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Adult safeguarding in Wales: one step in the right direction

Introduction

The Social Services and Well-being (Wales) Act 2014 ('the 2014 Act') was an early Act of the National Assembly for Wales (the Assembly) after gaining primary law-making powers under the Government of Wales Act 2006. The Assembly can only legislate on the 'subjects' listed in Schedule 7 of that Act. (Williams 2014) Schedule 7 includes health and health services, housing, and social welfare, but not policing, criminal justice, and the courts; these stay with Westminster. This complicates police involvement in safeguarding, particularly when using their resources in the new safeguarding framework. Welsh social care law previously followed England, although Wales could nuance law applied within its boundaries. Welsh adult safeguarding had no legal framework before the 2014 Act. Practitioners followed the *In Safe Hands* Guidance issued under the Local Authority Social Services Act 1970. (National Assembly for Wales 2000). This was similar to England's *No Secrets*. (Department of Health 2000). The 2010 review of *In Safe Hands* recognised its limitations. Although it was 'ground breaking policy that has made a real and important contribution to adult protection in Wales' it was now partly effective, no longer appropriate, and insufficiently robust. (Magill et al. 2010, para 468).

The Law Commission's Consultation Paper on adult social care suggested a single Act for England and Wales, although accepting the need to review this if primary law-making powers were acquired by the Assembly. (Law Commission 2010 para 2.11) The 2011 referendum approved such powers. The Commission's Report favoured separate legislation leaving each government to decide whether to include safeguarding intervention powers. Wales now had greater law-making freedom for social care and safeguarding, both of which were Government priorities. (Law Commission 2011) This was the context within which Wales reformed adult social care and safeguarding. (Williams 2012)

Abuse and neglect of adults at risk Wales

The Older People's Commissioner for Wales estimates that each year 40,000 people aged sixty years and over in Wales experience domestic abuse. (Older People's Commissioner for Wales 2016). Welsh Government's statistics for 2015-16 showed there were 4,485 completed referrals to adult safeguarding, a rise of 11% over the previous year. The data covers the *In Safe Hands* Protection of Vulnerable Adults procedure where the threshold was 'significant harm'; this is higher than under the 2014 Act which uses 'adult at risk'. It is probable that the next set of data, which will use the lower threshold, will result in more completed referrals. Two-thirds of completed referrals involved people 65 years and over. Multiple responses were allowed. The most common outcome was reducing the risk or improving safeguards for victims and/or their property (n 1,845); risk was removed altogether in 1,205 cases. An adult protection plan was the outcome in 1,080 cases, and increased monitoring by

the care manager in 1,130 cases. Forty-five cases were referred to a Multi-Agency Risk Assessment Conference and 35 were prepared for court. In 150 cases the victim changed accommodation. An Independent Mental Capacity Advocate (IMCA) was used in 15 cases, a low figure considering the profile of victims. (Stats Wales 2017) Clarke et al. in their evaluation of the Welsh Government's Access to Justice Project identified reluctance to use IMCAs in safeguarding cases. (Clarke et al. 2012; Williams et al. 2013)

The Social Services and Well-being (Wales) Act 2014

Pervasive nature of safeguarding

The 2014 Act imposes general duties on local authorities. Unlike the s.1 Care Act 2014 general duty 'to promote' well-being, s.5 of the 2014 Act requires local authorities to '*seek* to promote' well-being. It remains to be seen how 'seek' will be interpreted. Although safeguarding is dealt with in Part VII, it is pervasive throughout the 2014 Act. 'Well-being' includes protection from abuse and neglect. (s.2(2)). Other aspects of well-being are affected by abuse and neglect such as participation in education, training and recreation. Relationships, contributions to society, living conditions and social and economic well-being will also suffer.

'Adult at risk'

Central to safeguarding is the 'adult at risk'. An adult is risk is somebody 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.” (s.126 2014 Act).”

This Older People's Commissioner for Wales criticised this definition in her evidence to the Assembly's Health and Social Care Committee. She said,

(T)he definition of 'adult at risk' still relies too heavily on the previous definition that defined vulnerable adults as those in receipt of social services. It currently reads that *because* a person has care and support needs they cannot protect themselves from harm; whereas the true situation is that *because* a person cannot protect themselves from harm they have care and support needs. (National Assembly for Wales Health and Social Care Committee 2013a p 189)

Age Cymru in its evidence to the Committee also had reservations - it said,

... a person may not have identified care and support needs, but they are being abused and are consequently unable to protect themselves as a result of the abuse; such cases would be excluded from legislative support under the current drafting. (National Assembly for Wales Health and Social Care Committee 2013a p 468)

Alternatives suggestions included using the Adult Protection (Scotland) Act 2007 definition which focusses on the adults 'disability, mental disorder, illness or physical or mental infirmity' making them more vulnerable than others. The *In Safe Hands* review proposed a definition similar to Scotland's. (Magill et al. 2010) Another option was to change the order of the section to read,

An adult at risk ... is an adult who-

- (a) is experiencing or is at risk of abuse or neglect,
- (b) is unable to protect himself or herself against the abuse or the risk of it,
- (c) as a result, has needs for care and support. (National Assembly for Wales Health and Social Care Committee 2013b, para 41-46; National Assembly for Wales Health and Social Care Committee 2013a p 468-69)

The House of Commons Health Committee has questioned using the health/social care model as the threshold, in particular excluding people who could otherwise care for themselves. (House of Commons Health Select Committee 2007, paras 8 and 15).

The Committee's Report, asked the Deputy Minister to consider other definitions. (National Assembly for Wales Health and Social Care Committee 2013b paras 40 -46) However, the concerns were rejected.

The definition of an 'adult at risk' has been developed to be as broad ranging as possible. This provision will ensure that all cases currently subject to the Protection of Vulnerable Adult processes are encompassed in the definition. (Welsh Government 2013)

The use of Protection of Vulnerable Adults criteria in the 2014 Act questions claims of a new approach. Why the Government rejected other options is unclear. Was it a fear that too wide a definition would create unmanageable and costly demand, a point raised by a 1997 Scottish Law Commission's Report, *Vulnerable Adults?*

A wide definition would place too great a strain on local authority resources and would make it impossible for the local authority to confine its attentions to those genuinely in need of them. (Scottish Law Commission 1997, para 2.13 and Williams 2008, p 87)

The Association of Directors of Social Services Cymru has commented that, unlike Scotland, there were no additional resources to fund the new safeguarding procedures. (National Assembly for Wales Health and Social Care Committee 2013a p 320)

Despite retaining the need for social care, the 2014 Act lowers the threshold for referral compared with *In Safe Hands* by removing the reference to ‘significant harm’. *In Safe Hands* defined a vulnerable adult as somebody 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*" (National Assembly for Wales 2000, para 7.2)

Section 126(1) of the 2014 Act refers to ‘abuse or neglect’ and not to significant harm.

Abuse and neglect

Section 197(1) defines ‘abuse’ by listing the types of abuse included; these are ‘physical, sexual, psychological, emotional or financial abuse. ‘Neglect’ is defined as,

‘... a failure to meet a person’s basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person’s well-being (for example, an impairment of the person’s health...) (s.197(1)).

Self-neglect is excluded. There is specific reference to ‘financial abuse’; it includes theft of money or other property, fraud, being placed under pressure about money or property or having money or property misused. (s.197(1)).

The Care Act 2014 Guidance provides an extensive list of examples of what ‘abuse’ is and includes domestic violence (including so called ‘honour’ based violence), modern slavery, discriminatory abuse, and organisational abuse. (Department of Health 2017 para 14.17) The Care Act 2014 Guidance also refers to domestic abuse. This contrasts with the 2014 Act and its Guidance. The Welsh Guidance provides examples of the list enumerated in the 2014 Act; it also raises the possibility that any of these forms of abuse could be a hate crime if motivated by disability, race, religion and belief, sexual orientation, and transgender. (Welsh Government 2016b para 26-27) However, it does not provide as much detail as the Care Act 2014 Guidance. Arguably, the advantage of this is that practitioners can assess whether the facts amount to abuse or neglect, a point made in the *In Safe Hands* review:

One of the potential benefits of creating specialist safeguarding adults’ teams is that a principle for the public and staff should be: if in doubt about whether conduct amounts to abuse, ask. Safeguarding Teams should be skilled and experienced enough to gather sufficient information to enable them judge each case on its merits and to determine a proportionate response. (Magill et al. 2010 para 310)

The contrary view is that not highlighting behaviour beyond ‘traditional’ ideas of abuse and neglect will, in times of financial restraint, restrict safeguarding. Modern slavery, trafficking and ‘honour’ based crimes are abuse and if the person is an adult at risk, should fall within the adult safeguarding remit of local authorities. (Craig & Clay 2017) The absence of reference to these forms of abuse may mean they are considered outside of the 2014 Act. Trafficking, people smuggling and ‘honour’ based violence should be a component of safeguarding procedures. (Ross et al. 2015)

It is disappointing that the Welsh Government did not take the opportunity to address the perception that the abuse of people aged sixty years or above is somehow different from domestic abuse. (Wydall & Zerk 2014) What is in effect a reclassification of domestic abuse appears to occur once the person reaches sixty years. Penhale notes,

Elder abuse is thus viewed as a problem with its own distinctive characteristics, which set it apart from other forms of violence, instead of looking at the evident correspondences between the abuse of older women and violence towards younger women and developing responses in conjunction with these. (Penhale 2003)

Clarke et al in their evaluation of the Welsh Government’s Access to Justice for Victims of Elder Abuse pilot recommended the integration of elder abuse and domestic abuse policies. Their Report was published when the Social Services and Well-being (Wales) Bill and The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Bill (which became the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015) were being considered by the Welsh Government. They concluded that,

Evaluating the ‘Access to Justice’ Project has identified significant overlaps between domestic violence and elder abuse. Indeed, the origins of the project, the Communities and Culture Committee’s review and the Government’s *The Right to be Safe*, are located in domestic violence. The desirability of having two pieces of legislation is a political judgment and beyond the scope of this report. However, it is important that the two initiatives are integrated and consistent. (Clarke et al. 2012 p 49)

Their recommendations included a common code of practice for the two pieces of legislation, adoption of shared principles, and protocols on interagency work under the legislation. (Clarke et al. 2012 p 49)

The Older People’s Commissioner for Wales highlighted the dangers of treating older people who experience domestic abuse differently. She argued,

Domestic abuse of older people is often put under the generic category of ‘elder abuse’ and referred not to the police but to adult protection services. This means that older people may find it difficult to access the support, legal remedies and justice that are usually open to

victims of domestic abuse. It is imperative that older people are not discriminated against in this way and that practitioners are helped to understand how abuse of older people is to be addressed. (Older People's Commissioner for Wales 2012)

She called upon the Welsh Government to make sure that each piece of legislation strengthens the other. This was not realised in the legislation. The only reference to the 2014 Act in the 2015 Violence Against Women Act is that a local authority and Local Health Board in developing its domestic abuse strategy, must have regard to the most recent assessment of needs for care and support, support for carers and preventative services for the local authority's area under s.14 of the 2014 Act. The safeguarding provisions under the 2014 Act are not directly mentioned.

Duty to report

As with children, the failure of communication between agencies in adult safeguarding is cause for concern. (Stevens 2013; Manthorpe & Martineau 2010) No *Secrets* and *In Safe Hands* recognised the importance of inter-agency collaboration in adult safeguarding. (Department of Health 2000, para 4.3; National Assembly for Wales, 2000 para 1.1, 3.1 and 3.2) The primary safeguarding duties under the Act fall on local authorities, however it imposes a duty on 'relevant partners' to report adults at risk. The duty to report has three elements.

1. if a relevant partner of a local authority has reasonable cause to suspect that a person is an adult at risk and appears to be within the authority's area, it must inform that local authority;
2. if the relevant partner has reasonable cause to suspect that an adult at risk is in the area of another authority, it must inform that authority; and
3. if a local authority has reasonable cause to suspect that a person within its area at any time is an adult at risk and is living, or proposing to live, in the area of another authority (including one in England), it must inform that authority. (s.128(1) – (3).

Under the 2014 Act, relevant partners are,

The police;

Any other local authority with whom it is appropriate to cooperate;

The Secretary of State for Wales when exercising functions under the Offender Management Act 2007;

Any provider of probation services required to act as a relevant partner;

A Local Health Board for the area of the local authority;

Any NHS trust providing services within the area of the local authority;

The Welsh Ministers (the members of the Welsh Government) acting under the Learning and Skills Act 2000; and

Any other person specified in regulations. (s. 162(4))

One public service not included is the Fire Service. Fire officers point out that a home visit to check smoke alarms and fire safety, are not seen as threatening. Perpetrators are off their guard and adults at risk more willing to talk. Limited work has been done on integrating the Fire Service into safeguarding and more generally into social care. (Lowton et al. 2010) Fire Service involvement in Community Safety Partnerships has led to a greater appreciation of its potential role. For example, the South Wales Fire and Rescue Service identified the link between arson attacks and domestic abuse and works with partnership agencies to make victims feel safe in their home. (South Wales Fire and Rescue Service 2016)

Independent sector organisations do not have a duty under the 2014 Act to report suspected cases of abuse and neglect. Their omission is possibly because of the devolution settlement's limited power to impose duties on non-public authorities. All too often, data protection and confidentiality are wrongly regarded as insurmountable obstacles to information sharing. The Guidance emphasises the need to share information within the Data Protection Act 1998 and the legal duty of confidentiality. These allow for information sharing. In exceptional circumstances, personal information can be shared without consent if it is a legal requirement or in the public interest. Examples of the public interest are the need to prevent abuse or serious harm to others. Personal identifying information should be shared under the Wales Accord on the Sharing of Personal Information (WASPI). The WASPI framework applies to Welsh public, independent and third sector organisations and enables staff to share information safely and legally. (Welsh Government 2014 para 28-29)

Duty to make enquiries

A gap in the previous procedures was the lack of a legal duty to investigate or make enquiries when it was suspected that an adult was being abused or neglected. In the responses to the Law Commission's Consultation Paper suggestion that such a duty be introduced, some argued it was unnecessary as safeguarding matters could be identified in community care assessments; but community care assessments were not designed for safeguarding. Others argued that s.47 National Assistance Act 1948, the Mental Health Act 1983, the Mental Capacity Act 2005, and the Guidance in England and Wales were sufficient. This ignores the impact of providing a focus for adult safeguarding and placing it on a par with child protection. In its Report, *Adult Social Care*, the Law Commission recommended including a duty on local authorities 'to investigate adult protection cases, or cause an investigation to be made by other agencies, in individual cases'. (Law Commission 2011 paras 9.1 - 9.19)

Section 126(2) introduces such a duty.

- (2) If a local authority has reasonable cause to suspect that a person within its area (whether or not ordinarily resident there) is an adult at risk, it must—

- (a) make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken (whether under this Act or otherwise) and, if so, what and by whom, and
- (b) decide whether any such action should be taken.

The section refers to ‘enquiries’ and not an ‘investigation’. They are information gathering as opposed to a formal investigation. They do not include formal investigations involving the police, although they may lead to one. (Welsh Government 2016b para 36) Although making enquiries is separate from care assessments, they are linked. The findings of enquiries must be recorded in the care plan if there is one, otherwise in an individual case record. (Welsh Government 2016b paras 43-45)

The 2014 Act follows the Law Commission reasoning that the duty should be on a single agency (the local authority) and not dissipated between different agencies. The local authority duty is to ensure that the enquiries are carried out, coordinated and that findings are implemented. It does not assume that the local authority will always, or in most cases, conduct the enquiries. As the Law Commission argued, a multi-disciplinary approach is essential. (para 9.14) The important words in s.126(2)(a) are ‘cause to be made’. The enquiries may be undertaken by, for example, health or probation. If the local authority requests the cooperation of a relevant partner, then the partner must comply unless to do so would be incompatible with its own duties, or it would otherwise have an adverse effect on the exercise of its functions. A similar provision applies to a request to a relevant partner for information. (s.164(1) and (2) The wording does leave scope for refusal, although the relevant partner must give written reasons for a refusal. (s.164(3))

Adult Protection and Support Orders

A contentious matter was whether the 2014 Act should include statutory powers of intervention. With the repeal of s.47 National Assistance Act 1948, no statutory powers of entry exist other than the Mental Health Act 1983, the Police and Criminal Evidence Act 1984, and housing and public health legislation. The Westminster Government rejected powers to, for example, enter premises. This is consistent with their long-expressed view that powers would violate the right to a private life and home life. (see Law Commission 1995; Lord Chancellor’s Department 1997; Williams 2003) This thinking prevailed in the English Care Bill debates and was influential in Wales in shaping the 2014 Act. (see Manthorpe et al. 2016)

However, in Wales, there was one concession. Under s.127(1) of the 2014 Act, an authorised officer can apply to a justice of the peace for an Adult Protection and Support Order (APSO) which gives powers of entry to ‘premises’ where an adult at risk is thought to be living. The regulations specify who can be an authorised officer. Specialist training is required (Adult Protection and Support Orders (Authorised Officer) (Wales) Regulations 2015) The authorised officer must perform the role with

some autonomy from their employer and act independently of day to day case management. (Welsh Government 2016a para 1.8) The Guidance defines ‘premises’ as including domestic premises, residential care homes, nursing homes, hospitals or ‘any other building, structure, mobile home or caravan in which the person is living.’ (Welsh Government 2016a para 1.14) This wide definition is welcome. Including care homes and hospitals emphasises the local authority responsibility for safeguarding in institutional settings and the community. (Phillips 2016)

An APSO does not include powers of removal or barring. The deputy minister defended this omission in evidence to the National Assembly’s Health and Social Care Committee.

‘There is an important balance here concerning how we approach the issue of possible abuse of an adult. We have to respect an adult’s right to take a risk, especially where there is competence, and that issue is exceedingly important. On the other hand, we need the wherewithal to be able to speak to an adult in private if there is a suspicion of abuse, and without a third-party present.’ (National Assembly for Wales Health and Social Care Committee 2013b para 254)

To avoid doubt, the Deputy Minister in a follow up letter to the Committee stated that it was not her intention,

... to give the impression that the provision establishing Adult Protection and Support Orders will be amended so as to provide Social Services with the ability to “remove” an adult suspected of being at risk of abuse. (Welsh Government 2013)

However, if the risk is high with the likelihood of death or serious injury and there is coercion, should autonomy and the right to take risks prevail over a carefully constructed power of removal or barring? How should article 8 ECHR autonomy be balanced against protection duties under articles 2 and 3? Over-emphasis on article 8 ignores the heightened protection duty for the vulnerable. Balance and proportionality are essential. The European Court of Human Rights said in the *A v UK* case,

Children and other vulnerable individuals, in particular, are entitled to state protection, in the form of effective deterrence, against such serious breaches of personal integrity. (*A v UK* 1999)

In *Osman v. UK*, the Courts said it was enough,

‘... for an applicant to show that the authorities did not do all that could reasonably be expected of them to avoid a real and immediate risk to life of which they ought to have knowledge’. (*Osman v UK* 1998)

There are few cases where access to an adult at risk is frustrated. Social work skills and experience are often successful in negotiating access in the face of opposition which may come from different

people (for example, the harmer, family members, the adult at risk) and be driven by different motives. (Norrie et al. 2016) Quite correctly, alternative approaches must be exhausted before considering an APSO. (Welsh Government 2016a para 1.22) The Scottish experience suggests that the use of statutory powers is rare and preventative work is undertaken. (Mackay et al. 2011; Mackay 2008) No data is yet available on the use of the APSO; it will become available in the next set of returns published by the Welsh Government.

The purposes of an APSO are,

- (a) to enable the authorised officer and any other person accompanying the officer to speak in private with a person suspected of being an adult at risk,
 - (b) to enable the authorised officer to ascertain whether that person is making decisions freely, and
 - (c) to enable the authorised officer properly to assess whether the person is an adult at risk and to make a decision as required by section 126(2) on what, if any, action should be taken.
- (s.127(2))

Whether the person is deciding freely under (b) is a complex assessment. In all but the most obvious cases, coercive behaviour will be difficult to identify immediately. Over reliance on the violent incident model has been emphasised by Stark. He defines this model as one that “equates abuse with discrete assaults and gauges severity by the degree of injury inflicted or threatened.”

Coercive behaviour is a typical feature of abusive relationships, but can be missed by police and others. (Stark 2012; Stark 2007) Criminalising controlling or coercive behaviour in an intimate or family relations by s.76 of the Serious Crime Act 2015 is a reminder that coercion is a part of abuse and neglect, but it is difficult to prove. (R v Curtis 2010; R v Widdows 2011) The Westminster Government definition of controlling behaviour and coercive control stress that patterns of behaviour should be noted.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. (Home Office 2015)

The Crown Prosecution Service (CPS) Guidance on prosecuting cases of controlling or coercive behaviour highlights the evidential problems. Although aimed at the criminal standard of proof, it outlines the difficulties faced in deciding whether a person is acting freely.

In many cases the conduct might seem innocent - especially if considered in isolation of other incidents - and the victim may not be aware of, or be ready to acknowledge, abusive behaviour. The consideration of the cumulative impact of controlling or coercive behaviour and the pattern of behaviour within the context of the relationship is crucial (Crown Prosecution Service 2016 para 3.2)

An assessment of whether the person is deciding freely will, given the importance of considering cumulative behaviour, require multiple APSO visits.

Section 127 of SSW(W) Act 2014 is silent on whether an APSO allows multiple entries. Under s. 127(3) an ‘authorised officer, a constable and any other specified person accompanying the officer ... may enter the premises specified in the order for the purposes set out in subsection (2).’ Arguably this allows multiple entries until the APSO purposes are achieved. However, as the guidance points out, an APSO is subject to the principle of proportionality and restricted to the purposes in s.127(1). It will be difficult to identify in the application which areas of expertise are needed to ensure that the purposes of the order can be achieved. These may only become clear after access; for example, the need for an Approved Mental Health Professional or a Best Interests Assessor and practitioners who can meet special communication or other needs to accompany the authorised officer. An advocate may also be necessary. This will require multiple visits. However, the APSO cannot give authorised officers ongoing powers of entry. Whether access under an APSO, will give enough time to assess the dynamics of the relationship between the person and the alleged harmer, is uncertain. Such assessments are not, as Stark points out, an ‘end-of-shift response’. (Northern Ireland Assembly Committee for Justice 2016 p 6).

As the APSO does not include powers of banning or temporary removal for assessment, what happens if the person is an adult at risk and not making decisions freely? The APSO purposes have been achieved; there is no longer justification to remain or re-enter. The Guidance emphasises the need for an exit strategy including informing the person and other occupants of follow up actions. They should also be apprised of any support services. (Welsh Government 2016a para 4.15-4.16)

It is possible that the authorised officer will have to leave the person in the premises with the harmer, who is now aware that the local authority and police are involved. This may lead the harmer to cooperate and cease their behaviour and take advantage of support offered. Alternatively, the harmer may be so enraged by the intervention, that he or she escalates their behaviour and frustrates any action plan or further visits. The person is now at greater risk. Clements argues that this fear may be unfounded as the police have powers to intervene such as s.17(1)(e) of the Police and Criminal Evidence Act 1984. (Clements 2016 p 29-30) However, as Clements notes, the devolution settlement for Wales does not, at present, include policing. Police involvement in post APSOs is unclear.

The uncertainty of what happens once the purposes of an APSO have been achieved needs careful consideration by justices of the peace when hearing applications. They must be satisfied that exercising the power of entry under an APSO will not leave the person at greater risk of abuse or neglect. s.127(5)(d) This is difficult to predict when little is known about person or the harmer. For this reason, use of APSOs is likely to be limited.

Conclusion

The reforms to adult safeguarding in Wales are welcome and overdue. The inclusion of the ‘people approach’ to social care in the 2014 Act, under which social care for children and adults is integrated, may assist in responding to family dynamics that underpin adult safeguarding. However, child protection remains within the remit of the Children Act 1989. Particularly welcome is the duty to make enquiries. The 2014 Act introduces a National Independent Safeguarding Board which, under the leadership of Dr Margaret Flynn, provides local Safeguarding Boards and Welsh Government with advice and guidance on safeguarding. Greater collaboration amongst agencies, and with the independent sector, remains challenging. Hopefully the duty to report and the use of other agencies in conducting enquiries will erode some of the cultural, economic and structural obstacles. One problem in Wales is the different public authority footprints. Wales has twenty-two local authorities, four police forces, six Adult Safeguarding boards, and seven health boards. In the Dyfed Powys area for example, there are two health boards, one police authority, one Safeguarding Adult Board and four local authorities. This does not make cooperation impossible, but it does make it complicated given that different policies and procedures may apply within each body. The disappointment is that Wales did not go further in adopting powers of intervention. APSOs begin to address the problem of access in the face of hindrance. However, the lack of further powers may restrict their use. The fear of leaving the person in a more dangerous place might lead to an unwillingness to consider or grant an APSO. The Welsh Government has recently concluded a consultation exercise on handling individual safeguarding cases. (Welsh Government 2017) Although the draft contains valuable advice, it fails to properly address the dilemmas faced by authorised officers and justices of the peace when considering an APSO.

A better safeguarding model would not necessarily be the full Scottish approach; there is scope for considering a variation of the Scottish approach that goes beyond what is in the 2014 Act. It could involve, along with a power of entry, more limited powers of intervention, for example temporary removal for assessment or temporary barring and no more. This might in part address the concerns about APSOs. Essential safeguards would need to be included and powers would only be used as the last resort. The development of safeguarding law in Northern Ireland provides a focus for research. Similarly, the possibility of four different approaches to safeguarding within the United Kingdom will provide researchers with an opportunity of evaluating different models and assessing the views of practitioners and others within each of the four nations as to their effectiveness in protecting adults at risk.

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