

Councillors' briefing:
Safeguarding adults



Safeguarding is everybody's business – adult abuse can happen to anyone, anywhere, and responsibility for addressing it lies with all of us.

What is adult safeguarding?

Adult safeguarding incorporates the concepts of prevention, empowerment and protection to enable adults who are in circumstances that make them vulnerable, to retain independence, well-being and choice and to access their right to a life free from abuse and neglect.

What is abuse?

The *No Secrets* guidance defines abuse as

'...the violation of an individual's human and civil rights by any other person or persons' (Department of Health, 2000, 2.3).

Abuse can be something that is done to a person or it can be something that is omitted from being done. It can be:

- *physical* e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions;
- *sexual* e.g. rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressurised into consenting;
- *psychological* e.g. emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;
- *financial or material* e.g. theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
- *neglect and acts of omission* e.g. ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; or
- *discriminatory* e.g. racist, sexist or acts based on a person's disability or age; also includes other forms of harassment, slurs or similar treatment such as disability hate crime.

What is the role of councillors in safeguarding adults?

All councillors share a responsibility in relation to safeguarding those adults whose circumstances make them vulnerable. 'Best Practice Guidance on the Role of the Director of Adult Social Services' (Department of Health 2006), makes reference to the role of the Lead Member and notes that "local authorities are advised to ensure that the Lead Member has a focus on safeguarding vulnerable adults and promoting a high standard of services for adults with support needs across all agencies."

As well as the key role of the lead member for Adult Social Care, other specific roles are critical to ensuring vulnerable adults are safeguarded. These roles include:

- scrutiny members
- children's services lead members - both for their key role in relation to children, but also because in some households, for example, the behaviour of one adult may be abusive to children and another vulnerable adult
- members in Crime and Disorder Partnerships and hate crime and domestic abuse/violence partnerships or sub-committees
- members involved in community cohesion work
- councillors who are members or non-executives of NHS Trusts or Police Authorities
- other Cabinet members and frontline councillors.

Adult safeguarding:

- has serious implications for individuals and the community
- is complex, and requires strong leadership and multi-agency working
- relates to a number of national indicators, and contributes to councils' overall CAA score.

A set of "must know key questions" for lead members for adult social care, in relation to safeguarding adults, is set out at the back of this briefing.

Who is at risk of abuse?

Anyone can be at risk of abuse. However, this briefing is concerned with those people who, because of their circumstances or situation, have been defined as *'vulnerable adults'*, as there are particular responsibilities for councils for this group.

The definition of a vulnerable adult given in *No Secrets* is

'a person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself, against significant harm or exploitation' (Department of Health, 2000, 2.3).

There are many difficulties with the language and terminology that surrounds safeguarding, and the terms 'vulnerable' and 'vulnerability' are good examples. Everyone is potentially vulnerable in some way, and yet to refer to someone as vulnerable inevitably leads to them being seen in a negative light.

Disability and user-led organisations consider that the term vulnerable is negative and that it attributes 'victim status' to the individual. In this review we continue to use the term 'vulnerable adult' because it is the current term in use in legislation and policy guidance.

However, it is worth noting that the vast majority (90%) of respondents to the consultation process for the review of *No Secrets* requested that the definition of vulnerable adult be revised (DH, 2009).

Where does abuse happen?

Abuse can happen in any setting including:

- a person's home (including a care or nursing home)
- at work
- at college
- in a hospital
- at a day centre or
- anywhere else that people spend their time e.g. leisure centres.

Due to the wide range of settings where abuse can happen, perpetrators of abuse are a diverse group and can fall into three main categories: paid staff members or support workers, unpaid family members, partners or carers, and other vulnerable adults. Each group requires different

responses and support throughout any safeguarding investigation. It is also important to remember that most safeguarding investigations do not result in legal action or sanctions, and systems should be put in place to support alleged perpetrators, as well as vulnerable adults.

There are a number of wider agendas that exist at national and local levels in relation to risk and risk management. These include strategies and policies for public protection, domestic abuse, community safety and crime and disorder partnerships. It also includes such aspects as neighbourhood awareness schemes which can assist in the development of and access to local information and 'soft' intelligence about issues that relate to safety and protection. Trading standards departments may prove useful allies in tackling scams of various types that are targeted at vulnerable individuals and may have useful information about doorstep salespeople and con-artists that are operating locally. Such links and contacts can assist in the management of risk of abuse and exploitation at community level.

Who is responsible for safeguarding adults?

Adult safeguarding should be of concern to the whole community. Every agency involved in social care and health – as well as other agencies providing services to vulnerable adults – has a role in safeguarding vulnerable adults but councils are charged with the leading role. *No Secrets* (2000) provided a national framework that required council social services departments to take the role of lead agency in the development and implementation of multi-agency policies, procedures and codes of practice to ensure an effective response to safeguarding issues.

No Secrets clearly states that responsibility for identifying, investigating and responding to allegations of abuse lies with operational staff, and that arrangements are required to ensure that all agencies share a common understanding of what constitutes abuse and what an initial response should be. Adult social care is likely to take the lead agency role. However many agencies will need to be involved in investigative or preventative work and police or health practitioners may take the lead for investigation and assessment.

One of the challenges in multi-agency safeguarding work is to ensure that everyone involved is clear of who is doing what, when and their associated responsibilities. This is no easy task given the range of agencies that might work together in adult safeguarding, which are continually increasing as the number and range of care providers grows in response to the personalisation agenda. Most councils

have established a safeguarding board, often with an independent chair, in order to make sure that this happens. Agencies and services that might be involved in adult safeguarding work include the following:

- *local authority departments* e.g. adult social care, children's services and education, housing, trading standards;
- *health* e.g. acute care trusts, primary care trusts, mental health trusts, GPs; support services e.g. advocacy; friends and family; religious and faith communities;
- *providers* e.g. private sector, voluntary sector, social enterprise; *regulators* e.g. care quality commission, health and safety executive, independent safeguarding authority;
- *housing* e.g. registered social landlords, supported housing, sheltered housing, extracare housing;
- *police and crime prevention* e.g. crime and disorder partnerships, crown prosecution service; community safety unit; police and criminal justice, domestic violence partnerships.

Keeping safeguarding person-centred

Where abuse happens, the seriousness of the abuse, the relationship between the alleged perpetrator and the vulnerable adult and especially the views of the vulnerable adult will all determine the response that is deemed appropriate and influence how councils respond.

The needs of the vulnerable adult can sometimes be lost in the safeguarding process, especially given the large number of agencies and partners that are involved. Therefore it is essential that we do not lose sight of the purpose of safeguarding; to enable people to retain their independence, well-being and choice and to access their right to a life free from abuse and neglect. One way in which we can retain this focus is by following a person-centred approach to safeguarding. It is also important to remain sensitive to individuals' cultural issues.

Principles for person-centred safeguarding (Julian and Penhale, 2009)

- The central focus should be the empowerment and well-being of the service user.
- At all times, listen to the service user and ensure that their voice is heard.
- Service users have the right to make choices and decisions themselves - practitioners are there to support the decision making of the individual and to respect their rights.
- Safeguarding processes should be service user led not professional led.

Those who support adults need to strike a balance between protecting them and promoting their safety, with, recognising their rights to independence and choice, and supporting and enabling them to take risks. If someone has full mental capacity and is able to take their own decisions, then it is essential that they maintain control and that professionals support their decision-making at every stage.

If someone does not have full mental capacity and is not able to take their own decisions then it is essential that they are helped to participate as fully as possible in decision-making, (in line with the requirements of the 2005 Mental Capacity Act), and that their views are sought at every stage.

Safeguarding, risk and the personalisation agenda

One of the difficulties facing those involved in adult safeguarding is that the area is one where it may appear that there are different social policies with competing agendas and conflicting priorities have developed. There has been a clear and consistent shift in recent years towards promoting independence, choice and empowerment of individuals as seen in *Independence, well-being and choice* (DH, 2005), *Our Health, Our Care, Our Say* (DH, 2006) and *Putting People First* (DH, 2007). These changes have raised questions around whether there are tensions in relation to issues concerning the safety and protection of those accessing support or whether services can only be personalised if they safeguard people. Whilst there have been early indications of potentially encouraging developments concerning involvement of safeguarding and protection issues within personalisation (Duffy and Gillespie, 2009; IBSEN, 2008) further work remains to be done in this area.

Positive risk taking is key to providing person-centred support for people and a balance must be struck between protection and risk.

Learning from inspection reports

CSCI conducted themed inspections during 2007-08 that specifically focused on the effectiveness of local authority and care provider's arrangements for safeguarding. They found that the establishment of services across England was variable (CSCI, 2008). Those authorities that performed well in the inspections had more advanced systems in place to assist individuals who had experienced abuse and also had better arrangements to assist in the prevention of such situations (CSCI, 2008).

Those agencies that were viewed to be most successful had a number of identifying factors, including: evidence of NHS and police agencies contributing resources to assist with safeguarding processes at a local level; clear recording of outcomes for people receiving support; high levels of training for non-council staff and high levels of multi-agency joint training for practitioners; good advocacy services; clear protocols for medication management, staff recruitment and care planning (CSCI, 2008).

Work to develop best practice in safeguarding adults

There are a number of programmes of work currently being undertaken to strengthen practice in safeguarding adults.

Box 1: research in practice for adults (ripfa) Safety Matters: Developing Practice in Safeguarding Adults

research in practice for adults is a Partnership organisation which exists to promote the use of evidence-informed policy and practice in adult health and social care. Over the past two years it has been looking at safeguarding through a practice development Change Project, *Safety Matters: developing practice in safeguarding adults*. Staff from adult health and social care, together with colleagues from other agencies involved in safeguarding, have been involved in discussion, debate and reflection about developing practice in safeguarding adults. Resources developed through this project include a Practitioner Handbook, a literature review and this briefing.

Box 2: Improvement and Development Agency (IDeA) Safeguarding Programme

IDeA is developing a Safeguarding programme in collaboration with its partners in the LGA, the Association of Directors of Adults Social Services, RiPfa and working with BASW (the British Association of Social Workers), the NHS Confederation (the independent membership organisation for NHS organisations) and others.

The programme includes Peer Review and support, regional councillor briefings, conferences, an online Community of Practice and the development of good practice and evidence with BASW and Women's Aid.

Further information

Improvement and Development Agency (IDeA)
www.idea.gov.uk

research in practice for adults (ripfa)
www.ripfa.org.uk

References and additional reading

ADASS (2007) *Safeguarding Standards*

CSCI (2008) *Safeguarding Adults: a study of the effectiveness of arrangements to safeguard adults from abuse*, London: CSCI

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Hague G, Thiara RK, Magowan P and Mullender A (2008) *Making the Links: Disabled Women and Domestic Violence*, Bristol: Women's Aid Federation of England

Healthcare Commission (2007a) *Investigation into the service for people with learning disabilities provided by Sutton and Merton Primary Care Trust*, London: Healthcare Commission

IBSEN (2008) *Evaluation of the Individual Budgets Pilot Programme*, York: SPRU

Julian G and Penhale B (2009) *Safety Matters: developing practice in safeguarding adults*, Dartington: **research in practice for adults**

Law Commission (2008) *Adult Social Care Scoping Report*, London: Law Commission

Must Know Key Questions for councillors:

- 1 Do you, and your fellow councillors, understand your responsibilities for safeguarding vulnerable adults?
- 2 Does your corporate strategy give high priority to the council's role in safeguarding vulnerable adults?
- 3 Do members of the public in your authority know what adult abuse is and what to do if they have concerns about it? How, and where, do you advertise who to contact with concerns?
- 4 What agencies are members of the partnership board for safeguarding adults? Are they represented at a senior enough level to make things happen? Are there any key partners not involved at present? What is being done to engage with them?
- 5 Who are the lead professionals, and non professional leads with a responsibility for safeguarding in your own authority and other partner agencies?
- 6 How does safeguarding adults link to other wider agendas in your authority? Are people clear about the relationship between safeguarding and adult social care transformation in your area? Are there clear links to other systems such as domestic violence, child protection, victim support and community safety and cohesion?
- 7 What training exists for staff working with vulnerable adults, either from the council or provider organisations? Can staff from across social care, including the independent sector, health and police agencies attend joint training? Is training in place for councillors?
- 8 Do you know how vulnerable adults find your safeguarding service? Are their views incorporated into development of the service?
- 9 Do you receive regular management information reports on safeguarding including both performance and quality audits of practice and feedback from people using services and their carers?
- 10 Are certain groups of service users heavily represented in the alerts received by your safeguarding service? Are certain groups of service users rarely seen in the alerts received? Is this information acted on?

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