

Key information: Safeguarding adults at risk

Who are adults at risk?

Adults at risk (previously referred to as Vulnerable Adults) are those who are over 18 years old, and:

- who is, or may be in need of community care services by reason of mental or other impairment, age or illness, and
- who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation

An adult at risk may be a person who:

- has a physical, intellectual or sensory impairment
- is frail due to ill health
- has mental health needs including dementia or a personality disorder
- misuses alcohol or other substances
- is unable to demonstrate the capacity to make a relevant decision and is in need of care and support

It is very important to bear in mind that a disabled person may not be an adult at risk, and an adult at risk is not always a disabled person.

Why is considering Adults at Risk important?

As an NGB you may not know who within the organisation or membership are defined as an adult at risk. It is therefore important that consideration is given about how to safeguard adults as a matter of course, and because the referral process for adults at risk is different to that of children, it is useful to know the key contacts and processes for doing this.

Current guidance suggests that having one combined welfare policy is not appropriate. DSW have a Welfare and Safeguarding Toolkit which includes two policies – one for the welfare and safeguarding of children, and one for the welfare and safeguarding of adults at risk. DSW would also encourage NGBs to consider the additional vulnerabilities of disabled children within their Child Welfare policies and procedures.

What else do we need to be aware of?

1. Regulated activity

- Sport is **not** defined as regulated activity for adults at risk – therefore you will not be able to request a DBS check on coaches working with adults at risk (i.e. working with athletes with intellectual impairment). It is therefore very important that other practices which encourage good recruitment practices are put in place.

2. Capacity

- As part of this broader issue you will need to be aware of **capacity**.

Capacity relates to the ability of an individual to make a decision at a particular time. Under the Mental Capacity Act 2005 an individual may be considered to ‘lack capacity’ if they cannot:

- Understand information given to them to make a particular decision¹
- Retain that information long enough to make the decision
- Use or weigh up the information to make the decision
- Communicate their decision²

... and that this might be as a consequence of illness or impairment (such as mental health problem, dementia or learning disability (intellectual impairment)).

- The law focuses on the principle that everyone has capacity to make a decision if given sufficient support, time, and information; and will not treat individuals as ‘lacking capacity’ just because a decision appears to be unwise or ill-judged.
- Whilst it is important to have an appreciation of capacity in order to appropriately support adults at risk it **WILL NOT** be your role to make a decision about whether an adult ‘lacks capacity’ or not. DSW encourages sport to:
 - assume that **all** adults at risk have capacity, and therefore the ability to make decisions;
 - support communication in such a way that the adult at risk can understand information being given, and be understood when giving information back;
 - treat decisions made by an adults at risk with respect, even if it is felt that a decision is unwise; and
 - work with the adult at risk and their advocates (and Independent Mental Capacity Advocate (IMCA) if relevant) to ensure that they are appropriately supported, and capacity continues to be effectively assessed.

3. Categories of abuse

- There are a number of categories of abuse relevant to adults at risk. Some are the same (in terms of definition) as those children are at risk of, and some are additional:

Shared categories of abuse (children and adults at risk)	Categories of abuse unique to adults at risk (would also apply to disabled children)
Physical abuse Sexual abuse Emotional abuse Neglect and acts of omission Discriminatory abuse	Financial or material abuse Institutional abuse

- The abuser may be a family member, someone the adults at risk encounters in residential care or in the community, a friend, a coach, or a stranger. Any individual might abuse an adult at risk directly, or may be responsible for abuse because they fail to prevent another person harming the adult at risk.

¹ An individual cannot be considered to ‘lack capacity’ if the information they need in order to make a decision has been given in a way which is not accessible or understandable to them

² An individual cannot be considered to ‘lack capacity’ because others around them cannot modify their communication method in order to understand that individual when s/he communicates

- Adults at risk might experience greater risk factors linked to abuse because:
 - The individual needs support with personal care (certain personal care needs may present more opportunity for abuse)
 - They are dependent on another individual to do day-to-day things
 - They are depended on by someone else
 - There may have been a change in lifestyle which has resulted in unemployment, employment, or illness
 - They are emotionally or socially isolated
 - there is an absence of local support networks
 - there is alcohol/substance misuse present (either by the adult at risk or someone else around them)
 - they are financially dependent on another individual
 - of communication, and speech and language differences
- Research suggests³ that adults at risk who experience financial abuse are highly likely to also experience other types of abuse (i.e. physical, sexual or emotional)

What is the process for referring a concern about an adult at risk?

The 'referral' (disclosure, allegation or suspicion of abuse) will generally be into Adult Social Services within the LA in which the individual resides. If one of the alleged abusers is from Health – then there also needs to be a referral into Health BUT social services will support with what to do.

- See **Appendix 1** for DSW's process for responding to a concern or allegations of abuse towards an adult at risk.
- See **Appendix 2** for DSW's process for responding to concerns about a DSW member of staff or volunteer
- See **Appendix 3** for DSW's adult protection referral form – which is an exact replication of the form used within social services for referring concerns about an adult at risk.

Who are the useful contacts?

- For further information on a local level about the protection of adults at risk follow the link to the Forum which caters for your Local Authority, as identified below:

Forum	Local Authorities	Contact
North Wales Forum	Ynys Mon, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham	www.ssiacymru.org.uk/home.php?page_id=1141
Dyfed Powys Forum	Carmarthen, Ceredigion, Pembroke and Powys	www.ssiacymru.org.uk/home.php?page_id=1140
South Wales Forum	Bridgend, Cardiff, Swansea, Vale of Glamorgan, Rhondda Cynon Taff, Merthyr and Neath and Port Talbot	www.ssiacymru.org.uk/home.php?page_id=1139

³ Wilson, B., Burns, S. and Brown, H. (2003). Links between the Public Guardianship Office and social services departments. **Journal of Adult Protection**. 5 (2), pp 38–46.

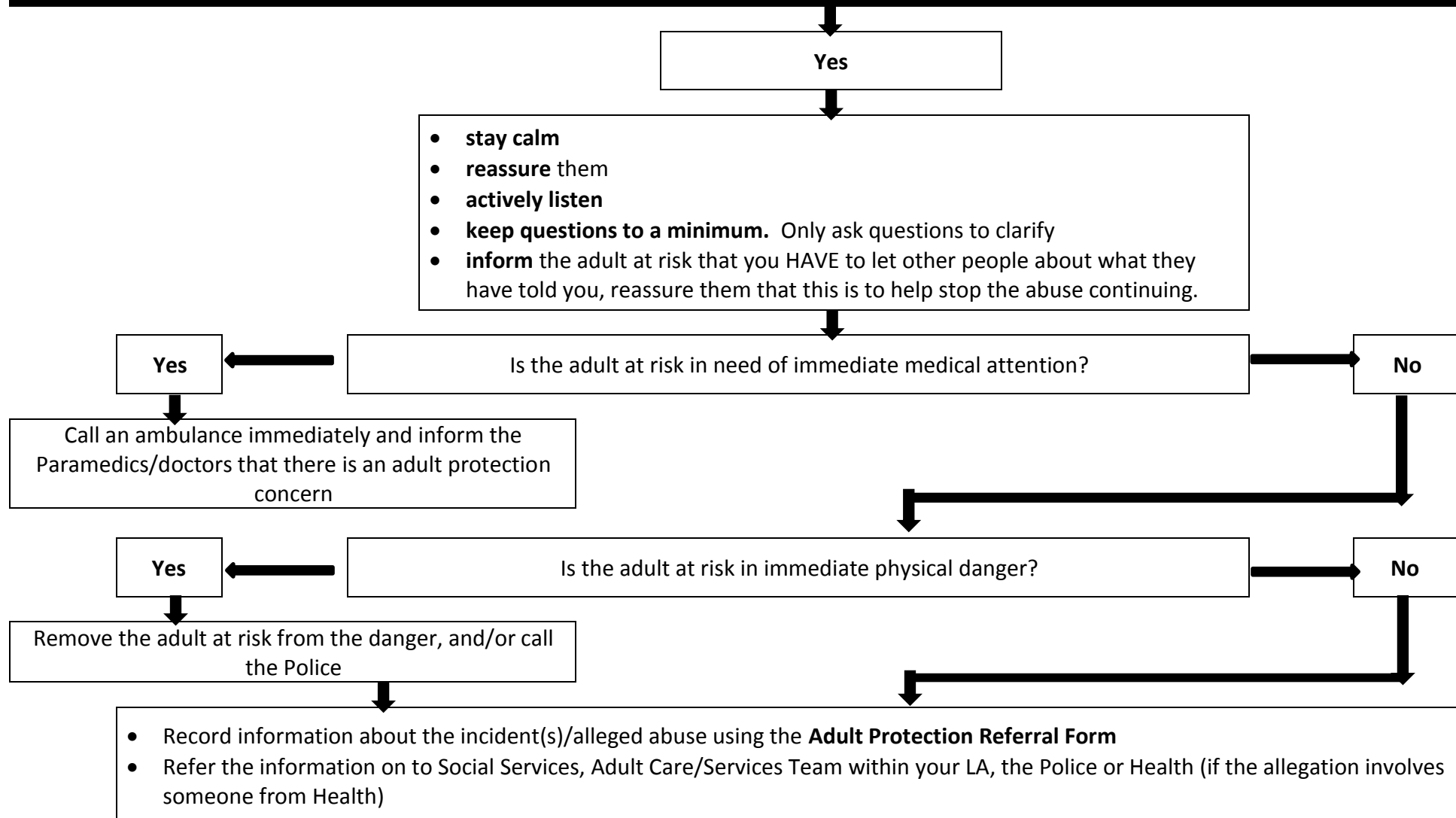
Forum	Local Authorities	Contact
South East Wales/Gwent wide Adult Safeguarding Board	Caerphilly, Blaenau Gwent, Monmouth, Newport and Torfaen	www.ssiacymru.org.uk/home.php?page_id=1137

- For general information regarding Adult Protection Procedures see www.ssiacymru.org.uk/home.php?page_id=8297

Appendix 1:

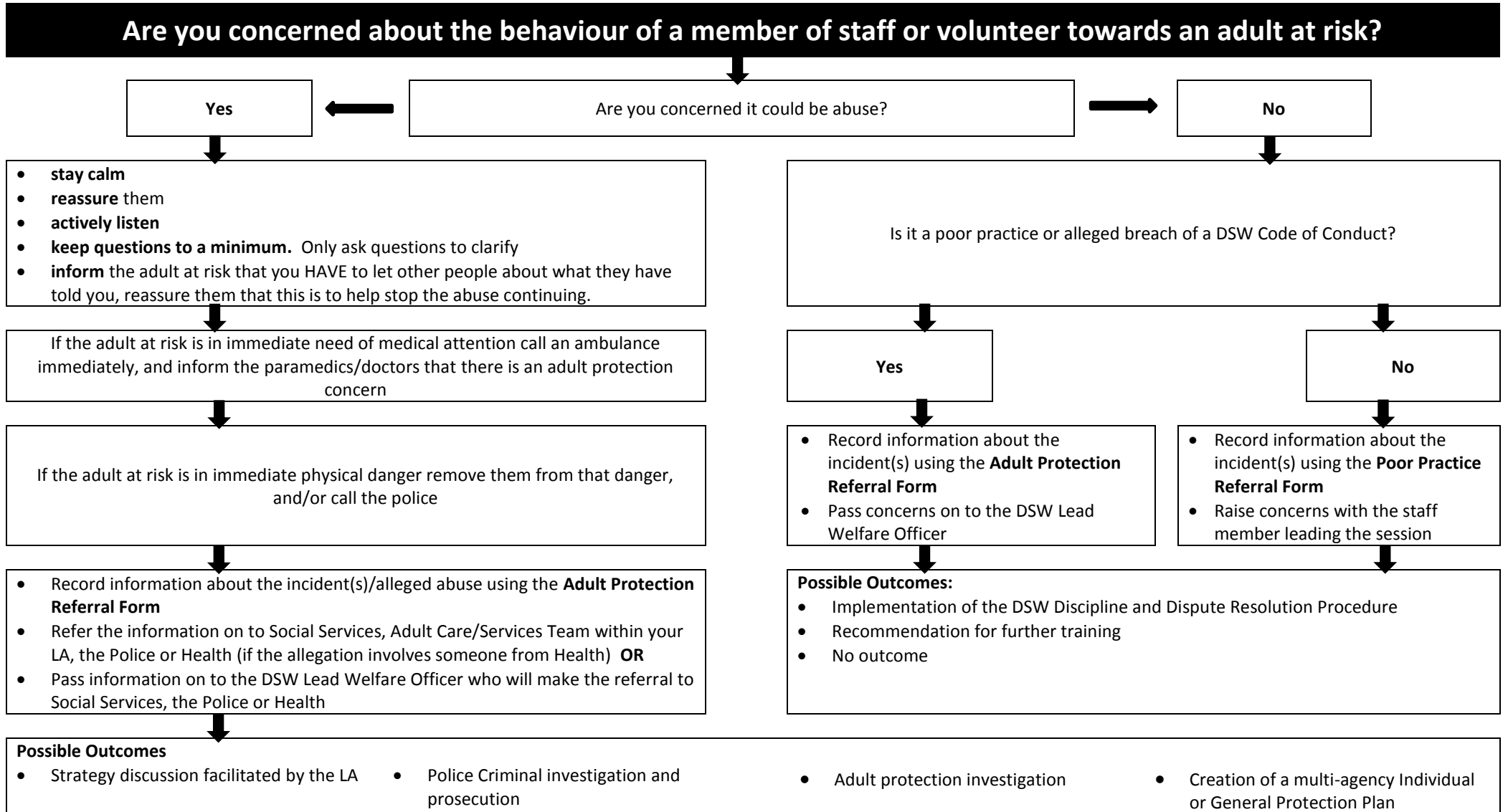
Responding to Concerns or Allegations of Abuse towards an Adult at Risk

Are you concerned about the behaviour of someone associated with an adult at risk?



Appendix 2:

Responding to Concerns about a DSW Member of Staff or Volunteer towards an Adult at Risk



Appendix 3:

Adult Protection Referral Form - CONFIDENTIAL

This Adult Protection Referral Form should be passed on Social Services, the Police or Health, and a copy should be sent to the DSW Lead Welfare Officer. It should be completed and passed on with 24hrs of receiving the disclosure or identifying the potential abuse.

DSW Lead Welfare Officer, Disability Sport Wales, Sport Wales National Centre, Sophia Gardens, Cardiff. CF11 9SW

1. About the Adult at Risk											
Date alert/concern raised:				Date(s) of incident(s) (if known):							
Name of Adult at Risk concerned:						<input type="checkbox"/> Male		<input type="checkbox"/> Female			
Date of Birth:											
Address of Adult at Risk concerned:											
Contact telephone numbers:			Mobile:			Landline:					
Marital Status:		<input type="checkbox"/> Married/Civil Partnership			<input type="checkbox"/> Divorced		<input type="checkbox"/> Single				
Ethnicity:											
First Language:		<input type="checkbox"/> English		<input type="checkbox"/> Welsh		<input type="checkbox"/> BSL		<input type="checkbox"/> Makaton			
Need interpreter:		<input type="checkbox"/> Yes		<input type="checkbox"/> No							
GP's Name:				Telephone number:							
Surgery Address:											
Main Client Group (tick one)		<input type="checkbox"/> Elderly mentally infirm		<input type="checkbox"/> Older person		<input type="checkbox"/> Partially sighted/Blind					
		<input type="checkbox"/> Hard of Hearing/Deaf		<input type="checkbox"/> Intellectual Impairment		<input type="checkbox"/> Mental Health					
		<input type="checkbox"/> Physical Impairment		<input type="checkbox"/> Substance misuse		<input type="checkbox"/> Homeless					
		<input type="checkbox"/> Other (please identify):									
Next of kin (if known):				Relationship:							
Address:				Telephone number:							
Is the Adult at Risk aware of the referral?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Has the Adult at Risk consented to the referral?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is there any evidence which suggests that the adult at risk lacks mental capacity to consent to this referral?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	

2. About the alleged abuse

Type of alleged abuse (tick all relevant boxes)

<input type="checkbox"/>	Physical	<input type="checkbox"/>	Sexual	<input type="checkbox"/>	Emotional
<input type="checkbox"/>	Neglect/Acts of Omission	<input type="checkbox"/>	Financial/Material	<input type="checkbox"/>	Discriminatory
<input type="checkbox"/>	Institutional				

Personal circumstances (Is the alleged victim subject to any legislative powers (e.g. Mental Health Act, Power of Attorney, etc)?)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Where did the alleged abuse take place

<input type="checkbox"/>	Own Home	<input type="checkbox"/>	Perpetrators Home	<input type="checkbox"/>	Relatives Home
<input type="checkbox"/>	Supported tenancy	<input type="checkbox"/>	Sheltered Accommodation	<input type="checkbox"/>	Care Home (residential)
<input type="checkbox"/>	Care Home (nursing)	<input type="checkbox"/>	Care Home (Respite)	<input type="checkbox"/>	Hospital (NHS)
<input type="checkbox"/>	Hospital (independent)	<input type="checkbox"/>	NHS Group Home	<input type="checkbox"/>	Hospice
<input type="checkbox"/>	Day Care	<input type="checkbox"/>	Education establishment	<input type="checkbox"/>	Public Place

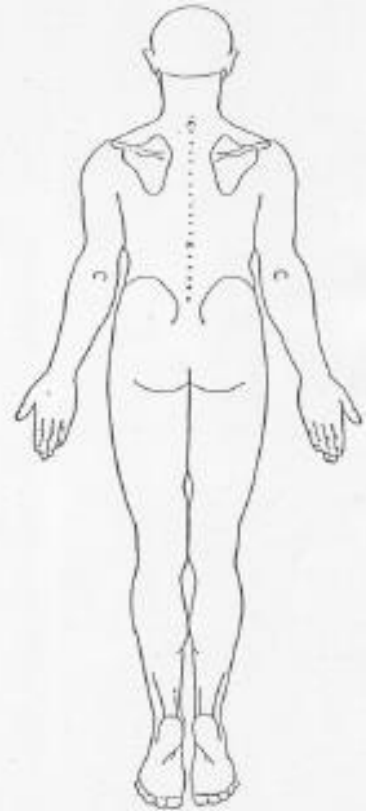
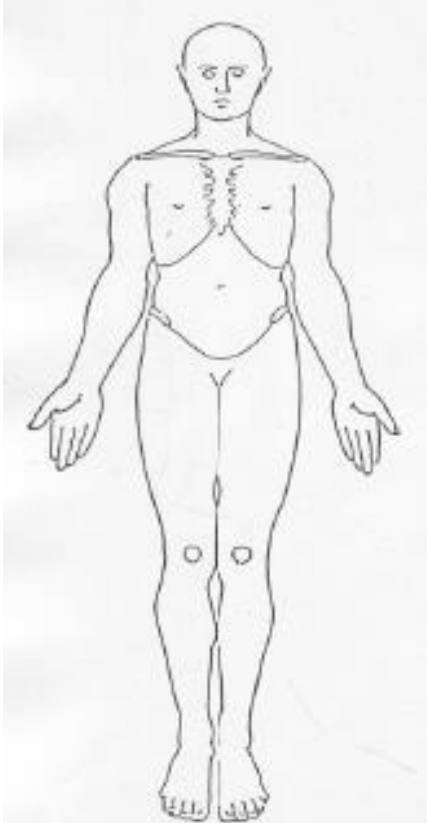
<input type="checkbox"/>	Within Sport (please identify):	<input type="checkbox"/>	Other (please identify):
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Specific location:	
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Is the abuse	<input type="checkbox"/>	Historical	<input type="checkbox"/>	Current
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Describe the alleged abuse/injuries	
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Please use the section below to identify the position of any marks, bruising, wounds etc. described above



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

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

<input type="checkbox"/>	Unknown at present
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Person 1:

Name:		Address:	
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Telephone number:		Date of birth:	
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Age:		Relationship to alleged victim:	
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Employing agency (<i>please list all known</i>):	
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Is the alleged perpetrator an Adult at Risk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is the alleged perpetrator a child?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Is the alleged perpetrator aware of the referral?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
Is the alleged perpetrator known to social services?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
If 'yes' please identify team responsible:						

Person 2:						
Name:				Address:		
Telephone number:				Date of birth:		
Age:			Relationship to alleged victim:			
Employing agency (please list all known):						
Is the alleged perpetrator an Adult at Risk?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Is the alleged perpetrator a child?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Is the alleged perpetrator aware of the referral?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
Is the alleged perpetrator known to social services?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
If 'yes' please identify team responsible:						
<i>If more than two people have been implicated please copy this sheet and include all details of all individuals named.</i>						

4. About the people who witnessed the incident(s)						
<input type="checkbox"/>	There were no witnesses					
Witness 1:						
Name:				Address:		
Telephone number:				Relationship to victim (if any):		
Is the alleged perpetrator an Adult at Risk?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Is the alleged perpetrator a child?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Is the alleged perpetrator aware of the referral?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know

Witness 2:

Name:		Address:		
Telephone number:		Relationship to victim (if any):		
Is the alleged perpetrator an Adult at Risk?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No	
Is the alleged perpetrator a child?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No	
Is the alleged perpetrator aware of the referral?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

5. About the person who first reported the concern

(this is the **FIRST** person to raise the alert – it may be the adult at risk, a witness, or someone with concerns)

Is the person reporting the incident the adult at risk?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the person reporting the incident a witness to the incident?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name:		Address:		
Telephone number:		Occupation/Relationship:		
Date/time of report:				
Does the reporter wish to remain anonymous	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If 'yes' please identify why				

6. About the person who is referring the incident(s) to Social Services/Health

Is the person reporting the incident a witness to the incident?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name:		Address:		
Telephone number:		Occupation/Relationship:		
Date/time of report:				
Does the reporter wish to remain anonymous	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If 'yes' please identify why				

7. About the person who is completing this form

Name:		Designation:	
Agency:		Telephone Number:	
Date/time reported:		Name of person reported to:	
Signature:			

8. Additional Information

Please provide further information here

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