
Adult Protection and Safeguarding in Wales

Key Issues across Health and Social Care in Wales

March 2010

Introduction

This brief paper should be read alongside the two separate inspection and review reports published by Care and Social Services Inspectorate Wales (CSSIW) and Healthcare Inspectorate Wales (HIW) on 30 March 2010. The reports are entitled, *National Inspection of Adult Protection, All Wales Overview* (CSSIW) and *Safeguarding and Protecting Vulnerable Adults in Wales: a review of the arrangements in place across the Welsh National Health Service* (HIW). Taken together they provide a thorough assessment of the quality of protection and safeguarding for vulnerable adults across health and social services.

The purpose of this report is to highlight the key and common messages that arise for health and social care from the reports. It is important to begin, however, by acknowledging that local authority social services and their partners in the health service are at different stages in the development of their approach to adult protection and safeguarding. This partly reflects the guidance set out in, *In Safe Hands* (2000), which gave local authorities the responsibility for coordinating the development of policies and procedures to protect vulnerable adults from abuse. Nevertheless, the four sets of regional policies and procedures for adult protection that exist in Wales are multi – agency and the Welsh National Health Service, along with other partners, have signed up to their implementation. Consequently while it is right to recognise the different organisational history, pressure and priorities that apply in health and social services, this should not preclude recognition that adult protection is everybody's business.

Finally, both reports identify examples of notable or positive practice across Wales, in addition to areas for improvement. The discussion that follows concentrates on the common areas for improvement, but it is important to refer to the two main reports for the detail that will help to provide a balanced picture of progress across Wales.

Key Issues

In practice, definitions and thresholds for action are not commonly understood or consistently implemented. HIW identify a lack of a shared understanding across the NHS and partner agencies as to the definition of safeguarding and who may be vulnerable. Similarly, CSSIW found different interpretations of the term 'significant harm' and widely different referral rates for adult protection across Wales. Referrals made to local authority social services generally receive a prompt and effective initial response. But these referrals are likely to constitute only a small percentage of the level of abuse that occurs (and are largely made up of people already known to social services). The HIW report confirms that there is a low level of referrals from the health service which is suggestive of poor reporting of adult protection issues. Both reports suggest that engaging with the beliefs, attitudes and values of staff is as important in bringing about improvement as any necessary work on process and systems.

Assessment, risk assessment, decision making, care planning and recording are skills that are not delivered to a consistently good standard. While both reports refer to examples of good or excellent practice they also identify the need for overall improvement in relation to these fundamental components of a good adult protection and safeguarding service. The CSSIW report notes weaknesses in the assessment of risk in 45 per cent of the case files examined. The HIW report identifies gaps and shortcomings in care planning discharge planning and the assessment and recording of risk. The exact nature and level of deficit in these areas will vary across health and social services. Local authorities have good arrangements in place for the receipt of referrals, focus well on immediate action to protect the vulnerable, and work effectively with partners at the front line. Most of the assessments examined by inspectors – 55% - did contain a thorough risk assessment, even if a very significant minority, noted above, did not. The HIW report suggests that much more needs to be done to encourage staff to think about and plan to manage the risks that a vulnerable person may encounter upon discharge from hospital. In particular, the potential vulnerabilities of carers are not being properly assessed.

Leadership and partnership working are central to effective adult protection and safeguarding. Few would argue with this statement and most people working in adult protection would fully endorse it. This does not mean that its sentiments are consistently conveyed in practice. Local authorities have done much good work in providing leadership for the development of policies, procedures and training. The CSSIW report also notes a strong commitment to multi agency working. All NHS organisations in Wales have a lead officer for adult protection. This is positive. However, both reports also identify that more needs to be done. Local authorities are not always providing effective strategic leadership for the work of Area Adult Protection Committees (AAPCs) and health partners are not consistently achieving attendance at a senior level at such committees, or at the regional adult protection forums.

Establishing a comprehensive adult protection and safeguarding services requires good leadership and performance management. There should be clear arrangements for monitoring, reviewing and improving practice that are systematic and transparent. Currently, such arrangements are not consistently found across health and social services. Bringing about change and delivering a consistently first class service will require quality assurance arrangements that span health and social services.

This brief summary of key findings is just the beginning of the process that will take forward the learning from the two inspection and review reports that are published today. Progress has been made since the launch of *In Safe Hands* in 2000 and the recommendations in the reports should promote and support further improvement.

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