The Journal of Adult Protection

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Social services’ progress in implementing *No Secrets* – an analysis of codes of practice

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**abstract**

This article reports on an analysis of local authority codes of practice for the protection of vulnerable adults. The research focused on three main areas of requirements and recommendations identified in *No Secrets*. The findings reveal emerging trends that indicate a strong commitment to some areas of good practice, but the many exceptions suggest there is no room for complacency.

**key words**

codes of practice
*No Secrets*
performance levels
protocol design

**Introduction**

Though there is a long history of research into living conditions (and abuse) in institutional settings (for example, Goffman, 1961; Townsend, 1962), a broadening of that work to include the abuse of older people and research into the abuse of vulnerable adults in domiciliary or family settings only began to be undertaken on a significant scale in the 1970s and 1980s. This was mainly carried out in the United States (for example, Halamandaris, 1983; Solomon, 1983) but also to a lesser extent in the UK (for example, Eastman, 1981; Clough, 1988).

The scale of abuse, its many forms and the range of settings in which it was found to be taking place has become much more apparent and widely debated over the last 12 years (for example, McCreadie, 1991; Biggs *et al.*, 1995; Counsel and Care, 1995; Stanley *et al.*, 1999). It is notable that the development of professional and societal acknowledgement of the abuse of vulnerable adults has many parallels with that of child abuse, in terms of denial, underestimation and final realisation. A number of networks have been established (for example, the International Network for the Prevention of Elder Abuse, or INPEA) alongside a range of service-user campaigning organisations, including Action On Elder Abuse, POPAN, VOICE UK, PAVA and a number of others.

Partly as a result of these findings and as their implications are acknowledged, we have gained a much heightened awareness of the risks to which vulnerable adults are exposed. However, despite great progress the risk of abuse remains a very real one. This is true for institutional settings such as
hospitals, nursing homes, residential care and other forms of supported living arrangements and, as is increasingly understood, there are comparable risks in domestic settings, whether from paid carers, professionals or one's own relatives.

The government signalled its commitment to providing greater protection from abuse for all vulnerable adults with the publication of No Secrets, issued under section 7 of the Local Authority Social Services Act (1970). This was first published for consultation in draft form in September 1999, and as final guidance in March 2000. It builds upon an earlier signalling of such intentions in 1998 as part of the White Paper Modernising Social Services, and subsequently in the Home Office document Speaking up for Justice (1998). Current interest in this area continues to grow, with a recent undertaking by the newly established National Care Standards Commission to establish an ongoing survey of residents of residential and nursing homes whereby they will have 'comment cards' with which to alert the inspectorate to any upsetting or abusive practices. These will be used to inform regulation visits and be accounted for in annual inspection reports on the homes.

As originally proposed by the Association of Directors of Social Services, No Secrets outlines a national framework that requires local authority social services departments to act as lead agencies in the development of local multi-agency codes of practice for the protection of vulnerable adults. All local authority directors of social services were required to co-ordinate the development of these local codes of practice to ensure the implementation of the requirements of No Secrets, and to complete this task by 31 October 2001.

A very strong emphasis was placed on the prevention of abuse as a primary aim for service providers and regulators, with robust procedures in place to address situations in which abuse is suspected or has been found to have taken place.

### Purpose of the study

I carried out this research on behalf of the Centre for Policy on Ageing, which was commissioned by the Department of Health (DH) to undertake an analysis of the local authority codes of practice for the protection of vulnerable adults. The aims of the study were to:

- determine the extent of the development of local strategic partnerships charged with the implementation of the guidance
- determine the extent to which a number of the key requirements and recommendations of No Secrets have been achieved
- identify and comment on examples of good practice in operation in particular areas to enable sharing of effective models of operation
- identify areas where insufficient progress has been made and highlight the need to address these areas
- comment on the state of readiness of local authorities and their partner agencies to fulfil their obligations to vulnerable adults in their locality.

### Methodology

The codes available for analysis covered 140 of the 152 local authorities in England with a social services responsibility. This represents a 92% sample. The DH required local authorities to submit these codes by 31 October 2001.

A decision was taken to focus on three main areas of the many detailed requirements and recommendations of the guidance. These were derived from the three main elements identified in No Secrets as essential for the
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An analysis of No Secrets was undertaken to identify all the actions required of (or recommended to) local authority social services departments and their partner agencies.

Four areas of focus fundamental to the achievement of the aims were selected:
- evidence of high-level strategic commitments (five items)
- evidence of a more detailed strategy programme (13 items)
- the inclusion of key elements of good practice guidance (five items)
- the accessibility of the codes and supplementary documentation (five items), including format and availability.

Analysis of the material

A template was constructed against which the codes could be evaluated (Table 1) to identify the comprehensiveness and adequacy of both the individual documents and to identify trends at a national level. A general indication of performance levels is included in the findings.

The findings highlight areas of strength, with reference to 'good practice' examples, where significant progress is being made. Areas in which it is indicated that further work is required to achieve the necessary framework and practices to ensure vulnerable adults will be well served by local service providers are also highlighted.

It is important to acknowledge that in a study such as this, reliant solely on the analysis of written documentation, failure on the part of local authorities to submit relevant material may lead to judgements being made which they feel do not reflect the reality of their position as at October 2001. This is regrettable but unavoidable.

Findings

High-level strategic commitments

The findings from the items in this section of the analysis, which looked at partnership working, consultation and management arrangements, were encouraging. The vast majority of the codes (80%) engaged in significant consultation with local partners. These usually extended beyond the statutory sector to include voluntary, private sector and service user/carers groups.

The codes can in the main be considered to be genuinely multi-agency products, drawn up in conjunction with (84%) and signed up to by (69%) local partners, expressing a shared set of principles (93%) around joint working, a commitment to reducing the occurrence of adult abuse, and the right of individuals to respect, self-determination and involvement in decision-making processes.

The bulk of the codes had agreed partnerships in this area of practice with statutory sector partners (local authorities, police, health authorities, NHS provider trusts, primary care groups/trusts), though housing was quite often left out of these arrangements. A smaller group had extended this to include education, probation, benefits agency, voluntary and private sector providers.

In terms of multi-agency management oversight of the implementation of No Secrets, 77% of authorities have opted for stand-alone senior management-level committees to fulfil the brief detailed for them in the guidance. The majority of these were in place, though with a small number of exceptions they had only very recently been established, and were still putting mechanisms in place to ensure that they are able to function as required.
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Table 1  Code checklist template – aggregated data

<table>
<thead>
<tr>
<th>Checklist items</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusive of high-level strategic commitments</td>
<td></td>
</tr>
<tr>
<td>Sub-points</td>
<td></td>
</tr>
<tr>
<td>1. Evidence of identification of appropriate range of partners – agreed to joint policy</td>
<td>84</td>
</tr>
<tr>
<td>2. Evidence of code ratified by relevant chief officers, board, elected members</td>
<td>69</td>
</tr>
<tr>
<td>3. Evidence of agreed shared aspirations – statement of principles of operation</td>
<td>93</td>
</tr>
<tr>
<td>4. Identification of local multi-agency forum to co-ordinate implementation</td>
<td>77</td>
</tr>
<tr>
<td>5. Evidence of significant consultation in implementation process</td>
<td>80</td>
</tr>
<tr>
<td>Inclusive of more detailed strategy programme</td>
<td></td>
</tr>
<tr>
<td>Sub-points</td>
<td></td>
</tr>
<tr>
<td>1. Cross-agency role allocation and accountability at various levels agreed upon (operational)</td>
<td>89</td>
</tr>
<tr>
<td>2. Designated lead officers across organisations</td>
<td>39</td>
</tr>
<tr>
<td>3. Evidence of reporting mechanisms to committee/senior officers</td>
<td>60</td>
</tr>
<tr>
<td>4. Evidence of reporting mechanisms to public</td>
<td>4</td>
</tr>
<tr>
<td>5. Reference to existence of adult protection training plan</td>
<td>21</td>
</tr>
<tr>
<td>6. Reference to production of available public information</td>
<td>14</td>
</tr>
<tr>
<td>7. Evidence of mechanisms (and intention) for on-going liaison with local groups</td>
<td>23</td>
</tr>
<tr>
<td>8. Evidence of dissemination plan – preventative agenda</td>
<td>21</td>
</tr>
<tr>
<td>9. Evidence of service development priorities identified – preventative agenda</td>
<td>9</td>
</tr>
<tr>
<td>10. Evidence of resource implications of implementation addressed</td>
<td>13</td>
</tr>
<tr>
<td>11. Reference to need for compatibility with contracts/service specs</td>
<td>39</td>
</tr>
<tr>
<td>12. Reference to need for compatibility with disciplinary procedures</td>
<td>81</td>
</tr>
<tr>
<td>13. Reference to need for compatibility with recruitment policies</td>
<td>16</td>
</tr>
<tr>
<td>Inclusive of good practice guidance – eg key cross-agency policies and protocols</td>
<td></td>
</tr>
<tr>
<td>Sub-points</td>
<td></td>
</tr>
<tr>
<td>1. Cross agency information sharing/confidentiality agreements referenced/incorporated</td>
<td>77</td>
</tr>
<tr>
<td>2. Triggers to ensure appropriate ‘reporting out’ included</td>
<td>94</td>
</tr>
<tr>
<td>3. Definitions of abuse, types and sources compliant with No Secrets recommendations</td>
<td>82</td>
</tr>
<tr>
<td>4. Guidance for working with those unable to make their own decisions included</td>
<td>84</td>
</tr>
<tr>
<td>5. Whistle-blowing policy referenced/included</td>
<td>67</td>
</tr>
<tr>
<td>Format of codes of practice and supplementary documents</td>
<td></td>
</tr>
<tr>
<td>1. Summary versions (staff)</td>
<td>8</td>
</tr>
<tr>
<td>2. Summary versions (public)</td>
<td>4</td>
</tr>
<tr>
<td>3. Alternative language versions appropriate to local community</td>
<td>6</td>
</tr>
<tr>
<td>4. Audio/Braille version available</td>
<td>8</td>
</tr>
<tr>
<td>5. Leaflets</td>
<td>14</td>
</tr>
</tbody>
</table>

The codes of practice submitted by Lancashire County Council and Sheffield City Council, and the shared code for Hartlepools, Middlesborough, Stockton-on-Tees, and
Redcar and Cleveland councils demonstrate good practice in both consultation and endorsement of the joint codes.

**Detailed strategy programme**

The items used in this section focus on the extent to which local authorities and their partners have been successful in establishing mechanisms and strategic plans to ensure that the aims and aspirations expressed in their codes, and required by *No Secrets*, are met. Six of the 13 items deal with internal and cross-agency practices relating directly to operational matters: identifying abuse; investigating suspected abuse; protecting adults from abuse. Cross-agency role allocation and accountabilities are clear and explicit in most of the codes (89%) with good examples of procedures supported by expanded guidance notes, with prompt questions or checklists to help staff/carers to recognise an abusive situation and to inform them of what they are required to do about it. The codes of practice submitted by Oxfordshire County Council and Kent and Medway councils provide examples of good practice in this area.

Though only a minority of agencies have identified a 'lead officer' (39%) to act as a resource for operational staff, the majority of the codes detailed mechanisms that have been put in place to ensure data collection, collation and reporting to senior officers/members (60%). However, robust information systems are a key element in strategic and operational planning and further progress is clearly required for a significant number of authorities. The practices employed in Gloucestershire and Sheffield illustrate good practice and progress in addressing these elements.

Mainstreaming of adult protection policies and principles is an important aspect of changing the culture of acceptable organisational practice. The cluster of three items looking at the extent to which this has been taken on board in contracting, disciplinary and recruitment practices yielded mixed results. That this is clearly being addressed was indicated in relation to agency disciplinary procedures (81%). However, a recognition of the role of contracts staff seemed largely restricted to individual investigations and not to the overhaul of purchasing agreements and service specifications in relation to contracted providers having to comply with and operate within the framework provided by local codes of practice. Only 39% of the codes analysed made clear reference to this.

The findings in relation to recruitment policies taking on board these messages (16%) clearly indicate increased attention to adapting practices is required. Though almost all codes acknowledged the importance of training and stated the clear need for partners to ensure training was available to staff, only 21% of partnerships provided evidence that it is being resourced and that a strategy had been put into operation (for example, Northumberland Council).

Anticipating and identifying funding for the shared costs of implementing *No Secrets* is an area where local codes showed little evidence of planning. Only 13% explicitly addressed this matter.

The remaining five items within this section relate to aspects of prevention and accountability to the public. Local partnerships appear to be performing less well in terms of producing publicly available information (14%), having a dissemination plan that extends beyond agency boundaries to the wider community (21%) and devising reporting mechanisms regarding the activity in this area of practice (four per cent). Putting in place mechanisms to ensure ongoing liaison with a broad spectrum of local groups in developing the codes (23%) would also benefit from further consideration.

The translation of initial consultation activity and the development of data...
collection and analysis (currently at an early stage) will, hopefully, over time, lead to an increase in its role in informing service development priorities, presently only referred to in nine per cent of the codes.

In terms of stressing the prioritising of preventative strategies as a key goal, the codes submitted by Surrey, Bolton, and Kensington and Chelsea clearly illustrate that this has been taken on board.

**Key elements of good practice guidance**

This section of the analysis focused on the presence of (or reference to) key cross-agency agreements and good practice guidance. Local authorities and their partners generally performed very well in these areas. Detailed and illustrative ‘triggers’ to guide staff as to when to intervene in support of an ‘abused adult’ and when to involve colleagues are contained in almost all the codes (94%). Good examples include the Oldham and Sheffield City codes.

Similarly high levels (84%) were achieved in terms of guidance around working with individuals who are unable to make their own decisions for various reasons. Sections offer guidance on consent, capacity and best interests. The codes submitted by Hull and the East Riding of Yorkshire, and Oxfordshire address this area particularly well.

The definitions of abuse detailed in No Secrets have been adopted in 82% of the codes. Most of those not doing so had submitted revised codes that originally pre-dated the publication of this guidance and did not include a modification of this element, discriminatory abuse invariably being absent from the list of categories of abuse.

There was a generally high level of inclusion of information-sharing guidance or cross-agency protocols (77%). This is encouraging as the area of ‘patient confidentiality’ has long been an issue of debate between health and social care agencies. However, as with the other items in this section, such key components of local codes should be sought in as high a proportion as possible.

The concept of ‘whistle-blowing’, as an aspect of creating a culture of openness in questioning the practices of one’s own organisation and colleagues, has begun to take root over the last few years following the exposure of a number of establishments where poor practice had become endemic or institutionalised. The lack of support and sometimes vilification of the whistle-blower highlighted the need for agencies to embrace such policies, promoting the message that poor practice is unacceptable and staff acting in good faith would be encouraged to speak out and be supported in doing so. The presence of such policy statements in 67% of the codes provides a good foundation from which to progress.

**Accessibility and supplementary documentation**

The final section of the analysis examines the production of information for the public, detailing the principles and practices adopted by local agencies in their commitment to both preventing and responding to abuse. The items cover the stated availability of summary versions of the policies for staff (eight per cent), for the public (four per cent), the availability of local community language versions (six per cent), or Braille/audio materials (eight per cent). The highest scoring item in this section was for the production of leaflets (14%).

Though there were notable exceptions (see below) this area of work has clearly not received the attention or perhaps the recognition of its key role in changing the climate of ignorance about, or tacit tolerance, of abuse. The low number of evidenced developed dissemination strategies (21%) supports this assumption.

However, the codes submitted by Sunderland and Wakefield, and the joint code...
serving Dorset, Poole and Bournemouth, demonstrate good availability of public material (leaflets, summary versions in appropriate community languages, audio/Braille versions) and consideration of dissemination strategies.

General performance levels

Data drawn from the templates was analysed to allow the division of the range of 'scores' into three groups: upper quartile; mid-range; lower quartile. It would not be appropriate to fully rank the findings for authorities as the data generated is ordinal in nature, allowing for the possibility of different weightings being attached to particular items used in the checklist. However, this analysis enables local authorities to identify their performance level within these groupings and to identify their own individual areas of strength and weakness.

Upper quartile
The percentage of items achieved in this quartile ranged from 57% to 79%, with an average of 63%.

Mid-range
The percentage of items achieved in these two quartiles ranged from 38% to 54%, with an average of 45%.

Lower quartile
The percentage of items achieved in this quartile ranged from seven per cent to 36%, with an average of 28%.

While the authorities falling within the upper quartile of this range are clearly making excellent or good progress in addressing the majority of requirements and issues highlighted in No Secrets, the remaining authorities clearly have to address a range of issues concentrated largely in the areas already detailed above. The range of scores for those authorities in the lower quartile is a cause for concern in that it indicates very little progress across a broad range of areas key to realising the aspirations of No Secrets.

Conclusions

Within the limits of an exercise such as this, as noted at the outset, a number of comments can be made about the trends that have emerged from the codes submitted from 140 of England's local authorities.

There is good evidence of a strong commitment to engaging and working with both statutory partners and local voluntary and private providers. The substantial dialogue with service users and carers is also encouraging. This is manifest in the way consultation and joint development work has lead to the production of genuinely multi-agency codes that should facilitate much better communication and practices within this important area of work.

However, there remain too many exceptions to this picture to be complacent: significant numbers of authorities need to engage partners beyond the statutory sector and, as in other policy areas, attention needs to be paid to the full engagement of housing providers.

A great deal of effort has been put into ensuring detailed operational procedures and practice guidance for staff is available. The areas of identification, alerting, investigating and care planning for risk reduction and protection receive a great deal of attention - essential if a service user (patient) centred approach, based on inter-agency communication and co-operation, is to be achieved.

Good progress has also been made in recognising the need for comprehensive data collection and analysis, integration of the code's aims with other policy areas such as...
personnel practices and staff training. However, the full implementation of these stated goals remains aspirational for many authorities. It is necessary that progress in these areas will form a focus of attention over the coming year.

The single area of most concern is the very patchy performance in thinking through and putting in place a comprehensive strategy for the dissemination of the work of the partnerships to ensure maximum awareness of the codes and their goals. Familiarity by all those expected to operationalise the policies is fundamental. This is necessary for both local partners and the broader public. This weakness is quite frequently the case within agencies and predominantly the case with consideration of informing and engaging the public. A manifestation of this is the apparent lack of materials in the form of summary documents or leaflets and a lack of public reporting of activity in this area of work. Similarly, evidence of planned agency or public events is mostly absent.

While the initial focus on investigative aspects of the work has been absolutely necessary and an understandable priority, local partnerships now need to build on these foundations to address many of those areas highlighted in this report that contribute to the prevention of abuse. It is only through further raising of awareness, attitudinal change, tight administrative (personnel) and commissioning practices, and securing a pooled resourcing strategy to equip staff with the necessary skills and support they need that we can progress further and bring about these changes.

If this commission signals a renewed commitment from government to raise this area of great concern back to the top of the crowded agenda of health and social care agencies, it comes not a moment too soon. This research, together with that undertaken at King's College (Dinah Matthew, Janet Askham), the University of Wolverhampton (Paul Kingston) and Canterbury Christ Church University College (Hilary Brown), should be supported by the DH and used to drive forward local implementation as a priority during 2004.

References