

Revised Protocol for the Joint Investigation of Adult Protection Cases



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Contents

SECTION 1 – Background		Page
1.1	Introduction	4
1.2	Aim and Objectives	5
1.3	Adult at Risk and in need of Protection Definition	6
1.4	Underpinning Principles for the Joint Protocol	7
1.5	Primary Roles and Responsibilities of Key Agencies	8

SECTION 2 – Joint Protocol Referral Process		Page
2.1	Overview	12
2.2	PSNI Referrals to HSC Trusts	13
2.3	HSC Trust Referrals to PSNI	15
2.4	Legal Duty to Report to PSNI	18
2.5	Making a Decision NOT to Refer to PSNI	20
2.6	RQIA Referrals to HSC Trusts and/or PSNI	22

SECTION 3 – Joint Protocol Referral and Decision Making		Page
3.1	Overview	23
3.2	Consent	24
3.3	Capacity	26
3.4	Joint Protocol Referral Outcomes	27
3.4.1	Single Agency HSC Trust Investigation	27
3.4.2	Single Agency PSNI Investigation	28
3.4.3	No further action under Joint Protocol	29
3.4.4	Joint Protocol Investigation involving PSNI and HSC Trust	29
3.5	Allocation of Joint Protocol Referral	31
3.6	Escalation arrangements	31

SECTION 4 – Joint Protocol Investigations		Page
4.1	Overview	33
4.2	STAGE 1: Strategy Decision Making & Investigation Planning Discussion (AJP2)	35
4.2.1(a)	Initial Strategy Decision Making, Investigation & Protection Planning Discussion	35
4.2.1(b)	Review Strategy Discussions	35
4.2.2	Involvement of the adult in need of protection / family / representative	37
4.2.3	Purpose of Strategy	38
4.3	STAGE 2: <u>Investigation</u> : Pre-Interview Assessments (AJP3)	41
4.3.1	Purpose of PIA	41
4.4	STAGE 2: <u>Investigation</u> : Achieving Best Evidence (AJP4&5)	42
4.5	STAGE 2: <u>Investigation</u> : Information Gathering	43
4.6	STAGE 3: Joint Protocol Closure following Investigation (AJP6)	44

SECTION 5 – Investigation of Organised or Multiple Abuse Cases		Page
5.1	Overview	47
5.2	Process for Organised or Multiple Abuse Cases	48
5.3	Strategic Management Group (SMG)	48
5.4	Functions of the SMG	48

APPENDICES CONTENT		Page
1	AJP Forms	51-70
2	Definitions of abuse, exploitation, neglect and harm / serious harm	71
3	Agency Contact Details	79
4	Relevant Legislation	84
5	Relevant Offences and Duty to Report Guidance	91
6	Human Rights	93
7	HSC Trust Notification Form to PSNI	96
8	HSC Trust process flowchart	97
9	PSNI/CRU process flowchart	98
10	Relevant Documents, Victim Charter	100

11	Registered Intermediaries	102
12	Form 81 – Information Sharing form outside of Joint Protocol	106
13	Guidance on the role of Support Persons	109
14	Glossary of Terms	111

SECTION 1 – BACKGROUND

1.1 Introduction

Living a life that is free from harm and abuse is a fundamental right for every person.

There has been growing recognition that a wide range of adults may, for a variety of reasons, be at risk of harm from abuse, exploitation or neglect. This has been reflected in the continuing evolution of government thinking and policy in relation to adult safeguarding at national, regional and local levels.

In Northern Ireland there have been a series of reports published in recent years that have had considerable influence in the delivery of safeguarding services. These are listed and can be accessed in Appendix 10: Relevant Documents.

This is the fourth edition of the Joint Protocol and replaces the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults 2016. It should be read in conjunction with the regional adult safeguarding policy, Adult Safeguarding: Prevention and Protection in Partnership Policy (DHSSPS & DoJ) 2015 and Adult Safeguarding Operational Procedures (NIASP) 2016. These can also be accessed through links in Appendix 10.

Health and Social Care Trusts (HSC Trusts) and the Police Service of Northern Ireland (PSNI) are identified as the lead agencies with responsibility for adult protection within the parameters of the Joint Protocol. The Regulation and Quality Improvement Authority (RQIA) is recognised as a key partner when the concern relates to a registered health and social care service.

The Joint Protocol provides a framework to support the HSC Trust Designated Adult Protection Officers (DAPO), PSNI Officers and RQIA (where appropriate) in making decisions about sharing information to enable relevant organisations to intervene to protect and support the adult at risk and in need of protection, and /or others, from further harm and to progress the investigation into the suspected or alleged crime.

Where the adult at risk of harm and in need of protection is known to health and social care services, the responsible manager and relevant staff will have a duty to co-operate fully with all processes being put in place to support them.

This protocol must also be implemented in large scale, organised or multiple abuse cases where there are alleged or suspected criminal offences. See Section 5 for further information.

1.2 AIM AND OBJECTIVES

Aim

The aim of the Joint Protocol is to ensure that the welfare and protection needs of the adult at risk and in need of protection are met in a manner which upholds their rights, in particular their right to equal access to the criminal justice system. Throughout the Joint Protocol process, HSC Trusts, PSNI and RQIA (where appropriate) must work together in partnership to take these needs into account and to prevent further abuse, exploitation or neglect.

Objectives

- To ensure the adult at risk and in need of protection, and where appropriate, their next of kin/carer, are supported to contribute their views to inform the decision on how to respond to the concern, both in terms of investigation and future protection;
- To provide a framework for effective communication between HSC Trusts, PSNI, RQIA and PPS in relation to Joint Protocol referrals and investigations;
- To operate within the framework of a pre-determined Information Sharing Agreement;

- To support staff in the decision-making process involved in the Joint Protocol
- To support access to justice

1.3 ADULT AT RISK AND IN NEED OF PROTECTION DEFINITION

The Joint Protocol relates to adults who are at risk of harm AND in need of protection, where the harm caused by abuse, exploitation or neglect constitutes an alleged or potential criminal offence.

It adopts the definitions of an adult at risk and in need of protection as detailed in Adult Safeguarding Prevention and Protection in Partnership (2015):

An adult at risk of harm is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- i) personal characteristics (may include but are not limited to age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain);

AND/OR

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

An adult in need of protection is an adult at risk of harm (above) and:

- i) who is unable to protect their own well-being, property, assets, rights or other interests;

AND

- ii) where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

“Harm” is defined as the impact on the victim of abuse, exploitation or neglect (Appendix 2 Definitions of Abuse, Neglect, Exploitation and related definitions)

1.4 UNDERPINNING PRINCIPLES FOR THE JOINT PROTOCOL

Adult safeguarding is complex and challenging and therefore should at all times be guided by a number of underpinning principles. In this context, the Joint Protocol adopts the same guiding principles as the Adult Safeguarding: Prevention and Protection in Partnership regional policy:

A rights-based approach which promotes and respects an adult’s rights to the protection of the law; to freedom from harm and coercion; to privacy; to confidentiality; to equality of treatment, free from discrimination; and to be safe and secure;

- An empowering approach which empowers adults to keep themselves safe and free from harm in ways that manage exposure to risk and maximise opportunities to participate in wider society;
- A person-centred approach which promotes and facilitates full participation by the adult in all decisions affecting their life and take full cognisance of the views, wishes and feelings of the individual and, where safe and appropriate, the views of others who have an interest in their well-being;
- A consent-driven approach which makes a presumption of the adult’s decision making capacity and ability to make informed choices; to help inform choice through the provision of information, and advocacy where needed, and the identification of options and alternatives; to have particular regard to the needs of individuals who lack the capacity to consent; and intervening in the life of an adult against their wishes only in very particular circumstances, for very specific purposes and always in accordance with the law;
- A partnership approach which acknowledges that safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community and private sectors working together

with and for adults at risk; and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood. All actions are undertaken with complete impartiality, to the highest ethical and professional standards. All persons, including those alleged to have caused the harm, will be treated fairly. All victims and witnesses will be treated with respect and sensitivity.

1.5 PRIMARY RESPONSIBILITIES OF KEY AGENCIES

The primary responsibility of key agencies is to protect adults at risk and in need of protection from further harm whilst being cognisant of the adult's views / wishes and where appropriate consideration of the risk(s) to others. The least restrictive and most appropriate action should be taken to protect the individuals from immediate harm.

It is recognised that protecting individuals from harm is best achieved through consultation with the adult involved and effective and timely communication and information sharing. Collaborative working is a key feature of this Protocol.

Although this section outlines each agency primary responsibilities, joint decision making also means that each agency has a joint responsibility in safeguarding the adult at risk and in need of protection AND any other person (adult or child) who may be at risk of harm. HSC Trust will support the PSNI with investigations, share information to maximise the safety of the adult and/or others from harm and to investigate the suspected/alleged crime.

a) Health and Social Care Trusts

There are 5 Health and Social Care (HSC) Trusts - Belfast HSC Trust, South Eastern HSC Trust, Western HSC Trust, Southern HSC Trust and Northern HSC Trust. The HSC Trusts provide integrated health and social care services across Northern Ireland. HSC Trusts manage and administer hospitals, health centres, residential homes, day centres and other health and social care facilities and they provide a wide range of health and social care services to the community. Within HSC Services, Trusts have the lead role in adult safeguarding, including both prevention and protection of adults at risk.

Within each HSC Trust there are key personnel with responsibility for delivering on the requirements set out in the Joint Protocol. These are Designated Adult Protection Officers (DAPOs); Investigating Officers (IOs) and Specialist ABE Interviewers.

Contact details are contained in Appendix 3.

b) HSC Regional Emergency Social Work Service

The Regional Emergency Social Work Service (RESWS) provides an emergency social work service outside normal office hours including weekends and public holidays. These are 5pm to 9am Monday to Thursday and 5pm on Friday to 9am on Monday. There is 24-hour cover over public holidays. Staff within RESWS will provide an adult safeguarding and adult protection service where required and staff will therefore fulfil relevant aspects of the DAPO role. Emergencies will include the following:

- There are immediate significant protection concerns in relation to an adult at risk and in need of protection requiring intervention by a DAPO;
- There are immediate significant welfare concerns in relation to an adult at risk

Contact details are contained in Appendix 3.

c) Police Service of Northern Ireland

The Police Service of Northern Ireland's (PSNI) purpose is 'keeping people safe'. This goal is achieved through policing in partnership with the community. This proactive, community-driven approach sees the police and local community working together to identify and solve problems.

Anyone can report a crime or suspected crime to police online, via telephone on 101 or in the case of an emergency, ringing 999. Regarding adult protection, the additional

means of contacting the Central Referral Unit has been created to allow for prompt joint protocol discussion in certain circumstances.

The Central Referral Unit (CRU) is the regional PSNI centre for all adult protection referrals made by either HSC Trusts or PSNI where harm caused by abuse, exploitation or neglect to adult at risk and in need of protection constitutes a potential crime. The CRU will, in consultation with the HSC Trust DAPO determine whether a criminal investigation is appropriate and, if required, CRU will decide regarding which branch of the Police Service is best placed to conduct the criminal investigation.

In many cases PSNI Public Protection Branch (PPB) will be appointed to conduct the criminal investigation. PPB has officers experienced in adult protection work and officers trained as specialist interviewers under Achieving Best Evidence (ABE). Depending on the nature of the crime, CRU may refer the case to other PSNI branches, for example Local Policing Teams or CID.

It is the responsibility of PSNI to investigate alleged offences and to gather evidence about what has occurred. When the police have obtained evidence that an identifiable individual may have committed an offence, where appropriate, a file will be prepared and forwarded to the Public Prosecution Service (PPS).

PSNI contact details can be found in Appendix 3.

d) **Public Prosecution Service**

The Public Prosecution Service (PPS) takes prosecution decisions and conducts prosecutions on behalf of a number of Government bodies, including PSNI.

PPS will determine whether criminal proceedings should be instituted or, where criminal proceedings have been instituted, whether they should be continued or discontinued, and also what charges should be preferred. The PPS provides the people of Northern Ireland with an independent, fair and effective prosecution service.

PPS is wholly independent from both the police and government and its decisions are based on an impartial and professional assessment of the available evidence and the public interest. All actions are undertaken with complete impartiality, to the highest ethical and professional standards. All persons, including those accused of offences, will be treated fairly. All victims and witnesses will be treated with respect and sensitivity. All prosecution decisions are taken and every prosecution conducted in an effective and efficient manner. Further information can be obtained on How we reach decisions | PPS Northern Ireland (ppsni.gov.uk)

e) **Regulation and Quality Improvement Authority (RQIA)**

RQIA is an independent regulator with responsibility for registering, inspecting and encouraging improvement in a range of health and social care services provided by Health and Social Care Trusts, and independent sector providers, in accordance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and its supporting regulations.

RQIA also have a range of responsibilities for intervention as outlined in The Mental Health (Northern Ireland) Order 1986 (the Order). RQIA's overarching duty under the 1986 Order is set out in Article 86 (1).

RQIA's regulatory role is to provide assurance that health and social care service providers have appropriate governance arrangements in place which promote and secure the safety and well-being of adults at risk of harm and adults in need of protection and to support improvements in health and social care services.

Where a health and social care organisation is not meeting the required standards or where compliance issues or concerns are identified, there are a range of regulatory responses and statutory powers available to RQIA.

Full details of the relevant legislation and enforcement powers can be found on RQIA Website or via the links RQIA Legislation and RQIA Enforcement Procedures

Contact details can be found in Appendix 3.

SECTION 2 – JOINT PROTOCOL REFERRAL PROCESS

2.1 OVERVIEW

Harm to adults at risk can take place in any setting; in the person's own home, in the wider community, in a residential or nursing home, hospital or indeed anywhere. It can also be carried out by family, friends, volunteers or paid staff, including professional staff, such as doctors, nurses, social workers, police, clergy etc.

Where the harm constitutes a potential criminal offence, the adult at risk and in need of protection has a right to make a report to the police and should, if necessary be supported to make this report. The adult at risk's views and wishes are paramount and any decisions taken should involve consultation with them. Where it is feasible to do so, the consent of the individual should be sought before a referral is made to the HSC Trust or PSNI.

Where the allegation of an offence is against a member of staff or a volunteer, such as a person in a position of trust and it relates to a suspected criminal allegation, a report of the incident / allegation must be made to PSNI without reasonable delay completing an AJP-1

In situations where there is an imminent risk of harm and a crime is alleged or suspected, a referral to the PSNI should be made without delay via the emergency helpline 999.

The purpose of the joint protocol arrangements is for the HSC Trusts, PSNI and RQIA to work together to reach an informed decision regarding whether a potential crime has been committed and to agree how to progress to achieve the best possible outcome for the adult at risk and in need of protection including equal access to the justice system.

It ensures and facilitates an early exchange of relevant information without undue delay. This will involve the relevant HSC Trust DAPO and PSNI CRU officer carrying

out the necessary systems checks and sharing of relevant information pertinent to the concerns. This may also include agreement on review of any relevant CCTV footage.

In some situations, it will be evident from the outset that an offence has occurred. In other situations, assessment, professional judgement and joint protocol discussion will be required to properly determine this. The arrangements below set out the requirements for reporting a concern which may constitute a criminal offence to either the HSC Trust and/or PSNI.

2.2 PSNI REFERRALS TO HSC TRUSTS

Where PSNI have a concern that the individual may be an adult at risk and in need of protection from abuse, exploitation or neglect and a crime is suspected, the individual should be advised of the support and protection role of the HSC Trust. In these situations, the consent of the individual to contact the relevant HSC Trust should be sought (Section 3.2 - Consent and Capacity).

As a minimum the following factors should be considered:

- Whether the individual has the capacity to make an informed decision about a referral;
- The level of risk of harm to the individual and /or other adults/children, and
- Check if the adult at risk and in need of protection is already known to HSC Trust.

Where an adult at risk and in need of protection withholds consent to a referral to the HSC Trust for support and/or protection, the police officer will need to make a professional assessment based on available information as to whether a referral to the HSC Trust is nonetheless appropriate. The PSNI officer must clearly record the rationale for this decision.

Where it is the expressed wish of the adult not to have involvement from HSC Trusts and the PSNI have concerns that an adult at risk of harm and who may need protection resides within a registered health or social care setting or in any case that involves a

patient living with a mental disorder (as defined in The Mental Health (Northern Ireland) Order 1986, the CRU PSNI officer should consider notifying the HSC Trust and RQIA in care setting cases.

Each HSC Trust has an Adult Protection Gateway Service which is the central point of contact for all new adult at risk and in need of protection referrals (Appendix 3: Contact Details).

CRU will complete all referrals to the HSC Trust on a form AJP1 and submit via the CJSM email system. (Appendix 1: Joint Protocol Forms). HSCTs will screen and on occasions some at risk of harm will be referred for an alternative safeguarding response.

Although this document relates to adult joint protocol, if a PSNI officer has any concern that a child or children are in any danger or at risk of harm which does not meet the threshold for potential criminal investigation they should contact the local HSC Trust's Child Protection Gateway Team (Appendix 3: Contact Details).

Outside CRU and HSC Trust working hours

Where there is a concern regarding the safety of an adult at risk and in need of protection or a child outside of normal working hours (Monday-Friday 9am to 5pm) the HSC Regional Emergency Social Work Service (RESWS) will work with PSNI to ensure the immediate protection of the Adult and/or children.

It will be the responsibility of the RESWS to, either update the relevant HSC DAPO if the person is already known to HSC, or to make a referral to the Adult Protection Gateway Service.

Welfare Concerns

A welfare concern is one that relates to a request for an assessment for services, a review of an existing service or for an intervention that does not include responding to any form of abuse from a third party.

Where PSNI are the first responders and identify an adult at risk and have a welfare or care concern, or have concerns about the person allegedly causing harm, it is their responsibility to make a professional judgement as to whether a referral should be made to the appropriate HSC Trust as an alternative safeguarding response. General referrals in relation to an adult at risk can be made to local Trust offices. Contact details can be found in Appendix 3.

2.3 HSC TRUST REFERRALS TO PSNI

Where HSC Trust staff have a concern that the individual may be an adult at risk and in need of protection from abuse, exploitation or neglect and a crime is suspected, the individual should be supported to understand their right to have the incident referred to the PSNI for investigation.

The HSC Trust Adult Protection Gateway Service DAPO must conduct an initial risk assessment to ensure the safety of the person and relevant others. This assessment must be commenced on the day of receiving the referral and completed without undue delay.

The adult protection referral details and any other available information will be considered and may include an urgent professional assessment to inform risk assessment and decisions. The DAPO is responsible for ensuring protection plans are robust and are implemented. This initial protection plan should state the actions taken or to be taken to protect the adult and /or others pending further assessment. Details of the HSC interim adult protection risk assessment should be recorded on relatives, the APP1 Adult Protection referral form.

While each case is unique, the DAPO is responsible for considering any alleged or suspected criminal offences which should be referred to PSNI under the Joint Protocol arrangements.

There are a number of factors the HSC Trust DAPO must consider prior to making a referral to PSNI under the Joint Protocol arrangements. These will inform the rational

for referring and must be clearly recorded on the AJP1 when triggering a Joint Protocol referral (Appendix 1: Joint Protocol Forms)

Consider:

1. Does the adult meet the definition of an adult at risk and in need of protection?
2. Does the alleged incident require the HSC DAPO to refer to PSNI as it is reasonably believed a crime of abuse, neglect, or exploitation has been committed and is a relevant offence under section 5 of the Criminal Law Act 1967 and the person alleged to have caused the harm is known or easily identified? (Appendix 2: Definitions of Abuse, Appendix 4: Relevant Legislation and Appendix 5: Guidance on Duty to Report).
3. Has the alleged incident been caused by someone in a Position of Trust? (This is defined as a person entrusted to support or act on behalf of the adult in some aspect of their affairs. This could be any person that if removed from the adult's care would need to be substituted to maintain the adult's well-being such as a service or care provider, a relative, neighbour, a health or social care worker or a professional, an employer, a volunteer etc.)
4. Has discussion taken place with the adult at risk and in need of protection and/or their nominated person (Mental Capacity Act 2016) about referring a potential crime to PSNI?
5. Has the adult at risk and in need of protection been provided where possible, with sufficient accessible information to maximise their capacity to make an informed decision about reporting to PSNI?
6. Does the adult at risk and in need of protection and/or their family take the view that a report to the PSNI should be made even if this does not meet the threshold for a relevant offence?

7. Does the adult at risk and in need of protection and/or their family take the view that a referral to the PSNI should NOT be made? If so, has there been a consideration about any serious risk to other children / adults which could be caused by not reporting to the PSNI. The DAPO should consider Human Rights Article 2 or Article 3 in making this decision.
8. What support is the adult at risk and in need of protection likely to need?
9. What is the capacity status of the adult at risk and in need of protection in relation to making decisions about specific aspects of their life? (Refer to Section 3.3)
10. Have they capacity?
11. Query over their capacity? - Ensure that every effort is made to maximise capacity, seek assessment but with no delay in protection pending capacity assessment.
12. They lack capacity to make an informed decision? - Where appropriate, the individual's family are consulted. Where there are no family or family disagree with the HSC Trust DAPO decision, then 'Best Interests' principles are applied. A best interests determination starts with consideration of what decision the adult would have made if they had capacity to make the decision. Where appropriate an independent Advocate should be involved in these decisions to ensure the adult is represented.

Factors to consider if the person alleged to have caused harm is also an Adult at Risk:

Where the person alleged to have caused the harm is also an adult who has health and social care needs and is known to HSC services, the HSC Trust will have additional responsibilities to gather information to inform decision making under Joint Protocol consultation. The Trust must check their systems to see if the person is known

through Multi-Agency work, for example, PPANI, MARAC etc. This will be important in considering the next steps.

The HSC Trust should consider the human rights and need for support and/or protection for the person alleged to have caused the harm. The HSC Trust must also conduct a robust risk assessment to ensure the immediate and on-going safety of the adult at risk and/or others at this stage.

It is important to note that there should be no assumptions made about an individual's capacity in relation to the incident, even in situations where there is an existing diagnosis affecting cognitive functioning, such as dementia or learning disability. Each case should be assessed on an individual basis to determine the person's level of cognitive functioning. (Section 3.2: Consent and Section 3.3: Capacity).

Decisions taken to refer to PSNI without the consent of the adult at risk and in need of protection must evidence the extent of the risk involved. The HSC Trust DAPO will need to consider whether undue influence or coercion have been factors influencing the individual's decision. Equally, the HSC DAPO has a legal obligation to refer a relevant offence. In making these decisions the HSC Trust DAPO must consider the individual's human rights under Article 8 (Right to Private and Family Life), Article 2 (Right to Life) and Article 3 (Prohibition of Torture, Inhuman or Degrading Treatment) and reach a determination that there are reasonable grounds to report without consent. (Appendix 6: Human Rights) In addition, if appropriate, notification to RQIA should be considered.

2.4 LEGAL DUTY TO REPORT TO PSNI

There are a number of situations that the Trust and RQIA have a legal duty to report incidents to PSNI. There are a number of ways this can take place and it is really important to note that not all of these situations need to be referred on an AJP1 or referred to CRU.

Examples of situations that need reporting:

1. An adult at risk and in need of protection is in imminent danger and there is a need for an immediate report to the PSNI then the emergency number 999 should be used.
2. There has been an incident which may constitute a relevant offence under Section 5 of the Criminal Law Act (NI) and the person alleged to have caused the harm is known or can be easily identified. AJP1 Referral (see Appendix 5: Relevant offences)

This means that the Trust 'has information which might be of material assistance in securing the prosecution or conviction of an offender for it.'

1. Any incident where the person alleged to have caused the harm, at the time of the offence, is a person in a position of trust and where the concern may constitute a criminal offence. (This is defined as a person entrusted to support or act on behalf of the adult in some aspect of their affairs. This could be any person that if removed from the adult's care would need to be substituted to maintain the adult's well-being such as a service or care provider, a relative, a neighbour, a health or social care worker or a professional, an employer, a volunteer etc.) AJP1 Referral.
2. The adult at risk and in need of protection, or their family if the adult lacks capacity, wishes to make a report to PSNI, irrespective of whether the incident constitutes a relevant offence. AJP1 Referral.
3. All cases of potential Human Trafficking and Modern Slavery, Hate Crime, Forced Marriage, Honor Based Violence or Female Genital Mutilation must be reported to PSNI via 101 or CRU depending on the individual details.
4. Non-Recent Childhood Abuse Allegations. (Report to CRU on Appendix 7: Trust notification template)

All completed AJP1 forms must be submitted via the PSNI Central Referral Unit (CRU). This must only be done via secure email using the Criminal Justice Messaging (CJSM) system. (Appendix 1: Joint Protocol Forms, Appendix 3: Contact Details).

CRU can be used as a Gateway for referring in any non-recent childhood abuse allegations. Details should be outlined on the HSC Trust notification template (Appendix 7) and forwarded in an email to CRU. (Appendix 3: Contact Details). No AJP or PJI forms are required. CRU will then use the PSNI Case Allegation Policy to allocate the investigation to the appropriate department.

Where the HSC Trust DAPO is unable to decide following consideration of all preliminary information gathered, as to whether a referral to PSNI is required, a referral should be made and a joint decision taken with PSNI on how to progress the investigation without delay. (Section 3.4: Joint Protocol Referral Outcomes).

2.5 MAKING A DECISION NOT TO REFER TO PSNI

There is always a need for a balanced and proportionate response to concerns. In some instances, it will be clear from the outset that the harm or likelihood of harm caused by abuse, exploitation or neglect does not meet the threshold of criminality and that a single agency HSC response is more appropriate. In these circumstances the HSC Trust DAPO must ensure that a comprehensive risk assessment is conducted to support decision making and mitigate as far as possible, the risk to the adult.

In relation to sexual offences, the Attorney General for NI has provided guidance for those Trust staff to whom a disclosure of serious sexual offences are made. It allows the Trust not to report to police regarding serious sexual offences if they have a 'reasonable excuse' to consider not reporting.

It outlines:

'Where a doctor, nurse, counsellor, other healthcare professional receives information regarding a sexual offence there will almost invariably be a reasonable excuse for not reporting the matter to the PSNI, given the professional duty of confidentiality owed to patients or clients.' However, it goes on to say – 'The situation may be different where a failure to report the offence has the clear (and foreseeable) effect of putting other persons at serious risk of harm'. PPS and PSNI | Attorney General for NI

When the offender is known or can be easily identified, then this must be reported to PSNI. A decision not to report an incident to PSNI is a serious and significant decision and therefore only HSC Trust DAPOs, trained in the Joint protocol arrangements and who have conducted or co-ordinated an initial professional risk assessment will have the authority to make these decisions. Under NO circumstances should any adult's request for a report to be made to PSNI be refused. The entitlement of all individuals to equal access to the justice system is absolute and begins with a referral to PSNI.

In making the decision NOT to report to PSNI, the HSC Trust DAPO must, as a minimum, demonstrate how the following have been considered:

1. The adult at risk and in need of protection has capacity to make an informed decision and does not want to make a complaint to PSNI OR where the adult lacks capacity the wishes of the nominated person with appropriate authority have been considered, where, and they do not wish to make a report to PSNI. Full consideration will need to be given to all elements of consent, capacity and human rights, including issues of undue influence and possible coercion in line with best interest's principles and any potential risk to others;

And

2. The HSC Trust DAPO is not required by law to make a referral to PSNI as the incident is not a relevant offence under Section 5 of the Criminal Law Act (NI) and the person alleged to have caused the harm is not known or cannot be easily identified;

And

3. The risks are being managed through a single agency HSC Adult Protection Investigation or an alternative adult safeguarding process and/or there are other protective measures in place.

The HSC Trust DAPO must ensure that ALL the above criteria are met and take into consideration any other relevant information. The rationale for a decision not to refer

an incident to PSNI must be clearly evidenced and recorded in Part B of the Regional Adult Protection APP1 form.

If a further concern is raised during the course of an ongoing investigation a new AJP1 should be progressed.

Consideration should be given to any new or additional information arising during a Trust single agency investigation that will meet the legal duty to report to PSNI. In these circumstances Section 2.4 Legal Duty to Report must be followed.

2.6 RQIA REFERRALS TO HSC TRUSTS AND/OR PSNI

Where there is a concern regarding an individual or group of individuals, RQIA should consider whether this has been caused by abuse, exploitation or neglect. In these circumstances a protection referral to the relevant HSC Trust should be made and in situations where there is an alleged or suspected concern which constitutes a potential crime, consideration should be given as to whether a referral to the HSC Trust should be made alongside a report to PSNI. RQIA will make an immediate report to PSNI if there is an imminent risk to any service user. CRU and the Trust DAPO will have a joint discussion regarding the report if appropriate.

SECTION 3 – JOINT PROTOCOL REFERRAL AND DECISION MAKING

3.1 OVERVIEW

Once the AJP1 has been submitted to CRU by the DAPO, CRU will carry out a background check on the individuals involved prior to contacting the DAPO for discussing the referral details. The DAPO also, should have carried out a background check on the individuals involved prior to this discussion. There may be occasions when CRU is unable to discuss the referral given other priorities. This delay must not impact on any urgent measures to manage risk. CRU must respond to all referrals as soon as reasonably practicable.

Consideration must also be made as to whether there could be potential further victims, whom have not yet been identified.

PSNI, as the lead agency in relation to criminal matters, will have a pivotal role in determining whether a criminal investigation needs to take place. Nevertheless, a joint protocol discussion to make joint decisions regarding actions to be taken to protect the adult at risk and in need of protection and to progress the investigation must be undertaken.

Discussion should include consideration of the following areas:

- Active consideration of the views and wishes of the adult at risk and in need of protection and/or their family and relevant others as appropriate;
- Issues of consent, capacity decisions concerning their safety or engage in an investigation and human rights. A decision to proceed with an investigation against the expressed wishes of an adult at risk may be a breach of human rights and therefore any decision to do so must be supported by a clear rationale (Appendix 6: Human Rights);
- Arrangements for securing potential evidence for the investigation such as the adult's health and social care records or CCTV;

- Any immediate actions required by PSNI, HSC Trusts or RQIA to protect the adult and/or others.

Section 3 of the AJP1 form should be completed by PSNI CRU, detailing the outcome of the joint protocol discussion, the rationale for decisions taken, crime reference number for all referrals and any agreed actions. The completed form should be shared between the HSC Trust and PSNI within two working days.

Where a decision cannot be reached regarding this matter it should be raised immediately with the PSNI CRU Sergeant before any action is taken. See Section 3.6: Escalation Arrangements.

3.2 CONSENT

The wishes of the adult at risk and in need of protection are important in all cases of alleged or suspected abuse. Where a crime is suspected the issue of possible PSNI involvement should be discussed with the adult. Capacity should be presumed unless there is evidence to the contrary.

The consent of the adult at risk and in need of protection for contact with PSNI should be sought as a first step. They should be advised of their right to make a complaint to PSNI and provided with as much information as possible to assist them in making an informed decision regarding how they wish the situation to be handled.

The adult at risk and in need of protection should be advised that agreeing to a joint protocol discussion does not in its self, constitute their agreement to a full PSNI investigation. The benefits of a joint protocol discussion in terms of information gathering should be explained to the adult at risk and in need of protection.

The adult at risk and in need of protection should be fully advised by the HSC Trust of the purpose of the Joint Protocol process and provided with details of all supports available. The Joint Protocol should make a significant contribution to ensuring that the individual's human rights are upheld, protected and delivered on.

Their involvement at each stage in the joint protocol process should also be discussed throughout. All staff involved must ensure that this person-centred approach is strictly adhered to, enabling the adult to engage as fully as possible by availing of the relevant available supports.

In the majority of cases where the adult at risk and in need of protection is deemed to have capacity, PSNI will only proceed to a full investigation with the consent of the adult. In practice this will mean that the adult at risk and in need of protection should be willing to make a complaint to PSNI. However, there are some exceptions to this.

Dispensing with Consent

In exceptional circumstances the HSC Trust DAPO may need to consider overriding the wishes of an adult at risk and in need of protection if they do not consent to a joint protocol discussion with PSNI. These include situations where:

- a) there is reasonable evidence or information to indicate that a possible relevant offence has been committed and the Trust have a legal obligation to report to PSNI;
- b) there is a significant query regarding the individual capacity to make an informed decision and therefore their ability to give or withhold consent is in question. Actions taken must be proportionate to the level of concern and the views of substitute decision makers;
- c) information available clearly demonstrates that the individual is subject to undue influence or coercion (must be substantial);
- d) there is a significant risk to other adults at risk and/or children;
- e) the likelihood of further harm is high and there is a substantial opportunity to prevent further crime.

PSNI also have the authority to investigate alleged or suspected criminal abuse where this is agreed to be in the best interests of the adult at risk and in need of protection and or others.

The above list is not exhaustive. Referrals will need to be assessed on a case by case basis to make decisions which are lawful, proportionate and necessary in the public interests where applicable.

Where there is no information and/or clarity regarding the wishes of the adult at risk and in need of protection and it is safe to do so, consideration should be given to deferring a decision re a joint protocol discussion, until such times as the adult in need of protection's views and permission can be sought. The HSC DAPO will need to consider this on a case by case basis, mindful that a number of factors will need to be considered.

Acting without Consent in Emergency Situation

In situations where the adult at risk and in need of protection is in imminent danger it may not be possible to discuss with them their wishes and obtain a valid consent. Trust staff, under these circumstances, should take whatever action they feel is appropriate to protect the adult at risk and in need of protection, including seeking medical and/or PSNI intervention.

Where a decision is taken to consult with PSNI and the adult in need of protection has not consented to this, a detailed rationale for this decision should be recorded, including specific reference to human rights considerations and legal responsibilities.

3.3 CAPACITY

There should be no assumptions made regarding an individual's capacity or incapacity and in the first instance unless there is contrary information, every individual should be viewed as having the capacity to make decisions about their own situation. However, if an issue is raised in relation to any individual's cognitive ability to make an informed decision about their safety, a capacity assessment should be sought.

Capacity assessments should be carried out by an appropriately trained professional. In cases where the adult at risk and in need of protection is already known to services the professional involved may be able to provide an informed opinion in relation to the individual's capacity.

Capacity assessments/reassessment should determine:

- a) the extent to which the adult at risk and in need of protection adult is able to make informed decisions about their safety and protection;
- b) whether the adult at risk and in need of protection is able to make a complaint to PSNI and/or give legal instruction;
- c) whether the adult at risk and in need of protection has the capacity to be interviewed by PSNI;
- d) the needs of the adult at risk and in need of protection.

It is important to note that any and all information provided by an adult at risk and in need of protection is relevant, and should be considered in a safeguarding context

3.4 JOINT PROTOCOL REFERRAL OUTCOMES

There are 4 outcome decisions from a joint protocol referral:

- 1. A single agency HSC Trust investigation is required
- 2. A single agency PSNI investigation is required
- 3. No further action under Joint Protocol (consider Social Services referral to RQIA)
- 4. A joint protocol investigation with PSNI and HSC Trust DAPO is required

Flowcharts in Appendix 8 and Appendix 9 show HSC and PSNI/CRU referral process.

3.4.1 Single Agency HSC Trust Investigation

Where a single agency HSC Trust investigation is considered to be the appropriate response, HSC Trust staff should refer to the Adult Safeguarding Operational Procedures (2016) for detailed guidance on conducting a single agency HSC Trust adult protection investigation. The decision to conduct a single agency investigation

should be kept under review as new information may indicate a need to reconsider the decision in relation to the Joint Protocol.

A single Agency HSC Trust investigation will be appropriate when:

- The adult is an adult at risk and in need of protection

And

- The alleged harm does not require further investigation by PSNI

And either of the following:

- The adult at risk has capacity to make decisions regarding their safety and does not wish to engage in a police investigation, or they lack capacity and their family/next of kin do not wish to engage in a police investigation

Or

- The person alleged to have caused harm is an adult at risk of harm and lacks capacity to understand their actions or the consequences of their actions.

3.4.2 Single agency PSNI investigation

Where a single agency PSNI investigation is considered the appropriate response, PSNI CRU will allocate in line with Crime Allocation Policy. PSNI officers should refer to the Police Service Procedures. If PSNI are working with vulnerable and intimidated witness, full consideration of the Criminal Evidence Order 1999 and special measures must be made, where appropriate. If there are communication difficulties then a Registered Intermediary should be considered for advice on how to maximise and enhance communication with the adult. (Refer to Appendix 10: Relevant Documents & Victim Charter 2015; Special Measures and Appendix 11: Registered Intermediary)

On occasion it may be appropriate for a member of HSC staff, a support worker, family/friend, other support service, etc., to be present in connection with the single agency PSNI only ABE procedure, however this will be in a supportive capacity only. e.g. this may be a person whom the adult has a relationship with and wishes to accompany them. This person will not have any active role in the investigation. The

decision as to who is present will be made in consultation with the adult, where appropriate. Information shared between agencies in these circumstances should be by way of existing formal information sharing processes (currently a Form 81 – Appendix 12: Information Sharing Request Form).

3.4.3 No Further Action under Joint Protocol Referral

Where the outcome of the joint protocol discussion is that the concern referred does not meet the threshold for a joint protocol Investigation, the AJP1 Section 3 must be completed by PSNI CRU detailing the rationale for the agreed decision and returned to HSC Trust DAPO within two working days using CJSJ secure email system. Consideration should be given whether a referral to RQIA is required which should be recorded on the AJP1. PSNI CRU D/Sergeant will review the closing decision for quality assurance. This ends the Joint Protocol.

On closure of the joint protocol referral, PSNI, HSC Trusts and RQIA when appropriate, will consider possible alternative responses or support mechanisms, e.g. enforcement action by RQIA, generic risk assessment or care planning etc.

3.4.4 Joint Protocol Investigation Involving PSNI and HSC Trust

Adults at risk and in need of protection may benefit from a joint protocol approach to support their access to the justice system. The holistic needs of the adult at risk and in need of protection are important and joint decision making must keep these at its core. These needs, including individual vulnerabilities, must be clearly stated.

A joint protocol investigation will be appropriate when:

1. The adult is deemed to be in need of protection. (demonstrate how each component is met):
 - a) Over 18 years whose exposure to harm through abuse, exploitation or neglect may be increased by Personal characteristics and / or life circumstances
AND

- b) Are unable to protect their own wellbeing, property, assets, rights or other interests AND
- c) Where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed

AND

2. Both HSC Trust and PSNI interventions and information sharing are required to safeguard the adult and/or others from further harm (explain professional judgement as to why the selected criteria below is met):

- a) The adult requires support from the HSC Trust because of the impact of the incident/ allegation

AND

- b) The HSC Trust is involved in the risk assessment and management of the identified risk by the person alleged to have caused the harm requiring joint agency information sharing

AND

- c) The incident/allegation was caused by someone in a Position of Trust. This is defined as a person entrusted to act on behalf of the adult in some aspect of their affairs, a service or care provider, a relative, a neighbour, a health or social care worker or professional, an employer, a volunteer etc.

NB A decision to investigate under joint protocol must not be predicated on the ability of the adult to participate in ABE. The decision as to how best to support the adult to give their evidence is to be made at strategy planning involving all key participants in the Joint Protocol Investigation.

3.5 ALLOCATION OF JOINT PROTOCOL REFERRAL FOR INVESTIGATION

Where the referral has been agreed as a joint protocol investigation, the PSNI CRU will allocate the case to the relevant Public Protection Branch teams (Appendix 3: Contact Details).

The HSC Adult Protection Gateway team will forward the APP1 referral and AJP1 referral to the relevant DAPO within the Trust for action as agreed in the Joint Protocol decision making. (See Section 4: Joint Protocol Investigations)

3.6 ESCALATION ARRANGEMENTS

Where there is a difference of opinion between agencies regarding how a referral / investigation is being progressed, every effort should be made to resolve this locally.

In the event that a referral / investigation cannot be resolved at this level, the following process should be followed:

Within HSC Trusts

The process of escalating a concern regarding how a referral is being progressed will involve raising the matter with operational management with advice provided by social work professional lines.

Within PSNI CRU at Referral Stage

The process for escalating a concern regarding any aspect of a referral is as follows and should again be followed in sequence, as required.

- CRU Sergeant
- CRU Inspector
- CRU Chief Inspector

Within PSNI after allocation to PPB

- Detective Sergeant responsible for the case
- Detective Inspector for PPB
- Detective Chief Inspector for PPB

Within RQIA

- Inspector aligned to the service
- Senior Inspector
- Assistant Director / Director

SECTION 4 – JOINT PROTOCOL INVESTIGATIONS

4.1 OVERVIEW

It is critical that in joint protocol investigations the two key agencies (PSNI and HSC Trust) work together to ensure that the adult at risk and in need of protection is supported in a manner which enables them to have equal access to the justice system. Each HSC Trust have Designated Adult Protection Officers (DAPO) who have undertaken specialist training in Joint Protocol investigations and have responsibility for coordinating the Joint Protocol Investigation.

Both agencies will appoint an investigating officer, who will work together in obtaining and sharing evidence of the offence and progress the investigation. The Trust investigating officer will be responsible for undertaking the parallel investigation on behalf of the HSC in the balance of probability, along with providing a HSC professional risk assessment. The PSNI Investigating officer will have lead responsibility for conducting the criminal investigation.

The Criminal Evidence (NI) Order 1999 makes special provision for the gathering of evidence from vulnerable or intimidated witnesses. These should be explained to the adult at risk and in need of protection at the earliest stage (Appendix 10: Relevant Documentation).

It is important to note that obtaining evidence from the adult at risk and in need of protection must only be conducted by those who have completed the Achieving Best Evidence Interviewing training. (ABE interviewers) HSC Trusts have a number of specialist ABE Interviewers and PSNI have dedicated Adult Safeguarding Officers within each Public Protection Branch to undertake this function.

A Joint Protocol (JP) investigation has a structure that should be followed. This is outlined in the following three stages:

STAGE 1: Strategy Decision Making

(a) Initial Strategy Decision Making and Investigation planning

Initial discussion between HSC Trust DAPO and PSNI Investigating Officer to plan immediate actions and next steps. Details to be recorded on an AJP2 Form. (See Appendix 1: AJP Forms). See Section 4.2 for further information.

(b) Review Strategy

To discuss how to proceed with the investigation, protection and communication planning. Details to be recorded on an AJP2 Form. Further review strategy meetings may be required, to update on investigation progress, review risk assessment, protection plan and communication plan. Details to be recorded on an AJP2 Form. (See Appendix 1: AJP Forms) See Section 4.2 for further information.

STAGE 2: Investigation

(a) When deemed appropriate, a Joint PSNI/HSC pre-interview Assessment (PIA) with the adult at risk and in need of protection to decide if/how to obtain their account. Details to be recorded on an AJP3 Form (See Appendix 1: AJP Forms). See Section 4.3 for further information.

(b) When deemed appropriate, a Joint PSNI/HSC Achieving Best Evidence (ABE) interview. Details to be recorded on an AJP4 & AJP5 Form (See Appendix 1: AJP Forms). See Section 4.4 for further information.

(c) Investigation: gathering of evidence and information by both agencies and others as required. See Section 4.5 for further information.

STAGE 3: End of Joint Protocol

Once agreed by both the Trust and PSNI, the JP should be closed and signed off using the AJP6 Form. (See Appendix 1: AJP Forms). See Section 4.6 for further information.

4.2 STAGE 1: STRATEGY DECISION MAKING

4.2.1 (a) Initial Strategy Decision Making & Investigation Planning Discussion (AJP2)

The HSC Trust DAPO will have the lead role in co-ordinating a joint protocol initial strategy discussion. Preliminary strategy discussions can take place by telephone between the HSC DAPO and the PSNI Investigating Officer to discuss investigation methodology, gathering of evidence and agree a suitable date and time for a further investigation planning discussion (Review Strategy), if required. These should be recorded on the AJP2 (Appendix 1: Joint Protocol Forms).

4.2.1(b) Review Strategy Discussion

A fully informed investigative plan can only be achieved when all key personnel are present and can contribute to the risk management and protection planning process. This will also further facilitate timely information sharing and HSC professional assessment which can inform the PSNI led investigation, including the gathering of evidence. Therefore, it is recommended, that in most situations, where joint protocol investigation is required, a Review Strategy meeting is held either virtually or in person after the initial strategy discussion.

All participants are responsible for contributing to the joint protocol agenda which will be shared by the HSC DAPO prior to the review strategy meetings. Minutes of the joint protocol discussion will be recorded on the AJP2 (Appendix 1: Joint Protocol Forms) and the risk assessment and protection plan will be recorded on the HSC Adult Protection Procedure Forms.

All relevant professionals / agencies must be invited by the HSC Trust DAPO to the review strategy meetings. Participants must be in a position to contribute to decisions, provide an update on their agency's contribution to the investigation and on-going protection of the adult at risk and in need of protection. Where an agency is not able to attend the meeting, a written report must be provided to the DAPO in advance of the meeting to ensure timeliness of information sharing and recording of the views of

that agency and any updated progress on actions undertaken. This should include as a minimum:

- the HSC DAPO,
- the PSNI Investigating Officer,
- the HSC Trust keyworker and Investigating Officer and
- the employer /manager of the person alleged to have caused the harm (if relevant);

In all instances RQIA will screen invitations and determine which review strategy meetings it requires to attend. RQIA should be kept informed as investigations progress and be notified of the outcomes of joint protocol investigations. Invitations to attend review strategy meetings should be made to the RQIA Safeguarding Mailbox (safeguarding@RQIA.org.uk) stating time, date and venue. The invitation should be completed by the DAPO leading the investigation, attaching any Joint Protocol documentation if relevant and also specifying which service provider the investigation is in relation to, as this will dictate who the invite is allocated to within RQIA.

Further Review Strategy Discussions

In many complex adult protection investigations further strategy reviews will be required. The purpose of these further discussions is to provide an update to the agencies involved, the adult, and their family, where appropriate. The review focus will be on determining actions required by each agency involved to progress the investigation and also to ensure the ongoing effectiveness of the protection plan and communication.

This discussion should normally take the form of a meeting to ensure all parties are aware of the discussion on progress. The meeting can either be in person or virtual where this is appropriate to maximise multiagency participation. It is the DAPO's responsibility to communicate with key participants, in particular with the PSNI investigating officer, to ensure that the date, time, venue or link to a virtual meeting is issued with the aim to maximise engagement.

It is important that these discussions consider the interface with parallel processes. This includes the sharing of relevant information in a timely manner, to enable action to be taken within other processes, as soon as is agreed by the investigation team. This is particularly important in relation to employment responsibilities where staff are on restricted or modified duties or precautionary suspension due to allegations of abuse, exploitation or neglect. It is important to maintain collaboration thus enabling progress to be made in Trust Investigations or processes while maintaining the integrity of the criminal investigation.

Participation enables solutions to challenges or delays to be sought and therefore expedite the outcomes of the investigation avoiding unnecessary delays. This is important in terms of both agencies' duties under Human Rights. This approach will also ensure that any parallel Human Resources processes which are being undertaken are kept up to date and all parties receive appropriate support. The minutes of any additional review discussions should be recorded on AJP2 by the HSC DAPO (Appendix 1: Joint Protocol Forms)

Given the unique nature of individual adult protection investigations, it will be important that agreement is sought with those involved in each case as to how often a case should be reviewed and how updates are to be shared with those involved. In all cases there must be evidence of an agreed plan with adults and / or their families on how they will receive information from each agency. There must also be clarity on who is responsible for supporting the persons alleged to have caused harm and updating them with agreed information.

4.2.2 Involvement of the adult at risk and in need of protection and / or their family / representative / Independent Advocate

It is critical that the views of the adult at risk and in need of protection are appropriately represented throughout the Joint Protocol Investigation Process. Therefore, it should be agreed in advance how this will be achieved. e.g. if the adult is attending a meeting in person they may wish to bring a family member or carer with them as support. If the adult chooses not to attend the meeting or cannot physically attend it is critical that

their views are articulated on their behalf and with their agreement. Suitable, individualised arrangements should be put in place to enable this to happen e.g. providing information in advance through the HSC key worker or in writing.

Where the adult lacks capacity to make decisions in relation to the investigation or contribute to the protection planning a 'Best Interests' approach should be applied. In these circumstances, the next of kin may wish for a support person to accompany them to discussions. Guidance on the role of support persons and agreement that is required prior to involvement can be found in Appendix 13.

Due to the ongoing live PSNI investigation, it may not be possible for information relating to investigative methodology to be shared with the adult and / or their representatives to ensure no undue influence. However, it is critical that the adult and /or their representative are kept up to date with the investigation progress in a timely and agreed manner. This element may be incorporated in a confidential section of the strategy planning discussion.

The adult and / or their representative should be fully involved in the decision-making regarding risk assessment and future protection planning. Therefore, careful consideration and planning as to how to best support and enhance the adult's engagement should be undertaken by the DAPO. This will include close consultation with the adult and the Multidisciplinary team and relevant others. E.g. Liaison with HSC Trust keyworkers; Speech and Language; Sensory services; Independent Advocacy.

4.2.3 Purpose of the Strategy Discussion/Meeting

The purpose of the strategy meeting includes the following three areas:

Investigation Planning

- a) Share and assess available information from relevant agencies.
- b) Confirm investigation process– i.e. Joint Protocol investigation OR revert to single agency HSC Trust or single agency PSNI investigation.

- c) Agree methodology for investigation including roles and responsibilities in conducting the investigation. This will include details of identification and gathering of forensic evidence/written information required from within HSC or from another source/ interviewing witnesses including PIA, ABE, Special Measures, the need for RI, etc. Timescales for actions should be agreed and documented to avoid unnecessary drift.
- d) Appoint Investigating Officer from HSC Trust responsible for undertaking parallel HSC Investigation process.
- e) Identify any parallel investigation processes that may need to take place i.e.. regulatory, professional, Human Resources, Serious Adverse Incident, Domestic Homicide Reviews or complaints process.
- f) Discuss and coordinate next steps and sequencing of actions with associated timescales for each agency to ensure other parallel processes do not impact on criminal investigation.

Protection Planning

- a) Review the Risk Assessment & Protection Plan (See next paragraph) information that has been gathered and risk assessed by the Social Worker. Discuss any identified risk and record the actions agreed, by whom and by when they are expected to be completed.
- b) Consider additional information obtained from the discussion from partner agencies.
- c) The protection plan should include reference to the agreed escalation process if there are concerns from any agency that the protection plan is not either being adhered to or is not addressing the risks identified.
- d) Consider referral to other agencies or services as required (Common Law Police Disclosure (CLPD) Form must be completed and submitted at this point, if criteria are met).

It is the responsibility of the DAPO/Social Worker to formulate a plan for the assessment of risk which must reflect and account for the wishes and /or the best interests of the adult at risk and in need of protection. The identified risk, existing protective factors in the situation and what potential harm may arise if protective

intervention is not taken should be clearly recorded on the HSC Adult Protection Procedure Forms. It should also contain a review the initial risk assessment and protection plan.

Communication Strategy

Agree a communication strategy which clearly details the level of information to be shared with whom and by when.

This will include who is responsible for on-going communication with:

- a) The adult at risk and in need of protection and their family (where appropriate);
- b) Those involved in the provision of support and care of the adult at risk and in need of protection i.e. the HSC Operational staff / manager and any service provider as relevant
- c) The person alleged to have caused the harm;
- d) Any others who may be witnesses or involved in the investigation process as necessary;
- e) Professional bodies as relevant;
- f) Agency communication departments in relation to potential public interest Department of Health Strategic planning and Performance Group; Department of Health and Department of Justice as is relevant;
- g) Any relevant others.

All agencies participating in any of the strategy discussions have a responsibility to contribute to multi-agency decisions and complete agreed actions as the responsible individual where relevant. Where an agency representative is not able to complete the agreed action within the agreed timescale or where there is likely to be an unavoidable delay, the DAPO should be informed as soon as possible. It will be the DAPO's responsibility to communicate this to the wider strategy planning group and collate and circulate a revised plan for the completion of the action.

4.3 STAGE 2: INVESTIGATION - PRE-INTERVIEW ASSESSMENT (AJP3)

Following the strategy meeting/discussion, the investigating officers will conduct a pre-interview assessment (PIA) of the adult at risk and in need of protection if this has been agreed at strategy planning. It is important to note that not all Joint Protocol investigations will require a PIA given the needs and capacity of the adult.

The PSNI and HSC Trust Social Worker who are trained as Specialist assessors must discuss the preparation and planning of the pending PIA prior to undertaking the PIA. Where possible, this should be face to face or a virtual discussion. This should consider how to best enable the adult to give their account of what has happened. Consideration of an appropriate location, time, etc. should be facilitated based on the information available to the social worker at this time. Preparation and planning must be recorded on the AJP3 form by either PSNI or Trust ABE social worker.

The PSNI and HSC Trust social worker will use the Pre-Interview Assessment with the adult at risk and in need of protection and record the discussion, decisions and outcomes on the AJP3 form (Appendix 1: Joint Protocol Forms).

Only those staff that have completed specialist training will be eligible to conduct a (PIA).

4.3.1 Purpose of the PIA

The purpose of the PIA is to:

- Establish with the individual whether they are willing to make a complaint;
- Discuss with the individual the options regarding how this complaint may be made: ABE video recorded interview or statement;
- Discuss in full the investigative process and the possible use of Special Measures, including the use of a Registered Intermediary (RI) (Appendix 11). This discussion should highlight to the individual that the decision regarding whether the case goes forward to Court is a decision for the PPS. The decision regarding whether the

video and/or statement or other form of Special Measures are used in Court is a decision for the trial Judge;

- Discuss and agree the practical arrangements regarding conducting the ABE interview and completion of the AJP4 and AJP5 by PSNI or the Social worker. (Appendix 1: Joint Protocol Forms);
- In some circumstances the adult at risk and in need of protection will request to proceed directly to ABE. Where this is the expressed wish of the adult this must be accommodated unless there are clear exceptional reasons why this is not possible. Both agencies should bear this in mind in the allocation of the PIA responsibilities to relevant staff.

Further information on PIA's are provided during the specialist training course.

4.4 STAGE 2: INVESTIGATION: ACHIEVING BEST EVIDENCE VIDEO RECORDED INTERVIEW (AJP4 & AJP5)

If the investigation progresses to the next stage, evidence will be recorded from the adult at risk and in need of protection by way of an investigative interview.

The purpose of an investigative interview is to ascertain the witness's account of the alleged event(s) and any other information that would assist the investigation.

A well conducted interview will only occur if appropriate planning has taken place. Information will be needed regarding the adult at risk and in need of protection, the alleged offence and anything important to the investigation. Details should be recorded on AJP4 and AJP5. (Appendix 1: Joint Protocol Forms).

Detailed guidance on interviewing adults as vulnerable and/or intimidated witnesses, including victims and the use of special measures in order to enable them to give their best evidence in criminal proceedings, is contained in "Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, the use of special measures and the provision of pre-trial therapy (2012)" (Appendix 10: Relevant Documents).

Only those staff that have completed specialist training in Achieving Best Evidence with Adults will be eligible to conduct an ABE.

It is important that the guidance in Achieving Best Evidence is followed to ensure that the video statement is of good quality and the interview structured in such a way as to make it acceptable to the court. If the video is poor there is a possibility that the court will not authorise its use as a special measure and the witness may be caused undue distress by having to give oral evidence in chief. Pre and post-trial support should be utilised as outlined in the guidance.

The police officer in charge of the case will be responsible as the prime keeper of all exhibits, including any drawings, letters, notes, etc., made during the special measures investigative interview. The disclosure of third-party material which may be relevant to an investigation must only be made in compliance with the Criminal Procedures Investigation Act 1996.

The HSC Trust Social Worker will be provided with a copy of the ABE transcript by the PSNI investigating officer as soon as this is available. The timeframe for this should be agreed with PSNI to ensure the information is not used in a Trust process before the alleged suspect has been interviewed by PSNI. This will be able to be used in the parallel HSC Trust investigation at an appropriate time and as agreed and coordinated with the PSNI Investigating officer through engagement with the DAPO at strategy review discussions. This sharing of information will avoid re-traumatising the adult.

4.5 STAGE 2: INVESTIGATION: INFORMATION GATHERING

This is an information sharing agreement between the Trust and Police and therefore there is normally no requirement for the use of a Form 81. Both the Trust and PPB investigating officers will work together to obtain all relevant evidence to fully investigate the case. A clear investigative plan should have been discussed at the initial strategy meeting stage, for how it is intended to bring the investigation to a successful conclusion. PSNI will share relevant information where appropriate with the DAPO.

The investigation should contain a number of strategies to aid the evaluation all of material gathered. These include: Victim Strategy, Scene Strategy, Forensic Strategy, Witness Strategy, CCTV Strategy, Suspect Strategy, Interview Strategy and Media Strategy.

The PPB investigating officer will forward a file, containing all relevant evidence and information, to the Public Prosecution Service (PPS). A PPS prosecutor will look at the file and decide whether that evidence is sufficient to provide a reasonable prospect of conviction and, if it is, whether prosecution is in the public interest. At this point the PPS, through their Victim and Witness Care Unit (VWCU), will contact victims to keep them informed about how the case is progressing. (See Appendix 3: Contact Details). Further information can be obtained online - The Victim and Witness Care Unit | PPS for NI (ppsni.gov.uk)

The Trust Investigating Officer may view witness statements taken by PSNI after the PPS decision is made or where the PSNI have decided that there is no further PSNI action. This must happen PRIOR to the AJP6 being completed and Joint Protocol is closed formally.

The HSC Investigating Officer will decide with the PSNI Investigating Officer to view the transcripts and make notes. This will inform the HSC Investigation in terms of decision making in the balance of probability and enable the HSC Investigating officer to progress the HSC Investigation and avoid duplication in witness accounts where possible.

4.6 STAGE 3: JOINT PROTOCOL CLOSURE FOLLOWING INVESTIGATION (AJP6)

The Joint Protocol Investigation must be closed by completion of an AJP6 form (Appendix 1: Joint Protocol Forms), signed by both PSNI and the HSC Trust DAPO. A telephone discussion between the PSNI officer and the DAPO must take place before the AJP6 is completed to clarify if the HSC Trust require access to information for internal processes. When it is agreed that no further actions are required under Joint Protocol, the AJP6 form is completed by the PSNI and must be forwarded to the

HSC DAPO within 5 working days of a decision for the case to close. On occasions when an investigation is being closed for no further police action, the closing police authority will be an Inspector. Where an investigation results in a report to the Public Prosecution Service, the AJP6 will be signed by the rank of Sergeant.

It is acknowledged that, for some cases the closure process can be lengthy, particularly in circumstances where a file has been sent to the PPS for a decision on whether a case will be taken forward to prosecution. Therefore, it is essential that the agencies involved agree and understand the process for closure. If appropriate and it does not impact on the investigation HSCTs with consent from PSNI can proceed to disciplinary.

It is the responsibility of the PSNI as the lead agency in the joint protocol investigation, to communicate the outcome of the investigation to:

- a) The adult at risk and in need of protection and where appropriate their family
- b) The person alleged to have caused the harm
- c) The HSC DAPO and
- d) Relevant others when appropriate. This may include the employer of the person alleged to have caused the harm, through the Common Law Police Disclosure Scheme (CLPD) Common Law Police Disclosure - GOV.UK (www.gov.uk)

Agreed actions should be recorded by all agencies involved on the AJP6 form and communicated to relevant parties by the identified lead agency, with clear arrangements in place for any ongoing work outside of Joint Protocol. The Trust will review the risk assessment and protection plan. Consideration should also be given for any further actions that are required by the agencies involved to promote future safety being cognisant of the outcome of the investigation and any learning identified.

When a Joint Investigation is formally closed, by AJP6, any further information request(s) between partner agencies, pertaining to the investigation, will require the use of a Data Protection Request form (Appendix 12: Form 81). Therefore, it is critical for HSC Trusts to obtain necessary and relevant information required by the Trust Investigation Officer, such as statements, **PRIOR** to the closure of the Joint Protocol on the AJP6.

Should there be a necessity to re-open the specific, initial Joint Investigation, this will be accomplished by completion and submission of a new AJP1 form referencing the original Police Reference Number (Appendix 1: Joint Protocol Forms). This will be prepared by consensus between concerned partner agencies, following discussion around the necessity for re-opening the joint investigation. As necessary, CRU shall also be consulted.

If, however, there is information forthcoming that relates to a separate/different incident requiring investigation, for example a different person alleged to have caused harm or another person at risk of harm and in need of protection is identified, a new referral should be initiated and a corresponding AJP1 form completed and referred to CRU for consultation.

SECTION 5 – Investigation of Organised or Multiple Abuse Cases

5.1 OVERVIEW

A large-scale adult protection investigation is likely to involve a range of organisations and potentially a number of individual adult protection interventions. Organised or multiple abuse is defined as abuse involving one or more abusers and a number of related or non-related adults at risk. The person alleged to have caused the abuse may be acting with others to abuse adults at risk, may be acting in isolation, or may be using an institutional framework or position of authority to access adults at risk of abuse.

Such abuse occurs both as part of a network of abuse across a family or community and within institutions such as inpatient wards, residential or nursing homes, supported living facilities, day support settings and in other provisions such as voluntary or community groups. There may also be cases of adults at risk being abused through the use of the internet. Such abuse can be traumatic for the adults at risk who become involved; its investigation is time-consuming and demanding work which requires specifically trained officers/practitioners from PSNI and HSC Trust staff and the involvement of RQIA where the abuse occurs in the context of health or social care provision.

Each investigation of organised or multiple abuse will be different, according to the characteristics of each situation and the scale and complexity of the investigation. However, every investigation will require careful and thorough planning, effective inter-agency working and attention to the needs of the adult(s) at risk involved. Some investigations become extremely complex because of the number of people or places involved and the timescale over which the abuse is alleged to have occurred.

5.2 PROCESS FOR INVESTIGATION OF ORGANISED OR MULTIPLE ABUSE CASES

On receipt of information which may indicate organised or multiple abuse, the HSC Trust DAPO should immediately consider whether a report to the PSNI is appropriate.

A Joint Protocol Strategy Meeting with representatives from the key agencies should then take place as a matter of urgency to discuss and agree roles, responsibilities and an interim action plan.

Where the strategy meeting confirms that the investigation relates to organised or multiple abuse, a multi-agency Strategic Management Group (SMG) will be appointed to oversee the process.

5.3 STRATEGIC MANAGEMENT GROUP

The Strategic Management Group will manage and support the investigation and provide the necessary response to the needs of both the adult(s) at risk.

The SMG is comprised of the following core representatives:

- a) PSNI Detective Inspector PPB;
- b) HSC Trust DAPO;
- c) a senior manager from the relevant HSC Trust adult Programme of Care; and
- d) RQIA (where the allegation relates to a regulated service).

The SMG will be convened and chaired by the appropriate agency. SMG representatives may co-opt representation from relevant other disciplines or agencies, dependant on the type of alleged abuse under investigation. Appropriate legal advice may be necessary and should be sought through PSNI and HSC Trust legal advisers.

5.4 FUNCTIONS OF THE SMG

The SMG will:

- (a) establish the principles and practice of the investigation and ensure regular review of progress against that plan;
- (b) prioritise and allocate expedient resources to establish an Investigative Team within their respective agencies;
- (c) ensure co-ordination between the key agencies and the Investigative Team within the HSC Trusts and PSNI. This includes resolving any interagency operational interface challenges between various established processes;
- (d) ensure decisions of the strategy management group are actioned in a timely manner;
- (e) act in a consultative capacity to those professionals who are involved in the investigation;
- (f) draw up a media strategy to respond to public interest issues and agree who will take responsibility for responding to media enquiries;
- (g) have oversight of the agreed communication strategy/liaison with the adult at risk / families and carers involved in the investigation;
- (h) at the conclusion of the investigation, discuss salient features of the investigation with a view to making recommendations for improvements either in policy or in practice;
- (i) the closing process must be signed off by the SMG in the case of organised and multiple abuse Adult Protection situation.

Following agreement between the PSNI and HSC Trust that the referral meets the criterion for organised or multiple abuse, the SMG will meet as soon as practicable. Thereafter the SMG will meet as required to discuss and review the progress of the investigation. The frequency will be determined by the complexity of the case. Managerial representation of the Investigative team will be present at each meeting of the SMG.

At the conclusion of the investigation, the Joint Investigative Team should meet with the SMG to discuss salient features of the investigation with a view to making recommendations for improvements either in policy or in practice.

APPENDICES

APPENDIX	CONTENT	PAGE
1	AJP Forms	51-70
2	Definitions of abuse, harm and serious harm	71
3	Agency Contact Details	78
4	Relevant Legislation including RQIA regulations relating to regulated services	83
5	Relevant Offences and Duty to Report Guidance	90
6	Human Rights	91
7	HSC Trust Notification Form to PSNI	94
8	HSC Trust process flowchart	96
9	PSNI/CRU process flowchart	97
10	Relevant Documents, Victim Charter	99
11	Registered Intermediaries	101
12	Form 81 – Information Sharing form outside of Joint Protocol	104
13	Guidance on the role of Support Persons	109
14	Glossary of Terms	111

AJP Forms Appendix 1 - This appendix contains a PDF copy of the forms. Please obtain Word versions for completion from your agency's online service

AJP1	Referral Information
AJP2	Strategy Decision Making and Investigation Planning (Initial and review strategy discussions)
AJP3	Pre-Interview Assessment (PIA)
AJP4	Planning the Joint Investigation Interview (ABE)
AJP5	ABE Interview Notes
AJP6	Decision to End Joint Protocol Investigation

AJP1

JOINT PROTOCOL - ADULT PROTECTION

Referral Information

PSNI Reference Number:

Date of Referral:	Referred to:
Referred by:	
Referrer's Telephone No.:	
Referrer's Email:	
Name & contact details of person agreeing AJP1 under JP (if different to above)	

SECTION ONE (*Sections 1 and 2 to be fully completed by referrer*)

DETAILS OF ADULT AT RISK & IN NEED OF PROTECTION		
Name:	DOB or approx age:	Does the adult want to make a referral to PSNI/Trust: Yes: ☐ No: ☐
Interpreter required: Yes: ☐ No: ☐	Gender:	Outline their special needs / disability
	Ethnicity:	
Address and Postcode:	Present Location: (<i>if different address</i>)	Contact No:
		Is there a Legal Duty to report to PSNI? Yes: ☐ No: ☐
Point of Contact & contact no. for the adult (<i>Family / Professional</i>): Next of Kin wishes (<i>if no capacity</i>):	Capacity Concerns:	

SECTION 2

REFERRAL DETAILS		
Date and time of incident:	Location & address of incident:	Rationale for consultation under JP:
Describe the impact this incident has had on the adult in need of protection:		Injuries observed/injuries still visible:
Outline what safeguarding measures have been put in place to date <i>(to include if the adult is aware and in agreement to these measures)</i> :		
Details of the incident <i>(to include if the adult has capacity to understand what has happened)</i> :		

PERSON/S ALLEGED TO HAVE CAUSED HARM/ABUSE		
Name:	DOB or approx age:	Role in adult's Life:
Interpreter required: Yes: ☐ No: ☐	Gender: male/female:	Family Member ☐
	Ethnicity:	Another Service User ☐
		Trust employee ☐
		Paid Carer ☐
Other ☐		
Home Address and Postcode:	Employment Address: <i>(if applicable)</i> :	Contact No:
		Safeguarding actions completed:
Aware of allegation: Yes: ☐ No: ☐ Unknown: ☐	Capacity to understand an allegation has been made: Yes: ☐ No: ☐ Unknown: ☐	Any known supports required? Yes: ☐ No: ☐ Unknown: ☐

08/26

SECTION 3 *(To be completed and shared following Joint Agency Consultation)*

OUTCOME OF CONSULTATION	Referral to RQIA required
Single agency investigation by PSNI ☐ Single agency investigation by Trust ☐ Joint Protocol investigation ☐ No further action under Joint Protocol (AJP6 not required) ☐	☐ No ☐ Referral Already Made ☐ Yes If yes, which agency will make the referral: PPU Trust ☐ Trust DAPO ☐

RATIONALE FOR OUTCOME DECISION	

Agreed By:	
Designated Adult Protection Officer:	
PSNI CRU Officer:	
Date:	

Completed form to be emailed via CJSM secure email system to cru@psni.police.uk or relevant Trust AS Gateway.

Joint consultation will take place on receipt of this form and outcome to be recorded and shared by PSNI

AJP2 - Strategy Decision Making and Investigation Planning (Initial and review strategy discussions):

JOINT PROTOCOL – ADULT PROTECTION

AJP2 – Strategy Decision Making And Investigation Planning

Form to be completed by either Social Worker or Police Officer. Original to be retained by PSNI

PSNI Reference Number:	
-------------------------------	--

DETAILS OF ADULT		
Name:	Date of Birth or approx. age:	
Interpreter required: Yes ☐ No ☐	Gender: Male ☐ Female ☐ Other ☐ Prefer not to say ☐	
	Ethnicity:	
Address and Postcode:	Contact No:	Present Location: <i>(if different address)</i>

PERSONS INVOLVED IN - ☐ INITIAL STRATEGY DISCUSSION OR ☐ REVIEW STRATEGY	
Date and Time of Discussion/Meeting: ☐ Telephone ☐ In Person ☐ Virtual	
Names of persons involved:	Designation/role in this investigation:
1.	
2.	
3.	
4.	
5.	

DETAILS OF DISCUSSION AND AGREED ACTIONS

- **Investigation Planning** (*share information, roles & responsibilities, gathering evidence, PIA, capacity, consent for RI to be involved, medicals, documentation, CCTV, timescales, Human Rights considered, next steps etc*)
- **Protection Planning** (*views & best interests of the client, Risk assessment, Human Rights considered, other services required*)

Communication Strategy *(what will be shared by whom, when, how and to who. Human Rights considered)*

Other Considerations

Signature of DAPO
upon completion of the form:

Signature of PSNI Officer
upon completion of the form:

Date:

Use additional pages if required

AJP3 - Pre- Interview Assessment (PIA):

JOINT PROTOCOL – ADULT PROTECTION

AJP3 – Pre-Interview Assessment (PIA)

Form to be completed by either Social Worker or Police Officer. Original to be retained by PSNI

PSNI Reference Number:	
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DETAILS OF ADULT		
Name:	Date of Birth or approx. age:	
Interpreter required: Yes ☐ No ☐	Gender: Male ☐ Female ☐ Other ☐ Prefer not to say ☐	
	Ethnicity:	
Address and Postcode:	Contact No:	Present Location: <i>(if different address)</i>

PIA PLANNING	
Date and Time of Interview:	Venue:
Names of Interviewers:	Designation:
Name of any other persons who will be present:	Role:

NOTE ANY SPECIAL REQUIREMENTS *(please give relevant details and include information already known about the adult's capacity)*

DETAILS OF PIA			
<u>Has the purpose of the PIA been explained to the adult?</u> Any indication that the adult was unable to understand, retain, appreciate & communicate this information? Comment:		☐ Yes ☐ Yes	☐ No ☐ No
<u>Has the role of Police and Social Services been explained to the adult?</u> Any indication that the adult was unable to understand, retain, appreciate & communicate this information? Comment:		☐ Yes ☐ Yes	☐ No ☐ No
<u>Has the purpose of PPS and Court been explained to the adult? (Including cross examination)</u> Any indication that the adult was unable to understand, retain, appreciate & communicate this information? Comment:		☐ Yes ☐ Yes	☐ No ☐ No
<u>Have the following special measures been discussed and explained?</u> (include that the final decision is made by the Judge)			
ABE/VIDEO RECORDED INTERVIEW	☐	REMOVAL OF WIGS AND GOWNS	☐
LIVE LINK	☐	GIVING EVIDENCE IN PRIVATE	☐
SCREENS	☐	COMMUNICATION AIDS	☐
REGISTERED INTERMEDIARY	☐	INTERPRETER (aid to communication)	☐
Any indication that the adult was unable to understand, retain, appreciate & communicate this information? Comment:		☐ Yes	☐ No
Adults Comments on Special Measures:		Rationale as to why measure not discussed:	
Can the adult make an informed decision about being interviewed? If so, have they consented to be interviewed? Comment mandatory if no consent:		☐ Yes ☐ Yes	☐ No ☐ No

<i>Police Officers and Social Workers are reminded to inform the Adult that an investigation may still be required to continue despite the Adult not providing a statement or ABE and that the Adult will be informed of the decision at earliest opportunity.</i>	<i>If no to either, go straight to 'Outcome of PIA' Section on page 4</i>	
Does the adult have any specific needs to be considered in planning for an interview? (to include any religious / cultural / belief practices that may have an impact, need for a RI) Comment :	☐ Yes	☐ No
Does the adult consent to attend court? Comment mandatory if no consent:	☐ Yes	☐ No
If the investigation is regarding certain sexual offences or human trafficking, has the protection of witnesses from cross-examination by the accused in person been explained? Comment:	☐ Yes	☐ No

IF ADULT MAKES A VOLUNTARY DISCLOSURE - CONTEMPORANEOUS, VERBATIM RECORD TO BE MADE
<i>The purpose of this PIA is to assess the Adult's willingness and ability to participate in an investigative interview and not to obtain disclosure from the adult. If during the discussion, the Adult spontaneously discloses evidence, a verbatim contemporaneous record must be made.</i>

(Please close with a diagonal line)

ANY OTHER COMMENTS OR NOTES

OUTCOME OF PIA	
ABE/VIDEO RECORDED INTERVIEW ☐ Date, time and location considered and discussed? Yes ☐ No ☐	WRITTEN STATEMENT ☐ Date, time and location considered and discussed? Yes ☐ No ☐
DECLINES TO GIVE EVIDENCE ☐	FURTHER PIA REQUIRED ☐

SPECIAL MEASURES TO BE APPLIED FOR:			
ABE/VIDEO RECORDED INTERVIEW	☐	REMOVAL OF WIGS AND GOWNS	☐
LIVE LINK	☐	GIVING EVIDENCE IN PRIVATE	☐
SCREENS	☐	COMMUNICATION AIDS	☐
REGISTERED INTERMEDIARY	☐		
OTHER ASSISTANCE TO BE REQUESTED:			
INTERPRETER	☐	SIGN LANGUAGE	☐

RECORD OF WRITTEN INFORMATION PROVIDED TO THE ADULT, INCLUDING EASY READ DOCUMENTS AND CONTACT DETAILS FOR SUPPORT

Signature of person making notes:		Print Name:	
Designation:		Date:	

AJP4 - Planning The Joint Investigation Interview (ABE):

JOINT PROTOCOL – ADULT PROTECTION

AJP4 – Planning The Joint Investigation Interview (ABE)

Form to be completed by either Social Worker or Police Officer. Original to be retained by PSNI

PSNI Reference Number:	
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DETAILS OF ADULT		
Name:	Date of Birth or approx. age:	
	Gender: Male ☐ Female ☐ Other ☐ Prefer not to say ☐	
Interpreter required: Yes ☐ No ☐	Ethnicity:	
Address and Postcode:	Contact No:	Present Location: <i>(if different address)</i>

ABE INTERVIEW PLANNING	
Date and Time of Interview:	Venue:
Names of Interviewers:	Designation:
Names of any other persons who will be present:	Role/Relationship:

CONSIDERATIONS		
Do any special considerations apply? <i>(consider any religious, cultural, beliefs or practices)</i> <i>(If yes give details)</i>	☐ Yes	☐ No
Will a Registered Intermediary/Interpreter/interview supporter attend? <i>(If yes give details)</i>	☐ Yes	☐ No
Name:		
Grade/Qualification:		
Information important to the investigation: <i>(to include general investigative practice and case specific material)</i>		

Information known about the alleged offences: *(to include points to prove)*

DETAIL SPECIFIC ARRANGEMENTS PLANNED FOR INTERVIEW *(Who? What? When? Where? How?)*

(To include equipment, who is lead interviewer, location, timing, duration of interview, pace, breaks, further interviews, after the interview)

JOINT INVESTIGATIVE INTERVIEWERS:

	Signature	Print name
Police Officer:		
Social Worker:		
Date:		

AJP5 – ABE Interview Notes for 2nd Interviewer:

JOINT PROTOCOL – ADULT PROTECTION

AJP5 – ABE Interview Notes for 2nd Interviewer

Form to be completed by either Social Worker or Police Officer. Original to be retained by PSNI

PSNI Reference Number:	
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DETAILS OF INTERVIEW		
Name of Witness:	DOB:	Date:
Location:	Start Time:	End Time:
All others present & their roles:		

*****REMEMBER TO HAVE YOUR RESOURCES AT HAND BEFORE INTERVIEW STARTS*****

PHASE ONE – RAPPORT (ENGAGE & EXPLAIN, GROUND RULES) Tick box if covered		
Date ☐	Time ☐	Location ☐
Introductions ☐	Roles of all present ☐	Equipment ☐
Court ☐	Still consents to go to court ☐	Use video, if relevant ☐
Don't know ☐	Don't understand ☐	Don't guess ☐
Don't remember ☐	Breaks ☐	
Tell the Truth – explore if necessary ☐	Route Map – how the process will run ☐	Check in with 2nd ☐

PHASE TWO - FREE NARRATIVE Tick box if covered
1 st Free narrative – Tell, Explain, Describe, Show etc ☐
Further Free narrative (only if necessary) – T.E.D in more detail, I wasn't there ☐

08/26

PHASE THREE – QUESTIONING USING TOPIC SELECTION

Create firm boundaries, repeat as necessary

Create topics as appropriate to the case, examples that may assist:

From...until

Chunks of chronological time

Actions/Words

Descriptions

Relationships with suspect/witnesses

Rooms & layouts

Significant items

Weapons

Vehicles

Lifestyles

Phones

Electronic devices

Finances

Forensic possibilities

CONSIDER USING THE FOLLOWING TO ASSIST IN OBTAINING AN ACCOUNT:

WORDS/ACTIONS/DESCRIPTIONS:

Actions in slow motion can help

PLAITS:

People, Locations, Actions, Items, Time & Senses

ADVOKATE:

Amount time viewed, Distance, Visibility, Obstructions, Known by witness, Any reason to remember, Time lapse observed, Errors in description

PHASE FOUR - CLOSURE

Anything else?

We can come back if you remember anything else

Use right hand side of page for the following:

LE - Noting possible lines of enquiry

T - Topics to be returned to or dealt with later as directed by lead interviewer

Q - Noting question 2nd has

O - Noting info needed later in interview e.g. Last Names etc

LE / Q
/ T / O

AJP6 – Decision to end Joint Protocol Investigation:

JOINT PROTOCOL – ADULT PROTECTION

AJP6 – Decision to end Joint Protocol Investigation

Form to be completed by either Social Worker or Police Officer. Original to be retained by PSNI

PSNI Reference Number:	
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DETAILS OF ADULT		
Name:	Date of Birth or approx. age:	
	Gender: Male ☐ Female ☐ Other ☐ Prefer not to say ☐	
Interpreter required: Yes ☐ No ☐	Ethnicity:	
Address and Postcode:	Contact No:	Present Location: <i>(if different address)</i>

OUTLINE THE REASONS FOR ENDING JOINT PROTOCOL INVESTIGATION

OUTLINE FINAL COMMUNICATION STRATEGY <i>(Record who will inform the adult/family and relevant others)</i>

AGREED BY WHOM <i>(Record the names of any persons/agencies involved in decision)</i> Note: Rank of Inspector required for No Further Police Action. Rank of Sergeant required if report to PPS	
Names of persons consulted:	Designation/Rank:

Signature of DAPO:	
Signature of PSNI Officer:	
Date:	

Definitions of Abuse, 'Harm' and 'Serious Harm' Appendix 2

Abuse is 'a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights'.

Abuse is the misuse of power and control that one person has over another. Abuse may be perpetrated by a wide range of people who are usually physically and/ or emotionally close to the individual and on whom the individual may depend and trust. This may include but is not limited to, a partner, relative or other family member, a person entrusted to act on behalf of the adult in some aspect of their affairs, a service or care provider, a neighbour, a health or social care worker or professional, an employer, a volunteer, another service user. It may also be perpetrated by those who have no previous connection to the victim. All forms of abuse may constitute a crime.

What is meant by harm?

Adult Safeguarding – Prevention and Protection in Partnership 2015 notes that harm resulting from abuse, exploitation or neglect can be experienced by adults in a range of circumstances, regardless of age, class or ethnicity. Harm is the impact on the victim of abuse, exploitation or neglect. It is the result of any action whether by commission or omission, deliberate or as the result of a lack of knowledge or awareness, which may result in the impairment of physical, intellectual, emotional, or mental health and well-being. This includes:

(i) Conduct which causes physical harm, i.e. physical mistreatment of one person by another which may or may not result in physical injury. This may include, among other things, hitting; slapping; pushing or pulling; kicking; rough handling; shaking; exposure to heat and cold; not giving adequate food or drink; force-feeding; unreasonable confinement (e.g. locked in, tied to a bed or chair); the improper administration of drugs or treatments or the denial of prescribed medication; misuse of medication; misuse or illegal use of restraint, or physical interventions and/or deprivation of liberty; misuse of

manual handling techniques; or inappropriate sanctions (e.g. controlling access to personal resources or withholding basic necessities of life such as food and drink).

(ii) Conduct which causes sexual harm, i.e. the involvement of a person in sexual activities or relationships that either he or she does not want and has not consented to or cannot consent to. This may include, among other things, use of offensive, suggestive or sexual language; indecent exposure; inappropriate touching; not allowing expression of sexuality; withholding appropriate educational information; sexual harassment; sexual assault; rape; 'grooming'; 'stalking'; or human trafficking.

(iii) Conduct which causes psychological harm, i.e. behaviour that is psychologically harmful or inflicting mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include, among other things, threats of harm or abandonment; withholding of security, affection, care or support; deprivation of contact; provoking fear of violence; threat of institutional care; humiliation or ridicule; denial of the opportunity for privacy; shouting, yelling and swearing; blaming; controlling; intimidation; coercion; harassment; isolation or withdrawal from services supportive networks or cyber bullying/threats

(iv) Conduct which causes financial, property or material harm, i.e.. misappropriation or misuse of money, material goods or other assets; transactions to which the person did not consent to, could not consent to, or which were invalidated by intimidation or deception. This may include, among other things, theft; fraud; exploitation; embezzlement; withholding pension; not spending allowances on the individual; denying the person access to his or her money; misuse of benefits; mismanagement of bank accounts; pressure in connection with wills, property, inheritance or financial transactions; unreasonable restriction of a person's right to control his or her life in financial/material terms.

(v) Neglect is the deliberate withholding, or failure through a lack of knowledge or awareness, to provide appropriate and adequate care and support, which is necessary for the adult to carry out daily living activities. It may include, among other things, the physical neglect of someone to such an extent that health, development and/or well-being is impaired; administering too much or too little medication; failure to provide

access to appropriate health, social care or educational services; withholding the provision of the necessities of life such as adequate nutrition, heating or clothing; failure to intervene in situations that are assessed as being dangerous to the person concerned or to others, particularly when the person lacks the capacity to assess risk.

(vi) Institutional harm, which can occur in care settings and services as a result of poor standards, practices and behaviours, inflexible regimes and rigid routines, that place adults at risk and which violate their human rights. It involves the collective failure of an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventive and/or protective measures are in place; failure to maintain good standards of care in accordance with individual needs; failure to properly train, manage and supervise staff; poor record keeping; an inability or unwillingness to implement best practice guidelines; poor liaison with other providers of care; a culture that denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk.

Generally, harm falls into one or more of the six categories listed above. However, it is important to recognise its manifestation in other ways, including:

(i) Domestic abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another within an intimate relationship or a family. It is usually frequent and persistent. It can include abuse by a son, daughter or any other person who has a close or blood relationship with the victim. It can occur right across society and is not bound by age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography. Forced marriage of an adult, who may be unwilling or lack the capacity to agree to getting married is an abuse of human rights and is a form of domestic abuse, and should be treated as such. A clear distinction must be made between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangements remains with the adult or young person. In forced marriage one or both spouses do not consent to the marriage and some element of duress is involved. Duress may include conduct which causes physical and or emotional harm. Honour-based violence or honour crime are also types of domestic abuse and encompass a variety of crimes of violence (mainly but not exclusively against women), including

assault, imprisonment and murder, where the person is being punished by their family or their community for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour.

(ii) Hate crime is any incident which constitutes a criminal offence, perceived by the victim or any other person as being motivated by prejudice or hate towards a person's actual or perceived race; faith or religion; sexual orientation; disability; political opinion or gender identity. The legislative provisions underpinning hate crime offences and penalties in Northern Ireland are set out in the Public Order (Northern Ireland) Order 1987 and the Criminal Justice (No2) (Northern Ireland) Order 2004.

(iii) Human trafficking involves the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, abduction, fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving or receiving of payments or benefits to achieve the consent of a person, or have control over another person for the purpose of exploitation. There are many forms of exploitation, including prostitution or other types of sexual exploitation, forced labour, slavery, domestic servitude or the removal of organs. Human trafficking should be differentiated from 'people smuggling' which is normally defined as the facilitation of entry to the UK either secretly or by deception (whether for profit or otherwise). The immigrants concerned are normally complicit in the offence so that they can remain in the UK illegally. There is normally little coercion/violence involved or required from those assisting in the smuggling.

(iv) Harm through discrimination may manifest itself as any of the other categories of harm previously set out. What is distinctive, however, is that it is motivated by oppressive and discriminatory attitudes towards a person's disability; mental disorder; physical and/or mental infirmity; race; gender; age; religious belief; political opinion; cultural background; appearance; marital status; sexual orientation; whether or not he/she is a carer; or any other aspect of a person's individuality.

(v) Harm by a professional/staff member is the misuse of power and abuse of trust by professionals/staff members; the failure to adhere to best practice guidelines and professional codes of conduct/practice; the failure of professionals/staff members to

act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems.

(vi) Exploitation This is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic abuse, sexual abuse, or human trafficking. This list of types of harmful conduct is neither exhaustive, nor listed here in any order of priority. There are other indicators which should not be ignored. It is also possible that if a person is being harmed in one way, he/ she may very well be experiencing harm in other ways.

The examples listed in each of the categories above are not exhaustive nor should they be taken as definitive proof that harm has taken place. There may be other indicators which should not be ignored. Also, some indicators may point to more than one form of harm; often if a person is being harmed in one way, he or she is being harmed in other ways. Any suggestion that all is not well should be seen as an indicator of possible harm of one form or another. It is important that any safeguarding concern is acted upon to ensure that the appropriate preventive or protective response is made.

All harm caused to adults in need of protection should be responded to in the context of safeguarding. It is recognised that the level of response needs to be sensitive and proportionate to the specific harm caused.

FACTORS TO BE CONSIDERED IN THE ASSESSMENT OF THE SERIOUSNESS OF HARM AND RISK OF POTENTIAL HARM

Consideration of the seriousness of harm and risk are central to determining which response is the most appropriate and key to establishing whether the threshold for a protective investigation/intervention has been met.

The criteria of what constitutes serious harm is imprecise and demands a careful application of professional judgment along with consideration of the available

evidence, concerns raised, degree of risk and other matters relating to the individual and his or her context. Sometimes, a single traumatic event may constitute serious harm, e.g. a violent assault, sexual assault, suffocation or poisoning. More often, it is a series of events, both acute and long-standing, which interrupt, change or damage the individual's physical and/or psychological well-being. Also, it is important to note that harm does not need to be deliberate, that is, intent does not always have to be present to elevate harm to a level of seriousness, which might trigger a protective investigation/intervention. Any assessment of seriousness and risk should include:

- a) the impact on the Adult at risk, e.g. what is the degree of distress experienced; how resilient is the individual and his/her support networks;
- b) the reactions, perceptions, wishes and feelings of the Adult at risk, e.g. how has the person responded; is he/she: shocked/resigned/cowed; aware of the harm caused;
- c) the frailty or vulnerability of the Adult at risk, e.g. any special needs, such as a medical condition, communication impairment or disability that may affect care and support within the family;
- d) the ability of the Adult at risk to consent, e.g. does he or she understand the nature of the concerns raised and the choices he or she faces;
- e) the illegality of the act or acts, e.g. has a criminal offence taken place;
- f) the nature, degree and extent of the harm, e.g. has it caused injury to the person's physical, sexual, psychological or financial wellbeing or property;
- g) the pattern of the harm causing behaviour, e.g. its intensity and frequency; one-off event or part of a long-standing pattern; have there been previous concerns (consider this in the widest sense, i.e. not just previous safeguarding referrals, but also whether the Adult at risk has been a victim of anti-social behaviour, etc.);

- h) the level of threat to the individual's right to independence, e.g. the extent of support the person usually needs, and whether, and how much of, that support is normally provided by the person alleged to have caused harm;
- i) the intent of the person alleged to have caused the harm and extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements, e.g. was this a deliberate act or a lack of awareness; was it a serious unprofessional response to difficulties in care giving; what is the attitude of the person alleged to have caused the harm now regarding the incident;
- j) the relationship between the person alleged to have caused the harm and the Adult at risk, e.g. a balanced consideration of any positive benefits which the person may get from the relationship with the person alleged to have caused the harm/abusive situation;
- k) the context in which the alleged harm takes place, e.g. in a relationship; at home or in a care setting; in the context of a duty of care or trust that has been breached;
- l) the risk of repetition or escalation of harm involving increasingly serious acts relating to this individual or other adults at risk, to children under the age of 18 who may be at risk, or to the wider public, e.g. is there a risk that serious harm could result if no action is taken; is immediate protective action required; and
- m) the factors which mitigate the risk (protective factors), e.g. support services in place; awareness of what constitutes harm; awareness of how to raise concerns/seek help.

Consideration should also have to be given to the vulnerability of the person alleged to have caused the harm, e.g. are they an adult at risk or a child under the age of 18? If so, what actions are needed to support and safeguard them? Making a judgement here may mean having regard to some or all of the factors listed to inform the appropriate course of action.

The list of factors set out above is not exhaustive, and does not imply a hierarchy of importance; their analysis may point to a particular kind of response. In this context, it will also be necessary to:

- evaluate the reliability of the evidence upon which an assessment is made;
- consider any disparity between the strength of conviction of the person reporting the safeguarding concern (e.g. what was the basis of his/her concern or purpose in raising it), and the outcome of the assessment; and
- determine the need for further information gathering.

The safeguarding response made, however, should not undermine the risks identified and the outcomes sought.

Contact Details - Appendix 3

HSC TRUST ADULT PROTECTION GATEWAY SERVICES

Health and Social Care Trust	Telephone (Mon to Fri 9am to 5pm)	Email (Monitored Mon to Fri – 9am to 5pm)
Belfast	028 9504 1744	adultsguarddutydesk@belfasttrust.hscni.net
Northern	028 9441 3659	adultsafeguarding@northerntrust.hscni.net
South Eastern	028 9250 1227	adultprotectiongatewayteam@setrust.hscni.net
Southern	028 3756 4423	adultsafeguard.team@southerntrust.hscni.net
Western	028 7161 1366	adultsafeguarding.referral@westerntrust.hscni.net

REGIONAL EMERGENCY SOCIAL WORK SERVICE (RESWS)

Mon - Fri 5.00pm - 9.00am Saturday and Sunday (24hrs)	Telephone – 0800 197 9995
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HSC TRUST WELFARE CONCERNS - CHILD AND ADULT WELFARE SERVICES

<u>Northern Health and Social Care Trust</u>		
Service Area	Contact Number	Email
All Adult welfare and protection	028 9441 3659	AdultSafeguarding@northerntrust.hscni.net
All Children's welfare/ protection - Gateway Team	0300 1234 333/ 028 9442 4459	SPOE.Referrals@northerntrust.hscni.net

<u>Western Health and Social Care Trust</u>		
Service Area	Contact Number	Email
All Adult welfare and protection	02871 611366	adultsafeguarding.Referral@westerntrust.hscni.net
All Children's welfare/ protection – Gateway Team	028 7131 4090	duty.team@westerntrust.hscni.net

<u>Belfast Health and Social Care Trust</u>		
Service Area	Contact Number	Email
Adult Community Services -Older People	<u>New Referrals & Urgent Requests:</u> North & West 028 9615 8100 South & East 028 9615 8200 <u>General Enquiries:</u> Beech Hall Community Social Work Team 028 9615 2299 Bradbury Community Social Work Team 028 9504 2311 Carlisle Community Social Work Team 028 9504 2380 East Community Social Work Team 028 9504 2299 Grove Community Social Work Team 028 9504 2292 Knockbreda Community Social Work Team 028 9504 2333 Shankill Community Social Work Team 028 9504 0334	
Learning Disability Adult Services	West Team: 028 95 041284 East Team: 028 95 046118 South Team: 028 95 042693 North Team: 028 945 042376	LDTEAMWEST@belfasttrust.hscni.net LDTEAMEAST@belfasttrust.hscni.net LDTEAMSOUTH@belfasttrust.hscni.net LDTEAMNORTH@belfasttrust.hscni.net
Mental Health Adult Services	028 9504 2920	
All Children's welfare and protection	028 9050 7000	

<u>South Eastern Health and Social Care Trust</u>		
Service Area	Contact Number	Email
Older People's services	028 9598 8098	
Disability adult services	Lisburn Sector: 028 9263 3190 North Down & Ards: 028 9151 1190 Down Sector: 028 4461 6915	
Mental Health Adult Service	Lisburn: 028 9264 1362 Ards: 028 9151 2155 Down: 028 4461 3311 x 83311	
All Children's welfare and protection	0300 1000 3000	

<u>Southern Health and Social Care Trust</u>		
Service Area	Contact Number	Email
Adult Community Services - Older People	028 3756 4300	Access.information@southerntrust.hscni.net
Disability Services	028 3839 4088	OOHS.werefs@southerntrust.hscni.net
Mental Health Services	Newry/Mourne: 028 3083 5253 Armagh/Dungannon: 028 37565009 Craigavon/Banbridge: 028 3834 7537	
All Children's welfare/ protection – Gateway Team	028 3756 7100	

PSNI CONTACT DETAILS

Immediate report to if there is imminent danger to a person	PSNI via 999
Central Referral Unit - CRU (all initial correspondence via email)	CRU@psni.police.uk
CRU Hours	Mon-Fri 8am-6pm; Sat & Sun 9am-5pm
At all other times (non-emergency number)	101

PUBLIC PROTECTION UNITS DETAILS

PPU	Email Address
Belfast Team	PPUBelfast@psni.police.uk
Northern Team	PPUNorthern@psni.police.uk
Southern Team	PPUSouthern@psni.police.uk
South Eastern Team	PPUSouthEastern@psni.police.uk
Western Team	PPUWestern@psni.police.uk

RQIA CONTACT DETAILS

	Telephone	Email
The Regulation and Quality Improvement Authority James House 2 - 4 Cromac Avenue Gasworks Belfast BT7 2JA	02895361111 (9am - 5pm Mon to Fri)	info@rqia.org.uk

VICTIM AND WITNESS CARE UNIT

VWCU	Telephone	SMS (Deaf/hard of hearing)	Email
<u>Belfast Office</u> (Belfast Region, Eastern Region and Headquarters)	028 9026 4690	078 2511 8389	wwcubelfast@ppsni.gov.uk
<u>Foyle Office</u> (Western & Southern Region)	028 7134 0632	078 2511 8416	wwcufoyle@ppsni.gov.uk

Relevant Legislation - Appendix 4

A crime is a breach of the criminal law which is contained in statute or common law. Not all harm, abuse or exploitation of an adult at risk and in need of protection constitutes a possible crime.

However, where an adult at risk and/or a relative or other professional (if the individual lacks capacity) decides to access the Criminal Justice system, HSC Trusts in keeping with the principles of the Joint Protocol will support and assist in this process.

In cases of ill-treatment or wilful neglect by a staff member, Article 121 of the Mental Health Order may need to be considered to determine if a possible offence has been committed.

RQIA

Full details of the relevant legislation and enforcement powers can be found on RQIA Website or via the links RQIA Legislation and RQIA Enforcement Procedures

Mental Capacity Act (NI) 2016

The first Phase of the Act came into operation in two stages - research provisions commenced on 1 October 2019 and provisions in relation to deprivation of liberty and money & valuables in hospitals and residential care and nursing homes commenced on 2 December 2019. Information on the Act - Mental Capacity Act | Department of Health (health-ni.gov.uk)

Domestic Abuse and Civil Proceedings Act 2021

The Domestic Abuse and Civil Proceedings Act (NI) 2021, which came into effect in February 2022, creates a new, specific offence of domestic abuse offence in Northern Ireland. It offers greater protections to all victims who have suffering abuse, including those experiencing controlling or coercive behaviour in a domestic context. Information on the Act - Domestic Violence and Abuse | PPS for NI (ppsni.gov.uk)

Protection from Stalking Act (NI) 2022

The Protection from Stalking Act (NI) 2022 came into effect on 27 April 2022, it creates a specific offence of Stalking and a further offence of Threatening and Abusive Behaviour. It is important to note that the Act does not have retrospective effect. Information on the Act - Stalking Offence Statutory Guidance | Department of Justice (justice-ni.gov.uk)

The Criminal Law Act (NI) 1967

Section 5 of the Criminal Law Act (NI) 1967 states that where a person has committed a relevant offence, it shall be the duty of every other person, who knows or believes:

-

- that the offence or some other relevant offence has been committed; and the alleged person to have caused the harm is known or can be easily identified and
- that he has information which is likely to secure, or to be of material assistance in securing, the apprehension, prosecution or conviction of any person for that offence,
- to give that information, within a reasonable time, to a constable and if, without reasonable excuse, he fails to do so he shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment according to the gravity of the offence about which he does not give that information, as follows: -
- if that offence is one for which the court is required by law to sentence an offender to death or to imprisonment for life or to detention during the pleasure of the Governor of Northern Ireland, he shall be liable to imprisonment for not more than ten years [or a fine or both];

- if it is one for which a person (of full age and capacity and not previously convicted) may be sentenced to imprisonment for a term of fourteen years, he shall be liable to imprisonment for not more than seven years [or a fine or both];
- if it is not one included above but is one for which a person (of full age and capacity and not previously convicted) may be sentenced to imprisonment for a term of ten years, he shall be liable to imprisonment for not more than five years [or a fine or both];
- in any other case, he shall be liable to imprisonment for not more than three years [or a fine or both].
- (2) It shall not be an offence under this section for the person suffering loss or injury by reason of the commission of the offence (in this section referred to as “the injured person”) or some other person acting on his behalf not to disclose information upon that loss or injury being made good to the injured person or upon the injured person being reasonably recompensed therefore so long as no further or other consideration is received for or on account of such non-disclosure.

Relevant offence is defined in Section 4(1A) of the Act:

4(1A) In this section and section 5, "relevant offence" means—

- (a) an offence for which the sentence is fixed by law,
 - (b) an offence for which a person of 21 years or over (not previously convicted) may be sentenced to imprisonment for a term of five years (or might be so sentenced but for the restrictions imposed by Article 46(4) of the Magistrates' Courts (Northern Ireland) Order 1981),
- but in section 5(1) “relevant offence” does not include an offence under Article 20 of the Sexual Offences (Northern Ireland) Order 2008 (Article 20 of the Sexual Offences (NI) Order 2008 relates to certain sexual offences committed by persons under 18 years of age)

Basically, this includes any offence for which a person may be sentenced to 5 years or more in prison.

Examples of some offences which attract a sentence of 5 years or more imprisonment would include;

Offences against the person

- Murder
- Attempted murder
- Grievous bodily harm with intent
- Grievous bodily harm
- Assault occasioning actual bodily harm
- Threats to kill

Sexual offences

- Rape
- Attempted rape
- Assault by penetration
- Sexual assault
- Causing or inciting a person to engage in sexual activity without consent
- Sexual activity with a person with a mental disorder impeding choice
 - Engaging in sexual activity in the presence of a person with a mental disorder impeding choice
 - Causing a person with a mental disorder to engage or agree to engage in sexual activity by inducement, threats or deception

Dishonesty offences

- Theft
- Attempted theft
- Burglary with intent to steal
- Burglary with intent to cause criminal damage
- Fraud
- Conspiracy to defraud

In relation to dishonesty offences section 5(2) would be relevant i.e.

“It shall not be an offence under this section for the person suffering loss or injury by reason of the commission of the offence (in this section referred to as “the injured person”) or some other person acting on his behalf not to disclose information upon that loss or injury being made good to the injured person or upon the injured person being reasonably recompensed therefore so long as no further or other consideration is received for or on account of such non-disclosure”.

Article 121 of the Mental Health NI Order (1986)

Ill-treatment of patients

121. (1) Any person who, being an officer on the staff of or otherwise employed in a hospital, private hospital or nursing home or being a member of the [F1 Board or a Director of the [F2HSC Trust] managing a hospital, or a person carrying on a private hospital or nursing home -

- (a) ill-treats or wilfully neglects a patient for the time being receiving treatment for mental disorder as an in-patient in that hospital or nursing home; or
- (b) ill-treats or wilfully neglects, on the premises of which the hospital or nursing home forms part, a patient for the time being receiving such treatment there as an out-patient, shall be guilty of an offence.

(2) Any individual who ill-treats or wilfully neglects a patient who is for the time being subject to his guardianship under this Order or otherwise in his custody or care (whether by virtue of any legal or moral obligation or otherwise) shall be guilty of an offence.

(3) Any person guilty of an offence under this Article shall be liable—

- (a) on summary conviction, to imprisonment for a term not exceeding six months or to a fine not exceeding the statutory maximum, or to both;
- (b) on conviction on indictment, to imprisonment for a term not exceeding two years, or to a fine of any amount, or to both.

Domestic Violence, Crime and Victims Act 2004

Causing or allowing a child or vulnerable adult to die or suffer serious physical harm

Art 5

(1) A person ("D") is guilty of an offence if—

- a) a child or vulnerable adult ("V") dies or suffers serious physical harm as a result of the unlawful act of a person who -
 - was a member of the same household as V
 - and had frequent contact with them,
- b) D was such a person at the time of that act,
- c) at that time there was a significant risk of serious physical harm being caused to V by the unlawful act of such a person, and
- d) either D was the person whose act caused the death or serious physical harm or -
 - i. D was, or ought to have been, aware of the risk mentioned in paragraph (c),
 - ii. D failed to take such steps as he could reasonably have been expected to take to protect V from the risk, and
 - iii. the act occurred in circumstances of the kind that D foresaw or ought to have foreseen.

(2) The prosecution does not have to prove whether it is the first alternative in subsection (1)(d) or the second (sub-paragraphs (i) to (iii)) that applies.

(3) If D was not the mother or father of V—

- (a) D may not be charged with an offence under this section if he was under the age of 16 at the time of the act that caused the death or serious physical harm;
- (b) for the purposes of subsection (1)(d)(ii) D could not have been expected to take any such step as is referred to there before attaining that age.

(4) For the purposes of this section—

- (a) a person is to be regarded as a “member” of a particular household, even if he does not live in that household, if he visits it so often and for such periods of time that it is reasonable to regard him as a member of it;
- (b) where V lived in different households at different times, “the same household as V” refers to the household in which V was living at the time of the act that caused the death or serious physical harm.

(5) For the purposes of this section an “unlawful” act is one that—

- (a) constitutes an offence, or
- (b) would constitute an offence but for being the act of—
 - (i) a person under the age of ten, or
 - (ii) a person entitled to rely on a defense of insanity.

Paragraph (b) does not apply to an act of D.

(6) In this section—

“act” includes a course of conduct and also includes omission;

“child” means a person under the age of 16;

“serious” harm means harm that amounts to grievous bodily harm for the purposes of the Offences against the Person Act 1861 (c. 100);

“vulnerable adult” means a person aged 16 or over whose ability to protect himself from violence, abuse or neglect is significantly impaired through physical or mental disability or illness, through old age or otherwise.

(7) A person guilty of an offence under this section of causing or allowing a person's death is liable on conviction on indictment to imprisonment for a term not exceeding 14 years or to a fine, or to both.

(8) A person guilty of an offence under this section of causing or allowing a person to suffer serious physical harm is liable on conviction on indictment to imprisonment for a term not exceeding 10 years or to a fine, or to both.

Relevant Offences and Duty to Report - Appendix 5

Incidents which may constitute a relevant reportable offence as per Appendix 4 must be referred to PSNI. The following guidance is intended to support practitioners understanding of the Duty to Report.

The DAPO as part of the professional assessment should ascertain whether any potential crime may have occurred. They must consider the legal duty to report as a relevant offence and take into consideration the views of the alleged victim and/or their next of kin determine whether harm has taken place.

Other potential offences may also have occurred where the HSC does not have a duty to report. Such incidents should be discussed with the adult and / or their family to agree if these should be reported via 101. E.g. not all incidents of domestic abuse constitute criminal offences but may still require an alternative safeguarding response. Whether a criminal offence has been committed will depend on the circumstances of each individual case. In all domestic abuse cases the Safe Lives/DASH/RIC form must be completed to determine whether a referral to MARAC is required and/or serious harm has been caused which requires a referral/report to PSNI. Domestic abuse incidents should be reported to Police via 101/999/online reporting in the first instance as most domestic abuse incidents are not subject to joint protocols.

The HSC Trust has the responsibility to ensure that all human rights obligations are fully considered. In order to meet these obligations, there is a clear and explicit requirement for the DAPO to ensure that the HSC Trust staff member, where it is safe to do so, engages with the adult at risk to discuss the incident and their view on any action to be taken.

Where the individual does not want to make a report to PSNI and the professional view is that a relevant crime may have been committed, there must be evidence of the rationale for any decisions to refer the matter to PSNI. This rationale should be recorded on the Joint Protocol AJP forms (Appendix 1).

Reports of potential Human Trafficking / Modern Slavery; Hate Crime; Forced Marriage, Female Genital Mutilation and Honour Based Violence, should be reported to PSNI via 101 or CRU depending on the specific case detail.

Concerns relating to non-recent child abuse should be reported to CRU via the HSC Notification form.

Paid employment / volunteer / person in position of trust.

All cases where the person alleged to have caused the harm is a paid employee or a volunteer in a position of trust and there is a reasonable suspicion that a crime has been committed must be reported to PSNI. Where poor practice may constitute ill-treatment or wilful neglect, consideration may need to be given to Article 121 of the Mental Health (Northern Ireland) Order 1986. (Appendix 4). Not all incidents of poor practice constitute serious harm and/or an offence but may still require an alternative safeguarding response

Human Rights - Appendix 6

The Human Rights Act 1998 has been fully effective from 2nd October 2000. It incorporates the European Convention for the Protection of Human Rights and Fundamental Freedoms into United Kingdom Domestic Law. This makes it unlawful for public authorities to act in a manner which is incompatible with the rights and freedoms guaranteed by the Convention sets out the main Convention Rights enshrined in the 1998 Act.

Decisions taken not to comply with the wishes of the adults at risk may constitute a breach of Human Rights legislation. Where consideration is being given not to comply with the wishes of the adult at risk, the decision taken must be lawful, proportionate and in keeping with what is in the public interest.

Public authorities can interfere with an individual's rights providing it is lawful, proportionate and necessary in a democratic society.

Lawful means 'prescribed by law' and the legal basis for any restriction on rights and freedoms must be established and identified. Reporting a relevant offence as defined in the Criminal Law Northern Ireland Order 1967, is not only lawful but a legal requirement on public authorities.

Proportionate means that the proposed action is viewed by any reasonable person as fair, necessary and the least restrictive in order to benefit the individual.

Necessary in a Democratic Society means:

- a) Does it fulfil a pressing social need?
- b) Does it pursue a legitimate aim? And;
- c) Is the proposed action in the public interest taking into consideration whether other Adults at risk or children may be at risk of harm?

The Decision-Making Process

In applying the key principles of lawfulness, proportionality and whether it is necessary in a democratic society, a public authority representative must ask the following questions:

- a) Is there a legal basis for my actions?
- b) Is it proportionate and necessary in a democratic society?
- c) Is the procedure involved in the decision-making process fair and does it contain safeguards against abuse?
- d) Was there an alternative and less restrictive course of action available? (The intervention should be strictly limited to what is required to achieve the objective).
- e) Is the restriction required for legitimate purposes?
- f) If I fail to interfere with this individual's rights could there be a more serious outcome in not affording the individual adequate protection in fulfilment of their human rights?

Decisions to interfere with an individual's rights may be subject to scrutiny by the Courts. However, if public authorities can show that they applied the relevant Human Rights principles when making their decision, they are less likely to be over-ruled. It is very important to keep notes and decisions should be recorded in full.

The Human Rights Act 1998 - Main Convention Rights

Article 2 - Right to life

Article 3 - Prohibition of torture

Article 4 - Prohibition of slavery and forced labour

Article 5 - Right to liberty and security of person

Article 6 - Right to a fair trial

Article 7 - No punishment without law

Article 8 - Right to respect for private and family life

Article 9 - Freedom of thought, conscience and religion

Article 10 - Freedom of expression

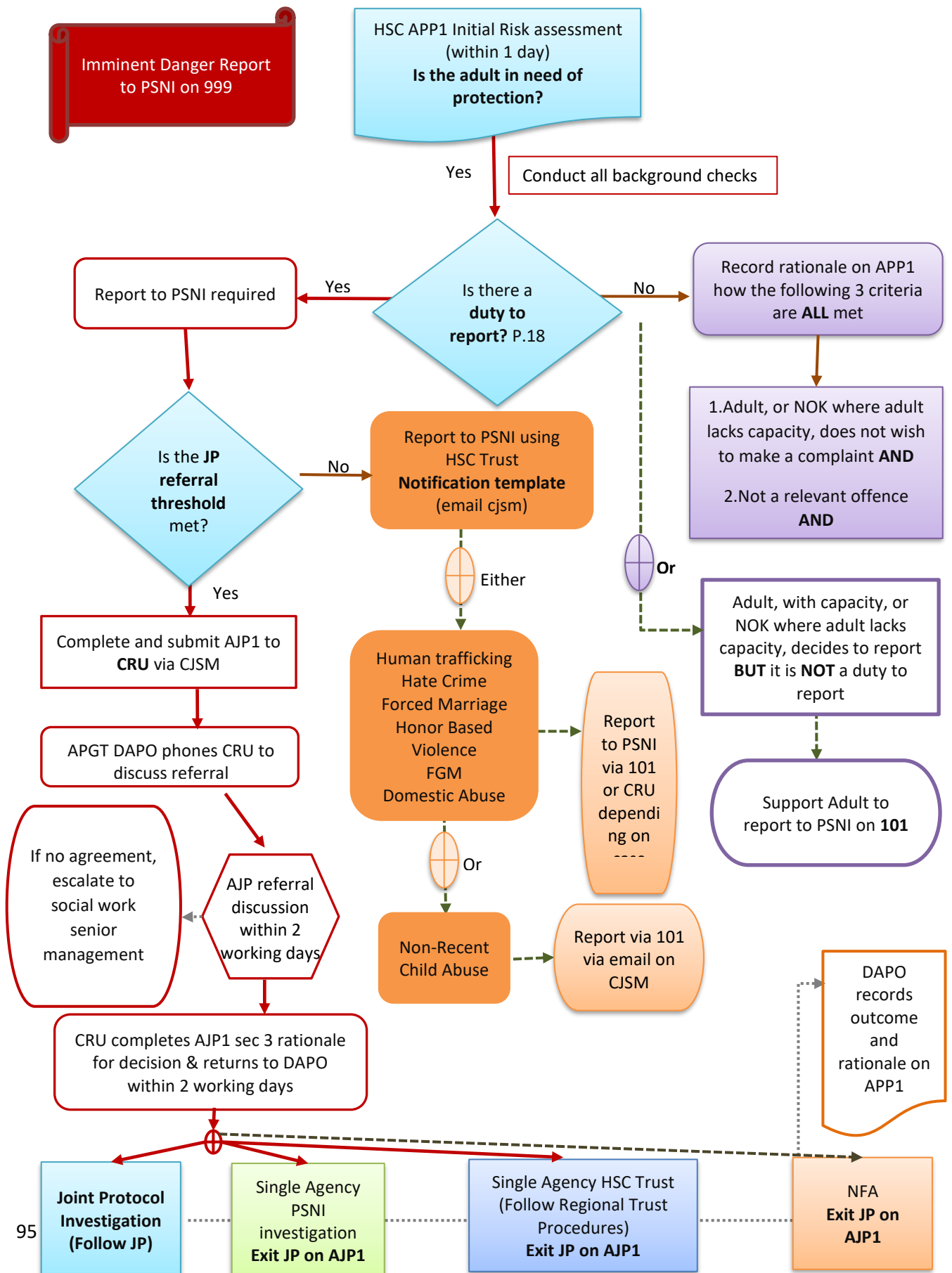
Article 11 - Freedom of assembly and association
Article 12 - Right to marry
Article 14 - Prohibition of abuse of rights
Article 16 - Restrictions on political activity of aliens
Article 17 - Prohibition of abuse of rights
Article 18 - Limitation of use of restriction of rights
Article 1, 1st protocol Protection of property
Article 2, 1st protocol Right to education
Article 3, 1st protocol Right to free elections
Article 1, 6th protocol Abolition of the death penalty

HSC Trust Notification to PSNI – Appendix 7

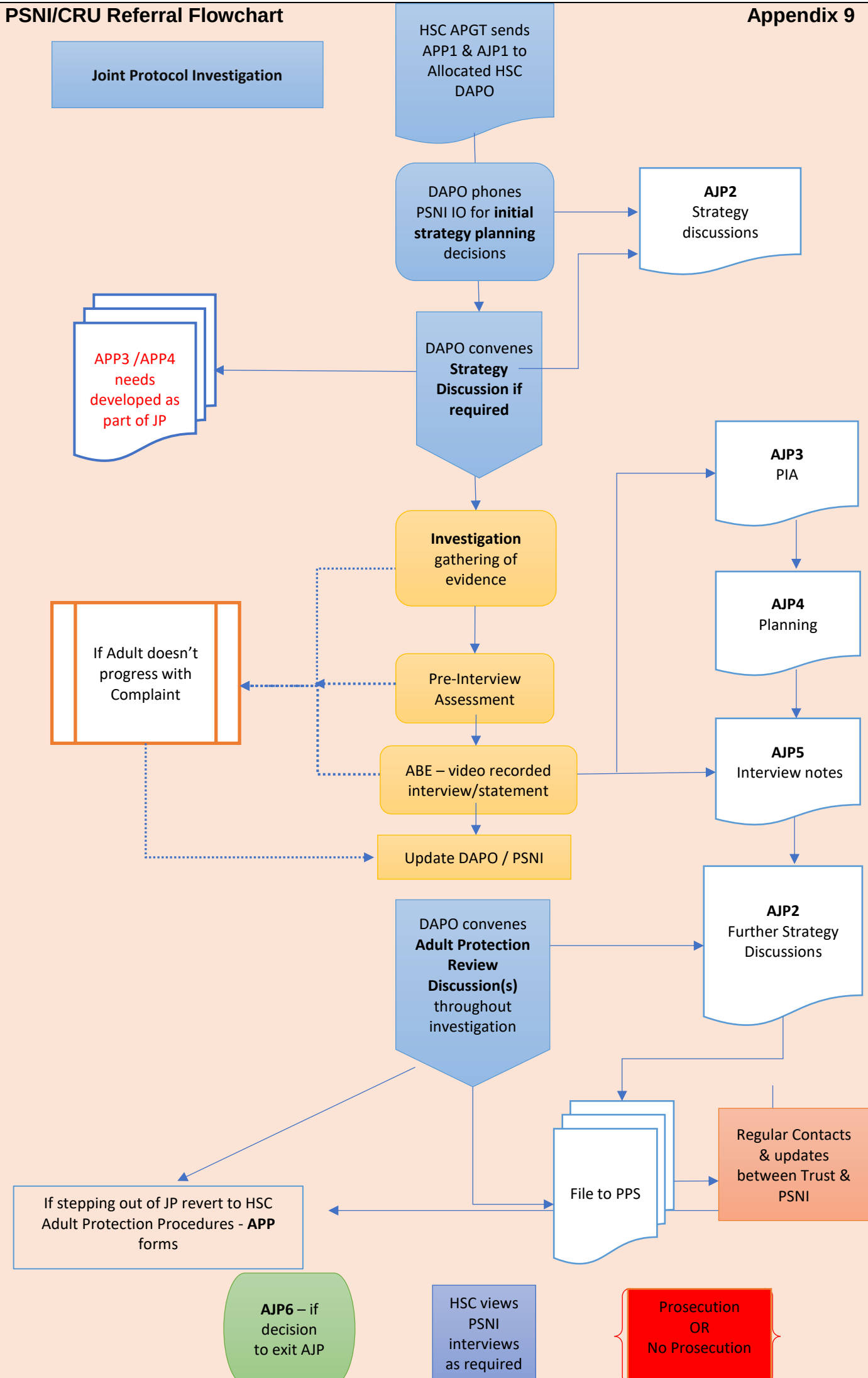
All Non-Recent Child Sexual Abuse cases should be referred on this template to cru@psni.police.uk.cjsm.net via CJSJ email account.

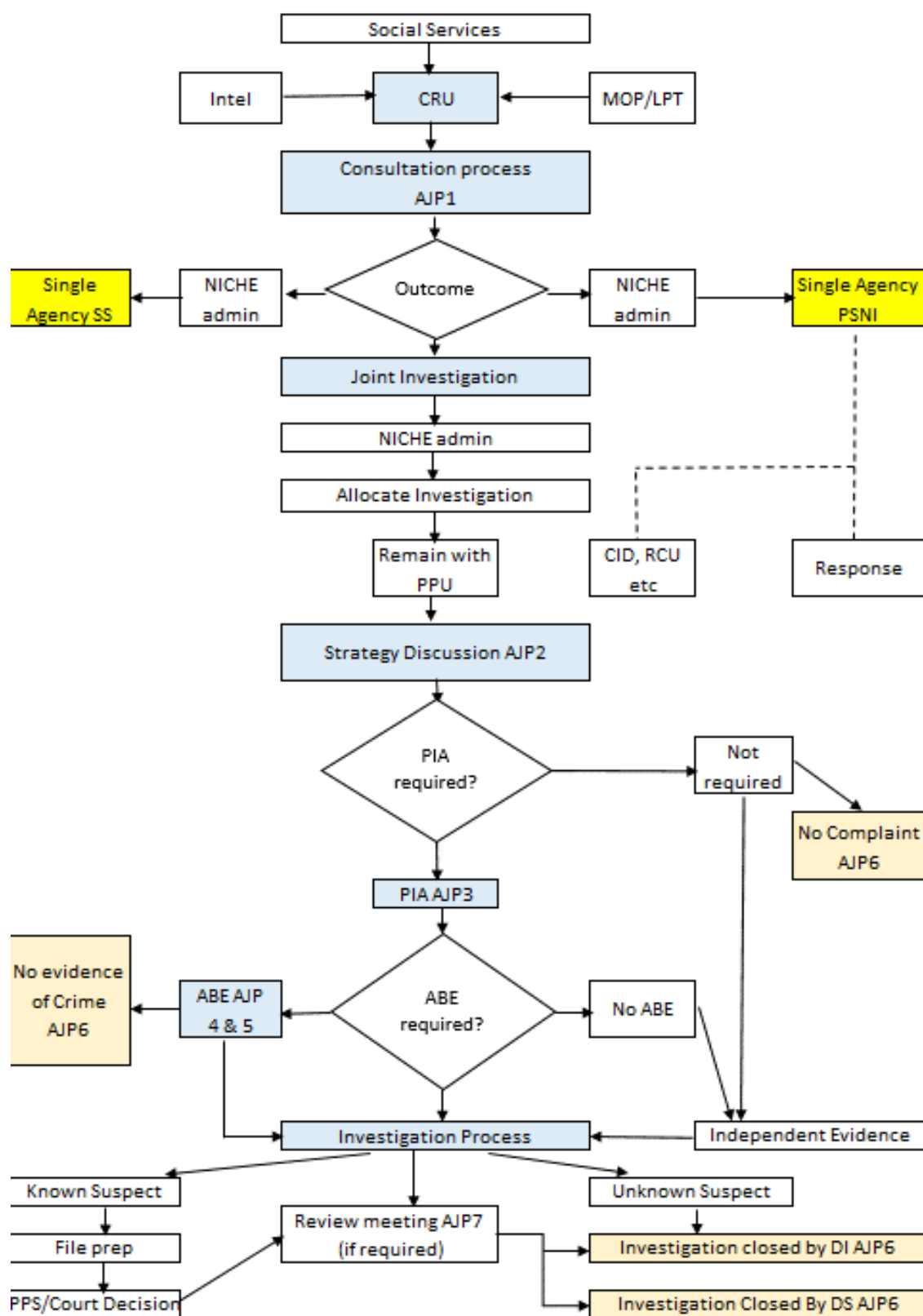
Referral	
Referral Date:	
Notification Made By	
Name	
Occupation / Job Title	
Email Address	
Telephone Number	
Source of Information	
Referring Department	
Victim Details	
Name	
Date of Birth	
Address	
Telephone Number	
Consent for Police Contact?	
Offending Details	
Location of offending	
Alleged Abuser	
When did offending occur?	
Details of Non-Recent Sexual Abuse	
Signed	
Date	

HSC Trust Referral to CRU and Process Flowchart - Appendix 8



Appendix 9





Adult Safeguarding Prevention and Protection in Partnership Policy (the Policy) was produced jointly by the Department of Health Social Services and Public Safety (DHSSPS) and Department of Justice in 2015. The Policy set out the future agenda for adult safeguarding in a Northern Ireland context. It extended safeguarding to encompass both prevention and protection and places a very strong emphasis on partnership working. The responsibilities of different organisations are clearly set out within the Policy which included thresholds for referrals to adult protection services. This Policy is currently being reviewed on behalf of the Northern Ireland Executive under the new proposed legislation of the Adult Protection Bill.

Protocol for Joint Investigation of Adult Safeguarding Cases (2016). The 3rd Edition of the Joint Protocol.

The Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2003 and revised in 2009). The 1st and 2nd Editions of the Joint Protocol.

Adult Safeguarding in Northern Ireland: Regional and Local Partnership Arrangements (DHSSPS and DoJ) was published in 2010 and led to the establishment of the Northern Ireland Adult Safeguarding Partnership (NIASP) and the five Local Adult Safeguarding Partnerships (LASPs).

NIASP was stood down in 2020 and is being replaced by the formation of the Northern Ireland Adult Protection Board under the Strategic Planning and Performance Group (SPPG).

Adult Safeguarding Operational Procedures (NIASP, Sept 2016) is currently being reviewed and will be replaced with Statutory Guidance of the Adult Protection arrangements outlined in the forthcoming Adult Protection Act

Stopping Domestic and Sexual Violence and Abuse in NI Strategy (DoH, March 2016), and the most current Action Plan (2022/2023).

Domestic Abuse and Civil Proceedings Act (NI) 2021 outlines the newly appointed domestic abuse offences which came into effect in February 2022

Protection from Stalking Act (Northern Ireland) 2022 (legislation.gov.uk) outlines the newly offences linked to stalking or threatening behaviour which came into effect in April 2022.

Justice (Sexual Offences and Trafficking Victims) Act (Northern Ireland) 2022 (legislation.gov.uk)

Section 28 gives a new offence for Non-Fatal Strangulation and will be introduced on Monday 26th June 2023

Protection of adult victims and potential victims of human trafficking and modern slavery (Adult Working Arrangements 2018)

Achieving Best Evidence in Criminal Proceedings (Northern Ireland) (2003, revised in 2010 and again in 2012). A guidance document on interviewing victims and witnesses, the use of special measures and the provision of pre-trial therapy. These supports aim to assist the victim through the criminal justice process from the point of referral to PSNI and throughout the investigative process, including, if required, giving evidence in Court as well as follow-up, in terms of outcome. There are other arrangements in place to support a vulnerable individual who is suspected of committing a crime.

The Criminal Evidence (Northern Ireland) Order 1999 (legislation.gov.uk) legislation for special measures.

The Police and Criminal Evidence (NI) Order 1989 outlines Police powers.

The Justice Act (NI) 2015 – outlines Section 96 - Causing or allowing child or vulnerable adult to suffer serious physical harm.

The Witness Charter - a Charter for Witnesses of Crime (DoJ, January 2017)

The Victim Charter a Charter for Victims of Crime (DoJ, September 2015), provides information on the range of entitlements aimed at supporting victims of crime and details the roles and responsibilities of relevant agencies in relation to delivering of these supports. Some of the entitlements are available to all victims of crime such as crime information leaflets and access to Victim Support Northern Ireland.

European Court of Human Rights
Human Rights Act 1998

NI MARAC – Operating Protocol for Northern Ireland Multi-agency Risk Assessment Conferences (August 2014);
PPANI | Public Protection Arrangements Northern Ireland (publicprotectionni.com)
Guidance to Agencies on Public Protection Arrangements (PPANI) Article 50, Criminal Justice (Northern Ireland) Order 2008

Registered Intermediaries Appendix 11

The Criminal Evidence (NI) Order 1999 provides for a number of special measures, such as video recorded evidence-in-chief and giving evidence by live link, to assist vulnerable and intimidated witnesses (both for the prosecution and the defence) give their best possible evidence in criminal proceedings.

Article 17 of the 1999 Order provides for the examination of a witness through an intermediary. The creation of the Registered Intermediary (RI) role represents a statutory recognition that adults at risk witnesses and defendants with communication needs may require help and facilitation with giving evidence, allowing people with complex communication difficulties to have a voice and the opportunity to tell their story.

Article 21BA of the 1999 Order, as inserted by section 12 of the Justice Act (NI) 2011, provides for the examination of a vulnerable defendant when they are giving oral evidence.

RIs have a range of responsibilities intended to help adults at risk witnesses, defendants and criminal justice practitioners at every stage of the criminal process, from investigation to trial.

It is the responsibility of the PPU and PPS, to request an assessment from a (RI).

RI's come from a number of professional backgrounds. It is a highly specialised role and requires expertise in dealing with the communication needs of individuals with the following types of conditions:

- Aphasia/Dysphasia
- Autistic Spectrum Disorder
- Brain and/or Head Injury
- Deafness/hearing Impairment
- Dementia
- Dysarthria/Dyspraxia
- Fluency Difficulties
- Language Delay/Disorder
- Learning disability
- Mental health Issues
- Neurological and other Progressive Disorders
- Phonological Delay/Disorder
- Physical Disability
- Selective/Elective Mutism
- Voice Disorders (including laryngectomy)

The above list is intended to be illustrative rather than exhaustive and whether someone should be provided with RI assistance will need to be determined on a case-by-case basis, based on the particular needs of the individual witness or defendant. It is also important to note that not all witnesses or defendants with the conditions listed above will necessarily require assistance, if their disability does not affect their ability to communicate effectively.

For police interviews, the RIs duty is to assess and facilitate effective communication and understanding between the police and the witness or defendant. In terms of the court stage, the RIs duty is to the court. RIs are there to ensure the court has access to the best possible evidence and that this can be properly examined so that justice can be done.

How the RI role is exercised

An RI will carry out an assessment of a witness or defendant's communication abilities and needs. In this assessment the RI will:

- Evaluate the abilities and needs of the witness/defendant, including whether they have the ability to communicate their evidence during a police interview and at court;
- Ascertain if the witness/defendant needs an RI;
- Consider if the witness/defendant would be able to give evidence at all, even with the assistance of an RI;
- Indicate whether, in the absence of an intermediary, the quality of a witness's evidence would be diminished or a defendant would not receive a fair trial; and
- Make recommendations as to special measures to enable the best communication with and evidence from, the witness.

The RI will provide the investigating police officer with a preliminary report (this may be provided orally) to enable planning for the interview. The RI will be present in the interview in order to advise and assist with communication strategies; the RI does not ask the questions or interpret the answers given. An RI also directly assists in the communication process – helping a witness or defendant understand the questions during an investigative interview or testimony at the trial and helping them communicate their answers. Effective means of communication may include speech, symbols, communication aids, drawing and writing.

The RI role differs from the Appropriate Adult (AA) as it is more specialised and requires expertise in assessing and advising on communication strategies. RIs are

neutral and do not have a support role whereas the AA's role is to ensure the adult is treated appropriately. Where a support role is identified an ABE, social worker will interview the adult along with an ABE PSNI officer.

Following the investigative stage, where the case proceeds to court, the RI will write a report for court about the communication needs of the individual.



Police Service
of Northern Ireland



OFFICIAL [PARTNERS]

PERSONAL DATA REQUEST FORM

This form contains sensitive information. Do not disclose or disseminate it or the information contained within it without firstly seeking permission from the originator. This form must be handled securely in accordance with the Data Protection Principles as set out in the Data Protection Act 2018.

To (name and position if known)

Organisation and Address:

This request for information is made by me as an employee of the PSNI for the purposes of a police investigation. Section 32 of the Police (Northern Ireland) Act 2000 states it shall be the general duty of police officers to protect life and property, preserve order, prevent the commission of offences and where an offence has been committed to take measures to bring the offender to justice. Only information which is deemed relevant and necessary for the purpose of this investigation will be requested on this form.

The personal data I require relates to the following individual(s):
(Include identifying details of the person where known, such as name, address and date of birth)

I have the following information to assist you in locating the personal data and other information:
(Include further details, where available, to assist locating the information sought. If the request is for intelligence purposes then include individual's involvement.)

I require the following personal data and other information:
(Describe the information sought)

I require the personal data and other information to assist with my enquiries into:
(Describe the subject of those enquiries as far as is possible without prejudicing them)

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I confirm the personal data and other information is required for the following purpose(s):
(Tick the relevant box(es) and complete the 'Other' row where necessary)

Purpose	Legal Basis	Tick
For the prevention, investigation and detection of crime	Police Acts, Common Law	☐
For the apprehension and prosecution of offenders	Police Acts, Common Law	☐
To put before a court to obtain a search warrant	Police Acts, Common Law	☐
To prepare a file for the Coroner's Court	On request of the Coroner	☐
To risk assess the address to safeguard the health and safety of any emergency personnel attending	Police Acts, Health & Safety, Common Law	☐
To locate a missing person to ascertain their well being	Police Acts, Common Law	☐
To progress enquiries into a Road Traffic Incident	Police Acts, Common Law	☐
To protect life or property	Police Acts, Common Law	☐
Other (please specify)		

I request that the personal data and other information should be provided to the police in the following manner:
(Having considered factors such as the protective marking indicate how the information should be provided to the police, eg in person.)

The Data Protection Act 2018 defines personal data as any information relating to an identified or identifiable living individual. The Data Protection Act (2018) and General Data Protection Regulation (GDPR), allows for the disclosure of personal data to Police when the purpose is to prevent and detect crime:

- Article 6 of GDPR allows for the general processing of personal data when it is necessary for (but not limited to), compliance with a legal obligation; the protection of the vital interest(s) of the data subjects, or another natural person; or a task carried out for the public interest which includes but is not limited to, the administration of Justice under Article 8(a) of the Data Protection Act (2018).
- Article 9 of GDPR allows for processing in relation to Special Category data where it is necessary for (but not limited to) the protection of the vital interest(s) of another natural person; or for reasons of substantial public interest as detailed in Schedule 1 part 2 of Data Protection Act (2018) which includes but is not limited to, 'preventing or detecting unlawful acts' and 'safeguarding children and of individuals at risk'.
- The processing of personal data, including Sensitive Processing, by another Competent Authority may be processed lawfully when strictly necessary for a law enforcement purpose as per Part 3 of the Data Protection Act (2018). Law enforcement purpose is defined as 'the prevention, investigation, detection or prosecution of criminal offences or the execution of criminal penalties including the safeguarding against and the prevention of threats to public security'. A Competent Authority is a body listed in Schedule 7 of the Data Protection Act (2018) and has a law enforcement function, eg a local council, Probation Board, other police forces etc. Special Category data and Sensitive Processing means data revealing racial or ethnic origin, political opinions, religious, philosophical belief, trade union membership, genetic data, biometric data, data concerning health, data concerning a person's sex life or sexual orientation (Article 9 of GDPR and S.35(8) Data Protection Act

Human Rights Act 1998 Article 8 – right to privacy. This request is consistent with Article 8(2) prevention of disorder or crime.

OFFICIAL [PARTNERS]

(To be completed by the officer requesting the personal data and other information – tick appropriate box(es))
I confirm that:

- ☐ this information will be used in connection with this enquiry and held and used only as long as this is required for policing purposes and any subsequent criminal justice proceedings.
- ☐ the information requested is necessary for and proportionate to the purpose indicated above.
- ☐ if this personal data is not disclosed it will prejudice the purpose indicated above.

Signed: _____ Rank/Number: _____ Date: _____

Print Name: _____ Post: _____

District Address: _____

Phone: _____ Fax: _____ Email: _____

If the nature of the enquiries is specified above this form must be signed by a Sergeant or Supervisor (for the purposes of Intelligence Departments, this should be by an Inspector or above). If the investigation is such that no explanation can be given, this form will be countersigned by a Superintendent.

Signed: _____ Rank/Number: _____ Date: _____

Print Name: _____ Post: _____

This section to be completed by the recipient of request for personal data and information.

Response

As part of your decision making process, please take into account the requirements upon you by other legislation relevant to your organisation.

Please reply to all requests so that we know they have all been considered and to help prevent duplication.

Signature: _____ Date: _____

Name: _____ Position: _____

Organisation and Dept: _____

☐ The information requested above has been approved for disclosure and is attached

☐ The information requested above has not been approved for disclosure

(Tick as appropriate)

Please explain why you have decided not to disclose the information so that we know whether you need additional information or for us to consider presenting to the Court to obtain a Disclosure Order:

The subject of the request should not be given any indication that this request has been made prior to consultation with the requesting officer. If your organisation subsequently receives a request for a copy of this document (eg under the Data Protection Act or Freedom of Information Act) please contact the PSNI Corporate Information Branch at foi@psni.pnn.police.uk or dataprotection@psni.pnn.police.uk.



Guidance on the Role of a Support Person in Adult Protection meetings

What is an Adult Protection Strategy Meeting?

Adult Protection Strategy Meetings* are held where there are concerns about an Adult in Need of Protection and where the Trust and the PSNI are working in partnership to investigate the circumstances that led to harm and to protect the adult who has been harmed.

They are multi-disciplinary meetings so should include everyone relevant to the investigation/adult protection issue.

Central to this is the adult themselves and/or their family. The adult or their family member, (where attendance is appropriate) may wish to have a support person at the meeting with them.

*A strategy meeting is not a Pre-Interview Assessment or ABE meeting.

Why might an adult or a family member wish to have a support person at an Adult Protection Strategy Meeting?

The Adult or their family member, where the adult has consented their families' involvement, may wish to have the support of a trusted person to provide emotional support and reassurance during the meeting. They might also help the adult or their family member to share their views at the meeting and ask the questions the adult or family think is important. The views of families and carers are critical throughout the adult protection process and therefore the involvement of the support person is valued to ensure views are adequately reflected.

Who can act as a support person?

The support person may be a relative, friend, advocate, solicitor or any other relevant person who the adult/family member feel is best placed to support them.

Roles and Responsibilities of the Support Person

- The role of the support person is to provide support to the adult and/or the family member with the adult/family members consent. This may include presenting the

views of the adult and/or family; raising questions on behalf of the adult and/or family; or asking for information to be provided in an alternative way. The support person should have established his/her views in advance of the meeting.

- Where the adult lacks capacity to inform the adult protection meeting the support person will act in a best interest's capacity.
- **The support person is not to present to promote his/her own views/opinions.**
- The support person will be expected to respect the confidentiality of the meeting and the issues discussed within it.
- The support person will not be formally vetted; therefore, it is their responsibility to ensure there is no reason which may affect their suitability to act as a support person. Persons who may have been identified as part of the investigation must not act in this role.
- It is the expectation of everyone at the meeting that they will participate respectfully, allowing others to share their views, listen and respond appropriately. The chairperson/DAPO will afford the support person the opportunity to contribute to the discussion.
- The Chairperson will outline the format of the meeting at the beginning and the expectations of all participants to respect the views of others, this includes adherence to the HSC Zero Tolerance Policy. Where the Chairperson believes the meeting is no longer achieving the objectives, the chair reserves the right to suspend the meeting.

Glossary of Terms – Appendix 14

Abuse is ‘a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights’ Abuse is the misuse of power and control that one person has over another. It can involve direct and indirect contact and can include online abuse.

ABE (Achieving Best Evidence) Interviewer – The Specialist Achieving Best Evidence Interviewer must be suitably trained. The Specialist Interviewer will be responsible for planning and conducting interviews with service users who may have been the victim of a crime. These interviews will be undertaken jointly with PSNI and HSC specialist interviewers in accordance with the guidance laid out in “Protocol for Joint Investigation of Adult Protection Cases” and “Achieving Best Evidence in Criminal Proceedings.”

Adult Protection Gateway Service – is the central referral point within the HSC Trust for all concerns about an adult who is, or may be, at risk.

Adult Safeguarding - encompasses both activity which prevents harm from occurring in the first place and activity which protects adults at risk where harm has occurred or is likely to occur without intervention.

Adult at risk of harm – A person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- a) personal characteristics (may include but are not limited to age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain);
and/or

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

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

- a)** who is unable to protect their own well-being, property, assets, rights or other interests;

and

- b)** where the action or inaction of another person or persons is causing, or is likely to cause, them to be harmed.

ASC (Adult Safeguarding Champion) - The ASC should be within a senior position within the organisation and should be suitably skilled and experienced to carry out the role. The ASC provides strategic and operational leadership and oversight in relation to adult safeguarding for an organisation or group and is responsible for implementing its adult safeguarding policy statement. The ASC is also the main point of contact with HSC Trusts and PSNI for all adult safeguarding matters.

Case Conference - The purpose of the case conference is to evaluate the available evidence and to determine an outcome based on balance of probability

CLPD (Common Law Police Disclosure) – Ensures that where there is a public protection risk, the Police will pass information to the employer or regulatory body to allow them to act swiftly to mitigate any danger.

CRU (Central referral Unit) – The central point of referral to PSNI in relation to adult protection is based in Belfast.

CJINI (Criminal Justice Inspection Northern Ireland) - an independent legal inspectorate with responsibility for inspecting all aspects of the criminal justice system in Northern Ireland apart from the judiciary. It also inspects a number of other agencies and organisations that link into the criminal justice system

DAPO (Designated Adult Protection Officer) – the person responsible for the management of each referral received by a HSC Trust. DAPOs will be in place both within the Adult Protection Gateway Service, and within core service teams. The DAPO will provide formal / informal support and debriefing to the Investigating Officer / ABE interviewer; analyse the adult safeguarding data within their service area and contribute to the governance arrangements as appropriate; and ensure that the connections are made with related interagency mechanisms.

Domestic Abuse - Domestic abuse is threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member.

DBS (Disclosure and Barring Service) - helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Exploitation - the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic abuse, sexual abuse or human trafficking.

FGC (Family Group Conferencing) - A family group conference is a process led by family members to plan and make decisions for a person who is at risk. People are normally involved in their own family group conference, although often with support from an advocate. It is a voluntary process and families cannot be forced to have a family group conference.

Hate Crime - Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice,

discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

Harm - the impact on the victim of abuse, exploitation or neglect. It is the result of any action whether by commission or omission, deliberate, or as the result of a lack of knowledge or awareness which may result in the impairment of physical, intellectual, emotional, or mental health or well-being.

HSC Trust IO (Investigating Officer) - is a HSC Trust professionally qualified practitioner. Their role is to establish matters of fact, how best to protect the adult at risk and/or others, to explore alternatives available and to provide advice and support. The Investigating Officer alongside relevant professionals will be responsible for direct contact with the adult at risk, their carers and relevant others.

PPB IO (Public Protection Branch Investigating Officer) – is a specialist trained detective. Their role is to deal with personal and traumatic crimes, to reduce harm and bring to justice those who have committed offences.

The Protocol (Protocol for Joint Investigation of Adult Safeguarding Cases) The Protocol sets out a framework for joint working in a complex area of practice and emphasises the need to involve all other relevant agencies in information sharing, early assessment and the planning process. The overall aim of the Protocol is to prevent abuse by promoting a multi-agency approach to the protection of vulnerable adults, and to ensure that they receive equitable access to justice in a way that promotes their rights and well-being.

LASP (Local Adult Safeguarding Partnerships) - The five local multi-agency, multi-disciplinary partnerships located within their respective HSC Trusts.

MARAC (Multi Agency risk Assessment Conference) - It is a forum for local agencies to meet with the aim of sharing information about the highest risk cases of domestic abuse and to agree a safety plan around victims.

Modern Slavery & Human Trafficking- Human Trafficking is simply described as “The movement of a person from one place to another into conditions of exploitation. It is entirely possible to be a victim of trafficking even if you have consented to being moved.” Human Trafficking includes the following exploitation(s): Slavery, servitude and forced or compulsory labour, Sexual exploitation, Removal of Organs, securing services etc. by force, threats or deception, Securing services from children, vulnerable people. Victims of Human Trafficking may be controlled in the following manner: Violence / fear of violence including physical or emotional abuse, Fear of reprisal on family, Financial abuse with wages being withheld or victim being “fined”, Debt bonded (owe money to controller for transport/accommodation etc.), Fear and mistrust of authorities (deportation, arrest).

NISCC (Northern Ireland Social Care Council) – is the independent regulatory body for the NISC workforce, established to increase public protection by improving and regulating standards of training and practice for social care workers.

NMC (Nursing and Midwifery Council) – is the independent regulator for nurses and midwives in England, Wales, Scotland and Northern Ireland. NMC sets standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.

Protection Plan - A plan agreed with the Adult at risk (or the person representing them or their best interests) detailing the actions to be taken, with timescales and responsibilities, to support and protect the person from harm.

PPS (Public Prosecution Service) - The Public Prosecution Service (PPS) is the principal prosecuting authority in Northern Ireland, with responsibility for taking decisions as to prosecution in all cases investigated by the police.

Registered Intermediary - RIs have a range of responsibilities intended to help adult witnesses who are in need of protection, defendants and criminal justice practitioners at every stage of the criminal process, from investigation to trial.

RQIA (Regulation and Quality Improvement Authority) - Northern Ireland's independent health and social care regulator, responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

SAI (Serious Adverse Incident) - An adverse incident is an event which causes, or has the potential to cause, unexpected or unwanted effects that will involve the safety of patients, staff, service users and other people.

Serious Harm – is a professional decision considering the impact, extent, degree, duration and frequency of harm; the perception of the person and their preferred outcome.

Single Agency Trust Investigation – A single agency adult protection investigation is a professional assessment which analyses the risk of harm and serious harm, the impact of that harm on the adult in need and determines if this may have led to abuse. Such assessment requires experienced professional judgement to ensure outcomes are proportionate, necessary and lawful.

Single Agency PSNI Investigation – A single agency adult protection investigation will gather all relevant evidence relating to a suspected crime and if a potential suspect has been identified, to submit a file to PPS.

Special Measures - The measures specified in the Criminal Evidence (NI) Order 1999, as amended, which may be ordered in respect of some or all categories of eligible witnesses by means of a special measure's direction. The special measures are the use of screens; the giving of evidence by live link; the giving of evidence in private; the removal of wigs and gowns; the showing of video recorded evidence in chief, and aids to communication.

SMG (Strategic Management Group) – has responsibility to oversee the process of investigation. Core representatives of SMG are PSNI; HSC Trust nominated Adult protection Gateway DAPO; a senior manager from the relevant adult programme of care; and RQIA (where the allegation is in the context of health or social care

provision).

Strategy Meeting - In complex situations the strategy discussion is normally a meeting of key people to decide the process to be followed after considering the initial available facts.

VWCU (Victim and Witness Care Unit) - provides the victim or witness with a single point of contact from when an investigation is submitted to the Public Prosecution Service (PPS), through to and including the outcome of any court proceedings.

V1. August 2026