

Adult Protection Policy

This document is available in Welsh

Approvals

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Reporting a suspected adult at risk

Definition of an adult at risk

A person who meets all the following criteria.¹

Is experiencing or is at risk of abuse or neglect

Has needs for care and support (whether or not the local authority is meeting any of those needs)

As a result is unable to protect himself or herself against the abuse or neglect or the risk of it

Cases of immediate threat to safety or suspicion of an offence

Report concerns about imminent danger or a suspicion that an offence may have occurred immediately and directly to the Police or the ambulance service if the person needs urgent medical attention.

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

Referring an adult at risk

Make a safeguarding referral to Wrexham Social Care when there is reasonable cause to suspect that a person is an adult at risk and appears to be in Wrexham's area.

Anyone may refer abuse or neglect directly to social services, but agencies defined as relevant partners by the Wrexham Social Care and Well-being Act have a duty to refer abuse.²

Share concerns relating to the quality of care and support in a regulated setting with the relevant regulatory bodies.

How to make a referral

The public can make referrals by the following.

- Telephone – 01978 298286 / 8208
- Email – ast@wrexham.gov.uk
- Mail – Adult Safeguarding Team, Social Services, Crown Building, Chester Street, Wrexham, LL13 8BG

Professionals and registered service providers must use the *North Wales Safeguarding Board Adults at Risk Referral Form* and complete it as fully as possible.³

The *North Wales Adults at Risk Referral Form* is available on the North Wales Safeguarding Adults Board and Wrexham County Borough Council websites. If it is not possible to complete the Adult at Risk Referral Form fully within one working day of the identification of the concern, the referral should be submitted, but the referrer will be asked to complete the form fully as part of the safeguarding enquiry.

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

Refer suspected crimes to Wrexham Social Care and the police as soon as possible and within one working day of a concern being identified.

If the referrer has not received an acknowledgement within 7 working days, contact the Adult Safeguarding Team at ast@wrexham.gov.uk.

Views of the person about an adult protection report

Do not presume that an elderly, frail or disabled person is 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.

² s. 128 Social Services and Well-being (Wales) Act 2014. See Appendix 3 for the definition of relevant partners

³ This 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 enquiry.)

Do not presume that a person should have a referral made without his or her consent. Where possible without risk to the adult at risk, discuss a safeguarding referral to Wrexham Social Care with him or her beforehand. The consent of the adult should determine what action to take in response to a concern or allegation of abuse. Professionals should record and respect the person's wishes and autonomy, but may override lack of consent to referral, including the following examples.

- 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

Service quality issues

Refer issues related to service quality 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. Use the *North Wales Adults Safeguarding Board Threshold Document* to determine when service concerns exceed the normal level of service quality concerns and should be referred as safeguarding.

Self Neglect

Use the *North Wales Safeguarding Adults Board Policy and Procedures to Support People who Self-Neglect* to normally respond to self neglect. However, in some cases, the self neglect would be at a level of seriousness and complexity that a safeguarding referral would be appropriate. Use the *North Wales Adults Safeguarding Board Threshold Document* to determine when self neglect should be the subject of a safeguarding referral.

Safeguarding concerns identified during assessment

Make a safeguarding referral as normal if during an assessment it appears that the person is an adult at risk.

Screening

Safeguarding Support Officers in Adult Safeguarding Team screen referrals. Monitor the ast@wrexham.gov.uk email address, referrals to Adult Safeguarding Team in RAISE, mail into the team and responding to telephone calls or visits to the team on a daily basis.

From the public via a telephone call, open a safeguarding referral template and take details from the referrer using the template as a guide.

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

From a professional or relevant partner, if via a telephone call direct the reporter to the Adults at Risk Referral Form and safeguarding policy and ask for the template to be fully completed and submitted within the policy timescales.

If via a safeguarding referral template, check for completeness. If not complete, contact the referrer and ask for the template to be fully completed. Open a safeguarding enquiry on WCCIS, completing the enquiry screen and attach the safeguarding referral.

Referrer fails to respond to contacts to complete screening

If the referrer does not reply, make a case note of the attempted contact. Leave a message if possible, giving contact details and asking the referrer to urgently return the call. Call again, at different times of day, 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.

Initial evaluation

Safeguarding managers⁴ in Adult Safeguarding Team carry out initial evaluations.

Safeguarding managers are assistant team managers and team manager Adult Safeguarding Team or head of service. As required, the Adult Safeguarding Team manager or head of service may designate other managers as safeguarding managers.

Safeguarding managers monitor the Adult Safeguarding Team referral report for new referrals on a daily basis.

Is the s.126 duty to make enquiries engaged?

Safeguarding managers decide whether the referral engages the s.126 duty to make enquiries. The threshold for engaging the s.126 duty is low and not making s.126 enquiries should be the case only if it is clear that the definition of an adult at risk is not met.

If the safeguarding manager decides that s.126 is not engaged, the referrer must be informed.

The safeguarding manager decides what s.126 enquiries should be made and allocates the lead practitioner.

If the referrer does not agree with this decision, escalate the case. The referrer should also be informed that he or she may make a complaint.

Appointing the lead practitioner

The safeguarding manager decides what safeguarding enquiries should be made, allocates the lead practitioner and agrees a period for expected

⁴ Safeguarding managers act as lead coordinators for safeguarding

completion of the s.126 enquiries. Normally this will be 7 days after the receipt of the referral. This safeguarding manager will record in the Enquiry, Evaluation & Determination Form provided to the lead practitioner. 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 referral 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 s.126 enquiries are of such a nature that the other agency has more appropriate professional expertise or experience or is better placed to make the safeguarding enquiries
- A service provider when the s.126 enquiries are of a such nature that the provider has more appropriate knowledge of the adult at risk or is better placed to make the safeguarding enquiries
- A third sector organization or other independent body if appropriate

Strategy discussion or meeting⁵

A strategy discussion or meeting may held be to plan s.126 enquiries if required. The normal 7 day deadline for s.126 enquiries will still apply.

s.126 enquiries

s.126 enquiries are carried out by the lead practitioner.

The purpose of s.126 enquiries is to gather sufficient information about the safeguarding needs of the person to determine whether he or she is an adult at risk and if so, whether any action is required to make the person safe, what that action should be and who or which agency should carry it out.

In line with the person centred approach, s.126 enquiries normally include the person and the 'What Matters' approach is used.

s.126 enquiries should be completed within the time period agreed with the safeguarding manager, normally 7 days after the receipt of the referral being received by Adult Safeguarding Team. However, when necessary longer periods may be agreed. The priority will be the safety of the adult at risk. If the s.126 enquiries take longer than the agreed period, the lead practitioner shall report to the Safeguarding Support Officers in Adult Safeguarding Team.

Enquiries, Evaluation & Determination Form

Record s.126 enquiries on the Enquiries, Evaluation & Determination Form.⁶ This includes the views and wishes of the person. The safeguarding enquiries will take a strength based and person centred approach.

⁵ Guidance on strategy discussions or meetings is given later in the procedures.

⁶ See Appendix 2 – guide to factors to be considered in making safeguarding enquiries.

On completion of the Enquiries, Evaluation & Determination Form the lead practitioner will return it to the Adult Safeguarding Team on the [ast@wrexham.gov.uk email address](mailto:ast@wrexham.gov.uk).⁷

Monitoring s.126 enquiries

Safeguarding Support Officers monitor completion of s.126 enquiries by the following.

- Keeping a s.126 enquiries list
- Lead practitioners due dates for enquiries to be completed on an allocated enquiries list
- Monitor receipt of completed Enquiries and Determination Forms, contact the lead practitioner and record a timescale for expected completion if the Enquiries and Determination Form is not received on the due date
- Contact the lead practitioner to follow up overdue Enquiries and Determination Forms

If the Enquiries and Determination Form is not completed by the due date the Safeguarding Support Officer will record the reason in a case note with an updated completion date, update the s.126 enquiries list and escalate to the safeguarding manager.

Immediate protection

Lead practitioners should take immediate action if immediate protection is required. If this is not possible, the lead practitioner must escalate the case; this should also be done verbally to whichever level of manager is available to respond.

If unable to arrange immediate protection, the lead practitioner should report to the lead manager who will if necessary convene an urgent strategy meeting.

Other care and support needs

If during s.126 enquiries it becomes evident that there are needs other than safeguarding, the lead practitioner should consider if a separate referral under Part 3⁸ should be made if the needs are urgent. If the needs are not urgent, the lead practitioner should note this in the Enquiries, Evaluation & Determination Form for actions following safeguarding enquiries.

Deciding what action is needed to make the person safe

⁷ NB – it is not possible for the Adult Safeguarding Team to receive facsimile documents.

⁸ Part 3 Social Services and Well-Being (Wales) Act 2014

The safeguarding manager is responsible for determining whether action is required following s.126 enquiries and if so whether a strategy discussion or meeting is required to agree whether these actions will be carried out, what they will be and who or which agency will carry them out.⁹

Record the actions in the care and support plan (see below).

Strategy discussion or meeting

A strategy discussion or meeting is a practical method of engaging with other persons and agencies to determine what actions they are willing to carry out to make the adult at risk safe.

The strategy meeting should agree issues such as the following.

- The concern or allegations that are being addressed
- Actions to be taken by each agency, EG:
 - Further enquiries
 - Criminal investigation
 - Health investigation
 - Allegations or concerns about practitioners and those in a position of trust
 - Regulatory inspection
- The involvement support and communication need of the adult at risk
- The involvement support and communication need of the person or organization suspected to have caused abuse or neglect
- Risk management plans
- Agreed dates for reporting completion of actions and any next steps¹⁰

Normally, the strategy discussion or meeting will be held within 7 days of the completion of s.126 enquiries.

If necessary, hold an urgent strategy discussion or meeting to arrange immediate protection.

Normally the Adult Safeguarding Team would chair a strategy meeting, though another agency may chair where it has more appropriate professional expertise or experience.

Care and support plan

The care and support plan sets out the actions to address the person's safeguarding outcomes.¹¹ These may include actions such as the following.¹²

⁹ NB – although s.126 gives the local authority the duty to make enquiries to decide whether action is required to make the person safe, what that action should be and who should do it, there is no power for local authorities to require other persons or agencies to take such actions.

¹⁰ See para. 131 Handling Individual Cases to Protect Adults at Risk

¹¹ s.3(3) The Care and Support (Care Planning) (Wales) Regulations 2015 – *'Where enquiries have been made by the local authority in accordance with its duty under section 126(1) of the Act (adults at risk), the care and support plan for the individual who is the subject of those enquiries must contain a record of the conclusion of the enquiries.'*

¹² Para. 66 Handling Individual Cases to Protect Adults at Risk (see endnotes)

- Steps taken to ensure the person's safety
- Provision of services, treatment or therapy
- Provision of advocacy
- Modifications to the way services are provided
- Writing a risk management plan
- Support to the adult at risk through action to seek justice or redress

Where necessary, agree these actions with other persons or agencies through strategy discussion or meeting.

Adult protection conference

The purpose of the safeguarding case conference is to feedback to the person the outcome of the s.126 enquiries. Typically, the lead practitioner will do this through a telephone call, home visit or meeting depending on the number of agencies who will be involved, the complexity of the case and the circumstances of the adult at risk.

Reviews

The appropriate long-term team will review the care and support plan according to the review procedure. The frequency of review according to the level of risk.

Case closure

On conclusion of a case, the safeguarding manager will be responsible for case closure.

Adult Protection and Support Order¹³

Purpose of an Adult Protection and Support Order

To enable an authorized officer to do the following.

- To speak in private to a suspected adult at risk with any person accompanying the authorized officer
- To ascertain whether the person is making decisions freely
- To make safeguarding enquiries

When to apply for an Adult Protection and Support Order (APSO)

If it is necessary to speak to a suspected adult at risk in private to ascertain whether he or she is making decisions freely or to make safeguarding enquiries, but it is not possible by any other methods and exercising the power of entry conferred by the APSO will not put the person at greater risk of abuse or neglect.

¹³ Working Together to Safeguard People: Volume 4 – Adult Protection and Support Orders

Authorized officer

Only an authorized officer of the local authority may make an application for an Adult Protection and Support Order. When carrying out the rôle, the officer will act as an independent professional.

If an authorized officer is unavailable

Then an authorized officer from another local authority in the same safeguarding board area or failing that a Welsh local authority may make the application.

How to apply for an Adult Protection and Support Order

Normally an authorized officer will convene a strategy meeting to coordinate the application for an Adult Protection and Support Order. This will enable the authorized officer discuss with other agencies and professionals and determine the following.

- Are there good grounds to suspect that the person is an adult at risk?
- To consider and be clear that other means of speaking to the person in private are unavailable.
- To consider the risks of using an Adult Protection and Support Order and that there is effective mitigation in place where possible and that the use of an Adult Protection and Support Order is necessary and proportionate.
- Necessary professionals are available to make effective s.126 enquiries and carry out necessary risk and other assessments when the Adult Protection and Support Order is used.
- Necessary services are available to put in place after the Adult Protection and Support Order is used.

Other actions following on from safeguarding enquiries

A range of actions may follow an enquiry or be conducted parallel to it, e.g. as follows.

- Criminal investigations
- Complaint investigation
- Escalating concerns
- Serious and untoward incident investigations
- Allegations or concerns about practitioners and those in positions of trust

These should be coordinated with the s.126 enquiries and strategy meeting during the safeguarding process. However, these investigations, or other procedures, will be carried out by the agencies responsible under their own policies and procedures and will be outside of the safeguarding enquiries.

Refusal of a care and support plan – mental capacity and escalation

Recognition of the right of the person to refuse a care and support plan

The person may choose to accept potential risk and refuse a care and support plan. Record this on the Enquiries, Evaluation & Determination Form. Include the protection arrangements offered and the work undertaken to understand the reasons for not accepting support.

The person lacks mental capacity

If the person is suspected to lack mental capacity, follow the mental capacity procedure and if appropriate, a best interest decision may be taken.

Safety and wellbeing of other persons

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 protection plan for the individual, e.g. Escalating Concerns.

Coercion and control

When dealing with an adult at risk who is refusing a care and support protection plan, bear in mind that the person may be subject to coercion and control, especially in cases of domestic abuse or sexual violence.

Escalation

Escalate cases in which the person declines a care and support protection plan.

Alleged abuser lacking mental capacity

Where an alleged abuser lacks the mental capacity to make specific decisions an Independent Mental Capacity Advocate should be instructed to support and represent that person.¹⁴

Quality and audit

Responsibility for the quality of the s.126 enquiries and the adequate and timely completion of the Enquiries, Evaluation & Determination Form rests with the lead practitioner.

The safeguarding manager will be responsible for the quality assurance of the safeguarding case and case closure.

¹⁴ Responsible bodies have powers to instruct an IMCA under the Mental Capacity Act 2005 (Independent Mental Capacity Advocates) (Wales) Regulations 2007

The Team Manager Adults Safeguarding will carry out monthly file audits of a sample of cases to ensure quality. Feedback to safeguarding managers or lead practitioners on quality issues will be through managerial oversight, supervision or Adult Safeguarding workshops as appropriate.

Managerial escalation of issues

If staff cannot move the case forward escalate it without delay. The following examples indicate that a case should be escalated.

- The conclusion of the s.126 enquiries is that the person is not safe or cannot be made safe or that he or she refuses a care and support protection plan
- Incomplete or inadequate safeguarding reports from a relevant partner or commissioned service despite requests for improved information
- Refusal or failure of a relevant partner or commissioned service to make a safeguarding report or to carry out s.126 enquiries when requested
- Unavailability or lack of response from relevant partner or commissioned service when making s.126 enquiries or holding strategy meeting leading to breach of the 7 day deadline
- Second delay in reporting results from safeguarding enquiry
- Refusal of a relevant partner or commissioned service to contribute appropriately to safeguarding enquiries
- 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

Also if the following occurs

- 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

Managerial escalation will be as follows.

- Assistant Team Manager Safeguarding Adults
- Team Manager Safeguarding Adults
- Head of Service Safeguarding and Mental Health
- Chief Officer Social Care

If the support of a level of management is not able to resolve the issue, escalate to the next level.

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

Complaints

Manage complaints about the conduct of ASC staff or the implementation of the safeguarding process through the Wrexham Social Care complaints procedure.

Manage complaints about the actions of another agency through the complaints procedure of that agency.

Investigation of complaints about conduct or the implementation of the safeguarding process can take place during the safeguarding process. However, although the department prioritizes its duty to investigate complaints, it recognizes that inappropriate complaints occur and must not delay the safeguarding process. Because of this, the safeguarding process will not automatically stop or changes made to personnel carrying out duties.

Continuous improvement

Adult Social Care (ASC) improvement framework

In order to continuously improve safeguarding practice ASC has an improvement framework for adult safeguarding consisting of an Adult Safeguarding Action Plan and Adult Safeguarding Workshops. The Adult Safeguarding Workshop will raise and share issues relating to quality and practice and ensure effective implementation of any necessary improvements. This will include information from audits, adult practice reviews or other sources.

The Adult Safeguarding Action Plan is used to record and monitor improvements identified in the Adult Safeguarding Workshops.

The Adult Safeguarding Team manager is responsible for the delivery action plan and chairs the workshops assisted by the Safeguarding Practice Development Manager.

The Adults Safeguarding Procedures will be reviewed annually and as necessary following Adult Safeguarding Workshops.

These procedures revision will be based on coproduction through the Adult Safeguarding Coproduction Group consisting of representatives from the Third Sector, independent sector and service user representatives.

Flintshire and Wrexham Adult Safeguarding Delivery Group

In certain cases, the Safeguarding Board Business Unit may recommend a Multi-agency Professional Forum rather than an Adult Practice Review (see below).

The Wrexham ASC representative on the Local Practice Delivery Group is the Head of Service Safeguarding and Mental Health.

Adult Practice Review^{15,16}

Refer cases in which an adult at risk sustains a serious and permanent impairment of health, potentially life threatening injury or dies for an Adult Practice Review.

The safeguarding manager is responsible for this following strategy discussion or meeting and records this as an outcome of the safeguarding enquiries.

Escalate referral of Adult Practice Review to the Adult Safeguarding Team manager and Head of Service.

Make the referral to the Regional Safeguarding Board Manager using the *Referral to NWSAB Adult Practice Review Sub Group for consideration to undertake an APR* emailed to the *Safeguarding Board Business Unit*.

Use the regional designator issued by the Safeguarding Board Business Unit for all further correspondence on the case.

Regional Adult Practice Review Sub Group

The Regional Adult Practice Review Sub Group oversees and quality assures Adult Practice Reviews undertaken by the North Wales Safeguarding Adults Board.

The Wrexham Adult Social Care representative on the sub group is the Head of Service, Initial Response and Mental Health.

Allegations and concerns about practitioners and those in a position of trust

Where a s.130 report includes an allegation or concern about a practitioner or person in a position of trust regarding an adult at risk, the *Wrexham Allegations & Concerns about practitioners and those in a position of trust* will be followed in parallel with the Adult Safeguarding Procedures. How to do this is set out in the *Wrexham Professional concerns – allegations & concerns about practitioners and those in a position of trust* policy.

¹⁵ [North Wales Safeguarding Adults Board Adult Practice Review Protocol](#)

¹⁶ [Working Together to Safeguard People: Volume 3 – Adult Practice Reviews](#)

Appendix 1 — Background to the policy

Legislation and Welsh Government policy

- Wrexham Social Care 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
- Working Together to Safeguard People: Volume 6 – Handling Individual Cases to Protect Adults at Risk

Wales Safeguarding Procedures

The Wales Safeguarding Procedures are intended to guide safeguarding practice and to help practitioners apply the legislation and guidance.

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 Wrexham Social Care 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 s.126 enquiries 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 safeguarding enquiries

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

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 referral 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 Wrexham Social Care 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 “authorized 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 Safeguards⁶

Welsh Language Requirements

The safeguarding process must recognize 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, Wrexham Social Care 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 Wrexham Social Care 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 referral about the organization or another member of staff.

All staff and practitioners have a duty to be made aware that they can approach Wrexham Social Care 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 referral to Wrexham Social Care 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 safeguarding enquiries

Information to be gathered in making safeguarding enquiries

- Identity of the individual who identified the concern
- Identity of the individual who took the decision to initiate the enquiry
- The identity and relevant details of the person who is the subject of the safeguarding enquiries
- 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 safeguarding enquiries
- The chronology of the safeguarding enquiries
- A list of people who provided information during the safeguarding enquiries
- A list of people interviewed during the safeguarding enquiries
- A list of documentary evidence reviewed during the safeguarding enquiries
- A statement that those making the s.126 enquiries 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 safeguarding enquiries

- 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 enquiry.

- The enduring nature of the duty will assist in s.126 enquiries 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 s.126 enquiries and contribute to achieving the identified outcomes of the safeguarding enquiries
- 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 s.126 enquiries are proportionate and compatible with the European Convention on Human Rights and sections 2, 5, 6, and 7 of the Wrexham Social Care 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

Appendix 3 – 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) Wrexham Social Care and Well-being (Wales) Act 2014)