



CARERS AND SAFEGUARDING ADULTS – WORKING TOGETHER TO IMPROVE OUTCOMES

"It is hard to feel safe if we don't feel in control of what is happening in our life and hard to feel in control if we don't feel safe."

[ADASS Advice Note, April 2011]

21 July 2011

ABOUT THIS PAPER

Status

Professional practice, guidance, experience, skills and research are developing all the time. This short paper aims to promote discussion; evidence based practice and improved outcomes. It does not seek to amend or replace existing statutory guidance that may be in place. It reflects the content in the recently published ADASS Advice Note¹

Focus

The focus of this paper is on adult carers who give care and support to adults. The paper does not seek to cover the position of young carers or adult carers of children with additional or other needs. Its intended audiences are: Directors, Lead Members, Adult Social Care Safeguarding and Carers Leads, Safeguarding Adults Partnerships, Health and Well-Being Partnerships and Carers Organisations.

Definition of Carer

There is currently no single agreed definition of what is meant by the term “carer”. Within this paper we have used the definition contained within Commissioning for Carers [2009]² published by the Princess Royal Trust for Carers and developed jointly with a number of organisations including ADASS:

A carer spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

Adult at Risk

ADASS has supported the Law Commission proposal to move away from the term “vulnerable adult” to “adult at risk: anyone with social care needs who is or may be at risk of significant harm”. This definition is used in the recently published “Pan London Procedures” and is gaining increasing currency.[For full reference see below and end note 27]

Short Definition of Abuse

The *No Secrets* definition of abuse, used by many safeguarding adults’ partnerships, is currently subject to review. For the purpose of this paper abuse and neglect is defined as:

... a violation of an individual’s human and civil rights by another person or persons which results in significant harm [*No Secrets 2000*].

Abuse is about the misuse of power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless proportionate safeguards are put in place. Intent is not an issue at the point of deciding whether an act or failure to act on one or more occasions is abuse. It is the impact of what is done or not done on the person and the harm or risk of significant harm to that individual that arises, at the time or over time, which matters.

Social Care Institute for Excellence [SCIE] *Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse*, SCIE January 2011 “Pan London Procedures 2011” – Adapted]

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FOREWORD

This short review considers issues around carers and safeguarding adults. This is done in the context of the underpinning principles¹ within the *Vision for Adult Social Care*, the priorities of the refreshed national strategy for carers: *Recognised Valued and Supported*³ and the 2011 Coalition Government statement of policy on adult safeguarding⁴.

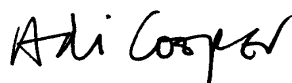
Safety, dignity and respect are important to everyone. We have long supported a rights based approach to issues of abuse and neglect and to the recognition and support of carers. These messages are included in our submissions in response to consultations on safeguarding adults⁵; the refresh of the national strategy for carers⁶; and in the 2011 ADASS Safeguarding Advice Note⁷, which recognises:

“Carers have a range of roles regarding safeguarding: as partners and informants; themselves as vulnerable to harm and abuse; as abusers.”

We are clear that the vast majority of carers strive to act in the best interests of the person they support. There are times, however, when carers themselves experience abuse from the person to whom they are offering care and support or from the local community in which they live. Risk of harm to the supported person may also arise because of carer stress, tiredness, or lack of information, skills or support. Sadly, also, there are times where harm is intended. Sometimes, professionals may place undue confidence in the capacity of families to care effectively and safely. This is coming to be known as *“the rule of optimism”*⁸. We need to keep it in mind.

This review paper looks at the evidence and practice around the three roles described above. The evidence base we have to inform current policy and practice is growing. We hope this paper will help local safeguarding adults’ partnerships review local practice; encourage greater information and knowledge exchange; identify areas for learning and for empowerment: ensuring carers are recognised, listened to and respected by skilled and competent staff⁹ when concerns arise.

We are grateful to all the people who have helped draft this paper. We trust this review will be seen as a timely and helpful resource and used as a contribution to local thinking and action by Directors, Safeguarding Adults Boards and Carers’ Organisations.



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¹ See page 7 of this paper

KEY MESSAGES

The ADASS Advice Note¹⁰ of April 2011 recognises safeguarding is complex. Sometimes there are no perfect answers: there are usually risks as well as benefits associated with all decisions. Adult carers are not a homogenous group. Their needs and circumstances are very diverse. This paper explores issues around improving practice and securing desired outcomes for:

- Carers speaking up about abuse or neglect within the community or within different care settings.
- Carers who may experience intentional or unintentional harm from the person they are trying to support or from professionals and organisations they are in contact with.
- Carers who may unintentionally or intentionally harm or neglect the person they support.

This is a signposting document and not a prescription. There are **seven** key messages we would like people to consider arising from this review. They are:

- **LEADERSHIP** – Safeguarding is everybody’s business with Directors and local Boards listening, learning as well as leading on improved safeguarding outcomes and outcomes for carers.
- **PARTNERSHIP** – Safeguarding Adults Boards engage with carers and local stakeholders and work together for better safeguarding practice and outcomes for those involved in safeguarding processes.
- **EMPOWERMENT** - Carers have access to information, advice and advocacy that is understandable and empowers them to share concerns and change harmful circumstances.
- **PREVENTION** – Community engagement, public and professional awareness is encouraged and accessible, and understandable information is available to carers that reduces risk of abuse.
- **RECOGNITION & REPORTING** – Partnerships and practitioners understand the barriers to recognition and reporting and work in partnership to overcome them and ensure access to justice.
- **PROTECTION & PROPORTIONALITY**– Responses have the person concerned at their centre and enable those at risk to inform outcomes linked to proportionate and protective services and supports. Risks are managed and harmful and abusive situations stopped.
- **LEARNING & ACCOUNTABILITY** – Impacts are understood, practice monitored and safeguarding experiences and outcomes monitored to learn from the experiences of carers and people at risk of harm and those who seek to help them. Staff have the competencies and operational culture to support this.

Statement of Government Policy on Adult Safeguarding [2011]

The key messages from this review are consistent with the Coalition Government's approach outlined in May 2011 [See: page 7] and the intention to place Safeguarding Adults Boards on a statutory basis.¹¹

Taking Forward Locally

This is a review paper rather than an advice note. It is being sent to all Directors of Adult Social Services and a range of stakeholders. It is for Directors to decide how they want to take forward this review but we would encourage them to:

- share this paper with their Lead Member for adult safeguarding and the Chair of their Safeguarding Adults Board or Partnership;
- draw the review to the attention of their carers and safeguarding leads and others as they consider appropriate locally; and,
- invite them to consider together how far the issues and messages from this review apply and what local action would help to take them forward.

Local Safeguarding Adults Boards, in particular, should be encouraged to discuss this paper and to review local practice with their stakeholders. This would be consistent with the recent Advice Note to Directors, which states:

"We expect Safeguarding Adults Boards to... ensure their policies, procedures and practice recognise the need to support carers and work with carers who are experiencing or causing harm or abuse".¹²

Directors, Safeguarding Boards and local carers' networks may wish to consider how local carers' support projects and advocacy schemes might be engaged in discussing this paper consistent with local needs and circumstances.

Knowledge and information exchange are key elements of practice improvement and learning. Locally, we should make best use of the toolkits¹³ and the steadily increasing body evidence that exists to help us¹⁴. Examples illustrating local practice around the key themes we have identified and the person centred outcomes the Government has outlined are sought. We aim to include a selection of practice examples on the ADASS and/or on the adults safeguarding community of practice website[s]. For more information on submitting practice examples or other materials please see: **Appendix C**, Page 24.

Review:

For our part, we will be reviewing progress arising from this review project² in about a year's time. By then we should know the final outcome of the Adult Social Care Law Review and the national review of the "No Secrets"¹⁵ guidance.

Your Feedback and Practice Examples

This paper is available in PDF format on www.adass.org.uk. Your feedback, practice experience and comments would be very helpful. Please send them to:

adasscarers@warwickshire.gov.uk

² Note: The review project was made possible by invaluable funding given to ADASS, by the Department of Health, in support of implementation the refreshed national strategy for carers.

NATIONAL POLICY - SAFEGUARDING ADULTS

Appendix A to this review sets out the policy context within which we have developed this review paper. As indicated earlier, a formal statement of Coalition Government policy on Adult Safeguarding was issued on 16 May 2011. This policy statement articulates six principles to benchmark local safeguarding adults' arrangements, the outcomes associated with their application and to consider progress. These principles have also been used in draft police safeguarding adults' guidance [2011] currently being consulted upon¹⁶. They reflect the ADASS approach to safeguarding adults and are:

- **Empowerment:** presumption of person led decisions and informed consent.
- **Protection:** support and representation for those in greatest need.
- **Prevention:** it is better to take action before harm occurs.
- **Proportionality:** proportional and least intrusive response appropriate to the risk presented.
- **Partnership:** local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting abuse and neglect.
- **Accountability:** accountability and transparency in delivering safeguarding.

There is, potentially in our view, a seventh principle that might be added: **Learning** from experience and listening to people involved in safeguarding or experiencing safeguarding concerns. We accept Learning could be seen as forming part of the principle of accountability but there may be a case for treating it separately as a means of encouraging more evidence based approaches and knowledge exchange. Having said this, we welcome these principles and they are reflected in the approach of this short review.

Whilst all the principles are interdependent, the belief that people who have or may have experienced harm abuse or exploitation should be fully involved in and appropriately in control of safeguarding processes will shape them all. As the 2011 Coalition Government policy statement says:

People worked together to reduce risk to my safety and well being

People worked together and helped when I was harmed

This is what we want to see. Finally, a powerful reminder from a safeguarding conference in 2009¹⁷ from Luton's "experts by experience". This should be kept in mind when considering the rest of this review around individual safeguarding outcomes:

"Let me decide and if I can't it's still about me!"

CARERS SPEAKING UP

Recognition of risk of harm or harmful behaviours is critical to prevention and protection of people. Communities and carers have important roles in protecting people who may be unable to protect themselves. The Vision for Adult Social Care states:

“we want to support and encourage local communities to be the eyes and ears of safeguarding, speaking up for people who may not be able to protect themselves. ... It is everyone’s responsibility to be vigilant.” [p.25]

This is right. Carers are often well placed to see and say something about their concerns. Some, however, do not do so. If we are to empower carers to speak up, then we need to understand potential barriers to reporting concerns. We can then work to overcome them and ensure staff have the skills and approach to do so.

Barriers to Sharing Concerns

The barriers to carers sharing concerns are likely to be similar to those identified in relating to other comments and concerns mechanisms within health and social care. They may shape carer responses to safeguarding concerns and are likely to embrace:

[a] Issues relating to understanding and awareness

- lack of awareness or being unsure if it is wrong or not; being unclear about rights and standards or what “abuse” means
- organisational and staff attitudes to concerns - defensive not responsive

[b] Issues relating to communication

- uncertainty about who to go to, how to do so and opportunities to do so
- lack of someone to talk to or a source of trusted advice and support
- difficulty in communication [access, availability, means, or sensory] including language and literacy barriers
- respect or deference to people “authority” roles [sometimes age related]
- unsatisfactory earlier experiences around sharing or raising concerns: staff don’t seem to listen or appear to understand concerns; nothing changed or no feedback; “confidentiality”

[c] Issues relating to consequences of saying something

- feelings of the person they are concerned for: asked not to say or make a fuss, minimisation of events, brought it on themselves etc.
- worries about the impact on the care of the person supported
- difficulty recalling what happened or a fear of not being believed or wrong
- guilt or fear of personal comebacks or being seen as a nuisance or ungrateful for care being given by others
- lack of confidence in following up concerns linked to carer’s own emotional pressure and stress
- fear of social services involvement and unwanted care alternatives

The responses¹⁸ to the “*No Secrets*” consultation touch upon some of these issues. Two messages for carers and safeguarding emerged. They were:

- the importance of linking empowerment to safeguarding; and,
- safeguarding decisions are personal while empowerment is everybody’s business.

Safeguards against poor practice or risk of significant harm arising from abuse or neglect are integral to personalised and effective care and support. Carers can help us to understand what is going on and about the risks faced by the person they support and know well. Carers are often well placed to spot distress and to offer support during a safeguarding investigation where this is appropriate.

Their knowledge as “expert partners” and often as “advocates” for the person they support can be helpful in scoping and managing risks in a proportionate, enabling and sustainable way. Where carers are not involved or treated as partners who are listened to, the chances of unrecognised or unreported risks of abuse and neglect may well increase. We should always listen carefully to what a carer has to say and to retain an open mind about this.

Information and Advocacy

Information and independent support can be critical components to making an alert. “*Speaking up to Safeguard*”¹⁹ illustrates the contribution advocacy can make in promoting protection and self protection of older people vulnerable to abuse. The report quotes evidence²⁰ from the Commission for Social Care Inspection. This said:

“... councils, care providers and regulators all have crucial roles to play in ensuring that the essential elements of prevention and early intervention are in place, namely:

- *people being informed of the right to be free from abuse; and supported to exercise these rights; including having access to advocacy.” ... [p.9]*

A joined up local approach to advocacy would be helpful. Access to individual advocacy for people using care services or carers entitled to an assessment of needs is often difficult to obtain. The Vision for Adult Social Care encourages us to be strong about rights to independent advocacy and the standards to underpin it. Advocacy can be especially valuable where relations between the carer and council may be difficult or at risk of deteriorating into a combative cycle where the chances of abuse or neglect may become higher.

Empowering Communities and People

One safeguarding adults training DVD [Surrey] has as its key message “... *because you said something*”. Staff, volunteers, communities along with carers all have an important role in speaking up for people who may be vulnerable, more at risk of harm and less able to protect themselves. Getting this message across is one of the keys to prevention, recognition, reporting and responding to neglect and abuse; in enabling people to feel supported and to maintain a sense of choice and control over their situation.

It is right to remind ourselves about these issues and reflect on their meaning for what we do, why we do it and how we do so in the context of safeguarding adults at risk of harm. They point with considerable force to the need for empowerment of communities and carers consistent with the principles of safeguarding we have described. We accept commissioners, care providers and professionals need to become better at:

- hearing the voices of victims of abuse and neglect at home or in other settings;
- balancing rights, risks and responsibilities and enabling people to weigh up risks and benefits of options whilst keeping themselves safe and in control;
- adopting risk management approaches to care and support that promote independence, re-ablement, choice and control linked to clear outcomes rather than constrain people's freedoms and choices;
- understanding how perceptions about what safeguarding involves or may lead to can inhibit or promote reporting of concerns.

The experience of the past is that all too often abuse in care settings comes to light when someone from outside, such as a carer, family member, friends, a student on placement or a new member of staff sees things with "a fresh pair of eyes" and raise concerns. How such concerns are responded to will be critical as the material at the start of this section illustrates.

Equally important is awareness and recognition of the signs of "*institutional abuse*". This can occur in any setting where health or social care is provided. Abusive behaviour can become part of the accepted custom and culture within an organisation²¹. Silence in these circumstances is to condone what is happening. Risks can be reduced considerably if those who work within care settings have the leadership, support, training, safe recruitment practices and operating culture that mean all staff are committed to person centred standards; know what poor care or abuse and neglect are; accept their responsibility to do something about it when they see it or are told about it; and, have the essential competencies on safeguarding²² and working with carers²³ and management support to do so.

If we focus on empowering communities and carers to speak up, we must also accept responsibility to make sure that care professionals are really listening, responding and learning from what they have to say. This may require some shifts in organisational cultures and procedures. It emphasises the need for evidence and systematic evaluation to inform competencies and practice and promote organisational learning on effective safeguarding and support of carers.

These are not challenges for adult social care alone. Statutory Directors of Adult Social Services, in their leadership role for safeguarding adults, will have a key role to play. So, too, will local Health and Well-being Partnerships and Safeguarding Adults Partnerships in developing robust policies and procedures that support carers and person led responses to concerns about abuse and neglect and effective community engagement.

CARERS AT RISK OF HARM

The risk of deterioration in carers' health and well-being as a consequence of their caring responsibilities is well documented²⁴. For some this is seen as something that comes with the territory: the price of caring. There is a point, however, where the behaviour of the person supported, intentionally or not, can fall into the category of abuse. Recognition, reporting and responding to carers at risk of harm in these circumstances may not be easy. The situation may be complicated by carer denial, or guilt, or by a sense of shame in asking for help, or by the existence of some areas the carer may not be confident about.

When Risk Increases

Risk of abuse increases where the carer is isolated²⁵ and not getting any practical and/or emotional support from their family, friends, professionals or paid care givers. Potential signposts to situations where abuse of carers is more likely include those situations where relationships and/or communication are unsatisfactory and the person supported:

- has health and care needs that exceed the carer's ability to meet them; especially where of some duration;
- does not consider the needs of the carer or family members;
- treats the carer with a lack of respect or courtesy;
- rejects help and support from outside; including breaks;
- refuses to be left alone by day or by night;
- has control over financial resources, property and living arrangements;
- engages in abusive, aggressive or frightening behaviours;
- has a history of substance misuse, unusual or offensive behaviours;
- does not understand their actions and their impact on the carer;
- is angry about their situation and seeks to punish others for it;
- has sought help or support but did not meet thresholds for this; and
- the caring situation is compounded by the impact of the nature and extent of emotional and/or social isolation of the carer or supported person.

Such risk factors tend to be greater where the carer lives with a person with dementia²⁶ or is a partner or close relative. Some local procedures^{27 28} do recognise that a carer may also be an adult at risk. Timely and careful assessment is seen as critical. In such circumstances, the focus of local safeguarding work invariably embraces potential needs for support on both parts. This may include exploration of capacity for change in order to decrease the risk of further harm. Even where support is available some carers may still feel unsupported and unrecognised. Information and advocacy support may help.

Dementia is a progressive disease and care givers are often faced with escalating demands. These may include emotional, social, physical and financial burdens and having to cope with behavioural and personality changes that are of concern. Carers can become "hidden victims" of abuse. There is some evidence that carers of people with dementia are more at risk of experiencing depressive symptoms²⁹. These can be overlooked or go undiagnosed and untreated.

There may be risks of financial abuse where carers who are trying to support a relative involved in serious substance misuse. Where carers feel powerless they may feel less able to report that they are experiencing abuse. The possible consequences for the supported person of sharing concerns about, for example, violence directed towards them or stealing, may also lead to silence.

Some carers and the person they support can be the target of anti-social behaviour by people in their local community. The most graphic example of this is the 2008 report on A & B³⁰. This report confirmed the need for more awareness of the impact on those affected, the importance of joined up responses and the scope for holistic action for people at risk of harm. We should all keep these messages in mind.

Reflecting Rights

Carers have rights. There is a professional responsibility to respect those rights and to inform carers about them. A systematic and general failure in this respect could amount to abuse if the tests of vulnerability or significant harm can be evidenced. Just as there are pressures on carers there are also pressures on professionals. Some of these pressures have the potential for *professional abuse*³¹ of carers and users. The dividing line between professional insensitivity, rudeness or not involving carers as partners and the threshold for safeguarding is far from clear. The sorts of behaviours that in some circumstances may place people at risk of harm might include:

- deliberately ignoring or not listening to carers or being dismissive
- consistent failure to recognise or respond to carers who seek to share their concerns or needs with professional
- making wrong assumptions about their situation and coping capacity when making decisions about assessment, care and support
- exploiting feelings of disempowerment or deference to people in authority or insensitivity to cultural needs
- arguing in front of carers about agency responsibilities or funding so that they are an object of discussion, excluded, distressed or feel humiliated
- excessive emphasis on the requirements of “confidentiality”, within mental health and other areas, notwithstanding guidance on this issue,³² that may place carers at serious risk of harm
- poor management systems, weak care monitoring, lack of supervision and leadership mean that what happens is not picked up or seen as poor practice or neglect that can lead to service failure or significant harm.

Such situations are not always recognised or reported by carers or by staff. Carers may not always complain about lack of assessment or failure to consider their needs and wishes. It can be particularly complex where unresolved disputes around care and support and subsequent actions by carers may call into question whether the carer is acting in the best interests of the supported person. Whilst the evidence is limited, there are indications³³ that some older carers and those from black, asian and minority ethnic groups find difficulty with, or are intimidated by, organisational behaviours. Carers in this situation may come to feel that it is “OK not being OK” when it is not and be left to get on with life.

CARERS WHO HARM

Harm by people who take on or find themselves in caring roles as defined in this paper [See p.2] is a rather neglected area for research. There is an increasing body of material, however, to guide us towards supportive practice and proportionate responses that secure prevention and protection from harm. Much can be done within existing policy and practice guidance and should be linked to a shared understanding with the supported person about their desired outcomes.

Recognition and reporting can be difficult. Understanding common risk situations can be helpful. Making risks clear and understood is important to their management within processes of personalised care and support where people maintain choice and control over their lives. We need to understand that some professionals may have concerns about unintended consequences for the family of engagement with safeguarding. To some, safeguarding seems process driven or criminalising rather than as person centred, proportionate and protective.

Some of the situations that place carers more at risk of harm also have within them factors that increase the risk of carers being involved in causing harm. This potential vicious circle is something that early intervention, information, sensitive assessment and skills in carer support and recognition can help to avoid.

Recognising Risks

Research³⁴, the 2011 SCIE review³⁵ and some local procedures³⁶ helpfully identify risks of harmful behaviour, whether intended or not, by a carer. These risks tend to be greater where the carer:

- has unmet or unrecognised needs of their own
- are themselves vulnerable
- has little insight or understanding of the vulnerable person's condition or needs
- has unwillingly had to change his or her lifestyle
- are not receiving practical and/or emotional support from other family members
- are feeling emotionally and socially isolated, undervalued or stigmatised
- has other responsibilities such as family or work
- has no personal or private space or life outside the caring environment
- has frequently requested help but problems have not been solved
- are being abused by the vulnerable person
- feels unappreciated by the vulnerable person or exploited by relatives or services

The seven most commonly reported situations by GPs³⁷, where it is reasonable to consider the risk of elder abuse or neglect, were seen as including:

- Carers with problems of their own e.g. psychological, alcohol
- Older people with dementia who are left alone all day
- Older people in households where too much alcohol is drunk
- Carers who get very angry about the burden of caring

- Older people with dementia who are violent towards their carer
- Carers who are unable to meet properly the needs for daily care of the older person
- Older people living with adult with a severe personality disorder

The recently published “*Pan London*” Safeguarding Adults’ Procedures referred to earlier confirm the importance of assessment. They identify many of the factors outlined above and in addition include:

- The presence of health and care needs that exceed the carer’s ability to meet them
- The extent to which carers understand their actions and their impact on the person supported
- The existence of minimal or no communication between the adult at risk and the carer either through mental incapacity, poor relationship or choice
- The nature and extent of any financial difficulties; including any surrounding the management of money of person supported
- Whether there is a lasting power of attorney or appointeeship
- Long standing relationship difficulties with the person supported

Carers of People with Dementia

A research paper in 2009³⁸ indicated that around half of the family carers involved reported having been abusive in some way within the last three months. Verbal abuse was the most commonly reported. Physical abuse was much less common and this included fear of doing so. Whilst based on a small sample and needing careful interpretation, this research suggests a need for local policy and practice to consider, with the spectrum of behaviours and the best interests of the supported person foremost in mind, the contribution of:

- local strategies for preventing, recognising, reducing and responding to stress related risks from carers providing substantial care for someone with dementia with whom they live;
- local strategies for enabling carers to recognise and share risk of abuse and neglect without fear of an automatic referral for adult protection and /or risk of removal of the supported person with dementia; and
- local strategies for improving recognition of and reductions in carer anxiety, depression, reshaping unhelpful care and support practices and encouraging awareness of appropriate coping mechanisms.

Unintentional Harm

Abuse or neglect does not have to be deliberate, malicious or planned. Sometimes events and actions may be clouded by stress and isolation brought on by caring. Often, carers will be trying their best and some may not have the information they need. Carers may not know what is or is not the right way to do things [e.g. moving and handling]. They may feel what they are doing is all-right if it keeps the person safe [e.g. restraint or no independent travel]. It may involve a reluctance to change or to listen to the case for change. The need for change may be seen as criticism or as a lack of real understanding about their situation.

The latter may be a particular issue for some parent carers of adult “children” for whom they have given a lifetime commitment. Pressures on such carers can increase at times of service change and the emphasis on more independence, choice and control. The process of ageing will take its toll on both carer and cared for. This can lead to *mutual caring*, the extent of which may not be disclosed. It may also lead to inappropriate restrictions on choice and daily living.

In some cases both the carer and the supported person can be considered to be vulnerable and more at risk of harm. The needs of the adult at risk who is the alleged subject of abuse should be addressed separately from the needs of the person alleged to be causing them harm. The risk of further abuse must always be considered along with the extent to which the abuse or neglect flows from the needs of the person causing or at risk of causing significant harm.

There may also be situations where a previously dominant parent has become dependent and role reversal has taken place. Increasing dependence can be perceived as being “difficult”. Role reversal may be resented or become a source of anxiety to the carer. The potential for adverse impacts on understanding, care and support suggest careful assessment. “*Whole family*”³⁹ approaches and “*family group conferencing*”⁴⁰ tools may be of particular value in such situations.

Combative relationships between carers and professionals may cloud responses by both to concerns. They may complicate perceptions of council involvement in safeguarding processes and concerns about “what happens next”. Again, family group conferencing may be helpful in this context in exploring the issues and in finding person centred and proportional action that reflect desired outcomes.

Intentional Harm

Some actions by carers or their impacts may be unintentional and arise from lack of coping skills or unmet needs. Others may be intentional. The issue is always one of impact on the individual affected by the carer’s actions or lack of action. Outcomes should be person centred and not process driven. Careful assessment risk enablement; consistency and competence in safeguarding functions; and, in working with carers⁴¹ are all essential.

Families and carers make an invaluable contribution to society. Support of carers is seen as integral to the way agencies seek to work. We need to keep in mind, however, the potential of “*the rule of optimism*”^[See: Endnote 8] to affect professional perceptions and recognition of risk of harm, abuse or neglect. This may arise from: generalised assumptions about “carers”; uncritical efforts to see the best; concerns about consequences of intervention; minimising concerns; not seeing emerging patterns; or not ensuring a consistent focus on the person at risk.

Situations where harm is not inadvertent but arises from harmful intent on the part of the carer may not be seen as such. Exclusion of agencies may be accepted with a consequent impact on ability to protect from harm. Such cases are the exception but they exist. Some are starting to come through Serious Case Review processes⁴². We should be alert to them. It is in the interests of all carers that we are. Deliberate acts of harm or omission leading to neglect should always engage safeguarding procedures and police referral as appropriate.

MOVING FORWARD LOCALLY

As leaders in social care, ADASS believes it has a particular role to play in supporting the national vision for adult social care and priorities on carers. It does this by offering professional leadership through resources like this review.

Local progression of the national competence framework for safeguarding adults⁴³ is something all local partnerships should consider. Equally, joint training and local awareness work with General Practice are also needed to develop stronger referral pathways that are seen as person centred and proportionate to risks presented rather than as simply process driven. We should all remember that a better understanding of risk of harm can be critical to prevention from significant harm in the first place. This should be the aim.

We need to build on what works. The *Vision for Adult Social Care* and the recent Coalition Government policy statement encourage us to have a good idea locally whether or not what we are doing is making a difference and leading to improved outcomes. Councils and local partnerships need to satisfy themselves there is reasonable assurance around practice and outcomes not just for carers but for safeguarding adults generally.

As care professionals we have a responsibility to help prevent abuse by understanding how it can arise and how to report and respond to abuse and neglect when it does. Many of the respondents to the “*No Secrets*” review wanted to see safeguarding leadership as being part of wider approaches such as health and well being and community safety. To this we would add social inclusion and personalised care and support as key components of the context for sustainable local action.

As some local procedures⁴⁴ remind us, risk cannot be eliminated: risk is an inevitable consequence of people making decisions about their own lives. What matters is that we work with people to help them recognise risks and develop a shared understanding of what can be done in terms of living their life as they would wish, whilst reducing the risk of harm they may experience.

There is, however, always something we can learn about how we do things; how to do them differently and how to get better outcomes. This section seeks to bring together some suggestions for practical learning and improvement at local level. They are not a prescription for local action. Rather, they are series of themes and suggestions arising from this review. They are intended to encourage local discussion and action that fits locally; promotes use of person led safeguarding principles and ensures support of carers.

LEADERSHIP

Recognise that Statutory Directors of Adult Social Services are well placed to offer leadership and secure partnership working towards improved outcomes.

Confirm with local leaderships that there is clarity about roles and responsibilities for carers and safeguarding within a local strategic framework, informed by local joint strategic needs assessments and Health and Well-being Boards.

Develop local quality assurance on processes and on the monitoring of the management of risks, processes and achievement of positive outcomes.

Review risk enabling and risk management policies and practice to embed integrated safeguarding and personalisation practice within organisational cultures.

Ensure policies and systems are well understood by staff and there are positive approaches to managing risk with all staff understanding support arrangements.

PARTNERSHIP

Evaluate how far local care pathways include carers as partners in caring and that their role in supporting the cared for person is respected, valued and supported.

Encourage Local Strategic Partnerships, local Health and Well-being Boards, Safeguarding Adults Boards and stakeholders to consider this paper.

Explore with carers and carers' organisations how we might all work together to prevent abuse and protect from harm as part of wider processes of building mutual support networks, engagement and awareness raising within local communities.

Explore the scope for use of emerging audit tools, peer review and toolkits to assist local partnerships in assessing progress and how far safeguarding outcomes are person led.

Engage with General Practitioners, primary care and adult care and housing providers to ensure their views can be fed through and their role as partners in risk management is recognised in evaluating local effectiveness.

EMPOWERMENT

Seek to ensure that individual care and support arrangements on commencement reflect the wishes and rights of carers and do not make assumptions about caring capacity or willingness to be a carer or to continue in that role.

Review how early identification, intervention and information opportunities are empowering communities and carers, informing choices, improving skills; growing community cohesion and raising awareness of carers' needs and concerns.

Review how far local carer and other advice organisations are engaged in providing information, advice or advocacy support and their potential for growing capacity for self-protection and in improving individual choice and control.

Support carers to identify and make informed choices about how to manage potential risk of significant harm.

PREVENTION

Consider how universal approaches and targeted support can reduce risks of significant harm, abuse or neglect occurring.

Encourage and assist local communities to provide networks of support and to contribute to the design and development of innovative care and support arrangements that maximise choice and independence.

Work with service users and carers to ensure that no health and social care package relies on an inappropriate level of caring responsibilities that is not sustainable or is likely to impact adversely on the independence, rights and health of the carer.

Consider the need for and benefits of incorporating “*keeping safe*” plans within support planning.

RECOGNITION & REPORTING

Encourage discussion locally about how to help carers stay safe from abuse, reduce risks of carers abusing others and empower carers to help the people they care for to be safe and stay safe.

Confirm that safeguarding is everybody’s business and it is all-right for carers, users and communities to share their concerns and feel confident and safe in doing so.

Raise awareness about the standards of care that should be expected; the potential signs of poor care and support and how to pursue concerns.

Explore opportunities for improving recognition within General Practice of potential signposts to risk of abuse and neglect and awareness of the range of responses available to manage risks and person led action to protect adults at risk from significant harm.

PROTECTION & PROPORTIONALITY

Ensure responses to alerts need to be timely, proportionate, and protect from risk of harm; reflect user and carer expectations around safeguarding outcomes; allow for fears around care alternatives or consequences that may arise; and, avoid disempowerment through dependency.

Promote discussion of how carers’ assessments might usefully be seen in a therapeutic context that can reinforce resilience and self-care capacity of families or a carer's social networks.

Encourage “*whole family*”, joined up approaches to assessment and support planning that help to consider risks alongside benefits for the carers and the person they support.

Ensure local learning and practice reflects the need to consider professional issues around “*the rule of optimism*” when assessing risk of harm and in framing proportionate responses to them.

LEARNING & ACCOUNTABILITY

Adopt the national competency framework for safeguarding adults to support consistency in local practice and professional supervision.

Improve feedback on experiences of safeguarding processes and outcomes; especially, audits of practice and achievement of outcomes: asking if people feel listened to, safe and whether their rights to control and choice are respected.

Explore, as part of cross-sector workforce development and supervision, how organisational and professional cultures amongst staff and volunteers promote or inhibit recognition of carers at risk of abuse or engaging in abusive behaviours.

Improve links between research and practice to promote a better understanding of prevalence; why people might behave in certain ways; and how the risk of abuse or neglect can arise.

Review knowledge and skills dissemination and development to staff, users and carers and test effectiveness through feedback.

Promote shared understandings about how local programmes for personalisation and safeguarding adults are able to contribute to improved recognition and prevention of abuse.

Consider the scope for improvement and learning through audit, self assessment linked to benchmarking, peer review and challenge.

Explore with Elected Members the scope of Overview and Scrutiny work in relation to safeguarding adults’ activity and the work of local safeguarding adults’ partnerships [e.g., Annual reports and reviews]

Encourage all Elected Members and Non-Executive Members of partner statutory organisations and partner organisations to receive safeguarding adults’ awareness training. Ensure they know how to refer concerns/alerts raised by local people or by local communities.

Report back to people and professionals on progress being made and where more needs to be done to generate an understanding of the issues to be tackled and the role local people and professionals can play.

Provide local feedback on this review and how it has been used locally.

APPENDIX A

SAFEGUARDING ADULTS - THE POLICY CONTEXT

The Coalition Government's vision⁴⁵ for adult social care identifies seven key principles for building up a modern system of social care. They are: prevention, personalisation, partnership, plurality, protection, productivity and people. The principle of "protection" is defined as follows:

"there are sensible safeguards against risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom. "

The seven principles for adult social care are independent in nature. Each has a contribution to make to improving safeguarding outcomes for carers and the person they support. A modern social care system needs to balance freedom and choice with risk and protection. The ability to do this involves building on local practice, experience and empowerment⁴⁶. It means engaging with people as individuals, communities, carers, users, staff or as volunteers to improve recognition and respond sensitively and effectively to situations of potential or actual abuse and neglect. This should be done with the following in mind:

"Abuse is a hidden and often ignored problem. It is fundamental in any civilised society that the most vulnerable people are protected from abuse and neglect. People should be protected when they are unable to protect themselves. This should not be at the cost of people's right to make decisions about how they live their lives." [Vision, Adult Social Care p.25]

Local progress is more likely to be achieved within an increasingly personalised, community-based approach for everyone⁴⁷. The proposed framework for transparency in social care outcomes⁴⁸ offered five outcomes that are relevant to this paper. They are:

- Everyone enjoys physical safety and feels secure.
- Carers can balance their caring roles and maintain their desired quality of life.
- Social care users and carers are satisfied with their experience of social care and support services.
- Carers feel they are respected as equal partners throughout the carer process.
- Providing effective safeguarding services.

The priorities within *Recognised, Valued and Supported* reflect and encourage consideration of these outcomes. In particular, the need to support carers to remain mentally and physically well and ensure their early identification and involvement in framing interventions and outcomes is emphasised.

The current policy framework for safeguarding adults derives, in the main, from "No Secrets"⁴⁹ issued in March 2000. This framework is now subject to review⁵⁰.

Since it was issued, this statutory guidance has been complemented by an increasing range of policy and practice materials; including, those prepared by ADASS.⁵¹ There is a growing body of evidence from inspection⁵², from local experience and research⁵³ that point to progress and to pressure points.

The “No Secrets” consultation responses⁵⁴, in particular, signposted a need to reflect greater involvement of users and carers. Safeguarding processes needed to be more inclusive around their desired outcomes for protection. The Coalition Government has said⁵⁵ it will work with the Law Commission on strengthening the law on safeguarding adults to ensure “.... *the right powers, duties and safeguards are in place*”.

The 2010 Department of Health practical outcomes paper on safeguarding and personalisation⁵⁶ makes a number of points that are helpful in the context of this review. They are reproduced as **Appendix B**. They support the need for local leadership in three main areas⁵⁷:

- ensuring that everyone involved in local safeguarding is clear about their roles and responsibilities; and,
- ensuring that people who need care and support to maintain their independence have their right to personal autonomy respected, underpinned by a proportionate approach to the management of risk; and,
- championing and supporting safeguarding within communities whereby citizens and communities play their part in preventing, detecting and reporting abuse and neglect.

SCIE Report 39⁵⁸ also supports this approach. Its key messages⁵⁹ included:

- *“Providing real choice and control for people who use social care means enabling people to take the risks they choose, particularly in the use of self-directed support and personal budgets.*
- *With the support of frontline staff, people using services should be enabled to define their own risks and to recognise, identify and report abuse, neglect and safeguarding issues. Informed choice is vital.*
- *Practitioners may be concerned with balancing risk enablement with their professional duty of care to keep people safe.*
- *Practitioners need to be supported by local authorities to incorporate safeguarding and risk enablement into relationship-based, person-centred working. Good quality, consistent and trusted relationships and good communication are particularly important.*
- *Risk enablement can transform care, not just prevent abuse. Risk enablement and safeguarding training for staff, people using services, carers and families is important in achieving this.*
- *Risk enablement should become a core part of placing people at the centre of their own care and support. It cannot be a ‘bolt-on’ solution to traditional adult social care systems which are not person-centred.* “ [p.1]

More recently, *Think Local, Act Personal*, the sector wide commitment⁶⁰ to moving forwards with personalisation and community based support encourages this. It offers the valuable reminder:

“Risk management and protection/safeguarding should be addressed in a balanced way across all sections of the community, avoiding an approach that views people in receipt of social care funding as most at risk.” [p.5]

In April 2011 the ADASS Safeguarding Policy Network published an *Advice Note* for Directors on Safeguarding Adults. It reaffirms that safety from harm and exploitation is a basic task for Directors. Safeguarding people’s rights is seen as fundamental. This is intrinsic to personalisation just as personalised approaches are intrinsic to effective safeguarding. The *Advice Note* recognises that:

“Carers have a range of roles regarding safeguarding: as partners and informers; themselves as vulnerable to harm and abuse; as abusers.” [p9]

Safeguarding Adults Boards are encouraged to ensure that their policies, procedures and practice recognise the need to support carers who are experiencing or causing harm or abuse. The *Advice Note* also makes the essential point that:

“It is hard to feel safe if we don’t feel in control of what is happening in our life and hard to feel in control if we don’t feel safe. ... Safeguarding in personalisation is about working with a person in their own context in order to negotiate the levels of risk enablement and safeguarding that are appropriate to them and to weigh up the risks and benefits of different choices.” [p.8]

In March 2011,⁶¹ in response to the “No Secrets” review, the Department of Health issued best practice guidance for NHS senior managers and their boards, commissioners and practitioners. This suite of guidance outlines the responsibilities of each group. The guidance is framed in the context of the six safeguarding principles [See: page 7] and confirms:

- The commitment to patient choice, control and accountability includes support and protection for those in the most vulnerable situations.
- Safeguarding adults is a core responsibility to delivery of effective health care.
- Safeguarding is integral to patient care.
- Health services have a duty to ensure the safety of all patients but must provide additional means for patients who are less able to protect themselves from harm or abuse.
- Prevention from harm and abuse can be promoted through the provision of high quality care.
- Effective responses to allegations of harm and abuse and that are in line with organisational, clinical and multi-agency procedures are expected and essential.
- Using learning to improve service to patients.

Finally, in May 2011 the Coalition Government issued a policy statement on safeguarding adults [See: page 7]. The Care Services Minister also announced that Safeguarding Adults Boards would be placed on a statutory footing.

APPENDIX B

PRACTICAL APPROACHES TO SAFEGUARDING AND PERSONALISATION [2010]

“Key Points:

- Safety is for everyone and is everybody’s business.
- Focus on preventing abuse and exploitation
- Include approaches that focus on the whole population
- Connect people within their communities to encourage safety
- Raise awareness in the whole community and make it easy to access good information and advice and report concerns
- Involve citizens in shaping plans and strategies that bring personalisation and safeguarding together
- Make safety an integral part of self-directed support processes
- Encourage positive attitudes to enabling people to manage their personal budget through a direct payment whenever possible
- Do not start from an assumption that personal budgets and direct payments automatically increase risk
- Develop an inclusive approach that considers and involves carers and families
- Develop multi-agency approaches and work with regulators
- Make risk management proportionate to individual circumstances and support people to weigh up risks and benefits, including planning for problems which may arise
- The systems for managing money in a personal budget need to be appropriate for the person and good support is essential
- Review by focussing on outcomes. Have supportive systems in place that can respond if things go wrong.”

Source: *Practical approaches to safeguarding and personalisation*, Social Care Policy, Department of Health, November 2010 p.6

APPENDIX C

CARERS AND SAFEGUARDING ADULTS INVITATION TO SHARE LOCAL PRACTICAL EXAMPLES

As part of the arrangements for preparing this review a number of people supplied us with practice examples. We would welcome more examples of local practice that would help to illustrate:

- innovative or established practice in relation to the issues covered by this review; and,
- examples of achievement of the individual outcomes highlighted in the 2011 Coalition Government Policy Statement [See: Endnote 4]:
 - *People worked together to reduce risk to my safety and well being*
 - *People worked together and helped when I was harmed*
 - *I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens*
 - *I am provided with help and support to report abuse.*
 - *I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.*
 - *I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.*
 - *I am confident that the responses to risk will take into account my preferred outcomes or best interests.*
 - *I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature.*
 - *I am confident that agencies will work together to find the most effective responses to my situation*
 - *I am clear about the roles and responsibilities of all those involved in the solution to the problem.*

There are four main reasons for bringing practice examples together and sharing them:

- it helps raise standards and promotes innovation;
- it encourages reflection and local self evaluation;
- it enables us to demonstrate effectiveness and to better evidence how what we do makes a difference; and,
- it offers a basis for discussion with others about what effective practice looks like and how it can deliver person-led outcomes.

If you would like to submit an example please outline briefly:

- What you set out to do or change
- What the person wanted to see happen or change
- What actually happened or changed
- What worked well, or didn't and what would have made a difference
- What was different for the person [individual outcomes as set out above]
- What the person concerned thought about what happened in response
- What you have learnt about practice or policy and done in response

Do give your submission a short title and include e-mail contact details.

Finally, before sending in your practice example do make sure that you have all the necessary permissions to share this information. Do take care to ensure there is no risk of inferential identification and that the people involved, whether as individuals or as part of a named project are agreeable. Try to keep the example to not more than 200 words or 10 lines.

In addition to practice examples, we would also welcome any reports, pilots or other good practice examples Safeguarding Adults Partnerships consider would add to the evidence base used for this review.

Submitting your practice example or other information

Please send your local practice examples to:

adasscarers@warwickshire.gov.uk

We would aim to include a selection of practice examples and related material on the ADASS and/or on the adult safeguarding community of practice website[s].

APPENDIX D

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Your Notes:



Association of Directors of Adult Social Services

The Association of Directors of Adult Social Services, (ADASS) represents directors of adult social services in local authorities in England. Directors of Adult Social Services have statutory responsibilities for the social care of older people and adults with disabilities, while over 50 per cent also run social housing departments. ADASS members might also share a number of responsibilities for the provision and/or commissioning of housing, leisure, library, culture and arts services within their councils.