Protocol for

JOINT INVESTIGATION

of Alleged and Suspected Cases of Abuse of Vulnerable Adults

July 2009
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In recent years, significant efforts have been made within Health and Social Services and the Police Service to establish procedural and operational arrangements in order to respond effectively to the abuse or exploitation of vulnerable adults. This has involved a considerable degree of interagency liaison in order to develop effective partnership working which will help to prevent abuse and respond appropriately and sensitively when it is alleged, suspected or occurs.

Measures designed to support vulnerable and intimidated witnesses introduced in 2003 have contributed to even closer working arrangements between police officers and health and social services staff.

This Protocol is an important aspect of these changes. It outlines the roles and responsibilities of the respective agencies and provides guidance about joint working arrangements and investigation. It has been developed in partnership between the Police Service of Northern Ireland (PSNI), Department of Health, Social Services and Public Safety (DHSSPS), the Regulation and Quality Improvement Authority (RQIA), the Health and Social Care Trusts and the former Health and Social Services Boards in Northern Ireland. It is based on the recognition of the need for more co-ordinated interagency working to ensure that vulnerable adults, who are at risk of abuse, receive protection, support and equitable access to the criminal justice system.

The Protocol has been developed on the basis of research, best practice and on extant guidance, both regional and from elsewhere in the UK which requires agencies to develop interagency policies, procedures and joint protocols that draw on good practice and to investigate and take action when a vulnerable adult is believed to be at risk of abuse. 1,2,3

Although other agencies will be involved in aspects of the investigative process, the PSNI, Trusts and the RQIA have traditionally taken the lead roles in investigating abuse and reporting crimes. The Protocol has been designed as a basis for improved interagency working and will need to be closely monitored, reviewed and revised in the light of experience. It is supported by an ongoing programme of interagency training.

We commend this Protocol to all who are involved in this critical and demanding area of work and would like to place on record our thanks to all who contributed to its development.

Chief Executive
Health and Social Care Board

Assistant Chief Constable Criminal Justice
Police Service of Northern Ireland

Chief Executive
Regulation and Quality Improvement Authority
1 Introduction

1.1 The PSNI and Health and Social Care (HSC) bodies are committed to tackling abuse in all its forms and to the development of collaborative working which will enhance arrangements for the protection and support of vulnerable individuals and groups. This will include responding to the specific needs of vulnerable and intimidated victims of crime. In 1998, the Home Office published a report prepared by an Interdepartmental Working Group on the treatment of vulnerable victims and witnesses, entitled ‘Speaking Up for Justice’.4 The report recommended that the existing special measures introduced for children, e.g. live CCTV links and video recorded evidence-in-chief, be extended to include vulnerable adults.

1.2 The subsequent enactment of the Criminal Evidence (Northern Ireland) Order in 1999 (the ‘Criminal Evidence Order’) made provision for these arrangements, or ‘special measures’ to be introduced locally. Guidance on the application of special measures can be found in ‘Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable Intimidated Witnesses, including Children’ (‘Achieving Best Evidence’).5

1.3 Other statutory agencies, for example, the RQIA, and voluntary organisations may be involved in aspects of the investigative process. However, the PSNI and HSC Trusts are primarily responsible for the investigation of abuse and the protection of vulnerable adults. This Protocol is designed to ensure staff from these agencies work together in a way that ensures the well-being and rights of vulnerable adults are paramount. It also helps to ensure that people receive equitable access to justice.

1.4 This Protocol sets out a framework for joint working in a complex area of practice and emphasises the need to involve all other relevant agencies in information sharing, early assessment and the planning process. It is important that Trust and PSNI staff read this Protocol in conjunction with ‘Safeguarding Vulnerable Adults

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5 ‘Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, including Children’ - Home Office Communication Directorate (2002). Work is currently being done to produce a version specifically for Northern Ireland.
Regional Adult Protection Policy and Procedural Guidance’, September 2006 (‘Safeguarding Vulnerable Adults’). Police officers should also be mindful of relevant PSNI Service Procedures. This Protocol extends to suspected crimes in domiciliary, community and hospital care if the victim is a vulnerable adult as defined in paragraph 2.1.

1.5 The Aims and Objectives (Section 3), Principles (Section 4) and Rights and Responsibilities (Section 5) set out in this Protocol extend to vulnerable adults both as victims and as witnesses.
Definition of a Vulnerable Adult

2.1 For the purposes of this Protocol the definition of a vulnerable adult has been taken from ‘Safeguarding Vulnerable Adults’. It applies to adults:

a) who are 18 years old and over; and
b) who are, or may be, in need of community care services OR are resident in a continuing care facility by reason of mental or other disability, age or illness OR who are, or may be, unable to take care of themselves, OR unable to protect themselves against significant harm or exploitation.

2.2 This is more inclusive than the definition of vulnerability contained in the Criminal Evidence Order. It is likely that some cases of alleged or suspected abuse against vulnerable adults will require a joint approach to investigation but will not qualify for the special measures outlined in the Order in relation to accessing the criminal justice system. It should also be borne in mind that the human and civil rights of the individual may have been breached.

2.3 ‘No Secrets’ which was produced by the Department of Health, London and the Home Office offered a brief definition of abuse as being:

‘the violation of an individual’s human and civil rights by any other person’.

The original DHSS guidance, produced in 1996 as a basis for developing Board and Trust adult protection policies, offered a more detailed definition of abuse as being:

‘the physical, psychological, emotional, financial, 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 the 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 informal or formal carers, staff or family members or others. It can occur outside such a relationship’.
3 Aims and Objectives

3.1 The overall aim of the Protocol is to prevent abuse by promoting a multi-agency approach to the protection of vulnerable adults, and to ensure that they receive equitable access to justice in a way that promotes their rights and well-being.

3.2 The Protocol aims to:

• ensure effective communication and collaboration between Trusts, RQIA and PSNI to protect vulnerable adults;

• involve Trusts and PSNI in determining whether a single agency or a joint agency investigation is required;

• provide a framework for early consultation, cross referral of appropriate cases and joint working arrangements for investigation and interviewing;

• define the roles and responsibilities of PSNI and Trust staff in the joint investigation;

• minimise the number of interviews conducted with the victim; and

• ensure that protective measures are paramount and run in parallel with the criminal inquiry or any other lines of enquiry, such as civil action or disciplinary proceedings.
4 Principles

4.1 The Protocol aims to promote the following principles in protecting vulnerable adults from abuse and the investigation of alleged or suspected crimes:

- the well-being and rights of the vulnerable adult are paramount;
- the processes should minimise distress to the vulnerable adult by maximising co-operation between agencies;
- adult protection procedures must be properly followed; and
- mechanisms should be available to resolve differences of opinion amongst staff/agencies through appropriate management structures.
5 Rights and Responsibilities

5.1 The Protocol is also committed to ensuring that the rights of vulnerable adults are upheld. These include the right to:

- receive protection for themselves and their property under the law;
- be supported in reporting the circumstances of any abuse;
- have alleged, suspected or confirmed cases of abuse thoroughly investigated as a matter of urgency;
- have options for resolution and the appropriate processes explained to them;
- be supported in making decisions about how they wish to proceed in the event of abuse and to be kept informed of progress;
- have issues of consent and capacity considered;
- be given information in accessible formats on how to protect themselves;
- be given practical help in protecting themselves;
- be supported when deciding whether to pursue a formal complaint;
- be subjected to the minimum degree of disruption; and
- receive support on a longer-term basis, following the abuse.

5.2 In order to promote these rights effectively PSNI, Trust and RQIA staff must be aware of their responsibilities in this very difficult area of work. If an allegation of abuse does not appear to relate to criminal conduct, there is no statutory duty to report the matter to the PSNI and the decision about whether or not to investigate should be judged on the ‘best interest’ test. In the case of non-criminal matters it may not be in the best interests of the vulnerable adult to investigate if the person has specifically indicated a preference for no investigation. However, in reaching this conclusion, it is necessary to take into account the capacity of the person making the decision and any other regulatory or personnel arrangements, e.g. disciplinary procedures, referral to a
professional body such as the Northern Ireland Social Care Council (NISCC); etc.

5.3 Although all members of society are duty bound to report offences, this Protocol requires staff to consider the cross-referral of alleged or suspected offences. In general, the PSNI is authorised to investigate alleged or suspected criminal abuse against the vulnerable adult where this is agreed to be in the best interests of the person. In the majority of cases, in particular where the vulnerable adult is deemed to have capacity, 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 e.g. where the vulnerable adult is deemed not to have capacity, is subject to undue influence or where others may be at risk. In some circumstances the PSNI may also intervene to prevent a crime being committed.

5.4 Where criminal abuse may have been committed a referral between the agencies should be made and an agreed strategy should be developed which takes account of the wishes of the alleged victim. The PSNI and Trust should work sensitively in these enquiries and must secure the co-operation and consent of the victim unless there may be issues in relation to capacity and/or the potential for abuse to third parties. After referral between agencies the agreed strategy should take account of the wishes of the alleged victim. When there are concerns, but no real grounds to suspect that an offence may have been committed, there is a duty on Trust staff to investigate and report any criminal offences or concerns that may be identified as a result of the investigation.

5.5 When judging whether the individual has capacity to give or withhold consent, guidance in ‘Safeguarding Vulnerable Adults’ should be followed. This should take into account professional opinion as appropriate e.g. psychiatrists, psychologists, GPs, nurses and social workers.

5.6 The Human Rights Act 1998 has been fully effective from 2nd October 2000. It incorporates the European Convention for the Protection of Human Rights and Fundamental Freedoms into United Kingdom Domestic Law. This makes it unlawful for public authorities to act in a manner which is incompatible with the rights and freedoms guaranteed by the Convention. Appendix 1 sets out the main Convention Rights enshrined in the 1998 Act.
Public authorities can interfere with an individual’s rights providing it is lawful, proportionate and necessary in a democratic society.

**Lawful** means ‘prescribed by law’ and the legal basis for any restriction on rights and freedoms must be established and identified.

**Proportionate** means any interference with a Convention Right must be proportionate to the intended objective and not arbitrary or unfair.

**Necessary in a Democratic Society** means (1) Does it fulfil a pressing social need? (2) Does it pursue a legitimate aim? and (3) Is it proportionate to the aims being pursued?

**The Decision Making Process**

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

- Is there a legal basis for my actions?
- Is it proportionate and necessary in a democratic society?
- Is the procedure involved in the decision-making process fair and does it contain safeguards against abuse?
- Was there an alternative and less restrictive course of action available? (The intervention should be strictly limited to what is required to achieve the objective).
- Is the restriction required for legitimate purposes?
- If I fail to interfere with this individual’s rights could there be a more serious outcome in not affording the individual adequate protection in fulfilment of their Article 2 rights?

Decisions to interfere with an individual’s rights may be subject to scrutiny by the Courts. However, if public authorities can show that they applied the relevant Human Rights principles when making their decision, they are less likely to be over-ruled. It is very important to keep notes and decisions should be recorded in full (see **Appendix 2**).
6 Reporting

6.1 This Protocol is designed to be compatible with current ‘Safeguarding Vulnerable Adults’ guidance in requiring all staff to report suspected, alleged or confirmed instances of abuse. It provides a framework within which staff exercise their professional judgement and discharge their legal responsibility. It ensures that all cases are given appropriate consideration and are not screened out inappropriately. Added safeguards to prevent this include the requirement to report cases to a designated adult protection officer (‘Designated Officer’) and to consult, where necessary, with the relevant Police Liaison Officer (see paragraph 6.6). Where a crime is suspected or alleged and the vulnerable adult does not wish to make a formal complaint, the agencies should consider the following factors:

- the individual’s capacity to provide consent to a formal complaint;
- the opportunity to prevent crime being committed;
- the extent to which other vulnerable persons, including children, are likely to be at risk; and
- whether the vulnerable adult is subject to undue influence or coercion.

6.2 A referral to the PSNI does not automatically mean that a joint investigation will be initiated. Such a decision should involve discussion with the Police Liaison Officer. Where the PSNI is informed directly of suspected abuse which is clearly non-criminal, the individual should be made aware of other sources of support and options to have the matter resolved and his/her agreement sought to refer to the Trust.

6.3 Alleged or suspected instances of abuse occurring in a regulated service must be reported to the RQIA. The RQIA must ensure that alleged or suspected instances of abuse in regulated services are referred to the PSNI and the appropriate Trust.

6.4 Reports of alleged or suspected abuse, which may be a criminal offence, will be categorised as:

   (a) **Sexual** (e.g. rape, indecent assault); or
   (b) **Non-sexual** (e.g. physical assault, theft).
The PSNI will be responsible for determining the category of offence.

6.5 Where alleged or suspected crimes are reported to the PSNI they have a duty to conduct criminal investigations. The decision to investigate will be made at a Strategy Discussion and will be informed by the views of the victim and Trust staff.

6.6 Referral to PSNI by Health and Social Care Trusts

a) In all cases of alleged or suspected criminal abuse the Designated Officer for the Trust should discuss the case 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 to inform the decision concerning what level of enquiry/investigation is necessary.

b) Alleged or suspected abuse, whether sexual or non-sexual, should be reported to the Inspector, Public Protection Unit (PPU) or nominated deputy who holds the role of Police Liaison Officer. The Inspector or nominated deputy will allocate any investigation regarding the alleged abuse whether it is uniform or the Criminal Investigation Department (CID).

c) Outside of PPU working hours (9.00 am – 5.00 pm Monday to Friday), the Duty Inspector in the relevant district should be contacted who will determine what preliminary action is required. In all such reported cases of alleged abuse the Duty Inspector will inform the PPU Inspector or nominated deputy as soon as is practicable.

d) A list of contact numbers for the PPUs is contained in Appendix 3.

6.7 Referral to Health and Social Care Trusts by PSNI

a) Police officers who encounter vulnerable adults who may have been the subject of abuse, whether criminal or not, should contact the relevant Designated Officer to establish whether the vulnerable adult is known, or should be referred, to the Trust.

b) Where concerns are raised in relation to the care or treatment, which may involve criminal abuse of a vulnerable adult outside normal working hours (9.00 am - 5.00 pm Monday to Friday),
these concerns should be referred immediately to the Out-of-Hours Social Work Co-ordinator (the Co-ordinator).

c) The Co-ordinator will take whatever action is necessary to ensure the protection of the vulnerable adult. Depending on the scale of the concern this may involve referral to other agencies. The Co-ordinator will make the appropriate Designated Officer for the Trust aware of the referral details and any action taken/required, as a matter of urgency on the first working day following the date of the referral being made.

d) Contact details for Trusts and contact points for Out-of-Hours Services can be found in Appendix 4.

Alleged or Suspected Criminal Abuse in a Regulated Service

6.8 When criminal abuse is alleged or suspected to have occurred in a regulated service and is reported to, or comes to the attention of the RQIA, the relevant programme head at the RQIA should ensure that the matter is referred to both the Police Liaison Officer and to the relevant Trust Designated Officer as soon as is practicable (see Appendix 5 for contact details). If an incident of suspected or alleged criminal abuse in a regulated service comes to the attention of Trust staff, the RQIA must be informed by the Designated Officer as soon as is practicable.

Referral from PSNI to RQIA

6.9 Police officers, who encounter a vulnerable adult who is a service user within a regulated service and who may have been subjected to abuse, whether criminal or not, should contact the relevant Trust Designated Officer and RQIA. This will enable RQIA to establish if there has been any breach in the relevant legislation that requires regulatory action.

Inappropriate Referral

6.10 In any event where a referral is made inappropriately between agencies the receiving agency will have responsibility for referring the matter to the appropriate agency.
7 Initial Assessment Consultation - Planning and Investigation

Clarification of Roles

7.1 The PSNI and Trust staff have specialist and complementary skills in terms of assessing and investigating allegations of abuse of vulnerable adults. The process is outlined in Figure 1 (see page 17). In appropriate cases it is necessary to combine these skills to provide maximum protection and support for those individuals who have been the subject of, or are at risk of harm. This Protocol recognises that the various agencies may have different priorities or emphasis in relation to adult protection work.

7.2 The Protocol is not designed to make Trust or PSNI personnel undertake roles which are at variance with their primary professional responsibilities. However it is intended to provide a basis for maximising co-operation and a shared understanding of the issues involved. Differences of opinion, or approach, amongst staff should be resolved in a manner that does not hinder the protection of the vulnerable adult. Protection of the individual is paramount and staff should not inappropriately screen out cases by failure to follow this Protocol.

7.3 The strategy to be adopted must be informed by the professional views of PSNI, Trust and, as appropriate, RQIA staff. The strategy for investigation should always be influenced by information gained from professionals or other persons who may have knowledge of the vulnerable adult, his/her family or circumstances.

7.4 The primary objective of PSNI, Trust and RQIA is the protection of the vulnerable adult. In addressing this shared objective, the primary role of PSNI personnel is determined by their statutory responsibility to protect life and property, preserve order, prevent crime and, where a criminal offence has been committed, bring offenders to justice.

7.5 The primary role of Trust and RQIA staff is determined by their statutory responsibility and Duty of Care, to promote the care and well-being of vulnerable adults in situations of alleged or confirmed abuse.
7.6 Assaults (including minor assaults), thefts, criminal damage, sexual assaults and threats of force or violence are all likely to be criminal offences. PSNI and Trust staff must recognise that the non co-operation of the victim does not always preclude a prosecution. However, the views of the victim are vital to the decision to prosecute.

**Joint Agency Consultation**

7.7 When either Trust or PSNI personnel identify the need for a joint agency approach, a staff member from the referring agency will take responsibility for instigating a Joint Agency Consultation. This should be the person within the Trust deemed to be responsible for the decision to proceed in cases of alleged or confirmed abuse. The Designated Officer will take responsibility for co-ordinating the practical arrangements associated with this action.

7.8 The purpose of the Consultation is to discuss the case with other relevant agencies and organisations and to reach a decision on the need for a Joint Investigation involving Trust and PSNI. This communication may be by telephone or direct contact and should occur within 24 hours of the decision that Consultation with the other agency is necessary.

7.9 The outcome of this Consultation may be:

- no further action;
- a Trust investigation;
- a criminal investigation by PSNI; or
- a Joint Investigation involving Trust and PSNI.

The results of this Consultation must be clearly recorded and shared between agencies. Form AJP1 - Record of Joint Agency Consultation (Appendix 6) should be used for this process. The completion and appropriate sharing of this and other records, e.g. Form AJP2 - Strategy for Investigation (Appendix 7) and Form AJP3 - Clarification Discussion (Appendix 8) is the responsibility of the lead agency in the investigation. Where it is agreed that a Trust investigation is appropriate the guidance contained in ‘Safeguarding Vulnerable Adults’ should be followed.
Criteria for Joint Investigation by Trust and PSNI

7.10 A detailed consideration of the need for a Joint Investigation will be triggered when there is an allegation or suspicion that one of the criminal offences described below has been committed against a vulnerable adult. The likelihood or otherwise of a prosecution is not a criterion for a Joint Investigation.

- A sexual offence committed against a vulnerable adult;
- Physical abuse or ill treatment amounting to a criminal offence;
- Financial abuse involving a criminal offence, e.g. fraud, theft; or abuse which involves a criminal offence e.g. blackmail.

Preliminary Information Gathering

7.11 Following the decision of the Joint Agency Consultation to initiate a Joint Investigation, each agency will nominate a staff member to gather information for the Strategy Planning Meeting which will be the basis for planning any subsequent investigation. The nominated officer will carry out checks on internal systems for information that may be of use in deciding the strategy to be employed. At this stage consideration must be given to the communication needs of all those involved.

Strategy Planning Meeting

7.12 When sufficient preliminary information is available to facilitate the development of a strategy for dealing with the case, a Strategy Planning Meeting should be convened. This should occur as soon as is practicable. The responsibility for convening this meeting lies with the designated staff member who initiated the Joint Agency Consultation.
**Protection Plan**

**Lead Social Services**

RQIA, as required

Interim Protection Plan Measures Agreed

Who? What? Where? When?

Investigation Plan

Investigation Lead PSNI

Protection Plan

Review

Figure 1

= The process to be followed for Joint Agency Investigation
7.13 The purpose of the Strategy Planning Meeting is to ensure an early exchange of information and to clarify what action needs to be taken jointly or separately in the investigation. It is an action orientated discussion, which should be convened to plan the investigation and agree any necessary interim protection measures.

7.14 A Strategy Planning Meeting will always include PSNI, Trust and RQIA staff, where appropriate. Other professionals, agency representatives and persons with specialist knowledge/skills may also be included to ensure the protection of the vulnerable adult.

7.15 Where the Strategy Planning Meeting concludes that a vulnerable adult has been the victim of criminal abuse or may be at risk of serious criminal abuse and that issues arise about the protection of the individual, the Strategy Planning Meeting should address the following points:

- whether action is needed to protect the vulnerable adult and who will be responsible for such action;
- the need to consider the issue of capacity to consent and the most appropriate person to deal with it;
- the requirement for a medical examination to be undertaken and if so, by whom;
- what issues of special needs, race, culture, gender, language, communication or religion are raised in the case, how and by whom they are to be addressed and what advice needs to be sought;
- what specialist support or advice may be needed and who obtains it;
- what other information is needed to complete the investigation and who will seek it;
- the order in which the interviews will take place and who will carry out each interview;
- practical arrangements for reporting back to those involved in the investigation; and
• refining internal processes for communication and agreeing the communication strategy, and who should lead it, where there are matters likely to be of public interest.

7.16 It is the responsibility of the person who convenes the meeting to ensure that a record of the Strategy Planning Meeting is made and shared between agencies. Form AJP2 - Strategy for Investigation (Appendix 7) should be used for this purpose. Although strategy planning will generally take place in a formally constituted meeting, there may be occasions where this may need to be conducted by telephone.
8 Joint Investigation Interviews

8.1 Interviews with vulnerable adults will be conducted in accordance with the guidelines contained in ‘Achieving Best Evidence’.

Joint Interviews by Police Officers and Social Workers

8.2 Where it is agreed in the Strategy Planning Meeting that interviews should be conducted jointly by a police officer and social worker the following procedures will apply. It must be emphasised that the decision about which interviews should be conducted jointly, and the sequence of interviews, is a matter for the group planning the investigation at the Strategy Planning Meeting.

Selection of Interviewers

8.3 Only PSNI and Trust personnel, who have received specialist training in joint interviewing, should be appointed to the task. Where a vulnerable adult has requested the interviewer to be of a specific gender all reasonable steps must be taken to facilitate this request.

Supervision of Interviewers

8.4 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.

Clarification Discussion

8.5 In making decisions about the method of interviewing vulnerable adults it may be necessary to have a short Clarification Discussion. This should normally be undertaken by the persons who will conduct any subsequent interview. However, where this is not possible, the Clarification Discussion may be carried out by other staff who have received Joint Protocol training. Once a decision has been made that an interview of a vulnerable adult should be conducted on video, a specialist investigative interviewer will be tasked to carry out the interview.
8.6 The purpose of the Clarification Discussion is:

- to establish whether or not the vulnerable adult has made an allegation or raised suspicions which have led to the referral. The substance and detail of the allegation or disclosure should not be part of the Clarification Discussion;

- to assess the vulnerable adult’s willingness and ability to pursue the matter to court;

- to inform the PSNI decision about which format should be used for the interview, (e.g. videotape, statement or question and answer. Videotaping is the preferred method of interviewing vulnerable adults. Statements are the alternative and questions and answers should only be used when neither videotaping or statements are possible) and whether the use of video in the interview is likely to maximise the quality of that particular vulnerable adult’s evidence.

8.7 The Clarification Discussion must be recorded and responsibility for this will lie with the person conducting it. The Clarification Discussion is not an investigative interview and should never replace or over-shadow the Joint Investigation interview with the vulnerable adult. Strictly no further examination of the allegation should take place beyond that which has been disclosed. It is important not to coach the interviewee in respect of the interview. If the discussion includes the disclosure of a criminal offence, that part must be recorded verbatim and contemporaneously, or at the very least as soon as possible after the contact. Even if no criminal disclosure is made, accurate recording is essential. Decisions about risk may be made on the strength of the Clarification Discussion. Form AJP3 (Appendix 8) must be completed in respect of every Clarification Discussion.

Preparation for a Joint Interview

8.8 The following should be considered when preparing for a Joint Interview:

- the needs and circumstances of the vulnerable adult (e.g. development, impairments, degree of trauma experienced, whether he/she is now in a safe environment);

- the vulnerable adult’s state of mind (e.g. likely distress, and/or shock);
• perceived fears about intimidation and recrimination;

• the circumstances of the suspected offence (e.g. relationship of the vulnerable adult to the alleged offender);

• location of interview;

• time of interview;

• preferred gender of interviewer; and

• additional requirements (e.g. preparation of staff and interpreters).

(Note: Where a language barrier exists an independent interpreter should be used as opposed to a family member).

Other persons with specialist skills may be needed to assist the interviewer conduct the interview. This might include, specialist communicators using sign language, etc.

8.9 Purposes of the Joint Interview

The purposes of the Joint Interview are to:

• promote the well-being and protection of the vulnerable adult;

• validate or negate allegations or suspicions of abuse by helping the vulnerable adult to give as much information as possible;

• avoid multiple interviews where possible;

• identify the suspected abuser;

• ensure that all decisions made are based on the experience of the vulnerable adult and not the influence or beliefs of the interviewer; and

• provide a record of the vulnerable adult’s evidence-in-chief which may be used at a consequent criminal hearing.
Persons Present at Joint Interview

8.10 Normally no-one else should be in the interview room apart from the vulnerable adult and the interviewers. Limiting the number of people present at the interview should lessen the possibility of the vulnerable adult feeling overwhelmed by the situation and uncomfortable about revealing information.

8.11 It is good practice for the vulnerable adult to know that a supportive person is available in an adjoining room. A suspected offender should never be present in an interview. However, if it is the vulnerable adult’s wish to have a supportive person present in the interview room it should be made clear to that person that he/she must take no part in the interview.

Recording Information that is not Video Recorded

8.12 When a Joint Interview with a vulnerable adult is not video recorded a written account of the information given should be made. If it is assessed by the interviewers, or on the basis of consultation with other expert opinion, that the vulnerable adult is capable of giving an account of relevant matters, the police officer may invite the adult to make a signed, written statement on Form 38/36. The evidence of a vulnerable adult who is not capable of making a statement should be recorded as questions and answers and certified by them and any other person present.

The Video Interview

8.13 The Criminal Evidence Order provides for the video recording of interviews with vulnerable adults to be admitted as evidence-in-chief at criminal proceedings. The guidance accompanying the legislation is designed to help those police officers and any Trust staff involved in making a video recording of an interview with a vulnerable adult, where it is intended that the result should be admissible in criminal proceedings.

8.14 The Order is ‘Permissive’ legislation. There should be a general assumption that a video interview will be conducted where the criteria are met (e.g. an eligible witness in an indictable [Crown Court] case). Use of a video for interviews is not necessary in all cases and, on occasions, might add to the interviewee’s trauma unnecessarily. The decision as to whether the interview will be videotaped will be taken by
Planning the Joint Interview

8.15 In order to be fully and properly prepared for an interview the Joint Investigation Team of PSNI and Trust staff should normally plan the interview in line with the ‘four phased’ approach set out in ‘Achieving Best Evidence’ and adhere to the criteria which it has identified. The four phases are:

- Rapport;
- Free Narrative;
- Questioning; and
- Closure.

8.16 Planning should include deciding whether PSNI or Trust team member should take the role of lead interviewer, the proposed time scale, any special arrangements/allowances which are required to take account of the vulnerable adult’s individual difficulties, agreed signals on when to take breaks or terminate the interview. As video recording of investigative interviews is aimed at providing evidence-in-chief at criminal courts, planning must include coverage of the ‘points-to-prove’ in criminal offences.

8.17 Where it appears, before interviewing a vulnerable adult, that the history of the case indicates a considerable amount of information is likely to be forthcoming, a series of interviews may be planned. The second, third, etc, interviews in this series will be considered part of the original interview without any automatic need to consult with the Public Prosecution Service (the PPS).

8.18 The Joint Investigation Team must be given sufficient time to carry out this planning process, prior to a Joint Investigative Interview. Failure to do so may limit the effectiveness of the process and do a disservice to the vulnerable adult. Preparation will include the following activities:

- Technical Preparation;
- Consideration of Consultation with Specialists; and
- Consideration of Communicative Competency of Vulnerable Adult and Interviewer.
Technical Preparation

8.19 The Joint Investigation Team will need to carefully prepare for the interview, ensure that the equipment is in working order, test for vision and sound quality and ensure that tapes are correctly prepared, checked and inserted. Consideration should also be given to whether other equipment will be needed, e.g. hearing aids, communication boards, etc.

Consideration of Consultation with Specialists

8.20 The Joint Investigation Team should consider the conclusions of the Clarification Discussion about the need to involve staff with specialist skills in the Joint Investigative Interview and any role they should take in it. Due to the nature of this type of investigative interviewing it will often be necessary to seek specialist assistance with issues such as communication difficulties, mental ill-health or learning disability. If a specialist is asked to facilitate the Joint Interview, he/she should be informed of the purpose of the interview and the limitations placed on his/her role.

8.21 If an interpreter is required to assist in criminal proceedings involving a vulnerable adult who uses sign language the person must have attained at least Stage 3 British Sign Language or Irish Sign Language qualification, as appropriate.

Consideration of Communicative Competency of Vulnerable Adult and Interviewer

8.22 The vulnerable adult and interviewers need to be able to achieve the minimum requirements for communication. The Joint Investigation Team must establish whether a vulnerable adult has a reliable method of communication which he/she can use intentionally and that the interviewers can understand either directly or via a suitable interpreter.

8.23 If the vulnerable adult has specific difficulties with comprehension or use of language (vocabulary, ideas and grammar) associated with physical or intellectual impairment careful consideration must be given to how these could be overcome. Speech and language therapists, sign language interpreters or facilitators in augmentative communication may be required.

8.24 The competency of the interviewers in communicating will be the single greatest factor in determining whether a vulnerable adult will be able to deal with, and participate effectively in, an interview situation. The
interviewer will also require information about the vulnerable adult’s knowledge and understanding of him/herself, about objects, about places and events and how these things may be affected by his/her impairment or disability.

**Conduct of the Interview**

8.25 The interviewers need to provide the vulnerable adult with information at a level which will help him/her to understand who and what will be involved. Initially they should cover:

- introduction of the social worker (or other professional), the police officer and any other person who requires to be present, with an explanation of each of their roles;

- an explanation of the purpose of the interview in a sensitive way that the vulnerable adult can understand;

- an acknowledgement that it is a difficult situation for the vulnerable adult and that some things, particularly sexual assault, may be difficult to talk about; and

- introduction of the video equipment and seeking consent to use it in the interview.

8.26 The following are categories of facts, which, if contained in the vulnerable adult’s evidence, will enable properly informed decisions to be taken regarding the subsequent conduct of the investigation and ultimately whether or not to prosecute any person for any offence committed against the vulnerable adult:

- name/identity of the alleged abuser/offender, his/her present whereabouts, and the relationship of that individual to the vulnerable adult;

- the duration and extent of the abuse/offence;

- what happened in detail, when it happened, where, and how often, being mindful of the ‘points-to-prove’ for each offence;

- date/time of last occurrence, likelihood of physical evidence;
• names/identity of anyone else having knowledge of the abuse/offence;

• names of anyone else involved in, or observing, the abuse/offence; and

• identity of anyone the vulnerable adult has told about the abuse/offence.

8.27 After the interview, the vulnerable adult and/or their representative should be given as much information as possible about what will happen next including arrangements for his/her protection. If he/she is to be interviewed again, he/she should be informed of where and when it may take place.

8.28 If the interview or series of interviews has/have been completed and further information comes to light which makes it necessary to conduct another interview with the vulnerable adult, or where it is believed the vulnerable adult has more to tell, this should be considered a further or supplementary interview. In this case the matter should be discussed with the PPS. This will cover cases where, for example, conflicting evidence comes to light, a vulnerable adult makes further disclosures or names other suspects. ‘Achieving Best Evidence’ should be referred to when considering the further interview of a vulnerable adult.

8.29 Once the interview is complete, the Joint Investigation Team should give consideration to the individual’s need for any counselling or therapeutic requirements which this may have indicated. PSNI and the PPS must be informed about the nature of such therapy in each case. This is to ensure that the evidence provided to a court is not contaminated or contradicted by the vulnerable adult.

The Vulnerable Adult who Becomes a Suspect

8.30 If a vulnerable adult becomes suspected of a crime during the course of an interview, a decision will have to be made on whether to proceed or terminate the interview. The interviewers should take a short break to consult, and if necessary seek advice, on the matter, in addition to being mindful of the need for sensitive handling of the situation. If it is concluded that the evidence of the vulnerable adult as a suspect is paramount in a particular case, the interview should be terminated so that any further questioning can be carried out in accordance with the Police and Criminal Evidence (NI) Order 1989, (PACE) at an appropriate location.
Further Interviews

8.31 Occasions may arise where a police officer or a social worker may wish to further interview a vulnerable adult who is the victim of some criminal offence. It will be the responsibility of that police officer or social worker to advise the other agency of the intention to further interview the individual. The same procedures will apply to a further interview as apply to the original interview. No agency should unilaterally conduct further interviews with the vulnerable adult who may be central to criminal proceedings.

Records of Joint Investigative Interviews

8.32 PSNI staff will retain a written statement, recorded as a Joint Interview, for evidential purposes. A copy may be provided to Trust staff, provided that the vulnerable adult agrees. Where a Joint Interview has been video recorded the original will be labelled and secured for court purposes by the PSNI. The working copy will be available for viewing by Trust staff by arrangement with the officer-in-charge of the case. A log will be completed on each occasion that the tape is viewed by anyone and will detail the reasons for it having been viewed. This will be retained with the working copy of the tape.

8.33 Arrangements for viewing the tape by persons other than those identified above, e.g. defence or any subsequent court hearing will be the responsibility of the PSNI. PSNI General Order C(c) 70/96 must be complied with. Where investigation involves PSNI and HSC participation, the police officer in the case will be responsible as the prime keeper of all exhibits, letters, drawings, notes, etc.

Review of Ongoing Management of the Case

8.34 When the formal Joint Interview process has been concluded there may be a need for further interagency discussions, outside of any judicial procedures, to agree a course of action to address the practical and emotional implications for the vulnerable adult, his/her carers and staff involved in the case. In the majority of cases this can be most comprehensively dealt with by convening a Case Conference, although other, less formalised, mechanisms should be considered to optimise client/family involvement in the process. This is the responsibility of the Designated Officer from the relevant Trust in consultation with PSNI colleagues. Consultation should also take place on an interagency basis to identify the need for any staff debriefing/counselling which may be required as a result of the work which has been undertaken.
Glossary of Terms
**Glossary of Terms**

**Achieving Best Evidence**

A voluntary code of practice for interviewing vulnerable witnesses for criminal proceedings and where video is used to record the witness’ testimony.

**Case Conference**

Is a meeting of those involved in a case which can include the client/victim. The purpose is to establish potential risk to the individual and what action, if any, would be required.

**Criminal Investigation Department (CID)**

Police team of Detective Officers based in each District Command Unit with responsibility for the investigation of crime other than sexual crime.

**Cross Examination**

The secondary stage of evidence giving in Court where the testimony that a witness has already given is examined by counsel for the defence.

**Counsel for the Defence**

The legal representative responsible for conducting the case for the defence.

**Designated Officer**

Person within the Trust responsible for managing investigations of suspected, alleged or confirmed instances of abuse against vulnerable adults.

**District Command Units**

There are eight District Command Units in Northern Ireland headed by a Chief Superintendent.

**Evidence**

The term ‘evidence’ in its legal sense embraces all matters exclusive of mere argument, which can be placed before a Court to prove or disprove any matter or fact, the truth of which is the subject of judicial investigation.
Evidence-In-Chief

The initial stage of giving evidence in Court where the witness is taken through their evidence by counsel for the prosecution.

Form 38/36

Form used by PSNI for making a written record of witness evidence when video is not seen as an appropriate form of recording - known as ‘a statement’.

Hearsay Evidence

Evidence of what a person has heard another person, not the accused, say. It is not admissible in criminal proceedings.

Investigating Officer

Trust professional with responsibility for investigating the alleged abuse. Their role is to establish the facts, look at alternatives available and to provide counselling and support.

Line Manager

Management grade within the Trust to whom an individual directly reports.

Live Television Link

A system allowed under the Police and Criminal Evidence (NI) Order 1989 whereby certain witnesses can give evidence from a television monitor in a room separate from the main body of the Court.

NISCC (Northern Ireland Social Care Council)

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

Nominated Officer

The agency staff member with the delegated role of gathering information for the Strategy Planning Meeting which will be the basis for planning any subsequent investigation. The nominated officer will check internal systems for information that may be of use in deciding the strategy to be employed.
Points to Prove

The ingredients of a criminal offence, each of which must be satisfactorily proven in a criminal trial.

Police Service Procedure

A written instruction, which is issued to the PSNI.

Protection Plan

A plan developed to clarify the protection measures put in place to protect the individual. Roles and responsibilities for doing so are clearly identified.

Public Prosecution Service (PPS)

A body of legal staff who work independently from the Police and who are responsible for directing on cases forwarded for prosecution or otherwise.

Public Protection Units (PPUs)

Police team with specific responsibility for the following:

- Child Abuse Enquiry Unit;
- Domestic Violence;
- Management of Violent/Sex Offenders;

Regulation and Quality Improvement Authority (RQIA)

The RQIA is the independent body responsible for monitoring and inspecting the availability and quality of Health and Social Care services in Northern Ireland, and encouraging improvements in the quality of those services. The role of RQIA is to ensure that the Health and Social Care services in Northern Ireland are accessible, well managed and meet the required standards.

Regulated Service

The RQIA is responsible for registering, inspecting and encouraging improvement in a range of health and social care services delivered by statutory and independent providers, in accordance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and its supporting regulations.
The services which it regulates include residential care homes; nursing homes; children’s homes; independent health care providers; nursing agencies; adult placement agencies; domiciliary care agencies; residential family centres; day care settings; and boarding schools.

**Third Party Material**

Matters of potential relevance to a Police investigation, which are not in possession of PSNI.
THE EUROPEAN CONVENTION FOR THE PROTECTION OF HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS INTO THE UK DOMESTIC LAW

THE HUMAN RIGHTS ACT 1998

MAIN CONVENTION RIGHTS:

Article 2 - Right to life
Article 3 - Prohibition of torture
Article 4 - Prohibition of slavery and forced labour
Article 5 - Right to liberty and security of person
Article 6 - Right to a fair trial
Article 7 - No punishment without law
Article 8 - Right to respect for private and family life
Article 9 - Freedom of thought, conscience and religion
Article 10 - Freedom of expression
Article 11 - Freedom of assembly and association
Article 12 - Right to marry
Article 14 - Prohibition of discrimination
Article 16 - Restrictions on political activity of aliens
Article 17 - Prohibition of abuse of rights
Article 18 - Limitation on use of restriction on rights

FIRST PROTOCOL:

Article 1 - Protection of property
Article 2 - Right to education
Article 3 - Right to free elections

SIXTH PROTOCOL:

Article 1 - Abolition of the death penalty
NOTE: The following Articles are omitted from the Act:

Article 1 - Obligation to respect Human Rights
Article 13 - Right to effective remedy
Articles 15 - 59 - Operational provisions for the European Court
HUMAN RIGHTS - List of Considerations

If you cannot answer a question, you cannot proceed to the next question. Only take action when you have completed the list.

1. Is there any necessity to take action? What are you doing? Why are you doing it?

2. Is there any legal basis upon which to take action? Is there a statutory/mandatory/discretionary power you are using? If so, state it. If not, on what basis are you taking action? (You should seek legal advice).

3. What are the Human Rights implications of the proposed action? (Go through Convention List and mark the relevant article and the relevant limitation). (See Appendix 1)

Specify Article and Limitation

4. Is the proposed action proportionate? Is the scale of the action appropriate to the size of the problem? (i.e. consider whether it is intrusive or invasive). Is there an alternative?

Give reasons for your decision
5. Is there an independent public remedy available? If not, consider what will be the effect of failure to give a remedy i.e. Ombudsman/Judicial Review/other Court action.

Specify all available remedies

6. If action is taken, is there “equality of arms”? Does the person have the same opportunity to gather evidence as you and present it to the Court/Tribunal?

7. Is the action the least possible one? Is it the least intrusive or invasive?

**POST-EVENT EVALUATION**

Signed: 
Print Name: 
Position/Rank: 
Dated: 
Appendix 3

Police Service of Northern Ireland - Contact Number (028) 9065 0222
Contact details for referrals to PPUs between
9.00 am - 5.00 pm Monday to Friday

A District - North and West Belfast
Inspector   Ext 28950   Sergeant   Ext 28826

B District - South and East Belfast
Inspector   Ext 23594   Sergeant   Ext 23579

C District - North and South Down, Ards and Castlereagh
Det/Inspector   Ext 31160   Sergeant   Ext 15782

D District - Antrim, Lisburn, Newtownabbey and Carrickfergus
Inspector   Ext 30321   Sergeant   Ext 27630

E District - Lurgan, Craigavon, Armagh, Banbridge and Newry and Mourne
Inspector   Ext 34022   Sergeant   Ext 34017

F District - Fermanagh, Omagh, Cookstown, Dungannon and South Tyrone
Inspector   Ext 54194   Sergeant   Ext 54118

G District - Foyle, Limavady, Strabane and Magherafelt
Det/Inspector   Ext 58565   Sergeant   Ext 57019

H District - Coleraine and Ballymena
Inspector   Ext 63901   Sergeant - Coleraine   Ext 83102
                         Sergeant - Ballymena   Ext 63253

In all referrals regarding Vulnerable Adults the Sergeant attached to the relevant PPU will be the first point of contact.

Outside of usual office hours (9.00 am - 5.00 pm, Monday to Friday) the Duty Inspector in the relevant District should be contacted.
### Contact details for Designated Officers and Contact points for Out-of-Hours Emergency Social Work Co-ordinators

<table>
<thead>
<tr>
<th>HSC Trust</th>
<th>Designated Officer Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belfast</td>
<td>Phone: (028) 9032 7156</td>
</tr>
<tr>
<td>South Eastern</td>
<td>Phone: (028) 9266 5181 Ext 4544</td>
</tr>
<tr>
<td>Western</td>
<td>Phone: (028) 7131 4090</td>
</tr>
<tr>
<td>Northern</td>
<td>Learning Disability Phone: (028) 2766 1393</td>
</tr>
<tr>
<td></td>
<td>Mental Health Phone: (028) 9441 3114</td>
</tr>
<tr>
<td></td>
<td>Older People Phone: (028) 2563 5558</td>
</tr>
<tr>
<td></td>
<td>Physical Disability and Sensory Impairment Phone: (028) 2766 1217</td>
</tr>
<tr>
<td>Southern</td>
<td>Learning Disability Phone: (028) 3752 2381</td>
</tr>
<tr>
<td></td>
<td>Mental Health Phone: (028) 3883 1983</td>
</tr>
<tr>
<td></td>
<td>Older People Phone: (028) 3082 5120</td>
</tr>
<tr>
<td></td>
<td>Physical Disability and Sensory Impairment Phone: (028) 3833 3332</td>
</tr>
</tbody>
</table>
### Out-of-Hours Emergency Social Work Co-ordinators - Contact Points

<table>
<thead>
<tr>
<th>Health and Social Care Trust</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belfast Health and Social Care Trust and South Eastern Health and Social Care Trust (Knockbracken Healthcare Park)</td>
<td>(028) 9056 5444</td>
</tr>
<tr>
<td>Northern Health and Social Care Trust (Holywell Hospital)</td>
<td>(028) 9446 8833</td>
</tr>
<tr>
<td>Southern Health and Social Care Trust (Daisy Hill Hospital)</td>
<td>(028) 3083 5000</td>
</tr>
<tr>
<td>Western Health and Social Care Trust (Altnagelvin Hospital)</td>
<td>(028) 7134 5171</td>
</tr>
</tbody>
</table>
Appendix 5

Contact details for the Regulation and Quality Improvement Authority between 9.00 am - 5.00 pm Monday to Friday

The RQIA’s headquarters is located in Belfast at:

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT
Phone: (028) 9051 7500

Contact details for the RQIA’s Omagh office are:

The Regulation and Quality Improvement Authority
Hilltop
Tyrone and Fermanagh Hospital
OMAGH
BT79 0NS
Phone: (028) 8224 5828
ADULT PROTECTION: FORM AJP1 - RECORD OF JOINT AGENCY CONSULTATION

Referral by telephone on _______/_____/______________________________
To: ___________________________ Designation: ____________________
Person referring: ___________________ Designation: ____________________
Address: _________________________________________________________
Contact Tel No: ____________________________________________________

Name of Vulnerable Adult: ___________________________ DOB: ___/___/
Home Address: ________________________________________________________
Present Location: ________________________________________________________

Gender*: M F

Nature of Vulnerability*: □ Frail Older Person □ Dementia □ Learning Disability
□ Physical/Sensory Disability □ Mental Illness □ Other (please specify)
Is the Vulnerable Adult subject to any legal/statutory status?*
(e.g. Guardianship, Non-Molestation Order) Yes No
If yes please provide details: ____________________________________________

Details of any current or past involvement with Social Services, Police and/or the Regulation
and Quality Improvement Authority: __________________________________________

Name of Carer/Next of Kin: ______________________________________________
Address: _______________________________________________________________
Contact Tel No: ___________________________________________________________

WHAT IS THE MAIN FORM OF SUSPECTED, ADMITTED OR KNOWN ABUSE?*

□ Physical □ Sexual □ Psychological/Emotional
□ Financial □ Neglect □ Institutional Abuse
□ Other (please specify)

HAS THERE BEEN PREVIOUS CONCERN OR EVIDENCE OF ABUSE?*

□ Yes □ No □ Don’t know
If yes, what was the nature of the concern and the outcome?

*Please tick appropriate box/es

ORIGINAL FOR POLICE FILE AND COPY TO SOCIAL SERVICES
Outcome of Joint Agency Consultation*

Single Agency Investigation by:
Social Services ☐ Police ☐ RQIA ☐

Joint Investigation by:
Social Services ☐ Police ☐ RQIA ☐

OR

Protocol for Joint Investigation of alleged and suspected cases of abuse of vulnerable adults ☐

Please specify if any other follow up will take place.

__________________________________________________________________________________

__________________________________________________________________________________

Signature of person completing form: ________________________________

Print Name: _______________________________________________________

Designation: _______________________________________________________

Date: _______________________

• Please tick appropriate box/es

ORIGINAL FOR POLICE FILE AND COPY TO SOCIAL SERVICES
ADULT PROTECTION: FORM AJP2 - STRATEGY FOR INVESTIGATION

Name of Vulnerable Adult: __________________________ DOB: __/___/__

(A) PEOPLE IN ATTENDANCE/INVOLVED (NAME & AGENCY):

OTHERS CONSULTED:

(B) INITIAL STRATEGY: Date: ___/___/___

Next of Kin/Carer to be informed: YES/NO By Whom: ____________

(i) Amendments to strategy Date:

(ii) Amendments to strategy Date:

(C) PERSONS TO BE INTERVIEWED

Telephone/Meeting* Persons Involved/Designation:

* Please delete as appropriate

ORIGINAL FOR POLICE FILE AND COPY TO SOCIAL SERVICES
1  Person making the allegation to clarify all facts about referral
   Name: ______________________________________________________
   Address: __________________________________________________

2  Next of kin or other carers:
   Name: ____________________ Relationship to Vulnerable Adult: ____________
   Address:__________________________________________________________

3  Significant others
   (attach separate sheet if necessary)
   Name: ____________________
   Relationship: ____________________
   Address: ____________________

   Date & Time: __________________
   Venue:_______________________
   Who will conduct?
   SW:_________________________
   PSNI: ________________________
   Other: ________________________

4  The Vulnerable Adult
   Name: ____________________
   Address: ____________________

   Date & Time: __________________
   Venue:_______________________
   Who will conduct?
   SW:_________________________
   PSNI: ________________________
   Other: ________________________

5  The Alleged Perpetrator
   Name: ____________________
   D.O.B:_____________________________
   Address: ____________________

   Relationship to Vulnerable Adult: ____________________

   Date & Time: __________________
   Venue:_______________________
   Who will conduct?
   SW:_________________________
   PSNI: ________________________
   Other: ________________________

* Please delete as appropriate

ORIGINAL FOR POLICE FILE AND COPY TO SOCIAL SERVICES
(D) Has a statement of complaint been made? YES/NO*
   By Whom: __________________
   Does the vulnerable adult have the capacity to:
   (a) Consent to interview? YES/NO*

   b) Consent to medical examination? YES/NO*
   On what basis were these decisions made? ____________________________
   __________________________________________________________________

Signature: ___________________  Designation: __________________________
(of Person completing form)
Print Name: ___________________  Date: _____________________________

* Please delete as appropriate

ORIGINAL FOR POLICE FILE AND COPY TO SOCIAL SERVICES
ADULT PROTECTION: FORM AJP3 - CLARIFICATION DISCUSSION

Name: ________________________________________  DOB: ___ / ___ / _____
Address: ________________________________________

Date: _________________________________________ Time: ________________
Venue: _____________________________________________________________

CONSIDERATIONS:
1 Has the adult previously made a clear disclosure of abuse or are there substantive grounds for suspecting abuse has occurred?
Comment:

2 Is the adult willing to engage in an interview?
Comment:

3 Is the adult able to engage in an interview?
Comment:

4 Has the purpose of the interview been explained to the adult?
Comment:

5 Which format is the most suitable for the interview? If a video interview appears to be the most appropriate option assess the adult’s willingness to be interviewed on video.
Comment:

Decision: VIDEO STATEMENT QUESTION AND ANSWER
(Circle format to be used)
NATURE OF DISCUSSION:

CONTEMPORANEOUS, VERBATIM RECORD OF DISCLOSURE:

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
(Please close with diagonal line)

SIGNATURE OF PERSON MAKING NOTES: ____________________________

PRINT NAME: _________________________________________________

DESIGNATION: __________________________   DATE:   _____________

(NOTE: Responsibility for completion rests with either Police or Social Services)
The Protocol has been produced by the Health & Social Care Board in partnership with the Health & Social Care Trusts, Police Service of Northern Ireland and The Regulation and Quality Improvement Authority.