

# Safeguarding Adults

Scamming and Mental Capacity

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# Chapter 1

## The new landscape of adult safeguarding

*Sally Lee*

### CHAPTER OUTCOMES

As a result of completing this chapter you will:

- Understand a range of social influences and policy priorities which inform adult safeguarding policy and practice.
- Understand the changes to adult safeguarding policy and practice introduced through Making Safeguarding Personal and the Care Act 2014.
- Understand the role and responsibilities of Safeguarding Adults Boards.
- Understand the foundations of the later theme of financial abuse, specifically scams.

### Introduction: social influences and policy priorities which inform adult safeguarding policy and practice

This chapter sets out to consider how global and national social changes influence adult safeguarding policy and why awareness of this is important for practitioners undertaking safeguarding activities. Adult safeguarding policy and practice has to be responsive to social change in order to meet the diverse range of needs and circumstances of people.

Adult safeguarding means:

- *Protecting an adult's right to live in safety, free from abuse and neglect.*
- *People and organisations working together to prevent and stop abuse or neglect.*
- *Promoting well-being.*
- *Having regard (where appropriate) to the adult's views, wishes, feelings and beliefs in deciding any action.*
- *Recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.*

*(Adapted from DH, 2016a, 14.7)*

This description of adult safeguarding is responsive to significant social changes, examples of which include:

- Improved health interventions and living conditions resulting in demographic change. The UK has an ageing population and people with profound disabilities and complex health conditions are now able to live full and active lives (POPPI, 2015; Age UK, 2015; Alzheimer's Society, 2016). This change has led to a focus on prevention in UK social policy which promotes the maintenance of good health into later life. Prevention is seen as a way to broaden the reach of scarce resources, but is also based on the link between good health and personal well-being (Bacon *et al.*, 2010).

Age, disability and complex health conditions do not automatically lead to increased risk of abuse or neglect or the need for care and support services; however, associated factors such as social isolation are linked to increased risk (these factors are discussed in later chapters).

- Global economic upheaval resulting from the financial crash of 2007/8, and subsequent austerity cuts to public spending introduced in the UK and elsewhere. Adult social care has been subject to severe funding constraints, for example 26 per cent fewer older people now receive care and support services than in 2010 (Humphries *et al.*, 2016).
- Implementation of the Human Rights Act 1998, the Mental Capacity Act 2005 and equality legislation including the Equality Act 2010. These acts, and further legislation, are underpinned by the commitment to the equal worth of people resulting from global human rights movements (for example Amnesty International), civil rights movements and decades of campaigns by marginalised groups (for example the disability movement which has been instrumental in raising awareness of the inequality experienced by disabled people). UK social policy must be compliant with the Human Rights Act 1998 and the principles of empowerment and informed consent are now embedded in social care policy, seen particularly in the emphasis on person-centred approaches.
- Growing international interest in human well-being as a measure of social progress to complement traditional GDP measures (Penny, 2015). Personal well-being is understood to both increase the quality of life for the individual and improve national health and

economic outcomes (Thomas and Evans, 2010; Bacon *et al.*, 2010). The concept of well-being now underpins social care policy in the Care Act 2014, part 1, section 1: 'Promoting individual well-being'.

- High profile scandals about the quality and organisation of care and welfare services which have led to serious case reviews or public inquiries. For example the case of Stephen Hoskin (Flynn, 2007), and institutions including Winterbourne View (Flynn and Citarella, 2012) and Mid Staffordshire Hospital (Francis, 2013). Such cases have raised awareness of adult abuse making safeguarding a policy priority.
- Technological advances in communications, monitoring and assistive technology. These advances create new and positive opportunities for different methods of care delivery, monitoring and social interaction. However, technology also creates new opportunities for abuse, for example online romance scams.

### ACTIVITY 1.1

*Consider your area of professional practice; have the above points influenced the outcomes of your organisation and how these are achieved?*

*For example, how does your organisation demonstrate compliance with the Human Rights Act 1998, and what difference has technology made to the way your service operates?*

*The points are examples of social changes; can you identify other changes which have affected your organisation?*

## Policy priorities

The changes mentioned above are examples of social trends which have profoundly influenced the social care policies which practitioners enact. Three interconnected core priorities have subsequently emerged and now dominate health and social care policy: *prevention, personalisation and integration* (Glasby *et al.*, 2015). Lyn Romeo, Chief Social Worker for Adults in England, states that personalisation and integration in particular require practitioners to extend their knowledge about changing social contexts so that they can more effectively promote enablement and protection (Romeo, 2015).

These three policy priorities are now explored as it is important for practitioners to understand the wider context of adult safeguarding.

## Prevention and adult safeguarding

The Local Government Association states that health prevention interventions are most effective when there is:

- Significant investment in building community capacity.
- Support delivered directly to local communities taking on this role.
- Signposting, information and advice for individuals to be directed to these options.
- Patient activation – engaged in decision about their own/family care.
- A supportive approach to primary prevention – ensuring the rest of the system is empowered to make the required changes at a community and population level.
- Co-operation with employers, the third sector and the local health and social care market to ensure that people are connected to their community, feel valued and do not face isolation.

(LGA and Ernst and Young, 2015, p12)

These points clarify the role of local and national government in supporting and enabling the social environment in which health prevention strategies can make a positive impact. Practitioners are required to put prevention strategies into action so an understanding of the conditions which enable effective prevention is crucial. The prevention agenda is now embedded in social care policy in part 1, section 2, Care Act 2014. Statutory guidance (DH, 2016a, 2.4) does not offer a definition of prevention or preventative activities, but states that these can range from whole-population measures aimed at promoting health, to individual interventions aimed at improving skills, functioning or reducing the impact of caring responsibilities.

Understanding the common causal factors which link poor health and well-being and vulnerability to abuse or neglect (as well as common ways of enabling prevention) reinforces the value of inter-agency partnership work. For example, social isolation and loneliness are linked to poor health outcomes (Bacon *et al.*, 2010; Cacioppo *et al.*, 2014) as well as vulnerability to abuse and neglect (Age UK, 2015), whilst the ability to access good quality information is linked to improved health and well-being, empowerment and safeguarding (DH, 2016a, s2). The reduction of social isolation and the provision of information are important aspects of prevention work and require practitioners from different professional groups to work together.

Historically prevention has not been a priority in adult safeguarding policy (Brammer, 2014). The review of No Secrets (DH, 2009) placed a new emphasis on prevention and the empowerment of individuals to maintain their own safety (SCIE, 2011a). The earlier absence reflects the difficulty of proving that harm has been prevented which, in part, results from the secrecy associated with abuse and neglect (SCIE, 2011a). The Care Act 2014 brings prevention into the heart of social care policy (s2) and to adult safeguarding specifically:

*It is better to take action before harm occurs.*

(DH, 2016a, 14.13)

CSCI (2008) identified 'building blocks' necessary for the prevention of abuse or neglect which echo the points made by the LGA regarding health prevention:

- People being informed of their rights to be free from abuse and supported to exercise these rights, including access to advocacy.
- A well trained workforce operating in a culture of zero tolerance of abuse.
- Sound framework for confidentiality and information sharing across agencies.
- Good universal services, such as community safety services.
- Need and risk assessments to inform people's choices.
- Options for support to keep safe from abuse, tailored to people's individual needs.
- Services that prioritise both safeguarding and independence.
- Public awareness of the issues.

(Faulkner and Sweeney, 2011)

The prevention agenda required by the Care Act 2014, s2 develops these building blocks, identifying preventative interventions and joint approaches overseen by Safeguarding Adults Boards:

- Primary interventions: to prevent abuse occurring in the first instance. For example, Safer Community Partnerships, education and information to increase awareness of adult abuse and improve financial literacy.
- Secondary interventions to identify and respond directly to allegations of abuse.
- Tertiary interventions to remedy negative and harmful consequences of abuse and prevent future occurrences.

(SCIE, 2011a; DH, 2016a, s2)

Local authorities can 'raise the profile of every citizen's right to be free from abuse' (CSCI, 2008, p33) by targeting clear and easily accessible information to those covered by safeguarding procedures, and those not currently using services or paying for services themselves. Effective ways of preventing abuse or neglect include:

- Advocacy services which can enable adults at risk to express themselves in potentially or actually abusive situations.
- Education to raise awareness for individuals and groups to enable them to protect themselves from abuse.
- Raising awareness of adult abuse within the general population.
- Reducing social isolation through links with the community so there are more people who can be alert to the possibility of abuse as well as provide links to potential sources of support for adults at risk and family carers.
- Provision of clear, accessible and appropriate information available in diverse formats.
- Development of Community Safety Partnerships between local authorities and partner organisations including the police and the voluntary sector.

### ACTIVITY 1.2

*Think about the meaning of prevention. How is prevention undertaken in your professional setting and how do you know if, and when, an intervention has been successful?*

## Personalisation and adult safeguarding

Personalisation dominates current social care policy and practice, including adult safeguarding (Brammer, 2014). The Care Act 2014 extends the scope of personalisation and promotes it as a means to enable well-being. Its legislative authority is complex as there is no single act which defines or describes personalisation; instead it is discerned from diverse social care legislation including the NHSCC Act 1990 and subsequent direct payment acts (1996, 2000, 2001, 2009) (Brammer, 2014). This makes the definition and use fluid and broader in scope.

Think Local Act Personal (2016) offers the following definition in its 'jargon busting' website:

*A way of thinking about care and support services that puts you at the centre of the process of working out what your needs are, choosing what support you need and having control over your life. It is about you as an individual, not about groups of people whose needs are assumed to be similar, or about the needs of organisations.*

Personalisation represents a departure from previous service-led approaches:

*Personalisation means thinking about public services and social care in a different way – starting with the person and their individual circumstances rather than the service. It affects everyone in adult care and support.*

(SCIE, 2012a, p1)

It is an approach that was promoted by the Independent Living Movement and disability organisations as a means to enable equal inclusion, access and participation in mainstream life (Beresford, 2013). Personalisation has resonance with professional practice focused on human rights and a concern for equality.

However, the success of personalisation across different populations of service users is contested (Glasby *et al.*, 2015), and critics question whether the policy has been purposefully used to extend the marketisation of care to reduce costs (Beresford, 2013; Lymbery, 2013). Personalisation policy also assumes that people are willing and able to maximise control over their lives (or have the support of someone willing to act as their representative) (Furedi, 2011). It is important for practitioners to be aware of such criticism of personalisation policy, as this aids critical reflection and alerts practitioners to potentially disempowering applications of personalisation theory.

The term personalisation is often used in association, or even interchangeably (SCIE, 2012), with person-centred care which:



*discovers and acts on what is important to a person. It is a process for continual listening and learning, focusing on what are important to someone now and in the future, and acting on this in alliance with their family and their friends.*

(Thompson *et al.*, 2008, p27)

Think Local Act Personal defines person-centred care as:

*An approach that puts the person receiving care and support at the centre of the way care is planned and delivered.*

(Think Local Act Personal, 2016)

**Making Safeguarding Personal (MSP)** applies the principles of person-centred care to adult safeguarding. MSP is an ongoing sector-led initiative which brings together the principles of personalisation, person-centred care and safeguarding; it is the 'driving force in changing the landscape of adult safeguarding' (Romeo, 2015).

MSP seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to, people.
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'.
- An approach that utilises social work skills rather than just 'putting people through a process'.
- An approach that enables practitioners, families, teams and Safeguarding Adults Boards to know what difference has been made.

(LGA and ADASS, 2014)

The MSP approach is person-led and outcome focused, aiming towards resolution and recovery from abuse and neglect (Cooper *et al.*, 2016). This approach is built on research which recognises that the outcomes wanted by victims of abuse and neglect are often modest, for example an apology and reassurance that the abuse and neglect will not reoccur, rather than the often disproportionate and bureaucratic safeguarding process (Brammer, 2014).

MSP has resulted in safeguarding conversations with the person concerned or their representative at all the stages of safeguarding interventions. A total of 97 per cent of English councils report that people are now asked at the outset about what outcomes they want, and 85 per cent of council systems have changed to enable the recording of this information (Cooper *et al.*, 2016) which provides a basis for measuring progress. However, lack of resources is cited by councils as a reason why full implementation of MSP has not yet been achieved (Cooper *et al.*, 2016). MSP aids prevention by enabling people to manage their own safety more effectively through involving the individual in every stage of the safeguarding intervention. Practitioners 'work with adults who may be at risk, to help them recognise potentially abusive situations and understand how they can protect themselves' (SCIE, 2015b, p5). However, dilemmas

arise when victims decline intervention or do not recognise their experience as abusive or neglectful or refuse safeguarding interventions. Person-centred approaches require that practitioners take time to establish the 'length and breadth of the issue' (Olivier *et al.*, 2015, p369); that is, to understand the meaning of the situation to the individual, their social connections and the psychological meaning of the abuse or neglect. For example in respect to scams the utility of involvement in a scam may be important to the victim, so their finding alternative sources of meaning, purpose and social capital are crucial (Olivier *et al.*, 2015). Practitioners' ability to build trusting relationships with victims of abuse or neglect is crucial to making positive changes (SCIE, 2011a).

### ACTIVITY 1.3

*In your experience, what do personalisation and person-centred care mean? How are personalisation and person-centred approaches promoted in your professional setting?*

## Integration and adult safeguarding

The UK Government aims for all local health and care services to be integrated by 2020 (HM Government, Autumn Statement, 2015).

In 2016 the LGA, NHS Confederation, the Association of Directors of Adult Social Services and NHS Clinical Commissioners jointly published *Stepping Up to the Place: The Key to Successful Health and Care Integration* which calls for the:

*radical transformation of services in order to meet the needs of a society with increasingly chronic and complex health needs. The vision paves the way for integration and transformation to happen faster and to go further so that integrated and person-centred care becomes the mainstream.*

(LGA, 2016a)

The cost savings associated with integration has meant that the policy has gained urgency in an environment of budget cuts where achieving more for less has become an accepted policy goal (Humphries *et al.*, 2016). This requires:

*achieving better outcomes within existing resources ... better management of demand, promoting independence, better commissioning and procurement and implementing models of integrated care that give best outcomes, rather than shunting costs between each other.*

(LGA, 2016b)

Integration aims to aid adult safeguarding by reducing the risk of abuse and neglect through improving:

- personalised care which considers the individual's 'broader life journey' rather than treatment alone;
- opportunities of independence;
- mortality rates;
- inter-service communication;
- appropriate hospital admissions;
- personal and community well-being;
- community networks.

(LGA and Ernst and Young, 2015, p16)

## Safeguarding adults and the Care Act 2014

The Care Act 2014 is a major piece of reforming legislation consolidating many of the multiple laws relating to social care. The act makes adult safeguarding a statutory responsibility for the first time. Prior to the implementation of the Care Act 2014, adult safeguarding policy and practice was based on guidance provided by *No Secrets* (DH, 2000).

*No Secrets* was an acknowledgement of adult abuse in the light of growing recognition and understanding about the frequency and types of abused adults' experience, and promoted the notion that, 'There can be no secrets and no hiding places when it comes to exposing the abuse of vulnerable adults' (DH, 2000, Foreword).

Human rights discourse was used throughout *No Secrets* (Brammer, 2014), including directly linking the definition of abuse with a contravention of rights:

*Abuse is a violation of an individual's human and civil rights by any other person or persons.*

(DH, 2000, 2.3)

*No Secrets* and the subsequent National Framework for Safeguarding Adults (2005) built on themes of partnership, prevention and service user and carer consultation, which have been further developed by the Care Act and can be seen in the new duties given to local authorities.

## Care Act safeguarding duties

The duties are set out in sections 42–46 of the act and Chapter 14 of the statutory guidance. A local authority must:

- make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent 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, where the adult has 'substantial difficulty' in being involved in the process, and where there is no other appropriate adult to help them;
- cooperate with each of its relevant partners in order to protect adults experiencing or at risk of abuse or neglect.

(DH, 2016a, 14.10)

## Eligibility for section 42 enquiries

There are no eligibility criteria for section 42 adult safeguarding enquiries; instead this is dependent on the individual's ability to protect themselves due to any care and support needs. Adult safeguarding duties apply to any adult who:

- has care and support needs (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- is unable to protect themselves because of their care and support needs.

(s42 (1))

Local authorities also have 'safeguarding responsibilities for carers and a general duty to promote the well-being of the wider population in the communities they serve' (SCIE, 2015b, p2). The enquiry may be informal, such as a conversation with the individual, or formal involving multi-agency action planning.

An enquiry seeks to:

- establish the facts;
- ascertain the adult's views and wishes;
- assess the needs of the adult for protection, support and redress and how they might be met;
- protect from the abuse and neglect, in accordance with the wishes of the adult;
- make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect;
- enable the adult to achieve resolution and recovery.

(Galpin, 2016, p38)

The principles of person-centred care are evident in the enquiry objectives aligning safeguarding with personalised ways of working, drawing on the principles of Making Safeguarding Personal and personalisation.

## Key principles underpinning adult safeguarding

***When the principles are effectively used an individual would be able to agree with the following statements:***

*People worked together to reduce risk to my safety and well-being.*

*I had the information I needed; in the way that I needed it.*

*Professionals helped me to plan ahead and manage the risks that were important to me.*

*People and services understood me – recognised and respected what I could do and what I needed help with.*

*The people I wanted were involved.*

*I had good quality care – I felt safe and in control.*

*When things started to go wrong, people around me noticed and acted early.*

*People worked together and helped when I was harmed.*

*People noticed and acted.*

*People asked what I wanted to happen and worked together with me to get it.*

*I got the help I needed by those in the best place to give it.*

*The help I received made my situation better.*

*People will learn from my experience and use it to help others.*

*I understood the reasons when decisions were made that I didn't agree with.*

*(DH, 2013, 5.3)*

### Empowerment

The ideals of personalisation and person-centred approaches are founded on empowerment which the Care Act 2014 promotes through the 'presumption of person-led decisions and informed consent' (The College of Social Work, 2014, p1).

*People need to be able to say: 'I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens' (DH, 2013, 5.2; DH, 2016a, 14.13).*

*Organisations need to be able to say: 'We give individuals the right information about how to recognise abuse and what they can do to keep themselves safe. We give them clear and simple information about how to report abuse and crime and what support we can give. We consult them before we take any action. Where someone lacks capacity to make a decision, we always act in his or her best interests'* (DH, 2013, 5.4).

Empowerment is rooted in human rights, and the Human Rights Act (HRC) 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. People have a right to live free from abuse (Galpin, 2016) and it is the duty of statutory agencies to protect this right. Failure to protect, resulting in serious abuse (including financial abuse), can constitute a violation of Article 3, HRC 1998. However, protection has to be balanced with other human rights such as the right to respect of family and private life (Article 8) which states that public authorities cannot control who an individual corresponds with or forges relationships with (including scammers) except in exceptional circumstances or where mental capacity is an issue. In addition Protocol 1, Article 1 protects citizens' right to enjoy their property, such as their financial assets, which means that a public authority cannot remove property or place restrictions on its use, unless there is good reason to do so, such as coercion or mental capacity concerns. This illustrates the balance public agencies need to achieve between the right to protection and the right to privacy (Article 8). Balancing these requirements creates dilemmas for professionals and carers working with people at risk of abuse and neglect.

## 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.*

(DH, 2013, 5.2; DH, 2016a, 14.13)

*Organisations need to be able to say: 'We help the community to identify and report signs of abuse and suspected criminal offences. We train staff how to recognise signs and take action to prevent abuse occurring. In all our work, we consider how to make communities safer'* (DH, 2013, 5.4).

Prevention has become a policy priority in part because of financial necessity, but also due to growing interest in human well-being. The Care Act 2014 introduces the well-being principle requiring local authorities to ensure that all functions, activities and outcomes are mindful of, and aim to enhance, well-being (s1). The act also redefines eligibility for social care interventions in terms of 'risk to well-being' as opposed to the 'risk to independence' as previously set out in Fair Access to Care (DH 2003, updated in 2010). The link between the impact on well-being of abuse and neglect puts safeguarding at the core of all local authority work and reinforces that 'safeguarding is everybody's business' (DH, 2013).

## Proportionality

*Individuals need to be able to say:* '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' (DH, 2013, 5.2; DH, 2016a, 14.13).

*Organisations need to be able to say:* 'We discuss with the individual and where appropriate, with partner agencies what to do where there is risk of significant harm before we take a decision' (DH, 2013, 5.4).

Risk is an element of many situations and should be part of any wider assessment.

Proportionality is relevant to all Care Act assessment activities (DH, 2016a, 6.3) and concerns balancing the risk in the least intrusive way in order to achieve an objective (Brammer, 2014).

## Protection

*Individuals need to be able to say:* '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' (DH, 2013, 5.2; DH, 2016a, 14.13).

*Organisations need to be able to say:* 'We have effective ways of assessing and managing risk. Our local complaints and reporting arrangements for abuse and suspected criminal offences work well. Local people understand how we work and how to contact us. We take responsibility for putting them in touch with the right person' (DH, 2013, 5.4).

The need to protect has to be balanced with the promotion of autonomy and assessment capacity is crucial to negotiating risk and protection. This is discussed further in Chapter 6.

## Partnership

*People need to be able to say:* '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' (DH, 2013, 5.2; DH, 2016a, 14.13).

*Organisations need to be able to say:* 'We are good at sharing information locally. We have multi-agency partnership arrangements in place and staff understand how to use these. We foster a "one" team approach that places the welfare of individuals before the "needs" of the system' (DH, 2013, 5.4).

The Care Act 2014 maintains the local authority as the lead partner in adult safeguarding (apart from cases led by police), but strengthens the obligation of partnership work (DH, 2016a, 14.62–14.67). SCIE (2015) emphasises the importance of partnership approaches to adult safeguarding.

## Accountability

*People need to be able to say: 'I understand the role of everyone involved in my life and so do they' (DH, 2013, 5.2; DH, 2016a, 14.13).*

*Organisations need to be able to say: 'The roles of all agencies are clear, together with the lines of accountability. Staff understand what is expected of them and others. Agencies recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements' (DH, 2013, 5.4).*

Accountability can be linked to the promotion of human rights within social policy, and aids the protection of people from the misuse of power, abuse or neglect by public authorities. Other services are accountable to bodies such as the Care Quality Commission, a non-departmental public body of the Department of Health, which is responsible for the registration and inspection of health and social care providers. Professionals are personally accountable for their work and conduct, linked to codes of conduct, terms of employment and the registration of some health and social care professionals, and complaints procedures reinforce accountability.

## Roles and responsibilities of Safeguarding Adults Boards (SAB)

Partnership and integrated working is at the heart of current social policy. Strategic direction and oversight is required to develop effective organisational partnerships and create a shared agenda to protect adults at risk of abuse or neglect. Serious case reviews have frequently highlighted the absence of inter-agency communication and collaboration (Brammer, 2014). This is the core task for SABs, which have been made a statutory requirement by the Care Act 2014. Each board must assure itself that the local safeguarding policy and practice of all partners acts to help protect adults in the area who meet section 42 criteria (Galpin, 2016).

This assurance is dependent on local safeguarding arrangements and practice:

- meeting the requirements of the Care Act 2014 and statutory guidance;
- being person-centred and outcome-focused;
- working collaboratively to prevent abuse and neglect where possible;
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred;
- continuously improving and enhancing the quality of life of adults in its area.

(SCIE, 2016)

The SAB provides strategic oversight for the locality, working with a wide breadth of services and organisations to prevent abuse and neglect, including NHS, education, police, trading standards and the independent care sector. SABs are required to create



an open culture around safeguarding, where partners can challenge each other, when appropriate, and advice and guidance can be sought (SCIE, 2016, p8).

The SAB has three core duties:

- To develop and publish a strategic plan, setting out how they will meet their objectives and how their member and partner agencies will contribute.
- To publish an annual report detailing how effective their work has been.
- To commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

(SCIE, 2016)

### CASE STUDY 1.1

*Telford and Wrekin Safeguarding Adults Board (SAB) was established in 2015 directly as a result of the Care Act. Telford partners recognised that the Act provided the basis for a more locally based approach to safeguarding adults than had been possible with a joint board with Shropshire.*

*At first, we focused on making the new Board compliant with the Care Act through defining new governance arrangements and structures and adopting the established West Midlands regional safeguarding procedures. The development of an effective partnership was made easier by my having chaired the Safeguarding Children Board since 2012, with many Children's Board members agreeing to serve on the new Board. From the start, we explored how both Boards could work better together and have recently supported the creation of an 'all family' MASH and are now making Children's Domestic Abuse a priority sub-group of both Boards. We are also planning a cross-board communications campaign around the theme of discouraging people from being bystanders when they observe abuse and neglect in the community.*

*In working together, it became clear that there was some confusion regarding the strategic responsibilities of other partnership Boards, the Health and Wellbeing Board, the Community Safety Partnership and the Early Help Partnership, particularly with respect to emerging issues such as female genital mutilation, modern slavery and forced marriage. We therefore encouraged a debate across the partnership on how we could work better together. This has resulted in the creation of an integrated Partnership Management function within the local authority which supports all five Boards and facilitates a coordinated response to strategy development, priority setting and the allocation of responsibilities.*

*Making Safeguarding Personal (MSP) has been a major challenge. While some progress has been made in re-engineering processes in adult social care so that MSP is an integral part of service delivery, this approach is not yet fully embedded across the partnership. We are therefore developing a capability framework to clearly set our expectations for staff*

*(Continued)*

### CASE STUDY 1.1 (CONT.)

competency, particularly in relation to MSP. This framework will be implemented across partners' agencies represented on the Board via a multi-agency learning and development plan, which will support delivery of the framework and ensure staff are competent and capable. The approach to delivering the framework will focus less on formal guidance and training, but more on action learning sets which involve themed events for partners and relevant staff focusing on key issues/areas for development highlighted as part of implementation of the framework.

We have also experienced difficulties in improving engagement with the local community and have had a number of false starts, fruitless debates, duplication of existing initiatives and unsuccessful public events, where we have struggled to put over a simple message to audiences with little interest in the subject matter.

We do however feel we may have found the solution in piloting the concept of 'Conversation Cafés' at local care homes, where we have established a network of individuals who are willing to regularly engage with the Board on specific questions in relation to the work of the Board, its plans and priorities through an informal drop-in session. We are now developing a generic leaflet introducing the Board and its Conversation Café approach for Board members to hand out to groups and individuals who they feel may want to contribute now or in the future.

At our last Board it was agreed that having established a compliant Board we should become more ambitious in how we try to improve the safety and security of adults in our community. All Board members have submitted ideas for a Board Development day and one suggestion, resulting from the Chair's attendance at a CEnTSA conference on Financial Abuse, is that this issue should form the basis for the Board's first priority sub-group.

Andrew Mason, Independent Chair  
Telford and Wrekin Safeguarding Adults Board

The case study illustrates how collaboration is key to the work of SABs, as set out in the co-operation duties of the Care Act 2014 to:

- increase knowledge about prevalence and types of abuse and neglect, and when referral for enquiry is necessary through analysis of local data;
- develop preventative approaches;
- ensure safeguarding practice is person-centred and outcome-focused;
- ensure agencies and individuals are accountable and give timely and proportionate responses when abuse or neglect have occurred;
- ensure safeguarding practice is continuously improving and enhancing the quality of life of adults in its area;

- balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need-to-know basis' (s45);
- develop multi-agency training and consider any specialist training that may be required.

(Adapted from DH, 2016a, 14.139)

## Key learning points

- Adult social care policy emerges from a social context informed by national and global events and movements.
- Safeguarding policy and practice is influenced by person-centred approaches to care and support.
- These approaches emphasise the empowerment of individuals to be active agents and decision-makers whilst being supported to manage risk.
- Abuse of any kind undermines health and well-being.
- The Care Act 2014 provides the statutory foundation for adult safeguarding policy and practice.
- The Act introduces new safeguarding duties.
- Safeguarding Adults Boards are a mandatory requirement. They are responsible for developing partnership approaches to keeping their communities safe.
- The Care Act 2014 introduces the well-being principle which all care and support functions and activities must promote.