

# Safeguarding Adults 2011

## Introduction

This is a framework for development to support Directors of Adult Social Services in our leadership role regarding adult safeguarding. It has been drafted by Directors (in the Association of Directors Adult Social Services Safeguarding Policy Network) for Directors. Whilst we are proposing a consistent framework for all, we know that national guidance always needs to be translated into local practice, so this is not prescriptive. This position statement is presented as an Advice Note, with recommendations at the end for Directors to consider taking forward in their own localities. Whilst targeted at Directors of Adult Social Services, it should be useful to partners, for example from the health and police sectors.

It is ten years since "No Secrets" was published. In that time Adult Social Care has led the development and delivery of safeguarding services. Public awareness and sensitivity to high profile safeguarding adults' issues has continued to grow and we have recent legislation in the Mental Capacity and Human Rights Acts.

ADASS published its Safeguarding Standards in 2005. Councils, together with their partners (particularly in the NHS and the Police), have developed policies and procedures, commissioning frameworks and contracts monitoring to prevent abuse in commissioned care provision and ensure providers respond appropriately to concerns of abuse, specialist teams/staff, Safeguarding Adults Boards and a range of skills and expertise. Policy and practice in relation to social care, policing and the NHS has been developing rapidly and safeguarding practice across organisations even more quickly, working together to address harm from abuse. A review of No Secrets was undertaken nationally and specific pieces of work, commissioned by the Department of Health, and anticipated to be published during 2011.

Alongside this Councils have been inspected by CSCI/Care Quality Commission in relation to their role and responsibilities for safeguarding adults. ADASS and Local Government Improvement and Development together with SCIE, RiPFA and others, have been working together on a range of initiatives including peer review and sector based improvement in this area.

More recently the Department of Health (2010) published 'A Vision for Adult Social Care: Capable Communities and Active Citizens', and ADASS has led on developing 'Think Personal: Act Local' (2010). These activities, together with ADASS' own response to the review of No Secrets, have all helped to inform this document.

It is now time to take stock, review our learning and move forward, to develop a position on adult safeguarding that is in line with our overarching adult social care agenda, as well as the broader council, NHS and police agendas.

This paper covers: our vision for adult safeguarding; outcomes, which are central to all that we do; terminology; leadership; Safeguarding Adults Boards; personalisation and empowering people; workforce development, and next steps.

April 2011

**Advice  
Note**

## **Our Vision**

Our vision is that Safeguarding Adults Boards or Partnerships lead work in our communities to ensure that for adults who are at risk or in vulnerable situations, the agencies who support them and the wider community together can:

- develop a culture that does not tolerate abuse;
- raise awareness about abuse;
- prevent abuse from happening wherever possible;
- Where abuse does happen, support and safeguard the rights of people who are harmed to:
  - 1 stop abuse continuing
  - 2 access services they need, including advocacy and post-abuse support
  - 3 have improved access to justice

We have worked with Local Government Improvement and Development to pilot, and have endorsed, the set of standards for safeguarding practice that describe what ideal looks like.

## **Outcomes are at the heart of what we do**

Improving basic safeguarding outcomes encompasses:

- 1 Effective preventative work (for example, awareness in the public, staff and people using services) ;
- 2 Good quality local services that include older, disabled, mentally unwell, and other people at risk of harm and abuse, which prevent abuse and afford people dignity and respect. We mean here services such as trading standards and community safety as well as social and health care, housing and policing;
- 3 Personalised social care responses that enable people to weigh up the risks and benefits of their options and which include robust recruitment systems and options for people arranging their own services and supports to engage people who have some form of accreditation;
- 4 Effective response systems and services that have the person concerned at their heart and enable them to define the outcomes they want and address the cause of harm or abuse and the damage that it has done; and
- 5 Effective access to criminal and/or restorative justice so that some people get extra support to challenge and change harmful or abusive situations, and arrange services and supports that meet the outcomes they want.

It is important any outcomes framework is understandable, accessible, clear and person-centred, and shared with the wider public. The focus on outcomes needs to be embedded at all levels - from operational to strategic, rather than a preoccupation with process, which has tended to dominate in the past. The inclusion of 'protecting from avoidable harm and caring in a safe environment' is welcome as one of the four domains in 'Transparency in outcomes: a framework for adult social care' (Department of Health 2010).

Most important in the safeguarding context is a focus on the individual concerned defining the outcomes they want themselves. 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.

## **Language, terminology and definitions**

We know that there is more to do to find better working definitions that are shared across different contexts. There is a wider issue for both communities and for safeguarding boards about being aware of circumstances that make people vulnerable – the definition of these will vary but must include trafficked women, forced marriages and other circumstances where the police have a critical role. The NHS must address circumstances where people are more vulnerable and less able to protect themselves because they are sick. For Adult Social Care, there are also key issues about a specific response for people who may need care and support.

### ***Definition:***

ADASS supported the Law Commission’s proposal to amend the No Secrets definition of “vulnerable adult” to “adult at risk: anyone with social care needs who is or may be at risk of significant harm”. This is the definition that appears in the London procedures and is the one for which the Local Government Community Wellbeing Board expressed a preference for, rather than “vulnerable adult”.

We know that we need to be sensitive in the language we use in order to address safeguarding effectively.

### ***Harm or abuse?***

The term ‘abuse’ itself can be unhelpful and ADASS see the terms ‘harm’ and ‘significant harm’ are more descriptive. What is important is the impact of the harm on the vulnerable person, not who did it or what the intent was. By keeping impact as central, we keep the safeguarding effort focused on protecting and working with the person being harmed, not on judging the person who has harmed them. Disabled people tell us that we should also use inclusive terminology: for instance to refer to theft or fraud not “financial abuse” and to rape, if someone has been raped, not “sexual abuse”.

### ***Victims, survivors, people who have been harmed/ perpetrators, people who have been harmed?***

These terms need to be used in a way that is appropriate to the context.

## **Leadership: safeguarding is everybody’s business**

As leaders, alongside councillors and corporate colleagues in local government (and often also as chairs of safeguarding adults boards), we are key to the wider role of councils as community leaders in supporting their citizens being and staying safe – and to nurturing the big society.

We have learnt that safeguarding adults, to be effective, needs to operate on a number of levels and across a range of organisations in our areas. Safeguarding has to be everybody’s business. As community leaders, councils have key roles in promoting widespread community awareness, that older and disabled people are included in community safety and other activities, and that care and justice services practice in a way that safeguards people’s rights and dignity. We have a critical leadership and influencing role

with our partners and communities, and our councillors need to feel confidently supported in delivering this.

Creating a focus on adults feeling and being safe and the place of prevention must be at the heart of the Strategic Partnering agenda. There is a strong role for Local Government in providing strategic leadership for the “safety for all agenda”, beyond the narrower confines of crime and disorder, alongside which sits the protection of adults and children at risk of harm and abuse, hate crime and domestic violence and fits with the strategic partnering already in place for community safety.

However we need an approach which clarifies the difference and linkages between the safety of individuals and communities, and the protection of those adults who, without support to be able to challenge and change harmful or abusive situations, become vulnerable, at risk of harm or abuse.

This framework recommends that each council and each safeguarding board, in setting out its approach should clarify the different levels of safeguarding they are engaging in, and how, and the connections and difference between safety, protection and safeguarding which are terms often used interchangeably, instead of being seen as a spectrum of response coming under the umbrella of safeguarding.

Safeguarding strategies also need to set out how to deal with things when they go wrong and there is a negative outcome. They will need to identify what has gone wrong and how or if the assessment and management of the risk contributed to this. The steps that need to be taken in situations where incidents of serious concern occur should be clearly laid out including roles and responsibilities, reporting mechanisms and timescales.

As part of a democratic engagement and community leadership function, every Council should have a council-wide approach to safeguarding adults - keeping people safe and protecting people from harm and abuse - embedded within its overall policy framework. Strategies to support this should set out what and how, as a council, it intends to support keeping people safe and to nurture communities that look out for each other.

Safeguarding Adults Boards should drive and have a sense of the connectivity of public awareness campaigns. To support public awareness there should be information, in an accessible format, about:

- the steps individuals and communities can take to keep themselves safe;
- what abuse means; and
- what everyone should do if they believe abuse may be happening.

## **Safeguarding Adults Boards**

Safeguarding Adults Boards have developed considerably, but there is still further progress to be made with representation, scope, governance and their relationship with other local partnerships. ADASS supports the placing of Safeguarding Adults Boards on a statutory footing and a duty of partners to co-operate, including GP consortia. We propose a clear link with the Health and Wellbeing Boards described in the NHS White Paper: Liberating the NHS (July 2010). Nonetheless there is much that can be done locally pending any future legislation. There are also a variety of structural options: a Safeguarding Adults Board can operate across Council boundaries; the Safeguarding Adults Boards and Local Children’s Safeguarding Board can merge; or linkages and consistency of approach can be achieved through joint Chairing. The organisational structure will be driven by local needs: what is paramount is being able to demonstrate effectiveness in strategic leadership, delivery and achievement of joint

outcomes to safeguard adults.

As governance arrangements change with the establishment of Health and Wellbeing Boards, membership, roles and responsibilities will be reviewed. In particular the role of elected Members, particularly those who are Executive Members, on the Safeguarding Adults Board can be reconsidered.

### ***The role of Boards***

Safeguarding Adults Boards have to be the vanguard of safeguarding, frame the activities of a range of organisations and ensure that there are effective interfaces between them to safeguard the full range of people who may be more at risk or in circumstances that make them vulnerable. Whilst the council, NHS Trusts (and the Health and Wellbeing Boards with new GP Consortia as they are established), the Police Authority and others hold ultimate responsibility of the safeguarding within their individual organisations, it is the Safeguarding Adults Board that brings their critical interdependence together and maximizes the effectiveness of their activity.

### ***How do we know what we are doing is effective?***

The role of the Safeguarding Adults Board is to lead and hold to account partners for safeguarding adults in the local area in order to maximise positive safeguarding outcomes for their population. To that end, the board must know how effective it is. We consider that there should be an expectation on Safeguarding Adult Boards that they conduct an annual review of practice, impact, outcomes and how policies and protocols support good safeguarding practice. This should include addressing how the views in particular of people who have used services and their representatives or advocates, separately or jointly, who have experienced harm or safeguarding processes, will be taken into account as part of their area's adult protection responsibilities.

There are a range of internal and external mechanisms available, and being developed, to evaluate whether systems are working effectively, and whether the desired outcomes are being achieved. These range from auditing case files and service user feedback mechanisms, to peer review and benchmarking. It is important not to rely only on single means of quality assurance but to be able to triangulate information from different sources to be able to evaluate effectiveness, both of partner organisations as well as the partnerships. ADASS recommends that Safeguarding Adults Boards consider this in their annual review of practice, impact and outcomes, and develop proposals for ongoing improvement, year on year. In 2010 the policy network circulated 'Top 20 Tips to make your area safer for vulnerable adults' (attached) to support Directors in completing their CQC self assessment. Subsequently tools have been developed in the regions to support improvement in safeguarding adults, which can be found at the relevant Community of Practice hosted by Local Government Improvement and Development.

Adult safeguarding needs to be an integral theme within the development of sector led self regulation and performance improvement in Adult Social Care, so we all understand 'what good looks like'. LGID has developed a set of standards for peer review, and a self assessment framework which are helpful in this context (Footnotes 1, 2). As sector led improvement mechanisms develop, we will need to review how safeguarding adults is considered both in terms of adult social care delivery, partnership effectiveness and community safety.

Partners on Safeguarding Adults Boards can choose from a range of tools to assess whether their quality assurance mechanisms evidence ongoing improvement in practice, as well as their effectiveness as partnerships. Boards also need to develop as learning organisms, for example through learning from serious case reviews, both locally and nationally. Bringing together agencies to undertake and learn

from these experiences can be extremely helpful in identifying areas for improvement within and across agencies and systems. We would support the development of consistent criteria to determine what constitutes the requirement for a serious case review in Adult Social Services, not to get preoccupied with process for undertaking these reviews, but in order to improve outcomes, learning from the experiences of Children's Social Services. Additionally, LGID has developed a web based list, through the Adult Safeguarding Community of Practice, where local serious case reviews can be logged so that anyone can make contact with the originating authority to follow up interest in a particular case. Further there are some cases that have national coverage, which can be used by local Boards to assess their effectiveness, for example by addressing the question 'could it happen here?'

### ***Where Safeguarding Adults Boards sit***

ADASS sees that it is for councils and their partners to make local decisions about how Safeguarding Adults Boards make links to and manage the multiple interfaces that are necessary to ensure effective safeguarding, and where they sit in relation to the new Health and Wellbeing Boards, Community Safety Partnerships, Local Children's Safeguarding Boards and other strategic partnerships. The critical issue is how effective they are in delivering their specific as well as common outcomes.

The Safeguarding Adults Board will wish locally to ensure that it has a shared strategic vision that is embedded in the strategies and plans of the council and its partners, and that the work of the Board is mutually compatible with that of the Community Safety Partnership both strategically and operationally. As part of a whole system, getting this right ensures that no one part of the system becomes dysfunctional because it is working with people who may be more effectively supported elsewhere. It is fundamental that work relating to domestic violence and abuse, hate crime and anti-social behaviour is alert to and includes older and disabled people and others who may be in circumstances that may make them vulnerable or at risk of harm or abuse. Multi-agency risk management should be central and focus on the person or people who are experiencing harm. Their views and support for them is key. The most appropriate mechanism to improve the person's circumstances should be used, including hate crime and anti-social behaviour panels, and Multi – Agency Public Protection Arrangements, supported by robust information sharing agreements. .

### ***The Chair of the Board***

The Chair has a critical role to both lead collaboratively, to hold partners on the board to account and to ensure that interfaces with other strategic functions are effective. Who is most suitable to chair the Board is for local decision, and there are a range of options, with different pros and cons.

ADASS recognises there may be some potential benefit for the Chair of the Safeguarding Adults Board to be able to demonstrate a degree of independence from the Director of Adults Social Services of the Local Authority concerned, in order to provide both critical challenge and hold the partners and services to account. This does not necessarily mean this has to be an independent appointee, but could be achieved by cross boundary or organisational agreements between local partners or sharing the chairing function across different council boundaries, or by a DASS offering to chair for a neighbouring Authority and vice versa. Research has suggested that chairs 'with independence', rather than 'independent chairs' per se, are what has made a difference. In some areas the Chair of the Safeguarding Adults Board may also chair the Local Children's Safeguarding Board.

### ***Membership of the Board - partners***

Safeguarding Adults Boards must have active partners who are able to: influence and direct their

organisations in ensuring adults are and feel safe and are supported to challenge and change abusive situations; lead and support the development and implementation of safeguarding practice and procedures within their own organisations; take forward any agreed action plans which prevent and minimise abuse, protect individuals and support the delivery of justice and fairness to all; support the development of wider public protection and prevention initiatives as part of embedding the quality and safety agenda; and ensure activities are monitored and audited. Local arrangements should set out the core training required for Board members.

Formal partners will include a range of council functions including adult social care, children's safeguarding arrangements, criminal justice services including the police, and NHS bodies. Effective arrangements will need to be made for the involvement of district councils in two tier authorities. The role of Executive or Council Members on the Safeguarding Board should be considered – to strengthen effective leadership.

Examples of partner roles include ensuring clear links between clinical governance and patient safety within healthcare services, and adult protection systems and processes within adult care. We welcome the work that is underway to clarify the safeguarding responsibilities of the NHS and the Police. This will help significantly in extending the effectiveness of safeguarding. ADASS believes that adult protection and keeping people as patients safe should be a fundamental expectation placed upon all NHS organisations and part of the contract between the public and the NHS as a whole. Safeguarding should be the over arching standard, which is under pinned by all other health care standards, such as privacy and dignity, clinical governance and poor practice concerns.

All social landlords need to ensure that they have appropriate policies and procedures in place to deal with harm and tenants at risk of harm or abuse. Sheltered housing, extra care housing and specialist housing providers in particular have a significant role to play in the safeguarding agenda, including identifying adult protection issues, alerting adult social care departments, attending client strategy meetings and also membership of Safeguarding Adults Boards.

Criminal justice system members will need to ensure that their organisations support enquiries and investigations and that adults at risk of harm or abuse and vulnerable victims and witnesses have access to justice. Some areas are working with Family Justice Centres and domestic violence courts as a means of seeking to achieve this. Some probation areas are developing specific work with people who have been convicted of crimes against adults at risk. Some areas also have substance misuse services that pay particular attention to both safeguarding the people who use their services and "Think Family". We welcome the work that the police and others have been undertaking in relation to financial crime and people in vulnerable circumstances.

Voluntary sector and organisations of disabled, older and mentally ill people play a crucial role with regard to the provision of advocacy, signposting and prevention. Their role must also be taken into account in local safeguarding arrangements.

Safeguarding Adults Boards should have mechanisms to ensure that the range of care and support providers' views can be fed through to them, particularly in their role as partners in risk management and in order to be able to assess how effective safeguarding is, within any locality.

## Adult social care, personalisation and empowering people

Safeguarding and personalisation are two sides of the same coin, although they originated in separate policy initiatives. To be effective safeguarding activity must be personal and unique to the individual. All organisations who have responsibilities in relationship to safeguarding adults should share a common value base that ensures that people are treated with dignity and respect, safeguarding from harm and their support and care is person centred. If we are doing two of these, we achieve all three: for example if someone is supported through safeguarding and it is person centred, they will be treated with dignity and respect. We need to ensure that this is explicit in all of our systems and service delivery and fully understood by all of our staff and our partners. 'A Vision for Adult Social Care' (Department of Health, November 2010) states that safeguarding is central to personalisation. The accompanying document, 'Practical approaches to safeguarding and personalisation' (Department of Health, November 2010) provides a briefing on how self-directed support can help to prevent or reduce the risk of harm and abuse and shows how Councils are integrating safeguarding and personalisation.

ADASS believes that safety from harm and exploitation is one of our most basic needs and that safeguarding people's rights is fundamental to the work we undertake. This is intrinsic to personalisation, just as personalised approaches must be intrinsic to safeguarding. As adults, we constantly weigh up the balance of risks and benefits in what we do and the choices we make. It is hard to feel safe if we don't feel in control of what is happening in our lives and hard to feel in control if we don't feel safe. Feedback from groups of people using services and their carers during the consultation on No Secrets supports the view that people wish to be more integrally involved with all aspects of their care planning, as well as within any safeguarding processes.

We have spent a lot of energy to develop policies, procedures and structures to deliver safeguarding. For example, 'Protecting Adults at Risk, the Pan London Multi-Agency Policy and Procedures to Safeguard Adults from Abuse' (SCIE, 2011) is a recent development to improve consistency and joint working across London. We now need to build on that to focus much more closely on ensuring that we empower people and that they drive safeguarding processes and are increasingly able to keep safe and find effective personal resolutions to harmful or abusive circumstances.

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. It requires a cultural change for staff, which includes a change in the way that risk is understood, managed and negotiated. Working in a person centred way avoids the risks of making assumptions and generalisations and encourages an approach that considers the particular circumstances, history and experiences of the individual.

The last decade has seen some new legislative tools to support and safeguard people's rights. As well as the review of the Mental Health Act, we also have the Human Rights and Mental Capacity Act and we need to make sure that these are at the heart of all our safeguarding and other practice. Research on adult safeguarding is now expanding and we are making links with academics to try to improve our understanding of what makes safeguarding practice most effective. We want to contribute to and to influence research questions. We want to support researchers by providing data and information. We want to work with academics to support workforce development, to ensure that best practice is evidence based.

ADASS is of the view that we now need to develop further a range of approaches and services to support and empower people who are at risk of harm or abuse to improve outcomes and their experiences. There is more to do to develop a much broader portfolio of responses to safeguarding and we are working with LGID and SCIE to develop these practices. We need to ensure that:

- People have access to information and advice about protecting themselves, the services they use and what to do if they are being harmed or abused;
- There are options for people to choose accredited (including an offer of CRB and quality checks) services and supports;
- Advocacy services are available for people who are unable to challenge or change circumstances that they experience as abusive or harmful;
- Staff work with people in the context of both empowering them and a knowledge and understanding of the impact of coercion and people's responses to services in that context;
- There is a summary of skills and development guidance/toolkits to support managers and staff in risk management work with citizens and families; and
- Commissioning by the NHS and local authorities in health and social care services builds in assurance that a quality framework is in place and is tested.

Carers have a range of roles regarding safeguarding: as partners and informers; themselves as vulnerable to harm and abuse; as abusers. We expect Safeguarding Adults Boards to recognise their strategic and operational roles, and ensure that their policies, procedures and practice recognise the need to support carers, and work with carers who are experiencing or causing harm or abuse.

A key underpinning principle is that people who have, or may have, experienced harm, abuse or exploitation should be fully involved in and in control of safeguarding processes. People who lack capacity should always be supported with best interest assessments and with advocacy. People who have experienced harm or abuse are highly likely to experience a range of emotions and to lose self confidence and self esteem, thus making difficult decision making even more problematic. The need for safeguarding, the nature of harm and abuse, the context in which it takes place and the person who is (intentionally or unintentionally) causing the harm vary enormously and the range of support will need to reflect this.

The range of support that is likely to need to be available in order to empower people includes:

- Support across communities for inclusion, citizenship and an expectation of decent, dignified behaviours – zero tolerance of abuse;
- A range of preventive and supportive information, advice and support to enable people to develop positive relationships and keep themselves safe and in control;
- Support to manage risks and benefits at the points of arranging support and care;
- Ensuring that care and support is responsive to people's needs and wishes and supports their dignity;
- Ensuring that people have access to independent review that ascertains their safety and wellbeing;
- Whistle blowing help lines to facilitate alerts being raised;
- Complaints and comments procedures that people feel able to use regarding safeguarding;

- Peer support/ survivors’ networks or buddying to support those at risk of or who have experiences abuse or harm;
- Communication of positive “survivors’ stories”;
- Skilled interaction to work through options in the short and longer terms;
- Advocacy for those who require it;
- Assertiveness support;
- Counselling;
- Mediation, Family Group Conferences and other similar support mechanisms;
- Carers assessment and support services; and
- Work with carers/relatives who are causing harm or abuse to change behaviours.

We will continue to work with partners, such as LGID, to develop a range of support mechanisms to empower people and their carers, piloting and evaluating what is effective, in order to target our resources most effectively. We are committed to sharing knowledge and experience to improving learning across the sector and will work with SCIE and other partners to facilitate this.

## **Workforce Development**

The awareness, abilities and capabilities of the social care workforce are critical to being able to deliver safeguarding. Adult Social Services managers need to be confident and competent leaders in adult safeguarding, able to bridge and deliver policy into practice, supervise and support their staff to achieve positive outcomes for citizens and carers. Social workers need to be able to assess, analyse, manage and mitigate negative risks with citizens and carers, alongside enabling positive risk taking.

Social workers and social work managers need to focus on achieving outcomes for individuals and evidencing that these have been achieved, rather than processes. The focus on care management and on safeguarding people through processes and procedures may have lessened the ability of social workers to deliver the range of responses that may be necessary to ensure that people can make informed and empowered decisions about their circumstances. They need to be able to offer a portfolio of responses to address safeguarding situations that goes beyond what are the current most frequent outputs of safeguarding plans which are “additional services” or “additional monitoring”.

Personalisation has shifted the culture of adult social care positively. Social care and support staff should be able to recognise and manage risks in supporting and caring for adults at risk of harm or abuse, treat people with dignity, and empower people to enable positive risk taking.

But safeguarding is wider than adult social care and people in all sectors who are in contact with adults at risk of harm or abuse – whether taxi cab drivers or community safety officers - need to be able to recognise abuse and know what to do if they have safeguarding concerns.

This requires appropriate levels of training tailored to workforce roles – ranging from safeguarding awareness training to specialist risk assessment. Policies, procedures, risk assessments tools are all critical to enabling people working in adult social services to deliver adequate safeguarding. However these are not enough and there are a range of essential skills required to deliver good practice and

achieve positive outcomes for citizens and carers. This means that as well as training on policies, procedures, case recording and risk assessment tools, workers need to have had competency based training to ensure that practice meets standards of good practice. As we expect higher standards and consistency of practice in adult safeguarding work, we need to ensure the workforce have the skills required to deliver and meet these expectations. There are examples of competency based frameworks regarding adult safeguarding to support leaders and managers to ensure that their workforces are appropriately developed and trained (for example, 'Learn to Care' with Bournemouth University has developed a National Competence Framework for Safeguarding Adults, 2010).

## **End Note**

Safeguarding is complex. Sometimes there are no perfect answers. There are usually risks as well as benefits associated with all decisions, not least in relation to people who need care and support. Any safeguarding guidance has to therefore focus on improving individual circumstances and outcomes and be realistic about balancing choice, rights and associated risks. A risk based, empowering approach allows a flexible system whilst at the same time supporting a robust and ethical approach to safeguarding and the appropriate sharing of risk. The essence of effective safeguarding practice is centred on encouraging people to make choices and take control. Inclusion and independence are at the crux of keeping people safe and preventing a reoccurrence of harm.

## **Next Steps**

This Framework has been developed by the ADASS National Safeguarding Adults Policy Network, and makes the following recommendations for consideration by Directors of Adult Social Services:

- 1) Develop or review the safeguarding strategy of the Safeguarding Adults Board, embedding an outcomes focus throughout, and ensuring that procedures are sufficiently sensitive to respond to people's choices;**
- 2) Provide Annual Reports of the effectiveness of the Safeguarding Adults Board to all partner organisations and the public to assess the delivery of outcomes;**
- 3) Review risk enabling and risk management policies and practice to ensure that safeguarding and personalisation are addressed and people can weigh up the risks and benefits of their options;**
- 4) Develop a portfolio of responses to safeguarding situations that support positive outcomes;**
- 5) Review the Workforce Strategy to ensure it supports the workforce to be competent in safeguarding adults;**
- 6) Share with partners locally and regionally, to support partner organisations and agencies to ensure that their own leadership of the Safeguarding agenda is effective; and**
- 7) Share with partner bodies at a national level, e.g. NHS Confederation and ACPO, to develop a partnership approach to safeguarding adults (ADASS to lead).**