National Competence Framework for Safeguarding Adults

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Final Report

Di Galpin and Lucy Morrison,

The National Safeguarding Framework has been endorsed by:

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2. Foreword

The need for specific policy and legislation to safeguard adults in vulnerable circumstances is clear when one considers the growing number of serious case reviews and inquiry findings that highlight the vulnerability of some individuals to adult abuse. However, while policy and legislation provide a framework for action; its application in practice across professional groups and organisational settings appears inconsistent. The Care Quality Commission, in its annual review of Safeguarding in Health and Social Care in England, suggests that although improvement is apparent, more needs to be done to improve the responsiveness and effectiveness of multi-agency Safeguarding arrangements (CQC, 2010).

Throughout England, practitioners, managers and leaders are seeking to make these improvements and it is clear that a National Competence Framework for Safeguarding Adults would provide a welcome benchmark against which to develop a consistent approach to practice. Safeguarding Adults is everyone's business and providing a list of competences alone will not improve outcomes. What is important is the commitment to its implementation at a local and national level across the health and social care sector, along with ensuring those who use it have the right level of skills and knowledge.

It is important to remember, the framework has been designed not only to provide guidance and inform all those who work with adults of the minimum standard of competence required of them in order to support their development and to raise standards of practice in Safeguarding Adults but also to outline the standards of competence the public can expect to receive from those professionals and organisations charged with Safeguarding Adults.

For the next stage of this project, we intend to produce guidelines for putting together a training strategy to meet your workforce development needs for Safeguarding adults. This will be issued via Learn to Care.

Centre for Post-Qualifying Social Work team

Professor Keith Brown
Di Galpin
Dr Steven Keen
Mike Lyne
Lucy Morrison

Centre for Post-Qualifying Social Work
Bournemouth University
4th Floor, Royal London House
Christchurch
Dorset
BH1 3LT UK

3. Executive Summary

The sector is awaiting further clarification from central government on the future of Safeguarding Adults, with guidance from the reviews of No Secrets and the Law Commission due. The Care Quality Commission has produced its Safeguarding Protocol, Skills for Care the Qualification and Credit Framework, the abolition of the General Social Care Council has been announced and we await the formation of a college of Social Work.

This is representative of the ever changing landscape in which Safeguarding activity occurs; however, what we do know is that Safeguarding Adults is everyone's business. Whilst the formation of a framework that is suitable for everyone has been a challenge, it has been encouraged by the level of consensus that has supported its development. It has also become very apparent to the research team that providing a list of competences alone will not improve outcomes in Safeguarding Adults activity. What will make a difference is how the framework is implemented at a local level, along with ensuring those who are responsible for measuring competence possess the right blend of skills and knowledge required to meaningfully evaluate practice and support professional development.

Government clearly identifies its expectation that Safeguarding Adults is everyone's business. Therefore professional groups, employers and educators all have a responsibility in developing and demonstrating high levels of skill, knowledge and practice, especially within the realm of Safeguarding Adults. The Minister of State (Department of Health, 2010) indicates that '*Safeguarding vulnerable adults who are at risk of harm sits at the heart of government'* (p1) and goes on to suggest that individuals need to be empowered '*to make decisions based on informed choices, to balance taking risks with quality of life decisions'* (p1).

A National Competence Framework provides a process on which to build to achieve this by supporting Safeguarding practice and workforce development.

The way forward

It is clear from the investigations undertaken by the research team that there is a consensus that a national competence framework is required to facilitate effective practice across organisational settings. The health and social care sector is realistic to the limitations of such a framework designed to incorporate everyone, mindful of not replicating the “hospital gown” approach (designed for everyone but fits no one). Such consensus provides an opportunity for the sector to have in place a tool to support the development of good practice and improve outcomes for all those involved in Safeguarding activity, whether as a worker, patient, service user, carer or customer. As has already been stated, Safeguarding Adults is everyone’s business; however, it is acknowledged there are organisation barriers that at times prevent effective working partnerships. A competence framework alone is unable to remove those barriers; however, it may provide a structure from which to further develop partnership working. Whilst it is recognised much good work occurs in the realm of Safeguarding Adults, findings from CQC and serious case reviews suggest there is still room for further improvement, something acknowledged by all those consulted. The blending of a national competence framework, effective implementation and skilled use of the framework could provide additional support in raising standards.

3.1 Themes from Inspections and Serious Case Reviews

There are issues around multi-agency working**,** confusion over roles and responsibilities and lack of clarity in decision making or recording of those discussions, as detailed below:

- Practitioners from a range of agencies are uncertain of their role and responsibility in Safeguarding activity
- Training around Safeguarding is limited, badly co-ordinated and inadequate.
- Record keeping is poor
- Protection planning is inadequate
- Limited awareness of Safeguarding issues by the general public has attributed to inaccessible public information
- Safeguarding procedures are not consistently applied to safeguard carers and individuals who use services
- Poor monitoring and supervision has led to poor practice and limited quality assurance
- Ineffective leadership from managers on Safeguarding

- Poor multi-agency communication and partnership in decision making.
- Poor accountability at managerial levels
- Confusion around the inter-relationship between mental capacity, risk, choice and Safeguarding
- Individuals who are 'difficult' or live a chaotic lifestyle are not perceived as vulnerable and the focus of practice is not on protecting them, but managing them

3.2 Themes from research

Research findings suggest that knowledge and organisational factors influence outcomes for some people who use services and may increase their vulnerability.

- Language that underpins Safeguarding activity and the goals of 'modernisation', 'personalisation' and 'transformation' across the wider area of adult health and social care e.g. 'independence' and 'choice', can impact on where practitioners place emphasis and how they interpret protective policy and procedures (Cambridge and Parkes, 2004)
- Preston-Shoot and Wigley (2002) suggest that the knowledge and attitudes of staff working with older people has a negative impact on outcomes in Safeguarding older people
- Taylor and Dodd (2003) found practitioners' knowledge influences the likelihood of reporting adult abuse across different adult service user groups
- McKenzie et al (2001) found differences in understanding the concept of 'duty of care' by staff from health and social care backgrounds and a difference in their emphasis on 'client safety'. However, their research has been limited to staff working with adults with learning disabilities
- Whilst there have been significant policy developments in mental health services, the focus within mental health legislative and policy development in particular, has not been on protecting the service user who may be vulnerable to abuse, but on the need for public protection from mentally ill service users. Arguably this has led to practitioners questioning the credibility of allegations of abuse and how they should be responded to (Galpin and Parker, 2007)
- The ideological dominance of the medical model within mental health services may link abuse to mental illness, with the blame being placed on individual pathology (Corrigan and Penn, 1997; Humphreys and Thiara, 2003) and the credibility of abuse

complaints being undermined by the medical label of mental illness (Stanley and Flynn 2005; Brown and Keating, 1998)

- Whilst there is an emphasis on integration, collaboration and multi-agency working, this does not actually seem to occur at a practitioner level and the process of understanding Safeguarding, adult abuse and adult protection policy needs to take into consideration professional values, cultures and the different agendas that underpin practice and individual practitioners' interpretation when implementing procedures (Galpin and Parker 2007)

3.3 Themes from practitioners/managers and service users/carers

Findings suggest practitioners and managers are committed to Safeguarding Adults but experience difficulties in balancing the demands made of them in the context of promoting choice whilst Safeguarding Adults. Inconsistencies exist between agencies in understanding their role and responsibilities in Safeguarding Adults.

- Practitioners/managers do not want another 'tick box' approach to support practice
- Evidencing of competence must be robust and focused
- The framework needs to be clearly linked to agency Safeguarding policy and procedures
- The framework needs to include the skills and knowledge required to carry out those processes
- There needs to be clarity on decision making
- Practitioners need to be supported in balancing risks and rights
- There needs to be a more sophisticated understanding of issues around 'mental capacity'
- More meaningful multi-agency working is crucial
- Practitioners require further understanding of the relationship between hate crime and Safeguarding Adults
- Training is required to support individuals in meeting competences
- Evidence of a multi agency risk assessment must be included

Key service user and carer themes are:

- Service users must understand the process of being Safeguarded, as much as is possible and are kept informed at every stage

- Clarification of roles will allow service users to know exactly who is involved and what they will be doing in the Safeguarding process
- The need to treat the person with respect and sensitivity, at the same time adhering to set policies and procedures
- There needs to be more sensitivity and protection towards carers who need to raise an allegation of abuse on behalf of someone who cannot do it for themselves. Despite the whistle blowing policies stating that there will be no reprisals, personal attitudes cannot be dictated by policies

3.4 Themes from consultation and questionnaires with practitioners, managers and trainers on 22nd July 2010

- There was an overwhelming consensus that a framework is required – however, this needs to be endorsed at a national level by organisations such as ADASS, Skills for Care and the Care Quality Commission
- The framework needs to be adopted at a Safeguarding Adults board level
- A national framework will provide consistency and standardisation across practice settings in measuring competence leading to greater accountability
- The framework provides a minimum standard of required knowledge and skills, supporting local multi-agency workforce development and CPD strategies in Safeguarding Adults
- The framework needs to be portable between agencies and a range of settings, for example statutory, voluntary and independent sectors, and applied proportionately to an individuals role and level of responsibility
- The framework will support work-based evidence of learning and competence in practice
- This will provide managers with a framework to evaluate the performance of workers, and identify training needs to develop their practice in Safeguarding
- The framework clarifies expectations of the role of management in Safeguarding Adults
- The framework could be used as a quality assurance tool for commissioners of services and contract monitoring purposes
- The range of national occupational standards that would need to be cross referenced within a framework makes this prohibitive. Those who were consulted suggested guidance accompanying the framework could signpost those using it to their relevant regulatory agencies, however, cross referencing with specific occupational standards

should be undertaken by those using the framework at a local and organisational level

- Adherence to professional values needs to be included within the framework
- Central to the success of a National Competence Framework is clear supporting guidance for those using the framework to assess competence providing clarity in how competence could be evidenced
- The framework, as far as possible, should be “future proofed”. Meaning mention within the ‘competence’ of specific legislation and/or current government agendas be removed and explicit reference to these instead be included in the ‘evidence’ supporting competence
- The framework should support work in complex cases where the capacitated individual may require protection without compromising their autonomy

ALL COMMENTS FROM THE CONSULTATION ARE INCLUDED IN APPENDIX 1 (p.37)

4. Introduction/Background

Adult abuse pervades the lives of many people around the world today, and touches all of us in some way (World Health Organisation, 2002). To many, staying out of harms way is a matter of locking doors and windows and avoiding dangerous places, people and situations; however, for others it is not quite so easy. The threat of adult abuse is behind those closed doors, well hidden from public view and for those living in the midst of adult abuse; violence permeates many aspects of their lives. The current definition of adult abuse used in health and social care today states abuse -

> ‘May consist of a single or repeated act. It may be physical, verbal or psychological; it may be an act of neglect or failure to act; or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot give consent’
>
> (Department of Health, 2000, p9).

Adult abuse has received increasing recognition over the past 40 years at a national and international level (Baker, 1975, Eastman, 1984, Parker, 2001). Initial focus has been on the abuse of older people, however, there is now an awareness of the vulnerability of other groups of adults to abuse, including those with learning difficulties and mental health problems (Brown et al, 1995, Brown and Keating, 1998, Williams and Keating, 2000, Galpin and Parker, 2007).

5. Framework development strategy

The project team have developed this National Competence Framework using work undertaken by East Sussex county council and Brighton and Hove City Council. Their work has been used to facilitate discussions with practitioners, service users and carers.

In the draft stages the project team also drew upon findings from Care Quality Commission inspection reports focused on Safeguarding Adults, alongside several Serious Case Reviews to identify common emerging themes. A literature search of the relationship between knowledge and practice was also undertaken to guide discussions with experienced practitioners/managers via informal interview and focus group to identify what such a framework might need to incorporate. Carers and people who use services were also consulted and this highlighted that meaningful feedback required the involvement of service user and carers, who have experience of Safeguarding Adults policy and procedures.

A consultation event was hosted by the research team with over 40 professional representatives from a variety of geographic locations and organisational settings, consisting of senior managers, Safeguarding Adults coordinators, investigator, workforce development, social work practitioners and health care staff attending. The consultation involved the research team facilitating small group discussions, an open debate and the completion of a questionnaire by attendees. In addition the draft framework was sent to 150 regional professionals via Learn to Care requesting their comments on the proposed framework.

6. Rationale for a National Competence Framework or National Set of Requirements

Safeguarding Adults is an area of practice that has increased in significance in recent years; there is now a considerable amount of research and other findings, along with policy and legislation, on which to base future developments. The following sections provide a snapshot of supporting evidence which have been considered in developing a fit for purpose National Competence Framework (see section 7).

6.1 Safeguarding Adults – Strategic context

Adult Protection has developed under the NHS and Community Care Act 1990 which introduced changes to the way health and social care was delivered, with the Local Authority identified as having the lead responsibility to co-ordinate services through care management.

Modernising Social Services (Department of Health, 1998) expressed the Government's three broad aims for service provision following the election of New Labour in 1997. These were promoting independence, improving protection and raising standards. The second and third of these aims have been fused to enhance regulation of service provision and staff to improve the protection of vulnerable adults. Government believe explicit national standards have a strategic role in not only 'rooting out' abuse of vulnerable adults, but also 'in preventing it from occurring in the first place' (Department of Health, 1998:64). No Secrets (2000) has been developed following the recognition of 'protection' as a key objective in modernising social services. It identifies the Local Authority as the lead agency in terms of adult protection, and highlights the need for a multi-agency approach. No Secrets (2000) provides practitioners with a working definition of adult abuse, what constitutes abuse and who is eligible to receive protection from statutory services. Safeguarding Adults (2005) provides a national benchmark for good practice in protecting vulnerable adults. CQC currently carries out its regulatory responsibilities under the Care Standards Act (CSA) (2000). However, from the 1st October 2010, the CSA (2000) will be revoked and CQC will lead a new regulatory and registration regime under the Health and Social Care Act (2008) which will include Safeguarding Adults. Any National Competence Framework will need to include evidence of practitioners' adherence to relevant legislative and policy guidance, and regulatory requirements, to support Safeguarding activity.

6.2 Safeguarding Adults - Service User and Carer perspective

Inconsistencies across different regions/organisations are of great concern. There needs to be a system where practitioners' competence is evidenced as part of their on going professional development.

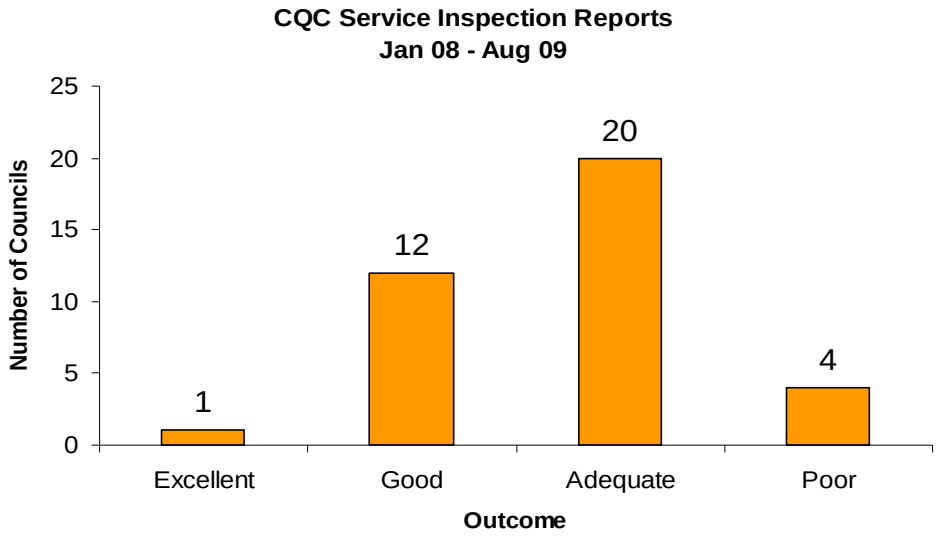
The needs of the vulnerable adult should be at the heart of this Competence Framework with particular focus on the following

- Making sure they understand the process (taking into account issues of capacity) and are kept informed at every stage
- Clarification of roles so that they know who is involved and what they will be doing.
- The need to treat the person with respect and sensitivity, at the same time adhering to set policies and procedures

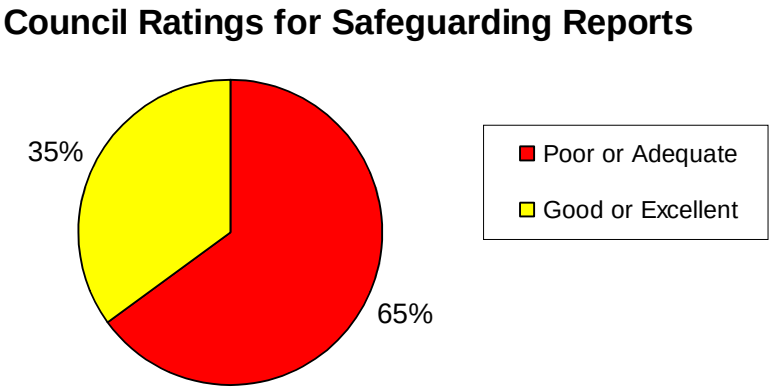
Above all, there is a need for strong leadership and management to ensure that such a Framework is implemented and that the most vulnerable in society receive the support that they need, when they need it.

6.3 Safeguarding Adults – CQC Inspection findings

CQC inspections are a vital national resource in identifying areas of practice that require improvement and their findings are central to supporting the development of a National Competence Framework. Over the last 18 months, 66 councils' Safeguarding activity have been inspected and thirty-seven reports are available at the time of writing. CQC ratings for these councils Safeguarding Adults activity are as follows:



The figures suggest that 65% of councils are rated as poor or adequate whilst 35% percent are rated as good or excellent.



Emerging themes from those identified as 'poor' in Safeguarding Adults include:

- Plans developed from meetings lack detail and are not holistic or outcome focused
- There are variations in clarity of decision making
- Strategy meetings do not take place in line with agency policy and procedures.
- There is unacceptable and potentially unsafe inconsistency in approaches to multi-agency meetings and decision making responsibilities
- Variations in practice lead to uncoordinated investigations
- Protection planning needs to be sharper about the specific actions required to protect someone from abuse
- Lack of clarity about who should be invited to a strategy meeting, leads to inconsistency in participation from other agencies
- Unclear multi-agency decision making unclear, leads to investigation processes becoming muddled
- Records of meetings are poor and protection plans do not explicitly set out the risk assessment process and actions do not specify responsibilities, timescales and implementation processes
- Meetings result in task lists rather than clear plans where timescales and accountability are clearly set out
- Attendance at meetings by other professional groups; for example, medical staff and police, is variable
- Poor prevention and outcome planning

(N.B. Further detailed comments are included in Appendix 3.)

6.4 Safeguarding Adults – Serious Case Review findings

Serious Case Reviews provide a vital resource in developing practice and systems that safeguard those most vulnerable in society. Although a painful process for all those involved in such a review, a commitment to exposing failings in a particular case is central to enabling the sector as a whole to make improvements. The themes emerging in the Serious Case Reviews considered are consistent with CQC inspection findings. At the heart of most reviews are:

- Poor multi-agency working /communication with agencies focusing on single issues and not making links to the protection of the individual
- Policy, procedures and guidance in Safeguarding not used
- No overall ownership of the case at hand
- Poor recording
- Poor quality of assessment and care planning
- Limited understanding of the complex relationship between mental capacity, risk, choice and Safeguarding, and how to work effectively within these complexities

(NB. Further detailed comments can be found in three of the Serious Case Reviews (SCRs) detailed in Appendix 4)

6.5 Safeguarding Adults - Practitioner/Manager Issues

Practitioners and managers, at all levels, are central to the process of Safeguarding Adults and have valuable practice experience that can help identify what competence is required to support good practice. Professionals suggest partnership working is central to health and social care practice; this brings with it a plethora of opportunities, as well as potential barriers, as practitioners attempt to adhere to their professional and organisational responsibilities whilst ensuring legislative duties are met and power is used appropriately. In terms of Safeguarding Adults, the rhetoric of decision-making in a spirit of partnership within a multi-agency setting appears, at times, contrary to practitioners' experience. Information gained from experienced practitioners indicates Safeguarding Adults is professionally, intellectually, and emotionally challenging. Practitioners suggest this is sometimes due to inconsistencies in approach, a lack of clarity in roles and responsibilities, and poor leadership and management. These experiences are supported by findings outlined in service inspection reports, inquiry and Serious Case Reviews (CSCI, 2008, Safeguarding Adults Board, 2008, Cornwall and Isles of Scilly Safeguarding Adults Board, 2009).

Safeguarding Adults is something of a balancing act, frequently based upon inadequate or over-whelming information and competing demands, time constraints, pressure of work and fear of the consequences of making the "wrong" decision, along with criticism of that decision. Contact with practitioners and managers has confirmed they are highly committed to Safeguarding Adults and our findings suggest that knowledge and attitudes are, to a large extent, shaped by organisational factors such as policy, procedures and positive support at all managerial levels. In particular, practitioners and managers have highlighted the inconsistencies that exist across organisational boundaries within the statutory sector, and increasingly the voluntary and independent sectors in light of the personalisation agenda. Practitioners have suggested that any competence framework should be linked to contracts for service provision to support its implementation into practice. Central to this process is ensuring that the evidencing of competence is robust, and should be linked to the training of staff and managers.

6.6 Safeguarding Adults – Mental capacity, risk, choice and Safeguarding

Mental Capacity is often a key issue in Safeguarding activity, and one that is increasingly recognised as central to whether individuals are perceived as requiring protection. It is also an area that needs to be balanced against concepts such as risk, choice and service developments around personalisation. Clarity is sometimes lost as individuals seek to balance competing demands.

The Mental Capacity Act 2005 (Department of Health, 2005) and the accompanying Code of Practice, make it clear that assumptions should not be made about a person's mental capacity. The starting point is a presumption that the individual does possess mental capacity. However, if an individual is assessed as lacking mental capacity, for a specific decision, consideration will need to be given to who should be involved in making a 'best interest' decision and the Court of Protection's power under the Mental Capacity Act 2005. Consideration would also be required in some cases in assessing individuals under Deprivation of Liberty Safeguards, which requires practitioners to take a lead role in decision-making to address potential breaches of Article 5 of the Human Rights Act 1998. Although the foundations of this legislation are firmly embedded in the protection of individuals' human rights, Ife (2008) warns practitioners that *'to act in the best interests of another person can easily become itself a human rights violation, and that such social work must be undertaken only with a deep sense of moral questioning'* (p.173).

However, whilst individuals assessed as lacking mental capacity pose particular challenges, so too do those assessed as having mental capacity. The Pilkington case (Dutta, 2009) highlights the complexity involved in balancing mental capacity, risk, choice and Safeguarding. Fear may prevent individuals, who are otherwise deemed to possess mental capacity, from engaging with professionals to address issues of abuse. The tragic case of Fiona Pilkington, aged 38, who committed suicide with her disabled daughter Francecca, aged 18, highlights the difficulties faced in Safeguarding Adults at all levels. Having been subjected to a sustained campaign of abuse for over 15 years by local youths, and where Ms Pilkington's repeated calls to police for help had not resulted in any prosecutions, Ms Pilkington set fire to her car whilst she and her daughter were still inside. The Assistant Chief Constable suggested at the inquest into their deaths that 'it *was difficult to bring prosecutions against the gang because it was not what the family wanted'* (Dutta, 2009, p14). The coroner stated "*This was a woman who may have been terrified, who might have*

been vulnerable and not the best person to make the decision about a prosecution under the circumstances" (Dutta, 2009, p14).

Practitioners and Serious Case Reviews suggest a Pilkington type case scenario, in terms of balancing mental capacity with risk, choice and Safeguarding is not uncommon in practice. Individuals who have been assessed as possessing mental capacity are sometimes viewed as not falling within the remit of Safeguarding, leading to practice that becomes reactive, only dealing with the concerns of the moment and then withdrawing until the next crisis. Practitioners can become confused about the relationship between risk, choice and Safeguarding, as incidents become isolated and the cumulative impact of events on the mental capacity of the individual can be lost to the Safeguarding process.

In the context of mental capacity, risk, choice and Safeguarding, professionals need to identify possible incidents of abuse, past and present, gain a multi-agency view of the risk and develop strategies to manage risk. This also needs to be communicated to the user of services to give them the best possible chance of making an informed choice. Communication with people who use services is central to this process. Sometimes an individual's perception of their circumstances appears to be confused or even unknown. They may not view their situation as abusive and any outcome, which they perceive as adversely affecting their lives or their relationships, may be felt by them to be an unacceptable loss, rather than a resolution to a problem. Therefore, professionals need to decide how to actively engage in supporting an individual to make informed choices; otherwise all decisions may become essentially service-led.

A National Competence Framework will need to support practitioners to demonstrate their ability to critically analyse the dynamic relationship that exists between mental capacity and informed choice.

6. Conclusions and Recommendations

Practitioners, managers and the organisations they work in are committed to Safeguarding Adults. However, a gap exists between the application of policy, procedures and legislation and this has led to some serious failings in the system. A consensus exists that a National Competence Framework would make a positive contribution to Safeguarding those most vulnerable to abuse in society. Discussion with a range of individuals suggest the following:

- A national framework will provide consistency and standardisation across practice settings in measuring competence leading to greater accountability
- The framework provides a minimum standard of required knowledge and skills, supporting local multi-agency workforce development and CPD strategies in Safeguarding Adults
- The framework needs to be portable between agencies and a range of settings, for example statutory, voluntary and independent sectors, and applied proportionately to an individuals role and level of responsibility
- The framework will support work-based evidence of learning and competence in practice
- This will provide managers with a framework to evaluate the performance of workers, and identify training needs to develop their practice in Safeguarding
- The framework clarifies expectations of the role of management in Safeguarding Adults
- The framework could be used as a quality assurance tool for commissioners of services and contract monitoring purposes
- The range of national occupational standards that would need to be cross referenced within a framework makes this prohibitive. Those who were consulted suggested guidance accompanying the framework could signpost those using it to their relevant regulatory agencies.
- There is an overwhelming consensus that a framework is required – however, this needs to be endorsed at a national level by organisations such as ADASS, Skills for Care and the Care Quality Commission
- The framework needs to be adopted at a Safeguarding Adults board level

The research team suggest the National Competence Framework will require

1. Approval by relevant agencies i.e. ADASS, CQC, Skills for Care, local Safeguarding Adults Boards and the Department of Health

2. Clear guidance to accompany the framework on how it should be used and how individuals may evidence competence in Safeguarding Adults proportionate to their role and level of responsibility

3. Acceptance of the framework will require the development a clear strategy of how it should be rolled out at a local level

4. Commitment to the implementation of the framework from the top down

5. Piloting of the proposed framework

7. The National Competence Framework for Safeguarding Adults

Learn to Care

Learn to Care represents leads of workforce learning and development in Local Authorities in England. This work was undertaken in partnership with Bournemouth University and reflects the significant role that learning and development plays in the delivery of high standards of social work and social care.

We believe that the framework will be invaluable to Adult Safeguarding Boards, practitioners and learning and development personnel both in managing performance and delivering quality outcomes for people who are made vulnerable by their circumstances.

Introduction to the National Competence Framework

Safeguarding Adults is everyone's business. The development of a National Competence Framework is a positive step towards establishing more efficient and consistent Safeguarding practice across the country, however, its ability to support improved practice will depend on how it is received and implemented at a local level. Commitment from all those working with adults will be required if this framework to succeed.

The following framework has been designed to provide a baseline for standards of competence that individuals can expect to receive from those professionals and organisations who are tasked with Safeguarding Adults. It also provides employees and employers with a benchmark for the minimum standard of competence required of those who work to Safeguard Adults across a range of sectors.

This framework is not meant to stifle organisational autonomy but to provide a guide to establish consistency in approach to Safeguarding Adults across practice settings and organisational contexts.

How was the framework developed?

The project team have drawn on the work of East Sussex County Council, Brighton and Hove City Council and Lambeth Safeguarding Adult Partnership and consulted with a range of professionals across health and social care to develop this National Competence Framework. Findings from Care Quality Commission inspection reports alongside Serious Case Reviews have been used to identify emerging themes in Safeguarding Adults activity.

A literature search of the relationship between knowledge and practice has also been undertaken to guide discussions with experienced practitioners/managers to identify what such a framework might need to incorporate. Carers and people who use services have also been consulted.

What is a competence?

A competence is the combination of the skills, knowledge and experience held by individual staff and this framework aims to ensure that these qualities inform Safeguarding practice in a way that is commensurate with an individuals' occupational role and responsibility.

To be competent you need to be able to interpret a situation in its context, have a repertoire of possible actions to take and have been trained in the possible actions in the repertoire, where this is relevant. Regardless of training, competence grows through experience and the abilities of an individual to learn and adapt.

Who should complete the National Competence Framework for Safeguarding Adults?

All staff should be assessed as competent against the competences that are relevant to their occupational role. Whatever their role, all staff should know when and how to report any concern about abuse of an adult. Therefore all staff need to be competent in the first 5 competences as described in the framework. Beyond this it will depend on their occupational role and level responsibilities. This is described in the document but can be summarised in the following table. The framework seeks to support a proportionate response to suspected abuse from all those who work with adults.

Safeguarding Adults: Competence in working with people and delivering Safeguarding services	
	Including, but not limited to:
Staff Group A Members of this group have a responsibility to contribute to Safeguarding adults, but do not have specific organisational responsibility or statutory authority to intervene	• Drivers, other transport staff • Day service staff • All support staff in health and social care settings • HR staff • Clerical and admin staff • Domestic and ancillary staff • Health and Safety Officers • Elected Members • Volunteer Befrienders • Charity trustees
Staff Group B This group have considerable professional and organisational responsibility for Safeguarding adults. They have to be able to act on concerns and contribute appropriately to local and national policies, legislation and procedures. This group needs to work within an inter or multi-agency context	• Social workers • Nurses • Frontline managers • Integrated team managers • Head of Nursing • Health and Social Care Provider Service Managers (Safeguarding champions) • Social Worker or Care Manager who has received joint training, with the Police, on adult protection • ABE Trained Investigating Officers
Safeguarding Adults: Competence in Strategic Management and Leadership of Safeguarding Services	
Staff Group C This group is responsible for ensuring the management and delivery of Safeguarding Adult services is effective and efficient. In addition they will have oversight of the development of systems, policies and procedures within their organisation to facilitate good working partnerships with allied agencies to ensure consistency in approach and quality of service	• Operational Managers • Heads of Assessment and Care managers • Service Managers
Staff Group D This group is responsible in ensuring their organisation is, at all levels, fully committed to Safeguarding Adults and have in place appropriate systems and resources to support this work in an intra and inter agency context	• Heads of Support Services • Heads of Directly Provided Services • Heads of Assessment and Care Management Services

What are the timescales for completion?

Timescales for completion should be agreed at a local level. It has been suggested that all newly appointed staff should be assessed as competent against their relevant competences, by their line manager, within the first six months of entering their post. It might also be used with Newly Qualified Social Workers to support their development. For experienced practitioners, the assessment of competence might be undertaken over a longer period of time, for example, every three years. Usage of the competence framework will need to meet workforce development and service delivery needs and therefore should be viewed as one part of a range of tools already developed by organisations. The framework should be used in conjunction with existing workforce development systems, for example training, CPD and supervisory arrangements.

Carrying out the assessment of competence

The assessment of competence should combine a mix of direct observation of practice, as well as a process of exploration, discussion and questioning in supervision and appraisal meetings. Assessment should also reflect a knowledge and understanding of Local Authority Multi-Agency Policy and Procedures for Safeguarding Adults, Operational Instructions and Safeguarding Practice Standards.

Supporting the development of competence

All staff can be helped to develop their Safeguarding competence. This can be done by participating in formal training and development opportunities, including the completion of vocational or professional awards. However, there are also many opportunities for staff to learn and develop within the workplace. This could be via discussions in team meetings, 'buddying up' with more experienced practitioners, coaching and mentoring opportunities and 'learning lunches'. However, one thing is essential: the ability of the line manager to encourage, enable and motivate staff to develop and learn.

Using the framework to support workforce development

Training can be linked to a particular staff group to ensure the workforce is able to meet the specified competence. All commissioned training can be mapped / evaluated against the specific competences for specific roles. Appendix 2 provides a draft list of the roles related to staff groups A,B, C and D

Safeguarding Adults: Competence in working with people and delivering Safeguarding services

Staff Group A: Including but not limited to: volunteers, day service staff, support workers, speech therapists, chiropodists, personal assistants, housing officers, leisure and recreation centre staff, drivers and transport staff, church/faith workers will be able to:

STAFF GROUP A				
Competence	**Suggested evidence must be pertinent and proportionate to role**	Supported Evidence	Date	Manager Signature
1. Understand what Safeguarding is and their role in Safeguarding Adults	• Show clear understanding of their role in identifying and reporting concerns regarding adult abuse • Show understanding of their organisations policy and procedures • Show understanding of local authority role: duty to protect • Treat reports seriously • Understand limits to confidentiality			
2. Recognise an adult potentially in need of Safeguarding and take action	As appropriate to role: • Shows clear understanding of the meaning of 'vulnerable adult' as defined in relevant policy guidance e.g. 'No Secrets' (2000) • Shows understanding of what constitutes 'abuse' • Know the different forms of abuse and how to recognise indicators / signs of them • Demonstrate an understanding of the factors that might increase risk of abuse • Report concerns to someone above them • Contact emergency services if the individual is in immediate danger			
3. Understanding the procedures for making a 'Safeguarding Alert'	• Show understanding of what your employer's Safeguarding Adults policy and procedures are • Know how to ensure the individual is safe when the risk of abuse is high • Know who they should contact • Know how to make a referral • Work in manner that seeks to reduce the risk of abuse			
4. Understand dignity and respect when working with individuals	• Value individuality and be non-judgemental • Recognise the individuals rights to exercise freedom of choice • Recognise the individuals right to live in an abuse free environment • Be aware of how your values and attitude influence your understanding of the situation • Listen to individuals and allow individuals time to communicate any preferences and wishes			
5. Have knowledge of policy, procedures and legislation that supports Safeguarding Adults activity	• Demonstrates knowledge of national and local policies/legislation that support Safeguarding activity e.g. Mental Capacity Act; Deprivation of Liberty Safeguards; No Secrets; Human Rights Act; Care standards for registered services; employing agencies policy and procedures • Understand how to 'whistleblow' using related polices and procedures			

Safeguarding Adults: Competence in working with people and delivering Safeguarding services

Staff Group B: Qualified Professionals in health and social care and all frontline Managers (including staff who may act as the senior staff on duty) who manage or supervise staff providing services directly to the public. Including but not limited to: Social Work Team Managers, Voluntary and Independent Sector Managers, Heads of Nursing, Health and Social Care Provider Service Managers etc, Safeguarding Adult Co-ordinators, police officers will be able to:

STAFF GROUP B				
Competence	**Suggested evidence must be pertinent and proportionate to role**	**Supported Evidence**	**Date**	**Manager Signature**
6. Demonstrates skills and knowledge to contribute effectively to the Safeguarding process	• Works to local and national guidance in Safeguarding • Respond to alerts/referrals in a timely manner • Identify and reduce potential and actual risks after disclosure or an allegation has been made • Practice effective multi-agency partnership e.g. convene strategy meeting • Adhere to timescales • Attend and contribute to investigations/meetings/information sharing • Develop protective strategies for those who decline services • Has awareness of and confidence to use 'whistle blowing' policy and procedures when required			
7. Awareness and application of a range of local and national policy and procedural frameworks when undertaking Safeguarding activity	• Show critical understanding on the levels, thresholds or pathways of investigating in response to a 'Safeguarding referral' and the requirements of gathering initial information • Describe the purpose of a strategy meeting/discussion and how to contribute to this and any subsequent investigation plan • Describe the purpose of a Safeguarding case conference, and how to contribute to this and any subsequent protection plan • Use of appropriate forms and recording systems • Know what legislation / policy informed a specific piece of work and why. Including but not limited to: – Mental Capacity Act (Section 44) – Deprivation of Liberty Safeguards (DOLS). – Human Rights Acts 1998 – Sexual Offenses Act 2003 – Police and Criminal Evidence Act 1984 – Fraud Act 2006 (Section 4) – Care Standards Act 2000 (Section 23) – Court Protection MCA (Section 15) – Independent Safeguarding Authority (ISA) – POVA – Multi-Agency Public Protection Arrangements (MAPPA) – Multi-Agency Risk Assessment Conference (MARAC) • Use of alternative policy and legislation to support preventative strategies e.g. carer support • Be aware and challenge if necessary organisational cultures that may lead to poor practice in Safeguarding			
8. Ensure service users / carers are supported	• Work with service users to ensure they are fully aware of all options available to them and also of the preventative measures that they may be able to put in place to protect themselves from abuse i.e.			

appropriately to understand Safeguarding issues to maximise their decision making	lasting powers of attorney (Mental Capacity Act) and/or police involvement • Recognise service users' rights to freedom of choice • Show understanding of how abuse may affect individuals' decision making processes e.g. domestic violence (Biderman's chart of coercion) • Provide information on local and national groups that may be able to provide support e.g. victim support, IMCA service and/or local carers group • Provide written and verbal information on local Safeguarding Adult processes and how they can be accessed by service users and carers • Have knowledge of resilience factors and how these might interact with Safeguarding • Understand how policy / legislation can have the potential to be used oppressively e.g. Mental Capacity Act, Best Interest Decisions may conflict with Human Rights (Article 3) • Describe the potential impact of abuse on vulnerable adults, the staff or individuals who are alleged to have committed abuse and the informal carer who may have raised the alarm • Recognise perpetrators of abuse may be vulnerable themselves and require support Actively engage with individuals who decline services and/or engage support of others to achieve this			
9. Understand how best evidence is achieved	As appropriate to role: • Show a comprehensive and detailed knowledge of gathering, evaluating and preserving evidence • Describe why it is important to preserve evidence			
10. Understand when to use emergency systems to Safeguard adults	• Use emergency services when necessary e.g. call for an ambulance and/ or police intervention • Contact out of hours service • Describe when emergency protection plans may be required. • Use legislation where immediate action may be required e.g. Section 4 of the Mental Health Act 1983 or urgent authorisation under DOLS			
11. Maintain accurate, complete and up-to-date records	• Evidence of protection planning • Evidence of collation and monitoring of 'Safeguarding Alerts' within your service through observation and discussion • Evidence of report writing • Evidence of information sharing • Evidence of multi-agency partnership working • Evidence of risk assessments and management plans • Evidence of contemporary case recordings • Explicit understanding of issues of confidentiality and data protection			
12. Demonstrate required level of skills and knowledge to undertake a Safeguarding Adults investigation	• Show thorough knowledge and application of purpose, duties, tasks involved in Safeguarding investigations • Plan and carry out agreed strategy to protect an adult from abuse during and following investigation • Understand the different roles and responsibilities of the different agencies involved in investigating allegations of abuse			

Safeguarding Adults: Competence in Strategic Management and Leadership of Safeguarding Services

Staff Group C: Strategic Manager. Including but not limited to: Service Managers, Independent Chair, Operations Managers, Head of Assessment and Care Management etc. will be able to:

STAFF GROUP C				
Competence	**Suggested evidence must be pertinent and proportionate to role**	**Supported Evidence**	**Date**	**Manager Signature**
13. Actively engage in supporting a positive multi-agency approach to Safeguarding Adults	• Demonstrate an understanding of the different roles and responsibilities of all agencies involved in investigations and ensure these are met. • Show awareness of updated protocols and follow/implement them • Demonstrate application of learning from CQC inspections and Serious Case Reviews in service development • Show how multi-agency prevention strategies are being developed and used in practice. • Challenge poor practice at an intra and inter-agency level			
14. Support the development of robust internal systems to provide consistent, high quality Safeguarding Adults service	• Demonstrate a clear understanding of national policy and procedures and how these relate to the development and application of local Safeguarding policy and procedures in a multi-agency context • Carry out effective monitoring and auditing • Demonstrate effective training and CPD activity is commissioned to support the development of Safeguarding Adult services • Ensure necessary policy and procedures are in place to support supervisory practice • Ensure supervision is carried out regularly to support Safeguarding activity • Ensure supervisors are suitably trained to carry out the supervisory role • Support 'whistleblowing' policy and procedures • Monitor Safeguarding systems • Ensure workforce has necessary skills and knowledge to work effectively • Ensure effective training, policy and procedures are in place to support effective risk and decision making in practice			
15. Chair Safeguarding Adults meetings or discussions	• In line with local policy and procedures chair strategy meetings where it is deemed a senior manager is most appropriate e.g. large scale inquiries or sexual offences			
16. Ensure record systems are robust and fit for purpose	• Implement audit and inspection regimes • Can demonstrate established systems to support good practice e.g. maintaining records, protection plan monitoring and time management e.g investigators report. • Ensure appropriate record keeping of Safeguarding adults meetings e.g. minute taking			

Safeguarding Adults: Competence in Strategic Management and Leadership of Safeguarding Services

Staff Group D: Including but not limited to: Executive and Senior Managers, Chief Executive, Owner/Manager, Head of Service and above will be able to:

STAFF GROUP D				
Competence	**Suggested evidence must be pertinent and proportionate to role**	**Supported Evidence**	**Date**	**Manager Signature**
17. Lead the development of effective policy and procedures for Safeguarding Adult services in your organisation	• Work with partner agencies to develop a consistent intra and inter agency approach to Safeguarding Adults • Have strategic understanding of the scope of Safeguarding services across the whole organisation • Work in partnership with a range of agencies to promote Safeguarding adult services • Provide leadership for the workforce stating clear aims and objectives in Safeguarding Adults • Ensure contractual arrangements with service providers adhere to Safeguarding Adults policy and procedures • Can effectively communicate a proactive approach to Safeguarding Adults within your organisation • Be able to account for your organisations practice • Ensure 'whistleblowing' systems are in place			
18. Ensure plans and targets for 'Safeguarding Adults' are embedded at a strategic level across your organisation	• Ensure internal audit systems are robust • Actively engage in and have comprehensive knowledge of CQC inspections and findings and how these will be implemented to support service development in your organisation • Be aware of the findings from serious Case Reviews and any implication for service delivery in respect of Safeguarding adults in your organisation			
19. Promote awareness of Safeguarding adults systems within your organisation and outside of your organisation	• Publicise and promote Safeguarding policy and procedures • Can identify systems and structures in place used to raise awareness of Safeguarding Adults at a local and national level			
20. Develop and maintain systems to ensure the involvement of those who use your services in the evaluation and development of your Safeguarding Adults services	• Ensure service users, patients, carers and customers are supported and involved in all aspects of activity, and that their feedback impacts upon service plans, locality action plans and the delivery of Safeguarding • Provide evidence of how patients, service users, carers and customers are involved in Safeguarding activity			

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10. Appendices

10.1 APPENDIX 1 - Feedback

Feedback from a Safeguarding Consultation event, held 22nd July 2010 in Bournemouth

Question 1: Do you agree in principle to the introduction of a competence framework for Safeguarding adults?
33 / 33 said Yes to question 1

Question 2: If you answered yes to the above, what is your view on having a common national competence framework?

General feedback	Suggestions
• Having a national framework will help raise the profile of adult Safeguarding which will help make it a nationwide issue – like child protection	• Needs to be nationally recognised • Consideration of how it is to be 'circulated' to ensure a good understanding of its purpose • It needs to be well supported by statutory, educational and provider agencies • Needs the endorsement of relevant organisations – BSCC, SCIE, BASW etc. • There needs to be affirmation given high status organisations such as ADASS and CQC etc. The framework could be linked to outcome 7 of the new CQC regulations as this would cross reference to other sources of care sector guidance • Needs to be jointly 'owned' by all agencies • It has to be done with all of the linked sector skills councils thought, otherwise it will just be a 'version of' a national competence framework
	• Need much more clarity regarding purpose, usage and where and how to embed it into relevant areas • Simplicity is necessary to make sure everyone understands it • It needs to be simple to use and easy to access • Must not be too prescriptive and onerous • Will need much amendment in terms of the specifics and details – terminology; how to demonstrate competence; structure layout (role to competence, rather than the other way around)
• Ensures consistency of practice and development of transferable skills • Good to have shared competences in this crucial area. • Greater consistency and accountability in practice • A national framework avoids fragmentation and duplication and also gives staff transferability • The benefits of common understanding of practice and procedures cannot be underestimated with regard to Safeguarding • Such consistency should making commissioning, recruitment and support (eg. Supervision) easier • Same systems mean less confusion and 'ad hoc' standard, which are often too complex and less effective • A tool to work in a uniform way at a national level will further reinforce the importance of this agenda • A framework is very much needed – its been far too	• Needs to be a consistency and equality of Safeguarding and prevention nationally • Will provide standardised knowledge base for practitioners across Local Authorities • National framework must be seen as minimum standards and noted as such with expectation that it will be locally improved on. • If it can be identified as best practice, this could help in identifying poorer practices in some areas. • Will need to be reviewed and updated – who will be doing this? • Standardised portfolios would also be helpful for evidence

loosely regulated / managed – adds credence to the role and is a necessity • There needs to be a universal understanding (and perimeters) of what good practice looks like in Safeguarding	
• It is useful for being portable between organisations and authorities	• It will be important to consider how the competences are implemented/ policed • Needs to be well embedded within existing learning in relevant agencies inc. induction, vocational and professional qualifications and CPD requirements • Needs to avoid a bolt on process • It will need to allow for local policy until there is a national Safeguarding policy that all local authorities are working to • It is essential that it remains flexible for local adaptation to meet the local requirements.
• It is important to raise awareness and give it importance and relevancy for all involved – will support more work-based evidence of learning • If the framework becomes 'too common' in terms of who is to be included eg. ASDAs bus drivers, it will lose its effectiveness	• Needs to be made more relevant to all agencies so not just refer to NOS • Needs to be closely linked to existing competencies and integrated into working practice • It needs to be organisation applicable
• Very important in giving a basis to multiagency training which is adopted by all.	• Training needs to be standardised so Safeguarding is equitable across the country

Question 3: Do you agree with the proposed usage of the competence framework?

(i) As guidance to staff so that they are clear on their roles in relation to Safeguarding adults?

General comments	Suggestions
• Identifies skills and knowledge gaps • Yes, but it will take leadership to permeate to every corner of the sector • Yes, this will allow this document to be functional in its approach • Yes, - with supplementary resources as discussed/ proposed by blue GP • NO – they should be expected competences • Yes, as this may give managers a framework for managing agenda and performance • Not just exclusively with staff- the dominant ethos of the framework as it stands is that service users are at the margins of the process. Services user need aware of the whole process of Safeguarding. • Yes, the unions will welcome this and also professional associations.	• Useful to develop into a portfolio • They need to be more directly relevant to integration with local policy and practice • Ideally, it would need to 'buy in' from operational staff working at a most senior level • The current framework is vague and uses fuzzy language, so it is not as clear as it could be eg. Who defines 'appropriate' and 'relevant'. • The language needs to be clear so as not to be perceived as another hurdle • To be used as guidance may not be entirely appropriate – true guidance ought to contain guidance as policy, practice and management to ensure meeting the competences rather that the competences themselves.
• Yes, that they need to consider and have a role around Safeguarding • Useful for supervisors / managers to know their staff's roles • Yes, otherwise Safeguarding maybe viewed, and often is, as an optional add on and not given sufficient priority • Provides clarity of expectation • Yes, this would give clarity to staff at all levels.	• Needs to be adopted and signed off at Safeguarding adults board level – potential to be able to use evidence of practice for staff who transfer roles or apply for jobs in other areas – avoid current difficulties

• Yes, also helps clarify expectations of management support – ie what skills / support their line managers can provide. • Yes, sends a clear message of requirements and expectations • Yes, it will provide a useful tool at all levels to allow assessment of knowledge and skills in relation to specific job roles. • Yes, but with a level of understanding that is commensurate with their role	

(ii) As information to help audit and plan learning interventions?

General comments	Suggestions
• Helps to assure Safeguarding practice • Will aid partnership working • Yes, will be excellent for trying to ensure consistency • This document will assist to identify weak areas of someone's practice which could then form part for their PDD, rather than a stand alone document • Yes and for CPD • In some areas, commissioners and contracts office monitor services and may need to use this as a monitoring tool • Maybe, the regular investigator in me would not want it to be diluted in any way? • Potentially yes, however, id becomes 'a tick box' exercise many not be as successful in achieving a clear outcome • Yes, especially good if supported by learning materials	• Needs to be either more stripped down to a simpler framework list with additional guidance for relevant roles or be a more detailed document with explicit range of areas where directly applicable • Work is still needed to enhance the methods of evidencing competence and the competences themselves
• Yes, should be used as part of both in agency appraisal systems and as audit by external auditors about the levels of staff competence to deliver the Safeguarding agenda • As an audit tool very good • It would set a common standard and implementation within local policies would in assist in audit and by being able to identify levels of training required by different staff groups • Audit should be integral to competence • Yes, this could be used as basis of internal staff organisational audits to ascertain 'fitness for purpose' of organisers and agencies. • Yes, this would be utilised within current audit processes	
• Yes, training needs should be identified through supervision and annual professional development review • Yes, training needs to be standardised so Safeguarding is equitable across the country • Useful to plan training and prioritise future developments or changes needed to ensure best practice, update policy and procedures etc. • Yes, training is key in ensure competence and this will aid consistency naturally • It will assist in designing / delivering outcomes for organisation and training • Good to assess independent providers of training • It will provide information that will support development of workforce training plans for agencies and providers	• Emphasis needed on undertaking not just attending training – focus on quality supervision to enable competence development • It needs to be used appropriately with supervision and appraisal systems it will highlight development needs

(iii) As a document to aid discussion on continuing professional development?

General comments	Suggestions
• Useful as identifies training and development needs • If portfolio, could be used in supervision, case discussion and updated as an ongoing working document • Yes, it would be valued in appraisals and for GSCC registration evidencing • Ye, competence measurements through EDI/PDP's and supervision • Useful tool to enable SAPB / Senior Manager to understand needs and resource implications (multi-agencies) • No – too large • Yes, and can be evidenced in supervision • Good as a tool in order that expectation of roles are clear • The framework is based upon job roles – not a professional development. One you have all the competencies in your job role, development does not necessarily stop • Not sure that this should be used in this way in terms if global CPD • Yes, is good to have a benchmark for assessing a person's needs • Yes, it lends itself to increasing levels of competence • Yes, this could be used as pat of CPD and Personal development reviews/ annual appraisals	• Perhaps to contribute towards this, most organisations will have other aids for this as well so needs to complement them • Must be provided with relevant guidance or clearly labelled as document that can be adapted for local use • Possibly a graph to link their competences to development and progression but defiantly in recruitment processes • A smaller – refresher guide would be better to use time more effectively and have a better outcome - refreshed standards could be nationally reviewed for SA. • What it the intended academic level that this is aimed at? Some of the best care staff can struggle into what appears to be basic requirements – may not express their values but work to them well. • Needs to be seen as one of several tools that can be used at all levels. • In practice it may need to be used in conjunction with other, more significant tools to record evidence. • Competent, not competent to safeguard? Surely then there would need to be guidance around appropriate thresholds of competence? • It needs to be relevant to other agencies and jointly owned • Its success will depend on its use in practice and how this is audited and the importance that both the local and national agencies place on it • Could be included into CPD/PQ activities to avoid duplication of effort and resources.

(iv) As a means to record level of competence?

General comments	Suggestions
• Yes, understanding practitioners need to be understood and supported to improve • Yes, this should help to support competence / weak areas/ or a member of staff who cannot complete the work. Should assist in defining the 'can't do' and the 'won't do' groups • Vital – but likely to have resistance in resource implications • Yes, although the wording and short outcomes could be difficult in a broad sense • Yes, and ongoing within supervision and case recording and actions • Yes, but competence cannot be seen to be demonstrated not just seen as a tick box exercise • Yes, but be aware that managers who desperately need investigators can tick all the boxes to pass any jeopardy onto the worker • Yes but it need to correspond with agency CPD not tacked on otherwise it could be overlooked or not seen as relevant	• Very simple structure – would need to be in a format that expands as further evidence gathered a revised competence assessed • The framework needs to outline the areas of competence, organisations may want to consider how they will record it e.g. yes/no or met/partly met/not at all or score 1-5 • Yes may need some adaptation –could use a score 1-5 (achieves varying levels • Perhaps additional support would be require to record levels of competence • Needs to be revised to follow a more personal development planning (PDP) approach eg not met/ partly met/fully met with regular review timescales • Should be part of CDI/PDP process as a performance management tool. Ensure competence not just expect it! • The required evidence must have a standardised level/outcome • Guidance may be required in order to support

• Useful tool however if limited to performance may need wider consultation • Yes, very important to ensure that the right people are involved at each stage of investigations for example – organisations could have minimum standards that relate to their local policy and procedure – reassuring for Safeguarding boards. • It will help reinforce professional practice through reflection – workplace learning is far more effective in terms of ensuring knowledge transfer than simply attending a course • This will enable staff to understand the required competence level of their role and clearly identify where they require further development	managers and organisations • It needs to be carefully explained and linked to other sources of appraisal etc. • Its success will depend on how the competence is measured, by whom, and the standards required of the assessors carrying this out. Heavy dependence on managers to do this- levels of consistency will take a long time to achieve • It would need the inclusion of better distinction between levels if it were to be used for this purpose • It will need standardised Quality Assurance procedures

Question 4: What are your views on the proposed manner of introduction of the framework?

General comments	Suggestions
• Not aware that there is a proposed manner of introduction • At some point consultation will need to stop and publish! • It would be good to see care homes (residential / nursing) signing up for this framework and not just applying for lip service, but something that is more tangible – national not just local	• Competence tool needs to be useable length but also needs to be supported by a more detailed document defining competences. • Needs expansion to include links to other organisations and professional standards • Remove division of sections into practitioners and managers – Safeguarding is everyone's business • Needs high levels support and dissemination widely to implement in all of sector. It will be a lot of additional work/ responsibility for some staff and managers who have relied on attending training courses (only) and avoiding the issues (eg. Health staff –nursing staff in wards) and passing to social services. • Should be piloted - more on (6) – this will enable tweaking to any areas of concern. • Needs to be addressed from the top down- from senior managers / education / CQC / professional bodies • Key stakeholder signup is essential if this is to be seen a true multi agency framework that applies to all parties within the Safeguarding partnerships and beyond • Staged implementation with gradual sign-up is preferable to being 'on hold' indefinitely • It would be wise to launch to 'social services' type organisations first, rather than to delay launch for police and health sign up. • Needs to be wide and accessible to partners • It would be good to have an ambassador fro each agency to push the framework so that the organisations fully implement and embed into job roles • Needs wider 'stakeholder' involvement from health/ police and ambulance services as well as third sector providers • Needs joint agency presentation – get community care involved. • Has to be done through sector skills councils – has to be 'top down' otherwise people won't bother to change. Could be followed by KSS (knowledge and skills sets) that, essentially, provides a curriculum and materials • It will need much wider consultation and publicising prior to launch

Informal Safeguarding Manager Feedback

A competence framework should serve as a support mechanism to managers and practitioners in guiding them through Safeguarding procedures effectively. The competences should ensure that anyone involved with an adult in vulnerable circumstances has the skills and knowledge appropriate to their particular role.

There is the need for a framework that is sensitive to the different levels of abuse so that responses are appropriate. For example; a Provider could be asked to resolve an investigation internally and then report back on the creative action they have taken to the local authority. This would act as a preventative measure to ensure low levels of abuse do not accumulate to become a very serious case. It would also lessen the need for unnecessary multi-agency strategy meetings and case conferences.

As seen in the Steven Hoskin Case (2006) individuals with capacity who choose not to use a care provider are not being fully safeguarded. The authorities still have a duty of care to ensure that a person is safe and even if the service user chooses to terminate their contract, the authorities still have a responsibility to ensure that they continue to live in a safe environment. A framework of competence should include evidence of a multi-agency risk assessment, and to ensure that information is hared with the service user to help them understand the potential safeguards that can be put in to place to assist them.

Further information is required regarding individuals who declining services. People with capacity can still be vulnerable and people can change their minds. A refusal cannot be taken as a definitive answer. Local authorities have the duty to intervene if the risk is so high that the service user or other people could be harmed and this means that sometimes it is necessary to act in the individuals' best interests if there is risk of harm or death.

There is the need to identify clearly the use of formal strategy meetings as part of a response to an alert. Information sharing is crucial for the involvement and full understanding of the agencies involved. Some agencies practice 'strategy discussions' which can be effective if only two agencies are involved. However, multiple agencies require a formal meeting to gain all the information necessary to determine the seriousness of a case. A competence framework could act a guide to ensure this is achieved.

A competence framework should evidence service user's have received a protection plan, as an outcome of the case conference which is effective and frequently monitored after its introduction. The protection plan must be valuable in protecting service users who, through their circumstances may be particularly vulnerable to risk and this should stop preventable incidents occurring in the future.

Informal Safeguarding Practitioner Feedback

A competence framework would be well received, however it was felt there needs to be a level of flexibility to meet local organisational needs. Evidencing competence was viewed as crucial to ensure this process does not become a tokenistic approach. Support would be required for providers in the voluntary/independent/private sectors to support the application of the framework and it was suggested adherence to a framework should be linked to contractual and commissioning processes. Training would be required at all levels to support practitioners and managers in developing their skills and knowledge to meet these competences. Additional attention is required to determine how competence will be assessed in the context of personalisation and individual budgets to ensure all are safeguarded to the same level.

10.2 APPENDIX 2

Draft List of Job Roles related to Staff Groups A, B, C and D

This provides guidance and the Staff Groups can be interpreted to meet local needs as appropriate.

Organisation / Role	Group
Executive and senior management	
Executive Directors Adults and community services	D
Chief Executives	D
Owner managers	D
Middle Management	
Assistant director	C
Manager	C
Department head	C
Area Manager	B
Community services manager	B/ C
Project manager (service provision)	B/ C
First line managers	
Team leaders	B
Team managers	B/ C
Officers in charge	B
Service managers	C
Service co-ordinators	B
Matron (NB. Not NHS modern matrons)	B
Residential wardens	A
Residential unit managers (includes relevant hostels)	B
Assistant and deputy managers	B
Senior social workers with staff management responsibilities	B/ C
Recipients of direct payments who employ personal assistants	A
Registered managers	
Registers managers	B
Supervisors	
Supervisors	B
Care officers	A
Care supervisors	A
Supervisors of specific services	A/B
Social Workers: Professionally-qualified social workers of all type and in all settings	
Approved Mental Health Professionals (AMHPs)	B
Social workers	B
Care managers	B
Care navigators	A
Care brokers	A
Case managers	B
Consultant (NHS)	A/B

Physiotherapists and occupational therapists (adults)	A
Practice nurses	B
Psychologists	A/B
Psychiatrists	A/B
Radiographers	A
Speech and language therapists (adults)	A
Nurse consultants	B
Modern matrons	B
Nurse managers	B
Chiropodists / Podiatrists	A
Specialist OT practitioners	A/B
OT assistants	A
Prosthetists	A
LINK/community volunteers	A
PAL's (Patient advice and liason service)	A
Community, Support and Outreach Work	
Case co-ordinators	A
Community support workers	A
Home care support workers	A
Mental health support workers	A
Rehabilitation workers (visual impairment)	A
Mental health outreach workers	A
Community outreach workers	A
Substance misuse workers	A
Community development worker	A
Outreach development worker - includes: trainee social workers and social work assistants and NHS STR (Support, Time and Recovery) workers	A
Community safety officers	A
Anti-social behavioural officers	A
Technicians (NB. Does not include technicians who have no involvement with service users)	
Equipment technicians	A
Equipment aids	A
Rehabilitation officer	A
Rehabilitation engineer	A
Hearing technician	A
Guide dog assistant	A
Housing	
Housing officers	A
Housing managers and supervisors	A/B
Leisure	
Leisure and recreation centre staff	A
Leisure and recreation supervisor/manager	A
Library staff	A
Receptionists	A

Senior practitioner and other senior social work roles which do not involve management of staff	B		Designated practitioners	A
Emergency duty team	B		Designated managers or supervisors	A/B
Transition staff from CYPS	B		**Police**	
All **NHS employed** social workers	A/B		Police officers (general)	A/B
			Police officers (community safety unit)	B
Senior care workers			Police officers (community support officers and safer neighbourhood teams)	A
Senior care workers	A/B		**Advice, guidance and advocacy**	
Senior care assistants	A/B		Welfare rights officers	A
			Advocacy workers	A
Care workers			Advocate	A
Care/support workers	A			
Care/support assistants	A		**Other job roles directly involved in providing care**	
Care/support staff in all settings	A		Directly care-providing job roles not covered by any of the above categories	A
Driver/care assistants	A			
Bus escorts	A		**Managers and staff in care-related but not care-providing roles**	
Personal assistant to recipient of direct payments	A		Learning and development roles	A
Activity worker in some residential settings	A		Procurement, commissioning, contracting, payments	A
Health			Research and planning	A
Emergency department staff			Customer relations, complaints	A
Emergency department managers and supervisors	A		Practice learning coordinators/managers	A
Addictions workers with adults	A		Compliance, verification, quality control, quality assurance, standards, procedures, Best Value, performance assessment and review	A
Addictions agencies, managers and supervisors	A		NVQ assessors/verifiers	A
Adult mental health workers	A/B			
Adult mental health team managers and supervisors	A/B		**Administration / Office staff (not providing care)**	
Ambulance workers	B/ C		Personnel officers	A
Dentists	A		HR Managers	A
Designated professionals	A		Information support staff (includes senior information support staff)	A
Designated managers or supervisors	B/ C		Receptionists	A
District and community nurses	A/B		Information and communications technology (ICT); framework-I staff only	A
GPs	A/B		Interpreter	A
GP and health facility receptionists	A/B			
Health visiting teams	A		**Ancillary Staff (not providing care but working with adults vulnerable to abuse)**	
Nurse practitioners (as appropriate to role)	B		Domestic staff	A
Other hospital clinical staff	A/B		Catering staff, cook	A
Health Care Assistants	A		Estate / premises management and maintenance staff	A
Nursing Auxiliary	A		Driver and other transport staff	A
Auxiliary nurses	A		Housekeeper	A
Clinical support workers	A			
Therapy assistants	A		**Voluntary organisations**	
Therapy helpers	A		In contact or work with adults who are in receipt of care services and may be vulnerable to abuse	A
Trainee assistant practitioners	A		Practitioners who work directly with adults in receipt of care	A

10.3 APPENDIX 3

CQC Inspection Reports

An analysis of four councils' inspection reports (within the CQC's Independence, Wellbeing and Choice inspection) each with a different Safeguarding rating; excellent, good, adequate and poor, has demonstrated that there are a number of common areas in which the council Safeguarding performance needs improvement.

The data below is summarised from the website: Council Inspection Reports.
http://www.cqc.org.uk/guidanceforprofessionals/councils/councilinspectionreports.cfm

From these inspection reports we have summarised the areas that require improvements under the three main Safeguarding elements: prevention, response, and protection.

Since 2009, inspections under IWC are no longer being carried out. A new methodology called 'Inspection of Adult Social Care' is now in force, however, the Safeguarding aspect of the inspection remains the same.

Areas that require improvement	**Recommendation**
Prevention	
Uncertainty of roles and responsibilities • Reluctance to acknowledge risks as Safeguarding issues	• Raise awareness of how to report incidents of abuse and about the range of support available. This should include people from black and minority ethnic communities.
• Risk thresholds were identified inconsistently • Strategic policies unclear in identifying vulnerable groups • Low level referrals resulting from confusions with arrangements • Confusion within capacity, eligibility, restrictions of service users, care management etc.	• The council should ensure that the identification of risk thresholds and the implementation of investigations are strengthened.
• Unclear of protocols for joint investigation with child services • Co-ordinator role unfocused as too many roles and responsibilities	• The council and partners should ensure that compliance-monitoring processes are in place to ensure that staffs from all agencies are involved in, and meet their responsibilities towards, adult Safeguarding initiatives. • Make sure the role of the adult Safeguarding co-ordinator is more focused on quality assuring practice
• Lack of support information for carers	• The council should ensure that carer's are aware that all of the full range of support services available
Training: • Unplanned, under managed and badly co-ordinated • Interagency training informal and inadequate – no plan or shared budget or strategy • Limited access to training / low take up • Volunteers also require training	• Develop differentiated training opportunities for key staff from all agencies and ensure attendance • The council and its partners should ensure that volunteers are appropriately trained.
• Lack of accreditation and monitoring / supervision of practice skills	• The council should strengthen the analysis of skills required by staff involved in adult Safeguarding duties and adopt a planned approach to providing focused training opportunities.
General Awareness and records • General unawareness of Safeguarding for carers • Lack of public accessibility to information • Wordy/inaccessible Safeguarding information • No in-depth analysis of safeguard activity e.g. trends, impact of geography and demography	• Strengthen recording • All stakeholders have access to a range of Safeguarding learning and development opportunities.

Response	
No strategic and operational framework • No standardised processes leading to inconsistent practice • Uncertainty regarding timescales • Significant delays in reporting incidents • Poorly implemented investigations • Multi-disciplinary working poor • Confusing targets • Confusion over case termination – high number of cases presented as inconclusive. • Undeveloped contingency planning (backup plan) • Action plan not outcome focused	• Ensure that Safeguarding procedures are consistently applied to safeguard people who use services and carers. • The council and its partners should undertake some research into the high numbers of inconclusive investigations in order to improve their effectiveness.
Monitoring and supervision • Lack process of monitoring compliance • Poor supervision – leads to discrepancies • Governance arrangement poor	• Work with local authorities to ensure governance arrangements deliver safe, high quality services
Management of Safeguarding • Confusion of use of strategy meetings • No/little communication of arrangements between elected members and senior managers • Ineffective interagency leadership and co-ordination • Performance management • Poor use of independent advocacy services • Poor leadership • Standard not challenged – no business plan to drive improvements	• Develop the Adult Safeguarding Executive Board, clarify interagency commitments, and implement a system of cross-agency performance management. • The council should strengthen the skills of, and support and supervision processes for, first line managers to ensure that monitoring of the implementation of investigations and protection plans is satisfactory in all instances.
General record-keeping • Records of decisions poor or non-existent • Reviews of decisions poor • No clear progress report / no action plan • Uncertainty of authority of current regulation (whether strict guidance or 'best advice') • Delays in awareness of referrals. • Recording with service users not evident -did not always identify consent • Poor governance arrangements	• The council should make more consistent use of the new routine audit of practice arrangements to ensure that key tasks undertaken and recorded to an acceptable standard.
Protection	
Protection planning • Unclear / unmonitored protection plans • Poor manager knowledge of Adult Protection Plans • Absent or missing protection plans leading to unclear terminations of investigatory case	• Improve the practice in relation to identification of ongoing risks and the implementation of protection plans.
• Poor focus on interagency procedures action on protection issues	
• No overall transitions protocol to manage child to vulnerable adult	

10.4 APPENDIX 4

Serious Case Reviews (SCR)

We use serious case reviews to learn from past experience and to improve future practice by acting on learning. In reviewing Safeguarding Adults' procedures across a range of organisations we are able to improve multi agency working, with the intention of learning from mistakes not allocating blame.
The information below is summarised from the website: Safeguarding Adults Serious Case Reviews; http://www.cornwall.gov.uk/index.aspx?page=5609

Case Study 1: Steven Hoskin
Steve Hoskin (39) had a learning disability and was murdered in 2006 after suffering abuse from certain youths that used his home to drink and take drugs. Steven was subject to degradation and humiliation as well as considerable physical abuse from these youths who eventually killed him.

Lessons learnt
- Each agency focused on single issues within their own sectional remits and did not make the connections deemed necessary for the protection of vulnerable adults.
- It is important that adult protection be triggered when someone is *believed* to be at risk of harm/abuse.
- Agencies have to be proactive in undertaking risk assessments to ensure that preventive action is taken wherever practicable.
- Steven's frequent visits to healthcare providers failed to evoke the necessary 'alerts' and despite there being an awareness of alcohol abuse, no decisive action was ensued.
- The emergency services did not appear to regard themselves as potential 'alerters'.
- Not all staff receiving and collecting information made it available to others in their organisations or to partner organisations. This lack of inter-agency communication has lead to the error of assuming that information that has been passed on or shared will be 'known' by recipients. In this case. Steven's situation did not come to the attention of the Crime and Disorder Reduction Partnership, which should have brought together a number of key agencies.
- Steven's 'choice' to terminate contact with Adult Social Care was not investigated or explored with him.

Review Recommendations
- There needs to be a clear risk criteria and 'thresholds' needed with respect to Safeguarding vulnerable adults corresponding to those for the protection of children.
- Police Domestic Violence services should not to be limited to adults only.
- Life-transforming decisions (or 'choices') by a known vulnerable adult – such as discontinuing a support service – should result in assessments of a person's *decision-making capacity* and such shift to self-directed care for vulnerable adults living alone should always be accompanied by the monitoring of their personal safety.
- There needs to be improved national guidance regarding people with a criminal offence history being diverted to the mental health services.
- Intelligence regarding 'warning markers' against individuals should be shared within the NHS and externally with services in direct contact with vulnerable adults e.g. Adult Social Care.
- All agencies associated with Serious Case Reviews should invest in processes which systematically investigate the events leading to the Review.
- Members of the Adult Social Care and the Primary Health Care Trust should develop a joint understanding of the expenditure necessary to support vulnerable adults in the community.
- The adoption of the Department of Health term, *learning disability* to limit the scope for any potential ambiguity about a person's long term support needs and status as a vulnerable adult.
- Collaboration should occur to determine a shared approach to concerns regarding young people who associate with dangerous men and engage in underage sex.

In regard to the use of Serious Case Reviews
- It must be a requirement for local authorities to set up an Adult Protection Committee and for statutory duty to *cooperate* with Serious Case Reviews. The central government must be aware of the need, where appropriate, for Serious Case Reviews to have access to court transcriptions without charge.

Case Study 2: JK (2008)
JK was 76 years old and lived alone in rented accommodation with her 3 dogs. She was in contact with support services and they maintained she was able to manage her personal and domestic needs. However, there were uncertainties about her vulnerability and ability to manage after concerns that her living conditions were unhygienic and unsafe. She

complained of local harassment and multiple referrals from friends resulted in Rapid Assessment Team (RAT) visits, it was during a visit in which she was found dead.

Lessons learnt

- There was confusion about choice and risk. In the light of her clear and articulate resistance to receive help to change her situation they lost the ability to work in anything but a reactive fashion, all interventions became essentially service driven.
- There was no shared multi-agency assessment and discussion of her needs and the risks she faced.
- There was no overall ownership of JK's situation by those working with her. This was manifested in the manner in which referrals or actions on referrals were dealt with or followed up on. Worries were communicated to DACS who largely failed to respond. But this failure was not noted or followed up within the referring agencies. The referral was seen to be sufficient and the problem passed on.
- The various procedures, policy and guidance were not used effectively. They did not help staff to identify the levels of risk and the way they worked with JK.
  Such documentation includes:
  - "Single assessment process of older people"
  - "The Cornwall and Isles of Scilly Multi-Agency Safeguarding Adults Policy"
  - "Best interest to consider Mental Capacity".
  - "End of life plans"
- A Safeguarding Adults alert **was** used by the ambulance service, although it did not have time to be processed so it is not clear about whether this would have initiated a multi-agency discussion. A Problem Solving Plan was developed between the police and housing but it appears to have centred narrowly on the physical security of the home.
- Control was given to JK to choose the patterns of services she needed/wanted and the risks she wished to take in her life. This was practiced in accordance with the Department of Health guidance and everyone working with JK appears to have respected this either as a professional value, or because of their own powerlessness in the face of her apparent intransigence.
- Appropriate levels of skills and protocols for staff should be achieved, so they have the ability to recognise and respond to these more subtle and complicated scenarios.
- To achieve truly user led services that are committed to choice and control, while still providing older vulnerable people the services and safety they need, requires an infrastructure that encourages a culture of sharing and professional discussion.

Review Recommendations

- Quality of Assessments and care plans

  Health, Social Care and Housing ensure assessments are;
  - Undertaken by staff with sufficient training and qualifications
  - Built on a service user led perspective rather than the available service and interventions.
  - Able to address issues of reluctance to engage with services

- Multi agency work

  Each agency audits and clarifies the multi-agency arrangements for;
  - Single i.e. "shared and holistic" assessment processes
  - Multi disciplinary meetings where there are concerns about vulnerable adult
  - The appointment of a key worker to co-ordinate care plans
  - The statement and commitment to a shared care plan.

  There is a review of the Cornwall and Isles of Scilly Multi-Agency Safeguarding Adults Policy so that there is clarification regarding;
  - When self neglect is an aspect of Safeguarding.
  - When "concerns" referred to DACS become part of the Safeguarding policy.

  There is a system of quality control to check when concerns referred to DACS are appropriately dealt with as Safeguarding.

- Record Keeping

  Each agency identifies an accurate and timely system for;
  - Records of referrals and actions
  - Feed back to referrers on outcomes and actions
  - Follow up from referrers to ensure they know the results of their referral.

  These systems are reviewed. Guidance and training offered to staff in completing the IMRs in the case of Serious Case reviews and in completion of the templates.

- Working with people who refuse services

- There is a review of how often service user refusal to accept services presents a concern to staff in all agencies.
- There is a review of the range of multi-agency guidance and procedural advice drawn up to advise and support staff in situations where there are concerns about vulnerability and the service user appears to refuse the support that is offered.
- There is training and multi disciplinary discussion about approaches to working with vulnerable people who refuse services.

Case Study 3: TS (2007)

TS was a 43 year old woman was admitted to hospital for a femur fracture, she suffered alcohol withdrawal and after further examination in Intensive Care was found to have renal failure, alcoholic liver disease, alcohol cirrhosis and septicaemia in addition to the infected fracture. She died within a fortnight of being admitted to hospital. In her life, she had suffered a stroke and received primary care help. Police had been involved in allegations of abuse against her partner and were aware of her alcohol dependency. She repeatedly refused domestic help and declined the advice offered to her.

Lessons learnt

- The issues surrounding TS were handled within the constraints presented when an adult declines consent. They did not, however, invoke the Adult Protection Procedures which were available to them which may well have resulted in a more holistic and coordinated approach being taken, involving all relevant agencies.
- Nurse's notes which were found absent, were not able to be found and subsequently highlighted the need for Safeguarding Adults Serious Case Reviews to work effectively in partnership with HM Coroner recognising the Coroner's primacy.
- An initial Adult Protection Alert made in early 2007 may have brought about the involvement of the Cornwall Partnership Trust, for instance, which may well have been able to assist in tackling the issues effectively.
- The Cornwall Partnership Trust has recognised the need to ensure adult Safeguarding is included in the core assessment in all cases and this is commended to other agencies involved.
- Police policy of positive action in respect of domestic violence has long been in effect but the facts of this case have indicated that this action is less obvious if the violence suspected is not recent. The Force is already reviewing its policy in this respect.
- It has been considered that police may be in a position to lead in auditing compliance, once quality training can be assured, thus providing the SAB with valuable material to help drive up standards across agencies
- Social Care have proposed system and structural changes which are intended to ensure that a more complete and properly coordinated response is given to issues of Safeguarding Adults

Review Recommendations

- It is recommended that the PCT review their contractual requirement for accurate and contemporaneous record keeping with all providers including General Practitioners. This review should address issues of adherence and information sharing, making agreements binding. These requirements should be subject to regular audit and review.
- Clear reference must be made within multi-disciplinary training that every professional has a duty of care to an individual and that this duty cannot be discharged through another individual or agency without a formally recorded agreement.
- Safeguarding Adults Board (formerly the APC) satisfies itself by ongoing audit as to the extent and efficacy of multi-disciplinary training across agencies including the PCT and in particular take up by General Practitioners.
- Agencies calling a multi-agency meeting extend the invitation to all agencies whose expertise may provide a contribution to the outcome regardless of the agency's prior or current involvement with the client and that all agencies have a responsibility to ensure they are represented.
- Adult protection must be considered as part of the core assessment and in all cases is replicated by all agencies and that senior managers monitor compliance by inclusion in audit processes and in performance measurement figures.
- A domestic violence awareness programme is put in place for frontline staff, which should ensure a comprehensive awareness and understanding of domestic violence issues.
- Safeguarding Adults Board should negotiate with HM Coroners a protocol to permit timely access to relevant data, within the coroner's jurisdiction, for the purpose of progressing a Serious Case Review.
- Police should instigate an ongoing audit of compliance with Adult Protection procedures by frontline staff once satisfied that appropriate training has been delivered. They might also review and revise policy in respect of domestic violence so as to require staff to be vigorous in investigating information which may indicate historic incidents affecting vulnerable people.