



Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy

20 April 2015

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1. Introduction and legal framework

- 1.1 This policy represents the commitment of the organisations who make up the statutory Bournemouth, Dorset and Poole Safeguarding Adults Boards (SAB). It sets out a consistent way of working across Bournemouth, Dorset and Poole, working to the same policy including definitions and timescales. The Board exists to protect adults at risk and their informal carers from abuse, significant harm or neglect and its mission is to ensure that 'Safeguarding is everyone's business'

The Policy is for agencies of the Board and individuals involved in the safeguarding of adults, including all employees and volunteers working in public, voluntary and private sector organisations, members of the public and anyone in contact with an adult aged 18 or over and unable to protect themselves and who may be at risk of harm or abuse .

Employees have a duty to report in a timely way any concerns or suspicions that an adult at risk is being or is at risk of being harmed.

This document replaces the *June 2014 (and any document before this date) Bournemouth, Dorset and Poole Multi Agency Safeguarding Adults Policy and Procedures* bringing it in line with the [Care Act 2014](#), Sections 42 to 46.

- 1.2 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;
 - ▶ 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

The SAB must conduct a Safeguarding Adults Review (SAR) into cases where there is reasonable cause for concern about how the SAB, members of it or other agencies worked together to safeguard the adult, and the death or serious harm arose from actual or suspected neglect or abuse. The aim of the review is to ensure that lessons are learnt from such cases, and to minimise the possibility of it happening again.

All allegations against employees will be dealt with in accordance with the relevant organisations Disciplinary Policy and Procedure and or Whistleblowing Policy. Allegations against councillors will be dealt with via the Council's Standards Procedure. (In both cases Children and Young People's Service and/or the police will determine whether child protection, adult safeguarding or criminal investigations will take place).

Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements and must involve colleagues from the relevant children's services.

- 1.3 People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to do so. Consideration must always be given to whether any other adults, children or young people are at risk in any given situation and appropriate action must be taken regardless of the individual's capacity. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests. Professionals and other staff need to understand and always work in line with the [Mental Capacity Act 2005](#) .

Bournemouth, Poole and Dorset local authorities will make enquiries, or require others to do so on their behalf, if they reasonably suspect an adult meets the following criteria:

- ▶ 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.
- ▶ Organisations continue to have a duty of care to adults who purchase their own care independently i.e. self funders.

1.4 Criminal offences and adult safeguarding

Everyone is entitled to the protection of the law and access to justice, therefore consideration must be given to contacting the police. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation.

The welfare of the adult and others, including children, is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their wellbeing. Although the local authority has the lead role in making enquiries, where criminal activity is suspected, then the early involvement of the police is likely to have benefits in many cases. A criminal investigation by the police takes priority over all other enquiries, although a multi-agency approach should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution.

1.5 Policy review and updates

The Bournemouth, Dorset and Poole Safeguarding Adults Boards will keep policies and procedures under review via the Policy and Procedures subgroup and report on these in the annual report as necessary. Procedures will be updated to incorporate learning from published research, peer reviews, case law and lessons from recent cases and Safeguarding Adults Reviews. The procedures will include the provisions of the law – criminal, civil and statutory – relevant to adult safeguarding. This will include local or agency specific information about obtaining legal advice and access to appropriate remedies.

The Policy and resulting Procedure is to be signed off by the Boards by the 1st April 2015. The following Guidance is to be signed off by Policy and Procedures Group once completed.

2. Definitions of Abuse, harm and neglect

Physical abuse: including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence: including psychological, physical, sexual, financial, emotional abuse; 'honour' based violence.

Domestic abuse is about intimate partners and other family members. In 2013, the Home Office announced changes to the definition of domestic abuse: Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality.

Includes: psychological, physical, sexual, financial, emotional abuse; 'honour' based violence; Female Genital Mutilation; forced marriage. Age range now includes age 16 upwards. (Ref: Care and Support Statutory Guidance)

Forced Marriage: Although forcing someone into a marriage and/or luring someone overseas for the purpose of marriage is a criminal offence – the civil route and the use of **Forced Marriage Protection Orders** is still available and can be used as an alternative to entering the criminal justice system. It may be that perpetrators will automatically be prosecuted where it is overwhelmingly in the public interest to do so, however, victims should be able to choose how they want to be assisted

Exploitation by radicalisation: The Home Office leads on the anti-terrorism strategy, CONTEST, and PREVENT is part of the overall CONTEST strategy, aiming to stop people becoming terrorists or supporting violent extremism. Local safeguarding structures have a role to play for those eligible for adult safeguarding.

A referral should be made to the Dorset Police Safeguarding Referral Unit regarding any individuals identified that present concern regarding violent extremism.

Sexual abuse: including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting or does not have the mental capacity to consent.

Sexual exploitation: The term “**sexual exploitation**” means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another

Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse: including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery: encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse: including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission: including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect: this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

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3. Principles of policy

- 3.1** Effective safeguarding means protecting an adult's wellbeing and right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. At the same time ensuring that the adult's wellbeing is promoted and where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. The focus of any safeguarding activity must be based on person centred and outcome focused approaches.
- 3.2** The aims of adult safeguarding are, based on sound person centred risk assessment, to:
- ▶ stop abuse or neglect wherever possible;
 - ▶ prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
 - ▶ safeguard adults in a way that supports them in making choices and having control about how they want to live;
 - ▶ promote an approach that concentrates on improving life for the adults concerned;
 - ▶ raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
 - ▶ provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
 - ▶ address what has caused the abuse or neglect;
 - ▶ assist the person to achieve their desired outcomes.
- 3.3** The following six Person Centred principles (Ref: care Act Guidance) apply to all sectors and settings including care and support services. The principles will inform the ways in which professionals and other staff work with adults:
- ▶ **Empowerment:** people being supported and encouraged to make their own decisions, presumption of person led decisions and informed consent.
 - ▶ **Prevention:** wherever possible the aim will be to take action before harm occurs and ensure early engagement with all relevant people.
 - ▶ **Proportionate:** Response appropriate to the risk presented; least intrusive response where possible
 - ▶ **Protection:** support and representation for those in greatest need.
 - ▶ **Partnership:** local solutions through services working with the individuals communities. Ensure engagement with local communities to prevent, detect and report abuse.
 - ▶ **Accountability:** transparency in delivering safeguarding.

3.4 Duty of Candour

The statutory Duty of Candour places a requirement on providers of health and adult social care to be open with people and their families when there are failings or things go wrong. Providers should establish the duty throughout their organisations, ensuring that honesty and transparency are the norm in every organisation registered by the CQC.

The [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) (Regulations), impose a fit and proper person's test and duty of candour on health service bodies. The duty of candour places a legal duty on health service bodies to act in an "open and transparent way in relation to care and treatment provided to service users in carrying out a regulated activity".

3.5 It is therefore the Boards policy to:

- ▶ work in partnership with other agencies of the Board, and to support multiagency and multi-disciplinary working
- ▶ communicate and engage with the population and encourage alerts through a range of methods. The Board will through its agencies communicate and engage with the population to raise the profile of Safeguarding and give knowledge and confidence to individuals to raise alerts
- ▶ hold enquiries; the procedural guidance sets out a range of options which can be used to examine concerns. A proportionate and appropriate response is required which involve police if criminal activity is suspected. Enquiries will be multiagency where appropriate and involve multidisciplinary teams and include addressing neglect/self-neglect.
- ▶ disseminate effective learning from enquiries, reviews and audits by encouraging referral to the Safeguarding Adults Review panel as appropriate.

In addition to the cycle of; **Communicate - Enquire – Disseminate**, the overriding culture of safeguarding in Bournemouth, Dorset and Poole is to:

- ▶ treat all people with dignity and respect
- ▶ be person centred, following the principles of Making Safeguarding Personal
- ▶ share information/data confidentiality in line with the Safeguarding Personal Data Exchange Agreement ([link](#)) and the Dorset Overarching Data Sharing Agreement ([link](#))
- ▶ operate an open referral system where services are free and not chargeable.

4. Scope of policy

4.1 This policy relates to the three Local Authorities of Bournemouth, Dorset and Poole who will cooperate with relevant partners. It is expected that those partners will also cooperate with the local authority, in the exercise of their functions relevant to care and support including those to protect adults.

The Care Act requires that if certain conditions are met a person or body must supply information and the information must be requested for the purpose of enabling or assisting the Board to perform its functions or anybody undertaking a safeguarding enquiry; these conditions specifically relate to any circumstances where there is concern that an adult may be or has been at risk of harm, abuse or neglect.

Commissioners must ensure that all service providers have clear operational policies and procedures that reflect the framework set by the Bournemouth, Dorset and Poole

Safeguarding Adults Board in consultation with them and therefore there is a requirement for providers to adhere to this Policy.

Those relevant partners include any other local authority with whom they agree it would be appropriate to co-operate (e.g. neighbouring authorities with whom they provide joint shared services) and the following agencies or bodies who operate within the local authority's area including:

- ▶ NHS England;
- ▶ Dorset Clinical Commissioning Groups (CCG);
- ▶ Dorset HealthCare University Foundation Trust; The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust; Poole Hospital NHS Foundation Trust; Dorset County Hospital NHS Foundation Trust; South West Ambulance Service NHS Foundation Trust;
- ▶ Department for Work and Pensions;
- ▶ Dorset Police Service;
- ▶ Dorset Fire and Rescue;
- ▶ Prisons; and
- ▶ National Probation Service; Dorset, Devon and Cornwall Community Rehabilitation Company;
- ▶ Voluntary sector

4.2 The local authorities of Bournemouth, Dorset and Poole will also co-operate with such other agencies or bodies as it considers appropriate in the exercise of its adult safeguarding functions, including (but not limited to) those listed:

- ▶ General Practitioners;
- ▶ dentists;
- ▶ pharmacists;
- ▶ NHS hospitals; and
- ▶ housing, health and care providers.

4.3 The NHS

The NHS is a key component of safeguarding and the local Clinical Commissioning Group is one of the three statutory core partners of the Safeguarding Adults Boards. The CCG is in the best position to ensure that NHS providers meet their responsibilities through its commissioning arrangements with them.

The NHS has particular duties for patients less able to protect themselves from harm, neglect or abuse. All commissioners and contractors have a responsibility to ensure that service specifications, invitations to tender, service contracts and service level agreements promote dignity in care and adhere to local multi-agency safeguarding policies and procedures.

4.4 The Police

The police play a critical role in safeguarding adults and the Care Act places a requirement under Schedule 2, that the local Chief Officer of Police is a statutory core member of the SAB.

The police have a duty to protect adults from abuse and neglect, bring perpetrators to justice and provide information, for example intelligence about domestic abuse where an adult is at risk. It remains the responsibility of the police to lead investigations where criminal offences are suspected by preserving and gathering evidence at the earliest opportunity.

4.5 Prisons and Approved Premises

Prisons and approved premises have their own safeguarding duties to prisoners with needs of care and support. The National Offender Management Service is developing improved safeguarding arrangements that will offer equivalent protection to other adults with care and support needs.

Prison Governors, or their senior representatives, are able to attend SABs with the agreement of the core partners. Prison staff may request help or advice from the local authority in a particular situation where they feel the need for more expertise or a different perspective.

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5. Exclusions

The local authority statutory duties for safeguarding adults apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting, other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) respectively have responsibility. Local authorities' Section 42 duties to make enquiries and section 44 duties (to carry out a SAR) **do not apply to prisons and approved premises.**

6. References and related information

Department of Health (2014). [Care Act 2014](#)

Department of Health (2014). [Care Act 2014 Care and support statutory guidance](#)

Department of Health (2005). [Mental Capacity Act](#)

7. Contact Information

David Vitty, Chair of Policy and Procedures subgroup of the Board

Contact l.crook@poole.gov.uk

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Annexe

Full Equality Impact Assessment Record

Section 1:

Service:

Dorset, Bournemouth and Poole multi agency safe guarding adults

Title of strategy, policy or service:

Dorset, Bournemouth and Poole multi agency Safeguarding Adults Policy

Officers involved in the EQIA:

Kevin Moore / Barbara O'Brien

Type of strategy, policy or service (delete below as appropriate):

Existing:

New/proposed:

Changing/Update/ revision

Q1 – What is the aim of your strategy, policy, project or service?

This policy represents the commitment of the organisations who make up the Bournemouth, Dorset and Poole Safeguarding Adults Boards to work together to safeguard adults at risk of harm or abuse, including informal carers.

Q2 – Who is it going to benefit and how? If this is a changing function say who it will affect or no longer benefit

The impact of the changes to policy is not specific to any one group; the overall changes are expected to reduce the risk of harm to all adults at risk.
The Policy is for agencies of the Board and individuals involved in the safeguarding of adults, including all employees and volunteers working in public, voluntary and private sector organisations, members of the public and anyone in contact with an adult aged 18 or over and unable to protect themselves and who may be at risk of harm or abuse .

Q3 – What outcomes do you want to achieve?

- ▶ stop abuse or neglect wherever possible;
- ▶ prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- ▶ safeguard adults in a way that supports them in making choices and having control about how they want to live;
- ▶ promote an approach that concentrates on improving life for the adults concerned;
- ▶ raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- ▶ provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and address what has caused the abuse or neglect.

Q4 – How will you put this into practice? Who is involved in this?

This policy relates to the three Local Authorities of Bournemouth, Dorset and Poole who will cooperate with relevant partners, and it is expected that those partners will also cooperate with the local authority, in the exercise of their functions relevant to care and support including those to protect adults.

Those relevant partners include any other local authority with whom they agree it would be appropriate to co-operate (e.g. neighbouring authorities with whom they provide joint shared services) and the following agencies or bodies who operate within the local authority's area including:

- ▶ NHS England;
- ▶ Dorset Clinical Commissioning Group (CCG);
- ▶ Dorset HealthCare University Foundation Trust; The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust; Poole Hospital NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust
- ▶ Department for Work and Pensions;
- ▶ the Police;
- ▶ Dorset Fire and rescue;
- ▶ Prisons; and
- ▶ National Probation Service; Dorset, Devon and Cornwall Community Rehabilitation Company;
- ▶ Voluntary sector

The local authorities will also co-operate with such other agencies or bodies as it considers appropriate in the exercise of its adult safeguarding functions, including (but not limited to) those listed:

- ▶ General Practitioners;
- ▶ dentists;
- ▶ pharmacists;
- ▶ NHS hospitals; and
- ▶ housing, health and care providers.

Q5 – Are there barriers to doing this?

None identified.

Section 2: Information gathering and judging impact

Q6 - What does the existing information and data tell us about the likely impact on different groups?

General/all equality groups
Consideration has been given to the overall equality impact of changes to policy and procedure in respect of the 6 equality strands:

- ▶ people from different age groups
- ▶ people with a disability
- ▶ people of different faiths or beliefs
- ▶ gender and trans-gender
- ▶ black and minority ethnic people
- ▶ lesbian, gay or bi-sexual

The impact of the changes to policy is not specific to any one group, the overall changes are expected to reduce the risk of harm to all adults at risk.

Age see above

Disability see above

Gender reassignment see above

Pregnancy and maternity see above

Race see above

Sex see above

Religion or belief see above

Sexual orientation see above

Socially excluded groups see above

Q7 – Does this have any impact on the workforce or other Human Resources issues in relation to equality?

Yes/No/Don't know (delete as appropriate). Please give explain your answer.

No

If this is negative discuss it with your HR advisor.

Q7 - Is there any potential for direct or indirect discrimination? No
If yes, please use the action plan below to say how this will be mitigated

Section 3: Action planning

Issue	Objective/ Intended outcome	SMART action	Performance Target	Lead	Deadline
General equality issues					
Age					
Disability					
Gender reassignment					
Pregnancy and maternity					
Race					
Religion or belief					
Sex					
Sexual orientation					
Socially excluded groups					

EQIA approved by: **Kevin Moore** Date: **21 April 2015**
 Contact number: **01202 261068** Review date: **As required/when updated**

Send a copy of your completed screening to your Unit's Equality Rep for publication