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## **Models of Adult Safeguarding in England: a Review of the Literature**

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## Abstract

**Summary:** This article presents the findings of a narrative synthesis of literature published between January 2000 and September 2013 exploring the organisation of adult safeguarding services in England. The review sought to identify the characteristics of safeguarding practice which may be important for local authorities to consider when choosing between models of organisation.

**Findings:** The findings suggest that the development of adult safeguarding policy and practice has prompted local authorities to develop specialist safeguarding roles. The implications of specialism have not been extensively explored. However, several important characteristics of safeguarding practice are identifiable from the literature including *specialism within the organisation of adult safeguarding; decision-making and thresholds for safeguarding response; and multi-agency working.*

**Applications:** The review found limited evidence relating to the organisation of adult safeguarding which suggests that further empirical research is needed. The critical features of safeguarding practice identified here comprise a useful starting point from which to explore the implications of different 'models' of safeguarding organisation.

### Keywords

Social Work, Adult, Safeguarding, Organisation, Adult Abuse, Decision-making.

### *Introduction*

Adult safeguarding is increasingly attracting policy and practice interest in England and internationally (Sethi et al., 2011). It is becoming one of the enduring core functions of social work practice (Lymbery & Postle, 2010). Care scandals in

residential settings for people with learning disabilities and subsequent Inquiries, going back to the Ely Hospital Inquiry in 1969 (Howe, 1969) raised public awareness that adults may be at risk of abuse (Pring, 2005; Stevens, 2013). In 1993 this was articulated in relation to older people with the establishment of Action on Elder Abuse (AEA) as a campaigning organisation in response to concerns that older people at risk of abuse were not receiving information or assistance and lacked access to justice. The first national policy reference in England to the ‘protection’ of ‘vulnerable adults’ was in *No Secrets* (Department of Health [DH] and Home Office, 2000), which offered definitions of ‘abuse’ and established the necessity of a multi-agency response in cases where a vulnerable adult was suspected to have been subject to abuse. Since then, a flow of guidance has positioned English local authorities as the lead agency in the multi-agency response to ‘adults at risk’ (Association of Directors of Adult Social Services [ADASS], 2005, 2010; DH, 2009). Reflecting policy developments in Scotland (Adult Support and Protection Act, 2007) the new Care Act 2014 (DH, 2014) includes a duty on local authorities in England to make enquiries into safeguarding concerns, partner other agencies in engaging in inquiries, and places Safeguarding Adults Boards on a statutory footing (DH, 2012; DH, 2014). Commissioning a Serious Case Review (SCR) (to be termed Safeguarding Adult Review under the Care Act 2014), when an at-risk child or adult has been seriously harmed or died (and there is concern about how local safeguarding policies and practices are working), is advocated as an opportunity for learning, although there is less evidence on whether this does take place or whether this is the best model for preventing similar events (Manthorpe & Martineau, 2011, 2013). Little is known about how these policy developments are reflected in practice through the ways in which local authorities organise their service responses to

respond to the increasing numbers of adults suspected to be at risk of abuse and neglect.

Interest in the comparative merits of specialist and generic approaches to the organisation of social work and social care services is long-standing and was the subject of Stevenson's (1981) seminal study of social services departments. More recently attention has turned to the comparative effectiveness of social work specialisms in England around long-term conditions (Gridley, Brooks & Glendinning, 2013), transitions (Clarke, Sloper, Moran, Cusworth, Franklin & Beecham, 2011) and mental health (Wilberforce, Harrington, Brand, Tucker, Abendstern & Challis, 2011). In parallel there have been other forces at work to integrate disparate specialisms, most notably the creation of generic adult social work teams in England covering previously separate areas of practice (Samuel, 2011; Stanley, 1999).

Thus far empirical research into this area has primarily been focused on the setting up and role of Safeguarding Adults Boards (SABs) and their predecessor Adult Safeguarding Committees<sup>1</sup>. Research has explored multi-agency communication and relationships (Cambridge & Parkes, 2006a; Hussein, Manthorpe, Reid, Penhale, Perkins & Pinkney, 2009; Penhale, Perkins, Pinkney, Reid, Hussein & Manthorpe, 2007; Warin, 2010), governance (Braye, Orr & Preston Shoot, 2012), independent chairs (Flynn & Williams, 2011) and the challenges of developing policies and procedures with limited resources (Reid, Penhale, Manthorpe, Perkins, Pinkney & Hussein, 2009).

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<sup>1</sup> Adult Safeguarding Boards (previously named Adult Safeguarding Committees) were established to develop partnership working and strategic leadership of adult safeguarding in local authorities in England.

Research in England has found that vulnerable adults tend to be excluded from the process of investigation and decision making for various reasons (Cambridge & Parkes, 2004a; Fyson & Kitson, 2012), a phenomenon that has also been observed in Ireland (Killick & Taylor, 2012). However some researchers (McKeough, 2009; Warin, 2010) have drawn attention to the involvement of users and user led organisations in the governance of adult safeguarding through their representation on SABs.

Despite this, adult safeguarding systems have received relatively limited research attention. How adult safeguarding responsibilities are enacted and the outcomes of different forms of organisation are critical questions for all stakeholders. This article reports the results of a narrative synthesis of the literature, undertaken as the first phase of a large-scale multi-method study investigating adult safeguarding policies and practices in England. Thus far (mid 2014), the wider study has involved interviews with safeguarding managers, which have been used to help develop understanding of models of organisation. Subsequent phases of the research aim to establish any differences in outcomes between local authorities implementing different models. The overall research hypothesis is that the model of safeguarding employed within a local authority will influence the process and outcomes of safeguarding for adults at risk.

This review offers an overview of the literature that is specifically focused upon how social work practice and local authority organisation have responded to their safeguarding responsibilities. Furthermore it offers a basis for further enquiry into the implications of different ways of responding to adult safeguarding concerns.

The review considered adult safeguarding 'practice' in social work and social care including research using different methodological approaches, theoretical work, as well as reports of personal testimony and the perspectives of service users. This is not a critical appraisal of the evidence of effectiveness or outcomes, rather it identifies ways in which the organisation of safeguarding practice varies and outcomes that may be linked to such organisation.

The research questions addressed by the literature review were:

- Has the organisation of adult safeguarding in local authorities been addressed in the literature and other documentary evidence?
- Can distinct different organisational models of safeguarding be identified?
- If yes, what are the chief ways in which different models vary between each other?
- Are different models of safeguarding linked to different outcomes?

## Method

To explore the research questions we adopted a narrative synthesis approach in which multiple types of evidence are integrated under a number of themes (Baumeister & Leary, 1997; Fisher, Qureshi, Hardyman & Homewood, 2006). Qualitative research contributions were viewed as being of particular importance, given their potential ability to offer insight into the day-to-day complexity of the organisation of safeguarding practice and 'user' perspectives.

Initial searches identified little literature specifically describing different models of safeguarding organisation. Consequently, a broader and more inclusive search strategy was developed which is shown, along with the review inclusion and exclusion criteria in Table 1.

**Table 1: Inclusion and exclusion criteria**

Search terms	Refined search	Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> <li>• Any article referring to adult safeguarding / adult protection / adult abuse / elder abuse</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• Any article referring to safeguarding activity (as above) but regarding specific groups ('elder', learning disabilit*, physical disabilit*, mental health)</li> </ul>	<p>Where searches produced large numbers of results (for example 'elder abuse' a combined search was developed using these terms:</p> <ul style="list-style-type: none"> <li>• Investigation</li> <li>• Outcomes</li> <li>• Referral</li> <li>• Intervention / response</li> <li>• Organi*ation</li> <li>• Decision</li> </ul>	<ul style="list-style-type: none"> <li>• Abuse</li> <li>• Adult services</li> <li>• Alert</li> <li>• Case conference</li> <li>• Decision Making</li> <li>• Intervention</li> <li>• Investigation</li> <li>• Local authorities</li> <li>• Multi-agency working</li> <li>• Organisation</li> <li>• Outcome</li> <li>• Protection plan</li> <li>• Referral</li> <li>• Response</li> <li>• Risk</li> <li>• Strategy</li> <li>• Structures</li> <li>• Thresholds</li> <li>• Training</li> </ul>	<ul style="list-style-type: none"> <li>• Literature pre 2000</li> <li>• Safeguarding Children</li> <li>• Self-neglect</li> </ul>

Table 1 indicates the comprehensive list of terms that are needed to capture the full range of research and policy documents related to different models of safeguarding. In particular, terms such as 'vulnerable adults' 'abuse', or 'protection' that are now sometimes considered to be problematic are needed in searches to ensure that material from an earlier period in which these terms predominated (For example 'No



secrets' DH & Home Office, 2000) is retrieved. The searches spanned the period between 2000 – the year in which *No secrets* guidance was published – and September 2013 (the time the review was conducted).

The search terms and inclusion criteria were agreed by the research team following consultation with the study advisory group. Development of the inclusion criteria was an iterative process and continued to be refined by the research team as the review progressed.

In order to develop a possible typology of safeguarding organisational models the review sought to identify any work specifically on types or models of safeguarding as well as those identifying variations in the organisation of adult safeguarding in local authorities which are, as mentioned earlier, the lead agency in adult protection/safeguarding in England). Using the search terms identified in Table 1 we searched databases covering social work and social policy literature in combination with hand searching relevant journals and specific searching for relevant policy documents, as shown in Table 2.

**Table 2: Search results from electronic databases**

<b>Source</b>	<b>Potentially relevant</b>	<b>Included in initial analysis</b>
<b>Electronic databases:</b>		
ASSIA	424	45
Psycinfo	382	46
Ingenta	67	10
Social Care Online	450	158
Social Services Abstracts	336	64
<b>Hand searched journals:</b>		
Journal of Adult Protection	56	31
Journal of Elder Abuse and Neglect	21	9
<b>Reports:</b>		
Association of Directors of Adult Social Services	3	3
Care Quality Commission	3	3
Social Care Institute of Excellence	2	1
<b>Books</b>	3	3
<b>Snowballed references</b>	6	6
<b>Combined results</b>	1753	379
<b>After duplicates removed</b>		162

Some areas of safeguarding have received more attention than others. ‘Elder abuse’ as a search term produced large numbers of results. This arguably reflects the higher numbers of older people within the population compared with other adults deemed to be potentially at risk in combination with heightened awareness of the phenomenon of elder abuse within the academic field of gerontology. Older people accounted for 60 percent of referrals to adult safeguarding in 2012-13 (HSCIC, 2013). Consequently, this literature, although specific to older people, has the potential to offer insights into how local authorities have organised their responses

to safeguarding concerns. For 'elder abuse' the search was combined with the refined search criteria as highlighted in Table 1. All initially included references were saved to the bibliographic software package Endnote. These references covered international (English language) research into adult safeguarding from diverse disciplines and approaches, comprising peer reviewed articles, books, Serious Case Review reports, policy documents and guidance, and Care Quality Commission (CQC) (the inspectorate in England of regulated health and social care services) and its predecessors' reports. Once duplicates had been removed and all items were screened for their relevance to the review on the basis of their title and abstract, 162 items were selected for full text retrieval.

Each included reference was read by one of four researchers in the team and rated by relevance on a scale of 1 to 5, with 5 being considered the most relevant to the research questions. All members of the research team then read references thought to be highly relevant. Items rated 4\* and 5\* have been included in this review (see Table 3).

**Table 3: Final inclusions and exclusions by relevance**

References	Included in review		Excluded after reading	Not found
	5*	4*	1*-3*	
Journal articles	23	34	60	1
Books & Book Chapters	2	1	1	1
Reports	1	5	12	2
Policy & guidance material	0	7	6	0
<b>Total</b>	26	47	79	4

Relevance was decided on the basis of key characteristics of the source. This was an iterative process due to limited research having been conducted in this area. The initial gauge of relevance was the following question:

- Does the publication explore or describe the organisation of safeguarding practice?

This highlighted 16 publications, which explicitly drew upon organisation of safeguarding as summarised in Table 4.

**Table 4: Summary of most relevant articles**

	<b>Author(s)</b>	<b>Focus of source</b>	<b>Relevance to review</b>
1	Beadle-Brown et al. (2010)	This report focuses upon types and location of abuse, investigation process and outcomes of investigations. Part of the Kent and Medway study.	Report suggests location (residential settings) is significant factor and out of area placements were more likely to result in an investigation. People with intellectual disabilities more likely to experience follow up work subsequent to an investigation.
2	Cambridge, Beadle-Brown et al. (2011)	Article focuses on the process and outcomes of adult protection referrals (the contemporary term) between 1998-2005. Part of the Kent and Medway study.	Article highlights an association between the process and outcomes of investigation. Authors suggest the Adult Protection Coordinator (APC) role was associated with higher levels of monitoring and post abuse work.
3	Cambridge, Mansell et al. (2011)	Article reports on referrals by types of abuse. Same study as above?	Outlines the specialist role of APC in Kent. APC presence was linked to increased chance of investigation, higher referrals in relation to institutional concerns (associated with effective targeting of role). Highlights the lead role of APC in cases of multiple and institutional abuse.
4	Cambridge & Parkes (2004a)	This article focuses upon the development of the specialist APC role across 2 local authorities. Part of the Kent and Medway study.	Highlights considerations of local authorities when considering developing a specialist role including relationship with care management, decision making, accountability, adult protection case management and the skills of the mainstream social work workforce.
5	Cambridge & Parkes (2006a)	This article is concerned with the development of multi agency procedures and practices in relation to complex adult protection investigations. It reports on a series of joint training initiatives. Part of the Kent and Medway study.	The article offers a detailed description of the APC role and potential advantages of specialism for instance to monitor the progress of individual cases, chair key meetings, review where professional or agency interests may conflict, or advise and support professionals involved in a particular adult protection investigation, regardless of the agency.
6	Cambridge & Parkes (2006b)	This article draws on an evaluation of the role of the adult protection co-ordinator across two local authority social services departments (the case study). Part of the Kent and Medway study.	The article outlines the potential advantages and disadvantages of the APC model.
7	Draper et al. (2009)	This article reviews the development of multi agency working in Kent and Medway from the perspective of the NHS Primary Care Trust.	Describes links between the APC role as discussed in above articles and safeguarding practice within the Primary Care Trust.
8	Falk et al (2010)	US based. This article explores the development of specialist elder abuse forensic centers in Florida.	Offers US perspective on the development of multi-agency practice and development of specialist roles.
9	Flynn (2010)	This article reviews the changes implemented by Cornwall County Council following the Serious Case Review.	Offers insights into adult safeguarding practice and its relationship with Children's Services, housing and the police.
10	Fyson & Kitson (2012)	This article explores outcomes following safeguarding investigations.	Authors suggest multi-agency working contributes to definitive outcomes of investigations, relationship-based social work practice may be important and that approaches adopted by different teams may be a factor that influences outcomes.
11	Ingram (2011)	Ingram (APC) describes a conceptual framework for guiding multi agency working in safeguarding investigations.	This article outlines Bradford City Council's approach to multi agency safeguarding. The 4 stages are: - at home versus in care / with mental capacity versus without mental capacity which offers a focus on risk as opposed to harm. This article also offers a summary of the local safeguarding process.
12	Larkin & Fox (2009)	This article reviews multi agency working practices in Medway from the early 1990s to 2009 from the perspective of the Police Force.	The article charts the development of a specialist safeguarding coordinator and their relationship with the local authority specialist – APC – as described in Cambridge & Parkes (2006a, 2006b).
13	Owen (2008)	This chapter charts the development of the APC role in North Wales.	Owen describes investigation and decision-making developments from professionals' perspective.
14	Parry (2013)	This article identifies what might be good practice in adult safeguarding by housing providers.	Housing argued as being overlooked as a key partner in safeguarding activity and author identifies the importance of safeguarding processes actively working with housing providers.
15	Parsons (2006)	Analysis of three alternative organisational models for dealing with referrals and investigations.	The only article to outline current models of safeguarding practice and organisation. Helpful article that offers 3 models of organisation from generic to specialist.
16	Sadler (2008)	A reflective chapter which offers an experiential view of the development of a specialist safeguarding role in Lincolnshire.	This chapter offers a clear description of the organisational advantages and challenges of the APC role in Lincolnshire when combining operational and strategic roles.

The organisation of safeguarding practice was not the primary focus of these 16 publications apart from one article (Parsons, 2006), however each offered insights into the structures underpinning the practice of adult safeguarding. The research team read these key articles and developed further relevance questions to identify other factors potentially relevant to safeguarding practice and organisation. These were:

- Does the source make reference to the process of safeguarding investigations/inquiries?
- Does the source make reference to the outcomes (results) of safeguarding investigations or factors that may influence the outcomes of safeguarding investigations?

As outlined above, articles were read firstly to identify any work undertaken specifically on organisational models of safeguarding and the assumptions that may underpin those models. Secondly, other factors that may influence understanding of the implications of the organisation of adult safeguarding were considered, for example, involvement of vulnerable adults and the outcomes of the adult safeguarding process. Throughout the reading we identified key words, which were used as a starting point from which to organise and identify prevalent themes within the literature. The relevant literature was analysed using a matrix approach containing the keywords (see inclusion criteria in Table 1).

## Results

Two major pieces of empirical research into aspects of adult safeguarding were identified, the outputs from which comprised 11 of the 57 full text journal articles included in this review. Firstly, a study undertaken by Cambridge, Beadle-Brown, Milne, Mansell and Whelton (2006) explored the incidence, nature and responses to adult safeguarding referrals including the development of the Adult Protection Coordinator (APC) role in the local authority areas of Kent and Medway (henceforward referred to as the Kent and Medway study). Secondly, the *Partnership and Regulation in Adult Protection* study (Penhale, Perkins, Pinkney, Reid, Hussein & Manthorpe, 2007) investigated patterns of work and communications, including managerial perspectives.

The following sections examine accounts of how safeguarding work has been organised in terms of degree of specialism and process. Our synthesis suggested that decision-making and thresholds and multi-agency working were critical areas. These aspects were identified through an initial reading of the articles, in which members of the research team produced a framework for data extraction, initially separately, which was then constructed jointly, throughout the period of reading the literature. We have adopted these as potentially useful factors from which to explore the impact of different 'models' of safeguarding organisation. A constant in all these themes are outcomes and the experiences of the person perceived to be at risk (also referred to as the vulnerable adult). Whilst little research was found into user or survivor experiences, the available evidence was woven into the identified themes.

## ***Organisation of adult safeguarding***

### *Degree of specialism*

We found limited single case study or larger scale research studies relating to service organisation, however the theme of specialisation emerged within much of the research and policy literature.

Parsons (2006) reported how a selection of local authorities in England and Wales had arranged their safeguarding practices suggesting that the critical difference between models of safeguarding adopted related to the extent to which the safeguarding activity was embedded within care management. Parsons identified a continuum from mainstream (or fully integrated safeguarding processes) through to a specialist model whereby the safeguarding processes are entirely separate from the care management model. Whilst outlining some potential benefits and challenges of the different models, Parsons essentially offers the only published description of the breadth, or possible arrangements of, adult safeguarding in the material identified.

The literature portrays the varied development of the Adult Protection Coordinator (APC) role as a pivotal element of the different models implemented. The Association of Directors of Adult Social Services (ADASS, 2005) referred to the specialist role of an APC as offering advice, monitoring and quality assuring the safeguarding process. In 2006 a joint report from the former regulators Healthcare Commission, Commission for Social Care Inspection and Audit Commission (2006) noted that 'many' of the localities whose older people's services they inspected had developed an APC role. However, a review of the Welsh policy response to adult



safeguarding, *In Safe Hands* (Magill, 2010), recommended the development of specialist adult safeguarding social work teams, which suggests that the APC need not be seen as the sole specialist in an authority.

The Kent and Medway study (Cambridge et al., 2006; 2011; Cambridge, Mansell, Beadle-Brown, Milne & Whelton, 2011 and Beadle-Brown, Mansell, Cambridge, Milne, & Whelton, 2010) gives insight into the varying roles of APCs. It analysed longitudinal data relating to the incidence, nature and responses to adult safeguarding referrals in Kent and Medway Councils, between 1998 and 2005. Prior to the start of this project and prior to central government guidance (DH & Home Office 2000) Kent had developed the post of APC in areas where there were high numbers of safeguarding (then adult protection) referrals (Cambridge & Parkes, 2006b).

The initial primary roles of these APCs were to focus on large-scale institutional abuse investigations, to chair safeguarding meetings, liaise and develop relationships with other agencies, and create consistency in response to safeguarding concerns (Cambridge & Parkes, 2006b). However, the APC role developed differently across the geographical area covered by the local authority, being more strategic in one area and more operational in another (Cambridge & Parkes, 2004b; Cambridge & Parkes, 2006b). This was attributed to a lack of specificity in job description and the management cultures in different teams (Cambridge & Parkes, 2006b).

Cambridge, Beadle-Brown et al. (2011) found associations between the presence of an APC and an increased likelihood of investigations in cases of institutional abuse, including out of area placements and the associated risks (as subsequently identified

in the Winterbourne View Serious Case Review, Flynn, 2012). The Kent and Medway study also concluded that the APC role increased the chances of confirming abuse and joint-working and decreased the chances of having insufficient evidence and 'no further action' outcomes (Cambridge, Beadle-Brown et al., 2011). The researchers also observed that the role of APC was associated with higher levels of monitoring and post-abuse work (Cambridge, Beadle-Brown et al., 2011).

Sadler (2008) offered a reflective piece concerning the development of the role of the APC in Lincolnshire in 2006. The role was both operational and strategic being similar in many respects with those described in the Kent and Medway study. However, its strategic aspects predated the operational ones, with most of the early work focusing on developing policies and procedures, putting in place independent chairs for case conferences, auditing safeguarding investigations, developing the capacity and efficiency of the SAB (then Adult Protection Committee), promoting communication, and devising the local training strategy.

Internationally the development of specialist roles has been also documented. Some parts of the United States (U.S.) have developed Adult Protective Services (APS) as an organisation through which safeguarding concerns should be reported and investigated (Dayton, 2005). Via the APS role there is evidence of the development of models of multi-disciplinary working to address specific concerns, for instance elder financial abuse (Schneider, Mosqueda, Falk & Huba, 2010; Austin, 2002). Similarly Penhale (2007), in a review of European approaches to safeguarding, suggested a trend towards specialisation in Norway.

Both Sadler (2008) and Cambridge and Parkes (2006b), amongst others, have identified the development of parallel safeguarding specialisms within health and police services at this time (White & Lawry, 2009; Draper, Roots & Carter, 2009). In the conclusion to their Kent and Medway study Cambridge, Beadle-Brown et al. (2011, p. 261) observed that there is a link between the safeguarding process and outcomes and that ‘...a level of specialism may be productive’. However, the implications of the decision as to whether to specialise, how far, or not at all, have only begun to be explored.

#### *The processes of safeguarding investigations*

Adult safeguarding processes as outlined in *No secrets* (DH & Home Office, 2000) and subsequent guidelines have mirrored the procedures developed in children’s services; a multi-agency response containing the development of an overarching strategy, alerts and referrals, leading to possibly an investigation, subsequent case conference, safeguarding plan and monitoring. A level of specialism has been suggested to add objectivity to the process in terms of: independent chairs (Manthorpe & Jones, 2002); a clear lead in investigations (Parsons, 2006; Cambridge & Parkes, 2006a); and the benefit of centralised decision-making and memory of events enabling connections to be made (Owen, 2008). Additionally it has been found that specialist social workers undertaking safeguarding work facilitate the maintenance of good relationships between mainstream social workers and social care or other providers (Fyson & Kitson, 2012).

However, the creation of specialist teams has also been positioned as problematic in organisational terms and in terms of survivor experiences. Cambridge and Parkes (2006b) and Parsons (2006) identified the potential for conflict between specialist teams of specialist safeguarding social workers and mainstream teams undertaking care management activities. Continuity has been seen as an important feature of social work practice for survivors, especially in times of crisis (Fyson & Kitson, 2010). The literature implies that a specialist model may lack continuity, which may negatively impact upon the survivor (Parsons, 2006), and this is an issue that we shall explore in subsequent stages of this study (Graham, Stevens, Norrie, Manthorpe, Moriarty & Hussein, forthcoming). The Kent and Medway study also hypothesised that a high level of specialism could impact upon social workers' professional development and might deskill others working in locality care management teams by limiting their exposure to safeguarding or, even excluding them from safeguarding work altogether (Cambridge & Parkes, 2006b). In these two authorities, APCs often worked in operational isolation (Cambridge & Parkes, 2006a). However, others have voiced concerns about the workload implications of a mainstream model; in particular that safeguarding work is unpredictable and may pose challenges to those in teams holding long-term caseloads by diverting them from their other work (Fyson & Kitson, 2012; Parsons, 2006).

Set against these potential pitfalls, the specialist APC role has been found to support efficient planning and approach to safeguarding interventions, to facilitate clear lines of communication, to promote a clear overview of safeguarding work in the locality and to enhance the opportunity to develop links with other agencies (Cambridge & Parkes, 2004b; Cambridge & Parkes, 2006b). Separation of management structures has also been suggested as beneficial (Quigley, 1999; Preston-Shoot & Wigley,

2002). Specialisation may not necessarily mean that safeguarding and other activities co-exist separately. Cambridge et al. (2006) found that Kent and Medway offered a specialist response, but were also committed to mainstreaming the learning from and practice of adult safeguarding.

### **Critical features of safeguarding organisation and practice**

The next sections describe a series of critical features of safeguarding organisation and practice that have been identified from the literature as affecting outcomes.

#### *Decision-making and thresholds*

Several factors appear to affect decisions about what counts as harm or risk and thus what requires a safeguarding response.

Firstly, the likelihood of a substantiated allegation ('proven' abuse) and potential for change or resolution have been suggested as influencing practitioners' decisions to label a concern as a safeguarding alert (Taylor & Dodd, 2003; Harbottle, 2007; Johnson, 2012b). Safeguarding may also be the default response to poor practice (Flynn & Williams, 2011; Simic, Newton, Wareing, Campbell & Hill, 2012). In a similar vein, Ash (2010, 2013) developed a metaphor of the 'cognitive mask' (2013) drawing on Lipsky's conceptualisation of the street level bureaucrat, to explore how social workers see and *do not* see elder abuse. Ash (2013) argued that social workers have developed 'masks' in an attempt to accommodate the dissonance between the current situation of poor care (that does not breach regulatory guidelines) and the quality of support they would expect to see. Furthermore, Ash (2013, p. 113)

accounts for shifting constructions of 'abuse' as the result of a combination of needs and pressure on resources, resulting in 'a pinch point where dissonance sets in, expectations are lowered and cognitive masks are forged'.

Secondly, McCreddie, Mathew, Filinson and Askham (2008) found some referrers were conscious of the impact making a referral may have on the organisation involved. This was attributed to workforce pressures and the length of time a safeguarding investigation may take.

Thirdly, the literature reports contradictory practitioner responses to the question of reporting safeguarding concerns against the wishes of the person perceived to have been harmed or to be at risk. Safeguarding work has been conceptualised as trying to balance 'empowerment' and 'protection' (Humphries, 2011). While those directly affected are thought to under report their experiences of abuse or neglect (O'Keeffe et al., 2007), Killick and Taylor (2012) found professionals in Northern Ireland were reluctant to accept people's wishes not to investigate a safeguarding concern. However, others defined choice as central to decision-making. Preston Shoot and Wigley (2002) found that social workers in England prioritised self-determination over protection. From the US Bergeron (2006) expressed concerns that self-determination is over simplified within social work practice and that a focus on the person's self-determination is used as a way of managing high caseloads. In the context of England and Wales, the Mental Capacity Act 2005 has given professionals a firmer framework for decision-making (Manthorpe, Samsi & Rapaport, 2013) and involvement of Independent Mental Capacity Advocates in safeguarding (Redley, Clare, Dunn, Platten & Holland, 2011) seems to assist social workers' decision making and approach to consent by offering a legal framework

with greater transparency. It is possible that were Preston Shoot and Wigley's study to be replicated, the results would differ from those reported in 2002.

Beyond the 'cognitive masks' and blurred definitions of 'abuse' or 'harm', research has suggested that different groups may be more or less likely to have a safeguarding response to risky situations. Cambridge, Mansell et al. (2011) estimated that referrals involving people using mental health services were under-represented and older people over-represented within their sample. In Scotland, Johnson (2012a) thought that professionals were framing safeguarding concerns by 'generic vulnerability' where people were being characterised by future risk in contrast to the policy direction, which refers to an event or series of events that have occurred (as outlined in *No secrets*, DH & Home Office, 2000). In contrast, drawing on data from a study of a large number of professionals' responses to a series of vignettes in Northern Ireland, Killick and Taylor (2012) concluded that the reporting of abuse was influenced by factors related to the specific situation (or type of abuse) rather than the 'contextual factors' of age, gender, health of the person involved. They found general consistency in response to extreme cases, and, not surprisingly, more variation of response where there was some ambiguity within the scenario.

Given the ambiguity and varying factors that influence the decision to consider an incident as a safeguarding concern it is unsurprising that different thresholds for investigating 'abuse' have developed in different areas (Thacker, 2011; Manthorpe, Perkins, Penhale, Pinkney & Kingston, 2005). McCreadie, Mathew, Filinson and Askham (2008) found safeguarding to be an 'elastic' phenomenon stretching and contracting by individual decision-making and agency priorities. In response, some

English local authorities have sought to develop tools in an attempt to operationalise consistent definitions and responses to harm (Collins, 2010; Ingram, 2011; Phair, 2009). Who makes the decision to define a concern as a safeguarding referral and at what level in the hierarchy the decision is made appear to be important (Cambridge & Parkes, 2004a). Collins (2010) reported that where generic team managers define safeguarding concerns their role may impact upon their decision to define an incident as safeguarding. Thacker (2011) found the higher the level of seniority the decision-making the lower the referral rate, suggesting higher thresholds. In these cases Thacker (2011) observed that alerts could be re-defined as Deprivation of Liberty Safeguards cases (under the Mental Capacity Act 2005), quality assurance problems, or routine care management risk management responsibilities. Interestingly, and perhaps unsurprisingly, this was not found to happen in specialist safeguarding teams (Thacker, 2011; see also Cambridge, Beadle-Brown et al., 2011).

Although there is limited research into the impact of specialism relating to decision-making and thresholds of safeguarding activity Cambridge, Beadle-Brown et al., (2011) observed that after the establishment of the APC role the number of referrals decreased. They attributed this to more effective screening; however they found no association between the APC role being in place and a referral leading to an investigation (Cambridge, Mansell et al., 2011).

### *Multi-agency working*

Within the English context, in spite of a clear policy commitment to multi-agency working (DH & Home Office, 2000), roles and responsibilities of partnership



agencies have remained unclear. This has been attributed to ambiguity and uncertainty of *No secrets* (DH & Home Office, 2000) which have, in turn, created challenges to effective multi-agency working (McCreadie et al., 2008). Nevertheless, the literature reveals considerable consensus concerning the potential benefits of effective multi-agency working (Atkinson, Jones & Lamont, 2007). Fyson and Kitson (2012) found a link between good multi-agency working relationships and effective investigations leading to a positive outcome. In adult safeguarding the role of housing providers has generally been problematically overlooked but is highlighted by Parry (2013) as a critical relationship.

The challenges of effective multi-agency working have been extensively explored. McCreadie et al. (2008) considered the definitional challenge as one of the primary difficulties in developing effective multi-agency working. Other challenges identified included a lack of resources for developing partnerships (Penhale, Perkins, Reid et al., 2007; Cambridge & Parkes, 2006a); poor communication between agencies (McCreadie et al., 2008; Cambridge & Parkes, 2006a; Flynn, 2012); and little clarity about different professionals' roles and responsibilities (Penhale, Perkins, Reid et al., 2007).

These identified challenges to effective multi-agency working have been in part attributed to the absence of a duty for statutory agencies to engage in the safeguarding process (McCreadie et al., 2008; Reid et al., 2009) recently addressed with the duties (at a strategic level) embedded in the Care Act 2014. In the meantime, shared development of policies and procedures are reportedly beneficial (Manthorpe, Hussein, Penhale, Perkins, Pinkney & Reid, 2010).

The Kent and Medway study (Cambridge, Beadle-Brown et al., 2011) remains the only study directly to explore the impact of organisation on multi-agency working; this found no association between different APC roles and the involvement of other agencies. Nevertheless the literature suggests that the extent of multi-agency collaboration may impact on outcomes and is affected by different ways of organising safeguarding (Fyson & Kitson 2012). There seem to be some key operational factors that promote effective front-line multi-agency practice. Shearlock and Cambridge (2009) noted that specialists in safeguarding in social care are in a good position to offer advice (to Police) in complex investigations. However, drawing on Cambridge & Parkes (2006b), they observed that this potential seems dependent upon how specialism is developed locally.

Given the suggested benefits of multi-agency teams as aiding communication and understanding between different agencies (Larkin & Fox, 2009), co-location of other agencies is anticipated to minimise some of the challenges of multi-agency working. For example, the Police service works closely with adult social services in some emerging Multi-Agency Safeguarding Hubs (MASH) (Home Office, 2013). However co-location was not universally welcomed in the Police service responses to the *Consultation on the Review of No Secrets* (DH, 2009).

## Outcomes

Outcomes of adult safeguarding investigations have been studied through analysis of immediate investigation outcomes, such as levels of substantiation, on-going monitoring, or no further action decisions. These are reflected in Abuse of Vulnerable Adults returns (now renamed as the Safeguarding Adults Return) which

English local authorities are required to complete and to forward to the government's Health and Social Care Information Centre. Studies have explored relationships between the outcomes of investigations and other factors, such as speed of response. For example, Clancy et al. (2011) found monitoring more likely if an investigation was completed within six months and the chances of a conclusive outcome less likely if the investigation continued after six months. Beadle-Brown et al. (2010) suggested that on-going monitoring may vary by different groups and found that people with learning disabilities were more likely to be offered on-going support than other vulnerable adults. What is not clear is how, if at all, the arrangement of safeguarding responsibilities (from mainstream to specialist) might affect the speed of response (and thereby different outcomes),

However Cambridge et al. (2011a) were able to draw some conclusions about the impact of the APC role. They (2011a) measured outcomes arising from the work of specialist APCs in respect of: likelihood of investigation; profile raising for adult protection issues; the confirmation of abuse; and levels of post-abuse monitoring. They found associations between the presence of an APC and an increased likelihood of investigations in cases of institutional abuse. They also noted that the role of APC had raised the profile of out-of-area placements and the role increased the likelihood of confirmation of abuse, likelihood of joint-working, and decreased chance of insufficient evidence and no further action outcomes (Cambridge et al., 2011a). They reported that the role of APC was associated with higher levels of monitoring and post-abuse work (Cambridge et al., 2011a).

### *Discussion*

'Safeguarding' is currently being constructed as a concept in social policy, organisational arrangements, and social work practice. Policy and guidance have been non-prescriptive in their approach and *No secrets* has been characterised by its ambiguity (McCreadie et al., 2008). Dixon et al. (2010, p. 163) have identified 'definitional disarray' in terms of what 'harm' and 'abuse' constitute. Furthermore, constructions of 'vulnerability' and 'risk' have been described as ambiguous, flexible and contested (Johnson, 2012). It is within this context that local authority adult social care departments have sought to develop systems to respond to safeguarding concerns in a shifting and contested environment.

This review sought to identify how the organisation of adult safeguarding has been addressed in the literature, to support identification of possible models of safeguarding organisation and practice. Additionally it aimed to identify if outcomes might be associated with safeguarding investigations and if different ways of organising safeguarding could be linked to particular outcomes.

*Limitations of the review:* The review was limited in being confined to English language literature and the studies reviewed were not always clear in their methods or approach. The literature includes few research studies although we identified valuable expert commentary, mostly from those with professional experience in adult safeguarding.

Of great significance is that the literature offered few examples of models of safeguarding organisation. Only the Parsons' (2006) scoping study offered an overview and a means to conceptualise the variations in safeguarding organisation and extent of specialist roles. Other articles identified important features of

safeguarding organisation. Degree and nature of specialism emerged as an important variable. However the literature focused on the APC role, rather than the larger organisational processes. The detail of this level of specialism within the APC role was well defined (Cambridge, Beadle-Brown et al., 2011; Cambridge, Mansell et al., 2011). However, where others referred to specialist or generic teams (McCreadie et al., 2008; Fyson & Kitson, 2012), the organisation of those teams was not described in detail making comparisons difficult.

The Kent and Medway study began the exploration of the implications of the development of the role of the APC, however the researchers stressed that the associations they found were not necessarily causal and further research would be required to make firm assertions as to the costs and benefits of mainstream or more specialist safeguarding practice (Cambridge, Beadle-Brown et al., 2011). Additional difficulties in analysis of the different forms of organisation are derived from the very ambiguity identified; that definitions and thresholds are inconsistent across areas therefore statistical data may be difficult to untangle (Thacker, 2011; Cambridge, Mansell et al., 2011).

The promotion of specialism has often been greeted with resistance (Harbottle, 2007) for fear of de-skilling the social work profession and diluting the 'safeguarding is everybody's business' message. We found no evidence in the literature to suggest that the development of specialist safeguarding roles marginalises safeguarding within organisations, however this appears to have been an anxiety among some local authority managers responsible for safeguarding in recent years. McCreadie et al. (2008, p. 263) found that managers of both specialist and mainstream safeguarding teams expressed concerns that safeguarding could 'become

marginalised within their organisation'. Subsequently, Ash (2013) has argued that a focus on process has helped create tacit tolerance of poor and abusive practices in domestic and institutional settings. She concluded that the policy response 'has distanced professionals from the elder and has instead focused their gaze on the safeguarding system and on the pressures their interagency colleagues are under operating the system' (Ash, 2013, p. 112).

Decision making and thresholds are linked but separate aspects of safeguarding organisation. These topics were addressed in many articles (McCreadie et al., 2008; Campbell & Hill, 2012; Ash, 2010, 2013). A wide variety of factors was identified in the literature as being influential over decision-making, making this a complex aspect of safeguarding. The impact of the APC role in reducing referrals (Cambridge and Beadle-Brown et al., 2011), suggests an influence of organisation on decision-making and thresholds, and that this is an important variable when examining the impact of adult safeguarding models.

## Conclusions

A consistent theme within the literature was the call for further research. Specifically this was regarded as needing to focus on: 1) the extent to which different models of safeguarding practice impact upon the process and outcomes of investigations; 2) the experience of being perceived to be an 'adult at risk'; 3) the impact on practitioners and managers working within mainstream and more specialist organisational models; and 4) the development of the critical relationships required for effective multi-agency working. The larger study of which this literature review forms a part (Norrie, Stevens, Graham, Hussein, Moriarty &

Manthorpe, in press) aims to provide evidence on these questions. Judging by the lack of evidence identified in this review, this is an area where further empirical research is justified.

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