Safeguarding Vulnerable Adults

Regional Adult Protection Policy & Procedural Guidance

SEPTEMBER 2006

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Social Services Directorate
Northern Health and Social Services Board
County Hall
182 Galgorm Road
BALLYMENA
BT42 lNQ

Telephone Number: 028 25 311216
E-mail: socialservices@nhssb.n-i.nhs.uk

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Department of
Health, Social Services
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An Roinn
Sláinte, Seirbhísí Sóisialta
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Foreword

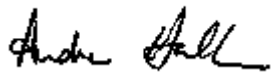
The abuse and exploitation of vulnerable adults is an issue that has become more prominent in recent years in terms of public awareness. It has also been increasingly reflected in the priorities of a wide range of organisations through the development of more effective responses and a great deal of progress has been made, as a result of local initiatives. This has resulted in a number of policies and procedures which are broadly similar but which do not allow for the degree of commonality and standardisation needed to underpin effective inter-agency endeavours in this complex area of work.

In 2002 the Department of Health, Social Services and Public Safety (the Department) supported the establishment of the Regional Adult Protection Forum to promote, develop and improve arrangements for the protection of vulnerable adults. It has become increasingly clear that a major contribution to effecting further significant progress lies in the production of regional policy and procedures. The need to address this issue has been brought into even sharper focus, and has been reinforced, by the degree of organisational change proposed by the Review of Public Administration.

In 2005 the Forum received Departmental endorsement to produce standardised, regional procedures. 'Safeguarding Vulnerable Adults', which is based on best practice, represents the outcome of that work and has been subject to widespread consultation. Whilst it marks a major step in improving

adult protection arrangements it has been produced at a time when further change is anticipated in areas such as legislation, governance and models of service delivery. Comparison with equivalent processes in child protection help to illustrate the potential for further amplification and development. It is for these reasons that the Department is committed to reviewing the procedures when the initial phase of the organisational change referred to above has been completed. The Regional Forum will be asked to monitor and oversee this process.

The production of this document represents a major new phase in improving adult protection arrangements across the region. We do not underestimate the commitment that will be required to promote the effective operation of these procedures across the range of relevant organisations, but the Department is committed to ensuring that this happens. We would therefore commend the policy and procedures outlined in 'Safeguarding Vulnerable Adults' and expect it to be used as a framework within which we can effect major changes in this important area of work.



ANDREW HAMILTON
Deputy Secretary
Department of Health, Social Services and Public Safety

September 2006

PART I POLICY

1.0 Policy - Introduction

1.1 Any adult at risk of abuse, exploitation or neglect should be able to access support to enable them to live a life free from violence and abuse. These procedures detail the processes that must be followed in the event of a suspicion or allegation that a vulnerable adult is at risk of abuse, exploitation or neglect. The procedures do not cover other responses to their needs. They are a vital part of a range of prevention, support and protection services offered to meet the needs of vulnerable adults, their families and carers.

1.2 The purpose of regional procedural guidance for Northern Ireland is to ensure a co-ordinated and standardised approach by all those who work with vulnerable adults and to establish the principles of good practice in this important area of work. This policy and the procedures which flow from it are derived from best practice in Northern Ireland and with reference to developments elsewhere in the UK.

1.3 The most recent guidance from the Department of Health has identified the need to establish a framework for action to ensure that there is:

'a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety. The agencies' primary aim should be to prevent abuse where possible but, if the preventive strategy fails, agencies should ensure that robust procedures are in place for dealing with incidents of abuse "[1].

1.4 The following statements underpin the implementation of activities related to the protection and safeguarding of vulnerable adults:

- agencies and organisations will work co-operatively in the identification, investigation, treatment and prevention of abuse of vulnerable adults;

- a consistent response will be made to vulnerable adults when concerns are raised whether these are reported through complaints procedures, inspection or registration activity, as a result of whistle-blowing or as a result of disclosure on the part of vulnerable adults or their carers;
- action will be co-ordinated against alleged perpetrators to ensure that parallel processes are dovetailed including prosecution, disciplinary action and removal from, or notification to, professional registers and similar bodies;
- there is a responsibility to share information on a “need to know” basis so that effective decisions can be made and appropriate preventative action taken.

A co-ordinated approach in Northern Ireland will require the adoption and implementation of agreed regional procedures by Boards and Trusts. Such a process will need to include the strengthening of relationships with all providers of services and compatibility with the statutory responsibilities of other agencies and to policies already in force within them, in particular the Police Service of Northern Ireland (PSNI) and the Regulation and Quality Improvement Authority (RQIA).

2.0 Scope

2.1 This guidance is for all staff, regardless of employing organisation and sector, who provide health or personal social services to vulnerable adults in any setting or context. It is applicable to the protection from abuse of vulnerable people aged 18 or over and includes older people, people with a learning, physical or sensory disability and people with mental illness or dementia. It covers all types of abuse, including neglect and recognises that vulnerable people cannot always protect themselves.

2.2 The procedures within this guidance do not operate independently of other arrangements (see paragraph 1.4), such as complaints and disciplinary procedures, and should be implemented concurrently in order to ensure the protection of the vulnerable adult.

3.0 Definitions

Definition of Vulnerable Adult

3.1 The existing definition of 'vulnerable adult' varies across Boards and Trusts. It is important that there is a single, agreed definition of this term. The Regional Adult Protection Forum has adopted the Law Commission for England and Wales (1995) definition of a "vulnerable adult" as:

'a person aged 18 years or over who is, or may be, in need of community care services ***or*** *is resident in a continuing care facility by reason of mental or other disability, age or illness* ***or*** *who is, or may be, unable to take care of him or herself* ***or*** *unable to protect him or herself against significant harm or exploitation"*[2].

Adults who "may be eligible for community care services" are those whose independence and wellbeing would be at risk if they did not receive appropriate health and social care support. They include adults with physical, sensory and mental impairments and learning disabilities, howsoever those impairments have arisen; eg whether present from birth or due to advancing age, chronic illness or injury. They also include informal carers, family and friends who provide personal assistance and care to adults on an unpaid basis.

Definition of Abuse

3.2 The current definition of abuse is derived from regional guidance issued by the Management Executive, Department of Health and Social Services, in 1996, which states that abuse is:

'The physical, psychological, emotional, financial or sexual maltreatment, or neglect of a vulnerable adult by another person. The abuse may be a single act or repeated over a period of time. It may take one form or a multiple of forms. The lack of appropriate action can also be a form of abuse. Abuse can occur in a relationship where there is an expectation of trust and can be perpetrated by a person/persons, in breach of that trust, who have influence over the life of a dependant, whether they be formal or informal carers, staff or family members or others. It can also occur outside such a relationship' [3].

3.3 Forms of abuse can be categorised as follows:

- physical abuse (including inappropriate restraint or use of medication);
- sexual abuse;
- psychological abuse;
- financial or material abuse;
- neglect and acts of omission;
- institutional abuse; and
- discriminatory abuse.

3.4 Incidents of abuse may be multiple, either to one person in a continuing relationship or service context, or to more than one person at a time.

3.5 Any or all types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

Significant Harm

3.6 The Law Commission in its 1995 report [2] makes use of the concept of significant harm as an important threshold when considering the nature of intervention and defines this as including not only ill-treatment

(including sexual abuse and forms of ill-treatment which are not physical), but also the impairment of physical, intellectual, emotional, social or behavioural development. Significant harm may include the degree, extent, duration and frequency of harm.

4.0 Guiding Principles

4.1 A set of commonly agreed principles underpins this regional procedural guidance. Such principles flow from respect for the rights of vulnerable adults who are entitled to:

- privacy;
- be treated with respect and dignity;
- lead an independent life and be enabled to do so;
- be able to choose how to lead their lives;
- the protection of the law;
- have their rights upheld regardless of ethnic origin, gender, sexuality, impairment or disability, age and religious or cultural background; and
- have the opportunity to fulfil personal aspirations and realise potential in all aspects of daily life.

This includes Human Rights considerations, particularly in relation to Article 2 “the Right to Life”, Article 3 “Freedom from Torture” (including humiliating and degrading treatment), and Article 8 “Right to Family Life” (one that sustains the individual).

Human Rights must be considered in all decision making processes, and due consideration given to concepts of proportionality and equality of arms.

5.0 Individual Rights

5.1 These principles assume that vulnerable adults have the right to:

- be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs;
- be given access to knowledge and information which they can understand to help them make informed choices;
- information about, and practical help in, keeping themselves safe and protecting themselves from abuse;
- live safely, without fear of violence or abuse in any form;
- have their money, goods and possessions treated with respect, and to receive equal protection for themselves and their property through the law;
- guidance and assistance in seeking help as a consequence of abuse;
- be supported in making their own decisions about how they wish to proceed in the event of abuse and to know that their wishes will only be over-ridden if it is considered necessary for their own safety or the safety of others;
- be supported in bringing a complaint under any existing complaints procedure;
- be supported in reporting the circumstances of any abuse to independent bodies;
- have alleged, suspected or confirmed cases of abuse investigated urgently;
- receive appropriate support, education, counselling, therapy and treatment following abuse;
- seek legal advice or representation on their own behalf;
- seek redress through appropriate agencies;
- have their rights respected and to have their family, informal carers or advocates act on their behalf as appropriate.

6.0 Inter-Agency Working

6.1 The principles and rights that have been identified can be further strengthened through the promotion of effective inter-agency co-operation, training and multi-disciplinary working. The operating principles which are needed to make this happen have already been specified as part of the recent work between HPSS and PSNI staff in developing procedures to improve co-operation in the field of adult protection[4].

6.2 These include the requirements for agencies to:

- actively work together within an identifiable inter-agency procedural framework encompassing effective communication, an appropriate risk management framework and clarity about agency and professional responsibility, authority and accountability;
- actively promote the empowerment and wellbeing of vulnerable adults through the services they provide;
- ensure the safety of vulnerable adults by integrating strategies, policies and services relevant to abuse within existing procedural frameworks;
- act in a way which supports the rights of the individual to lead an independent life based on self-determination and personal choice;
- ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate help, including advice, protection and support from relevant agencies;
- recognise that the right to self-determination can involve risk and ensure that such risk is recognised and understood by all concerned and minimised whenever possible; and
- ensure that the law and statutory requirements are known and used appropriately so that vulnerable adults receive the protection of the law and access to the judicial process.

7.0 Confidentiality

7.1 In normal circumstances observing the principle of confidentiality will mean that information is only passed on to others with the consent of the service user. However it should be recognised that in order to protect vulnerable adults, it may be necessary, in some circumstances, to share information that might normally be regarded as confidential.

7.2 All vulnerable adults and, where appropriate, their carers or representatives need to be made aware that the operation of multi-disciplinary and inter-agency procedures will, on occasion, require the sharing of information in order to protect a vulnerable adult or others, or to investigate an alleged or suspected criminal offence.

8.0 Consent and Capacity

8.1 One of the key challenges in relation to work with vulnerable adults relates to capacity and consent in considering what action should be taken about alleged or suspected abuse. Two key questions need to be addressed:

(i) did the vulnerable adult give meaningful consent to the act, relationship or situation which constitutes the alleged or suspected abuse?

(ii) does the person now give meaningful consent to any preventable action, investigation or report to the PSNI?

8.2 It is also necessary to determine both whether the person could consent and whether they did consent. Abuse may occur when any of the following conditions apply:

- the person does not consent;
- the person is unable to consent, either because of issues of capacity or because the law does not permit the vulnerable adult to give consent to a particular act or relationship;
- other barriers to consent exist for the vulnerable adult; eg where the person may be experiencing intimidation or coercion.

8.3 The principles contained in Good Practice in Consent (DHSSPS, 2003)[5] and enshrined in the legislation relating to mental incapacity which have been enacted in England and Wales[6], offer some useful guidelines for determining individual capacity and ability to consent. These include:

- a person must be assumed to have capacity unless it is clearly established that this is not so;
- a person is not to be treated as unable to make a decision unless all practicable steps to help him do so have been taken without success;

- a person should not be considered as being unable to make a decision merely because he makes an unwise decision;
- an act done or decision made under this legislation for, or on behalf of, the person who lacks capacity, must be done, or made, in his best interests;
- before any action is taken, or decision made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

8.4 Under this legislation a person is deemed to lack capacity in a matter if, at the same time, he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. It does not matter whether the impairment or disturbance is permanent or temporary. A person is deemed unable to make a decision for himself if he cannot:

- understand the information relevant to the decision;
- retain that information;
- use or weigh-up that information as part of the process of making that decision;
- communicate his decision (by speech, gesture, signing or any other means).

8.5 Where a person is deemed unable to make a decision every reasonable and practicable effort must be made to encourage and permit the person to participate, or to improve his ability to do so as fully as possible in any act done for him and decision affecting him. If it is decided that an adult does not have capacity, then staff should act in a way which is in that person's best interests; ie what is necessary to promote health or wellbeing or prevent deterioration, consistent with existing legislation.

PART II PROCEDURES

9.0 Introduction

9.1 This part of the document outlines the core elements of adult protection procedures. It is important that they identify the responsibilities of different groups of staff, including reporting mechanisms.

9.2 The process of dealing with an allegation or suspicion of abuse of a vulnerable adult goes through a number of distinct stages. The following have been identified:

- alerting;
- referring;
- screening;
- planning the investigation;
- investigating;
- making decisions;
- monitoring and review.

9.3 Each stage is examined in turn and the roles and responsibilities of staff described. It will not be necessary to follow through all of these stages in every case. A decision may be reached at any stage to resolve the issue by providing care management or other services. At the other end of the spectrum, it may be necessary to reconvene a strategy meeting if new evidence comes to light which moves the focus of the investigation beyond its initial remit.

9.4 The protection of vulnerable adults from abuse should always receive high priority from all agencies involved. Concerns about abuse should be reported immediately.

10.0 Alerting

10.1 Alerting refers to the responsibility to recognise abusive situations and inform a nominated manager within the agency. It plays a major role in ensuring the protection of vulnerable adults and it is important that all concerns about possible abuse, however trivial, should be reported. An alert may come from any person who has knowledge or a reasonable suspicion that a vulnerable adult has been, or is at risk of, being abused.

10.2 Everyone working with vulnerable adults has a duty to report suspected, alleged or confirmed incidents of abuse. In a situation where a staff member has concerns, they should report this immediately to their line manager or to a senior manager if consultation with their line manager would involve undue delay.

10.3 If the allegations relate to another employee, the staff member should alert their line manager. If the allegations relate to the line manager, the staff member should report the matter to a more senior manager. It should be noted that the Public Interest Disclosure (Northern Ireland) Order 1998 provides for the active safeguarding and protection of what are commonly known as 'whistle blowers'.

10.4 If the person who suspects abuse is employed within the voluntary, private or independent sector, they should report their concerns to their line manager whose responsibility it will be to refer to the appropriate Health and Social Services Trust Officer or Designated Officer.

10.5 Concerns about suspected abuse by staff should also be reported to the RQIA as outlined in the appropriate regulations. Staff providing assistance to the vulnerable adult at this stage will need to obtain as much information as possible pertaining to the allegation or suspicion of abuse, particularly if a criminal offence has been committed. Staff should only clarify the basic facts of the suspected abuse or grounds for suspicion. They should avoid asking leading questions and should not discuss the allegation with the victim or the alleged perpetrator. Staff should be clear that their role is primarily supportive rather than investigative.

10.6 Members of the public wishing to remain anonymous, or persons providing information who do not wish to be identified, should be aware that, while anonymity will be honoured as far as possible, it cannot be unconditionally guaranteed. They should be made aware that they may be required to give evidence, or their name may have to be disclosed in Court.

10.7 On receiving an alert of an allegation or suspicion of abuse, the line manager should check that the vulnerable adult's immediate needs are being met; ie that they are in no immediate danger and that medical assistance, if deemed necessary, has been sought.

11.0 Referral

11.1 All referrals should be made to the appropriate Designated Officer. This contact may be made by telephone in the first instance, but should be confirmed in writing within 2 working days. The Designated Officer should then acknowledge receipt of the referral within 2 working days.

11.2 When deciding the level of urgency of any referral, the degree of apparent risk should be the deciding factor. Some cases of abuse will require a rapid response and service provision must allow for this.

11.3 The first priority should always be to ensure the immediate safety and protection of the vulnerable adult. This may involve calling the relevant emergency service or considering, with the vulnerable adult, if they can move to a place where they feel safe. Life threatening situations, such as severe physical abuse, require an immediate response. In all other circumstances, allegations of abuse should be the subject of an initial investigation within 3 working days.

11.4 Situations arising outside of normal office hours and requiring immediate intervention should be passed on to the appropriate Out of Hours Social Work Service. The Duty Social Worker should give priority to the protection of the vulnerable person and report to the appropriate Designated Officer at the earliest opportunity when offices re-open.

Allegations against staff and paid carers

11.5 Disciplinary investigations of allegations against staff and paid carers will be undertaken within the disciplinary procedures of the employing agency. They should be conducted separately from any enquiry or investigation under Protection of Vulnerable Adult Policies and Procedures, although there may be a need for simultaneous action

and for the co-ordination and sharing of information. Where a criminal investigation is taking place, the disciplinary procedure may not be able to be concluded until this has been completed.

11.6 Employers should ensure that their disciplinary procedures are compatible with the responsibility to protect vulnerable adults. Where appropriate, they should report workers to the relevant statutory and other bodies responsible for professional regulation; eg Northern Ireland Social Care Council, Nursing and Midwifery Council, General Medical Council, Protection of Vulnerable Adults' lists.

12.0 Screening

12.1 Decisions around the threshold for intervention are questions of judgement.

The Designated Officer, along with fellow professionals and relevant others must:

- establish the substance of the suspected, alleged or known abuse;
- establish that the individual falls within the scope of the policy.

12.2 It is also important that the person's Human Rights are considered. Unnecessary or premature initiation of a vulnerable adult investigation should be avoided.

12.3 In deciding whether further investigation is necessary, the following factors need to be considered:

- the vulnerability of the individual;
- the nature and extent of the abuse;
- the length of time it has been occurring;
- the impact on the individual;
- the risk of repeated or increasingly serious acts involving this or other vulnerable adults.

Consent and Capacity

12.4 It is important to consider issues of consent and capacity in order to establish the individual's ability to give meaningful consent to the abusive act or situation or to any further investigative process. The guiding principles in relation to these issues are outlined in Section 8 of this document.

Dispensing with Consent

12.5 When considering the vulnerable adult's ability to give meaningful consent, there should be full discussion and reference to legal and medical advice before any decision is made. In the context of adult protection, there will be some circumstances in which it will be necessary to over-ride the wishes of the individual even though they are deemed to be capable of giving meaningful consent. These will include situations:

- where there is an over-riding public interest; eg to prevent serious harm or injury to others; or
- where there is a requirement to investigate a criminal offence.

12.6 In all cases where the wishes of the individual are over-ridden, this should be fully explained both to them and their carer or advocate, where appropriate, and recorded in the service user's record.

Outcomes of Screening

12.7 Possible outcomes of initial screening may be that:

- no further action is required;
- referral for an appropriate assessment is made; eg for new or increased services; or
- further investigation under the Adult Protection Procedures is required.

Where there is a decision not to proceed

12.8 In all instances where an investigation is not pursued, the reasons for this decision, the personnel involved and any contrary advice should be noted. The file note should be countersigned by the line manager and Designated Officer and forwarded to the appropriate senior manager.

12.9 The decision not to proceed under the Adult Protection Procedures does not necessarily mean that there are no issues about the adult's welfare. These may be addressed by other types of intervention; eg referral for an assessment of the individual and/or their carer. It is important to record details of any intervention provided or offered on the service user's record.

13.0 Planning the Investigation

Identifying Roles

13.1 The appropriate agency to lead the investigation will be the HSS Trust. Where another possible lead agency, such as the PSNI, is involved the host Trust should take a lead in ensuring that a strategy discussion take place and in co-ordinating the arrangements for this.

The PSNI has a legal duty to investigate alleged criminal abuse. Where there is a possibility of a criminal prosecution, the Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults[4] **must** be followed.

On receipt of a referral, the Designated Officer will convene a strategy discussion and will appoint an Investigating Officer.

Strategy Discussion

13.2 The purpose of the Strategy Discussion is to ensure an early exchange of information, to clarify what immediate action needs to be taken by whom and to determine the method of investigation. This should take place within one working day of referral to the Designated Officer unless good practice dictates otherwise. In most instances it will be appropriate for the Strategy Discussion to take place by telephone but, in a particularly complex referral, the telephone discussion may be extended to a meeting.

13.3 All relevant professionals and agencies should be involved in the discussion. The Regulation and Quality Improvement Authority (RQIA) must be notified in all situations where concerns have arisen in any registered establishment or agency as per the regulation. At this stage, in the case of allegations against staff members, consideration also has to be given to involving the relevant Human Resources Department.

13.4 The strategy for investigation should always be informed by information gained by those who have knowledge of the person and his or her circumstances. This may not be possible in a minority of cases; eg some referrals may require immediate action by the Trust or PSNI to ensure the protection of the person or the apprehension of a suspect.

Outcome of Strategy Discussion

13.5 The Strategy Discussion will make decisions on the following:

- the need for immediate protection;
- whether to proceed under the Adult Protection Procedures;
- the method of investigation; ie single or joint agency;
- who will co-ordinate the investigation and conduct any interviews;
- whom to interview;
- the roles and responsibilities of those involved;
- the need for protection of others viewed at risk;
- the need for medical/psychiatric/psychological assessment;
- what arrangements will be made for a person with a disability or special needs including the requirement for an interpreting service;
- what support the vulnerable adult, informal carers and family members will be offered during the investigation, as well as the alleged perpetrator if they are a vulnerable adult or service user;
- the wishes, if known, of the vulnerable adult involved;
- the rights of those involved in the investigation;

- the need to report to other bodies, such as RQIA, Mental Health Commission, Professional Bodies;
- arrangements for reporting back to the Designated Officer;
- a communication strategy/press statement (if appropriate).

13.6 A record of the Strategy Discussion must be completed by the Designated Officer or Chair of the Strategy Discussion Meeting.

Methods of Investigation

13.7 Depending on the decisions of the Strategy Discussion, the investigation may proceed through single agency investigations, joint investigations or joint investigations with the PSNI.

(a) Single Agency Investigations

These are investigations where intervention rests solely with one agency; eg Trust, PSNI.

(b) Joint Investigations

These are investigations which involve more than one agency or organisation but which lie outside the 'Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults' (eg Joint Investigations between Trust, RQIA, voluntary organisations, etc).

(c) Joint Investigations with the Police

A detailed consideration of the need for a joint investigation with the PSNI will be triggered when there is an allegation or suspicion that one of the following criminal offences has been committed against a vulnerable adult:

- a sexual offence committed against a vulnerable adult;
- physical abuse or ill-treatment amounting to a criminal offence;
- financial abuse involving a criminal offence such as fraud or theft; or
- abuse which involves a criminal offence; eg blackmail.

13.8 The vulnerable adult should be advised of their right to report the alleged or confirmed abuse to the PSNI at an early stage.

13.9 In all cases of alleged or suspected criminal abuse, the Designated Officer should consult with the relevant Police Liaison Officer. It will be the responsibility of the Police Liaison Officer to help determine whether the matter may involve criminal abuse and thereby inform the decision concerning what level of enquiry or investigation is necessary.

13.10 Alleged or suspected sexual abuse should be reported to the Detective Inspector - Child Abuse and Rape Enquiry (CARE) team who holds the role of Police Liaison Officer for sexual crimes.

13.11 Alleged or suspected non-sexual abuse should be reported to the Police District Command Unit (Crime Manager) who holds the role of Police Liaison Officer for non-sexual crimes.

13.12 Where more than one form of abuse is alleged or suspected, sexual offences will take precedence and these cases should be referred in the first instance to the Detective Inspector (CARE).

13.13 A referral to the PSNI does not automatically mean that a joint investigation will be initiated. In the majority of cases, the PSNI will only proceed with the consent of the vulnerable adult. In practice this means that the vulnerable adult should be willing to make a complaint to the PSNI. However there are some exceptions to this:

- where the vulnerable adult is deemed not to have capacity;
- where the vulnerable adult is subject to undue influence;
- where others may be at risk;
- to prevent a crime being committed;
- where the vulnerable adult has been the victim of a serious crime or a serious crime may take place.

13.14 Where a decision to proceed to joint investigation is taken, the Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults **must** be followed.

13.15 Where the vulnerable adult receives a service from a registered establishment or agency, the Designated Officer must refer the matter immediately to the appropriate Inspector within RQIA. Close liaison and co-operation in relation to this will be essential in order to ensure an effective outcome. This procedure applies to statutory, private and independent sector provision.

The Manager of the registered facility or service also has a responsibility to inform RQIA of any ongoing investigations.

13.16 Where care is being purchased outside of the Board/Trust area, the Designated Officer of the host Trust should liaise with the Trust who has made the placement to satisfy themselves, of the individual's ongoing protection. They should also ensure that the allegation has been notified to the relevant Inspector within RQIA.

Accident and Emergency and Hospital In-Patients

13.17 When a vulnerable adult presents at an Accident and Emergency Unit or is a patient in a hospital facility and there is a concern or allegation of abuse, the hospital staff have a duty to alert their line manager. The

line manager should refer to the Designated Officer for the hospital who will, in turn, liaise with the appropriate Designated Officer in the community to determine who will take the lead role in the investigation.

13.18 It is essential that all professionals involved liaise effectively and that a Care and Protection Plan is in place before the patient is discharged. The Designated Officer for the hospital should inform the appropriate senior manager within Clinical Services and the RQIA of any investigation that takes place and its outcome.

13.19 Where the concern or allegation relates to a vulnerable adult who is known to Mental Health services or the Learning Disability Programme of Care, the Designated Officer for the hospital should inform the Mental Health Commission when an investigation is initiated and also of the eventual outcome.

Individuals who are in receipt of Direct Payments

13.20 People who are purchasing their own services through the Direct Payments scheme and their relatives should be made aware of the arrangements for the management of adult protection in their area. Such service users should receive the same level of support and protection as any other vulnerable adult if abuse occurs.

14.0 Investigating

14.1 The investigation strategy should be implemented as agreed at the Strategy Discussion. The Investigating Officer will take the lead role in undertaking the investigation and in keeping the Designated Officer informed. This role will require an experienced and suitably trained professional who will be responsible for direct contact with service users, informal carers or relatives involved in the case. In many instances, it will be appropriate to involve other staff in the investigation in order to ensure that an appropriate assessment is made.

14.2 The involvement of the vulnerable adult and significant others should be a primary consideration during the investigation.

14.3 The purpose of the investigation is to:

- establish the facts about the circumstances giving rise to the concern about the abuse or neglect;
- decide if there are grounds for concern;
- identify the sources and levels of risk;
- determine who is responsible and recommend what action or support may be necessary in relation to them;
- decide protective or other actions in relation to the persons concerned or any other vulnerable adult.

14.4 The Investigating Officer should ensure that the alleged victim is interviewed, if appropriate. The process of investigation may take several interviews. The needs of the vulnerable adult, informal carer or carers and, where appropriate, the alleged abuser should be considered. Investigations need to be handled with the utmost sensitivity, recognising that both parties may have a continuing relationship into the future. Where the individual makes a direct

disclosure of abuse, they should **NOT** be interviewed in the presence of the alleged perpetrator unless in exceptional circumstances.

14.5 The vulnerable adult may wish to have someone else present during the interview - a carer, friend, independent advocate or another member of staff. This should be facilitated where possible. There may also be the need to have an interpreter present where communication difficulties arise.

14.6 In instances of abuse that constitute a criminal offence and there is a decision that Social Services and PSNI will jointly interview the vulnerable adult this can **only** be undertaken by an interviewer who has been trained in the procedures specified in Achieving Best Evidence [7]. It will be the responsibility of each agency to ensure that the interview and investigation process is properly supervised and supported by relevant managers who have been trained in these procedures.

14.7 The Investigating Officer should keep the Designated Officer fully informed of developments throughout the investigation process.

14.8 When interviewing alleged perpetrators, agencies and staff should remain mindful of the potential for violence and aggression. They should adhere to agency risk management/health and safety policies to ensure staff are adequately protected in such circumstances.

14.9 If there are no significant indicators of risk or insufficient evidence to substantiate concern, a written record should be made by the Designated Officer which clearly sets out the reasons for taking a decision not to proceed to formal Case Discussion. Consideration should be given to whether:

- the vulnerable adult or significant others require counselling regarding the investigation;

- the person or others; eg their carers should be assessed for services;
- a multi-disciplinary care planning meeting should be convened.

Actions if there are indicators of continuing risk

14.10 When one of the following occurs:

- the abuse is confirmed;
- there is substantial risk of abuse;
- there are suspicions of abuse and doubt remains;
- the vulnerable adult refuses help;
- action is going to be required by more than one agency;

a Case Discussion should be convened and chaired by the Designated Officer as soon as possible and no later than 14 working days after the completion of the investigation. The purpose of the meeting is to identify risks and the actions necessary to manage those risks.

14.11 The Case Discussion may take the form of:

(a) a formal Case Discussion; eg when the individual is deemed not to have capacity to consent; in situations where there may be more than one victim of the abuse or where a multi-agency response is required;

(b) a Family Group Conference; eg where family relationship issues need to be addressed and family decisions are required;

(c) a Risk Management Meeting; eg where the focus of discussion is on the risks and the actions needed to alleviate them, for example in the case of medication misuse.

The Designated Officer will decide which meeting format is most appropriate and will both support the vulnerable person and secure commitment to any Care and Protection Plan.

Irrespective of which approach is adopted, the ongoing protection of the vulnerable adult must remain the key focus of the discussion.

15.0 Making Decisions

15.1 Regardless of the format adopted, the purpose of the Case Discussion is to consider the Investigating Officer's report and to formulate an agreed Care and Protection Plan for the individual. The tasks of the initial meeting are:

- to share and evaluate the information gathered in the investigation;
- to assess the level of risk to the vulnerable adult;
- to agree an inter-agency Care and Protection Plan;
- to appoint a key worker to oversee the implementation of the Care and Protection Plan;
- to identify any therapeutic interventions and follow-up work for the person who has been abused;
- where appropriate, to establish a Care Plan to work with the perpetrator if he or she is also a person who is vulnerable;
- to arrange appropriate follow-up support for carers if necessary;
- to agree a review date within 3 months;
- to inform RQIA of agreed action.

Attendance at Meeting

15.2 The circumstances will dictate who it is appropriate to invite to the meeting. All agencies and professionals who have been involved in the investigation or who may play a role in providing services to the vulnerable adult should be included as well as the vulnerable adult and their carer.

However, it may not be appropriate for the vulnerable adult and alleged perpetrator to be involved in these meetings when a PSNI investigation is in process.

15.3 The vulnerable adult may choose to attend with an advocate or other representative. Alternatively they may choose for an advocate or other person to attend the meeting on their behalf.

15.4 If the carer is the suspected abuser, the vulnerable adult's views should be taken into account concerning the carer's attendance. If the vulnerable adult's ability to understand the procedure makes their attendance inappropriate, the Designated Officer should ensure that their views are represented. The sequence of events in the meeting needs to be considered and the vulnerable adult or their carer should not be present when disciplinary matters or action to be taken in regard to another service user are being discussed.

15.5 If the alleged perpetrator is also a vulnerable adult, their needs may have to be considered in a separate meeting.

15.6 The following is a checklist of those who may be required to be in attendance at the meeting:

- staff members who can assist in clarifying what is known about the actual or potential abuse;
- professionals who have taken part in the adult protection investigation and any investigation in relation to other procedures and criminal matters, including the PSNI;
- staff who can contribute to the formulation of a Care and Protection Plan (Social Workers, Care Managers, Community Nurses, Health Visitors, Allied Health Professionals such as Occupational Therapists, Residential and Day Care staff);
- General Practitioner;

- Consultant/Accident and Emergency Staff;
- RQIA Representative;
- Professionals who can offer specialist advice; eg Psychiatrists, Psychologists, Legal Representative, Social Security Agency, Northern Ireland Housing Executive;
- the vulnerable adult and their carer, where appropriate;
- an advocate for the vulnerable adult, where appropriate;
- an interpreter for the vulnerable adult, where required.

15.7 Once a long-term plan has been formulated, a small group of staff from the various disciplines and agencies involved should be identified as the core group who will work together to implement and review the Care and Protection Plan.

Non Attendance at Case Discussion

15.8 Those who are invited to a formal Case Discussion meeting, but who are unable to attend, should ensure that their contribution is made through a written report to the Designated Officer. Particular attention should be paid to arranging the meeting so that those with a particular contribution and otherwise inflexible commitments can attend.

User and Carer Involvement

15.9 In deciding the appropriate meeting format, consideration should be given to ensuring that the views of the vulnerable adult and carers are heard or represented in what may be a potentially intimidating situation for them. Participation can be encouraged in the following ways:

- meetings should be held at a time and place which is convenient for the vulnerable adult and their carer(s);
- the procedures involved should be explained;
- the vulnerable adult and their carer(s) should be given help in preparing their views on the issues identified;
- the vulnerable adult should have access to an independent advocacy service;
- meetings should be service oriented and use jargon-free language.

Recording the Meeting

15.10 The Designated Officer should arrange for an accurate minute of the proceedings to be made, which clearly identifies decisions made, by whom actions are to be taken, and the agreed timescales for action and review. Any dissent should be recorded and resolution agreed. The minute should be signed by the Designated Officer and copied to all participants.

15.11 All agencies should identify arrangements, consistent with principles of fairness, for making records available to those affected by, and subject to investigation.

Agreeing the Care and Protection Plan

15.12 A Care and Protection Plan should be drawn-up in consultation with the vulnerable adult that sets out:

- what steps are to be taken to ensure their safety in the future;
- what service, treatment or therapy they can access;
- modifications in the way services are provided to them;
- how best to support them through any action they take to seek justice or redress;
- any ongoing risk management strategy, where this is deemed appropriate; and
- who is responsible for the implementation and ongoing management of the Care and Protection Plan. This may be the service user's key worker, the Investigating Officer, or other nominated person.

15.13 The Designated Officer must ensure that the Care and Protection Plan is circulated to all relevant parties, including the vulnerable adult and their carer, if appropriate, within 3 working days.

15.14 The Care and Protection Plan may also address the need to work with the perpetrator of the abuse. Where the perpetrator poses a risk to others, the Designated Officer should share this information with relevant others. (see Section 7).

15.15 Particular attention is needed in planning care which may be required in the future; for example, a vulnerable adult may be safe while the person who abused them is being held in custody or prison but protection may need to be reinstated when that person is released.

16.0 Monitoring and Review

16.1 Monitoring an individual case involves overseeing the services provided for the vulnerable adult to ensure that the individual's Care and Protection Plan is effective in protecting them from further abuse.

16.2 In situations where the vulnerable adult is considered to be still at risk, the case should be kept under review and further action taken within 24 hours or as considered necessary to safeguard them.

16.3 The Care and Protection Plan will have identified the person responsible for monitoring its operation. This should be reviewed with service providers, the vulnerable adult and carers within 10 working days of its implementation. Any concerns that arise about the operation of the Care and Protection Plan should be reported to the Designated Officer. If the responsible person is ceasing to work with the vulnerable adult, they must inform the Designated Officer immediately so that a replacement can be arranged.

16.4 The Care and Protection Plan should be further reviewed at a minimum of 3 monthly intervals, or more often if necessary.

16.5 The decision to cease reviews should normally be made following a formal Case Discussion. However there may be circumstances in which it is obvious that the vulnerable adult is no longer exposed to any risk, such as no further contact with the abuser or moving to a more protective environment. The Designated Officer must inform all relevant parties of the decision to end the review process in writing, and to ask for their views.

16.6 At the initial or review Case Discussion meeting, it may be decided that the case can be satisfactorily managed within existing line management arrangements. In these circumstances:

- the first meeting must take place within 6 weeks of the case conference;
- the line manager and the responsible person will address the concerns identified at the Case Discussion meeting.

16.7 Where a case remains open for other forms of intervention, the date of closure of adult protection reviews should be clearly recorded. The file note should be countersigned by the line manager and the Designated Officer and forwarded to the appropriate senior manager.

Monitoring for Statistical Purposes

16.8 Periodic audits of individual adult protection case records will enable strengths and weaknesses in current practice to be identified.

Standardised recording and monitoring systems should be agreed across agencies to assist such information gathering.

16.9 Accurate and consistent monitoring of vulnerable adult data will increasingly enable agencies across the region to base their policy and practice on sound and relevant evidence, highlighting trends and assisting in the planning process.

16.10 RQIA may not be directly involved in the investigation but reserve the right to monitor and conduct an overview of the investigation carried out by a HSS Trust.

PART III LEGAL FRAMEWORK

There is no specific legislation or body of common law relating to situations of risk or abuse of vulnerable adults. However there are pieces of legislation which seek to provide some protection and provide a potential framework for action. This list below is not finite:

- Criminal Law Amendment Act 1885;
- Offences Against the Person Act 1861;
- Marriages Act (Northern Ireland) 1954;
- Criminal Law Amendment Act (Northern Ireland) 1923;
- Public Health Act 1967;
- Health and Personal Social Services (Northern Ireland) Order 1972;
- Matrimonial Causes (Northern Ireland) Order 1978;
- Sexual Offences (Northern Ireland) Order 1978;
- Domestic Proceedings (Northern Ireland) Order 1980;
- County Courts (Northern Ireland) Order 1980;
- Mental Health (Northern Ireland) Order 1986;
- Marriage Act (Northern Ireland) 1983;
- Enduring Powers of Attorney (Northern Ireland) Order 1987;
- Prevention of Terrorism (Temporary Provisions) Act 1989;
- Police and Criminal Evidence (Northern Ireland) Order 1989;
- Northern Ireland (Emergency Provisions) Act 1996 and 1998;
- Homosexual Offences (Northern Ireland) Order 1982 as amended by Section 145(3) of the Criminal Justice and Public Order Act 1994;
- Human Rights Act 1998;

- Criminal Evidence (Northern Ireland) Order 1999;
- Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and Associated Regulations;
- Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003;
- Carers and Direct Payments Act (Northern Ireland) 2002.

Staff must interpret the rights, duties and powers available and apply them to individual circumstances. The following highlight some of these available to staff.

Human Rights

The Human Rights Act 1998 is an Act of the Westminster Parliament which makes the European Convention on Human Rights part of the law of all parts of the United Kingdom. Although passed in 1998, the Human Rights Act did not fully come into effect until 2nd October 2000. In making the European Convention part of the law of Northern Ireland, the Human Rights Act allows individuals and organisations to go to Court, or to a tribunal to, seek a remedy if they believe that the rights conferred on them by the European Convention have been violated by a public authority (Section 7).

There are three main areas of law which provide a legal framework for the protection of vulnerable adults.

Criminal Law

Vulnerable adults are protected in the same way as any other person against criminal acts. If a person commits theft, rape or assault against a vulnerable adult they should be dealt with through the criminal justice system, in the same way as in cases involving any other victim. Where there is a reasonable suspicion that a criminal offence may have occurred, it is the responsibility of the Police to investigate and make a decision about any subsequent action. The Police should therefore always be consulted about criminal matters. Failure to disclose to the Police any information about a suspected criminal offence as defined in Article 26 of the Police and Criminal Evidence (Northern Ireland) Order 1989 is itself a crime.

Under the above Order provision is made for 'an appropriate adult' to protect the interests of the mentally ill or impaired individual while in Police detention.

The Criminal Evidence (Northern Ireland) Order 1999 makes provision for special measures, previously introduced for children when giving evidence, such as CCTV links and video recorded evidence-in-chief, to be extended to include vulnerable adults.

Indecent assault on a female is contrary to Section 52 and on a male is contrary to Section 62 of Offences Against the Person Act 1861. For an act to be considered an indecent assault there has to be actual or apprehended physical contact in 'circumstances of indecency' to which one or other party does not consent. This offence can be committed by either a man or a woman. Since a person with a severe

learning disability cannot, in law, give consent, this means that any sexual contact between this person and someone who is not, may be construed as being indecent assault.

Article 3, Sexual Offences (Northern Ireland) Order 1978 states that a man commits rape if he has sexual intercourse with a woman whom he knows does not consent to it or where he is reckless as to whether she consents or not.

The Mental Health (Northern Ireland) Order 1986 gives power to an Approved Social Worker:

(i) to make an application for assessment in respect of a mentally disordered person;

(ii) to authorise admission to hospital of a mentally disordered person.

The assessment of risk is a critical element in the process of compulsory admission and all applications for assessment must be founded on the recommendation of a medical practitioner and made by an Approved Social Worker or nearest relative as defined by the Mental Health Order. In cases of dementia, it is the degree of impairment rather than the dementia itself which constitutes the mental disorder in terms of the legislation.

The purpose of Guardianship (Article 18) is primarily to ensure the welfare (rather than the medical treatment) of a person in a community setting where this cannot be achieved without the care of some or all of the powers vested in Guardianship. It provides a less restrictive means

of offering assistance to a person who, either, has a mental illness or severe learning disability and should be considered as an alternative to detention in hospital.

To be received into Guardianship, a person must meet two criteria:

(i) he or she must be suffering from 'mental illness or severe mental handicap'; and

(ii) reception into Guardianship must be necessary in the interests of the welfare of the person.

The purpose of appointing a Guardian is to enable the *'establishment of an authoritative framework for working with the person with a minimum of constraint, to help them achieve as independent a life as possible within the community'*.

A Guardian has three essential powers:

(i) to require the person to reside at a certain place;

(ii) to require the person to attend for medical treatment, occupation, education or training at specific times and places; and

(iii) to require access to be given at any place where the person is residing, to a doctor, Approved Social Worker or other person so specified by the Board.

Article 107 imposes a duty on employees of any Board, Trust, Nursing Home or home for persons in need to refer cases of adults deemed incapable of managing their affairs to the Office of Care and Protection, where no suitable arrangements are in place for the administration of their finance and business affairs. Even in cases where the estate may

not be sizeable and where there are no suitable arrangements in place to deal with the estate, there is a statutory duty on the aforementioned to refer the case to the Office of Care and Protection. The responsibility is on the social worker to make adequate representation to the Court and to provide as much information as possible.

Article 121 states that it is an offence for a member of an administrative board or a staff member of a hospital or private nursing home to ill-treat or neglect a patient who is either receiving in-patient or out-patient treatment. Any individual who ill-treats or neglects a patient who is subject to Guardianship under this Order or who is otherwise owed a duty of care will also be guilty of an offence.

Article 122 offers protection to women who have a severe learning disability. It specifies that it is unlawful to have sexual intercourse with them, to encourage their prostitution, to supply premises for the purpose of sexual intercourse with them, or to take the person away from their carers in order to have sexual intercourse with them. Clinical assessment of their degree of disability is therefore very important when considering issues concerned with sexual activity either potential or actual and should be carried out by a clinical psychologist or psychiatrist specialising in the field of learning disability.

Article 123 makes it an offence for a man to have unlawful sexual intercourse with a woman suffering from any form of mental disorder if the man is a manager or, is on the staff of a hospital or residential home in which the woman is an in-patient. This applies to any mental disorder. The same prohibition applies to Guardians.

Article 37 of the Health and Personal Social Services (Northern Ireland) Order 1972 makes provision to allow the removal to suitable premises of 'persons in need of care and attention'. It is usually only applicable in situations of self neglect and where the risk to the person's health is so great that intervention is deemed necessary although there is not a clearly defined mental disorder sufficient to require admission for assessment under the Mental Health (Northern Ireland) Order 1986.

Public health legislation may be used in circumstances where a person who is vulnerable is living in conditions of extreme squalor. An Environmental Health Officer from the local Council would carry out an assessment and issue an Improvement Notice. This notice is served on the person responsible for the property, for example, the landlord. The Environmental Health Department should be approached for advice.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 empowers the Regulation and Quality Improvement Authority to register and inspect residential care homes and nursing homes based on care standards.

The Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003 (POCVA) commenced in April 2005 and provides the legislative basis for the maintenance of a list of individuals who are considered unsuitable to work with vulnerable adults.

Civil Law

This includes family law and property law.

The Enduring Power of Attorney (Northern Ireland) Order 1987 enables people, while they are still mentally capable to decide who they would like to deal with their affairs on their behalf, should they become mentally incapable. The Court of Protection has powers to revoke an enduring power in the event of its abuse.

The Family Homes and Domestic Violence (Northern Ireland) Order 1998 is designed to provide a coherent legal approach to deal with two separate, but related, issues; providing protection from violence or molestation in families and regulating occupation of the family home when a relationship breaks down.

The main features of this legislation in relation to adult protection are:

(i) it replaces the provisions under previous legislation with a single set of remedies which both improve and extend the level of protection available;

(ii) a Non-Molestation Order and Occupation Order replace Personal Protection, Ouster and Exclusion Order. 'Molestation' is to be broadly interpreted and will be viewed on a case-by-case basis;

(iii) the range of people who can apply for a Non-Molestation Order is extended to include parents, grandparents or friends sharing a house. However, an Occupation Order can only be made in favour of a spouse, former spouse, co-habitee or former co-habitee unless the applicant has a legal share in the property;

(iv) Breach of Orders made for protective purposes is a criminal offence and an arrest without warrant can be made;

(v) provision is included to allow specified third parties ("a representative") to act on behalf of victims of domestic violence to apply for a Non-Molestation or Occupation Order;

(vi) the legislation allows a Court to exclude a domestic violence perpetrator from other premises/areas apart from the family home.

The Public Interest Disclosure (Northern Ireland) Order 1998 is designed to:

"*protect individuals who make certain disclosures of information in the public interest; to allow such individuals to bring action in respect of victimisation; and for connected purpose".*

The type of information includes disclosures of criminal offences, miscarriages of justice, endangerments to health or safety of individuals or damage to the work environment.

Compensation Law

This legislation enables a private action to be taken against an individual in the Civil Courts for compensation. The criminal injuries compensation scheme enables recompense for criminal injury or damage.

PART IV REFERENCES

1. Department of Health (2000) No Secrets: Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse. London: HMSO;

2. Law Commission for England and Wales (1995) Mental Incapacity, Report No. 231. London: HMSO;

3. Guidance on Abuse of Vulnerable Adults (Management Executive, Department of Health and Social Services: 1996);

4. Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults, December 2003;

5. Good Practice in Consent (Department of Health Social Services and Public Safety, 2003);

6. Mental Capacity Act 2005;

7. Achieving Best Evidence in Criminal Proceedings (Northern Ireland): Guidance for Vulnerable or Intimidated Witnesses, including Children (2003).

PART V GLOSSARY OF TERMS

Designated Officer	This is the person within the Trust deemed to be responsible for the decision to proceed under the Adult Protection Procedures and for co-ordinating any subsequent investigation which takes place. The title used can vary, for example, in some Trusts this person is referred to as the Adult Protection Co-ordinator. This person will usually be a Social Work Manager.
Investigating Officer	This is the experienced and suitably qualified professional appointed by the Designated Officer to carry out an investigation of the alleged abuse as agreed at the Strategy Discussion.
Key Worker	This is the professional who is appointed by the Designated Officer/Chair of formal Case Discussion meeting to monitor the Care and Protection Plan.
Police Liaison Officer	This is the designated person within the Police who will help determine whether a criminal offence has been committed and advise on what level of enquiry/investigation is necessary.

Crime Manager	This is the person within the Police at District Command Unit level who holds the role of Police Liaison Officer for non-sexual crimes.
Formal Case Discussion	This is the formally convened forum used to share and evaluate the information gathered in the investigation and to formulate a Care and Protection Plan for the vulnerable adult. This meeting may also take the form, for example, of a Family Group Conference or Risk Management Meeting.
Family Group Conference	This is a family centred decision making forum. It aims to enable families to take collective responsibility for decisions regarding the care and protection of family members. It involves a network of family, friends and significant others and attempts to capitalise on the knowledge, skills and resources of the family community and agency systems.
Risk Management Meeting	This is a meeting where the focus of the discussion is on the identification of a specific risk; eg the misuse of medication, and the measures necessary to reduce that risk.

Achieving Best Evidence	This guidance is intended to assist those conducting video-recorded interviews with vulnerable or intimidated witnesses as well as giving guidance to those who are tasked with preparing and supporting such witnesses throughout the criminal justice process.
Proportionality	The intervention or limitation on any human right adopted should achieve the objective in question.
Equality of Arms	Neither party should suffer a procedural disadvantage compared with the other.

APPENDIX
REGIONAL ADULT PROTECTION FORUM MEMBERS

Dominic Burke	Western Health and Social Services Board
Kevin Keenan	Northern Health and Social Services Board
Jan Maconachie	Northern Health and Social Services Board
Noel Quigley	Western Health and Social Services Board
Joyce McKee	Eastern Health and Social Services Board
Dessie Lowry	Royal College of Nursing
Marian Corrigan	Southern Health and Social Services Board
Angela Cole	Ulster Community and Hospitals Trust
Brian Serplus	Homefirst Community Health and Social Services Trust
Phil Mahon	Foyle Health and Social Services Trust
Grace Henry	Help the Aged NI
Sandra Pentland	Craigavon Banbridge Community Trust
Theresa Burns	Sperrin Lakeland Health and Social Services Trust
Linda Johnston	Ulster Community and Hospitals Trust
Dr Stephen Compton	Mater Hospital Trust
Stuart Baxter	Department of Health, Social Services and Public Safety
Gary Mullan	PSNI
Kieran Downey	Sperrin Lakeland Health and Social Services Trust
Maureen Piggot	Mencap NI