide 72



Slide 73



Slide 74



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.*

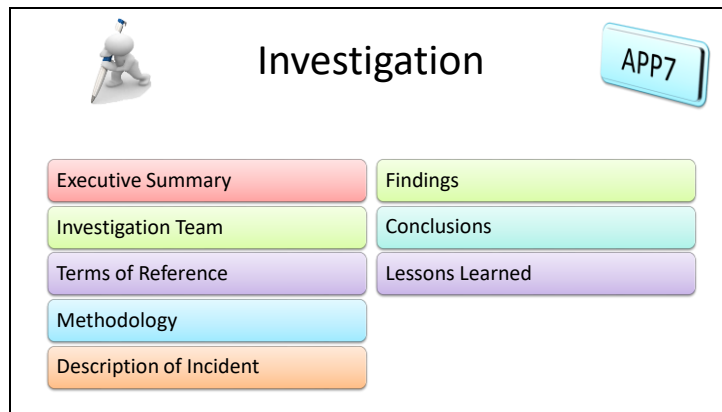
Slide 75



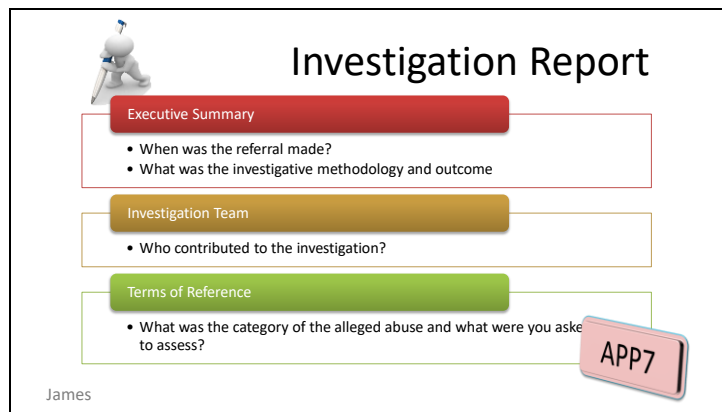
The image shows a slide titled "Investigation" with a magnifying glass icon on the left and a blue button labeled "APP7" on the right. Below the title are four text input fields for recording details of an investigation.

Designated Adult Protection Officer:	<input type="text"/>
Designation:	<input type="text"/>
Report Authors:	<input type="text"/>
Date report signed off:	<input type="text"/>

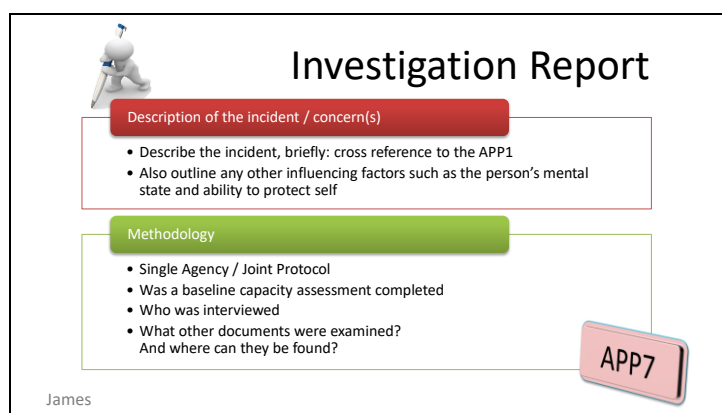
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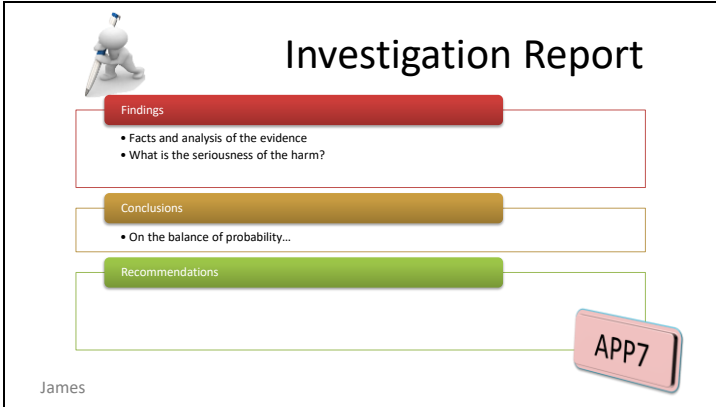
Slide 77



Slide 78



Slide 79



Investigation Report

Findings

- Facts and analysis of the evidence
- What is the seriousness of the harm?

Conclusions

- On the balance of probability...

Recommendations

APP7

James

The diagram shows a flowchart for an investigation report. It starts with a small 3D figure of a person with a magnifying glass. Below it, the title 'Investigation Report' is centered. Three colored boxes (red, gold, green) represent the sections: Findings, Conclusions, and Recommendations. Each box has a list of bullet points. A pink box labeled 'APP7' is positioned at the bottom right. The name 'James' is at the bottom left.

Slide 80



Your Investigation Report...

History
FACTS

Analysis

Next steps...
we recommend

Conclusion

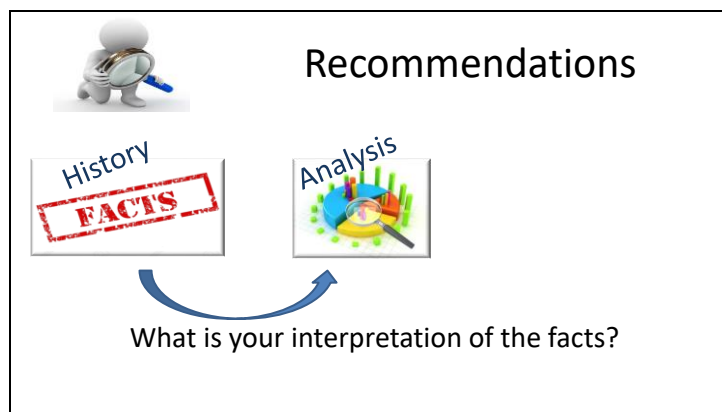
- Substantiated /
- Not Substantiated / Inconclusive

The diagram illustrates the process of an investigation report. It starts with a small 3D figure of a person with a magnifying glass. Below it, the title 'Your Investigation Report...' is centered. Three boxes represent the stages: 'History' with a red stamp that says 'FACTS', 'Analysis' with a magnifying glass over a bar chart, and 'Next steps...' with a blue speech bubble that says 'we recommend'. Below these, a large blue arrow points to a box labeled 'Conclusion' which contains two bullet points: 'Substantiated /' and 'Not Substantiated / Inconclusive'.

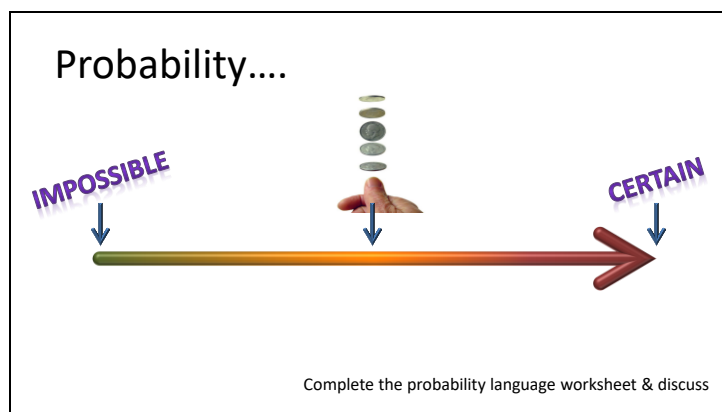
Slide 81

**ANALYSIS and
DRAWING CONCLUSIONS**

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Slide 83



Slide 84

Probability....

1	It is probable	
2	There is a chance	
3	It is virtually certain	
4	It is possible	
5	It is foreseeable	
6	There is a risk	
7	It is highly likely	
8	There is a real chance	

Complete the probability language worksheet & discuss

Slide 85

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 reoccurrence or escalation for each identified risk

Outcome

- Unlikely
- Likely
- Highly likely

Assess the **Severity** of degradation / harm for each identified risk

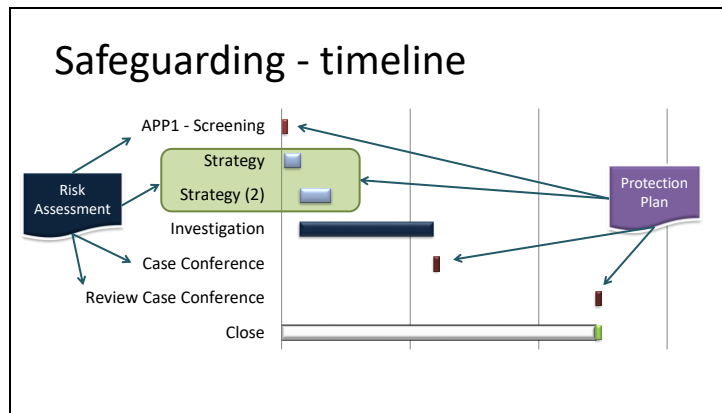
TRUST RISK MATRIX

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

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Qualitative Risk Assessment



Slide 87



Slide 88

How much evidence is 'enough'?

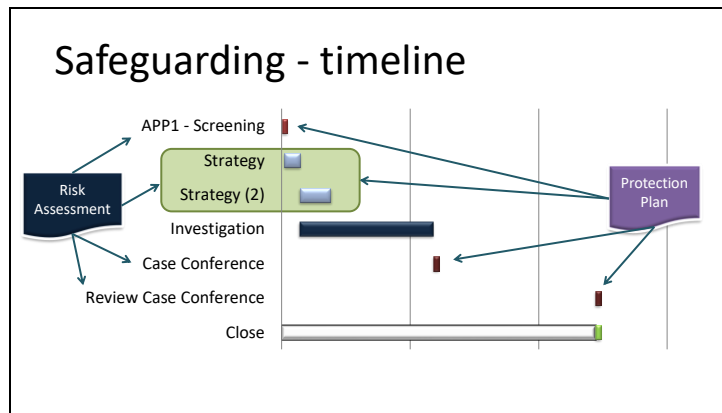
- Points to consider
- Balance of Probabilities
- The more serious the proposed intervention the greater the level of proof required.

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SESSION 5



Slide 90



Slide 91

How much evidence is 'enough'?

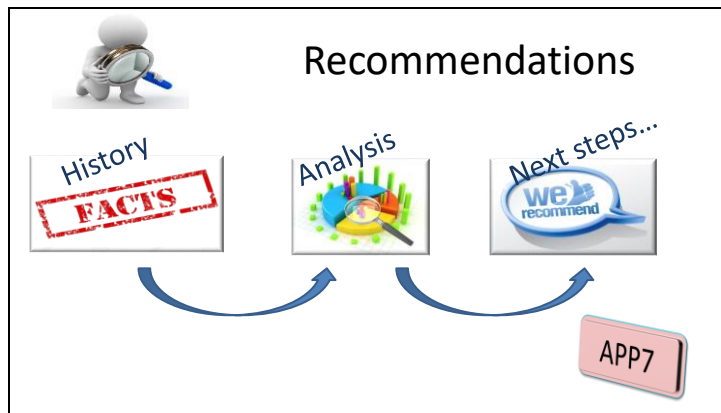
- Points to consider
- Balance of Probabilities
- The more serious the proposed intervention the greater the level of proof required.

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MAKING RECOMMENDATIONS

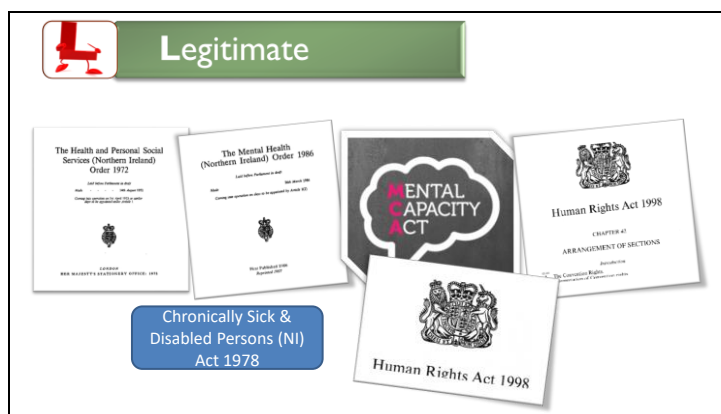
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Slide 95



Slide 96

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

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

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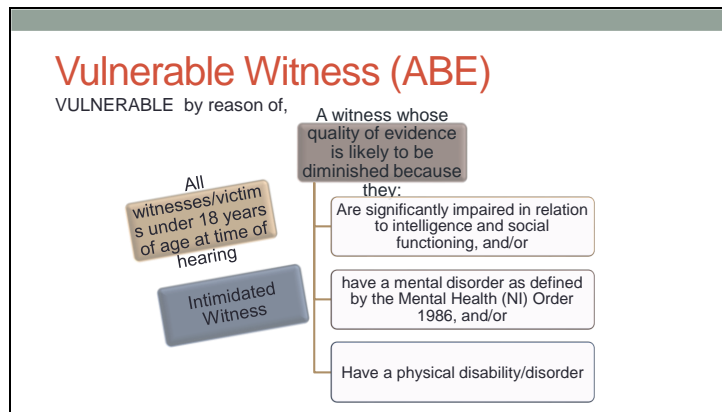
Criminal Evidence (NI) Order 1999

Types of Witness

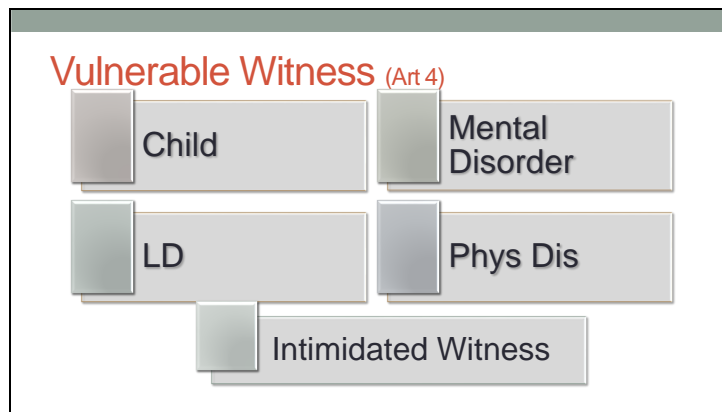
Vulnerable Witnesses

- (Art 4)
 - Intimidated Witnesses**
 - (Art 5)
 - Intimidated
 - Victim of sexual offence

Slide 98



Slide 99



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

Slide 100

Registered Intermediary

The Role and Function of the RI;
within the Adult Joint Protocol

Slide 101

Special Measures

101

Article	Special Measure
11.	• Screens
12	• Live link
13	• Evidence given in private
14	• Removal of wigs and gowns
15	• Video recorded interview****
16	• Video recorded cross examination (not implemented)

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.

Slide 102



1. Intermediary:

2. Aids to communication: such as interpreter or communicator available on grounds of age or incapacity.

3. Cross examination: by the accused when the defendant does not have legal representation will not be permitted in cases involving sexual offences.

4. Discretionary protection: from cross examination will be considered in other offences

5. Restrictions: re complainant's sexual behaviour- in cases of rape and other sexual offences.

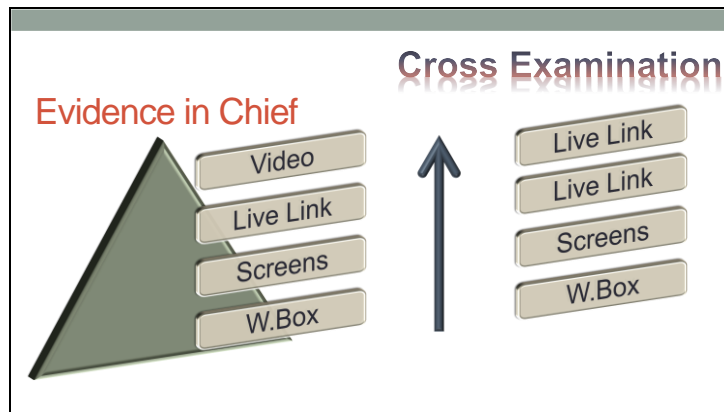
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Special Measures

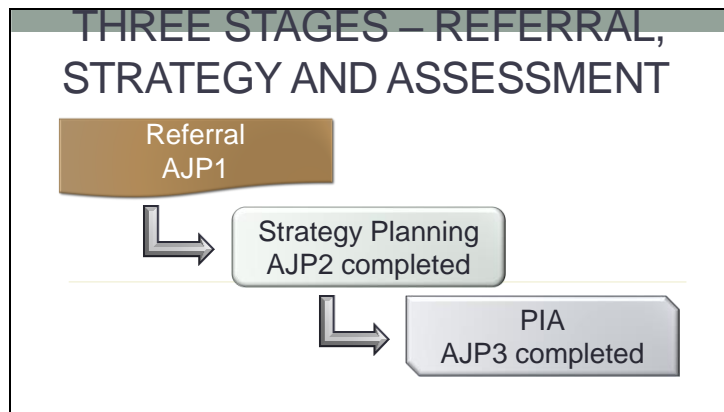
It is perfectly acceptable to make an application

- for "special measures" such as screens without having conducted a video interview
- More than one "special measure"

Slide 104



Slide 105



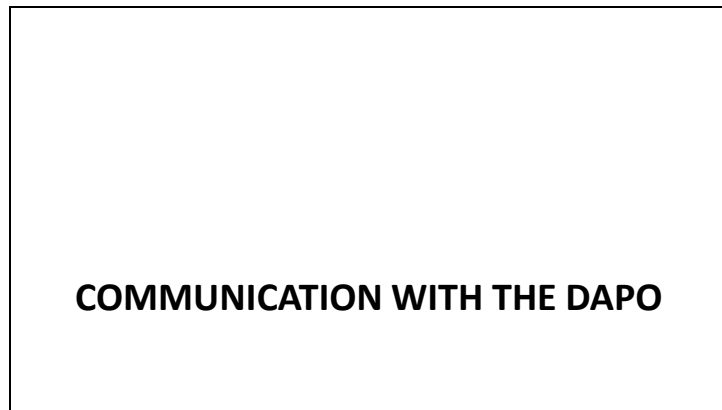
Some of these issues were highlighted earlier in course – re the JP objectives:

- 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

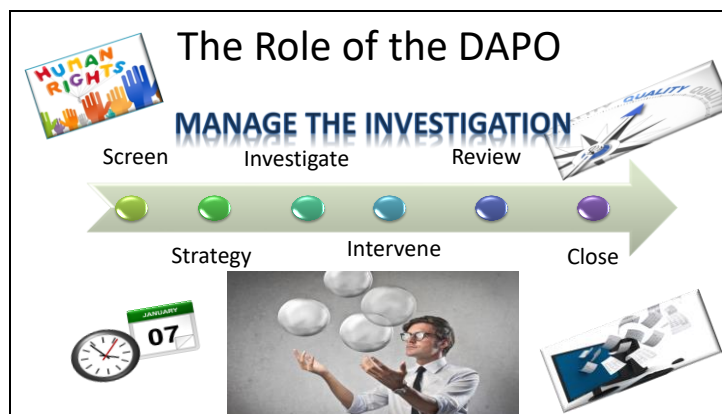
Minimise the number of interviews

Define the **roles and responsibilities**

Slide 106



Slide 107



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

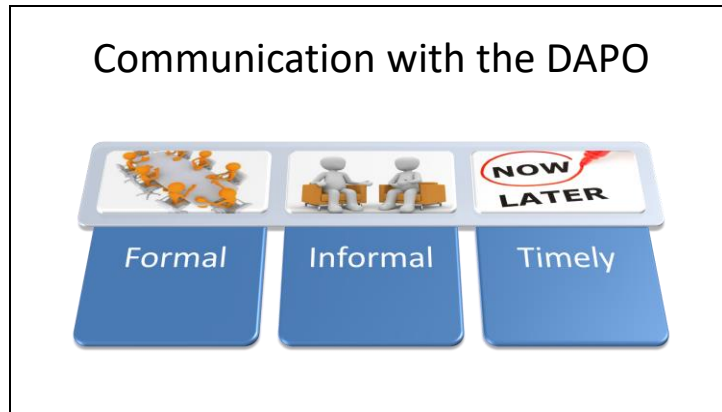
Are the facts stated clearly and evidence sources cited accurately?

Is there sufficient analysis?

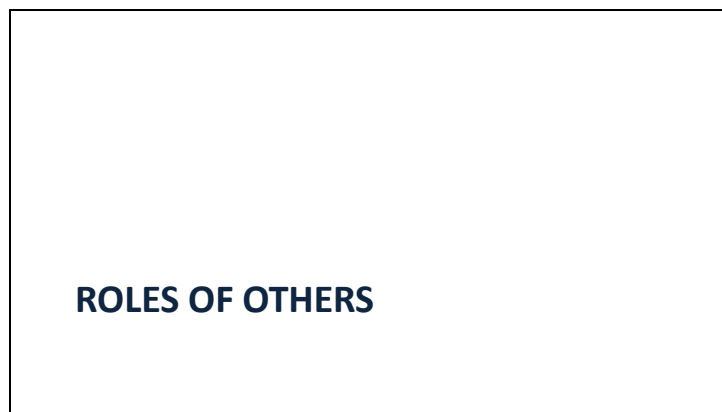
Is the analysis clearly link to the preceding statement of fact?

Do the recommendations follow on from the analysis?

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Slide 109



Slide 110

Interfacing Processes

What external Agencies have you worked with in the last three months?

Slide 111

Roles of other services / investigators


- Independent Advocate
 - - Solicitor
 - - Union Rep (when interviewing staff suspected of causing harm) – ref to Labour Relations agency information and SHSCT HR policy (proposed regional HR policy)
 - - Office of Care and Protection
- Benefits agency

Slide 112

Interfacing Processes

- Joint Protocol
- Achieving Best Evidence
- PPANI
- MARAC
- DASH
- Intermediaries
- Disclosure & Barring
- Regulatory Bodies
- Human Trafficking
- Office of Care & Protection
- Child Protection Gateway
- Human resources
- DATIX
- Contract Compliance
- RQIA
- Ooh Services

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Interfacing Processes PPANI

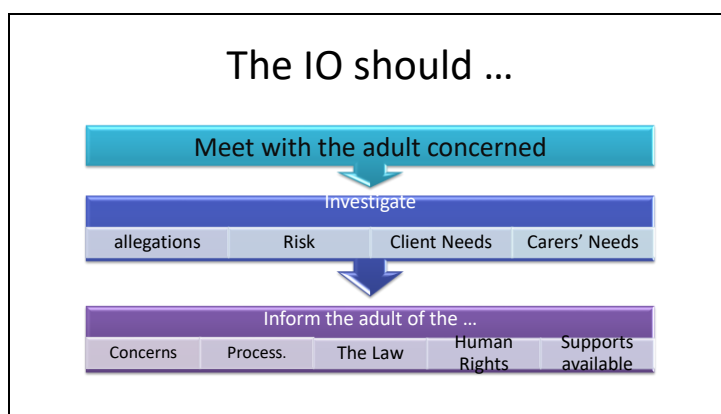
- Public Protection Arrangements NI 2008 (PPANI)

PPANI is tasked with 2 duties ;

Multi- Agency assessment of all relevant offenders and

Development of appropriate risk management plans for those assessed as risk of serious harm

Slide 114



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.

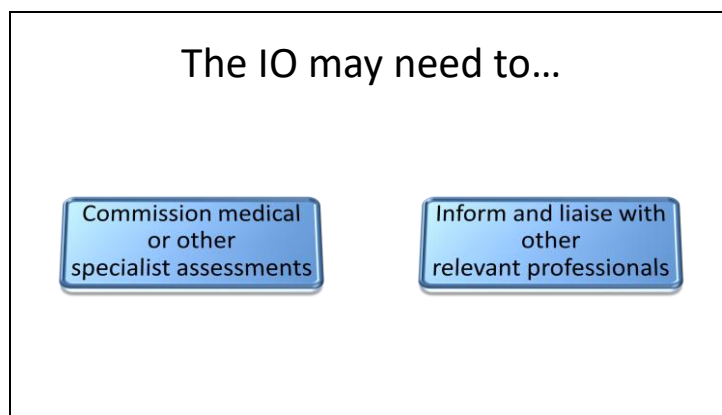
Commission medical or other specialist assessments, where appropriate.

Inform and liaise with relevant professionals and significant others as appropriate.
 Make a clear record of the investigation process.

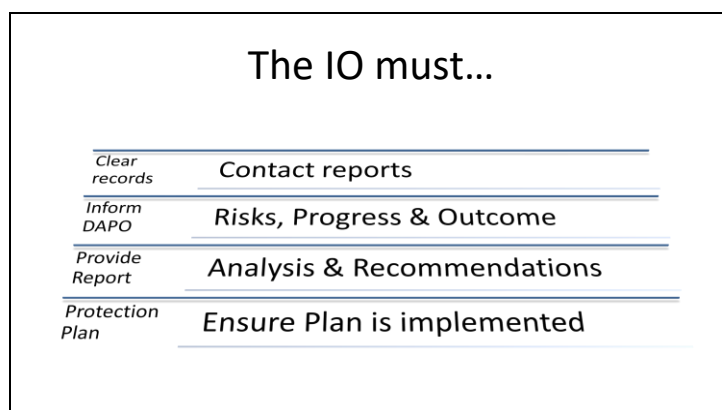
Keep the DAPO informed of the investigation process and outcome of the assessment, risks and ongoing concerns.

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.
 Slide 115



Slide 116



Slide 1

Adult Safeguarding

Introduction to the role.. **DAPO**

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Slide 2

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)

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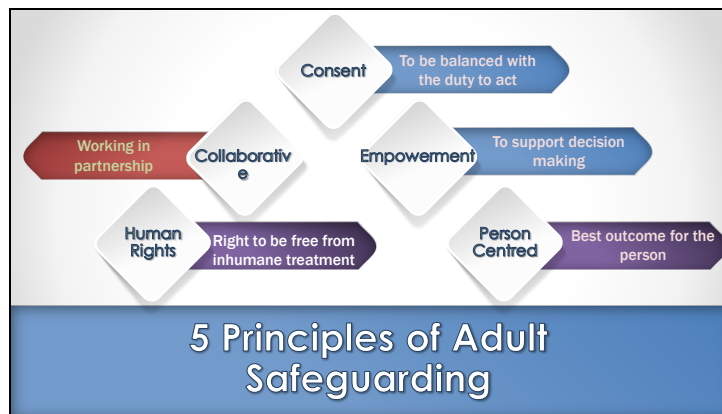
Slide 3

Learning Objectives

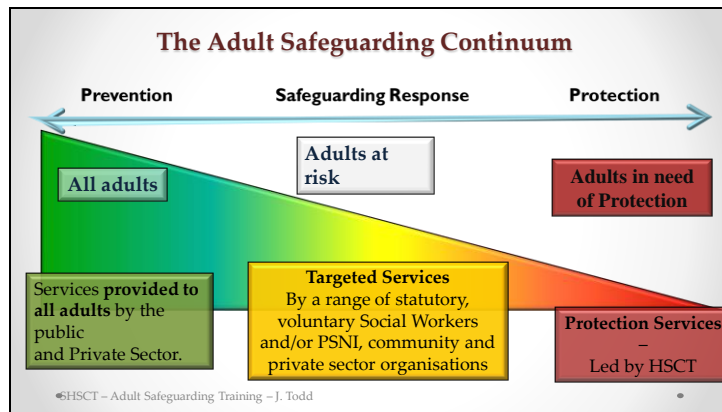
- Management Issues for DAPOs
 - Networking
 - Communication Strategy
- QA of Investigation Reports
- Recording Systems / Analysis of information
- Baseline Capacity assessment

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Slide 4



Slide 5



Slide 6

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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Slide 7

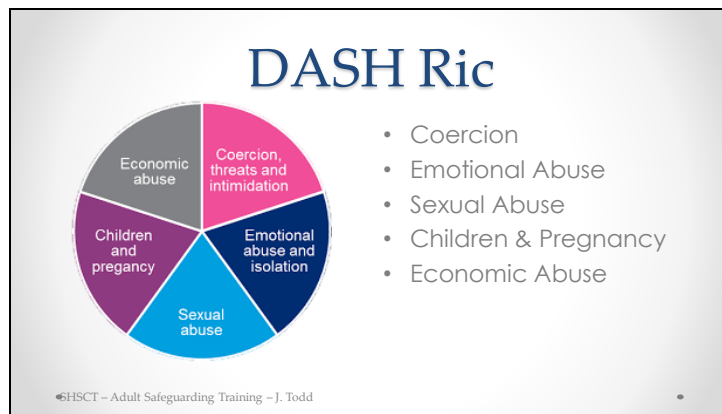
Domestic & Sexual Abuse

- NON-MOLESTATION ORDER
- REFERRAL TO MARAC
- DASH FORM



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Slide 8



Slide 9

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.

Slide 10

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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Slide 11



**The Public Protection Arrangements
Northern Ireland
(PPANI)
04.01.18**

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Slide 12

Organisational Structure

Strategy and Policy -
PPANI Strategic Management Board (PPANISMB)

PPANI Co-ordination Unit

Operational Delivery
Local Area Public Protection Panel (LAPPP)

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Slide 13

Local Area Public Protection Panel

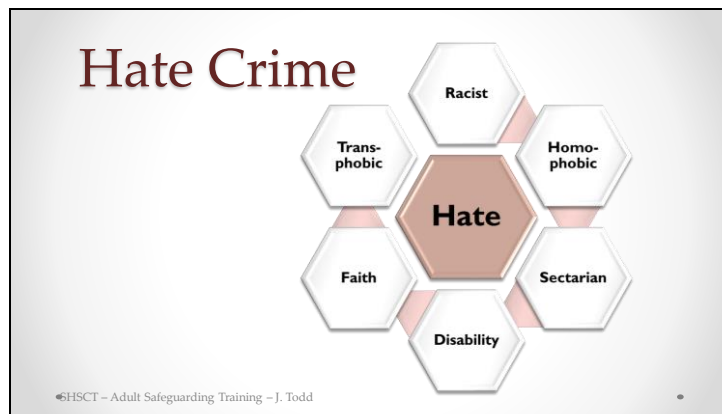
The operation body tasked with two duties:

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

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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.

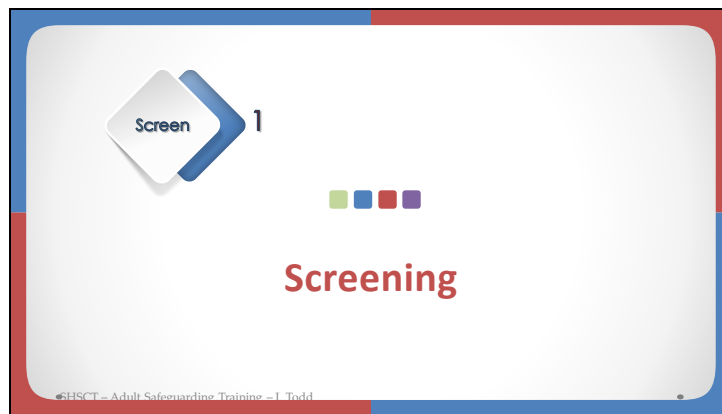
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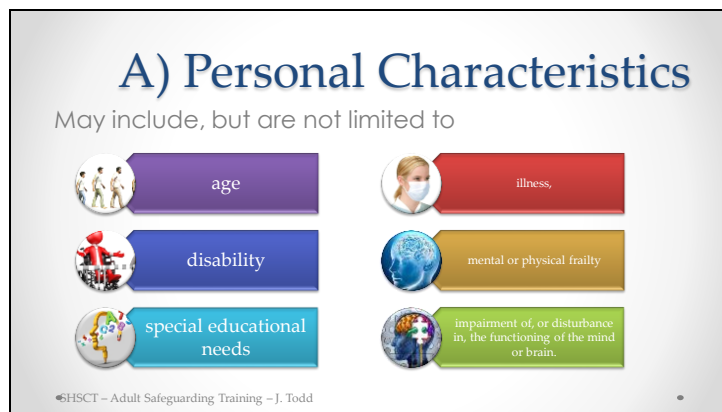
Slide 15



Slide 16



Slide 17



- 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.

Slide 18

B) Life Circumstances


May include, but are not limited to:-



isolation



socio-economic factors



environmental living conditions




Grief

↔

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Slide 19

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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Screening

Background

- Precipitating Factors
- Home Circumstances
- Support available

Incident

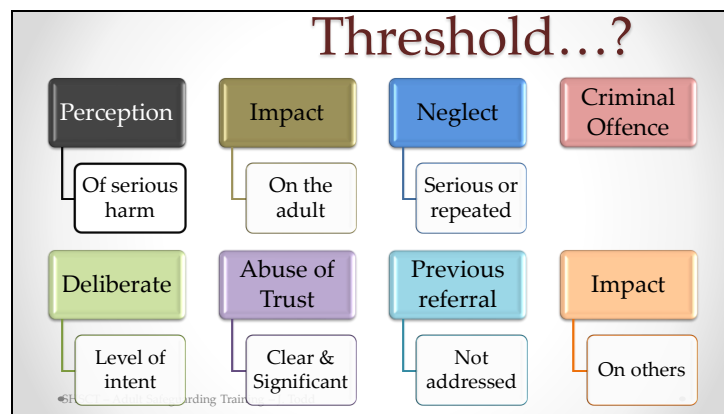
- Facts
- Witnesses
- Injuries / harm

History

- Previous
- What has already been done..

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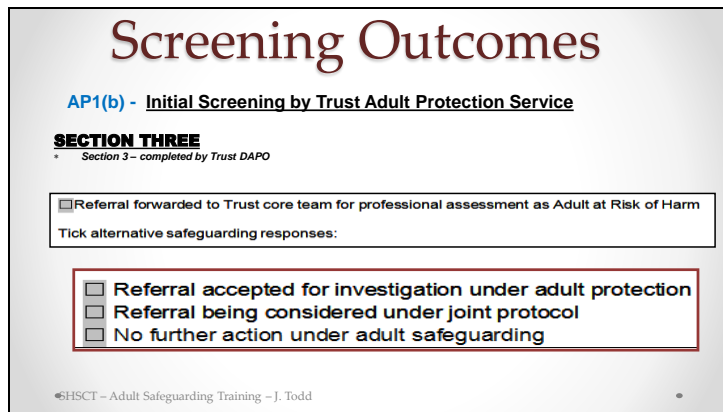


- DAPO determines if the threshold for serious harm (Refer to Appendix 2) and the threshold for referral to the HSC Trust Adult Protection Gateway Service is met. This is likely to be met if one or a number of the following characteristics are met:
 - ✓ The perceptions of the adult(s) concerned and whether 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.

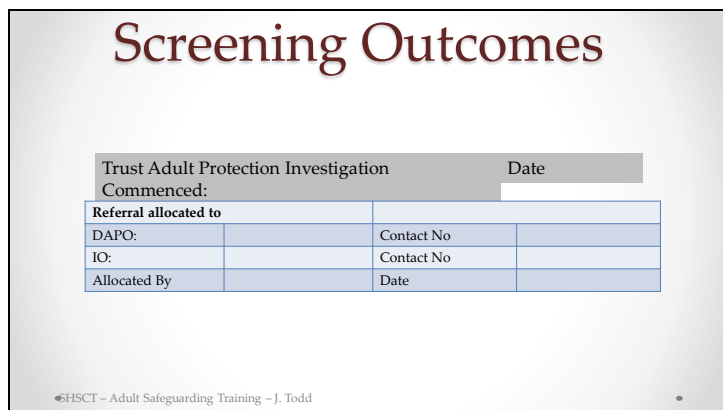
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Slide 23



Slide 24



Slide 25



Slide 26



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.

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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.

Slide 28

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.

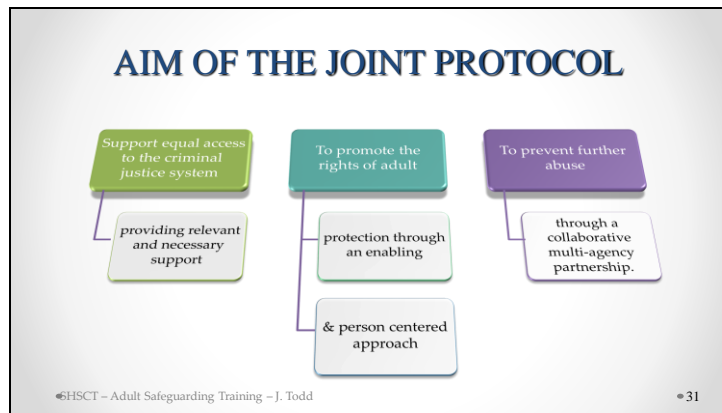
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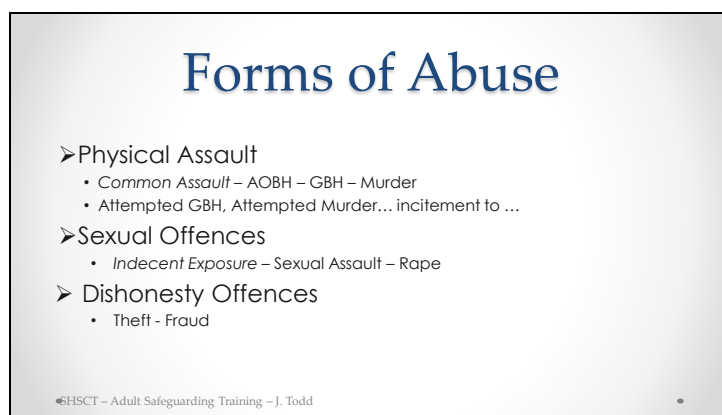
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Emphasis is on

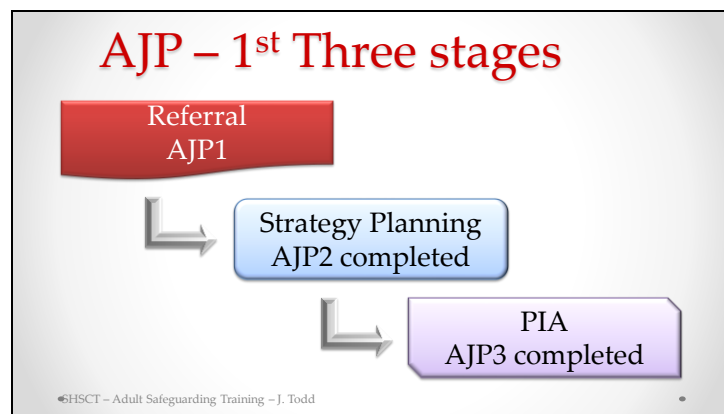
a **multi- agency** approach & victims **equitable** access to the justice system

Slide 32



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

Slide 33



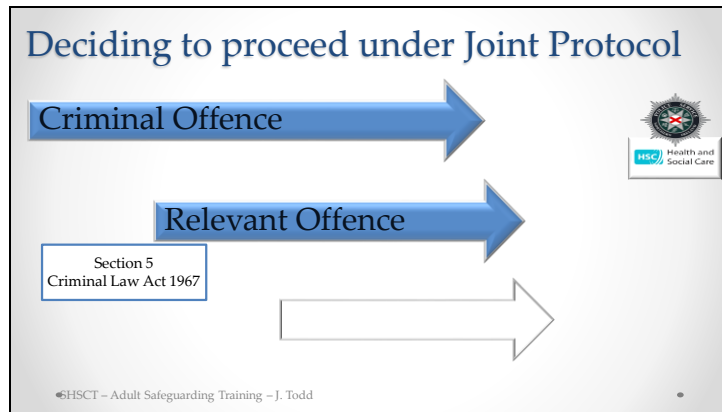
Some of these issues were highlighted earlier in course – re the JP objectives:

- 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**

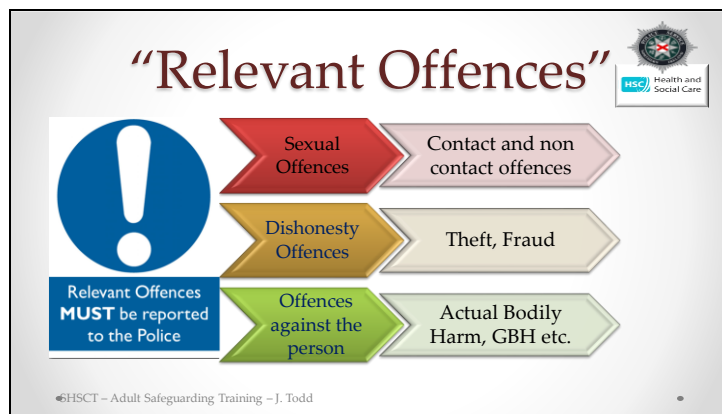
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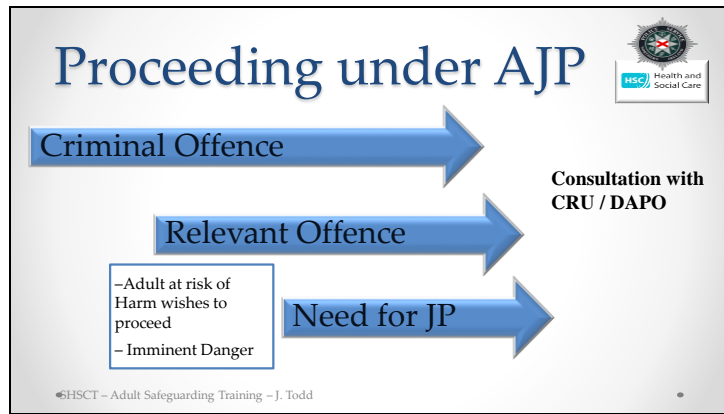
Common Assault – slapped and mark left

AOABH – Injury including bruising or more

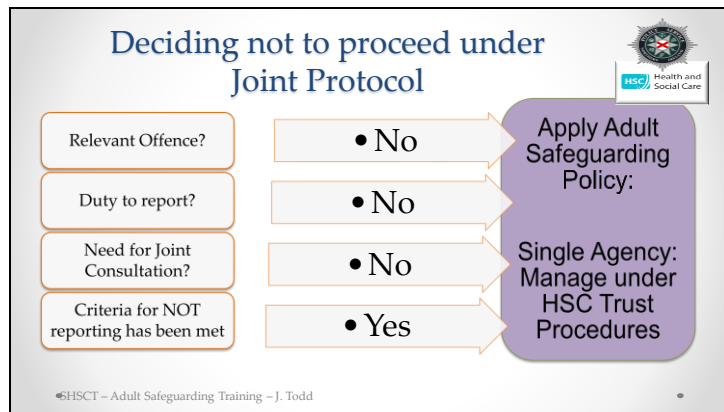
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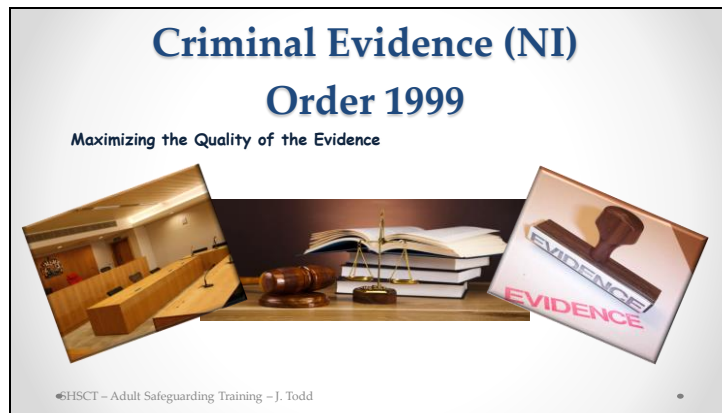
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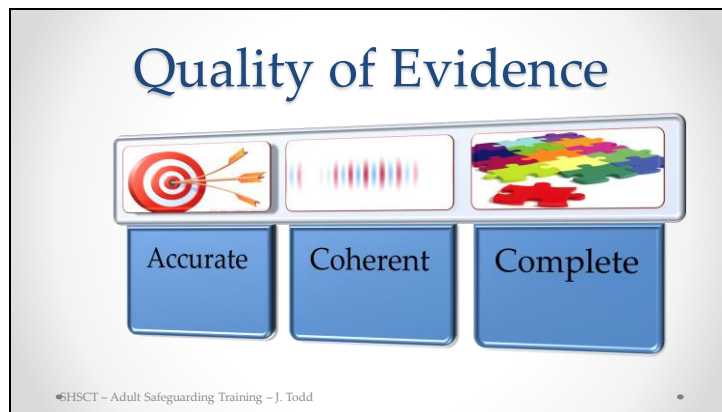
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It has been recognised that victims and witnesses to crime who have a physical disability, mental health problem or a learning disability find the process of a criminal investigation, intimidating and stressful. The measures in the Criminal Evidence (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.

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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

Slide 40

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,

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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Vulnerable Witness (Art 4)

Child

Mental Disorder

LD

Phys Dis

Intimidated Witness

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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

Slide 43



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

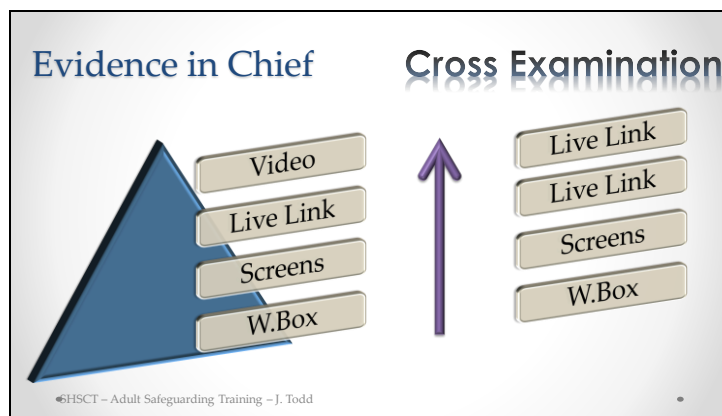
Special measures are not automatically available and are subject to the discretion of the Court.

Witnesses must be consulted about the application

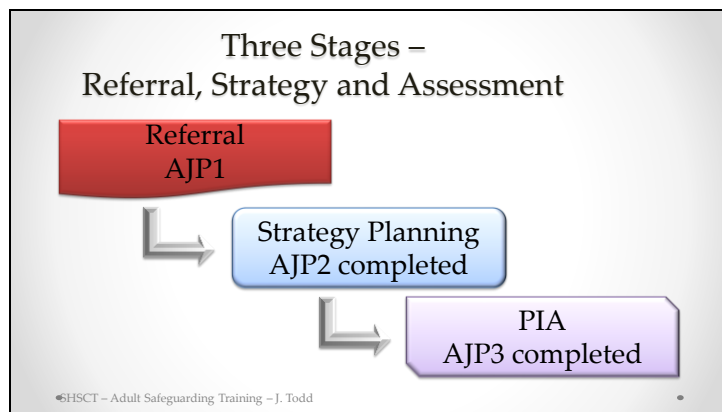
Even though the person may be eligible for special measures, they do not have to avail of the measures or they can select which measure they wish to avail of. User choice is important. PNI need to have early consultation with PPS re applying for Special Measures

- **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.

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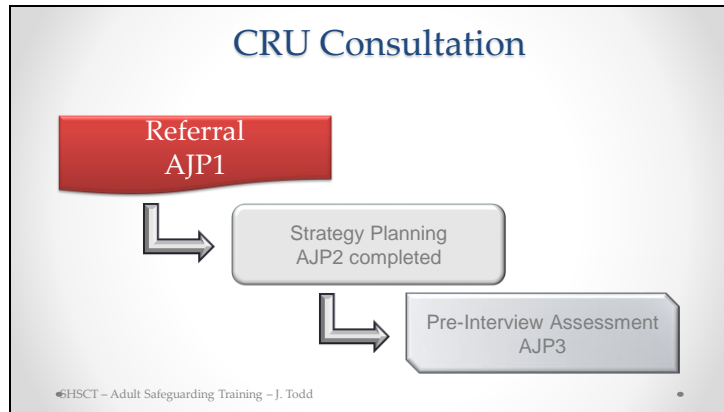


Some of these issues were highlighted earlier in course – re the JP objectives:

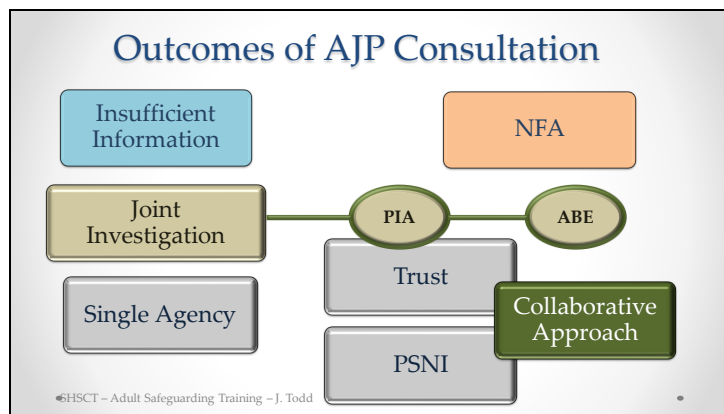
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- Define the **roles and responsibilities**
- Ensure that protective measures are paramount and run in **parallel with the Criminal Inquiry or any other lines of enquiry.**
- Ensure that information is exchanged which will assist in investigation

Minimise the number of interviews
 Define the **roles and responsibilities**

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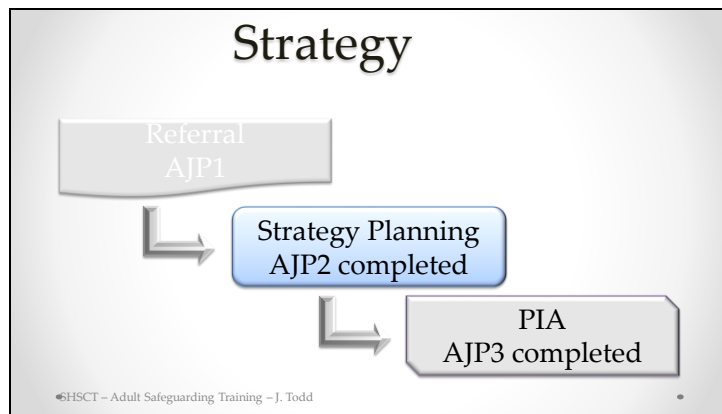
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- Insufficient Information
- Single Agency Trust Investigation / Single Agency PSNI
- Joint Collaborative Working
- Joint Investigation

- No Further Action

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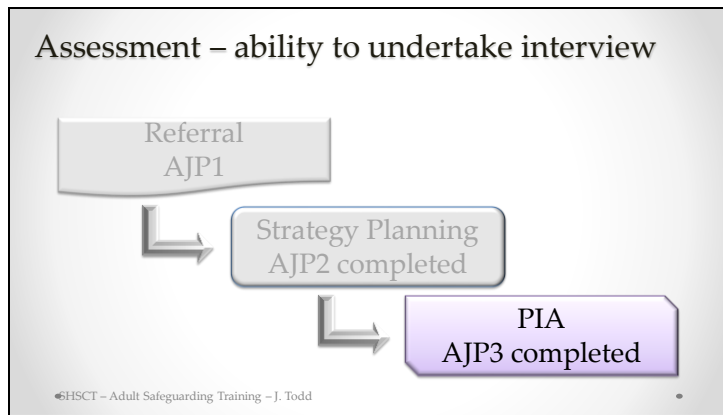
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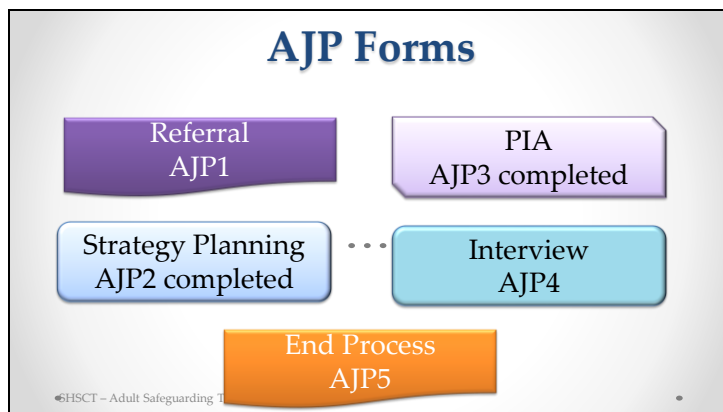
Suggest break into groups- using case material

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.

Slide 50



Slide 51



Slide 52



Slide 53



Explain that this section 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

Slide 54

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	<p>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.</p>
HR	
SAI	
Complaints	
Counter Fraud	
PSNI	

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Co-ordinated Investigations...

HR / Disciplinary Investigation

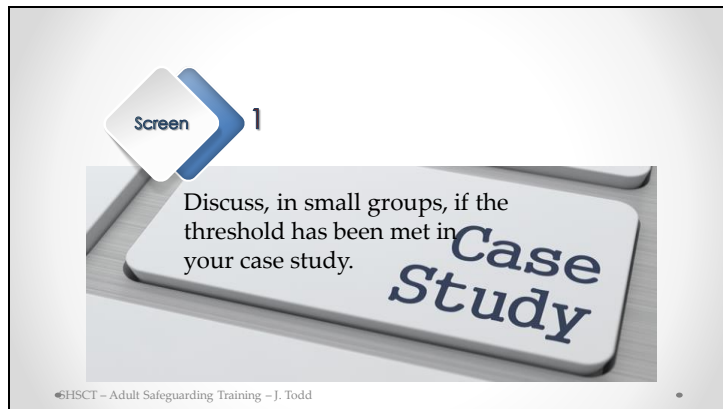
- The focus of a disciplinary investigation is to determine if a staff member has breached disciplinary rules which may require disciplinary action to be taken.
- The threshold for decision making is whether there is a case to answer 'on the balance of probabilities'
- The different focus of protection and disciplinary investigations will require separate reports.

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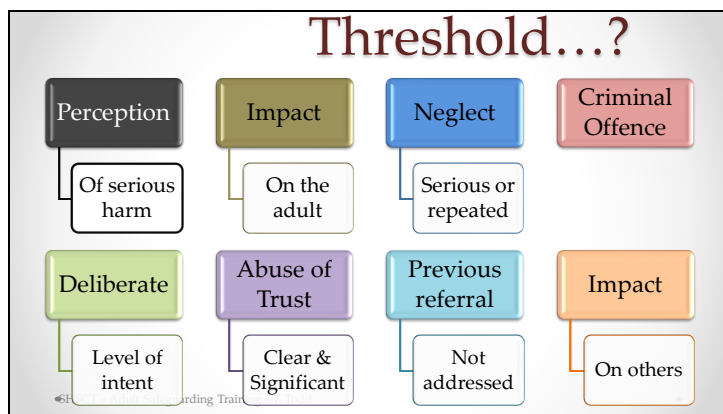
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Slide 60

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?

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- 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)

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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

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- 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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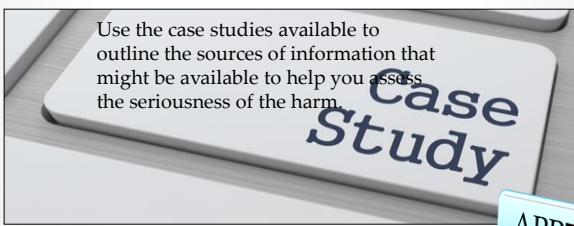
Also discuss DASH form

Slide 64



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.

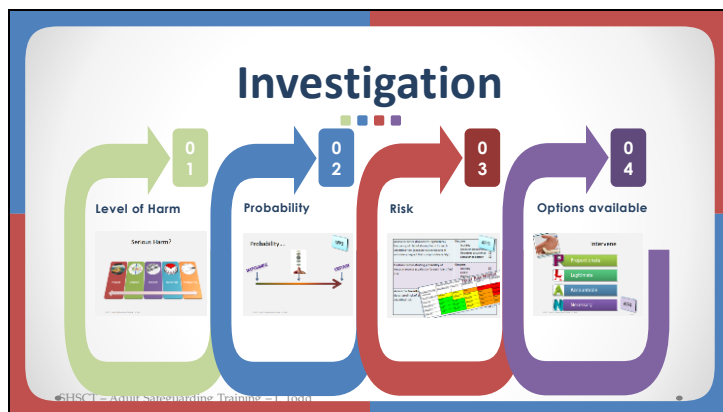


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- the impact on the adult at risk;
- the reactions, perceptions, wishes and feelings of the adult at risk;
- the frailty or vulnerability of the adult at risk;
- the ability of the adult at risk to consent and participate in the decision making process;
- the illegality of the act(s);
- the nature, degree and extent of harm;
- the pattern of the harm-causing behaviour;
- previous incidents, including any previous HSC Trust involvement
- the level of threat to the adult at risk's right to independence;
- the apparent intent of the alleged perpetrator and extent of premeditation;
- the relationship between the alleged perpetrator and the adult at risk;
- the context in which the alleged harm takes place;
- the risk of repetition or escalation of harm involving increasingly serious acts relating to this individual or other adults at risk; and
- the factors which mitigate the risk through service provision or wider arrangements.

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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

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

Outcome

- Unlikely
- Likely
- Very likely
- Extremely serious / Death

Assess the **Severity** of de risk of abuse / harm for ea

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

TRUST RISK MATRIX

APP3

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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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L 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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APP4



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

#	Details of (current) risks 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

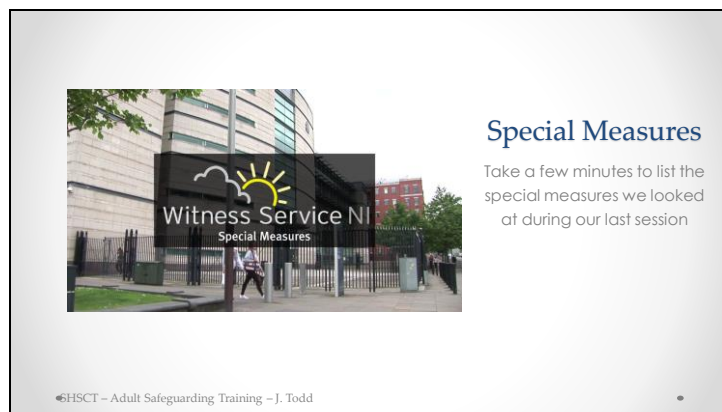
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- Trust Services
- Community Groups
- The Adult at risk of harm
- Family members


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DAPO – The Chairing Role

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Types of Meetings



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

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- ## 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'
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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

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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?



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Every Meeting You've ever been to

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

<https://youtu.be/K7agjXFFQIU>

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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

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Groupthink...

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



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

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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.

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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.

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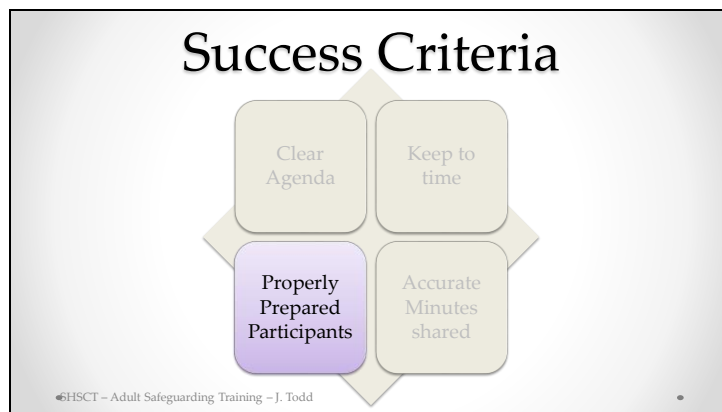
Success Criteria

The diagram consists of four colored boxes arranged in a 2x2 grid, all contained within a larger, light-colored arrow shape pointing to the right. The boxes contain the following text:

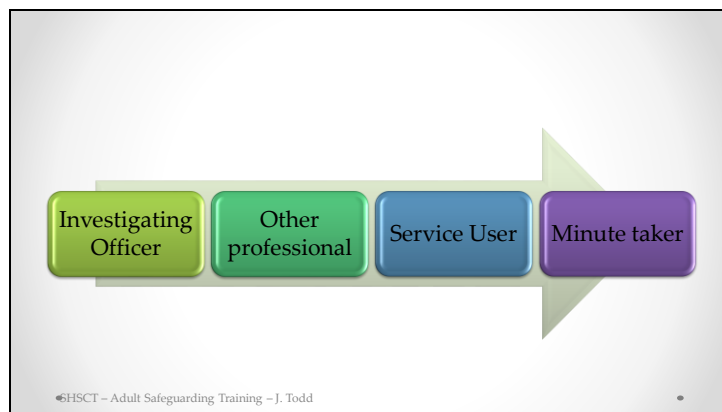
- Clear Agenda** (top-left, red box)
- Keep to time** (top-right, green box)
- Properly Prepared Participants** (bottom-left, purple box)
- Accurate Minutes shared** (bottom-right, blue box)

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- ## 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**
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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?

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Accessibility

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

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Slide 98



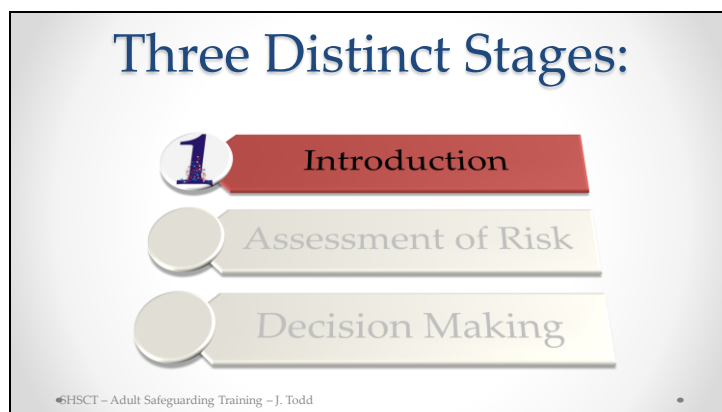
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Slide 100

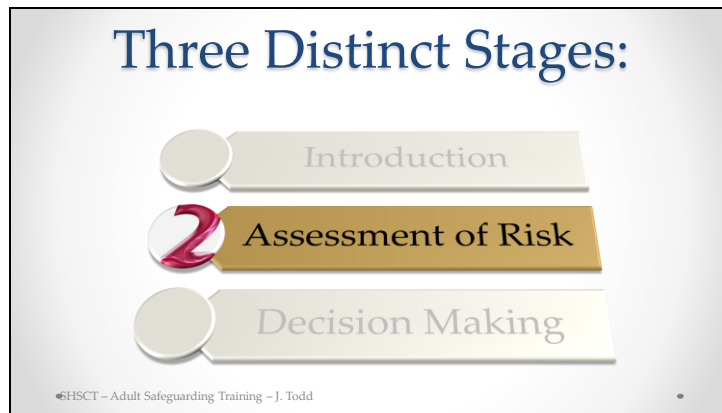


Slide 101



- Introduction of those present and the nature of their involvement
- Apologies are given
- Clarify that the conference is being convened under the Adult safeguarding policy
- The purpose and objective of the case conference is outlined
- Set ground rules- opinions respected, one person speaking at a time, making sure every person has their say, avoiding jargon, etc
- Issues surrounding information sharing & confidentiality are addressed
- Details of the person- name, address, date of birth

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- The Investigating Officer presents a detailed account of the precipitating incident or concerns and the subsequent investigations
- Consider further information from participants of their involvement with or knowledge of the situation
- All attendees are accountable for the decisions made on the basis of information shared
- Encourage participants to contribute
- Open discussion- exchange information in a multi- disciplinary forum
- Clarify exact details of abuse and assess the current level of risk for the vulnerable adult and any other parties
- It is a joint responsibility of all those in attendance to share all relevant information & participate in assessing risk
- It is everyone's responsibility to agree the "safeguarding adults status" and to ensure that risks are managed as far as they possibly can be
- This is not solely the responsibility of the chair; it is a shared responsibility & accountability
- Analyse and evaluate information gathered during the investigation

Slide 103

Purpose of ASG meetings

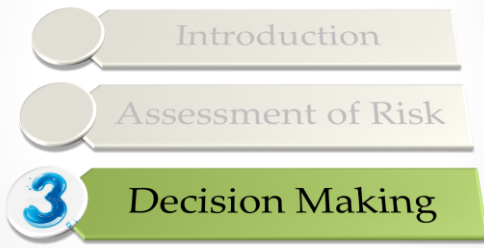
- To determine if serious harm has occurred
- To agree an action plan
- To follow up with review if appropriate
- To ensure client's views are forefront
- "Balance of probability"



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Slide 104

Three Distinct Stages:



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

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Planning an agenda

In Pairs –

- Draw up an agenda for your next Safeguarding Case Discussion

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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)

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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)

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Success Criteria

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- ### 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
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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



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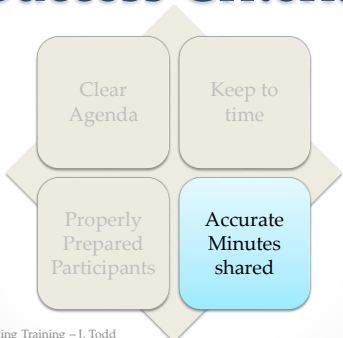
Dealing with difficult behaviour

- Agree boundaries for meeting
- Maintain respect

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Success Criteria



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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.

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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.

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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.

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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.

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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.

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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.

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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.

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6 Strategies..

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

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Slide 123

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'

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Slide 124

Case Conference

Findings

- Analysis of the information

Conclusion

- Substantiated /
- Not Substantiated / Inconclusive

Actions

- Recommendations
- Planning / info sharing

Stakeholder Status:

- Keep Satisfied
- Key Players
- Minimal Interest
- Keep Informed

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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.

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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

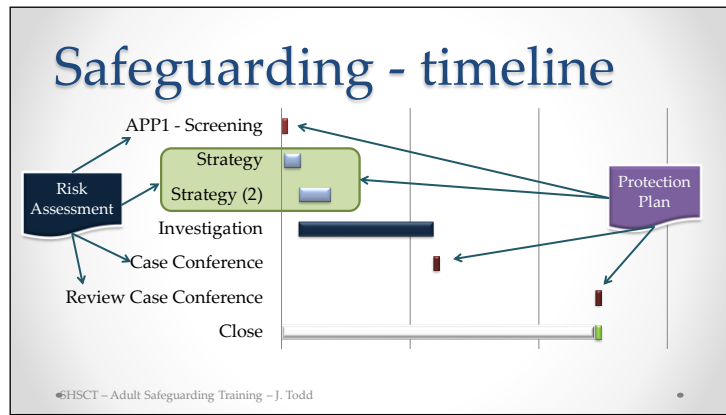
As well as representatives invited to and attending the meeting *who* should have the delegated authority to agree to provide services to contribute to the reviewed protection plan if their organisation has a *continuing* role to play.

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.*

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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

Slide 129



The slide is titled "Strategy" in a large blue font at the top right. On the left, there are three icons: a group of four stylized human figures in red, blue, green, and yellow; a blue envelope icon with a white padlock; and a blue and white film strip icon. To the right of the envelope icon is a blue rounded rectangle containing the text: "Secure (CJSM) eMail system with PSNI Contact – Roger.Gardiner@southerntrust.hscni.net". Below the film strip icon is another blue rounded rectangle containing 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: "©HSCT – Adult Safeguarding Training – J. Todd".

Slide 130



The slide is titled "Recording Systems" in a large blue font at the top right. On the left, there is an image of a hand holding a tablet displaying the NIECR logo. In the center, there is a tablet displaying a Windows-style interface with a "Home" button at the top, a "PaRIS" logo in the bottom right, and several application tiles. On the right, there is a computer monitor displaying the Datix logo. At the bottom left, there is a small copyright notice: "©HSCT – Adult Safeguarding Training – J. Todd". At the bottom right, there is a small name: "James".

Wii FM – What’s in It For Me

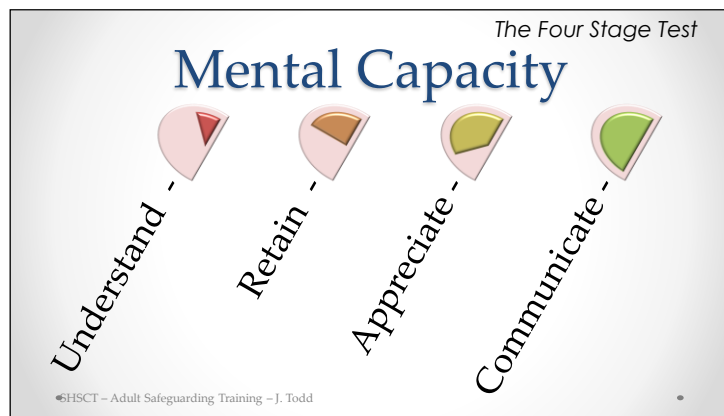
Sharing of information

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

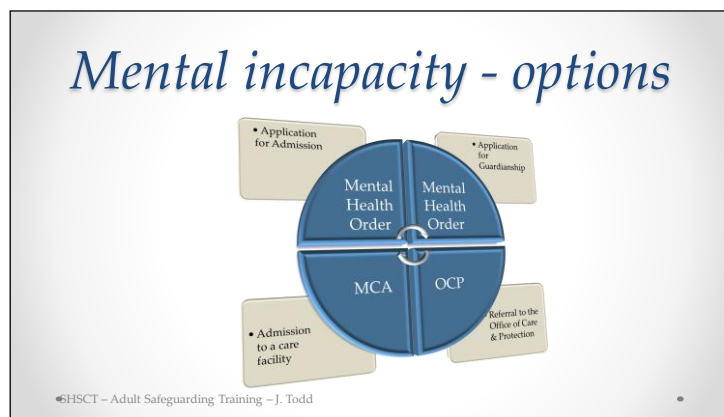
Corporate Risk Assessment

Delegated Statutory Function reporting

Slide 131



Slide 132



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

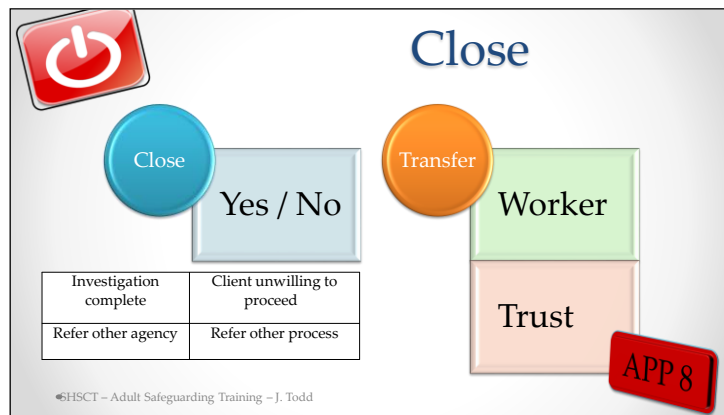
The OCP is responsible for the management of the property and affairs of people in Northern Ireland who, through mental disorder, are incapable of managing their own financial affairs.

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

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