



Belfast Health and  
Social Care Trust

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# **Belfast Local Adult Safeguarding Partnership (LASP)**

## **Annual Report 2017/2018**

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## **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 a progress update in relation to the implementation of the regional Policy & Procedures and Joint Protocol, an overview of activity returns and commentary relating to the challenges and achievements of each service area.

## **SECTION 2: Work plan for Reporting Period**

### **Achievements and Challenges**

The Belfast Trust and the Belfast LASP are fully committed to delivering on the:

- Adult Safeguarding Prevention and Protection in Partnership Policy (2015)
- Adult Safeguarding Operational Procedures: Adults at Risk of Harm and Adults in Need of Protection (September 2016)
- Protocol for Joint Investigation of Adult Safeguarding Cases (August 2016)

The Belfast Trust and the Belfast LASP have embraced the strategic direction, as set out in the regional Policy. The continuum of safeguarding detailed in the Policy reinforces the protection responsibilities placed on Trusts and outlines new responsibilities for both the Statutory sector and Partner Organisations. The Report will focus on providing an update in terms of the implementation of the Policy, Procedures and Joint protocol. For the Trust and the LASP Partners there have been a number of challenges but also a number of positive developments.

## **PROTECTION**

### **Belfast Trust**

The Belfast Trust highlighted a number of challenges associated with implementation of the Regional Adult Safeguarding Policy & Procedures in the annual report 2016-17. The Trust advised that in light of the challenges identified, a phased approach would be taken in relation to implementation of the Procedures.

### **Trust Specialist Adult Safeguarding Staff**

All Trust specialist adult safeguarding staff (DAPOs, IOs ABE Interviewers) are operating to the new regionally agreed Procedures. The new definitions of an adult at risk of harm and an adult in need of protection have been implemented and the new thresholds for intervention are being applied. Any practice issues are being addressed on a case-by-case basis.

The already well established DAPO, IO and ABE practice support forums are being utilised to discuss issues associated with implementation of the Procedures and different ways of working. These forums are facilitating the development of good practice. Feedback from these forums is also used to inform the review and update of the regional Adult Safeguarding Procedures currently underway.

### **Trust Core teams**

The role of core teams in terms of managing adult at risk work and the provision of professional assessments is recognised as a key element of the new Policy & Procedures. Currently DAPOs and IOs continue to have a lead role in terms of all adult safeguarding work and core teams within the Adult Services Directorate have DAPOs and IOs within their teams or a linked DAPO. There are clear benefits to having social work team leaders

and social work staff trained to DAPO and IO level, as is the case in a number of teams. Those trained to this level will inevitably have the skills and knowledge to make more informed decisions. It will however, also be important to ensure that those staff who fulfil a dual function as a team leader and a DAPO draw the distinction between referrals requiring a professional assessment and those requiring investigation under the Adult Protection Procedures. There has been a strong focus on use of alternative safeguarding responses and going forward there will need to be an increased focus on ensuring that professional assessments are carried out and clearly recorded. Through practice support forums there are some early indications that the adult protection investigation format may be being used at the initial stages to inform a professional assessment. An audit will be carried out in July 2018 to assess whether the thresholds for an adult protection investigation are being appropriately applied and remedial action will be put in place if there is any blurring of process between professional assessments and investigations.

There will be significant work required to ensure that all Trust staff fully embrace the responsibilities in terms of managing adult at risk work and the provision of professional assessments where there is a safeguarding concern. Part of this role going forward will be to ensure that adult at risk work is managed in a sensitive and proportionate way and that the Trust meets its obligations and signposts appropriately to other services outside the Trust when required.

### **Adult Safeguarding Structures within the Belfast Trust**

The Trust notes that the Adult Safeguarding Policy & Procedures clearly defines roles and responsibilities, thresholds for intervention and the structures required within Trusts in terms of an Adult Protection Gateway service. The remit of the Adult Protection Gateway service has also been stipulated within the Policy. Currently within the Belfast Trust each service area have their own separate arrangements in place for delivery of adult safeguarding. While these service area arrangements have been effectively delivering on adult safeguarding work for a number of years, it has been acknowledged that they do not mirror those set out in the Policy.

Following extensive consultation the Trust have made the decision that in order to comply with the regional Adult Safeguarding Policy & Procedures there is a need to develop a single Adult Protection Gateway Service. This service will be a Trust-wide resource for the management of complex adult protection investigations. The Trust would wish to highlight that the integration of the three different service area adult safeguarding models into one Adult Protection Gateway Service will be a significant piece of work. Work in relation to the development of this new Adult Protection Gateway Service will be progressed by the TASS and the three newly appointed divisional social workers for each service area. Consultation with relevant staff will take place and a proposal paper will be developed for the consideration of the Director of Social Work and The Adult Safeguarding Champion (ASC).

### **Implementation of the role of the Adult Safeguarding Champion (ASC)**

#### **Belfast Trust**

The Belfast Trust ASC is accountable to the Executive Director of Social Work for the discharge of their role. Given the size of the Trust, the ASC role has been delegated down through the current reporting structures, with first line managers being responsible for the

operational delivery of the role. Within social work, many of these line managers are already trained DAPOs and are therefore very familiar with the ASC role and where this fits within the wider adult safeguarding structures and reporting arrangements.

Adult safeguarding training for line managers has been amended to ensure staff are fully briefed on the ASC role and responsibilities. There is a need for widespread training of line managers to ensure that they are fully briefed on their role as ASCs but given limited resources this is currently being managed on a phased basis. In the interim any adult safeguarding referrals received by a DAPO not meeting the threshold for an adult protection investigation will result in advice being given regarding the need for a professional assessment and alternative safeguarding response.

### Belfast LASP Partner Organisations

Updates from LASP partner members confirm that organisations have appointed ASCs. LASP members have also confirmed that they have attended ASC training held by Volunteer Now or ARC. A number of partners have also advised that they have joined the ARC ASC network. There is no requirement to be a member of the ARC network but some partners have chosen to join and indicated that this has been helpful. Discussion took place within the LASP regarding whether there is merit in setting up a Belfast ASC network. Members considered that this was not required. They did however indicate that when the ASC position report is being issued an information session would be helpful.

### **The Regional Adult Safeguarding Programme**

This Regional Programme commenced in September 2015.

The Programme has 4 Modules, with candidates required to complete 3 Modules to achieve the full Award, as in order to offer flexibility, candidates who have completed the ABE taught programme can APEL their learning through submission of an assignment.

This Programme is fully accredited by Ulster University and NISCC, thus professional and academic credits are awarded for each Module. On successful completion of 3 Modules, candidates are awarded the Specialist Award and 90 academic credits; each have five days of taught input: Three taught Modules are facilitated on an annual basis- (June 2017, September 2017 and January 2018). The Programme continues to attract regional applications, and currently has **15** BHSCT social workers engaging in Modules, at varying stages of completing the full Award. To date, **12** BHSCT staff have completed the full Award.

There has been on-going engagement with the APEL Route, whereby social workers who have completed ABE can submit a reflective assignment to achieve 3 Requirements and 30 academic credits. Within BHSCT, **6** candidates have successfully submitted via this route.

In total, **26** BHSCT social workers have engaged with the Programme, with each Candidate being supported through induction, support group sessions, and assignment guidance, alongside support to write at Level 7, Masters Level.

It is also important to highlight that Evidence Informed Practice and Enabling Others Module are required to develop and facilitate a presentation as part of the assessment

process. Within BHSCT, candidates are subsequently encouraged and supported to disseminate the learning through IO/DAPO training sessions and Social Work Forum, along with other practice learning networks. To date 253 staff have availed of this input from candidates, which ensures that learning is disseminated widely. This also ensures that the Social Work Research Strategy's objective of ensuring research and current literature underpins and informs practice.

Current development includes exploration of application and assessment of other professionals who engage in adult safeguarding practice, including Nursing and PSNI.

The Adult Safeguarding Programme was revalidated by Ulster University and NISCC for a 5 year period in February 2018.

### **Implementation of Regional Joint Protocol**

Belfast Trust implemented the Joint Protocol in April 2017. As with the previous Protocol, the primary aim was to ensure that adults at risk who had experienced harm which constituted a criminal offence had equal access to the justice system. The Protocol further sought to promote a more rights based approach in relation to the individual's views and wishes.

Since implementation of the Protocol Trust staff have provided case examples where individuals with capacity have been more empowered and enabled to make decisions. They have also advised that the limited discretion within the Protocol has facilitated a more sensitive and proportionate response. That said, a number of Belfast Trust staff reported a number of practice issues and colleagues within other Trusts identified similar issues. This has resulted in the NIASP Protection works teams setting up a regional sub-group to help address the practice issues identified. One of the main challenges has been that HSC Trusts and police have different interpretations of the new definitions as stipulated in the regional policy and procedures and different views on the scope of the Joint Protocol. Trusts have interpreted definitions in a broad context, whereas the police have a narrower interpretation of who meets the criteria for Joint Protocol. This has resulted in a reduction in Joint Protocol investigations and less PIA and joint Trust and police ABE interviews. In terms of Article 121 of the Mental Health Order, there have also been differences in the interpretation of wilful neglect and ill-treatment and further clarification of what constitutes a criminal threshold is required. Joint agency information sharing and use of local uniformed police in some domestic violence cases has also been highlighted as an issue in some cases.

The Joint Protocol is currently being reviewed with the Belfast TASS chairing the regional group taking forward this piece of work. Issues identified to date will be addressed as part of this review. In the interim Trust DAPOs continue to advocate on behalf of adults at risk and where necessary use the escalation process within the Protocol as a means of requesting a review of decisions.

### **Adult at Risk of Harm work**

With the implementation of the Adult Safeguarding Policy & Procedures, there has been a growing focus on prevention and adults at risk of harm. While this is welcomed, a substantial amount of this work is being directed towards the Trust's adult protection services. Organisations such as NIFRS and Ambulance Service are looking towards the

Trust's single point of contact for adult protection referrals as an access point for all concerns identified. Many of these concerns do not relate to adults at risk of harm from abuse, exploitation or neglect and the Trust will need to clarify key referral contact numbers and pathways to ensure that referrals are responded to appropriately and effectively. The Trust notes that a number of these referrals will require a response from core Trust services but others will require effective signposting to other services outside the Trust.

### **Capacity Assessments**

In adult protection there has been a small increase in the number of capacity assessments which the Trust have needed to fund privately. The cost of these assessments has varied significantly and there is a growing concern that, if this issue is not addressed and resolved with consultants, requests for privately funded assessments will increase. Any further increase in privately funded assessments would require consideration of procurement arrangements.

### **Use of Article 121 and Pressure Damage**

A key challenge for the Trust has been in relation to use of Article 121 under the Mental Health Order and in particular consideration of the interface between adult protection and pressure damage. The Trust has referred a small number of cases to the police but our experience to date has been that they have not been considered to meet the wilful neglect threshold. The Trust welcomes the document that the Department of Health has shared which was produced by DOH England 'Safeguarding Articles Protocol: Pressure Ulcers and the Interface with a Safeguarding Enquiry'. The Trust is committed to reaching a regionally agreed position in relation to the threshold at which adult protection should become involved. The Trust looks forward to contributing to the regional workshop due to take place on 13 June 2018.

### **Complex Investigations**

Managing and co-ordinating complex investigations has continued to bring many challenges for the Trust. These investigations are resource and time intensive and managed within the context of competing priorities. The multi-agency nature of many of these investigations, along with issues associated with working across Trust boundaries, adds additional challenges. For the agencies who have staff subject to investigation, protection plans can also be resource intensive.

### **Recent Significant Developments in Adult Protection in Belfast Trust**

- This year the Belfast Trust has been involved in a large-scale investigation in relation to one of the Trust's Learning Disability facilities. This has been a complex and challenging investigation and the Trust has sought throughout to ensure the facility delivers safe, effective and compassionate care. The Trust have put a number of measures in place to ensure the safety and well-being of the service users and that their lived experience is a positive one. Any and all concerns identified are subject to investigation. There are three separate investigation processes - Police, Adult Safeguarding and HR Disciplinary. In addition, the concerns in relation to this facility have resulted in a report to DHSSPS and HSCB. A Level 3 Serious Adverse Incident (SAI) Review is currently being conducted by an independent panel. A report of the panel's findings and recommendations is expected by August 2018.



- The DHSSPS have notified HSC Trusts of their intention to conduct an Independent Rapid Review into safeguarding and regulation at a care home in the South Eastern Trust area. The Department have appointed the independent panel to conduct this review and work is expected to commence shortly. This review has been triggered by concerns raised by COPNI in the course of their investigation. The purpose of the review is:
  - To establish the facts with regard to the safeguarding and care issues identified during the COPNI investigation into the Care Home
  - To evaluate the actions taken by the relevant Health and Social Care Trusts in response to any such issues
  - To evaluate the actions taken by the Regulation and Quality Improvement Authority (RQIA) in response to any such issues
  - To consider the communication and information sharing between the relevant bodies engaged
  - To make any recommendations for improvement as may seem appropriate.

The Belfast Trust have a number of residents within this care facility and worked in partnership with the South Eastern Trust in relation to concerns identified. The Trust welcomes the DHSSPS plans for a rapid independent review.

### **Data Returns**

The manual system for adult safeguarding data collation within the Belfast Trust continues to present challenges. The process requires input from a large number of staff across the service areas and is very time intensive. The Trust recognized the need to have a more robust system in place for data collation and invested heavily in 2016-17 in developing a new adult safeguarding module on its Paris system. The adult safeguarding module was put on hold pending the development of a new NIASP/HSCB data return template. A new draft template has now been developed and is due to be presented to NIASP for consideration in June 2018. It is anticipated that the data return will be piloted before being fully implemented. The Trust will continue with the manual system until such time as the new data return has been approved by NIASP for implementation.

The current data return is not reflective of the new adult safeguarding Policy & Procedures. The Trust would wish to acknowledge that changes in staff collating information for the data return have led to some discrepancies in the HSCB data returns. In Learning Disability service area the HSCB annual return differed from the service area annual stats when cross-referenced. It is thought that the under reporting in the HSCB return may be due in part to one team failing to submit a return in a particular month. Renewed efforts will be made to quality assure data before submission to HSCB. We are working with the Community Information Service (CIS) to ensure a more consistent process of data collation.

The Adult Safeguarding Module being developed on Paris will also include the new APP documentation. The documentation is currently being reviewed as part of the wider review of the regional Procedures and once finalized will form part of the new Adult Safeguarding Module on Paris.

## **Adult Safeguarding Training 2017-18**

The BHSCT Adult Safeguarding training delivered is in keeping with the learning outcomes as defined in the NIASP Training Strategy and Framework (revised 2016). There are 5 levels of training designed to equip staff of different bands develop the knowledge and skills commensurate with their job role and experience to support adults in need of protection and to promote staff confidence and competence in effectively carrying out their adult safeguarding role.

The Training Strategy is compatible with the Adult Safeguarding Policy 2015, Regional Operational Procedures, 2016 and the Joint Protocol, and all training materials are designed to raise standards, promote best practice and ensure consistent and proportionate responses to safeguarding issues. This year the Learning & Development service has continued to experience the impact of the implementation plan to deliver on the requirements detailed in these key documents.

There are ongoing challenges in meeting the training needs of a vast number of trust staff. All training has been revised to ensure compatibility with regional requirements; however the volume of staff requiring this training coupled with the limited resources continues to pose significant difficulties. Previous reports have highlighted the resource implications that arose from the requirement to deliver training as a result of the revised regional policy and associated procedures. The 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.

As stated in the previous report there were considerable challenges in relation to upskilling staff to ensure adherence to the new policy and procedures in the absence of additional funding to resource the delivery of this. This included a series of workshops and bespoke training for a diverse range of staff. In this next financial year there is an expectation for the Learning and Development team to continue with Phase 2 of the implementation of the policy and procedures. This will focus on the role and responsibilities of the ASC with the expectation of an increased demand for training. This will continue to present challenges for the training team in the absence of additional staff/funding.

There continues to be ongoing demand for Level 1 Adult Safeguarding awareness raising and mandatory refresher courses. The requirement for the social care workforce to attend Awareness Raising training is the primary driver supporting compliance. The requests for bespoke training for these service areas is considerable and continues to be challenging for the learning and development service given the current level of resources. In addition there continues to be a constant demand from the acute sector/ non-social care staff for bespoke adult safeguarding training. The learning and development team are required to prioritise social work and social care staff, therefore the position remains unchanged in that the team can only offer very limited places to the acute sector and a substantial number of requests continue to be declined. Meeting the training needs of this diverse range of staff remains a significant workforce challenge.

The Learning & Development team continue to respond to requests for bespoke training such as Band 7 senior practitioner social work staff undertaking the role of Designated Adult Protection Officer and Social Workers (Band 7) moving from the role of Investigating Officer to undertaking the role the role of the DAPO. A further example includes providing bespoke workshops for staff in the Physical and Sensory Disability service group to move

towards working to the new adult safeguarding arrangements. This has included training in relation to incorporate the significant responsibilities inherent in applying thresholds and screening safeguarding referrals and subsequent decisions regarding the management of these. It is anticipated that the other service groups will require similar support in the form of bespoke sessions as they in turn move towards the implementation of the new arrangements. This will continue to present challenges in resourcing these particular workforce needs.

#### Adult Safeguarding Training Activity

- Level 1 – Awareness Raising, Recognising & Responding / Refresher  
49 courses with 900 staff attending
- Level 2 – Line Managers training  
4 courses with 69 staff attending
- Level 3 – Designated and Investigating Officers Training  
2 courses with 102 staff attending
- Level 4 – Joint Protocol training  
1 course with 9 staff attending
- Level 5 – Achieving Best Evidence  
2 course with 3 staff attending  
2 ABE refresher courses with 4 staff attending
- Designated Officers Practice Support Group 4 workshops with 85 staff attending
- Investigating Officers P.S Group 4 workshops with 210 staff attending
- Court Room Skills  
2 courses with 38 staff attending
- MARAC training  
2 course with 43 staff attending
- Keeping You safe Facilitators Training  
2 courses with 41 staff attending

#### Action Plan 2018-19

- To ensure that all training material is compatible with 2015 and 2016 Policy & Procedure and main our commitment to ensure staff are knowledgeable about roles and responsibilities in adherence to regional requirements
- To continue to support staff through the quarterly facilitation of practice support groups for staff undertaking the roles of IO, DAPO and ABE Interviewers

- To continue to sustain and develop effective relationships with PSNI and regional Adult Safeguarding trainers in the delivery of the NIASP training strategy
- Continue to be committed to meet workforce needs in relation to implementation of the regional Policy & Procedure. It has been emphasized that these documents are 'live' documents and therefore it is imperative that staff are kept updated in relation to ongoing changes.

Continue to respond to training needs raised by staff, e.g. anticipation of the revised adult safeguarding APP documentation, due to be operationalized in September 2018 and staff confidence and competence in completing these new forms to agency standards

## **Resources**

The Trust had indicated that implementation of the new Policy & Procedures would require a significant financial investment in order to facilitate the level of training and organizational change needed. In the absence of additional funding, the Trust had indicated that a phased approach would be taken to the implementation of the Policy & Procedures. In this reporting period steady progress has been made but given the size of the Trust, the number of staff requiring training and the changes required at all levels and across all staff groupings, full implementation has not yet been achieved.

There have been some indications that there may be potential investment in the coming year and this would certainly help considerably. If additional monies were made available this could be directed to training and to the development of a Trust wide Adult Protection Gateway Service.

HSC Trusts have a key role in terms of adult protection work and it is therefore essential that there is a robust structure in place to deliver on and support this work. The complexity of the investigations over the last number of years have also resulted in increased work, which is not immediately obvious through statistical returns. The detail of any additional recurrent funding spend would need to be discussed and agreed with the Trust ASC, the Director of Social Work and Senior Management Team and be approved by Health and Social Care Board.

The Trust is also mindful of its responsibilities for prevention and early intervention in adult safeguarding. The Trust recognizes its role in promoting and developing adult safeguarding at a strategic level both within the Trust, across Belfast with partner organisations and at a regional level through the NIASP and LASP structures and annual action plans. Continued investment in this crucial area of work will be required to ensure effective delivery of all aspects of the Policy & Procedures.

## **NIASP Protection work-stream annual Action Plan 2017-18**

The NIASP Protection work-stream is chaired by the Southern Trust LASP Chair, with the Belfast TASS having a key role in terms of coordinating meetings, producing agendas and minutes. The Belfast TASS and Southern Trust Head of Adult Safeguarding both have a lead role in terms of delivery of the annual action plan. The action plan for 2017-18 was extensive and within this reporting period there have been a number of achievements,

most notably the development of the NIASP website as a resource. The website is currently being tested and it is anticipated that it will be operational shortly. The work-stream also set up two sub-groups in year, one to review the regional Operational procedures and the second to review the Joint Protocol. These groups have generated a significant amount of work and while significant progress has been made, work will be carried forward for completion in the 2018-19 work-plan.

## **PARTNERSHIP**

### **Belfast LASP**

The Belfast LASP have continued to meet on a quarterly basis and the focus to date has been in relation to implementation of the regional Adult Safeguarding Procedures. LASP partners welcome the new Procedures and the level of discretion in decision-making offered by the new thresholds for intervention. Partner organisations have appointed their Adult Safeguarding Champions and have reported attendance at ASC training. Members are keen to be kept up to date with developments and understandably have been focused on reporting requirements and pathways. Members have contributed to the regional work in relation to the review and update of the APP1 referral form and the draft Position reporting template. LASP members have also contributed to the development of Belfast's annual action plan 2018-19.

### **Policing & Community Safety Partnership (PCSP)**

The TASS continues to be an active member of the South Belfast PCSP and notes that adult safeguarding is recognised as an important area of work in terms of the PCSP action plans.

### **Human Trafficking**

The Adult Safeguarding Prevention & Protection in Partnership 2015 Policy clearly reinforces the Trust's obligations to address issues associated with human trafficking and modern slavery. Work in relation to the updating of the Working Arrangements for Adult Victims of Human Trafficking is currently underway. The Belfast Trust Adult Protection Gateway Team have, in consultation with police developed a referral pathway in relation to this work. The TASS remains a member of the Department of Justice NGO Engagement Group on Human Trafficking and Modern Slavery.

### **10,000 Voices Project**

The Belfast Trust continues to promote use of the 10,000 Voices Project as the key mechanism to obtain service user feedback. 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 person centred.

During this reporting period the Belfast Trust have received 37 responses. It is understood that regionally returns have been low and further work in relation to this important area of work is required. The Belfast Trust are currently reviewing feedback received and will use this information to inform practice going forward.

Trust / Programme of Care	Learning Disability	Mental Health	Physical & Sensory Disability	Primary Care and Older People	Not Known	TOTAL
BHSCT	5	0	11	17	4	37

## Overview of Service-user responses

The responses from service-users/carers/family overall would indicate that the safeguarding process has been perceived as a positive experience. The majority of the respondents noted that they felt much safer after the process. The role of the social worker to provide support, clear concise information is key and acknowledged as being helpful and beneficial to the service-users experience of safeguarding.

The safeguarding process can be complex and the importance of explaining and assessing the level of understanding for service-users is an area that could be improved across all programmes of care. The opportunity for service-user feedback can provide an opportunity for post investigation support and can be implemented as a therapeutic intervention for SU / families in closing stage of safeguarding process.

## BHSCT / APTG input into 10,000 Voices

From the most recent statistics, Belfast Health and Social Care Trust have completed 37 service user / carer surveys. The majority of these were completed within Older People service and Physical Health & Disability programmes of care; 17 and 11 respectively. There have been four surveys completed within BHSCT where the programme of care was not identified. To Adult Protection Gateway Team's knowledge the majority were completed by staff within the team. From recent statistics there has been a poor update from mental health and learning disability programmes of care, with no surveys being completed by Mental Health and five being completed within Learning Disability within BHSCT.

Adult Protection Gateway team staff have completed a number of surveys face to face with service users / carers, however it is important to note that a number of surveys have also be provided via post to service users / carers to complete independently and as such, we are unable to determine the number of these that have been completed and returned.

## **Interface between Adult Safeguarding and Human Resources Disciplinary Procedures**

Over the last number of years it has been regionally acknowledged that the complexities associated with adult protection investigations have resulted in increased challenges. In situations where the person alleged to have caused harm is a paid employee or volunteer, there can be multiple investigations required to include adult safeguarding, disciplinary and possibly police investigation. Belfast Trust have to date responded to these complexities on a case by case basis, balancing the needs and rights of the adult in need of protection with the rights of paid staff who are alleged to have caused harm.

The NIASP Protection work-stream work-plan for this year included facilitating a regional workshop to look at whether a regionally agreed process can be achieved. At this workshop it was acknowledged that given the different structures within Trusts, a regionally agreed model might be difficult to achieve. It was agreed by the regional group to develop regionally agreed principles of practice in relation to the coordination of adult protection investigations with HR, disciplinary and/or PSNI investigations. Draft regional Principles of Practice for coordinating adult protection investigations with HR, disciplinary and/or PSNI investigations were issued in April 2018. The Belfast Trust Adult Safeguarding welcomes the drafting of these Principles as an opportunity to expedite better outcomes for service users and families, along with staff under investigation. The Trust are currently

considering the draft Principles and will consult with relevant others within the Trust including Staff side in relation to this before feedback to the regional group.

### **Interface between Adult Safeguarding and Professional Bodies**

As in previous years, professional bodies have continued to request that adult safeguarding reports are provided to assist in other investigative processes. The Trust continue to respond to these requests on a case by case basis and when required seek advice from Data Protection and Legal services. To date requests have been primarily from NISCC and the NMC. More recently the Trust also received a request for information from the Northern Ireland Charities Commission. The Trust sought legal advice in relation to this matter and the request was responded to. The new general Data Protection regulations will need to be considered in the context of this work going forward.

### **Policing and Community Safety Partnership (PCSP)**

The Belfast Trust TASS continues to be an active member of the South Belfast District PCSP and has continued to promote the PCSP role in adult safeguarding. The South Belfast DPCSP have this year, as in the previous year, undertaken a focus piece of work in relation to raising awareness of Adult Safeguarding and Prevention work. The Adult at Risk of Harm Project involved the appointment of a project worker to engage directly with local groups in the South Belfast area. A programme was developed aimed at helping adults at risk of harm to feel safer and to build their confidence to improve their safety. The topics included in the programme were raising awareness of adult safeguarding through See Something Say Something, why PSNI police the way they do and Northern Ireland Fire & Rescue Service (NIFRS) talks and support. The project targeted two groups – the adults at risk themselves and those staff, volunteers, neighbours/friends in the different neighbourhoods, areas and communities of interest who were familiar with the individuals and were potentially first responders to their concerns.

A total of 22 community safety theme meetings and events took place. Eleven of these sessions were directly with the senior group mainly via senior lunch clubs and the other eleven involved those who were potentially first responder to the seniors. A total of 165 participants received project information directly via these sessions and approximately another 100 people were approached at a Belvoir Senior Festival event. The project worker report indicates that in a number of instances, a formal presentation was not appropriate. Instead, she outlined her brief then engaged the participants and tailored the session to responding to issues they had identified relevant to the broad topic heading.

A community Guardian Project was also developed with the aim of improving community safety by addressing crime and anti-social behaviour. There were 12 events held, with 77 participants. The role of community Guardians in terms of adult safeguarding work will be explored and developed in the coming year.

It is important to note going forward that Belfast PCSP have moved towards a more consolidated strategic approach, with an increased number of citywide initiatives. Strategic priority 2 Feel Safe includes a number of initiatives, including preventative safeguarding. This more consolidated strategic approach should provide for more Belfast-wide adult safeguarding initiatives.



The Adults at Risk of Harm Project and the Guardian Project will be carried forward into the coming year and will be reviewed at the end of year two.

### **Domestic & Sexual Violence and Abuse Partnership / MARAC**

There continues to be good communication and coordination between adult safeguarding within the Belfast Trust and the multi-agency Belfast Domestic & Sexual Violence and Abuse Partnership. The TASS continues to be a member of the Belfast Domestic & Sexual Violence and Abuse Partnership and attends meetings and events where possible. The Chair of the partnership and TASS communicate effectively on key issues.

In the 2016/17 LASP report the new Domestic & Sexual Violence 7 year Strategy 'Stopping Domestic and Sexual Violence and Abuse in Northern Ireland' was acknowledged as the key driver in terms of setting the domestic violence agenda for the coming years.

It was also noted that new structures had been put in place and that the five local partnership chairs would all be represented on the new regional Stakeholders Assurance group. There was however a lack of clarity at that stage regarding where the regional MARAC Operational Group (MOG) fitted in the new structures.

In this reporting period the regional MOG took the decision to put the group on hold pending clarification of its role and remit. At a Belfast Partnership level the local MARAC work-stream chaired by the TASS was also placed on hold. It was acknowledged that DOJ were conducting a review of MARAC and that pending the outcome of this review, consideration would be given to how best to progress the strategic and operational work associated with MARAC delivery.

The MARAC review focused on exploring:

- The effectiveness and efficiency of MARACs
- How the MARAC Model operates (including the extent to which it adheres to the Safe Live Principles, and
- Potential areas for future development.

It included an online survey of all core members of MARACs, focus groups and used Safe Lives toolkit of 31 questions to provide a quick MARAC health check and offer suggestions for areas to develop. Finally, a quantitative review of MARAC performance data between 2013 and 2016 was completed.

The review paper has been issued for comments by DOJ. Areas identified for development are too numerous to mention but of particular note are training on DASH and MARAC referrals and the need for Independent Domestic Violence Advocates. There was also a recommendation that additional agencies should attend MARAC such as Men's Advisory Project and Health Visiting. It is important to note that lack of funding has had a key impact, with no funds available for Independent Domestic Violence Advocates and some agencies highlighting lack of resources as the rationale for not attending MARACs.

It is understood that DOJ will host a regional multi-agency meeting to look at the review findings and there will be a particular focus on Safe Lives Principle 10 governance arrangements. The Belfast MARAC group will reconvene to consider the MARAC Review Report and provide feedback.

With regard to the work of the Domestic & Sexual Violence and Abuse Partnership, there have been a number of significant successes this year such as the development of the Belfast Domestic Violence app and a conference organised with Vital Voices global partnership in Belfast. The development of the Belfast Domestic Violence app was funded by the Belfast Policing & Community Safety Partnership (PCSP) and will offer victims of domestic violence a range of information from safety planning to key contacts. The Vital Voices global partnership 3-day conference looked at gender-based violence and brought together key agencies such as Police, Trusts and PPS and was a very successful event.

### **Domestic Violence & Abuse Disclosure Scheme**

This scheme was launched in Northern Ireland on 26 March 2018. The development of the scheme was a specific action in the joint DOJ/DOH 7 year Strategy Stopping Domestic & Sexual Violence and Abuse, as well as the programme for government (outcome 7). The scheme is welcomed as it offers significant opportunities to keep people safe. There are two key elements to the scheme – the ‘Right to Know’ where a potential victim or third party with concerns can apply for information on a partner and the ‘Power to Tell’ where information can be shared/disclosed to help keep a person safe.

Unlike the children’s scheme, the adult scheme includes a decision-making forum where application must be discussed and agreed. Under the new arrangements the MARACs have become the decision-making forums. This is new work and places additional responsibilities on Trust Reps and others who attend MARAC meetings with no additional funding. While training was provided, there has been a limited lead in period for those expected to participate in this complex area of work. Concerns have also been expressed in relation to the threshold for information sharing and queries raised regarding whether the current MARAC Information Sharing agreement covers this. The Directors of Social Work from the five Trusts have written to DOJ regarding their concerns and received a level of assurance in terms of information sharing.

Going forward it will be important to ensure that Trust staff engaged in this process are clear on their roles and responsibilities. Workshops are to be held to discuss and progress this.

## **PREVENTION**

### **LASP Prevention Group**

The focus of the LASP prevention group continues to be compatible with the NIASP strategic plan 2013 -2018. The group meets on a quarterly basis and membership is derived from voluntary and statutory sectors. The group continues to increase awareness of adult safeguarding to communities through the well-established projects have developed and sustained.

The Keeping You Safe project has been running successfully since 2013 and is designed to be used by staff in a wide variety of settings to educate service users about all aspects of abuse and how to keep themselves safe and the reporting process. This 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.

Future plans include an audit in this financial year with facilitators who have attended workshops with the aim of reviewing outcomes. This audit has commenced and initial contact has been made with the 130 staff who attended workshops facilitated by the Learning & Development team to review levels of activity. This will assist in developing the existing programme. Alongside developing staff as facilitators, the LASP group has encouraged them to identify service users to undertake the role of co-facilitators. Whilst numbers remain small, the programme has been well embedded particularly in the learning disability service group who are supporting a number of co-facilitators. The group acknowledges the need to sustain this commitment and the above noted review will measure current activity levels and help to identify opportunities to promote co-facilitation.

The third phase of the roll out of the project will continue to identify community groups and the pivotal role they play in educating the public in preventing, identifying, reporting abuse. The group remains committed to pursuing this initiative and has made an application for funding for the development of a DVD. The purpose of this DVD is to continue to deliver key adult safeguarding messages to all relevant including those with limited contact with the Health Trust.

The group has also produced Easy Read Leaflets over the past years. Recently packs of updated leaflets have been distributed at training events. Feedback from service users and staff continues to endorse the benefits of these. The leaflets remain a priority for the group and will continue to be circulated to ensure all staff are aware of how to use in practice.

The group continues to explore other initiatives and good practice with other LASP Prevention groups and is committed to developing other prevention opportunities.

The LASP have requested that a representative from the Belfast PCSP join this group. This will strengthen further the links with the PCSP. The PCSP Adult at Risk Project and the Guardian Project were both successful in terms of raising awareness and the rollover into next year demonstrates their continued commitment to Adult Safeguarding Prevention.

## **SECTION 3: Belfast Trust Activity Returns**

The following statistical charts have been compiled to evidence safeguarding activity within the Belfast Trust during the reporting period 2017/2018. The stats provided in this report are based on the data returns submitted by the Trust Service Areas. The Trust notes that there are some discrepancies in the stats within Learning Disability between the service area figures and those reported to HSCB, with an additional 135 cases in the return for this report.

### **Chart 1: Belfast Trust Safeguarding Referral Rates April 2011 - March 2018**

The Belfast Trust have consistently reported a high number of referrals over previous years, this trend has remained unchanged during this reporting period. The initial thinking was that referral rates would reduce with the implementation of the new Policy & Procedure. The Belfast Trust consider that the increased responsibilities placed on organisations by the new Policy & Procedure has in fact resulted in a small increase in referrals. The Trust would however expect that as the new Procedure becomes more embedded and organisations become more familiar and confident in applying thresholds, the number of referrals will reduce.

Referral figures also continue to be significantly higher than the number of investigations completed. The Trust considers that the number of referrals screened out is a clear indication of the application of the new thresholds.

The Trust plan to conduct an audit of case files in July 2018 to assess the Trust's application of the new Procedure and new thresholds.

### **Chart 2: Belfast Trust Monthly Safeguarding Referral Rates by Service Area**

There is no identifiable trend in monthly referrals rates for any of the service areas.

### **Chart 3: Belfast Trust breakdown of Adult Safeguarding Activity by Service Area**

As previously noted there continues to be a significant difference in the figures relating to referral and investigation activity. As per previous reporting periods, a significant number of referrals received do not proceed to investigation. In OP services Gateway have reported high numbers of inappropriate referrals by regulated facilities and these do not proceed to an adult protection investigation. This, along with the option to determine an alternative safeguarding response are seen as factors which have reduced the need for adult protection investigations.

On average only 10% of investigations commenced within the Belfast Trust were agreed Joint Protocol, with OP having the highest rate of 13%. This may be reflective of the role the Adult Protection Gateway Team have in managing OP investigations and the single point of contact relationship they have with CRU/PPU. In contrast to this is the number of Mental Health Joint Protocol investigations, which accounted for 5.7% of total investigations completed compared to last year's figure of 23%. Further to this, there has been a significant reduction in the number of ABE interviews conducted this year reducing from 64 to 24 across all programmes of care.

#### **Chart 4: Breakdown of Adult Safeguarding Referrals by Source**

Similar to the last reporting period, referrals from regulated facilities / service staff account for 32% of the total figure, a high percentage of which originates from one of the Learning Disability facilities. Significant also is the increase in referral rates from social workers compared to last year's figure and the decrease this year in care management referrals. This is reflective of workforce review arrangements in the Belfast Trust and the subsequent changes made within OP services.

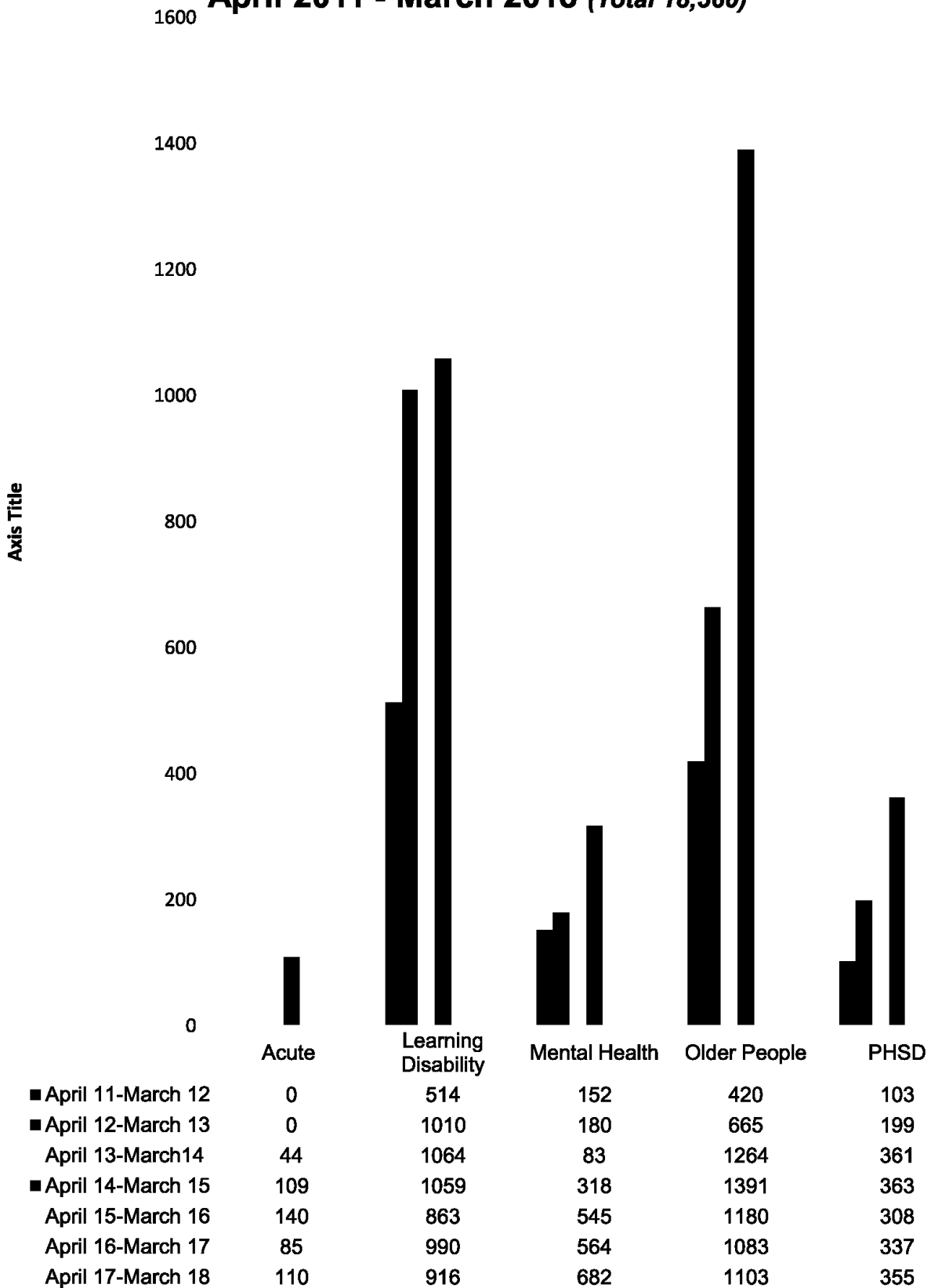
#### **Table of Percentage Increase / Decrease in Adult Safeguarding Activity**

While the Trust have included a comparison between 2016/17 and 2017/18, caution is advised in terms of drawing any conclusions from this information. The new Policy & Procedure makes drawing any direct comparison problematic.

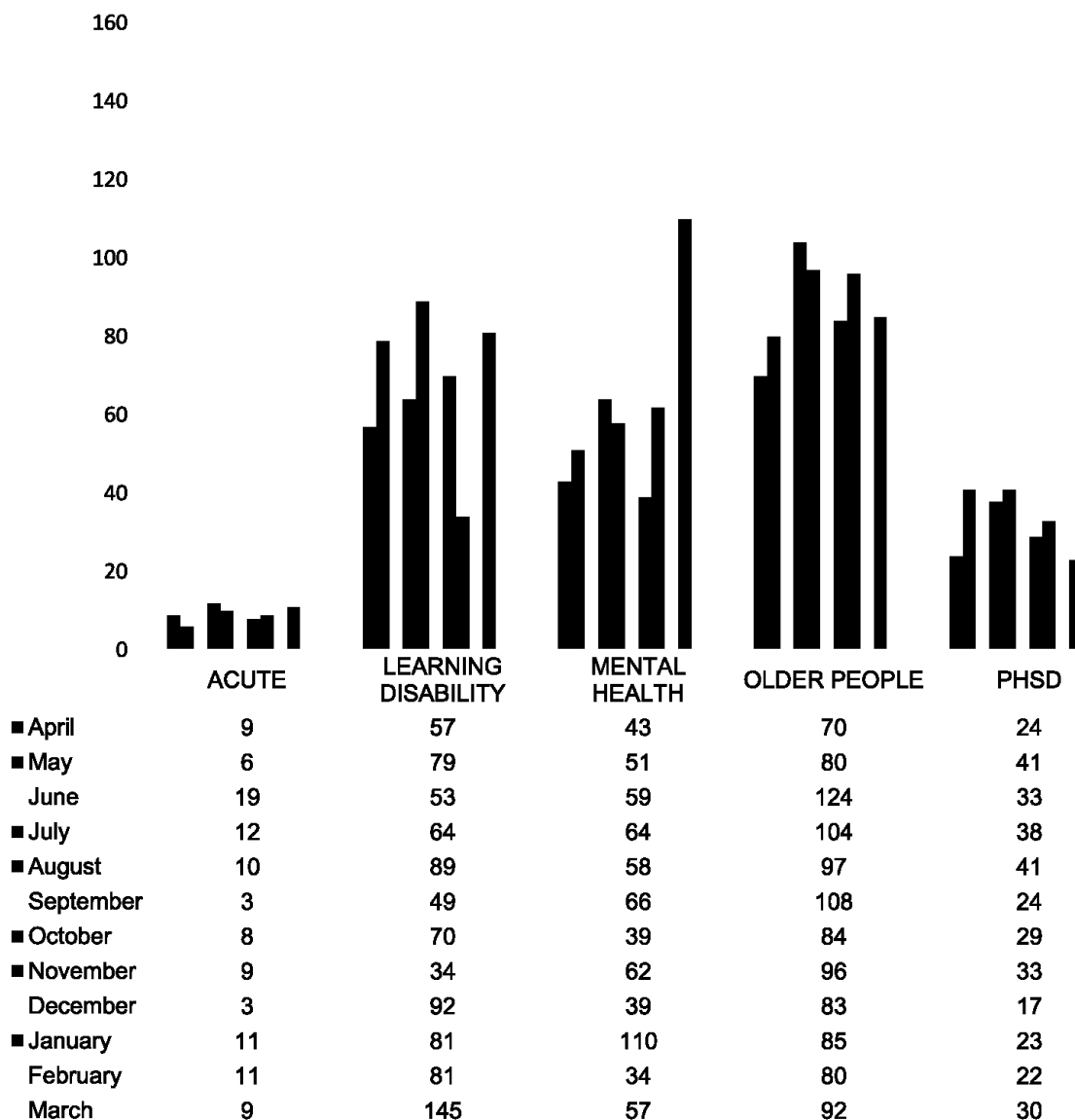
The Trust welcomes plans to update the new HSCB Data Reporting template to reflect the new Policy & Procedure and anticipates that when implemented greater analysis of statistical information will be possible.

**Chart 1: Summary of comparison figures from years 2016/2017 and 2017/2018**

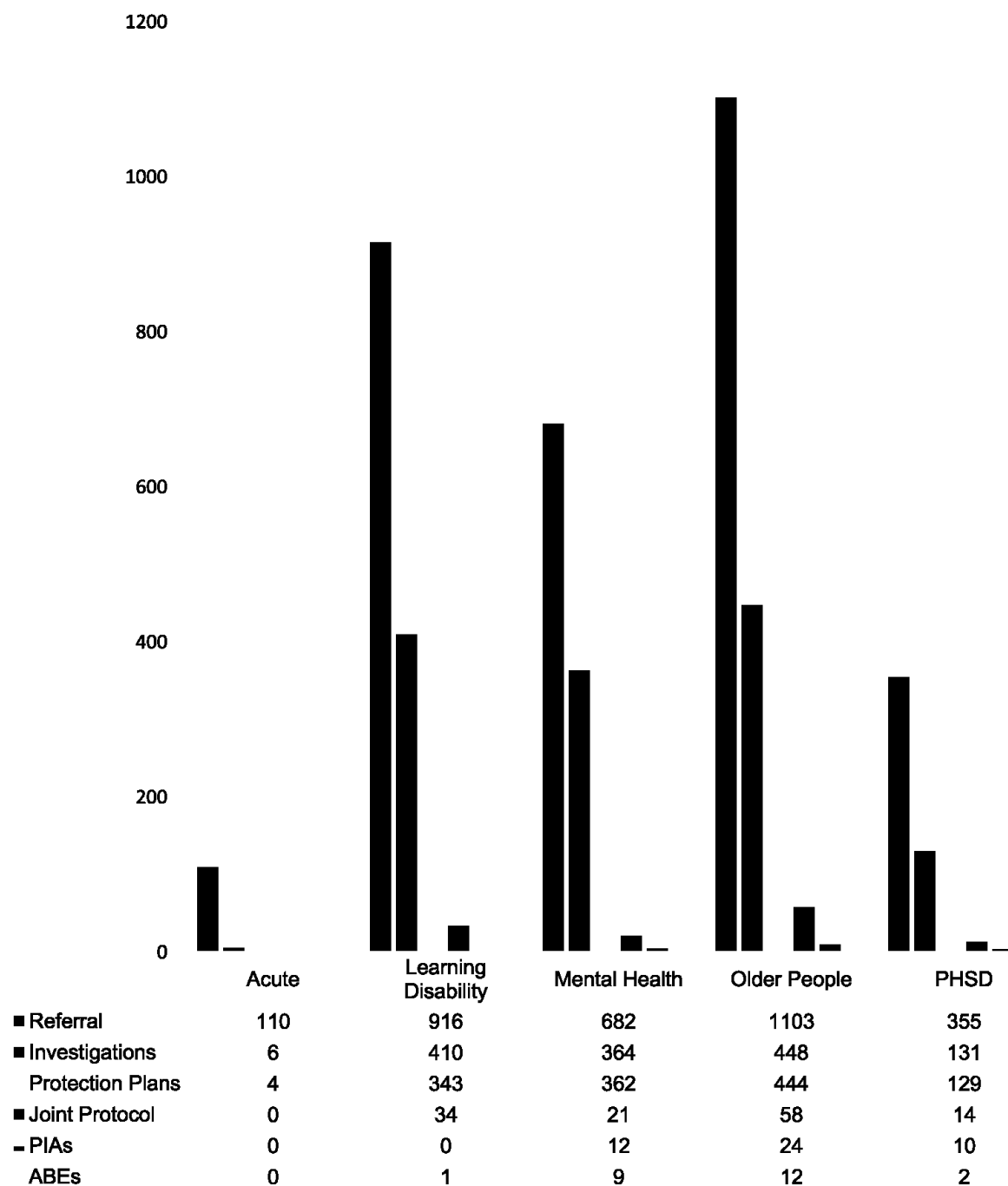
**Belfast Adult Safeguarding Referral Rates**  
**April 2011 - March 2018 (Total 18,560)**



## Adult Safeguarding Referral Rate by Month April 2017- March 2018

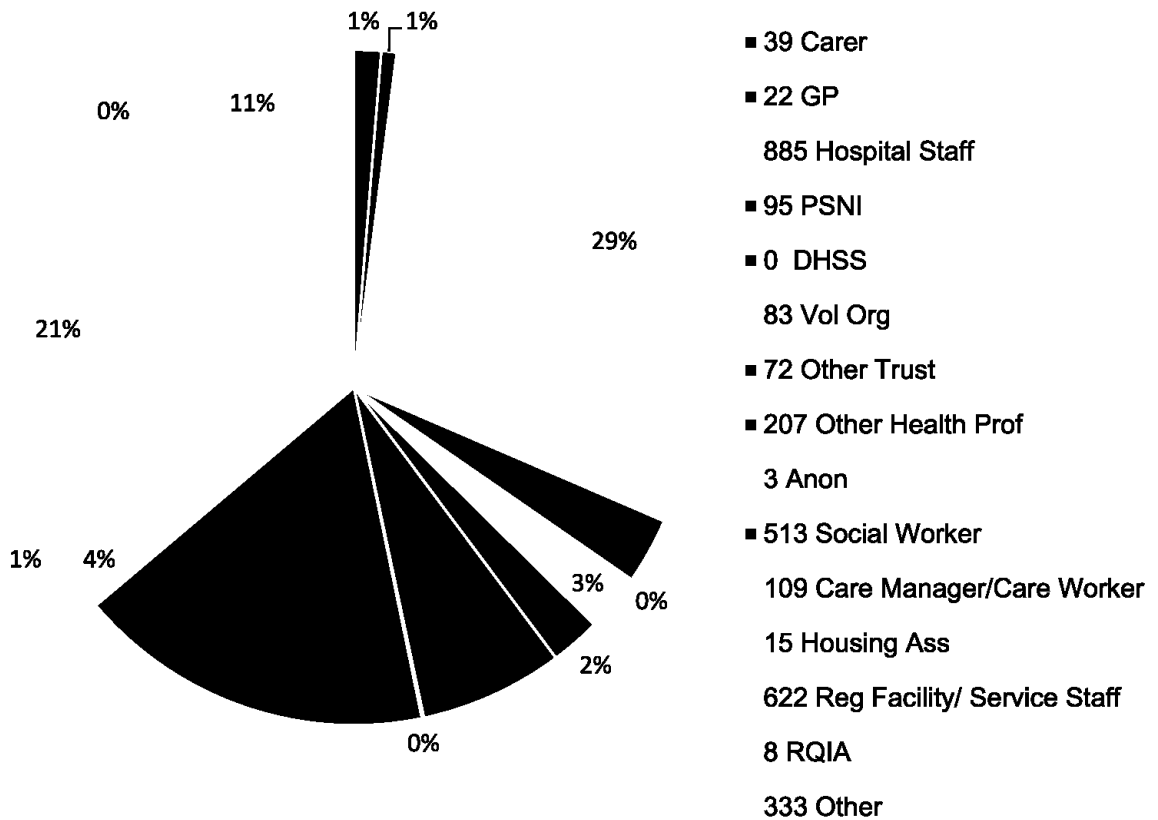


## Breakdown of Adult Safeguarding Activity by Service Area April 2017 - March 2018





## Breakdown of Adult Safeguarding Referrals by Source April 2017- March 2018 (Total 3,006 )



**Table Of Percentage Increase/Decrease In Adult Safeguarding Activity**

**Years 16/17 to 17/18**

Service Area	Referrals		Investigations		Protection Plans		Joint Protocol		PIAs		ABE Interviews	
	16/17	17/18 +/- %	16/17	17/18 +/- %	16/17	17/18 +/- %	16/17	17/18 +/- %	16/17	17/18 +/- %	16/17	17/18 +/- %
<b>Acute Sector</b>	85	110 +29%	3	6 +100%	2	4 +100%	0	0 NC	0	0 NC	0	0 NC
<b>Learning Disability</b>	990	916 -7.5%	789	410 -48%	764	343 -55%	38	34 -11%	22	0 -100%	22	1 -95%
<b>Mental Health</b>	564	682 +21%	320	364 +14%	299	362 +21%	76	21 -72%	30	12 -60%	25	9 -64%
<b>Older People</b>	1083	1103 +2%	402	448 +11%	452	444 -2%	47	58 +23%	46	24 -48%	11	12 +9%
<b>PSD</b>	337	355 +5%	111	131 +18%	106	129 +22%	18	14 -22%	13	10 -23%	6	2 -67%

## **SECTION 4: Service Area Reports**

### **PHYSICAL AND SENSORY DISABILITY**

Within this reporting period, there have been 355 Adult Safeguarding referrals. Of these referrals, 131 cases were subject to an investigation and protection planning, 14 cases were subject to joint protocol arrangements, and the others were screened out or alternative responses provided.

During this reporting period, the Service Area implemented the updated Adult Safeguarding Operational Procedures. The Trust's training team provided additional training to all staff to enable a seamless transition of service delivery and the new procedures commenced in June 2017. All relevant staff within the community teams have received training as Designated Adult Protection Officer (DAPO) or Investigative Officer (IO) level and the Service Area is pleased to report that there is sufficient numbers of staff trained to meet the demands of this work.

The implementation of the Operational Procedures and the DAPO role has been positive within the Service Area. The DAPOs in Physical and Sensory Disability teams make decisions upon the thresholds for all referrals. In addition, they are responsible for activity relevant to situations involving adults at risk of harm, including the consideration of alternate safeguarding responses and the investigation of adult safeguarding concerns. Therefore, there are no referrals and/or consultations with the Adult Protection Gateway Team for those cases that are deemed not to meet the threshold for an APGT Level 3 referral.

The Service Area is pleased to report that the transition has been overall seamless. It has reduced delay in decision-making, by eliminating the transfer of cases to the Adult Protection Gateway Team to await their decision-making and more notably has improved service user experience by ensuring that the core team staff maintain involvement without interruption. However, administrative demands continue; the service area has a limited number of minute takers and discussions are taking place regarding how this pressure can be relieved. In addition, DAPOs have additional pressures on their administration time to ensure their decisions are articulated in writing.

During the reporting period, interface challenges with the Adult Protection Gateway Team remain. This primarily relates to consistency and clarity in decision making within cases involving criminal activity, wherein the Protocol for Joint Investigation is required. It is apparent that challenges remain regarding differences in operational understanding of this Protocol between the Belfast Trust and the PSNI. Evidence to date would suggest that the PSNI have significantly higher thresholds for triggering Joint Protocol responses. Such instances have caused delay in decision-making and at times undue anxiety and anger for the service user.

Another notable challenge is in relation to Achieving Best Evidence interviews. The Service Area includes a number of trained Achieving Best Evidence interviewers, however, there are insufficient opportunities to embed this learning in practice and to meet NIASP requirements given the lack of current demand.

As indicated in the previous report, the Service Area was concerned that the definition within the Policy in terms of 'adults at risk of harm,' would lead to an increase in referrals. Analysis of activity has identified that this has been the case with a 5% increase in cases referred to the Service.

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 interventions that bring about their desired outcomes. Staff continue to encourage service users' attendance at all meetings and provide them with relevant information before and during the adult safeguarding process. The 10,000 Voices project has provided a vehicle for important discussions and critical reflection upon the investigative process.

The implementation of Self-Directed Support (SDS) continues to present concerns in respect of adult safeguarding processes. Service users with physical and sensory disability are one of the largest groups that avail of SDS via the direct payment option, thereby reducing services provided through a regulated workforce. It is essential that service users are equipped with the knowledge regarding what constitutes abuse. With this in mind, the Service Area has set a key objective for the following reporting period to enhance the provision and engagement of the Keeping You Safe programme.

The Service Area has trained additional facilitators within the core social work and sensory support teams to provide one to one training for service users who are deemed at risk of harm. In addition, staff are also providing training to service user groups who do not access day care or who have specific needs such as profoundly deaf users. This will enable and empower service users to assess risk, ensure quality and prevent detrimental behaviours developing. This labour intensive activity will increase demand upon the workforce but it is critical in assuring the prevention of harm. The Keeping You Safe programme recognises service users as experts in their own lives and provides the means to achieve contact with the right professionals if they require it. It is vital in the effort to work preventatively regarding adult abuse and as such, the Service Area hopes to train more staff to ensure the ongoing delivery of this programme in whatever medium best supports the service user.

The Service Area continues to utilize internal networks in terms of practice development. Furthermore, staff participate in the designated and investigating officer forums facilitated by the training team. Staff report positively on these opportunities.

The core teams continue to use the community information system (PARIS) to record all activity. Unfortunately, the Regional Operational Procedures documentation is not yet available on PARIS. There also continues to be restricted access to the adult safeguarding documentation when a level 3 investigation has occurred. Whilst this is essential to protect the names of paid staff who are deemed potential perpetrators, it does have implications for safe practice. Such restrictions may prevent DAPOs from having access to all relevant information and therefore unable to make safe and informed decisions for protection planning.

## ADULT PROTECTION GATEWAY TEAM

The Adult Protection Gateway Team (APGT), formerly the Adult Safeguarding Gateway Team, is now in its fifth operational year and continues to provide a gateway / protection response for the Older People (OP) service area and Physical and Sensory Disability (PSD) service area. In the APTG this two tier function acts to provide a central point of contact for external referrals, for all internal safeguarding referrals for OP and for protection referrals forwarded by PSD. For referrals that require a protection response cases are allocated to APTG DAPOs and IOs for investigation. To provide this service the APTG has the following compliment of staff: 1 B8A Assistance Service Manager, 4 B7 DAPOs, 6 B6 IOs and 1 B6 Nurse Specialist. During this reporting period the rate of referrals, screened out and protection investigations were as follows:-

Reporting Period 01/04/17 to 31/03/18	Referrals		Screened Out		Level 3 Investigations	
	OP	PSD	OP	PSD	OP	PSD
<b>TOTALS</b>	838	224	351	135	190	48

The task of screening referrals on duty requires a daily resource of one DAPO and one IO to manage. As noted above, the number of referrals forwarded to APTG continues to remain high in comparison to investigation figures. However, the task of receiving and recording information, conducting screening processes and allocating referrals requires one quarter of the B7 resource within the team. As per previous reporting years, there remains a high number of inappropriate referrals. The main reason for this is that Homes continue to refer a high percentage of referrals that relate to quality and resident on resident incidents to APTG. Over the next few months work with Care Homes will focus on ensuring that the thresholds for reporting concerns are being applied appropriately and that the reporting pathways are clear.

Within the Belfast Trust there has been a phased approach to implementing the regional Safeguarding Policy & Procedures, with Older People service area being the last to be implemented. Significant organisational change and workforce challenges have resulted in delays in full implementation. Now that the CReST service is established it is anticipated that work with Care Homes and CReST will be carried out concurrently to ensure that there is further clarity regarding thresholds, reporting arrangements and referral pathways.

PSD implemented the new Procedures in June 2017. The ability for core services to screen their own referrals and to forward only protection referrals to APTG has been welcome and demonstrates a more appropriate use of the APTG gateway function. As both service areas are working within different safeguarding frameworks, APTG's ability to straddle two processes and pathways has been challenging. It is expected that current pressures will be alleviated when service areas are working within the same framework.

During this reporting period, the Director of Adult Services determined that the Belfast Trust would move to one Trust wide Adult Protection Gateway service. This will require one team to act as a single point of contact and manage all adult protection cases. Given

the current arrangements within the Trust, it is anticipated that Mental Health and Learning Disability services will join with the existing APGT. There has been some initial work in relation to the structure, function, role and remit of the new Trust wide protection team but further discussion and consideration of the remit of the team is required.

In addition to the gateway function, it is proposed that the APGT will also act as a central point of contact for all Human Trafficking, Female Genital Mutilation, Forced Marriage, No Recourse to Public Funds, Domestic Abuse and MARAC referrals. Within the framework of the new Trust-wide team the APGT will continue to hold responsibility for these areas of practice, additional to this the development of audit and governance arrangements for both APGT and Core services will also be required.

The development of a Trust-wide team will require Core services to provide a screening and safeguarding response for those referrals that do not require a protection response.

Casework that requires a joint protocol, multi-professional or institutional investigation continues to be challenging, resource driven and time consuming. This is evident when regulated facilities particularly Nursing Homes are involved. The referral rates relating to abuse, exploitation and neglect in regulated facilities have remained consistently high with figures outlined for this reporting period similar to last year. With the implementation of the new Policy and Procedures it has become evident that at times there has been a level of ambiguity in relation to the interpretation of cross Trust arrangements and the roles and responsibilities of host and placing Trusts. At times there also appears to be some variation in the role, function and remit of the Strategic Management Group across Trusts. This has been flagged with the NIASP Protection work-stream who are currently reviewing the Procedures. It is anticipated that the update of the regional Procedures will address the practice issues identified. In the interim, the Trust continues to work in partnership with other Trusts to ensure the safety and well-being of residents. This includes ensuring that investigations and protection plans are in place. In moving forward, further clarification regarding what is defined as an institutional investigation would also be helpful.

It continues to be the case that none of the Joint Protocol investigations conducted by APGT with police under Article 121 of the Mental Health Order have reached the threshold for prosecution as determined by the Public Prosecution Service (PPS). What is of note is that investigation processes in this area of work are elongated and protracted with outcomes for the most part of no prosecution. It would be beneficial and informative if the PPS could provide a clearer understanding of what constitutes a criminal threshold for wilful neglect and provide guidance around investigations and threshold for referral to police. Currently it would appear that police are seeking advice from PPS about thresholds for prosecution before investigations are concluded. While this is welcomed, it would be preferable if PPS and police could agree thresholds for wilful neglect. The review of the Joint Protocol will consider in detail the use of Article 121.

The number of investigations agreed as Joint Protocol by police is currently sitting at approximately 13% in OP service area. This is the highest rate across all service areas. Approximately only one third of referrals made to CRU are agreed as Joint Protocol. It is generally acknowledged that the new Joint Protocol is being interpreted very differently by respective agencies, hence resulting in a high percentage of referrals made by DAPOs not meeting Joint Protocol as determined by police. Given outcomes APGT find themselves querying decisions made by police and have on a number of occasions challenged decisions in support of vulnerable service users. APGT staff are experienced practitioners

who frequently negotiate decision making with the police and use the escalation process as detailed in the Joint Protocol. Again, it is anticipated that the review of the Joint Protocol currently underway will address the concerns identified and will reach a consensus position in terms of definition and application of the Joint Protocol.

The reduced number of investigations agreed by police has had a substantial impact on the number of PIA and ABE interviews conducted. Aside from the implication of this on vulnerable service user groups, there has also been a significant impact on social work ABE interviewers who are unable to meet their practice requirements as outlined in the protocol. APGT note that police have advised DAPOs that referrals are being passed to uniformed Police Officers and Registered Intermediaries are being used as an alternative to ABE trained social workers. The review of the Joint Protocol will consider this and all related issues.

## **CORE TEAMS - Older People's Service Community Social Work Teams**

The Community Social Work Service has undergone significant structural and organisational change in the past year. The professional oversight has been strengthened and the teams are now in a position to engage in the change required to fully utilise the Regional Adult Safeguarding Policy. This will be a key component of Phase 2 of the Workforce Review due to commence May 2018.

At present the teams are working towards the new policy, staff have attended awareness sessions and are engaged in understanding safeguarding concerns in relation to the new policy definitions of Adults At Risk of Harm and Adults in Need of Protection. This is helpful in supporting staff to consider alternatives to a safeguarding response in some instances where a potential risk is identified but does not warrant an immediate safeguarding response. The teams continue to escalate identified safeguarding cases to The Adult Protection Gateway Team for screening. Level 3 cases are retained and managed by AGPT and return to community colleagues for monitoring and reviewing of the Protection Plans. Core Teams manage level 2 cases which entail investigation, protection planning, monitoring and reviewing. There is a persistent volume of work in reviewing and monitoring protection plans and moving from protection work to prevention work in each individual case.

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. There will be additional training to bed in the agreed procedures and processes in the incoming months. The new team structure will allow the Service Area develop and promote expertise in Adult Safeguarding with additional Senior Practitioners undertaking the Specialist award in Adult Protection.

The most significant development for staff has been the establishment of the Care Review and Support Team (CReST) in September 2017. Since then 1600 cases have transferred from the Community Social Work Team. In terms of our safeguarding responsibilities, this has provided assurance of oversight of all our Older People in Nursing and Residential Care. At this stage we are able to demonstrate that quality issues are being identified at an earlier point and safeguarding concerns prevented. Staff are more accessible for the care homes and issues or concerns likely to be highlighted much sooner. The service area will be paying particular attention to the outcomes for our Older People in Care Homes and their sense of safety, security and autonomy within these settings will continue to be a priority. During the incoming year we will evidence if the referral rates from our Care Homes have been positively impacted by the CReST model. The CReST team are piloting the Adult Social Care Outcome Tool (ASCOT) within our service area and this specifically addresses the impact of the service on someone's sense of safety.

In response to increasing volumes of concerns raised around management of finances and vulnerability of some of our older people, particularly those who have been impacted with poor memory issues. DLS delivered a training session to staff regarding the staff legal obligations around this area. Staff are being supported through training and case discussion to support them in early identification of risks in this area.

Community social work teams continue to engage with other agencies through the newly established community hubs, working in partnership to increase awareness and prevention of harm and exploitation of older people. These include new partnerships



with community based projects and in particular the Connected Community Care team established in February 2018, working together to promote safer communities through strengthened networks and resilience programmes.

The Service Area signed a service level agreement with the Northern Ireland Fire & Rescue Service in March 2018. This was following a joint training programme hosted by NIFRS and has promoted closer working relationships for the benefit and safety of some of our most vulnerable and isolated people. These are links which will be strengthened as we continue to roll out learning and training together.

## **Challenges**

It should be acknowledged that the service is very much still 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 gerontological Social Work and strives for a change in culture and emphasis on compassionate care this will be reflected on 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.

Coercive Control is an emerging theme and it is apparent that a number of our clients are subject to varying degrees of controlling behaviour often by nearest relatives particularly in relation to finances or decisions about where they should live. Further consideration is required regarding the development of a framework to support staff in assessing and managing these types of behaviours.

A significant development for our teams this year has also been the requirement to bring to the High Court [REDACTED] which involved [REDACTED] [REDACTED] Due to the deprivation of liberty issues inherent in [REDACTED] and [REDACTED] lack of capacity to consent [REDACTED] was sought to maintain [REDACTED] [REDACTED] granted and this again highlights the need for further training and development in the absence of Capacity Legislation.

## **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 our older citizens through earlier detection of potential harm, prevention work and risk management through a range of pathways for better outcomes.

## **LEARNING DISABILITY**

The service area continues to have a number of dedicated Learning Disability Adult Safeguarding staff. This comprises of 10 DAPO: 5 are SW Team Leaders in the hospital and community teams; 2 are 8a staff (one is SW and the other a Nurse); and Muckamore Abbey Hospital (MAH) continues to have one Band 7 DAPO who is supported by the SSW, who is also a DAPO. The remit of this dedicated post in Muckamore Abbey Hospital is to investigate adult safeguarding concerns in relation to patient on patient incidents. In addition, there is a community specialist service. This is normally fully staffed with 1.5 WTE Band 7 staff but this has been increased to 2 WTE Band 7 staff to carry out the additional work in Muckamore Abbey. This service usually takes referrals in relation to allegations where a staff member or paid carer (including those under SDS) is the alleged perpetrator or where there are issues in relation to the quality of care provided in a group setting. It is therefore this specialist adult safeguarding team which leads on most of the large-scale complex institutional care investigations.

The service area have 36 IOs who are embedded across the service area. There are six ABE trained social workers.

Adult safeguarding remains a major area of work for the service area. There has been a slight increase in referrals from 990 last year. This year there have been 916 referrals with 410 investigations carried out. Of the 916 referrals, the community teams managed 221 and the rest related to one facility and were managed by the specialist staff. Of the 695 referrals relating to one facility, 655 of these involved patient on patient incidents, with 243 being investigated. There were 40 allegations against staff investigated by BHSCT, nine of which were screened out. A further 18 allegations against staff were investigated by other Trusts prior to change in procedures. It is important to highlight that the threshold for referral into adult protection has been kept deliberately low as part of the Trust's assurance arrangements. This has resulted in a higher number of referrals being recorded and managed under adult protection than would be expected in the context of the new Procedures.

Within the service area there have been no PIA's completed and one ABE interviews completed. PSNI have directed single agency investigations where they will carry out the ABE role. Social workers have challenged this but the decision has remained that it is single agency only. This has been raised with the Trust training team as staff are concerned that the current approach does not afford clients with a learning disability equitable access to the justice system.

The average number of referrals across the four community teams showed a reduction from approximately 25 referrals per month at the beginning of the implementation of the new policy to approximately 15 referrals thereafter. This reflects the implementation of the new policy allowing managers of facilities to screen out referrals of a minor nature according to the new thresholds.

This year's figures again show that the vast majority of referrals relate to physical assaults of one service user on another in regulated services. These tend to be relatively minor assaults and reflect the reality of group care for service users who can display behaviours, which challenge and have communication difficulties.

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 provide alternative safeguarding measures in situations where both victim and the person alleged to have caused harm have learning disabilities, behavioural issues 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 on-going concerns about the number of safeguarding referrals relating to staff in private and voluntary sector provisions. In particular, concerns remain about poor practices, which can develop into adult safeguarding issues. The issues have ranged from physical assaults, financial and psychological abuse to neglect and poor quality care practices. Many of these facilities experience high turnovers of staff, low staff morale and poor resilience.

The Service Area believes that many preventative measures are required to address these issues such as good quality staff recruitment, retention, support and training. Staffing pressures in these settings are met by the use of agency staff.

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.

The Service Area also continues to experience some tensions with private sector care providers in the course of large-scale investigations in relation to the financial implications of them suspending staff 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.

This year has been extremely challenging for the service area in respect of adult safeguarding concerns within one Trust facility. There is currently a large-scale adult safeguarding investigation within this facility. A number of these allegations have resulted in a joint PSNI/ Social Services investigation.

There are also ongoing adult safeguarding investigations in relation to patient on patient incidents and allegations against staff by patients.

As a result of the adult safeguarding concerns a Director Level Oversight Group and a Senior Assurance Project Team external to Learning Disability in the facility was established. In addition, a Coordination meeting for senior staff, including PSNI, Governance and Human Resources meets monthly. The main aim of the group is to ensure effective communication and co-ordination in all aspects of the work being undertaken to provide an opportunity to discuss issues associated with assurance and quality of care. An independent Serious Adverse Incident Level 3 Investigation is also underway.

As a result of concerns identified, a small number of staff have been suspended and others have been placed on restricted duties pending investigation.

A large number of steps have been put in place to provide assurance. These include:

- Contact with families regarding the adult safeguarding investigations

- A 25% random sample of CCTV across the facility and thereafter random viewing of 15 minutes per shift by the senior management team
- An increase in direct facility ward based monitoring by nursing staff across the facility
- External monitoring across the facility
- A Directors oversight group met weekly at the facility to hear directly from staff
- Trust policies are currently being reviewed e.g. CCTV, Seclusion, Observation Policy etc.
- Whistleblowing Policy has been reissued to all staff
- The Co-director has monthly meetings with relevant managers to discuss any concerns highlighted
- General issues re practice and conduct have been addressed with nursing staff
- CCTV is currently being installed across the facility
- Bespoke in house adult safeguarding training was provided to staff in the facility and further training is being organised
- Adult Safeguarding training was arranged and provided to Estate Services in the facility
- The social work team attached to the facility are now under the management of the SW 8a Operations Manager Community Treatment and Support Services
- All staff on restricted measures or suspension are being offered support via their line manager and arrangements to fast track referrals to Occupational Health has been established
- There has been ongoing liaison with the other Trusts and RQIA
- There has been screening interviews conducted by the adult safeguarding team of patients and carers and are due to commence staff screening
- Social media on facebook entries have been reviewed
- Psychology has met with staff to offer support as this time
- There has been an increase in behavioural support nurses managed by psychology within the facility
- Social workers attached to the facility are currently rolling out the adult safeguarding '*Keeping yourself safe programme*' across the facility.

There were 58 allegations made against staff in the facility from April 2017 to March 2018. 18 of these were investigated by other Trusts prior to the changes in procedures in September 2017. 29 referrals of the 40 being investigated by the BHSCT have been closed following robust screening and initial investigation, involving consideration of medical opinion, body charts, viewing CCTV where available, witness statements, interviews with service users etc. A number of these allegations were made when [REDACTED] very unwell - at times [REDACTED] retracted them or the medical opinion indicated that the allegations were made in context of their illness. Some of the allegations have been historical in nature.

The introduction of CCTV has been extremely positive in that it has allowed for independent checking of allegations, which has aided in the adult safeguarding process. It has also provided reassurance to the families, senior management team, Trust Board

and Department of Health. This has, however, had very significant resource implications for the adult safeguarding team given the length of time it takes to view the CCTV (as there are a large number of cameras in any given area), time to identify the staff, accurately record the viewing and at times to obtain input from the MAPA trainer in respect of any physical interventions used. A number of issues viewed would fall under staff conduct issues yet at the same time they would not reach the threshold for adult at risk or adult at need of protection. However, they would be matters of concern for the Adult Safeguarding team which remains a challenge.

There have also been a number of complex matters which have required DLS advice.

This investigation has required substantial resources to be moved from the community teams. Two of the specialist DAPO staff have been moved to the facility for the duration of the investigation and an IO has also been seconded to this team. This has meant that the specialist service dealing with allegations against staff in community settings is no longer available and community team DAPOs have had to assume this role alongside their other duties. The service area has benefitted greatly from the specialist dedicated resource and part of its strength lies in its knowledge of other services and any history of referrals from them.

Changes have been made to the specialist services in the facility and the community. Previously the specialist DAPOs carried out a joint DAPO/IO role in their investigations. However, this has raised questions about the independence of any investigation and the governance of this. As a result of this all investigations by specialist DAPOs will now be supported by IOs from within the community or hospital teams.

Previously allegations against staff in the facility were investigated by the Trust in which the client normally resided. However, the recent situation has revealed difficulty in managing investigations in this way. A decision has been made that any allegations against Belfast Trust staff will be investigated by Belfast Trust safeguarding teams. The Service Area had also previously encountered some tensions within the Trust between HR disciplinary processes and safeguarding processes. Serious consideration was given to carrying out a joint investigation with the Adult Safeguarding and HR disciplinary team in relation to this current large-scale investigation but after advice, it was not deemed appropriate for a variety reasons. The Trust however wish to explore this further and will consider establishing a set of guiding principles and policy in respect of this.

The referrals in this facility regarding patient on patient incidents related to patients who have autism, mental health issues and communication difficulties. These referrals have increased exponentially over the past few months. Previously managers were able to screen out incidents according to the new policy but as part of the assurance process, the Trust have applied a low reporting threshold. This, combined with issues associated with PARIS, resulted in 124 referrals being forwarded to adult safeguarding in March 2018. The vast majority of these are minor in content and only required a suitable management plan to be implemented. The adult safeguarding team within this facility are now looking at patterns and trends. Social work staff in the facility are now aligned to each part of the facility which ensures there is a full multi-disciplinary team approach to address the issues and reduce the potential risk to patients, e.g. through making environmental improvements, use of positive behavioural support, increased day activities, etc. Developments in the service include further training of nursing staff in the facility regarding the thresholds, their responsibilities under adult safeguarding protocols, completing the

forms correctly and developing robust interim protection plans. Preventative work has also been completed via the Keeping Yourself Safe programme. All social work staff in the facility have been trained in this and are rolling it out across the site.

There have been difficulties with collating statistics this year due to changes in admin officers who captured information in different ways. The service area had to return to recording allegations against staff both in the facility and in the community on manual forms. It came to the Operations manager's attention that there were issues with PARIS in relation to the adult Learning Disability safeguarding teams. These are currently being addressed by the PARIS team.

## **MENTAL HEALTH**

There continues to be a significant increase in the volume of Adult Safeguarding referrals, investigations and protection plans in the last twelve months with an increase in referrals by 22% and in investigations by 18%. The Mental Health Adult Safeguarding Team continues to provide the majority of DAPO cover and has endeavoured to continue to improve awareness of Adult Safeguarding procedures in recognising and reporting of abuse in community teams that are non-Social Work led. DAPO's from the Mental Health Adult Safeguarding Team have also attended team meetings in these teams to embed the process and knowledge of the procedures and to assist Team Leaders in fulfilling their responsibility for initial screening, implementing interim protection plans, governance responsibilities and onward referral to DAPO.

The Mental Health Adult Safeguarding Team has in post a PSW - currently an acting position, 2 Band 7 Senior Practitioners/DAPO's, who are ABE trained, a Band 7 Senior Practitioner - Professional Social Work development lead and Think Family lead, who also provides sessions into Adult Safeguarding for DAPO - this is a vacant post at the current time.

The Mental Health Adult Safeguarding team currently acts as a single point of contact for Adult Safeguarding referrals for mental health services who do not have trained DAPO's within their team. There are plans for all mental health referrals to be sent to the Adult Safeguarding Protection Gateway team in the future for screening and decision making on the level 3 cases to be taken forward for investigation, but to date this has not happened and there is no date for this to commence. The Adult Mental health team currently screen all referrals received and identify an IO and DAPO. They are also the point of contact for guidance and referrals from outside agencies and are advised on issues which would require a safeguarding investigation and arrange for the allocation of an IO and DAPO to commence the safeguarding process. The Mental Health Adult Safeguarding Team continues to act as the central point of contact for PSNI for PIA / ABE interview consultations and requests and allocates referrals to trained staff within the mental health service area. There continues to be well established support groups for IO, DAPO and ABE trained staff across the Trust and staff are encouraged to attend these groups to keep them updated regarding any changes or issues and is also a forum for shared experience and learning.

The 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 MARAC process.

The Mental Health Adult Safeguarding Team provides supervision and support to DAPO's and IO's across all services who 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 and outside agencies including voluntary organisations and PSNI.

Referrals are received from a wide range of service areas, 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. There has been a noted increase in referrals received from voluntary agencies in the past year.

There has been an increase in the number of protection plans by 21%. The figures reflect a reduction in PIA/ABE interviews. The figures for 2017/2018 show a reduction of 33% in PIA interviews and a 60% decrease in the number of ABE interviews completed within mental health. This is largely due to the police thresholds for joint protocol investigation and a high proportion of referrals to CRU have been assessed by the PSNI as only requiring a single agency investigation. The PSNI thresholds assess domestic abuse, historical abuse, physical and sexual assaults as single agency investigations. The PSNI/CRU thresholds also assess any patient in receipt of 24 hour care in a hospital setting are not adults in need of protection and will only agree this a single agency PSNI investigation. DAPO staff in their consultations with CRU continue to challenge these decisions and the need for a joint investigation with PSNI on a case by case basis. However, it remains our experience that the PSNI will make the final decision. It was predicted in the report 2016/2017 that there would continue to be a decline on PIA/ABE interviews under the new thresholds for assessment by PSNI and this is reflected in the figures this year. Given the reduction in joint protocol investigations mental health have not nominated social work staff to undertake the ABE training this year and staff currently trained have reported that they are having difficulty meeting the two ABE interview requirements to continue with the role given the reduction in ABE interviews.

Within Mental Health services there is a significant deficit in DAPO's across the service as not all of the services are led by Social Work staff. There are only 5 social work Team Leaders across the 40 mental health teams and 11 senior practitioner staff including the 3 Senior Practitioner DAPO'S in the Mental Health Adult Safeguarding Team. This puts increased pressure on the current small number of DAPO's who also undertake a number of functions i.e. Team Lead, Approved Social Worker (ASW), ASW assessors, Professional Social Work Supervisor and DAPO. There is also a deficit of IO trained staff within nursing staff in mental health, therefore Social Workers tend to undertake the majority of Adult Safeguarding investigations. This has impacted on Social Work front line services delivery and has placed considerable pressure on the Social Work workforce who also undertake all of the other statutory functions within mental health. In addition there is an increase in referrals from the voluntary sector where victims may not be open to mental health services but as they meet the key definitions of an adult at risk of harm or an adult in need of protection an IO has to be sourced from the existing mental health IO trained staff which also increases pressure on their service delivery and caseloads.

Workforce planning is being considered to ensure that the needs of service users will be met by considering the capacity of the Band 7 social work staff to meet the demand within the service area and fulfil the statutory requirements of the Band 7 role to undertake the ASW and DAPO / ABE function.

There are on-going 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 are plans to implement a database and recording of Adult Safeguarding on the Trust information system – PARIS. The service area remains committed to the delivery of adult safeguarding, while recognising significant workforce pressures. A priority for the service is to ensure that non-Social Work staff are encouraged to undertake the IO training and that there are suitable supervision and support arrangements put in place to support non-social work IO staff.



The Mental Health Adult Safeguarding Team continue to offer essential support to all DAPO's and IO's within the Service Area and in quality assuring all aspects of Adult Safeguarding. It is anticipated that the current level of DAPO/IO need within mental health services will remain the same or at a similar level when the new Trust-wide Adult Protection Gateway Team does become operational. It is acknowledged that the new Adult Protection Gateway service will take responsibility for level 3 investigations which include joint protocol investigation, institutional care investigations and investigations involving paid members of staff and have a team of DAPO and IO staff to manage the investigation. All other referrals will remain the responsibility of the Mental Health service to progress. Within Mental Health services the level 3 investigation for Joint Protocol and paid staff allegations of abuse have decreased due to the police thresholds for Joint Protocol investigation and the level of referral for institutional abuse referrals remains low. Therefore the majority of referrals currently referred and dealt with by the Mental Health Adult Safeguarding team will remain at its current level. It is anticipated that social work staff trained as DAPOs and IOs will have a lead role in ensuring that the new thresholds for protection investigations are applied and that professional assessments and alternative safeguarding responses are considered.

## **SECTION 5: LASP Partner Updates**

### **Praxis Care**

Praxis Care undertook a comprehensive revision of its Adult Safeguarding Policy & Procedures in 2016, to reflect the contents and principles of the Regional 'Adult Safeguarding Policy – Prevention & Protection in Partnership'. Praxis Care's new policy, which promotes a zero tolerance approach to abuse, was made available to all its staff and volunteers working in Northern Ireland in July 2016. The regional policy, as well as the Adult Safeguarding Operational Procedures, produced by NIASP, have been hyperlinked to Praxis Care's own policy, and are also available to staff.

In April 2016, Praxis Care nominated its Adult Safeguarding Champion. Details of the role are outlined in the organisation's Adult Safeguarding Policy & Procedures, along with the details of who carries out this role in Praxis Care.

In April 2016 a new safeguarding database was established to log all safeguarding concerns. Analysis and trend reports, as well as updates on specific concerns are reported to the Governance Committee bi-monthly by the Safeguarding Champion, using the information from the database. The information contained within the database will also enable Praxis Care to complete the Annual Position Report.

Safeguarding training is provided to all staff, and is facilitated internally via Praxis Care's own Learning & Development Department. The intention is to further develop more specific training for staff in each jurisdiction in which Praxis Care operates.

A number of other supporting policies and procedures have either been revised or developed over the past twelve months in support of Praxis Care's overall safeguarding arrangements.

### **Belfast and Lisburn Women's Aid**

Belfast and Lisburn Women's Aid have implemented the following:

- updated their Adult Safeguarding Policy
- have a named Adult Safeguarding Champion and three appointed persons
- developed a reporting pro forma
- made Adult safeguarding part of their Core training for all staff and to be repeated every three years.

The Belfast LASP representative is the nominated Champion and the three refuge managers are the appointed persons. All staff are aware of whom to report to via the flow chart of the process within their policy. All team leaders discuss adult safeguarding issues with their individual teams.

## **Cedar Foundation**

Cedar Foundation has implemented the Adult Safeguarding Policy & Procedures and this is managed within their ISO Management System. The Deputy Chief Executive is the Adult Safeguarding Champion and is a member of the Belfast LASP. Senior Management Teams are delegated Adult Safeguarding Champions and Cedars have appointed persons for adult safeguarding.

## **Action Mental Health**

Action Mental Health's Head of Operations is their Adult Safeguarding Champion. The organisation has confirmed they have an adult safeguarding policy including a flow chart for staff explaining the reporting process. They have also advised that staff receive training as part of induction and they have refresher training online which all staff complete on an annual basis. They also have safeguarding posters throughout their services for clients.

## **Belfast City Council**

It is the aim of Belfast City Council (BCC) to safeguard all children and adults at risk by fully implementing and complying with the Safeguarding Policy. To facilitate this, Council has established a Safeguarding Panel as one of a series of arrangements to support an enhanced Assurance Framework for safeguarding compliance across council. The Panel is chaired by agreed joint Senior Responsible Officers, Director of City & Neighbourhood Services and the City Solicitor and is comprised of Safeguarding Champions for each BCC Department in order to promote a common understanding of our Safeguarding duty and to ensure effective leadership, management and robust assurance controls. Given recent changes in the compliance environment, the Panel is being supported by an Implementation Group who are reviewing current policy and practice and identifying improvement actions in order to ensure that all services recognise and manage the risk and continuously work to improve safeguarding practice for children and young people and adults

## **Lisburn & Castlereagh City Council**

Lisburn & Castlereagh City Council have updated their safeguarding procedures, both for adults and children. They have also appointed an Adult Safeguarding Champion, who is an active member of the Belfast LASP. In terms of protection activity this year, two cases were referred to BHSC and two cases were dealt with under Lisburn & Castlereagh Council's Domestic Violence guidance.

In terms of plans for 2018/19 there will be a review of their Safeguarding Policy:

- Begin to review all 14 procedures
- Bridging course for LCCC CP Keeping Safe trainers to be provided by Volunteer Now
- E-learning ready to be rolled out to all staff



## **Volunteer Now**

Throughout 2017-18 Volunteer Now has continued to work in partnership with the Health and Social Care Board and Belfast LASP to deliver free 'Keeping Adults Safe' training to participants from voluntary, community, independent and faith sector organisations in the Belfast Trust area. Two full day 'Keeping Adults Safe: Training for Staff and Volunteers' sessions and two full day Keeping Adults Safe: Recruitment, Selection and Management courses, reaching a total of 62 participants. Feedback from these sessions has included:

- 'Informative, open discussion and supportive environment.'
- 'Well-presented and participative session by a skilled facilitator.'
- 'Use of real examples and scenarios made it extremely useful.'

A further 'Keeping Adults Safe: Policy Workshop' session was also held to meet requests to the LASP for support with policy development. Although the final attendance number for this session was only 7 feedback was excellent, for example:

'Excellent information delivered in a manageable way - warm and friendly trainer.'  
Funding from the Health and Social Care Board and support from the LASPs also allowed us to pilot training for Adult Safeguarding Champions in April 2017. This helped us to develop our 'Keeping Adults Safe: Adult Safeguarding Champion & Appointed Person' training which has been rolled out successfully throughout the year, with further dates scheduled across all Trust areas for 2018-19.

In March 2018, again with funding from the Health and Social Care Board, we delivered six 'Keeping Adults Safe: Mental Capacity Roadshows', including two sessions in Belfast. These were well received, with feedback from the Belfast sessions including:

- 'A great deal of information covered clearly and communicated well. Very useful.'
- 'Very informative session. A lot to take back to my organisation.'

Volunteer Now has also worked throughout the year to build on our own Adult Safeguarding policies, procedures and practice. This has included:

- Our first full year with our Adult Safeguarding Champion in place.
- Refresher training for all organisational staff at our Staff Away Day.
- Additional Keeping Adults Safe training for those in operational roles and those with responsibilities as our Adult Safeguarding Champion or Appointed Persons.
- Further updates to our policies and procedures, in line with the regional adult safeguarding policy and Operational Procedures.

We look forward to continuing to work with the Belfast LASP, including building on our activities above and planning further 'Keeping Adults Safe' courses for 2018-19.

## **Guide Dogs**

Guide Dogs has appointed an Adult Safeguarding Champion who has attended the relevant training. Guide Dogs maintains the following in house:

- Delivery of a suite of Safeguarding training for all staff and volunteers who work with adults at risk, which is repeated 3 yearly
- Safeguarding Policy, Procedure and Code of Conduct in relation to Safeguarding Adults
- Safer Recruitment training for all recruiting managers of staff and volunteers
- A dedicated Safeguarding Team with subject matter experts in Social Work, Probation, Education and HR Safer Recruitment
- A dedicated database reporting system for staff and dedicated safeguarding reporting line.

## SECTION 6: Belfast LASP work plan 2018-19

The Belfast LASP work plan for 2018-19 will focus on the themes/objectives as set out by NIASP in the 2018/19 work plan. The LASP will work in partnership with NIASP colleagues to deliver on the regionally agreed actions. In addition, the Belfast LASP will take forward a number of related pieces of work.

THEME / OBJECTIVE	ACTIONS
<p><b>RAISE AWARENESS OF ADULT SAFEGUARDING</b></p> <p>Continue to develop a programme of awareness raising and prevention activities to complement local prevention plans.</p> <p>Ensure relevant Adult Safeguarding information is easily available to staff, people who use services, their family, carers and members of the public.</p>	<ul style="list-style-type: none"> <li>• TASS will work with members of NIASP Protection work-stream and HSCB Comms to finalise public facing adult safeguarding information on the NIASP website</li> <li>• Belfast Trust will ensure that their adult safeguarding webpage includes LASP member agencies and NIASP web link</li> <li>• Continue to work with PCSP in delivery of two projects – the Adult at Risk Project and the Guardian Project</li> <li>• Deliver an adult safeguarding presentation to the public as part of joint work with PCSP</li> <li>• Deliver an adult safeguarding presentation to NIFRS</li> </ul>
<p><b>ROBUST GOVERNANCE</b></p> <p>Support partners and all partner organisations to comply with the relevant requirements set out in <i>Adult Safeguarding: Prevention and Protection in Partnership (July 2015)</i></p>	<ul style="list-style-type: none"> <li>• Belfast Trust will monitor and review adult safeguarding activity and compliance with the Adult Safeguarding Policy &amp; Procedure through audit of Trust files</li> <li>• Belfast Trust will monitor and review adult safeguarding activity and compliance with the Adult Safeguarding Policy &amp; Procedure by commissioned services via annual Contracts review meetings</li> <li>• Belfast LASP will meet four times per year to provide a multi-agency forum to co-ordinate the implementation of the Adult Safeguarding Policy &amp; Procedures</li> <li>• Belfast LASP Chair will continue to attend NIASP forum meetings four times per year</li> </ul>
<p><b>SHARE LEARNING</b></p> <p>Ensure that practitioners have access to relevant, evidence-based interventions and approaches and learning from practice.</p>	<ul style="list-style-type: none"> <li>• Belfast Trust will contribute to organising an adult safeguarding annual learning event, focusing on adults at risk of harm and alternative safeguarding responses</li> <li>• Belfast Trust will contribute to the regional work being taken forward in relation to the interface between Adult Safeguarding and Pressure Damage</li> </ul>

<p><b>REFINE OPERATIONAL PROCEDURES</b></p> <p>Ensure that the Manual of Operational Policies &amp; Procedures is kept up-to-date and reflects developing practice in adult safeguarding.</p>	<ul style="list-style-type: none"> <li>• TASS will continue to work as a member of regional working group to review regional Procedures</li> <li>• TASS will continue to chair NIASP Protection work-stream work group to review and refine the Joint Protocol</li> <li>• Belfast Trust will contribute to the regional work being taken forward in relation to the interface between Adult Safeguarding and Human Resources</li> </ul>
<p><b>FINANCIAL SAFETY</b></p> <p>Develop initial guidance for staff in responding to issues of financial abuse.</p>	<ul style="list-style-type: none"> <li>• Belfast Trust will hold a workshop with the independent sector service providers to highlight the importance of good financial governance arrangements</li> </ul>
<p><b>STREAMLINE INTERFACES</b></p> <p>Clarify the interface between adult safeguarding and other public safety strategies such as the Domestic and Sexual Violence Strategy.</p>	<ul style="list-style-type: none"> <li>• TASS will continue to represent Adult Safeguarding at the Belfast Domestic &amp; Sexual Violence and Abuse Partnership</li> <li>• TASS will chair Belfast MARAC working group, as a sub-group of the Belfast Domestic &amp; Sexual Violence and Abuse Partnership</li> <li>• TASS will continue to represent adult safeguarding at the NGO Engagement Group on Human Trafficking / Modern Slavery NGO Engagement Group</li> </ul>
<p><b>CO-PRODUCTION</b></p> <p>Ensure that the experience of service users is sought at all stages of the safeguarding process.</p>	<ul style="list-style-type: none"> <li>• Belfast Trust will promote use of 10,000 Voices service user methodology to seek service user feedback. Information received from service users will inform future service delivery</li> </ul>
<p><b>TRAINING</b></p> <p>Ensure general and specialist training meets the needs of practitioners and partner organisations and are responsive to developing policy, standards and practice.</p>	<ul style="list-style-type: none"> <li>• Belfast Trust will continue to deliver training in line with the 5 levels of training detailed in the NIASP Training Strategy</li> <li>• Bespoke training will be provided to services where required to ensure delivery of the regional Policy &amp; Procedures</li> <li>• Belfast Trust will continue to cascade Keeping You Safe training and will build on progress to date [REDACTED]</li> <li>• Encourage uptake of regional Adult Safeguarding Specialist Award (check [REDACTED])</li> <li>• Facilitate Operation Repeat prevention training within Belfast Trust to domiciliary care providers</li> </ul>



<p><b>STANDARDS</b></p> <p>Ensure existing standards reflect good governance in Adult Safeguarding practice.</p>	<ul style="list-style-type: none"> <li>• Belfast Trust will develop a set of practice standards and audit against these in 2018-19.</li> </ul>
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