



## **BOURNEMOUTH AND POOLE SAFEGUARDING ADULTS BOARD**

**DORSET SAFEGUARDING ADULTS BOARD**

# **Multi-Agency Strategy for Early Intervention and Prevention 2015-2018**

Last updated: March 2016

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## **EXECUTIVE SUMMARY**

*This preventative strategy seeks to outline the background to prevention, research on prevention measures and how these may be implemented.*

*The strategy includes a section detailing the measures the statutory agencies of the Board are taking to promote prevention of safeguarding in there own organisation.*

*The Board slogan/strapline is 'Safeguarding is Everyone's Business' and it is only through all agencies working to this that success will be achieved.*

## 1. BACKGROUND

The rationale for this strategy lies in the assertion that it is possible to mitigate, reduce and prevent the need for initial and recurring safeguarding investigations through early intervention and effective partnership working with service organisations and communities.

Multi-agency working and early engagement is key, and it is through a systematic co-ordinated approach to prevention by the Board and its subgroups that this strategy will be achieved, which will take time but the rewards are immense.

This preventative strategy is written against a background of major reviews against failings in patient safety and the new legislation of the Care and Support Act in 2014 and the system changes in implementing Making Safeguarding Personal.

### **The Francis Report**

The Francis Inquiry came after the Mid Staffordshire NHS Foundation Trust Healthcare Commission investigation in 2008. Robert Francis QC, concluded that patients were routinely neglected by a Trust that was preoccupied with cost cutting, targets and processes and which lost sight of its fundamental responsibility to provide safe care.

[www.midstaffspublicinquiry.com/report](http://www.midstaffspublicinquiry.com/report)

### **The Berwick Report (2013)**

Professor Don Berwick, reported on patient safety in the NHS highlighting the breakdown of care at Mid Staffordshire Hospitals. The inquiry indicated a whole system failure which came many recommendations.

[www.england.nhs.uk/tag/berwick-report](http://www.england.nhs.uk/tag/berwick-report)

### **Winterbourne View**

Winterbourne View a private hospital in South Gloucestershire which was exposed by Panorama in 2011 and subsequently subject to investigation of abuse. The Board has a Winterbourne View action plan based on findings from the investigation to prevent and guard against similar occurrences locally.

<https://www.gov.uk/search?o=winterborne+view&q=winterbourne+view>

## **Making Safeguarding Personal**

Making Safeguarding Personal is a shift in culture and practice putting the focus on what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with service users in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. This approach seeks to work with the service user and therefore can assist with prevention.

## **The Care Act**

The Care Act 2014 is a historic piece of legislation in that it is the first overhaul of social care statute in England for more than sixty years.

Six key principles underpin all adult safeguarding work:

- Empowerment – people being supported and encouraged to make their own decisions and informed consent;
- Prevention – It is better to take action before harm occurs;
- Proportionality – the 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;
- Accountability – accountability and transparency in delivering safeguarding.

Abuse and neglect come in many forms and include physical abuse, sexual abuse, domestic violence, psychological abuse, financial or material abuse, modern slavery, discriminatory abuse, organisational abuse, neglect and acts of omission, self-neglect.

The Care and Support Statutory Guidance (2014) states also that each Safeguarding Adult Board should develop preventative strategies that aim to reduce instances of abuse and neglect in its area.

In addition it says that preventing abuse and neglect is a multiagency safeguarding role:

- Agencies should stress the need for preventing abuse and neglect wherever possible. Observant professionals and other staff making early, positive interventions with individuals and families can make a huge difference to their lives, preventing the deterioration of a situation or breakdown of a support network. It is often when people become increasingly isolated and cut off from families and friends that they become extremely vulnerable to abuse and neglect. Agencies should implement robust risk management processes in order to prevent concerns escalating to crisis point and requiring intervention under safeguarding adult procedures

Partners should ensure that they have the mechanisms in place that enable early identification and assessment of risk through timely information sharing and targeted multi-agency intervention.

Policies and strategies for safeguarding adults should include measures to minimise the circumstances, including isolation, which make adults vulnerable to abuse.

### **Mental Capacity Act 2005**

Safeguards for people who lack mental capacity were strengthened with the introduction of the Mental Capacity Act (2005) which includes the Deprivation of Liberty Safeguards (DoLS). Locally agencies have responded proactively to this by targeted training at care homes with the highest needs and through ongoing training to all professionals.

**The Mental Health Act 2007** amends the Mental Health Act 1983 and the Mental Capacity Act 2005. It introduces significant changes which include:

- Introduction of Supervised Community Treatment, including Community Treatment Orders (CTOs). This new power replaces supervised discharge with a power to return the patient to hospital, where the person may be forcibly medicated, if the medication regime is not being complied with in the community.
- Redefining professional roles: broadening the range of mental health professionals who can be responsible for the treatment of patients without their consent.
- Creating the role of approved clinician, which is a registered healthcare professional (social worker, nurse, psychologist or occupational therapist) approved by the appropriate authority to act for purposes of the Mental Health Act 1983 (as amended).

## 2. INTRODUCTION

### What is prevention?

The Social Care Institute for Excellence (SCIE) within their Report 41 – Prevention in Adult Safeguarding states:

*While most people would agree that ‘prevention is better than cure’, where the prevention of abuse and neglect of vulnerable adults is concerned, identifying what works – and for whom and in what situations – is very difficult. Much abuse and neglect takes place in secret. This makes it hard to prove that an abusive event has occurred, and almost impossible to demonstrate that an abusive event has been prevented. Put another way, it is very difficult to judge what constitutes a successful prevention intervention.*

*An increase in referrals might indicate an increase in awareness (and hence action) or it could mean an increase in abuse taking place. Hester and Westmarland (2005) in their evaluation of the 27 domestic violence projects usefully suggest that, while domestic violence remains an under-reported crime, projects should aim to increase reported incidents in the short term and decrease them in the longer term. This proposition could reasonably be extended to the field of adult safeguarding as a whole. Similarly, CSCI (2008a) referred to low referral rates as a proxy for low levels of awareness about abuse.*

*People who use services are clear that effective prevention in safeguarding is not about over-protective paternalism or risk-averse practice. Instead, the prevention of abuse should occur in the context of person-centred support and personalisation, with individuals empowered to make choices and supported to manage risks (Carr, 2010; CSCI, 2008a; b) This desire for people who use services to be empowered to prevent abuse is reflected in the No Secrets consultation report:*

*One of the strongest messages from the engagement with non-professionals was that safeguarding must be built on empowerment – on listening very carefully to the voices of individuals who are at risk, and those who have been harmed. Without empowerment, without people’s voices, safeguarding did not work. (2009, p 13)*

*This suggests that prevention in safeguarding needs to be broadly defined informed by personalisation and include all social care user groups and service configurations. It includes multi-agency working (including information sharing), community safety, community participation and public awareness, as well as awareness raising and skills development with vulnerable adults.*

This approach is reflected in and has been taken on throughout the strategy.

### 3. WHAT PREVENTATIVE WORK IS CURRENTLY BEING CARRIED OUT ACROSS AGENCIES

#### The local situation: Bournemouth, Poole and Dorset

Across Dorset there are many, many initiatives and preventative strategies already in place and further work is planned. Appendix one details some of these for partner agencies on the Safeguarding Adults Boards.

### 4. THE STRATEGY: OVERALL AIMS AND OBJECTIVES

#### Strategic Plan 2015-18

The Boards Strategic Plan for the three years 2015-2018 lists the following four key themes for the period:

- Effective prevention;
- Effective safeguarding;
- Effective learning;
- Effective governance.

The Strategic priorities most relevant to prevention (Outcome one: Effective Prevention) are detailed in the box below:

#### **Outcome one: EFFECTIVE PREVENTION**

Adults are safe from avoidable harm and avoidable death

*Effective and early intervention using a pro-active approach which reduces risks and promotes safe services whilst ensuring independence, choice and control.*

#### **EFFECTIVE COMMISSIONING OF QUALITY SERVICES**

- *Ensure services commissioned are appropriate to meet service need and of the highest quality;*
- *The Board holds partners to account, and is held to account;*
- *Ensure outcomes from Safeguarding Adult Reviews are incorporated into best practice evidence based commissioning.*



### **COMMISSIONING FOR AND PROVISION OF SAFE SERVICES**

- *The Boards and Partnerships work together to ensure the public receive services which are safe and of high quality and take preventative actions to reduce the potential for harm to adults at risk. Swift protective safeguarding actions are taken if harm does occur;*
- *The public, employees, carers and adults at risk are confident that partners work together in a personalised way to ensure adults at risk are not harmed;*
- *People who use services feel safe, listened to and are protected as far as possible from avoidable harm, disease and injuries;*
- *Information from quality assurance is used to identify where preventative and/or pro-active work is most needed and will be most effective to ensure services are safe.*

### **COMMUNICATING THE WORK OF THE BOARDS**

- *Adults at risk are given information, support and advice in a form they can understand, which enables them to articulate their choices and decisions about their life and care;*
- *Consultation and participation with service users and carers ensures their views are heard at every stage of the safeguarding process and are central to safeguarding service provision and development;*
- *The methods and approaches used to communicate with service users and carers are continually refreshed and lessons are learned from good practice in this and other areas.*

### **Research on best practice and effective prevention**

- **Identifying risk factors** can help to prevent abuse by raising awareness among staff and service managers of the people in their care who may be most at risk of abuse. If staff are aware of risk factors, they can use these insights to develop effective risk assessments and prevention strategies.
- **Public awareness campaigns** can make a significant contribution to the prevention of abuse. They are more effective if backed up by information and advice about where to get help and training for staff and services to respond.

- **Accessible information and advice** are essential building blocks for prevention of abuse and for backing up public awareness campaigns. Information about abuse and what to do about it needs to reach all different sectors of the community through a range of different routes.
- **Advocacy** can make a significant contribution to prevention of abuse through enabling adults at risk to become more aware of their rights and able to express their concerns.
- **Training** of adults at risk needs to be backed up by training and education of staff to ensure a receptive environment to the newly skilled adult. It should include awareness raising about abuse and safeguarding adult's policies and procedures as well as communication skills in order to promote prevention.
- **Policies and procedures** within services – not just safeguarding policies and procedures – can support the prevention of adult abuse. Key to the successful prevention of abuse is an open culture with a genuinely person-centered approach to care underpinned by a zero tolerance policy towards abuse and neglect.
- Reducing isolation through **links with the community** can mean that there are more people who can be alert to the possibility of abuse as well as provide links to potential sources of support for adults at risk and family carers.
- **Regulation and legislation** both can play a role in the prevention of abuse. There has been increasing support in recent years for the introduction of new legislation to strengthen adult safeguarding frameworks.
- **Multi-agency working** is key to successful adult safeguarding work.
- **Empowerment and choice** need to be at the core of safeguarding policy and practice; this means working to enable adults at risk to recognise and protect themselves from abuse. It also means taking a risk enabling approach within services and ensuring that people who use services have genuine choice both of and within services.

According to the Commission for Social Care and Inspection (2008a), raising public awareness of abuse is one of the building blocks for adult protection. They recommend that local authorities need to do more to 'raise the profile of every citizens right to be free from abuse' (p3)

## Overall aims and objectives

This strategy then sets out the strategic direction for the next three years and has drawn on what adults at risk have told us should be a priority, what the Board have identified in the Strategic plan through the development day and what has identified best practice and effective prevention.

The key aims and objectives are detailed in the boxes below.

### **RISK**

Identifying risks (through a robust risk assessment) and generating early identification of potential and actual abuse and neglect.

### **OBJECTIVES**

A risk assessment tool that is suitable for use on a multi-agency basis to be put in place and used pan Dorset

Timescale: end 2016/17 to be measured by audit of risk assessment

### **AWARENESS AND COMMUNITY ENGAGEMENT (including Access to Information and Advice)**

Raising public and professionals awareness of adult abuse across a range of diverse communities including to ensure that systems are in place to enable members of the public to report abuse/neglect (including through self-referral) through the provision of clear information that is on prominent display in public places such as libraries, GP surgeries, dental practices, other reception areas and through electronic media.

#### **Links with the Community**

Using groups and networks that are already established in the community such as voluntary groups, educational establishments and organisations is a key method in raising awareness of safeguarding and therefore potentially preventing occurrences.

To educate vulnerable adults in use of social media/internet dating – and the risk involved

### **OBJECTIVES**

The communication strategy of the Board refers to these methodologies and they are included in the action plan.

Timescale: end 2016/17 as in the P&P workplan (communication strategy)

To be developed further in forthcoming years by visiting voluntary groups and educating awareness through talks and training events (low level PR).

### **MULTI-AGENCY WORKING**

The Safeguarding Adults Boards are partnership Boards and consist of a range of agencies across Bournemouth, Poole and Dorset.

For all work programmes including Prevention, multi-agency working is imperative. Trust is being built up between the various organisations and a stronger working partnership is the result.

### **OBJECTIVES**

Continue to build on trust and joint working through times of change, for example when Board members and subgroup members change.

Undertake in 2016/17 a further 'support and challenge event'

### **EMPOWERMENT AND ADVOCACY**

Empowering people to manage their own risks and safeguard themselves and others by:

- Offering Information, advice and advocacy
- Providing person centred care services

#### **Advocacy**

Advocacy can make a significant contribution to prevention of abuse through enabling adults at risk to become more aware of their rights and able to express their concerns.

The need for an assessment of needs (gap analysis) of requirements has been highlighted across Bournemouth, Poole and Dorset and an assessment of need along with liaison with commissioners is required to ensure the service provided is fit for purposes and people are getting the service they require in a

timely fashion.

Empowering staff to be able to be a professional and act on a conscious curiosity or “intuitive” sense of problems or difficulties and about possible wider family related concerns that may need to be followed up and reported.

### **OBJECTIVES**

Through the further development and full implementation of MSP – Making Safeguarding Personal. Quarterly monitoring measurement of MSP and advocacy

Timescale: end 2016/17 and ongoing to be measured through QA

### **TRAINING, WORKFORCE DEVELOPMENT AND CULTURE**

Continue to create an open culture of care and respect with a genuinely person-centred approach to care underpinned by a zero tolerance policy towards abuse and neglect. To be achieved by:

- further progressing and rolling out Making Safeguarding Personal;
- Top down leadership to promote a zero tolerance policy
- Continuing to progress the Communication Strategy and e-newsletter to promote key message
- Continuing to implement the Care Act and giving autonomy to professional staff;

### **OBJECTIVES**

Timescale: 2016/17 and ongoing through Training Workforce and Development and Policy and Procedures (for Communication and e-newsletter)

### **POLICIES AND PROCEDURES**

Ensure the golden thread of prevention runs through not only policies and procedures within safeguarding services, but within other organisation wide policies to support the prevention of adult abuse.

## **OBJECTIVES**

Ensure organisation wide policies incorporate prevention in safeguarding

Timescale: end 2016/17 through Policy and Procedures

## **QUALITY SYSTEMS INCLUDING REGUALTION, INSPECTION AND LEGISLATION**

To reduce the likelihood of abuse and neglect, and repeat episodes of abuse and neglect, through improvement in the quality of systems and services.

- Ensure steps taken by commissioners to prevent abuse/neglect
- To undertake multi-agency work to improve quality across the care sector particularly in Residential and Nursing homes and Domiciliary Care to ensure the safety and well being of people and reduce the risk of harm , abuse or neglect occurring:
  - The Social Care Institute for Excellence set out the common safeguarding challenges in commissioning care homes:
    - Maladministration of medication
    - Pressure sores
    - Falls
    - Rough treatment, being rushed, shouted at or ignored
    - Poor nutritional care
    - Lack of social inclusion
    - Institutionalised care
    - Physical abuse between residents
    - Financial abuse

For each of these the guidance lists a prevention checklist to prevent safeguarding issues occurring.

- To continue to ensure safeguarding data from each agency is effectively analysed to understand where gaps might be
- To analyse patterns and trends of abuse and neglect or repeated abuse, and act on emerging risk factors.
- To analyse data and take remedial action to increase referrals/enquiries in areas of under-reporting.
- To ensure that, where people refer cases of abuse and neglect to formal Safeguarding Services, prompt feedback is given to referrers to demonstrate that action is being taken in response to referrals/enquiries and disclosures.

### **Regulation, inspection and legislation**

To reduce risk through ongoing assessment (internally and externally through agencies such as Care Quality Commission), and by professionals working across agencies to evidence that discussions and considerations have taken place, relevant information is shared to build up a holistic picture and that remedial actions have been put in place where required

### **Governance**

To ensure effective links (with protocols in place) with other partnerships (e.g. community safety partnership) for key work strands – domestic violence, modern day slavery and PREVENT.

## **OBJECTIVES**

Timescale: 2016/17 ongoing through QA subgroup and 2016/17 QA action plan

## **5. THE STRATEGY: IMPLEMENTATION AND MEASURING IMPACT**

The Strategy will be monitored and delivered through the subgroups of the Boards existing work-plans and the Board work-plan which is monitored through the Chairs subgroup of the Board:

- Risk – through Policy and Procedures subgroup (risk management tool)
- Awareness and Community Engagement – through Policy and Procedures subgroup (communication strategy)
- Empowerment – through Policy and Procedures subgroup
- Quality Systems – through Quality Assurance subgroup
- Training, workforce development and Culture – through training, workforce and development subgroup
- Policies and Procedures – through Policy and Procedures subgroup

## **6. CONCLUSION AND RECOMMENDATIONS**

The rationale for this strategy lies in the assertion that it is possible to mitigate, reduce and prevent the need for initial and recurring safeguarding investigations through early intervention and effective partnership working with service organisations and communities.

Multi-agency working and early engagement is key, and it is through a systematic co-ordinated approach to prevention by the Board and its subgroups that this strategy will be achieved, which will take time but the rewards are immense.



## **APPENDIX ONE: AGENCY CONTRIBUTIONS**

The following represent summaries from the statutory agencies of the Board detailing prevention work in their own organisations. The key themes outlined in this strategy are broadly reflected in these submissions:

- Risk
- Awareness and Community engagement
- Multi-agency working
- Empowerment and Advocacy
- Training, workforce and development and culture
- Policy and Procedures
- Quality Systems including regulation, inspection and legislation

## **HEALTH**

The health component of the Board is made up from:

- Dorset Clinical Commissioning Group
- Poole Hospital NHS Foundation Trust
- Royal Bournemouth and Christchurch Hospital NHS Foundation Trust
- Dorset County Hospital NHS Trust
- Dorset HealthCare University Foundation NHS Trust

The Dorset CCG is the commissioning body for health services locally and therefore promotes the prevention of Adult Safeguarding through a number of different routes.

The paragraphs below details some of the work that the sector is carrying out under three key headings:

- Multi-agency/partnership working
- Risk and preventative work

- Training and Learning

### **Multi-agency/Partnership working**

Examples include:

- Working in close collaboration with local general practices, the CCG is able to offer awareness sessions to highlight the types of abuse and the roles and responsibilities of staff to report concerns in a timely way.
- The CCG Quality Directorate has a Quality Assurance Care Home team, who work closely with the local authorities to contract monitor the care provided within care homes, both nursing, residential and care agency domiciliary service to gain assurance that care is safe, effective, caring, responsive and well led. Numerous projects are led by the care home to review and improve the provision of services such as tissue viability, continence, nutrition and hydration, dementia care, and timely access of clinical interventions. The Quality Directorate also works in close alliance with wider agencies such as the Care Quality Commission, to gain assurance that regulated providers are providing care to a satisfactory level.
- Dorset HealthCare works closely with partner agencies to protect Adults at Risk, including completion of health assessments for whole establishment enquiries and engaging multi-disciplinary teams in both physical and mental health services.

### **Risk and Preventative work**

Examples include:

- Poole Hospital have a Speaking-Up Guardians at the hospital where the role of guardians is being embedded in the Trust to provide access to leaders who can listen and act where staff have concerns.
- Poole Hospital have a Safeguarding Champions Development Programme. To build capacity and raise awareness in the Clinical Care Groups they are identifying *Safeguarding Champions* who will act as local advocates of safeguarding. To support this role they are planning run a development programme over 6-9 months which will address the key aspects of safeguarding, Mental Health Act and Mental Capacity Act/DOLs. This focused development of staff on the ground will enable the hospital to enhance our safeguarding activities in clinical practice and foster prevention through increased sensitivity to early warning signs of adult abuse or neglect.

## **Learning and Training**

Examples include:

- Staff at all the Trusts have training in safeguarding for example:
  - At the Royal Bournemouth staff receive Safeguarding Adults training in compliance with the UK Core Skills Framework which includes level & 2 eLearning programmes and face to Face training – Staff are compliant on successful completion of both programmes;
  - Similarly at Dorset County Hospital Staff receive Safeguarding Adults training in compliance with the UK Core Skills Framework;
- Dorset HealthCare encourages and supports engagement with “lessons learnt” events to improve safeguards through operational practice. Learning from Safeguarding Adult Reviews is disseminated via organisational training events and recorded in a lessons learnt log held on the patient safety pages of the staff intranet.
- At Dorset HealthCare the safeguarding adults team develops presentations for dissemination to staff to inform staff of the implications of changes in legislation and National guidance (For example DoLS and the Care Act 2014).

## **LOCAL AUTHORITIES**

The three local authorities in Dorset are statutory members of the Boards:

- Bournemouth Borough Council;
- Dorset County Council;
- Borough of Poole

These three local authorities implement individual safeguarding measures working to the principles of Making Safeguarding Personal and the Care Act. Measures in place include:

### **Multi-agency/partnership working**

- Engaging with internal and external organisations and their identified safeguarding staff to promote the safety of for example, attending multi – agency risk management meetings, undertaking joint assessments where required

- In Poole, joint work is undertaken with Community Safety Teams and Trading Standards to identify people whose circumstances leave them vulnerable to harm.
- In Poole, quarterly meetings are held with the Care Quality Commission, Contracts and Service Improvement Team and the Clinical Commissioning Group to review quality of care issues and share low level concerns to enable emerging trends and themes to be identified and managed early.
- In Dorset County Council - engaging with Health Safeguarding Leads and others - ie Fire Service.
- In Dorset County Council - attendance at a number of care provider Improvement Forums which provide opportunities for multi-disciplinary discussion, support good practice and prevent escalation of some concerns.
- In Dorset County Council - Attendance at Risk Management Meetings to offer advice and support to prevent escalation/need for safeguarding enquiries.

### **Risk and preventative work**

- Service Users at the centre of enquiries and risk assessments undertaken to agree outcomes with the Adult at Risk
- Bournemouth Borough has seen a reduction in referral rates to other Adult Social Care teams in Bournemouth
- Borough of Poole have developed and promoted a range of Keeping Safe, No Cold Calling Zones., Mate Crime awareness and Neighbourhood Watch Schemes
- Poole Health and Care Collaborative provide Social Prescription. This is an approach that seeks to improve people's health by looking at social, physical and emotional well-being .The free, confidential service aims to expand the range of services and options available to support people to access a range of non-medical local activities based on needs and interests.

### **Training and Learning**

- At Dorset County Council, staff attend some GP meetings to discuss Safeguarding, raise awareness, etc. - contact has been made with all practices across DCC area to offer visits.
- Dorset County Council also have delivered training to Trading Standards colleagues on Safeguarding awareness

### **DORSET POLICE**

Dorset Police seek to prevent harm in the context of 'Adults at Risk' through early identification of risk by our own staff as well as in conjunction with partner agencies.

#### **Multi-agency/partnership working**

- Provision of specialist officers to lead engagement with partner agencies to ensure that responsibilities laid out in the Care Act 2014 are upheld to safeguard Adults at Risk.
- Engages with partner agencies through Pan-Dorset Strategic and Operational groups to safeguard Adults at Risk who are experiencing, or are at risk of abuse or neglect including financial, Domestic or Sexual abuse.

#### **Risk and preventative work**

- Provision of dedicated officers to oversee criminal investigations where the victims are identified as Adults at Risk.
- Has a Governance structure in place reporting to the Assistant Chief Constable through the Protecting Vulnerable Peoples Agenda to ensure that the force meets its responsibilities to Adults at Risk and develops its processes in line with new legislation, policies and partnership agreements.

### **Training and Learning**

- Continued training of frontline staff to understand and identify when an Adult is at risk of harm and requires safeguarding intervention.
- Continued training of frontline staff to understand what action they have to take to ensure that appropriate safeguarding intervention is provided to Adults at Risk.

## USEFUL LINKS

Bournemouth and Poole Domestic Abuse Strategy Refresh 2013-16

[www.bournemouthcs.org.uk/resources/view/id/153455?download=true](http://www.bournemouthcs.org.uk/resources/view/id/153455?download=true)

Pan Dorset Sexual Violence Strategy 2014-17

<https://www.dorsetforyou.com/sexual-violence>

PREVENT Strategy (download: Draft Strategy)