

# SAFEGUARDING POLICY

Inter – agency policy agreed by the Adult Safeguarding Board.

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## SAFEGUARDING ADULTS IN CHESHIRE WEST AND CHESTER BREAK THE SILENCE

### Part 1: Safeguarding Adults Policy

#### Inter-Agency Policy, Procedures and Guidance



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## **1 INTRODUCTION**

1.1 Ensuring the continued protection of vulnerable adults in Cheshire West and Chester is one of the most important challenges facing social care and health services in Cheshire West and Chester. The success of partner agencies in safeguarding vulnerable adults requires clear policies, effective processes and partnership arrangements and prompt and coordinated action to protect those most at risk from serious abuse.

1.2 All the agencies referred to in this policy have worked to develop and adopt the Inter-agency Policy, Procedure and Guidance relating to the protection of adults in Cheshire West and Chester, we agree that we will work to the following principles:

- Everyone has the right to live their life free from violence, fear and abuse.
- All adults have the right to be protected from harm and exploitation.
- All adults have the right to independence, which involves a degree of risk.

1.3 All partner agencies are therefore committed to ensuring that this and its supporting Procedures and Guidance become operational by:

- (a) Ensuring that there is a consistent and effective response to any concerns, allegations or disclosures of abuse.
- (b) Supporting staff in reporting and investigating incidents of adult abuse.
- (c) Preventing abuse from occurring in Organisations.
- (d) Ensuring that staff have the knowledge and understanding about adult protection and receive training on implementing the adult protection procedures.
- (e) Working in partnership with other organisations.
- (f) Monitoring and evaluating practice.
- (g) Contributing towards Inter-agency Adult Protection Investigations and Risk Management Plans.
- (h) Working towards creating Safer Services.
- (i) Encouraging people to report any suspicions they have about abuse by raising awareness, both in our respective organisations and among the general public

1.4 This document updates the policy first agreed in 2001 and brings it into line with wider notion of 'safeguarding' whereas the previous policy focused primarily on adult protection. The Cheshire West and Chester approach to safeguarding adults is described in three parts:

Part 1 – Describes the broad policy that partner organisations have agreed to support

Part 2 – Describes the operating procedures for dealing with reporting and investigating abuse

Part 3 – Provides detailed guidance for practitioners involved in the reporting and investigation of reported cases of abuse

- 1.5 This policy has been developed in accordance with *'No Secrets: Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse'* (Department of Health March 2000) and with the latest developments and best practice in the field of safeguarding.

Sections in brackets refer to sections in 'No Secrets'.

## **2 WHO DOES THE POLICY APPLY TO?**

2.1 This Policy applies to ALL individuals and agencies who have a part to play in the protection of vulnerable adults. This includes:

- Commissioners and providers of Health and Social Care Services
- Providers of sheltered and supported housing
- Public Protection agencies like the Police, Probation, Fire Service and Trading Standards along with Crime and Disorder Reduction Partnerships (CDRPs)
- Voluntary and Private Sector Organisations
- Local Authority Services
- Carer support groups, user groups and advocacy/advisory services
- Cheshire Domestic Abuse Partnership and other organisations supporting people who are suffering abuse
- Agencies offering legal advice and assistance

## **3 WHAT DO WE MEAN BY THE TERM VULNERABLE ADULT?**

3.1 In this POLICY "adult" means a person aged 18 years or over.

3.2 The broad definition of a vulnerable adult referred to in the 1997 Consultation paper "Who Decides", issued by the Lord Chancellors' Department, is a person:

*'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 him or herself, or unable to protect him or herself against significant harm or exploitation'.*

- 3.3 "Community Care Services" will be taken to include all care services provided in any setting or context.
- 3.4 Abuse is a violation of an individual's human and civil rights by any other person or persons.
- 3.5 Abuse may consist of a single act or repeated acts. It may occur when the vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.
- 3.6 Incidents of abuse may be multiple, either to one person in a continuing relationship or service context, or to more than one person at a time, or by more than one perpetrator. (2.8).
- 3.7 A continuum of abuse includes isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through pervasive ill treatment or gross misconduct at the other. Repeated incidents of poor care may be an indication of more serious problems, i.e. institutional abuse.
- 3.8 Many incidents of abuse are criminal acts.
- 3.9 Any adult can become subject to abuse. This policy covers all circumstances where there are concerns that an adult has been abused. A wide range of people can and do abuse vulnerable adults. These may include a:
- 3.9.1 Member of staff, proprietor or service manager
  - 3.9.2. Member of a recognised professional group
  - 3.9.3 Volunteer or a member of a community group, such as place of worship or social club
  - 3.9.4 Fellow service user
  - 3.9.5 Spouse, relative or a member of the person's social network
  - 3.9.6 Carer
  - 3.9.7 Neighbour, member of the public or a stranger
  - 3.9.8 Person who deliberately targets vulnerable people in order to exploit them
- 3.10 We recognise our responsibility to adults who have been abused. We recognise that we may also have a responsibility in relation to the perpetrators of abuse who may be our staff, volunteers, or others acting on our behalf and service users.
- 3.11 **Transitions (care leavers)**

Robust joint working arrangements between children's and adult services need to be put in place to ensure that the medical, psychosocial and vocational needs of children leaving care are addressed

as they move to adulthood. The care needs of the young person should be at the forefront of any support planning and require a coordinated multi-agency approach. Assessments of care needs at this stage should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence and well-being and choice.

Good practice includes:

- Having policies and procedures which support effective transition processes
- Shifting the general view of risk as a potential danger for a child, to one of potential opportunity but acknowledging potential risks for an adult
- Managing risks as a phased process with awareness of the psychological and emotional issues
- Managing family expectations (being clear about the level of support and resources available)
- Taking time to get to know the young person and their family, especially if they have communication difficulties
- Acknowledging the rights of adults to take more responsibility for their decisions

3.11 This policy includes domestic abuse and covers incidents of abuse by strangers e.g. doorstep crime or victimisation.

3.12 Abuse can take place in any context and at any time. Abuse may occur when an adult lives alone or with a relative, it may also occur within nursing, residential or day care settings, in hospital, custodial situations, support services into people's own homes, and other places previously assumed safe, or in public places. (2.14)

3.13 Abuse concerns the misuse of power, control and/or authority and can manifest itself as:

- a) Domestic violence, sexual assault or sexual harassment, including honour based violence and forced marriage. (For further information see Handling forced marriage –Home Office 2009)
- b) Racial or religiously motivated assault.
- c) Discrimination and oppression.
- d) Institutional abuse.
- e) Financial abuse.



## 4 WHY DO WE NEED THIS POLICY?

- 4.1 In simple terms, to ensure that the key agencies work effectively together to protect some of the most vulnerable people in our society. It comes from a duty to offer protection to people who find themselves in vulnerable situations and who are unable to protect themselves without appropriate intervention from partner agencies. We are seeing increasing numbers of reported incidents of abuse. In one way this demonstrates our approach is working because more and more people are being afforded protection. However, the growth in reported incidents only serves to highlight the likely scale of the problem. This is why this policy and supporting procedures are vital in helping to tackle this most insidious of activities.
- 4.2 This Policy and the accompanying Procedures and Guidance describes how partner agencies with responsibilities for safeguarding vulnerable adults should work together to protect people from abuse, exploitation and mistreatment by individuals or organisations with whom they come into contact.
- 4.3 The Policy and Procedure documents describe the process for reporting incidents and explain the process for investigating those incidents. We also highlight the potential consequences for individuals and organisations who deliberately abuse vulnerable adults or through whose recklessness or negligence abuse occurs.

## 5 TYPES OF ABUSE AND POSSIBLE INDICATORS

There are 7 types of abuse in this policy and they are – sexual, physical, financial, neglect, psychological/emotional, discriminatory and institutional (domestic abuse may be part of a number of these).

### **The list below are purely indicators**

The list below provides concrete examples within each category and a range of indicators, which may suggest abuse

The presence of one or more does not necessarily confirm abuse, however, the existence of a number of indicators may suggest a potential for abuse and will need further assessment.

### **Physical Abuse:**

Is the physical ill treatment of an adult, which may or may not cause physical injury. This includes pushing, shaking, pinching, slapping, punching and force-feeding.

### **Physical Abuse Possible Indicators:**

- 1 Injuries that are not explained satisfactorily.
- 2 Person exhibiting untypical self-harm.

- 3 Unexplained bruising to the face, torso, arms, back, buttocks and thighs in various stages of healing. Collection of bruises that form regular patterns which correspond to the shape of an object, or which appear on several areas of the body.
- 4 Unexplained burns on unlikely areas of the body, e.g. soles of the feet, palms of the hands and back, immersion burns, rope burns, burns from an electrical appliance.
- 5 Unexplained or inappropriate fractures at various stages of healing to any part of the body.
- 6 Unexplained cuts or scratches to the mouth, lips, gums, eyes or external genitalia.
- 7 Medical problems that go unattended.
- 8 Sudden unexplained urinary and faecal incontinence.
- 9 Evidence of over or under medication.
- 10 Person flinches at physical contact.
- 11 Person appears frightened or subdued in the presence of particular people.
- 12 Person asks not to be hurt.
- 13 Person may repeat what perpetrator has said, e.g. shut up or I'll hit you.
- 14 Reluctance to undress part of the body.
- 15 Person wears clothes that cover all parts of their body or specific parts of their body.

### **Sexual Abuse:**

Is any form of sexual activity that the adult does not want and to which they have not consented, or to which they cannot give informed consent.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other, for example, day centre worker/social worker/residential worker/health worker etc. will be regarded as sexual abuse.

Sexual abuse includes, rape, incest and situations where the perpetrator touches the abused person's body, (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them), coerces the abused person into participating in or watching pornographic videos or photographs.

### **Sexual Abuse Possible Indicators:**

- 1 The person discloses either fully or partly that sexual abuse is occurring, or has occurred in the past.
- 2 Person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained.
- 3 Person appears unusually subdued withdrawn or has poor concentration.
- 4 Person exhibits significant change in sexual behaviour or outlook.
- 5 Person experiences pain, itching or bleeding in genital/anal area.

- 6 Person's underclothing is torn/stained or bloody.
- 7 A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant.

### **Financial Abuse:**

Is the exploitation, inappropriate use, or misappropriation of a person's financial resources or property.

This includes the withholding of money or unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs.

### **Financial Abuse Possible Indicators:**

- 1 Lack of money especially after benefit day.
- 2 Inadequately explained withdrawals from accounts.
- 3 Inadequately explained inability to pay bills.
- 4 Disparity between assets, income and living conditions.
- 5 Power of Attorney obtained when the person lacks capacity to make this decision.
- 6 Recent changes of deeds/title of house.
- 7 Recent acquaintances expressing sudden or disproportionate interest in the person and their money.
- 8 Personal possessions being systematically removed from the home

### **Neglect:**

The deliberate withholding or unintentional failure to provide help or support which is necessary for the adult to carry out activities of daily living.

Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the mental capacity to assess risk.

### **Neglect Possible Indicators:**

- 1 Person has inadequate heating and or lighting.
- 2 Person's physical conditions/appearances poor, e.g. ulcers, pressure sores, soiled or wet clothing.
- 3 Person is malnourished, has sudden or continuous weight loss, and is dehydrated.
- 4 Person cannot access appropriate medication or medical care.
- 5 Person is not afforded appropriate privacy or dignity.
- 6 Person and / or carer have inconsistent or reluctant contact with health and social services.
- 7 Callers/visitors are refused access to the person.
- 8 Person is exposed to unacceptable risk.

### **Psychological Abuse:**

This may be intentional or unintentional; it may involve the use of intimidation, indifference, hostility, rejection, threats, humiliation, shouting, swearing or the use of discriminatory and/or oppressive language, which results in:

- (a) Adults' choices, opinions and wishes being negated.
- (b) The adult becoming isolated or over dependent.

Psychological abuse includes the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. Furthermore, it includes the intentional and/or unintentional withholding of information, e.g. information not being available in different formats/languages etc.

### **Psychological Abuse Possible Indicators:**

- 1 Typical ambivalence, deference, passivity, resignation.
- 2 Person appears anxious or withdrawn, especially in the presence of the alleged perpetrator.
- 3 Person exhibits low self-esteem.
- 4 Person rejects his or her own cultural background or racial origin.
- 5 Untypical changes in behaviour, e.g. continence problems, sleep disturbance.
- 6 Person who is not allowed visitors/phone calls.
- 7 Person who is locked in a room in their home.
- 8 Person who is denied access to aids or equipment, e.g. glasses, hearing aid/crutches etc.
- 9 Person's access to personal hygiene and toilet is restricted.
- 10 Person's movement is restricted by use of furniture or other equipment.

Be aware that every other category of abuse will almost inevitably involve elements of psychological abuse. Signs of psychological abuse may well be indicative of other forms of abuse taking place

### **Discriminatory Abuse:** (including hate crime)

Discriminatory abuse exists when values, beliefs and culture result in a misuse of power that denies opportunity to individuals or groups. It can be motivated by race, gender, disability, religion, sexuality, culture or ethnic origin. A person may be exploited/targeted by others whom perceive them as 'vulnerable' due to one or more of the above factors.

### **Discriminatory Abuse Possible Indicators:**

1. Lack of opportunities including access to health, social and leisure facilities
2. Lack of access to criminal justice system

Hate crime is defined as any incident that is perceived by the victim, or any other person to be racist, homophobic, transphobic due to the person's religion, belief, gender identity or disability.

This can include incidents such as anti-social behaviour which do not always constitute a criminal offence.

Incidents of anti-social behaviour against 'vulnerable' adults need to be recognised at an early stage and multi-agency strategies in place to prevent incidents escalating. In Cheshire West and Chester the anti-social behaviour multi-agency panel meet on a regular basis, anyone whom an agency is concerned about should be referred to the panel through their organisational representative.

Hate crime indicators:

1. Damage to property
2. Fear of going outside own home
3. Name calling/harassment abuse
4. Repeat calls to statutory agencies such as police, social care, health

#### **Institutional Abuse:**

This can be defined as abuse or mistreatment by a regime as well as by individuals within any building, where care is provided.

'No Secrets' says:

'Neglect and poor professional practice need to be taken into account. This may be in the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems' (2.9)

#### **Institutional Abuse Possible Indicators:**

- 1 Lack of flexibility/choice
- 2 No opportunity for drinks or snacks
- 3 Lack of choice re consultation over meals
- 4 Pressure sores
- 5 Person is unkempt and smells
- 6 Over use of communal items and communal personal toiletries
- 7 Restraint
- 8 Lack of procedures for financial management
- 9 Staff member has a history of moving jobs
- 10 Lack of privacy, including editing of mail, restricting visits, control of phone
- 11 Derogatory remarks overheard
- 12 Public discussion of personal matters
- 13 Inadequate or delayed response to medical requests

- 14 Missing documentation
- 15 Entering rooms without knocking/seeking permission
- 16 Staff overly controlling relationships with service users
- 17 Service users abusive to staff and other service users.

#### **Self neglect:**

Self neglect is not covered by these procedures. Abuse in these procedures relates to circumstances where there is a person or agent, other than the adult at risk who is causing significant harm. However, it may be determined that someone who is self-neglecting should be subject to safeguarding procedures, a decision to look at a case under safeguarding should be taken by board members.

Anyone who is thought to be neglecting themselves and who is deemed to have the capacity to make such a decision should be offered support through a community care assessment. If someone refuses services this should be documented and the agency that made the initial referral should monitor and offer further assistance should the person's circumstances or capacity change. If it is a member of the public that made the referral into social care then the safeguarding unit in the LA will monitor and review.

#### **Forced marriage:**

Forced marriage is a term used to describe a marriage in which one or both of the parties is married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse.

The guidance contained in the multi-agency practice guidelines, Handling cases of forced marriage (Home Office, 2009), recommends that cases involving forced marriage are best dealt with by child protection or 'adult protection' specialists.

In a situation where there is concern that an adult at risk is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the Safeguarding Adults process. In this case action will be coordinated with the police and other relevant organisations.

#### **Exploitation by radicalisers who promote violence:**

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause.

There are a number of factors that may make the individual susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the particular circumstances of the individual: identity or personal crisis, particular personal circumstances, unemployment or underemployment and criminality. All of these may contribute to alienation from UK values and a decision to cause harm to symbols of the community or the state.

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 protection.

The CHANNEL project is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk from radicalisation. Channel uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children's and youth services and offender management services), the police and the local community to:

- identify individuals at risk of being drawn into terrorism;
- assess the nature and extent of that risk; and
- develop the most appropriate support plan for the individuals concerned.

## References

The Lord Chancellor's Department (1997) Who Decides? Page 68, the Stationery Office Limited.

Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse (2011)

## 6 WHAT ARE OUR GUIDING PRINCIPLES IN IMPLEMENTING THIS POLICY?

6.1 In implementing this policy and to safeguard the basic human rights of individuals in our society, we have agreed the following principles:

<b>Empowerment:</b>	Presumption of person led decisions and informed consent.
<b>Protection:</b>	Support and representation for those in greatest need.
<b>Prevention:</b>	It is better to take action before harm occurs.
<b>Proportionality:</b>	Proportionate and least intrusive response appropriate to the risk presented.
<b>Partnership:</b>	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
<b>Accountability:</b>	Accountability and transparency in delivering safeguarding.

6.2 In agreeing to these principles, all partner agencies will act pragmatically to put the needs of vulnerable people first and in doing so will adopt the following practice:

- Work actively and constructively together within this multi-agency framework.
- Actively promote the empowerment and wellbeing of vulnerable adults through the services they provide.
- Act appropriately to support the rights of the individual to lead an independent life based on self-determination and personal choice.
- Recognise and act promptly and effectively to protect people who are unable to make their own decisions or are unable to protect themselves or their possessions and assets.
- Recognise that the right of self-determination can involve risk and ensure that such risk is acknowledged and understood and appropriate steps taken to minimise the risk once it has been identified.
- Ensure that all relevant strategies and approaches are effectively aligned and take into account the need to safeguard vulnerable adults and meet all critical legislative requirements.
- Ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate advice, assistance and protection from all relevant agencies.
- Ensure that the existing legislative framework is used to optimum effect in protecting vulnerable adults and where appropriate and necessary bringing serious cases of abuse to the criminal courts.

6.3 All partner agencies providing services to vulnerable people in CHESHIRE WEST AND CHESTER are expected to take these principles into account in developing their own internal policies and procedures.

6.4 Partner organisations have also agreed to adopt the following policies/actions:

- All partner organisations will take appropriate and necessary action to safeguard vulnerable adults from abuse, exploitation and mistreatment.
- We recognise that whilst all individuals are accorded rights within the Human Rights Act 1998, and others have entitlements to health and social care provision, not all people who would be eligible to receive health and community care services are, or would wish to be considered vulnerable.
- We recognise that it is vital for partners to work together where the safety of adults is concerned and therefore will not work in isolation when incidents of abuse are identified and reported. We will continue to encourage the reporting of all suspected incidents of abuse because we believe the protection of the individual at risk is paramount.



- We do not accept that any form of abuse, under any circumstances, is acceptable and hold a position of zero tolerance in respect of abuse directed at vulnerable adults.
- All vulnerable adults should be protected from abuse and supported in seeking treatment and redress in the event that they have suffered at the hands of an abuser and that necessary and appropriate action will be taken against anyone engaged in the deliberate and systematic abuse of vulnerable adults.
- We will ensure that partner organisations apply the same values, principles and processes in responding to report of abuse to ensure consistency in approach and the effective prevention, investigation and resolution of abuse cases.
- Actions will be coordinated against perpetrators to ensure that parallel processes and actions such as criminal investigation, disciplinary action and formal notification procedures do not compromise the planned outcomes from each strand of activity.
- Partner organisations will implement appropriate planning, action and review mechanisms to ensure the protection of vulnerable adults and will develop appropriate analytical capacity to identify trends and patterns of abuse in order to implement more effective preventative measures for those at risk.
- Partner agencies agree to develop a shared and common understanding of information sharing, acknowledging principles of confidentiality and data protection, in order to ensure the protection of the individual takes priority over legal technicalities around the release of information – information will therefore be shared on a ‘need to know’ basis.
- Partner organisations have current and effective diversity and equality policies which recognise the needs of different minority groups and help services respond appropriately to vulnerable people within those groups.
- Partner organisations recognise the need within their own organisations to create the conditions for openness, good HR policy and practice to effectively safeguard against complacency or lack of direct action with regard to the reporting and investigation of abuse. In particular, partner organisations acknowledge the importance of the following areas in protecting vulnerable people from abuse:
  - Effective recruitment and selection procedures
  - Good induction and training
  - Effective supervision and appraisal
  - Clear, concise, accurate and up to date record management
  - Learning and development programmes
  - Workplace counselling and support schemes
  - Whistle blowing schemes
  - Disciplinary, grievance and complaints procedures
  - Confidentiality policies

- Information Sharing Protocols
- Health and Safety Policies
- Contract specifications, service level agreements and monitoring

6.5 Partner agencies also recognise the vital role that unpaid carers and families can make in protecting vulnerable adults, whilst acknowledging that those same family carers can sometimes be perpetrators or victims of abuse.

## **7 WHAT IS THE OVERALL APPROACH IN CHESHIRE WEST AND CHESTER?**

- 7.1 The ‘*No Secrets*’ guidance required local authorities to coordinate the establishment of a framework of inter-agency arrangements that would facilitate and promote effective coordination of activities and processes for the protection of vulnerable adults in their areas.
- 7.2 The guidance recognised that whilst local authorities could take the role of coordinating activity, the really effective way to safeguard vulnerable adults would be for a wide range of partner organisations to work together on both the prevention and investigation activities. In Cheshire West and Chester, the multi-agency Adults Safeguarding Board was set up in 2009 and prior to this, there was an Adults Protection Committee operating since 2001.
- 7.3 The Board recognises that if it is to continue to act in the best interests of vulnerable people it needs to adapt and develop to take account of growing national interest in adult protection, the general move to a safeguarding agenda, the possibility of creating a legislative framework, similar to child protection, and it needs to adapt to best practice.
- 7.4 The existing Board members have agreed to raise awareness and the adoption of best practice in their respective organisations to ensure their own staff with responsibility for the care and support of vulnerable adults in Cheshire West and Chester work towards the:
- early identification and prevention of abuse directed at vulnerable adults; and
  - the promotion of working practices that minimise the risk of abuse to vulnerable adults.
- 7.5 All partners are committed to the principles and objectives contained within this policy document and recognise their responsibilities for meeting national guidance, legal requirements and the adoption of best practice in relation to safeguarding adults. Partner organisations will therefore work hard to ensure that:
- Accountability for safeguarding adults work is recognised at executive level in the organisation.
  - A lead officer and, in the case of the local authority an Executive Member, takes the lead in overseeing the organisation’s approach to safeguarding adults.
  - Appropriate representation from the organisation.

## **8 SAFEGUARDING ADULTS BOARD – ROLE AND REMIT**

8. The Board is responsible for determining policy, coordinating activity between agencies, promoting joint learning and the implementation of best practice and monitoring and reviewing the effectiveness of the policies, procedures and guidance in place to safeguard vulnerable adults in Cheshire West and Chester.
- 8.2 The Board will work to promote the wellbeing, security and safety of vulnerable people recognising their rights, capacity and personal responsibility in order to help prevent abuse wherever possible.
- 8.3 The Board will also take responsibility for leading in the following areas:
- Establishing, monitoring and reviewing procedures and guidelines in relation to vulnerable adults on an inter-agency basis. Agree protocols for information-sharing and to seek agreement on joint funding for initiatives commissioned by the board.
  - Promoting and encouraging the adoption of best practice, particularly as it relates to prevention and prompt action to protect vulnerable adults.
  - Raising awareness among elected members, the general public, partner agencies and employees about safeguarding adults work to improve partnership working, leading to increased ownership at the right level in partner organisations.
  - Developing a multi-agency intelligence-led outcomes approach to prevention and intervention based on the capture and analysis of key information on the scale of abuse and neglect in Cheshire West and Chester.
  - Performance management of the quality of multi-agency adult safeguarding activity in Cheshire West and Chester and the outcomes achieved.
  - Developing a coordinated programme of learning and development to ensure staff with responsibility for investigating cases of abuse have the necessary skills, knowledge and experience to conduct these investigations competently and professionally.
  - Establishing and responding constructively to the needs and expectations, evidenced through consultation and feedback, of vulnerable people who have been safeguarded through this policy.
  - Drive improvement and commission more detailed work through the creation of thematic safeguarding sub-groups, scrutinising and monitoring the work of these groups on addressing safeguarding issues.
  - Prepare, monitor and keep under review protocols for serious case reviews, whilst considering outcomes of serious case reviews for shared learning from practice.

- Developing a coordinated programme of learning and listening, promoting capable communities and active citizens to safeguard adults at risk in local communities.
- To ensure that staff with responsibility for investigating cases of abuse have the necessary skills, knowledge and experience to conduct these investigations competently and professionally.

## 9 CONFIDENTIALITY AND INFORMATION SHARING

9.1 Partners will share appropriate information based on the principles defined below.

- (a) Information will be shared on a ***need to know*** basis - taking account of the best interests of the Service User.
- (b) Confidentiality will not be confused with secrecy.
- (c) Informed consent should be obtained but if this is not possible and other adults are at risk it may be necessary to override the requirement.
- (d) It is inappropriate for agencies to give absolute confidentiality in cases where there are concerns about abuse, particularly, when other people may be at risk.

9.2 Any exchange or disclosure of information must be in accordance with the Data Protection Act 1998 and the Human Rights Act 1998 and the Freedom of Information Act.

9.3 We recognise that confidentiality must be designed to safeguard the best interests of the abused person and must not be confused with protecting the management interests of an organisation.

9.4 We will make staff aware that where it appears to an employee or person in a similar role that confidentiality rules may be operating against the interests of vulnerable adults a duty arises to make a full disclosure in the public interest.

## 10 MONITORING AND REVIEW OF THIS POLICY

10.1 This policy and the accompanying procedures and guidance are reviewed annually to ensure they reflect national guidance, legislative changes and best practice.

10.2 Additionally, this review will involve a systematic analysis of abuse cases in order to help in the prevention of further cases of abuse, to identify particular trends or issues that have arisen that require more coordinated and systematic interventions and to ensure that improvements in procedures and processes can be made on a continuous basis.