

Cambridgeshire and Peterborough Safeguarding Adults Board Multi-Agency Safeguarding Policy Oct 2017



Safeguarding Adults in Cambridgeshire & Peterborough from Abuse & Neglect

THE SIX KEY PRINCIPLES OF MAKING SAFEGUARDING PERSONAL UNDERPIN ALL ADULT SAFEGUARDING WORK

Empowerment

People being supported and encouraged to make their own decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

Prevention

It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality

The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

Protection

Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

Accountability

Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

Source: [Department of Health Care and support statutory guidance](#)

FOREWORD

This multi-agency policy has been compiled by the Cambridgeshire & Peterborough Safeguarding Adults Board. Its purpose is to enable all agencies to achieve consistent and robust arrangements for safeguarding people with care and support needs and to implement effective safeguarding plans which minimise risk of harm and adopt a zero tolerance approach to abuse and neglect.

This multi-agency policy and the related procedures and practice guidance are the local adult safeguarding arrangements which all organisations in Cambridgeshire and Peterborough are required to follow. Each agency and organisation operating in the area should develop their own arrangements for safeguarding to complement but not over-ride the multi-agency ones.

This document is compliant with the Care Act 2014 which sets out the legal framework for adult safeguarding based on local authorities existing responsibilities and practice. The Care Act was a major change in practice towards a person centred approach.

There are some key messages in the multi-agency procedures which underpin good safeguarding practice:

- Local authorities have a duty to promote individual wellbeing.
- Making Safeguarding Personal – ensuring that safeguarding work is done **with** the person concerned and **not to** the person concerned.
- The person is asked what they want as the outcome from the safeguarding process and this directly informs what happens.
- Local authorities must arrange for independent advocacy when it is needed - The advocate's role is to facilitate the person's involvement, not merely be consulted about it.
- The Care Act sets out a duty for partners to cooperate and respond to safeguarding concerns.
- The Care Act empowers local authorities to make safeguarding enquiries or cause others to make safeguarding enquiries.

As a partnership committed to learning from local experience and national best practice, we will review the procedures at least annually and they will be updated to incorporate lessons from recent cases and new guidance or changes in practice. Additional guidance will be provided as appropriate.

Safeguarding is a vital part of our responsibilities. It is more than just adult protection; it is about protecting the safety, independence and wellbeing of people with care and support needs.

TABLE OF CONTENTS

FOREWORD	3
GLOSSARY	5
1. INTRODUCTION	9
Purpose	9
Legislative Context	9
Scope of the Document	10
Aims of the Policy & Procedures	11
Principles of Good Practice	11
Making Safeguarding Personal	12
Roles & Responsibilities of all agencies	13
Prevention	14
Responding to Concerns	16
Quality Assurance	17
Recruitment	18
2. DEFINITIONS OF ABUSE & NEGLECT	19
Safeguarding Criteria	19
Types of Abuse	19
3. MENTAL CAPACITY	20
What is Mental Capacity	20
4. ADVOCACY	20
Care Act Requirement	20
5. AGENCIES ROLES & RESPONSIBILITIES	21
Multi-Agency Safeguarding Hub	21
Local Authority	22
Cambridgeshire Constabulary	22
Cambridgeshire & Peterborough Clinical Commissioning Group	23
6. SERIOUS INCIDENTS IN THE NHS REQUIRING FURTHER INVESTIGATION	24
7. MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS	24
8. PEOPLE WHO ARE RESPONSIBLE FOR EMPLOYING THEIR OWN CARERS	25
9. USEFUL WEBSITES & PUBLICATIONS	25

GLOSSARY

Jointly Agreed terms	Definition	Previous term
Adult at Risk	Person with care & support needs experiencing or at risk of abuse or neglect and unable to protect themselves	Vulnerable adult
Adult at risk meeting	Multi-agency meeting with the person concerned or their representative to establish what they want to happen and plan the response.	Previously known as strategy meeting/ case conference case
Adult at risk Plan	Plan identifying risks and adult's desired outcomes, and actions to achieve these.	Previously called a Safeguarding Action plan or Protection plan
Adult Safeguarding Practitioner	Qualified member of staff trained to coordinate s42 enquiries	previously known as a Safeguarding Lead or Enquiry officer
Advocate – Care Act	A person's representative who may be paid or informal, for example their family. The local authority must arrange for an advocate where an adult has ' substantial difficulty ' in being involved in safeguarding enquiries and where there is no other suitable person to represent and support them	
Advocate - IMCA (Independent Mental Capacity Advocate)	An IMCA safeguards the rights of people who lack capacity to make important decisions e.g. about their accommodation or about serious medical treatment.	
Best Evidence Interview	Interviews conducted with regard to Guidance on interviewing vulnerable and intimidated victims and witnesses.	
Care Act 2014	The Care Act 2014 defines statutory responsibilities for adult safeguarding	replaces No Secrets guidance
Concern	A concern that a person with care and support needs is being abused or neglected	Previously known as a safeguarding alert

Court of Protection	The Court which makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made (people who 'lack mental capacity').	
Disclosure and Barring Service	The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children	Replaces the Criminal Records Bureau (CRAB) and Independent Safeguarding Authority (ISA).
Informal Carer	A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.	
Informal Enquiries	information gathering as part of the Triage assessment	
Informal enquiry	The gathering of evidence prior to deciding if a S42 Enquiry is needed	
Investigation	Work carried out by the local authority Police or other health or social care agency as part of a S.42 Enquiry	
Large Scale Enquiry	A multi-agency response to circumstances where there may be a risk of serious harm within a care setting	
Lasting Power of Attorney (LPA)	<p>The MCA created a new system by which a person could select who they want to make decisions on their behalf and the decisions which they have authority to make; these are called Lasting Powers of Attorney (LPA)</p> <p>There are two types of LPA, one for property and affairs, including finances, and one for health and welfare, including medical treatment and accommodation issues.</p>	<p>Enduring Power of Attorney. These relate to financial and property matters only and do not enable anyone to make decisions on behalf of the person in relation to care and treatment matters</p> <p>(existing EPAs remain valid but any new applications are for LPA only)</p>
Making Safeguarding Personal	A guiding principle for safeguarding relating to	

	<ul style="list-style-type: none"> engaging with people through the safeguarding process and determining the outcomes they want from safeguarding , and ascertaining the extent to which those outcomes were realised at the end. 	
<p>MAPPA</p> <p>Multi-agency public protection arrangements</p>	<p>Multi agency body of local criminal justice agencies and other agencies to work together designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders</p>	
<p>MARAC</p> <p>Multi-Agency Risk Assessment Conference</p>	<p>MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors.</p>	
<p>Next of Kin</p>	<p>The term “Next of Kin” has no status and the person identified as next of kin should not be asked to sign and / or consent to interventions unless they have a legal basis for doing so – see LPA</p>	
<p>Paid carer</p>	<p>an individual who, as paid work, provides—</p> <p>(a)health care for an adult or child, other than excluded health care, or</p> <p>(b)social care for an adult,</p> <p>Including an individual who, as paid work, supervises or manages individuals providing such care or is a director or similar officer of an organisation which provides such care.</p>	
<p>Person alleged to be responsible</p>	<p>Previously known as a person alleged to have caused harm</p>	

Referral	The passing of an adult safeguarding concern to the MASH	
Risk assessment and risk management	An assessment of risks with the person concerned including risk reduction measures and the strengths and abilities of the person to keep themselves safe	
S.42 Enquiry	A S42 enquiry is the action taken or instigated by the local authority in response to concern that abuse or neglect may be taking place	Previously called a Safeguarding or SOVA investigation
Safeguarding Adults Board	The SAB is a statutory partnership board whose objective is to assure itself that agencies are working within the Care Act to safeguarding adults at risk	
Safeguarding Adults Review (SAR)	A review held when an adult in the SAB area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.	Previously called a Serious Case Review
Three stage test	Test defined by the Care Act statutory guidance for establishing whether section 42 duties apply	
Triage assessment	An initial assessment of risk in response to a safeguarding concern	
Well-being principle	A broad concept enshrined in the Care Act 2014 – there is a duty on the local authority to promote well-being in all decision made with and about people; well-being is the outcome the person seeks for themselves.	

1. INTRODUCTION

1.1 Purpose

1.1.1 The purpose of this document is to provide a framework for delivery of the functions of the Safeguarding Adults Boards in Cambridgeshire & Peterborough; to safeguard adults, in need of care and support, from abuse and neglect.

1.2 Legislative Context

1.2.1 The Safeguarding Adult Boards bring together a range of agencies who agreed to work together, to develop, implement and monitor work to safeguard people with care and support needs from abuse and neglect. From April 2015, the Care Act 2014 put the Safeguarding Adults Boards on a statutory footing.

1.2.2 The Care Act requires that each local authority must:

- make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom;
- set up a Safeguarding Adults Board (SAB);
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them. They must be informed of their rights to an independent advocate.
- co-operate with each of its relevant partners (as set out in Section 6 of the Care Act) in order to protect the adult. Each relevant partner must also co-operate with the local authority.

1.2.3 This policy and accompanying procedures exist to enable the Safeguarding Adults Boards to provide strategic multi-agency leadership and ensure that adults in Cambridgeshire & Peterborough are appropriately safeguarded by:

- preventing abuse and neglect from happening
- promoting wellbeing and safety
- responding effectively to instances of abuse and neglect.
- holding agencies to account regarding omissions

1.2.4 A Safeguarding Adults Board has three core duties:

- 1) It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.
- 2) It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each agency has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.
- 3) It must conduct any Safeguarding Adults Review in accordance with Section 44 of the Act.

1.2.5 The Care Act 2014 states that local Safeguarding Adults Boards decide how they operate but they must ensure that their arrangements will be able to deliver the duties and functions under Schedule 2 of the Care Act. The Safeguarding Adults Boards for Cambridgeshire & Peterborough have procedures which are designed to assist agencies to work in partnership to protect adults from abuse, neglect and prevent avoidable harm. To achieve this, the Board will challenge poor practice wherever it is encountered, hold local providers and partners to account. The Boards' aim is simple - **Safety, Enablement, Empowerment and Prevention will be at the centre of everything we do** - by working with partner agencies to safeguard adults at risk of abuse and neglect. The Boards also have a broader aim in promoting the wider understanding of what safeguarding is and our shared responsibility in this area.

1.2.6 The Care Act states that the following three organisations must be represented on the Adult Safeguarding Boards:

- Local authority
- Police
- Clinical Commissioning Group

1.3 Scope of the Document

1.3.1 The multi-agency procedures apply to all adults, who are resident or temporarily resident in the communities of Cambridgeshire & Peterborough, who may have care and support needs, whose independence and well-being would be at risk, permanently or periodically, if they did not receive appropriate support and who may be at risk of abuse or neglect. This includes adults with physical, sensory and mental impairments and learning disabilities however those impairments have arisen e.g. whether present from birth or due to advancing age, chronic illness or injury, and those who may or may not be eligible for community care services, and who are unable to protect themselves.

1.3.2 The procedures apply equally to those people who purchase or are assessed as being able to purchase all or part of their community care services (referred to as self-funders).

1.4 Aims of the Policy & Procedures

1.4.1 The procedures are in place to ensure that staff will:

- Identify when there are concerns that abuse or neglect are occurring and take prompt action to stop it
- Ensure that abuse is taken seriously and acted upon on the basis of a zero tolerance approach
- Ensuring that wherever abuse or neglect are suspected or reported that there is an effective, consistent, and co-ordinated response through the comprehensive application of the multi-agency procedures.

1.5 Principles of Good Practice

1.5.1 The Care Act 2014 is based on the following safeguarding principles. These principles are a golden thread that run through these procedures

- 1) **Empowerment** - Presumption of person led decisions and consent
- 2) **Protection** - Support and representation for those in greatest need
- 3) **Prevention** - Prevention of neglect, harm and abuse is a primary objective
- 4) **Proportionality** - Proportionate and least intrusive response to the risk presented
- 5) **Partnerships** - Local solutions through services working with their communities
- 6) **Accountability** - Accountability and transparency in delivering safeguarding.

All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens. These rights include Article 2: 'the Right to life'; Article 3: 'Freedom from torture' (including humiliating and degrading treatment); and Article 8: 'Right to family life' (one that sustains the individual)

1.5.2 Any adult at risk of abuse or neglect should be able to access public organisations for appropriate interventions which enable them to live a life free from violence and abuse.

1.5.3 Organisations in Cambridgeshire & Peterborough who are working to protect an adult from the risk of abuse will make the dignity, safety, and well-being of that individual a priority in their actions. Services provided should be appropriate to the individual including their communication needs, physical needs, mental abilities and each of the nine protected characteristics of the Equality Act 2010 (age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion or belief, sex and sexual orientation).

- 1.5.4 All safeguarding work should aim to enable adults who experience abuse to retain as much control as possible over their own lives. The person who may be experiencing abuse should be given information, properly accessible to them, about the adult protection process.
- 1.5.5 Those who have experienced abuse will be offered the choice and support to participate or otherwise have their views included, in all forums that are making decisions about their lives. They should be offered contact with independent organisations and advocacy services. Where communication aids, interpretation or personal assistance are necessary for a person to participate, these must be provided.
- 1.5.6 All decisions taken by professionals about a person's life must be reasonable, proportionate and justified. Where organisations have a duty to intervene to reduce risk, then that intervention should be proportionate to the risk facing the person.
- 1.5.7 Any intervention in a person's life, including for immediate protection and its result, should match the wishes, where known, of that person as closely as possible. However an individual's wishes cannot undermine an organisation's legal duty to act.
- 1.5.8 In carrying out safeguarding activity, the life of the person experiencing abuse should be disrupted as little as possible, unless they request otherwise. Where possible risks should be reduced by removing the abusive person and not the person experiencing abuse or neglect.
- 1.5.9 Information will only be shared with the person's consent or where there is an overriding justification (for example, legal reasons to protect a person without capacity from harm) and on a need to know basis.
- 1.5.10 All agencies should consider how they can support unpaid carers who may be struggling to care appropriately.
- 1.6 Making Safeguarding Personal***
- 1.6.1 The underpinning philosophy for safeguarding under the Care Act is provided by "Making Safeguarding Personal". Making safeguarding personal means it should be person-led and outcome-focused.
- 1.6.2 Making safeguarding personal requires engagement with people throughout the safeguarding episode and consulting with them about the outcomes to achieve. The extent to which the person felt those outcomes were realised should be ascertained at the end.
- 1.6.3 To ensure safeguarding is personal it is necessary to ensure that people have an opportunity to discuss the outcomes they want at the start of safeguarding, and to ascertain at the conclusion to what extent their desired outcomes have been met.
- 1.6.4 The strengths of the person in dealing with the abuse or neglect should be recognised.
- 1.6.5 Outcomes will be recorded to inform practice and provide aggregated outcomes information for CPFT and for the Safeguarding Adults Boards.

***Making Safeguarding Personal:** Guide 2014 Local Government Association & Association of Directors of Adult Social Services

1.7 Roles & responsibilities of all agencies

The Care Act 2014 states that local authorities must cooperate with each of their relevant partners, as described in section 6(7) of the Care Act, and those partners must also cooperate with the local authority, in the exercise of their functions relevant to care and support including those to protect adults. Agencies should implement robust risk management processes in order to prevent concerns escalating to a crisis point and requiring intervention under safeguarding adult procedures.

1.7.1 All partner agencies will work to the following principles

- Ensure people accessing services, visitors and relatives receive information about how to raise concerns if they suspect or experience abuse in all its forms including neglect
- Empower individuals with knowledge and understanding so that they will be aware of what is appropriate or inappropriate behaviour towards them
- Raise awareness amongst people with care and support needs, who may cause harm, of what constitutes abuse and why
- Provide the support that may be necessary to ensure adequate levels of understanding, and adequate skills to ensure that rights and responsibilities are recognised and asserted
- Enable staff and volunteers to recognise poor practice, or abuse and respond appropriately
- Raise awareness of how staff and volunteers can use their routine processes (e.g. single assessment, risk assessments, care planning, and triage) to enable people to acknowledge that they are at risk of abuse, and signpost them to effective support
- Raise the profile of adult safeguarding in all relevant internal and inter-agency meetings
- Promote relevant advocacy and advisory services
- Ensure that when commissioning, contracting, or monitoring services that service providers are aware of, and adhere to the multi-agency procedures
- Recognise that children may also be at risk when working with families and adults with care and support needs. Referrals must be made to relevant children and families departments where appropriate.

1.7.2 The safeguarding Adults Board will:

- Exercise strategic leadership to prevent abuse and neglect and respond promptly and appropriately where it does occur
- Ensure partners maintain a training programme for staff, volunteers, people accessing services and carers and monitor its implementation and effectiveness
- Ensure partners disseminate public information in a variety of formats
- Publish an annual report and strategic plan
- Develop strategic links with other strategic groups and Partnerships including those responsible for Domestic Abuse, Community Safety, and the Local Safeguarding Children Board and the Health and Wellbeing Board.

1.8 Prevention

1.8.1 Each partner agency will:

- Provide information for people with care and support needs and their carers, in a range of media in different, user-friendly formats. This should be easily accessible.
- Promote adult protection within their agencies and ensure these are considered for inclusion in all appropriate strategies and policies.
- Ensure rigorous recruitment and selection practice, and adhere to pre appointment checking requirements e.g. references will always be taken up, Criminal Records Bureau checks made and the Disclosure and Barring process followed.
- Ensure clear service standards are maintained and where relevant staff and volunteers should receive clear operational guidance and appropriate training in such areas as:
 - Serious Incidents
 - Accidents
 - Health and Safety
 - Dealing with Violent behaviour
 - Managing challenging behaviour
 - Providing Personal and intimate care
 - Same gender personal care
 - Physical interventions
 - Moving and handling
 - Tissue viability, falls prevention and hydration
 - Risk assessment and management
 - Control and administration of medicines

- Involvement with the property and finances of people accessing services
- Approaches to sexuality
- Personal and professional boundaries
- Standards of care for excellence
- Managing or supporting finances
- Managing visitors
- Chaperoning

1.8.2 The multi-agency procedures set out the responsibilities of agencies and their staff and volunteers and define the limits of the behaviour of staff and volunteers within the agency. Each agency will:

- Ensure their own arrangements for adult safeguarding fully comply with these procedures
- Publish a whistle-blowing procedure that can be used by staff and volunteers should they wish to raise concerns about colleagues or their managers. Agencies are responsible for ensuring that whistle-blowers who raise genuine concerns are protected.
- Monitor the quantity and quality of adult protection work within their agency and provide monitoring information to the Safeguarding Board.
- Purchasers and Service Providers will use contract monitoring and review arrangements to review best practice and address any difficulties in implementing the Safeguarding Adults Procedures

1.8.3 The safeguarding Adults Board will:

- Act as a source of advice and information on adult protection matters, to staff and volunteers within agencies
- Undertake a Safeguarding Adults Review when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult, or
- If an adult has not died, but the Safeguarding Adult Board knows or suspects that the adult has experienced serious abuse or neglect, a Review will be considered.

1.9 Responding to Concerns

1.9.1 Reach Agency will:

Follow the agreed multi-agency procedures that guide staff and volunteers through the process of recognition of abuse, how to report it, and the possible outcomes of a referral

- Have a clear, well publicised policy of zero tolerance of abuse
- Be a source of information to signpost any adult who is being abused to appropriate sources of advice and support
- Ensure that their safeguarding arrangements are consistent with the multi-agency Safeguarding Adults Procedures. These internal arrangements will guide staff, volunteers, people accessing services and their relatives on how to report concerns without delay within the agency, and the particular responsibilities of staff and volunteers within the agency
- Work together in co-ordinated joint enquiries. The Local Authority (or any partner with delegated authority under S75 NHS Act 2006) will take a lead coordinating role in any S42 enquiry. Partner organisations may be required to conduct investigations within their own services as part of this enquiry. Cambridgeshire Constabulary will lead any investigations where there is a criminal offence.
- Where a person with care and support needs exercises his/her right to refuse to engage with an enquiry, and has the capacity to do so, agencies will work with the individual to promote ideas for protection and support.

1.9.2 The Safeguarding Adults Board will:

- Ensure that effective inter-agency policies and procedures for safeguarding adults are in place and reviewed annually
- Make recommendations for improved practice where necessary.

1.10 Quality Assurance

1.10.1 Each agency will:

- Develop robust quality assurance frameworks underpinning safe and high quality outcomes for people who use their services
- Keep comprehensive records of any work undertaken
- Collate information on what type of abuse is happening, who it is happening to and where it is happening and identify outcomes of safeguarding work
- Undertake and contribute to audits to ensure practice standards are being achieved
- Obtain feedback from people accessing services
- Provide monitoring and audit information to the Safeguarding Adults Board.

This will be scrutinised by the Safeguarding Adult Boards' Quality and Effectiveness Groups.

1.10.2 The Safeguarding Boards will:

- Oversee safeguarding activity and information sharing and evaluate the impact and quality of safeguarding work, including monitoring data on the incidence of abuse and the outcomes of enquiries in the geographical area covered by the Board
- Use monitoring and quality assurance information to consider ways to improve inter-agency co-operation and improved outcomes for people
- Monitor the outcomes of safeguarding activity, ensure lessons are learnt and changes in policies, procedures and practice implemented

1.10.3 The Safeguarding Adults Board should ensure that relevant partners facilitate access for staff and volunteers to appropriate training on the policy, procedures and professional practices that are in place locally, which reflect their roles and responsibilities in safeguarding adult arrangements. This should include:

- basic mandatory induction training with respect to awareness that abuse can take place and duty to report;
- more detailed awareness training, including training on recognition of abuse and responsibilities with respect to the procedures in their particular agency;
- specialist training for those who will be undertaking enquiries, training for managers; and training for elected members and others e.g. Healthwatch members; and post qualifying or advanced training for those who work with more complex enquiries and responses or who act as their organisation's expert in a particular field, for example in relation to legal or social work, those who provide medical or nursing advice to the organisation or the Board.
- See <http://www.safeguardingpeterborough.org.uk/adults-board/information-for-professionals/adult-safeguarding-training/>

1.10.4 Training should take place at all levels in an organisation and no staff group should be excluded. Training is a continuing responsibility and should be provided as a rolling programme.

1.11 Recruitment

1.11.1 Each organisation must have rigorous recruitment practices in place, and the SABs expect appropriate Disclosure and Barring Service (DBS) checks to be carried out to ensure the safety of all those in receipt of health & social care services.

1.11.2 There are three levels of a Disclosure and Barring Service (DBS) check. Each contains different information and the eligibility for each check is set out in law. They are:

- 1) **Standard check:** This allows employers to access the criminal record history of people working, or seeking to work, in certain positions, especially those that involve working with children or adults in specific situations. A standard check discloses details of an individual's convictions, cautions, reprimands and warnings recorded on police systems and includes both 'spent' and 'unspent' convictions.
- 2) **Enhanced checks:** This discloses the same information provided on a Standard certificate, together with any local police information that the police believe is relevant and ought to be disclosed.
- 3) **Enhanced with barred list checks:** This check includes the same level of disclosure as the enhanced check, plus a check of the appropriate barred lists. An individual may only be checked against the children's and adults' barred lists if their job falls within the definition of 'regulated activity' with children and/or adults under the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012.
- 4) It should be noted that in 'signing off' or agreeing a personal budget or personal health budget a local authority may add conditions such as a DBS check as part of its risk assessment of safeguarding in specific cases. The local authority may also require personal budget holders using Direct Payments to specify whom they are employing to the local authority.

2. DEFINITIONS OF ABUSE & NEGLECT

2.1 Safeguarding Criteria

2.1.1 The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

2.1.2 The multi-agency procedures are based upon the concept of zero tolerance of abuse of people with care and support needs. Responses to abuse should be proportionate to the situation and the degree of vulnerability is a factor in determining this. The procedures are concerned with people who are unable to protect themselves from significant harm.

2.2 Types of Abuse

2.2.1 The Care Act guidance lists the following types of abuse

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

2.2.2 Further guidance on types of abuse can be found in the SAB Procedures and in the **Care and support statutory guidance**²

² Department of Health publication; last updated 9 December 2016

3. MENTAL CAPACITY

3.1 What is Mental Capacity

Mental capacity is the ability to make a decision. This includes the ability to make a decision that affects daily life such as when to get up, what to wear or whether to go to the doctor when feeling ill – as well as more serious or significant decisions.

It also refers to a person's ability to make a decision that may have legal consequences for them or others. Examples include agreeing to have medical treatment, buying goods or making a will.

The procedures are based on the requirements of the Mental Capacity Act 2005; there is a presumption of mental capacity and on the right of people with care and support needs to make their own choices in relation to safety from abuse, and neglect except where the rights of others would be compromised.

Everyone has a right to follow a course of action that others judge to be unwise or eccentric, including one which may lead to them being abused. Where a person chooses to live with a risk of abuse, the safeguarding plan must, with the adult's consent include access to services that help minimise the risk.

Where a person experiencing abuse lacks capacity on this respect it may be necessary to make a decision in their best interests. The use of an advocate may be advisable (see Advocacy below)

4. ADVOCACY

4.1 Care Act Requirements

The Care Act requires that each local authority must arrange for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them

The aim of the duty to provide advocacy is to enable people who have substantial difficulty in being involved in these processes to be supported in that involvement as fully as possible, and where necessary to be represented by an advocate who speaks on their behalf.

Advocacy for people who lack capacity can also be arranged concerning the abuse or neglect can also be provided by an Independent Mental Capacity Advocate (IMCA) under the Mental Capacity Act 2005.

The local authority must take into account any representations made by an advocate ensure that the relevant people who work for the authority are aware of the advocacy service and the authority's duty to provide such services take reasonable steps to assist the advocate in carrying out their role.

5. AGENCIES ROLES & RESPONSIBILITIES

5.1 The Care Act 2014 states that local authorities must cooperate with each of their relevant partners, as described in section 6(7) of the Care Act, and those partners must also cooperate with the local authority, in the exercise of their functions relevant to care and support including those to protect adults. Agencies should implement robust risk management processes in order to prevent concerns escalating to a crisis point and requiring intervention under safeguarding adult procedures.

5.2 Multi-Agency Safeguarding Hub

The MASH is a collaborative arrangement between the Police, Cambridgeshire County Council, the Fire Service (and Peterborough City Council) and Cambridgeshire & Peterborough NHS Foundation Trust that supports joint working around child protection and safeguarding adults.

The MASH has three sections –[Children's Safeguarding](#), [Adult safeguarding](#) and [Domestic Abuse](#).

5.2.1 The MASH team's main responsibilities for adult Safeguarding are;

- Triage of adult safeguarding referrals
- Screening-out inappropriate referrals
- Ensuring appropriate immediate action is taken
- Identify the key team or organisation that will carry out any enquiry under S.42 of the Care Act
- Collate and share any relevant information with the key team or organisation undertaking the S.42 enquiry
- Provide advice and support to care teams on safeguarding issues
- Oversee the collection of management information.

5.2.2 The Benefits of a MASH are:

- To minimise delays, i.e. work with partners more quickly.
- To ensure more transparent decision making for Safeguarding concerns
- To improve data quality
- To save time for care teams by closing referrals without the need for further enquiry where appropriate.

The MASH team will determine whether a concern should be escalated to a S42 enquiry, and if so which team or organisation will be responsible for undertaking this. The MASH will advise on any further action required to protect the person/people and/or support them in their recovery, including agreeing and monitoring action plans agreed with relevant parties.

5.3 Local Authority

5.3.1 The local authority has responsibility for the oversight of safeguarding enquiries including:

- receiving safeguarding concerns
- collecting initial information on the concern
- determining whether a S.42 safeguarding enquiry or alternative other action is required
- referring concerns to staff or other agency staff for enquiry
- providing advice, guidance, direction and monitoring during the enquiry phase
- ensuring that enquiries are completed within the required timeframes and to the required standards
- ensuring that the objectives of the enquiry are achieved including effective risk assessment, protection plans and reviews
- auditing of safeguarding activity

5.3.2 Where criminal activity is suspected the police will usually lead on the enquiry and this will be determined and recorded in discussion with the adult safeguarding team.

5.3.3 As commissioners of services, Adult Social Care departments must ensure that all documents such as service specifications, invitations to tender and service contracts reflect the Safeguarding Adults agenda - including the prevention of abuse and compliance with the multi-agency policy and procedures, and also specify how they expect the service provider to meet the requirements of the policy.

5.3.4 Safeguarding Adults procedures must be included in the monitoring arrangements for contracts. The Contract Manager / worker responsible for the contract may be required to attend any strategy or planning meetings concerning a contracted provider by the investigating officer and to contribute to the plans for protection and monitoring arrangements.

5.4 Cambridgeshire Constabulary

5.4.1 It is the responsibility of the Police to investigate criminal activity and gather and preserve evidence that may assist in criminal prosecution.

5.4.2 The Public Protection Unit of Cambridgeshire Constabulary will work collaboratively with the Adult Safeguarding staff to ensure that people with care and support needs are protected.

5.4.3 The MASH staff will refer all matters to the police where they believe there to be any possibility of criminal action or matters which may require police action, subject to the consent of the adult at risk if appropriate.

5.4.4 Where there is a possibility of a criminal offence the Police will act as the lead agency in the enquiry. Where the police are leading an enquiry, all actions, other than urgent care, medical attention and protection, require consultation with the Police prior to taking place. Police decisions will be communicated to the local authority investigating officer.

- 5.4.5 Should the Police independently take emergency action to protect a person with care and support needs, they will inform the Local Authority MASH staff of the action as quickly as possible.
- 5.4.6 Cambridgeshire Constabulary will notify the MASH staff of any concerns which come to their attention, not only in the discharge of the functions of the Public Protection Unit, but also in their community safety, neighbourhood policing and general police roles.

5.5 Cambridgeshire & Peterborough Clinical Commissioning Group

- 5.5.1 The National Health Service has the role of meeting the health needs of people with care and support needs, including those who need to be treated as result of abuse, or neglect. All Health staff including doctors, nurses, occupational therapists, physiotherapists, pharmacy staff, other professionals and non-clinical staff working in the community or in hospitals need to be aware of risk factors and indicators of abuse. Specialist services may have a further role in undertaking or contributing to assessment and interventions.
- 5.5.2 Each clinical area must have access to the local multi-agency procedures for Adult Safeguarding which will assist the teams to identify and respond to concerns
- 5.5.3 As commissioners of services, Cambridgeshire & Peterborough Clinical Commissioning Group must ensure that all documents such as service specifications, invitations to tender and service contracts reflect the Safeguarding Adults agenda, along with national guidance and legislation. This includes the prevention of abuse and compliance with the multi-agency procedures, and also specifies how they expect the service provider to meet the requirements of the policy.
- 5.5.4 Safeguarding Adults procedures must be included in the monitoring arrangements for contracts. The commissioner / worker responsible for the contract may be required to attend any strategy or planning meetings concerning a contracted provider by the investigating officer, and to contribute to the plans for protection and monitoring arrangements. Contract management staff will not lead on enquiries.
- 5.5.5 Where any investigation is required from health partners in relation to a safeguarding adult concern in primary care, including Safeguarding Adult Review, the Safeguarding Adult Board should contact the CCG Designated Safeguarding Nurse to notify of the case. A discussion should take place between the CCG safeguarding lead and NHS England to determine who will take the lead on the investigation with regards to any chronology, IMR, case review etc. The Safeguarding Adult Board will be advised of which agency will then lead the health element of the investigation / case review.
- 5.5.6 Where any performance concerns are identified within primary care through the process of a safeguarding review, CPCCG will notify NHS England of these to manage accordingly.
- 5.5.7 Cambridgeshire & Peterborough Clinical Commissioning Group has contractual agreements with the provider services it commissions and has the responsibility to monitor providers against the terms of the contract to ensure that people are receiving high quality services. The quality monitoring process is via a Quality Schedule.
- 5.5.8 NHS contracts include specific requirements for providers of healthcare, whether NHS or independent, to have in place appropriate clinical governance to ensure that the services they provide are safe and appropriate. A Contract Specification for safeguarding is in all main NHS provider contracts which details data requirements and specific areas of monitoring in relation to safeguarding including the experience of people accessing services and issues identified from analysis of complaints and other quality information.

- 5.5.9 Monthly monitoring of contract performance, including quality aspects of performance will highlight any concerns about the robustness of provider to deliver safe care. Governance arrangements include quarterly performance reporting to Cambridgeshire Clinical Commissioning Group and formal concerning to adverse events.

6. SERIOUS INCIDENTS IN THE NHS REQUIRING INVESTIGATION

- 6.1 A Serious Incident requiring investigation is defined as an incident that occurred in relation to NHS-funded services and care resulting in one of the following:
- 1) Unexpected or avoidable death of one or more patients, staff, visitors or members of the public;
 - 2) Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life
 - 3) expectancy or result in prolonged pain or psychological harm
 - 4) A scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services,
 - 5) Adverse media coverage or public concern about the organisation or the wider NHS;
 - 6) One of the core set of 'Never Events' as updated on an annual basis
- 6.2 [The Serious Incident Framework Guidance](#) March 2017 is a revised framework that explains the responsibilities and actions for dealing with Serious Incidents and the tools available. It outlines the process and procedures to ensure that Serious Incidents are identified correctly, investigated thoroughly and, most importantly, learned from to prevent the likelihood of similar incidents happening again.
- 6.3 Each NHS Trust is responsible for designating an Executive Director to maintain communication between their own board and the Safeguarding Boards for their area and for operating procedures to ensure that incidents and/or individuals are referred to the Safeguarding Boards, the Disclosure and Barring service and professional bodies where appropriate.
- 6.4 Under this framework, NHS organisations are required to have a local policy which meets the requirement of the local Safeguarding Adults Board for incident reporting and management. This policy must clearly set out how serious incidents will be identified and reported by staff and managed within the organisation and identify a lead officer to ensure that local safeguarding procedures are followed. The guidance emphasises that local safeguarding procedures for adults and children must also be followed and safeguarding concerns made whenever appropriate.

7. MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA)

The Police, Probation and Prison services, in partnership with other agencies having a duty to co-operate, have the role of assessing and planning the management of risk posed by sexual offenders, serious violent offenders and other dangerous offenders. These categories include those whose victims are people with care and support needs.

8. PEOPLE WHO ARE RESPONSIBLE FOR EMPLOYING THEIR OWN CARERS

- 8.1 A person in receipt of direct payments must receive a comprehensive needs assessment by the Local Authority and be assessed as being able to take on the responsibilities of becoming an employer.
- 8.2 People in receipt of direct payments must be provided with information about where they can raise any concerns of abuse.
- 8.3 There are many people who choose to fund their own support services without the direct assistance from the statutory services.

9. USEFUL WEBSITES & PUBLICATIONS

- 9.1 In addition to the Safeguarding Adults Board's own web page which is hosted at: www.safeguardingpeterborough.org.uk the following organisations provide useful information about protecting people with care and support needs from abuse. The list is by no means comprehensive.
- 9.2 **Action on Elder Abuse** - A leading voluntary organisation focussing on the abuse of older people. www.elderabuse.org.uk
- 9.3 **Age UK**—(formerly Age Concern England and Help the Aged) - Offers information and advice, on a wide range of issues. Local groups are listed in the telephone directory under Age Concern. Some offer advocacy services. www.ageuk.org.uk
- 9.4 **Ann Craft Trust** - A national organisation working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse. www.anncrafttrust.org
- 9.5 **The British Institute of Human Rights** - is an independent charity based in London which raises awareness and understanding about the importance of human rights. It works for some of the most disadvantaged and vulnerable communities in the UK, seeking to ensure that the principles of equality, dignity and respect are incorporated into practice and policy at all levels of public service. www.bihhr.org.uk
- 9.6 **The Disclosure and Barring Service** - <https://www.gov.uk/government/organisations/disclosure-and-barring-service>
- 9.7 **Cambridgeshire and Peterborough Domestic Abuse Partnership** comprising the main statutory and voluntary agencies that provide services in relation to domestic abuse in Cambridgeshire & Peterborough. The Partnership actively implements the Peterborough Domestic Abuse Strategy and Action Plan and its website has local advice, resources and contacts at www.safeguardingpeterborough.org.uk.
- 9.8 **MENCAP** - A leading learning disability charity working with people with a learning disability and their families and carers. www.mencap.org.uk
- 9.9 **MIND**— A charity which helps people take control of their mental health by providing information and advice, and campaigning to promote and protect good mental health for everyone www.mind.org.uk
- 9.10 **Modern Slavery** Government information website including helpline <https://modernslavery.co.uk>

- 9.11 Practitioner Alliance Against the Abuse of Vulnerable Adults (PAVA)** - PAVA organises a network of Adult Protection staff throughout the UK. www.pavauk.org.uk
- 9.12 Public Concern at Work** - is the leading authority on public interest whistle blowing. They focus on the responsibility of workers to raise concerns about malpractice, and the responsibility of those in charge to investigate and remedy such issues. www.pcaw.org.uk
- 9.13 Stop Hate UK** - a national charity that provides independent and confidential support to people affected by Hate Crime. www.stophateuk.org
- 9.14 Victim Support** - Is the independent charity that helps people to cope with the effects of crime. It provides free and confidential support and information to help people deal with their experiences. www.victimsupport.org.uk
- 9.15 Women's Aid** - A national domestic abuse charity; also runs a domestic abuse helpline. www.womensaid.org.uk
- 9.16 Social Care Institute for Excellence** Guidance on Safeguarding <http://www.scie.org.uk/adults/safeguarding/index.asp>
- 9.17 Whistle Blowing** <https://www.gov.uk/whistleblowing>
- 9.18 Publications**
- 9.18.1 Care and Support Statutory Guidance issued under the Care Act 2014 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf
- 9.18.2 Making Safeguarding Personal (MSP) is a sector led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end. The work is supported by LGA with the Association of Directors of Adult Social Care and other national partners. The programme reports to the Towards Excellence in Adult Social Care and other national partners. The programme reports to the Towards Excellence in Adult Social Care Programme Board. http://www.local.gov.uk/web/quest/adult-social-care/-/journal_content/56/10180/6074789/ARTICLE
- 9.18.3 Research in Practice for Adults – Practice Tool – Working with Outcomes <https://www.ripfa.org.uk/>
- 9.18.4 Statement of Government Policy on Adult Safeguarding, Department of Health May 2013 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197402/Statement_of_Gov_Policy.pdf
- 9.18.5 Safeguarding Adults: Advice and Guidance to Directors of Adult Social Services, ADASS, March 2013 http://www.adass.org.uk/images/stories/Policy%20Networks/Safeguarding_Adults/Key_Documents/LGA%20ADASS_SafeguardingAdviceAndGuidanceToDASS_Mar13.pdf
- 9.18.6 HM Government Prevent Strategy <https://www.gov.uk/government/policies/protecting-the-uk-against-terrorism>
- 9.18.7 Out in the Open - Tackling disability related harassment - A manifesto for change, Equality and Human Rights Commission, October 2012 http://www.equalityhumanrights.com/uploaded_files/disabilityfi/out_in_the_open_dhi_m_anifesto.pdf

- 9.18.8 Deprivation of Liberty Code of Practice
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_087309.pdf
- 9.18.9 Mental Capacity Act Code of Practice <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>
- 9.18.10 Men's Advice Line – Advice and support for men experiencing Domestic Abuse. Tel - 0808 801 0327 www.mensadvice.org.uk

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