Adult Services
Interim Policy for Adult Safeguarding

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Background

The Social Services and Well-being (Wales) Act 2014 (the Act) places adult safeguarding on a statutory footing for the first time. It sets in law the duties of local authorities and other ‘relevant partners’ with respect to their duties regarding suspected or alleged abuse and taking actions to safeguard the individual. It introduces significantly changed duties, e.g. to make inquiries, and introduces significant new powers, e.g. Adult Protection Support Orders and integrates the duty to safeguard with the duty to provide care and support. It changes the processes of adult safeguarding so significantly that the existing Wales Interim Policy & Procedures for the Protection of Vulnerable Adults from Abuse no longer adequately reflects the legal duties of the Council.

Pending the development of the replacement for the Wales (Interim) Policy & Procedures for the Protection of Vulnerable Adults from Abuse commissioned by the Welsh Government, it is necessary to have in place an interim adult safeguarding policy that meets the requirements of the Social Services and Well-being (Wales) Act 2014 in order to ensure clarity of purpose, process and function of the safeguarding adults resource in Wrexham.

In developing this interim policy, references have been made to the law, Welsh Government policy and guidance and consultation documents.

Making a report

Reporting suspected cases of immediate threat to safety or suspicion of an offence

Concerns about imminent danger to an adult or a suspicion that an offence may have occurred should be immediately directly reported to the following.

- Police in order to protect those from imminent serious harm
- Ambulance service if urgent medical attention is needed

Duty to report adult at risk

A safeguarding report must be made to a local authority when a person has reasonable cause to suspect that a person is an ‘adult at risk’ and appears to be in the local authority area.

Anyone may report actual, alleged or suspected abuse or neglect directly to social services.

Agencies defined as ‘relevant partners’ by the Social Services and Well-being Act have a duty to report abuse. (s. 128 Social Services and Well-being (Wales) Act 2014)

Where concerns relate to the quality of care and support in a regulated setting, information should also be appropriately shared with the relevant regulatory bodies.

Views of the person about an adult protection report

It should not be presumed that an elderly, frail or disabled person is automatically an adult at risk. Adults with care and support needs may be able to protect themselves from abuse or neglect. An adult who is able to protect himself or herself is not an adult at risk.

Nor should it be presumed that a person should have a report made without his or her consent. Where possible without risk to the adult at risk a safeguarding report to social services should be discussed with him or her beforehand.
Generally speaking the consent of the adult should determine what action to take in response to a concern or allegation of abuse. Professionals should record and seek to respect the adult’s personal wishes and autonomy, but consent to report may be overridden, including the following examples.

- Relevant partners’ duty to report
- The adult lacks the mental capacity to make relevant decisions
- There is high risk to the health or safety of the individual
- Others may be at risk
- A crime is suspected or may have been committed
- Concerns relate to a failure in care, breach of regulation or professional code of conduct
- Adult social services, local health boards or another agency is supporting or working with an adult who is directly or indirectly affected by an issue or incident that has caused harm
- An individual is thought to be the cause of risk because of something they did or did not do

**Definition of an adult at risk**

This is a person who meets all the following criteria.

- Is experiencing or is at risk of abuse or neglect and
- Has needs for care and support (whether or not the authority is meeting any of those needs)
- And as a result is unable to protect himself or herself against the abuse or neglect or the risk of it

(Section 126(1) of the Social Services and Well-being (Wales) Act 2014)

**Definition of a relevant partner**

- The local policing body and the chief officer of police for a police area any part of which falls within the area of the local authority
- Any other local authority with which the authority agrees that it would be appropriate to co-operate under this section
- The secretary of state to the extent that the secretary of state is discharging functions under sections 2 and 3 of the offender management act 2007 in relation to Wales
- Any provider of probation services that is required by arrangements under section 3(2) of the offender management act 2007 to act as a relevant partner of the authority
- A local health board for an area any part of which falls within the area of the authority
- An NHS trust providing services in the area of the authority
- The Welsh ministers to the extent that they are discharging functions under part 2 of the Learning and Skills Act 2000
- Such a person, or a person of such description, as regulations may specify

(Section 162(4) Social Services and Well-being (Wales) Act 2014)

**Service quality issues**

Issues related to service quality should be referred to the regulatory authorities, contracting authorities and managers of those services. However, in some cases the concerns over service quality make a safeguarding response appropriate.

Wrexham’s Adult at Risk Threshold Document gives a method for determining when service concerns exceed the normal level of service quality concerns and should be the subject of a safeguarding report. ([Wrexham Adult at Risk Threshold Guidance](#))
**Self Neglect**

Self neglect is included within the definition of safeguarding in statutory guidance. However there is no clear definition of self neglect and without an identifiable perpetrator, it is often not clear that safe guarding is the most effective response to support the individual at risk to achieve appropriate wellbeing outcomes.

In order to respond most effectively, the North Wales Safeguarding Adults Board has developed the Policy and Procedures to Support People who Self-Neglect.

This policy will normally be used for cases in which self neglect is reported. However in some cases, the self neglect would be at a level of seriousness and complexity that a safeguarding response would be appropriate.

The Adult at Risk Threshold Document gives a method for determining when self neglect concerns should be the subject of a safeguarding report.

**Making a safeguarding report**

Reports can be made by telephone, email or mail. Where a report is made by telephone to the local authority social services, the person making the report should confirm the report in writing within 24 hours.

Relevant partners must share information as part of exercising this duty unless to do would be unlawful.

All safeguarding reports must be made to social services and police where it is suspected that a crime has been committed, as soon as possible and within one working day of a concern being identified.

If having made the initial report in writing the person making the report has not received an acknowledgement within 7 working days, they should always contact the local authority social services at adultprotection@wrexham.gov.uk.

**North Wales Adults at Risk Report Form**

Professionals and registered service providers should use the North Wales Safeguarding Board Adults at Risk Report Form. This should be completed as fully as possible. This report form has been developed regionally to capture the information required in order to provide a timely response to safeguarding concerns and the effectiveness of the safeguarding inquiry.

The North Wales Adults at Risk Report Form is available on the North Wales Safeguarding Adults Board and Wrexham County Borough Council websites.

If it is not possible for the Adult at Risk Report Form to be fully completed within one working day of the concern being identified, the report should be submitted, but the reporter will be asked to complete the form fully as part of the safeguarding inquiry.

**Making inquiries**

Safeguarding inquiries are made under s.126 Social Services and Well-being (Wales) Act 2014 and consist of three stages.

1. Screening — to check general factual accuracy of any referral
2. Initial evaluation — collecting, reviewing and collating information
3. Determination — deciding from the outcome of the screening or initial evaluation what, if any action should be taken
Screening a report from a member of the public

If via a telephone call, open a safeguarding report template and take details from the reporter using the template as a guide.

If via email or mail, open a safeguarding report template and transcribe the information reported. Then contact the reporter by telephone and take details as above.

If the reporter does not reply, make a case note of the attempted contact. Leave a message if possible giving contact details and asking the reporter to return the call. Call again later, making case notes of each attempted contact that does not obtain a reply.

If after two days no contact has been achieved, escalate the case to an ATM / TM. The ATM / TM will decide what actions are necessary to continue to contact the reporter or to continue screening without further details.

Screening a report from a professional or relevant partner

If via a telephone call direct the reporter to the Adults at Risk Report Form and safeguarding policy and ask for the template to be fully completed and submitted within the policy timescales.

If via email or mail, contact the reporter and direct to the safeguarding report template as above.

If via a safeguarding report template check the template for completeness. If not complete, contact the reporter and ask for the template to be fully completed.

If the reporter does not reply, make a case note of the attempted contact. Leave a message if possible, giving contact details and asking the reporter to return the call. Call again later, making case notes of each attempted contact that does not obtain a reply.

If after two days no contact has been achieved, escalate the case to an ATM / TM. The ATM / TM will decide what actions are necessary to continue to contact the reporter, to escalate the issue within the reporting agency or to continue screening without further details.

Safeguarding concerns identified during assessment

If during an assessment it appears that the person is an adult at risk of abuse or neglect, the assessor must decide with the adult in question what action, if any, is necessary and by whom.

Where an adult has care and support needs, the assessment must continue to determine whether he or she has eligible needs, and if so, how these will be met.

The assessment should run parallel to the safeguarding enquiry and the enquiry should not disrupt the assessment process or meeting eligible needs.

Not proceeding to make inquiries

If at this stage it is decided not to proceed further, all the information gathered and rationale for any decision to proceed, or not to proceed, to the enquiry stage must be recorded in the Enquiry, Evaluation & Determination Form and show the evaluation and conclusion reached so as to ensure that it is available in the future to inform any further reports received and for audit and data collection purposes.

Any decision not to proceed will be made by a lead practitioner or professional manager and approved by a professional manager.
Initial evaluation

The ATM will decide what inquiries should be made and who should carry out the inquiries depending on the circumstances of the report. This person will be the lead practitioner for the inquiries.

The lead practitioner will be allocated as follows.

- Social worker within Adult Safeguarding Team when the adult at risk is not known or is open to review
- Social worker within another team when the adult at risk is open to a worker within the team – when the report is initiated following or as part of an assessment, that worker will be the lead practitioner (Social Worker or other professional, OT, CPN, etc.)
- A relevant partner when the inquiries are of such a nature that the other agency has more appropriate professional expertise or experience or is better placed to make the inquiries
- A service provider when the inquiries are of such a nature that the provider has more appropriate knowledge of the adult at risk or is better placed to make the inquiries
- A third sector organization or other independent body if appropriate

The ATM will record in the Enquiry, Evaluation & Determination Form the reason for inquiries to be made, the choice of the lead practitioner and agree a timescale for expected completion of the inquiry.

The Adult Safeguarding Team will monitor the progress of inquiries and make a case note of the reasons for any inquiries that take longer than 7 days. This includes any inquiries being made by other agencies.

Gathering information

The information gathered will be recorded on the Enquiries, Evaluation & Determination Form. (See Appendix 2 – guide to factors to be considered in making inquiries.)

In all cases, ASC will consider the information within the context of the situation that has led to the report and assess the presenting information to determine whether the concerns raised provide a reasonable cause to suspect an adult (other adults or children) is or may be at risk.

In the event that there is a child who is suspected to be at risk a report must be made to Children’s Social Care.

Both social services and the practitioner making the report should be clear about and record the following:

- The proposed action, or that no further action will be taken
- Timescales
- Who will be taking the action and their roles and responsibilities
- What the individual or others will be told about the referral, by whom and when
- Any concerns the reporter has about the consequences for themselves and others in making the report

Deciding not to take further action under safeguarding

Where Adult Safeguarding Team decides not to take further action, or determines that alternative policy to safeguarding would be more suitable, feedback on the decision and the reasons for making it should be provided to the professional making the report.

The person who is the subject of a report or his or her representative should be appropriately informed of the report and the resulting determination.

If the report does not result in an enquiry under section 126(2) of the Act, the individual can be advised directly or through the professional making the report, of any other support available through the information,
advice and assistance service. This may result in an assessment of care and support needs under Part 3 of the Act.

Should the individual or his or her representative disagree with the process followed by the local authority and the matter cannot be resolved, he or she should be referred to Wrexham Council’s complaint process.

Section 126 inquiries may be concluded at any time where Adult Safeguarding Team is satisfied that there is sufficient information to determine whether any action should be taken, what action and by whom.

The determination of what further action is necessary or acceptable should always be made in consultation with the individual unless there are justifiable reasons for not doing so, such as where there is risk to others.

**Action Following an Inquiry**

The actions to be taken following an s.126 enquiry will be recorded in the Enquiry and Evaluation form, taking into account the information gathered in the s.126 inquiry.

A range of actions may follow after an inquiry, e.g.

- Disciplinary investigation
- Complaint investigation
- Escalating concerns
- Safeguarding investigation
- Information, advice or assistance
- Assessment and care and support plan

Disciplinary and complaint investigations and escalating concerns will be carried out according to their respective policies.

Safeguarding investigations will be carried out according to the guidance set out in this policy.

**Assessment and Care and Support Plan**

If outcomes other than safeguarding become apparent during the enquiry or investigation, a referral would be made to the appropriate team for a Part 3 Assessment.

A Care and Support Plan should be written, or an existing care and support plan should be reviewed, following the outcome of the inquiries where it is identified that Adult Social Care should provide or amend service provision in order to deliver safeguarding outcomes. As with other care and support plans, these would be developed in partnership with the adult at risk, taking into account the actions the adult at risk is taking as well as the actions of the local authority and other organizations.

The care and support plan should include all elements of a plan required under Part 4, but emphasise the protection or risk management to support the individual to achieve their personal outcomes. This may include actions such as:

- The steps to be taken to assure the individual’s safety in future
- The provision of any support, treatment or therapy including on-going advocacy
- Any modifications needed in the way services are provided
- Any on-going risk management strategy as appropriate

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1 or a Care and Treatment Plan where the person falls under the Mental Health (Wales) Measure 2010
• Any action to be taken in relation to the person or organization that has caused the concern, responsibility for this action and how the adult will be kept informed
• How best to support the adult through any action they take to seek justice or redress

Responsibility for this would rest with the lead practitioner.

Reviews and Closure

Cases in which care and support plans are put in place will be allocated to the appropriate team for review. The review should follow the process set out under Part 4 of the Act.

When a care and support plan includes elements to protect the individual from risk the professional should regularly review the plan according to the level of risk.

Coordinated multiagency response to concerns

In some circumstances, the information available or resulting from s.126 inquires will indicate the need for a wider multiagency response to the concerns. Such coordinated action will be indicated by, but not limited to, situations in which any of the following factors or concerns are present.

• Institutional abuse
• Concerns about the safety of a service to continue operating
• Concerns several individuals may be at risk
• Allegations of abuse or neglect in relation to a ‘person in position of trust’ including in regard to their own children or family members
• Where formal or legal actions could be taken in relation to the person alleged to have caused harm
• Several agencies are likely to be involved in an inquiry
• Other legal or regulatory action may be necessary
• One or more members of staff have been implicated
• Where there is a need to clarify employment status of one or more individuals — this will be important in regard to personalised services including people employed via direct payment
• Historical abuse allegations usually of an organised or multiple nature and the implications including that of any ongoing contact with adults or children

Properly coordinated action will often achieve more than a series of separate enquiry or investigation processes. It will ensure that information and evidence is shared, repeat interviewing is avoided and will cause less distress for the person who may have experienced abuse. However, each agency must act in accordance with its duty when it is satisfied that the action is appropriate. Whilst there may be joint actions, the information shared must be constantly evaluated and reviewed by each agency.

Refusal of a care and support plan

Where the adult at risk

• Has mental capacity to make decisions about his or her own safety
• And there is no public interest or vital interest considerations
• And chooses to accept potential risk or refuses a care and support plan

This should be recorded on the individual’s Enquiries, Evaluation & Determination Form and include the protection arrangements offered and the work undertaken to understand the reasons for not accepting support.

It is necessary to consider the safety and wellbeing of others, e.g. people living in the same family home, in the same care environment or members of the wider public. This may lead to other actions outside of a care and support plan for the individual, e.g. Escalating Concerns.
Alleged abuser lacking mental capacity

Where the person who is alleged to have carried out the abuse has care and support needs and is unable to understand the significance of questions put to him or her or his or her replies, he or she should be assured of his or her right to the support of an ‘appropriate adult’ if questioned in relation to a suspected crime by the police under the Police and Criminal Evidence Act 1984 (PACE). Victims of crime and witnesses may also require the support of an ‘appropriate adult’.

Where a person lacks the mental capacity to make specific decisions and is alleged to be responsible for abuse, an Independent Mental Capacity Advocate should be instructed to support and represent that person. (Responsible bodies have powers to instruct an IMCA under the Mental Capacity Act 2005 (Independent Mental Capacity Advocates) (Wales) Regulations 2007)

Strategy Meeting

This can take the form of a telephone discussion or a meeting and should take place within 7 working days of the completion of inquiries.

A Strategy Meeting purposes are as follows.

- To share information
- To consider issues relating to the report and in particular the level of risk
- To ensure a Part 3 assessment is completed where necessary
- To decide on a course of action

In planning any enquiry or investigation, the strategy meeting will consider respective roles and responsibilities of organizations, specific tasks required, issues of cooperation, communication and the best use of skills, expertise and resources.

A strategy meeting should agree how any required information will be sought, and who will be responsible for the various activities. Relevant partners should agree a plan at the end of a strategy meeting to agree areas such as:

- The concerns or allegations to be addressed
- Actions within each agency and how they will be coordinated such as
  - Further inquiries
  - Criminal investigations led by the police
  - Investigation led by health
  - Disciplinary procedures led by the employer
  - Regulatory breach, inspection by relevant regulator
- The involvement, support and communication needs of any adult at risk and the person or organization alleged to have caused harm
- Risk management to ensure no one is left or placed at risk and investigations are not prejudiced.
- Dates for reporting, completion and next steps

This should include explaining to the adult at risk the purpose of the inquiries and investigations and finding out his or her concerns. Consideration should always be given to the adults at risk support needs to enable the person to participate in relevant decision making. The Strategy meeting must decide who will liaise with the adult at risk and their family about decisions reached or required.
Investigation

A safeguarding investigation is a structured process to gather evidence and reach a conclusion as to whether people have been placed at risk or are at ongoing risk. It may involve a number of agencies who may have additional interests in and purposes arising from the investigation; e.g. Police or Contracts Team.

Evidence from the investigation should be submitted in a written investigation report to the adult protection conference (hyperlink to report template)

Adult Protection Conference

A Case Conference should be held following an investigation.

A Case Conference is a multiagency meeting which includes the individual, and relevant others, as appropriate to share and discuss the outcome of the investigation and agree the care and support plan and any further actions.

Normally a Case Conference would be chaired by the Adult Safeguarding Team, though in certain circumstances another agency may chair the conference where that agency has more appropriate professional expertise or experience.

Alleged abuser is a member of staff

Employers who are providers or commissioners of care and support not only have a duty to the adult, but also a responsibility to take action in relation to employees when allegations of abuse are made against them.

Employers should ensure that their disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect.

When a complaint or allegation has been made against a member of staff, including people employed by the adult, he or she should be made aware of his or her rights under employment legislation and any internal disciplinary procedures.

With regard to abuse, neglect and misconduct within a professional relationship, codes of professional conduct and/or employment contracts should be followed and should determine the action that can be taken. Robust employment practices, with checkable references and recent DBS checks are important. Reports of abuse, neglect and misconduct should be investigated and evidence collected.

Where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation such as the General Medical Council and the Nursing and Midwifery Council. If someone is removed from his or her role providing regulated activity following a safeguarding incident the regulated activity provider (or if the person has been provided by an agency or personnel supplier, the legal duty sits with them) has a legal duty to refer to the Disclosure and Barring Service. The legal duty to refer to the Disclosure and Barring Service also applies where a person leaves their role to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organization feels they would have dismissed the person based on the information they hold.

The standard of proof for prosecution is ‘beyond reasonable doubt’. The standard of proof for internal disciplinary procedures and for discretionary barring consideration by the Disclosure and Barring Service (DBS) and the Vetting and Barring Board is usually the civil standard of ‘on the balance of probabilities’. This means that when criminal procedures are concluded without action being taken this does not automatically mean that regulatory or disciplinary procedures should cease or not be considered. In any event there is a legal duty to make a safeguarding referral to DBS if a person is dismissed or removed from their role due to harm to a child or a vulnerable adult.
Allegations against people in positions of trust

The local authority’s relevant partners, and those providing universal care and support services, should have clear policies for dealing with allegations against people who work, in either a paid or unpaid capacity, with adults with care and support needs. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint.

Whilst the focus of safeguarding is to safeguard one or more identified adults with care and support needs, there are occasions when incidents are reported that do not involve an adult at risk, but indicate, nevertheless, that a risk may be posed to adults by a person in a position of trust.

If an organization removes an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, had the person not left first) because the person poses a risk of harm to adults, the organization must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason. Allegations against people who work with adults at risk must not be dealt with in isolation. Any corresponding action necessary to address the welfare of adults with care and support needs should be taken without delay and in a coordinated manner, to prevent the need for further safeguarding in future.

Local authorities should ensure that there are appropriate arrangements in place to effectively liaise with the police and other agencies to monitor the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

Managerial escalation of issues

In any complex area of statutory duty, it is possible that adequate or sufficient progress may not be made for a variety of reasons. In order to ensure that such progress is made in safeguarding cases, managerial support is provided to staff.

Staff should use their discretion in determining whether managerial escalation is required, however, particular issues that may cause delay or an inadequate safeguarding response are set out below that should lead to managerial escalation.

- Incomplete or inadequate safeguarding reports from a relevant partner or commissioned service despite requests for improved information
- Misuse of safeguarding reports, e.g. in cases of professional disagreement or views that ought to be managed through other means, e.g. professionals’ meeting
- Repeated inappropriate referrals from a relevant partner or commissioned service
- Refusal or failure of a relevant partner or commissioned service to make a safeguarding report
- Refusal or failure of a relevant partner or commissioned service to carry out safeguarding inquiries when requested
- Unavailability or lack of response from relevant partner or commissioned service when making inquiries or holding strategy meeting leading to exceeding the 7 day deadline
- Second delay in reporting results from safeguarding inquiry
- Refusal of a relevant partner or commissioned service to contribute appropriately to a safeguarding investigation
- Refusal of a relevant partner or commissioned service to contribute appropriately to a care and support plan or to an alternative pathway as the outcome of an enquiry or investigation
- Receipt of a complaint during the safeguarding process

Managerial escalation will be as follows.

- Assistant Team Manager Safeguarding Adults
- Team Manager Safeguarding Adults
- Service Manager Initial Response and Mental Health
If the support of a level of management is not able to resolve the issue it should be escalated to the next level.

Lower level issues or issues that are of concern that do not require urgent resolution, e.g. clarification of nonurgent practice issues should be raised at the Adult Safeguarding Managers’ Workshop.

**Complaints**

Safeguarding inquiries and investigations will take precedence over complaints investigations so as to ensure the protection of adults at risk from abuse.

Because of this, any complaints received that meet the criteria for safeguarding should be subject to a safeguarding report rather than through the complaints process.

Any complaints about the management or conduct of an ongoing safeguarding case should be reported to the TM / ATM responsible for the case. The responsible manager will try to resolve the concerns raised within the safeguarding process provided that this will not compromise the safeguarding process. There should be no complaints investigation undertaken while there is any chance of compromising the adult protection process.

Once the safeguarding process is complete the complainant will be consulted in order to consider whether any residual issues need to progress via the complaint procedure.

When the complaint is about the actions of a single agent who works for another agency, this should be pursued through the complaints procedure of that agency.

**Continuous improvement**

In order to continuously improve safeguarding practice ASC has set up an improvement framework for adult safeguarding consisting of an Adult Safeguarding Action Plan and Adult Safeguarding Managers’ Workshops that will be used to raise and share issues relating to quality and practice and ensure effective implementation of any necessary improvements. The service also has an embedded audit cycle and themes identified during these monthly audits are tabled and discussed with all Safeguarding Managers.

Adult Social Care has a suite of performance indicators developed to monitor safeguarding performance that will be regularly reviewed by the Adult Safeguarding Team manager and Service Manager responsible for adult safeguarding.

The Service Manager responsible for adult safeguarding will be responsible for the Adult Safeguarding Action Plan and will chair the workshops assisted by the Safeguarding Practice Development Manager.

Reports on the progress of the Adult Safeguarding Action Plan and performance indicators will be regularly presented to the Adults Senior Leadership Team.

Annual safeguarding reports will be submitted for scrutiny to the Safeguarding, Communities & Wellbeing Scrutiny Committee.

Adult Social Care will contribute to the Flintshire and Wrexham Safeguarding Adults Delivery Group and the North Wales Safeguarding Adults Board and proactively make use of reports for the improvement of the service.

Mark Jones
Service Manager, Initial Response and Mental Health
Appendix 1 — Background to the policy

Legislation and Welsh Government policy

- Social Services and Well-being (Wales) Act 2014
- The Adult Protection and Support Orders (Authorised Officer) (Wales) Regulations 2015
- Working Together to Safeguard People: Volume 1 — Introduction and Overview
- Working Together to Safeguard People: Volume 2 — Adult Practice Reviews
- Working Together to Safeguard People: Volume 4 — Adult Protection and Support Orders
- Statutory guidance in relation to Part 7 of the Act, on Handling Individual Cases to Protect Adults at Risk (consultation document not yet ratified by the Welsh Government)

Policies

Relevant partners working with adults at risk must ensure that staff and volunteers are trained in recognizing the signs of abuse or neglect, how to respond to them and where to go for advice and support. They should have a clear understanding of the relevant roles and responsibilities of each partner in handling individual cases. (These responsibilities should be available in national protection procedures for practitioners that are accessible, easily understood and used by all relevant partners.)

Statutory Duties

Safeguarding Board partners must take account of the functions and procedures of the Board to fulfil their responsibility in section 139(4) of the Social Services and Well-being (Wales) Act 2014 to ensure the Board is operating effectively. Functions of the Safeguarding Boards are formally set out at regulation 3 of the Safeguarding Boards (Functions and Procedures) (Wales) Regulations 2015.

Duty to inquire

Section 126(2) of the Act sets out that "If a local authority has reasonable cause to suspect that a person within its area (whether or not ordinarily resident there) is an adult at risk, it must:

- Make (or cause to be made) whatever inquiries it thinks necessary to enable it to decide whether any action should be taken (whether under this Act or otherwise) and, if so, what and by whom
- Decide whether any such action should be taken

Components of inquiries

- A reasonable cause to suspect
- The making of inquiries
- Recording the outcome of the inquiries

General Principles

Effective safeguarding systems are those where

- The individual's personal outcomes are known and they are able to communicate them effectively
- The needs of the individual are put first, so that the adult receives the care and support they need before a problem escalates
- All professionals who come into contact with adults at risk are trained and alert to their needs including any potential or suspected abuse or risk of abuse or neglect
- All professionals share appropriate information in a timely way, and have direct access to advice to discuss any concerns about an individual
• All professionals are able to use their expert judgment to put the individual’s needs and personal outcomes at the centre of the system so that the right solution can be found for them
• All professionals work in a multi-agency and cooperative way to safeguard and promote an adult at risk’s well-being and regularly review progress against the outcomes set out in care and support plans

A coordinated person-centred approach

Effective safeguarding arrangements in every safeguarding area should be underpinned by two key principles.

• Safeguarding is everyone’s responsibility; for safeguarding arrangements to be effective each professional and organization must play their full part
• A person centred approach; for safeguarding arrangements to be effective they should be based on a clear understanding of the personal outcomes and what matters to the individual

No single professional can have a full picture of an individual or their family and the ability to work across agencies is essential to build a better understanding of the adult at risk’s circumstances and their need for care and support. Strong working relationships and working using a multi-agency approach can prevent needs escalating and identify when an adult or a family member is at risk.

Relevant partners (section 162(4) of the 2014 Act) should understand their statutory duty to report to the local authority where there is reasonable cause to suspect that an adult is at risk.

To ensure a person centred approach anyone working directly or indirectly with an adult at risk on a safeguarding matter should do the following.

• See and speak with them
• Listen to what they say and understand their personal outcomes
• Take their views, wishes and feelings seriously
• Work in partnership with them when determining how to meet their care and support needs
• Take steps to facilitate the person’s ability to participate whether via communication support or advocacy

While practitioners should seek to discuss any concerns with the individual concerned and, where possible, seek their agreement to reporting concerns to local authority social services this should only be done where it will not place the person or others at increased risk of harm.

Advocacy

The code of practice on advocacy under Part 10 of the Act sets out the functions in relation to which a local authority, in partnership with the individual, must reach a judgement on how advocacy could support the determination and delivery of an individual’s personal outcomes; together with the circumstances when a local authority must arrange an independent professional advocate. Professionals and individuals must ensure that judgements about the needs for advocacy are integral to the relevant duties under this statutory guidance.

Supported and Informed Decisions

Safeguarding actions should empower the adult as far as possible to make choices and to develop their own capacity to respond to them. Rights to safety need to be balanced with other rights, such as rights to liberty and autonomy, and rights to family life. Adults at risk, regardless of whether they have mental capacity or not may want highly intrusive help, such as the barring of a person from their home, or a person to be brought to justice. They may wish to be helped in less intrusive ways, such as through the provision of advice as to the various options available to them and the risk and advantages of these various options.
Any intervention regarding family or personal relationships needs to be carefully considered. The approach taken must consider how to support the adult to have the opportunity to develop, or maintain, a private life which includes those people with whom the adult at risk wishes to establish, develop or continue a relationship. While abusive relationships never contribute to the well-being of an adult, interventions which remove all contact with family members may be experienced as an abusive intervention and risk breaching the rights to family life if not justified or proportionate.

**Adult Protection and Support Orders (APSO)**

The statutory guidance for APSO provides comprehensive information regarding the seeking, making and enforcement of an APSO.

APSOs are to be used to enable an “authorised officer”, and any other person specified in the order, to speak to an adult suspected of being at risk of abuse or neglect in private, to establish whether the adult can make decisions freely, to assess whether the person is an adult at risk and to establish if any action should be taken.

**Mental Capacity Act 2005 (MCA)**

All safeguarding considerations and decisions should take into account the requirements of the MCA and MCA Code of Practice.

Chapter 14 sets out “What means of protection exist for people who lack capacity to make decision for themselves”.

The Code of Practice (for Wales, revised 2016) to the Mental Health Act 1983 sets out in Chapter 13: Relationship between the Mental Health Act, the Mental Capacity Act and the Deprivation of Liberty Safeguards

**Welsh Language Requirements**

The safeguarding process must recognise the concept of language need and practitioners should ensure that the active offer principle is embedded in practice. The local authority should be proactive and the individual should be asked which language he or she would prefer at the beginning of the process. This will ensure that they are able to receive services in their own language throughout the process of identifying and meeting care and support needs. Language is an integral element of the care that people receive and it is the responsibility of the local authority to deliver appropriate services which includes meeting users’ linguistic needs. Only by doing this can they provide care that is safe and effective.

Local authorities should make sure Welsh language services are built into planning and delivery and that Welsh language services are offered to Welsh speakers without them having to request it (Strategic Framework for Welsh Language Services in Health, Social Services and Social Care (More than just words)).

**Information Sharing**

Practitioners must share information in accordance with the Data Protection Act 1998 and the common law duty of confidentiality. Both allow for the sharing of information and should not be used as a reason for not doing so. In exceptional circumstances, personal information can be lawfully shared without consent where there is a legal requirement or the professional deems it to be in the public interest. One of the exceptional circumstances is to prevent abuse or serious harm to others.

**Confidentiality and Consent**

Professionals have a duty of confidentiality. This is important in maintaining confidence and participation in services. However, the duty of confidentiality is not absolute and may be breached where this is in the best interests of the individual, or the wider public interest.
In their work with people, professionals should always seek to be transparent regarding the circumstances where they may need to share information with social services or the police.

Difficulties in working within the principle of maintaining confidentiality of an adult should not lead to failure to take action to protect the adult or others from abuse or harm.

Whistle blowing and raising concerns

Every organization that works with adults should have clear whistle blowing and raising concerns procedures and all staff should understand the procedure for making a report about the organization or another member of staff.

All staff and practitioners have a duty to be made aware that they can approach social services or the police, independently, to discuss any worries they have about abuse neglect or harm and that they should always do so if

- They have concerns that their manager, designated practitioners or proprietor may be implicated
- They have concerns that the manager, designated practitioners or proprietor will not take the matter seriously and/or act appropriately to protect the adult
- They fear intimidation and/or have immediate concerns for their own or for the service users’ safety

Accessible Services

Local authorities have a duty to provide information, advice and assistance under Part 28 the Social Act. This service should be accessible to individuals and professionals so they can find the support they need quickly and easily. Anyone who has concerns that an adult is at risk should be able to seek advice and make a report to social services without delay through this service.

Information for the public

The public has a vital role in protecting adults through the recognition and prevention of abuse. It is the responsibility of all agencies and organizations to ensure there is a good level of public awareness of abuse, neglect and harm and how concerns can and should be reported. All relevant partners should have a range of current information and clear arrangements in place to ensure people know:
Appendix 2 – Information and factors in making inquiries

Information to be gathered in making inquiries

- Identity of the individual who identified the concern
- Identity of the individual who took the decision to initiate the inquiry
- The identity and relevant details of the person who is the subject of the inquiries
- A summary of the evidence on which the ‘reasonable cause to suspect’ was founded
- The identity of the person or persons and, if relevant, the agency who conducted the inquiries
- The chronology of the inquiries
- A list of people who provided information during the inquiries
- A list of people interviewed during the inquiries
- A list of documentary evidence reviewed during the inquiries
- A statement that those making the inquiries consider that the person is or is not an adult at risk.
  Where the finding is that the adult is not an adult at risk, a statement should be included stating why this conclusion was reached.

Factors to be considered in making inquiries

- The right of the person thought to be an adult at risk to refuse to participate. Refusal to participate does not automatically relieve the local authority of its duty, but may reduce the effectiveness of the inquiry.
- The enduring nature of the duty will assist in inquiries where coercion or undue influence are present
- The personal outcomes, wishes and feelings of the adult at risk
- The possibility that the adult thought to be at risk is not making decisions freely
- Whether there is a need to involve an advocate
- The need to carry out the enquiry sensitively and with the minimum distress to the person and others (for example, carers and family members)
- Whether the alleged abuser has any needs for care and support
- Whether the alleged abuser is providing care or support for another adult at risk or child who may be at risk
- The need for the local authority to work closely with and involve other agencies who may be able to assist with the inquiries and contribute to achieving the identified outcomes of the inquiries
- The need to be aware of contaminating any evidence that might be used in any current or future criminal investigation
- The importance of recognizing that any inquiries are proportionate and compatible with the European Convention on Human Rights and sections 2, 5, 6, and 7 of the social services and well-being (wales) act 2014
- The mental capacity of the adult at risk to make specific decisions if there is reason to suspect impairment of, or a disturbance in the functioning of, the mind or brain. In accordance with the Mental Capacity Act 2005