

Members Handbook

August 2021

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Herefordshire

Safeguarding Adults Board

**Welcome from Ivan Powell, HSAB Independent Chair**

Welcome to the Herefordshire Safeguarding Adults Board and thank you for taking on this very important role. The Board is a key element of safeguarding adults at risk of harm in Herefordshire. We share responsibility for ensuring that all efforts to keep adults safe and well are effective and well-co-ordinated. It is part of the Board’s job to promote greater public awareness of every individual’s rights to feel safe at home or in the community.

Safeguarding adults is everyone’s business and agencies across Herefordshire work together to ensure that people receive the best possible integrated support services for adults, their carers and their families.

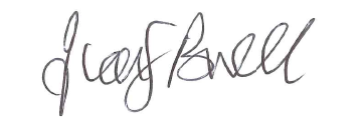
We will work collectively to strengthen links with our local communities and in doing so will strive to help raise the profile of safeguarding adults. We will welcome the views of people who use our services, their carers and families about how we can do this better.

All agencies working with adults at risk have their own individual safeguarding responsibilities, but also need to work together in a co-ordinated way to keep adults at risk safe. Being a member of the HSAB gives you the chance to put these principles into practice. Board members will also be required, and should be suitably empowered, to speak with authority, make decisions on policy or practice, and commit resources from their individual organisations to support the work of the Board. They must also on occasions be able to hold their organisation to account. I encourage Board members to be passionate, committed and actively engaged in work that protects and promotes the wellbeing of some of the most vulnerable members of our community.

Members must attend regularly at business meetings and be willing to participate in annual development meetings and training sessions.

I do hope you will find this induction/membership pack useful in helping you to become familiar with what is a demanding, difficult and high profile agenda. Thank you again for joining the Board. I am sure we will benefit from your knowledge and experience.

I am confident that you will find the work of the Board stimulating, enjoyable and very worthwhile.



**Herefordshire Safeguarding Adults Board (HSAB) Contact Details**

If you have any questions relating to your role within HSAB, please do not hesitate to contact the HSAB Partnership Team on 01432 260100 or email us at [admin.sbu@herefordshire.gov.uk](mailto:admin.sbu@herefordshire.gov.uk).

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| Document | **HSAB Member Handbook** |
| Written by | **HSAB Partnership Team** |
| Date written | **November 2014** |
| Version | **V0.6** |
| Last revised | **August 2021** |
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# What is Safeguarding

Safeguarding adults work means all activity which enables an adult to retain independence, well-being and choice and to be able to live a life that is free from abuse and neglect. It is about preventing abuse and neglect, as well as promoting good practice for responding to concerns on a multi-agency basis.

Safeguarding adults work potentially includes the involvement of a broad range of organisations, service areas and workers, all of whom need to be aware of their roles and responsibilities, on both an internal and multi-agency basis.

Safeguarding adults procedures relate to the multi-agency responses made to a person aged 18 years or over ‘who has needs for care and support 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.’ [‘Care Act 2014. Para. 14.2’].

The Care Act 2014 became statutory April 2015 and local authorities and their partners are bound by its legislation. Although the responsibility for co-ordination of Safeguarding Adults arrangements lies with local authorities within Adult Social Services, the operation of procedures is a collaborative responsibility.

**Who is deemed to be an adult at risk?**

We all have the right to live our lives free from abuse. However, it is recognised that certain groups of people may be more likely to experience abuse and may be less able to protect him or herself against significant harm or exploitation”

An adult at risk is someone over 18 who may be in need of help because they:

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

**Definitions of Abuse**

**Physical Abuse**

Including assault, hitting, slapping, kicking, murder, misuse of medication, restraint or inappropriate physical sanctions.

**Domestic Abuse**

Including psychological, physical, sexual, financial, emotional abuse, so called ‘honour’ based violence.

**Sexual Abuse**

Including rape, indecent assault, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult at risk has not consented, or was pressured into consenting.

**Psychological Abuse**

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

**Financial or Material Abuse**

Including theft, fraud, internet scamming, coercion in relation to an adults financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions of benefits.

**Modern Slavery**

Including slavery, human trafficking, forced labour and domestic servitude.

**Discriminatory Abuse**

Including forms of harassment, slurs or similar treatment

**Organisational Abuse**

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, indications may include lack of individualised care, inappropriate confinement or restrictions, sensory deprivation, inappropriate use of rules, custom and practice, no flexibility of bedtimes or waking times, dirty clothing or bed linen, lack of personal possessions or clothing, deprived environment or lack of stimulation, misuse of medical procedures.

**Neglect and acts of omission**

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

**Self-neglect**

This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviours such as hoarding.

**Principles underpinning safeguarding work**

There are six key principles

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

**Care Act 2014 and Making Safeguarding Personal**

Legal overview

Most aspects of the Care Act, including safeguarding, took effect from 1 April 2015. The final statutory regulations and guidance for the 2015 aspects of the Care Act were released by the government on 23 October 2014.

There are no regulations for the safeguarding aspects of the Care Act; therefore **all statutory requirements for safeguarding derive directly from the Care Act itself**.

To access the Safeguarding sections of the Care Act go to: [www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted](http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted)

The safeguarding clauses within the act are:

* Section 42 – Enquiry by local authority
* Section 43 – Safeguarding Adults Boards
* Section 44 – Safeguarding Adults Reviews
* Section 45 – Supply of information
* Section 46 – Abolition of local authority’s power to remove persons in need of care
* Section 47 – Protecting property of adults being cared for away from home

Several other clauses within the Care Act are also of particular relevance to safeguarding, namely:

* Section1 – promoting individual well-being
* Section 4 – providing information and advice
* Section 6 – Co-operating generally
* Section 7 – co-operating in specific cases
* Section 68 – Independent advocacy support – safeguarding enquiries and reviews

In addition, **Schedule 2** of the Care Act details the specific requirements and duties of safeguarding adults boards, namely membership, funding and other resources, strategic plan and annual report

To access Schedule 2 of the Care Act go to: [www.legislation.gov.uk/ukpga/2014/23/schedule/2/enacted](http://www.legislation.gov.uk/ukpga/2014/23/schedule/2/enacted)

Statutory guidance ([www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation](http://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation) (p.229 for safeguarding):

The statutory guidance underpinning the Care Act includes a detailed chapter on safeguarding. This builds on the legal duties enshrined in the Act to provide guidance to local authorities and their partners on implementing the Care Act – as well as including legal duties it includes best practice and actions that should be taken (but are not necessarily a legal requirement).

Developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused is a key operational and strategic goal. SABs, therefore, may want to consider the role they can play in embedding the ‘Making Safeguarding Personal’ approach across agencies by establishing and developing:

* a broader participation strategy
* accessible information to support participation of people in safeguarding support
* a focus on qualitative reporting on outcomes as well as quantitative measures
* advocacy
* person-centred approaches to working with risk
* policies and procedures that are in line with a personalised safeguarding approach
* strategies to enable practitioners to work in this way, by looking at the skills they need and the support they are getting to enable this shift in culture.

# HSAB’s Statutory Role and Working Principles

The Care Act 2014 establishes the statutory duty on all local authorities to set up a Safeguarding Adult Board with the main objective of assuring itself that local safeguarding arrangements and partners act to help and protect adults at risk within their area.

The Care Act sets out the following requirements of Safeguarding Adults Boards which must:

* Include the local authority, the CCG and the Police, who should meet regularly to discuss and act upon local safeguarding issues;
* Develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations;
* Publish this safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way.

The Act also states that Safeguarding Adults Boards must arrange Safeguarding Adults Review cases where there has been a failure in safeguarding which has resulted in, or could potentially have resulted in, severe and tragic consequences. This should happen, for instance, if an adult with care and support needs dies as a result of abuse or neglect and there is concern about how one of the members of the safeguarding adults board acted. Such reviews are about learning lessons for the future and make sure safeguarding adults boards get the full picture of what went wrong, so that all organisations involved can improve as a result.

In addition, safeguarding adult boards must monitor the safeguarding work undertaken by their members to ensure they are able to tackle potential problems quickly and learn lessons to prevent the same safeguarding issues occurring again.

**Herefordshire Safeguarding Adult Board** therefore undertakes its role with regard to these functions and objectives within the county borders of Herefordshire.

**Governance**

Safeguarding adult boards are a statutory requirement of all local authority areas in England and sit within a dynamic framework of other statutory and non-statutory multi-agency structures.

The following diagram provides a basic overview of those structures and roles and their interaction with Herefordshire Safeguarding Adults Board. It is not designed to show hierarchy of authority.

**Independent Scrutineer**

**Liz Murphy**

Herefordshire Safeguarding Children Partnership

**Chair: Councillor Pauline Crockett**

Health and Wellbeing Board

**Independent Chair: Ivan Powell**

Herefordshire Safeguarding Adults Board

Safeguarding adult boards should have an Independent Chair who should be accountable to the Chief Executive of the council of the area the board operates in.

**Chair: Councillor Ange Tyler**

Herefordshire Community Safety Partnership

**Chair:**

**John Gorman**

Learning Disability Partnership Board

The Independent Chair should also work closely with the Director of Adult Services within the Council.

**Principles that govern the work of HSAB**

The following principles have been agreed by HSAB and underpin our work as a multi-agency Board.

The **Vision** of HSAB is that Herefordshire’s adults at risk are able to exercise choice and control in an environment in which their well-being needs are met and they are safe from harm.

Our **Mission** is to empower adults at risk and their communities and work together in effective partnerships to ensure that local services and arrangements are effective in promoting the well-being of; preventing harm to; and protecting adults at risk in Herefordshire.

Our **Values** as we work together are:

* The impact on the well-being and safety of Herefordshire’s adults at risk will be at the centre of all HSAB activity.
* We will work with adults at risk, their families, friends, advocates and communities to encourage and promote personal responsibility for their own safety while respecting an individual’s right to personal choice.
* We will learn and develop, responding to local and national evidence and best practice to reduce the risk of abuse.
* We will work in an open and honest manner with adults at risk, their communities and with each other.
* We will address the well-being needs of adults at risk at the earliest opportunity and prevent the need for later safeguarding intervention whenever possible while supporting choice and control.
* We will work together being open to receive and bring constructive challenge as part of the process of developing.
* We will adopt the principles of Making Safeguarding Personal as below:

|  |  |
| --- | --- |
| Principles | I Statements |
| Empowerment - People being supported and encouraged to make their own decisions and informed consent | I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens. |
| Prevention - It is better to take action before harm occurs | I am provided with easily understood 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 confident that the responses to risk will take into account my preferred outcomes or best interests. |
| Protection - Support and representation for those in greatest need. | I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able. |
| Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse | I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation. |
| Accountability - Accountability and transparency in delivering safeguarding | I am clear about the roles and responsibilities of all those involved in the solution to the problem. |

# Your Role as a Member of Herefordshire Safeguarding Adults Boards Strategic Board

Statutory Guidance issued under the Care Act 2014 states which organisations, operating within its area, must be included in the membership of Safeguarding Adult’s Boards. The local authority, CCG and Police are statutory partners and will invite other organisations to partner with them on the Safeguarding Adult Board. These may include, for example, the wider emergency services, providers of education to adults, Healthwatch and Trading Standards.

The Statutory Guidance goes on to state that those members representing organisations in a professional and managerial capacity should be:

* able to present issues clearly in writing and in person;
* experienced in the work of their organisation;
* knowledgeable about the local area and population;
* able to explain their organisation’s priorities;
* able to promote the aims of the SAB;
* able to commit their organisation to agreed actions;
* have a thorough understanding of abuse and its impact
* able to understand the pressures facing front line practitioners.

In addition to the above you should also have the influence to drive MSP within your own organisation / sector.

The HSAB Constitution and the Terms of Reference for each of its sub groups outline the appropriate level of representation from the organisations involved, depending upon the purpose of the Group.

For members representing one specific organisation it should be relatively straight forward for the organisation to identify someone who can commit to the role and meet the requirements above.

For sectors represented by someone from an individual organisation within that sector HSAB will support them to ensure that systems of representation are identified to enable all organisations within that sector to receive information and feed back comments to their representatives on the Strategic Board.

Whether you represent one organisation, or a sector, you should feel confident that you meet the requirements above.

**Expected Time Commitment**

The Strategic Board meets quarterly for three hours. Papers are available via the secure area of the website a week in advance of each meeting and you are expected to familiarise yourself with the content so that you can confidently provide an informed contribution and challenge as appropriate within the meeting.

Additional commitment is asked for when necessary, e.g. undertaking appropriate safeguarding training, Board development days (twice a year) and extra-ordinary meetings in exceptional circumstances.

Board members are also expected to support the work of the Board by allocating resource and time to the sub groups of the Board when required.

In addition to this expectation, you may be asked to mentor new members of the Board.

**Confidentiality**

It is important that all board members are involved appropriately in the work of HSAB, with due regard to the confidentiality, sensitivity, and distressing nature of some of the issues that Boards have to consider.

**HSAB Member Role Description and Expectations**

**1.0 Job Purpose**

1.1 To provide an agency, or specific professional expertise to the HSAB.

1.2 To be the accountable representative, for that agency, or professional group to the HSAB and the HSAB to that agency or professional group.

1.3 To share responsibility with other members of the HSAB for working together as an inter-agency partnership to safeguard and promote the welfare of adults at risk and ensure the effectiveness of this work.

**2.0 Job Objective**

2.1 To maintain a clear single and multi-agency focus on safeguarding and promoting the welfare of adults at risk and to ensure issues of diversity are fully considered and addressed.

2.2 To endorse the principles of MSP within that agency or professional group and promote those principles as a way of working for staff

**3.0 Job Responsibilities**

3.1 To make every effort to attend all meetings and to maintain proactive engagement in the work of the HSAB. As a minimum, members are expected to always attend two of every three meetings.

3.2 To ensure agency resource is adequate and appropriate.

3.3 To ensure decisions with regard to safeguarding made by the HSAB are enacted within own agency.

3.4 To represent own agency from a strategic standpoint at the HSAB.

3.5 To field appropriate agency representatives to work on HSAB sub groups.

**4.0 Job Content**

4.1 To attend and prepare for meetings as required.

4.2 To have actioned any areas agreed at the previous meeting and meet deadlines as agreed by the HSAB.

4.3 To take a lead role for safeguarding adults at risk within the representing or represented agency.

4.4 To discuss issues relevant to HSAB business, within the agency and be prepared to contribute from the agency perspective.

4.5 To disseminate information within own organisation / service following the meeting.

4.6 To provide agency specific information to HSAB as required.

4.7 To accept shared responsibilities for the satisfactory completion of the HSAB annual Work Plan, by undertaking tasks as appropriate, including participation in working groups.

4.8 To ensure agency resources are made available for Safeguarding Adults Reviews as required.

4.9 To contribute to the development of policy on behalf of their own agency/organisation.

4.10 To establish an effective system for being briefed by their agency about safeguarding matters.

4.11 To establish a process for how decisions taken at HSAB are fed into their agency/organisations.

4.12 To contribute to objective evaluations of the effectiveness of work to safeguard and promote welfare on a single and multi-agency basis and to hold responsibility for implementing changes within own agency to improve work to safeguard and promote welfare.

4.13 To participate (or identify staff to participate) in one or more of the sub-groups or lead on a priority theme identified by the HSAB.

4.14 To review the membership of the HSAB to ensure that it is both representative and effective.

4.15 To respect confidentiality of information provided by constituent agencies of HSAB.

4.16 To agree any response to media enquires with constituent agencies as appropriate.

4.17 To be the named agency contact for all matters relating to the HSAB and to respond to any correspondence directed appropriately from or via HSAB.

4.18 To represent the HSAB at meetings of the representing agency.

4.19 To provide regular updates, data and analysis for safeguarding adults at risk regarding their individual agency

4.20 To provide professional advice and support to the HSAB and contribute to any HSAB seminars and training as appropriate.

4.21.1 To ensure their agencies / organisation’s compliance with the following: -

* that all staff are trained in adult safeguarding in line with the HSAB Competency Framework
* that their agency / organisation is aware of and complies with updated adult safeguarding procedures including effective information sharing
* that staff are aware of and work within the principles of the Mental Capacity Act 2005
* that staff work within the six principles of Making Safeguarding Personal

4.22 To maintain up-to-date knowledge of safeguarding issues, undertaking personal training as required.

**5.0 Agency Responsibilities**

5.1 In order to facilitate the effective functioning of the HSAB, agencies will be required to recognise the work time commitment required by the HSAB representative to fulfil their HSAB responsibilities and so be able to address safeguarding matters as a matter of priority.

5.2 It is expected that HSAB representatives will be second tier or third tier managers or above in larger organisations or those with specific knowledge and responsibilities for safeguarding.

**6.0 Availability**

6.1 All HSAB members will be required to nominate one named person able to deputise for that member. The deputy member will normally be a person directly managed by the HSAB representative. This deputy should not attend more than one in every three meetings

6.2 In the event of members being unable to fulfil their HSAB work requirements including attendance at meetings, the HSAB Independent Chair, on behalf of the HSAB, may write to that member to remind them of their obligation to attend meetings. If non-attendance continues, the Chair will write to the senior officer of that agency requiring a permanent replacement.

6.3 Non-attendance or non-response by any agency representative on more than two of the previous three occasions will be referred to the Independent Chair to take up with the Strategic Board member.

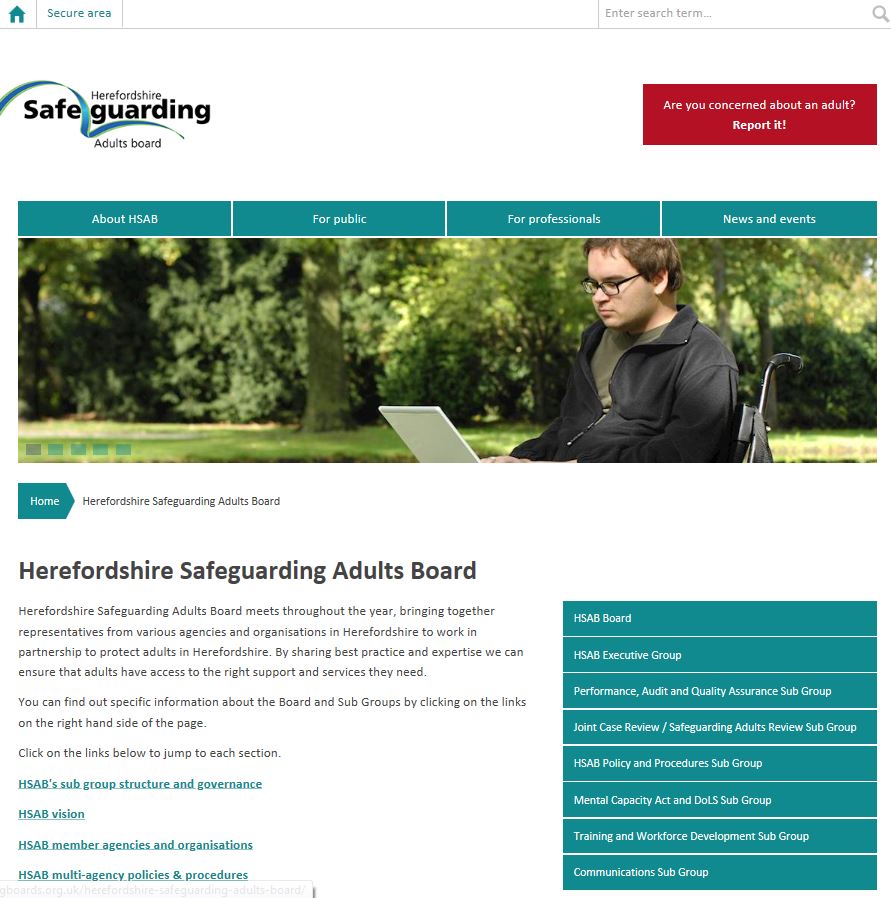
Safeguarding and Review Manager’

# Sources of Information

Most of the background information you will need as a member of Herefordshire Safeguarding Adults Board can be found through links and documents on the Board’s webpage which is hosted on a website managed by the Partnership Team and can be accessed at: <https://herefordshiresafeguardingboards.org.uk/>

From this page you can find:

* Information on the current work of the board,
* Copies of annual reports detailing work that has been carried out previously
* Current policies and procedures
* Information on how to contact the Independent Chair
* And much more



If you cannot find the information you need, please contact the Partnership Team on 01432 260100.

# HSAB Structure (August 2021)

A full description of the roles of each of the delivery groups can be found in the Board’s Constitution.

Community Safety Partnership

Herefordshire Safeguarding Adults Board

Herefordshire Safeguarding Children Partnership

Executive group

Performance and quality assurance

Joint case review / safeguarding adults review

Policies and procedures (co-produced with Worcestershire Safeguarding Adults Board)

Workforce development

One Herefordshire Communications Group

**HSAB membership**

| **Membership Grid** | **Statutory Voting Members** | **Other Voting Members** | **Officer / Advisor to the HSAB** |
| --- | --- | --- | --- |
| Independent Chair |  |  |  |
| Lead Member for Adults Wellbeing |  |  |  |
| Herefordshire Director of Adults and Communities |  |  |  |
| West Mercia Police |  |  |  |
| Herefordshire and Worcestershire Clinical Commissioning Group |  |  |  |
| Wye Valley NHS Trust |  |  |  |
| Herefordshire and Worcestershire Health Care Trust |  |  |  |
| Herefordshire Council Assistant Director of Adults and Communities |  |  |  |
| Care Quality Commission |  |  |  |
| NHS England Area Team |  |  |  |
| National Probation Service |  |  |  |
| Carers Representative |  |  |  |
| Voluntary Sector |  |  |  |
| Further/Adult Education |  |  |  |
| Housing |  |  |  |
| Healthwatch Herefordshire |  |  |  |
| Safeguarding Partnership Manager |  |  |  |
| Safeguarding Partnership Officer |  |  |  |

# Glossary

**Abuse** includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and institutional abuse.

**ADASS** (Association of Directors of Adult Social Services) the national leadership association for directors of local authority adult social care services.

**Adult at risk** a person aged 18 years or over who is or may be in need of community care services by reason of mental health, age or illness, and who is or may be unable to take care of themselves, or protect themselves against significant harm or exploitation. The term replaces ‘vulnerable adult’.

**Advocacy** taking actions to help people say what they want, secure their rights, represent their interests and obtain the services they need.

**BIA (**Best Interest Assessor) BIAs’ role is to assess whether someone is deprived of their liberty and, if so, whether this is in their best interests, necessary to prevent harm to them and a proportionate response to the seriousness and likelihood of harm

**Capacity** the ability to make a decision about a particular matter at the time the decision needs to be made.

**Care management** the process of assessment of need, planning and co-ordinating care for people with physical and/or mental impairments to meet their long-term care needs, improve their quality of life and maintain their independence for as long as possible.

**Carer** refers to unpaid carers for example, relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be ‘carer’, are called ‘staff’.

**Case conference** is multi-agency meeting held to discuss the outcome of the investigation/assessment and to put in place a protection or safety plan.

**Clinical Governance** the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care.

**Concern** is a concern that an adult at risk is or may be a victim of abuse or neglect. A concern may be a result of a disclosure, an incident, or other signs or indicators.

**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.

**CQC** (Care Quality Commission) responsible for the registration and regulation of health and social care in England.

**DH** (Department of Health) the government strategic leadership for public health, the NHS and social care in England.

**DHR** (domestic homicide review) a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by (a) a person to whom she or he was related or with whom she or he was or had been in an intimate personal relationship, or (b) a member of the same household as herself or himself. A DHR is held with a view to identifying the lessons to be learned from the death.

**DoLS** (Deprivation of Liberty Safeguards) measures to protect people who lack the mental capacity to make specific decisions at specific times. The Safeguards came into effect in April 2009 using the principles of the Mental Capacity Act (MCA) 2005, and apply to people in care homes or hospitals where they may be deprived of their liberty.

**DPA** (Data Protection Act 1998) an Act to make provision for the regulation of the processing of information relating to individuals, including the obtaining, holding, use or disclosure of such information.

**DVA** (domestic violence and abuse) the definition of DVA is any violent or abusive behaviour, whether physical, sexual, psychological, emotional, financial or verbal, which is used by one person to control and dominate another with whom they have had an intimate or family-type relationship.

**Emergency duty officer** the social worker on duty in the emergency duty team (EDT) or out of hours service.

**Enquiring officer** is the member of staff of any organisation who leads any enquiry into an allegation of abuse. This is often a professional or manager in the organisation who has a duty to investigate.

**Herefordshire Clinical Commissioning Group** is the **statutory NHS body responsible for the planning and commissioning of health care services for the local area.**

**IDVA** (independent domestic violence adviser) a trained support worker who provides assistance and advice to victims of domestic violence.

**IMCA** (independent mental capacity advocate) established by the Mental Capacity Act (MCA) 2005

**Managing officer** a professional or manager (usually in a social work or mental health team) suitably qualified and experienced who has received Safeguarding Adults training. Managing officers are responsible for co-ordinating all Safeguarding Adults investigations by organisations in response to an allegation of abuse.

**MAPPA** (multi-agency public protection arrangements) statutory arrangements for managing sexual and violent offenders.

**MARAC** (multi-agency risk assessment conference) the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and ‘honour’- based violence.

**MATAC** (Multi Agency Tasking and Coordinating Group) ensures resources are deployed to tackle individuals who pose the greatest risk to victims of Domestic Abuse

**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, 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.

**MSP** (Making Safeguarding Personal) is outcome focused, person-centred safeguarding practice

**NPCC** (National Police Chiefs Council) an organisation that leads the development of police policy in England, Wales and Northern Ireland.

**Personal budget** (PB) is money allocated for social care services, allocated based on the needs of the individual following an assessment. They could be managed by councils or another organisation (such as a Primary Care Trust or PCT) on behalf of individuals. They could also be paid as a direct payment, or a mixture of both.

**POT** (position of trust) someone who works with or cares for adults at risk in a paid or voluntary capacity. This includes ‘shared lives’ carers (previously known as adult foster carers).

**Reporting manager** the person in an organisation to whom the alerter is expected to report their concerns. It is the reporting manager who will in most cases make the referral and take part in the Safeguarding Adults process

**SAB** (Safeguarding Adults Board) the SAB represents various organisations in an area who are involved in Safeguarding Adults.

**Safeguarding Adults** the term used to describe all work to help adults at risk stay safe from significant harm. It replaces ‘adult protection’.

**Safeguarding lead** is the individual who has safeguarding lead responsibilities across an organisation.

**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.

**SAR** (Safeguarding Adults Review) a review of the practice of agencies involved in a safeguarding matter. A SAR is commissioned by the Safeguarding Adults Board (SAB) when an adult either dies or has experienced (or is suspected of having experienced) serious abuse or neglect. The aim is for agencies and individuals to learn lessons to improve the way they work.

**Section 42** is any enquiry in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.

**Significant harm** is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

**Source of concern** is the person who raises a concern that an adult is being, has been, or is at risk of being abused or neglected.

**Strategy discussion/meeting** a multi-agency discussion or meeting between relevant individuals to share information and agree how to proceed with the enquiry, considering all known facts. It can be face to face or by telephone and should start to bring together the intelligence, held in different agencies, about the adult at risk, the person causing harm and approaches that each agency can take to instigate protective actions.

# Member’s Checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Item** | **Planned** | **Complete** |
| **Within the first month of appointment** | 1 | Initial Meeting with HSAB Business Manager and the Independent Chair to discuss the Board, its role, membership, structures and priorities. |  |  |
| 2 | Read HSAB Member’s Pack |  |  |
| 3 | Visit HSAB’s webpage to research:   1. The Adult Safeguarding Policies; 2. The current Business Plan; and 3. The current Annual Report. |  |  |
| 4 | Sign and return the final page of the Members Handbook to the HSAB Business Unit, Plough Lane, Hereford HR4 0LE |  |  |
| 5 | Receive dates of relevant meetings from the HSAB Business Unit along with the Terms of Reference for those meetings. |  |  |
|  | 6 | Receive initial contact with your Board member mentor and arrange an introductory meeting. |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your first HSAB meeting** | 7 | Ensure you are happy with how you will fulfil your role as a within the on behalf of your organisation/sector.  If you are unsure, speak to your organisation’s representative on the Strategic Board. |  |  |
| 8 | Read the agenda and papers in advance of the meeting. |  |  |
| 9 | After the meeting, meet with your line manager as appropriate, to discuss your reflections on the meeting and identify actions which you or the Board can take to support you further. |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 10 | Undertake a personal annual review of the effectiveness of your role within HSAB. |  |  |
|  | 11 | Contribute to the annual review of the Independent Chair |  |  |

For the attention of:

HSAB Business Unit

Plough Lane

Hereford HR4 0LE

I ……………………………………………………………………………………………………… (full name)

representing…………………………………………………………………………….… (organisation name)

can confirm that I have read the HSAB Members Handbook and agree to be bound by its contents.

Signature ……………………………………………………………… Date …………………………………..