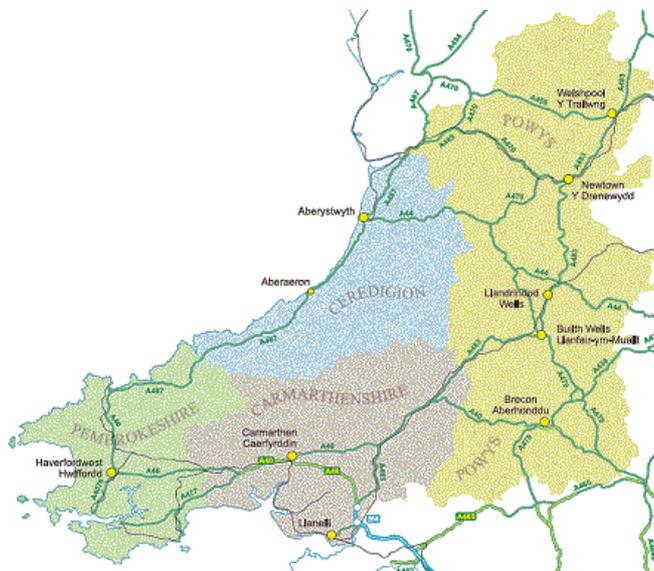


CWMPAS: MID & WEST WALES SAFEGUARDING ADULTS BOARD

Regional Adult Safeguarding Threshold Guidance Document



APPROVED July 2018

A MID & WEST WALES COLLABORATION

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Glossary of Terms

CWMPAS – Collaborative Working and Maintaining Partnership in Adult Safeguarding (Regional Safeguarding Adults Board)

CYSUR – Child and Youth Safeguarding, Unifying the Region (Regional Safeguarding Children Board)

DNACPR – Do Not Attempt Cardiopulmonary Resuscitation

VAWDASV – Violence against Women, Domestic Abuse and Sexual Violence

MARAC – Multi-Agency Risk Assessment Conference

MAPF – Multi-Agency Professional Forum

APR – Adult Practice Review

Version	Revision Date	Consultation Process	Owner	Date Approved by Exec Board	Review Date
V1	23/3/18	Adult Safeguarding Working Group	Policies & Procedures Sub Group	N/A	N/A
V1.10	1/5/2018	Regional Consultation via targeted focus groups and virtual consultation		July 2018	July 2020

Introduction

It is widely acknowledged that practitioners and service providers work tirelessly to support the most vulnerable people in our communities, sometimes in challenging situations. Unfortunately, during the course of this work there will be occasions that give rise to concerns about the safety of the adults they work with. It is crucial that all agencies know what to do when they identify or suspect that an adult is at risk of abuse or neglect and pro-actively contribute to preventing harm and abuse occurring or escalating. Deciding when a safeguarding concern should be referred to the Local Authority and understanding how concerns could or should be managed is not always clear.

In order to provide regional guidance and consistency, the following 'adult safeguarding threshold guidance document' has been developed by CWMPAS, the Mid & West Wales Safeguarding Adults Board in collaboration with partner agencies and in consultation with frontline staff.

The purpose of the threshold guidance document is to ensure our regional, collective response to keeping people safe is appropriate and proportionate to the abuse /neglect identified or the risk thereof. This means that formal safeguarding procedures will not always be the best or only way of addressing issues that arise.

The guidance document provides examples of the type of concerns which may or may not necessitate a safeguarding referral to the Local Authority as the concerns may not be abusive or neglectful in nature, those which need to be referred but are likely to be managed in a more appropriate way and those which will undoubtedly trigger formal safeguarding procedures. Some concerns relate to poor practice/quality of service delivery which must be appropriately managed. The additional Poor practice/service standards guidance (Page 32) relates to providers commissioned by Carmarthenshire, Pembrokeshire, Powys and Ceredigion County Councils.

What is a concern about the quality and standards of service delivery (poor practice) and what is abuse or neglect?

The difference between the quality of care or support (poor practice) and neglect is much contested. If a person is totally dependent on others' assistance to meet basic needs, continual 'poor practice' can lead to serious harm or death.

Poor practice is a concern which relates to the quality and standards of service delivery. Useful elements in deciding if poor practice has occurred, which does not require action under the Safeguarding policy & procedure to safeguard the adult, are to ascertain if the concern:

- is a 'one off' incident to one individual
- resulted in no harm
- indicated a need for a defined action

Incidents which indicate that poor practice is impacting on more than one adult, or that poor practice is recurring and is not a "one off", must result in Safeguarding Adults procedures being initiated as these incidents can be good indicators of more wide spread, institutional abuse.

Sometimes a 'one off' incident is an indication of a lowering of standards by health or care providers.

This proportionate approach to managing risk ensures the right action is taken by the right people at the right time. It also ensures that proper regard is given to the wishes and feelings of the individuals involved who should be empowered to make their own informed decisions.

Social Services and Well-Being Act Principles

The [Social Services and Well-being \(Wales\) Act 2014](#) provides a sound legislative basis, supported by principles that ensure the adult remains in control of their own decisions, or decisions that are least restrictive and in the best interests of that person when they are unable to make decisions for themselves.

The fundamental Principles of the Social Services and Well Being Act are:

- **Voice and control** – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being.
- *“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”*
- **Prevention and early intervention** – increasing preventative services within the community to minimise the escalation of critical need.
- *“I receive clear and simple information about what abuse is, how to recognise signs and what I can do to seek help.”*
- **Well-being** – supporting people to achieve their own well-being and measuring the success of care and support.
- *“I feel happy in the support I receive and empowered that I was part of the process.”*
- **Co-production** – encouraging individuals to become more involved in the design and delivery of services.
“I get help to take part in the decision making process to the extent to which I want and to which I am able.”

Local Authority Duty

When a safeguarding referral is made to the Local Authority it has a legal duty to make (or cause to be made) enquiries and adequately protect and investigate in cases where abuse or neglect has occurred or there is a risk thereof. The purpose of a safeguarding enquiry is for the Local Authority to clarify matters and decide what course of action (if any) is required in order to protect the adult in question from abuse and or neglect. If any action is necessary, then it is for the Local Authority to take the lead in coordinating what action is appropriate and by whom.

Issues of Human Trafficking, Domestic Abuse including Forced Marriage, Honor Based Crime, Female Genital Mutilation, Sexual Exploitation (including sexting and indecent images) and Hate/Mate crime will often be referred to the Police who will lead the investigations and manage the multi-agency response. However, if care and support needs are identified, the local authority should be contacted so that initial enquiries can be made regarding the well-being of the individual concerned.

Partner Agency Duty to Report

Whilst all agencies are expected to report concerns to the Local Authority if they have **reasonable cause to suspect** that an **adult is at risk of abuse or neglect**, as defined in the Social Services and Well Being Act, this document acts as a reminder to Partner Agencies that they have a legal duty to do so.

Responsibility and Accountability

Safeguarding in its wider context is everyone's responsibility and whilst we will work together to support adults, we will expect professionals to “own” their concerns and take responsibility for the work that needs to be done to keep individuals safe. This includes taking action before, during and after a safeguarding referral has been made.

Outcomes

Interventions to prevent and protect adults from abuse and or neglect must focus on the outcomes that people want and enable them to remain in control of their lives. Maintaining dignity, respect, choice and independence as autonomously as possible is a fundamental principle of any intervention including safeguarding.

Wishes and feelings

Adults have the right to make decisions about their lives even if we think those decisions are unwise. Central to this approach is engaging the adult in conversation about how best to respond to their situation ensuring they have a voice, choice and control as well as improving quality of life, well-being and safety. There should be an honest conversation with the adult explaining the concern. Removing a person's decision making powers in such circumstances would be further perpetrating abuse.

Consent

Wherever possible, you must gain consent of the individual and seek their views unless doing so is likely to increase the risk to them or put others at risk. Information should be presented to the individual in such a way that there is informed consent. If consent is not given to sharing information including raising a safeguarding concern then alternative action should be taken to reduce the risk to the adult. A lack of consent does not negate the need to take preventative action if and when appropriate.

Overriding Consent

When an adult with capacity to make an informed decision about their own safety does not want any action taken, this does not always override a professional's responsibility to raise a safeguarding concern with the Police or Local Authority. In circumstances where others are at risk, including children or a crime may have been committed, or the adult is being coerced, controlled and intimidated, a safeguarding concern should be raised.

Providing Information

The adult should receive clear information and feel informed about the support that is available, the reason for raising the concern and if action is taken against their wishes (i.e. without consent), the reason for this taking place. It does not preclude the sharing of information with relevant partners however it is good practice to inform the adult that this will happen unless doing so would increase the risk of harm. Consideration must be given to a person's specific communication needs when providing information and throughout any intervention.

Mental Capacity / Assessing Capacity

Where a safeguarding enquiry identifies capacity issues, an assessment of capacity must be undertaken by an appropriate and competent person. In the context of safeguarding, the capacity in question could relate to, for example, the adult's capacity to make specific decisions about their situation or to cooperate with the Local Authority in undertaking the safeguarding enquiry. A person must be assumed to have capacity unless it is shown that they lack capacity. The person must first be given all practical and appropriate support to help them make the decision for themselves. The appointment of an advocate should only apply if all practical and appropriate support to help the person make the decision has failed. It is noted that capacity is always fluid and decision specific.

Best Interests

Everything that is done for or on behalf of a person who lacks capacity will be in that person's best interests. A person can put his/her wishes and feelings into a written statement if they so wish, which the person making the determination must consider. Also, carers and family members will be consulted. Due regard should always be given to the 5 Key principles of the Mental Capacity Act.

Mental Capacity Act 2005 – 5 key principles

1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.
2. A person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.
3. People have the right to make decisions that others might regard as unwise or eccentric. You cannot treat someone as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.
4. Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.
5. Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.

Advocacy in Safeguarding

People should be active partners in any safeguarding enquiry. No matter how complex a person's needs, local authorities are required to involve people, to help them express their wishes and feelings, to support them to weigh up options, and to make their own decisions. Professionals and individuals must ensure that judgements about the needs for advocacy are integral to the safeguarding process.

The Local Authority must initially consider the best way of involving the person in the safeguarding enquiry, which is appropriate and proportionate to the person's needs and circumstances. If it appears to the local authority that the person may have care and support needs and considers that the person has substantial difficulty in engaging with the safeguarding process, then they must

consider whether there is anyone appropriate who can support the person to be fully involved.

This might, for example, be a Carer (who is not professionally engaged or remunerated), a family member or friend. If there is no-one appropriate, then the Local Authority must arrange for an independent advocate who must support and represent the person in the safeguarding enquiry.

Effective safeguarding seeks to promote an Adult's rights as well as protecting their physical safety and taking action to prevent the occurrence or reoccurrence of abuse or neglect. It enables the adult to understand both the risk of abuse and actions that she or he can take, or ask others to take, to mitigate that risk.

If a safeguarding enquiry needs to start urgently then it can begin before an advocate is appointed but one must be appointed as soon as possible. All agencies should be aware of how the services of an advocacy can be accessed and what their role is.

Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty means taking someone's freedom away. Someone is considered to be deprived of their liberty if they are both under continuous supervision and control, and not free to leave. The Mental Capacity Act 2005 allows restraints and restrictions to be used but only if they are in a person's best interests. Extra safeguards are needed if the restriction and restraint used will deprive someone of their liberty. These are called Deprivation of Liberty Safeguards (DoLS).

Deprivation of Liberty Safeguards can only be used if a person is being deprived of their liberty in a care or hospital setting. In other settings, the Court of Protection can authorise a deprivation of liberty. In order to deprive someone of their liberty a clear process must be followed and a series of assessments must be undertaken to authorise the deprivation of liberty. If it is evident that a person is being deprived of their liberty without the proper authorisation or safeguards then a safeguarding referral to the Local Authority should be made.

Professional Judgement

The Adult Safeguarding Threshold Guidance document is a guide providing limited illustration of the abuse or neglect that can occur and the possible range of severity. It does not account for all potential scenarios and should be used in conjunction with professional judgement to support defensible decision making. There may be circumstances where a situation appears to be low risk but you are aware of similar incidents that have happened in the past. This will influence your decision to refer to the Local Authority and such detail should be explicit on the Adult Safeguarding Referral Form. A referrer will need to consider the views of the adult at risk, where appropriate, and seek consent for sharing information on a multi-agency basis.

If in any doubt, it is recommended that advice is sought from the Local Authority. Health Board staff should seek advice from their own specialist safeguarding team. For Out of Hours queries – see [‘reporting concerns about an adult’](#) on our website for details.

Decision Making / Recording Actions

If a decision is made NOT to refer to the Local Authority, the individual agency must make a record of the concern and any action taken. Concerns should be recorded in such a way that repeated, low level harm incidents are easily identified and subsequently referred. Not referring to the Local Authority does not negate an agency's responsibility to take relevant action where they can and should do so or to report internally and also to regulators and commissioners.

Before Making a Referral

Before a referral is made, the referrer should have considered all three elements described in the definition of an adult at risk and clearly communicate **why they have reasonable cause to suspect the adult is at risk of abuse and or neglect**. They must also provide detail of the action they have already taken to manage the situation/any associated risk and whether or not the adult has consented to the referral. If consent has been overridden, the reason for doing this must be explicit on the referral form.

In responding to safeguarding concerns the Local Authority may provide advice and guidance to professionals to manage the safeguarding incident, to the person suffering or at risk of abuse, to Carers or other relevant parties, rather than invoke adult protection proceedings. It is important to understand therefore that a safeguarding enquiry may not necessarily result in what is typically considered to be a “safeguarding response”, such as an investigation by Police, Regulatory Body or Local Authority, but it could result in other action to protect the adult concerned. If control measures have been put in place which effectively keep the person safe, then the level of risk reduces. Such actions may be sufficient therefore to allow for ongoing management of the situation at agency level.

If the circumstances requires more general information, advice and assistance, social work support or an assessment of Care & Support needs this must be requested via the local assessment and care management routes below. Do not refer such requests to safeguarding unless you have reasonable cause to suspect the person is an adult at risk of abuse or neglect as described above.

Making a Safeguarding Referral

All safeguarding referrals must be submitted on the regional **Adult Safeguarding Referral Form (MARF) – Appendix 1** and forwarded to the Local Authority area in which the abuse or risk thereof occurred. Contact details are available on the [CWMPAS website](#).

Definition of an Adult at Risk

The Social Services and Well Being (Wales) Act 2014 defines an “adult at risk of abuse and or neglect” as an adult who:

- Is experiencing or is at risk of abuse or neglect.
- Has needs for Care & Support (whether or not the Local Authority is meeting any of those needs). *NB: Care & Support is not clearly defined in the Act, and;*
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk thereof.

The inclusion of ‘at risk’ within the new Welsh Government definition enables **early intervention** to protect an adult at risk and prevent escalation. The decision to act does not require actual abuse or neglect to have taken place. The aim is to protect people who need it and to help them prevent abuse or neglect happening.

The Social Services and Well-being (Wales) Act 2014 removed “significant harm” as a threshold for safeguarding action. This emphasises the need to move away from formal process driven procedures to a more strengths based, outcomes focused approach in which the individual and all professionals have a role to play. However, in order to effectively manage the volume of safeguarding concerns received by Local Authorities there is a need to differentiate between lower level concerns and those that are more serious in nature. This regional document therefore includes “significant risk of harm” as a measured threshold for invoking formal safeguarding procedures. However, there are other mechanisms to access support outside of the formal safeguarding process.

Definition of Care & Support

Care & Support is defined in the Social Services and Well-being (Wales) Act 2014 as:

- Care
- Support;
- Both Care & Support

Care & Support needs may be obvious, but often they may not. However, establishing any Care & Support needs may become evident during a conversation with the adult.

Definition of Abuse or Neglect

Abuse means physical, sexual, psychological, emotional or financial abuse. Neglect means a failure to meet a person's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person's well-being.

Physical Abuse – includes but is not limited to: hitting, slapping, over or misuse of medication, undue restraint or inappropriate sanctions

Neglect – includes but is not limited to: a failure to access medical care or services, negligence in the face of risk-taking, failure to give prescribed medication, failure to assist in personal hygiene or the provision of food, shelter, clothing; emotional neglect.

Financial Abuse – includes having money or other property stolen, being defrauded, being put under pressure in relation to money or other property or having money or other property misused. Examples of such can include: unexpected change to their will; sudden sale or transfer of the home; unusual activity in a bank account; sudden inclusion of additional names on a bank account; signature does not resemble the person's normal signature; reluctance or anxiety by the person when discussing their financial affairs; giving a substantial gift to a carer or third party; a sudden interest by a relative or other third party in the welfare of the person; bills remaining unpaid; complaints that personal property is missing; a decline in personal appearance that may indicate that diet and personal requirements are being ignored; deliberate isolation from friends and family giving another person total control of their decision making.

Psychological Abuse – includes but is not limited to: threats of harm or abandonment, coercive control, humiliation, verbal or racial abuse, isolation or withdrawal from services or supportive networks; coercive control is an act or pattern of acts of assault, threats, humiliation, intimidation or other abuse that is used to harm, punish or frighten the victim.

Sexual Abuse – includes but is not limited to: rape and sexual assaults or sexual acts to which the adult at risk has not or could not consent and/or was pressurised into consenting.

The Safeguarding Enquiry Process

If the concern relates to imminent danger or you suspect that a serious offence has occurred
Contact 999 immediately

PROFESSIONAL JUDGEMENT

Reasonable cause to suspect Adult **IS** at Risk of abuse or neglect

Adult **NOT** at Risk of abuse or neglect, but still has needs for Care & Support

REFERRAL

Refers concern to the Local Authority via MARF

REFERRAL
direct to Social Care or Specialist Third Sector Organisation to address Care & Support needs

SCREENING

Initial screening of concern within 1 working day to check general accuracy of referral (and action if necessary)

INITIAL EVALUATION

Within 7 working days of referral Local Authority will collect, collate and review additional information

DETERMINATION

On day 7 or before, using a Regional Risk Assessment Tool, Local Authority will make a decision on whether the adult has:

- Care & Support needs;
- is at risk of abuse/neglect; and
- what (if any) action needs to be taken and by whom.

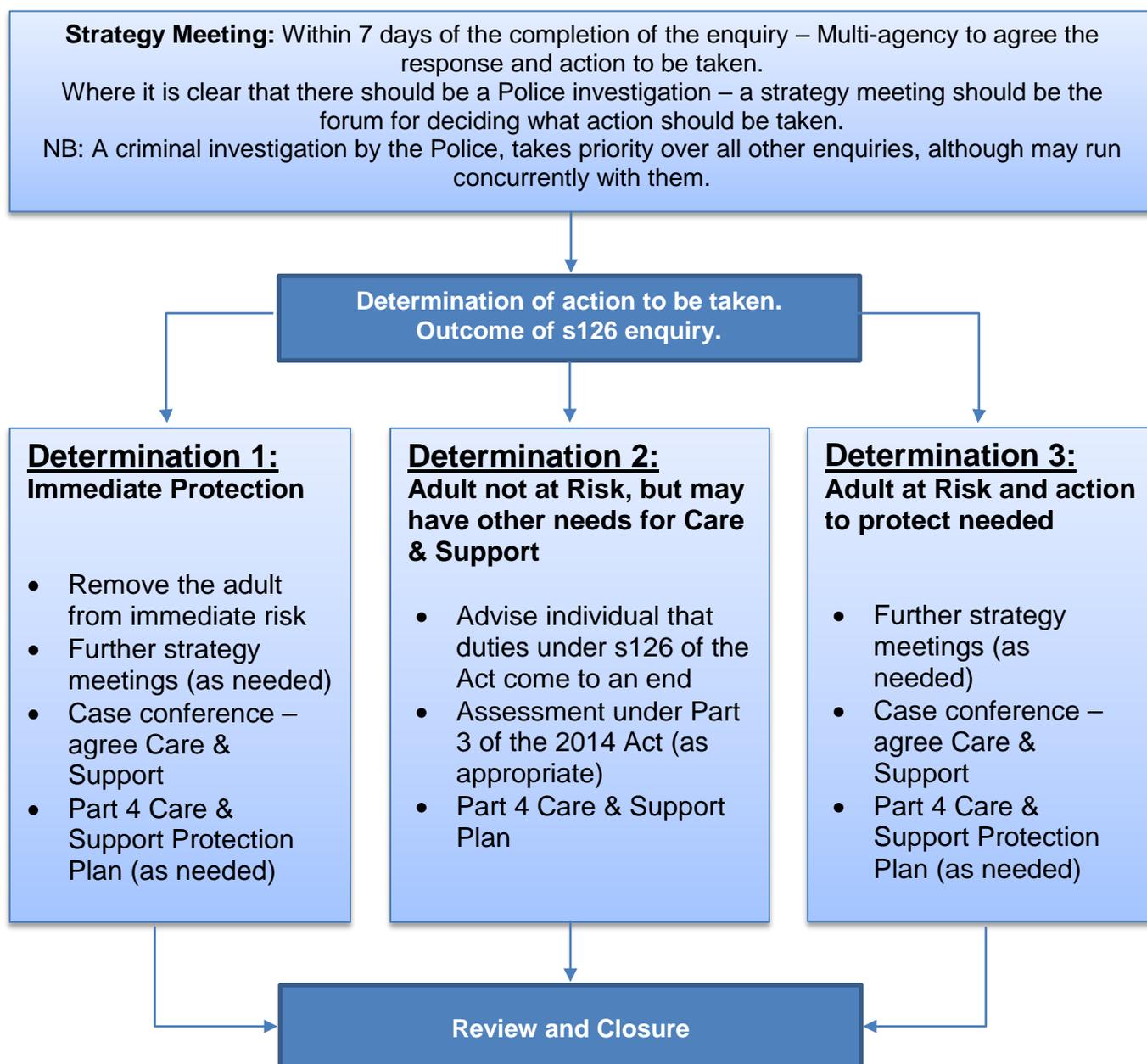
Consider the wishes, feelings, involvement of the service user / advocate throughout this process whenever possible

Determination

PREVENTION via Alternative Action		PROTECTION via Safeguarding Referral Process	
Information Advice and Assistance	Management at Agency / Local Level	Formal Safeguarding Procedures	Critical Interventions and Immediate Action

Whilst it is likely that some concerns may not progress beyond the initial enquiry stage of the safeguarding process, the referral will still be recorded, assessed and reviewed by the Local Authority who will consider whether appropriate action has been taken/is being taken or will be taken to manage the risks that have been identified. This may include checking if the referrer has provided information or advice, referred to another agency or professional; or arranged for an assessment of Care & Support needs.

In regard to the **PROTECTION** thread where a safeguarding referral (MARF) has been made. [Working Together to Safeguard People: Volume 6 – Handling Individual Cases to Protect Adults at Risk](#) gives more guidance on the 'determination' process made by LA safeguarding teams. The below table is taken from Page 33 of the guidance.



Poor Practice / Service Standard Concerns

Concerns relating to poor practice/service standards should be referred to Local Authority using the regional **Poor Practice / Service Standards Referral Form (PPSSRF) – Appendix 2**. Copies of the Regulation 26/38 reports must also be submitted to relevant Commissioners. This information will be regularly analysed to identify recurring patterns and trends which might necessitate action under provider concerns or safeguarding procedures. Poor practice concerns relating to Health Board staff will be dealt with internally via the Health Board.

Professional Concerns

In the context of this document, a 'professional' is any person who supports a vulnerable person either for payment or as a volunteer (either officially or under a casual arrangement).

Professionals are expected to uphold the values of their profession and to act in accordance with their code of professional practice. Failure to act accordingly inside or outside of work can result in a professional concern being raised with the Local Authority.

The Professional Concern Process is for the management of cases where information comes to light that an employee, Carer or volunteer may have acted in a way that suggests a potential risk of harm to Vulnerable Adults. It provides a process for the lawful and proportionate sharing of information, assessment and management of risk.

Anyone can refer a concern to Social Services, where a decision if the case should be looked at under the Professional Concerns will be made.

Examples of the types of cases that should be managed under this protocol include:

- Harmful conduct that has occurred in a volunteer or employee's private life (for example being a perpetrator of domestic abuse)
- The individual of concern is the subject of a Police investigation and the investigation has identified a risk to adults, children or vulnerable groups
- Concerns identified that suggest the individual may be unsuitable to work with Adults at Risk although no individual is identified in the initial concern.
- Concerns raised relating to allegations and or behaviour that poses a risk to others

Professional Concern referrals will be managed under safeguarding procedures and should be submitted to the Local Authority as per a safeguarding referral. If the concern relates to a partner agency employee (e.g. Health/Police staff), the meeting may be convened and chaired by a senior member of staff in the relevant partner agency.

Institutional / Organisational Abuse

Organisational or institutional abuse is the mistreatment of people brought about by poor or inadequate care or support, or systematic poor practice that affects the whole care setting. It occurs when the individual's wishes and needs are sacrificed for the smooth running of a group, service or organisation.

In formal settings organisational or institutional abuse is more likely to occur where staff are:

- inadequately trained
- poorly supervised
- not supported by management

- have poor communication skills
- part of a 'closed' culture, for example a care setting where new ideas, visitors, care management or other professional involvement is discouraged

Organisational or institutional abuse can involve more than one abuser, and there might also be a number of people experiencing the same abuse. Every organisation that works with adults should have clear whistleblowing/raising concerns procedures and all staff should understand the procedure for making a report about the organisation or another member of staff.

All staff/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 practitioner or proprietor will not take the matter seriously and/or act appropriately to protect the adult; or
- they fear intimidation and/or have immediate concerns for the service users' or their own safety

Concerns of significant, escalating or recurring Institutional / Organisational Abuse should be treated as a safeguarding issue and refer to the Local Authority using the regional Adult Safeguarding Referral Form (MARF).

If the concerns impact on three or more service users, then only one single referral is necessary.

Violence against Women, Gender Based Violence, Domestic Abuse and Sexual Violence (VAWDASV)

Violence and abuse in any form is unacceptable. The Violence against Women Domestic Abuse and Sexual Violence (Wales) Act 2015 outlines a legislative framework and long term strategy and vision in Wales to tackle such issues. This will help ensure anyone who experiences abuse as outlined in legislation is provided with an effective and timely response by relevant authorities.

A key component of the VAWDASV Legislation and framework is “Ask and Act”. This is a process of targeted enquiry to be practiced across the Public Service to identify violence against women, domestic abuse and sexual violence. The term targeted enquiry describes the recognition of indicators of violence against women, domestic abuse and sexual violence as a prompt for a professional to ask their client whether they have been affected by any of these issues.

The VAWDASV Act and accompanying “Ask and Act” framework is one of the most significant practice changes in Wales in recent years. The legislation is accompanied by the requirement to develop a regional strategy and 5 year delivery plan, which is presently under development in Mid and West Wales and will be published in July 2018.

Domestic Abuse and the Adult Safeguarding Process

Domestic Violence and Abuse is officially classed as “any incident of threatening behaviour, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality”.

In considering what support should be offered to those who may be experiencing such abuse, where domestic abuse is the only presenting factor, and no other additional vulnerabilities (for example mental health issues or physical disabilities) are identified, there is no need to make a safeguarding referral to the Local Authority.

If however it becomes apparent that the individual has or may have care and support needs and is experiencing domestic abuse then a safeguarding referral should be made.

It is important that throughout your conversation with the person, you identify with them which are the best services to assist them with the domestic abuse, their additional vulnerabilities and what they would like to do in order to seek a solution or help with their decision making.

For specialist advice/help:

- **Live Fear Free Helpline:** 0808 8010 800
- **Text Service:** 078600 77333
- **Email:** info@livefearfreehelpline.wales

Adult Practice Reviews

In accordance with [The Safeguarding Boards \(Functions and Procedures\) \(Wales\) Regulations 2015](#), Regional Safeguarding Boards have a statutory responsibility to undertake multi-agency Adult practice reviews in circumstances of a significant incident where abuse or neglect of an adult at risk is known or suspected.

Practice reviews are not inquiries into how an adult died or was seriously harmed, or into who is culpable. These are matters for coroners and criminal courts, respectively to determine as appropriate.

Adult Practice Reviews are a way for all partner agencies to identify the lessons that can be learned from particularly complex or difficult Safeguarding Adults cases and to implement changes to improve services in the light of these lessons. All agencies, including commissioned providers, are required to cooperate and participate in the APR process.

'[Working Together to Safeguard People – Volume 3 – Adult Practice Reviews](#)' states that a Board must undertake an Adult Practice Review where an adult at risk has:

- died; or
- sustained potentially life threatening injury; or
- sustained serious and permanent impairment of health; and
- either abuse or neglect are known or suspected to be a contributory factor.

Requests for an Adult Practice Review

When an adult dies or is seriously harmed, and abuse or neglect is known or suspected to be a factor, the first priority for local organisations should be to immediately consider whether there are other adults suffering or likely to suffer harm and therefore require safeguarding (family members, or other adults in the setting). Where such concerns exist local adult protection and safeguarding procedures should be followed.

Any member of the Regional Safeguarding Board, any agency or individual practitioner supported by their line manager can raise a concern about a case which is believed to meet the above criteria. Advice may (though not essentially) be sought from the agency Board member prior to the referral.

The Regional Safeguarding Board Manager will be able to advise multi-agency professionals regarding the APR process and where there are any doubts regarding cases meeting the criteria.

All referrals should be made in writing using the relevant Board referral form. It is the responsibility for the referrer to collate all relevant information needed for the initial referral.

Advice, guidance and support can be provided to the referring agency (where this is not the Local Authority) by the designated Local Authority Safeguarding Lead and Regional Safeguarding Board Business Unit.

For more details on the regional process, see the [CWMPAS Adult Practice Review Protocol](#).

Multi-Agency Professional Forums

In addition to cases that meet the criteria for an Adult Practice Review, the Mid & West Wales Safeguarding Board promotes and facilitates a regular and continuous program of Multi-Agency Professional Forums (MAPFs). These are facilitated events that promote reflective learning and examine case practice. These can be undertaken on cases that have been referred for an Adult Practice Review, but have not met the criteria, or in situations where the potential to learn lessons

has been identified. Such cases are closely linked to the outcome of audits and inspections. Local Operational Groups play an important role in identifying cases that are suitable for MAPFs. A Regional MAPF Forum oversees and considers MAPF cases within a regional context. The outcome of these, as well as disseminated learning, is monitored and overseen by the CWMPAS Executive Board via the Quality Assurance Framework. Identified learning outcomes from local MAPFs is also reported to and considered by the Regional Training Sub Group who will recommend how the learning outcomes should be disseminated regionally on a multi-agency basis.

Interface with Safeguarding Children

If you are working with an adult and have concerns there is an unborn child or children/young people living with or in contact with that adult you must consider the safety and well-being of those children to. Please see regional '[Right Help at the Right Time](#)' Eligibility for Support and Threshold Document.

Underpinning this document are a number of regional policies, procedures and protocols – these can be found on the Board website, along with All Wales guidance documents.

See below links:

- **Mid & West Wales Regional Policies, Procedures and Protocols**
- **All Wales National Statutory Guidance, Policies, Procedures and Protocols**

Please note the following **Threshold Guidance** covers a broad spectrum of concerns that may occur within the context of safeguarding adults. This ranges from low level concerns that require preventive action to situations where harm is significant and immediate that requires a formal investigation.

The examples identified are not exhaustive and do not cover every safeguarding situation and should not deter professionals and workers from exercising professional judgment on a case by case basis. Where possible, a person's views and wishes must always be taken into consideration before any action is taken. If a worker or professional is unsure or unclear about which pathway is the most appropriate they should seek advice from their line manager or designated safeguarding advisor in the first instance. Additional advice and guidance can be sought from the relevant duty desk in each of the four Local Authorities.

PHYSICAL ABUSE

PREVENTION via alternative action		PROTECTION via the Safeguarding Process		
Requires appropriate management at local / agency level and record action taken. <i>e.g. Poor Practice/Service Standard Referral or resolution via Care Management / Complaints / Disciplinary</i>		Safeguarding Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Likelihood of Significant Harm or risk thereof Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding referral		Consideration may be given to an Adult Practice Review or MAPF		
<p>Staff error causing little or no harm, e.g. friction mark on skin due to ill-fitting hoist sling</p> <p>Isolated incident / Dispute between service users with no harm, quickly resolved and risk assessment in place</p> <p>Adult does not receive prescribed medication, missed or wrong dose. No harm occurs</p> <p>Appropriate moving and handling procedures not followed on one occasion not resulting in harm</p> <p>Adult does not receive recommended mobility assistance on one occasion not resulting in harm</p> <p>Isolated incident of carer falling asleep on duty. No harm caused – remains a disciplinary / management issue</p> <p>Bruising caused by family carer due to poor lifting and handling technique. No harm intended. Immediately resolved when given correct advice/equipment</p> <p>Minor events that still meet criteria for incident notification</p>	<p>Inexplicable light/ minor marking found where there is no clear explanation as to how the injury occurred</p> <p>Recurring missed medication or administration errors in relation to one service user that caused no harm</p> <p>Isolated incident involving service user on service user harm occurs</p>	<p>Inexplicable injuries / marking or lesions, cuts or grip marks on more than one occasion</p> <p>Recurrent missed medication or administration errors that affect more than one adult and/or result in harm</p> <p>Predictable and preventable incident between two vulnerable adults where injuries have been sustained or emotional distress caused – the staff fails to prevent.</p> <p>Adult is injured through common flouting of procedures. Harm occurs</p> <p>Accumulation or escalation of minor event that meet criteria for Reg 26/38 reporting</p>	<p>Withholding of food, drinks or aids to independence</p> <p>Covert administration without proper medical authorisation or outside the Mental Capacity Act</p> <p>Serious inexplicable injuries</p> <p>Deliberate maladministration of medicines, e.g. sedation</p> <p>Inappropriate physical restraint/ over medication undertaken to manage behavior outside of a specific care plan, or not proportionate to the risk</p>	<p>Pattern of recurring administration errors or deliberate maladministration that results in ill-health or death.</p> <p>Grievous bodily harm/assault with or without a weapon, leading to irreversible damage or death, including Female Genital Mutilation</p> <p>Physical assaults-injury/death</p> <p>Any potential physical criminal act against an adult at risk</p>

NEGLECT - *NOT* including self-neglect

PREVENTION via alternative action		PROTECTION via the Safeguarding Process		
Requires appropriate management at local / agency level and record action taken. <i>e.g. Poor Practice/Service Standard Referral or resolution via Care Management / Complaints / Disciplinary</i>		Safeguarding Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Likelihood of Significant Harm or risk thereof Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding referral		Consideration may be given to an Adult Practice Review or MAPF		
<p>Isolated missed home care visit where no harm occurs</p> <p>Adult is not assisted with a meal/drink on one occasion and no harm occurs</p> <p>Poor transfers between services and no harm occurs, e.g. hospital discharge without adequate planning</p> <p>Adult is not bathed as often as they would like. No harm caused</p> <p>DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) form not valid due to error / missing signatures and/or GMC number, or; DNACPR decision not communicated effectively, or;</p> <p>DNACPR form and carbon copies not filed and/or distributed correctly <u>and</u>; NO harm caused.</p>	<p>Inadequacies in care provision that lead to discomfort or inconvenience and no significant harm occurs, e.g. being left wet occasionally</p> <p>Occasionally not having access to aids to independence. (If regular, consider restraint)</p> <p>Adult at risk living with family Carer who is failing with caring duties</p> <p>Temporary environment restrictions, but action to resolve is in place</p> <p>Occasional inadequacies in care from informal carers. No harm.</p> <p>Care plan does not address risk of harm and no harm occurs e.g. Management of behaviour to protect self or other.</p>	<p>Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs</p> <p>Poor transfers between services and harm occurs, e.g. hospital discharge without adequate planning</p> <p>Vulnerable adult who is susceptible to pressure ulcers is not formally assessed and harm occurs.</p> <p>Care plan does not address risk of harm and harm occurs.</p> <p>Management of behaviour to protect self or other</p>	<p>Ongoing lack of care to the extent that health and well-being deteriorate significantly e.g. Pressure wounds, dehydration, malnutrition, loss of independence/ confidence</p> <p>Mismanagement of wounds or pressure damage by professionals / paid carers</p> <p>DNACPR form not valid due to error / missing signatures and/or General Medical Council (GMC) number, or;</p> <p>DNACPR decision not communicated effectively, or;</p> <p>DNACPR form and carbon copies not filed and/or distributed correctly <u>and</u> harm caused.</p>	<p>Serious injury or death as a result of consequences of avoidable pressure ulcer development, e.g. septicemia</p> <p>Failure to arrange access to life saving services or medical care</p> <p>Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk</p> <p>Gross neglect resulting in serious injury or death</p>

SEXUAL ABUSE - including sexual exploitation

PREVENTION via alternative action		PROTECTION via the Safeguarding Process		
Requires appropriate management at local / agency level and record action taken. <i>e.g. Poor Practice/Service Standard Referral or resolution via Care Management / Complaints / Disciplinary</i>		Safeguarding Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Likelihood of Significant Harm or risk thereof Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding referral		Consideration may be given to an Adult Practice Review or MAPF		
<p>Isolated incident when an inappropriate sexualised remark is made to an adult with capacity and no distress is caused</p> <p>Isolated incident of low level, unwanted sexualised attention/touching directed at one adult by another, whether or not capacity exists. No harm or distress is caused</p>	<p>Minimal verbal sexualised teasing or harassment</p> <p>Two people whom there is cause to suspect may lack capacity are engaged in a sexual activity or relationship (of which the legislation states you cannot make a best interests assessment). No distress to either</p>	<p>Sexualised attention between two service users where one lacks capacity to consent.</p> <p>Two people whom there is cause to suspect may lack capacity are engaged in a sexual activity or relationship (of which the legislation states you cannot make a best interests assessment) and harm or distress occurs to either party.</p> <p>Sexualised touch or masturbation without valid consent. Being subject to indecent exposure</p> <p>Contact or non-contact sexualised behavior which causes distress to the person at risk</p>	<p>Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent.</p> <p>Being made to look at pornographic material against will / where valid consent cannot be given.</p>	<p>Penetration by any means (whether or not it occurs within a relationship) without valid consent.</p> <p>Sex in a relationship characterised by power imbalance, coercion or exploitation, e.g. staff and service user or service user and service user</p> <p>Sex without valid consent (rape).</p> <p>Voyeurism without consent</p>

PSYCHOLOGICAL / EMOTIONAL ABUSE

PREVENTION via alternative action		PROTECTION via the Safeguarding Process		
Requires appropriate management at local / agency level and record action taken. <i>e.g. Poor Practice/Service Standard Referral or resolution via Care Management / Complaints / Disciplinary</i>		Safeguarding Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Likelihood of Significant Harm or risk thereof Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding referral		Consideration may be given to an Adult Practice Review or MAPF		
<p>Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined – <u>NO</u> distress caused</p> <p>Isolated taunt or verbal outburst – <u>NO</u> distress caused.</p> <p>Isolated threat of abandonment eg: threat to withdraw visits/social contact and support – <u>NO</u> distress caused</p>	<p>Occasionally repeated incident of denying or failing to recognise an adult's choice or opinion.</p> <p>Occasionally repeated treatment that undermines dignity and esteem</p> <p>Occasionally repeated threats of abandonment eg: threats to withdraw visits/social contact and support</p> <p>Occasionally repeated taunts or verbal outbursts</p>	<p>Ongoing incidence of denying or failing to recognise an adult's choice or opinion causing harm</p> <p>The withholding of information to dis-empower the adult at risk</p> <p>Ongoing threats of abandonment causing harm or distress</p> <p>Frequent humiliation of adult at risk</p>	<p>Persistent taunts or verbal outbursts which cause ongoing distress.</p> <p>The persistent withholding of information to dis-empower and harm or distress is caused.</p> <p>Persistent treatment that undermines dignity and damages esteem.</p> <p>Persistently denying or failing to recognise an adult's choice or opinion</p>	<p>Persistently intimidated and bullied causing distress and attempts to resolve this have failed.</p> <p>Emotional blackmail e.g. persistent threats of abandonment / harm causing distress.</p> <p>Denial of basic human rights / civil liberties, overriding advanced directive, forced marriage, modern slavery.</p> <p>Prolonged intimidation / victimisation.</p> <p>Producing and distributing inappropriate photos via any social media means</p> <p>Vicious/personalised verbal attacks</p>

DISCRIMINATORY ABUSE - including Hate/Mate Crime

PREVENTION via alternative action		PROTECTION via the Safeguarding Process		
Requires appropriate management at local / agency level and record action taken. <i>e.g. Poor Practice/Service Standard Referral or resolution via Care Management / Complaints / Disciplinary</i>		Safeguarding Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Likelihood of Significant Harm or risk thereof Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding referral		Consideration may be given to an Adult Practice Review or MAPF		
Isolated incident when an inappropriate prejudicial remark is made to an adult and no distress is caused	<p>Isolated incident of teasing motivated by prejudicial attitudes- service user to service user</p> <p>Recurring taunts</p> <p>Care plan fails to address an adult's diversity and associated needs for a short period</p>	<p>Inequitable access to service provision as a result of a diversity issue</p> <p>Recurring failure to meet specific care/support needs associated with diversity</p> <p>Persistent and frequent targeting by others in the community who take advantage of adult at risk</p> <p>Teasing by person in a position of trust</p>	<p>Being refused access to essential services</p> <p>Denial of civil liberties e.g. voting, making a complaint</p> <p>Humiliation or threats on a regular basis</p> <p>Denial of individuals appropriate diet, access to take part in activities related to their faith or beliefs, or not using the persons chosen name</p> <p>Making an adult at risk partake in activities inappropriate to their faith or beliefs</p>	<p>Hate crime resulting in injury/emergency medical treatment/fear for life</p> <p>Hate crime resulting in serious injury or attempted murder, and Honour Based Violence</p> <p>Exploitation of an adult at risk for recruitment or radicalization into terrorist related activity</p> <p>Female Genital Mutilation</p>

FINANCIAL ABUSE

PREVENTION via alternative action		PROTECTION via the Safeguarding Process		
Requires appropriate management at local / agency level and record action taken. <i>e.g. Poor Practice/Service Standard Referral or resolution via Care Management / Complaints / Disciplinary</i>		Safeguarding Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Likelihood of Significant Harm or risk thereof Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding referral		Consideration may be given to an Adult Practice Review or MAPF		
<p>Money is not managed safely or recorded properly – isolated incident and no harm caused</p> <p>Isolated incident of staff personally benefitting from the support they offer service users in a way that does not involve the actual abuse of money e.g accrues reward points on their own store loyalty card.</p> <p>Isolated incident of a person who holds Lasting Power of Attorney for Property and Finances, has used the donor's finances inappropriately involving a small amount of money, where no harm has been caused. Advice and guidance in relation to the Code of Practice for Attorneys under the Mental Capacity Act 2005 (Chapter 7, specifically 7.50-7.74), should be re-enforced.</p>	<p>Money is not managed safely or recorded properly on more than one occasion</p> <p>Adult not routinely involved in decisions about how their money is spent or kept. Capacity in this respect is not properly considered and no evidence of undue pressure or coercion.</p> <p>Failure by relative to pay care fees/charges where no harm occurs</p> <p>Misuse of Adult at Risk's money by a 3rd party</p>	<p>Adult's monies kept in a joint bank account, unclear arrangements for equitable sharing of capital and interest</p> <p>Adult denied access to his/her own funds or possessions</p> <p>Concerns exist that a person who holds Lasting Power of Attorney for a person's property and finances, may be consistently misusing the person's finances and are not acting in their best interests and/or may be benefitting financially from their position as attorney and seem not to be acting in accordance with the Mental Capacity Act's Code of Practice for Attorneys.</p>	<p>Misuse / misappropriation of property, possessions or benefits by a person in a position of trust or control</p> <p>Personal finances removed from adult's control without legal authority or consent</p> <p>Ongoing non- payment of care fees / charges and adult at risk experiences distress or harm through having no personal allowance or risk of eviction / termination of services</p>	<p>Fraud / exploitation relating to benefits, income, property or Will</p> <p>Theft of money or property</p> <p>Doorstep crimes / financial scams</p>

DIRECT PAYMENT SPECIFIC – this relates to anybody managing finances on behalf of the adult at risk

PREVENTION via alternative action		PROTECTION via the Safeguarding Process		
Requires appropriate management at local / agency level and record action taken. <i>e.g. Poor Practice/Service Standard Referral or resolution via Care Management / Complaints / Disciplinary</i>		Safeguarding Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Likelihood of Significant Harm or risk thereof Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding referral		Consideration may be given to an Adult Practice Review or MAPF		
<p>Direct payment financial returns show payments for unauthorised expenditure. One off mistake – payment returned</p> <p>Isolated incident of direct payment recipient benefitting from interest from direct payment account</p> <p>Isolated incident of direct payment recipient benefitting from interest from direct payment account</p> <p>Direct payment used flexibly to meet user needs but not as described on support plan</p> <p>Excess float in direct payment account is being used for purposes other than on support plan, e.g. utility bills or equipment. Possible misunderstanding or if fraud suspected then escalate as possible criminal offence</p> <p>Suitable person Personal Assistant found to be illegally working in the country. No harm caused but, suitable person responsibility removed, PA dismissed.</p>	<p>Large excess in user accounts indicating care may not being provided</p> <p>Direct payment not set up correctly despite advice and guidance</p> <p>e.g. Personal Assistant not set up with Her Majesty's Revenue and Customs (HMRC); no audit trail for payments (i.e. no authorised timesheets, no wage slip or proof of invoice payment); no liability insurance</p> <p>Cash payments made against advice with no evidence of payment and care not provided</p> <p>Information obtained that suitable person or Personal Assistant has criminal conviction which gives rise to concerns about their role-suitability</p>	<p>Pattern of unauthorised expenditure by person acting on behalf of adult at risk with inadequate explanation</p> <p>Pattern of repeated nonpayment of bills/personal assistant wages, meaning care is withdrawn</p> <p>Payments made from direct payment account for unauthorised expenditure by suitable person, not on support plan</p> <p>Suitable person not able to provide evidence to demonstrate they are managing the direct payment</p>	<p>Direct payment is not being spent on some or all care on support plan, leading to neglect</p> <p>Irregularities on financial returns leading to requests for further evidence which are continually ignored by suitable person or evasive action is taken, including avoidance of attempts to review person on direct payment</p>	<p>Misuse / misappropriation of direct payment by another, including: Person in a position of trust or suitable person, e.g. suitable person is using some of the Personal Allowance or agency time for their own needs, and person is neglected</p> <p>Creation of fictitious Personal Assistant where payment is actually going to suitable person</p> <p>Adult at risk is misusing/ misappropriating direct payment by recipient, but under coercion by another</p>

INSTITUTIONAL / ORGANISATIONAL ABUSE

PREVENTION via alternative action		PROTECTION via the Safeguarding Process		
Requires appropriate management at local / agency level and record action taken. <i>e.g. Poor Practice/Service Standard Referral or resolution via Care Management / Complaints / Disciplinary</i>		Safeguarding Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Likelihood of Significant Harm or risk thereof Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding referral		Consideration may be given to an Adult Practice Review or MAPF		
<p>Lack of stimulation/ opportunities to engage in social and leisure opportunities- no harm occurs</p> <p>In the short term , person not given sufficient voice or involved in the running of service</p> <p>Service design where groups of service users living together are inappropriate- no harm occurs</p> <p>One off incident of low staffing due to unpredictable circumstances ,despite management effort to address- no harm caused</p>	<p>Lack of stimulation/ opportunities to engage in social and leisure opportunities- and no improvement after advice.</p> <p>Denial of individuality and opportunities for service users to make informed choices and take responsible risks</p> <p>Care planning documentation not person centred</p> <p>Denying adult at risk access to professional support and services, such as advocacy. Poor, ill-informed or outmoded care practice. No significant harm</p> <p>More than one incident of low staffing levels, no contingencies in place. No harm caused</p>	<p>Rigid or inflexible routines</p> <p>Service user's dignity is undermined, e.g. lack of privacy during support with intimate care needs; shared clothing, underclothing, dentures etc.</p> <p>Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted</p> <p>Failure to refer disclosure of abuse</p> <p>Inappropriate or incomplete DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) – <i>see neglect thresholds pg. 18</i></p> <p>Single incident of low staffing resulted resulting in harm to more than one person</p>	<p>Ill-treatment of one or more adults as risk, such as unsafe manual handling</p> <p>Failure to report, monitor or improve bad care practices</p> <p>Unsafe and unhygienic living environments</p> <p>Failure to support an adult at risk to access health and/or care treatments</p> <p>Punitive responses to challenging behaviours</p> <p>Repeated incidents of low staffing resulting in harm to more than one person</p>	<p>Staff misusing their position of power over service users</p> <p>Over-medication and/or inappropriate restraint used to manage behaviour. Widespread, consistent ill treatment</p> <p>Stark or sparse living environments causing sensory deprivation</p> <p>Deprivation of liberty not authorised by legal process</p> <p>Low staffing levels which result in serious injury or death to more than one person (corporate manslaughter)</p>

SELF-NEGLECT

PREVENTION via alternative action		PROTECTION via the Safeguarding Process		
Requires appropriate management at local / agency level and record action taken. <i>e.g. Poor Practice/Service Standard Referral or resolution via Care Management / Complaints / Disciplinary</i>		Safeguarding Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Likelihood of Significant Harm or risk thereof Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding referral		Consideration may be given to an Adult Practice Review or MAPF		
Indication of self-neglect e.g. personal hygiene, disheveled presentation	Indication of self-neglect e.g. personal hygiene, disheveled presentation Adult living in poor conditions and neglecting themselves Indication of potential impact on health	Indication of self-neglect e.g. personal hygiene, disheveled presentation Adult living in poor conditions and neglecting themselves and; Evidence of impact on health and; Unsanitary living conditions and; Offer of assistance and /or services – resisted or declined	Evidence of self-neglect e.g. personal hygiene, disheveled presentation and; Adult living in poor conditions and neglecting themselves and; Evidence of impact on health and; Unsanitary and unfit living conditions and; Cognitive impairment, sensory impairment, poor mobility or substance misuse and; Potential fire risk and; Offer of assistance and /or services –resisted or declined	Evidence of self-neglect e.g. personal hygiene, disheveled presentation and; Adult living in poor conditions and neglecting themselves, and; Evidence of impact on health, and; Unsanitary and unfit living conditions, and; Cognitive impairment, sensory impairment, poor mobility or substance misuse, and; Identified potential fire risk, and; Clear evidence of risk to self and others_ and; Offer of assistance and /or services –resisted or declined
In cases of SELF NEGLECT the level of harm increases with each category – escalating from a person’s choice to live in poor conditions with <u>little or no</u> risk to themselves and/or others <u>to</u> those choices creating a <u>significant risk</u> to themselves and/or others.				
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MODERN SLAVERY

PREVENTION via alternative action		PROTECTION via the Safeguarding Process	
Requires appropriate management at local / agency level and record action taken. <i>e.g. Poor Practice/Service Standard Referral or resolution via Care Management / Complaints / Disciplinary</i>		Safeguarding Referral must be made	
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Likelihood of Significant Harm or risk thereof Significant / Critical risk of harm	
Recurrence or escalation of concerns requires a safeguarding referral		Consideration may be given to an Adult Practice Review or MAPF	
All concerns of modern day slavery are deemed to be of a significant level →		Limited freedom of movement. Being forced to work for little or no payment. Limited or no access to medical and dental care. No access to appropriate benefits.	Limited access to food or shelter. Be regularly moved (trafficked) to avoid detection. Removal of passport or ID documents.
			Sexual exploitation. Starvation. No control over movement / imprisonment. Forced marriage. 'County Lines' exploitation

ONLINE ABUSE & EXPLOITATION, including SOCIAL MEDIA

All agencies need to be aware of the significance of social media in the exploitation of vulnerable people. People can be groomed by individuals or gangs via the internet and directly via mobile phones. The abuse can be in various forms such as human trafficking, sexual exploitation, radicalisation, financial abuse and obtaining and sharing indecent images on line.

Agencies need to be aware that these forms of abuse can take place without the victim leaving their home. All agencies are expected to report concerns to the Local Authority if they have reasonable cause to suspect that a person is at risk of abuse as defined in the Social Services and Well Being (Wales) Act, this includes abuse which may take place over the internet and social media.

COUNTY LINES

'County lines' describes situations where an individual, or more frequently a group, establishes and operates a telephone number (line) in an area outside of their normal locality in order to sell drugs direct to users at street level. This generally involves a group from an urban area expanding their operations by crossing one or more police force boundaries to more rural areas, i.e. a 'county' force. A 'county lines' enterprise almost always involves exploitation of vulnerable persons.

It is essential for a county lines enterprise to identify potential premises to operate from. Establishing these bases is achieved in a number of ways, most commonly by exploiting local drug users. This is achieved either by paying them in drugs, by building up a drug debt or by using threats and/or violence in order to coerce them; this practice is commonly known as 'cuckooing'. In other cases, group members have entered into relationships with vulnerable females in order to use their properties. If 'County lines' exploitation of an adult at risk is suspected, Police should be informed and a MARF submitted.

POOR PRACTICE / SERVICE STANDARD CONCERNS – relating to all Local Authority Contracted Services only

PREVENTION via alternative action	PROTECTION via the Safeguarding Process
Allegations which may not meet the threshold for the Safeguarding Process, but will be dealt with by assessment and care management intervention and/ or contract monitoring arrangements.	Allegations which are likely to meet the threshold for Safeguarding Process
Concerns of this nature must be reported to Local Authority via the PPSSRF	Concerns of this nature must be reported to the Local Authority via the MARF
<p>Poor practice/Service standards Person does not receive the necessary help to get to the toilet to maintain continence, or have appropriate assistance such as changed incontinence pads on one occasion.</p>	<p>Possible abuse Recurring event, or is happening to more than one adult. Harm: pain, constipation, loss of dignity and self-confidence, skin problems. If this is a common occurrence in the setting, or there are no policies or protocols in place regarding assistance with continence needs, this passes threshold for whole service investigation.</p>
<p>Poor practice Person, who is known to be susceptible to pressure ulcers, has not been formally assessed with respect to pressure area management, but no discernible harm has arisen yet.</p>	<p>Possible abuse Person has not been formally assessed/advice not sought with respect to pressure area management, or plan not followed. Harm: avoidable tissue damage. If this is a common occurrence in the setting, or there are no policies or protocols in place or evidence of staff knowledge of pressure sore risks, this passes threshold for whole service investigation.</p>
<p>Poor practice Person does not receive recommended assistance to maintain mobility on one occasion.</p>	<p>Possible abuse Recurring event, or is happening to more than one adult resulting in reduced mobility. Harm: loss of mobility confidence and independence. If this practice is evident throughout the care home/hospital/care agency, and not just being perpetrated by one member of staff, this will pass the threshold for whole service investigation.</p>

PREVENTION via alternative action	PROTECTION via the Safeguarding Process
<p>Allegations which may not meet the threshold for the Safeguarding Process, but will be dealt with by assessment and care management intervention and/ or contract monitoring arrangements.</p>	<p>Allegations which are likely to meet the threshold for Safeguarding Process</p>
<p>Concerns of this nature must be reported to Local Authority via the PPSSRF</p>	<p>Concerns of this nature must be reported to the Local Authority via the MARF</p>
<p>Poor practice Appropriate moving and handling procedures not followed or staff not trained and competent to use the required equipment, but person does not experience harm.</p>	<p>Possible abuse Person is injured, or common non-use of moving and handling procedures make this very likely to happen. Harm: injuries such as falls and fractures, skin damage, lack of dignity. If this practice is evident throughout the care home/hospital/care agency, and not just being perpetrated by one member of staff, this will pass the threshold for whole service investigation.</p>
<p>Poor practice Person has been formally assessed under the Mental Capacity Act and lacks capacity to recognise danger e.g. from traffic. Steps taken to protect them are not 'least restrictive'. Steps need to be reviewed and referral for Deprivation of Liberty Safeguards may be required. Monitor via Deprivation of Liberty Safeguarding Team.</p>	<p>Possible abuse Restraint/possible deprivation of liberty is occurring (e.g. cot sides, locked doors, medication) and person has not been referred for a Deprivation of Liberty Safeguard assessment, although this had been recommended. Best interest has been ignored or presumed. Safeguarding Adults and Deprivation of Liberty Safeguarding Team. Harm: loss of liberty and freedom of movement, emotional distress.</p>
<p>Poor practice Person is spoken to once in a rude, insulting and belittling or other inappropriate way by a member of staff. Respect for them and their dignity is not maintained, but they are not distressed.</p>	<p>Possible abuse Recurring event, or is happening to more than one person. Insults contain discriminatory, e.g. racist, homophobic abuse. Harm: distress, demoralisation, other abuses may be occurring as rights and dignity are not respected If this practice is evident throughout the care home/hospital/care agency, and not just being perpetrated by one member of staff, this will pass the threshold for whole service investigation.</p>

PREVENTION via alternative action	PROTECTION via the Safeguarding Process
<p>Allegations which may not meet the threshold for the Safeguarding Process, but will be dealt with by assessment and care management intervention and/ or contract monitoring arrangements.</p>	<p>Allegations which are likely to meet the threshold for Safeguarding Process</p>
<p>Concerns of this nature must be reported to Local Authority via the PPSSRF</p>	<p>Concerns of this nature must be reported to the Local Authority via the MARF</p>
<p>Poor practice Person is discharged from hospital without adequate discharge planning, procedures not followed, but no harm occurs.</p>	<p>Possible abuse Person is discharged with significantly inadequate discharge planning, procedures not followed and experiences significant harm as a consequence.</p> <p>Harm: care not provided, resulting in risks and/or deterioration in health and confidence; avoidable readmission.</p> <p>If the incident shows poor discharge planning throughout a hospital trust or on a specific ward, urgent remedial action, either via safeguarding adults whole service investigation, or quality improvement strategies, must be considered.</p>
<p>Poor practice Person does not receive a scheduled domiciliary care visit and no other contact is made to check on their well-being, but no harm occurs.</p>	<p>Possible abuse Person does not receive scheduled domiciliary care visit(s) and no other contact is made to check on their well-being, or calls are being missed to more than one adult at risk.</p> <p>Harm: missed medication and meals, they are put at risk of significant harm including neglect.</p> <p>If this practice is evident throughout the care agency, and not just being perpetrated by one member of staff, this will pass the threshold for whole service investigation.</p>

PREVENTION via alternative action	PROTECTION via the Safeguarding Process
Allegations which may not meet the threshold for the Safeguarding Process, but will be dealt with by assessment and care management intervention and/ or contract monitoring arrangements.	Allegations which are likely to meet the threshold for Safeguarding Process
Concerns of this nature must be reported to Local Authority via the PPSSRF	Concerns of this nature must be reported to the Local Authority via the MARF
<p>Poor practice Person with challenging behaviour, whose personal plan of care stipulates that they should not go into the local town without two staff supporting them, is taken by one member of staff to avoid disappointment when the other worker reports sick at the last moment. No harm occurs.</p>	<p>Possible abuse Person is regularly taken out by only one member of staff, with no review of care plan, and is therefore regularly put at risk. Harm: may injure self or others. If this is an indicator of poor practice by several members of staff, or poor management of the setting, and/or others may be affected, whole service investigation should be considered.</p>
<p>Poor practice Adult at risk in pain or otherwise in need of medical care such as dental, optical, audiology assessment, foot care or therapy, does not, on one occasion, receive required/requested medical attention in a timely fashion.</p>	<p>Possible abuse Adult at risk is provided with an evidently inferior medical service or no service, and this is likely to be because of their disability or age, or because of neglect on the part of the provider. Harm: pain, distress and deterioration of health. If there is evidence that others have also been affected, or that there is a systemic problem within the provider service, whole service investigation must be initiated.</p>
<p>Poor practice by housing providers Person is known to be living in housing that places them at risk from predatory neighbours or others in the community, and housing department/association is slow to respond to their application for urgent re-housing, but no harm occurs.</p>	<p>Possible abuse Housing provider fails to respond within a defined and appropriate timescale to address the identified risk. Harm occurs. Harm: financial, physical, emotional abuse.</p>

PREVENTION via alternative action	PROTECTION via the Safeguarding Process
<p>Allegations which may not meet the threshold for the Safeguarding Process, but will be dealt with by assessment and care management intervention and/ or contract monitoring arrangements.</p>	<p>Allegations which are likely to meet the threshold for Safeguarding Process</p>
<p>Concerns of this nature must be reported to Local Authority via the PPSSRF</p>	<p>Concerns of this nature must be reported to the Local Authority via the MARF</p>
<p>Family – non co-operation Failure to meet agreed contribution to residential care cost by family member or attorney, but resident still has personal allowance and placement not at risk (should be treated as failure to meet lawful debt).</p>	<p>Family – non co-operation Failure to meet agreed contribution to cost of residential care by family member or attorney results in a failure to provide personal allowance and/or jeopardises placement.</p>
<p>Possible abuse Incident between two adults living in a care setting One adult ‘taps’ or slaps another adult but has left no mark or bruise, and victim is not intimidated and significant harm has not occurred. or One adult shouts at another in a threatening manner, victim is not intimidated and significant harm has not occurred.</p>	<p>Possible abuse Predictable and preventable (by staff) incident between two adults where bruising, abrasions or other injuries have been sustained and/or emotional distress caused. A significant level of violent incidents between adults living in care or health settings can be an indicator of poor staff attitude, training, risk assessment and risk management, or poor supervision and management of the service. Whole service investigation should be considered.</p>

AT A GLANCE THRESHOLD GUIDANCE FOR LOCAL AUTHORITY CONTRACTED SERVICES

PREVENTION via alternative action	PROTECTION via the Safeguarding Process
Low to Moderate	Significant to Critical
<ul style="list-style-type: none"> • No stimulation or opportunities for people to engage in meaningful social and leisure activities and where no harm occurs • In the short term, service users not given sufficient voice or involved in the running of the service • Inappropriate mix or groups of service users living together and no harm occurs • One off incident of low staffing due to unpredictable circumstances, despite management efforts to address. No harm caused • Denial of individuality and opportunities for service users to make informed choices and take responsible risks • Care planning not person centered, outcome focused and promoting the wellbeing of the individual • Denying adult at risk access to professional support and services, such as advocacy. Poor, ill-informed or outdated care practice. No significant harm • More than one incident of low staffing levels, no contingencies in place • Rigid or inflexible routines taking precedence over individual needs, resulting in (the residents' lack of wellbeing / not being able to thrive) • Service user's dignity is undermined, e.g. lack of privacy during support with intimate care needs; shared clothing, underclothing, dentures etc. 	<ul style="list-style-type: none"> • Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted • Failure to refer disclosure of abuse • Inappropriate or incomplete DNAR (Do Not Attempt Cardiopulmonary Resuscitation) • Single incident of low staffing resulted resulting in harm to more than one person • Ill-treatment of one or more adults as risk, such as unsafe manual handling • Failure to report, monitor or improve bad care practices • Unsafe and unhygienic living environments • Failure to support an adult at risk to access health and/or care treatments • Punitive responses to challenging behaviors • Repeated incidents of low staffing resulting in harm to more than one person • Staff misusing their position of power over service users • Over-medication and/or inappropriate restraint used to manage behaviour. Widespread, consistent ill treatment • Stark or sparse living environments causing sensory deprivation • Deprivation of liberty not authorised by legal process • Low staffing levels which result in serious injury or death to more than one person (corporate manslaughter) • Recurrent missed medication or administration errors that affect 3 or more adults and result in harm • Pattern of recurring administration errors or an incident of deliberate maladministration that results in ill-health or death of more than one individual • Inexplicable marking or lesions, cuts or grip marks on more than one occasion and to more than one individual • Incident of carer falling asleep at night on duty, leaving multiple adults at risk • Ongoing non-compliance and adherence to H&S policies and procedures

APPENDIX 1

DYFED POWYS ADULT SAFEGUARDING REFERRAL FORM (MARF)



DETAILS OF PERSON MAKING REFERRAL:

Name:		Agency/Role:		Date:
Telephone:		Email:		Signature:

Is the allegation of abuse made against a Professional or a person in contact with adults at risk through their work, including volunteers?

SUBJECT OF REFERRAL: *(Adult at Risk)*

Surname:	Forename(s):	Other names used:
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Client/Patient ID Number:	NHS Number:	Marital Status:
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DOB:	Age:	Gender:	Ethnicity:	Preferred Language:	Need Interpreter: Yes / No
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Adult at Risk's current address:	Post code:
Adult at Risk's normal residence if different to above, including post code:	Telephone:

Other adults or children at the property:	Are they considered also at risk? Yes / No / Don't know
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GP's Name:	Surgery Address:	Telephone:
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MAIN CLIENT GROUP: *(Adult at Risk)*

Elderly Mentally Infirm <input type="checkbox"/>	Learning Disability <input type="checkbox"/>	Substance Misuse <input type="checkbox"/>
Older Person <input type="checkbox"/>	Functional Mental Health <input type="checkbox"/>	Communication difficulties <i>(please specify):</i>
Visual Impairment <input type="checkbox"/>	Organic Mental Health <i>(eg. Dementia)</i> <input type="checkbox"/>	Other <i>(Please specify):</i>
Hearing impairment <input type="checkbox"/>	Physical Disability <input type="checkbox"/>	

Any other relevant information regarding the client's health status:

ADDITIONAL INFORMATION ABOUT THE SUBJECT BEING REFERRED *(Adult at Risk)*

Normal care needs of the person being referred, if known: Who provides this:	Why can the adult at risk not protect themselves?
Does the adult at risk have/need an advocate? Yes / No Give details:	What action has been taken to safeguard the adult at risk?

CAPACITY / CONSENT

Is the adult at risk subject to legislative powers, such as DoLS, MHA or Power of Attorney? Yes / No Specify:	Is there any evidence to suggest that the adult at risk lacks mental capacity to consent to this referral? Yes / No
Next of Kin / Person with legal responsibility / Adult at risk's chosen representative (<i>delete, as appropriate</i>):	If the adult at risk has capacity, do they consent to their information being shared with other agencies? Yes / No
Relationship:	Is there an overriding reason to share this concern without consent? <i>(e.g. a crime has been committed, others may be at risk)</i> Yes / No If yes, please explain why:
Address:	
Telephone:	Has the adult at risk been informed that their information will be shared without consent, where necessary? Yes / No
Is the adult at risk aware of the referral? Yes / No If not, please explain why:	

Signature of Adult at Risk (or person with legal responsibility) consenting to referral:

Name: _____ Date: _____

ABOUT THE ALLEGED ABUSE:

Type of alleged abuse: (tick all relevant boxes)

Physical Sexual Emotional/Psychological Financial/Material Neglect

Is this Organisational / Institutional Abuse? *If the concerns impact on three or more service users, then only one single referral is necessary.*

Where did the alleged abuse occur?

Own Home Care Home - Residential Care Home – Nursing Care Home – Respite Relative's Home
Supported Tenancy Hospital Hospital – Independent NHS Trust Group Home Home of Perpetrator Day care Educational
 Sheltered Accommodation Hospice Public Place Other - Please State:

Is the abuse: Historical Current

Additional risks/concerns? Racial Abuse Domestic Abuse Substance Misuse

REASON FOR REFERRAL / NATURE OF CONCERNS: (including how and why those concerns have arisen, if known)

DESCRIPTION OF ALLEGED ABUSE OR INJURIES:

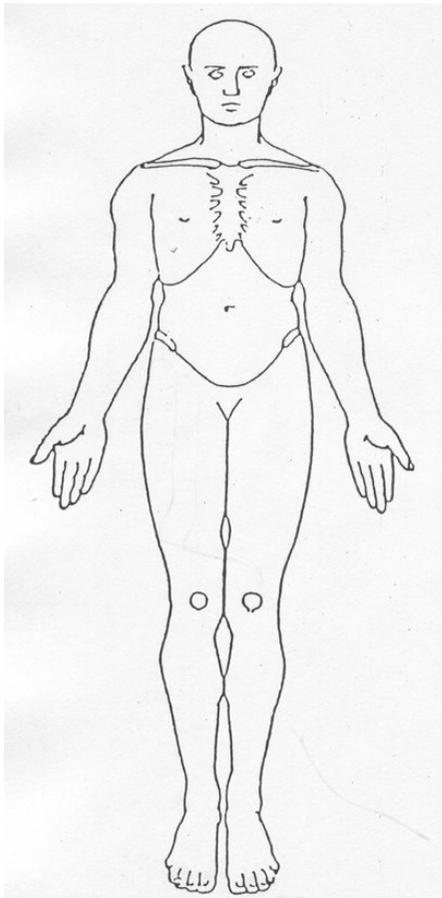
Please provide details of any injuries, marks, bruising, wounds etc:

Please use this section to identify the position of any marks, bruising, wounds etc – for electronic referrals, drag circle over area & relate number to description of injury above.

1

2

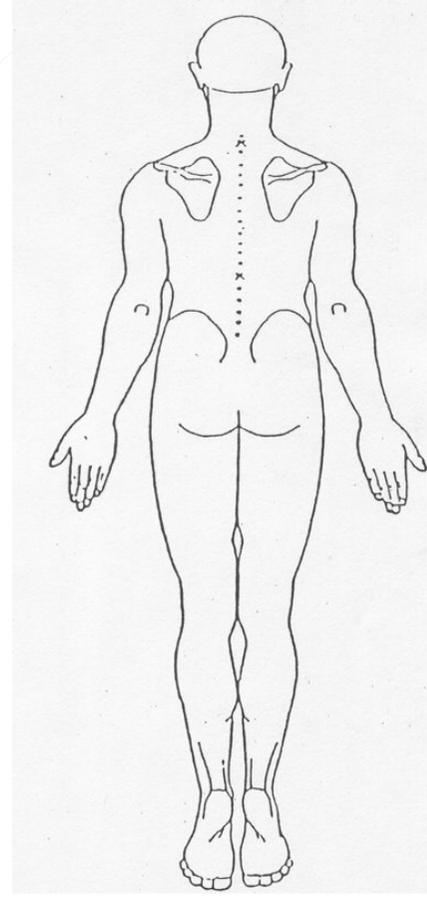
3



4

5

6



ABOUT THE PERSON(S) ALLEGEDLY RESPONSIBLE FOR THE ABUSE: (including professionals)

Unknown at present:		More than one alleged perpetrator? Yes / No <i>(Add details to additional information box on next page)</i>			
Name:		Address:			
		Telephone:			
DOB:	Age:	Relationship to Alleged Victim:			
Perpetrator's Employing Agencies: (List all known)					Volunteer? Yes / No
Are there any other vulnerable persons, including children or adults at risk affected by this concern?					
Is the alleged perpetrator an adult at risk? Yes / No / Don't know					
If the alleged perpetrator is an adult at risk, do they have capacity to understand their actions? Yes / No / Don't know					
Is alleged perpetrator a child? Yes / No / Don't know		Is alleged perpetrator aware of the referral? Yes / No / Don't know		Is alleged perpetrator known to Social Services, Health or Police?	

ABOUT THE PEOPLE WHO WITNESSED THE INCIDENT(S):

Name of Witness	Address, inc Post Code	Telephone no.	Relationship to victim (if any)	Is witness a child?	Is witness an adult at risk?	Is witness aware of referral?

WHO HAS RAISED THE CONCERN?

Name	Address, inc Post Code	Telephone no.	Relationship to victim (if any)	Occupation / Employer	When was the disclosure made

Does the reporter wish to remain anonymous? Yes / No
If yes, explain why: (excludes professionals)

ADDITIONAL INFORMATION:

VIEWS OF THE SUBJECT:

What are the views and wishes of the adult at risk? What would the adult at risk like as an outcome to this referral? What would they like to happen?

Guidance Notes

An “Adult at risk” is a person aged 18 years or over who

- Is experiencing or is at risk of abuse or neglect and
- Has a need for care and support and
- As a result of those needs is unable to protect himself against the abuse or neglect or the risk of it

Adults at risk may have or may lack mental capacity to make specific decisions. The Mental Capacity Act 2005 specifies that:

“A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain”

A person is assumed to have capacity unless he/she is assessed as unable to do any one of the following:

- Understand the information relevant to the decision; or
- Retain information; or
- Use or weigh that information as part of the process of making the decision; or
- Communicate their decision (whether by talking, using sign language, writing etc)

NOTE: Be aware of information security when sharing or emailing this completed document and ensure you adhere to data protection principles and boundaries of confidentiality.

APPENDIX 2

DYFED POWYS POOR PRACTICE-SERVICE STANDARDS REFERRAL FORM (PPSSRF)

This referral form is to be used by when poor practice/standards are identified by providers of services and/or care. Poor practice standards identified within Health Board premises/services should follow agreed internal processes (and not through the use of this form).

Poor practice is a concern which relates to the quality and standards of service delivery. Useful elements in deciding if poor practice has occurred, which does not require action under the Safeguarding policy & procedure to safeguard the adult, are to ascertain if the concern is a 'one off' incident to one individual, has resulted in no harm and/or has indicated a need for a defined action?



(For further guidance on Poor Practice / Service Standard Thresholds, refer to the CWMPAS Adult Safeguarding Thresholds Guidance Document)

DETAILS OF PERSON MAKING REFERRAL:

Name:	Agency/Role:	Date:
Relationship to service user:		
Telephone:	Email:	Signature:

Please provide details of the action you, as the referrer, have taken to address the Poor Practice / Service Standard prior to this referral being made:

Outcome:

PROVIDER OF CONCERN: *Note: Local Authority Contracted Services only – NOT Health Board, who will follow agreed internal processes*

Provider Name:	Service type:	Ref Number:
Provider address, including post code:		Telephone:
Is provider aware of the referral? Yes / No / Don't know	Is provider known to Social Services, Health or Police? Yes / No / Don't know	

SERVICE USER'S DETAILS:

Name:	Ref Number:
Current address, including post code:	Telephone:
Are there any other vulnerable persons, including children affected by this concern?	

ABOUT THE POOR PRACTICE / SERVICE STANDARD (PP/SS):

Primary area of concern:

Other areas of concern: (*tick all relevant boxes*)

Attitude of staff Poor standard of care High turnover of carers

Nutrition/hydration Care planning Recording of information Medication Loss of care staff Poor communication Missed Calls

Cleanliness Breach of confidentiality Environment/culture Missed calls Early/late calls Single carer on multiple carer calls

Carers not staying for planned duration of care call Leadership/Management Training Poor Service User Engagement

Other - Please State:

Date of PP/SS:

Has the PPs/SS been resolved? Yes / No / Don't know

DETAILS OF THE POOR PRACTICE / SERVICE STANDARD: (*including how and why those concerns have arisen, if known*)



WHO HAS RAISED THE CONCERN?

Name	Address, inc Post Code	Telephone no.	Relationship to victim (if any)	Occupation / Employer	When was the disclosure made

Does the reporter wish to remain anonymous? Yes / No
If yes, explain why: *(excludes professionals)*

ABOUT THE PEOPLE WHO WITNESSED THE CONCERN(S):

Name of Witness	Address, inc Post Code	Telephone no.	Relationship to victim (if any)	Is witness a child?	Is witness an adult at risk?	Is witness aware of referral?

ADDITIONAL INFORMATION:**VIEWS OF THE SUBJECT:** *(If the service user does not want any action to be taken, this can be overridden where there are others who may be at risk)*

What are the views and wishes of the service user? What would the service user like as an outcome to this referral? What would they like to happen?

NOTE: Be aware of information security when sharing or emailing this completed document and ensure you adhere to data protection principles and boundaries of confidentiality.