

Adults At Risk Safeguarding Policy

The information included in the main safeguarding policy applies to all pupils in the school, whether they are under the age of 18 years or over the age of 18 years. This section of the policy refers to the specific procedures, forms and contact details for pupils and adults at risk who are aged 18 years and over.

1.8 Schools have a legal duty of care for the health, safety, security and wellbeing of their pupils and staff at all times. This duty of care incorporates the duty to safeguard all pupils from subjection to any form of harm, abuse or nuisance. It is the responsibility of the Governing Body and Senior Leaders to ensure that this duty is uncompromised at all times.

1.9 Schools must be able to demonstrate understanding and actions that contribute to the development of cohesive, resilient communities in their roles as responsible guardians. They need to have arrangements in place for ensuring the safety and wellbeing of all learners.

Specific Adult at risk procedures

Adult at risk – definition

S126(1) of the [Social Services and Well-being \(Wales\) Act 2014](#) defines an 'adult at risk' is a person aged 18 years or older who:

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

Immediate Adult Protection Concerns

If you believe that the 'adult at risk' is in danger or at risk of immediate harm, please ring the Police on 999

What is the Multi Agency Safeguarding Hub (MASH)?

The Cwm Taf Multi Agency Safeguarding Hub consists of the following statutory partners:

Merthyr County Borough Council,
Rhondda Cynon Taf County Borough Council,
South Wales Police,
Cwm Taf University Health Board
National Probation Service

All partners will work together to provide the highest level of knowledge and analysis to make sure that all safeguarding activity and intervention is timely, proportionate and necessary.

Before you start

It is essential that you read this guide as it gives you information to help you fill in your referral form.

The referral form is split into 8 sections. The guide gives instructions on how to fill it in and provides extra information on each section. If you need more help or advice, please phone RCT adult services on Tel: 01443 425003 or 01443 570010

Out of Hours Emergencies: To contact social care services outside office hours, at weekends and bank holidays, contact the Cwm Taf Emergency Duty Team on 01443 743665 / 01443 657225

Please read the below information and guidelines from the Wales Safeguarding Procedures :Adults at Risk <https://safeguarding.wales/en/adu-i/>

- ❖ ALL staff should understand the nature of abuse, how people might be at risk of harm and work to prevent it
- ❖ When responding to referrals, the concerns raised must be believed/accepted without judgement
- ❖ Staff have a duty to report any concerns they have about the potential abuse of an adult at risk
- ❖ Careful consideration and respect of adults at risk wishes and preferences are essential to the adult protection process
- ❖ Adults at risk have the right to be supported and empowered when adult protection procedures are used and to have an independent advocate if they wish. For people assessed as lacking capacity to make decisions about how they could be protected, an Independent Mental Capacity Advocate (IMCA) must be considered and may be appointed
- ❖ Vulnerable adults with capacity to understand abuse and risk of abuse have the right to refuse intervention even if this leaves them at risk of significant harm, but those working in adult protection may need to act to protect other vulnerable adults from the same abuser
- ❖ Vulnerable adults are entitled to the protection of the law and full access to all parts of the criminal justice system, in the same way as any other citizen
- ❖ Vulnerable adults who are allegedly victims of abuse should have the highest priority for protection, assessment and support
- ❖ Vulnerable adults have the right to full and timely information about their rights, services, what is being done on their behalf and why.
- ❖ Carers have the right to have their needs taken into account
- ❖ Alleged perpetrators, including those who are carers, must have their rights taken into consideration
- ❖ Alleged perpetrators who are also vulnerable adults have the right to be supported and to have an independent advocate if they wish
- ❖ Staff, managers and professionals in all agencies must work actively and proactively with each other, with other agencies and with the adults at risk and their family or carers to ensure protection and prevention
- ❖ Each agency must make a commitment to work actively to ensure the Wales Safeguarding Procedures :Adults at Risk are integral to working practices and staff training.

Making the referral

Referrals should be made to the MASH as soon as a concern about an adult at risk becomes apparent, and certainly **within 24 hours**.

Outside office hours, referrals should be made to the social services emergency duty service or the police.

All telephone referrals or referrals made in person should be confirmed in writing within two working days on the Multi Agency Referral Form – A1. The referral should contain as much information as possible.

On receipt of the referral, information will be shared lawfully with other agencies on a 'need to know' basis. Explain this to the adult at risk and, where possible, they should be told what information will be shared.

If the abuse amounts to a criminal offence, the police should be contacted and any evidence preserved. Note what the adult at risk tells you using their exact words. Avoid leading and intrusive questions. Do not confront the alleged abuser yourself.

What happens next?

The Multi Agency Safeguarding Hub (MASH) is composed of staff from Police, Health, Probation, and Social Services whose collective information will help inform the most appropriate response to the referral.

The individual employee, professional making the referral may be asked to do some or all of the following tasks, and should be prepared and willing to do them:

- ❖ Contribute to a strategy discussion or strategy meeting
- ❖ Provide a written report for the adult protection meeting
- ❖ Assist with any adult protection enquiries
- ❖ Attend an adult protection conference

It is the responsibility of individual employees and professionals to ensure that their adult protection concerns are taken seriously and followed through. Each individual employee and professional is accountable for his or her own role in the adult protection process, and if an individual employee or professional remains concerned about an adult at risk they should re-refer the adult and /or bring the matter to the immediate attention of the senior safeguarding manager.

Please make every effort to complete the form electronically.

If handwritten, please use a **black** ballpoint pen and print clearly. Draw a line through any minor mistakes with a pen. Do not use correction fluid.

Send us original documents **not** photocopies.

How to complete the A1 Form

Date alert / concern raised: Please enter the date the concern was first raised

Date of incident(s): Please enter the date of the incident / dates of each incident / or between dates if specific date is not known.

Date received by MASH. This is for the lead MASH safeguarding officer within Health or Social Services to complete.

Section 1 : Details of Adult at Risk

Professionals making referrals cannot choose to remain anonymous, though members of the public including volunteers may, if they wish.

- Complete any client or patient identification number relevant to the adult at risk
- Give surname, first names (in full)

- Give the date of birth (dd/mm/yyyy)
- Give the age of the adult
- Identify if adult at risk is male or female by ticking appropriate box
- Provide the address where the adult at risk normally resides.
- Provide the address that the adult at risk is currently residing at.

If there is more than one address known for the adult at risk then please give full details in Section 8 - Additional Information.

- Give telephone number / mobile numbers for the adult at risk
- Ethnicity – please use the following codes:
 - 1. White – North European
 - 2. White – South European
 - 3. Black
 - 4. Asian
 - 5. Chinese, Japanese, SE Asian
 - 6. Arabic or North African
 - 7. Unknown
- **Interpreter Required?** Please tick ‘yes’ or ‘no’ as to whether an interpreter will be required to communicate with the adult at risk. It is important to ask the adult at risk which is their preferred language so that a suitably qualified interpreter can be identified.
- **GP’s Name, Telephone Number and Surgery Address?** Please enter the adult at risk’ GP details including telephone number and full postal address.
- **Why is the person an ‘adult at risk’ at the time of the incident?**
Please refer to the above definition and give full details.
- **Does the adult at risk have an illness / disability or specific needs?**
Please include details of any diagnosis or ongoing assessments.
- **Is the adult at risk subject to any legislative powers?** If you are aware of any legislative powers such as Deprivation of Liberty (DoLS), Section under the Mental Health Act, Power of Attorney etc. then please give full details
- **Next of Kin.** Please identify the next of kin for the adult at risk and provide their full address and contact details.
- **Relationship.** Please explain the relationship between the next of kin to the adult of risk
E.g. son, niece, friend
- **Are there any other persons at risk living at the property?**
Please identify any persons that you believe may be at risk. This includes children that may be resident in the property or visiting the property.
- **Please give details of any other professionals involved in their care.**
If you are aware of any professionals that are currently involved in the care of the adult at risk, then please provide their full details including name and contact details, if known. These professionals could include Social Workers, Community Psychiatric Nurses, and Occupational Therapist etc
- **What action has been taken to safeguard the adult at risk?**
Please specify what action has been taken to safeguard the adult at risk and indicate if there any outstanding risks.

Section 2 : Consent / Capacity of Adult at Risk

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 that 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

Please Note:

It is important to share any recent capacity assessments with the MASH as this will form part of the initial evaluation and risk assessment.

Does the adult at risk have any difficulty in communicating?

Please provide a full explanation so that the Designated Lead Manager in the MASH may be aware whether aids or an intermediary will be required.

Is there any evidence to suggest that the adult at risk lacks mental capacity to consent to this referral?

Please see the information box as a guide to considering capacity. If an adult at risk has capacity then they have the right to be consulted and their views taken into account.

Has the adult at risk consented to this referral?

Vulnerable adults with capacity to understand abuse and risk of abuse have the right to refuse intervention even if this leaves them at risk of significant harm, but those working in adult protection may need to act to protect other vulnerable adults from the same abuser. Please give a full explanation if the adult at risk refuses consent.

If the adult at risk has capacity, do they consent to their information being shared with other agencies?

The MASH Designated Lead Managers are working in partnership with other statutory agencies within the Multi Agency Safeguarding Hub. Information may be shared with Police, Probation, Health, and RCT in order to make an informed decision and identify the most appropriate professional to respond. Please indicate by ticking the appropriate box which agencies the adult at risk wish their information to be shared with.

What are the views and wishes of the Adult at Risk?

It is vitally important to speak to the adult at risk and ascertain what their views and wishes are in relation to your concern. It is important to document this conversation in order to ensure that their views and wishes are understood correctly throughout the process.

Is there an overriding public interest reason to share this concern without consent?

If the adult at risk seems able to make an informed decision and does not want action or intervention, their wishes should be respected unless:

- There is a statutory duty to intervene
- It is in the public interest to do so e.g. another person(s) are put at risk
- It is suspected that the adult at risk may be under the undue influence of someone else

Section 3 : About the alleged abuse

Type of alleged abuse:

Please indicate the type of alleged abuse that is causing concern by ticking the appropriate box

Please note the below guidance regarding Pressure Ulcers:

There is an expectation that all cases of category / grade 3 and 4 pressure ulcers will be investigated to rule out neglect as a possible cause when we consider the person to be a vulnerable adult. As soon as pressure damage is identified immediate action should be taken to reduce the patient's risk of further damage and to optimise healing.

The all Wales algorithm for reporting and investigating pressure damage must be followed for all hospital and community acquired pressure damage.

If the pressure damage is hospital or community acquired, the person who has identified it must complete a Datix report as per policy. If there is uncertainty about when the pressure damage occurred, it may be deemed appropriate for the identifying nursing team or caring team that had previously been responsible for the patient's care to carry out the investigation collaboratively. If the pressure damage is acquired in hospital the person in charge of the area must be alerted and they are responsible for completing the care metrics module to help guide the possibility of the need for an Adults at Risk referral.

If unavoidable pressure damage grade 3 or 4 is identified, Adults At Risk alert should be raised and an A1 completed and sent to the Multi Agency Safe Guarding Hub for further investigation.

At what address did the abuse occur?

Please state the address where the abuse occurred and provide the full postal address if known.

Specify the exact location of the abuse?

The exact location of the abuse is required to inform any subsequent investigations e.g. adult at risk's bedroom, ward 6 in RGH

Is the abuse current or historical?

Please tick whether the abuse is current or historical.

Provide a full description of alleged abuse / injuries:

Please give a full account of the alleged abuse providing as much information as possible. If there is any evidence supporting the account e.g. CCTV, documentary evidence, then please give details and indicate who is in possession of these items.

If the adult at risk sustained any injuries, please give details and complete the associated body map to indicate where on the body the injuries are located.

Please also indicate whether any photographs have been taken of the injuries.

Photographs must only be taken from the adult of risk if consent has been obtained.

What steps have been taken to safeguard the adult at risk and by whom?

It is everyone's responsibility to know what services, advice and support are available locally to vulnerable adults and how to access help needed.

If abuse is identified then please state fully what safeguards have been put in place to protect the vulnerable adult from risk of further abuse.

Are there any further risks?

There may be occasions when an adult at risk with capacity to understand abuse and risk of abuse declines preventative measures despite further risks being identified.

Please give full details of any outstanding risks.

Section 4 : Details of suspected perpetrator(s)

Please make every effort to provide full details of the perpetrator to support the Adult Protection process and carry out all necessary checks.

- Give last name, first names (in full). If you are aware of any other names e.g. Alias or nicknames then please give details in Section 8 – Additional Information.
- Give the age and date of birth (dd/mm/yyyy)
- If known, please give full postal address of where the perpetrator currently resides
- If known, please give any contact telephone numbers
- State the relationship to the adult at risk

Is the perpetrator an adult at risk?

Even if the alleged perpetrator is another adult at risk, the *Adult Protection Policy and Procedures* apply.

Please explain fully why the perpetrator is an adult at risk.

What is the perpetrators occupation?

Please give full details of the perpetrators occupation including name and address of employer if known.

Please also give details if you are aware of any voluntary work the perpetrator may be involved with.

If there is concern that any professional may have abused an adult at risk then please inform your senior manager immediately.

Is the alleged perpetrator aware of the referral?

Please indicate by ticking 'yes' or 'No'. There is no requirement at this stage to engage with the person who is allegedly responsible for the harm.

Section 5 : Details of Witness(es)

- Give last name, first names (in full). If you are aware of any other names e.g. Alias or nicknames then please give details in Section 8 – Additional Information.
- Give the age and date of birth (dd/mm/yyyy)
- Please give full postal address, if known

- Please give details of all contact telephone numbers
- Please state the occupation of the witness
- Please state what the relationship is e.g. son, carer etc.

Q. Is the witness an adult at risk?

If the witness is also an adult at risk, please give full details.

Section 6 : Who has raised the concern?

It is important to identify the person who has first raised the concern. This may be the adult who is at risk themselves, a neighbour, next of kin or a professional working with the adult at risk such as a carer or social worker.

- Give the full name of the person raising the concern
- Give the age and date of birth (the date / the month / then year)
- Please give full postal address, if known
- Please give details of all contact telephone numbers
- Please state the their occupation and employer
- State their relationship to the adult at risk e.g. daughter, carer etc.

Does the reporter wish to remain anonymous?

Members of the public can request anonymity. If possible, obtain a contact number for them in case further information is needed even if they do not wish to give their name. Requests for anonymity will be respected however cannot be guaranteed.

If someone is reporting third party information, the person receiving the information should try to find out who saw, heard or suspects the abuse, so that the report can be verified.

Section 7 : Who is submitting the A1?

Please complete the A1 using the electronic format whenever possible and email to the MASH.

- Give the full name of the person submitting the A1
- Please state the their occupation and employer
- Please give full postal address, if known
- Please give details of all contact telephone numbers
- Please state the time and date of submission of the A1

The person submitting the A1 is responsible for ensuring the quality and accuracy of the information.

Please ensure that any documentation you are in possession of, that may assist the MASH, is scanned and sent with the A1 such as body maps, risk assessments, capacity assessments etc

If you are unable to send this documentation, please state in Section 8 – Additional Information the following information: Brief description of what is held, the location of the information and how the MASH can access it.

Do not delay sending the A1 in order to gather this information

Section 8 : Additional Information

If there is any additional information that you believe may be relevant to the adult at risk or any subsequent investigation please give full details.

How to access an electronic referral form

The electronic referral form can be accessed from the below websites:

www.rctcbc.gov.uk

How to send in your referral form

We would encourage you to complete your form online whenever possible and email to the following addresses:

Rhondda Cynon Taff: adultsatrisk@rctcbc.gov.uk

If you are sending in a handwritten A1, then please adhere to the following:

- ❖ Please use a **black** ballpoint pen and print clearly.
- ❖ Draw a line through any minor mistakes with a pen.
- ❖ Do not use correction fluid.
- ❖ Send us original documents **not** photocopies.

Send to: MASH, Adult Services, Pontypridd Police Station, Berw Road, Pontypridd, Mid Glamorgan, CF37 2TR (Please specify Adult Services Merthyr or RCT)

Contact telephone number: 01443 743665

How to contact the Multi Agency Referral Unit

Rhondda Cynon Taf Adult Services – 01443 425003

Adult Services 01443 570010

Further information links to RCT Adults at Risk :

<https://www.rctcbc.gov.uk/EN/Resident/AdultsandOlderPeople/Stayingsafe/Protectionofadultsatrisk.aspx>

This should be read alongside the corporate Safeguarding Policy for RCT:

<https://www.rctcbc.gov.uk/EN/Resident/AdultsandOlderPeople/RelatedDocuments/CorporateSafeguardingPolicy.pdf>

A1 – Multi Agency Suspected Adult at Risk Report

Section 1

This section is to be completed where there is reasonable cause to suspect that an adult is at risk of, or has experienced, abuse or neglect or that a professional may be unsuitable to work with adults at risk, and there is a statutory duty to share the individual's personal information in line with Part 7, Social Services and Well-being Act (2014) Wales.

Adult at Risk – Definition (please refer to A1 Guidance document)

An 'adult at risk' is a person aged 18 years or older who:

- (a) is experiencing or is at risk of abuse or neglect,
- (b) has needs for care and support (whether or not the Local Authority is meeting any of those needs), and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Please indicate below if this is a concern relating to:

Adult at Risk		Professional Concern		Both Adult at Risk and Professional Concern	
If this is a professional concern, please provide details of the professional					
Name	DOB	Address	Job Title/Responsibility	Details	

Date alert / concern raised:	
Date of incident(s)	
Date received by MASH:	

1. Details of Adult at Risk	Client / Patient ID No:		
Last Name:		First Name:	
Date of Birth:		Age:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other (please state) <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		
Address: (Normal residence)		Postcode	
Current Location:		Postcode	
Tel/Mobile:		Ethnicity (see guidance)	
Email Address:			
Interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:	Preferred Language:	
GP's Name:		GP Tel Number:	
Surgery Address:			
Why is the person an 'adult at risk' at the time of the incident?			
Does the adult at risk have an illness / disability or specific needs?			
Is the adult at risk subject to any legislative powers? E.g. DoLS, Mental Health Act, Power of Attorney			
Next of Kin:		Relationship:	

Address:			
Tel/Mobile:			
Email Address:			
Are there any other persons at risk living at the property?			
Please give details of any other professionals involved in their care.			
What action has been taken to safeguard the adult at risk?			
2. About the alleged abuse			
Type of alleged abuse:	Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Financial <input type="checkbox"/> Emotional / Psychological <input type="checkbox"/> Neglect <input type="checkbox"/>		
At what address did the abuse occur?			
Please specify the specific location of the abuse E.g. hospital ward number, own home in bedroom			
Is the abuse	Current <input type="checkbox"/> Historical <input type="checkbox"/>		
Please give a full description of alleged abuse / injuries: (Please complete body map and forward to MASH if relevant)			
Are there any further risks? If yes, please explain.			
3. Details of suspected perpetrator(s)			
Last Name:		First Name:	
Date of Birth:		Age:	
Address:		Post Code:	

Tel/Mobile:			
Relationship to adult at risk			
Is the perpetrator an adult at risk? If yes, explain why			
If the perpetrator is an adult at risk, do they have capacity to understand their actions?			
Occupation:		Employer	
Is alleged perpetrator aware of the suspected adult at risk report?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Additional Perpetrator?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Details:		
4. Details of Witness(es)			
Last Name:		First name:	
Date of Birth:		Age:	
Address:		Post Code:	
Tel/Mobile:			
Occupation:			
Relationship to adult at risk:			
Is witness an adult at risk? If yes, explain why.			

Additional witness

5. Who has raised the concern?	This is the <u>first</u> person to whom the disclosure was first made – it may be a family member, witness, or a professional working with the adult at risk		
Name:			
Date of Birth:		Age:	
Address:		Post Code:	
Tel/Mobile:			

Occupation:		Employer:	
Relationship to adult at risk:			
Does the reporter wish to remain anonymous? If yes, explain why. (excludes professionals)			
6. Who is submitting this suspected adult at risk report?	Please submit A1 with body maps and wherever possible risk assessments, capacity assessments or documents that may assist in any subsequent investigation		
Name:			
Occupation / Employer details:			
Address:		Post Code:	
Tel/Mobile:			
Date / Time submitted			
7. Additional Information			

Section 2

This section should be completed to document whether the adult has mental capacity to consent to this adult at risk report and whether they consent to their information being shared.

Where the adult has mental capacity and does so, evidence of obtaining their consent should be recorded below.

8. Consent / Capacity of Adult of Risk	Please include details of any recent capacity assessments.
Does the adult at risk have any difficulty in communicating? (Please explain)	
Is there any evidence to suggest that the adult at risk lacks mental capacity to consent to this suspected adult at risk report?	
Has the adult at risk consented to this adult at risk report? If no, please explain the reasons why.	
If the adult at risk has capacity, do they consent to their information being shared with other agencies? (MASH – police, health, probation, social services)	<input type="checkbox"/> Police <input type="checkbox"/> Health <input type="checkbox"/> Probation <input type="checkbox"/> Rhondda Cynon Taff CBC <input type="checkbox"/> Merthyr Tydfil CBC
What are the views and wishes of the adult at risk?	
Is there an overriding public interest reason to share this concern without consent? Please explain.	

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Email this form to the Multi Agency Safeguarding Hub (MASH)

Secure email address for Merthyr: adult.protection@merthyr.gov.uk

Fax to: Merthyr Tydfil CBC MASH: 01443 743769

Secure email address for RCT: adultsatrisk@rctcbc.gov.uk

Fax to: Rhondda Cynon Taff CBC MASH: 01443 743768

Health employees only: CTHB_SafeguardingTeam@wales.nhs.uk

MASH telephone number for professionals use: 01443 743730

