



Response from the Association of Directors of Adult Social Services to the consultation on the review of the *No Secrets Guidance*

1. Background

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Local Authorities in England. As well as having statutory responsibilities for the commissioning and provision of social care, ADASS members often also share a number of responsibilities for the commissioning and provision of housing, leisure, library, culture, arts and community services within their Councils.

ADASS members are jointly responsible through the activities of their departments for the well-being, protection and care of their local communities and for the promotion of that well-being and protection through the use of direct services as well as the co-ordination of and liaison with the NHS, voluntary agencies, private companies and other public authorities. ADASS members have leadership responsibilities in Local Authorities to promote local access to services and to drive partnership working to deliver better outcomes for local populations. They participate in the planning of the full range of council services and influence Health Service planning through formal and informal Local Strategic Partnership arrangements.

2. Overview

ADASS welcomes the opportunity to contribute to the national consultation process. The refresh of *No Secrets* is an opportunity to deliver a new national framework that supports consistency of understanding, interpretation and action. There is the potential for those who need help to have the same opportunity and access to fairness and justice in challenging and changing abusive situations regardless of where or who provides support or service.

This is the time to eliminate differing definitions, terminology (e.g. Safeguarding Adults, Safeguarding Vulnerable Adults, Adult Protection), standards, responses and expectations between health, housing, regulated and informal or unregulated care, and reduce public confusion that has the potential to leave people unsafe. We welcome an

approach that creates a consistent and common set of definitions, roles, duties, powers and public expectations, set out in overarching national policy guidance that applies to all agencies working with vulnerable people. It should be one document encompassing all Partners to provide transparency and common ownership.

ADASS endorses the need for a legislative framework to support the work of keeping people safe with the provision of powers and duties as part a national approach to the protection of vulnerable people. The power of entry in certain circumstances is also welcome. ADASS believes this could in part be achieved by consolidation of some existing legislative provisions and frameworks and the extension of others. Examples of this include; the Crime and Disorder Act 1998 (Section 115) that enables agencies to exchange personal information for the purposes of community safety; and the duty to co-operate that currently operates for Safeguarding Children Boards and Local Strategic Partnerships but not safeguarding adults and Adult Protection.

There is potential for Adult Protection specifically and the umbrella of keeping the public safe to be incorporated into Strategic Partnering, this would open the way for a duty to cooperate to apply to this area of work also.

We need clear national definitions to give consistency. The term 'vulnerable adult' is currently subject to different interpretations by different agencies according to guidance issued to them to support their core business. There is also a public expectation about who and what the term 'vulnerable' means. All of which has the potential to lead to or exacerbate confusion and misunderstanding. The definition should enable everyone, not just practitioners, to understand who a 'vulnerable adult' is. The term 'abuse' itself can be unhelpful and ADASS see the terms 'harm' and 'significant harm' are more descriptive and 'crime' indicates what the event really means. What is important is the impact of the harm on the vulnerable person, not who did it or what the intent was. By keeping impact as central, we keep the safeguarding effort focused on protecting and working with the person being harmed, not on judging the person who has harmed them.

Linked to bringing a shared and simpler single framework, ADASS would also strongly recommend that its launch is supported by a national public awareness campaign. This should include information, in an accessible format, about; the steps individuals and communities can take to keep themselves safe; what harm means; and what everyone should do if they believe harm may be happening. In support of this we welcome a drive to create a common language and approach which clarifies the difference and linkages between the safety of individuals and communities, and the protection of those adults who, without support to be able to challenge and change harmful or abusive situations, become vulnerable. There is an opportunity to clarify the connections and difference between safety, protection and safeguarding which are terms are often used interchangeably instead of being seen as a spectrum of response coming under the umbrella of safeguarding.

New national guidance needs to be framed around a focus on supporting delivery of 3 key outcomes:

- Prevention and minimising incidence
- Taking action response to threats or incidents of harm
- Supporting fairness and justice so that some people get extra support to challenge, change harmful or abusive situations and access safe services.

The above should be within the context of a new requirement on all services and support systems to prioritise the safety of people.

As a result this leads ADASS to see the time has come for a new consistency across strategic partnerships to take on responsibility for the protection of adults with clear powers and duties in support of this. The formal partners include council's adult social care, criminal justice services including the police, and NHS bodies. In this context the Local Strategic Partnerships could lead and take on a wider responsibility of safety for all and the protection of adults with a new requirement on the partners, support systems and commissioned services to prioritise safety. We see this as a potential fit with the strategic partnering already in place for community safety. This could be strengthened within the context of a new national policy context delivering consistency and clarity of definition, governance, competency and risk management, for adult protection.

3. Leadership

We support the creation of one national lead for safeguarding reporting at ministerial level in government, and see the Department of Health being identified as the most appropriate location. However strong links need to be made and maintained with the Home Office, the Criminal Justice System and the Department of Communities and Local Government, given the spectrum from community safety, through public protection to individual protection coming under the umbrella of safeguarding.

We welcome the creation of the Care Quality Commission and see this as an opportunity to share learning and knowledge between clinical governance and patient safety within healthcare services, and adult protection systems and processes within adult care, leading to improved outcomes in relation to the protection of individuals, prevention and safer services. We would encourage and support the new Corporate Area Assessment process to consider the links between these aspects of adult protection within the context of the broader community safety agenda and safeguarding children.

The Local Strategic Partnerships could lead for oversight of a wider responsibility of safety and protection of all adults, with a new requirement on the partners, support systems and commissioned services to prioritise safety. We see this as a potential fit with the strategic partnering already in place for community safety. In the South West, Bristol's Safeguarding Board comes under the Safer Bristol umbrella, which enables inclusion into the domestic abuse, neighbourhood policing, wider community safety agendas, representing a model of good practice.

3.1 Role of Local Councils

ADASS believes there is a clear role for the Local Authority in leading strategic partnering. Local Strategic Partnerships have potentially a strong role in providing strategic leadership for the "safety for all agenda" beyond the narrower confines of crime and disorder, which sits alongside the protection of vulnerable adults, hate crime and domestic violence and fits with the strategic partnering already in place for community safety. Local authority's Adults Social Care services are the most appropriate lead agency for Adult protection, in the context of the wider council being the lead for safety and the strategic partnership holding the umbrella function that is safeguarding.

Within Local Councils ADASS believes there is value in requiring an Elected Member lead for broader safeguarding and protection. ADASS see statutory Directors of Adults Services taking the lead for safety and protection mirroring existing practice for children.

As part of their democratic engagement and community leadership function every council should have a council-wide approach to safeguarding- keeping people safe and protecting people from harm- embedded within its policy framework. Strategies to support this should set out what and how, as a council, it intends to support keeping people safe and deliver on the 3 key outcomes that encompass the wider safeguarding agenda:

- Preventing harm and minimising incidence
- Taking action to in response to threats or incidents of harm
- Supporting fairness and justice so that some people get extra support to Challenge, change harmful or abusive situations and access safe services

Local Councils can also make a significant contribution to oversight and audit through their scrutiny functions.

3.2 Health services and safeguarding

In respect of safeguarding and protecting adults from harm within the NHS, ADASS believes it is important to acknowledge there is a variable record. Since the inception of *No Secrets* there have been significant differences in the level of commitment and active participation from NHS bodies ranging from excellent to poor. It is an area that is still primarily seen as a responsibility of the LA. There is an increasing number of NHS staff appointed to internal safeguarding posts but this is led by areas where there is a commitment to this work rather than being seen as part of the core business of NHS bodies. ADASS believes that adult protection and keeping people as patients safe should be a fundamental expectation placed upon all NHS organisations. We also believe that for safety and protection, beyond the boundary of clinical safety, to be embedded across and within the diversity of the NHS, it should be seen as part of the contract between the public and the NHS as a whole and thus should be reflected in the constitution of the NHS.

For NHS bodies to make consistent progress we would recommend that for every NHS body there should be both a Non Executive Member and an Executive member who together hold lead responsibility at Board level and can be held to account for safeguarding in its widest sense. We recommend that existing *Caldicott* guidance is reviewed, and clarity introduced to the duty to share information as an agreed standard process when there is risk or evidence of harm to a patient, much as operates with regard to children and with Domestic Violence. This needs to be a consistent framework for all, but we recognise that national guidance will always need to be translated into localised operational practice & processes.

ADASS sees the parallels between procedures on incident reporting i.e. the Serious Untoward Incident processes, safeguarding investigations and Serious Case Reviews. Currently there is no clear link between these. In policies there is mention of external agencies but not specifically safeguarding referrals. There is a need for strategic guidance on this area. Safeguarding needs to be integrated into all policies. With

standard documentation, and language, incident documentation could be adapted to consider safeguarding issues. This would add value and benefit the patients/clients. We commend the work emerging in London on a joint framework that aligns these processes and see this as a potential national approach that could be adopted. Safeguarding should be the over arching standard which is under pinned by all other health care standards, such as privacy and dignity, clinical governance and poor practice concerns.

We also believe that although it is critical that safeguarding is integrated into all NHS policies, it is also critical that NHS bodies are included in, have ownership of, and operate within, multi agency safeguarding policies, procedures and guidance particularly at a local level. The role of NHS front line staff and in particular GP's, district nurses, and accident and emergency staff, in identifying and reacting appropriately to adult protection issues cannot be underestimated.

Strategic Health Authorities, as part of their monitoring role should ensure that safeguarding policies and procedures are adhered to within PCTs and NHS Trusts.

3.3 Safeguarding and Criminal Justice

ADASS sees value in the development of greater links through the Crown Prosecution Service (CPS) and their community engagement strategy and the Local Criminal Justice Board. An excellent example of how these two agencies can help raise the profile and integrate services is in the example of domestic violence and abuse. The joined up approach driven from the 'centre' has led to the creation of Specialist Domestic Violence Courts, Independent Domestic Violence Advocates and Witness and Victim Support Service. There is value in learning from these developments and identifying what can be drawn upon as part of strengthening adult protection arrangements to deliver the core safeguarding outcomes. Whilst ADASS would acknowledge that the case is not yet made for a MAPPa style system, MAPPa and MARAC systems work well and are increasingly used with reference to issues involving safeguarding adults. Gloucestershire's MARMAP model could be adapted to help deal with vulnerable users of caring services who are themselves abusive

Legislation, codes of practice and guidance that support safeguarding and require compliance, embedded in the inspection process from HMIC would ensure the police are encouraged towards better integration.

3.4 Safeguarding, Housing and Community Empowerment

We already have a situation where according to homeless legislation the definition of vulnerable is not the same as for *No Secrets*.

All social landlords need to ensure that they have appropriate policies and procedures in place to deal with harm and vulnerable tenants, provided we have a common definition for vulnerable. This would include appropriate training, reporting procedures and safeguarding practices which embrace Partnership working. Review of those policies would also be essential. Legislation or regulation is needed to lay out the duties of respective agencies and ensure that all social housing providers understand their role and duty in relation to safeguarding adults.

Sheltered housing, extra care housing and specialist housing providers in particular have a significant role to play in the Safeguarding agenda including identifying adult protection issues, alerting adult social care departments, attending client strategy meetings and also Safeguarding Boards.

Voluntary sector organisations play a crucial role with regard to the provision of advocacy, signposting and prevention. Their role must also be taken into account in local Safeguarding arrangements.

4. Governance

In respect of Safeguarding Boards, ADASS supports Safeguarding Adult Boards being placed on a statutory footing. The value of this would address matters of variation in terms of the structure and role of boards and thus their functioning across the country. Legislation setting out clear roles and responsibilities would remove this inconsistency.

Boards currently struggle to attract membership attendance as a priority against other responsibilities and priorities, and funding because they are not recognised as statutory bodies that organisations are required to participate in (as they would with Safeguarding Children Boards, Crime and Disorder Reduction Partnerships etc). If legislation were to set out clearly both the role of the Board and of the organisations that are required to participate this would make a significant difference.

Potential learning from review of Local Safeguarding Children Boards should be considered in the process of looking to provide a more effective framework for safeguarding vulnerable adults.

Participation in case reviews and the collection of meaningful safeguarding information to take forward the safeguarding agenda at a local level can be achieved through statute.

Thus ADASS endorses the need for greater clarity about the duties, powers, role, function, and reporting arrangements of local Safeguarding Boards. Guidance on core membership would be welcomed as would core training being defined for board members. ADASS sees it is important that such a Board is put on a statutory footing reinforced with a duty to cooperate, and clear governance arrangements and lines of accountability to both its partners but also to government. Equally important is for the Chair of the Board to be an independent person from outside Adults Social Care in order to provide both critical challenge and hold the service, charged with protection of the vulnerable, to account.

We see that as part of setting out a framework of standards, is an expectation on Safeguarding Boards that they conduct an annual review of policies and protocols, and these should include addressing how the views in particular of users and their representatives or advocates, separately or jointly, who have experienced harm or safeguarding processes, will be taken into account as part of their area's adult protection responsibilities.

Safeguarding Boards must have active Partners who are able to;

- a) influence and direct their organisations in ensuring adults are and feel safe & are supported to challenge and change abusive situations
- b) lead and support the development and implementation of safeguarding procedures within their own organisations
- c) take forward any agreed action plans which prevent and minimise abuse, protect individuals and support the delivery of justice and fairness to all
- d) support the development of wider public protection and prevention initiatives as part of embedding the safety agenda
- e) ensure activities are monitored and audited.

As above, the Board needs to be accountable to a strategic forum which can endorse its activities as part of a wider community plan as outlined above. This needs to be consolidated via the Local Strategic Partnership. In terms of the role of Serious Case Reviews into the future, ADASS sees that there is a role for national guidance about who can conduct the review and how the review should be undertaken, focussing upon what difference such a review will bring. One benefit might be added by the dissemination of anonymised conclusions through Chairs of Boards at a regional level.

We would commend a new requirement that Scrutiny Panels scrutinise the work of Safeguarding Boards

5. Prevention

Creating a focus on adults feeling and being safe and the place of prevention must be at the heart of the Strategic Partnering agenda with contributions from all the major themed blocks being transparent and open. Specifically there are major contributions to be made and reflected in the Community Safety partnership and strategies, as well as the Community Health and Well Being partnership and strategies. Vulnerable Adults are often “invisible” in their communities but experience Domestic Abuse, Harassment and Hate Crime, and are vulnerable to exploitation and financial abuse. The creation of a national strategy will ensure that preventing the abuse of vulnerable adults is part of a national and local strategy.

Many LAs have developed communication strategies which will increase public understanding and provide accessible information. But the value and investment of these individualised and localised campaigns would be significantly enhanced if they were connected together as part of a wider national approach in getting the messages across in a similar way to that which the NSPCC ‘Green Dot’ campaign has done in relation to the protection of children .

Whistle blowing policies are effective where staff are confident and staff, families and service users know their rights and how to complain. The Public Disclosure Act needs strengthening as people fear losing their jobs and do lose their job or experience harassment after disclosing abuse. Unregulated services and self funders present particular problems in ensuring people’s voices are heard and appropriate action taken which can then be monitored and sanctions sought to bear when necessary. People in care homes who have no one to whistle blow on their behalf would benefit from improved national advocacy schemes.

6. Outcomes

Indicators may vary between agencies but establishing a common outcomes framework is an essential component of ensuring the consistent application of protection practices nationally. In addition the level of resources allocated to safeguarding are generally very limited however a common outcomes framework with measurable indicators for all agencies may very well lead to much needed higher levels of resourcing and consequently improved services and outcomes.

Basic safeguarding outcomes will encompass effective preventative work (e.g. awareness in staff and service users, robust recruiting systems, effective transitional arrangements regarding vetting and barring) effective response systems and effective access to criminal justice. It is important any outcomes framework is understandable, accessible, clear and person-centred and shared with the wider public. ADASS sees the refresh of the LAA as an opportunity to introduce a new indicator on outcomes of the safeguarding process which use the experiences of people who have been abused to inform the process. Additionally incorporating the views of users and carers in very important.

A new national outcomes framework would be helpful and would provide a mechanism for benchmarking and comparing performance. Utilising some of the outcomes identified in the Mental Health Act may be one option to provide consistency.

Joint inspections are effective in Safeguarding Children services and reinforce role and function of Partnerships for effective safeguarding. However safeguarding in respect of children has a clearly defined statutory framework that is absent currently in respect of adults. There needs to be some consideration of what needs to be in place to encourage, enable or in some instances to require, partners to contribute to effective prevention and protection delivery with regard to adults, and to support those who have difficulty in negotiating resources for safeguarding adults and make convincing arguments for establishing a service.

National safeguarding training guidelines and competences are essential to ensure consistency of training across the country, many local areas have established their own but this has led to inconsistency. A "Working Together" document would be welcome across agencies and will assist in developing new ways of working which reflect imperatives for service user choice and control under the Putting People First agenda. Such guidance could also lay out standards for annual reports which would ensure a national standard and inform a national analysis of the development of safeguarding adult services.

A national policy framework around initiating Serious Case Reviews would be a helpful precursor of any database of lessons learned. There is great discrepancy across the country about the factors that should initiate consideration of a serious case review.

The main cost of safeguarding adults, i.e. the training, publicity and operational work, is borne by whoever is designated the lead agency - which needs to be changed. Some partner agencies, i.e. the police and primary care trust, in some places have appointed part time safeguarding leads or officers, other agencies have designated safeguarding as part of other responsibilities and also fund their own training, but this is not consistent. Costs of providing a consistent public service, regardless of geography, needs further

study at a national level although we acknowledge that this is difficult given the diversity of definitions and reporting. Nationally rates of referral are increasing as public awareness grows; this will inevitably create further demands on existing resources.

7. Risks and Choice

There is risk associated with choice. Any safeguarding guidance has to therefore be realistic about balancing choice, rights and associated risks. There should be a clear model for risk assessments for care recipients and those others acting in their best interests. ADASS has already outlined that there is a need to review existing risk assessment and risk management tools that could be accredited or endorsed by ADASS for use in determining and managing, existing or potential safeguarding risks in support planning with users. A risk based approach allows a flexible system whilst at the same time supporting a robust and ethical approach to safeguarding and the appropriate sharing of risk.

ADASS would welcome the opportunity to develop a consistent national framework for this in partnership with government. A formal risk assessment tool that is standard, with standard documentation between both health and social care providers is needed. Health staff need to be able to access information about previous safeguarding concerns (e.g. in A&E). There would be benefits in exploring the potential for a system of information sharing that can be accessed at point of initial contact by certain personnel. There needs to be firm links between PCTs, MAPPA, MARACs and Safeguarding.

The essence of effective safeguarding practice is centred on encouraging people to make choices and take control. Inclusion and independence is at the crux of keeping people safe and preventing a reoccurrence of harm.

Whilst there has been a strong consensus for legislation as set out in the ADASS 7 Point Plan, the timetable for delivering the Putting People First agenda with the new elements of personal budgets, alongside an increasing demand for and take up of personal assistants which fall outside of the existing regulatory and accreditation routes, means this may not be in place fast enough. The development of a new accreditation scheme for personal assistants, based upon a series of key nationally agreed competencies with national learning and skills organisations needs to be pursued. However careful consideration needs to be given as to how any accreditation system would be applied, maintained and funded without undermining an already fragile labour market or the flexible and more informal arrangements that some personal budget holders would choose to make.

ADASS would welcome a refreshed *No Secrets* national policy document supporting every Local Authority to offer the option of Vetting and Barring or CRB checks being made available to all vulnerable adults who receive their support through a personal assistant.

ADASS has already acknowledged that there is a need to address the skills and development required to support both the public and staff in managing the interface between personalisation and safeguarding. ADASS is already working alongside SCIE and talking to other partners about the development of training resources and toolkits to

support managers and practitioners in their safeguarding work. We anticipate these will be valuable elements in improving consistency, awareness and delivery against best practice in the absence of any new legislative or statutory framework.

Many lead agencies are also working with existing providers of training to vulnerable groups, to promote awareness of safe recruiting, rights and sources of help in situations where people may not feel safe. There is also a theme of ensuring that safeguarding information is accessible to all. Making safeguarding “everybody’s’ business” by increasing public awareness and engaging in community safety agendas is crucial. ADASS would equally welcome working in partnership to develop a national public awareness campaign about the steps individuals and communities can take to keep themselves safe, what harm means and what anyone and everyone should do when they see or believe harm is or may be happening – we see there are benefits to the public as well as supporting cross agency professional understanding and awareness.

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February 2009

