



Belfast Health and
Social Care Trust

caring supporting improving together

Belfast Local Adult Safeguarding Partnership (LASP)

Annual Report 2016/2017

CONTENTS

SECTION 1: Overview

SECTION 2: Work-plan for reporting period Achievements and Challenges

- Protection
- Partnership
- Prevention

SECTION 3: Activity Returns

General comments on overall activity
Programme of Care specific activity

SECTION 4: Service Area Reports

Training
Physical & Sensory Disability
Mental Health
Older People
Learning Disability

SECTION 5: Work-plan for 2017/18

SECTION 1: Overview

The Belfast Health and Social Care Trust is committed to promoting the health, well-being and protection of all adults in receipt of its services across the spectrum of its universal and specialist provision including domicilliary and day care services, residential care, nursing home care, supported living and respite care provided by or commissioned on behalf of the Trust.

The Local Adult Safeguarding Partnerships (LASPs) are located within each of the Health and Social Care Trust areas. The role of LASPs is to implement Northern Ireland Adult Safeguarding Partnership (NIASP) guidance, policy and procedures at a local level. Membership is drawn from local statutory, voluntary, independent and community sectors, including representation from Criminal Justice Agencies, Local Commissioning Groups, Local Authorities and the Faith Community.

The annual LASP work plan is reviewed under the three core themes contained in Adult Safeguarding Prevention and Protection in Partnership (2015).

This Report includes an overview of assurance arrangements, audit activity, activity returns, commentary relating to the challenges for and achievements of each Service Area.

The last year has seen a number of very significant developments in Adult Safeguarding, which, while welcomed, continue to pose challenges for the Trust and partner organisations.

These include:

- The Development of Regional Procedures.
- Implementation strategy to support the operationalising of the Procedures in the Belfast Trust
 - Upskilling
 - Awareness raising
 - Adult Safeguarding Champion
 - Implementation of DAPO
- Completion and implementation of Revised Joint Protocol.
- Audit of User Involvement.
- Partnership progress.
- Prevention initiatives.

SECTION 2: Work plan for Reporting Period

Achievements and Challenges

PROTECTION

Adult Safeguarding: Prevention and Protection in Partnership, the revised Adult Safeguarding Policy for Northern Ireland (the Policy), was published in July 2015. The Policy provides the strategic direction for the development of adult safeguarding and protection.

Full implementation of the Policy, however, will not be an easy task. The Policy places new responsibilities on organisations and groups providing support or services to adults at risk and those in need of protection and requires both flexible approaches and robust governance arrangements to be in place. Constrained resources to support implementation, both within the statutory sector and partner organisations, is a significant challenge.

The Regional Adult Safeguarding Procedures and Joint Protocol were launched at the beginning of September 2016, with the expectation from NIASP that they would be implemented within Trusts by end of March 2017. This has presented a number of challenges for the Trust.

Adult Safeguarding Structures within the Trust

Within the Policy there is a requirement for each Trust to have one Adult Protection Gateway Service and a single point of contact. While the Trust does meet the DHSSPS requirement for a single point of contact for all external referrals via the Trust's Adult Safeguarding Gateway Team (ASGT), current Trust structures mean that there are different Service Area arrangements for the management of Adult Safeguarding. ASGT provides a Gateway service for Older People and Physical Health Sensory Disability. Within Learning Disability and Mental Health, adult safeguarding work is managed in core teams (targeted services) with some specialist inputs.

The Trust Adult Safeguarding Specialists (TASS) have led work with the Trust Adult Safeguarding Leads and managers to review adult safeguarding structures and arrangements including the role of a Trust-wide Gateway service. Options regarding future arrangements have been explored and presented to the Trust's Adult Safeguarding Committee. Senior Managers are currently exploring the detail of how this can be taken forward.

The role of Core teams in terms of managing adults at risk and provision of Professional Assessments

The definition within the Policy of 'adults at risk of harm' will almost certainly result in a significant increase in referrals. The Trust anticipates a rise of referrals in a number of areas, such as domestic abuse where there are no childcare concerns, best interest decision making where there are concerns about capacity and the absorption of all interventions defined as Level 2 within regulated care facilities. The Policy sets a clear requirement that core teams provide a professional assessment where there is a safeguarding concern and manage adult at risk of harm cases that do not meet the threshold for Adult Protection Gateway Service referrals. The higher threshold for Adult

Protection Gateway service is beneficial in terms of clearly defining Gateway's role and is welcomed. This does mean, however, that a lot of the work previously managed by adult protection services will need to be managed by Core Teams. Within Older People services there has been an identified shortfall in relation to professionally qualified social work staff. The expectation outlined in the Policy regarding professional assessments and management of adults at risk by core teams will be a major challenge. As a result of modernisation, core teams are in the process of reorganisation and it is hoped that this will facilitate an increased social work complement to teams.

It is also anticipated that the implementation of the Designated Adult Protection Officer (DAPO) role will have very significant implications for the core teams. There is the expectation that they will threshold the designation of all Level 2 activity. There will be no referrals to the Adult Safeguarding teams from core Trust services for Level 2 investigations. With this in mind, there will be a greater expectation that the DAPO will have to articulate their decisions in writing, taking cognisance of the spectrum of rights and responsibilities to the service user and their wider network. This activity, whilst reflecting best practice, will take time to embed into the teams. Arrangements are currently in place to set up a consultancy service in the interim to help support core team DAPOs with the transition.

Adult Safeguarding Gateway Team

It is anticipated and welcomed that the implementation of the Policy and Procedures will appropriately allow the team to practice within the role and remit of 'protection' as outlined in the new procedures. In the Older Peoples Service Area, it has been acknowledged and agreed that the implementation of the Procedures will be on a phased and planned basis. Work in terms of this is underway with a series of Senior Management meetings planned. Key to the implementation planning will be the introduction of the Care, Review and Support team, which will primarily act as a point of contact and referral for Nursing and Residential Homes. It has been agreed that ASGT will continue to work under current procedures until Crest is operational.

Provision of training and leadership in implementation of the new Procedures

TASS and the Training Lead for Adult Safeguarding organised a schedule of Phase 1 training/upskilling sessions from the end of September to March 2017 regarding the Procedures, Joint Protocol and new documentation/recording on PARIS. This was directed at existing and new IOs, DAPOs and ABE Interviewers Trust-wide.

The training requirements in relation to new social workers within core teams, first line managers, ASMs and Service Managers will form part of Phase 2 training.

Training with other key professional groups and within other Directorates will also need to be reviewed, particularly within the acute sector. Resourcing of these additional and significant training requirements remains a major challenge.

Implementation of the Designated Adult Protection Officer role

The role of DAPO is specified as first line Social Work Manager or Social Work Senior Practitioner. The Mental Health Service Area, in particular, has major concerns as to how this work can be managed given the staffing profile of its workforce, the current pressures on its limited Band 7 social work resource and competing service delivery priorities, particularly those pertaining to the discharge of ASW responsibilities. The Service Area is currently pursuing a range of workforce initiatives to address this situation.

Phase 1 upskilling sessions have taken place for DAPOs and Phase 2 bespoke sessions will be provided to Service Areas

Implementation of Regional Joint Protocol

The implementation date for the new Joint Protocol is April 17. It has been critical that all relevant Trust adult safeguarding staff received appropriate training pre-implementation of the Joint Protocol. In the absence of additional funding to resource the training requirement, this had to be accommodated from within core funding and work schedules amended to meet deadlines for implementation. Within the Trust IOs and DAPOs were prioritised for additional Training which the Trust Lead Trainer, TASS and PSNI trainers facilitated.

The Protocol is based firmly in a human rights approach and places great emphasis on the individual's autonomy and self-determination whilst balancing that with the need to protect others from actual or potential harm.

The Protocol specifies the thresholds for intervention at this level and clearly describes the tasks that staff in the HSC Trusts and the PSNI are required to carry out. These thresholds were piloted on two sites prior to completion of the guidance and the experiences of both staff and service users were used to inform the final document.

The DHSSPS policy definitions of an adult at risk and an adult in need of protection have presented challenges in terms of the Joint Protocol. The Joint Protocol incorporates these definitions as the basis for determining those adults who may require assistance to ensure equal access to the Justice system.

At an operational level, Belfast Trust staff across all Service Areas have reported that It has become evident that CRU determine the need for a Joint Protocol response by considering whether the injured person has been subject to abuse by virtue of their vulnerability (intent) rather than on the basis that a Joint Protocol response is required to support the vulnerable adult and to assist in achieving best evidence at interview. The intent/ motivation of the person alleged to have caused harm is not always known and cannot be assumed. To make a distinction between adults who have been 'targeted' and those who have not detracts from the essence of the Joint Protocol arrangements. If a victim meets the definition of an adult in need of protection and the threshold for reporting a relevant offence, the Trust would suggest that the matter should be considered under the Joint Protocol arrangements regardless of the context in which the alleged offence occurred. In the Trust's view, the consultation between the DAPO and CRU should incorporate a clear focus on the particular needs of the victim/ adult in need of protection and how best they can be supported in accessing the criminal justice system.

Decisions taken by CRU in relation to determining Single Agency Police investigations for incidents of domestic abuse have also at times been problematic in those situations where the Trust considers the person to be an adult in need of protection.

Currently this issue is being addressed on a case-by-case basis but there is a clear need going forward to have a shared understanding of those who fall within the scope of the Protocol. There has been open and ongoing dialogue at a Belfast Trust level with CRU and PSNI Policy Lead. This issue has been recognised as a Regional issue and escalated to NIASP. It is important and positive to note that PSNI are currently drafting an internal

Service instruction to police officers and are consulting regionally with Trusts in relation to the content.

Joint Working with RQIA

The Trust has previously advised of its position with regard to the need for clarity in relation to RQIA's participation in safeguarding processes pertaining to regulated services. It is noted that RQIA are signatories to the Joint Protocol for Investigation and in certain circumstances, a joint investigatory approach would be very helpful. The Trust also believes that RQIA regulatory and quality improvement responsibilities require that they should necessarily be involved in the protection planning process including the design, enforcement, monitoring and review of these.

At a Regional level, it is hoped that further work can be undertaken to clarify roles and responsibilities of RQIA and the HSC Trusts. TASS will contribute to the development of effective partnership protocols with RQIA in relation to investigations in regulated facilities. This is particularly required in complex cases where there are issues relating to disciplinary and criminal procedures, breach of regulation and large-scale institutional abuse.

Implementation of the role of Adult Safeguarding Champion

The Belfast Trust has taken the decision that the role of Adult Safeguarding Champion (ASC) will be delegated to the Co-Director for Older Peoples and Physical and Sensory Disabilities Services. The postholder will be accountable to the Executive Director of Social Work for the discharge of the role and will be required to establish the necessary organisational and governance structures to deliver the ASC functions.

Given the role of the adult safeguarding champions in external organisations, it is anticipated that there will be significant increases in referrals and going forward this increased volume of work will pose a challenge for the Trust.

Complex Investigations

Managing and coordinating complex investigations has brought many challenges for the Trust. This has been evident in terms of the resource and time required to conduct investigations, managing competing priorities with other agencies, which has at times caused significant time delays, agreeing roles and responsibilities and also managing the difficulties that arise with working across Trust boundaries with protection teams that have different models of working, processes and procedures.

A recent example of this has seen the need for cross Trust working in relation to a Nursing Home investigation under Article 121 where a co-ordinated Trust response involving both the ASGT and QAT was required. While conducting investigations within the Belfast Trust ASGT and QAT would work closely together. However, the need for cross Trust working when institutional and complex investigations are required can bring many challenges. The need for clear communication strategies across all professional bands to ensure protection and standards of care is critical. Investigations such as these are labour and time intensive and require DAPOs to have significant knowledge and skills in their area of work. The introduction of regional guidance in relation to protection work is welcome.

Involvement in complex investigations has also brought about a significant rise in the number of requests for information. These requests now present in many forms such as Form 81, NMC / NISCC, FOI, litigation, DP and HR requests. Significant to this are the

requests for information which relate to paid care workers and where conduct and disciplinary processes are in place. In line with requirements outlined in Employment Law, managers and HR departments are requesting reports, minutes, and interview documentation and investigation outcomes in order to direct and inform their own processes. This brings many challenges and has required that safeguarding services ensure that the most appropriate person attends, leads and records information that might later be required for conduct or disciplinary processes.

Recent Significant Developments in Adult Safeguarding in Belfast Trust

The Commissioner for Older People (COPNI) has recently commenced an investigation into the care, treatment and experience of older people living in a specific care home. The care home is outside the Belfast Trust area but, as a placing Trust, the Trust has a number of residents (past and present) in the facility and has been co-operating fully with the COPNI investigation. 'The Commissioner intends to investigate the adequacy and effectiveness of the law and practice relating to the interests of older people and the adequacy and effectiveness of services provided for older people by relevant authorities in respect of the care and treatment received and services provided by the care home'. The Trust welcomes this review, both in terms of the care provided in the care home and in terms of the potential for learning and further development of adult safeguarding work. It is, however, important to acknowledge the considerable additional demands generated for the Trust in terms of collating and securing information.

Review and implement Trust data requirements for adult safeguarding

TASS has undertaken intensive work with CIS/ PARIS to redesign documentation and data sets in line with what has been regionally agreed. This work is ongoing. There are significant training requirements on PARIS for all staff. There is recognition that the work in relation to the development of the Adult Safeguarding module on PARIS must reflect and meet the requirements for data collation as set by NIASP/HSCB.

It is proposed that the format for the Annual LASP/ DSF report will change to that of a Position Report with an accompanying suite of new/ revised data requirements. The new draft Position report and data requirements are currently out for consultation until April 2017. The Trust has highlighted the need to move to a position whereby future data requirements (incorporating amendments to current data returns) of the Trust should be deliverable electronically with the necessary investment in system software and upgrading to facilitate same. Any proposal to require additional data or to amend current Trust data returns should be predicated on this premise in the Trust's view.

Audit

10,000 Voices Project

The overall aim of this work is to identify how the adult safeguarding process can be improved to ensure the service user's experience is rights-based, empowering, consent-driven and as person centred as possible. The outcomes from the Pilot study have been very encouraging and this Project has therefore been rolled out Trust-wide since October 2016.

Positive Experiences

- Majority of service users/carers felt that they either had the right information at the right time or were supported to understand it.
- Social workers supported service users to feel safer.
- 58% of survey felt strongly positive /positive.
- 67% felt quite a bit/completely safe now.

Emerging themes / areas for service improvement

- Enhance multiagency communication with the service user/carer throughout the process.
- Reinforcing a respectful and non-judgemental approach to service users/carers experience/wishes/decisions as to how to respond.
- Development of protection planning and building resilience of service users.
- Opportunities for post investigation support / therapeutic intervention for service users and families in closure stage of safeguarding process.
- Understanding of desired outcomes of service user/carer and communication of actual outcomes with service user in a meaningful way.

Recommendations for roll out and next steps

- Strong evidence that service users/carers value the existing relationship with the keyworker – build on this relationship.
- Keyworkers collecting stories should be encouraged to view this as a post investigation intervention.
- Survey to be offered to all service users who meet the criteria for inclusion at the point of closure of adult protection activity from 1st October 2016.

Governance and Practice Assurance

Trust Governance Arrangements

The Executive Director of Social Work has accountability for the assurance of arrangements pertaining to the delivery of the Trust's statutory functions in respect of adult safeguarding services.

The Operational Directors are accountable for the service delivery response to safeguarding matters within their respective Directorates.

Trust Adult Safeguarding Committee

The Trust has established an Adult Safeguarding Committee. Its principal remit is to provide assurance with regard to the Trust's discharge of its statutory functions in respect of adult safeguarding service delivery.

LASP Governance Arrangements

The Belfast LASP has been successful in meeting Departmental requirements as set out in the 2010 Framework document. The Belfast LASP is a multi-agency group that continues to meet on a quarterly basis. The LASP delivers on strategic plans as detailed in the NIASP Strategy and Annual Action Plan.

Resources

The Trust would suggest that there is a need to address with the Commissioner the current resourcing of adult safeguarding service delivery in the context of the exponential rise in service volumes and complexity over the last number of years and the implications for service delivery of the implementation of the revised Adult Safeguarding Policy and Procedures and the new Joint Protocol.

Partnership

Belfast LASP has continued to meet on a quarterly basis and has been relatively well attended. There is a strong commitment to LASP and the Work-streams from all Trust partners and a small number of partner agencies. Over the last year the Belfast LASP has engaged in a number of ways in relation to partnership working:

Review and strengthen interface with PSNI

The Joint Protocol will be implemented from April 2017. There has been significant work in relation to the development of the Protocol, which has involved close working between the HSC Trusts and PSNI. It is anticipated over the next year that focused work will continue in relation to the outworkings of this Protocol. There is a strong sense of partnership working and regular meetings, both at a regional and Trust level, which will ensure effective joint working going forward.

Implementation of the role of Adult Safeguarding Champion

Partner organisations are expected to have a nominated Adult Safeguarding Champion (ASC) and ensure that they have the skills and knowledge to deliver on the minimum expectations, as detailed in DHSSPS Policy. Volunteer Now has received additional funding to deliver ASC training, however funding for training is limited and Belfast LASP members have highlighted a concern in relation to resource implications for their various organisations. ARC also provide training in relation to the ASC role and has advised of their plans to set up a support network for non-Trust ASCs. Belfast LASP members recognise the importance of the ASC role and have expressed a wish that NIASP provide further support

The Trust will be required to have arrangements in place to support and provide advice to partner organisations' ASCs. It is difficult to anticipate the volume of work this will generate and Trusts will be required to have arrangements in place to respond to this work.

Interfaces with Human Resources and professional bodies

The complexities in adult safeguarding investigations have resulted in increased challenges in relation to the interfaces between adult safeguarding and HR processes. In situations where an allegation relates to a staff member there can be multiple investigations required to include adult safeguarding, disciplinary and possible Police investigations. In addition, there are reporting requirements in relation to professional bodies and increased requests for adult safeguarding reports to be provided to assist in other investigative processes. To date the Trust has been addressing these on a case by case basis and has been seeking HR and legal advice as required. The Procedures include further guidance on this but further work will be undertaken by the regional NIASP Protection work-stream in order to secure a regionally agreed pathway and process.

Policing and Community Safety Partnership (PCSP)

The Belfast Trust Adult Safeguarding Specialist (TASS) continues to be an active member of the South Belfast DPCSP and has continued to highlight the role of PCSP in relation to the Prevention and Protection in Partnership Policy. This year the South Belfast DPCSP embraced the Prevention and Protection in Partnership Policy by a decision to undertake a focused piece of research in relation to vulnerable groups' experiences of community safety in South Belfast. The research was taken forward via a tendering process with a private company appointed to undertake the work. The project was guided by the Safer Community Co-ordinator and a small number of DPCSP members including the TASS. The project involved consultation with older people living in South Belfast and Trust staff. A number of key themes emerged in relation to community safety issues for older people and the DPCSP are currently looking at the potential to address the issues raised.

The 'See Something Say Something' card previously developed by the South Belfast PCSP has also been updated to reflect the language of the new Prevention and Protection in Partnership Policy.

The South Belfast PCSP are currently drafting their 17/18 Action Plan and TASS will continue to work to ensure that the needs of vulnerable groups and the NIASP Strategy are, where appropriate, reflected in these plans.

Domestic Violence Partnership / MARAC

The TASS remains an active member of the Belfast Domestic Violence partnership and continues to chair the Belfast MARAC work-stream. This year there have been a number of significant developments at a regional and strategic level. There is a new regional structure in place which consists of an Inter-Ministerial group, the Strategic Development Board and the Stakeholders Assurance Group. Within these new arrangements, the Chairs of the Domestic Violence Partnership are members of the Stakeholders Assurance Group. At a local level the Belfast Partnership continues to operate and take forward the action plan developed in response to the 'Domestic and Sexual Violence Strategy – Stopping Domestic and Sexual Violence and Abuse in Northern Ireland, A 7-Year Strategy 2016'.

The changes in structure at regional level have also resulted in a degree of uncertainty in relation to future arrangements regarding the regional MARAC Operational Group (MOG). DOJ plans for a review of MARAC have been re-energised, with a proposed timetable for completion of the review by May 2017. Once completed the purpose, remit, membership and accountability arrangements for the regional MOG will be agreed. It is not clear at this stage whether this will be a stand-alone group in its own right under the Strategy's overarching governance arrangements or whether it will be stood down and become a task and finish group which will take forward any specific actions emanating from the review.

Within Belfast the TASS continues to be the Chair of the MARAC work-stream and issues which have been identified form part of a current action plan. A number of the issues identified on the Belfast Action Plan are considered relevant at a regional level and in this context, the regional review of MARAC by DOJ is welcomed. Going forward, it is important to continue to consider the implications of the Domestic and Sexual Violence Strategy alongside the implications of the Adult Safeguarding Prevention and Protection in Partnership Policy. One of the major issues currently being considered is the implications of the new definitions of an adult at risk of harm and an adult in need of protection and how these might impact on work with victims of domestic and sexual violence.

Volunteer Now

Volunteer Now continues to be a core member of the Belfast Local Adult Safeguarding Partnership (LASP) and regularly provides updates in relation to training and developments. Volunteer Now continue to deliver training within Belfast Trust and a number of training sessions have taken place.

Human Trafficking / Non-Government Organisations (NGOs) Engagement Group on Human Trafficking

TASS continues to represent adult safeguarding at a regional level as a member of the NGO Human Trafficking Engagement Group. The Group chaired by DOJ continues to provide a forum for joint working between the Department of Justice, Police, HSC Trusts and NGOs in relation to human trafficking. This work involves contributing to the development and delivery of an annual action plan, attendance at quarterly NGO Engagement Group meetings and other meetings and projects as required. Work remains ongoing in relation to the 'Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (NI) 2015'. There remains a huge energy and commitment from the NGOs represented on this Group, especially in relation to raising awareness and providing training. Trusts have availed of this training on a number of occasions and currently continue to target training at specialist staff and hospitals, particularly Accident

and Emergency. This year, as with last year, there is a series of events in the hospitals in Belfast to include RVH A&E, Mater A&E, RVH Fracture Clinic. More recently, it has been agreed with DOJ that the Group will look at how this training on offer can be structured in a more co-ordinated way. DOJ this year asked members of the NGO Engagement Group to consider how effective they viewed the Group. Overall feedback received from members of the Group was positive.

Another significant event this year included a session with the UK Anti-Slavery Commissioner in relation to the current National Referral Mechanism (NRM) processes. This event followed a review commissioned by the Home Office into the effectiveness of the current NRM published in November 2014 and subsequent concerns raised by the Anti-Slavery Commissioner to the Home Office in January 2017. The Commissioner's consultation provided an opportunity to shape national thinking on this issue and highlight specific operational considerations and limitations in Northern Ireland. The final decision in relation to the NRM will be made by the Home Office in consultation with the Ministers and officials in Northern Ireland but it is important to highlight the opportunity presented by this event.

PREVENTION

LASP Prevention Group

The LASP Prevention work stream continues to meet on a quarterly basis and to deliver on agreed objectives. In relation to the NIASP Strategic Plan 2013- 2018 Theme 2 Public Awareness and Prevention, the Group is currently meeting a number of the NIASP objectives. In particular, it is increasing awareness of adult safeguarding to communities, having a programme of planned, local awareness raising activities targeted at both staff and service users delivered within partner agencies.

Key developments include:

The Keeping You Safe project

A programme for educating service users about the nature of abuse, how to keep themselves safe from abuse and the reporting process continues to be delivered across a range of regulated facilities and in all service groups. The programme is regularly reviewed and was updated to reflect recent policy changes and additional images of older people. The Group is proactively seeking ideas for the programme's future development and were successful in encouraging the attendance of a range of partner agencies in the voluntary, statutory and housing sectors at a facilitators' workshop.

The second phase of the project involves service users undertaking the role of co-facilitators. Whilst numbers are small, the programme has been well embedded particularly in the Learning Disability Service who are supporting a number of co-facilitators. The group acknowledges the need to sustain this commitment.

The third phase of the roll out of the project has focused on the role of community groups in preventing, identifying, reporting and protecting people. Some progress has been made and the Group remain committed to pursuing this initiative. Ongoing feedback from staff continues to endorse the success of the project.

Easy Read Leaflets

The leaflets have been updated and regionally endorsed by NIASP. The promotion and circulation of the leaflets remains a priority for the Group.

The Group is keen to learn and share in good practice and projects with other LASP Prevention groups and look forward to developing other prevention initiatives.

SECTION 3: Activity Returns

Please note the following charts have been amended to reflect an under reporting in monthly returns which was identified at the end of year collation of data returns for inclusion in the Annual LASP Report. The returns in this report will not correlate with the statistical returns provided to the Health and Social Care Board for the year 2016-17. It is important to state that all these cases were appropriately dealt with under Adult Safeguarding Procedures.

The following statistical charts evidence a number of trends:

Chart 1: Belfast Trust Adult Safeguarding referral rate April 2011-March 2017.

This year has witnessed a decrease in referral rates across Older People (OP) and Acute service areas. OP have an 8% decrease and the Acute sector have seen a 39% decrease. There is a need to examine whether the decrease in activity in 2016/17 is due to demand or whether there are other contributing factors such as information collection, changes in definitions/policy. The Learning Disability (LD) service has had a 15% increase in referrals, Physical & Sensory Disability service (PSD) have seen a 9% increase and MH service has had a 3.5% increase.

Chart 2: Belfast Trust Monthly Adult Safeguarding Referral Rates by service area.

While the referral rates continue to fluctuate, each month there is not a significant variation.

Chart 3: Belfast Trust Breakdown of Adult Safeguarding Activity by Service Area.

In terms of Investigations and Protection Planning, there is a noted decrease in Older People and Acute Service areas in line with referral rates. Similarly, in LD PSD and MH services there are noted increases. The figures collated for 2016/17 in relation to MH service would indicate an increase of 17% in Joint Protocol cases, a 43% reduction in respect of PIAs and an increase of 9% in ABE interviews completed. An explanation for this reduction is because the PSNI are now using the new joint protocol thresholds. As a result, on receipt of AJP1s and PJI1s a high proportion have been assessed by the PSNI as only requiring a single agency investigation.

Chart 4: Belfast Trust Breakdown of Adult Safeguarding Referrals by Source. Regulated facilities continue to account for a significant percentage of referrals (28%). Referrals from hospital staff (32%) continue to reflect the high number of referrals from Muckamore.

Chart 5: Belfast Trust Breakdown of Adult Safeguarding Referrals by Type of Abuse.

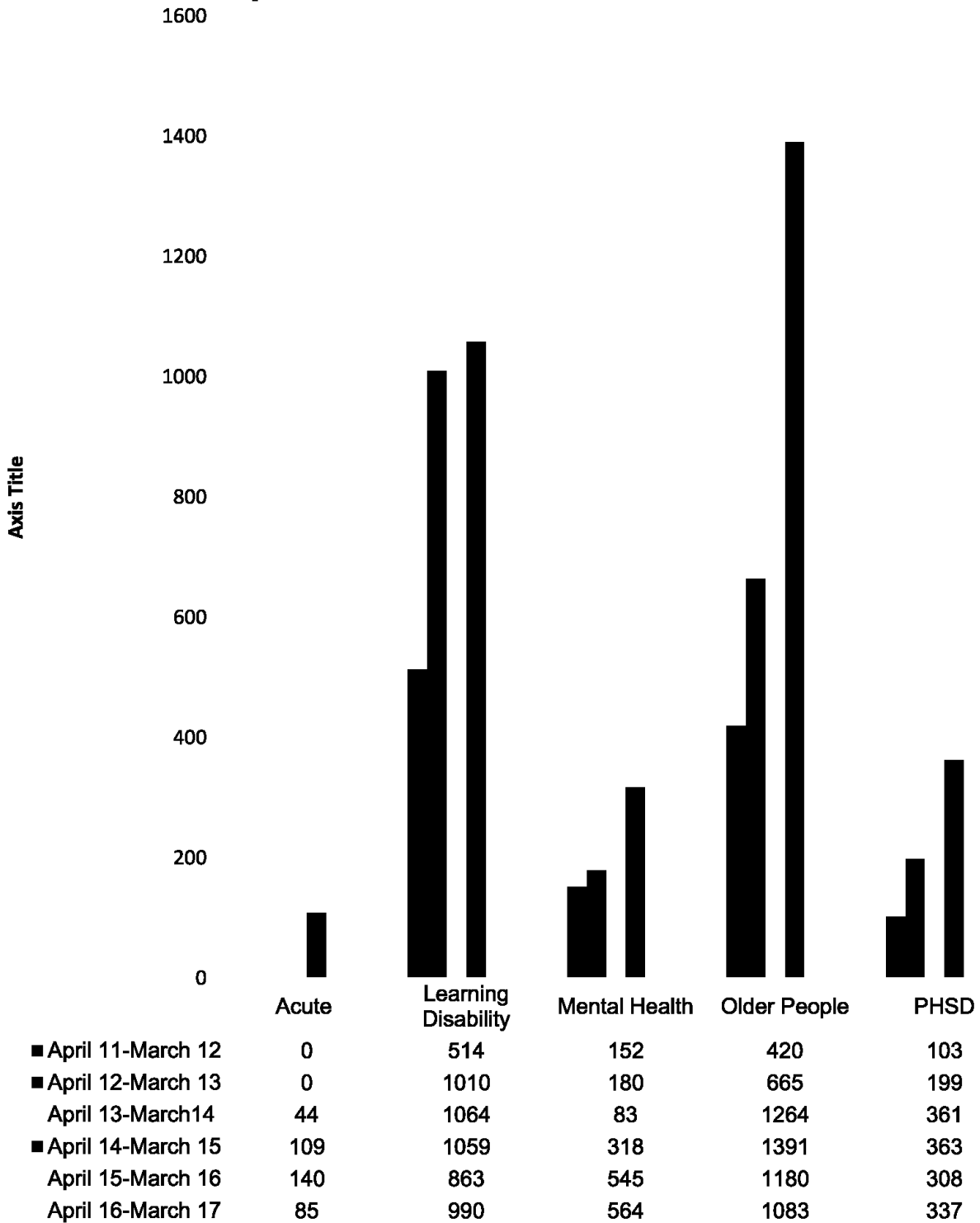
This evidences that the overall breakdown of percentages of types of abuse is similar to the previous reporting years. Physical abuse continues to be the most significant type of abuse at 53%. Psychological Abuse accounts for 21%.

Chart 6: Belfast Trust Breakdown of Regulated Services Investigations by facility type.

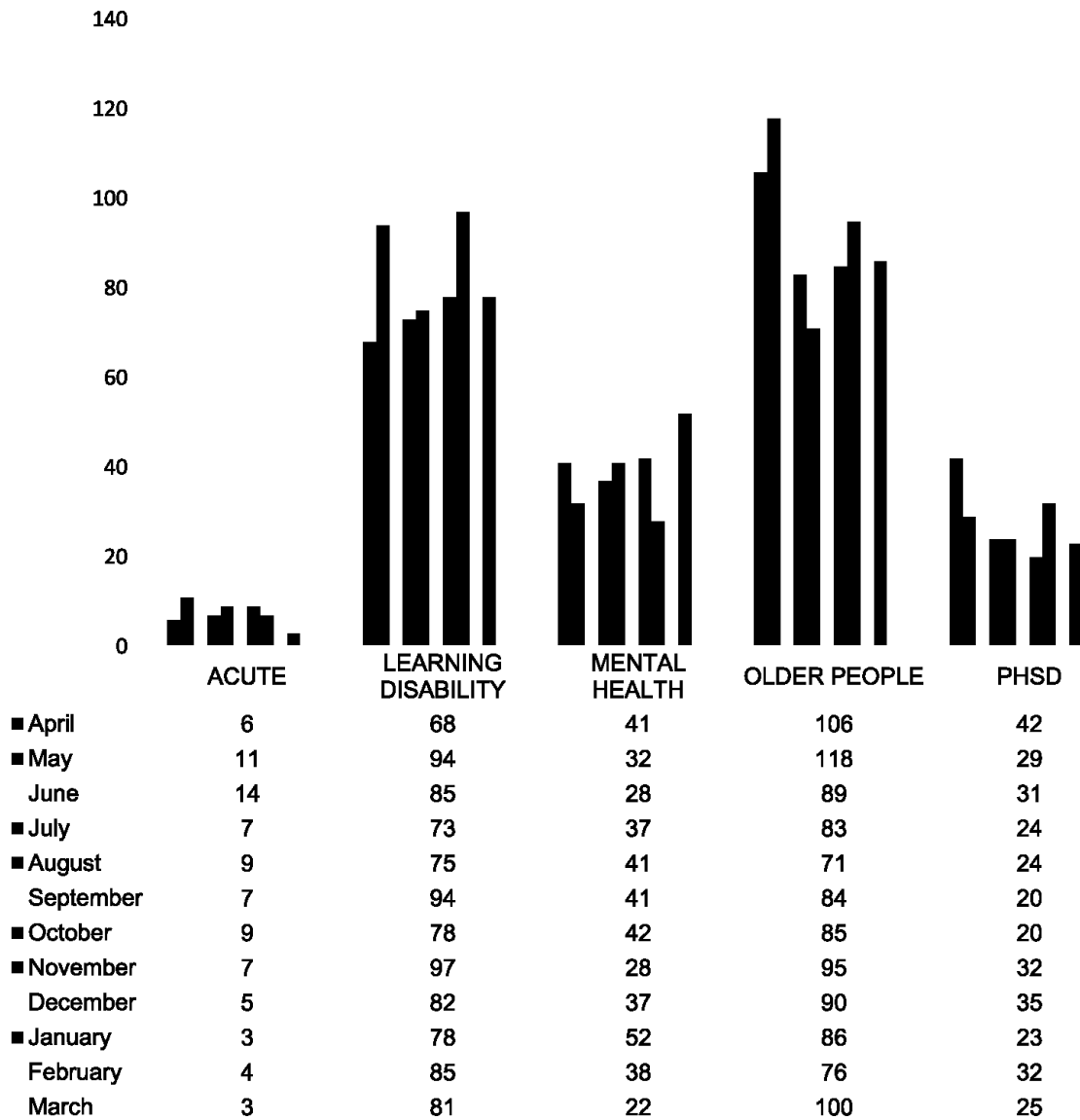
There has been a very slight decrease in the total number of Regulated facility investigations from last year, i.e. 82 fewer investigations. Adult Mental Health units and Nursing homes continue to account for the majority of investigations.

Chart 7: Summary of comparison figures from years 2015/2016 and 2016/2017.

Belfast Adult Safeguarding Referral Rates April 2011 - March 2017 *(Total 3,059)*



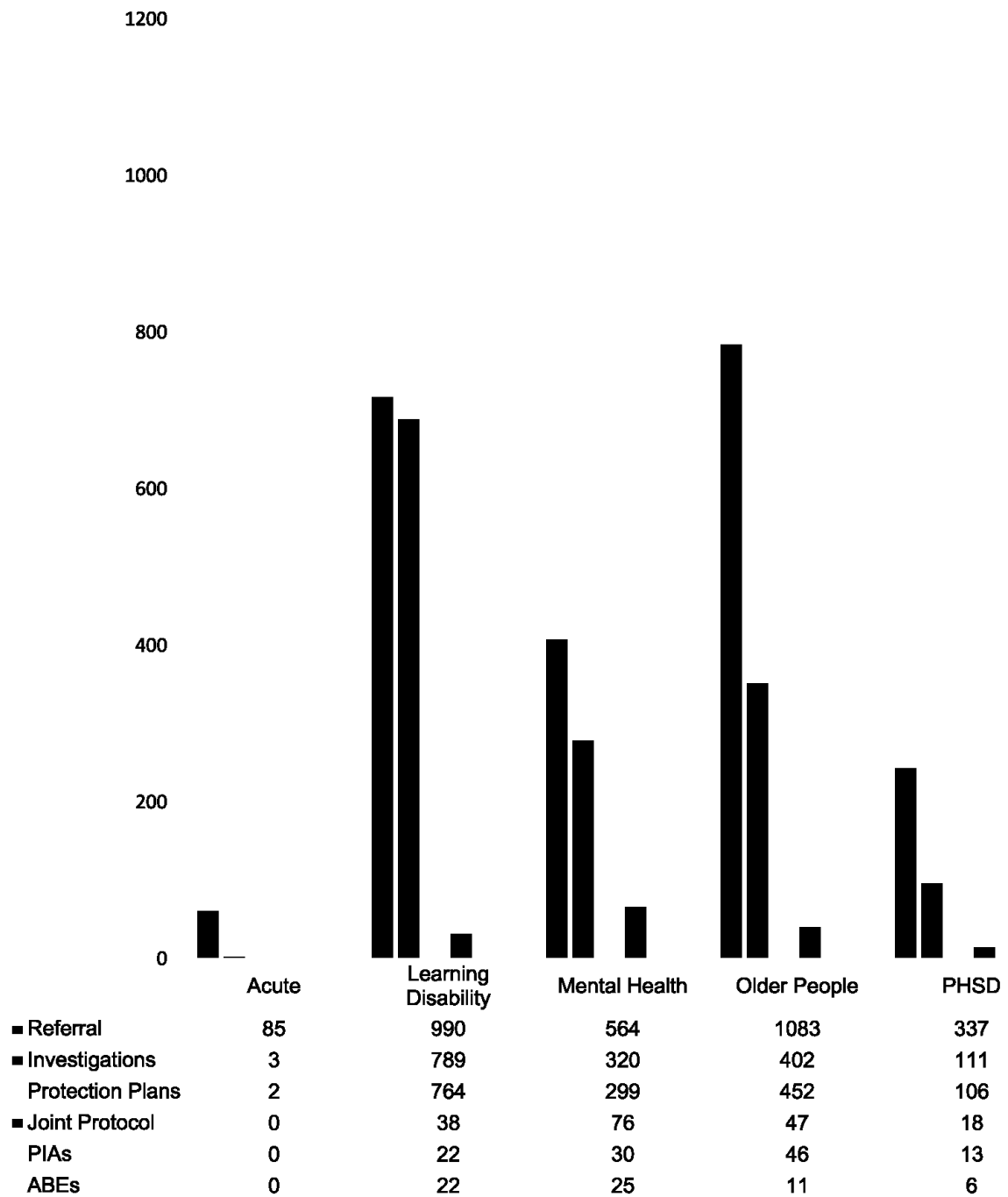
Adult Safeguarding Referral Rate by Month April 2016- March 2017



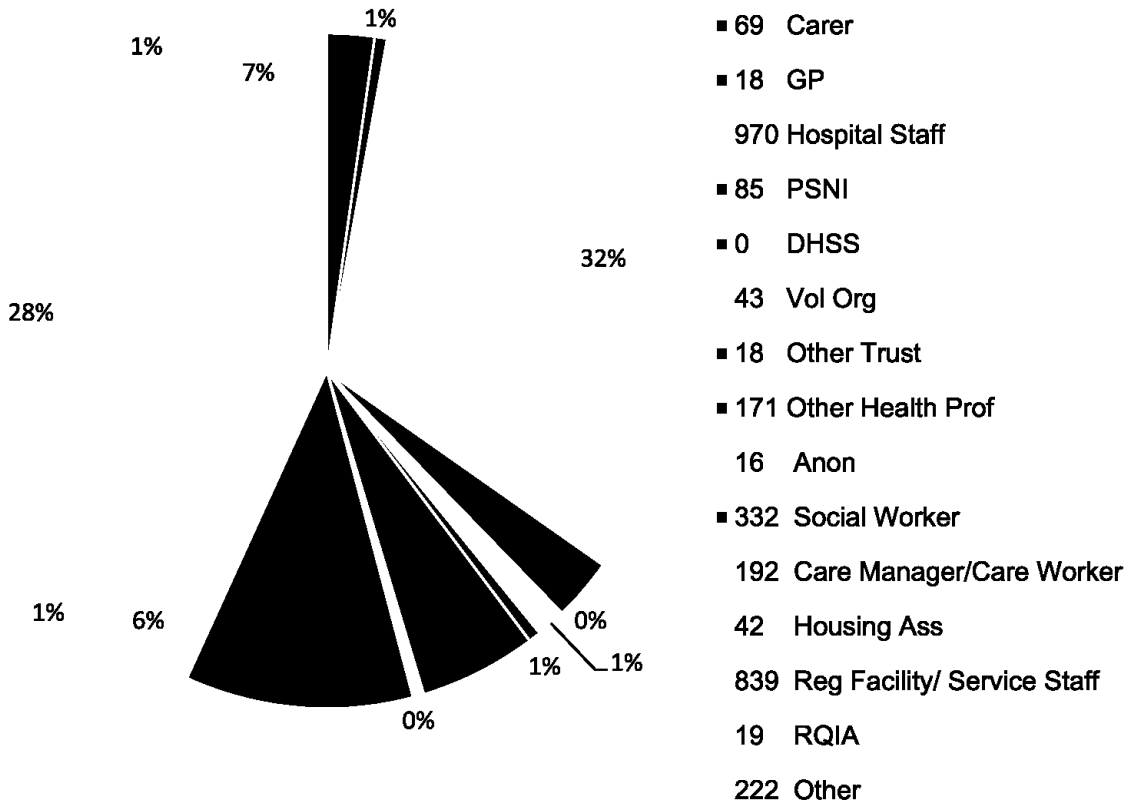
Overall amendment to Mental Health statistical returns

In additional to the above figures, a further 125 cases are to be included covering the year 2016-17.

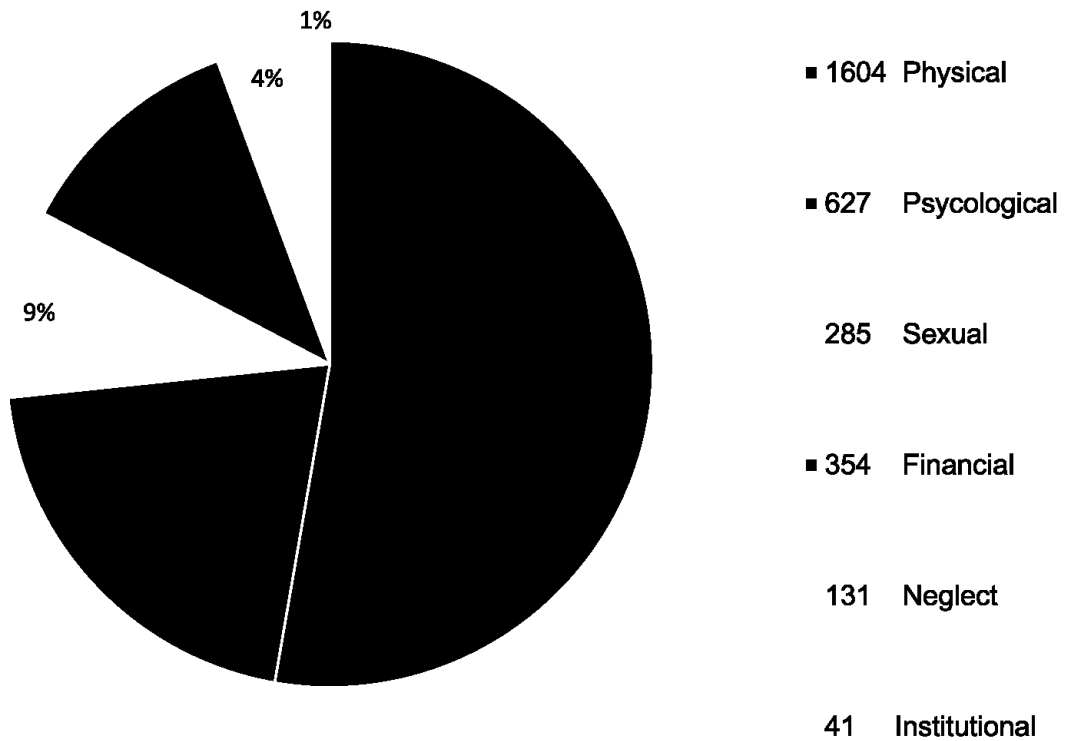
Breakdown of Adult Safeguarding Activity by Service Area April 2016- March 2017



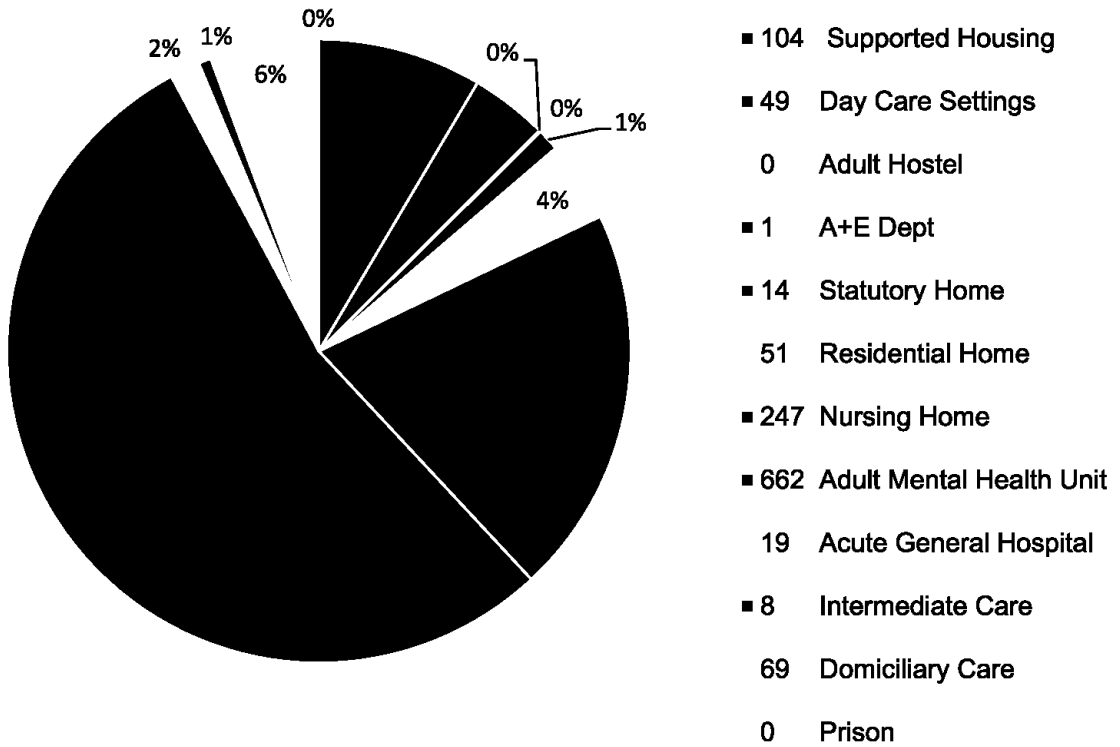
Breakdown of Adult Safeguarding Referrals by Source April 2016- March 2017 (Total 3,042)



Breakdown of Adult Safeguarding Referrals by Type of Abuse April 2016- March 2017 (Total 3,042)



Breakdown of Adult Safeguarding Investigations in Regulated Facilities April 2016- March 2017 (Total 1224)



**Table Of Percentage Increase/Decrease In Adult Safeguarding Activity
Years 15/16 to 16/17**

Service Area	Referrals		Investigations		Protection Plans		Joint Protocol		PIAs		ABE Interviews	
	15/16	16/17 +/- %	15/16	16/17 +/- %	15/16	16/17 +/- %	15/16	16/17 +/- %	15/ 16	16/ 17 +/- %	15/16	16/17 +/- %
Acute Sector	140	85 -39%	11	3 -72%	8	2 -75%	0	0 N/C	0	0 N/C	0	0
Learning Disability	863	990 +15%	769	789 +3%	660	764 +16%	46	38 -17%	31	22 -29%	8	22 +175%
Mental Health	545	564 +3.5%	289	320 +11%	281	299 +6%	65	76 +17%	53	30 -43%	23	25 +9%
Older People	1180	1083 -8%	503	402 -20%	477	452 -5%	71	47 -34%	34	46 +35%	11	11 N/C
PSD	308	337 +9%	98	111 +13%	101	106 +5%	18	18 N/C	16	13 -19%	9	6 -33%

NC – No Change

SECTION 4: Service Area Reports

Adult Safeguarding Training

The BHSCT Adult Safeguarding Training Strategy encompasses a range of training levels to enable staff to develop the knowledge, skills and experience required to support adults in need of protection and promote staff confidence and competence in effectively carrying out their adult safeguarding role.

The Training Strategy is compatible with the key regional policy and operational procedure documents that influence the safeguarding training requirements for staff. Training materials are designed to raise standards, promote best practice and ensure consistent and proportionate responses to safeguarding issues. All training delivered is in keeping with the learning outcomes defined in the NIASP Training Strategy and Framework, revised 2016.

This year the Learning and Development Service have experienced the impact of the implementation plan to deliver on the requirements detailed in the Adult Safeguarding Policy 2015, Regional Operational Procedures 2016 and the Joint Protocol 2016.

Meeting the training needs of the Trust's social care workforce has presented significant challenges to ensure that key staff have been 'upskilled' in line with the regional documents and in accordance with requirements for their role and responsibilities. All training has been revised to ensure compatibility with regional developments.

Phase 1 of the implementation has focused on the existing Designated Adult Protection and Investigating Officers workforce need for training on the new procedures. This entailed 7 x1 day training sessions. 240 staff attended. The training was supported by the Trust Specialist Officers and a PSNI crime trainer. A further 2 sessions were delivered to the Regional Emergency Social Work Service totalling 66 staff. Phase 2 will focus on bespoke training for service groups as plans for the implementation of a Trust Adult Safeguarding Gateway Service develop. Additional training for line managers has commenced to support this staff group's increased responsibilities in adult safeguarding decision making.

The Learning and Development Service has responded to requests for bespoke training arising from the expectation of Band 7 senior practitioner social work staff undertaking the role of Designated Adult Protection Officer.

In addition, recruitment of social work staff in the Older Peoples Service Area has necessitated additional Designated and Investigating training places in core teams.

Previous reports have highlighted the resource implications to support training delivery in respect of the Revised Regional Policy. The subsequent implementation of the Regional Operational Procedures and Joint Protocol have inevitably significantly increased the training agenda with no additional training resources provided by the HSCB to support full implementation.

The requirement for the social care workforce to attend Awareness Raising training is the primary driver supporting compliance. The ongoing demand is considerable and continues

to be challenging for the Learning and Development Service given the current level of resources.

Due to insufficient funding, requests from the acute sector/ non-social care staff for bespoke adult safeguarding training continue to be declined.

Adult Safeguarding Training Activity:

Level 1 – Awareness Raising, Recognising and Responding / Refresher
45 courses - 851 staff attending

Level 2 – Line Managers training
2 courses - 40 staff attending

Level 3 – Designated and Investigating Officers Training
5 courses - 151 staff attending

Designated Adult Protection and Investigating Officers training on the new procedures -266 staff attended

Level 4 – Joint Protocol training
1 course with 11 staff attending

Level 5 – Achieving Best Evidence
1 course with 3 staff attending
3 ABE refresher courses with 11 staff attending

Designated Officers Practice Support Group (group temporarily suspended whilst new procedures training rolled out to Designated Officers)
1 workshop with 25 staff attending

Investigating Officers P.S Group (group temporarily suspended whilst new procedures training rolled out to Investigating Officers)
1 workshop with 25 staff attending

Court Room Skills
1 courses with 16 staff attending

- MARAC training
1 course with 19 staff attending

Action Plan 2017 – 2018:

- To maintain commitment to ensuring that staff receive good quality training and information appropriate to their role and responsibilities.
- To continue to support staff knowledge and competence development and improve the quality of practice and subsequent outcomes for adults.
- To continue to update the content of all training materials to reflect relevant, accurate and current information arising from legislation, guidance, research, procedures and lessons learnt from inspections, audits, serious case reviews.

- To secure additional funding for Adult Safeguarding Training to meet increased demand.

PHYSICAL AND SENSORY DISABILITY

Within the reporting period, there has been 337 Adult Safeguarding referrals. In relation to this activity 32% was assessed as not appropriate for the safeguarding. A further 27% were assessed and considered as Level 3 activity and were subsequently managed by the Adult Safeguarding Gateway Teams with protection plan being implemented by core teams. The remaining 41% were subject to investigation and protection planning from within the Service Area.

Approximately one-third of all activity resulted in Level 3 investigations. This reflects the level of complexity of case presentations and those that warranted a Joint Protocol response.

There has also been a 12.4 % increase in the reporting of quality concerns. This reflects the pattern in the previous reporting period and would suggest that professional staff continue to appropriately utilise the safeguarding process as intended by alternative responses to what may have previously been perceived as a safeguarding issue.

There continues to be a disparity in detection/incidence of safeguarding concerns across the geographical area. The Grove/Mount Oriel core teams continue to undertake the majority of investigations, with Grove continuing to have a higher incidence of presentation. The Sensory and Community Brain Injury Specialist Teams are significantly lower, with Brain Injury having approximately 10 Level 2 investigations and Sensory Support 3 Level two responses.

All staff in the community teams are trained to Designated Officer or Investigating Officer levels. This demand is not only significant upon the professional resource but also, as acknowledged in the previous reporting period, on administration resources. The administrative demands in terms of planning, convening and documenting decision-making are very significant and with the implementation of new procedures is likely to increase.

It is also anticipated that the implementation of the DAPO role will have very significant implications for the core teams. There is the expectation that they will threshold Level 2 activity. Therefore, there will be no referrals/consultation with the Adult Safeguarding teams for what is defined as Level 2 investigations. With this in mind, there will be a greater expectation that the DAPO will have to articulate their decisions in writing, taking cognisance of the spectrum of rights and responsibilities to the service user and their wider network. This activity, whilst reflecting best practice, will take time to embed into the teams.

Across the reporting period interface challenges with the Adult Safeguarding team remain extant. This primarily relates to case allocation against Levels 2 and 3 cases. There have also been reported delays in response times and effective communication at transfer point. These have been locally resolved with a strong motivation from all parties to ensure service user safety. Additionally, the level of complexity of the cases being returned to core teams is very significant in terms of implementation of safety plans and responses to any prescribed emergent concerns. This trend is likely to continue as the demands upon Adult Safeguarding will generally increase. This may be more immediate for Physical and

Sensory Disability Teams than other areas in adult services, as core teams will also commence with the implementation of the Regional Procedures within the Service Area from April 2017.

The definition in the Policy of 'adults at risk of harm' will inevitably lead to an increase in referrals in the Service Area's view including domestic abuse, self-neglecting behaviours and best interest decision making. As many individuals do not fall neatly into referral criteria for other Service Areas, a default response is often provided by the Physical and Sensory Disability Service. This concern has been raised and Directorate-wide managerial processes are required to prevent the possibility of overwhelming the Service.

Additionally, given the distinct role of the adult safeguarding champions in external organisations, it is understood if they are to fulfil their obligations they will become a more significant referral source. Other initiatives like that being undertaken by the Ulster Bank, if replicated, will result in the detection of financial abuse. Whilst client dependent, this would result in a criminal investigation there will be a duty of the Trust staff to assess the social context within which episodes of exploitation/abuse have occurred.

In addition to the anticipated increase in direct intervention and administration, interfaces with HR, CRU, and Police, will provide learning opportunities for core teams and DAPOs in particular. For example, the evidence to date would suggest that the Police would have significantly higher thresholds for triggering Joint Protocol responses, primarily based on 'intent' of the perpetrator. Engagement in the process and related experiential learning will develop staffs' skills and knowledge base in ensuring that all parties have equal access to mechanisms to profile their experiences.

Given that the social work resource within Teams is already at full capacity, we need to embrace any initiative and training opportunities that make the implementation/transition to the Regional Procedures seamless. It will require ongoing audit, monitoring and internal risk management in order to support staff and ensure implications are addressed in a timely matter.

With regard to user engagement within the safeguarding process, it is critical that we continue to ensure and demonstrate that individuals are fully involved in the intervention that bring about their desired outcomes. Staff do encourage service users' attendance at all meetings, strategy meetings, case conference and do attempt to ensure that service users have opportunities to access reports and risk assessments in advance of same, however this is not standard practice. In the incoming reporting period it would be useful to audit this engagement and develop quality improvement initiatives like those in childrens services to improve outcomes.

Another mechanism to facilitate and thereby improve the quality of the service users' experience is the 10,000 Voices Project. The pilot demonstrated that of a significant number of people who participated, 75% had a physical health issue or disability. Therefore, encouraging participation in the Project will ensure that this qualitative feedback will be beneficial to our service users and improve the quality of their experience.

There has been an increase on the detection and recognition of safeguarding concerns within day care. There may be a number of reasons for same. Firstly, a day centre manager is responsible for collating the adult safeguarding activity detected within day care settings. This enables visibility of the skills of staff in making safeguarding the

responsibility of all staff in all settings. Three day centre managers have been trained as Investigating Officers and it is intended that this will increase overtime with Designated Officer status being achieved. There continues to be an ongoing focus on user engagement with the 'Keeping You Safe' training. Within the next reporting period, it is hoped that the practices developed within Physical and Sensory Day Care settings will be standardised within the seven Older Peoples Day Care settings which from November 2016 have become the responsibility of this Service.

The Service continues to utilise internal networks to consolidate and promote practice development. Staff participate in a number of learning and reflective for a including the Designated and Investigating Officers support groups facilitated by the learning and Development Service. Staff report positively on these opportunities. There are also working groups relating to other key strategic drivers-self-directed support, young carers, governance structures wherein Adult Safeguarding is a standing agenda item.

The ongoing implementation of self-directed support will continue to present additional challenges in that there will be a growth in the number of services delivered via direct payments and Trust managed budgets thereby reducing the services provided through a regulated workforce. It will be essential that service users are equipped with the knowledge regarding what constitutes abuse and know the basic care standards. This will enable and empower service users to recognise potential risks and address quality in service delivery. This labour-intensive activity will increase demand upon the workforce but is fundamental to preventing harm.

The core teams continue to employ PARIS to record all activity. In this reporting period the Service made a request for an amendment to the electronic pro-forma to allow space for importing so that allegations/concerns/decisions are more meaningfully reflected. Additionally, there continues to be restricted access to the ASP documentation when Level 3 investigations are ongoing. There is thus the potential that not all information upon which key decisions are made is available in relation to protection and support planning. Unfortunately, the Regional procedures documentation is not yet inputted onto PARIS despite being operational from 1st April 2017.

It is imperative that the focus remains on the person rather than the process and that all professional activity continues to occur in the context of relationships with service users.

MENTAL HEALTH SERVICE AREA

Over the last few years there had been a significant increase in the volume of Adult Safeguarding referrals, investigations and protection plans. This is now beginning to stabilise and this year there was an increase in referrals by 3.5% and in investigations by 11%. The increase is attributed to the development of the Core Mental Health Adult Safeguarding Team in 2015 which has improved awareness of Adult Safeguarding issues through in-house training and input at weekly community team meetings which are non-social work led. The increase in the referral rate has been viewed positively and has addressed previous under reporting concerns. The current level of reporting is considered to be the anticipated level for the size of the Service Area.

The Core Mental Health Adult Safeguarding Team is comprised of a PSW and 2 wte Band 7 Senior Practitioners who are both ABE and DAPO Trained. A further Band 7 Senior Practitioner, who is professional Social Work Development Lead and Think Family Lead, also provides sessions into Adult Safeguarding for DAPO and PIA. Since the introduction of the new Adult Safeguarding Policy in July 2015 mental health services have reviewed and evaluated current safeguarding processes and structures.

The development of the Core Mental Health Adult Safeguarding Team has facilitated considerable improvement in all aspects of compliance with the Regional Policy. It has provided a clear structure and standardised approach. In addition, the team has helped to standardise reporting, documentation and decision-making through a review of systems, processes and effective communication. There is also an improved awareness of MARAC and the need to consider relationship violence across the Service Area. A member of the Core Mental Health Adult Safeguarding Team is the MARAC Lead and this has enhanced the risk management of complex cases.

The team acts as a single point of contact for Adult Safeguarding referrals for mental health services who do not have trained DAPOs within their team. The team then screen all referrals received and identify the IO and DAPO. They also act as a point of contact for all external referrals via the Adult Safeguarding Team and also liaise closely with the referral agents in respect of action and proposed management plans as required. The core Mental Health Adult Safeguarding Team acts as a central point of contact for PIA / ABE interview requests and allocates referrals accordingly within the Service Area. This has improved the response rate for PIA / ABE requests. There are well established support groups for IO, DAPO and ABE trained staff across the Trust. The Service Area requires 75% attendance at these support groups over a 12-month period.

The Core Mental Health Adult Safeguarding Team provides supervision and support to both DAPOs and IOs across all services which are not line managed by a qualified social worker who is a DAPO. They also provide an advisory and consultative role for all professional staff across the 40 mental health teams / services.

The core Mental Health Adult Safeguarding Team meet weekly to review and discuss Adult Safeguarding investigations and management of cases. The team has a Band 7 Senior Practitioner for MARAC cases and referrals for the MARAC process.

Referrals are received from a wide range of service, including hospital settings, the medium secure facility, supported living facilities, nursing and residential settings, day care and from a range of community mental health services – within acute, primary and recovery teams. This year there has been a marked increase in the number of referrals from the PSNI. It is likely this is because a representative from the Core Mental Health Adult Safeguarding Team attends interagency meetings with the PSNI and this has resulted in improved working relationships.

There has also been an increase in the number of protection plans by 6.5%. Due to the input of more robust Adult Safeguarding supervision, there is greater consistency in the quality of the protection plans across the Service Area. The figures collated for 2016/2017 would indicate a reduction of 43% in respect of PIA interviews but an 9% increase in the number of ABE interviews completed within the Service Area. An explanation for this reduction for PIA returns is because the PSNI are now using the new Joint Protocol thresholds. As a result, on receipt of AJP1s and PJ1s a high proportion have been

assessed by the PSNI as only requiring a single agency investigation. For example, PSNI now assess domestic violence cases, historical abuse, physical and sexual assaults as single agency investigations. The PSNI will only request PIA/ ABE joint agency interviews following a failed PSNI single agency interview, when it becomes apparent that the potential victim has evidence of mental health difficulties. Secondly, it is the view of the PSNI (CRU) that any patient in receipt of 24-hour care, for example a hospital setting, are not Vulnerable Adults in need of protection and their decision is for single agency PSNI investigation only. Given this decision-making by the PSNI, there is a strong likelihood that the number of joint agency and indeed ABE interviews will decline further in the future.

Given the nature and complexity of the difficulties encountered by mental health service users, IO and DAPO staff continue to challenge these decisions and raise ongoing issues with PSNI on a case by case basis. However, it has been our experience to date that, despite the clear recommendation from mental health services for a joint agency interview, the PSNI will make the final decision.

A significant pressure for Mental Health services is that only a minority of services are led by social work staff resulting in a significant deficit in DAPOs across the Service Area. This has put considerable pressure on the small number of DAPOs who in the main undertake a number of functions i.e. Team Leader, ASW and DAPO. Social Work constitutes 10% of the overall workforce within Mental Health services but provides the majority of resource in the delivery of Adult Safeguarding. This has impacted on social work front line service delivery and placed considerable pressure on the social work workforce resulting in increased levels of work-related stress and absence levels.

The new Adult Safeguarding Policy 2015 sets out the requirement for a DAPO to be a qualified social worker, minimum Band 7, have first line management responsibilities or be in a senior practitioner role, being suitably experienced and having undertaken the necessary training. Outside the core Adult Safeguarding Team, there are only four social work Team Leaders across the forty mental health teams and ten senior practitioner staff.

The ten senior practitioner staff received their banding as a result of successful completion of the ASW course and agreement to participate on the ASW day rota. The core Adult Safeguarding Team along with the Training Department is currently arranging bespoke training for those senior practitioner staff to equip them to undertake the DAPO role.

The majority of the senior practitioner and SSW staff work within the Recovery community mental health teams and the increase in the adult safeguarding role as DAPO/IO/ABE and PIA along with their participation on the ASW rota significantly impacts on the Services Area's ability to offer a comprehensive front line social work service.

Workforce planning is currently being undertaken to ensure that the needs of service users will be met by considering the capacity of the Band 7 social work staff to not only meet the demands within the Service Area but also fulfil the statutory requirements to undertake the ASW and DAPO/ABE functions.

There are ongoing challenges within mental health services with the introduction of the Adult Safeguarding Policy July 2015. Joint agency working with PSNI, RQIA, professional bodies regarding procedures, protocols and practice issues remains an ongoing priority. There is a need to ensure Adult Safeguarding is documented on the Trust community information system, PARIS, and that there are suitable supervision, support and

governance arrangements put in place to support non-social work IO staff. by ensuring there are clear governance arrangements in place with non-social work line managers. The Service Area remains committed to the delivery of adult safeguarding while recognising significant workforce pressures. In order to meet this requirement there is an ongoing need for more staff across non-social work disciplines to be trained as IOs. This issue has been discussed with the Associate Director of Nursing who is supportive by directing nursing staff to undertake training.

The Service Area is participating fully in Trust-wide discussions about the future of safeguarding services and the request for a single Adult Safeguarding Team. In light of the considerable improvements in the delivery of this core function within the Service Area and expertise developed, it considers that a co-located Gateway/Single Point of Entry model would deliver an optimal structure. The Core Mental Health Adult Safeguarding Team is pivotal in quality assuring all aspects of ASG and are an essential support to all DAPOs and IO's within the Service Area.

OLDER PEOPLES SERVICEAREA

Adult Safeguarding Gateway Team

The Adult Safeguarding Gateway Team (ASGT) has now moved into its fourth operational year and continues to provide a single point of contact for external referrals albeit that, within specific Service Areas, external referrals will also be forwarded to Learning Disability and Mental Health safeguarding duty desks. Central to the ASGT role is the gateway function of screening all internal safeguarding referrals for Older Persons and Physical and Sensory Disability Service Areas. ASGT also continues to take responsibility for managing all Level 3 investigations. Within this reporting period the role of Service Manager for ASGT was transferred to the Trust's Adult Safeguarding Specialists thereby strengthening and combining both the strategic and operational remit within one safeguarding framework.

Reporting Period 01/04/16 to 31/03/17	Referrals		Screened Out		Level 3 Investigations	
	OP	PSD	OP	PSD	OP	PSD
TOTALS	1083	337	399	160	203	46

This reporting period has shown an approximate 10% reduction in the number of referrals received from OPS with figures relatively unchanged for PSD. This would also reflect an overall reduction in the number of investigations conducted by ASGT. What has remained consistent is the number of inappropriate referrals received. This continues to place significant pressure on the team at the point of duty with one third of the team resource required to manage it.

ASGT continue to work within a 24-hour timeframe for allocating referrals, however, the administrative task of recording and re-directing inappropriate referrals contributes daily to this ongoing pressure and inappropriately placed resource. It is anticipated and welcomed that the implementation of the new Safeguarding Policy and Procedures will address this issue and appropriately allow the team to practice within the role and remit of 'protection'

as outlined in the new Procedures. In the Older Peoples Service Area, it has been acknowledged and agreed that the implementation of new Procedures will need to be a phased and planned approach. Work in terms of this is underway with a series of Senior Management Meetings to plan for this. Key to the implementation planning will be the introduction of the Care Review and Support Team (CReST) which will primarily act as a point of contact and referral for Nursing and Residential Homes, which at this time, is the service sector that contributes significantly to the inappropriate referral rates that ASGT experience. It has been agreed that ASGT will continue to work under current procedures until Crest is operational.

Interface Working with CRU/PPU

As much as CRU provides a central point of contact for referral and consultation, which is to be welcomed, joint working with CRU has not been without its challenges. This primarily relates to decisions taken by CRU regarding single and joint agency investigations and the conflicting interpretations by both agencies in terms of Joint Protocol requirements.

It has become evident, particularly more since December 16, that CRU determine the need for a Joint Protocol response by considering whether the injured person has been subjected to abuse by virtue of their vulnerability (intent) rather than on the basis that a Joint Protocol response is required to support the vulnerable adult and to assist in achieving best evidence at interview. Decisions taken by CRU in relation to determining single agency police investigations for incidents of domestic abuse has been a contentious issue for ASGT for an extended period.

Of late, decision-making determining the issue of intent has extended to include all forms of abuse thereby significantly reducing the number of Joint Protocol investigations conducted. The impact of this is far reaching. In that it is not just confined to what support the vulnerable adult receives but also has implications for the number of ABE interviews conducted by trained social workers in this area. This currently has led to social workers not being able to meet the required number of annual interviews to maintain their skills in this area. In taking this forward, bi-monthly meetings with CRU and PPU have been organised and are well attended by all Service Areas.

Within this reporting period the existing Corporate Risk Register relating to the time delays by PPU in completing PIA and ABE interviews was reviewed and closed. However, of late due to PPU staff shortages, this situation has been fluctuating with evidence that in some cases interviews have not been conducted within acceptable timeframes. In managing this issue ASGT have escalated concerns on a case-by-case basis to senior managers within both PSNI and the Trust in an attempt to agree and resolve issues. ASGT will continue to monitor and closely review this risk.

Complex Investigations

The Level 3 criteria for ASGT investigations sits alongside that required for reportable offences as identified under Article 5 Criminal Law Act and for which a referral to CRU would be required. In terms of this, the introduction of the new Policy will make no difference to ASGT's existing Level 3 criteria.

Managing and co-ordinating complex investigations has brought many challenges for the team. This has been evident in terms of the resource and time required to conduct

investigations, managing competing priorities with other agencies, which has at times caused significant time delays, agreeing roles and responsibilities and also managing the difficulties with working across Trust boundaries with protection teams that have different models of working, processes and procedures.

A recent example of this has seen the need for cross Trust working in a Nursing Home where a collective response was required from the Belfast Trust in terms of investigation under Article 121 by ASGT and enhanced monitoring from the Quality Assurance Team. While conducting investigations within the Belfast Trust ASGT and QAT would work closely together. However, the need for cross Trust working when institutional and complex investigations are required can bring many challenges. The need for clear communication strategies across all professional bands to ensure protection and standards of care is critical. Investigations such as these are labour and time intensive and require DAPOs to have significant knowledge and skills in their area of work. The introduction of regional guidance in relation to protection work is welcome.

ASGT involvement in complex investigations has also brought about a significant rise in the number of requests for information. These requests now present in many forms such as Form 81, NMC / NISCC, FOI, litigation, DP and HR requests. Significant to this are the requests for information that relate to paid care workers and where conduct and disciplinary processes are in place. In line with requirements outlined in Employment Law, managers and HR departments are requesting reports, minutes, interview documentation and investigation outcomes from ASGT in order to direct and inform their own processes. This has brought many challenges for ASGT and has required a review of practices within the team to ensure that the most appropriate person attends, leads and records information that might later be required for conduct or disciplinary processes.

Professional Supervision Framework

Managers within ASGT are conscious of the need to provide regular formal and informal supervision to provide support to staff within their role. In terms of this, practitioners avail of supervision on a monthly basis as per Trust requirements. All practitioners are also provided with weekly one to one sessions with their supervisors to avail of support and direction for the cases they are working on while also being encouraged to reflect on their practice. Alongside this the ASGT manager organises bespoke training for the team in areas including Human Rights, HR processes, fraud and Deprivation of Liberty. The team has also been encouraged to draw up training profiles for their specific roles within ASGT and are supported through Governance and regular Team Meetings to contribute to learning and development within the team. Presently all but one social worker within ASGT is trained to ABE level and four staff are completing the Post Qualifying Award in Adult Safeguarding.

Core Teams - Older People's Service Community Social Work Teams

Safeguarding activity in Community Social Work Teams continues to have a significant impact on workloads of social workers and managers across the Service Area.

The Community Social Work Teams work with older people in prevention of harm and what are defined as Level 2 investigations under what is now the previous Vulnerable Adults Policy. A significant amount of screening takes place within the teams to either screen in and manage as a Level 1 concern or to escalate to the ASGT as appropriate. There is a

persistent volume of work in reviewing and monitoring protection plans and moving from protection to prevention work in each individual case.

The Community Social Work Teams have undergone significant change since the last report. Following a workforce review there has been a number of additional professionally qualified staff joining the service. Safeguarding training is ongoing and staff continue to make good use of the support available through IO and DAPO groups facilitated by the training team. The review has also shifted the lines of professional accountability which should strengthen the service going forward.

A number of staff have been able to complete the Post Qualifying Award in Adult Safeguarding. Staff report finding this additional training to be beneficial and the service as a whole is enhanced with this increase in skill levels and mentoring. The role of DAPO is now undertaken by all Care Managers who have a social work background across the Service Area.

Staff continue to work well with a range of agencies. Particularly notable is the volume of prevention work in potential and confirmed financial exploitation ranging from abuse of power of attorney responsibilities, scams, rogue traders, online fraud and misuse/ abuse of service users bank accounts. Community Social Work Teams continue to engage with other agencies, working in partnership to increase awareness and prevention of harm to and exploitation of older people. These include new partnerships with community based projects working together to promote safer communities.

It should be acknowledged that the service is very much in a transitional phase of organisational change and professional development. The roll out of the new Regional Adult Safeguarding Policy will add to the sense of pressure within the teams and will require a range of supports to implement the new Procedures. As the service moves forward with its vision for older peoples' social work, and strives for a change in culture and an emphasis on compassionate care, this will be reflected in how the service begins to measure experience and outcomes for older people who are at risk of harm or who have experienced some form of abuse.

The move towards a dedicated team (CReST) entirely focused on the care and lived experiences of the most vulnerable citizens will begin to address some of the concerns in detection and prevention of poor quality or abusive care in Nursing and Residential Homes. The community teams are currently working to prepare for this transition while also managing a significant increase in the volume of work in monitoring the care in homes where concerns currently exist.

Challenges

The implementation of the new Adult Safeguarding Procedures presents a significant challenge as no additional resources have been made available. Trust staff will be required to assess against the new definitions of an adult at risk of harm/adult in need of protection from 1 April 2017. The potential for an increase in referrals was acknowledged as the definition of an adult at risk of harm is broader, and the responsibility of Trust staff to undertake an assessment of need/ risk is made explicit in the Policy. This situation will be kept under review as the Procedures become embedded.

There are no minute takers within administration support to Community Social Work Teams to assist with the significant increase in documentation and recording of strategy meetings/case discussions in relation to adult safeguarding. However, there is a review of the role of administration within the Teams and it is anticipated that this will go some way to addressing the lack of minute takers and administrative support.

Strategic Direction

Strategic direction within adult safeguarding is inextricably linked to the process of modernisation of social care within community social work teams and must be considered and managed within this context. The new Regional Adult Safeguarding Policy is welcomed by the community teams and we anticipate that in the year ahead the service will reflect an increased confidence in supporting the well-being of all older citizens through earlier detection of potential harm, prevention work and risk management through a range of pathways to deliver better outcomes.

LEARNING DISABILITY

Adult safeguarding remains a major area of work for the Service Area. There has been an increase in referrals this year with 990 referrals compared to 863 in the previous reporting period. The figures for this year again show that the vast majority of referrals relate to physical assaults by one service user on another in regulated services. This reflects the fact that many service users in these settings display behaviours that challenge including physical aggression towards others. For many of those service users whose behaviour is especially challenging the need for smaller scale, more personalised and individualised packages of care continue to be the ideal. However, financial restraints and the lack of availability mean that such packages are not deliverable for many of these service users. Group care remains the norm for the majority of service users who require day care or residential accommodation. As noted in previous reports, the Service Area has struggled to ensure adequate protection in some situations where both victim and perpetrator have learning disabilities and share the same space. While protection plans are put in place in these situations, the best protection would be alternative, more suitable placements which are not always available.

The Service Area continues to have significant on-going concerns about the number of safeguarding referrals relating to staff in nursing, residential and supported living settings. These referrals have centred on concerns about individual staff members, staff groupings or the service as a whole. The issues have ranged from physical assaults to neglect to poor quality care practices. In this reporting year there have been 64 referrals regarding staff and the Service Area has either led on or participated in a number of investigations where either the whole service or large parts of the service have been the subject of concern.

These figures and the outcomes of these investigations clearly show systemic concerns about how vulnerable people are cared for. The Service Area continues to believe that many of these issues need to be addressed in a preventative fashion by good quality staff recruitment, retention, supports and training processes. Staffing pressures in these settings, including the widespread use of agency staff, are often a contributory factor. The Service Area has also noted what appears to be an increasing tendency to manage staff absence by simply running with lower staffing levels rather than bringing agency staff in to cover.

The Service Area remains concerned that RQIA are increasingly not being an active participant in safeguarding investigations although this can vary between inspectors. The Service Area notes that RQIA are signatories to the Joint Protocol for Investigation and continues to believe that in certain circumstances a joint investigatory approach would be appropriate and very helpful. The Service Area also believes that RQIA regulatory and quality improvement responsibilities require that they should necessarily be involved in the protection planning process including the design, enforcement, monitoring and review of these.

The Service Area would wish also to note the very significant resource implications in undertaking these large scale, challenging and complex investigations. The Service Area also continues to experience difficulties with anonymous whistle blowing referrals about abuse in regulated services. Anonymous allegations are extremely hard to investigate and the Service Area has at times been left with the position of having considerable concerns but lacking concrete detail and witnesses. The Service Area has also experienced difficulties with staff raising concerns but not being willing to express these openly. On occasions the Service Area seeks to enlist the support of professional bodies such as NISCC/NMC to emphasise a duty to disclose adult safeguarding concerns.

Support for whistle blowers remains very important in this regard but the Service Area also believe that a professional duty to act on safeguarding concerns needs strongly emphasised to all staff in all sectors.

The Service Area continues to experience some tensions with private sector care providers in the course of these large-scale investigations in relation to the financial implications of having staff suspended during the investigation. The Service Area understands these difficulties but complex investigations can take considerable time and, where the PSNI are involved, investigations can be lengthy.

The Service Area has also encountered some tensions within the Trust between HR disciplinary processes and safeguarding processes and is engaging with HR to try to resolve these.

The Service Area continues to have a number of dedicated safeguarding staff. Muckamore Abbey Hospital (MAH) has one Band 7 DAPO post. The dedicated community safeguarding service is now fully staffed with 1.5 wte Band 7 staff. This service takes referrals about allegations where a staff member or paid carer is the alleged perpetrator or where issues of care quality in a group setting are such that they could be categorised as institutional neglect. It is therefore this service which leads on most of the large-scale complex institutional care investigations. The Service Area has benefitted greatly from the specialist dedicated resource but part of its strength lies in its very close working relationships with other Service Area staff who know the service users.

The Service Area is participating fully in Trust-wide discussions about the future of safeguarding services following the publication of the new Regional Policy but is very keen to ensure that this aspect of its current service is not lost.

The Service Area continues to work actively to engage service users effectively in safeguarding processes with particular emphasis on good communication methods. It recognises the importance of helping service users to recognise and report abuse and

remains actively involved in the ongoing roll out of the Keeping You Safe training workshop.

BELFAST LASP WORKPLAN 2017-2018

The Belfast LASP work plan for 2017-18 is based on the core themes contained in Adult Safeguarding: Prevention and Protection in Partnership (2015).

Agreed Actions	Responsible	Timescale
Prevention		
Belfast Domestic Violence Partnership TASS is an active member of Domestic Violence Partnership and will continue to raise the profile of adult safeguarding within this forum, ensuring that any action plans reflect relevant issues	Belfast LASP	ongoing
Access to Adult Safeguarding Services Implementation and roll out of the regional documentation in relation to new Regional procedures	Belfast LASP	ongoing
Regional adult safeguarding work - TASS's will continue to work in partnership with NIASP to deliver on objectives	TASS	ongoing

Protection		
<ul style="list-style-type: none"> - The implementation of Regional Operational Procedures - The implementation of Joint Protocol - The implementation of new definitions - Requirement for each Trust to have an Adult Protection Gateway service - The roll-out of DAPO and adult safeguarding Champion roles. 	TASS-LASP	March 2018
Acute Sector Continue to promote adult safeguarding within the acute sector through a process of targeted training and support to key personnel	TASS	ongoing
Governance Continued facilitation of the Trust-wide Adult Safeguarding Committee	TASS	March 2018
Facilitation of Regional 10000 voices Audit re adult safeguarding	TASS	March 2018
Development of effective engagement with PARIS recording and statistical returns on a Trust wide basis	TASS	March 2018

Agreed Actions	Responsible	Timescale
Partnership		
Belfast LASP will continue to meet on a quarterly basis and continue to promote partnership working with LASP members. Belfast LASP work-streams will continue to meet regularly and deliver on agreed objectives	Belfast LASP	March 2018
Implementation of Regional Adult Safeguarding Procedures and Guidance Document in keeping with the Policy	Belfast LASP	March 2018
Ongoing implementation of the Regional Joint Protocol	TASS	March 2018
Contribute to the development of effective partnership protocols with RQIA in relation to investigations in regulated facilities. This is particularly required in complex cases where there are issues relating to disciplinary and criminal procedures, breach of regulation and large scale intuitional abuse	TASS	March 2018
MARAC - Work in partnership with key relevant personnel within the Trust to ensure effective service delivery - Work in partnership with colleagues on a regional basis to review adult safeguarding MARAC arrangements and address operational issues	Belfast LASP	March 2018
Human Trafficking Trust will continue to work with the Department of Justice through attendance at the Human Trafficking Engagement Group and will seek to deliver on the Action Plan as specified in 2016/2017	Belfast LASP	Ongoing
Work with NGO and Regional Adult Safeguarding Officer to consider the recommendations set out in a number of reviews and, in particular, the review of the National Referral Mechanism	TASS	Ongoing
User Experience Continued roll out and evaluation of 10,000 voices re adult safeguarding	Belfast LASP	March 2018
Training and Practice Development The LASP will continue to facilitate a Conference and other safeguarding prevention/awareness raising workshops throughout the year	Belfast LASP	March 2018
Continued facilitation of IO, DAPO and ABE practice development fora and introduction of another forum specifically for social care staff	Belfast LASP	March 2018