Southern Local Adult Safeguarding Partnership

Annual Report
April 2017 – March 2018

Approved by the Southern LASP on 1st May & Southern Trust
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Introduction</td>
<td>3</td>
</tr>
<tr>
<td>2.0 Southern LASP Work Plan 2017-18</td>
<td>3</td>
</tr>
<tr>
<td>3.0 Priority 1: Prevention in Partnership</td>
<td>4</td>
</tr>
<tr>
<td>4.0 Priority 2: Protection in Partnership</td>
<td>23</td>
</tr>
<tr>
<td>5.0 Priority 3: Training and Practice Development</td>
<td>27</td>
</tr>
<tr>
<td>6.0 Governance Audit and Quality Assurance</td>
<td>33</td>
</tr>
<tr>
<td>7.0 Adult Protection Activity</td>
<td>34</td>
</tr>
<tr>
<td>7.1 General Overview</td>
<td>34</td>
</tr>
<tr>
<td>7.2 Older People and Primary Care Directorate</td>
<td>37</td>
</tr>
<tr>
<td>7.2.1 Older People ICT/Care Home Support Teams</td>
<td>37</td>
</tr>
<tr>
<td>7.2.2 Memory Services</td>
<td>38</td>
</tr>
<tr>
<td>7.2.3 Acute Services</td>
<td>40</td>
</tr>
<tr>
<td>7.3 Adult Disability and Mental Health Directorate</td>
<td>41</td>
</tr>
<tr>
<td>7.3.1 Mental Health Services</td>
<td>41</td>
</tr>
<tr>
<td>7.3.2 Learning Disability Services</td>
<td>43</td>
</tr>
<tr>
<td>7.3.3 Physical and Sensory Disabilities</td>
<td>45</td>
</tr>
<tr>
<td>8.0 Appendices</td>
<td>47</td>
</tr>
</tbody>
</table>
1.0 Introduction

During the reporting period the Southern LASP has continued to prepare and support partner organisations with the implementation of the new Regional Policy, “Adult Safeguarding: Prevention and Protection in Partnership” July 2015, issued by the DHSSPS and DoJ. The LASP has met on 4 occasions within the reporting year and engagement is reflected in Appendix 1 of this report. Furthermore the 3 workstreams, Prevention in partnership, Protection in partnership and Training in partnership have also met on a quarterly basis to progress the agreed workplans. A LASP priority in year has been to nurture the partnership approach between the community, voluntary, independent and statutory sectors spanning the continuum of adult safeguarding. This is reflected within the structure and preparation of this report detailing the contributions of partners on behalf of the sectors they represent.

2.0 Southern LASP 2016/17 Work Plan

The LASP workplan has continued to reflect the NIASP strategic plan 2013-18 and corresponding objectives outlined in the NIASP Workplan for 2017-18.

This report will outline the Southern LASP’s progress in relation to its 2017-18 workplan under each of the key NIASP priorities, including other achievements and challenges in the reporting period. The report will also provide an analysis of Southern Trust protection activity within the same period.

Southern LASP Development

Membership of the Southern LASP continues to evolve and remain under review to ensure the LASP has representation from all sectors of the community. The Southern LASP would like to acknowledge the contribution of the following members who have either retired or moved to another position within the reporting period.

- Eamonn Sherry, Trust Adult Safeguarding Specialist, SHSCT (retired)
- Mark Macauley, Medical Representative, SHSCT (moved post)
- Det. Insp David Hutchinson, Public Protection Branch (retired)
- Ray Hall, Mid Ulster Council (temporary secondment)
The Southern LASP have welcomed new members to the partnership and look forward to working together to safeguard adults within our community. New members can be found in Appendix 1.

3.0 Priority 1: Prevention in partnership

3.1. LASP Prevention workstream

The reconstituted prevention workstream has successfully been meeting together for the reporting period 2017-18. Membership has been stable and throughout the year has welcomed new partners from the local PCSP and ABC council. The prevention workstream is chaired by Mr Aidan Gordon, Archdiocese of Armagh, representing Faith Communities. The workstream developed a local Southern LASP prevention plan identifying priorities under the prevention objectives as set out in the NIASP workplan.

3.1.1 Objective 1: Awareness Raising and prevention plan

The LASP Prevention workstream identified a number of key priorities for awareness raising within the reporting period. The lead responsible has provided the following update on each priority.

3.1.2 To develop an awareness programme for community development workers across the Southern LASP to enable Community Development Workers to support local groups and networks including support for developing Adult Safeguarding policy and signpost to resources and services. To offer this training to relevant organisations within the LASP area.
The Promoting Wellbeing Division, through its Community Sector Training (CST) Project developed an awareness programme and a Toolkit for community development workers across the Southern LASP to enable them to support local community and voluntary groups and networks to understand Adult Safeguarding and their responsibilities under the Adult Safeguarding Policy and procedures. This includes support for developing an Adult Safeguarding policy appropriate to their needs and signposting to relevant resources and other sources of support, particularly Keeping Adults Safe.

The training was piloted with a group of 11 Promoting Wellbeing staff in October 2017 and a further session was held in January 2018 attended by a further 2 Promoting Wellbeing staff and 1 staff member from each of the following external organisations: TADA, COSTA, ABC Community Network, Supporting Communities NI (umbrella community development organisations) and ABC Council. Feedback from the sessions was very positive:

“This has been excellent and very relevant in supporting me as CD worker in my role”

“Excellent training, particularly relevant and useful tools.”


A total of 18 staff across the Southern LASP area were trained at 31st January 2018. Further training sessions are planned to meet identified need.

3.1.3 To develop and pilot a low level ASA programme recruit and train local community to deliver to local Community/Voluntary groups on request in line with the CST training model. Review funding/resource implications and develop business case for additional funding if required.
The Promoting Wellbeing Division, through its Community Sector Training (CST) Project developed a level 1 Adult Safeguarding Awareness programme for small community and voluntary groups to enable them to understand Adult Safeguarding and their responsibilities under the Adult Safeguarding Policy and procedures.

A total of 6 community trainers were recruited and trained and provided with a full CST Training and Reference Pack to support delivery.

At 31st January 2018, 4 sessions have been delivered to 48 participants from 10 organisations including, for example, Kingdom Men's Shed, Edgarstown Residents Association, Armagh Citizen’s Forum and a Portuguese Language School. A further 5 sessions have been booked for February and March 2018.

Again the feedback from groups has been very positive, showing the importance of building this awareness at community level:

“To be honest, we didn't really know what this course was about. If we had known how important and relevant this was to us we would have invited more groups!”

“Overall excellent. Glad I came.”

In addition 6 groups have been signposted to Volunteer Now for the level 2 and level 3 Adult Safeguarding Awareness training as it is more appropriate to their needs.
3.1.4 To seek opportunities to raise awareness of safeguarding with local PCSP’s as a means of contributing to local community safety initiatives and the Community safety Strategy 2016-2019

Safe Place Initiative - This is an initiative offering information on the wide range of services available to anyone affected by domestic violence or abuse. All of society can play an important role in supporting anyone affected by domestic violence or abuse and sending a clear message to perpetrators that this is NOT something that only takes place behind closed doors. “Domestic violence or abuse is always wrong, potentially criminal, and costs all of us.” (ONUS)

Within the Southern LASP area, Women’s Aid Armagh Down have supported 16 new organisations to register as Safe Places. There have been 5 Safe Place awareness sessions with a further 6 scheduled for March 2018. An introduction to Safe Place was delivered to the LASP partnership meeting in November 2017 and members are keen to consider further how this initiative can be undertaken within their respective organisations. At present LASP partners are considering registering the partnership as a community of interest to formally recognise their commitment to a zero tolerance to domestic and sexual violence.
As part of the overarching Safe Place Initiative, 2 churches within the Southern LASP area have also registered as Safe Churches.

**Safe Church Initiative** – In conjunction with Women’s Aid and ONUS, the Catholic and Church of Ireland Cathedral Parishes in Armagh came together for training in the Safe Church Initiative. Clergy and Volunteer Staff attending the training have pledged to play their part in raising awareness about domestic violence and abuse, and in supporting anyone affected to confidentially access information.

*Archbishop Richard Clarke and Archbishop Eamon Martin joined by the clergy and Volunteers from Cathedrals who participated in the training*

Women’s Aid alerted them to the fact that at least 13% of all crime reported to the police last year was related to domestic violence with police responding to one incident every 18 minutes. The churches hope to draw more attention to this initiative as they continue preparations for the World Meeting of Families in August 2018. Both Cathedrals are now designated as Safe Churches.

A word of thanks to all those involved, in particular to Rebekah Nelson, Armagh Down Women’s Aid and Ann McAllister (ONUS) who provided the training, and to Alison Beattie from ABC, PCSP who provided funding for the initiative.

3.1.5 To provide a conduit for other initiatives and partnerships to distribute relevant information widely across LASP area.

Awareness has been raised within the Southern LASP of the “Friends Against Scams” scheme and members have been encouraged to support and promote this initiative within their networks. Arrangements have been made for the Community
Protection Adviser of the Ulster Bank to attend the next meeting of the Prevention Subgroup in April 2018 to explore the potential for co-operation to raise awareness of fraud and financial scams.

Members of the Southern LASP contributed to the planning of, and multiple partners attended, the Southern Domestic and Sexual Violence Partnership event “The Scars Beneath the Violence” Complex Trauma & Mental Health on the 27th February 2018 in Armagh City Hotel. The Key Note Speaker was Christiane Sanderson (Psychologist, Consultant in Domestic and Sexual Violence and recognised Published Author)

3.1.6 Operation Repeat - Doorstep Crime and Rogue Trading PSNI training

‘Operation Repeat’ is a training session facilitated jointly between PSNI and SHSCT Safeguarding Team to raise awareness of rogue trading and doorstep crime. The objective of the session was to equip domiciliary care staff and volunteers to recognise doorstep crime; understand the impact this has on victims in NI and to enable staff to understand their role and responsibility to reduce the risk to service users who would be at particular risk of being targeted. The training considered the psychology of doorstep crime and highlighted the importance of the combined role of the Health and Social Care Trusts, Trading standards and the Police in combatting doorstep crime.

The initial pilot session was held on 7th April 2017 with 20 participants. A variety of professionals attended this and found the training extremely beneficial for their work with clients and also for educating themselves regarding possible scams which are increasingly sophisticated.
Two further operation repeat sessions were held in the SHSCT area on the 11th October 2017 am and pm with 34 participants. These were promoted through the ABC Council Community Network E-news e zine.

The audience consisted of partners from the independent sector and Trust Domiciliary Care agencies. Front line staff, who would be visiting clients in their own homes also attended. It prompted discussion around how domiciliary care workers and day care staff have an essential role in prevention and early intervention safeguarding by enabling adults whom they support to recognise the signs to keep themselves safe. They felt the training provided them with better awareness in how to recognise and respond to attempted scams.

The feedback received in an evaluation form was extremely positive. 100% stated they would recommend this information session to a colleague. Other comments reflected:

- “Made me more aware of scams to watch out for”
- “I will be more vigilant”
- “Never realised if you are targeted once you’re more likely to be targeted again”
- “Will look out for post/ flyers”
- “Recognising work that is done badly”
- “This training is vital when providing care to the public”
- “Found the session very informative for myself and clients”
- “There are a lot of people you need to be suspicious of”
- “Certainly feel it has highlighted awareness and how to report concerns”
- 1 evaluation felt the “video was too boring and long”.

Having considered the evaluation and feedback in this session, the training video was shortened and adapted to include information only relevant to the audience.

Responding to previous feedback from LASP partners a further session was held on the 9th March for LASP partner organisations and professional groups. All LASP members were advised of the session and asked to share it with relevant families and carers. The attendance was lower at this session compared to previous
sessions; however, feedback again was very positive with all attendees stating they felt more informed regarding recognising and reporting scams.

This is an example of excellent partnership working between various agencies and contributes to the LASP prevention and partnership priorities for the reporting period.

3.1.7 To coproduce the LASP prevention leaflet / poster in partnership with service users in the LASP area

Prevention in partnership: - The LASP Prevention work stream was tasked with the creation and production of the Prevention leaflet. The leaflet left (showing front & back cover) was developed in partnership with Cedar foundation. Throughout the development of the information leaflet there was considerable engagement with service users across Adult Learning Disability and Older People’s services and carers from the Southern Trust PPI forum both in terms of draft content and presentation. The vision for the information leaflet was to design a user friendly source of information which attracted members of the public to lift the leaflet; was jargon free and contained, in lay terms, what adult safeguarding meant and where to go if they were worried about someone. It provides information to the referrer of what to expect after they make a referral.

The logo displayed on the back cover of the LASP leaflet was the winning design of a poster competition that the Southern LASP ran to mark World Elder Abuse in June 2017. (Refer to section 3.2.3)

The LASP will formally launch this work to coincide with World Elder Abuse Awareness Day in June 2018. The leaflet will be distributed to local GP surgeries, hospital outpatient departments, libraries and all LASP partner agencies.
3.1.8 To prepare a leaflet advising the referrer of what to expect after referral
This is a work in progress and will be completed before December 2018.

3.2 Objective 2: To Promote World Elder Abuse Awareness Day
World Elder Abuse Awareness Day involves activities to bring greater recognition of mistreatment of older people wherever they live throughout the world, and to highlight the need for appropriate action. During the reporting period there were a number of initiatives held to mark WEAAD in the Southern LASP area.

3.2.1 LASP members to consider supporting the INPEA Declaration
The International Network for the Prevention of Elder Abuse (INPEA) Declaration sets out the Trust’s concern about the risk to older people who suffer from neglect or are victims of financial, emotional or physical abuse. The declaration calls on all communities to watch for signs of abuse and encourages every citizen to commit to building a safer community for older citizens. A number of LASP members have signed the declaration for the reporting period and registered these with the Irish representative in University College Dublin.

3.2.2 Partners local events to mark World Elder Abuse Awareness Day
The Southern Trust in partnership with Action for Elder Abuse (AEA) held a number of events across the Southern LASP area to raise awareness of both staff and partner organisations. Deborah McCready Information Officer for AEA, was the key note speaker at sessions in Daisy Hill Hospital and Craigavon Area Hospital on the
29\textsuperscript{th} June 2017. AEA publicised the launch of the new Freephone Helpline Service at this event.

The event was by attended by 25 Trust staff from a variety of teams, including the hospital social work team and hospital allied health professionals. The community representation included social work staff from the integrated care team within the older peoples’ programme, the care home support team, social work and community psychiatric staff from memory services teams and staff from mental health services.

Following a very informative slide show presentation, there was a question and answer session facilitated by the Trust Safeguarding staff and AEA. Participants were provided with posters and information leaflets on AEA services including the new Helpline. Care Home Support Keyworkers ensured this information was disseminated to all nursing homes in the area and those from community teams provided information to those whom they support as appropriate.

The LASP would like to acknowledge it’s thanks to AEA for their partnership with Southern Trust in this event.

Southern Trust staff were also encouraged to reflect on recognising abuse and how to report concerns through the Trust Desktop poster campaign which was promoted throughout the organisation during World Elder Abuse Awareness week June 2017.

3.2.3 Southern Trust / LASP conference marking World Elder Abuse Awareness Day

The Social Services Workforce Development and Training Team supported the LASP to promote awareness of elder abuse at the “Older People Matter” Conference which was held on 15\textsuperscript{th} June in Armagh City Hotel. The conference was attended by 139
participants from a range of statutory and voluntary sector agencies, including a number of service users.

The keynote speaker was Dr Campbell Killick, who presented key findings from his research regarding “How Older People Conceptualise Abuse.” and this was reinforced by research presented by the Commissioner for Older People, Mr Eddie Lynch. Ms Veronica Gray, Action on Elder Abuse NI also presented work undertaken by AEA on supporting older people to stay safe in their communities. The conference examined a range of safeguarding issues relating to older people, the abuse they experience and the supports available to respond effectively. Other key contributors to the conference included, NI Housing Executive, PSNI, Women’s Aid and Anti-fraud initiatives by the Business Services Organisation. There was also a memorable debate regarding the benefits and concerns, practically and ethically, of using CCTV within care facilities to enhance the care given, prevent harm and protect service users.

The evaluation and feedback from the attendees was that the conference had been very beneficial, thought provoking and transferable into the practice areas represented by the attendees. The conference effectively enabled representatives to network and reflect collectively on the changes and challenges to safeguarding practice with older people. The conference concluded with the announcement of the winning entry in an Adult Safeguarding poster competition. The entries for which were submitted by groups of service users, attending a range of Trust provided services, who designed posters to convey a proactive approach to raising safeguarding concerns.

The feedback from the service users was shared with the conference and highlighted the fact that the process of developing a poster had been very educative for the participants.
A commitment was also given to use the winning design as the basis for the Trust’s planned new Adult Safeguarding posters and information leaflets.

3.3 Objective 3: Implementing Adult Safeguarding: Prevention and Protection in Partnership

3.3.1 To develop and complete a baseline self-assessment to indicate progress in the implementation of the minimum standards. Initial roll out in year 1 (2017-18) will target LASP partners. This has been included in our action plan for completion by March 2018 however due to the ASC Position Report pending final approval from NIASP this work has been rolled over to the next reporting year. Notwithstanding this, the Southern LASP Prevention workstream have been proactive and have developed a draft for consideration at the next meeting of the Prevention subgroup.

3.3.2 LASP to sample Annual Position Reports across the Southern LASP area to identify themes, trends and areas for support in the following year. It has not been possible to take this objective forward as we are awaiting the final template for Annual Position Reports to be provided.

3.3.3 External agency referral pathway for adults at risk
The Southern Trust developed a draft guide for external agencies to navigate the access pathways for service areas across the Trust. The introduction of the new adult safeguarding policy and the requirement to report concerns regarding adults at risk of harm has resulted in an increasing volume of calls to the adult safeguarding gateway service contact number. Many of these calls did not constitute a protection matter but importantly require a social assessment by HSC.

The background to the creation of the pathway was the result of Northern Ireland Ambulance Service (NIAS) and other partners highlighting frustrations in relation to making referrals to Trust services and the amount of time it took to complete a
referral. The Adult Protection Gateway team were receiving inappropriate referrals and forwarding referrers to the appropriate team. To avoid unnecessary delay and frustration on the referrer’s part the Adult Protection Gateway team in collaboration with colleagues from key service delivery areas developed a short guide to enable referrers to contact the appropriate service regarding welfare, housing, support etc to key access points in the Trust.

The pathway in appendix 2 provides external partners, such as the NIAS, with guidance on how to respond to “an adult at risk” and what appropriate steps to take. It provides contact numbers and e-mail addresses to make referrals for assessment of need to the appropriate locality teams. The benefits of this pathway include expediency of necessary responses by the appropriate team and expediency for NIAS staff making referrals when on set shift patterns. This has been shared with the NIAS and will be piloted in the incoming year. It has been acknowledged that training for the pathway will be required across directorates for Older People, Learning Disability and Mental Health to ensure effective implementation with the point of entry to each service area. This will be implemented within the next number of months.

3.4 Objective 4: Ensure that LASP and partner organisations comply with the relevant requirements set out in Adult Safeguarding: Prevention and Protection in Partnership

3.4.1 LASP partners progress in implementing the four minimum expectations
Partner organisations have been considering the implications of the Adult Safeguarding Policy minimum expectations to varying degrees according to the type and size of their respective organisations.

3.4.2 ASC Support Workshops
The first of two Support fora workshops were held for Care Home Managers on 23rd May 2017 at Banbridge Health Centre. HoS, Mrs Deborah Hanlon, HoS Adult Safeguarding and Mrs Maggie Nugent, Adult Safeguarding Senior Practitioner, provided a presentation on the key messages contained within the new Adult Safeguarding Procedures and highlighted required changes to existing practice within the Southern LASP area. The presentation focused on the Adult Safeguarding
Continuum, exploring new definitions and thresholds as outlined in the new procedures and the role of the Adult Safeguarding Champion. Discussion was facilitated regarding the pathway for referrals into the Southern Trust and the new APP1 format. The importance of good record keeping was highlighted by participants in terms of evidencing decision making and responses to concerns.

Participants were keen to explore scenarios of where a situation would not be referred to the Trust and the safeguarding team reassured those present of guidance and support from the Gateway team and the case managers within the Care Home Support team and local Integrated Care Teams. Discussion ensued regarding pending new reporting requirements as part of the ASC Position report and the importance of each organisation being accountable for their individual policy and procedures, training and data collection. Refer to section 3.4.3 regarding LASP support for training to organisations within the Southern Trust.

Issues arising from the workshops included practice issues regarding feedback from the Trust to the referrer. This is to be addressed through the provision of the APP2 acknowledgement form from Gateway and also from the minutes of the strategy discussion where the referring agency has been involved.

The second ASC Forum workshop was held on the 1st June 2017 in Moylenn House for members of the Independent Domiciliary Care, Day Care and Supported Living Sectors within the Southern LASP area. Both sessions were well received and feedback indicated that the sessions supported the ASC to become more informed about their roles and responsibilities. Participants commented that they appreciated the early opportunity to reflect and discuss the implications of the ASC role and responsibilities in their organisation and this helped to address anxieties and uncertainties regarding the reporting pathway and decision making responsibilities. Some commented that the workshops complimented the ASC roadshows delivered by Volunteer Now and...
enabled them to begin to tease out a more achievable action plan for their organisation. However, a number of participants across both workshops noted a frustration regarding the regional inconsistency across Trusts and the associated challenges for independent organisations spanning Trust boundaries.

A further workshop was planned for 13th October 2017 to focus on the completion of the ASC position report. However, this was postponed due to low interest given that the regional template had not yet been agreed and potential content had been covered in the previous workshops and was also a single agenda item at a LASP meeting in early 2017. The LASP have agreed to revisit this following approval of the Position Report.

3.4.3 Southern Trust Implementation in Practice Information Sessions
To support the implementation of the new regional policy and procedures the Adult Safeguarding Team have provided an overview of the key messages and changes required across key services and teams in the Trust. To date 9 sessions have been delivered spanning Integrated Care Teams for Older People; Care Home Support team for Older People; the Palliative Care Team; Sensory Impairment Team; Student induction sessions and various support groups.

The focus of the discussion was on the difference between adult at risk of harm and an adult in need of protection, encouraging and promoting an open and safe learning environment in this transition period. The teams were able to bring to the sessions examples of cases where they felt they needed assistance to tease out the “serious harm” threshold or alternative safeguarding response route. This approach created an environment which empowered teams to retain a sense of responsibility for decision making and understand better the role of the DAPO in protection work. An emerging issue from information sessions has been the potential for increased risk to service users as a result of the introduction of the Personal Independence Payment. Practitioners have reported concerns regarding the timeliness of processing applications; the limitations of available support for service users to complete the applications and the potential for an increase in deprivation and poverty. This has the potential to increase safeguarding concerns. To date there is no correlation with an
increase in application for article 15 payments. The Southern Trust will monitor emerging issues in this regard over the next reporting period.

Given the workforce structure within the Southern Trust with some teams having adult safeguarding and ASW leads co-located there is some further exploration required to consolidate the role of the AS/ASW lead and the team leader in terms of the delegated person responsibilities. (Further information is contained in the Southern Trust Blueprint Position Report)

Staff reported that these sessions were helpful to be confident in their decisions particularly when the case examples were relevant to their service area. The Safeguarding Team continue to be contactable for case guidance, advice and support.

**3.5 Objective 5: LASP will ensure that the experience of service users is sought at all stages of service development, planning and implementation**

The Southern LASP has supported the implementation of the regional project “Adult Safeguarding, 10,000 Voices” and actively promotes service user and carer engagement to ensure the experience of those receiving a service is listened to, understood and informs quality improvement. (Refer to Southern Trust Blueprint Position Report for details)

**3.6 LASP Partner Prevention in Partnership Reports**

The following short extracts are examples of prevention activity from some partner agencies.
3.6.1 Women’s Aid ArmaghDown

Women’s Aid ArmaghDown continues to maintain a very high-level of duty in regards to Keeping Adults Safe which is equivalent to the level of duty we maintain when Keeping Children Safe.

Our robust identification, reporting and reviewing processes have been aligned with the DHSSPS, DOJ and SHSCT Adult Safeguarding Prevention and Protection in Partnership polices and are in place throughout the organisation. We carry our internal information, instruction, training and supervision practices to ensure all staff and volunteers are fully informed and competent in all areas of Keeping Adults Safe.

All staff and volunteers during their 8 week induction into the organisation received full day training on the organisations policies and procedures of which Adult Safeguarding is a priority policy. Here a range of case studies are used to ensure full understanding. During the 8 week induction, staff and volunteers receive in-depth training into our Safeguarding procedures and the required internal and external reporting mechanisms via Safeguarding Appointed Persons.

All our internal risk assessments and safeguarding disclosures or concerns are controlled through one of our five Safeguarding Appointed Persons or the Adult Safeguarding Champion to ensure protection for the service user.

Within the last 10 months:

- WAAD CEO signed the Declaration on Elder Abuse on World Elder Abuse Day.
- 4 staff holding Safeguarding Appointed Persons responsibility received designated officer training via CINI
- 3 WAAD staff now sit on three sub groups flowing from LASP, Prevention Workstream, Training Workstream and MARAC sub-group.
- All staff received internal WAAD Adult Safeguarding training aligned to NISPA Level II outcomes
• CEO and Adult Safeguarding Champion attended the Adult Safeguarding conference on Elder Abuse on 15th June 2017
• 2 staff attended Adult Safeguarding training provided by the SHSCT
• 9 sessions of external training were provided to approximately 149 attendees on Domestic and Sexual Violence and Abuse.
• 25 New starts and volunteers received the new Adult Safeguarding training provided internally aligned to NIASP Level II outcomes

During the current financial year up to the end of January 2018 there have been 4 Adult Safeguarding concerns reported internally all of which were reported via the APP1 process to the Adult Safeguarding team. We were informed that 1 of these was screened out by SHSCT but received no information regarding any actions taken on the other 3.

In the financial year 2016-17 WAAD supported 795 women, 734 accessed floating support and 61 of these women were left homeless due to domestic and sexual violence and were accommodated in a Refuge. 57% of women accessing refuge support continued into independent or supporting housing.

One of our greatest challenges in the last 10 months has been the continuation of 24/7 refuge cover while mitigating the impact of 5% funding cuts. To meet this challenge we have restructured our service to ensure the provision of high quality service and robust safeguarding continues. However this financial pressure coupled with an ever growing demand for the service can only be mitigated to its tipping point.

WAAD welcomes the increased recognition of Domestic and Sexual Violence as an adult safeguarding issue, but have a concern that the a gap has been highlighted in the infrastructure of services to provide prevention or protection measures for women who now meet the remit of the new policies definition.

Women’s Aid Armaghdown are wholly committed in both spirit and practice to Prevention and Protection in Partnership.
3.6.2 **Action Mental Health (AMH)**

AMH continues to have a strong commitment to adult safeguarding and is represented at NIASP and at the LASPS across NI. During this year, AMH has consolidated the policy and procedures into AMH practice led by the Adult Safeguarding Champion and 3 Appointed Safeguarding Managers. AMH has now 2 Keeping Adults Safe trainers and has rolled out Modules 1 and 2 across the organisation; in addition, they have developed in-house e-learning Safeguarding refresher training and all staff completed this.

Prevention is a key aspect of the daily work in AMH and service users are encouraged to be aware of their own personal safety. AMH New Horizons services delivered a range of training to raise awareness and support prevention; digital media training included Cyberbullying Awareness, Exploring Social Media, IT Security for Users and On-line essentials. AMH continue to raise awareness of financial abuse and the prevalence of abuse using the ScamWise campaign ensuring that the regular updates are available to staff and service users. In addition, posters are used in all AMH offices to ensure service users are aware of how to raise a concern. The Education and Training Inspectorate completed a full inspection of New Horizons services in March 2018 and confirmed that the organisation was compliant with their standards for safeguarding.

3.6.3 **Southern Trust Corporate Adult Safeguarding Blueprint 2017 - 2022**

Following the Senior Management Team endorsement of the Blueprint on 12th April 2017 a project board was established to oversee the implementation. Project Board is chaired by the Director of Mental Health and Disability services and membership includes the Assistant Directors for Adult Services and the chairs of the workstreams. Project Board’s role is to put in place a project structure to implement the SHSCT Corporate Adult Safeguarding Blueprint. It is accountable for the strategic oversight and delivery of the Blueprint across the Trust in line with the SHSCT’s Vision, Values and Corporate Priorities and is responsible for ensuring all relevant stakeholders across the SHSCT are represented and actively participate in the 3 workstreams established to deliver/progress the strategic objectives within agreed timeframes. (Refer to separate report for full details of the delivery of the Blueprint.)
4.0 **Priority 2: Protection in partnership**

The Southern LASP Protection Workstream is chaired by the Trust Adult Safeguarding Specialist and membership includes partners from PSNI, Probation, Freedom Acts, Four Seasons Health Care, SHSCT Hospital Social Work and the adult safeguarding team representative. The workstream have considered the strategic objectives as set out in the NIASP protection workplan and have developed the following local actions. The lead responsible has provided the following update on each priority.

4.1 **Objective 1: Ensure that LASP and all partner organisations have separate internet sections on adult safeguarding which include easy access to core documentation including referral forms.**

4.1.1 **Accessing information on adult safeguarding**

The Southern LASP considered this objective and members responded to the NIASP questionnaire which sought to identify regional priorities for the development of public facing website content. The Southern LASP proposed that each partner organisation who had a website would upload the link to the NIASP adult safeguarding site under their Adult Safeguarding section. This would ensure consistency and up to date information.

Funding has been made available by HSCB to continue to support SAaRIH site and promote free access to voluntary and community services. LASP and partner agencies have been encouraged to avail of this opportunity to access relevant, evidence based interventions and approaches.

4.2 **Objective 2: Ensure that practitioners have access to relevant, evidence-based interventions and approaches**

4.2.1 **To establish a cross border working group and explore the potential to develop a working arrangements guide for practitioners**

A small working group from the LASP Protection in Partnership workstream was established under the leadership of the Senior Practitioner in Adult Safeguarding and colleagues in HSE to discuss the new HSE Vulnerable Adult Policy 2017 and the
interface with the NI Regional Adult Safeguarding Procedures, 2016. The objective agreed was to develop a mutual understanding of the operational arrangements for supporting adults at risk and in need of protection when placed by respective parties on either side of the border. The work focused on developing a simple flowchart to reflect key roles and responsibilities of each party under the legal and policy jurisdictions for those placed in nursing or residential care within the Southern LASP area or by the Southern Trust in bordering counties in the republic of Ireland.

A Senior Social Work Practitioner met with colleagues from Cavan and Monaghan to discuss current arrangements, explore themes and develop a pathway of referral.

A draft flowchart has been devised and accompanied by a short practice guidance narrative. It is envisaged that the pathway will ensure the expediency of a referral and highlight reciprocal arrangements for managing protection cases. The Flowchart has been shared with LASP partners for their consideration and comment and it is envisaged that it will be piloted in the next reporting period.

1.2.2 To create opportunities to raise awareness about cross border adult safeguarding concerns

The LASP Protection workstream considered other aspects of adult safeguarding within the context of the Southern LASP geographical border with the Republic of Ireland. The workstream agreed to promote Human Trafficking and Modern Slavery awareness as a related definition of abuse and exploitation. In partnership with the Southern Trust and Freedom Acts a series of sessions were held in the acute hospitals within the LASP area.

The sessions were targeted at staff working in admission wards and attendance reflected nursing and health care assistants and members of staff from the social work department. The reason for this approach was that there had been an increase in the number of queries regarding potential trafficking situations arising from the Daisy Hill Hospital site in particular. Given the proximity of this acute hospital staff routinely provide a service to a wide community. A total of 19 staff attended the
sessions which were located in the A&E departments to encourage attendance and flexibility in a busy and acute environment.

The purpose of the sessions was to educate ED staff on the signs and indicators of human trafficking, how to identify victims, duty to notify and response pathways within the Trust. A key factor when developing the content for the sessions was to include local experience and situations where acute staff may be in a position to make a difference to potential victims. The pathway for reporting concerns into the Southern Trust was identified and staff were able to discuss possible scenarios and clarify what they would do to report or discuss a case both with in working hours and at weekends.

On commencing the session the attendees knowledge of human trafficking and exploitation was measured using a scale. Many acknowledged that their knowledge of trafficking within Northern Ireland was limited. This was again completed after participating. 100% of those attended rated their knowledge and understanding of the issues and pathways to have significantly increased as a result of attending and being part of the discussion. This is reflected in the comments “I have a better understanding of the steps to take to report suspicions or concerns about this” and “I will be more vigilant now in recognising the signs”

Furthermore, 100% of those attended responded YES to the information being useful to their role, with some reflecting that they would certainly be more proactive in reporting concerns that they had dealt with previously. One staff member commented “I am now more aware of the APP1 referral form for adult safeguarding”. 100% of those attended would encourage their colleagues to also attend the session if made available in the future. Areas for future consideration and development were highlighted by staff to include “I do feel that further and more in depth training and awareness sessions would help” and “Would like more examples of how ED staff picked up the signs”

4.3 Objective 3: Review the Human Resources and Adult Protection interface
4.3.1 SHSCT Procedure for the coordination of Adult Protection cases with Human Resources and/or PSNI.
The Southern Trust developed a local “Procedure for the Coordination of adult Protection Investigations with Human Resources and/or PSNI Investigations” to support staff involved in adult protection investigations where there was an interface with an internal Trust process under Human Resources. Following a pilot across adult services this procedure has been endorsed by the Southern Trust Senior Management Team on 12th April 2017 and is now fully operational within all service areas.

This model has been shared regionally by NIASP as a model of best practice and following regional discussion under the NIASP protection workstream a core set of principles of practice from this model have been drafted by Southern trust as a proposed regional way forward which will accommodate HSC Trust structural and operational variances.

Both HR and safeguarding staff report examples where the procedure has supported best practice, for example within an acute care setting. The adult safeguarding and human resources investigations working together in parallel has received positive feedback from both a safeguarding perspective and also a staff and management perspective. It has ensured that the process is more time efficient, avoiding duplication and has avoided one investigation interfering with the other.

To ensure the procedure is effective it has been agreed that adult safeguarding and HR will complete an evaluation to evidence benefits and learning using the approach. HR will review how the procedure and process is meeting HR legal requirements and consider the staff perspective and safeguarding will explore communication between the 2 processes; timeliness of outcomes and coordination of actions to be taken under both processes from the perspective of the DAPO. This work is currently underway and a review of a sample of closed cases across directorates has been progressed. Several cases have been identified and analysis is in progress. It is envisaged that this audit will be completed early in the next reporting period.

4.3.2 Management of Large Scale Investigations
Within the reporting period there have been a number of large scale investigations where the Southern Trust has undertaken the lead coordination role. As the host
Trust this has involved working closely with other Trusts; PSNI PPB officers; RQIA inspectors and independent providers. The Trust Adult Safeguarding Specialist continues to chair such investigations in line with the Operational procedures.

4.3.3 Contribution to NIASP protection workstream
The Southern LASP chair has responsibility for the NIASP Protection workstream. The workstream comprises of partners from PSNI; NI Housing Executive; Public Health Agency; Royal College of Nursing; HSCT’s; Primary Care; Social Security and the Independent Health Care Provider organisation. The Southern LASP will contribute to the NIASP protection workstream by sharing areas of good practice and service improvement.

4.3.4 LASP Contribution to the review of Regional Adult Safeguarding Procedures
The Southern LASP continued in year to contribute to the review of the Regional Adult Safeguarding Procedures. This contribution was multifaceted. The Southern Trust Head of Service for Adult Safeguarding has responsibility for leading the regional review of the Adult Safeguarding Procedures under the NIASP protection workstream. Southern LASP partners have contributed suggestions for improvement and development and have reviewed and commented on working drafts. Importantly, this reflected both a strategic leadership and partnership approach. Inclusion of partner organisations in the review is important in sharing a common interpretation and understanding of the language and associated pathways of responses to adult safeguarding across community, voluntary, independent and statutory sectors.

5.0 Priority 3: Training in Partnership
The Southern LASP considered a local need to support training within the Southern LASP area. The workstream was formed in May 2017 and includes training representatives from LASP partners. The training workstream has successfully been meeting together for the reporting period 2017-18. Membership has been stable and throughout the year has welcomed new local partners from Positive Futures; IHCP; Crime Training; CEC and Community Development, PWB. The training workstream is chaired by Mrs Daphne Johnston, Head of Service for Training and Development,
SHSCT. The workstream developed a local Southern LASP training plan identifying priorities under the NIASP objectives.

5.1.0 Objective 1: Clarify the interface between adult safeguarding and other public safety strategies such as the Domestic and Sexual Violence Strategy and Community Safety Strategy

5.1.1. LASP DASH / MARAC scoping exercise
Another element of the workstream’s local action plan was to scope all partner agencies to establish the level of knowledge of DASH and MARAC. When necessary, Southern Trust operational staff and partner agency staff are supported to complete the DASH assessment and MARAC referral process by the Trust Adult Safeguarding Team. In light of this, a questionnaire survey was devised and forwarded to all LASP partners to ascertain the baseline position of each agency / service. When the survey responses are received an analysis of the returns will help inform the workstream of the training provided and any future training needs, opportunities for 2018-2019 regarding both DASH and MARAC. The outcome will identify training and development which are required in relation to the completion of the DASH and MARAC processes across service areas within the Trust and other partner agencies where appropriate.

5.1.2. Other Partnership Interfaces

5.1.3. Southern Domestic and Sexual Violence Partnership
Members from the Southern LASP continue to be represented at the Southern Domestic and Sexual Violence Partnership. The Southern Domestic and Sexual Violence Partnership continue to support the work of the LASP and vice versa. For example, the Southern Area DSVP conference in February 2018. (Refer to section 3.1.5)
5.1.4 Police and Community Safety Partnership

Within the reporting period the LASP has continued to work collaboratively in local PCSP initiatives such as the Older Person’s Conferences. Adult Safeguarding practitioners have participated at these event across Newry, Mourne and Down as well as Armagh, Banbridge and Craigavon PCSP’s to promote awareness of adult safeguarding and to work in collaboration with partner agencies to support adults to stay safer in their communities.

The LASP prevention workstream membership now reflects representation from the local PSCP and this will be beneficial as the partnership develops a new prevention plan under both the new adult safeguarding arrangements and also as part of and contributing to the Community Plan within the PCSP areas.

5.1.5 Collaboration with local Public Protection Branch to share learning and enhance quality of service delivery

There have been significant challenges within the reporting year due to changing personnel and staffing levels within the local Public Protection Branch. This has impacted directly on the embedding of the Trust Adult Protection Gateway team and the local Public Protection Branch quarterly interface meetings to share learning and explore opportunities to improve interagency working. It is recognised that such discussion allows practitioners from both agencies to bring case examples for reflection and learning in a safe and open environment. This will improve any necessary responsive actions and will build relationships and strengthen communication across both agencies. It is hoped in the next reporting period that work to date can be built upon with new personnel.
5.1.6 Adult Safeguarding and interface with (PPANI)
The Adult Safeguarding Manager and Principal Officer for PPANI continue to consult on a regular basis to enhance their knowledge and understanding of pertinent interface issues. Both teams liaise to exchange information mainly on the operational working of the two local MARAC Meetings which are attended by the Senior Social Work Practitioners from both teams at Mahon Road, PSNI Station, Portadown.

5.1.7 Contribution to NIASP Partnership workstream
The Southern LASP Trust Adult Safeguarding Specialist contributes to the NIASP Partnership workstream. The Southern LASP has contributed to the NIASP partnership workstream by sharing areas of good practice and service improvement.

5.2.0 Objective 2: Review general and specialist training courses to ensure that they meet the needs of practitioners and partner organisations and are responsive to developing policy, standards and practice

5.2.1 The Identification and Establishment of a Southern LASP Trainers network
A Key NIASP objective, to review general and specialist Adult Safeguarding training, directed the focus of the LASP training workstream and identified that a workshop would be a suitable method to complete this review. The Social Services Workforce Development and Training Team funded the development and delivery of the workshop for Adult Safeguarding Trainers, who deliver Level 2 training within the Southern LASP Area. The workshop was attended by 43 trainers from 26 voluntary, independent and statutory organisations.

The workshop provided an opportunity for trainers to reflect on training styles, innovative methods for delivering training and in particular refresher training. Topics included identifying strengths in training and opportunities to improve delivery of presentation. The afternoon focused on a series of ‘snapshot’ key messages from learning from investigations in care homes; identification of domestic abuse; how to include service users and carers within training and development and the use of Family Group Conferencing as an intervention in complex cases.
An evaluation report was provided to the LASP by the Social Services Workforce Training and Development Team. The report notes that attendee evaluations indicated that they highly valued the event. The conversations certainly reflected ideas that people were interested to go away and try to apply to their individual settings.

Interestingly, there seems to be a real desire for further networking for trainers. An attendee reflected that the Southern LASP seemed to be proactive in thinking about where organisations need support and thanked us for the opportunity for open discussion and learning. The training workstream have reflected that there is a strong need for the workstream to continue supporting this developing network of trainers and provide a similar review event on an annual basis. The workstream has since agreed to include this within their work plan for the incoming year.

5.2.2 Volunteer Now events within the Southern LASP area

During the reporting period 2017-18 Volunteer Now has continued to work in partnership with the Health and Social Care Board and Southern LASP to deliver free ‘Keeping Adults Safe’ training to participants from voluntary, community, independent and faith sector organisations in the Southern Trust area.

With continued funding from the Health and Social Care Board and support from the Southern LASP, Volunteer Now delivered five core Keeping Adults Safe training courses in the Southern Trust area. The delivery strategy for the Southern LASP area from April 2017 to March 2018 was as follows:

- 3 x Module 2 – full day ‘Keeping Adults Safe: Training for Staff and Volunteers’ sessions for staff and volunteers, reaching a total of 58 participants
- 2 x Module 3 – full day ‘Keeping Adults Safe: Recruitment, Selection and Management’ courses, reaching another 21 participants at a management level.
Feedback from the Southern Trust sessions included:

‘A really informative session, the trainer was very knowledgeable and engaging.’
‘Approachable trainer with extensive knowledge.’

‘Informative and well delivered training with the benefit of having it available locally.’

Acknowledgments are extended to LASP partners who contributed to the awareness raising through the provision of venues and catering. Coordination and facilitation of the schedule was completed by the Trust Adult Safeguarding Specialist with the Volunteer Now coordinator.

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

We have been actively involved with the Southern LASP throughout the year, including in the planning of the ‘Adult Safeguarding Trainers’ Workshop’ in February 2018, where we were able to test out new material on the interface between adult safeguarding and mental capacity issues.

In March 2018, again with funding from the Health and Social Care Board, we delivered six ‘Keeping Adults Safe: Mental Capacity Roadshows’, including a session in Newry. These were well received, with feedback from the Newry session including:

‘Very useful insight and awareness into capacity issues and what we need to think about as an organisation’.

We look forward to continuing to work with the Southern LASP, including building on our activities above and planning further ‘Keeping Adults Safe’ courses for 2018-19.
6.0 Governance, Audit and Quality Assurance

6.1 Adult Safeguarding referrals and contract compliance monitoring arrangements

During the reporting year the Southern Trust communicated with all contracted providers through the normal communication processes and where necessary the performance management and contract compliance mechanisms. Throughout these communications contract holders confirmed the Trust’s expectation of providers to adhere to the full implementation of the new Adult Safeguarding Policy and procedures during 2017/18. The Southern Trust has developed a “Contract Holder Checklist” for piloting in the next reporting year. This aims to support contract holders to understand the breadth and nature of the issues pertaining to alternative safeguarding responses during discussion about the ASC Position report for 2018-19 at the annual contract review meeting. This seeks to provide some assurances that partner organisations within the Southern LASP area are transitioning to full implementation of the new policy and procedures and identify areas for audit in the incoming year.

Within the reporting period there were a total of 182 referrals to adult safeguarding which were screened into the adult protection process. These referrals originated across contracted providers of Residential and Nursing Care (115), Domiciliary Care (33), and Supported Living services (34). (This figure excludes referrals from Statutory Care services.)

The Southern Trust Independent Sector Governance Assurance Group monitor emerging trends and patterns which require necessary remedial actions to be progressed by the provider. Areas discussed include contract compliance issues; incidents; adult safeguarding issues; formal complaints; Serious Adverse Incidents; RQIA inspection findings and enforcement actions.

Within the reporting year a flowchart for “Handling of concerns raised regarding client/patient monies” has been developed in partnership with the Southern Trust Finance department and the Head of Service for Adult Safeguarding. (Refer to Appendix 3) This flowchart provides some guidance to operational staff and managers within teams, finance department; and adult safeguarding staff as to how
to ensure good communication between the various interfacing processes when there are concerns of a financial nature.

7.0 Adult Protection Activity
Table 1 below captures the overall protection figures for 2017/18 and compares these with the figures for 2016/17.

7.1.1 General Overview
Within the reporting year the Southern Trust has commenced the implementation of the thresholds for intervention as defined in the Regional ‘Adult Safeguarding: Prevention and Protection in Partnership, Policy 2015.’ As a result the numbers of ‘adult in need of protection’ referrals and subsequent investigations have naturally decreased significantly. It is important to note that previous referrals which would have been considered as ‘vulnerable adult PVA referrals’ are now more appropriately and proportionately managed through alternative safeguarding responses by core services and partner organisations. Further analysis of the decrease and application of more appropriate safeguarding responses is contained below.

<table>
<thead>
<tr>
<th>ALL PoCs</th>
<th>REFERRALS</th>
<th>SCREENED IN</th>
<th>INVESTIGATIONS</th>
<th>PROTECTION PLANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17</td>
<td>1305</td>
<td>740</td>
<td>653</td>
<td>566</td>
</tr>
<tr>
<td>2017/18</td>
<td>839</td>
<td>480</td>
<td>411</td>
<td>351</td>
</tr>
<tr>
<td>Variance</td>
<td>-36%</td>
<td>-35%</td>
<td>-37%</td>
<td>-38%</td>
</tr>
</tbody>
</table>

Referrals
Within the Southern Trust the Adult Protection Gateway team continues to collate and screen all referrals to ‘adult in need of protection’. The decrease in protection referrals received continues to represent an anticipated downward trend evidenced in the previous reporting period. The 11% variance from 2015/16 to 2016/17 has increased to a variance of 36% in 2017/18 over a 12 month period. There are a number of factors which potentially account for this change.
The operational implementation of the new policy and procedures in April 2017 has been supported within the Southern Trust by a robust programme of uplift training and awareness sessions delivered both by Social Services, Workforce Training and Development and the adult safeguarding practitioners. Importantly, this has been supported in practice through the refocusing of the practice support fora for staff who are involved in the management of protection work. The implementation of the Corporate Blueprint has highlighted the need for consideration of new approaches to safeguarding and has provided a catalyst for discussion at team level about changing responsibilities and interventions.

Furthermore, targeted sessions and small pilots have been completed in teams to support the change from PVA to ‘adult at risk’ and ‘adult in need of protection’. Such targeted support has seen the activity for ‘protection’ decrease and the activity for safeguarding ‘adults at risk’ increase. The transition from a culture of all safeguarding decisions being taken by Designated Officers to a culture of shared responsibility and mutual understanding of roles and responsibilities continues to be supported and nurtured across service areas. Further work is needed within the next reporting year to demonstrate how this cultural shift is being embedded into practice.

Consistent with last year 57% of the referrals were screened into a protection process in 2017/18. Reporting during the last year demonstrated a pattern of referrals being submitted and then discussed with the team with a decision to screen out. Work has been ongoing in this regard to support practitioners to determine if the threshold for protection is met. Evidence from support groups, training and operational practice suggests improving confidence of some team leaders within the Trust regarding the threshold for protection. However, there remains further work to be done in relation to supporting some areas of the independent sector to become more comfortable with this level of decision making. This is reflected in the 38.6% screened out of protection referral rate within OPPC where the highest referral rate is from the independent sector. This has shown no improvement since last year.

**Adult Protection Investigations**

85.6% of all referrals screened into protection resulted in an investigation compared to 88% the previous year. As implementation of the new definitions embeds into practice
It is important that practitioners are afforded the opportunity to respond to protection concerns in a timely and proportionate manner. This slight decrease may reflect some cases where under the new definitions and thresholds for serious harm it has been necessary to gather more information prior to making a decision to progress to an investigation. In such cases decision making is made at strategy discussion. Staff within Southern Trust are encouraged to consider adult protection risks in a multiagency context.

Overall 48% of referrals accepted that resulted in formal investigation originated within the Directorate for Older People. 40% (including memory services) originate within Mental Health and Disability Directorate and 12% originate in the Acute Directorate. This is a good indicator of the workload demand on operational service areas and the workforce required to deliver in both the DAPO and IO functions.

**Protection Plans**
Conversely, 73% of the number of referrals screened into the protection process had protection plans in place. This is compared to 76% in the previous year. This demonstrates consideration of protection planning as a fundamental part of responding to referrals meeting the threshold for adult in need of protection.

**Referrals by Type of Abuse**

<table>
<thead>
<tr>
<th></th>
<th>Physical</th>
<th>Psychological/Emotional</th>
<th>Sexual</th>
<th>Financial</th>
<th>Neglect</th>
<th>Institutional</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2016/17</strong></td>
<td>288</td>
<td>124</td>
<td>74</td>
<td>172</td>
<td>68</td>
<td>12</td>
<td>738</td>
</tr>
<tr>
<td><strong>2017/18</strong></td>
<td>223</td>
<td>54</td>
<td>58</td>
<td>73</td>
<td>65</td>
<td>7</td>
<td>480</td>
</tr>
<tr>
<td><strong>Variance</strong></td>
<td>-23%</td>
<td>-56%</td>
<td>-22%</td>
<td>-58%</td>
<td>-4%</td>
<td>-42%</td>
<td>-35%</td>
</tr>
</tbody>
</table>
There was a decrease in all types of abuse in the reporting period. Physical abuse remains the most common type of abuse alleged and is recorded as the main form of abuse within 46.5% of referrals. Notwithstanding this it is important to recognise that often other types of abuse exist alongside the main identified concern. Financial abuse and allegations of neglect are the 2nd and 3rd most common types of referrals into protection. This is consistent with last year.

7.2.1 Older People and Primary Care Directorate
Adult Protection activity returns for the Poc 4 OPPC directorate are inclusive of the following services:-
- Older Person’s Integrated Care Teams/ Care Home Support Team
- Memory Services (now operationally sitting in Mental Health Directorate)
- Acute/Non Acute General Hospitals.

7.2.1 Older Person’s Integrated Care Teams/ Care Home Support Team
Adult protection activity for the 7 Integrated Care Team’s, OPPC Care Home Support Team and Non - Acute Hospitals are represented below

<table>
<thead>
<tr>
<th>PoC 4 - OLDER PERSONS</th>
<th>REFERRALS</th>
<th>SCREENED IN</th>
<th>INVESTIGATIONS</th>
<th>PROTECTION PLANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17</td>
<td>383</td>
<td>234</td>
<td>225</td>
<td>201</td>
</tr>
<tr>
<td>2017/18</td>
<td>280</td>
<td>172</td>
<td>163</td>
<td>146</td>
</tr>
<tr>
<td>Variance</td>
<td>-27%</td>
<td>-26%</td>
<td>-28%</td>
<td>-27%</td>
</tr>
</tbody>
</table>

Referrals
Older People’s services saw a 27% decrease in activity in 2017/18 compared to the 5% decrease in the previous reporting period. The referral rate in OPPC is 33.4% of the total referrals received into the Trust. This is a slight increase from last year. 61.4% of the referrals were screened into the adult protection process which was consistent from the previous year. As reflected above there is further analysis required as to the source of these referrals to effect procedural and cultural shift.
Adult Protection Investigations
94.8% of the referrals for OPPC screened into the protection procedures by the Gateway team proceeded post strategy to investigation. This constitutes 39.7% of the Trust investigation activity within OPPC Integrated Care Teams and the Care Home Support team. This constitutes 39.7% of Southern Trust activity.

Protection Plans
There was a 27% decrease in the number of care and protection plans in place in 2017/18 compared to the previous year. Approximately 84.9% of all referrals accepted had a care and protection plan in place. This evidences improved focus on protection responses.

7.2.2 Memory Services
Memory Services adult protection activity is operationally reflected within the Mental Health & Disability Directorate. However for reporting purposes it is situated under PoC 4 in the 2017/18 LASP report.

<table>
<thead>
<tr>
<th>PoC 4 – MEMORY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>REFERRALS</td>
</tr>
<tr>
<td>2016/17</td>
</tr>
<tr>
<td>2017/18</td>
</tr>
<tr>
<td>Variance</td>
</tr>
</tbody>
</table>

Referrals
In 2016/17 there was a significant increase (21%) in adult safeguarding activity for this service. However in 2017/18 referrals have decreased by 28%. This represents 6% of the total Trust referral activity. It is possible that the new thresholds for adult protection have impacted on this figure, particularly in dementia care settings where the majority of client on client incidents are managed through alternative safeguarding responses. If is of note that all dementia service users are not known to memory services and therefore further analysis on the recording of referrals sources would be necessary to
extrapolate referrals which are categorised under ‘older people’ but resident in dementia units.

**Adult Protection Investigations**

Whilst activity overall has decreased it is important to note that 100% of referrals to memory services resulted in an adult protection investigation. The additional 3 investigations were referrals that were screened in at the end of the last reporting period. This constitutes 3.9% of Southern Trust activity.

**Protection Plans**

The figures demonstrate a 100% correlation between the referrals screened into protection and those that resulted in a protection plan. This has increased from 83% in 2016/17.

**Referrals by Type of Abuse POC 4**

<table>
<thead>
<tr>
<th>PoC 4</th>
<th>Alerts/Referrals by Type of Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Physical</td>
</tr>
<tr>
<td>2016/17</td>
<td>99</td>
</tr>
<tr>
<td>2017/18</td>
<td>78</td>
</tr>
<tr>
<td>Variance</td>
<td>-21%</td>
</tr>
</tbody>
</table>

Within OPPC, physical abuse referrals remain the most common type of abuse. This is consistent with previous years and with Trust trends. Interestingly, neglect is the 2nd highest category of abuse reported in OPPC. Within the Southern Trust 6 out of 7 referrals relating to institutional abuse were identified in OPPC. Given the nature of care provision this could be explained by the high number of service users who receive personal care and social support in either a domiciliary care setting or in a care facility. 48% of financial abuse referrals in Southern Trust originate from OPPC. This is of note and therefore there is continued attention within community on various forms of financial exploitation and abuse and efforts to safeguard service users’ monies and assets continues in partnership with other agencies.
7.3.1 Acute Services
All protection referrals identified within acute general hospital are collated from across 2 hospital sites. These are
- Craigavon Area Hospital
- Daisy Hill Hospital

<table>
<thead>
<tr>
<th>PoC 1 - ACUTE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFERRALS</td>
</tr>
<tr>
<td>2016/17</td>
</tr>
<tr>
<td>2017/18</td>
</tr>
<tr>
<td>Variance</td>
</tr>
</tbody>
</table>

Referrals
Alerts/ referrals within acute hospitals have decreased by 16% within the reporting year. 78% of the alerts/referrals were screened into the protection process as compared to 64% the previous year. There have been a number of information sessions completed in year regarding the changes within adult safeguarding practice and the rise in appropriate referrals is an indicator that learning is being applied. The changing thresholds has strengthened collaborative working within acute and in particular with the Acute Hospital social work team. Hospital staff continue to closely liaise with community services to follow through on necessary protective interventions.

Adult Protection Investigations
Approximately 62.7% of accepted referrals resulted in an adult protection investigation taking place a decrease from 74% the previous year. A possible explanation for this is that the investigation initiated by the Acute DAPO was progressed in a community setting. This constitutes 12.6% of Southern Trust activity.

Protection Plans
55% of the referrals screened in to protection interventions had protection plans commenced within the reporting period. In the previous reporting period there was a 91% increase in the number of protection plans in place from 2015/16. The 10%
variance in 2017/18 demonstrates that acute services have maintained a consistent improvement in considering and developing a protection plan to meet the needs of the service user.

Referrals by Type of Abuse

<table>
<thead>
<tr>
<th></th>
<th>Physical</th>
<th>Psychological/Emotional</th>
<th>Sexual</th>
<th>Financial</th>
<th>Neglect</th>
<th>Institutional</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2016/17</strong></td>
<td>24</td>
<td>14</td>
<td>6</td>
<td>22</td>
<td>15</td>
<td>0</td>
<td>81</td>
</tr>
<tr>
<td><strong>2017/18</strong></td>
<td>49</td>
<td>9</td>
<td>6</td>
<td>6</td>
<td>13</td>
<td>0</td>
<td>83</td>
</tr>
<tr>
<td><strong>Variance</strong></td>
<td>104%</td>
<td>-36%</td>
<td>0%</td>
<td>-73%</td>
<td>-13%</td>
<td>n/a</td>
<td>2%</td>
</tr>
</tbody>
</table>

Physical abuse was reported as the most common type of abuse disclosed in acute services. This is consistent with the Southern Trust overall figures. Similar to OPPC trends neglect is reported as the second highest category of abuse. Work continues within the acute setting to ensure that staff recognise, respond and report as appropriate all types of abuse, exploitation and neglect and importantly have an understanding of the related definitions of domestic and sexual violence, modern slavery and hate crime as contained within the policy.

7.4.1 Adult Disability and Mental Health Directorate

7.4.2 Mental Health

Adult protection returns from Mental Health Services are collated from the following areas:

- Supported Living Services
- Support and Recovery Services
- Mental Health Primary Care
- Mental Health Eating Disorders
- Mental Health Forensic Services
- Mental Health Personality Disorders
- Mental Health Home Treatment
• Mental Health Liaison Psychiatry
• Mental Health Acute Services

<table>
<thead>
<tr>
<th>PoC 5 - MENTAL HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REFERRALS</strong></td>
</tr>
<tr>
<td>2016/17</td>
</tr>
<tr>
<td>2017/18</td>
</tr>
<tr>
<td>Variance</td>
</tr>
</tbody>
</table>

**Referrals**
The number of referrals within mental health services has declined from last year but has increased as a percentage of the overall Trust referral rate. Mental Health referrals constituted 25.4% of the total referrals to the Trust compared to 18% in 2016/17. 48.8% of these referrals were screened into the Protection Procedures. This decrease from 67% last year however, may be explained due to the checking out of the thresholds by appointed persons. While this checking out is to be encouraged, the trends of inappropriate referrals to protection are being monitored by the adult protection gateway team and where additional support is identified the team will support through service led team information sessions.

**Adult Protection Investigations**
Of the referrals screened in 86.5% proceeded to investigation. This is a slight increase from last year where 81% of screened in referrals proceeded to investigation. This may indicate that the nature of the concerns reported within the mental health setting are reaching the threshold for investigation and are less likely to be resolved or managed following initial information gathering and strategy discussion. This is similar to the experience in OPPC where 94.8% referrals screened in resulted in an investigation. This constitutes 21.9% of Southern Trust activity.

**Protection Plans**
Approximately 65% of accepted referrals had a protection plan in place. Compared to other service areas this appears to be low and therefore further examination of the
trends is required to determine how protection planning is being delivered and recorded within Mental Health.

Referrals by Type of Abuse

<table>
<thead>
<tr>
<th></th>
<th>Physical</th>
<th>Psychological/Emotional</th>
<th>Sexual</th>
<th>Financial</th>
<th>Neglect</th>
<th>Institutional</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17</td>
<td>50</td>
<td>39</td>
<td>31</td>
<td>28</td>
<td>4</td>
<td>2</td>
<td>154</td>
</tr>
<tr>
<td>2017/18</td>
<td>41</td>
<td>13</td>
<td>31</td>
<td>16</td>
<td>2</td>
<td>1</td>
<td>104</td>
</tr>
<tr>
<td>Variance</td>
<td>-18%</td>
<td>-67%</td>
<td>0%</td>
<td>-43%</td>
<td>-50%</td>
<td>n/a</td>
<td>-32%</td>
</tr>
</tbody>
</table>

39.4% of the total referrals in Mental Health were categorised as physical abuse. This is an increase from last year’s activity. However, there has been a decrease from 25% to 12.5% in referrals where the main type of abuse was categorised as psychological and emotional abuse. As predicted in last year’s analysis this decrease was anticipated due to the implementation of the new thresholds where previously a number of patient on patient incidents within acute hospital wards were recorded in this category of abuse.

7.4.3 Learning Disability Services

Adult protection returns from Learning Disability Services are collated from the following areas:-

- 6 Community Learning Disability Teams.
- Dorsey Unit

<table>
<thead>
<tr>
<th></th>
<th>REFERRALS</th>
<th>SCREENED IN</th>
<th>INVESTIGATIONS</th>
<th>PROTECTION PLANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17</td>
<td>432</td>
<td>189</td>
<td>162</td>
<td>139</td>
</tr>
<tr>
<td>2017/18</td>
<td>133</td>
<td>82</td>
<td>69</td>
<td>61</td>
</tr>
<tr>
<td>Variance</td>
<td>-69%</td>
<td>-57%</td>
<td>-57%</td>
<td>-56%</td>
</tr>
</tbody>
</table>
Referrals

2017/18 has seen a significant decrease in the number of referrals originating from learning disability. This is in keeping with predicted decline within the learning disability sector. The variance reported last year as 18% and the 69% in 2017/18 can be attributed to a number of factors. Firstly, prior to the implementation of the new thresholds all incidents relating to service users where harm was alleged caused by another service user was reported under protection referrals. This type of concern constituted a large part of previous statistics. From April 2017 the Southern Trust has fully implemented the new thresholds and therefore anticipated a sharp decline in this type of referral. Secondly, one of the 3 learning disability teams partook in a service improvement project in year to support them to transition to the new safeguarding arrangements. Within this team the current referral rate into protection is very low but the quality and appropriateness of referrals is high.

38% of the referrals sent to the adult protection gateway team were screened out of protection interventions. In keeping with the trends emerging from OPPC, the referral sources for these cases tended to be from the independent sector and appropriate support and guidance from the gateway team was provided to ensure appropriate alternative responses were identified. It is important to note that while the variance is significant the referrals being processed into protection are of an increasing complex nature.

Adult Protection Investigations

84% of all accepted referrals resulted in formal investigation. Again, this is in keeping with Mental Health and OPPC indicating an organisation trend regarding the number of cases that meet the threshold for a protection response progressing to formal investigation after initial information gathering is completed at strategy discussion. This constitutes 16.8% of Southern Trust activity.

Protection Plans

The upward trend continues to rise in the numbers of protection plans within learning disability services. In 2015/16 57% of accepted referrals resulting in the implementation of a plan to address and reduce identified risks. This figure has risen in year to 74% of accepted referrals resulting in a protection plan. Interestingly 88% of
those cases requiring a formal investigation had a protection plan implemented. This is positive and is an indicator that the welfare focus of strategy planning discussions is a key agenda item for DAPO’s and Investigating Officers.

### Referrals by Type of Abuse

<table>
<thead>
<tr>
<th>PoC 6</th>
<th>Referrals by Type of Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Physical</td>
</tr>
<tr>
<td>2016/17</td>
<td>104</td>
</tr>
<tr>
<td>2017/18</td>
<td>46</td>
</tr>
<tr>
<td>Variance</td>
<td>-56%</td>
</tr>
</tbody>
</table>

Physical abuse remains the most common type of reported alleged abuse. This is consistent with the Southern Trust trends and constitutes 56% of the referrals to the learning disability adult protection service. This equates to 21% of the overall referrals to the Southern Trust relating to physical abuse. Conversely, 9% of the overall referrals relating to financial abuse and 4% relating to neglect originate within learning disability. This is not in keeping with the organisation trends however this may be an indicator of previous high referral rates in these areas where intensive work was done to prevent abuse, exploitation and neglect from reoccurring. An example of this is the intense scrutiny applied to the financial review process for adults with a learning disability.

#### 7.4.4 Physical and Sensory Impairment

Adult protection returns from Physical & Sensory Impairment Services are collated from 3 community teams.

<table>
<thead>
<tr>
<th>PoC 7 - PHYSICAL &amp; SENSORY DISABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFERRALS</td>
</tr>
<tr>
<td>2016/17</td>
</tr>
<tr>
<td>2017/18</td>
</tr>
<tr>
<td>Variance</td>
</tr>
</tbody>
</table>
Referrals
The number of referrals in respect of physical and sensory impairment services decreased this year by 12% on the previous year figures. 45% of these referrals were screened into protection by the gateway team. The increasing thresholds for protection intervention particularly in relation to ‘serious harm’ have resulted in an increase in referrals being more appropriately responded to by alternative safeguarding interventions.

Adult Protection Investigations
80% of screened in referrals resulted in progressing to formal investigation, again in keeping with other programmes of care. This constitutes 5% of the overall Southern Trust activity.

Protection Plans
The overall number of protection plans in place decreased by 48%. However, it is important to reflect this in the context of the overall decline in the numbers of accepted referrals to protection activity. 65% of cases screened in to protection had a protection plan developed and implemented. This is consistent with the practice approach of the previous year.

Referrals by Type of Abuse

<table>
<thead>
<tr>
<th></th>
<th>Physical</th>
<th>Psychological/Emotional</th>
<th>Sexual</th>
<th>Financial</th>
<th>Neglect</th>
<th>Institutional</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17</td>
<td>11</td>
<td>7</td>
<td>4</td>
<td>28</td>
<td>2</td>
<td>0</td>
<td>52</td>
</tr>
<tr>
<td>2017/18</td>
<td>9</td>
<td>3</td>
<td>3</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>Variance</td>
<td>-18%</td>
<td>-57%</td>
<td>-25%</td>
<td>-68%</td>
<td>0%</td>
<td>n/a</td>
<td>-50%</td>
</tr>
</tbody>
</table>

There was a decrease in the figures for physical, psychological/emotional sexual and financial types of abuse in 2017/18. Neglect and institutional abuse remain constant. Consistent with Trust trends physical abuse referrals are most prevalent with financial abuse being high proportionately to other programmes of care.
## Appendices

### 9.1.1 Appendix 1 Membership

<table>
<thead>
<tr>
<th>PARTNER NAME &amp; ORGANISATION</th>
<th>16/5/17</th>
<th>15/8/17</th>
<th>14/11/17</th>
<th>13/02/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micéal Crilly, SHSCT</td>
<td>Apology</td>
<td>Apology</td>
<td>Apology</td>
<td>Apology</td>
</tr>
<tr>
<td>Deborah Hanlon, SHSCT</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Eamonn Sherry, SHSCT (sick leave)</td>
<td>Apology</td>
<td>Apology</td>
<td>Apology</td>
<td>Apology</td>
</tr>
<tr>
<td>Aidan Gordon, Archdiocese Armagh</td>
<td>✓</td>
<td>Apology</td>
<td>✓</td>
<td>Apology</td>
</tr>
<tr>
<td>Anne Woods, Cedar</td>
<td>✓</td>
<td>Apology</td>
<td>Apology</td>
<td>Apology</td>
</tr>
<tr>
<td>Carmel Harney, SHSCT repl by Eamon Farrell 2/18</td>
<td>Apology</td>
<td>✓</td>
<td>Apology</td>
<td>Apology</td>
</tr>
<tr>
<td>Pat Carville, Faith Communities</td>
<td>Apology</td>
<td>✓</td>
<td>Apology</td>
<td>Apology</td>
</tr>
<tr>
<td>Debbie Campbell, OPPC SHSCT</td>
<td>✓</td>
<td>Apology</td>
<td>✓</td>
<td>Apology</td>
</tr>
<tr>
<td>Ruth Donaldson, SHSCT</td>
<td>✓</td>
<td>Apology</td>
<td>Apology</td>
<td>Apology</td>
</tr>
<tr>
<td>Lorraine Thompson, Four Seasons</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Eileen Murphy / Helen Cranney, Women’s Aid</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Carolyn Agnew, PWB, SHSCT</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Daphne Johnston, Training SHSCT</td>
<td>✓</td>
<td>Apology</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Claire Maddison, Volunteer Now</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Mel Wiggins, CIP Freedom Acts</td>
<td>Apology</td>
<td>Apology</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Fidelma McQuade, ABC Council (repl by Colleen Morrison 11/17)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>David Hutchinson, replaced by Andy McClean, 2/18 PSNI PPB</td>
<td>✓</td>
<td>Apology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trudy Reid, Nursing SHSCT</td>
<td>Apology</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Jane Green, Nursing SHSCT</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>Apology</td>
</tr>
<tr>
<td>Ray Hall, replaced by Diane Irwin, 9/17, Mid Ulster District Council</td>
<td>X</td>
<td>✓</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Audrey Allen, AMH</td>
<td>Apology</td>
<td>Apology</td>
<td>Apology</td>
<td>✓</td>
</tr>
<tr>
<td>Ruth McKelvey, PBNI</td>
<td>Apology</td>
<td>Apology</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Vacant, Medical, SHSCT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andy Thompson, Faith Communities</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Paul Barton, Alzheimer’s Society</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paul Yam, Wah Hep</td>
<td>✓</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Maggie Nugent, Adult Safeguarding SHSCT</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Apology</td>
</tr>
<tr>
<td>Shirley Henning, OPPC SHSCT</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colleen Morrison, ABC Council ASC (replaced other ABC reps from 11/17)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stephen Sherry, PPANI SHSCT(new member)</td>
<td>✓</td>
<td>Apology</td>
<td>Apology</td>
<td></td>
</tr>
</tbody>
</table>
9.1.2 Appendix 2

**Northern Ireland Ambulance Services Pathway**

This pathway has been developed to support NIAS to report safeguarding concerns regarding an ‘Adult at Risk of harm’ to appropriate services within the Southern Health and Social Care Trust. Key benefits include timely, necessary responses by appropriate teams.

‘Adult at Risk of harm’ (*no immediate actions required to maintain safety*)

Where a patient is brought into hospital, any concerns are reported to nurse at handover from NIAS. The nurse will record, take appropriate action and where necessary make an onward referral via the hospital social work team.

Where NIAS determine that a hospital admission in not required or where the adult declines to attend hospital, the NIAS crew can make a referral via the following e-mail addresses regarding a ‘general concern’ for a professional assessment of need. eg welfare; housing; support etc.

<table>
<thead>
<tr>
<th><strong>Older People</strong></th>
<th>Access and Information: <a href="mailto:access.information@southerntrust.hscni.net">access.information@southerntrust.hscni.net</a> Tel: 028 3756 4300</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disability services</strong></td>
<td><a href="mailto:OOHS.werefs@southerntrust.hscni.net">OOHS.werefs@southerntrust.hscni.net</a> Tel: 028 3839 4088</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>Tel: 028 3083 5253 (Newry &amp; Mourn) Tel: 028 3741 4462 (Armagh &amp; Dungannon) Tel: 028 3834 7537 (Craigavon &amp; Banbridge)</td>
</tr>
</tbody>
</table>

Key information required to report a concern

1. Nature of concern
2. Patients Name / Date of Birth / Address / Contact number
3. Has the adult consented to a referral?
4. Has the adult a community nurse or social worker? If yes, include name.
**Where there are immediate concerns for safety of the adult or others**

Contact the Adult Protection Gateway team and PSNI as appropriate

Adult Protection Gateway Team (Mon – Fri 9 – 5pm.)
Phone: 028 3756 4423 or 028 3756 4424
E-mail: adultsafeguard.team@southerntrust.hscni.net
RESW: (outside of office hours) Phone: 028 95049999
Flowchart for Handling of Concerns Raised Regarding Client/Patient Monies

Abbreviations:
- FLO = Fraud Liaison officer
- CFPS = Counter Fraud & Probity Services
- IA = Internal Audit

Identification of concerns relating to client/patient finances

Methods of identification may include:
1. Annual financial review.
2. Complaint.
3. Whistleblowing.
4. Internal Audit finding.
5. Concerns raised by key worker
6. RQIA report

Consider Adult Safeguarding procedures with line manager

Notify Fraud Liaison Officer (Anti-Fraud Response Plan)

Notify Line Manager/contract owner

Alternative safeguarding response to be followed

Is the adult at risk of harm and in need of protection threshold met?

Is the estimated value <£10k?

Is there a Trust contract with a third party?

Is it a Trust employee?

Human Resources for response and FLO discuss potential referral to CFPS for investigation

FLO discuss referral to CFPS for investigation

FLO will liaise with IA or CFPS regarding involvement with this case.
IA will tend to provide independent assurance on calculations and there is third party co-operation.

CFPS will be involved where interviews are required.

FLO link with Trust adult protection investigation

Adult Protection Investigation established, strategy to incl FLO

Screened in?

YES

NO

Refer to Adult Protection Gateway team APP1 for screening

Complete APP1 section 1 & 2

Issue scoped and reported to CFPS if appropriate by FLO

FLO will work with Trust Contracts and Service Lead to resolve with third party