

## 2. Principles and values.

### 2.1. Introduction.

The West Midlands Policy for Adult Safeguarding is based on a shared view across the region of the principles that underpin the Care Act 2014 - those of promoting wellbeing, and putting service users at the centre of all adult safeguarding by making it personal to each individual.

### 2.2. Government policy.

The Government policy objective is to prevent and reduce the risk of harm to adults from abuse or other types of exploitation, whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion.

The Government believes that safeguarding is everybody's business, with communities playing a part in preventing, identifying and reporting neglect and abuse and measures need to be in place locally to protect adults with care and support needs.

The State's role in safeguarding is to provide the vision and direction and ensure that the legal framework, including powers and duties, is clear, and proportionate, whilst maximising local flexibility.

Local multi-agency partnerships should support and encourage communities to find local solutions. These solutions will be different in different places, reflecting, for example local population, environment, and communities.

Adult safeguarding requires working collaboratively to improve outcomes, rather than duplicating or superseding existing responsibilities for providing safe and effective care. The critical factor is providing care and support, which leads to a positive experience for individuals.

Providers' core responsibility, across health and social care, is to provide safe, effective and high quality care. Safeguarding concerns will require a variety of responses including a provider or other agency investigation, a disciplinary process, a clinical governance response from within or by external bodies, the involvement of police, regulators, staff training or other activities.

All adult safeguarding work should reflect the following key Principles.

*[Note: The Principles are not in order of priority; they are all of equal importance.]*

| Principles   | "I" Statements   |
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| <b>Empowerment</b> – 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.                   |
| <b>Prevention</b> – 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. |

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| <p><b>Proportionality</b> – The least intrusive response appropriate to the risk presented</p>   | <p>I am confident that the responses to risk will take into account my preferred outcomes or best interests.</p>   |
| <p><b>Protection</b> – Support and representation for those in greatest need.</p>  | <p>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.</p>  |
| <p><b>Partnership</b> – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.</p> | <p>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.</p> |
| <p><b>Accountability</b> – Accountability and transparency in delivering safeguarding.</p>   | <p>I am clear about the roles and responsibilities of all those involved in the solution to the problem.</p>   |

### 2.3. Making safeguarding personal

‘Unless people’s lives are improved, then all the safeguarding work, systems, procedures and partnerships are purposeless. Currently Directors and Safeguarding Adults Boards are faced with a plethora of input/output data but no way of telling from it if they really are making any impact. Directors must have a means of knowing what works and **how they are making a difference to people**’

Safeguarding Adults: Advice and Guidance to Directors of Adult Social Services’ ADASS; LGA, (March 2013)

Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is a shift from a process supported by conversations to a series of conversations supported by a process.

Safeguarding must respect the autonomy and independence of individuals as well as their right to family life. In the context of the Human Rights Act, Article 8, Lord Justice Munby, speaking about people who are vulnerable or incapacitated, states:

‘The fundamental point is that public authority decision-making must engage appropriately and meaningfully both with P and with P’s partner, relatives and carers. The State’s obligations under Article 8 are not merely substantive; they are also procedural. Those affected must be allowed to participate effectively in the decision making process. **It is simply unacceptable – and an actionable breach of Article 8 – for adult social care to decide, without reference to P and her carers, what is to be done and then merely to tell them – to “share” with them – the decision.**’

What Price Dignity? Keynote address by Lord Justice Munby to the LGACommunity Care Conference: Protecting Liberties (14 July 2010)

MSP aims to facilitate a shift in emphasis in safeguarding from undertaking a process, to a commitment to improving outcomes alongside people experiencing abuse or neglect. The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing, and at the end, the extent to which desired outcomes have been realised.

#### 2.4. ‘Wellbeing’ principle

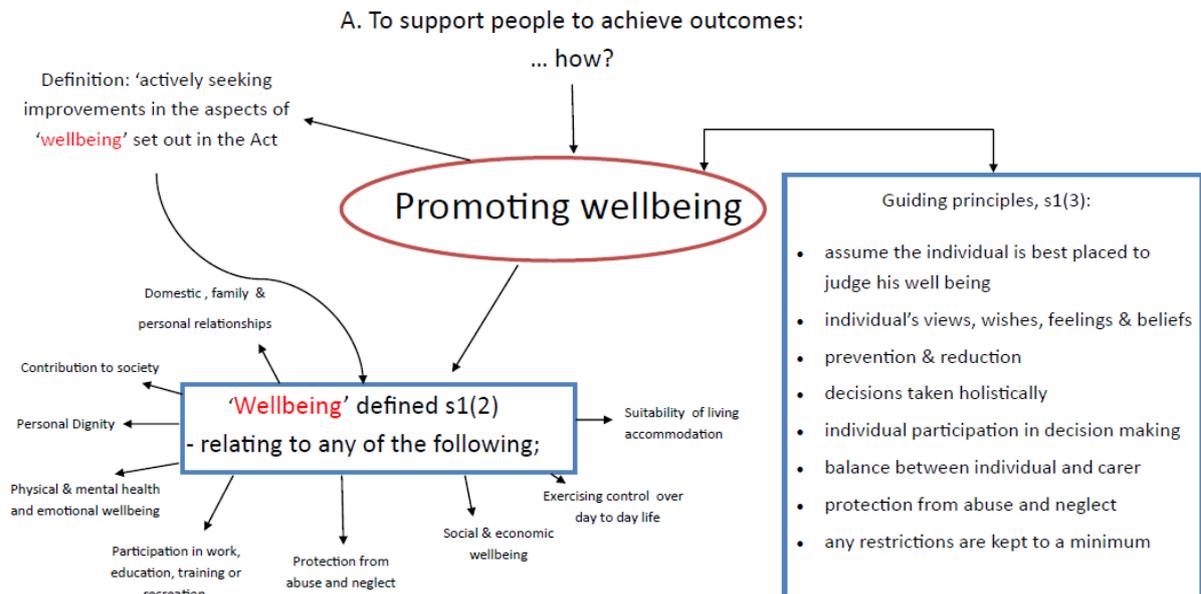
The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. This is sometimes referred to as “the wellbeing principle” because it is a guiding principle that puts wellbeing at the heart of care and support.

The wellbeing principle applies in all cases where carrying out any care and support function, or making a decision, or safeguarding. It applies equally to adults with care and support needs and their carers.

“Wellbeing” is a broad concept, and it is described as relating to the following areas in particular:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual’s contribution to society.

Q. What is the purpose of adult social care under the Care Act 2014?



Coventry City Council  
Janice White 2014

Promoting wellbeing means actively seeking improvements, at every stage in relation to the adult with care and support needs (regardless of whether they have eligible needs or not) and carers. It is a shift from providing services to the concept of "meeting needs".

Promoting wellbeing should inform: planning of individual care packages, delivery of universal services and strategic planning. To promote wellbeing it should be assumed that individuals are best placed to judge their own wellbeing, their individual views, beliefs, feelings, wishes are paramount and individuals should be empowered to participate as fully as possible. Promoting an individual's wellbeing should be balanced with those of their carers.

**2.5. Adults with care and support needs**

- The services provided must be appropriate to the adult with care and support needs and not discriminate because of disability, age, gender, sexual orientation, race, religion, culture or lifestyle.
- The primary focus/point of decision-making must be as close as possible to the adult with care and support needs, and individuals must be supported to make their own choices. Adults with care and support needs must be offered support services as appropriate to their needs.
- There is a presumption that adults have the mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity to make safeguarding decisions, those decisions will be made in their best interests as set out in the MCA 2005 and the MCA *Code of practice*.
- Adults with care and support needs should be given information, advice and support in a form that they can understand and have their views included in all forums that are making decisions about their lives.

- All decisions taken by professionals about a person's life should be timely, reasonable, justified, proportionate, ethical and fully recorded.

## **2.6. Organisations working with adults with care and support needs.**

- Staff have a duty to report promptly any concerns or suspicions that an adult with care and support needs is being, or is at risk of being, abused.
- Actions to protect the adult from abuse should always be given high priority by all organisations involved. Concerns or allegations should be reported without delay.
- Organisations working to safeguard adults with care and support needs should make the dignity, safety and wellbeing of the individual a priority in their actions.
- As far as possible organisations must respect the rights of the person causing, or alleged to be causing, harm. If the person alleged to have caused harm is also an adult with care and support needs they must receive support and their needs must be addressed. Staff should fully understand their role and responsibilities in regard to the policy and procedures.
- Every effort must be made to ensure that adults with care and support needs are afforded appropriate protection under the law.
- Organisations will have their own internal operational procedures which relate and adhere to the West Midlands Adult Safeguarding policy and procedures, including complaints by service users and by staff who raise concerns ('whistleblowers'), always in compliance with the Public Interest Disclosure Act (PIDA) 1998, the Employment Rights Act 1996 and the Enterprise and Regulatory Reform Act 2013.
- Organisations will ensure that all staff and volunteers are familiar with policies relating to adult safeguarding, that they know how to recognise abuse and how to report and respond to it.
- Organisations will ensure that staff and volunteers have access to training that is appropriate to their level of responsibility and will receive clinical and/or management supervision that allows them to reflect on their practice and the impact of their actions on others.

## **2.7. Organisations working together**

- Partner organisations will contribute to effective inter-agency working, multi-disciplinary assessments and joint working partnerships in order to provide the most effective means of safeguarding adults. Action taken under these procedures does not affect the obligations on partner organisations to comply with their statutory responsibilities, such as notification to regulatory authorities under the Health and Social Care Act (HSCA) 2008, employment legislation or other regulatory requirements.
- Organisations continue to have a duty of care to adults who purchase their own care through personal budgets (PBs) (including direct payments), and/or who fund their own care. Organisations are required to ensure that reasonable care is taken to avoid acts or omissions that are likely to cause harm to adults with care and support needs.
- Partner organisations will have information about individuals who may be at risk from abuse and may be asked to share this where appropriate, with due regard to confidentiality and information sharing protocols.