

NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP



**NORTHERN IRELAND ADULT
SAFEGUARDING PARTNERSHIP
(NIASP)**

ANNUAL REPORT

1st April 2011 to 31st March 2012

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1. INTRODUCTION:

In March 2010, the Department of Health Social Services and Public Safety (DHSSPS) and the Northern Ireland Office (now Department of Justice) (DoJ) jointly published “Adult Safeguarding in Northern Ireland: Regional and Local Partnership Arrangements.”

The document set out the structures to be put in place to support adult safeguarding arrangements in Northern Ireland and led to the creation of the Northern Ireland Adult Safeguarding Partnership (NIASP) and Local Adult Safeguarding Partnerships (LASPs) in each of the Health and Social Care Trusts (Trusts).

NIASP is accountable for its work to the Health and Social Care Board (HSCB) through the Director of Social Care and Children’s Services.

The role of NIASP, as set out in the document is to:

“... determine the strategy for safeguarding vulnerable adults, develop and disseminate guidance and operational policies and procedures, monitor trends and outcomes, and evaluate the effectiveness of partnership arrangements.”

Membership of NIASP is multi-disciplinary and made up of representatives from the statutory, voluntary, and independent and community sectors, including local District Councils, the Social Security Agency, the HSCB, the Public Health Agency (PHA), the Police Service of Northern Ireland (PSNI) and a representative of the faith community. A full list of NIASP members is contained in **Appendix 1**.

This is the first Annual Report on the work of NIASP, and covers the period 1st April 2011 to 31st March 2012. The Report

- Indicates progress against objectives set for the period 2011 – 12;
- Highlights the key achievements of NIASP since April 2011;
- Sets out developments in services and practice since the publication of NIASP's Interim Report in April 2011;
- Identifies areas where further improvements are required;
- Provides an analysis of partnership working in adult safeguarding;
- Provides high-level activity information; and
- Sets objectives for the period 2012 – 13.

2. NIASP WORKING ARRANGEMENTS:

“Adult Safeguarding in Northern Ireland: Regional and Local Partnership Arrangements” sets out a comprehensive list of responsibilities for NIASP.

These can be grouped into the three broad themes of:

- **Working in partnership:** Working with a range of organisations and agencies to identify their unique contribution to adult safeguarding, develop clear protocols and working relationships and co-operate with the safeguarding activities of all partner organisations;
- **Working to prevent abuse:** The actions necessary to prevent abuse occurring in the first place, empowering individuals and communities to keep themselves safe from harm, and developing organisational cultures that support a prevention focussed approach to safeguarding; and
- **Working to protect** those at risk of harm to ensure that activities designed to protect individuals at risk of harm are of the highest standard and achieve the best outcomes for individuals.

The document also sets out a structure for taking forward these themes and responsibilities within NIASP and LASPs through the establishment of a system of working groups or workstreams.

NIASP has set up 4 workstreams to address the following areas:

- Operational Policies and Procedures;
- Information Management;
- Training;
- Communication and User Engagement.

A member of NIASP chairs each workstream. Membership is drawn from partner organisations of NIASP and the LASPs. Where necessary, the workstream Chair can co-opt a member who appears to have the skills and knowledge necessary to progress the objectives of the workstream, even if their employing organisation is not a member of NIASP or a LASP.

In addition, certain areas of activity such as the development of a safeguarding strategy have been assigned to the Regional Adult Safeguarding Officer, who is also responsible for co-ordinating the work of the different workstreams.

NIASP's structure for taking forward key priorities has been replicated in each of the LASPs.

In some areas, such as training and the development of information material for specific groups of service users, these arrangements have operated very successfully. However, in other areas the relationship between the NIASP and LASP workstreams has been less clear, resulting in some confusion and duplication of effort.

In 2012 – 13 NIASP will bring forward proposals for the re-structuring of the groups so as to ensure the most effective use of organisational as well as Human Resources.

3. PARTNERSHIP:

Adult safeguarding is not the sole responsibility of any single organisation or agency. An effective safeguarding agenda requires a range of organisations and individuals to work together to deliver effective prevention as well as protection activity.

NIASP itself is a partnership, bringing together a number of organisations with an interest in adult safeguarding, and providing leadership on the development of adult safeguarding in Northern Ireland.

In 2011 – 12, NIASP consolidated some existing partnerships, for example with PSNI, and forged some new ones, for example with the Office of Care and Protection and the Social Security Agency.

Department of Justice

NIASP has sought to develop closer working relationships with the Department of Justice (DoJ) through engagement with the work of the Vulnerable and Intimidated Witness Working Group (VIWWG). The focus of the VIWWG has been on the implementation of new legislation designed to support vulnerable or intimidated witnesses through the Court system, and the application of the revised guidance on the application of special measures contained in *Achieving Best Evidence* (2012). NIASP has been particularly involved in the planned introduction of Registered Intermediaries to support witnesses with communication difficulties through the process of presenting their evidence at Court. The DoJ are working towards the full implementation of this scheme by March 2013.

Public Protection Arrangements

Since 2001, there have been multi-agency arrangements in place in Northern Ireland for assessing and managing the risks posed by individuals who commit sexual offences. These arrangements were placed on a statutory footing in 2008 and resulted in the creation of the Public Protection Arrangements in Northern Ireland (PPANI). In the last year NIASP has developed a positive working relationship with PPANI. This in turn has resulted in improvements in multi-agency risk assessments in relation to violent and sexual offenders, and in improved protection arrangements for adults at risk of harm.

Multi Agency Risk Assessment Conferences (MARACs) are meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, a risk focussed, co-ordinated safety plan can be drawn up to support the victim. Adult safeguarding has a significant contribution to make to this process and over the last year significant improvement has been made in some of the practical arrangements in relation to MARACs. NIASP is also a member of the recently constituted MARAC Operational Group.

Both PPANI and MARAC focus on collaborative working and information sharing to improve public protection arrangements. It is vital that the needs of adults at risk or in need of protection are considered in these fora. This will continue to be a priority area for NIASP in 2012 – 13.

Department of Agriculture and Rural Development

Through the course of the last year, NIASP worked with DHSSPS to forge an innovative and productive partnership with colleagues in the Department of Agriculture and Rural Development (DARD). Animal welfare experts were becoming increasingly concerned about situations where they had been called to deal with maltreated or neglected animals, where the keeper of those animals was also thought to be at risk. An Information Sharing Agreement has made it easier for colleagues in DARD to make referrals to safeguarding and Trust generic services, and vice-versa. While the number of referrals remains low, those that have been received by safeguarding services have been entirely appropriate.

Regulation and Quality Improvement Authority (RQIA)

A key partner for much of NIASP's work in regulated services and facilities is the RQIA.

As an independent regulator it has not been possible for RQIA to become a member of NIASP. However, it is vital that there is open and effective communication with RQIA on many aspects of NIASP activity. In 2012 – 13 NIASP will work with RQIA to improve these liaison arrangements.

User Engagement

It is also important that NIASP develops meaningful partnerships with service users and their representatives, which will ensure that it develops a range of effective interventions, identifies desired outcomes for service users and retains a user focus in all its activities. The work of

the Communication and User Engagement Workstream in developing methods for effective engagement with users will be central to this work in 2012 – 13.

Collaborative Working

A final area for consideration in relation to partnership working is in the development of collaborative working within as well as between organisations. This is a particular challenge for provider organisations where an adult in need of protection does not fit neatly into the traditional Programme of Care structures, for example where they are the victims of human trafficking.

Each LASP has been considering this matter over the last year, and will bring forward proposals to address this issue in 2012 – 13. NIASP will then ensure that there is a standardised approach to people in these circumstances and monitor the effectiveness of these arrangements.

In 2012 – 13, NIASP will continue to seek out opportunities to work with other organisations and initiatives, whilst maintaining the effective partnerships which have already been established.

4. PREVENTION:

Many of the activities necessary to prevent abuse, neglect or exploitation, such as empowering individuals and communities to keep themselves safe from harm, will take place at a local level.

However, there are a number of regional or strategic actions required by NIASP to progress the prevention agenda.

Community Safety Partnerships

The DoJ has recently published a new Community Safety Strategy. NIASP will work with the DoJ team in the implementation of a key aspect of this strategy which is the introduction of Local Community Safety Partnerships. It is important that adult safeguarding services, represented by the LASPs are fully engaged with these partnerships.

Safeguarding Impact Assessment Tool

The Operational Policy and Procedures Workstream has developed a Safeguarding Impact Assessment Tool which can be used by organisations to assess the impact of new policies or procedures on adult safeguarding. This is an innovative development and has the potential for much wider application. The Tool is currently being piloted by a number of voluntary and independent sector organisations, with a view to being more widely available in 2012 – 13.

Volunteer Now

Volunteer Now is one of NIASP's key partner organisations. Volunteer Now works to promote, enhance and support volunteering across

Northern Ireland, and provides training, information, guidance and support to volunteer-involving organisations on issues of good practice and policy regarding volunteering, volunteer management, child protection, safeguarding vulnerable adults and governance.

Throughout 2011 – 12 Volunteer Now has been developing a training package to support voluntary sector organisations deliver an effective response to the abuse of adults. Throughout 2012 – 13, NIASP will work with Volunteer Now to secure adequate resources to support the rollout of this training programme.

NIASP has also responded to a number of public consultations, including proposed amendments to the pre-employment vetting and barring scheme, and proposed changes to legislation in relation to human trafficking.

In 2012 – 13 the lead in relation to prevention activity will continue to rest with the LASPs. However, it is important for NIASP to develop a clearer focus on prevention at a strategic level, particularly in relation to the integration of adult safeguarding with emerging policies and strategies such as the Domestic Violence and Sexual Violence Strategies.

5. PROTECTION:

When individuals or groups of people are subjected to abuse, neglect or exploitation, it is vital that activities designed to protect them from further harm are of the highest standard and achieve the best outcomes for service users.

Regional Procedures

The Operational Policy and Procedures Workstream has developed draft regional procedures in relation to adult protection. This is a significant achievement and one on which NIASP will build in 2012 – 13.

Engagement with the Acute Sector

NIASP established a short-lived working group to target awareness-raising and protection activity within the acute sector. As a first step in this area the working group developed a flow-chart to guide Emergency Department staff in their decision-making in relation to safeguarding concerns. This flow-chart was developed in partnership with child protection and domestic violence colleagues. This has proved to be an effective model of collaborative working and will serve as an example for future initiatives.

Office of Care and Protection (OC&P)

The Office of Care and Protection (OC&P) is part of the Family Division of the High Court. The principal business assigned to the OC&P (Patients Section) includes the administration of Patients' financial affairs and dealing with persons who, by reason of mental incapacity, require the protection of the Court. NIASP worked with the OC&P to develop a

protocol for joint working in cases requiring adult protection interventions. The protocol has proved useful in raising awareness of adult safeguarding and has provided a platform to develop more effective working relationships between the OC&P and Trust adult safeguarding services.

Social Security Agency (SSA)

The OC&P protocol has also provided the basis for work with the Social Security Agency (SSA) to describe the interface and working relationship between the SSA and adult safeguarding. Work in this area has not proceeded as quickly as was initially hoped but it is planned to bring a draft protocol to NIASP for consideration in September 2012.

Safeguarding Adults at Risk Information Hub (SAaRIH)

The development of the Safeguarding Adults at Risk Information Hub (SAaRIH), formerly known as Central Adult Safeguarding and Protection Information Resource (CASPIR), has provided an invaluable resource to practitioners on all aspects of adult safeguarding. It is particularly useful in relation to adult protection as it enables practitioners to access not only news and current affairs articles on safeguarding, but also to access up-to-date information on practice reviews, legislative developments, latest research and inspection reports, Judicial Reviews and training resources.

Guidance on Potential Legal issues

Practice experience to date indicates that it is not always easy for adults in need of protection to access the full protection of the law. NIASP commissioned the Directorate of Legal Services (DLS) within the

Business Services Organisation to develop guidance on potential legal issues surrounding vulnerable adults. This handbook brought together a range of potential legal support that may be available to individual users of adult safeguarding services. The handbook is designed to guide practitioners in their decision-making and to inform their discussions with legal advisors. This is the first time that this information has been brought together in one place and mirrors similar initiatives in England and Wales. The Handbook is a web-based resource and will be updated on a regular basis.

Information Management

The Information Management Workstream has overseen the introduction of standardised information gathering on adult protection activity. Over time, this will allow NIASP to be more alert to emerging trends and patterns in adult protection and to respond in a timely manner. More robust information will also allow NIASP to gauge the effect of emerging prevention strategies and awareness raising activities more accurately.

In 2012 – 13 NIASP will work to consolidate all these initiatives in relation to adult protection. It will also develop effective protection responses to emerging issues in adult safeguarding, with particular reference to the needs of the victims of human trafficking and forced marriage.

6. NIASP WORKPLAN 2011 – 12:

In April 2011, NIASP brought forward an Action Plan which set out the key priorities for the period 2011 – 12, and assigned lead responsibility for implementation to a NIASP Workstream, the LASPs or the Regional Adult Safeguarding Officer.

Substantial progress has been made in relation to all these priorities.

In some areas, such as the development of a Regional Strategy for Adult Safeguarding and the revision of regional Operational Policies and Procedures, the absence of a policy statement in relation to adult safeguarding means that the work cannot be completed. It is anticipated that these areas of work will move to a swift conclusion once this policy statement becomes available. This is likely to be in the early Autumn.

Similarly, in seeking to develop an information sharing protocol in relation to MARACs, the Information Management Workstream has been working with a range of other agencies and organisations, which has reduced the speed of progress. This matter should be resolved on a regional basis in 2012 – 13.

The Information Management Workstream has worked hard to introduce a standardised electronic system to record adult protection activity. The basis for this system is SOS CARE, the community information system currently in use in 4 Trust areas, and PARIS, the community information system in the remaining Trust. However, testing and modifying the computer module took slightly longer than anticipated with the result that

introduction was delayed by approximately 3 months. The system finally went “live” in April 2012.

The Electronic Care Record (ECR) is designed to bring together key pieces of information from a variety of records, and is dependent on the availability of information in an electronic format. The inclusion of adult safeguarding alerts in the ECR is now scheduled for consideration in 2012 – 13.

The Communication and User Engagement Workstream has developed awareness-raising material for use by front line staff on a regional basis, and it is hoped that this will be available in the first quarter of 2012 – 13.

In the course of the year, NIASP convened a broad-based working group to consider the interface between adult safeguarding and Human Resources processes, particularly in situations where a paid employee is suspected of causing harm to an adult at risk. The working group has produced draft guidance that will be further amended in the first quarter of 2012 – 13.

7. WORKSTREAM ACTIVITY:

Operational Policy and Procedures Workstream:

This workstream has a large membership, and a challenging agenda. The workstream has developed a series of sub-groups as an effective and efficient way of addressing key issues and bringing them forward for detailed consideration by NIASP.

Regional Policy and Procedures

The workstream is responsible for the development of regional operational policies and procedures for multi-disciplinary, interagency work to safeguard adults. It was agreed by the workstream that a document would be drafted and ready for consultation by 31st March 2012.

A sub-group of the workstream took this piece of work forward and a working draft was completed on target. Further work can only be progressed when a policy statement and new definitions are agreed and other work on specific procedures such as arrangements for working with the OC&P and the interface with Human Resources processes, are ready to be incorporated.

Review of Joint protocol

The workstream identified operational issues relating to the implementation of the current Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2009) (the Joint Protocol) and formed a sub-group to begin a process of review and revision. A number of other pieces of work, still in draft form, are directly

relevant to this Protocol. These include the joint RQIA/Criminal Justice Inspection Northern Ireland (CJINI) review of the Joint Protocol (see Section 9, page 31), the DHSSPS's policy statement and PSNI's draft Adult Safeguarding Service Procedures. Delivery of the new Joint Protocol is dependent on completion of these related documents and confirmation of the delivery timescale is therefore problematic. The aim is that it will be delivered on as part of the NIASP's 2012-13 workplan.

Safeguarding Impact Assessment Tool

In line with the objective to improve outcomes for adults at risk, the workstream identified a need to promote an equality perspective in the development of all policies which may impact on adults at risk of harm.

A sub-group of the workstream has created a Safeguarding Impact Assessment Tool, a draft of which has been discussed with colleagues from the DHSSPS. The definitions used within the Tool must be compatible with any new definitions and is also therefore dependent on the finalising of the DHSSPS's regional safeguarding policy. Wider consultation on the draft Safeguarding Impact Assessment Tool will await the DHSSPS document which is now anticipated in the Autumn of 2012.

Information Management Workstream:

Membership of the Information Management Workstream includes adult safeguarding practitioners and information service managers.

In 2011 – 12 the workstream oversaw the successful introduction of a standardised electronic data return, focussing primarily on protection

activity. This system was piloted in a number of Trusts, and formally introduced in April 2012. This will ensure that all Trusts are working to the same standard and understanding of recorded activity, and will greatly improve NIASP's capacity to gather, monitor and analyse information on a regional level.

As the recording system was only finally agreed in April 2012, it has not been possible to ensure that the Electronic Care Record (ECR) includes adult safeguarding alerts. However, this will be addressed in 2012 – 13.

Training Workstream:

The Training Workstream has a large membership, drawn from the statutory, voluntary and independent sectors and from a range of training providers.

The workstream has successfully completed a number of challenging projects, including the production of "Abuse in Care", a DVD training resource and handbook, targeted at staff working in regulated facilities and services.

The workstream has also carried out a review of the content and quality of training on adult safeguarding across all sectors and groups of staff. The workstream will bring forward a regional training strategy for consideration by NIASP in 2012 – 13.

Communication and User Engagement Workstream:

The Communication and User Engagement Workstream is made up of representatives of the voluntary and statutory sectors, including Public Relations professionals.

The workstream has focussed on the development of awareness-raising materials, initially targeting front-line staff. However, a key challenge for the workstream in developing standardised material has been the lack of single points of contact for adult safeguarding concerns within the Trusts.

The workstream has also brought forward some initial proposals for the development of a systematic way to engage with users of adult safeguarding services. It is anticipated that these proposals will be finalised and formally considered by NIASP by September 2012.

8. NIASP WORKPLAN 2011 – 12 PROGRESS REPORT:

	Theme:	Commentary:	Status:
1.	Development of Regional Adult Safeguarding Strategy	<p>In developing a Strategic Plan, NIASP has highlighted a series of objectives for the next 5 years. These are grouped together under the following themes:</p> <ul style="list-style-type: none"> • Leadership and Partnership Working; • Public Awareness and Prevention; • Access to Adult Safeguarding Services; • Effective interventions; • The User Experience; and • Training and Practice Development. <p>These themes have been discussed and agreed within NIASP. However, it is unable to progress to the next stage of strategy development, that is public consultation, in the absence of an up-dated policy statement on adult safeguarding from the DHSSPS and DoJ.</p>	Partially achieved

2.	Development of Regional Adult Safeguarding Operational Policy and Procedures	<p>The NIASP Operational Policy and Procedures Workstream has completed an initial draft of Operational Procedures for consideration by NIASP and DHSSPS. Through the course of the year, the workstream specification has been broadened to include the interface between adult safeguarding and Human Resources processes; responding to adult safeguarding concerns outside normal office hours; and responding to the needs of adult victims of human trafficking.</p> <p>While the workstream has met the target completion date contained within the workplan, production of the Operational Procedures cannot progress further until the new policy is issued by the DHSSPS and DoJ.</p>	Partially achieved
3.	Establishment of Adult Safeguarding Forum (planning phase)	<p>This workstream met 5 times during 2011 – 12. A series of discussions on the meaningful engagement of service users and progression of the forum took place. A meeting was held with the DHSSPS to clarify expectations of what form the</p>	Achieved

		<p>Forum would take. Confirmation was given that the Forum was expected to engage with victims/survivors and those who are not sufficiently engaged with adult safeguarding, or who for whatever reason cannot be at the NIASP table. Workstream members agreed in principle that it is most useful and resource effective to have a more fluid and dynamic process to engage with people. It explored the use of established and existing infrastructure to engage with the target group. Work has begun to conduct a scoping exercise with LASPs to identify established forums within their localities. The intention will be to progress this work in 2012 – 13 to include:</p> <ul style="list-style-type: none"> • Finalising the scoping of existing networks ensuring all vulnerabilities and geographic areas are represented; • Identifying groups willing to engage; and • Using this constituency to develop a protocol or 	
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		<p>memorandum of understanding to outline the two-way dialogue process.</p>	
4.	<p>Engagement with the Acute Sector</p>	<p>This year the focus of work to engage with colleagues working in the Acute sector has centred on the development of a flowchart to guide staff within Emergency Departments in recognising and responding to abuse of adults. In taking this work forward on a regional basis, NIASP has also worked in partnership with the PHA and other colleagues to incorporate guidance on responding to child protection and domestic violence concerns. As a result of this collaborative approach, NIASP has produced a single flowchart and minimised unnecessary duplication.</p>	<p>Achieved</p>
5.	<p>Development of at least one Information Sharing Protocol</p>	<p>In the course of the year, NIASP brought forward a protocol for working with the OC&P, which includes a description of how and when information will be shared between adult safeguarding and the OC&P.</p>	<p>Partially achieved</p>

		<p>Work has also progressed in clarifying the interface between adult safeguarding and the SSA. This includes guidance on sharing information, and is in its penultimate draft.</p> <p>Work continues on a strategic level to finalise an information sharing protocol for MARACs.</p> <p>An Interim Information Sharing Protocol has been established between Adult Safeguarding Services and DARD which has resulted in a number of referrals to safeguarding services.</p>	
6.	Information Management System	<p>The Information Management Workstream led on the introduction of an electronic system for recording activity in relation to protection work.</p> <p>Work had been developed by colleagues at BSO to produce a SOSKARE module that would standardise the data collated for safeguarding activity across the region. The programme was developed by a number of colleagues from each Trust with the</p>	Achieved

		<p>model which had been piloted in the Western HSCT.</p> <p>During the pilot a number of difficulties were identified with the programme and colleagues from BSO agreed to amend the user specification. We also had to consider the inclusion of activity information in relation to MARAC, PPANI and the ABE processes. Colleagues at the DHSSPS are also reviewing informatics systems within Acute and Primary Care settings. This is a key area of work that must interface with safeguarding structures. The Information Management Workstream acknowledged that this work could not be progressed until systems within the Acute sector were in place.</p> <p>The WHSCT, SEHSCT, NHSCT and SHSCT agreed to implement the programme. BHSCT do not plan to use the SOS CARE programme because they use the PARIS System. BHSCT has assured NIASP that PARIS will be able to</p>	
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		<p>produce the same statistical information.</p> <p>Colleagues in the SHSCT have produced a training manual that will support staff in the use of the new programme. This document was shared with colleagues who will be implementing the SOS CARE programme and will be reviewed to include any amendments to the user specification.</p> <p>The system has been piloted and went “live” in April 2012.</p>	
7.	Review of Training and Standardisation of Content	<p>The Training Workstream has completed a scoping exercise that examined the extent of training available in relation to adult safeguarding and the content of associated training programmes.</p> <p>The Workstream is now in a position to bring forward a regional training strategy for adult safeguarding.</p>	Achieved
8.	Awareness Raising in Acute and Primary Care settings	<p>This workstream met 5 times during 2011 – 12. A draft communications plan has been developed. Priorities include:</p>	Partially Achieved

		<ul style="list-style-type: none"> • Awareness raising with Primary Care services which will take place with targeted information sent to General Practices for dissemination. Information will include signposting to the British Medical Association (BMA) Toolkit on adult protection and a condensed flow chart for reporting concerns; • Acute Sector; • Domiciliary Care; • General Public. <p>The group agreed on a postcard sized, high quality gloss card, containing basic information with a single strap line of “See Something: Say Something.” Each Trust area will have its own card with relevant contact details.</p> <p>Additionally, a series of awareness raising sessions were held with GP Practices across the region.</p>	
9.	Community Development approach to prevention	Each LASP has started to develop a local approach to the prevention of abuse, neglect and exploitation. To date these activities have	Achieved

		centred primarily on raising awareness of adult safeguarding through local communities.	
10	Adult Safeguarding interface with Human Resources	<p>A working group was convened to consider the key issues relating to the interface between adult safeguarding and Human Resources (HR) processes. The group was made up of representatives from the voluntary, independent and statutory sectors, regulatory bodies, staff representative groups and HR professionals.</p> <p>The group has produced initial guidance for employers for situations where it is suspected or alleged that a member of staff may have been abusing a service user. Further work remains to be done to provide guidance for employers in situations where concerns have been raised, but no crime is suspected.</p>	Partially Achieved

9. INSPECTION REPORTS:

In 2011 – 12, the RQIA, in partnership with the CJINI, undertook a review of the operation of the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2009).

The review was generally complimentary of the work of both adult safeguarding and the Police in the implementation of the Joint Protocol. However, the final report did make a number of recommendations for NIASP including:

- NIASP (in consultation with the 5 LASPs and other relevant agencies and DHSSPS) should consider any amendments required to the Protocol in light of new legislation and the learning from this review and their operational experience, in order to ensure the continued safeguarding of vulnerable adults;
- NIASP should review the reporting arrangements by the HSC Trusts to make sure that all new referrals are appropriately recorded.

The NIASP Operational Policy and Procedures Workstream is progressing these recommendations, and the Action Plan for this work is included in **Appendix 2**.

In 2011 – 12, CJINI also undertook a review of the use of Special Measures (that is, measures available to the Courts to support vulnerable or intimidated witnesses to present their evidence) in Northern Ireland. While this review focussed on Criminal Justice

agencies, the final report contains one recommendation in relation to the 2009 Protocol, which is included in NIASP's Action Plan.

10. GOVERNANCE ARRANGEMENTS:

NIASP and its Chair are accountable, in the first instance, to the HSCB through the Director of Social Care and Children’s Services. NIASP members are also accountable to the organisations they represent.

NIASP meets quarterly, and receives reports on progress from the different workstreams and LASPs, and from the Regional Adult Safeguarding Officer. Partnership meetings also provide opportunities to brief members on key or emerging issues.

The Regional Adult Safeguarding Officer, on behalf of NIASP meets with the Chairs of LASPs on a quarterly basis and with the Trusts’ Adult Safeguarding Specialists every month. The purpose of these meetings is to:

- Ensure consistency of approach and developments within adult safeguarding throughout Northern Ireland;
- Facilitate communication across and between safeguarding systems; and
- Identify and, where possible, address emerging practice issues.

Throughout 2011 – 12, these meetings focussed primarily on operational issues. However, as the Trusts’ Adult Safeguarding Specialists have become more established in their new roles, the focus of these meetings has developed, with the result that in 2012 –13, the agenda for the monthly meetings will alternate between operational issues such as activity levels and service development such as establishing thresholds for intervention. It is anticipated that this will not only ensure consistency

in approach but also assist LASPs in the development of their own local safeguarding plans.

As NIASP has developed, the importance of having an agreed statement of the governance arrangements that apply to its work has become more obvious. Such a framework will not only describe the reporting relationships within and by NIASP, but will also set out a programme of regional audit for the next 3 to 5 years.

In particular, in 2012 – 13, NIASP will conduct an audit of the contribution of adult safeguarding to the MARAC process.

Adult Safeguarding Specialists have an important contribution to make to MARACs. However, there are inconsistencies in how that contribution is made. The aim of the audit is to determine how adult safeguarding can contribute most effectively to these arrangements.

11. DEVELOPMENTS IN LOCAL ADULT SAFEGUARDING PARTNERSHIPS:

South Eastern LASP:

The South Eastern LASP set a challenging workplan for 2011 – 12, and, by and large, has delivered against the objectives it set for itself. Where an objective has not been fully achieved, it is because completion was not under the sole control of the LASP, for example the absence of a regional policy statement.

The LASP has a strong governance structure in place, with clear lines of accountability through to the Trust Executive Director of Social Work. This structure has undoubtedly supported the development of adult safeguarding services across organisational boundaries, both within the Trust and externally.

The Chair of the LASP and the Adult Safeguarding Specialists provide strong and supportive leadership, both through the introduction of new systems and processes, and through professional development, for example setting up a forum for adult safeguarding in regulated services, and the inclusion of adult safeguarding in a Domiciliary Care Services Staff Handbook. The LASP is to be commended for these and related developments.

The LASP notes that there is a variation across Trust geography in the number and availability of staff trained in Achieving Best Evidence. While this has not resulted in any delay or disadvantage to service

users, the availability of this resource of trained practitioners should be kept under review.

Similarly, the issues delaying the appointment of a second Senior Social Worker (Practitioner) require speedy resolution, particularly given the growing volume of referrals to adult safeguarding services.

The LASP undertook an internal audit of adult safeguarding policy and procedures, the results of which have informed not only internal LASP processes, but also the work in developing regional procedures.

The LASP participated in the RQIA audit of the Joint Protocol, and is implementing any necessary actions that have arisen from the review.

The LASP has engaged very productively with local Health and Wellbeing systems, both in the promotion of awareness raising material, and in considering how best to engage with local communities in relation to adult safeguarding. The LASP has identified user engagement as a challenging area, and is a priority for 2012 – 13. However, this work can only be successfully addressed once a regional approach has been agreed by NIASP.

The LASP notes that there has been a significant increase in the number of investigations involving regulated facilities, such as Nursing Homes. These investigations are complex and time consuming, and involve high levels of multi-agency co-operation as well as cross-boundary working. The LASP has responded very positively to these challenges, and significant regional learning has been achieved.

Overall, within the LASP, referrals to adult safeguarding have increased from last year, rising from a total of 441 to **658**, an increase of 49%. This is probably a reflection of the increased awareness of adult safeguarding issues as a result of the work of the LASP

The largest increase in referrals was within Older People's Services, rising from 242 to **400**, or by 65%. This is not surprising as this is the largest Programme of Care. There was also a significant increase in referrals from Mental Health Services, rising from 35 to **52** referrals, or 48%, which is to be welcomed.

The number of referrals from Physical and Sensory Disability declined by 1, from 56 to **55** referrals, but it is unclear if this is a statistical anomaly or part of a trend. Referral rates from this Programme of Care should be closely monitored over the next reporting period.

There were a total of **131** investigations under the Joint Protocol. Of these 42 or 32% were from the Learning Disability Programme of Care. This may be a reflection of the close working relationship the LASP has with the local PSNI Public Protection Units.

Western LASP:

The Western LASP set itself a challenging agenda for 2011 – 12. The majority of this work was progressed through 4 workstreams, mirroring the structures within NIASP. Overall, the LASP has achieved the objectives it set itself, and has done so within a challenging organisational environment.

The LASP is Chaired by the Trust's Assistant Director (Adult Safeguarding). This is an innovative post, which links a number of public protection measures with adult safeguarding, including Domestic and Sexual Violence and Public Protection Arrangements for Northern Ireland (PPANI). The benefits of such linkages are already becoming apparent, for example in relation to MARACs.

Governance arrangements in relation to the LASP are further strengthened through having both the Trust Executive Director of Social Work and Nursing as core members of the LASP.

The LASP covers a wide geographical area, with consequent challenges in terms of engagement and the efficient use of resources. The LASP has sought to be creative in its use of existing networks to promote all aspects of adult safeguarding. These have included working with the Trust's Contract Department to provide support to colleagues in the community, voluntary and independent sectors. The LASP has also ensured that non- statutory partner organisations such as Volunteer Now, the British Red Cross and Apex Housing have taken the lead in developing services. The LASP successfully encouraged other partners

such as the NIHE to promote the safeguarding agenda through their own networks.

The number and intensity of investigations within regulated services such as Nursing Homes continues to challenge adult safeguarding services. The number of trained Investigating and Designated Officers within the Western HSCT has increased since last year, although shortages of appropriately trained and skilled staff are noted in relation to the Mental Health and Learning Disability Programmes of Care. The increase in the number of trained staff is still not sufficient to meet the increased demand as evidenced by the rise in adult safeguarding referral rates.

In 2011 – 12, adult safeguarding services led 3 investigations of Serious Adverse Incidents. These investigations are extremely complex and place substantial additional demands on staff. In all 3 cases, significant learning for the whole region was identified, and the investigations are potential models of Best Practice for colleagues in other LASPs.

The Western LASP undertook a number of audits in 2010 – 11, including an analysis of awareness of adult safeguarding in partner organisations, and referral trends within Older People's Services. These have been used to inform service developments in other areas of adult safeguarding.

The LASP participated in the RQIA audit of the Joint Protocol, and is implementing any necessary actions that have arisen from the review.

The LASP also undertook an analysis of the contribution of adult safeguarding to local MARACs. Adult safeguarding provides strong leadership in relation to MARACs, and in recognition of this work, the Senior Social Worker (Practitioner) for adult safeguarding was awarded the Western Trust Award for Partnership Working.

Overall, referrals within the LASP have risen from 205 in 2010 – 11 to **244** in 2011 – 12, an increase of 19%. The number of Protection Plans commenced in the year has increased from 121 to **136**, or by 12%. Most of these increases occurred within the Older People's Programme of Care.

However, the increase in referral numbers is not reflected in other aspects of safeguarding, such as the number of investigations commenced, investigations completed, or the number of Protection Plans in place at the end of the year.

The reasons for this apparent downturn are not immediately obvious. Possible explanations include a statistical "blip", or improved screening within adult safeguarding. Further work with the Trust is required to understand these figures.

It is particularly concerning that out of a total of 45 referrals from Learning Disability Services, there were no Protection Plans in place at the end of the year. Over the next year NIASP will work with the Western LASP to understand the background to this.

Belfast LASP:

The Belfast LASP identified a series of challenging objectives for 2011-12, which were based on the priorities set out in the NIASP Workplan for the same period. These objectives were based on the themes of Partnership, Prevention and Protection.

In the course of 2011 – 12 the Chair of the LASP retired. It might have been expected that this loss of leadership would result in a slight pause in the work of the LASP. However, Belfast Trust moved swiftly to identify a replacement Chair, and as a result the LASP has maintained its momentum.

The LASP has successfully established a range of partnerships with a diverse group of voluntary, statutory, community and independent stakeholders. The awareness-raising events which were arranged in partnership with the PSNI have been particularly well attended and evaluated.

The LASP has identified a number of areas of good practice, including setting up Safeguarding Fora for practitioners and the development of effective working arrangements with local PPANI and MARAC structures.

The LASP has also developed some excellent information on adult safeguarding targeted specifically at people with learning disabilities. The material was developed in partnership with the local Tell it Like it Is (TILII) group of service users and, with appropriate permission, should be used throughout the region.

The LASP has clear lines of accountability and governance in place. As part of a quality assurance plan, the LASP undertook two internal audits in 2010 -11. The first of these focussed on assessing compliance with standards in relation to adult protection investigations. The second audit focussed on the recording of Human Rights considerations. The LASP also participated in the RQIA/CJINI Review of the Joint Protocol.

The LASP experienced a significant delay in the recruitment of a Senior Social Worker (Practitioner) to support the work of the Trust's Adult Safeguarding Specialists. This undoubtedly disadvantaged the work of the LASP, particularly when set against an increase in the number of complex investigations taking place within regulated services, particularly Nursing Homes.

The LASP is about to start an ambitious project to re-engineer the provision of safeguarding services for older people across the Trust area, through the development of a single point of access or Gateway model of service provision. This is an exciting development and one that should result in qualitative as well as quantitative improvements to the service. It will also be interesting to note the impact of this development on other service areas within the LASP.

Referrals to adult safeguarding have increased from 643 in 2010 – 11 to **1189** in 2011 – 12. This represents an increase of 546 or 85%.

The number of Protection Plans implemented throughout the year has also increased, rising from 426 to **953**, an increase of 527 or 123%.

All Programmes of Care experienced an increase in referrals. The largest percentage increase was within Learning Disability Services, which rose from 185 to **514**, an increase of 178%. This may be a reflection of the threshold for referral to adult safeguarding within this service area. The number of referrals is noticeably higher than in other LASP areas, even allowing for the number of patients within Muckamore Abbey Hospital. Work to understand this referral threshold began in 2011 – 12 and will be progressed on a regional level through the revision of the Joint Protocol.

The LASP notes a decrease in the number of referrals from Domiciliary Care services, but it is not clear if this is a statistical anomaly or a developing trend. This will require careful monitoring in 2012 – 13.

Southern LASP:

The Southern LASP Action Plan for 2011 – 12 set out a number of challenging objectives for the partnership. In general, the LASP has addressed these objectives successfully. Where full achievement has not been possible, this is due to circumstances beyond the LASP's control such as the lack of a regional policy statement.

The LASP has established particularly strong working relationships with colleagues based in the Public Protection Units of the local PSNI, and has also made innovative use of the Trust's Promoting Health and Wellbeing Team to start addressing the prevention agenda.

The LASP report highlights a number of good practice developments through the year. Of particular interest are developments in relation to the interface between adult safeguarding and local PPANI arrangements. These have proved challenging but beneficial, and there will be value in sharing this learning with the other LASPs.

The LASP has made good use of the Trust's Finance and Contract Departments to improve counter-fraud measures and so reduce the likelihood of financial abuse.

The LASP has provided regional leadership in a number of practice areas, noticeably in relation to working with colleagues in the Acute sector and in the provision of a training manual for the new electronic recording system.

The LASP highlights the challenges posed by the increasing number of investigations involving regulated facilities, particularly within Nursing Homes. These investigations are both complex and resource intensive. The LASP also notes the challenges involved in seeking to engage with local GP practices. This is an issue that will require consideration by NIASP.

The LASP has clear lines of accountability through to the Executive Director of Social Work within the Trust.

In 2011 – 12 the LASP participated in the RQIA/CJINI review of the Joint Protocol, and has a clear plan for the implementation of the related recommendations.

The LASP has also put forward a very strong research proposal on the potential factors likely to influence professional judgements in staff designated to the task of co-ordinating and managing investigations.

This research is now scheduled for 2012 – 13 and the findings should have regional application.

Overall activity was up on last year, with the total number of referrals rising from 428 in 2010 – 11 to **854**, with a further 18 referrals received from the Acute sector in 2011 – 12, an increase of 104%. The LASP notes that a significant number of these referrals (581 or 68%) were “screened out”, that is either did not proceed to a full adult safeguarding investigation, or were dealt with under different procedures. The Trust

research proposal will assist in understanding the number of referrals that are “screened out” in this way.

Older People’s Services (including Memory Services) continue to have the highest referral rate. This is not surprising, given the number of service users within the Programme of Care.

Referrals from Physical Disability and Sensory Impairment remain low at **43**, although this is an increase of 19% on the previous year. This may be accounted for by the fact that this is a small Programme of Care.

There has been a significant increase in the number of referrals from Mental Health Services, up from 19 in 2010 – 11 to **80** in 2011 – 12. This is an increase of 321% and is probably due to increased awareness raising activity within the service area.

Similarly, referrals from Learning Disability have increased by 168%, rising from 145 to **388**. Whilst the number of Protection Plans remains low at 40, this is still an increase of 344% on last year.

Northern LASP:

The Northern LASP set itself a series of challenging objectives for 2011–12. These have focussed primarily on the themes of Partnership, Prevention and Protection. The LASP has also replicated NIASP working arrangements through the establishment of a number of workstreams.

The LASP has clear lines of accountability from the Chair through to the Trust's Executive Director of Social Work.

The LASP participated in the RQIA/CJINI review of the Joint Protocol, and notes an Action Plan to take forward local recommendations. However, the LASP did not engage in any other audit activity in 2011–12 and this is an area it may wish to consider for action in the coming year.

The LASP has worked very successfully to engage local communities with adult safeguarding and is to be commended for the innovative approach adopted in relation to awareness-raising and the provision of core information and advice.

The LASP has developed a very strong working relationship with colleagues based in the Acute sector. The LASP has adopted a very practical approach to this challenging area and this led to the development of a flowchart to provide colleagues with advice and guidance to assist their decision-making.

The LASP has similarly strong links with the local PPANI structures. The clarity on roles and responsibilities that has resulted could usefully be shared across the region.

The LASP has an inclusive approach to adult safeguarding which is shown not only in the practice initiatives commented upon, but also in the LASP's report itself, which includes contributions from partner organisations. This approach has led to some innovative proposals, such as working with a local Sixth Form College to design the LASP's website.

The LASP has highlighted a request from partner organisations to explore the possibility of establishing a regional Adult Safeguarding Helpline. This will be considered by NIASP in the course of the year.

The LASP notes some challenges to the further development of adult safeguarding. One of the most significant is the difficulty that many Investigating and Designated Officers are experiencing in conducting and managing adult safeguarding investigations alongside other core duties. This has resulted in completion of certain tasks falling outside the accepted timescales.

This issue will continue to cause pressure within the LASP for the foreseeable future, and may well increase in line with rising numbers of referrals. At the same time, however, the LASP notes that training for new Investigating and Designated Officers did not take place this year.

The LASP has also not yet appointed a Senior Social Worker (Practitioner) to support the Adult Safeguarding Specialist, and has identified this as a resource issue. This will continue to be an area for discussion and potential service re-engineering in 2012 – 13.

Adult safeguarding referrals within the LASP area have increased from 396 in 2010 – 11 to **641** in 2011-12, an increase of 245 or 62%. The number of Protection Plans in place on 31st March 2012 shows a slight decrease on the previous year, but as the total number of Protection Plans commenced in the year has increased, this is not yet a matter for concern.

The LASP has separated referrals from Older People's Services and referrals from Mental Health Services for Older People. This is a helpful distinction as it highlights the number of people with some form of cognitive impairment who are referred to safeguarding. However, the LASP also notes that the development of multi-disciplinary Integrated Care Teams is proving challenging due to the possible dilution of safeguarding skills and experience.

Within the Learning Disability Programme of Care the number of referrals has increased slightly. Of more interest, however, is the increase in the number of these referrals investigated under the Joint Protocol. This trend requires further analysis, as it may be related to the threshold set for referral to the PSNI. This matter will also be addressed through the revision of the Joint Protocol.

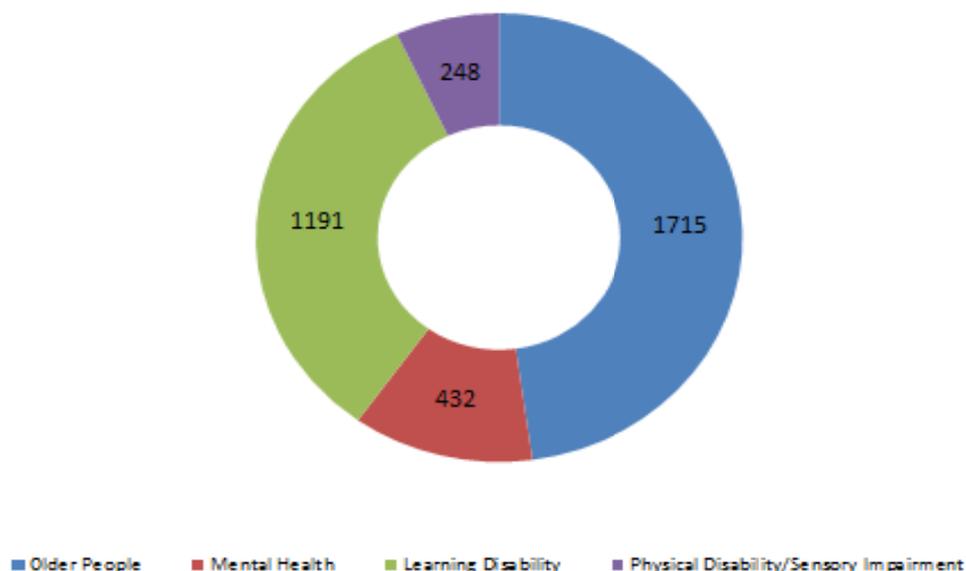
The Physical Disability / Sensory Impairment and Mental Health Programmes of Care both show an increase in referrals and the number of Protection Plans in place on 31st March 2012.

The work done by the LASP to engage with the Acute sector appears to have resulted in an increase in the number of referrals from hospital settings to adult safeguarding services

12. ACTIVITY ANALYSIS:

In 2011 – 12, LASPs continued to use their own recording systems, pending the introduction of a standardised electronic recording system. While there was some standardisation of information gathering over the year, comparisons between LASPs can only be drawn at the highest level. As a result, detailed scrutiny of the available data is limited.

Regional Referrals by Programme of Care during 2011-12



Referral Information:

The total number of referrals to adult safeguarding in 2011 – 12 was **3586**, an increase of 1650 or 85% on the previous year.

This increase may be attributed to a growing awareness of adult safeguarding within partner organisations and agencies. It may also have resulted from the establishment of the LASPs and the development of clear local leadership in relation to adult safeguarding.

The majority of referrals were in relation to people over the age of 65 years (**1715** or 48%). As this is the Programme of Care with the greatest number of service users, this is not surprising. The Northern and Southern LASPs have very usefully divided these referrals into those received from core services, and those received from specialist services such as Memory Services or Mental Health Services for Older People. NIASP will consider the value of extending this analysis to the other LASP areas in future reports, as it appears to enhance understanding of the nature of harm in this context and has the potential to inform future prevention activities.

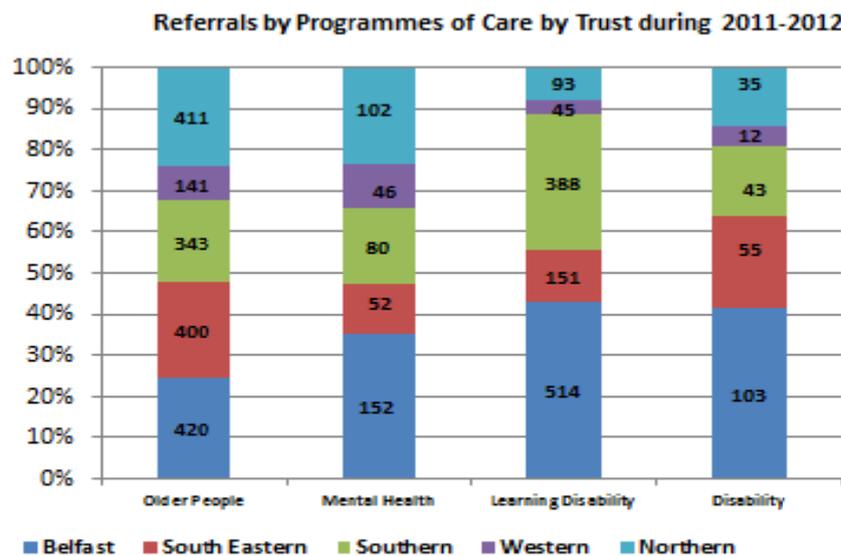
Referrals from Mental Health Services rose by 73%, increasing from 249 in 2010 – 11, to **432** in 2011 – 12. This increase may be a result of successful awareness-raising activities coupled with pending reviews of safeguarding arrangements in Acute Psychiatric facilities being undertaken by RQIA.

Physical Disability / Sensory Impairment saw the smallest increase in referrals, which rose from 215 in 2010-11 to **248** in 2011- 12, an increase of just 15%.

The work done to engage colleagues in the Acute sector appears to have been effective, with referrals noted as rising from just 25 in 2010-11 to 114 in 2011-12, an increase of 89 or 356%. Given the numbers of adults who make use of Acute Services, much work remains to be done to ensure that appropriate referrals are initiated.

Referrals from Learning Disability Services increased by 186%, from 416 in 2010-11 to **1191** in 2011-12. This is a significant increase and the reasons for it need further examination by NIASP. If the high number of referrals is due, for example, to the application of a threshold for referral to PSNI, then NIASP will need to determine whether or not this threshold is set at the correct level. If, however, the rate of referral is an accurate reflection of the type and level of harm experienced by this group of people, then further work is required to examine the appropriateness or otherwise of existing care regimes and the development of more targeted prevention activities.

Referrals by Programme of Care by Trust during 2011-2012

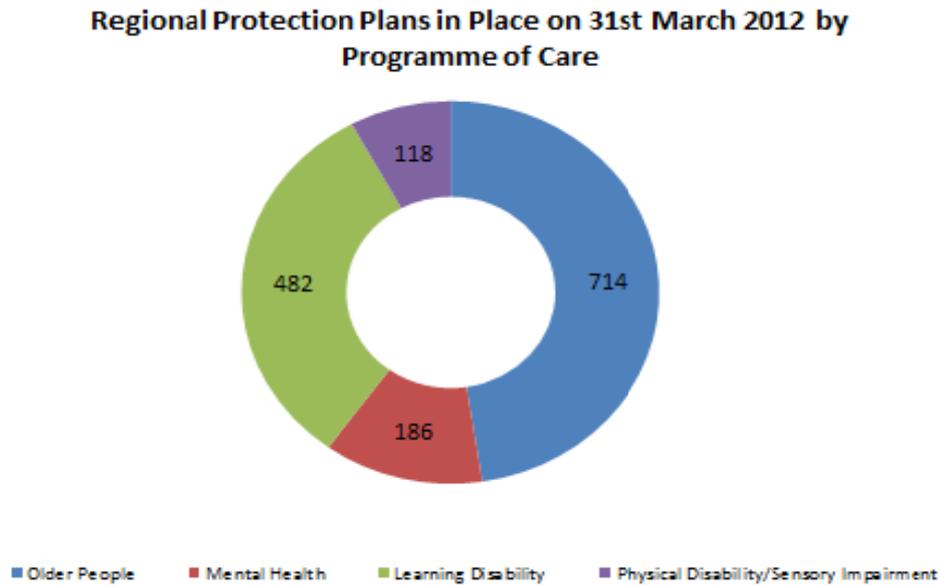


Belfast LASP received the highest number of referrals, responding to **1189** referrals, an increase of 546 or 85%.

The Western LASP received the lowest number of referrals at **244**, although this is still an increase of 39 or 19% on last year's referrals.

Protection Plans in place on 31st March 2012:

It should be noted that many Protection Plans begin and are completed within the reporting period, and therefore are not included in these figures. The introduction of the new electronic data management system will allow a more sophisticated analysis of this activity in future.

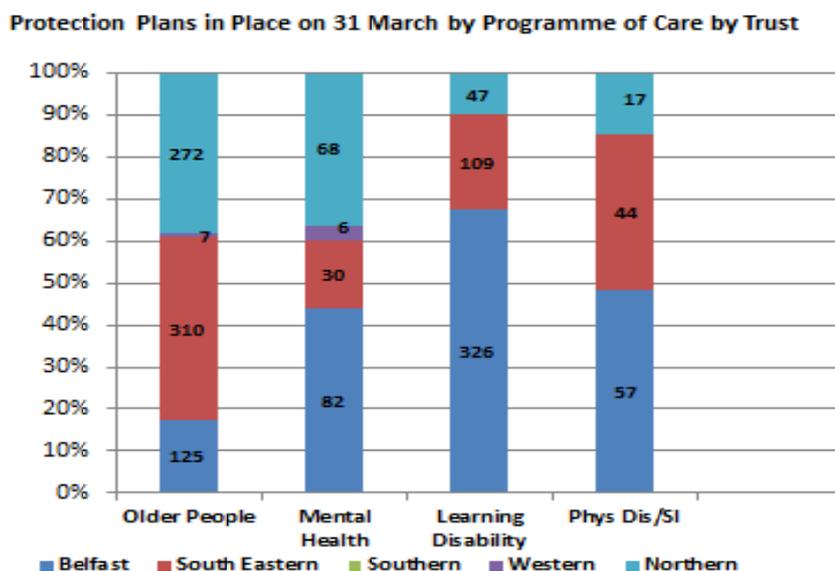


The total number of Protection Plans in place on 31st March 2012 was **1500**. This is an increase of 572 or 61%, and is a reflection of the growth in referrals. This information was not available from the Southern LASP.

The majority (**714** or 48%) of Protection Plans are within Older People’s Services, followed by Learning Disability with **482** or 32%.

Physical Disability / Sensory Impairment has the smallest number of Protection Plans in place at **118** or 8%.

Protection Plans in Place on 31st March 2012 by Programme of Care by Trust



MARACs

The LASPs have all invested considerable amounts of time and energy to MARAC processes over the last year. It is, therefore, disappointing to note that the number of MARACs relating to adults at risk of harm has risen by only 10, from 23 in 2010-11 to **33** in 2011-12. It is possible that this is a recording issue, but this will be considered as part of the proposed audit of the contribution of adult safeguarding to the MARAC process in 2012-13.

Programme of Care Specific Issues:

Older People

Older people continue to be the largest group of people referred to adult safeguarding services. Two LASPs note a significant proportion of older people referred who are also experiencing some form of cognitive deterioration. This area will require more detailed examination in 2012 -13.

All LASP reports have commented on the complexity of investigations involving regulated facilities and in particular within Nursing Homes. It is possible that the work on developing thresholds for adult safeguarding interventions may result in some referrals being appropriately “screened out”, with the concern being addressed through other procedures such as complaints. However, it is unlikely that the level of referrals will decrease substantially, as the population living in Nursing Homes comprises of some of the most vulnerable people in society.

Mental Health

Referrals from this Programme of Care continue to be low, given the number of service users and the size of the programme.

In the past, this low level of referral has been attributed to the use of alternative methods of addressing concerns, such as Critical Incident reporting or complaints. While these processes can be very useful, they do not necessarily offer the required level of protection to the victim or individual at risk.

It is, therefore, encouraging to see an increase in referrals to adult safeguarding, possibly due both to the increased availability of in-service training for staff and an increased awareness of safeguarding more generally.

Learning Disability

Learning Disability has experienced a significant increase in referrals over 2011-12. This increase is particularly noticeable in the Belfast and Southern areas, and may be due to the fact that there are busy

specialist in-patient units in these areas. However, this is not reflected in figures from the Western LASP.

In contrast to the Mental Health Programme of Care, work is required in 2012-13 to understand the threshold for referrals to adult safeguarding, and whether concerns can be appropriately and safely addressed through other processes. In particular, it is important that there is clear and shared understanding of when a matter must be referred to the PSNI for investigation and of what constitutes a "relevant offence" under the Criminal Law Act (Northern Ireland) 1967.

Physical Disability and Sensory Impairment

Physical Disability and Sensory Impairment is the smallest of these Programmes of Care, and this is reflected in the rates of referral to adult safeguarding.

In general, the LASP reports contained useful commentary for this Programme of Care. However, the LASP with the greatest number of referrals also had the briefest commentary. As a result the potential for others to learn from their experience has been lost.

The work within the Southern LASP in relation to the prevention of fraud and financial abuse may have relevance for the others and may be of particular use when applied to support service users who make use of Direct Payments.

13. Training Activity:

All 5 LASPs have overseen a comprehensive programme of training activity delivered within the statutory sector over the last year. While there is uniformity in the content of training for specialist roles such as Investigating and Designated Officers and in the requirements of Achieving Best Evidence, the differences between Induction and Basic Awareness Training are not immediately obvious.

The figures for these categories and the category of “other” such as refresher training for Domiciliary Care staff or for managers, should therefore be treated with some caution as they may not be comparing like with like. The development of a regional Training and Development Strategy will address these anomalies through 2012 – 13.

Staff Training

	South Eastern	Western	Belfast	Southern	Northern
Induction	-	-	-	126	-
Basic Awareness	376	394	2064	-	557
Investigating and Designated Officer Training	93	86	60	106	Postponed
Joint Protocol Training	12	13	7	11	Postponed
ABE	2	-	1	5	0
ABE Refresher Training	-	3	5	-	9
Other	9	-	46	325	125

14. NIASP WORKPLAN 2012 – 13:

This Workplan is based on priorities emerging from the work of NIASP Workstreams and other key regional and strategic initiatives which will be implemented in 2012 – 13, including the work undertaken to develop a draft strategic plan for adult safeguarding.

NIASP will continue to work to the broad themes of Partnership, Prevention and Protection, with the focus of work on the following areas:

Leadership and Partnership Working: developing new and successful ways of working together to promote adult safeguarding and more effectively keep people safe from harm;

Public Awareness and Prevention: developing a single, consistent message to the general public that supports a “zero tolerance” attitude to harm, and ensures that the signs and symptoms of harm are widely understood and concerns are passed on as quickly as possible;

Access to Adult Safeguarding Services: ensuring that it is as straightforward as possible to express concerns or make a referral to adult safeguarding services;

Effective Interventions: developing a menu of interventions to guide practitioners from all sectors and organisations as they support adults at risk or in need of protection;

The User Experience: the experience of adult safeguarding services should be as supportive as possible, avoid duplication and result in positive outcomes for all concerned;

Training and Practice Development: adult safeguarding services must be delivered by a confident, competent workforce, which includes those working in a voluntary or unpaid capacity, and by organisations committed to learning from experience and to the steady improvement of services; and

Governance, Audit and Quality Assurance: the development of a governance framework to sustain and support new developments.

NIASP WORKPLAN

2012 – 13

Theme 1: Leadership and Partnership Working			
	Rationale:	Lead Responsibility:	Target Completion Date:
Review of workstream arrangements	NIASP will review the current structure of workstreams and working groups within both NIASP and LASPs, and will bring forward proposals for the more efficient use of resources	Regional Adult Safeguarding Officer	September 2012
Integration with other regional strategies	NIASP will develop linkages with other public protection awareness-raising campaigns such as Domestic Violence, Sexual Violence and Human Trafficking	Regional Adult Safeguarding Officer	December 2012

	strategies, to ensure that adult safeguarding is an integral part of such programmes		
Improvement of liaison arrangements between NIASP and RQIA	NIASP will work with RQIA to ensure that lines of communication between NIASP and RQIA are effective	Regional Adult Safeguarding Officer	March 2013
Theme 2: Public Awareness and Prevention			
Introduction of Safeguarding Impact Assessment Tool	The Screening Tool developed to assist organisations assess the impact of new policies or strategies on adult safeguarding will be rolled-out to all NIASP partner organisations	NIASP Operational Policy and Procedures Workstream	March 2013
Provision of awareness raising information for front line staff	NIASP will develop and make available information and advice for individuals, families and carers on	NIASP Communication and User Engagement	December 2012

	keeping safe and how to access adult safeguarding services when necessary	Workstreams	
Engaging with Community Safety Partnerships	NIASP and LASP Chairs will work with the emerging Community Safety Partnerships to ensure that adult safeguarding issues are given appropriate consideration at a local level	LASP Chairs Regional Adult Safeguarding Officer	March 2012
Engagement with PPANI and MARAC	NIASP will continue to work with PPANI and MARAC structures to ensure that adult safeguarding contributes effectively to PPANI	Regional Adult Safeguarding Officer	March 2013

Theme 3: Access to Adult Safeguarding Services			
Introduction of role of Safeguarding Adults Manager (SAM)	NIASP will work with all partner organisations to ensure that each organisation has an identified Senior Manager designated as the organisation's Safeguarding Adults Manager (SAM)	NIASP Operational Policy and Procedures Workstream	March 2013
Ensure the Electronic Care Record (ECR) includes alerts in relation to adult safeguarding	NIASP will ensure that the ECR incorporates information from SOSKARE and PARIS and is able to identify adults at risk with an emerging pattern of attendance at Hospital Emergency Departments	NIASP Information Management Workstream	December 2012
Electronic Referral to adult safeguarding	NIASP will establish an easy-to-use, standardised electronic referral form for use by all partner organisations	NIASP Information Management Workstream	March 2013

Theme 4: Effective Interventions			
Ensure a corporate response to adult safeguarding referrals	NIASP will work with LASP Chairs to ensure that individuals who are referred to adult protection services but who do not match Programme of Care definitions, receive an appropriate response and level of care and support	NIASP Operational Policy and Procedures Workstream LASP Chairs	December 2012
Review of the Protocol for Joint Investigation of Cases of Alleged or Suspected Cases of Abuse of Adults (2009)	Following the publication of the RQIA/CJINI joint review of the Protocol, NIASP, in partnership with RQIA, the PSNI and the Public Protection Service, will revise the Joint Protocol and ensure that it is relevant, up-to-date and fit for purpose.	NIASP Operational Policy and Procedures Workstream	December 2012

Theme 5: The User Experience			
Establish a formal mechanism to enable NIASP to engage with Service Users	NIASP will bring forward proposals for effective engagement with users of adult safeguarding services	NIASP User Engagement Workstream	October 2012
Theme 6: Training and Practice Development			
Development of a Regional training Strategy for Adult Safeguarding	NIASP will develop and agree a menu of adult safeguarding training opportunities which will specify learning outcomes, core content and target groups to meet a range of identified training needs	NIASP Training Workstream	March 2013
Clarification and strengthening of NIASP Governance Arrangements	NIASP will develop and publish a governance scheme which will set out core responsibilities and accountability arrangements in relation to adult safeguarding for NIASP, LASPs and all partner organisations	NIASP Chair and Regional Adult Safeguarding Officer	September 2012

Audit of safeguarding activity	NIASP will undertake an audit of the role and contribution of adult safeguarding within MARAC arrangements	Regional Adult Safeguarding Officer	March 2013
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APPENDIX 1 – Northern Ireland Adult Safeguarding Partnership Membership

NAME	JOB TITLE	ORGANISATION
Aidan Gordon	Assistant Director Adult Safeguarding	Western HSC Trust
Alison Conroy	Criminal Justice Department	PSNI
Anne Donaghy	Chief Executive	SOLACE
Audrey Allen	Area Manager	Action Mental Health New Horizons
Brendan Forde	AHP Consultant	PHA
Christine Best	Chief Executive	Crossroads
Colum Conway	Chief Executive Officer	Extra Care
Colm McQuillan	Assistant Director	NIHE
Desmond Lowry	RCN Professional	RCN
Eleanor Ross	Nurse Consultant	PHA
Helen Ferguson	Director	Carers' NI
Hugh Hamill	Assistant Director	PBNI
Jacqui Corscadden	Head of Services	Age NI
Janet Montgomery	Director	Independent Health Care Provider

NAME	JOB TITLE	ORGANISATION
Jennifer Irwin	Human Resources Manager	Crossroads
Kevin Keenan	Assistant Director	HSCB
Lesley McDowell	Chair	Northern Ireland Association of Social Workers
Lindsay Conway	Director of Social Services	Presbyterian Church in Ireland
Maria Dowds	Medical Adviser	HSCB
Marie Gratten	Chief Executive	Cause
Marie Heaney	Acting Co-Director	Belfast HSC Trust
Miceal Crilly	Assistant Director Physical and Sensory Disability	Southern HSC Trust
Michael Kelly	Assistant Director	Social Security Agency
Noelle Barton	Assistant Director,	Northern HSC Trust
Paul Darragh	Consultant	PHA
Pauline Brown	Senior Services Manager	Red Cross
Rosemary Magill	Area Manager	Women's Aid
Roslyn Dougherty	Assistant Director	South Eastern HSC Trust
Sarah Browne	Assistant Director of Older People's Services	South Eastern HSC Trust

NAME	JOB TITLE	ORGANISATION
Steve Compton	Chairman	Action on Elder Abuse
Susan Reid	Chief Executive	Victim Support Northern Ireland
Veronica Gray	Co-ordinator	Volunteer Now

APPENDIX 2 : NIASP ACTION PLAN

RQIA/CJINI REVIEW OF THE PROTOCOL FOR JOINT INVESTIGATION OF ALLEGED AND SUSPECTED CASES OF ABUSE OF VULNERABLE ADULTS

NB This Action Plan includes one recommendation taken from the CJINI Review of the Use of Special Measures to Support Vulnerable or Intimidated Witnesses. The recommendation is relevant to the Joint Protocol, and implementation will be monitored through NIASP.

Recommendation	By whom	Progress
<p>The NIASP (in consultation with the 5 LASPs and other relevant agencies and DHSSPS) should consider any amendments required to the Protocol in the light of new legislation and the learning from this Review and their operational experience, in order to ensure the continued safeguarding of vulnerable adults</p>	<p>NIASP Operational Policy and Procedures Workstream</p>	<p>Work has already commenced on the revision of this Protocol. A sub-group of the Operational Policy and Procedures Workstream has been convened and is Chaired by one of the Trusts' Adult Safeguarding Specialists. The sub-group is multi-disciplinary, with representation from HSC Trusts, PSNI and the Public Prosecution Service. The sub-group hope to produce a draft for consultation in the Spring of 2013.</p>

<p>NIASP should review the reporting arrangements by the HSC Trusts to make sure that all new referrals are appropriately recorded</p>	<p>Regional Adult Safeguarding Officer/NIASP Information Management Workstream</p>	<p>The introduction of a standardised reporting mechanism from April 2012 will assist in monitoring recorded and actual activity. Quarterly activity reports will be provided to NIASP.</p>
<p>PSNI should develop IT solutions to ensure the free flow of information between PSNI and HSC Trusts</p>	<p>PSNI / Adult Safeguarding Specialists in HSC Trusts</p>	<p>NIASP has set up a small working group comprised of the Regional Adult Safeguarding Officer, HSC Trusts' representatives and PSNI to ensure that appropriate Information Sharing Agreements, etc are in place prior to implementation of the Criminal Justice Secure Messaging system for adult safeguarding.</p>
<p>Inspectors encourage the PSNI and the DHSSPS to jointly monitor the numbers and reasons for single agency interviews under the Joint Protocol, taking appropriate remedial action as necessary</p>	<p>PSNI/DHSSPS/NIASP</p>	<p>In April 2012 PSNI held internal discussions to scope this issue. PSNI are satisfied that criteria relating to joint/single agency interviews is well referenced within current working arrangements and is mainly complied with.</p>

		<p>However, PSNI acknowledges that non-compliance/non-adherence to working arrangements can impact significantly on investigations and will meet with partner agencies in June 2012 to:</p> <ul style="list-style-type: none"> • Review the recommendation; • Agree method of reporting and collating instances where a single agency interview has been conducted outside of working arrangements; • Agree an evaluation method to review the circumstance of each and follow-up with agency involved.
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APPENDIX 3

GLOSSARY OF TERMS

ABE	Achieving Best Evidence in Criminal Proceedings
BMA	British Medical Association
BSO	Business Services Organisation
CASPIR	Central Adult Safeguarding & Protection Information Resource
CJINI	Criminal Justice Inspection Northern Ireland
DARD	Department of Agriculture and Rural Development
DHSSPS	Department of Health, Social Services and Public Safety
DLS	Directorate of Legal Services
DoJ	Department of Justice
ECR	Electronic Care Record
HSCB	Health and Social Care Board
HSCT	Health and Social Care Trust
HR	Human Resources
IHCP	Independent Health Care Provider
Joint Protocol	Protocol for the Joint Investigation of Alleged and Suspected Cases of abuse of Vulnerable Adults (2009)
LASPs	Local Adult Safeguarding Partnerships
MARAC	Multi Agency Risk Assessment Conference

NIASP	Northern Ireland Adult Safeguarding Partnership
NIASW	Northern Ireland Association of Social Workers
NIHE	Northern Ireland Housing Executive
OC&P	Office of Care and Protection
PARIS	Community information system in Belfast HSCT
PHA	Public Health Agency
PPANI	Public Protection Arrangements in Northern Ireland
PBNI	Probation Board for Northern Ireland
PCC	Patient Client Council
PHA	Public Health Agency
PSNI	Police Service of Northern Ireland
RCN	Royal College of Nursing
RQIA	Regulation and Quality Improvement Authority
SAaRIH	Safeguarding Adults at Risk Information Hub
SAM	Safeguarding Adult Managers
SSA	Social Security Agency
SOSCARE	Community information system
Special Measures	Measures available to Courts to assist vulnerable or intimidated witnesses to give evidence
TILII	Tell it like it is
VIWWG	Vulnerable and Intimidated Witness Working group

