



Appendix 2 – Case examples

Case A

Overview of case

A DoLS referral was submitted by the EMI nursing home (the Managing Authority) following the admission from hospital of A.

A's first language was Cantonese. To support a safe discharge from hospital, BCU had involved a registered Cantonese interpreter. At the time of this assessment it recorded that A had capacity to make decisions in relation to care and support needs and was consenting to going into a care home.

The Safeguarding team were required to undertake further assessments in relation to this DoLS referral. The first mental capacity assessment recorded that A lacked capacity in regards to her residency, care and support. The S12 doctor had involved a family member to act as interpreter, in order to complete his assessment. It was the family's wish that A was placed in a care home as they could not meet her needs at home, they identified that this care home needed to be close enough for them to visit, when restrictions would allow.

Action taken

There were changes in A's capacity, the first assessment that was completed a few months earlier in hospital, concluding that A had capacity with regards to residency, care /support needs. It was agreed that a more robust assessment with an appropriate interpreter for A was required, rather than relying on family to communicate the questions relevant to completing the mental capacity assessment.

There were many attempts in trying to identify a Cantonese speaking s12 doctor who would be available to go to the home to carry out these assessments, but none were identified. Further action was required to source a Cantonese interpreter within a timely manner. At this point A was objecting to the current restrictions and was attempting to self-harm.

A face to face assessment was completed in the care home by the S12 doctor, by adhering to the necessary precautions during lock down, with the involvement of the

interpreter via a video call. This was the same interpreter that had been used several months previously in hospital. A remembered the interpreter and was very pleased to be able to speak in her own language. The outcome of this second assessment, supported that A had capacity for her residence and care needs. She understood that she needed assistance and these needs could not be met at home. She was very unhappy at the current home as she was not able to speak to anyone and the food was foreign to her and not to her taste. She was unable to make her needs and wishes known and due to Covid-19, all visits by family were severely restricted.

The difference/impact to the Citizen

There are now plans in place to move A to a Nursing Home in the Chinese Quarter in Liverpool where she can speak in her native tongue and have access to familiar diet. Whilst it acknowledged that the family did not want their relative to be so far away due to visiting, it was the wishes and views of A that needed to be at the centre of all these decisions. As A had the mental capacity to make a decision about being accommodated at this Care Home and was able to consent to her care plan, she was not eligible for consideration under the deprivation of liberty safeguards and the referral was closed.

Case B

B is a 22 year old female with learning difficulties and mental health issues who was discharged from a psychiatric inpatient unit, to the address of a man whom she had befriended on the internet.

Overview of concern raised

B had refused offers of temporary accommodation by the homelessness service. There was concern regarding the nature of the relationship between B and the man with whom she was staying, and the potential risks she may be exposed to.

B was deemed to lack mental capacity to form relationships over social media.

Action taken

- Multi -Agency meeting convened under the Self -Neglect Procedures which including representation from mental health, legal, homelessness prevention, police, probation and adult social care services.
- Checks were carried out in relation to the individual B was residing with, and he was found to be in breach of a license agreement. He was also deemed a specific risk to vulnerable women.
- Actions taken by the probation serve and police ensured that he was arrested and returned to prison immediately.
- B was enabled to access safe accommodation with a family member

The difference/impact to the Citizen and or the service

Following subsequent meetings under the Adults who self-neglect Procedure, B was able to access more suitable accommodation with a significant package of support from adult services

Appendix 3 - Section 5: Safeguarding Allegations/Concerns about Practitioners and Those in a Position of Trust Practice Guide

OVERVIEW: WALES SAFEGUARDING PROCEDURES – SECTION 5

The procedures set out arrangements for responding to safeguarding concerns about those whose work, either in a paid or voluntary capacity, which brings them into contact with children or adults at risk. It also includes individuals who have caring responsibilities for children or adults in need of care and support and their employment or voluntary work brings them into contact with children or adults at risk.

It is intended that the procedures support internal disciplinary procedures and provides guidance to deal appropriately with any concerns or allegations of professional abuse, neglect or harm and to ensure that all allegations of abuse made against staff or volunteers working with children, young people and adults at risk are dealt with in a fair, consistent and timely manner.

The main factor to consider when applying the procedures is whether the individual subject to the allegation or concern, occupies a position of trust; this is where a member of staff / volunteer is in a position of power or influence over a child or adult at risk, by virtue of the work or nature of activity being undertaken.

Every Council has a duty to manage allegations and concerns about any person who works with children and young people and adults at risk in their area. This includes Council staff, staff or partner agencies and volunteers.

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

- Behaved in a way that has harmed or may have harmed a child or adult at risk
- May have committed a criminal offence against a child or adult at risk or that has a direct impact on the child or adult at risk

- Behaved towards a child, children or adults at risk in a way that indicates they are unsuitable to work with both children and adults

It can be difficult to determine what may fall into the category of "unsuitable to work with children or adults at risk". The employer should consider whether the subject of the allegation or concern has:

- Been the subject of criminal procedures that indicate a risk of harm to a child or adult at risk
- Caused harm or possible harm to a child or adult at risk and there is a risk in the working, volunteering, or caring environment
- Contravened or continued to contravene their agency's Safeguarding Policy and Procedures
- Failed to understand or comply with the need for clear personal and professional boundaries in the work place
- Behaved in a way in their personal life which could put children and adults at risk of harm
- Behaved in a way that undermined the trust placed in them by virtue of their position
- Children who are subject to Child Protection Procedures
- Has caring responsibilities for an adult who is subject to Adult Protection Procedures

Overarching principles

Ensure that children at risk and adults at risk are safeguarded from individuals who may pose a risk in the setting within which they work or volunteer

Ensure that allegations and safeguarding concerns are dealt with in a fair, consistent and timely manner and in accordance with statutory guidance

Ensure that there is appropriate support, information and advice for all those affected during this process

Ensure that individuals who are not suitable to work with children and adults at risk are prevented from doing so by notification to the Disclosure and Barring Service and other relevant and professional bodies

Local authorities must ensure there is a senior manager with responsibility for ensuring these procedures are adhered to. This role can be delegated but there needs to be an overarching senior manager responsible.

The definition of 'work' includes the following:

- Those in paid employment, including temporary, students/trainees; casual, agency staff and those who are employed as Personal Assistants under the direct payment scheme
- Individuals undertaking unpaid voluntary work
- Individuals who are self-employed and work directly, or are contracted to work, in the provision of services to children and adults at risk

The procedures are underpinned by the following legislation and guidance and should be read in conjunction with them:

- Social Services and Well-being (Wales) Act 2014
- Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 5 – Handling Individual Cases to Protect Children at Risk
- Social Services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 6 – Handling Individual Cases to Protect Adults at risk
- Keeping learners safe: managing allegations of abuse against teachers and others engaged in education services in Wales 2015