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Cardiff & Vale of Glamorgan Regional Safeguarding Adults Board

Gweithdrefnau Diogelu Cymru
Wales Safeguarding Procedures

Cardiff and Vale of Glamorgan
Regional Safeguarding Boards

Wales Safeguarding Procedures

'What's Different?'
Adult Safeguarding

Quick Guide to Key Changes

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The Duty to Report has been recognised practice in Cardiff and Vale of Glamorgan since the introduction of the Social Services and Wellbeing Act (2014), therefore for many practitioners (outside of local authority, health, police) the main changes to be concerned with are new terms, introduction of the Designated Safeguarding Person (DSP) role, and changes in emphasis in aspects such as co- production, person centred, advocacy etc.

For local authorities, health and police, the impact of the new adult procedures on internal processes will be more significant.

Some aspects within the new procedures remain open to a degree of interpretation, therefore if anyone reading this guide is concerned about any of the information provided, please get in touch with Cardiff and Vale of Glamorgan Safeguarding Business Unit so that any issues or concerns can be followed up CardiffandValeRSB@cardiff.gov.uk

The key changes highlighted in this 'Quick Guide' have been identified by a task group of Gwent safeguarding practitioners and have been adapted to suit Cardiff and Vale of Glamorgan with thanks to Gwent Safeguarding Board.

Section 1

SAFEGUARDING PRINCIPLES AND EFFECTIVE PRACTICE: ADULTS AT RISK OF ABUSE AND/OR NEGLECT

This section highlights the safeguarding principles, underpinning legislation, guidance and the procedures. It describes effective practice is most likely to take place if there is consistency in each of the aforementioned. Within this section definitions of adults at risk of abuse and neglect are provided as well as signs and indicators of abuse.

Effective safeguarding requires each practitioner and organisation to play their part in the process and to be familiar with, and follow, their organisations procedures. The guidance '*Handling Individual Cases'* describes the principles that should underpin safeguarding systems for both children and adults as risk.

It defines a person centred approach recognising:

- the rights of the individual should be paramount to the approach,
- their best interests should always be paramount, the individual's views, wishes and feelings should be ascertained,
- the importance of promoting and respecting the dignity of the individual,
- have regard to the characteristics, culture and beliefs of the individual,
- have regard to the importance of providing appropriate support to enable the individual to participate in the process.

Key changes/shifts in practice:

- **Early intervention** should be offered to individuals whenever possible to prevent them from becoming an adult at risk and essential that the adult is actively engaged in determining the best way in which their needs can be met.
- **Taking a person centred approach, and co-production with the adult at risk** is emphasised throughout the new procedures
- Practitioners will need to have the skills, knowledge and resources available to them if the safeguarding principles are to be applied; managers and agencies need to support ongoing development of relevant skills/ knowledge amongst staff, as well as ensure appropriate resources are available to support co-production, person centred ways of working, and enable engaging with adults at risk in the ways the new procedures suggest.

Section 2

THE DUTY TO REPORT AN ADULT AT RISK OF ABUSE AND/OR NEGLECT

Under Section 162 of Social Services & Wellbeing Act (2014), the Duty to Report on relevant partners was introduced and in the new procedures this remains the same. Whilst the third sector is not considered a relevant partner, the same expectations and obligations are seen to apply.

Throughout Section 2, there is a focus on a person centred approach. There is also a shift towards embedding additional mandatory practice, in areas previously thought of as more 'best practice'.

Key changes/shifts in practice

- Regional multi agency **Duty to Report (DTR) Form** needs to reflect 'person centred' ways of working, including client's perspective on safeguarding outcomes (Work is currently ongoing to update DTR form, WCCIS etc., when completed revised DTR form will be available via the Cardiff and Vale of Glamorgan Safeguarding Board website)
- A person centred outcome must now be evidenced at the conclusion e.g. does the person now feel safer?
- Terms '**Report'** (i.e. referral) and '**Report Maker'** (referrer) have been adopted
- Explicit feedback/ acknowledgement that the DTR has been received should be provided by Local Authority (LA)...a shift to mandatory as opposed to best practice
- 'At risk' safeguarding DTRs will now need to be considered....a shift to mandatory as opposed to best practice
- In the event that the Local Authority proceeds with a safeguarding report **against the person's wishes**, there needs to be justifiable reasons why. The procedures detail several areas where this might need to be considered e.g. where important evidence could be lost, where carer or family member is potential abuser, or in public interest
- In the event of proceeding against the persons **consent**, we need to inform the adult at risk
- New role of **Designated Safeguarding Person (DSP)**
  The 'Designated Safeguarding person' (DSP) is the identified person within the organisation (outside of LA) who:
  - *Is available to discus*s safeguarding concerns
  - *Should be consulted, when possible as to whether to raise a safeguarding concern with the LA*
  - *Will manage any immediate actions required to ensure the individual at risk is safe from abuse*

  All practitioners should know who to contact in their agency for advice. Whilst every effort should be made to seek advice from the DSP, a practitioner may need to contact social services directly particularly where contacting the DSP would result in undue delay

- When seeking advice from the safeguarding team, following the discussion the responsibility on whether to submit a report or not remains with the report maker.
- **Capacity** is assumed throughout the new procedures
- Provides additional clarity over when considering **capacity -** consideration should also be given by the safeguarding team in respect of the level of **duress** the person may be experiencing
- A new regional **Thresholds Guidance** document is currently under development in Cardiff and Vale of Glamorgan to support more appropriate Duty to Reports and will be available on the Cardiff and Vale of Glamorgan Safeguarding Board website shortly.

Section 3 parts 1 & 2

RESPONDING TO A REPORT OF AN ADULT AT RISK OF ABUSE AND/OR NEGLECT

This section offers guidance for responding to a report, detailing the tasks – defining the roles of the '**Report Maker'** and '**Report Taker'**, making contact with Police and setting out the process – this includes **S126 enquiries** and details around responding to a report, process for **strategy discussion / meeting** and procedures on complex situations.

Key changes/shifts in practice:

- The procedures introduce specific guidance on areas that should be covered via S126 enquires.
- The procedures introduce a timescale for the adult to be seen in five specific circumstances (Physical injury, Sexual abuse, Already subject to protection plan, Severe neglect / other severe health risk, Abandoned)
- The procedures introduce 3 possible outcomes of S126 enquires ('determinations) alongside 'no further action' as a possible option
- The procedures introduce new terminology – Lead Coordinator ('old DLM') and Lead Practitioner (usually allocated social worker)
- New procedures relating to delegating responsibility for undertaking enquiries to partner agencies such as health are introduced (which require clarification and more specific guidance)
- The Lead Practitioner role identifies responsibilities in relation to the ongoing care and support plan
- The procedures introduce specific areas to be covered as part of strategy meetings
- The procedures introduce changes to the process for adult protection conference (this includes a specific timescales for reports from agencies to be made available - two days prior to the conference, a clear expectation that the chair meets with the adult at risk prior and after the conference, guidance on the adult at risk having access to information gathered as part of an investigation report)

The implications for adopting these new procedures include a need for the development of new/amended forms and the relevant infrastructure in the electronic systems to support this practice (currently under development in Cardiff and Vale of Glamorgan), in addition to training for staff who will be acting as 'Report Makers' (social care staff as a priority as they are a main source of reports alongside staff from the multiagency arena) and 'Report Takers' (safeguarding teams and/or IAA services).

There are some specific considerations in terms of delegating responsibility during enquiry stage and the interface between LA and partners such as health. The new procedures acknowledge that enquiries can be delegated out to partner agencies such as health, however there is no clear guidance on when/how this should happen. It is not clear if initial screening decisions are only made by LA, or whether this can be delegated to partner such as health. There is no indication if screening decisions should be made in conjunction with health where it involves a health related concern.

The duty to determine the outcome of the S126 enquiries remains with LA even where another agency carries out enquiries, as such there will need to be collaborative working/ decision making with health for delegated health cases due to the clinical nature of these enquiries.

The new procedures raise questions over the **Lead Practitioner** role being undertaken by a nurse, as this role has clear responsibilities in relation to the ongoing Care and Support Protection Plan. It would seem a nurse would not be able to fulfil all the functions of this role, only those aspects relating to health.

Delegating to partner agencies such as health also raises questions over who will hold the records for delegated enquiries.

Regional actions/ work ongoing:

- Amend DTR form
- Screening Tool to be agreed/created

- Devise form to evidence S126 enquiries and outcomes
- Develop a rationale for delegating lead coordinator role (Memorandum of Understanding)
- Agree/ create new agendas for meetings
- New Confidentiality statement
- Amending protection plan

Other considerations:

- To consider how we manage/ facilitate case conferences
- To understand, appreciate and disseminate details of potential impact of new procedures in terms of operational teams / capacity
- Consider and clarify aspects in relation to delegating responsibility during enquiry stage (including who will hold record of enquiry) and the interface between LA and partners such as health (provide guidance)
- Clarify terminology (strategy discussion/meeting)
- Clarify whether Lead Coordinator role is assigned pre or post enquiries
- Consideration of limitations of other professionals (such as nurses), in terms of their ability to fulfil all the functions of the Lead Practitioner role (followed by clarification and/ or additional guidance)
- Consider and clarify how Lead Practitioner role will interface with health related/ delegated cases
- To consider threshold criteria/ guidance in respect of the situations in which adults at risk should be seen the same day : physical injury, sexual abuse, already subject to protection plan, severe neglect / other severe health risk abandoned.

Section 4

Planning and intervention for an adult at risk of abuse and neglect

This section details the roles and responsibilities of practitioners regarding planning and delivering interventions to meet the care and support, protection needs of an adult at risk.

Section 4 provides guidance on how this is achieved through the provision of a care and support protection plan. Practitioners have clear roles and responsibilities in relation to the care and support protection plan. In the new procedures there is a clear focus on co- production in relation to development of the care and support protection plan and adopting a strength based approach. The focus will need to be person centered and considerable arrangements will need be made to enable the adult at risk to participate in the development of their care and support protection plan.

New terminologies and changes have been applied to existing roles which include the development of The Lead Coordinator, Lead Practitioner and delegated Lead Coordinator. The role for the Lead Practitioner has changed considerably and practitioners will need to understand their new statutory duties which include seeing the adult within 5 working days of the strategy meeting/ discussion with subsequent 4 weekly visits.

Key changes/shifts in practice

- The **Lead Coordinator** is the new title for the Designated Lead Manager

- The **Delegated Lead Coordinator** is likely to be a senior professional taking on the role employed by another organisation for example Aneurin Bevan University Health Board

- The **Lead Practitioner** is likely to be the allocated social worker / care coordinator and will be responsible for updating the care and support protection plan. It will be their responsibility to ensure it captures the adult's **holistic care and support needs** which should be **person-centered** and **strengths-based.** There will no longer be a separate adult protection plan. All areas of need will be documented on the one care and support protection plan.

- The Lead Practitioner will be responsible for engaging with the adult and for ensuring where possible they contribute to the development of their **care and support protection plan**

- There is a focus on **engagement with the adult**, obtaining their views and wishes at regular intervals

- The care and support protection plan should be reviewed regularly by the **Strategy Group** (attendees of the strategy meeting/ discussion)

- The Lead Practitioner will be responsible for updating the care and support protection plan to ensure it captures the adults holistic care and support needs

- The care and support protection plan will seek to remove or reduce risk with the emphasis on a risk management strategy to support the adult to **achieve their desired outcome**

Regional actions/ work ongoing:

- Consideration of how 4 weekly statutory visits will be managed and documented
- Development of care and support plan that can be held within the WCCIS system that can be amended following regular reviews
- Developing Step 3 training intervention (LA and Health) in relation to roles and responsibilities of the Lead Coordinator and Lead Practitioner

Section 5

SAFEGUARDING ALLEGATIONS/CONCERNS ABOUT PRACTITIONERS AND THOSE IN POSITIONS OF TRUST

Section 5 sets out Local Authority statutory response to concerns about practitioners (previously professional concerns). Whereas traditionally, professional concerns have been identified, assessed, managed as part of the Adult Safeguarding process, these new procedures require separate process for concerns about practitioners (new blanket term for all) which can run in tandem with the safeguarding process, or in the absence of an identified adult at risk, in isolation.

This approach parallels that of Children's Services and represents a fundamental change in practice. As such, the implications for adopting these new procedures will include a need for the development of a new suite of forms and the relevant infrastructure in WCCIS to support this practice; in addition to training for core safeguarding staff who will need to implement this change of the day to day operational practice. Further to this, awareness raising will need to be completed on a multi-agency basis.

Key changes/shifts in practice:

- Adult safeguarding referrals involving professionals/ people in position of trust now need to be considered under Professional Concerns Protocol
- There is no reference to the role of 'Designated Officer for Safeguarding' who will manage professional concerns process, as suitable for delegation to those within another partner agency (such as health)
- Adult safeguarding referrals and professional concerns will run in tandem
- Professional strategy discussions will always take place with police to determine this meets the threshold for professional concerns
- Guidance on the topics and structure of the Professional Concerns Meeting
- Four possible outcomes are now recordable; Unsubstantiated, Substantiated, Unfounded and Deliberately invented and/or malicious

- Professionals/those in positions of trust under discussion will need to be recorded on WCCIS and informed of this

Regional actions/ work ongoing:

- Regional threshold tool for adult safeguarding, which incorporates identifying professional concerns
- New Agenda/Aide memoire for professional concerns meeting
- Outcomes guidance to support practitioners in rating allegations
- Agreement in terms of how the Adult Safeguarding Process and Professional Concerns process is run in tandem
- Advise police of the potential increase in demand for strategy discussions
- WCCIS data protection/retention policy regarding identified professionals
- Consider the impact of national guidance on the existing regional professional concerns policy
- Consider/ clarify how the practitioner concerns process will interface with an adult protection case especially delegated health adult protection cases
- Consider/ clarify 'Designated Officer for Safeguarding' role, as there is no reference in the new procedures that this can be delegated to partner agency such as health
- Consider how we can work with providers, commissioners, CIW to implement changes/ improvements around professional strategy meeting

Other considerations:

Previous professional concern process relating to a practitioner who is involved in a specific safeguarding referral within health has previously been managed by ABUHB. In the new procedures there is no reference to the role of 'Designated Officer for Safeguarding' who will undertake this, as being appropriate for delegation to another agency.