



Gloucestershire  
**Safeguarding Adults**  
Board

# Gloucestershire Safeguarding Adults Board

## Induction Pack for GSAB Board Members

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## Welcome letter from GSAB Independent Chair

Dear New Board Member

I was delighted to be appointed as the Independent Chair of the Gloucestershire Safeguarding Adults Board (GSAB) in June 2014, and now I am pleased to be able to introduce to you the Induction Pack for Board Members.

The Induction Pack is designed primarily for new members of the Board and its sub groups, so that they are provided with information to enable them to feel welcome, to learn about the other people and organisations involved in Board business, and therefore to 'get up to speed', and become effective Board Members more quickly.

The Pack can serve a useful purpose for new members. The Board and its sub groups are made up of individuals and representatives of the many different organisations who all have a role in safeguarding adults with care and support needs at risk of abuse and neglect in the county. They work together across complex organisational and partnership structures at both county and local level, to fulfil their statutory and partnership obligations, and it is therefore vital that they have an understanding of what each other does, and how they do it. The Induction Pack helps do this by providing a broad range of useful information which can be used by anyone working on Board business, or to which they can refer others as a way of helping to explain the important role of the Board.

Finally, I hope and trust that you will find the document useful, but if you have any feedback or suggestions as to how it might be improved, then please do not hesitate to contact either the Board Business Manager or myself.

Best Wishes

A handwritten signature in black ink, appearing to read "Paul Yeatman".

Paul Yeatman  
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## GSAB Background and Context

### What is safeguarding adults about?

Safeguarding is about keeping adults with care and support needs at risk of abuse or neglect safe from harm. It involves identifying adults who may be at risk, assessing their needs and working with them and with other agencies in order to protect them from avoidable harm. It is a challenging area of practice. The group of adults involved is extremely diverse, making a “one-size fits all” approach inappropriate.

Adults who may be the focus of safeguarding range from those whose decision-making capacity is severely impaired, to adults with no underlying cognitive impairment but whose physical situation, or a brief period of illness, has temporarily affected their ability to protect their own interests. The nature of the harm involved can also range from violent physical and psychological abuse through various forms of personal, financial or organisational abuse or neglect, to a failure to provide timely access to key services. Abuse or neglect of adults at risk can also take place in a wide variety of contexts.

### Who is an adult at risk?

**The Care Act 2014 refers to an adult at risk as someone who:**

- a) *has needs for care and support<sup>1</sup> (whether or not the Local Authority is meeting any of those needs),*
- b) *is experiencing, or is at risk of abuse or neglect, and*
- c) *as a result of those needs is unable to protect himself or herself against the abuse or neglect, or the risk of it*

**The Care Act sets out the first ever statutory framework for adult safeguarding,** which stipulates local authorities' responsibilities, and those with whom they work, to protect adults at risk of abuse or neglect.

**These provisions require the local authority to:**

- Carry out enquiries into suspected cases of abuse or neglect
- Establish Safeguarding Adults Boards in their area
- Arrange where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or review

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<sup>1</sup> The Care Act describes “care and support needs” as: The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people’s needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.

### **The provisions require a Safeguarding Adults Board to:**

- Publish an annual report detailing what the board has done to achieve its objectives and what it and each member has done to implement its strategy
- Arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if certain laid out conditions are met.
- Request where necessary, a person to supply information to it or to some other person specified in the request and the person to whom the request is made must comply if certain laid out conditions are met.

**Local Authorities** have always been expected to **lead** adult safeguarding and the Care Act legislation has **formalised this as a duty**. However **safeguarding has to be everybody's business**, therefore the Local Authority plays a pivotal role in building strong relationships with other organisations such as the NHS, the police, third sector and providers. They form the trust and bedrock on which a multi-agency approach thrives and they lead the formation of sound local policies, procedures and lines of accountability.

## **Safeguarding Principles**

The work of the GSAB is underpinned by the six Key Principles of Adult Safeguarding identified in the Care Act (2014):

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent;  
“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens”
- **Prevention** – It is better to take action before harm occurs;  
“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”
- **Proportionality** – The least intrusive response appropriate to the risk presented;  
“I am sure that professionals will work in my interest, as I see them and they will only get involved as much as needed”
- **Protection** – Support and representation for those in greatest need;  
“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want”
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse;  
“I know that staff treat any personal and sensitive information in confidence,

only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me”

- **Accountability** – Accountability and transparency in delivering safeguarding; “I understand the role of everyone involved in my life and so do they”

The Key Aims of GSAB are based on the Local Government Association (LGA) Standards for Adult Safeguarding:

1. **Improved Outcomes** – ensuring adults with care and support needs are safeguarded in the community and in establishments such as care homes and hospitals through an approach across all Partners that is clearly focused on intervention and prevention to achieve outcomes;
2. **Improved Experiences of Safeguarding** – ensuring people experiencing safeguarding services are treated sensitively and with dignity and respect through the delivery of personalised safeguarding services;
3. **Effective Leadership** – ensuring recognised and active leadership across all Partners – this strengthens and raises the profile of safeguarding;
4. **Strategic Approach** – ensuring safeguarding is embedded and clearly evidenced in corporate and service strategies across all Partners;
5. **Commissioning for Quality** – ensuring safe and cost effective commissioning across all Partners, enabling people to manage risks and benefits of care and support services;
6. **Effective Delivery and Practice** – ensuring safeguarding is everybody’s business through effective service delivery and mechanisms that enable people to understand what abuse is and how to respond to it;
7. **Robust Performance and Resource Management** – ensuring services are accountable and quality measures are in place; with a learning culture that enables all Partners to learn from both best practice and things that do not go well;
8. **Working Together** – ensuring commitment from all Partners to safeguarding; working closely with other Strategic Partnerships to ensure safeguarding is effective at all levels (prevention and intervention).

Policies such as the Care Act 2014 and the Mental Capacity Act 2005 support people having more choice about how their needs are met and emphasises that we should work with individuals and their families to ensure risks are identified, quantified, discussed and managed. There are many different attitudes towards risks and perceived risks in a person's daily life, both from a professional and an individual point of view.

Taking some risks can have real benefits for individuals and their communities, however risk is often thought of in terms of danger, loss, threat, damage or injury. We need to support people and enable them to do some things that may have associated risks but also have positive outcomes for them. We must balance this with our duty to ensure that people are protected from exploitation and abuse. Agencies need to proactively collaborate and co-produce with people and their carers to empower them to make choices, while supporting them to take informed everyday decisions. This includes supporting staff to find positive ways to manage risks to enable an effective approach to prevention, early intervention and person-led care.

## Think Family

Everyone has a responsibility to take a 'Think Family' approach in the context of safeguarding adults and children.

### What do we mean by 'Think Family'?

A Think Family approach refers to the steps taken by adult, young peoples, and children's practitioners to identify wider family needs which extend beyond the individual they are supporting. This can be their family networks in a traditional sense, or social networks that people consider to be their "family".

For example, in relation to safeguarding, if you work primarily with adults, you still consider the safeguarding needs of children, and if you work with children you still consider the needs of adults at risk. Safeguarding is everyone's responsibility.

Think Family means securing better outcomes for adults, children and families by coordinating the support and delivery of services from all organisations. Neither adults or children exist in isolation and Think Family aims to promote the importance of a whole-family approach.

Contact with any service offers an open door into a system of joined-up support and coordination between adult and children's services. Services working with both adults and children should take into account family circumstances and responsibilities.

Working together effectively will help improve lives, so '**Think Family**'.

## Working with Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting

the ability to function and achieve mental, physical, social, emotional or spiritual well-being.

Trauma can be caused by many different situations and experiences, and at any stage in a person's life; including adverse childhood experiences, experiencing abuse, neglect or exploitation, and loss and bereavement.

The Government has developed a working definition of trauma-informed practice that has some key practice messages for anyone who works with adults with needs for care and support. [Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

### **Realise that trauma can affect individuals, groups and communities**

Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.

### **Recognise the signs, symptoms and widespread impact of trauma.**

Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff.

It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing.

Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?'.

### **Prevent re-traumatisation**

It seeks to avoid re-traumatisation which is the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past. Re-traumatisation is generally triggered by reminders of previous trauma which may or may not be potentially traumatic in themselves.

The purpose of trauma-informed practice is not to treat trauma-related difficulties, which is the role of trauma-specialist services and practitioners. Instead, it seeks to address the barriers that people affected by trauma can experience when accessing health and care services.

## **Understanding the work of the GSAB**

Members should ensure they have a good understanding of the key purposes, functions and tasks of the GSAB. This requires an understanding of the statutory requirements of the GSAB under sections 42-46 of the Care Act 2014 and the GSAB Constitution & Memorandum of Understanding.

## The role of Board members in safeguarding adults

- Carry out a strategic role in relation to safeguarding and promoting the independence, wellbeing and safety of adults at risk
- Have the authority to speak on behalf of their organisation to represent its views and various duties
- Refer back to their organisation to account on all matters relating to safeguarding adults at risk, and to recommend ways to implement necessary changes within their organisation
- Be able to request that their organisation deploys resources to support safeguarding adults work by the allocation of financial or human resources to directly support the achievement of the Safeguarding Board's agreed objectives
- Board members will ensure that the safety and wellbeing of adults at risk is promoted within services provided by their organisation
- Members will agree to develop their knowledge and understanding of safeguarding in order to keep up to date and to share this expertise within the Board and their own organisations, in particular that agreed policies, procedures and findings from Safeguarding Adults Reviews are appropriately cascaded through their organisations

## GSAB partners: Expectations

The GSAB is independently chaired and is comprised of senior representatives from all the statutory agencies. Participant observers also attend, including Gloucestershire County Council's Cabinet Member for Safeguarding. Board members make decisions and hold partner agencies to account for safeguarding and their performance in this area. They must be senior enough to:

- be able to speak for their agency
- be able to hold their agency to account and challenge it
- be able to make decisions about safeguarding and allocate resources

Expectations of Board members include:

- Attendance at all Board meetings by the partner or a representative
- Confidentiality, understanding and respecting the sensitive nature of safeguarding issues
- Active participation
- Commitment to safeguarding adults
- Constructive challenge of own and partner agencies' safeguarding practices

## Organisational Roles in Safeguarding

This section covers the roles and responsibilities of the statutory partners of the GSAB and other key roles in adult safeguarding.

### The Local Authority

In Gloucestershire the Local Authority is Gloucestershire County Council (GCC). The Care Act sets out the Local Authority's responsibility for protecting adults with care and

support needs from abuse or neglect for the first time in primary legislation. Local Authorities must make enquiries, or cause another agency to do so, whenever abuse or neglect is suspected in relation to an adult and the local authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult. This function cannot be delegated.

The Local Authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. The Local Authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult and by whom, and to ensure that such action is taken when necessary. In this role if the Local Authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

### **Director of Adult Social Services (DASS)**

As chief officer for the lead adult safeguarding agency, the DASS has a particularly important leadership and challenge role to play in adult safeguarding.

Responsibility for promoting prevention, early intervention and partnership working is a key part of a DASS's role and also critical in the development of effective safeguarding. Taking a personalised approach to adult safeguarding requires the DASS to promote a culture that is person-centred, supports choice and control and aims to tackle inequalities.

### **Councillors and Lead Member**

The Local Government Association identifies there are crucial roles for councillors in examining how safeguarding is experienced by local people, how people were consulted and involved in developing policies and monitoring services, and how they were involved in their own safeguarding plans and procedures.

Councillors as community leaders, championing the wellbeing of their constituents, are in a key position to raise awareness of adult safeguarding. They may also become aware of individual cases of abuse through their work with constituents and so have a duty to report it.

As part of their governance role, holding council executives and their partners to account, and accounting to their constituents for what has been done, all councillors have a responsibility to ask questions of the executive and other partner organisations about the safety of adults in their area, and about the outcomes of adult safeguarding.

Local Authority Health Scrutiny Functions, such as the Council's Health Overview and Scrutiny Committee, Health and Wellbeing Boards (HWBs) and Community Safety Partnerships can play a valuable role in assuring local safeguarding measures and ensuring that Safeguarding Adults Boards are accountable to local communities.

### **Gloucestershire Constabulary**

It is the policy of Gloucestershire Constabulary to work together with the Gloucestershire Safeguarding Adults Board and other partner agencies to safeguard and promote the welfare of all adults at risk.

Living a life that is free from harm and abuse is a fundamental right of every person. Gloucestershire Constabulary are committed to assisting adults who may be at risk of

harm within the community by helping to identify them, working in partnership with other agencies to ensure they receive the help and support they need, protecting them from anti-social behaviour and investigating allegations of abuse against them.

Gloucestershire Constabulary recognises that the police are responsible for carrying out completely and exclusively any criminal investigation in a case of suspected injury or harm to an adult with care and support needs. Such investigations are as important as any other serious investigation and we shall treat it as such.

The responsibility to investigate suspected abuse of adults with care and support needs is shared between the Public Protection Unit Investigation Team and CID.

Allegations of assaults committed towards adults in care settings or by those in a position of trust or with a responsibility of care towards the adult will be dealt with by officers committed to the investigation and safeguarding of adults.

Gloucestershire Constabulary will ensure that officers investigating the abuse of adults with care and support needs are sufficiently trained to do so and thereby can make good decisions to keep them safe from harm.

It is the policy of Gloucestershire Constabulary to work in partnership with other agencies to:

- identify adults at risk within the community and accurately assess the risks to them, making appropriate referrals to partner agencies
- take any immediate action necessary to intervene and effectively safeguard adults at risk
- share information and participate in multi agency decision making meetings to provide the best outcome for the adult
- fully investigate criminal offences and hold offenders to account through the criminal justice system

### **Gloucestershire Fire and Rescue Service**

Gloucestershire Fire and Rescue Service carry out Safe and Well checks to targeted groups, many of whom access care and support services. Staff are trained to recognise and report concerns that an adult may be at risk, in line with Gloucestershire's Safeguarding Adults Policy and Procedures. All safeguarding concerns raised are passed to the Service's Safeguarding Officer who liaises with GCCs Safeguarding Team via the Gloucestershire County Council Adult Help Desk.

### **NHS England**

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes. It works under its Mandate from the Government to improve the quality of NHS care and health outcomes, reduce health inequalities, empower patients and the public and promote innovation. Its key responsibilities include:

- authorisation and oversight of ICBs and support for their on-going development
- the direct commissioning of primary care, specialised health services, prison healthcare and some public health services (including, for a transitional period, health visiting and family nurse partnerships)

- developing and sustaining effective partnerships across the health and care system

The NHS CB has a single operating model and is largely organised into three functional areas, i.e. nationally, regionally and locally. There is senior clinical leadership at all levels, including those with responsibility and expertise in safeguarding. The Board's national leadership team includes the Chief Nursing Officer, who is the lead Director for safeguarding and will lead work that defines improvement in safeguarding practice.

The NHS CBs regional and local area teams will each have a Director of Nursing who is responsible for supporting and providing assurance on the safeguarding of children and adults at risk of abuse or neglect.

### **Gloucestershire Integrated Care Board (GICB)**

Gloucestershire Integrated Care Board (GICB) is committed to ensuring that safe and effective Health Services are commissioned for everyone in Gloucestershire. There are robust commissioning standards in place which are reviewed through the System Quality Committee. The minutes of these meetings are provided as evidence of compliance at the Gloucestershire Board of the ICB.

There is a clear line of accountability set out in the management structure, with a Lead GP for Adult Safeguarding identified at Board Level. The Chief Nurse is Executive Safeguarding Adult Lead, supported by the Associate Director Integrated Safeguarding, Named GP Safeguarding and the Safeguarding Adult Lead Nurse.

GICB works closely with the LA and CQC to ensure that any safeguarding concern raised in relation to care homes in Gloucestershire is robustly investigated in a timely way, and the welfare of the residents remains paramount.

### **South West Ambulance Service Trust (SWAST)**

There are a number of ways in which SWAST staff may receive information or make observations which suggest that an adult with care and support needs is experiencing, or is at risk of, abuse or neglect. Ambulance staff will often be the first professionals on the scene and their actions and recording of information may be crucial to subsequent enquiries.

Ambulance staff will not investigate suspicions. If the patient is conveyed to hospital, the staff should inform a senior member of the Accident & Emergency staff, or nursing staff if conveying to another department, of their concerns about possible abuse or the risk of harm.

Ambulance staff will raise any adult safeguarding concerns with the Adult Help Desk.

### **Commissioners**

Commissioners from the local authority, NHS and ICBs are all vital to promoting adult safeguarding. Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that holds the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect.

Commissioners have a responsibility to:

- ensure that people who commission their own care are given the right

- information and support to do so from providers who engage with Adult Safeguarding principles and protocols
- ensure that agencies from whom services are commissioned know about and adhere to relevant registration requirements and guidance
- ensure that all documents such as service specifications, invitations to tender, service contracts and service-level agreements adhere to the Gloucestershire Adult Safeguarding Policy and Procedures
- ensure that managers are clear about their leadership role in Adult Safeguarding in ensuring the quality of the service, the supervision and support of staff, and responding to and investigating a concern about an adult with care and support needs
- commission a workforce with the right skills to understand and implement Adult Safeguarding principles
- ensure staff have received induction and training appropriate to their levels of responsibility
- liaise with the local SAB and regulatory bodies and make regular assessments of the ability of service providers to effectively safeguard individuals
- ensure that services routinely provide individuals with information in an accessible form about how to make a complaint and how complaints will be dealt with
- ensure that commissioners (and regulators) regularly audit reports of risk of harm and require providers to address any issues identified

### **Healthwatch**

Healthwatch is the national consumer champion in health and social care with significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

Healthwatch has potentially a central role to play, not least in empowering people to speak out on their own behalf and wherever they see signs that others' right to safety and protection are being breached.

Healthwatch representatives may participate in announced and unannounced 'enter and view' visits in services that deliver publically funded health or social care services. Healthwatch representatives need to be able to recognise and report safeguarding concerns in line with the local safeguarding procedures.

### **District Councils**

District Council staff visit people in their own homes and are active in the community in the course of delivering a variety of services. Officers are trained to recognise and report concerns that an adult may be at risk of harm in line with local procedures. In cases where there is a concern they can discuss this with their line manager or the Council's nominated Safeguarding Officer, which will result in appropriate action including referral.

### **Housing**

Housing providers have a key role in adult safeguarding, particularly as their staff may be in the best position to spot signs of abuse or neglect at an early stage, especially where other services are not involved. While the Supporting People Programme regulates providers and builds safeguarding standards into its contracts, there are

many other landlords outside these regulations who house adults with care and support needs.

### **Social Landlords**

Gloucestershire Homes and Communities Partnership consists of a number of social landlords delivering management and maintenance to over 20,000 properties in the county. The landlords that form GHCP are: Cheltenham Borough Homes, Gloucester City Homes, Severn Vale Housing Society, Stroud District Council and Two Rivers Housing Association.

The majority of this accommodation is most suitable for general needs and includes Shared Ownership accommodation, leasehold flats and maisonettes. They also manage sheltered schemes for older tenants.

Social Landlords are responsible for the letting of properties, collection of rents and other charges, repairs and maintenance, dealing with anti-social behaviour and general tenancy management.

The GHCP are well placed to identify and recognise Safeguarding concerns which are reported to relevant statutory bodies. They work in partnership with key agencies both at a strategic and local level to ensure that awareness of safeguarding is maintained with their staff and contractors.

### **The Probation Service**

The Probation Service is a statutory criminal justice service that supervises offenders released into the community, while protecting the public. In June 2021, the Probation Service returned to public control in England and Wales. Reforms are underway to deliver a stronger, more stable probation system that will reduce reoffending, support victims of crime, and keep the public safe, while helping offenders to make positive change to their live.

The Probation Service work in partnership with other agencies through MAPPA. They have a remit to be involved with victims of serious sexual and other violent crimes and are in a position to identify and help offenders who are at risk of abuse. They aim to reduce the re-offending behaviour of sexual and violent offenders in order to protect the public and previous victims from serious harm.

### **Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)**

GHNHSFT is a Regulated Provider of NHS Acute Health Care, and serves the population of Gloucestershire. The Trust's Vision is to deliver safe, effective and personalised care: every patient, every time, all the time.

It is the aim of GHNHSFT staff to provide safe, effective, responsive, harm free care and to be transparent, to learn from feedback and to improve their service in light of feedback on experience. Safeguarding those in their care is a core Trust Strategic Objective for all Trust staff.

GHNHSFT is a partner member of GSAB and a partner signatory to all Gloucestershire Multi Agency Adult Safeguarding Policies and Procedures.

Roles and responsibilities include:

- ensuring that as a regulated provider they comply with all CQC requirements relating to safeguarding

- ensuring they meet the legislative requirements of the Care Act and Safeguarding (2015), the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)
- operationalising Gloucestershire Multi Agency Adult Safeguarding Policy and Procedures as relevant to staff roles
- ensuring Safer Recruitment
- provision of training to ensure staff are equipped with the knowledge and skills to undertake their safeguarding adult role
- monitoring of standards in practice and taking action where indicated
- responding to and reporting concerns
- ensuring that all staff are aware of GHNHSFT “Raising Concerns” policy and process
- partnership working to safeguarding those in their care and their commitment to GSAB
- appropriate information sharing as part of Gloucestershire’s Multi Agency Safeguarding Adults at Risk Policy and Procedures

### **Gloucestershire Health and Care NHS Foundation Trust (GHC)**

GHC provides specialist mental health, learning disability and a range of regulated physical health services to people (adults and children) of Gloucestershire. The organisation’s core purpose is to improve the lives of people in their care and the carers who support them. GHC is fully committed to partnership working within Gloucestershire and is a member of Gloucestershire’s Safeguarding Adults Board.

GHC will continue to work and cooperate with partners to promote the wellbeing of adults with care and support needs; strive to improve quality of service provision and outcomes; promote a smooth transition from children to adult services; protect those adults (with care and support needs) who are experiencing or at risk of abuse and/or neglect and identify and learn from Safeguarding Adults Reviews.

Our roles and responsibilities include:

- Ensuring GHC complies with all CQC requirements relating to safeguarding.
- Meeting the legislative requirements of the Care Act 2014.
- Ensuring that the Gloucestershire Multi Agency Adult Safeguarding Policy and Procedures are embedded within the organisation.
- Confirming Safe Recruitment procedures are followed.
- Ensuring GHC staff have the knowledge and skills to undertake their safeguarding responsibilities through the provision of training (single and multi agency).
- Monitoring the standards of care and practice through audit and act upon recommendations.
- Actively participating in all Safeguarding activity, from attendance at Board meetings and sub groups, to full involvement with safeguarding procedures.

## When can information be shared about adults at risk?

Abuse thrives upon secrecy, a lack of transparency and closed lines of communication. Wherever possible, information should be shared on a need to know basis. The Care Act says that if a safeguarding board requests information from an organisation or individual who is likely to have information which is relevant to the board's functions, then they must share it with the board. The board is signed up to the County Council's Gloucestershire Information Sharing Partnership Agreement (GISPA) and has produced supplementary guidance in relation to Safeguarding and Information Sharing. Additionally, agencies should have drawn up a common agreement relating to confidentiality and the sharing of information between themselves based on the well-being of the adult at risk of abuse or neglect. It should also set out in what circumstances information will be shared without the agreement of the individual.

The multi agency approach to safeguarding adults at risk means that, where it is lawful and ethical to do so, appropriate information should be exchanged between relevant agencies in order to ensure that support that is right for the individual can be provided.

Wherever possible informed consent to share information should be obtained from the adult at risk, however there may be situations where:

- consent is withheld or
- the person is unable to give informed consent

Information may still be shared between professionals if consent is withheld **if** the person responsible believes that it is in the public interest where:

- there is a high risk of serious harm to the adult, or
- consent was withheld under duress, or
- other adults or children are at risk

### OR

- when the courts have made an order, or
- to prevent or detect or prosecute a serious crime

Absolute assurances of confidentiality cannot be given, especially where other adults or children may be at risk.

If the person is **unable to give informed consent** and is assessed as lacking capacity to consent, but information needs to be shared in order to prevent or protect them from abuse, then the 'best interests' principle should be followed.

Health professionals can sometimes feel challenged when a competent adult refuses to agree to the sharing of information that would seem to be in their best interests. Where a health professional is in this position, and believes that information should be exchanged, the reasons for this should be carefully explained.

They should also detail the benefits that are likely to accrue, and the duty of confidentiality that the various agencies are subject to. The reasons for the refusal should also be sensitively explored, and, where appropriate, options that might prove more amenable to the person offered.

## GSAB Sub Groups and functions

The Board is supported in fulfilling its responsibilities through the work undertaken by multi agency sub groups, which are detailed below. All Board members are expected to contribute to the work of one or more sub group, according to their interests and expertise. This includes developing policies and procedures for safeguarding and promoting the welfare of adults including:

- multi agency training of persons who work with adults;
- recruitment and supervision of workforce;
- communication and raising awareness of safeguarding issues,
- monitoring and evaluation of the effectiveness of safeguarding practice.

The Board is not a hierarchical structure: all the work of the sub groups informs the strategic direction of the Board and enables partners to identify priorities. The Board has a three year Strategic Plan and a Risk Register.

The sub groups meet monthly, bi-monthly or quarterly. Each group has its own Terms of Reference and is monitored regularly. A standing member from the Board or a representative chairs each of the sub groups and maintains a continuous link between the Board and the sub groups' activities. The sub groups are:

### Safeguarding Adults Review

Chair: GHNHSFT

### Policy and Procedure

Chair: ICB

### Workforce Development

Chair: GCC

### Quality Assurance - Audit

Chair: GHC

### Communication

Chair: GSAB Independent Chair (Interim)

### Fire Safety Development

Chair: GFRS

## Meetings and communication

Board meetings are a mix of face to face and virtual, via MS Teams, with two virtual meetings in the winter months and two face to face/hybrid meetings in the summer. Meetings are booked well in advance to enable members to attend.

Board meeting papers are distributed electronically approximately one week prior to the meeting.

## The Safeguarding Adults Team

The Safeguarding Adults Team is part of Gloucestershire County Council and its focus is on the Local Authority's statutory duty to protect adults with care and support needs from abuse and neglect.

The team will work with professionals, individuals, carers and other groups and interested parties to ensure a consistent and effective response when dealing with adult safeguarding concerns. The services offered by the team are as follows:

### Advice and Support

Managers, practitioners, staff and volunteers working across partner agencies with adults and carers of adults who may be at risk of abuse or neglect can contact the Safeguarding Adults Team for specialist support with complex or high risk safeguarding adults cases.

People who contact the team are required to record any information or advice they receive on the individuals file as it may be used as evidence at a later stage.

The Safeguarding Adults Team can be contacted via the Adult Help Desk on 01452 426868.

### Single Point of Access (SPA) Team

This is a service for professionals to report neglect and/or abuse. Referrals come directly into the GCC Safeguarding Adults Team and are screened by a dedicated team of three Screening Officers and a Safeguarding Practitioner. They decide whether the concern needs to be passed to the Safeguarding Adults Team for a decision about whether a S42 enquiry is needed, or if an alternative route is indicated. Feedback is provided to all referrers. Concerns raised by the public continue to be dealt with by the GCC Adult Helpdesk.

Below is the link for professionals making an adult safeguarding referral:

<https://forms.glocestershire.gov.uk/AdultSocialCareReferral>

### Screening and Triage Service

The Safeguarding Adults Team operates a screening and triage service. All concerns raised at the Adult Helpdesk or via the portal are sent to the team for a decision to be made about whether the concern meets the criteria for an enquiry under s42 of the Care Act. The team will:

- make lateral checks with other relevant agencies to gather background information about the concern

- contact the adult who is the subject of the concern where appropriate to seek their views and wishes
- consider whether the concern needs to go forward to a s42 enquiry or whether other actions are more appropriate
- send concerns on to the appropriate team for further work with required actions to be carried out
- contact the person raising the concern to acknowledge receipt and provide feedback.

## Large Scale Enquiries

Large Scale Enquiries are those involving concerns about organisational abuse in provider services e.g. care homes, health establishments and domiciliary care agencies. These can be complex and require a great deal of co-ordination and planning. The Safeguarding Adults Team will lead on these investigations and liaise with relevant professionals in Health and Social Care. They will work closely with GCC Quality Assurance Teams and the CQC when the service is registered with them under the Health and Social Care Act 2008. A Specialist Practitioner from the Safeguarding Adults Team will co-ordinate and chair all meetings related to Large Scale Enquiries.

## How to raise a safeguarding adult Concern

If an adult may be at risk of abuse or neglect you should contact the GCC Adult Helpdesk on **01452 426868**. If you are a professional, please use the online portal, the form will ask questions that will assist you in deciding whether a referral is appropriate. This is available at:

<https://forms.glocestershire.gov.uk/AdultSocialCareReferral>

The Out of Hours Emergency Duty Team number is **01452 614758**.

If the individual is in immediate danger, needs medical attention or if a crime has been committed, call the emergency services on **999**.

***Safeguarding Adults is everybody's responsibility***

## Further Information

### 1: GSAB Annual Report 2022/23



GSAB-Annual-Report  
-2022-23.pdf

### 2: GSAB Business Manager Contact Details

**GSAB**  
**2<sup>nd</sup> Floor, Block 1**  
**Shire Hall**  
**Gloucester**  
**GL1 2TG**

**Carolyn Bell, GSAB Business Manager**  
**[Carolyn.bell@gloucestershire.gov.uk](mailto:Carolyn.bell@gloucestershire.gov.uk)**

### 3: Safeguarding Adults Training Pathway



Safeguarding  
Training Pathway upc

### 4: Reporting and Accountability Framework



Reporting &  
Accountability Frame

### 5: Sub Group Reporting Structure



GSAB Sub-Group  
Reporting Structure C

### 6: Social Care Information Sheet



Social Care  
Information Sheet 20

## GLOSSARY AND ABBREVIATIONS

**Abuse:** The Care Act statutory guidance does not provide a general definition of what constitutes abuse or neglect, so as not to limit thinking in this area. It is recognised that abuse or neglect can take many forms and the circumstances of the individual should always be considered. The following are identified as common types of abuse or neglect: physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory, organisational, domestic abuse, modern slavery and self-neglect (this list is not exhaustive).

**Adult Safeguarding:** The term used to cover all work undertaken to support adults with care and support needs to maintain their own safety and wellbeing. It describes the preventative and responsive actions undertaken to support adults who are experiencing, or at risk of experiencing abuse or neglect

**Adult Safeguarding process** refers to the decisions and subsequent actions taken on receipt of a concern. This process can include safeguarding meetings or discussions, enquiries, a safeguarding plan and monitoring and review arrangements.

**Adult with care and support needs:** someone aged 18 or above who has needs for care and support (whether or not the local authority is meeting any of those needs) and; is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

**Advocacy:** taking action to help people who experience substantial difficulty contributing to the safeguarding process to say what they want, secure their rights, represent their interests and obtain the services they need.

**Assessment and support planning:** the process of assessment of need, planning and co-ordinating care for adults with care and support needs to meet their long-term care needs, improve their quality of life and maintain their independence for as long as possible.

**Care and Support needs:** The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.

**Care setting/services** includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home by an organisation or paid employee for a person by means of a personal budget (PB), direct payment or funded by the person themselves.

**Carer** refers to unpaid carers for example, relatives or friends of an adult with care and support needs. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

**Clinical governance** is the framework through which the NHS improves the quality of its services and ensures high standards of care.

**Consent** the voluntary and continuing permission of the person to the intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

**Domestic Abuse** is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial and emotional.

**Emergency Duty Team** a social services team that responds to out-of-hours referrals where intervention from the council is required to protect a vulnerable child or adult with care and support needs, and where it would not be safe, appropriate or lawful to delay that intervention until the next working day.

**Enquiry** is a range of actions undertaken or instigated by the Local Authority under S42 of the Care Act in response to an abuse or neglect concern of an adult with care and support needs. As S42 requires the adult to have both care and support needs, the duty to undertake enquiries will not typically extend to carers unless they have care and support needs in their own right.

**GP (General Practitioner)** a general practitioner is a doctor who is responsible for diagnosing and treating a variety of injuries and diseases that fall under the general practice category. General practitioners (GPs) work in primary care. They are usually commissioned by primary care organisations, such as the Clinical Commissioning Group, to deliver services.

**Healthwatch** is the independent consumer champion for health and social care, and the organisation has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and social care.

**Integrated Care Board (ICB)** is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. The establishment of ICBs resulted in Clinical Commissioning Groups (CCGs) being closed down, following several years of locally led development, recommendations of NHS England and passage of the Health and Care Act (2022)

**Making Safeguarding Personal** is a shift in culture and practice that focuses on the personalised outcomes desired by the person being safeguarded. It puts the person at the centre of the enquiry, from the beginning to the end. It is person centred led and outcome focused.

**MAPPA (Multi-Agency Public Protection Arrangements)** is the statutory arrangements for managing sexual and violent offenders.

**Mental Capacity** refers to whether someone has the mental capacity to make a decision or not.

**MCA (Mental Capacity Act 2005)** the Mental Capacity Act 2005 provides a statutory framework to empower and protect people aged 16 and over who lack, or may lack, mental capacity to make certain decisions for themselves because of illness, a learning disability, or mental health problems. The act was fully implemented in October 2007 and applies in England and Wales.

**MHA (Mental Health Act 2007)** amends the Mental Health Act 1983 (the 1983 Act), the Mental Capacity Act 2005 (MCA) and the Domestic Violence, Crime and Victims Act 2004. This includes changing the way the 1983 Act defines mental disorder, so that a single definition applies throughout the Act, and abolishes references to categories of disorder.

**Mental Health Team** a team of professionals and support staff who provide specialist mental health services to people within their community.

**Police** the generic term used in this document covering Gloucestershire Constabulary.

**Potential Source of Risk** the term used to describe the person or adult who is alleged to have caused abuse or harm.

**Public Interest** a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy, with the rights of others or society as a whole, to protection.

**Safeguarding Adults Board (SAB)** the SAB represents various organisations in a local authority who are involved in adult safeguarding.

**Safeguarding Plan** a risk management plan aimed at removing or minimising risk to the person and others who may be affected, if it is not possible to remove the risk altogether. It will need to be monitored, reviewed and amended/revised as circumstances arise and develop.

**Safeguarding Adults Review (SAR)** a review of the practice of agencies involved in a safeguarding matter. A SAR is commissioned by the Safeguarding Adults Board when a serious incident of adult abuse takes place or is suspected. The aim is for agencies and individuals to learn lessons to improve the way they work.

**Staff** paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'. Volunteers are also classed as staff. See also *carer*.

**Volunteer** a person who works unpaid in a care setting/service.