



NORTH WALES SAFEGUARDING ADULTS BOARD

Regional Practice Guidance Tool for Adult Safeguarding Decisions

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Glossary of Terms:

APR	-	Adult Practice Review
DNACPR	-	Do Not Attempt Cardiopulmonary Resuscitation
MAPF	-	Multi-Agency Professional Forum
MARAC	-	Multi-Agency Risk Assessment Conference
VAWDASV	-	Violence against Women, Domestic Abuse and Sexual Violence

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 practice guidance document' has been developed by the Mid Wales and West Safeguarding Board and the North Wales Safeguarding Adults Board in collaboration with partner agencies and in consultation with frontline staff.

The purpose of the 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 report/ 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.

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 Wales Safeguarding Procedures 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 the Wales Safeguarding

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.”

Responsibilities to report

[The Social Services and Well-being \(Wales\) Act 2014 s.128](#), specifies the duty placed on 'relevant partners' under section 162 of the Act to report both adults and children, including unborn children, they have reasonable cause to suspect are at risk of abuse.

Duty to report concerns (including abuse and neglect) about a practitioner

It is important that practitioners do not ignore or dismiss suspicions about another practitioner or colleague who may be abusing, neglecting or causing harm to a child or adult at risk.

Every practitioner has a responsibility to safeguard adults at risk and that includes protection from abuse by a professional, paid carer or volunteer. Therefore, the duty to report any concerns about suspected abuse and neglect applies in these situations. This duty also covers situations when abuse is only suspected.

Seeking consent to a report

The interests of the adult at risk must be the overriding consideration in making any decisions whether to seek consent prior to making a report. Practitioners, however, should aim to seek consent from the adult where possible. The reasons for this are that it is more likely to:

- lead to engagement in the safeguarding process and to effective outcomes;
- promote an effective working partnership with the adult.

It is important to engage adults in the process as early as possible to ensure their wishes and feelings are taken into consideration where possible and to avoid them becoming mere 'objects of concern'.

Making a report without consent

The adult at risk is sometimes the only source of information about what has happened to them. In some circumstances, practitioners may need to speak to an adult without the knowledge of a carer. Where a decision is made not to seek consent relevant circumstances for this decision must be recorded and could include:

- the possibility that the adult would be put at further risk;
- the possibility that an adult would be threatened or otherwise coerced into silence;

- a strong likelihood that important evidence would be destroyed/lost;
- if a carer or family member is identified as the alleged abuser;
- that the adult in question did not wish the carer to be involved at that stage;
- it is in the public interest.

Capacity of adults at risk to give consent

The consent of the adult at risk is a significant factor in deciding what action to take in response to a concern or allegation. Adults with care and support needs may be able to protect themselves from abuse, neglect or exploitation by others and are not inevitably unable to protect themselves because of their age, frailty or disability.

In some circumstances however, the ability of the adult to protect themselves may be affected by their needs for care and support. These needs may affect how far they are able to make and exercise informed choices free from pressure or duress.

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.

An appropriate individual is someone who can facilitate a person's involvement which crucially means they must have sufficient understanding of local authority processes to be able to support the person's participation in determining their well-being outcomes and obtaining the care and support they need.

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 Guidance Tool for Adult Safeguarding Decisions 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 NWSAB Adult Safeguarding Report/ 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/ Designated Safeguarding Person. For Out of Hours queries – [see 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 Report (Referral)

Before a report/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 require 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 Report

All safeguarding referrals must be submitted on the regional **Adult Safeguarding Report Form – Appendix 1** and forwarded to the Local Authority area in which the abuse or risk thereof occurred. Contact details are available on the [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.

Patterns of Abuse

Patterns of abuse vary and reflect very different relationship dynamics.

These include:

Serial abuse is where the source of harm seeks out and 'grooms' individuals. Sexual exploitation sometimes falls into this pattern as do other forms of criminal exploitation and financial abuse;

Long-term abuse in the context of an on-going family relationship such as domestic violence between spouses or generations or persistent psychological (hidden) abuse; or

Opportunistic abuse is defined as such and may include theft occurring because money or jewellery has been left lying around

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

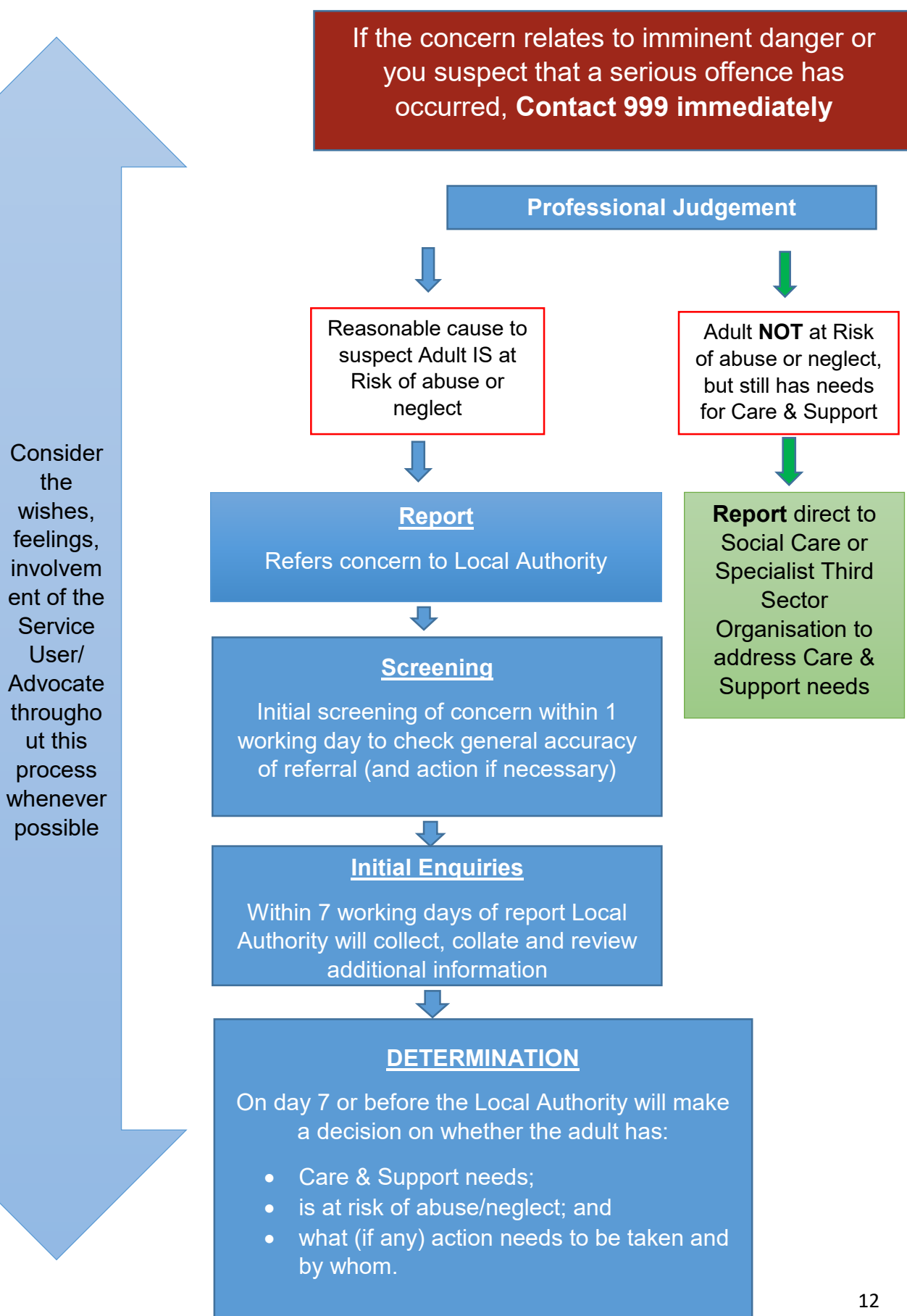
Neglect – includes but is not limited to: a failure to access medical care or services, negligence in the face of risk-taking, failure to give prescribed medication, failure to assist in personal hygiene or the provision of food, shelter, clothing; emotional neglect.

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



Determination

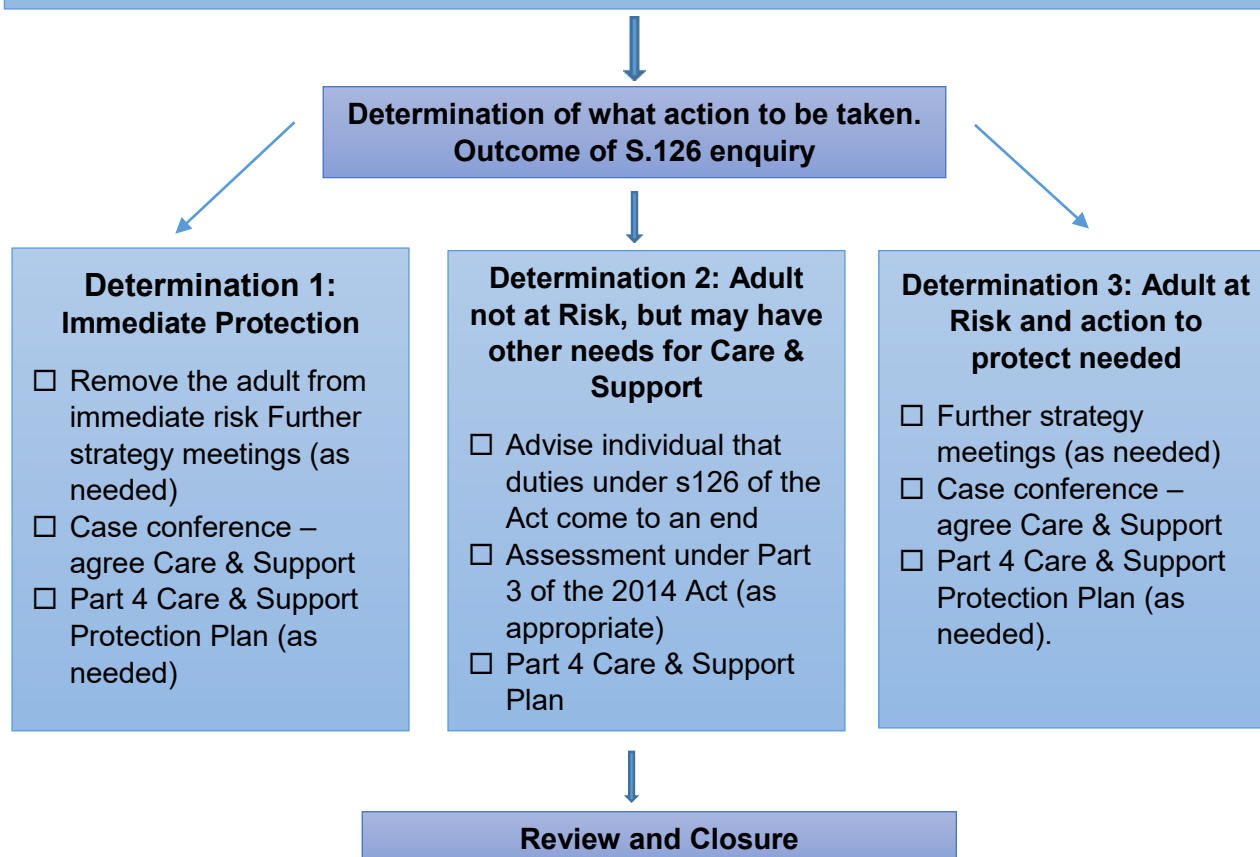
PREVENTION		PROTECTION	
Information Advice and Assistance	Management at Agency / Local Level	Formal Wales Safeguarding Procedures	Critical Interventions and Immediate Action

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 report has been made. [Working Together to Safeguard People: Volume 6 – Handling Individual Cases to Protect Adults at Risk and Wales Safeguarding Procedures](#) gives more guidance on the ‘determination’ process made by LA safeguarding teams. The below table is taken from Page 33 of the guidance.

Strategy Meeting: Within 7 days of the completion of the enquiry – Multi-agency to agree the response and action to be taken.

Where it is clear that there should be a Police investigation – a strategy meeting should be the forum for deciding what action should be taken.



Professional Concerns (Section 5 Wales Safeguarding Procedures)

Managing cases under this Section 5 applies to a wider range of allegations than those in which there is reasonable cause to believe a child or adult at risk is suffering, or is likely to suffer, harm. It also applies to concerns that might indicate that a person is unsuitable to continue to work with children or adults at risk in their present position or in any capacity. It should be used in all cases in which it is alleged that a person who works with children or adults at risk has

- Behaved in a way that has harmed or may have harmed a child or adult at risk.
- May have committed a criminal offence against a child or adult at risk or that has a direct impact on the child or adult at risk
- Behaved towards a child, children or adults at risk in a way that indicates they are unsuitable to work with either/ or children and adults

It is important to consult with the relevant Designated Safeguarding Person within your organisation, if you are unclear if a safeguarding report/ referral is required.

Professional Concern reports/ referrals will be managed under Wales Safeguarding procedures and should be submitted to the Local Authority as per a safeguarding report/ referral. If the concern relates to a partner agency employee (e.g. Health/Police staff), the meeting will be convened and chaired by the relevant Designated Safeguarding Person /LADO in the Local Authority.

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 Report Form.

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.

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 it becomes apparent that the individual has or may have care and support needs and is experiencing domestic abuse then a safeguarding report/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 [APR Protocol](#).

Multi-Agency Professional Forums

In addition to cases that meet the criteria for an Adult Practice Review, the North 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 Delivery Groups play an important role in identifying cases that are suitable for MAPFs. The outcome of these, as well as disseminated learning, is monitored and overseen by the NWSAB Board via the Quality Assurance Framework. Identified learning outcomes from local MAPFs is also reported to and considered by the Regional Workforce and 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 multi-agency Children's Report Form on the website.

Underpinning this document are a number of regional policies, procedures and protocols – these can be found on the Board website. [Policies and Procedures • North Wales Safeguarding Board](#)

Please note the following 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 six Local Authorities.

PHYSICAL ABUSE:

PREVENTION		PROTECTION		
Requires appropriate management at local / agency level and record action taken. <i>e.g. resolution via Care Management/Complaints /Disciplinary</i>		<i>Safeguarding Report/Referral must be made</i>		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding report/ 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- please refer to the NWSAB Self -Neglect Protocol

PREVENTION		PROTECTION		
Requires appropriate management at local / agency level and record action taken. <i>e.g. resolution via Care Management/Complaints /Disciplinary</i>		Safeguarding Report/Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding report/ 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;</p> <p>DNACPR decision not communicated effectively, or;</p> <p>DNACPR form and carbon copies not filed and/or distributed correctly and; 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 and harm caused.</p>	<p>Serious injury or death as a result of consequences of avoidable pressure ulcer development, e.g. septicaemia.</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		PROTECTION		
Requires appropriate management at local / agency level and record action taken. <i>e.g. resolution via Care Management/Complaints /Disciplinary</i>		Safeguarding Report/Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding report/ 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 interest 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 interest assessment) and harm or distress occurs to either party.</p> <p>Sexualised touch or masturbation without valid consent.</p> <p>Being subject to indecent exposure 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		PROTECTION		
Requires appropriate management at local / agency level and record action taken. <i>e.g. resolution via Care Management/Complaints /Disciplinary</i>		Safeguarding Report/Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding report/ referral		Consideration may be given to an Adult Practice Review or MAPF		
Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined – NO distress caused. Isolated taunt or verbal outburst – NO distress caused. Isolated threat of abandonment e.g.: threat to withdraw visits/social contact and support – NO distress caused	Occasionally repeated incident of denying or failing to recognise an adult's choice or opinion. Occasionally repeated treatment that undermines dignity and esteem Occasionally repeated threats of abandonment e.g.: threats to withdraw visits/social contact and support Occasionally repeated taunts or verbal outbursts	Ongoing incidence of denying or failing to recognise an adult's choice or opinion causing harm The withholding of information to dis- empower the adult at risk Ongoing threats of abandonment causing harm or distress Frequent humiliation of adult at risk	Persistent taunts or verbal outbursts which cause ongoing distress. The persistent withholding of information to dis-empower and harm or distress is caused. Persistent treatment that undermines dignity and damages esteem. Persistently denying or failing to recognise an adult's choice or opinion	Persistently intimidated and bullied causing distress and attempts to resolve this have failed. Emotional blackmail e.g. persistent threats of abandonment / harm causing distress. Denial of basic human rights / civil liberties, overriding advanced directive, forced marriage, modern slavery. Prolonged intimidation / victimisation. Producing and distributing inappropriate photos via any social media means Vicious/personalised verbal attacks

DISCRIMINATORY ABUSE - including Hate/Mate Crime				
PREVENTION		PROTECTION		
Requires appropriate management at local / agency level and record action taken. <i>e.g. resolution via Care Management/Complaints /Disciplinary</i>		Safeguarding Report/Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding report/ 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 and Support 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 individual's 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		PROTECTION		
Requires appropriate management at local / agency level and record action taken. <i>e.g. resolution via Care Management/Complaints /Disciplinary</i>		Safeguarding Report/Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding report/ 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		PROTECTION		
Requires appropriate management at local / agency level and record action taken. <i>e.g. resolution via Care Management/Complaints /Disciplinary</i>		Safeguarding Report/Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding report/ referral		Consideration may be given to an Adult Practice Review or MAPF		
<p>Direct payment financial returns show payments for unauthorised expenditure.</p> <p>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 be 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 non-payment of bills/personal assistant wages, meaning care is withdrawn</p> <p>Payments made from direct payment account for unauthorized 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		PROTECTION		
Requires appropriate management at local / agency level and record action taken. <i>e.g. resolution via Care Management/Complaints /Disciplinary</i>		Safeguarding Report/Referral must be made		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding report/ 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) – see neglect thresholds pg. 18</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		PROTECTION		
Requires appropriate management at local / agency level and record action taken. <i>e.g. resolution via Care Management/Complaints /Disciplinary</i>		<i>Safeguarding Report/Referral must be made</i>		
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Significant / Critical risk of harm		
Recurrence or escalation of concerns requires a safeguarding report/ referral		Consideration may be given to an Adult Practice Review or MAPF		
Indication of self-neglect e.g. personal hygiene, dishevelled presentation	Indication of self-neglect e.g. personal hygiene, dishevelled presentation. Adult living in poor conditions and neglecting themselves Indication of potential impact on health	Indication of self-neglect e.g. personal hygiene, dishevelled 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, dishevelled 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, dishevelled 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 little or no risk to themselves and/or others to those choices creating a <u>significant risk</u> to themselves and/or others.				

MODERN SLAVERY			
PREVENTION		PROTECTION	
Requires appropriate management at local / agency level and record action taken. <i>e.g. resolution via Care Management/Complaints /Disciplinary</i>		Safeguarding Report/Referral must be made	
No harm or risk thereof Low risk of harm	Possible harm or risk thereof Moderate risk of harm	Significant / Critical risk of harm	
Recurrence or escalation of concerns requires a safeguarding report/ 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.

Reporting Abuse or Neglect of an Adult at Risk

The form is to be used only for reporting suspected abuse or neglect of an adult at risk to social services. If you want to let social services know other information or to request services or support, please contact the appropriate social services department.

It is important to give as much information as possible in the report form. If you do not

Date form completed and sent:	Date(s) of Incident(s) if known:
Name of Individual:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth:	
Individual's current address (please also list permanent address):	Any other adults/children at risk living at the property: Yes <input type="checkbox"/> No <input type="checkbox"/>
If appropriate, placement funded by:	If yes, what action has been taken:
Telephone number:	Main client group:
Marital status:	Older Person Mental Health <input type="checkbox"/>
Ethnicity:	Older Person <input type="checkbox"/>
Preferred language:	Visual Impairment <input type="checkbox"/>
Email:	Hearing Impairment <input type="checkbox"/>
Interpreter required?	Learning Disability <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Mental Health <input type="checkbox"/>
If yes, please give details:	Physical Disability <input type="checkbox"/>
	Other <input type="checkbox"/>

give a full account of what has happened, the process of protecting the adult at risk may be delayed. A guide to completing the form can be found [here](#)

An adult at risk is an adult who:

√ Is experiencing or is at risk of abuse or neglect
AND

IF YOU THINK A CRIME HAS BEEN COMMITTED – CONTACT THE POLICE

✓ Has needs for care and support

AND

✓ As a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it.

Next of kin:	GP Details:
Relationship:	GP Name:
Address:	Surgery Address:
Telephone number:	Telephone number:

1. About the individual believed to be at risk of abuse or neglect

Is the person at risk of abuse or neglect? Yes/No	
--	--

Describe the risks:

Is there evidence that the person has been abused or neglected?	Yes/No
--	--------

Describe what has happened:

Is the person currently being abused or neglect?	Yes/No
---	--------

Describe what is happening:

Does the person have care and support needs?	Yes/No
--	--------

Please describe their needs:

Is the person able to protect themselves against the risk of abuse or neglect?

Yes/No

If **NO**, please say why they are unable to protect themselves:

Is the individual aware of the enquiry?

Yes/No

If **NO**, why?

has the individual consented to the enquiry?

Yes/No

If **NO**, why is the referrer continuing with the enquiry?

Is there any evidence to suggest that the individual lacks mental capacity to consent/understand the concerns and/or process?

Yes/No

If **YES**, has an advocate been informed?

Yes/No

If **NO**, why?

Details of the formal/informal family or friend or advocate (if applicable)

IT IS EXPECTED THAT YOU HAVE DISCUSSED THIS SAFEGUARDING REPORT WITH THE INDIVIDUAL OR THEIR ADVOCATE AND MADE THEM AWARE YOU ARE REPORTING THE CONCERN TO ADULT SOCIAL CARE. IF YOU HAVE NOT DONE SO, PLEASE STATE WHY:

2. About the alleged abuse:

Type of alleged abuse (tick all relevant boxes):

Financial/Material

☐

Neglect

☐

Physical

☐

Sexual

☐

Emotional/Psychological

☐

Describe the alleged abuse or neglect: (Body map)

How long has the alleged abuse been taking place?

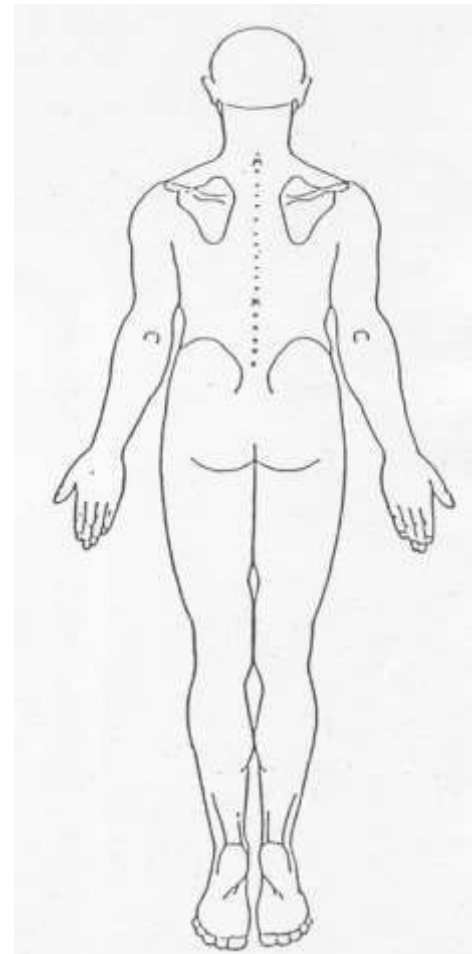
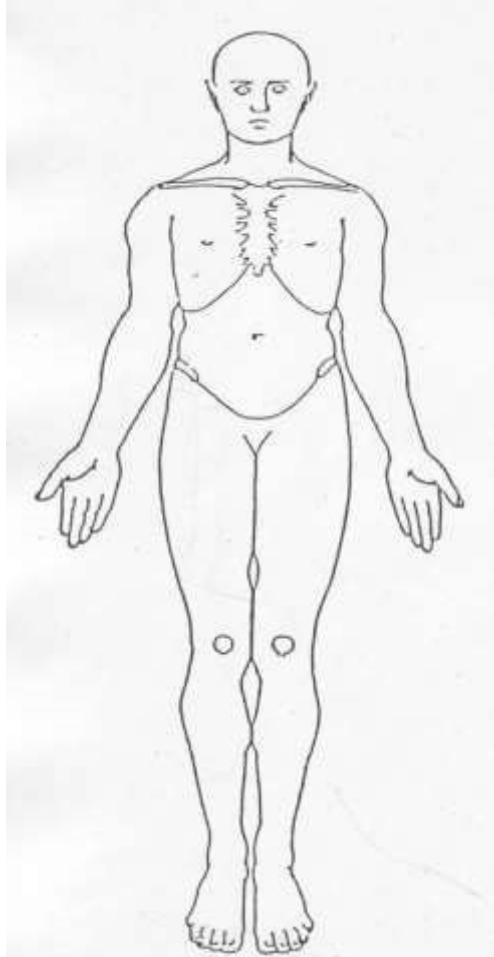
Where did the alleged abuse occur?

When did the alleged abuse occur?

How often and to what degree has the abuse been taking place?

What is your view of the impact the abuse is having on the individual?

What steps have been taken to safeguard/protect the individual and by whom? (Include how the risk has been managed, what others have been informed – including statutory agencies, GP, Police etc.).



Please highlight any physical injuries.

What are the individual's views, wishes and feelings about the safeguarding concern? (To include any actions they have taken or would like to be taken):

3. About the person (s) allegedly responsible for the abuse:

Unknown at present: ☐

Name:

Address/Workplace:

Telephone number:

Date of birth:

IF YOU THINK A CRIME HAS BEEN COMMITTED – CONTACT THE POLICE

Age:	Relationship to alleged victim:
Do they have capacity to understand their actions?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

Does the alleged perpetrator provide care and support for the individual?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Does the alleged perpetrator have care and support needs?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

Note: if more than one alleged perpetrator has been identified please provide details in section 7.

4. About the person(s) who witnessed the incident (s):

Name:	Address/Workplace:
Telephone number:	Occupation/Relationship to victim (if any):

Note: if more than one person has witness the incident(s) please provide details in section 7.

5. About the person who first reported the concern:

Name:	Address/Workplace:
Telephone number:	Occupation/Relationship:
Date/Time report:	
Does the referrer wish to remain anonymous?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>

If **YES**, please state why:

Note: Referring health and social care professionals are not able to remain anonymous except in extraordinary circumstances.

6. This form was completed by:

Name:	Time/Date completed:
Agency/Company:	Designation:

Telephone number:	Email address:
Where applicable, person to contact for further information:	
Name:	Designation:
Email address:	Telephone number:
7. Additional information:	
<p>Please send this form for the URGENT attention of the relevant Local Authority. This should be the local authority where the alleged abuse happened.</p>	

Anglesey – The Adult Services Duty Team:	asduty@ynysmon.gov.uk
Conwy - Customer Access Team	wellbeing@conwy.gov.uk
Denbighshire - SPOA	spoa@denbighshire.gov.uk
Flintshire - First Contact Team	ssduty@flintshire.gov.uk
Gwynedd - Safeguarding Hub	diogeluoedolion@gwynedd.llyw.cymru
Wrexham - Initial Response Team	irt@wrexham.gov.uk
Date ratified by Board:	V7: 30 March 2017 V8:
Review date:	V7: March 2019 V8: March 2020

Privacy Notice:

[Insert Organisation Name] ('we' or 'us' or 'our') are committed to ensuring the security and protection of the personal information that we process, and to provide a compliant and consistent approach to data protection. We have always had a robust and effective data protection program in place which complies with existing law and abides by the data protection principles. However, we recognise our obligations in updating and expanding this program to meet the demands of the GDPR and the UK's Data Protection Bill.

[Insert Organisation Name] are dedicated to safeguarding the personal information under our remit and have in place a data protection regime that is effective, fit for purpose and demonstrates an understanding of, and appreciation for the new Regulation. Our preparation and objectives for GDPR compliance have been summarised in this statement and include the development and implementation of new data protection roles, policies, procedures, controls and measures to ensure maximum and ongoing compliance.

