This is the response of the Social Care and Health Directorate at Staffordshire County Council to Safeguarding Adults: A Consultation on the Review of the ‘No Secrets’ Guidance.

To be completed following the consultation process…

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Staffordshire County Council – Our Consultation Process

Staffordshire Social Care and Health Directorate has led the debate on the Safeguarding Adults - A Consultation on the Review of the ‘No Secrets’ Guidance following its publication in October 2008.

The consultation document consisted of nine themes, encompassing sixty questions in total. The Directorate organised a joint councillor and officer workshop where key questions were identified from the consultation paper for each of the nine themes. The debate focused around five of the nine themes the organisation felt to be the most important. These included: leadership, guidance and legislation, prevention, outcomes and risk and choice. These themes and questions were prioritised based on local arrangements and priorities and from the framework being used regionally to respond to the consultation. The group took a more general look at the remaining four areas.

The initial response was submitted to Healthier Communities and Older People Scrutiny Panel accompanied by a covering report for further consideration.

Key Messages:

The key messages of the initial consultation response are as follows:

- Councillors, as leaders of their communities, should take on a key role in driving forward and championing the safeguarding vulnerable adult’s agenda.
- Legislation is needed for safeguarding vulnerable adults. Legislation would address many of the current issues: the definition of a ‘vulnerable adult’, strengthen the leadership role of the local authority and ensure effective partnership working.
- Introduction of a more appropriate definition is required in line with a consideration of the issues of the Fair Access to Care (FACS) criteria. The current definition refers to people who are in receipt of community care services and FACS does prioritise those at risk of abuse or neglect. The problem is that there are some vulnerable adults who do not receive community care services (for example is supported housing), who have opted out or where FACS was applied prior to the abuse and has excluded them.
- Consistent operational guidance across partner agencies is needed to ensure more effective outcomes.
- Better communication is required to raise the profile of safeguarding, challenge perceptions and to encourage community engagement. Councillors should have a key role in community engagement.
- Preventative working needs to be promoted. Stronger links with community safety and health are required to ensure effective prevention. Safeguarding needs to be integrated into the assessment/care management system and feature as part of mainstream work.
- The introduction of personalisation will require professionals to consider risk, but rather than be bound by it, use it to develop innovative services that are personalised to customers’ needs and wants.
Leadership

Where should leadership lie locally? If within local government, then where in local government? What is the role of Councillors and what is required to support this role?

The safeguarding agenda requires effective leadership to establish sustainable momentum and champion the cause. The local authority has a key leadership role in terms of commissioning services, scrutinising local arrangements and ensuring community safety.

As leaders of the local authority, it was felt that county councillors, often being the eyes and ears of their communities should become safeguarding champions. They are ideally placed to raise the profile of safeguarding within the community, but also to influence partner agencies through their involvement on scrutiny boards.

‘Corporate parenting’ emphasises the collective responsibility of local authorities to achieve good parenting for all children in their care. Many participants felt a similar collective responsibility should be extended to adults, setting out duties and detailing mandatory training.

Respondents strongly felt that whilst Local authority should take the lead, safeguarding is the responsibility of the community. Therefore involvement and co-operation from key partners including NHS, Police, Fire etc and the engagement of the general public, is fundamental to successfully protecting ‘vulnerable’ adults.

To lead on this agenda effectively, local authorities require the power and tools to do so. Currently partner agencies are invited, but not required to work in partnership. This has lead to confusion for social services identifying whether they hold a leadership or co-ordination role. Local authorities have no real power, no incentives to offer and no sanctions to apply, this has resulted in inconsistency and a lack of joined up working.

Partners should have a statutory obligation to cooperate, operating within clear guidelines, with agreed duties and responsibilities i.e. social services are experts in assessments, police are experts in criminal investigation, CPS has the political will to prosecute etc. pooling these resources together will achieve the desire outcomes.

Definition
Should the No Secrets definition of a ‘vulnerable adult’ be revised?

The current definition for a vulnerable adult is:

“A vulnerable adult was defined as a person aged 18 or over who is or who may be in need of community care services by reason of mental or other disability, age or illness; and who is or who may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or exploitation”.

The debate acknowledged the obvious link between definition, guidance and legislation. The current definition is insufficient. It excludes a large proportion of the community referring only to those in receipt of ‘community care services’ based on the Fair Access to Care (FACs) criteria, contrary to the prevention agenda. The introduction of a more appropriate definition is required in line with a consideration of the issues of the Fair Access to Care (FACS) criteria.
The current definition refers to people who are in receipt of community care services and FACS does prioritise those at risk of abuse or neglect. The problem is that there are some vulnerable adults who do not receive community care services (for example, people in supported housing), who have opted out or where FACS was applied prior to the abuse and has excluded them.

Whilst it is accepted that a reasonably prescriptive definition is required (to ensure clarity and avoid confusion), the introduction of a more appropriate definition should enable the local authority and key partners to engage with hard to reach groups and those not currently within our remit, including self funders, those with low level needs and carers who recognise they are placing a family member/others at risk but are unsure what to do.

It was strongly felt that the definition should enable people to move in and more importantly out of the ‘classification’ as their situation changes:

Example: middle aged person falls, breaks their back, is hospitalised and is bed bound for a number of weeks. It could be argued that as this individual will be reliant on someone else for their care, they could be open to abuse and therefore could be classed as vulnerable

This individual has the right to appropriate protection through comprehensive risk assessment, whilst deemed to be ‘vulnerable’, but also has the right for the risk assessment to adjust to changing needs, which may increase or reduce during recovery.

There is a concern that a person could be labelled ‘vulnerable’ and professionals only see the label and what the individual can’t do, as opposed to seeing the person with needs and wants.

**Guidance and Legislation**

Do we need guidance / legislation? At what levels? Should an offence of ill-treating or neglecting a vulnerable adult with capacity be introduced?

Should legislation place safeguarding adult’s boards on a statutory footing be introduced? Should we introduce a wider duty to cooperate in relation to safeguarding?

There was a general consensus that the current guidance is open to interpretation. The introduction of legislation similar to child protection legislation is needed. This would require a comprehensive definition to ensure enforceability. It would also bring accountability and resources, compelling organisations to share safeguarding as a key priority.

Whilst most agencies’ strategically wish to be involved in safeguarding, many do not have the resources available. The involvement of the police and in particular the disparity between adult and child protection was a particular concern. The group suggested that powers to investigate could be delegated to the local authority, which would ensure a more speedy response.

Many thought that voluntary and community sector organisations such as Age Concern could act as statutory recipient similar to NSPCC for children services. These organisations could make those early enquires, presenting a less threatening face than social services or the police.
It was acknowledged that there is a key balance between protecting ‘vulnerable’ adults and infringing upon civil liberties. It was felt that social services have a duty to ask questions, to investigate reports of harm, but also to support self choice without judgement, particularly when someone clearly doesn’t want our assistance.

The introduction of a protection framework similar to Multi Agency Public Protection Arrangements (MAPPA) was suggested, outlining the different degrees of seriousness and the subsequent responses from the agencies (single agency responses through to full multi-agency responses). Some forms of abuse are more easily recognised and appropriate responses are more straightforward, whereas some abuse (e.g. financial and emotional) are more difficult to respond to and resolve particularly where capacity is questionable. A protection framework may provide clarity of response and interagency responsibility, leading to more timely interventions and improved outcomes for those who may be subject to the abuse.

Participants praise the ‘No Secrets’ guidance for establishing a safeguarding platform, but insisted that a re-write of current guidance or additional guidance would not be sufficient. It was felt that the review was an ideal opportunity for the government to demonstrate its clear and un-waving commitment to preventing and protecting those most at risk, through implementing meaningful legislation.

Prevention
Should we be doing more work on prevention? If so, where should we concentrate our efforts? If you are doing effective preventative work, please tell us what this involves?

Safeguarding should be integrated into assessment/care management system, featuring as part of mainstream work (appearing on the referral and assessment documentation), with clear links to community safely partnerships.

Early intervention and effective communication between agencies is vital for future preventive work. For example, Staffordshire County Council is working closely with local Community Support Workers by making them aware of where vulnerable adults are living in the community. Capturing more information through health is also essential. A change in the definition would enable more preventive work to be done, as the local authority and partner agencies could connect with those who have a lower level needs or are not currently entitled to our services.

The introduction of a national preventive strategy would raise awareness, insist on adequate staffing, ensure safeguarding features on job descriptions and makes appropriate training essential.

Improved preventative work requires community engagement. Perceptions and attitudes towards safeguarding and adult protection need to change. There is a role for the government in raising the profile through ‘social marketing’ and education, empowering communities to look after themselves.

The government need to use events such as dignity in care and others to promote how to recognise, report and alert on safeguarding issues. A five point plan, similar to ‘dignity in
care campaign’ could be used to communicate the introduction of any legislation to the public and partners.

**Outcomes**

**What are the desired outcomes of safeguarding work?**

The key outcomes were deemed to be:

- Evidence of preventing and stopping abuse
- Reduction in repeat referrals
- Change in current attitudes towards safeguarding and adult protection
- Evidence of effective partnership/multi-agency working with the police/NHS
- Recognition of vulnerability – particularly in relation to hospital discharge

Some of these outcomes could be achieved through the introduction of legalisation; others will need to be driven at a local level. Implementation of adult protection plans and introduction of localised forums for raising ‘vulnerable’ adult cases/sharing information/gaining advice were suggested as one of the means of delivering the local agenda.

The development of a designated multi-agency safeguarding team for complex ‘vulnerable’ adult investigation was proposed, along with the introduction of a safeguarding helpline for the public and partners referrals.

It was also suggested that a dedicated legal resource, providing field workers with assistance through legal representative when confronted with ‘vulnerable’ adults queries be introduced.

**Managing Risk and Choice**

Aspects of safeguarding that need to be built into personalisation and vice versa: how can we keep people safe and still give them what they want? How should we help people make the best choice for them?

The group acknowledged the difficulty of balancing choice and managing risk, but felt it was achievable providing a sufficiently robust framework was introduced across all agencies, including NHS and Police.

The group discussed the implications of personalised budgets and how potential abuse could be managed. Personal assistants should have CRB checks and there were concerns over how potential financial abuse with personalised budgets could be audited.

Organisations have at times taken an overprotected approach to risk analysis which has resulted in users having limited experiences, through ‘make do’ services. The introduction of personalisation will require professionals to consider risk, but rather than be bound by them, use them to develop innovative services matching the needs of our clients.

The introduction of a new definition with underpinning legislation would enable local authorities and partners to become more involved with those at risk, who are currently unseen i.e. self funders, those with low level needs.
Through adopting an underlining model across agencies and sharing safeguarding responsibility, mitigating risks can be managed so that clients retain their independence and their right to choose.

**Health Services and Safeguarding**

What more should be done to ensure that the No Secrets guidance enables staff in the NHS (including GPs) to recognise, investigate and act on abuse? Are local arrangements effective?

Participants felt that raising the profile of safeguarding through developing closer links with GP surgeries and hospitals was crucial, in particular, reporting/sharing unexplained bruising, trips, falls etc and dates and frequency of referrals/visits to GP’s and hospitals. It was also suggested that GP’s sit on the safeguarding boards.

**Safeguarding, Housing and Community Empowerment**

What could housing services do to keep people safe?

There should be specific duties on housing providers to take action to support vulnerable adults where they are the victims of abuse. Currently it is often the victim who is threatened with eviction as a response to abusive behaviour by others.

**Access to the Criminal Justice System**

Is there support for multi-disciplinary teams/joint investigation teams working together at the same location to assess intelligence, risk assess situations, take decisions on immediate action to safeguard vulnerable adults, decide whether a crime has been committed and whether the allegations should enter the safeguarding adults process?

If legislation is created to promote clear lines of responsibility and accountability with specific offences relating to the abuse of vulnerable adults then access to justice will be much easier and the use of special measures would be more likely to be taken up.

The current difficulty is that much existing legislation does not fit the situations that commonly arise. Some existing legislation is also already effectively unusable (e.g. section 47 of the National Assistance Act 1948) and therefore in some areas we currently have less support than in previous times.

Some types of abuse are currently only an offence if directed towards people in a mental health setting or people who lack mental capacity and, as a result there is a variable level of access to justice and redress depending on the individual rather than the abusive behaviour.

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