

## **Safeguarding Vulnerable Adults**

### **1 Introduction**

All people in the communities of Bedford Borough Council have a right to live a life that is free from violence, fear and abuse. To be protected from harm and exploitation and to have independence, this may involve a degree of risk.

Bedford Borough Council and Central Bedfordshire agreed to work together in a joint Safeguarding Adult Board with a wide range of agencies, to develop, implement, and monitor work to safeguard vulnerable adults from abuse.

The Joint Multi Agency Adult Safeguarding Policy, Practice and Procedures for Bedford Borough and Central Bedfordshire is in place to achieve consistent and robust arrangements for safeguarding vulnerable adults and to implement effective safeguarding plans which minimise the risk of harm and adopt a zero tolerance approach to abuse, maltreatment and neglect.

The policy relates to all those adults, who are resident or temporarily resident in the community of Bedford Borough, who may have care and support needs, whose independence and wellbeing would be at risk, permanently or periodically, if they did not receive appropriate support and who may be at risk of abuse, maltreatment or neglect.

From April 2015 the introduction of The Care Act 2014 put the Safeguarding Adults Board on a statutory footing. The safeguarding policies and procedures have been amended to reflect the changes in law, terminology and culture of safeguarding practice. The Care Act requires that each local authority must:

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



The Care Act 2014 statutory guidance states that safeguarding should be personal, it should be person led and outcome focused, it should enhance involvement, choice and control as well as improving quality of life, wellbeing and safety.

The Care Act 2014 states that local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult with care and support needs is or is at risk of being abused or neglected.

The safeguarding duties (three stage test) apply to an adult who:

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

A formal enquiry under section 42 of the Care Act 2014 may either 1. be coordinated by the local authority (previously known as a safeguarding investigation) or 2. be requested to be undertaken by another agency using formal procedures most relevant to the concern. When such a request is made under section 42 of the Care Act 2014, there is a duty to cooperate and respond.

The purpose of an enquiry is to decide whether or not the local authority or another organisation, or person, should do something to help and protect the adult.

The objectives of an enquiry into abuse or neglect are to:

- establish 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; and
- enable the adult to achieve resolution and recovery.

The nature and timing of the intervention and who is best placed to lead will be determined by the circumstances. For example, where there is poor, neglectful care or practice, resulting in pressure sores for example, then an employer-led disciplinary response may be more appropriate. When the local authority causes an enquiry to be carried out by an agency, the process will be agreed with the local authority and could be the agencies' own internal investigation processes, such as, an incident investigation, serious incident,



internal management review, HR procedures, complaints, root cause analysis. If the local authority decides that another organisation should make the enquiry, for example a care provider, then the local authority retains responsibility for the enquiry, for agreeing the timescales and the overall quality of the enquiry. The local authority will need to know the outcomes of the enquiry and agree when the enquiry is concluded.

The Bedford Borough Council Safeguarding Team has responsibility for receiving safeguarding concerns that occur within the geographical area that Bedford Borough Council covers. Information is gathered regarding the concern and a decision made as to whether a safeguarding investigation known as a Section 42 enquiry, is needed. If a Section 42 Enquiry is required, a referral will be made to the appropriate care management team for investigation. The most relevant care management team in the local authority are responsible for carrying out the safeguarding investigation, including assessment, risk management, and protection planning. Where criminal activity is suspected the police will usually lead on the investigation and this will be determined and recorded in discussion with the adult safeguarding team.

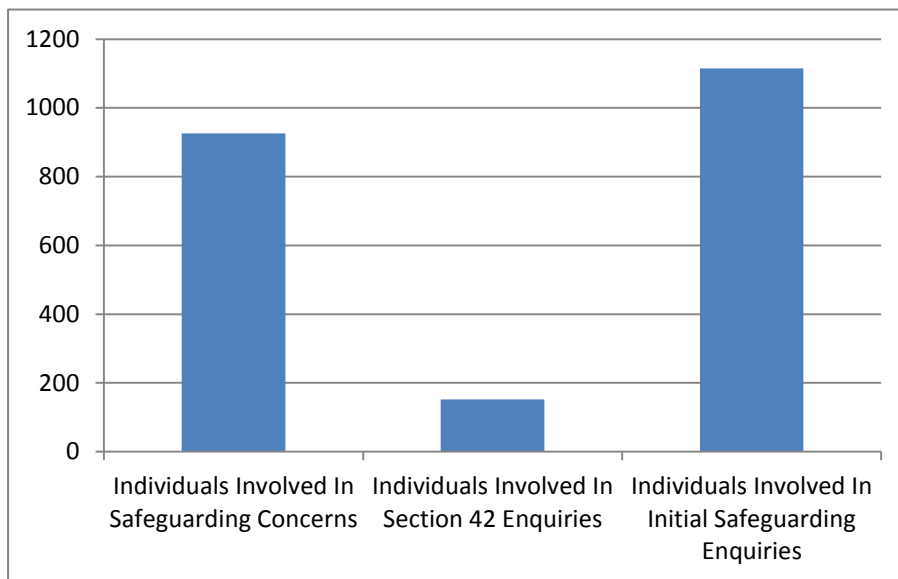
The role of the Safeguarding Team include

- Receiving safeguarding concerns
- Collecting initial information on the concern
- Determining whether a Section 42 Enquiry or alternative action is required.
- Referring concerns to care management staff for a Section 42 Enquiry, or other preventative action
- Providing advice, guidance, direction and monitoring during the investigation phase of a Section 42 Enquiry
- Ensuring Section 42 Enquiries are completed within the required timeframes and to required standards
- Auditing of safeguarding activity
- Providing to the Safeguarding Board management reports and analysis of trends and themes, specialist advice and management and administration of its agenda and subgroups.
- Raising awareness of safeguarding through forums and public events



**2 What do we know?**

**2.1 Safeguarding Contacts April 2015 – March 2016**



For the 2015/16 reporting year, the Bedford Borough safeguarding team received 2,193 contacts, which includes all safeguarding concerns, information sharing reports, referrals for social care or care management involvement and general incidents. Of these 1,115 received a safeguarding response with 152 proceeding to a Section 42 Enquiry. Overall the level of contacts to the team has increased from 2,038 in 2014/15 and from 1,829 in 2013/14.

The amount of contacts to the team compared to last year, which resulted in a safeguarding response has decreased from 1,303 to 1,115 with a lower level of 152 safeguarding initial enquiries compared to 241 going to a S 42 Enquiry. There has been an ongoing increase in the levels of contacts to the team not requiring a safeguarding response which has increased from 735 to 926.

The reduction in the levels of contacts that resulted in a safeguarding response is due to significant increase in incident reporting and the result of the team taking a proportionate approach and considering other options such as care management involvement, reviewing of care packages and providers taking action such as dealing with complaints, taking HR action or reviewing care plans.

Of safeguarding concerns that did not progress to a S42 Enquiry, there is a similar pattern to the previous year with information sharing and advice being the most common outcome.



In the year 2015-2016, Bedford Borough Council safeguarding team received a significant number of contacts that were not considered to be of a safeguarding nature. This means that they were treated as one of the following:

- complaint
- referral for assessment/unscheduled review
- quality assurance information for contracts management
- care planning/ risk management/disciplinary process for provider
- information sharing about a vulnerable person
- inappropriate contact

This number represents a significant increase from the previous year. Data analysis of these contacts to the team shows that the majority of concerns related to younger adults (under 65) whose care and support needs are not known. By far the greater response (between 50 to 75%) to these concerns is to log them as “information sharing”.

The police (49%) and ambulance service (42%) are responsible for making the majority of these reports. On the whole reports from the ambulance service relating to people who live in their own home are reporting concerns about people who may not be coping, as opposed to concerns about abuse or neglect.

The upward trend of “Information sharing” that results in minimal outcomes is having a significant impact on the ability to focus on safeguarding reports of high risk, and on other partners who are also contacted as part of the information gathering stage. 81% of reports by the police are recorded as “information sharing”. In 44% of cases referred by the police the person did not have identifiable care and support needs. Where the person does have care and support needs, a significant proportion of these have mental health needs which may require assessment, 63% result in reports being shared with East London Foundation Trust.

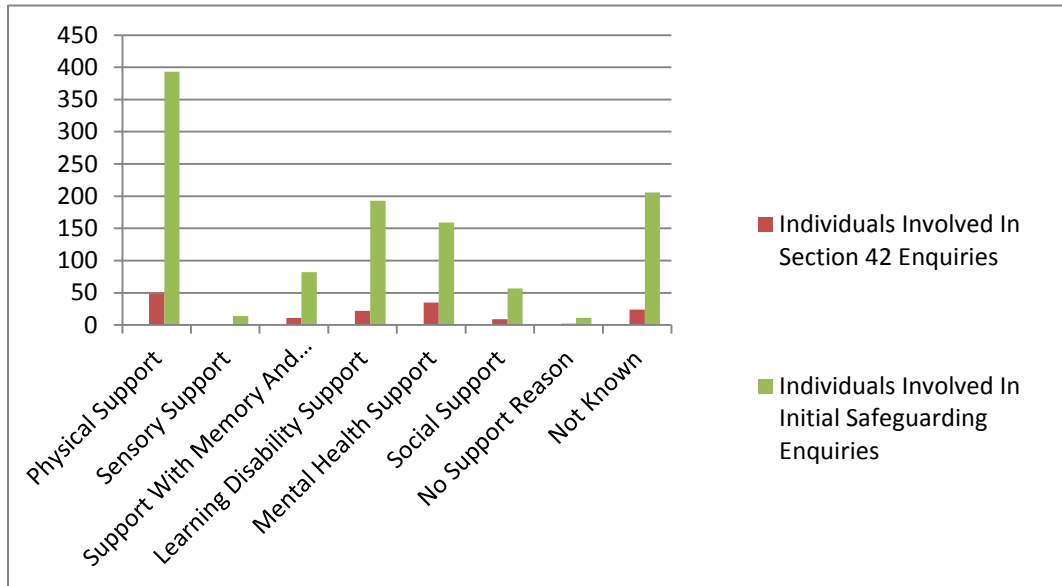
The Council continue to receive a significant proportion of reports from care homes where risk is identified but is not of a safeguarding nature. This frequently results in advice and information or the provider is requested to review care planning/risk management/disciplinary process or documentation.

A priority for 2016-2017 will be to work closely with partners to ensure that safeguarding reports are proportionate and clearly identify whether a person



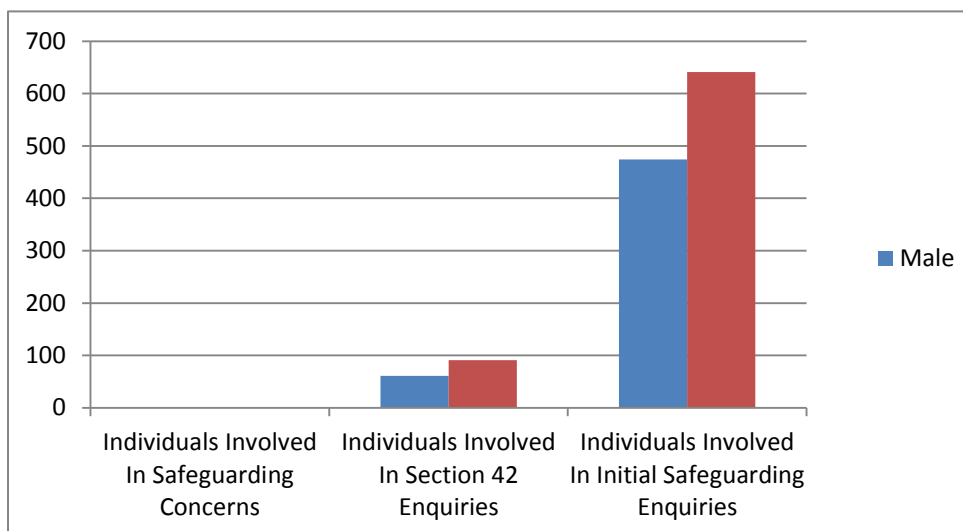
is experiencing abuse or neglect, and to identify where there are opportunities for alternative referral routes.

### 2.2 Safeguarding Enquiries by Type of Support Need



The category 'Not Known' is where a high number of concerns are received involving people where there is no identified support as they have not been previously known to the council and may not have any apparent care and support needs.

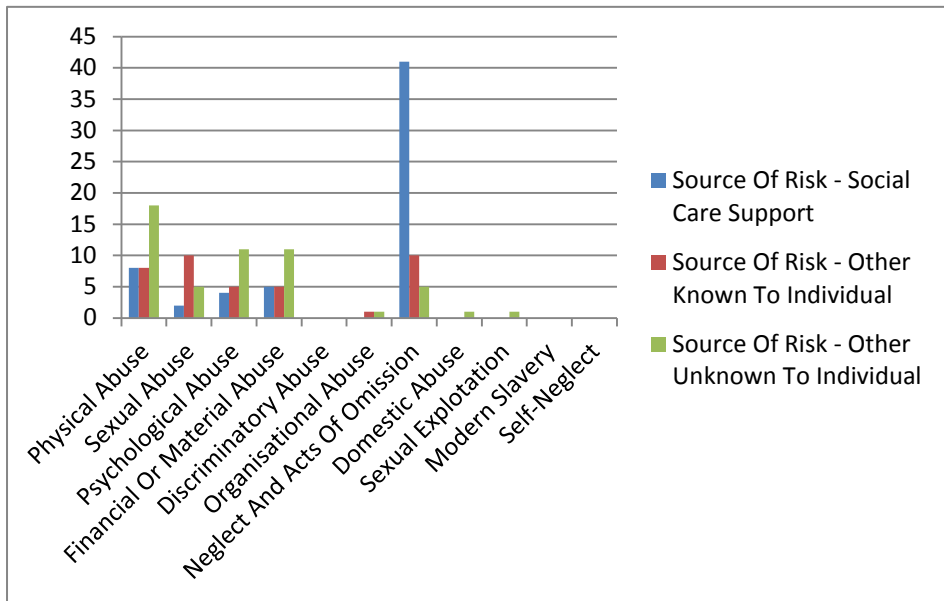
### 2.3 Safeguarding Enquiries by Gender



In Bedford Borough Council, as per previous years the larger proportion of alerts and referral relate to women. This continues to reflect the national picture of greater female life expectancy of females and a higher proportion of incidents relating to females being reported.

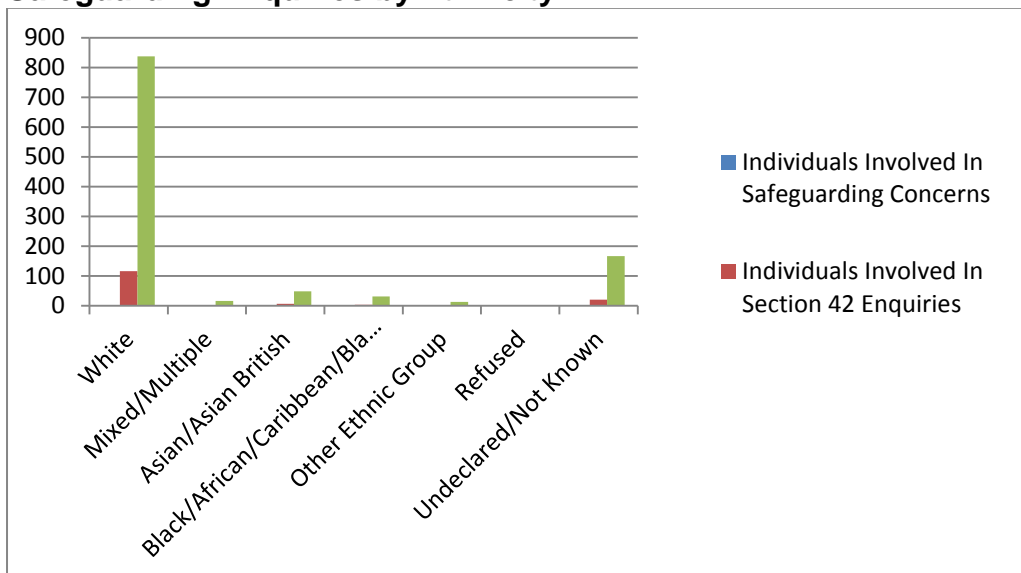


### 2.4 Safeguarding Enquiries by Type of Abuse



Neglect and Acts of Omission remain the largest category, As reported previously this will relate to serious medication error, inappropriate care or lack of care, missed domiciliary care calls and poor hospital discharge that has resulted in harm to the person. Within this category the highest proportion of referrals are for the 75 and over age group, who are most likely to be receiving support, residential care or hospital admission and highlights the vulnerability of this group.

### 2.5 Safeguarding Enquiries by Ethnicity



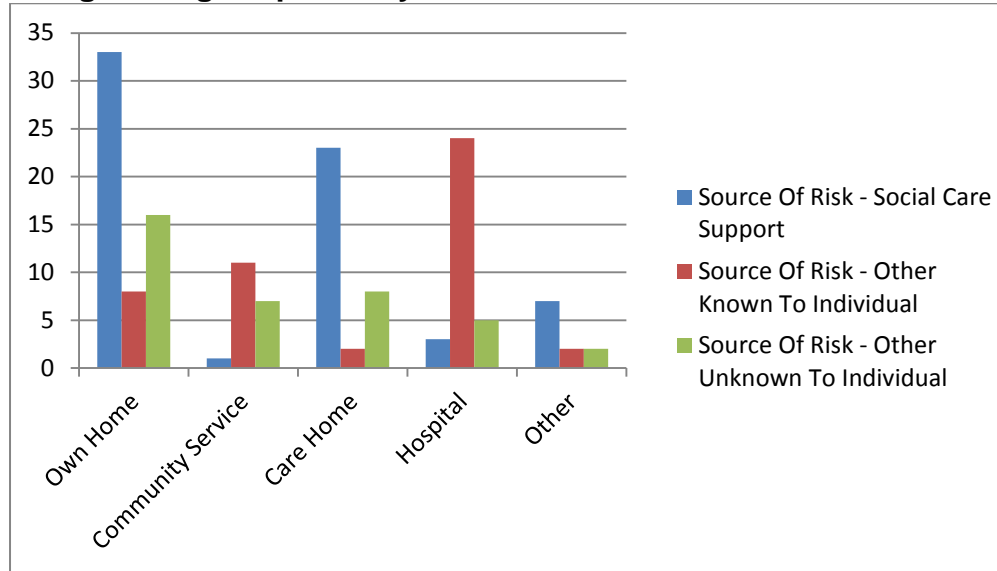
In Bedford Borough the number of alerts and referrals relating to ethnicity remains in line with the previous reports with the largest category being White British. The 'Not Known ' category has increased as a result of the number of concerns involving people not known previously to the council and





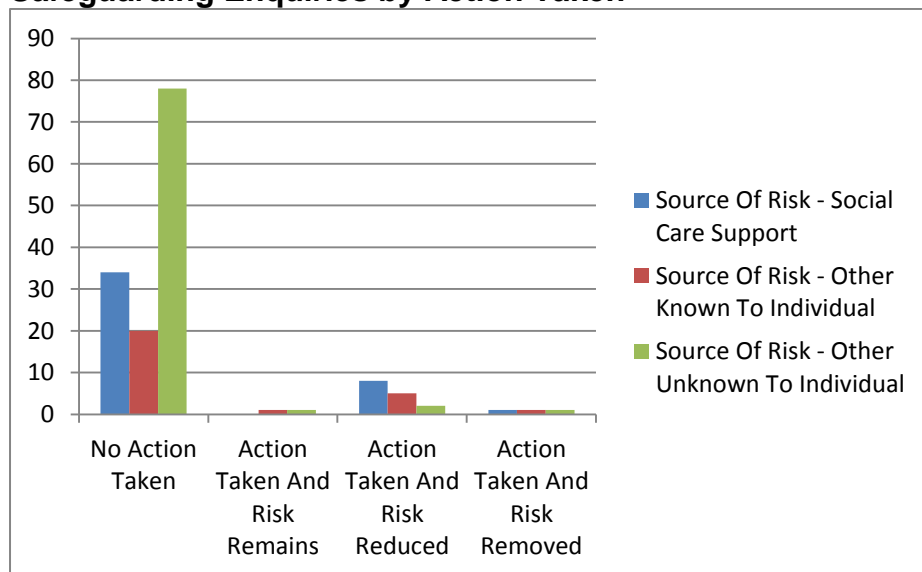
where at the point of contact information was not provided. There continues to be a low level of reporting from ethnic groups which highlights that additional awareness raising may improve this position.

### 2.6 Safeguarding Enquiries by Location



Location of abuse has a similar pattern to previous years with 'Own Home', 'Care Home' and 'hospital' being the main categories of where abuse has been reported, with a low level of concerns reported leading to an S 42 Enquiry. This is reflective of the high numbers of concerns that are received that are the reporting of an incident or the risk is very low or the incident is not of a safeguarding nature. This frequently results in advice and information given or the provider is requested to review care planning/risk, management/disciplinary process or documentation.

### 2.7 Safeguarding Enquiries by Action Taken



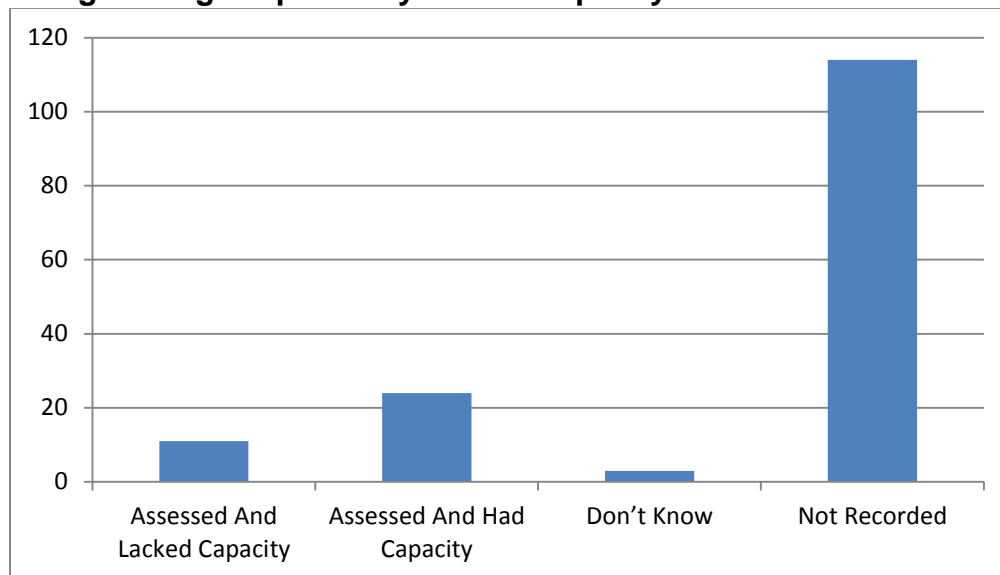
Data shows a high level of enquiries where the source of risk is unknown to the individual, this is because the category is based on the government





reporting criteria for the Safeguarding Adult Collection (SAC) and includes health care staff, social care assessment staff, police, regulator and other, where not known to the person. Bedford Borough has a high number off social care providers which means a high number where 'source of risk is social care support'.

**2.8 Safeguarding Enquiries by Mental Capacity**



Recording of outcomes on completed S42 Enquiries in relation to mental capacity shows that there is an issue with practitioners recording the outcomes. Audits of Safeguarding cases show that the work has been completed and that part of the issue is the update to the It system following the implementation of the Care Act.

**3 Current activity and services**

The Bedford Borough Safeguarding team is based at Borough Hall and consists of :

A Team Manager, 2 Safeguarding Advanced Practitioners, a Mental Capacity/Deprivation of Liberty Advanced Practitioner, 1 Best Interest Assessor Advanced practitioner, 1 Best Interest Social worker, 3 support workers and 3 administrative workers.

The Safeguarding Team is the first point of contact for any safeguarding concern. The Safeguarding Team makes initial enquiries to determine whether a Section 42 Enquiry (safeguarding investigation) or alternative other action is required and refer on to the appropriate care management team for enquiry or action.

All Deprivation of Liberty requests are received and managed by the team who also provide any advice and information relating to any Safeguarding /Mental Capacity Act issues.

The Safeguarding Team raise public awareness by attending events and forums to promote awareness of safeguarding issues and understanding of



what and how to report concerns. The team also carry out awareness sessions in relation to Mental Capacity Assessments and Deprivation of Liberty Safeguards

Potentially as the population increases and in particular vulnerable groups such as an aging population, and with people with disabilities living longer due to better health care, coupled with a greater awareness of safeguarding, alerts will continue to increase, along with requests to assess people under the Deprivation of Liberty Safeguards legislation.

The Safeguarding Team continues to receive a large volume of information and reports many of which are not of a safeguarding concern but require a response because of a risk highlighted or a referral for an assessment of needs. Work is underway with partner agencies to identify those areas where there are frequent contacts for access to assessments services and identify referral pathways for these services

Information received from whistle blowers is taken seriously by the Council, and where there is a safeguarding concern this will be acted on. Where the information relates to practice issues or other areas, the concerns are passed to the appropriate agency.

The Safeguarding Team share local information with relevant agencies to enable action to be taken where concerns are identified. There is close liaison between the Safeguarding Team, The Bedford Borough Care Standards and Review Team and Community Teams when safeguarding issues, trends and patterns are identified. Regular meetings are held with the Bedfordshire Clinical Commissioning Group, the Care Quality Commission and community services to share local information about areas of concern as well as good practice.

Ongoing work is in place to improve and strengthen the links with the Local Safeguarding Children's Boards and the Community Safety Partnerships. Regular meetings and leads have been identified which has led to improved communication and understanding of overlapping agendas on topics of high risk that affect all joint partnership boards, in particular Modern Slavery, Hate Crime, Child Sexual Exploitation and Domestic Abuse.

The Care Act 2014 and data from 2015 -16 has identified a need to focus on advocacy support, both professional and through family and friends. Monitoring is in place to review the use of advocacy support to identify whether the use of professional and unpaid advocacy is timely, appropriate and achieving the desired outcomes.

#### **4 Deprivation of Liberty Safeguards**

An important role of the team is to manage the requests that Bedford Borough Council as a supervisory body receive to legally deprive an individual of their liberty. The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS) was introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007. Deprivation of Liberty (DoLS) came into



force in England and Wales on 1 April 2009.

DoLS provides legal protection for individuals who lack capacity and who may be deprived of their liberty in hospitals or care homes to protect them from harm. The safeguards are designed to protect the interests of an extremely vulnerable group of individuals and to:

- Ensure people can be given the care they need in the least restrictive regimes
- Prevent arbitrary decisions that deprive vulnerable people of their liberty
- Provide people with rights of challenge against unlawful detention

DoLS apply to anyone:

- Aged 18 and over
- Who has a mental disorder or disability of the mind – such as dementia or a profound learning disability
- Who lacks the capacity to give informed consent to the arrangements made for their care and/or treatment and
- For whom deprivation of liberty (within the meaning of Article 5 of the European Convention on Human Rights) is considered after an independent assessment to be necessary in their best interests to protect them from harm.

DoLS cover patients in hospitals, and people in care homes.

When a hospital or care home (designated as “managing authorities” under the legislation) identifies that a person who lacks capacity is being, or risks being, deprived of their liberty, they must apply to the “supervisory body” for an authorisation of deprivation of liberty. The “supervisory body” is the relevant local authority.

Authorisation should be obtained in advance except in urgent circumstances. The supervisory body must obtain six assessments prior to granting a standard authorisation and there must be a minimum of two assessors involved in the assessment process; an appropriately trained Section 12 Doctor and A Best Interest Assessor (BIA).

On 19 March 2014, the Supreme Court handed down its judgment in a number of cases. The judgment is significant in the determination of whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amount to a deprivation of liberty. The Supreme Court has clarified that there is a deprivation of liberty for the purposes of Article 5 of the European Convention on Human Rights in the following circumstances:

**“The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements” (referred to as the Acid Test)**

The Supreme Court has also determined that a deprivation of liberty can occur in domestic settings where the State is responsible for imposing such



arrangements. This will include a placement in a supported living arrangement in the community, placements through Shared Lives Schemes and foster placements for young people aged 16-18 years. Where there is, or is likely to be, a deprivation of liberty in such placements this must be authorised by the Court of Protection.

This judgment will have significant implications for the delivery of services to adults with learning disabilities and older people with, for example, dementia and adults with neurological conditions. There will also be an impact on the delivery of services for young people aged 16-18 years who are in foster care and transition cases that lack the capacity to consent to the arrangements made for their care and/or treatment.

The effect of this change in test is that a much greater number of people in care are now under deprivation of liberty and by law must now be assessed under the DoLS procedure.

The full judgment can be found on the Supreme Court's website at the following link: [Here](#)

Nationally there has been a significant increase in the amount of authorisations that Local Authorities have received following the Supreme Court ruling, and this has impacted on resources and has a cost implication.

Managing Authority (Care Home/Hospital) completes a request for an urgent or a standard authorisation. The Supervisory Body (Bedford Borough Council) has 7 days to complete 6 assessments for an urgent authorisation and 21 days to complete assessments if a standard authorisation is requested. There has to be a minimum of 2 assessors; a Section 12 Dr and a Best Interest Assessor (BIA) qualified social worker.

Assessments under DoLS will now continue to be completed on a large scale compared to previous practice. In 2013/14, Bedford Borough Council completed 59 assessments compared to 872 requests for 2014/15, and 1123 for 2015/16.

In order to meet the increase in demand a number of actions have been taken by Bedford Borough Council which include.

- Increasing the number of Section 12 Doctors and BIA social workers available to undertake the assessments.
- Rolling programme of training to ensure sufficient social workers within the authority undertake their BIA training.
- Increased the capacity of the Safeguarding Team to manage and coordinate the significant increase in requests for authorisation
- Raising awareness of DoLS and when to make an application.
- Scoping exercise to identify where a deprivation of liberty may be occurring in domestic settings where the State is responsible for imposing such arrangements. This will include a placement in a supported living arrangement in the community, placements through



Shared Lives Schemes and foster placements for young people aged 16-18years.

- Programme of applications to the Court of Protection where there is, or is likely to be, a deprivation of liberty in such placements.

Government updates - Law Commission review of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards: The original Law Commission proposals – put out for consultation on 7 July 2015 have been revised following significant response to the consultation.

- a 'more straightforward, streamlined and flexible scheme' focused solely on authorising deprivation of liberty
- the responsibility of establishing the case for a DoLS to be shifted from the provider of the care to commissioner (i.e. usually the local authority or CCG), using where possible the same assessments already in place for care planning
- there will still be rights to reviews, legal proceedings and advocacy
- there may be 'a defined group of people who should receive additional independent oversight of the DoLS by an Approved Mental Capacity Act Practitioner
- The proposed amendment to the Mental Health Act will not go ahead

Judicial review - Nottinghamshire, Richmond, Shropshire and Liverpool councils have lodged a judicial review against health secretary Jeremy Hunt, arguing he has created "an Unacceptable risk of illegality" by leaving councils without adequate funds to meet their statutory duties to vulnerable service users. The local authorities say government funding for DoLS has been maintained at around £34m a year. The Local Government Association has argued at least an additional £172m a year is needed to meet the costs of the Cheshire West judgment in relation to DoLS. The Law Commission has estimated between £405m and £651m is needed annually to fully comply with the ruling. This estimate includes both DoLS cases and the applications to the Court of Protection required to authorise deprivation of liberty in community settings, such as supported living

Following Cheshire West, DoLS activity has had a significant impact on the safeguarding teams and council in terms of management of resources

## **5 National and Local Strategies (Current best practices)**

### **5.1 The Care Act**

The Care Act 2014 came into force on 1st April 2015 and introduced new duties and requirements of local authorities in a number of areas, including safeguarding adults. It provides, for the first time, a legislative framework for those working in adult safeguarding.

Care Act Statutory Guidance



A number of resources have been produced by SCIE (The Social Care Institute for Excellence) to support implementation of the Care Act. This information can be found at:

SCIE Resources

**The Care Act 2014**

Revised statutory guidance was introduced in March 2016. Some of the more substantial changes reflected learning and feedback through the first period of implementation, including

- Clarification that ordinarily, an enquiry under Section 42 of the Act is not appropriate where people are failing to care for themselves. Section 42 is primarily aimed at those suffering abuse or neglect from a third party.
- Updated definition of domestic violence to reflect new legislation.
- Additional information in relation to financial abuse to reflect significant increases in internet, postal and doorstep scams and crime.
- Amendments to reporting and responding to abuse to highlight the need for practitioners to consider the need for criminal investigations and take advice if necessary.
- Reporting and responding to abuse and neglect amended to remind local authorities that they have powers even where they do not have duties – adult safeguarding is one area where this may be significant.
- Reinforcement of the principle of prevention (better to prevent abuse than act after the event) and a reminder to practitioners of the importance of identifying and managing risk of abuse and neglect, even where those concerns are not the presenting issue.
- New guidance on allegations about people in positions of trust - emphasising that this is a responsibility of all partner agencies as well as the large and diverse independent provider sector.
- Local authorities encouraged to use existing tried and tested surveys to understand the experience of carers and service users who have been involved in a safeguarding process.
- The removal of the requirement to appoint a Designated Adult Safeguarding Manager (DASM). This was seen to have been confusing and contradictory and distracted from improving practice.
- The role of professional and practice leadership in adult safeguarding strengthened, to recognise the need to have expertise within an





organisation where practitioners and their managers can go for advice and guidance. Emphasises the potential role of the Principal Social Worker in this area of practice.

- Section on strategic leadership reworked to articulate clearly the need for a strategic and accountable lead for safeguarding at a senior level in an organisation to ensure action to implement the SAB Strategic Plan.

## **5.2 Exploitation and Modern Slavery**

The Modern Slavery Act 2015 consolidates the current offences relating to trafficking and slavery and

- creates two new civil orders to prevent modern slavery
- establishes an Anti-Slavery Commissioner
- makes provision for the protection of modern slavery victims

Modern Slavery can include human trafficking, forced labour and domestic servitude and coercion, deceit and forcing people into a life of abuse and inhumane treatment.

Modern Slavery can include victims that have been brought from overseas, and vulnerable people in the UK, being forced to illegally work against their will in many

different sectors, including brothels, cannabis farms, nail bars and agriculture. Sexual exploitation is included within the definition of modern slavery. In Bedfordshire we have experience of homeless and alcohol dependent people in forced labour on traveller's sites, and domestic servitude.

From 1 November 2015, specific public authorities have a duty to notify Home Office of any person identified in England and Wales as a suspected victim of slavery or human trafficking. If the person consents, the national referral mechanism (NRM) should be used. The NRM is a victim identification and support process designed to make it easier for all the different agencies that could be involved in a trafficking case, for example, police, UK Visas and Immigration, local authorities, and nongovernmental organisations to co-operate; to share information about potential victims and facilitate their access to advice, accommodation and support.

From 31 October 2015 there is a requirement for regulated health and social care professionals and teachers in England and Wales to report 'known' cases of female

Genital mutilation in under 18s which they identify in the course of their professional work to the police.

These are complex areas that require all SAB partners to work closely together and share information, and are areas where it is recognised that all partners would benefit from increased understanding and knowledge.

Information on modern slavery can be found: [Here](#)





### **5.3 Working with Vulnerability**

The implementation of the Care Act and its focus on wellbeing has led to an increased focus on issues such as self-neglect, hoarding, domestic abuse, and exploitation, as well as on people who may not have accessed adult social care historically but present as being vulnerable. This means there is an increased responsibility for Safeguarding Adults Boards to work in partnership, think creatively about how to respond, and balance the challenges of working with risk. For example, in cases of self-neglect using multi agency risk enablement panels or conferences to establish which agency is best placed to support individuals on a longer term basis; ensuring domestic abuse cases are escalated and heard at MARAC; using existing resources in areas such as anti-social behaviour and utilising partners skills, knowledge and expertise in challenging situations.

### **5.4 Making Safeguarding Personal**

The Care Act (2014) defines safeguarding adults as protecting an adult's right to live in safety, free from abuse and neglect. Making Safeguarding Personal (MSP) aims to make safeguarding person-centred and outcomes focussed, and moves away from process driven approaches to safeguarding. The approach started in 2009, and has been led by councils. Since then it has grown in scale and momentum, culminating in inclusion in the Care Act (2014).

Making Safeguarding Personal (MSP) aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end.

The Care Act 2014 statutory guidance states that safeguarding should be personal; it should be person led and outcome focussed; it should enhance involvement, choice and control as well as improving quality of life, wellbeing and safety. The person should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse. Thinking about outcomes in adult safeguarding means focusing on what people who have experienced the process say, and the extent to which the outcomes they wanted (their wishes) have been realised. It is vital that the views of the person are sought and recorded. These should include the outcomes that they want, such as feeling safe at home, access to community facilities, restricted or no contact with certain individuals or pursuing the matter through the criminal justice system

The focus of safeguarding work is not about proving an allegation. It is about whether:

- the wishes of the person have been achieved
- risk has been addressed
- a difference has been made

### **5.5 Sexual Exploitation**

The Care Act 2014, as well as national cases of child sexual exploitation across the country, has heightened awareness of these areas and the impact on vulnerable adults. They have also highlighted the need to develop an understanding of the victims of these crimes, the professional responses, operational effectiveness and strategic partnership effectiveness.

Bedford Borough Council have established a Child Sexual Exploitation and Vulnerability Board to gain understanding of what is happening in the local area

### **5.6 Self-Neglect**

The Care Act statutory guidance states "Self-neglect covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect them by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support." Care and support statutory guidance, Department of Health, 11th March 2016

It is acknowledged that safeguarding partnerships can be a positive means of addressing issues of self-neglect. Interventions that work tend to be based on multi-agency multi-disciplinary assessments and include building of trusting relationships, consensus and persuasion, and practical support with daily living. Monitoring should focus on outcomes, not only on services provided. In most instances, concerns about self-neglect are best supported by the agency responsible for the person's needs, whether they are environmental health, housing, physical health, mental health or other needs. The person should always be at the centre of any decisions made to support them. A safeguarding concern must be made in situations of severe self-neglect where there is high risk and it is proportionate to do so – for example where there is no clear lead agency. The role of a safeguarding enquiry in this instance will be to coordinate a multi-agency forum to share information, assess risk and establish a lead agency to work with the person concerned.

Information about self-neglect can be found: [Here](#)

### **5.7 Prevent**

Channel is a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorist-related activity. The process forms a key part of the Government's Prevent Strategy. The process provides a mechanism for safeguarding vulnerable individuals by assessing the nature and extent of the potential risk they face before they become involved in criminal activity and, where necessary, provide a support package tailored to an individual's needs. Terrorism is a very real threat to all our communities and terrorists seek to exploit those who are most vulnerable.



That is why it is vital that we all work together to support those who are at risk of radicalisation – regardless of faith, ethnicity or background. All Channel referrals undergo a screening process and vulnerability and risk preliminary assessment. Those appropriate for Channel will be referred for assessment by a multi-agency panel which decides how best to support the vulnerability. A representative from Bedford Borough Adult Services attends the monthly Bedfordshire Panel Meeting.