Appendix 5: Executive Summary from ‘Safeguarding Adults: Report on the consultation of the ‘No Secrets’ guidance.’

Executive Summary

1. This is the report on the consultation, Safeguarding Adults: The review of ‘No Secrets’ guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse”. The consultation was carried out by four government departments: the Department of Health (DH), the Home Office (HO), the Ministry of Justice (MoJ) and the Attorney General’s Office (AGO) and ran from 16th October 2008 to 31st January 2009. It involved 12,000 participants, including 3,000 members of the public, many of whom were adults to whom this guidance applied, or their carers. The remaining 9,000 participants were professionals working in the field. We received nearly 500 long and detailed written responses.

2. The Welsh equivalent of ‘No Secrets’, entitled “In Safe Hands – Implementing Adult Protection Procedures In Wales, July 2000” is also under review by the Welsh Assembly Government. The review is being conducted by the University of Glamorgan and their report is due in Autumn 2009. Policing in Wales remains the responsibility of the Home Office so Welsh police forces have also contributed to the ‘No Secrets’ consultation and the Home Office is liaising with the Welsh Assembly Government over the review.

3. The Government is aware that there are concerns about the ‘No Secrets’ definition and the term “vulnerable adult.” This consultation therefore asked the question “Should the ‘No Secrets’ definition be revised?” and the review is examining both this issue and the terminology (Q10a/b). Therefore, for the purposes of this report, we have used the term “adult” to describe those who fall within the parameters of this guidance.

4. Key messages from the participation of older people, adults with learning or other disabilities and people with mental health needs included:
   a) Safeguarding must be built on empowerment – or listening to the victim’s voice. Without this, safeguarding is experienced as safety at the expense of other qualities of life, such as self determination and the right to family life.
   b) Everyone must help to empower individuals but safeguarding decisions should be taken by the individual concerned. People wanted help with options, information and support. However, they wanted to retain control and make their own choices.
   c) Safeguarding adults is not like child protection. Adults do not want to be treated like children and do not want a system that was designed for children.
   d) The participation/representation of people who lack capacity is also important.

5. Stakeholders from professional and voluntary organisations wanted better leadership from central government, local government, the NHS, the Care Quality Commission, the Police Service and housing leaders. There was strong support for making Safeguarding Adults Boards statutory; for developing prevention work, having joint inspections and identifying workable outcomes.

6. There was great interest in establishing the appropriate balance between safeguarding and personalisation. It was argued that this balance, of choice and risk, had not yet been determined, and that there had been little leadership. Despite this some professionals reported they had made good progress and built bridges to deliver both safeguarding and personalisation. These included various measures around informed choice; support systems for direct payments; and looking at the way reviews are carried out. Further work was needed to develop financial safeguarding in the light of developments on personalisation.
7. Professionals across the NHS reported that the NHS was struggling to ‘own’ the concept of safeguarding, with greater reliance on internal parallel systems of investigations. This was despite a number of important policy and practice initiatives which could be harnessed. There were pockets of good practice – for example, where PCTs were commissioning services that explicitly addressed safeguarding. There was also a growth in NHS staff with formal safeguarding responsibilities. However, there was little NHS leadership and safeguarding remained an undeveloped area. There were particular concerns about the participation of GPs and Mental Health Trusts in safeguarding meetings.

8. Housing providers wanted to play a part in safeguarding and were seeking leadership from within the housing sector in defining their role within safeguarding. Some good work had been done around customer profiling and developing vulnerability policies; and there was a clear understanding that the focus needed to be on ‘empowering tenants to keep themselves safe’. The Supporting People’s Quality Assessment Framework (QAF) was regarded as a helpful framework for working with adults.

9. The Association of Chief Police Officers (ACPO) led an extensive consultation across the Police Service in England and Wales. Police forces and individual officers participated actively and showed their commitment to the safeguarding adults agenda. The Police Service believed that national leadership should lie with Adult Social Care and the Department of Health and, on a local level that responsibility should sit with Safeguarding Adult Boards. They supported legislation to make Safeguarding Adult Boards statutory and to oblige partners to cooperate, share information, report suspected abuse and work together to reduce harm and safeguard those at risk. They wanted a national guidance document supported by an inspection framework, a national database of recommendations from serious case reviews and argued that improving information sharing was the key to improving the effectiveness of prevention work. Probation Areas/Trusts were also involved in the consultation and wanted to be better linked into the safeguarding of adults. The voluntary sector organisations working with adults under this guidance in the criminal justice system wanted crimes against them taken seriously and dealt with as crimes; to be able to support and advocate for them in the criminal justice system; and to be involved with police and Crown Prosecution Service training in this area.

10. There were reportedly few successful prosecutions in relation to safeguarding.

11. There was widespread support for safeguarding legislation at the consultation events. The majority – 68% – of respondents to the written consultation supported legislation. The following reasons were given: a) safeguarding adults should mirror child protection; b) legislation would make safeguarding a priority; c) Scotland had the new Adult Support and Protection Act 2007 that made their adult protection statutory; d) the Government’s choice agenda needed to be balanced with a safeguarding agenda.

12. Reasons given for not needing legislation included: a) much had been achieved in adult safeguarding without legislation and improvements were likely to continue; b) legislation would not necessarily lead to adult safeguarding becoming a priority; c) the experience in Scotland ought to be studied over some years before conclusions were drawn; and some of the possible new legislative powers would extend the Government’s power over people’s lives in a dangerous way; d) the most effective safeguarding was when it became part of mainstream activity and was effectively part of the choice agenda.

13. 90% of respondents wanted the ‘No Secrets’ definition of a ‘vulnerable adult’ revised and there was much support for replacing the term ‘vulnerable adult’ with ‘person at risk.’ Other terminology of concern to some respondents was the use of ‘abuse’ and ‘perpetrator’ when referring to the spouses of older people with dementia when what
was required was more support for the carers. The consultation identified that people from black and minority ethnic (BME) backgrounds, particularly the older generations, had less understanding of what abuse meant or how to get help; and some had significant concerns about being able to get help in ways that were respectful and might help to keep their family honour intact.

14. This report sets out the main issues raised. The Government is now looking at all the evidence and working to develop a response, taking into account what we have learned from the consultation. The Government considers all forms of abuse to be unacceptable but the abuse of those in situations that make them vulnerable, and who do not have the capacity to safeguard themselves from harm, to be particularly abhorrent.

15. This Government has a vision of an inclusive society with opportunities and justice for all. It has a vision of a future for the safeguarding of those at risk of harm which is empowering and person centred, preventative and wider ranging. This vision extends to the whole criminal justice system, whether the vulnerable adult is a victim or has committed a crime themselves. Most importantly, the delivery of this vision will require strong multi-agency and inclusive partnership working.