



Safeguarding in light of the Care Act



Introduction

All councillors, chief executives and senior managers have a key leadership role to play in safeguarding adults at risk of abuse and harm, and in engaging with local communities to promote people's wellbeing. Lead members responsible for adult social care, together with their elected member colleagues and senior managers across a variety of organisations, must be able to scrutinise adult safeguarding policies and practice and to hold agencies to account. They must know whether local authorities and their partner organisations are being effective in keeping people safe (Local Government Association, 2014).

This requires them to have a good understanding of abuse and neglect and to be skilled in asking searching questions of all organisations involved in adult safeguarding, including their own (Department of Health, 2014). They should be aware of local issues and able to promote prevention, early intervention and partnership working, as well as a person-centred culture in adult safeguarding.

Elected members should feel confident in raising awareness of safeguarding issues in their communities and should understand local systems for raising concerns and making referrals (Local Government Association, 2014). Along with senior managers and chief executives, they should act as critical friends with members of Local Safeguarding Adults Boards (LSABs), Local Safeguarding Children Boards (LSCBs) and Community Safety Partnerships (CSPs).

The purpose of this briefing is to introduce leaders to what good adult safeguarding looks like so that they can seek appropriate reassurance that councils and their partners are working effectively.

The Care Act 2014 – a new framework for adult safeguarding

The *Care Act 2014* and the statutory guidance (Department of Health, 2014), which details how the legislation is to be understood and implemented, replace previous adult social care legislation and statutory guidance on adult safeguarding (Department of Health, 2000). The Act places new duties and responsibilities on local authorities about care and support for adults, and adult safeguarding. The Act uses the term wellbeing, which includes enhancing people's dignity and control over all aspects of their lives - physical, mental and emotional, social, economic and familial, housing, and participation in work, education and recreation.

Chapter 14 of the statutory guidance sets the standard for compliance with the new requirements for adult safeguarding and covers adults over the age of eighteen who need care and support, are experiencing or are at risk of abuse or neglect and are unable to protect themselves from that experience or risk. The Act uses the phrases 'adults at risk' and adults with 'needs for care and support' rather than the word 'vulnerable', which is now seen as inappropriate.

Chapter 15 of the statutory guidance considers cooperation and partnership working. It is clear that safeguarding is everybody's business. Local authorities, NHS commissioners and providers, uniform services, community organisations, housing associations, utility companies, third sector organisations and others should act collectively to promote the wellbeing of adults needing care and support, and their carers; to improve the quality of provision and to protect people from abuse and neglect. Partnership working is also necessary to smooth the transition into adulthood of disabled young people and of care leavers, and to learn lessons from serious incidents.

The new statutory framework clarifies and enhances the duties, roles and responsibilities of local authorities and their partners. It strengthens the multi-agency strategic and collaborative approach to adult safeguarding and is not simply a continuation of business as usual (Crawley, 2015).

Key adult safeguarding principles

The *Care Act 2014* requires all agencies to promote individual wellbeing, which means a multi-agency approach to achieving positive outcomes for people who use services (Romeo, 2015). Additionally, the statutory guidance promotes *Making Safeguarding Personal* (MSP) as the approach to adult safeguarding. This involves putting the person in control of their life and the outcomes they want from adult safeguarding investigations.

Adult safeguarding should be person-led and outcome-focused (Department of Health, 2014). This requires practice and organisational culture change, since MSP marks a shift from care management to person-centred relational practice where people are engaged in conversation about

how best to respond to their safeguarding situation and, through this involvement, enabled to exercise choice and control over how their needs are identified and met (Romeo, 2015). Case studies have illustrated the effectiveness of this approach (Lawson et al, 2014).

Alongside the emphasis on individual wellbeing and MSP, six principles must inform how professionals work with adults at risk of abuse and harm. The same principles should act as standards for senior leaders when scrutinising and considering how to improve local systems.

The six principles

Empowerment - support for individuals to make their own decisions.

Proportionality - the least intrusive or restrictive intervention appropriate to the risks presented.

Partnership - working across services and communities to prevent, detect and report neglect and abuse.

Prevention - taking action before harm occurs or risk escalates.

Protection - supporting those in need as a result of abuse or neglect.

Accountability - enabling service users and leaders to challenge agencies for their responses to those at risk of harm.

Defining abuse and neglect

The statutory guidance (Department of Health, 2014) broadens the types of abuse that should now concern LSABs. Multi-agency policies and procedures should now address:

- > **Modern slavery** – including forced labour and human trafficking.
- > **Discriminatory abuse** – including harassment and slurs driven by hatred of difference.
- > **Organisational abuse** – sometimes called institutional abuse and including neglect and poor care within any setting, such as hospitals, care homes and day centres.
- > **Self-neglect** – including neglect of self-care and/or one's environment, often involving refusal of services.
- > **Physical abuse** – including assault, hitting, pushing, and misuse of medication and restraint.
- > **Domestic violence** – including psychological, physical, sexual and emotional abuse.
- > **Sexual abuse** – including rape, harassment, assault and indecent exposure.
- > **Psychological abuse** – including emotional abuse, threats, humiliation, harassment, deprivation of contact and cyberbullying.
- > **Financial or material abuse** – including theft and misuse or misappropriation of possessions.
- > **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs.

Modern slavery is a new addition to the list of types of abuse. *The Modern Slavery Act 2015* creates new orders to prevent modern slavery and makes provision for the protection of victims. LSABs should agree with the Health and Wellbeing Board (HWB) and the CSP who will lead on locally implementing the national strategy (HM Government, 2014). This has four key elements, namely prosecution and disruption of servitude, forced labour and human trafficking, prevention, safeguarding, through community awareness-raising and protection of vulnerable people, and reduction of harm through provision of support for victims.

Organisational abuse now has greater prominence. Given a high profile by inquiries into Winterbourne View and Mid Staffordshire Hospital (Department of Health, 2012; Flynn, 2012; Francis, 2013), senior leaders must now ask for evidence that organisations commissioning and providing services put people first, listen and respond actively to their experiences, alerts, complaints and suggestions, and offer strong advocacy provision as part of the oversight of care services.

Defining abuse and neglect continued

Equally, they should scrutinise the degree to which openness, transparency and candour permeate an organisation, ensure effective escalation and whistle blowing systems exist, and that essential standards are set, effectively audited, reviewed and adhered to. Finally, they should question the degree to which commissioners and LSABs are effectively sighted on the staffing standards, organisational cultures and outcomes of care provided in institutional settings.

Self-neglect is newly included. Best practice (Braye et al, 2014; 2015c) integrates knowing the person and their history, being respectful, honest and reliable, and finding a balance between negotiated and, where necessary, imposed interventions. Working with adults who self-neglect requires patience and resilience; where possible, care and support by consent; and sensitive but wide-ranging multi-agency assessments.

Inquiries (Equality and Human Rights Commission, 2011) and SCRs (Leicester City Council et al, 2008; Flynn, 2011) have given greater prominence to discriminatory abuse. LSABs should determine with Community Safety Partnerships who will lead on counteracting anti-social behaviour and hate crime. Senior leaders should be satisfied that local systems can recognise the extent and impact of hate crime, prevent its occurrence and respond effectively when referrals are received. They should be satisfied that referral routes are clear for individuals and agencies, that information is shared, responses to incidents are coordinated, and that individuals are assessed holistically. This means that the chronology is known and incidents are not simply responded to separately.

Single and multi-agency policies and procedures should incorporate hate crime and anti-social behaviour. Links between children's and adult services should be strong, especially for disabled young adults and young people leaving care, and definitions of people at risk should be inclusive enough to enable effective responses to individuals and families subject to community pressure.

LSABs, LSCBs and Community Safety Partnerships will need to consider the interface between domestic violence and adult safeguarding, covering situations where adults with care and support needs are being abused by intimate partners or close family members. Such cases are examples of where clear protocols will also be needed to ensure compliance with the new *Care Act 2014* duty to make enquiries. New best practice guidance (Local Government Association and the Association of Directors of Adult Social Services in England, 2015) explores the types of procedures and service arrangements that are necessary.

Making Safeguarding Personal

MSP has demonstrated that adult safeguarding practice can deliver outcomes valued by people who use services and the approach is now embedded in the statutory guidance (Department of Health, 2014). It has developed from the experiences and perspectives of people who use services and of those professionals working with them, and has shown that it is possible to promote people's informed choices and meaningful engagement in adult safeguarding practice, to develop their resilience and confidence and to enable them to feel more in control and empowered (Manthorpe et al, 2014).

MSP focuses on the individual's perception of what is happening, what is important to them and their desired outcomes regarding what needs to change (Crawley, 2015), with practitioners offering suggestions, alternatives and concerned challenge that may lead to negotiated outcomes (Needham, 2015). Evidence indicates that this approach leads to better outcomes as it draws on people's own strengths and networks (Mitchell and White, 2015), enhances multi-agency working together, empowers people to take measures to protect themselves, and improves how practitioners listen to and involve those with whom they are working (Lawson et al, 2014) .

However, change is not occurring quickly or consistently (Romeo, 2015). Progress towards person-centred practice has been slowed by resource constraints, variable engagement by partner agencies and the volume of safeguarding work, especially that triggered by the requirements of Deprivation of Liberty Safeguards (Mitchell and White, 2015; Needham, 2015). For MSP to work effectively requires wide ownership across commissioning and provider organisations, recognising that the time required to work alongside the individual will impact on workloads.

There will quite possibly be increased support at the beginning of safeguarding work as practitioners seek to empower people by identifying their priorities and strengths, and building their resilience. Reflective supervision is essential in order to maintain a focus on outcomes rather than process (Lawson et al, 2014) and to adopt person-centred and positive approaches to risk that recognise the importance of helping people wherever possible to achieve the outcomes that matter to them.

Governance of adult safeguarding

The *Care Act 2014* establishes for the first time LSABs within primary legislation. Their central focus is one of assurance that local safeguarding arrangements are effective in protecting adults who, as a result of their needs for care and support, are unable to safeguard themselves from the risk or experience of abuse and neglect. Their roles and responsibilities are itemised in the statutory guidance (Department of Health, 2014).

They must publish an annual plan, compiled in consultation with Healthwatch, and an annual report which reports on the outcomes of their work, including the findings of any Safeguarding Adults Reviews (SARs). This report must be submitted to the local authority Chief Executive, the Police and Crime Commissioner, the Chief Constable, the Chair of the HWB and Healthwatch.

LSABs should focus on prevention of harm and risk, and on protection from abuse and neglect. They should promote awareness of abuse and neglect amongst professionals and local communities, including how to refer. They should review policies, procedures and the outcomes of practice in order to provide assurance of the effectiveness of multi-agency systems in protecting adults. Focus should be on commissioners and providers of services, and include safety in health services, residential and day care, and custodial

settings. They should promote MSP – a person-centred, empowerment culture that supports adults to exercise choice and to regain control of their situation.

There is no one model for ensuring an effective LSAB. Indeed, strategy and structure should be informed by local priorities as well as those emerging from national learning and research. However, research (Braye et al, 2012; Cornish and Preston-Shoot, 2013) identifies **key issues to be addressed locally for the governance of adult safeguarding.**

They are:

- > **Strategic goals and purpose** – what goals will the LSAB set? What will be the focus of its activity? To what degree will the LSAB focus on development and auditing frameworks for protecting individuals alongside promoting preventive and awareness-raising measures in local communities? This focus is captured in the *Care Act 2014* requirement that LSABs publish annual strategies and plans. These should be informed by data collection and performance reporting.

Governance of adult safeguarding continued



> Safeguarding network

How will the LSAB link with the Health and Wellbeing Board, the Community Safety Partnership, the LSCB and Quality Surveillance Groups? The prevention of abuse and neglect, involving issues such as hate crime, modern slavery and sexual exploitation, will preoccupy all these partnership meetings so it is important to clarify how the different Boards will inter-relate.

> LSAB structure

Will the LSAB be a tightly drawn strategic group or more inclusive of senior representatives from across all local agencies involved in adult safeguarding? If the LSAB establishes operational groups for training, quality assurance, Safeguarding Adults Reviews and policy development, how will their work be coordinated, for example by means of an executive group comprised of the chairs of the LSAB and its operational groups?

> Membership

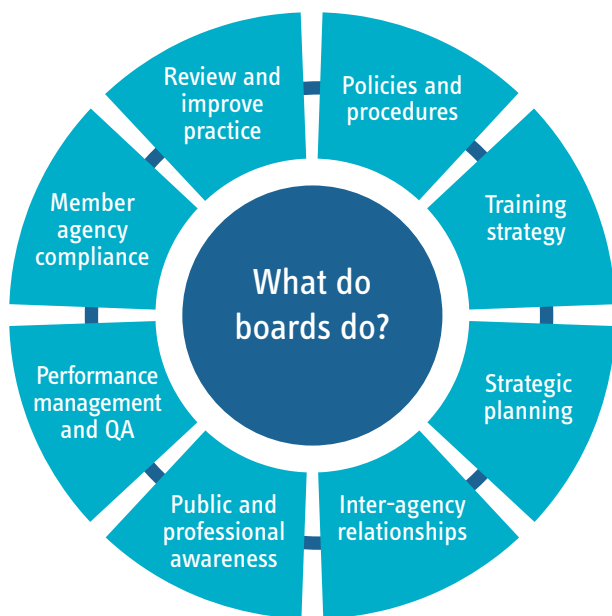
Statutory guidance requires that the LSAB must have representatives from the local authority, police and clinical commissioning group. Beyond that core membership, how wide will membership reach? What are the advantages and drawbacks, as perceived locally, between a smaller and a more inclusive group? How are members, especially the chair, appointed and inducted, with their performance appraised? Will the LSAB have an independent chair?

Statutory guidance (Department of Health, 2014) encourages but does not require this, perhaps because the research evidence is equivocal. Independent Chairs may introduce greater transparency and challenge but they have to overcome their outsider status. Members must be able to commit their organisations to policies and practices agreed by the LSAB and, where representing a service sector, such as care homes, must know the extent of their authority. Historically there have been difficulties in securing engagement from some agencies, for example healthcare providers, and in obtaining the necessary resources from partners to enable the LSAB to function effectively.

> Functions

Adult safeguarding is an all-embracing term. Each LSAB will need to apportion its resources and prioritise, a process which will be more evidence-based if founded on a clear vision of what good adult safeguarding will look like in a particular locality and if that vision is itself derived from, and continually refreshed by, ongoing engagement with people who use services and local communities.

Governance of adult safeguarding *continued*



(Braye et al, 2012)

> **Accountability**

The LSAB Chair is now accountable to the local authority Chief Executive (Department of Health, 2014). The LSAB will have to determine how it will hold partner agencies meaningfully accountable, for example through performance reporting, and how it will challenge other Boards and Committees in respect of their work, for example on hate crime. The LSAB must also consider how it will transparently appraise its own performance. Finally, the LSAB is accountable to local communities through its annual report, and ongoing engagement with people

who use services and their carers, for the contribution of each partner organisation to adult safeguarding arrangements and outcomes.

Evidence from Scotland (Cornish and Preston-Shoot, 2013) indicates that legislation has raised the profile of adult safeguarding and provided a framework for multi-agency cooperation. It has provided a spur for joint training. However, Adult Protection Committees (the equivalent of LSABs in Scotland) have been challenged by the responsibility for an extensive remit with limited budgets. Performance

monitoring and the evaluation of the outcomes of awareness-raising and of training remain variable in terms of the evidence obtained. LSABs have to grapple with the same challenges.

Tools have been developed to enable LSABs, their partner agencies and senior leaders to monitor and drive improvements in adult safeguarding policies and practices. **One example (Association of Chief Police Officers et al, 2015) directs attention to three areas:**

The outcomes for and experiences of people who use services

What is the evidence that they have been safeguarded wherever they live, drawing on criminal justice, health and social services? Do they report that safeguarding has been personalised for them?

How agencies work together and demonstrate leadership in adult safeguarding

To what degree is there active adult safeguarding policy and practice leadership within and across agencies, with clear priorities and action plans as expressed in LSAB annual plans and reports, coordinated information-sharing, and data collection and performance reporting?

How safeguarding is embedded across service commissioning and practice and how far it is personalised for adults at risk of harm

It asks about performance and resource management, as expressed through workforce plans, supervision and the provision of effective training and legal advice.

Every LSAB should be using an improvement tool to drive its own performance and to inform service development.

Ultimately, good governance requires collaborative but non-collusive relationships, truth-telling, open information-sharing and transparency. It involves dialogue – open communication that values challenge and promotes trust and purposeful activity, leading to learning and service improvement (Preston-Shoot and Pratt, 2014). LSAB partners must feel able to challenge each other and any organisation where they believe that actions or inactions are increasing the risk of abuse or neglect.

Safeguarding Adult Reviews (SARs)

The *Care Act 2014* places a duty on LSABs to carry out and publish in annual reports the conclusions and recommendations of SARs (previously known as Serious Case Reviews, or SCRs) where serious abuse or neglect has contributed to the death or serious harm of an individual, and where there is reasonable cause for concern about how professionals and agencies have worked together. LSABs will also have a power to undertake reviews in other circumstances.

The purpose of any review is to learn lessons and improve future practice. There are a variety of models for conducting reviews but the critical need is for transparency, candour and analysis, which seeks to make sense of and to learn from the events that took place. Accordingly, each LSAB should have a procedure for how decisions regarding the commissioning of SARs and other types of learning reviews will be taken, who will manage the process of completing and quality assuring reports, and how any resulting recommendations and action plans will be implemented and ultimately signed off as completed.

The purpose of SARs is *not* to apportion blame or establish culpability, but to learn and implement lessons from a case about how agencies and professionals worked together. The purpose is also to disseminate examples of good individual practice and effective inter-agency working. At their best SARs are quality improvement reports, to be drawn upon for learning and service improvement, but they can be compromised by variable standards of analysis and by lack of inter-agency engagement.

However, there is no complete database of reviews - which makes collation and learning for practice development difficult. There are, however, analyses of SCRs involving people with learning disabilities (Manthorpe and Martineau, 2015), housing (Parry, 2014), London Boroughs (Bestjan, 2012) and adults who self-neglect (Braye et al, 2015a; b).

Common themes have consistently emerged from SCRs and provide a focus for scrutiny by senior leaders:

Practice with individuals

- > Poor engagement with individuals and their carers.
- > Delayed or inadequate assessments, services and reviews.
- > Ignorance of a person's history and chronology.
- > Lack of relationship-centred, assertive, authoritative practice.
- > Poor mental capacity assessments.

Organisational culture

- > Lack of management involvement.
- > Neglect of supervision, training and staff workloads.
- > Lack of compliance with statutory requirements and guidance.
- > Defensive, closed and isolated agencies, evidence of bullying and fear, concerns neither escalated or addressed, unwilling to acknowledge issues.

The team around the adult

- > Poor communication and information-sharing between agencies, silo working and threshold bouncing.
- > Insufficient challenge and concerned curiosity; professional optimism, unclear roles, inadequate recording.
- > Law experienced as hard to understand and use.

Governance

- > Failure to spot and address problems and risks.
- > Insufficient oversight of management and organisational performance.
- > Serious incidents not appraised.
- > Uncertainty about the conduct of SCRs and failure to follow through on action plans.

Workforce and workplace development

Practitioners and managers need to ensure their knowledge of adult safeguarding, including relevant legislation, is up-to-date. Research also suggests that opportunities to discuss complex cases are crucial. Workforce development therefore comprises staff learning and development that builds understanding and capacity (Braye et al, 2013). However, on its own, workforce development will not realise the requirements of the *Care Act 2014*.

Implementing and complying with the *Care Act 2014* requires culture change that gives time and space for relationship-based work and flexibility of outcomes (Braye et al, 2013). MSP requires a reconfiguring of organisational cultures and systems. It involves a shift in adult safeguarding from process to outcome, from standardisation to personalisation (Romeo, 2015).

To address the challenges of hate crime and exploitation, domestic abuse and anti-social behaviour, and meeting the needs of adults who self-neglect, requires effective working across organisational boundaries. It requires policies, training and procedures that enable practitioners and managers to recognise when, in such circumstances, adult safeguarding duties are triggered because someone has needs for care and support as a result of experiencing or being at risk of abuse and neglect.

Such adult safeguarding work requires time to work at the pace of the individual, rather than adherence to care management performance targets, and support across partner agencies for a shared approach (Timson et al, 2015). What is required, then, is leadership at senior levels across the agencies involved in adult safeguarding work (Lawson et al, 2014), inter-agency systems for shared assessments, information exchange, risk management and decision-making (Braye et al, 2013).

There are different models for the organisation of adult safeguarding in local authorities. Some councils have established specialist safeguarding teams; others have integrated adult safeguarding into community and hospital teams. There are advantages and drawbacks to different degrees of specialisation and little evidence, as yet, on the outcomes of different models (Graham et al, 2014).

Leaders should seek assurance on the effectiveness of local organisational models - for example from routine performance reporting, LSAB annual reports and SARs - in the context of the resources available to local authorities and their partners, and of the impact on workloads of the duty to enquire and the widened scope of safeguarding in the *Care Act 2014*.

What is the role of councillors, lead members and senior executives?

Local authority members need to have a good understanding of how abuse and neglect can affect adults, and of the importance of balancing safeguarding with empowerment. They need to understand prevention, proportionate interventions and the dangers of risk-averse practice, and the importance of upholding equality and human rights (Department of Health, 2014). **Councillors have the opportunity to promote the importance of adult safeguarding by:**

- > Raising awareness of adult safeguarding in their communities.
- > Sharing information from local communities with those responsible for developing relevant services and assuring the quality of local provision.
- > Ensuring that services to adults at risk of abuse and harm are high-quality, effective and informed by research.
- > Being aware of the work of the Local Safeguarding Adults Board.
- > Holding accountable member agencies of the Local Safeguarding Adults Board, demonstrating scrutiny and challenge where necessary.

Lead members for adult services can effect meaningful change for adults at risk of abuse and harm by:

- > Demonstrating leadership for the agenda and direction of adult safeguarding in their council.
- > Holding chief officers and senior executives accountable for the quality of single and multi-agency adult safeguarding policies, procedures and practice.
- > Advocating investment in prevention of adult abuse and neglect, and in effective protection.
- > Ensuring the Health and Wellbeing Board, Community Safety Partnership and the Council's Health Overview and Scrutiny Committee provide additional leadership on adult safeguarding issues, that local community needs are represented and safeguarding systems are effective.

Questions for leaders to consider

Chief Executives, Directors of Adult Social Services and other senior leaders must maintain a clear focus on adult safeguarding and provide clear policies and procedures which, together with supervision and training, ensure that all staff are aware of their roles and responsibilities, uphold people's dignity and human rights, and exercise a duty of care through provision of high quality services. Such provision begins with, and is maintained by, close attention to commissioning, contract management and quality assurance.

Councillors and senior executives will need to keep up-to-date with adult safeguarding developments, including research evidence. Annual seminars and periodic briefings, alongside more routine reporting of quantitative data, multi-agency case audit findings and surveys of outcomes for people using services will be helpful in drawing their attention to specific risks and priorities for local focus, whether related to workforce capacity (for example recruitment challenges, training take-up and outcomes, or supervision), partnership working (such as information-sharing and threshold setting) or particular groups (for example, learning disabled adults).

- 1 Does the LSAB have a strong statement of principles and values for adult safeguarding policy and practice? How do you know?
- 2 Is there evidence of explicit commitment to multi-agency ownership of adult safeguarding? How effective is working together at strategic and operational levels? How do you know?
- 3 How effectively does the local authority work with other statutory and third sector agencies in setting objectives for developing adult safeguarding services? Does the LSAB have clear strategic goals reflected in its annual business plan and reported upon in annual reports? How are these goals informed by ongoing engagement with local communities and people who use services? How do you know?
- 4 How effective is the LSAB in holding agencies to account for the effective delivery of adult safeguarding provision? Is there evidence of strong and robust inquiry and challenge of adult safeguarding practice and its management? How do you know?

- 5 Is there strong quantitative and qualitative performance monitoring that explores the themes and personal stories behind the data, with findings used to inform strategic planning? How effectively are people's experiences of adult safeguarding captured? Does their evidence and feedback drive service improvement? How do you know?
- 6 Is there a learning and service improvement strategy that enables the LSAB and the practitioners and managers in its member agencies to learn from SCRs, SARs, multi-agency case audits and other forms of inquiry? Is there evidence of candour and transparency in SARs and audits, such that key challenges and how they are being addressed clearly emerge? How do you know?
- 7 Is guidance available for all types of abuse and neglect and what is the evidence of its impact on practice? How do you know?
- 8 How thorough is management oversight of practice as evidenced through supervision, case audits and recording? Are there sufficient knowledgeable and skilled practitioners? How do you know?
- 9 How effective are the linkages between the LSAB, the HWB, the LSCB and the CSP with respect to strategic leadership and accountability for such issues as hate crime, domestic violence and sexual exploitation? Is it clear who is leading on responding to specific safeguarding issues and who is holding them to account? How do you know?
- 10 How do senior leaders promote the key adult safeguarding principles enshrined in the statutory guidance? What do staff and people using services report about their experiences? How do you know?

1

What does good look like for...

An adult at risk?

Where is there evidence of...

- > Continuity of relationships for the adult with professionals?
- > Being heard and involved in decisions – “Nothing about me without me” – beginning with their desired outcomes?
- > Safeguarding being personalised?
- > Ongoing assessment of need, risk and capacity?
- > Active use of chronology and understanding the person?
- > Timely implementation and review of plans?
- > Partnership working – with the adult and between agencies?
- > Professionals showing concerned curiosity and due regard?

2

What does good look like for...

The team around the adult at risk?

Where is there evidence of...

- > Self-awareness and a learning culture?
- > Manageable workloads, supervision and workforce development?
- > Resources and support for effective team working?
- > Internal and external challenge to the team?
- > Appreciation of the adult's journey and practice that facilitates it?
- > Assessment and mitigation of risks facing the adult and the team?
- > Continuity of relationships?
- > Information-sharing and clear communication?

3

What does good look like for...

The organisations around the team?

Where is there evidence of...

- > Involvement of senior managers in complex cases?
- > Internal and external respectful challenge at all levels of practice and management, and a learning culture?
- > Acceptance of shared responsibility for the adult and the team?
- > Knowledge of adults' journeys?
- > Knowledge of practitioners' lived experience of work?
- > Mitigating risks to effective single and multi-agency working (budgets, organisational structures)?
- > Finding out what outcomes are being achieved?
- > Learning from safeguarding adult reviews, research and case law?

4

What does good look like for...

The LSAB around the organisations?

Where is there evidence of...

- > Internal and external challenge, within appreciative inquiry and a learning culture, and acceptance of shared responsibility?
- > Evidence of effectiveness, impact and outcomes?
- > Good governance?
 - **Goals and purpose** (clear principles, activity scope, strong leadership).
 - **Structures** (clear focus and linkages between activities).
 - **Membership** (resources, clear roles and responsibilities, engagement).
 - **Functions** (strategic planning, operational oversight, assurance through audit and performance monitoring, improvement agenda).
 - **Accountabilities** (clear links, remit and performance standards).

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Author: Michael Preston-Shoot
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Research in Practice for Adults
The Granary, Dartington Hall
Totnes, Devon, TQ9 6EE
tel: 01803 869 753
email: ask@ripfa.org.uk

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