

**Combined response from AGE CONCERN CAMBRIDGESHIRE and AGE CONCERN ENGLAND EASTERN REGION
NO SECRETS CONSULTATION RESPONSE**

1. Leadership

| | Question | Response |
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| 1a | Where should leadership for safeguarding adults lie nationally, and how should the various national organisations work together? | ISA led partnership board |
| 1b | Where should it lie locally? If within local government, then where in local government? | With the Safeguarding/Protection of Vulnerable Adults Board as this is where local strategy should be determined, implemented and evaluated. |
| 1c | Do we need a template for 'a local safeguarding job description' and national procedures for use locally? | We do not necessarily believe that a template job description or national procedures are needed, but there should be a means to ensure consistency rather than promote a 'post code lottery'. |
| 1d | How do we know if a safeguarding board is working effectively? To whom should it be accountable? | It has sound policies and decision making processes in place and can demonstrate coherent decisions made based on evidence based practice. In Cambridgeshire, the Cambridgeshire Together Board is the accountable board. |
| 1e | Where should leadership for NHS safeguarding issues lie? Do we want national procedures for the NHS? | National procedures would be useful. |
| 1f | Where should leadership for safeguarding in the care home sector lie? What can be done to strengthen this? | |
| 1g | Given that there are multiple 'chains of command', how do we ensure that formal leadership roles are accompanied by appropriate authority levels? | It may help to have standardized role with agreed authority levels. |

2. Prevention

| | Question | Response |
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| 2a | Should we be doing more work on prevention? If so, where should we concentrate our efforts? If you are doing effective preventive work, please tell us what it involves. | <p>Yes, more work should be done on prevention. This will include:</p> <p>Training for staff and volunteers</p> <p>Raising awareness in our local communities</p> <p>Ensure preventive work is funded properly</p> <p>Identify better ways to target limited funding – who's most at risk? What works best?</p> <p>Age Concern Cambridgeshire has just completed a short-term project – funded by Comic Relief. The purpose of the work was to raise awareness amongst the older population of what constitutes abuse and where to get help. The work was led by older people.</p> |
| 2b | Should we develop a national prevention strategy for adult safeguarding which includes, for example, links with neighborhood policing, with a human rights agenda, and with Health and Well-Being? | A combined strategy would be helpful to coordinate work. |
| 2c | Are whistle-blowing policies effective? What can we do to strengthen them? | Whistle-blowing policies are helpful, but equally important is the fostering of organizational cultures which are based on openness and trust. Need clear strategies for protecting whistle-blowers as in reality it is hard to conceal the source of information. |

3. Outcomes

| | Question | Response |
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| 3a | Would an outcomes framework for safeguarding adults be useful? If so, which indicators should we use within the wider responsibilities of local government, the NHS and the police force? | Be useful to understand the influencing factors and to capture learning so as to provide even greater protection in the future. Would also be useful to 'raise the bar'. |
| 3b | Should we encourage local annual reports to be more evaluative? | Yes and it would be helpful for the intelligence gathered to be evaluated on a national basis. |
| 3c | How can we learn from people's experiences of harm and their experiences of the safeguarding process in order to improve safeguarding? | Need greater understanding amongst citizens about what constitutes abuse and where to get help. Support for victims of abuse both during and after investigation of incident. Development of a support network for those who have been the victim of abuse. Evaluate outcomes, serious case reviews, research and annual reports. |
| 3d | Should we review current arrangements for delivery of safeguarding adults training ? Should we have national occupational training standards across all agencies? | Important to evaluate training provided locally and draw together the intelligence gathered, on a national basis. Occupational training standards useful but need to be good. |
| 3e | Should we have a national database of recommendations from serious case reviews at a national level? Should we review the effectiveness of serious case reviews as learning tools? What should trigger a serious case review, and how should the conclusions be disseminated? | Database could be useful as long as it could be disseminated easily. Review effectiveness of serious case reviews. |
| 3f | Should we develop joint inspections to look at safeguarding systems as a whole? Should this include the police (Her Majesty's Inspectorate of Constabulary) – as for inspecting local children's services? | Yes, involving older people/lay inspectors. |

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| 3g | What are the desired outcomes of safeguarding work? | Improved quality of life. Safe from harm and fear of harm. |
| 3h | Should there be national safeguarding adults guidance that incorporates training, outcomes and multi-agency procedures? How would this be integrated into the personalisation agenda discussed in chapter 4? | Yes, there should be national safeguarding guidance. Those managing direct payment will require clear information and guidance – especially about where to get help if things go wrong. Need not to underestimate the support needs required to manage direct payment. |
| 3i | How much does adult protection currently cost ? How is it funded? What evidence is there, if any, that increased funding would lead to better outcomes? | |

4. Managing risks

| | Question | Response |
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| 4 | <p>In an environment where an increasing number of people will be taking responsibility for arranging their own support, we need to have a debate on how their interests can be safeguarded.</p> <p>What aspects of safeguarding do we need to build into personalisation?</p> <p>What training, risk assessment and risk management should we use?</p> <p>Please tell us what you are doing locally and what more needs to be done.</p> | <p>Those who take responsibility for arranging their own care must be given clear information about the choices and risks attached and how risks can be mitigated.</p> <p>Should not underestimate the support needs to enable individuals to make best use of the opportunity for choice and control without exposure to unnecessary risk. An information pack with support would be useful. What constitutes abuse? Where to get help.</p> <p>A template risk assessment / guidance would be helpful here.</p> <p>Involve older people in identifying the risks.</p> |

5. Managing choice

| | Question | Response |
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| 5 | What aspects of personalisation – greater independence, choice and control – can we build into safeguarding? How do we better reflect service users' informed choices? How do we facilitate informed self-determination in risky situations and in the safeguarding process? How can we move forward on this agenda? | With regard to 'choice and control' and 'self-determination' need to debate the implications of the absolute 'has capacity / lacks capacity' decision. There is a vast area of uncertainty where people deemed to have capacity in fact don't really understand the risk. Need to be clear about the role of support organizations in helping to identify and prevent abuse and this must be clear to those on individual budgets. |

6. Health services and safeguarding

| | Question | Response |
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| 6a | How is the No secrets guidance being implemented and applied to ensure that it enables staff in the NHS to recognise, investigate and act on abuse? Are local arrangements effective? What more should be done? | Insufficient knowledge of NHS working to respond to most of these questions. |
| 6b | Are health organisations able to work with and adopt multi-agency guidance, or is it essential to develop operational guidance that adapts procedures into language, culture and structures appropriate to healthcare? | |
| 6c | What are the responsibilities of the NHS safeguarding leads – are they champions, professional leaders, awareness-raisers, data collectors and reporters? Can one person fulfill all these roles? If not, how should these responsibilities be shared? | |
| 6d | Is there a need for regional safeguarding forums where health organisations can share good practice and learning? If so, what would they look like? | In general it would be useful to test the value of this. |
| 6e | How do procedures for investigating serious untoward incidents (SUIs) fit into the multi-agency context of safeguarding | |
| 6f | Are adult safeguarding systems within the NHS effective ? If not, what are the specific challenges that need to be addressed? | |
| 6g | Are any parts of the NHS or healthcare sector less engaged and more in need of assistance to get on board with safeguarding? | |
| 6h | Is the role of GPs a crucial role for safeguarding in the NHS? | It is important that they understand and are engaged, for many older people their first point of contact for information, advice is their GP surgery. However, this is not merely about GPs |

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| | Where is the existing good practice and what can be learnt from it? | themselves, but the range of practice staff. |
| 6i | Are there particular issues in relation to safeguarding and mental health ? If so, how should these be addressed? | Please see earlier comments re 'capacity'. Especially important area of work where individuals may not necessarily understand what is happening to them. |
| 6j | What central leadership role should there be (if any), and what function should it have (Healthcare Commission, Department of Health, General Medical Council, Nursing and Midwifery Council, strategic health authorities)? | All of these should integrate safeguarding into their work. |
| 6k | What are the main drivers for standards in the NHS that safeguarding should be linked to? | |

7. Safeguarding, Housing and Community Empowerment

| | Question | Response |
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| 7a | Do we need stronger policy links between safeguarding and community development and empowerment? How can this be achieved at the national and the local levels? | Not sure how this would work but if there is evidence that lack of this heightens risk then it should be explored. |
| 7b | How can housing providers contribute to safeguarding? What could housing departments, housing associations and supported housing/living providers do to enable their tenants and residents to live safer lives? | It is an area where the removal of the site warden may not have been helpful. Some wardens who cover more than one site are very good and know the people in the sites and it is important to ensure that happens and good relationships are developed and maintained. |

8. Access to the criminal justice system

| | Question | Response |
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| 8a | How can safeguarding vulnerable adults be better integrated into the mainstream criminal justice arena? | With legislation as for children's services. |
| 8b | Are police units adequately staffed to respond to the increased reporting of adult protection issues? If not, what changes are needed? | Unlikely to be adequately staffed and skills are unlikely to be sophisticated enough |
| 8c | Is there a need to develop a more formal system , as in MAPPA and MARAC, with regular police-led safeguarding meetings for serious cases? | Could be piloted |
| 8d | Is there support for multi-disciplinary teams/joint investigation teams working together at the same location to assess intelligence, risk assess situations, take decisions on immediate action to safeguard vulnerable adults, decide whether a crime has been committed and whether the allegations should enter the safeguarding adults process? What are the advantages and disadvantages of joint investigations or joint investigation teams? What helps a joint investigation to work well? | Yes. Can be difficult to co ordinate in reality and could delay something. Communication perhaps more important. It is important to ensure that crime/police does not take over the process. Abuse is complex and a criminal justice approach can sometimes be a crude response. A joint investigation requires good and appropriate leadership. Would not consider it appropriate for the police to lead. |
| 8e | Police officers have considerable experience of risk assessment and risk management . Has that been sufficiently integrated into adult protection work and shared with the multi-agency partners, or should that be further developed? How should this be taken further? | |
| 8f | Should information about the safety of a person be passed between health and social care organisations, the ambulance service, GPs, the CSCI and the police? If so, can it happen now or does it need legislation? | We think information sharing is quite good locally Information should be shared on a need to know basis which is sensitive to the balance between people's right to privacy and the need to protect. Extremely robust information sharing protocols need to be in place which are independently reviewed at intervals. While legislation is a laborious route would consider it a useful one as it would ensure there is |

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| | Should such information include incidents not amounting to abuse, but which may provide early indicators of the likelihood of abuse? | a proper public debate about the way information about individuals is shared. |
| 8g | Should we have guidance on if and when information should be shared, even when the victim expresses a wish that it is not shared? | Yes |
| 8h | Should we look at ways of making it easier for people who may be vulnerable to Report abuse ? | Yes |
| 8i | Would the proposal to have an annual analysis/review of all information held on each care/nursing home by all relevant agencies be likely to gain support from agencies, the public and the independent sector providers? | Yes |
| 8j | Financial abuse appears to have increased steadily and to have diversified. Is there a need to explore the most common types and most effective responses? Should this include preventive strategies in consultation with the Financial Services Authority and the British Bankers' Association? Should banks, building societies and the Financial Services Authority be encouraged to share information that suggests financial abuse of vulnerable adults? | Would support appropriate information sharing where abuse is suspected. Guidelines would be very helpful, but need to recognize that professionals should have the opportunity to use their judgment and 'instinct' and be supported. |
| 8k | What strategic links should there be between homicide reduction strategies, crime reduction partnerships, children's safeguarding boards, adult safeguarding boards, domestic violence forums and disability hate crime? | Clearly need to be linked in some way. |
| 8l | What else is needed to increase the ability of the police to participate fully in adult protection/safeguarding? | Training and good supervision. |
| 8m | What can be done to improve identification of vulnerable adults by criminal justice practitioners? For example, could local arrangements be made to provide the police with local groups who might be able to offer advice? | Awareness, communication and info sharing really is the key. |
| 8n | What more can be done to raise awareness in local | Ongoing publicity in various guises |

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| | areas of the availability of intermediaries to assist vulnerable adults with communication difficulties in criminal investigations and trials? | |
| 8o | What else do you think would make a difference? | |

9. Guidance and legislation

| | Question | Response |
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| 9a | Do we need updated and refreshed No secrets guidance ? If so, should it be one document for all multi-agency partners, or should there be separate documents for: the criminal justice system; the health sector; and local authorities, to include social care, housing and community safety? | Based on the above, we believe that refreshed guidance is required and that this should be multi-agency. |
| 9b | Is new legislation necessary and how would it help? | We believe that legislation is required to ensure that protection of vulnerable adults is properly recognized. |
| 9c | Should legislation place safeguarding adult's boards on a statutory footing be introduced? Should it include a duty to commission and contribute information to serious case reviews? | As stated above we believe that the leadership and strategy should come from the local Board. |
| 9d | Should we introduce a wider duty to cooperate in relation to safeguarding? Who would this apply to, how would it improve outcomes and how would it be enforced? | Legislation should include a duty to co-operate. |
| 9e | Should there be a power to enter premises where it is suspected that a vulnerable adult is being abused? Should this power apply to: the police only; or social workers and other professionals as well? | Yes, police and social services (AC Eastern) |
| 9f | Should such a power apply when an adult has mental capacity and may be self-neglecting or self-harming? | No (AC Eastern) |
| 9g | If a power of entry is supported, which means to obtain entry should be introduced (e.g. authorisation by a senior police officer or magistrate or other means)? | Magistrate (AC Eastern) |
| 9h | Should an offence of ill-treating or neglecting a vulnerable adult with capacity be introduced? | Yes (AC Eastern) |
| 9i | Should there be a power to remove an adult who does have capacity and who does not consent, but who is thought to be being subjected to harm? | Possibly power to remove for short time to assess the consent out of the abusive environment (AC Eastern) |

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| 9j | Should force be used to remove a person who is self-neglecting or self-harming? | As a last resort if there is poor mental functioning (AC Eastern) |
| 9k | If a person is removed, where should they be taken, for what purpose and for how long? | Not aware of the options |
| 9l | Is current care standards legislation sufficient for closing down poorly performing care homes in a timely and effective manner? | |

10. Definitions

| | Question | |
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| 10a | <p>Should the <i>No secrets</i> definition of a vulnerable adult be revised? If so should the revised definition do the following, and if so, how?</p> <p>Should it:enable practitioners to decide which groups of people they believe require special support?</p> <ul style="list-style-type: none"> • provide clarity on what 'wrongs' we want the new <i>No secrets</i> guidance to put right? • clarify how bad the 'wrong' has to be to warrant a response, i.e. define the threshold needed to justify a response? • take into account those vulnerable by reason of a temporary physical or mental condition? • distinguish between abuses carried out by a person in a position of trust or power in relation to the victim and those committed by a stranger? • make reference to an adult being unlikely to be able to protect himself or herself from harm or exploitation? | <p>We believe it is important that organizations work together to define who is vulnerable.</p> |
| 10b | <p>What language should we use? Is 'abuse' always useful or should we change to 'harm' and 'crime'? Is 'perpetrator' always useful (i.e. for neglect within families)?</p> | <p>The language may need to be different in different circumstances. However, as a general principle it is important to 'say it like it is'. For example: financial abuse is often 'theft', sexual abuse can be 'rape', physical abuse may be 'domestic violence'. Using less direct terms may serve to lessen the impact of the crime and the affect on an older person's life.</p> |
| 10c | <p>How do we enshrine within safeguarding the principles contained within the Mental Capacity Act 2005 and the Human Rights Act 1998?</p> | |