Safeguarding of Vulnerable Adults & Children

Policy Statement
This policy statement outlines the commitment of the Cadarn Housing Group (the Group herein on in) in relation to the Safeguarding of Vulnerable Adults and Children.

This policy aims to clarify the arrangements in place to ensure people are safeguarded from all forms of abuse or harm where possible and in cases where abuse does occur, that issues are dealt with as promptly and effectively as possible by all staff.

The current guidance which underpins this policy are the ‘Wales Interim Policy & Procedure for the Protection of Vulnerable Adults from Abuse’ (update in January 2013) and the ‘All Wales Child Protection Procedures 2008’; which can be found on the Social Care Wales website; https://socialcare.wales/

and specifically at:

The guidance seeks to develop and implement multi-agency policies and procedures to protect and support vulnerable adults and children from abuse and inappropriate care. The organisations listed below also adhere to the guidance when dealing with the protection of vulnerable adults and children;

- Local Health Boards;
- Care and Social Services Inspectorate Wales (CSSIW);
- Police;
- Fire and Rescue Services;
- Welsh Ambulance Service;
- Probation; and the
- Health & Safety Executive (HSE)

Aim
The Group seeks to ensure that a consistent approach is taken by all staff when dealing with issues relating to the protection of vulnerable adults and children.
Although the statutory duty is with the Local Authority, as an organisation, with strong values and operating principles, all staff within the Cadarn Housing Group have a duty of care to report suspected cases of abuse. This policy therefore aims to:

- Endeavour to enable the safety and protection of vulnerable adults and children;
- Promote the health and well-being of vulnerable adults and children;
- Enhance the quality of life of vulnerable adults and children;
- Improve the identification of cases of abuse;
- Improve the way the Cadarn Housing Group respond to cases of abuse;
- Work in conjunction with the relevant partners such as the Local Authorities Social Services et al to prevent a vulnerable adult / child being abused;
- Train staff to recognise, respond and work to prevent abuse and outline the procedure to follow, if abuse is suspected; and
- Monitor how we do this to improve the recognition, response and prevention of abuse.

Definitions

A ‘Vulnerable Adult’ is defined in the ‘In Safe Hands’ guidance 2000, to be;

‘a person over 18 years of age who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of himself or herself or unable to protect himself or herself against significant harm or serious exploitation’.

This definition may include;

- People who have a learning disability;
- People who have physical or sensory disability;
- People who have a mental illness, including dementia;
- People who are elderly with support/ care needs;
- People who are physically frail or has a chronic illness;
- People who misuse drugs or alcohol; and/ or
- People who have autistic spectrum disorder

A ‘vulnerable adult’ is considered to have mental capacity to make decisions unless proven otherwise. Decisions for people who lack capacity will be taken in their best interest by an appropriate professional or advocate in accordance with the Mental Capacity Act 2005.

Mental Capacity is defined in the Mental Capacity Act of 2005 as

‘Mental capacity means a person’s ability to make their own choices and decisions...under UK law someone’s capacity is judged according to specific decisions to be made, a person may have sufficient capacity to make simple decisions but not more complicated ones’

Informed Consent is defined by CITE in terms of a person’s understanding of action being taken as;
‘Agreement to do something or to allow something to happen only after all the relevant facts are known’.

‘Abuse’ is defined in the ‘In Safe Hands’ guidance 2000 to be;

‘a violation of an individual’s human and civil rights by another person or persons which result in significant harm’.

The guidance also goes on to state that abuse may be:

- a single or repeated act, or multiple acts;
- a lack of appropriate action;
- perpetrated as a result of deliberate intent, negligence or ignorance; and / or
- an act of omission (failing to act) or neglect.

Abuse can be categorised as Physical, Sexual, Financial, Emotional or Psychological and Neglect. It is not unusual for an abused person to suffer more than one form of abuse. The above areas of abuse are defined within the All Wales POVA Policy. Please Refer to Appendix A for indicators of abuse under the 6 categories listed above.

The Group recognises discrimination, self-neglect, institutional abuse, Hate Crime, Domestic Abuse, Forced Marriages and Human Trafficking as additional forms of abuse (these are explored in further detail within All Wales POVA Policy). Since the introduction of Multi- Agency Risk Assessment Conferences (MARAC) and Multi Agency Public Protection Arrangements (MAPPA) in 2003 there has been a more consistent and multi-agency approach to dealing with victims of abuse, working towards reducing risk.

An Abused Child or Young Person is defined to be;

‘a person under the age of 18 years who is suffering ill treatment which results in the significant impairment of physical or mental health or of physical, intellectual, emotional, social or behavioural development’.

With the definition of Child Abuse and Neglect being;

‘when somebody inflicts harm or fails to act to prevent harm... in a family or in an institutional or community setting, by those known to them or more rarely by a stranger’.

Reporting Concerns

All staff within the Group are expected to report any concerns regarding abuse through the “incident reporting” form available on the Newydd intranet site or within this policy as Appendix B. Alternatively, if unable to access this form they must inform their line manager of their concerns immediately. The line manager will liaise with the Community Regeneration Manager who will decide on the relevant course of action.

The Community Regeneration Manager will maintain a Safeguarding Register detailing all reports of abuse and information relating to Safeguarding contacts.
within the Local Authority area where an instance has occurred. On a biannual basis
the Community Regeneration Manager will hold a safeguarding meeting with Senior
Management team and any other relevant Managers to consider any issues requiring
further action to ensure that safeguarding is effectively addressed within the Group.

The Community Regeneration Manager will consider the points below in deciding the
necessary course of action.

- Clarify the source of information (clarify with the alerter what was said and
what other concerns the alerter may have including signs and symptoms);
- Do not start investigating to find out what happened as this will be carried out
by the Safeguarding team but gather any available information
- Clarify the mental capacity and the provision of informed consent in relation
to the victims understanding of the alleged abuse and their understanding
of the need for referral and what this means;
- Clarify the wishes of the vulnerable person i.e. what do they want to happen-
whilst at the same time informing them that if they don’t want the Group
to take any action, that we would have to do so as the Group has a duty of
care to report any concerns
- Confirm to the alleged victim the reasons for any referral to the Police and
that they understand the consequences of taking such action;
- Collate any already recorded available information;
- Clearly and accurately record information pertaining to an investigation;
- Record decisions and risk management actions taken to date; and
- Record impact / harm - which may be useful to the investigation.

The line manager of the referrer will take action required to mitigate any immediate
risk to the person or persons concerned. If a Group member of staff is the alleged
perpetrator, this may include removing them from customer facing duties or
suspension without prejudice from duties pending completion of the investigation.

Any action taken by the Group against a member of staff would be done on
completion of an investigation, in line with recommendations made as part of the
investigation (which should be completed within 6 weeks of the alert / concern being
raised).

Due to working across several boroughs each Local Authority has its own procedures
for reporting referrals. The contact names, and referral process required can be
found in Appendix C. When reporting any cases to the Local Authority Safeguarding
teams it is important that as much information as possible is provided to enable the
Designated Lead Manager (DLM) of the Safeguarding team, to make an informed
decision as to whether this is a Safeguarding case that requires further investigation
or action.

The flow chart attached at Appendix D details the ten stages and the timescales
specified in the All Wales POVA Policy for agencies to follow when identifying
suspected cases of abuse.

Attached as Appendix E is the flow chart depicting the referral process for reporting
suspected cases of child abuse in line with the ‘All Wales Child Protection Procedures
2008’.
Multi Agency Approach

Staff assessment and action on abuse must always be in co-operation and collaboration with other agencies, such as social services, the NHS and the police. The Group shall support the multi-agency protocols and procedures to aid the protection of vulnerable adults and children.

Each Local Authority across Wales has a dedicated officer in place to deal with cases of abuse and will follow the all Wales POVA Procedures. The Community Regeneration Manager is responsible for keeping up to date contact information for Safeguarding officers within each Local Authority Area.

Confidentiality

All staff must adhere to confidentiality and only disclose information given in confidence by a vulnerable adult/child, on their incident report form or their line manager, the Community Regeneration Manager and the senior management team, who will then report any concerns to the relevant Safeguarding team.

The Welsh Government issued the ‘Welsh Accord for the Sharing of Personal Information’ (WASPI) which was revised in 2010. All agencies that are signed up to this policy and procedure have agreed to Information Sharing Protocols (ISP). The Accord sets out a common set of corporate principles and standards under which partner organisations will share information. Through signing up to the ‘Accord’ organisations demonstrate a commitment at the highest level in meeting agreed conditions, obligations and requirements for sharing personal information within the framework.

The Cadarn Housing Group follows the data protection principles as detailed in the Cadarn Housing Group Information Policy. Staff are asked to contact the Customer Solutions Manager and Corporate Office if a request to disclose information is received. The Cadarn Housing Group cannot give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations where other vulnerable people may be at risk.

When Group staff members are invited to attend Safeguarding meetings they must be made aware prior to the meeting that any information discussed within the meeting is not to be disclosed to anyone outside of the meeting.

Staff Training

Any staff roles identified within the organisation where there is interaction with vulnerable people, will be provided with training relating to the protection of vulnerable adults and children.

New starters in these roles will receive training on Safeguarding as part of the induction process. Existing frontline staff will undertake a full day of safeguarding training to be refreshed as recommended by the Community Regeneration Manager in line with Local Authority guidance. Refresher training will also be provided to staff as legislative changes arise or more frequently if required.

Equality and Diversity

The Group is committed to promoting equality of opportunity and preventing discrimination. Any action taken under this policy will comply with the Equality Act
2010, or more current equalities legislation including the duty to make reasonable adjustments for disabled people.

The Group’s staff will operate within the Equality and Diversity Policy. The Group will seek to respond to any specific needs or barriers vulnerable residents and people across the protected characteristics of age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation may face.

Newydd will in all reasonable circumstances make information available in a variety of information formats, including but not limited to: large print; audio tape; and community languages.

This policy takes into account the ethnic origins, gender, sexuality, age, religious and cultural backgrounds of our residents and is designed to counteract abuse, whatever the underlying motivation.

**Legal Implications**

This policy was originally developed to meet the requirements of the ‘In Safe Hands’ guidance published by Welsh Government in 2000, and has since been reviewed and updated to reflect the All Wales POVA Policy introduced in November 2010 and the subsequent review in January 2013 as well as the ‘All Wales Child Protection Procedures 2008’.

In line with the updated regulatory procedures relating to the Disclosure Barring Service (DBS) checks and the revised definitions of regulated activity, all staff working with vulnerable adults or children are required to have a DBS check undertaken.

In terms of any future staff appointments to these roles, the checks will be undertaken as part of the recruitment process.

In terms of other roles within the organisation requiring this level of checks, this will be something that will continue to be reviewed.

The Group will always comply with its legal requirement to make a referral to the DBS barred list following the procedures issued by the DBS where it has evidence that the member of staff in question has been guilty of gross misconduct by harming or putting at risk of harm a vulnerable person at risk, during the course of their work.

All of our contractors and suppliers if working within our properties and communities will be required to have an organisational safeguarding policy. The Group reserve the right to request evidence of this during the procurement process, and any time thereafter as required on demand.

**Whistleblowing**

The Cadarn Housing Group has a Whistleblowing Policy and Procedure detailed within the Cadarn Housing Group Staff handbook which should be read in conjunction with this policy.
Appendix A – Categories of Abuse as detailed within the All Wales POVA Policy (Regional Adult Protection Fora, 2010)

6.5 Categories of Abuse
There are many ways in which a vulnerable person may be abused. It is not unusual for an abused adult to suffer more than one kind of abuse. Accordingly, the impact of abuse and its seriousness for the individual must be evaluated in every case. In Safe Hands identifies five main categories of abuse:

- Physical
- Sexual
- Financial
- Emotional or Psychological
- Neglect.

In determining the categories of abuse that apply, the impact upon the victim is the primary consideration, not whether or not the abuse is intentional, reckless or wilful.

Links
Further details about the five categories of abuse with examples and indicators of each type of abuse can be found in:
Categories and indicators of abuse

Practice guidance for Designated Lead Managers to assist decision-making about whether referrals should be dealt with under adult protection is contained in:
Guidance on the application of thresholds in adult protection

6.5.1 Physical abuse
Physical abuse is the unnecessary infliction of any physical pain, suffering or injury by a person who has responsibility, charge, care, or custody of, or who stands in a position of or expectation of trust to, a vulnerable person. Physical abuse may also be perpetrated by one vulnerable adult upon another.

Examples and indicators of possible physical abuse can be found in:
Categories and indicators of abuse

Inappropriate use of medication
Physical abuse includes prescription of inappropriate medication or misuse of medication, for example to sedate a vulnerable adult to make it easier to care for them when this has not been assessed and agreed to be in their best interests.

Inappropriate restraint or physical intervention
Physical abuse includes inappropriate restrictive physical interventions (formerly known as restraint, care and control).

The Welsh Assembly Government has defined restrictive physical intervention as:
- direct physical contact between persons where reasonable force is positively applied against resistance, either to restrict movement or mobility or to disengage from harmful behaviour displayed by an individual.
  (Framework for Physical Intervention Policy and Practice)

If sound principles governing physical intervention are not in place, understood and implemented by staff, any form of physical intervention may be considered abuse. Agencies should:

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All Wales Interim Policies & Procedures for the Protection of Vulnerable Adults from Abuse

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• recognise that it is illegal to use physical or mechanical restraint as a means of punishment;
• develop, implement and monitor their own agency procedures on the use of restrictive physical intervention;
• ensure their employees understand and discharge their professional and moral duty to protect and promote the wellbeing of vulnerable adults; and
• develop care plans with the vulnerable adult and their carer/s, health and social care professionals that are explicit about when and how restrictive physical intervention methods can be used.

Workers should:
• be familiar with their own agency’s policy on restrictive physical intervention.

Links
Guidance on developing a policy for the use of physical interventions by statutory agencies have been provided by the Welsh Assembly government in the following document:
Framework for Restrictive Physical Intervention Policy and Practice

Deprivation of Liberty
The Deprivation of Liberty Safeguards (DoLS) were introduced to provide a legal framework around the deprivation of liberty. Specifically, they were introduced to prevent breaches of the European Convention on Human Rights (ECHR). The safeguards should provide legal protection for those vulnerable adults who are, or may become, deprived of their liberty within the meaning of Article 5 of the ECHR in a hospital or care home, whether placed under public or private arrangements. They do not apply to people detained under the Mental Health Act 1983. They are there to stop the arbitrary detention of vulnerable adults.

Deprivations that are assessed under DoLS procedures and refused authorisation (i.e. there is an unlawful deprivation of liberty and inappropriate practice continues) should be dealt with under adult protection procedures.

Sometimes it may be necessary to take protective measures as part of an adult protection case that amount to a deprivation of liberty. Where this is necessary, the usual process to seek authorisation will be followed. The Designated Lead Manager will be responsible for ensuring the sharing with the supervisory body of all relevant information, including any risks assessments, to ensure that it is able to make an informed decision about whether to authorise the application or not.

Links
Guidance about all aspects of the Deprivation of Liberty Safeguards can be found in:
Deprivation of Liberty Code of Practice

6.5.2 Sexual abuse
Adult sexual abuse refers to the direct or indirect involvement of a vulnerable adult in sexual activity to which they are unwilling or unable to give informed consent, or which they do not fully comprehend, or which violates the social taboos of family roles, such as incest. Sexual abuse may also be perpetrated by one vulnerable adult upon another.

Any sexual activity that is not freely consenting is criminal. Where there is an abuse of trust, sexual activity may appear to be with consent, but is unacceptable because of the differences in power and influence between the people involved.

Sexual abuse includes the involvement in prostitution or ‘sex trafficking’ of vulnerable
adults who do not have the capacity to consent.

Links
Examples and indicators of possible sexual abuse can be found in:
Categories and indicators of abuse

Additional guidance for staff working with people who may not the capacity to consent to sexual activity can be found in:
Guidance for staff working with Learning Disabled, Mentally Ill, and Older People involved in sexual activity to which they have not the capacity to consent.

Specific guidance for staff and Designated Lead Managers when working with a vulnerable who may be involved in prostitution can be found in:
Vulnerable Adults Involved in Prostitution who do not have the Capacity to Consent:
Sexual Assault Referral Centres (SARCs) offer treatment and support for victims of sexual abuse. A number are now open across Wales. Information about one of the organisations that runs SARCs in Wales can be found via the following link:

New Pathways
The Government produced a plan to prevent and respond to sexual violence and abuse in 2005:
Cross Government Action Plan on Sexual Violence and Abuse

6.5.3 Emotional or psychological abuse
Emotional or psychological abuse is the infliction of mental suffering by a person in a position or expectation of trust upon a vulnerable person. Emotional/psychological abuse may also be perpetrated by one vulnerable adult upon another. Emotional and psychological abuse includes bullying, which is typically deliberate, hurtful behaviour repeated over time, which can include physical abuse but often is verbal (name-calling and threats). It can undermine self-confidence, may cause the victim to become more isolated and sometimes leads to self-harm.

Emotional and psychological abuse, including bullying and harassment, can be very subtle, for example taking the form of ignoring or excluding the victim. Such abuse may be direct, such as by not responding to the person, or indirect, such as by giving unfair preference to another person. Emotional and psychological abuse may be cumulative, possibly building up over months or even years. It may involve one or more person and may be part of the culture within any institution, organisation or service.

Another example of psychological abuse is when a vulnerable adult is incited, induced or exploited to commit a crime or abuse. Examples of this include inciting to steal, to perform acts of violence and commit sexual crimes. There have also been examples of vulnerable adults being exploited to commit acts of radical extremism.
In determining whether emotional and psychological abuse has taken place, it is the impact on the vulnerable adult that counts. Individual actions may not seem significant and may even be a one-off, but if they are part of a wider pattern of abuse experienced by the vulnerable adult the impact on them may be significant. Therefore, the wider context in which any action is experienced by the vulnerable adult must always be considered in determining whether or not abuse has occurred.

Linked documents
Examples and indicators of possible emotional or psychological abuse can be found in:
Categories and indicators of abuse
Information about the bullying of people with learning disabilities can be found in the following report by Mencap:

Living in Fear

Specific legislation to make harassment a criminal offence was passed in 1997 that made it an offence for a person to pursue a course of action which amounts to harassment of another individual that they know or ought to know amounts to harassment:

Protection from Harassment Act 1997

6.5.4 Financial or material abuse

Financial or material abuse is any theft or misuse of a person’s money, property or resources by a person in a position of, or expectation of, trust to a vulnerable person. Common forms of financial abuse are misuse by others of a vulnerable adult’s state benefits or undue pressure to change wills. Financial/material abuse may also be perpetrated by one vulnerable adult upon another.

Links

Examples and indicators of possible financial or material abuse can be found in:

Categories and indicators of abuse

A checklist to help professionals in considering whether a vulnerable adult may be at risk of financial abuse can be found in:

Assessing the Financial Position of a Vulnerable Adult

Guidance on the roles and responsibilities of professionals in protecting vulnerable adults, and residents of care homes in particular, from financial abuse can be found in the following supplementary statutory guidance to In Safe Hands:

In Safe Hands Update 2003

Guidance for professionals about protecting service users living in the community from financial abuse can be found in the following supplementary statutory guidance to In Safe Hands:

In Safe Hands Update 2009

Guidance on the roles of the Court of Protection, the Office of the Public Guardian and local authorities in protecting vulnerable adults from financial abuse can be found in the following document from the Office of the Public Guardian:

Office of the Public Guardian and Local Authorities: A protocol for working together to safeguard vulnerable adults.

6.5.5 Neglect

Neglect is the failure of any person for whom there is an expectation of trust and/or the responsibility, charge, care or custody of a vulnerable person to provide that degree of care which a reasonable person in a like position would provide. Neglect may be criminal or non-criminal. It may also be as a result of intentional or non-intentional acts or omissions.

Criminal neglect is contained in the following legislation:

Section 44 of the Mental Capacity Act 2005 states that a person who has the care of an individual who lacks capacity, or is reasonably believed to lack capacity, will be guilty of an offence if they ill-treat or wilfully neglect the individual they have care of.

Sect 127 Mental Health Act 1983 makes it an offence for a manager or person employed in a hospital or mental nursing home to ill-treat or wilfully neglect someone who is a patient there (someone who is either an in-patient or attending as an out-patient).

More detail is provided in Section 5 of The Crimes and Victims Act, ‘Causing or allowing the death of a child or vulnerable adult’ sets out the circumstances under
which a person is guilty of an offence of causing or allowing the death of a child or a vulnerable adult. It limits the offence to where the victim has died of an unlawful act, so it will not apply where the death was an accident, or where for example a child may have suffered a cot death. The offence only applies to members of the household who had frequent contact with the victim and could therefore be reasonably expected both to be aware of any risk to the victim, and to have a duty to protect him from harm. The victim must also have been at significant risk of serious physical harm. The risk is likely to be demonstrated by a history of violence towards the vulnerable person, or towards others in the household. The Act also provides that a person who visits the household frequently and for long periods can be regarded as a member of the household for these purposes. This will apply whatever the formal relationship of the person to the victim.

Wilful neglect is defined in Section 1 of The Children and Young Persons Act 1933 and the case of R v Shepard 1980: ‘A parent cannot be guilty of wilful neglect unless he consciously allowed the neglect or was reckless i.e. did not care if the child was neglected or not’. These principles are mirrored in adult protection.

‘Wilful’ has been defined as a result of case-law in the criminal courts as; deliberately doing something which is wrong, knowing it to be wrong, or with reckless indifference as to whether it is wrong or not.

Unintentional neglect includes the failure of a carer to fulfil their caring role or responsibilities because of inadequate knowledge or understanding of the need for services. One of the issues often raised in adult protection work is how bad does poor practice have to be before it is called abuse? It is the perspective of the vulnerable adult that is key.

Links
Examples and indicators of possible neglect can be found in: Categories and indicators of abuse

Much neglect is non-criminal. The line between poor and neglectful practice is often difficult to determine and so thresholds guidance for DLMs to promote consistent safe practice has been developed and can be found in this document: Guidance on the application of thresholds in adult protection

More information about the offence of wilful neglect can be found in Section 44 of the Mental Capacity Act: Mental Capacity Act Section 44: Legal offence of ill treatment or wilful neglect.

Pressure Ulcers
One of the indicators of possible neglect is the vulnerable adult developing pressure ulcers. There is currently no common Wales guidance on responding to pressure areas. Individual Health Boards have developed their own guidance.

Links
Links to policies and procedures produced in Wales on responding to pressure areas will be added here once available.

6.6 Other Forms of Abuse
Abuse always falls into one of the five categories above but important work has been undertaken into particular forms and contexts of abuse that can inform action taken both to prevent abuse and in response to abuse taking place.

6.6.1 Self-neglect
These Adult Protection Policy and Procedures are not applicable to self-neglect by an adult unless the situation involves a significant act of commission or omission by someone with responsibility for the person’s care. The capacity of the person to make decisions about his/her care will be an important consideration. If there is a failure to act or to act appropriately, this may amount to neglect and adult protection procedures should be applied. Other processes may be used to respond to self-neglect, such as health and social care assessments and care management, or behavioural support.

6.6.2 Institutional abuse
Abuse can occur in institutions as a result of regimes, routines, practices and behaviours that occur in services that vulnerable adults live in or use and which violate their human rights. This may be part of the culture of a service to which staff are accustomed. Thus such practices may pass by unremarked upon by staff. They may be subtle, small and apparently insignificant, yet together they amount to a service culture that denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of vulnerable adults.

Individual victims, who may have experienced significant harm, must separately be considered in individual Strategy Meetings. Five or more such cases in one setting should also be recorded and dealt with as a large-scale investigation. In addition, systemic and organisational concerns such as poor practice and low standards of care, whether or not they meet the threshold for adult protection, should be referred to and managed under Escalating Concerns guidance and Developmental and Corrective Action Plans issued to provider organisations which have institutional practices.

Links
More information about abuse in institutions can be found in the following documents or websites:
Department of Health Dignity in Care
A Dignified Revolution

6.6.3 Discrimination and Hate Crime
Discrimination and hate crime may be features of any form of abuse of a vulnerable adult but can also be motivated because of their age, gender, disability, sexual orientation, religion, class, culture, language, race or ethnic origin.

Disability Hate Crime
In April 2005 the law changed to impose a duty upon courts to increase the sentence for any offence (for example, assault or criminal damage) aggravated by hostility based on the victim’s disability (or presumed disability).

Therefore, when an offender has pleaded guilty or been found guilty and the court is deciding on the sentence to be imposed, it must treat evidence of hostility based on disability as something that makes the offence more serious.

The court must also state that fact openly so that everyone knows that the offence is being treated more seriously because of this evidence of hostility based on disability. ‘Disability’ means any physical or mental impairment.

There is no statutory definition of a disability-related incident. However, to help the Crown Prosecution Service deal with cases of disability hate crime they have adopted the following definition: ‘Any incident, which is perceived to be based upon prejudice towards or hatred of the victim because of their disability or so perceived by the victim or any other person’. It also applies to relevant cases where the offender has
assumed a person is disabled, whether or not that assumption is correct.

It is important to make a distinction between a disability hate crime and a crime committed against a disabled person because of his/her perceived vulnerability. Not all crimes committed against disabled people are disability hate crimes: some crimes are committed because the offender regards the disabled person as being vulnerable and not because the offender dislikes or hates disabled people. For example, the theft of a wallet from a person who is visually impaired: if the offender was preying on the victim’s perceived vulnerability this will not be a disability hate crime. Not all incidents that the victim or some other person has perceived to be a disability hate crime will actually be judged a disability hate crime in law. For this to apply, the prosecution must first have proved that the offender has committed a criminal offence and then have proved that that offence was aggravated by hostility based on the victim’s disability.

A statement of the Crown Prosecution Service’s position on prosecuting disability hate crimes can be found in:  
CPS Policy for Prosecuting Cases of Disability Hate Crime

6.6.4 Abuse by a stranger
Abuse of a vulnerable adult by a person with whom the adult has had no previous contact and is unlikely to have future contact (i.e. a stranger) will not usually be applicable to these Adult Protection Policy and Procedures, as there is no betrayal of trust. Adult protection is not resourced or intended to respond to all crimes against vulnerable people, older people for example. The Police must be informed at the earliest opportunity if the abuse may be criminal.

Nevertheless, in some instances it may be appropriate to use the adult protection procedures to ensure that the vulnerable adult receives the services and support they need. For example, adult protection procedures may be used when a vulnerable adult is being persistently targeted because of his/her vulnerability. Such procedures may also be used when there is potential harm to other people. Alternatively, a referral to MAPPA may be appropriate.

6.6.5 Domestic Abuse
Domestic abuse differs from adult abuse only in respect of two features:

- It describes abuse in domestic relationships only, whilst adult protection includes abuse in professional relationships;
- It relates to abuse of adults generally whilst adult protection specifically concerns vulnerable adults.

Domestic abuse is a serious crime and has a traumatic and sometimes life-threatening effect on victims. Vulnerable adults suffering domestic abuse require a multi-agency response to ensure that positive action is taken in providing support for victims whilst at the same time dealing effectively with offenders.

These Adult Protection Policy and Procedures are applicable in cases of domestic violence if victims are vulnerable adults.

Guidance about dealing with an allegation of abuse that is also an allegation of domestic violence is set out in the following flowchart:  
Adult Protection Referral which is also Domestic Violence

Where the person suspected of committing domestic abuse is a vulnerable adult the Police, whilst leading the criminal investigation, should work in close collaboration with Social Services and other partner agencies.
Signatory agencies are committed to clear and explicit decision-making about processes and procedures to protect victims (adults and children) of domestic abuse.

Links

Details of the Welsh Assembly Government’s strategy for tackling domestic violence can be found in:

*Tackling Domestic Abuse: The All Wales National Strategy*
Appendix B - Incident Reporting Form

Please note that once the form is completed, it will be sent to SMT for further investigation, if you do not wish for your form to be sent to SMT please print and hand to your line manager.

What is your reason for completing the form: (You can select more than one if necessary)
Unacceptable Actions by Customers □
Report an incident □
Report a near miss or injury □
Refer a case of potential Protection of Vulnerable Adults □
Refer a case of potential Child Protection □
Report an irregularity □
Other □

Name of Officer completing form: _______________________________________

Date of reporting: _____________________________

Date & time of incident (start and finish times if necessary):
__________________________________________________________________________________________

Location of incident: _______________________

Names of people involved within the incident, if known, or description:

How has this affected you?

I confirm that this record is accurate to the best of my knowledge and information available to me at the time of writing.

Signature: ___________________________ Date: ___________________________
## Appendix C - Referral requirements & contacts for each Local Authority area (correct as of August 2016)

### Area contacts and referral pathways
(for urgent concerns ring the police on 999)

<table>
<thead>
<tr>
<th>AREA</th>
<th>Child / young person referral</th>
<th>Adult referral</th>
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<tbody>
<tr>
<td></td>
<td>All teams stated professionals can call for advice if concerned about a child/young person</td>
<td>All teams stated professionals can call for advice on making an adult safeguarding referral.</td>
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<td><strong>Cardiff</strong></td>
<td><strong>Cardiff</strong></td>
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<td></td>
<td><strong>OOH</strong> - 02920788570</td>
<td><strong>OOH</strong> - 02920788570</td>
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<td></td>
<td>Duty team - 02920536490</td>
<td>Duty team - 029 22330888</td>
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<td></td>
<td><a href="mailto:iandaglobalcs@cardiff.gov.uk">iandaglobalcs@cardiff.gov.uk</a></td>
<td>Fax - 02920827166</td>
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<tr>
<td></td>
<td>A completed MARF is required. Must be sent as a password protected document. If referral is urgent call first to ensure that it is picked up by the duty team.</td>
<td><a href="mailto:safeguardingadults@cardiff.gcsx.gov.uk">safeguardingadults@cardiff.gcsx.gov.uk</a></td>
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<td><strong>Powys</strong></td>
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<td>Duty team - 01597827666</td>
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<td><a href="mailto:powys.people.direct@powys.gov.uk">powys.people.direct@powys.gov.uk</a></td>
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<td>A completed MARF form is completed and sent by email.</td>
<td>A completed VA1 is required.</td>
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<td>Call for advice. A completed SPOC form is required send by email.</td>
<td>A completed VA1 is required. Call to seek advice if referral is appropriate.</td>
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<td><a href="mailto:dutymarfs@valeofglamorgan.gov.uk">dutymarfs@valeofglamorgan.gov.uk</a></td>
<td><a href="mailto:pova@valeofglamorgan.gov.uk">pova@valeofglamorgan.gov.uk</a></td>
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<td>A completed MARF is required. If referral is urgent call first to ensure that it is picked up by the duty team.</td>
<td>A completed VA1 is required.</td>
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<td>Contact centre: Tel - 01446700111</td>
<td><strong>RCT</strong></td>
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<td><strong>Contact Centre</strong>: 01443 425006</td>
<td>OOH - 01443 742665</td>
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<td><strong>OOH</strong>: 01443 743665</td>
<td>Contact - 01443742940</td>
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<td></td>
<td><a href="mailto:childrens.mash@rctbc.gcsx.gov.uk">childrens.mash@rctbc.gcsx.gov.uk</a></td>
<td>Fax - 01443 74396</td>
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<td>A completed MASH form is required send by email.</td>
<td><a href="mailto:adultsatrisk@rctbc.gcsx.co.uk">adultsatrisk@rctbc.gcsx.co.uk</a></td>
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<td>A completed A1 is required.</td>
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Appendix D - The ten stages and the timescales specified in the All Wales Protection of Vulnerable Adults Policy

3.4 The Ten Stages and Timescales in the Adult Protection Process

Flow Chart: Protection of Vulnerable Adults

1. Alert: Abuse alleged, disclosed, or suspected

2. Referral made to Social Services, Health, Police or CSSIW

Is there immediate physical danger?

YES

NO

Take steps to remove person from danger and/or to remove or reduce the risk

Is a crime suspected?

YES

Preserve evidence

NO

Day 1

Day 1 or 2

DAY 7

3. Initial Evaluation

Do adult protection procedures apply?

YES

NO

Complete ASAP

Within one week of investigating officer(s) report completion

4. Strategy Discussion

Confirm if adult protection procedures apply, individual and General Protection Plans may be started

YES

NO

5. Strategy Meeting

Investigation needed? If yes, decide who leads, Individual and General Protection Plans may be continued or initiated

YES

NO

Can client make an informed decision?

YES

NO

Does the client give consent?

YES

6. Investigation

NO

Consider any grounds to override the client’s wishes, eg: Unwise influence

If other vulnerable adults may be at risk

YES

NO

7. Further Strategy Meetings and Final Strategy meetings

There may be several Further Strategy Meetings before the end of the case as required

The Final Strategy Meeting receives the investigation report, agrees the status of the allegation and agrees outcomes for those involved, including if required Individual and General Protection Plans.

YES

NO

Identify if any action outside adult protection is needed and acceptable

8. Case Conference

Confirms actions / Protection Plan usually with victim and/or their representative

Within 6 weeks

9a. Individual Protection Plan

Review within 6 weeks and thereafter as necessary

9b. General Protection Plan Review

Closure

Consider use of WAG Escalating Concerns Guidance


All Wales Interim Policies & Procedures for the Protection of Vulnerable Adults from Abuse
Appendix E - Referral process for reporting suspected cases of child abuse from the 'All Wales Child Protection Procedures 2008'.

All Wales Child Protection Procedures 2008

3.2.5 Flowchart 1: referral

All Wales Child Protection Procedures 2008