

Adult safeguarding **scrutiny guide**

April 2010



Purpose of the guide

Overview and Scrutiny Committees (OSCs) play a central role in strengthening the way in which the views and concerns of local communities are represented. This guide is written for officers and members involved in the Overview and Scrutiny process and for Independent Chairs of Safeguarding Adults Boards who may be requested to participate in the work of OSCs.

It considers how local arrangements work to safeguard adults in the local authority area and how Overview and Scrutiny Committees can contribute to better safeguarding in this complex and sensitive area of public service. It is designed to assist officers and members (and Independent Chairs) in shaping and developing the best way to exercise their responsibilities locally. Overview and Scrutiny Committees can approach their task in a variety of ways, some of which are suggested below. This guide does not provide all the answers but it is intended to signpost the options available and provide OSCs with issues to consider.

The guide is organised in the form of section summarising key points and questions first, followed by a series of information sections that cover specific areas in greater depth. It also includes a set of key references and advice on further reading and websites that will be helpful when scrutinising safeguarding arrangements.



Key points and questions

Safety from harm and exploitation is one of our most basic needs. As adults, we constantly weigh up the balance of risks and benefits in what we do and the choices we make. ‘Safeguarding’ is a range of activity aimed at upholding an adult’s fundamental right to be safe at the same time as respecting people’s rights to make choices. Safeguarding involves empowerment, protection and justice.

Councils have a key responsibility in relation to safeguarding adults who are defined as ‘vulnerable’ that is shaped by guidance and requires multi-agency working¹.

In practice the term ‘safeguarding’ is used to mean both specialist services where harm or abuse has, or is suspected to have, occurred and other activity designed to promote the wellbeing and safeguard the rights of adults. In its broadest sense it is everybody’s business: the public, volunteers and professionals. It covers a wide range of activities and actions taken by a large number of people, not least by people in the community. By ‘safeguarding’ we mean at least four kinds of activity:

Prevention and awareness raising	Ways to improve the general wellbeing of everyone, to support communities to “look out for each other” and to enable the public and the full range of professionals and volunteers to know what to do if they think that someone may be being harmed or abused.
Inclusion	Activities directly designed to ensure that providers of community safety activities and other services are alert to and include ‘vulnerable’ adults and that they identify and support people who are for one reason or another vulnerable to poor life circumstances and outcomes from services.
Personalised management of benefits and risks	Specific action to identify and support people to protect themselves and make informed decisions about action when they are suffering or likely to suffer harm i.e. direct or serious physical, emotional and sexual abuse, neglect and exploitation. Support to enable people to manage risks and benefits when they are organising or receiving adult social care services.
Specialist safeguarding services	Specific action to ensure that people who have (or may have) experienced harm or abuse are enabled to protect themselves or involved in decision making to safeguard them. This will include specific action to ensure that people who lack capacity are supported through advocates and processes to ensure that their best interests are pursued. It also includes ensuring that justice is facilitated where ‘vulnerable’ adults are the victims of crime.

¹ Details of the respective roles of upper tier and district councils are set out in the section on councillor responsibilities

The framework in place for safeguarding adults is complex.

The council and its partners in NHS Trust Boards and Police Authorities, with others lead the process.

The Safeguarding Adults Board manages delivery across agencies.

The following sets this out diagrammatically:



Key questions to ask:

These questions address the core issues that scrutiny reviews of adult safeguarding arrangements should cover. Not all questions will be relevant and OSCs will want to adapt them to suit their own local area as well as the nature of the scrutiny exercise.

Outcomes for and the experiences of people experiencing safeguarding services

- What are the experiences of and outcomes for people who use safeguarding services? Is the Adult Safeguarding Adults Board (SAB) using the experiences of adults and their carers and families to drive improvements to safeguarding arrangements and services?
- What assessment is made about whether services reach all groups of vulnerable adults/adults at risk?

Does this include people who don't receive funding for care from the council or who don't meet Fair Access to Care criteria?

- Are people who need safeguarding services fully involved in and in control of safeguarding processes? Do all plans and activities support work towards outcomes that have been defined by the person concerned? Are carers supported?
- Is the Mental Capacity Act being implemented effectively alongside safeguarding so that people have access to advocacy, best interest decision making and no-one is restricted or deprived of their rights or liberty without appropriate safeguards?

2 Putting People First www.dh.gov.uk/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

Vision, strategy and commissioning

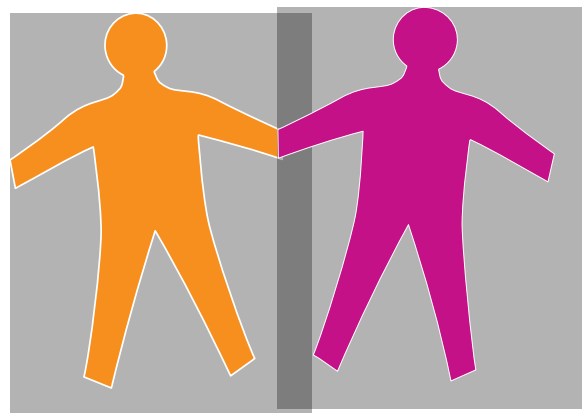
- Is there a clear overall vision for adult safeguarding? Is the strategy to achieve that vision strong and how is this led and commissioned?
- Are there robust arrangements in place to ensure good, dignified care and safeguarding standards in commissioned and regulated services (for instance care homes and domiciliary agencies) and are there options for accredited services (such as kite mark or other schemes) for people who may want to use individual budgets or direct payments to secure personal assistants?
- Is there a good enough balance between investment and practice in relation to the areas of prevention, awareness raising, the inclusion of older, disabled and mentally ill people in community safety activity, managing risks and benefits and specialist safeguarding services? How well are universal services involved in safeguarding people?

Service delivery and practice

- How good is service delivery, the effectiveness of practice and how well are the performance and resources of the services, including their people, managed?
- What do external assessments (e.g. those of the Care Quality Commission, Housing, HMI Police etc) say about local safeguarding arrangements?
- What policies and procedures are in place to ensure that safeguarding is central to services and that concerns about safeguarding are addressed effectively?
- What systems are in place to support these policies? What training is made available to staff on the policies and how to manage their implementation?

Working in partnership

- Is the Safeguarding Adults Board (SAB) effective in leading and holding individual agencies to account and ensuring effective multi-agency working?
- How does the SAB perform its quality assurance role? Is there evidence it leads to service improvement at system and frontline practitioner level?
- Does the SAB have the resources, both financial and human, to undertake its role effectively and deliver the SAB business plan?
- Are partners represented at a senior enough level to get things done and do they report to their respective Boards/Executives?
- Who is responsible across agencies and at different levels of the organisation to learn from both good practice and where things have gone wrong? How are Serious Case Reviews conducted and learned from?



Background to adult safeguarding

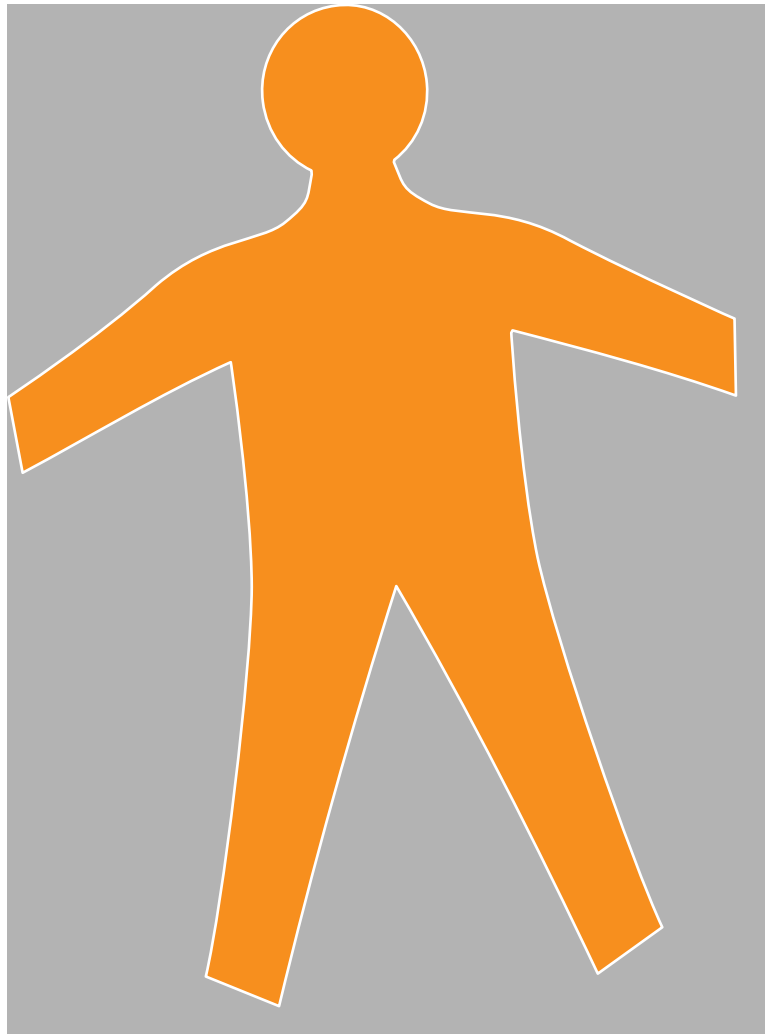
Safeguarding adults is a key responsibility of the local authority and one that has developed quickly, particularly in the last ten years as people have become more aware of 'vulnerable' adults experiencing harm in institutions, in their own homes and in the community.

Work has been framed by government guidance (No Secrets, Department of Health, 2000), by the review of that guidance published in 2009 and by standards and guidance published by the Association of Directors of Adults Services.

Consultation undertaken during the Department of Health review of No Secrets elicited an unprecedentedly large response: some twelve thousand responses. In January 2010 a Written Ministerial Statement announced that legislation would be introduced to put Safeguarding Adults Boards on a statutory footing, that an Inter-Departmental Ministerial Group would be set up to give national leadership and that new multi-agency guidance will be produced for the autumn of 2010.

Over the last year or so, the Law Commission has been reviewing all law related to Adult Social Care, including safeguarding. It has published a set of proposals for consultation in relation to potential changes in the law.

Details of all of these key documents are set out in the Useful Information section at the end of this guide.



Definitions: who are we safeguarding?

Anyone can be at risk of harm or abuse. This guide is concerned with both how the council takes a leadership role in relation to safeguarding citizens generally and also how they undertake their specific responsibilities in relation to those people who, because of their circumstances or situation, have been defined as 'vulnerable' by the Department of Health in the *No Secrets* guidance.

The definition of a 'vulnerable' adult given in that guidance is:

'A person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself, against significant harm or exploitation'

(Department of Health, 2000, 2.3).

The Safeguarding Vulnerable Groups Act (2006) recognises that any adult receiving any form of healthcare is vulnerable. There is no formal definition of vulnerability within healthcare although some people receiving healthcare may be at greater risk from harm than others, sometimes as a complication of their presenting condition and their individual circumstances.

It is important to be aware that many disability and user-led organisations consider that the term 'vulnerable' is negative, that it attributes 'victim status' to the individual and that it marginalises them as citizens. The vast majority (90 per cent) of respondents to the consultation process for the review of *No Secrets* requested that the definition of 'vulnerable adult' be revised (DH, 2009).

In this guide we have decided to continue to use the term 'vulnerable' adult despite the issues relating to it because it is the current term in use in legislation and policy guidance as well as "adults whose circumstances make them vulnerable" in a broader sense.

The Law Commission's review of Adult Social Care Legislation (2010) proposes a revised definition for consultation based on Adults at Risk as follows:

An *adult at risk* could be defined as:

- (1) a person aged 18 or over and who:
 - (a) is eligible for or receives any adult social care service (including carers' services) provided or arranged by a local authority; or
 - (b) receives direct payments in lieu of adult social care services; or
 - (c) funds their own care and has social care needs; or
 - (d) otherwise has social care needs that are low, moderate, substantial or critical; or
 - (e) falls within any other categories prescribed by the Secretary of State or Welsh Ministers;

and

- (2) is at risk of *significant harm*, where harm is defined as ill-treatment or the impairment of health or development or unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion).

Overview and Scrutiny Committee members may wish to bear in mind both the current and proposed definitions.

Special arrangements for people who lack capacity

Safeguarding is of particular importance for people who, because of their situation or circumstances, are unable to keep themselves safe or make choices. The Mental Capacity Act 2005 makes it clear that there should always be the presumption that a person has the capacity to make decisions unless it is established otherwise. It provides a statutory framework to protect and empower adults who may lack capacity (ability) to make all or some decisions about their lives. It also makes provision to ensure that advocacy is available for people who lack capacity during safeguarding processes and for their best interests to be explicitly considered through formal processes.

More information about groups of people who may harm or abuse, and where this could take place

Harm and abuse can happen in any setting, and may additionally occur through neglect. People may be harmed at home, in their communities, in a care home, at hospital, in college or at work, at day and community centres or other places where people spend their time or receive services.

People who abuse or harm vulnerable adults are a very diverse group. They largely fall into four main categories:

- paid staff members or support workers
- unpaid family members, partners or carers
- neighbours and members of the community and
- other vulnerable adults.

Each setting and individual requires a different response.



The framework for safeguarding adults

Councils' responsibilities

Councils have a community leadership role generally as well as in relation to Safeguarding and Community Safety.

Councils with Social Services Responsibilities are required (through the statutory roles of the Lead Member and Director of Adults Social Services) to specifically safeguard 'vulnerable' adults. Whilst there is, as yet, no formal duty to co-operate and no statutory footing for Safeguarding Adults Boards, duties in relation to Crime and Disorder inter-relate critically across Upper Tier and District Councils and this means that close working is essential. Harm and abuse to 'vulnerable' people frequently links to domestic violence and abuse, to hate crime and to anti-social behaviour.

In order for councils to fulfill these responsibilities, there is a need for strong strategic leadership, through partnerships, by the Executive and the Local Safeguarding Adults Board to ensure that safeguarding is given sufficient priority to improve outcomes for 'vulnerable' people.

The framework in place for safeguarding adults is complex. The roles and responsibilities of Lead Member, Director of Adult Social Services (DASS) and Chair of the Safeguarding Adults Board (where this is different from the DASS) need to fit well with the council's overall approach to community wellbeing and safety.

To ensure that the system is being well led there needs to be a range of checks and balances which hold the system leaders to account. The local Overview and Scrutiny Committee is one of those critical checks and balances.

Safeguarding Adults Boards

Councils are responsible for ensuring they have in place Safeguarding Adults Boards which have a critical role to play in terms of leadership and the management of Safeguarding services across partners. Members of the Board will include staff from a full range of partners: Adult Social Care and other council departments, representation from district councils in two tier areas, NHS Trusts and primary care providers, the police, Crown Prosecution Service and Courts and key service providers. Representatives should be at a senior enough level to represent their organisation, influence its practice and consistently "get things done". The membership should be coherent even where some members will have remits that are either larger or smaller than the local authority area. Membership may also include key or representative third sector organisations.

Boards should have mechanisms to ensure that the views of people who have used (or might need to use) safeguarding services are central to the work of the Board.

There is different practice in relation to the involvement of councillors in Safeguarding Adults Boards. Some councils take the view that the lead member should be holding the board to account and therefore should not be part of it and that leadership is demonstrated through 'assurance'. Others take the view that membership of the board by the Lead Member demonstrates ownership. In addition some councils are considering whether boards should have independent chairs, in order to ensure that the independent chair can impartially support and challenge all agencies involved in the board (including the council and its Director of Adult Social Services and Lead Member). In this model, the Chair and Board are accountable and subject to the council's arrangements for proper scrutiny of their performance. Whichever model is used, the key question is how well the Board is led and held to account across the partnership.

Responsibility of the Chair of the Safeguarding Adults Board

The chair of the Safeguarding Adults Board may be independent or a senior manager from one of the participating organisations in the board. The key role of the chair is to lead, co-ordinate, support and challenge partner agencies working to safeguard and promote the wellbeing of 'vulnerable' adults and to improve outcomes for and with them.

Responsibilities of the Director of Adult Social Services

Best practice guidance on the role of the Director of the DASS was published by the Department of Health in 2006 and sets out the following:

"The DASS is responsible for ensuring that there is a clear organisational focus on safeguarding adults in vulnerable situations. He or she should also ensure that clear protocols are in place for dealing with adults identified as being at risk and that all staff are aware of these protocols. He or she should ensure that the local Adult Protection Committee (where one exists) or similar arrangements are working effectively and that the Protection of Vulnerable Adults requirements are met. The DASS is also responsible for ensuring that staff providing care services exercise a duty of care and that the personal dignity of service users is upheld"³.

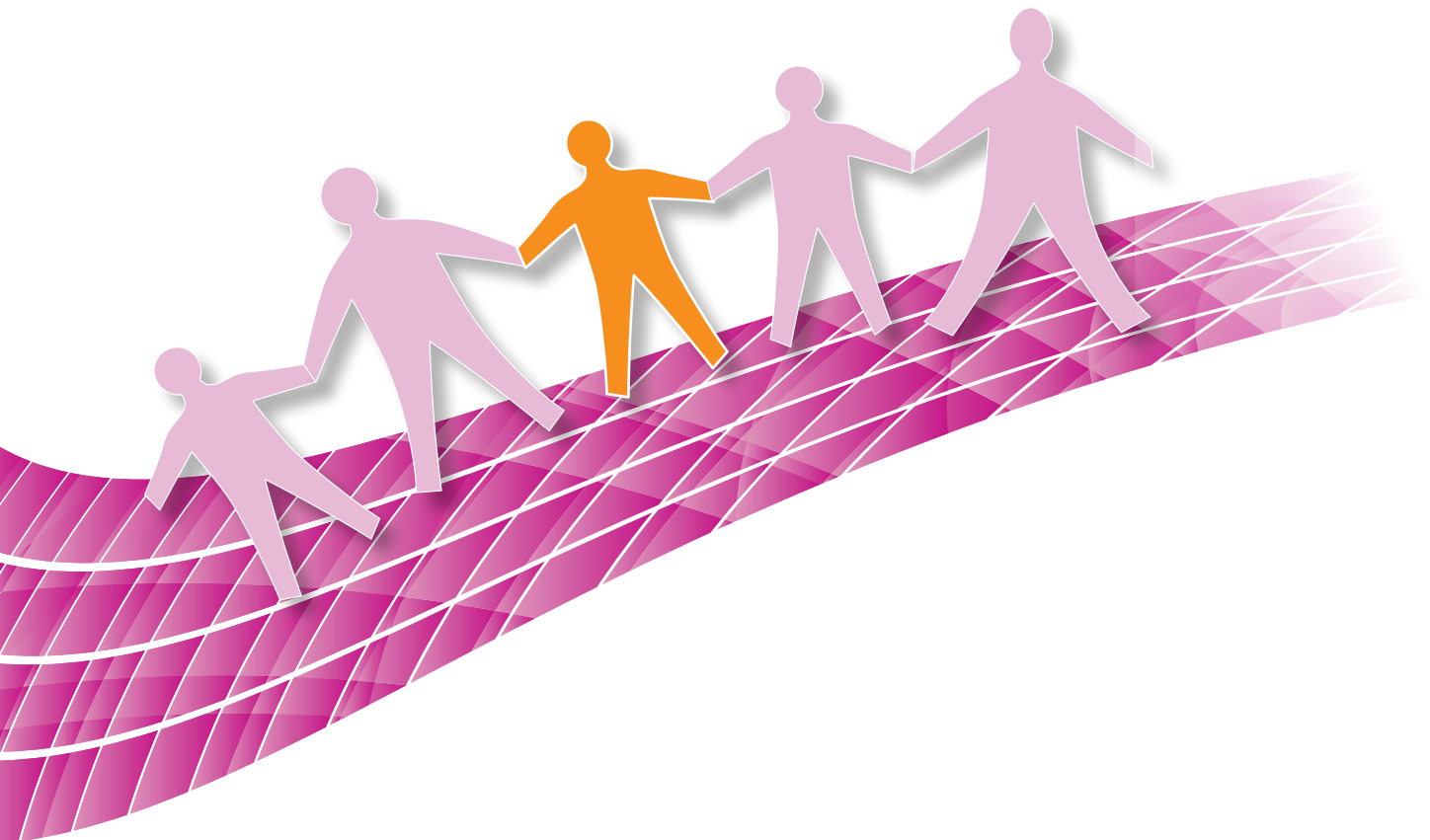
Responsibilities of officers

The safeguarding role of councils and their partners is discharged by:

- ensuring that there are enough, sufficiently trained specialist professional services designed to identify, empower and protect adults who are at risk of or are being harmed or experiencing abuse
- co-ordinating the provision of targeted social care and support services to adults that enable them to manage risks and benefits
- ensuring that the commissioning and contract management of services make sure that there are good standards of care to safeguard people's dignity and rights
- ensuring the co-ordination of effective domestic violence, substance abuse, hate crime and anti-social behaviour services that include 'vulnerable' adults or adults at risk
- ensuring that the environment that people live in is safe through providing good housing, safe roads and well cared for public spaces
- being satisfied that universal services provided for everyone (leisure, adult learning, employment support etc) are alert to safeguarding issues
- ensuring that health organisations and councils work together across different systems and integrate safeguarding effectively with health care regimes related to clinical governance, patient safety and Serious Untoward Incidents
- exercising leadership and influencing skills, including championing the rights of 'vulnerable' adults with partners to ensure that they are treated with dignity in their own homes, care homes and hospitals and that they have access to criminal justice services in the same way as others

³ N.B. the Adult Protection Committee later became known as the local Adult Safeguarding Board and the Protection of Vulnerable Adults requirements are now incorporated in the Independent Safeguarding Authority.

- ensuring that there is support for people who are experiencing, or have experienced harm or abuse, including support with difficult decision making, a range of options for mediation or family support, help with healing and regaining self respect and control over their lives
- ensuring the council's community leadership role supports awareness of the need to safeguard people with the voluntary sector, faith bodies and other community bodies.



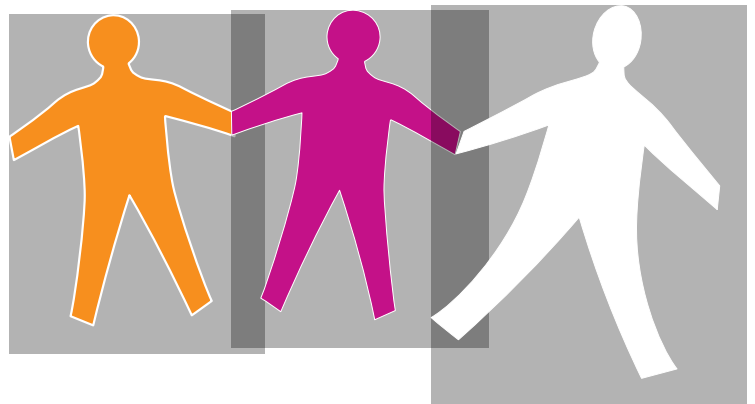
Councillor roles in safeguarding adults

All councillors share responsibility for safeguarding those adults whose circumstances make them vulnerable or at risk. *Best Practice Guidance on the Role of the Director of Adult Social Services* (Department of Health 2006), makes reference to the role of the Lead Member and notes that “local authorities are advised to ensure that the Lead Member has a focus on safeguarding vulnerable adults and promoting a high standard of services for adults with support needs across all agencies.”

Other specific roles are critical to ensuring that ‘vulnerable’ adults are safeguarded. These roles include:

- children’s services lead councillors - both for their key role in relation to children, but also because in some households, for example, the behaviour of one adult may be abusive to children and to another vulnerable adult
- councillors in Crime and Disorder Partnerships, hate crime, anti-social behaviour and domestic abuse/ violence partnerships or sub-committees
- councillors involved in Health and Wellbeing Partnerships
- councillors involved in community cohesion work
- councillors who are members or non-executives of NHS Trusts or Police Authorities
- other Cabinet members and frontline councillors.

In that context it is clearly very important if improvements are to be made, and, more importantly, sustained, that local arrangements for safeguarding should be subject to scrutiny and challenge which focuses on ensuring adults are properly safeguarded and their life chances improved. This is where the role of councillors who are involved in scrutiny is crucial.



Optional approaches and additional questions

There are a number of possible approaches to scrutinising Adult Safeguarding. These include:

- undertaking a comprehensive review of safeguarding across all partners and all levels
- undertaking an organisation specific scrutiny, for example, of an NHS Trust
- having a regular agenda item to scrutinise safeguarding performance
- scrutinising the interface between safeguarding and other activity, to ensure that services work well together. Examples of this might include Safeguarding and Community Safety, implementation of the Mental Capacity Act or Putting People First.

Alternatively, additional areas for scrutiny might be:

Prevention and awareness raising:

- what work has been undertaken to support communities in our area to look out for their 'vulnerable' members and how effective is it in supporting people to stay in control and safe?
- how do the public know how can they get help if they are concerned that someone is, or might be, being harmed or abused?
- how much do vulnerable people know about how to safeguard themselves, stay in control of their lives and manage the risks and benefits of their choices?

Inclusion:

- the extent to which community safety and other activity (including work linked to domestic abuse, hate crime, anti-social behaviour, rogue traders and discrimination) includes older, disabled and mentally ill people.

Personalisation and managing risks and benefits with people:

- the extent to which Adult Social Care (and other services) have built in support for people to manage risks and benefits for themselves in relation to organising social care services
- the extent to which quality is built in to care services so that they are delivered in a way that respects people's dignity and safeguards their human rights.

Specialist safeguarding services:

- how well specialist services work to improve outcomes for people who have experienced harm and abuse, including how they listen to and support people with decision making, make enquiries/ investigations, the quality of care and protection plans and the extent to which they support people in relation to ensuring that there are Mental Capacity Advocates and 'best interest assessments' in place if people lack capacity
- the extent to which specialist services ensure that vulnerable people who have experienced harm or abuse have support to ensure that they have the same right to justice as everyone else
- how well specialist services address what happens to the people who have harmed or abused others.

At the outset, OSCs may want to take expert advice, independent of the council, partners or Safeguarding Adults Board, to assist in identifying best practice and benchmarks or standards relevant to safeguarding. This might be from other councils or other specialists, such as Chairs of Safeguarding Adults Boards in other areas.

Preparation

There is a wide range of sources of background information, research evidence and best practice material available to support scrutiny of safeguarding. Key sources of basic information are found on the IDeA, ADASS, Department of Health, Social Care Institute for Excellence and Research in Practice for Adults websites and these are referenced at the end of this guide.

As well as the basic information about how the system should work there is a lot of material available from inspection reports and annual performance datasets and ratings given to councils, the NHS and other public bodies which will help the OSC to decide on the priority or degree of prominence they need to give to safeguarding. Using this material should also minimise demands on officer time by avoiding duplication of effort in collecting and collating data.

OSCs should, as a minimum, expect to review an annual report of the Safeguarding Board, and the performance data collected by it, together with the Care Quality Commission inspection reports (both generally in terms of dignity and care standards and specifically in relation to safeguarding) and any Peer Review carried out by IDeA or others.

Whether OSCs intend to undertake a specific review or integrate safeguarding practice into its rolling work programme, the development of a brief agreement between the OSC and the Safeguarding Board will clarify their respective roles. Each has responsibilities to review, scrutinise, challenge and to hold to account. The agreement will avoid confusion, duplication and audit fatigue. It should cover how recommendations from scrutiny committees will be considered by the Safeguarding Board and how they will respond.

The quality of pre - planning and preparation will determine the quality of the review and production of evidence-based recommendations. It is important that OSCs are specific about what they are trying to achieve whether it is a high level strategic review or one with a focus on a particular issue or aspect of service delivery.

Where OSCs decide to build safeguarding in to a rolling programme of work, there also needs to be some preparation and training for OSC members. They need to know how the agencies work and have access to the adults safeguarding procedures. A routine approach to safeguarding across the work programme can gradually develop member expertise, whilst a one off exercise will require more intensive initial input for members. It is important to emphasise that councillors do not need to be experts in safeguarding but need to have access to efficient and effective support to help them perform their role.

OSCs have legal power to get information from NHS bodies and to have questions answered in meetings. They do not have the same legal powers with regard to all partner agencies, although it is unusual for partners to refuse to give evidence to OSCs. Nonetheless, any agreement between the Safeguarding Board and OSC will be helpful in bringing partners together to support and facilitate scrutiny, recognising that safeguarding is a multi-agency responsibility and activity that can benefit from constructive independent challenge.

It may also be helpful to draw up guidelines for OSC members, or to appoint a specific adviser, to enable them to make the most of opportunities to meet and listen to adults who have experienced safeguarding processes and, if they wish, their families.

However OSCs decide to scrutinise safeguarding arrangements the preparation and process will need to deal with the following matters:

- establishing a clear focus for the specific activity or review
- identifying key lines of enquiry
- using the information available from Care Quality Commission, Housing and Her Majesty's Inspectorate of Police inspections
- considering the legislative framework and guidance
- identifying the priorities of the Adults Safeguarding Board
- reviewing the action plans of the Safeguarding Board and partners arising from any serious case reviews
- reviewing any other audit reports and plans and any other service reviews
- identifying relevant council officers, staff from partner agencies and service user and community representatives to participate in the OSC scrutiny process
- the learning and preparation requirements of members prior to the start of any scrutiny activity
- confidentiality and consent in hearing evidence and publishing reports
- considering sensitive and sometimes distressing information. In rare cases where OSCs are hearing about serious and distressing cases of abuse from survivors or family members or staff, local authorities should consider making counselling services available for witnesses and/or councillors. .
- setting a realistic timescale for scrutiny reviews
- sharing learning and experiences from other councils
- dealing with press and media interest in the review.



Reporting across partnerships

The following is adapted from the CfPS guide 'Walk a Mile in My Shoes' about scrutiny of dignity in care as it is relevant for Safeguarding Adults:

After carrying out scrutiny work for a number of years now, OSCs are familiar with the importance of laying out evidence, findings and clear, focused recommendations, making clear to which organisation individual recommendations are addressed.

With safeguarding it is particularly important to be clear about what definitions you have been using, what aspects of safeguarding you were focusing on, what questions you were seeking to answer, what you found out, from whom, what you are recommending, to whom and why.

OSCs will want to make recommendations on safeguarding issues to a number of bodies, depending on the aspects they have been considering in a scrutiny review. This could include the council's Executive, the Safeguarding Adults Board, the PCT and/or NHS Trusts, providers of social care, voluntary organisations etc. It is worth remembering also, that OSCs may make recommendations to their fellow councillors. This was done at Lincolnshire County Council when a scrutiny task group looked at the Member role in Adult Social Services. The task group identified dignity as an important issue where Members themselves could add value, for example in their regular visits to care homes. As a result of this, a series of workshops was organised for Members to discuss the issues and the actions they themselves could take in relation to dignity and respect for their residents. It has also been done in the Birmingham

review of Safeguarding Children.

In addition to formal reports and recommendations, OSCs might consider other kinds of outputs to support their findings. Given the importance of personal experience in relation to safeguarding, a review might produce case studies and 'stories' that reflect on individual experiences discovered by the OSC. Of course, if general conclusions are drawn from an individual experience, they will need to be supported by other evidence. Nonetheless, reflecting on one person's experience can lead to discoveries about a whole system or organisation. They can also be used to illustrate conclusions about an issue such as the culture of an organisation which can be difficult to pin down without examples.

Because safeguarding is such a personal and painful issue, and because OSCs are likely to have heard some very personal experiences in the course of a review involving safeguarding issues, it will be particularly important to give feedback to people who have given their time to provide evidence and to plan follow-up to assess the impact of the review and its recommendations. As OSC Members will be aware, the knowledge that you will be returning to your recommendations and asking questions about their implementation can be a very effective driver of concerted action.

Useful information

Further information

Improvement and Development Agency (IDeA)
www.idea.gov.uk

The Association of Directors of Adult Social Services (ADASS)
www.adass.org.uk

The Social Care Institute for Excellence
www.scie.org.uk

Research in practice for adults (ripfa)
www.ripfa.org.uk

Department of Health
www.dh.gov.uk

References and additional reading

ADASS (2007) *Safeguarding Standards*

CSCI (2008) *Safeguarding Adults: a study of the effectiveness of arrangements to safeguard adults from abuse*, London: CSCI

Department of Health (2009) *Safeguarding Adults: a report on the consultation on the review of No Secrets*, London: Department of Health

Department of Health (2008) *Safeguarding Adults: a consultation on the review of No Secrets*, London: Department of Health

Department of Health (2000) *No Secrets: the development of multi-agency responses to the abuse of vulnerable adults*, London: The Stationery Office

Department of Health (2006) *Best Practice Guidance on the Role of the Director of Adult Social Services*, London: Department of Health

Department of Health (2010) *Clinical Governance and Adult Safeguarding: An integrated Approach*, London: Department of Health

Duffy S and Gillespie J (2009) *Personalisation and Safeguarding: a discussion paper*, London: In Control

Hague G, Thiara RK, Magowan P and Mullender A (2008) *Making the Links: Disabled Women and Domestic Violence*, Bristol: Women's Aid Federation of England

Healthcare Commission (2007a) *Investigation into the service for people with learning disabilities provided by Sutton and Merton Primary Care Trust*, London: Healthcare Commission

IBSEN (2008) *Evaluation of the Individual Budgets Pilot Programme*, York: SPRU

IDeA: Briefing for councillors on Adult Safeguarding (2009)

Julian G and Penhale B (2009) *Safety Matters: developing practice in safeguarding adults*, Dartington: research in practice for adults

Law Commission (2008) *Adult Social Care Scoping Report*, London: Law Commission

Law Commission (2010) *Adult Social Care: A Consultation Paper*, London: Law Commission

Centre for Public Scrutiny and Improvement and Development Agency Guides

The Centre for Public Scrutiny (CfPS) promotes the value of scrutiny in modern and effective government, not only to hold executives to account but also to create a constructive dialogue between the public and its elected representatives to improve the quality of public services. This guide offers practical advice for Local Authority Overview and Scrutiny Committees (OSCs) on the background to the safeguarding of adults and the questions they may want to ask to effectively review approaches to safeguarding. This guide is a companion publication to *Councillors' Briefing: Safeguarding Adults* produced and published by the Improvement and Development Agency, *Research in Practice for Adults* and the Association of Directors of Adults Social Services in 2009.

This guide is one of a series designed to help OSCs carry out their work on various health, healthcare and social care issues. It is a key partner guide to *Walk a Mile in My Shoes: Scrutiny of Dignity and Respect for Individuals in Health and Social Care* (CfPS 2009).

Other CfPS and IDeA guides in the series include:

Scrutinising the Transformation of Adult Social Care (CfPS 2010)

Safeguarding Children and Young People (CfPS 2009)

Other CfPS guides:

NHS service design or reconfiguration (CfPS 2007a)

The effectiveness of your local hospital (CfPS 2007c)

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Local Government Association

Local Government Association is the national voice for more than 400 local authorities in England and Wales. The LGA group comprises the LGA and five partnership organisations which work together to support, promote and improve local government.



LACORS LGE



Local  Partnership